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**Phase 14**

**Summary of key findings across SACENDU sites: January – June 2003**

- 1) **Alcohol** continues to be the most dominant substance of abuse and continues to place a major burden on society
- 2) Use of **dagga & Mandrax** alone or in combination continues to be high and appears to be increasing
- 3) Indicators for **cocaine** are mixed with police seizures up considerably but treatment demand has stabilized.
- 4) Treatment & police indicators continue to identify **heroin** as primarily a problem in Gauteng & Cape Town
- 5) Use of amphetamine-type stimulants (**ATS**) is increasing in SA just as in other countries
- 6) **Poly substance** abuse remains high and is increasing
- 7) Over the past several years we have seen substantial increases in proportion of patients coming to treatment who **are < 20 years**

**Foreword**

The Phase 14 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (9 October 2003), Port Elizabeth (PE) (14 October), Durban (15 October) and Pretoria (16 October). These meetings were attended by about 160 persons.

SACENDU is a network of researchers, practitioners and policy makers from five sentinel areas in South Africa (Cape Town, Durban, PE, Gauteng Province and Mpumalanga Province). Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative SACENDU provides descriptive information on the nature and pattern of AOD use, emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

**The SACENDU initiative has several specific objectives:**

- a. To support networks of local role players in the substance abuse area.
- b. To identify changes in the nature and extent of AOD abuse and emerging problems.

- c. To identify changes in alcohol and other drug-related negative consequences.
- d. To inform policy, planning and advocacy efforts at local and other levels.
- e. To stimulate research in new or under-researched areas that are likely to provide useful data to inform policy/planning decisions.
- f. To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug abuse.

Financial support for Phase 14 was provided by the Gauteng Department of Social Services and Population Development, and the Mental Health and Substance Abuse Directorate of the National Department of Health.

**Treatment centres: Site summary**

In Cape Town the most common primary substances of abuse reported by the 23 specialist treatment centres participating in the project between January – June 2003 were alcohol, the cannabis (dagga)/Mandrax (Methaqualone) "white pipe" combination, and cannabis (together comprising 79% of all admissions) (Table 3). The proportion of patients in treatment for alcohol abuse has remained fairly stable over the past three years,

Continued on page2

*Table of Contents*

Foreword .....	1	research and policy
Treatment centres: Site summary .....	1	
Findings by drug of use/abuse .....	3	
Implications for future		

although a slight decrease occurred in the 1<sup>st</sup> half of 2003. The proportion of persons in treatment for the abuse of the dagga/Mandrax combination has remained fairly stable over the last three reporting periods. The proportion of patients being treated with cannabis (alone) as their primary substance of abuse fluctuated between 14%-18% over the last three periods. The proportion of patients with heroin as their primary substance of abuse remained fairly stable, while the proportion of patients with cocaine or crack as their primary substance increased slightly again in the 1<sup>st</sup> half of 2003. Figures for other primary substances of abuse remained stable, except for an increase in patients reporting 'Speed' (methamphetamine) as their primary drug (2%). Overall, 1 724 patients were treated across all 23 treatment centres in the 1<sup>st</sup> half of 2003.

In Durban the main primary substance of abuse was alcohol, followed by cannabis on its own (together comprising 88% of all admissions). Admissions where cannabis or the cannabis/Mandrax combination is the primary substance of abuse have remained fairly stable, and admissions where cocaine/crack is the primary substance of abuse also remain stable (Table 3). A total of 576 patients were treated in the three treatment centres included in Durban in the 1<sup>st</sup> half of 2003.

In PE the main primary substances of abuse reported by the treatment centres from January – June 2003 were alcohol followed by the cannabis/Mandrax combination and cannabis alone (together comprising 86% of admissions). Over the past 2 years the proportion of patients presenting for alcohol abuse has remained relatively stable, although there has been some fluctuation in both these proportions and the proportion treated for the abuse of cannabis and/or Mandrax. During this period 515 persons were treated at the SANCA PE, Welbedacht and Shepherd's Field centres. **Editorial Note:** Please note that some of the descriptive data reported for Port Elizabeth refers to the SANCA treatment centre only (such as the cross-tabulations of substance type by race and gender).

In Gauteng Province, which includes the metropolitan areas of Johannesburg and Pretoria, 2 617 admissions to 17 treatment centres were recorded in the 1<sup>st</sup> half of 2003. In the case of 52% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis alone (20%), cannabis/Mandrax (9%), and heroin (8%). Proportions have remained fairly stable over the past 18 months, except for an increase in patients treated for cannabis/Mandrax in the 1<sup>st</sup> half of 2003.

In Mpumalanga the main primary substance of abuse reported by the treatment centres from January – June 2003 was alcohol, followed by cannabis (together comprising 87% of admissions). A slight decrease in patients with heroin as their primary substance of abuse compared to the previous period occurred. During this period 475 persons were treated at the four treatment centres included in the study (i.e. Swartfontein, Mkondo, SANCA Witbank, and SANCA Nelspruit).

### Treatment issues

**First time admissions:** The proportion of first time admissions to treatment centres in Cape Town, Durban, PE, Gauteng and Mpumalanga was 67%, 88%, 74%, 68% and 68% respectively. These proportions have remained fairly stable, except for an increase in Durban, which consistently appears to have the highest proportion of first time admissions. First time admis-

sions provides a crude estimate of the incidence of drug abuse.

**Referrals:** Across all sites, the most common sources of referral to specialist treatment centres were "self/family/friends", followed by "work/employer". In Cape Town, social services referred a higher proportion of patients than in the other sites (Table 1). Referral sources have remained fairly stable over time and across sites, although an increase in referrals from social services did occur in PE.

**Gender:** Across all sites between 79% (in PE) and 86% (in Durban) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). It appears that women are still not adequately represented in treatment centre statistics. This probably reflects an unmet service need as well as the fact that substance abusing males may act out more and may thus be more likely to be encouraged or forced to go into treatment.

**Race:** Black-Africans continue to be under-represented in the treatment population in all five sites (Table 4), however the proportion of Black-African patients in treatment increased slightly in Mpumalanga during the first half of 2003. Furthermore, 54% of all patients younger than 20 years in Gauteng were African, while only 26% of those older than 19 years were

Source	Cape Town	Durban	PE	Gauteng	Mpumalanga
Self/family/friends	43%	44%	39%	65%	46%
Work/employer	14%	24%	17%	11%	20%
Social services/welfare	14%	8%	8%	9%	6%
Doctor/psychiatrist/nurse (aka health professionals)	10%	7%	11%	4%	2%
Hospital/clinic	5%	2%	10%	1%	2%
Court/correctional service	6%	7%	2%	3%	18%
Schools	3%	5%	8%	6%	4%
Church/religious body	3%	1%	2%	1%	1%
Other e.g. radio	3%	2%	4%	1%	1%

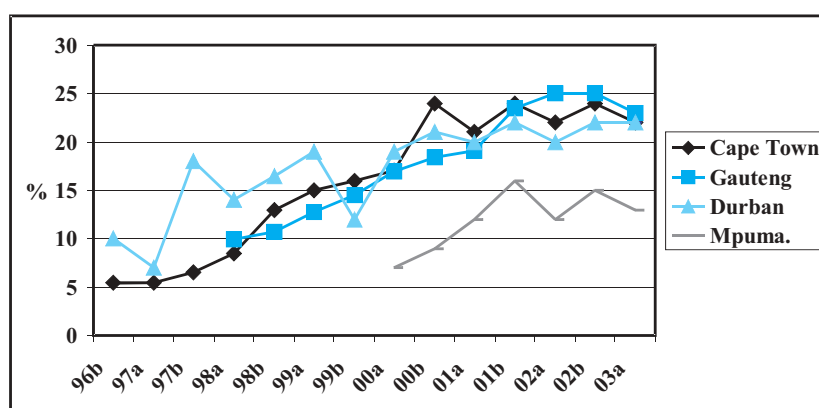
**Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (January – June 2003)**

Substance	Cape Town	Durban	PE*	Gauteng	Mpumalanga
Alcohol	40	36	36	40	41
Cocaine/crack	30	33	27	29	27
Cannabis/Mandrax	25	22	25	21	24
Heroin	24	-	-	24	22
Ecstasy	21	25	#	20	26
Cannabis	20	22	20	20	22
OTC/PRE <sup>1</sup>	41	43	37	41	39
All substances	31	32	30	32	36

\* Data from SANCA PE only (i.e. excluding Welbedacht treatment centre)

# n < 5

**Figure 1: Treatment demand trends - % of patients <20 years**



whose primary substances of abuse are cannabis, heroin or Ecstasy tend to be younger than persons who have cocaine as their primary drug of abuse. The proportion of patients younger than 20 years also remains high in most sites, with between a fifth and a quarter falling in this age group in Gauteng, Cape Town, Durban and PE (Figure 1).

#### Sources of payment

The most common source of payment in Cape Town, PE, Gauteng, and Durban was “family”. In Gauteng this was followed closely by the “state”. In PE and Durban “self” was the second most common source of payment. Medical aids covered the cost of treatment for almost 20% of patients in all the sites except Mpumalanga, where the most common source was the state.

## FINDINGS BY DRUG OF USE/ABUSE

### Alcohol

#### Specialist treatment centres

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment centres across all five sites, accounting for 69% of admissions in Mpumalanga, 64% of admissions in Durban, 52% of admissions in Gauteng, 46% of admissions in PE and 44% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly stable in all

African. Thus there is an indication that in this site there is better access to and utilization of treatment facilities by young African people compared to the adults. In Cape Town, Durban and Mpumalanga the proportion of young Africans in treatment was not significantly different from the proportion of adult Africans in treatment in the 1<sup>st</sup> half of 2003.

#### Employment, marital status, education:

In Gauteng, Cape Town and PE about a third of patients in treatment are employed full-time, whereas in Durban and Mpumalanga almost half are employed full-time. The proportion of patients who are students/pupils is increasing in all

sites and ranges from 12% in Mpumalanga to 22% in PE. Across sites between 40% and 55% of patients have never been married, and over 74% of patients in all sites have some secondary school education.

Mode of use: Smoking remains the most common mode of use for substances other than alcohol. Injection drug use is still low across sites but in Cape Town 38% of patients with heroin as their primary substance of abuse reported Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients

sites except Cape Town where a slight decrease occurred.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse was 36 years in PE and Durban, 40 years in Cape Town and Gauteng, and 41 years in Table 2). Such patients are also more likely to be male. The proportion of patients in Cape Town with alcohol as the primary substance of abuse who were female was 23%, 15% in Durban, 22% in PE, 21% in Gauteng and 17% in Mpumalanga. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

### Psychiatric treatment

Alcohol-related diagnoses are common among psychiatric inpatients seen in Cape Town, accounting for 21% of discharge diagnoses at Stikland Hospital during January – June 2003. At the Elizabeth Donkin Psychiatric Hospital in PE, 3% of patients had an alcohol-related discharge diagnosis. In Gauteng, at TARA Hospital, 11% of discharge diagnoses were alcohol-related (although most had ‘alcohol with another psychiatric diagnosis’). This figure has remained fairly stable over time. Some patients (6%) were also diagnosed with a combination of ‘alcohol, other drug and psychiatric diagnosis’.

### Other studies

A community survey of 160 adults aged 25-44 years was conducted in Atteridgeville (Protea West) between April and May 2003. The survey found that 55% of the respondents had used alcohol at least once, 48% had used it in the past month, 35% engaged in risky use (defined as having drunk 5 or more drinks on one occasion in the past month for males and 3 or more drinks for females), and 21% in problem use (determined by an affirmative response to a question asking if the respondent had ever been told by someone else that their drinking was problematic). Drinking mostly occurred at parties or at friends’ homes. Of those who drank, 50% reported having engaged in sexual intercourse after alcohol consumption. Significant positive correlations were also found between the amount of alcohol typically consumed and number of sexual partners (life-time), sexual relations that are regretted in the past 3 months, as well as between problem alcohol use and number of sexual partners. The survey was conducted by the Medical Research Council’s Alcohol and Drug Abuse Research Group.

A study conducted by the CSIR in conjunction with the Department of Transport on substance use among professional drivers found that 4% of the

400 drivers stopped at various points on National roads and at various times of day tested positive for alcohol, determined by a breath test. The study was conducted between November 2001 and January 2002.

A national household survey on HIV and substance use conducted by the Human Sciences Research Council (HSRC) in 2002 found that 32% of the 7088 respondents reported consuming alcohol, with 11% consuming it monthly, 12% weekly, 7% 2-3 times per week, and 2% daily. The survey also found that frequency of alcohol and drug use was related to high risk sexual behaviour such as poor condom use, having multiple partners and sexual activity.

Via the MRC’s Crime Violence and Injury Lead Programme’s National Injury and Mortality Surveillance System (NIMSS) alcohol-related mortality was assessed for 2002. In Durban about a third and in Cape Town about half of all non-natural death cases tested for alcohol had blood-alcohol concentrations (BAC) greater than or equal to 0.05g/100ml. Levels of alcohol were particularly high in both cities for transport-related deaths, with roughly 6 out of 10 drivers and pedestrians in Cape Town having levels above the legal limit for driving (compared to 5 out of 10 in Durban). Data for Gauteng, PE

and Mpumalanga were not available at the time of completing this report.

## Cannabis (dagga) and cannabis/Mandrax

### Specialist treatment centres

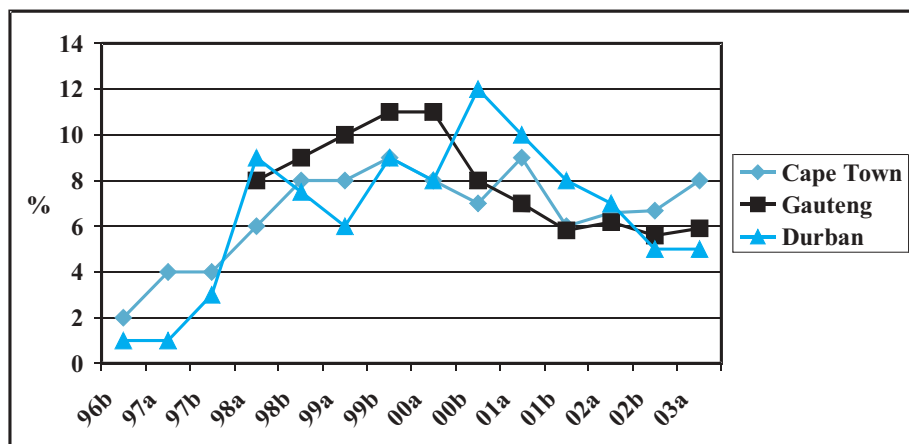
Cannabis was the second most common primary substance of abuse among patients seen at specialist treatment facilities in Durban, Gauteng and Mpumalanga, ranging from 18% in Mpumalanga to 23% in Durban. In Cape Town and PE the cannabis/Mandrax combination (“white pipes”) was the second most common primary substance of abuse, accounting for 20% of the patients in Cape Town and 30% of

patients in PE, while between 2% and 9% of patients reported cannabis/Mandrax as a primary substance in Durban, Gauteng and Mpumalanga (Table 3). These proportions have remained fairly stable over the past two years, with some fluctuation occurring in Durban and PE and an increase in patients reporting cannabis/Mandrax as their primary substance of abuse in Gauteng in the 1<sup>st</sup> half of 2003. These substances were also commonly reported as secondary drugs of abuse. Persons seen in specialist treatment centres who had “white pipes” as their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of

abuse in Cape Town and PE (by 5 years), with the cannabis patients being an average of 20 years (Table 2). The most common primary substance of abuse for patients younger than 20 years in all sites is cannabis (Table 6). In Cape Town, Gauteng and PE the second most common primary substance for these patients is the cannabis/Mandrax combination.



**Figure 2 : Proportion (%) of persons in treatment with cocaine as their primary drug of abuse**



between January – June 2003, representing a marked decrease when compared to 2002 (Table 8). However, the number of Mandrax cases processed by this lab has remained fairly stable (Table 7). The FSL in the Western Cape recorded a decrease in Mandrax seizures compared to the previous period, while the number of cases processed increased significantly compared to the second half of 2002. Cases and seizures recorded by the KwaZulu Natal FSL remained relatively stable, while the number of Mandrax cases processed by the Eastern Cape FSL increased. Most of the cases processed by the Western Cape, Eastern Cape and KwaZulu Natal laboratories involve Mandrax, whereas the laboratory in Pretoria usually has more cocaine and amphetamine cases than Mandrax.

Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. In Cape Town 7% and in Gauteng only 4% of patients whose primary substance of abuse was “white pipes” were female, and in Cape Town 13% and Gauteng 10% of patients whose primary substance was cannabis on its own were female. The corresponding percentages for Durban were 8% and 9%, 17% and 6% for Mpumalanga, and 9% and 5% for PE. In Cape Town 68% of patients with cannabis as their primary substance of abuse were Coloured, 13% were Black/African and 18% were White. In PE 46% were Coloured and 41% were Black. In Gauteng 56% were Black/African and 27% were White (Table 5). Cannabis patients in Mpumalanga were mainly White (50%) or black/African (35%) in this reporting period. Patients whose primary substance of abuse was the ‘white pipe’ combination were predominantly Coloured in Cape Town and PE, Indian in Durban, and Black/African in Gauteng.

**Cases, seizures & price**

Following the restructuring in the South African Police Service and the subsequent disbanding of the Narcotics Bureau (SANAB) in many parts of the country, data are now obtained from four Forensic Science Laboratories (FSL) which receive all drug cases in the country for analysis,

with the exception of cannabis where the courts will accept an experienced police officer’s expert opinion that the substance in question is indeed cannabis. The FSL in Pretoria services Gauteng province, North West, Limpopo, Mpumalanga and the Free State. The Western Cape FSL receives cases from the Northern and Western Cape, and the Eastern Cape and KwaZulu Natal FSLs process cases from their respective provinces.

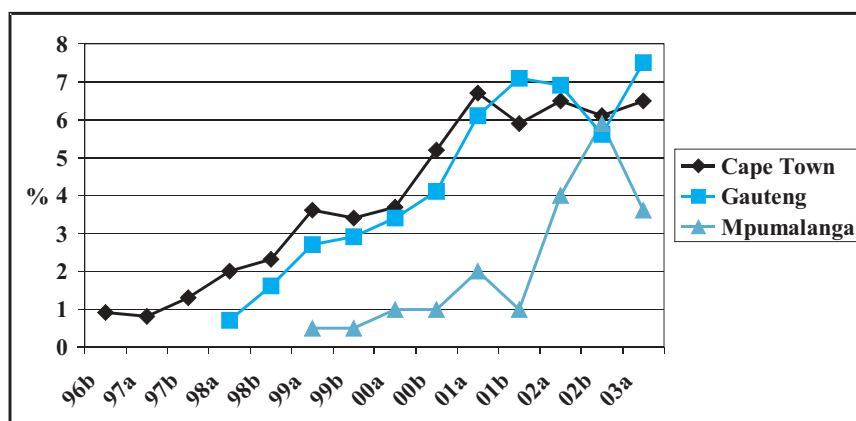
The FSL in Pretoria recorded a total of 43 380 Mandrax tablets and over 219 000g of Mandrax powder seized

**Other studies**

The study conducted by the CSIR in conjunction with the Department of Transport on substance use among professional drivers found that 15% of the 400 drivers stopped at various points on National roads tested positive for cannabis. Furthermore 0.7% of the drivers tested positive for both cannabis and Mandrax.

The national household survey conducted by the HSRC in 2002 found that 100 out of the 7084 respondents reported having used cannabis and 11 reported having used Mandrax in the past 30 days.

**Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse**



## Cocaine/Crack

### Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack remained fairly stable or declined slightly in all sites (Table 3). The proportion of patients in Cape Town, Durban, PE, Gauteng and Mpumalanga who had cocaine/crack as their primary drug of abuse was 8%, 5%, 2%, 6% and 2% respectively (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. In Cape Town 18% and in Gauteng 15% of all patients had used crack/cocaine either as their most frequently used substance, or their second, third or fourth most frequently used substance. In Gauteng cocaine/crack was the 3<sup>rd</sup> most commonly reported secondary drug of abuse after cannabis and alcohol.

In Cape Town, Gauteng, Durban and Mpumalanga the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 27 to 33 years (Table 2). In Durban the mean age of these patients increased from between 28-30 years over the last few years to 33 years in the 1<sup>st</sup> half of 2003. In Cape Town 24% and in Gauteng 28% of patients whose primary substance of abuse was cocaine powder were female. Although the majority of patients with cocaine/crack as their primary substance of abuse were White in all sites, in Cape Town almost 50% were either Coloured or Asian in the 1<sup>st</sup> half of 2003 (Table 5).

### Cases, seizures & price

The FSL in Pretoria reported a substantial increase in cocaine seizures (234kg) compared to 52kg in the previous period, while seizures reported by the other labs decreased. In Cape Town the number of cocaine cases processed during January – June 2003 increased to over 300, while the number of cases processed at the other labs decreased slightly or remained stable.

## Heroin

### Specialist treatment centres

In Cape Town 7% and in Gauteng 8% of patients in specialist treatment centres had heroin as their primary drug of

abuse, which represents a slight increase over the previous period and an overall increase over the last 5 years in both sites (Figure 3). In Mpumalanga 4% of patients had heroin as their primary substance of abuse, declining from 6% in the previous period (Table 3). Durban had one patient reporting heroin as their primary substance of abuse during the 1<sup>st</sup> half of 2003. The mean age of persons seen by treatment centres in Cape Town, Mpumalanga and Gauteng who had heroin as their primary substance of abuse was 22-24 years (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town and Gauteng about a quarter of patients with heroin as the primary substance of abuse were female. Furthermore, in Gauteng, proportions of female patients with heroin as their primary drug of abuse are higher amongst female patients younger than 20 years (1/7) than for those who are 20 years or older (1/11). In Gauteng heroin patients were also more likely to have received treatment before than patients treated for alcohol, cannabis or cocaine. Intravenous use by patients with heroin as their primary drug of abuse is still lower than a year ago with 38% of heroin patients in Cape Town reporting injecting during the 1<sup>st</sup> half of 2003, compared to 45% in the 1<sup>st</sup> half of 2002 and over 50% in the 2<sup>nd</sup> half of 2001. The converse appears to be occurring in Gauteng with 49% reported injecting in the 1<sup>st</sup> half of 2003, compared to 48% and 42% in the previous two reporting periods. In Mpumalanga 59% of the 17 heroin patients reported injecting. In Cape Town an increase in Coloured patients with heroin as their primary substance was noted, although most patients are still White (Table 5). In Cape Town 8% and Gauteng 9% of all patients reported the use of heroin, as either a 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> most frequently used substance.

Data collected at the Noupoort Christian Care Centre from July – September 2003 showed that over 90% of the 104 patients were White and 42% reported heroin as their primary substance of abuse. Over half of the patients came from Gauteng (53%) and 34% came from the Western Cape (mostly Cape Town).

### Cases, seizures & price

The number of heroin cases processed by the various FSLs decreased or remained stable compared to the 2<sup>nd</sup> half of 2002. Seizures also decreased in all sites compared to the previous period, although the 16kg reported by the Pretoria FSL is still higher than the amounts reported in 2001 and the 1<sup>st</sup> half of 2002. The Eastern Cape and KwaZulu Natal FSLs process very few heroin cases.

### Other studies

Preliminary findings from a qualitative study in Cape Town indicate that heroin use appears to be increasing in Cape Town. Through interviews with key informants in contact with heroin users in Cape Town and through focus group discussions with heroin users in treatment, it was established that a number of issues are cause for concern relating to the apparent increase in heroin use in Cape Town, including the lack of affordable treatment services for heroin users, problems with methadone prescription, an increase in heroin use amongst previously disadvantaged communities, and the lack of affordable detoxification services. The study also suggests that changes are taking place in the profile of users, with increasing use among females, Afrikaans speakers and lower SES populations on the Cape Flats. The time between taking other drugs and experimenting with heroin may be declining. The study is being conducted by the MRC's Alcohol & Drug Abuse Research Group with funding from the United Nations Office of Drugs & Crime and will continue through 2004.

## Over-the-counter and prescription medicines

### Specialist treatment centres

Between 2% and 4% of patients seen at specialist treatment centres in Cape Town, Durban, PE, Gauteng, and Mpumalanga from January – June 2003 had over-the-counter (OTC) or prescription medicines (PRE) listed as their primary substance of abuse. This is fairly similar to the previous six-month reporting period. In Gauteng 57% and in Cape Town and PE over 60% of patients who

had over-the-counter or prescription medicines as their primary substance of abuse were female. These substances are more common as secondary drugs of abuse with 8% of patients in both Gauteng and Cape Town reporting these drugs either as primary or secondary substances of abuse. Substances abused included benzodiazepines, analgesics, Codeine products, Valium, Pethidine, Zanol, and Stilpain. In PE it was also reported that some psychiatric patients abuse Akineton (Biperiden), an anti-cholinergic agent used to treat Parkinsonism. It is used in the same way as Mandrax.

## Club drugs: Ecstasy, Speed (Methamphetamine), and LSD

### Specialist treatment centres

The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy, LSD, or Speed remains low across all sites. No more than 2% of patients reported Ecstasy as their primary substance of abuse across the five sites. Ecstasy was reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities in Cape Town (9%), Durban (8%) and Gauteng (9%). The patients in treatment where the primary drug of abuse was Ecstasy were mostly White, except in Cape Town where they were mostly Coloured (Table 5). In Cape Town an increase in the proportion of female Ecstasy patients was noted with female patients forming the majority for the first time (54%), whereas in Gauteng most patients were male (73%). In Cape Town 35 patients reported Speed (methamphetamine) as their primary substance of abuse, a significant increase over previous periods. It was reported that crystal methamphetamine is being sold in suburbs like Manenberg and Elsies River in Cape Town. The drug is bought in 'straws' and smoked by placing the powder/crystal in a light bulb, after the metal threading has been removed, and then using a lighter to

heat the bulb and smoke the fumes. Sometimes the drug is also called 'tuk-tuk' because of the clicking sound it makes when smoked (see Box 1, p. 12).

### Cases, seizures & price

The Pretoria FSL reported receiving over 204 000 tablets of amphetamine-type stimulants (ATS) (most of which are MDMA), another increase over the previous period (Table 7). The number of cases also remained at over 400 (Table 8). A significant increase in cases and seizures was also reported at the Western Cape lab (355 cases and 35 911 tablets). The number of cases processed by the KZN FSL also increased. Seizures of LSD were fairly low in all sites.

### Other studies

A study of 50 Ecstasy users at rave clubs in Durban was conducted in 2002. The study found that many of the users consume multiple tablets over a short period of time and over 70% used other drugs concurrently. The study also explored the various effects of Ecstasy experienced by the users as well as the reasons for Ecstasy use. The most common reason for trying Ecstasy given by the participants was curiosity (70%), followed by peer pressure (36%), and for "fun" and enjoyment (26%). The study was published in the South African Journal of Psychology in 2003. [Zervogiannis, F.H. et al. (2003). The "E" in rave: A profile of young Ecstasy (MDMA) users. South African Journal of Psychology, 33 (3), 162-169.]

## Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Reports of the increasing availability of methcathinone (also known as CAT — a synthetic stimulant) in Cape Town and Gauteng continue. Poly-substance abuse also remains high, with 34% of patients in specialist treatment centres in Gauteng and 47% in Cape Town reporting more than one substance of abuse.

Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Other	N
Cape Town	1996b	81	4	9	2	1	0	2	2	1954
	1997a	82	5	7	4	1	<1	2	<1	2103
	1997b	78	6	9	4	1	1	1	<1	2160
	1998a	74	5	10	6	2	<1	2	<1	2301
	1998b	64	9	14	8	2	<1	2	<1	1361
	1999a	56	9	20	8	4	1	2	<1	1527
	1999b	50	15	20	9	3	<1	2	1	1550
	2000a	48	12	23	8	4	2	4	1	1695
	2000b	51	13	19	7	5	1	3	<1	1696
	2001a	46	12	21	9	7	2	4	2	1571
	2001b	46	12	25	6	6	1	2	2	1561
	2002a	48	14	21	7	7	2	2	1	1608
	2002b	47	18	17	7	6	1	2	1	1549
	2003a	43.6	15.2	20.4	7.9	6.5	0.8	2.7	2.9	1724
Durban	1996b	73	10	10	1	<1	<1	1	4	338
	1997a	69	9	7	1	<1	<1	1	11	311
	1997b	62	21	6	3	1	1	3	2	601
	1998a	61	16	11	9	1	3	2	0	817
	1998b*	69	20	6	1	0	0	<1	3	242
	1999a	57	30	<1	6	1	1	1	3	682
	1999b	65	23	<1	9	<1	0	1	1	607
	2000a	57	25	6	8	1	1	2	1	883
	2000b	60	20	<1	12	<1	1	4	2	679
	2001a	59	21	1	1	<1	3	3	4	585
	2001b	58	26	7	8	<1	1	<1	<1	774
	2002a	65	22	2	7	<1	2	2	<1	718
	2002b	60	26	4	5	<1	1	2	<1	910
	2003a	64.3	23.2	2.1	5.1	0.2	1.6	2.4	1.2	574
PE	1997a	58	23	<1	<1	<1	5	13	316	
	1997b	66	20	<1	<1	<1	3	9	416	
	1998a	74	22	0	0	<1	3	<1	380	
	1998b	68	23	1	0	0	8	1	361	
	1999a	55	30	2	1	0	11	1	341	
	1999b	63	29	1	0	0	7	0	328	
	2000a	55	36	1	0	<1	8	0	252	
	2000b	65	26	1	0	<1	4	4	312	
	2001a	48	45	3	0	1	3	<1	393	
	2001b	58	36	1	0	1	4	<1	398	
	2002a	45	19	29	1	0	1	4	<1	431
	2002b	55	13	25	1	1	1	4	0	369
	2003a	46.1	16.4	29.7	2.4	0	0.4	4.6	0.4	499
	Gauteng	1998a	69	11	5	8	<1	<1	4	3
1998b		68	12	4	9	2	<1	4	2	2372
1999a		67	10	4	10	3	<1	4	1	2741
1999b		63	14	5	11	3	<1	3	2	2613
2000a		60	19	2	11	3	<1	3	1	2741
2000b		60	21	1	8	4	1	4	2	2673
2001a		54	21	6	7	6	<1	4	2	2838

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Other	N
Mpuma- langa	2001b	52	24	5	6	7	<1	4	2	2676
	2002a	54	22	5	6	7	<1	4	2	2945
	2002b	54	23	5	6	6	1	3	2	2587
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	2.1	2617
	1999a	76	13	1	3	<1	<1	3	2	325
	1999b	76	15	2	2	<1	<1	1	1	376
	2000a	71	12	2	5	1	1	5	3	315
	2000b	77	14	0	4	1	1	2	0	408
	2001a	70	20	1	2	2	2	2	2	389
	2001b	69	15	3	2	1	2	5	3	389
	2002a	71	16	<1	2	4	1	3	3	419
	2002b	68	16	2	4	6	1	2	1	425
	2003a	69.1	17.7	2.5	2.3	3.6	0.8	2.1	1.9	475

Table 4: Comparison of proportion of patients in treatment (January – June 2003) with census data – by site<sup>1</sup>

		African	Indian	Coloured	White
Cape Town	Population <sup>1</sup>	32%	1%	48%	19%
	In treatment	10%	3%	56%	31%
Durban	Population <sup>1</sup>	68%	20%	3%	9%
	In treatment	33%	28%	12%	26%
PE	Population <sup>1</sup>	59%	1%	23%	17%
	In treatment	27%	3%	46%	24%
Gauteng	Population <sup>1</sup>	74%	2%	4%	20%
	In treatment	32%	3%	10%	54%
Mpumalanga	Population <sup>1</sup>	92%	<1%	1%	7%
	In treatment	38%	2%	5%	55%

<sup>1</sup> Statistics South Africa, 2001 Census

Table 5: Primary substance by race (columns per site add up to 100%) – January – June 2003

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
<b>Cape Town</b>						
Black/African	11%	13%	16%	2%	8%	0%
Coloured	51%	68%	73%	37%	54%	32%
Asian/Indian	1%	1%	4%	12%	0%	6%
White	37%	18%	6%	49%	39%	62%
<b>Durban</b>						
Black/African	37%	37%	8%	7%	11%	0%
Coloured	12%	15%	17%	14%	11%	0%
Asian/Indian	27%	27%	58%	28%	11%	0%
White	24%	22%	17%	52%	67%	100%
<b>PE</b>						
Black/African	34%	41%	24%	14%	100%	-
Coloured	52%	46%	64%	0%	0%	-
Asian/Indian	2%	3%	5%	0%	0%	-
White	12%	10%	6%	86%	0%	-
<b>Gauteng</b>						
Black/African	29%	56%	56%	8%	9%	2%
Coloured	8%	14%	28%	7%	0%	2%
Asian/Indian	2%	3%	7%	8%	14%	3%
White	61%	27%	9%	77%	77%	93%
<b>Mpumalanga</b>						
Black/African	43%	35%	33%	18%	0%	0%
Coloured	4%	11%	17%	0%	0%	0%
Asian/Indian	1%	5%	17%	9%	0%	6%
White	52%	50%	33%	73%	100%	94%

Table 6: Primary substances of abuse for patients younger than 20 years (%) – 2003a

Site	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Speed	Other	Total (N)
Cape Town	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
Durban	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
PE	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
Gauteng	8.2	57.5	18.9	2.1	6.4	2.0	0.0	4.9	588
Mpuma'	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60

Table 7: Number of cases reported by the Forensic Science Laboratories

		Mandrax	Cocaine	ATS	Heroin	LSD
Kwa Zulu Natal lab	Jan-Jun 01	417	162	64	11	11
	Jul-Dec 01	743	208	71	3	3
	Jan-Jun 02	714	168	115	7	0
	Jul-Dec 02	780	194	98	5	0
	Jan-Jun 03	779	140	132	5	0
Pretoria lab	Jan-Jun 01	333	351	203	97	18
	Jul-Dec 01	300	300	291	125	40
	Jan-Jun 02	360	467	339	191	9
	Jul-Dec 02	313	377	410	170	32
	Jan-Jun 03	371	324	439	129	29
Western Cape lab	Jan-Jun 01	1 975	261	209	28	20
	Jul-Dec 01	1 713	172	141	13	12
	Jan-Jun 02	1 505	261	224	32	9
	Jul-Dec 02	1 709	259	239	61	5
	Jan-Jun 03	2 301	307	355	34	18
Eastern Cape lab	Jul-Dec 01	370	91	152	1	7
	Jan-Jun 02	335	22	54	2	0
	Jul-Dec 02	345	19	113	0	2
	Jan-Jun 03	464	25	56	1	1

Note: (i) Cannabis cases are not reported as only a fraction of cannabis related cases are sent to the Forensic Science Laboratories for analysis. (ii) These four labs process all illicit drug cases (except cannabis) in South Africa

Table 8: Total drug seizures reported by the Forensic Science Laboratories

		Mandrax		Cocaine	ATS		Heroin	LSD
		tablets	g*	g	tablets	g	g	units
KZN lab	Jan-Jun 01	6 297	484	482	1 158	18	5	116
	Jul-Dec 01	21 915	1 309	1 716	10 345	30	0.8	60
	Jan-Jun 02	10 831	806	5 850	11 195	553	98	0
	Jul-Dec 02	8 165	2 154	697	115 054	128 092	19	0
	Jan-Jun 03	9 079	1 165	539	15 066	20	0.9	0
PTA lab	Jan-Jun 01	1 482 664	2 111 411	86 808	18 508	261	6 218	770
	Jul-Dec 01	2 476 316	3 130 678	22 676	102 338	1 213	1 660	1 287
	Jan-Jun 02	2 616 588	1 944	57 023	102 005	189	6 017	203
	Jul-Dec 02	62 182	226 065	51 950	147 773	1 153	73 534	1 032
	Jan-Jun 03	43 380	219 096	233 964	204 268	4 763	16 210	229
WC lab	Jan-Jun 01	84 221	64 635	5 800	8 417	384	387	252
	Jul-Dec 01	117 640	8 821	166 250	5 980	204	195	5 127
	Jan-Jun 02	23 345	-	312 348	28 629	-	157	119
	Jul-Dec 02	182 574	10 365	14 253	5 367	52	3 488	211
	Jan-Jun 03	105 465	10 991	3 102	35 911	129	129	303
EC lcb	Jul-Dec 01	10 964	1 980 700	497	2 792	193	0.04	123
	Jan-Jun 02	7 306	2 354	307	8 272	-	0.06	0
	Jul-Dec 02	12 794	3 608	248	7 168	580	0	60
	Jan-Jun 03	7 124	1 646	123	1 682	18	0.05	0

Note: KZN = KwaZulu Natal; PTA = Pretoria; WC = Western Cape; EC = Eastern Cape

\* - One Mandrax tablet weighs approximately 0.5 g

## Implications for future research and policy

Selected implications for policy/practice During the Phase 14 (January – June 2003) regional report back meetings of SACENDU a number of recommendations were made with regard to specific interventions needed to address substance abuse and substance abuse policy in general.

- Substance abuse prevention approaches need to target children at a young age. Particular attention should be given to alcohol, tobacco, cannabis and Mandrax. A broad range of role-players needs to be involved.
- Expand affordable, accessible treatment options (from detoxification to long term rehabilitation and community support groups).
- Facilitate getting drug users into treatment early.
- Intensify current strategies to address alcohol-related motor vehicle injuries (i.e. random breath testing, awareness campaigns) and consider others (e.g. no alcohol for novice drivers, improving public transport).
- Especially consider capacity to handle and treat heroin users at

various levels (e.g. ER treatment, long term rehabilitation, community support groups in townships).

- Roadside testing of drivers needs to be increased and to include drugs other than alcohol.
- Initiate programmes to reduce abuse of OTC and prescription medicines, especially among women.
- A multi-pronged strategy is required to reduce alcohol-related HIV infection.
- Inform educators and parents about club drugs and intensify harm reduction practices at raves.

Selected issues to monitor Phase 14 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Demographic/social class shifts in patterns of drug use (especially heroin and Ecstasy use among Africans and Coloureds, and the decline in age of drug users).
- Age of persons abusing of OTC and prescription medicines.
- Use of heroin in areas where its use is currently low (e.g. PE, Durban and Mpumalanga).
- Changes in referral patterns over time.

Selected topics for further research At the SACENDU meetings in October 2003 various topics for research were identified. These included:

- Initiation of heroin use and health consequences of heroin use.
- The extent of unmet treatment need and whether it differs according to gender, race and age.
- Strategies for reducing injuries caused by drunk pedestrians.
- The efficacy of gender sensitive treatment programmes and of treatment modalities designed for specific drugs versus programmes aimed at both sexes and a broad range of drugs.
- Are different race groups seeking treatment via different modalities?
- Are there gender differences in terms of relapse rates and psychiatric co-morbidity?
- The extent of abuse of over-the-counter and prescription medicines among older persons.
- The association between the use of smokeless tobacco and other substances.
- Poly drug use – specifically how drugs are used to counter each other's effects or to induce certain mood states.

### Box 1 – Methamphetamine/"Speed"

**Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse.**

**Methamphetamine is commonly known as "speed," or "meth." In its smoked form, it is often referred to as "ice" or "crystal". It is a white, odourless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. Methamphetamine's chemical structure is similar to that of amphetamine, but it has more pronounced effects on the central nervous system. Like amphetamine, it causes increased activity, decreased appetite, and a general sense of well-being. The effects of methamphetamine can last 6 to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.**

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