

South African Community Epidemiology Network on Drug Use (SACENDU)



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Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – December 2003)

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Phase 15

Summary of key findings across SACENDU sites: July - December 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 Mandrax use appears to be increasing in some sites
- 3) Indicators for **cocaine** are mixed with police seizures down but treatment demand increasing again in some sites.
- 4) Treatment & police indicators continue to identify heroin as a problem in Gauteng and Cape Town, and increasingly in Mpumalanga
- 5) Treatment demand for **methamphetamine** is increasing in Cape Town
- 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 15 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (19 April 2004), Port Elizabeth (PE) (20 April), Durban (21 April) and Pretoria (22 April). These meetings were attended by about 140 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 is 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 15 was provided by 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 24 specialist treatment centres participating in the project between July – December 2003 were alcohol, the cannabis (dagga)/Mandrax (Methaqualone) "white pipe" combination, and cannabis (together comprising 78% of all admissions) (Table 3). The proportion of patients in treatment for alcohol abuse has declined slightly in the second half of 2003. The proportion of persons in treatment for the abuse of the

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dagga/Mandrax combination increased slightly in the 2nd half of 2003. The proportion of patients being treated with cannabis (alone) as their primary substance of abuse remained stable.

The proportion of patients with heroin as their primary substance of abuse also remained stable, while the proportion of patients with cocaine or crack as their primary substance increased slightly again in the 2nd half of 2003. Figures for other primary substances of abuse remained stable, except for an increase in patients reporting methamphetamine as their primary drug (2%) over time. Overall, 1 659 patients were treated across all 24 treatment centres in the 2nd half of 2003.

In Durban the main primary substance of abuse was alcohol, followed by cannabis on its own (together comprising 89% of all admissions). Admissions where cannabis or the cannabis/Mandrax combination is the primary substance of abuse have remained fairly stable, as well as admissions where cocaine/crack is the primary substance of abuse (Table 3). A total of 378 patients were treated in the two treatment centres included in Durban in the 2nd half of 2003.

In PE the main primary substances of abuse reported by the treatment centres from July – December 2003 were alcohol followed by the cannabis/Mandrax combination and cannabis alone (together comprising 89% 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 450 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 and Shepherd's Field treatment centres 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, 2 711 admissions to 17 treatment centres were recorded in the 2nd half of 2003. For 49% of patients the

primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis alone (21%), cannabis/Mandrax (10%), and heroin (6%). Proportions have remained fairly stable over the past 18 months, except for an increase in patients treated for cannabis/Mandrax.

In Mpumalanga the main primary substance of abuse reported by the treatment centres from July –December 2003 was alcohol (60%), followed by cannabis (together comprising 80% of admissions). A significant increase in patients with heroin as their primary substance of abuse compared to the previous periods occurred (7%). During this period 539 persons were treated at the four treatment centres included in the study (i.e. Swart-fontein, 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 70%, 82%, 67%, 73% and 71% respectively. These proportions have remained fairly stable, except for an increase in Gauteng. First time admissions 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", except in Cape Town where social services referred a higher proportion of patients than "work/employer" (Table 1). Referral sources have remained fairly stable over time and across sites.

GENDER: Across all sites between 81% (in Gauteng and Mpumalanga) and 89% (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.

Table 1: Selected referral sources (July - December 2003) (Column % add up to 100)

Source	Cape Town	Durban	PE	Gauteng	Mpumalanga
Self/family/friends	47%	47%	42%	60%	49%
Work/employer	13%	19%	18%	13%	21%
Social services/welfare	16%	9%	6%	9%	6%
Doctor/psychiatrist/nurse (aka health professionals)	10%	4%	14%	4%	3%
Hospital/clinic	3%	1%	7%	2%	2%
Court/correctional service	5%	4%	4%	3%	13%
Schools	3%	6%	6%	6%	4%
Church/religious body	3%	<1%	2%	2%	1%
Other e.g. radio	2%	<1%	1%	1%	<1%

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 Gauteng and Mpumalanga during the second half of 2003. Furthermore, 62% of all patients younger than 20 years in Gauteng were African, another increase over the previous period. 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.

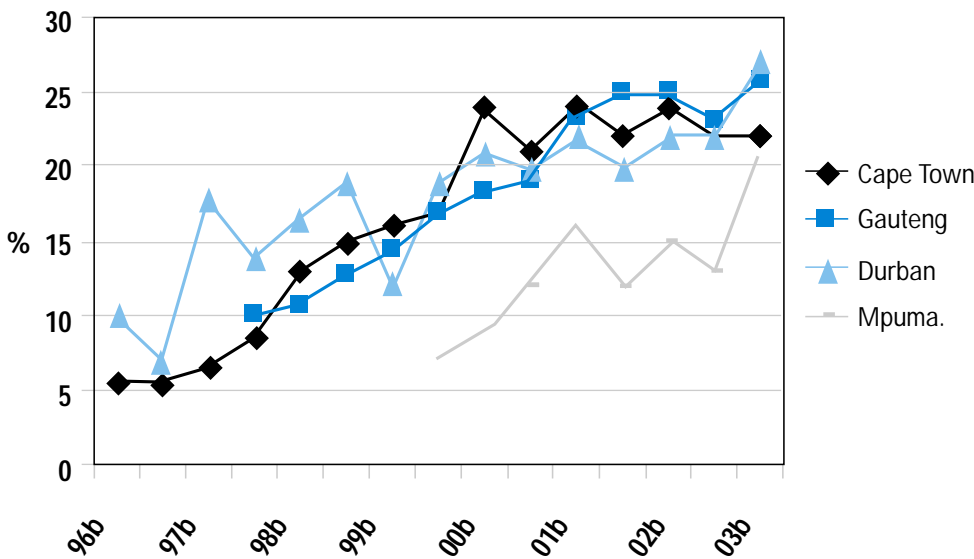
EMPLOYMENT, MARITAL STATUS, EDUCATION: In Gauteng, Cape Town and PE about a third of patients in treatment are employed full-time, whereas in Durban and Mpumalanga 40% are employed full-time. The proportion of patients who are students/pupils is increasing in all sites and ranges from 14% in Cape Town to 22% in Gauteng. Across sites between 47% and 54% of patients have never been married, and over 72% 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 44% of patients with heroin as their primary substance of abuse reported injecting as a mode of use versus 49% in Gauteng, and 30% in Mpumalanga.

AGE OF PATIENTS: Across sites the average age of persons seen by treatment centres was 31-36 years and has remained fairly stable (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients 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 for treatment in Cape Town, PE, Gauteng, and Durban was "family". In PE and Durban "self" was the second most common source of payment. Medical aids covered the cost of treatment for 16% of patients in Cape Town and Gauteng.

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



Findings by Drug of Use/Abuse

Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (July - December 2003)

Substance	Cape Town	Durban	PE*	Gauteng	Mpumalanga
Alcohol	40	35	37	40	39
Cocaine/crack	30	30	29	29	27
Cannabis/Mandrax	26	22	24	20	-
Heroin	24	-	-	24	23
Ecstasy	22	-	23#	20	22
Cannabis	21	22	20	20	22
OTC/PRE ¹	39	-	38	41	39
All substances	31	31	31	32	33

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

n < 5

¹ - Over-the-counter or prescription medicines

At the Central Eastern Cape SANCA Alcohol & Drug Centre (in East London), 45% of patients treated between April 2003 and March 2004 had alcohol as their primary substance of abuse.

Other studies

A study of 149 HIV infected consecutive referrals seen at the Infectious Disease clinic at Tygerberg hospital during 2003 found that 10% of the patients met criteria for current alcohol dependence. This is higher than would be expected in the general population. The study was conducted by the MRC Anxiety and Stress Disorders Research Unit and the Infectious Disease Clinic at Tygerberg hospital. Patients with alcohol use disorders were more likely to have symptomatic infection.

A survey conducted at 8 high-schools in the peri-urban area of Pietermaritzburg during November 2003 found that 33% of the 944 grade 9 learners currently drink alcohol. Furthermore 11% of all male learners and 4% of female learners admitted to drinking alcohol the last time they had sex. The survey formed part of an HIV and alcohol prevention project in schools in Pietermaritzburg, conducted by the Human Sciences Research Council and the University of Kentucky, USA.

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 65% of admissions in Durban, 61% of admissions in Mpumalanga, 49% of admissions in Gauteng, 51% of admissions in PE and 39% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly stable in Gauteng, Durban and PE, but decreased in Cape Town and Mpumalanga.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse was 37 years in PE, 35 years in Durban, 40 years in Cape Town and Gauteng, and 39 years in Mpumalanga. This is substantially older than the mean age for other drugs (see 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%, 13% in Durban, 21% in PE, 22% in Gauteng and 18% in Mpumalanga. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

Cannabis (dagga) & 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 20% in Mpumalanga to 24% in Durban. In Cape Town and PE the cannabis/Mandrax combination ("white pipes") was the second most common primary substance of abuse, accounting for 24% of the patients in Cape Town and 26% of patients in PE, while between 0.2% and 10% 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, although the proportion of patients reporting Mandrax as their primary substance of abuse appears to be increasing slightly

in Cape Town and Gauteng. 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 4-5 years), with the cannabis patients being an average of 20-21 years (Table 2). The most common primary substance of abuse for patients younger than 20 years in all sites (except PE) is cannabis (Table 6). In PE the most common primary substance for these patients is the cannabis/Mandrax combination, whereas in Cape Town and Gauteng the cannabis/ Mandrax combination is the second most common primary substance of adolescent patients.

Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. In Cape Town 5% and in PE and Gauteng 6% of patients whose primary substance of abuse was 'white pipes' were female, and in Cape Town 12%, Gauteng 9%, and in PE and Mpumalanga 5% of patients whose primary substance was cannabis on its own were female. The corresponding percentages for Durban were 0% and 11%. In Cape Town 66% of patients with cannabis as their primary substance of abuse were

Coloured, 18% were Black/African and 15% were White. In PE 35% were Coloured and 35% were Black. In Gauteng 63% were Black/African and 23% were White (Table 5). Cannabis patients in Mpumalanga were mainly black/African (49%) or white (44%) 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.

At the Central Eastern Cape SANCA Alcohol & Drug Centre (in East London), 13% of patients treated between April 2003 and March 2004 had cannabis as their primary substance of abuse and a further 18% reported the cannabis /Mandrax combination as their primary substance of abuse.

FSL cases and seizures

Following the restructuring in the South African Police Service and the subsequent disbanding of the Narcotics Bureau (SANAB), 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,

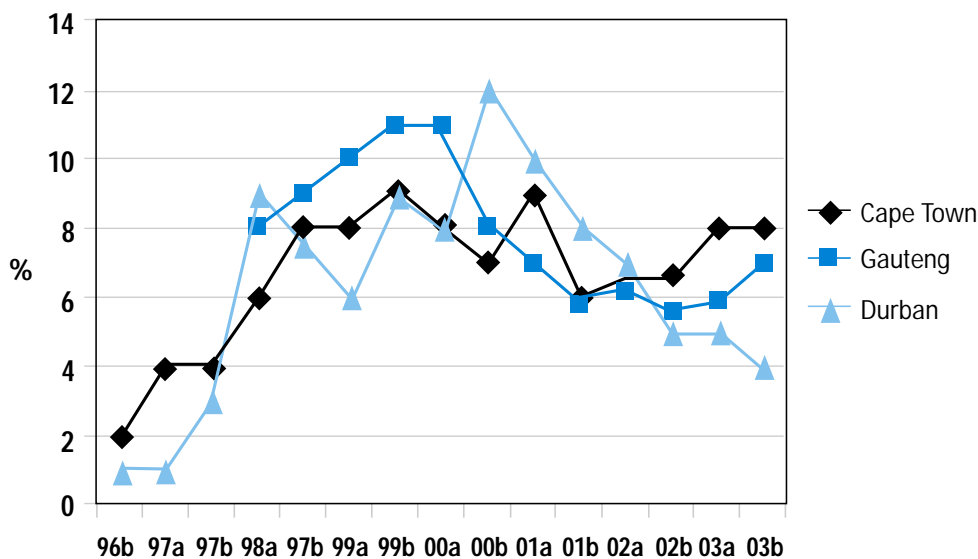
North West, Limpopo, Mpumalanga and the Free State. The Western Cape FSL receives cases from the Northern and Western Cape, and the Eastern Cape and KwaZulu Natal FSLs process cases from their respective provinces.

The FSL in Pretoria recorded a total of 468 739 Mandrax tablets and over four tons of Mandrax powder seized between July - December 2003, representing a marked increase when compared to the previous period (Table 8). However, the number of Mandrax cases processed by this lab has remained fairly stable (Table 7). The FSL in the Western Cape also recorded an increase in Mandrax seizures compared to the previous period, and the number of cases processed also increased significantly compared to the first half of 2003. Cases and seizures recorded by the KwaZulu Natal FSL also increased, as well as Mandrax seizures recorded at the Eastern Cape FSL.

Cocaine/Crack Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack has increased again in both Cape Town and Gauteng (Table 3). Proportions remained fairly stable in the other three sites. The proportions ranged from 2% in PE and

Figure 2: Proportion (%) of persons cocaine as their primary drug of abuse





Mpumalanga to 8% in Cape Town (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. In Cape Town 22% 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 3rd most commonly reported secondary drug of abuse after alcohol and cannabis.

In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 27 to 30 years (Table 2). In Cape Town 22% and in Gauteng 25% 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 Cape Town almost 50% were Coloured and a slight increase in Black/African patients with cocaine as their primary substance was noted in this city in the 2nd half of 2003 (Table 5).

At the Central Eastern Cape SANCA Alcohol & Drug Centre (in East London), 5% of patients treated between April 2003 and March 2004 had cocaine as their primary substance of abuse, almost half of whom used it in combination with other substances.

FSL cases and seizures

The FSL in Pretoria reported a decrease in cocaine seizures (186 kg) compared to 233 kg in the previous period. Seizures reported by the other labs also decreased, however the number of cases processed during July - December 2003 increased at all the labs except KwaZulu-Natal.

Heroin

Specialist treatment centres

In Cape Town and Mpumalanga 7% and in Gauteng 6% of patients in specialist treatment centres had heroin as their primary drug of abuse. The proportion in Mpumalanga has increased dramatically over time (Figure 3). Durban had four patients reporting heroin as their primary substance of abuse during the 2nd 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 23-24 years (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town 34% and in Gauteng a quarter of patients with heroin as the primary substance of abuse were female. In Cape Town and Gauteng heroin patients were also more likely to have received treatment before than patients treated for any other drug, with 55% of the heroin patients in both sites reporting that they had been in treatment before.

Intravenous use by patients with heroin as their primary drug of abuse is common in both Cape Town and Gauteng, with 44% of patients in Cape Town and 49% of patients in Gauteng reporting injecting use in the 2nd half of 2003. In Mpumalanga 30% of heroin patients reported injecting. In Cape Town an increase in Coloured patients with heroin as their primary substance was noted in 2003, although most patients are still White (Table 5). In Cape Town 9% and Gauteng 8% of all patients reported the use of heroin, as either a 1st, 2nd, 3rd, or 4th most frequently used substance.

FSL cases and seizures

The number of heroin cases processed by the various FSLs in the 2nd half of 2003 increased slightly at all the labs (excluding the Eastern Cape). The highest number of cases were processed by the Pretoria lab (147). Seizures reported by the Western Cape and

KwaZulu-Natal labs increased slightly compared to the previous period, but declined at the Pretoria FSL from 16 kg in the 1st half of 2003 to 1.8 kg in the 2nd half of 2003.

Over-the-counter and prescription medicines

Specialist treatment centres

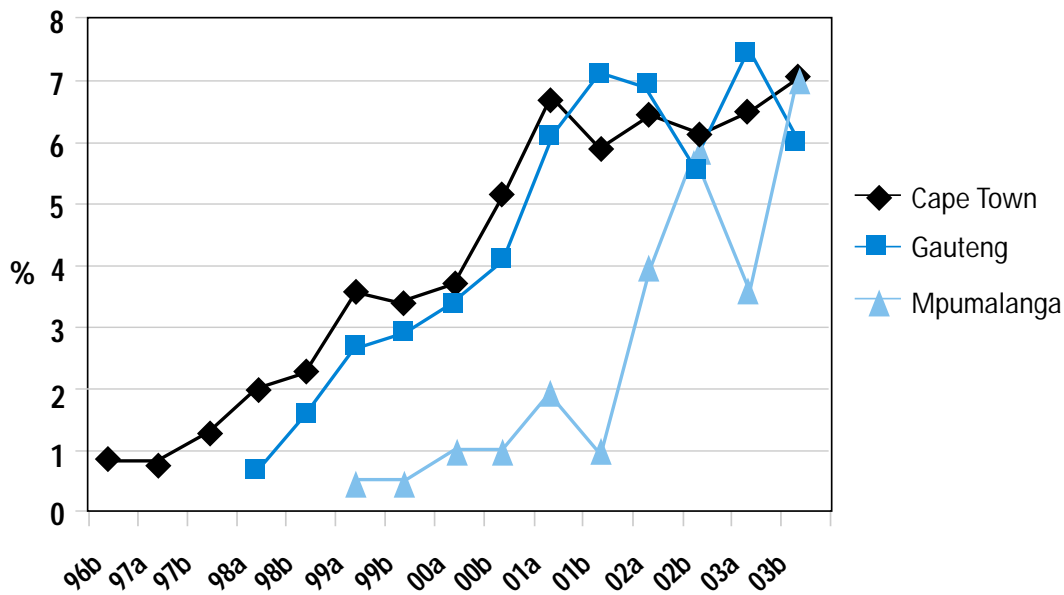
Between 1% (Durban) and 6% (Mpumalanga) of patients seen at specialist treatment centres in Cape Town, Durban, PE, Gauteng, and Mpumalanga from July - December 2003 had over-the-counter (OTC) or prescription medicines (PRE) listed as their primary substance of abuse. This is fairly similar to the previous six-month reporting period, except for an increase in Mpumalanga. In Gauteng 51% and in Cape Town and PE over 58% 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 Gauteng and 6% in Cape Town reporting these drugs either as primary or secondary substances of abuse. Substances abused included benzodiazepines, analgesics, Codeine products, sleeping pills, and Ritalin.

Ecstasy, Methamphetamine ('Speed'/'Tik'), & 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%), and Gauteng (4%). 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 38 patients reported methamphetamine as their primary substance of abuse in the 2nd half of 2003, compared to 12 patients in the second half of 2002. A further 83 patients reported

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



methamphetamine as a secondary substance of abuse. The use of crystal methamphetamine continues to increase and spread rapidly in the Cape Metropolitan region, especially on the Cape Flats. The drug is often 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. The drug is commonly called 'tik-tik' because of the clicking sound it makes when smoked.

Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with 33% of patients in specialist treatment centres in Gauteng and 48% in Cape Town reporting more than one substance of abuse.

Cases and seizures

The KwaZulu-Natal FSL reported receiving over 94 000 tablets of amphetamine-type stimulants (ATS) (most of which are MDMA), an increase over the previous period (Table 7). This was the largest number of ATS tablets seized at any of the four labs during the 2nd half of 2003. Seizures at this lab and the Eastern Cape lab increased when compared to the previous period. The number of cases increased at all the labs excluding KwaZulu-Natal (Table 8). The Pretoria and Western Cape labs reported the highest number of ATS cases ever processed in a single six-month period since 2001 (564 and 390 respectively). Seizures of LSD remained fairly low in all sites.

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

Site	Period	Alcohol	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
	2003b	39.4	15.4	23.6	8.4	7.1	1.4	2.2	2.5	1659
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	10	<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
	2003b	65.3	23.6	4.0	4.0	1.1	0.5	0.3	0.8	376
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
2003b	51.4	11.8	26.1	2.2	0	0.4	5.3	2.7	449	

Table 3 continued...

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/	Heroin	Ecstasy	OTC/PRE.	Other	N
Gauteng	1998a	69	11	5	8	<1	<1	4	3	2125
	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
	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
2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	2.4	2711	
Mpuma- langa	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
2003b	61.1	20.2	0.2	1.9	7.2	1.9	5.7	1.7	529	

Table 4: Comparison of proportion of patients in treatment (July – December 2003) with census data – by site¹

		African	Indian	Coloured	White
Cape Town	Population ¹	32%	1%	48%	19%
	In treatment	11%	1%	57%	31%
Durban	Population ¹	68%	20%	3%	9%
	In treatment	22%	46%	11%	21%
PE	Population ¹	59%	1%	23%	17%
	In treatment	29%	3%	42%	26%
Gauteng	Population ¹	74%	2%	4%	20%
	In treatment	38%	3%	8%	51%
Mpumalanga	Population ¹	92%	<1%	1%	7%
	In treatment	45%	2%	3%	51%

¹ Statistics South Africa, 2001 Census

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

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
Cape Town						
Black/African	11%	18%	12%	7%	0%	1%
Coloured	50%	66%	77%	46%	78%	31%
Asian/Indian	1%	1%	3%	3%	0%	2%
White	39%	15%	8%	45%	22%	66%
Durban						
Black/African	23%	17%	47%	20%	0%	0%
Coloured	11%	14%	13%	13%	0%	0%
Asian/Indian	44%	54%	33%	47%	50%	50%
White	22%	16%	7%	20%	50%	50%
PE						
Black/African	34%	35%	27%	0%	0%	-
Coloured	43%	35%	57%	0%	50%	-
Asian/Indian	<1%	2%	5%	11%	0%	-
White	22%	28%	11%	89%	50%	-
Gauteng						
Black/African	32%	63%	64%	10%	27%	6%
Coloured	5%	11%	26%	9%	0%	2%
Asian/Indian	2%	4%	3%	10%	0%	2%
White	61%	23%	7%	70%	73%	89%
Mpumalanga						
Black/African	44%	49%	-	0%	0%	10%
Coloured	3%	4%	-	20%	0%	0%
Asian/Indian	1%	4%	-	0%	0%	5%
White	52%	44%	-	80%	100%	85%

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

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Speed	Other	Total (N)
Cape Town	03a	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
	03b	4.1	41.9	32.5	4.7	7.4	3.6	4.7	1.1	363
Durban	03a	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
	03b	42.5	45.1	8.8	1.8	1.8	0.0	0.0	0.0	113
PE	03a	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
	03b	16.0	28.0	38.7	0.0	0.0	0.0	0.0	17.3	75
Gauteng	03a	8.2	57.5	18.9	2.1	6.4	2.0	-	4.9	588
	03b	7.6	55.4	24.6	1.9	4.3	0.4	-	1.6	695
Mpuma'	03a	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60
	03b	20.3	67.2	0.0	0.0	6.3	0.0	0.0	6.3	64

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

Kwa Zulu Natal lab		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
	Jul-Dec 03	888	121	120	24	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
	Jul-Dec 03	397	373	564	147	31
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
	Jul-Dec 03	2 783	341	390	45	13
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
	Jul-Dec 03	350	50	73	2	0

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
	Jul-Dec 03	13 101	117 596	176	94 692	82	34	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
	Jul-Dec 03	468 739	4 037 719	186 915	29 371	46 925	1 850	654
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
	Jul-Dec 03	647 795	732 037	1 150	29 735	1 390	306	102
EC lab	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
	Jul-Dec 03	27 185	1 829	57	6 772	21	0.4	0

Notes: KZN = KwaZulu Natal; PTA = Pretoria; WC = Western Cape; EC = Eastern Cape
 Figures reported for the Pretoria lab for 2003b are subject to change (pending the outcome of 14 cases)
 * - One Mandrax tablet weighs approximately 0.5 g

Implications for policy and future research

Selected implications for policy/practice

During the Phase 15 (July – December 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.

- Interventions are needed to address substance abuse as part of treatment among patients being treated for HIV/AIDS. Routine monitoring of AOD use among HIV/AIDS patients is needed.
- Issues around possible prior physical and other forms of trauma need to be explored and addressed among female patients receiving substance abuse treatment.
- Alternatives to suspending children for substance use problems from school need to be implemented. Programmes are also needed to get school-dropouts back into school.
- Various strategies are needed to increase the accessibility to treatment by Black/African and female patients (including encouraging African language students to enter the field of substance abuse interventions and increasing culture/gender sensitivity of therapists). Improved marketing of services is required as part of increasing accessibility. In general more debate is required around the issue of effective models of service delivery.
- An improved follow up system for identifying and meeting the needs of heroin patients is required, particularly by the state sector. This system should include tertiary care and harm reduction approaches.

- Increased consideration should also be given to interventions aimed at the children of adult substance abusers as part of primary prevention efforts. Early intervention is crucial. Preventing ease of access by youth to alcohol, cigarettes and snuff should be given greater priority.
- With regard to the broader issue of accessibility of treatment services, attention needs to be given to the increasing demand for services by persons who are unemployed (or scholars).
- Differences in terms of treatment/rehabilitation burden from different drugs.
- How pressure to use drugs increases over different grades in high school.
- Substance use disorders among HIV/AIDS patients, including changes in substance use behaviour over the course of HIV/AIDS illness and the impact of substance use on HIV/AIDS treatment efficacy (longitudinal research).
- The link between substance use and trauma, including protective factors and gender differences.
- An assessment of whether different treatment modalities work better for particular patient profiles (including differences between inpatient and outpatient treatment/efficacy).
- How do 1st time admissions differ from repeat admissions (on various dimensions, including environmental factors).
- The extent of unmet treatment need among African and female patients.
- The extent to which substance use behaviour is influenced by situational factors, such as partner abuse for females.
- Substance abuse among the elderly.
- The role of traditional healers in addressing substance abuse and whether and how this role could be enhanced.
- Community and other level differences with regard to pressure to use AODs experienced by young persons in Gauteng.

Selected issues to monitor

Phase 15 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 with regard to heroin, Mandrax, and ATS), and related to this changes in drug marketing practices (e.g. use of young Africans, females).
- Geographic shifts in heroin use to rural areas (e.g. in Mpumalanga and the central part of the Eastern Cape).
- Particular attention should be directed to patients under 14 years of age and to the elderly.
- Changes in sources of referral to and funding of treatment.
- Levels of HIV among the drug using population in comparison to the general population.

Selected topics for further research

At the SACENDU meetings in April 2004 various topics for research were identified. These included:

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