

SECTION 1: INTRODUCTION

Mr Andreas Plüddemann

This report contains detailed data from specialist substance abuse treatment centres in the six sites that comprised the South African Community Epidemiology Network on Drug Use until June 2006, namely, Cape Town, Durban, Port Elizabeth, East London, Gauteng province and Mpumalanga province. In addition data was collected in the Free State, Northern Cape and North West for the first time, reported under the 'Central Region'. In expanding the SACENDU project, our goal is to eventually collect data in all South Africa's provinces and from as many treatment centres as possible.

In general cannabis is still the most common illicit drug used, especially among youth attending specialist treatment centres. However, Cape Town continues to see an increase in the use of crystal methamphetamine (known locally as "tik"), now making this drug the most common primary substance of abuse. In Cape Town 72% of adolescent patients have methamphetamine as primary or secondary drug of abuse. The proportion of admissions to treatment centres for Mandrax abuse has declined substantially in all sites.

The proportion of admissions for cocaine continued to increase in the Eastern Cape and an increase was also noted in KwaZulu-Natal.

The proportion of patients seeking treatment for heroin abuse increased significantly in Durban, due to the sudden emergence of 'sugars', a cheap mixture of cannabis and heroin. In Cape Town heroin patients are now mostly from the Coloured population group, a marked increase over previous years. The proportion of Black heroin patients has also increased significantly in Gauteng.

Club drugs and prescription or over-the-counter medicines are still more common as secondary substances. 'Cat' (methcathinone), a synthetic stimulant, has shown an increase in Gauteng in recent periods.

Alcohol still, however, remains the most common primary substance of abuse reported by all sites (except Cape Town) across the country and no doubt still causes the biggest burden of harm in terms of 'secondary risks', including injury, premature non-natural deaths, foetal alcohol syndrome, and as a potential catalyst for sexual risk behaviour and hence HIV transmission.

I hope you will find this report of value to you in your work. If you have any specific feedback on the report please send your comments to Susan Hon at susan.hon@mrc.ac.za or fax her at 021-938-0342.

It remains for me to thank Susan Hon for her continued effort in compiling this report, the site co-ordinators and co-authors of this report, Arvin Bhana, Hennie Potgieter, Trixie Pereira, Welma Gerber, Thembela Nqini and Petal Petersen, for their hard work, the various members of the network who have provided data, presentations or comments, and the Mental Health & Substance Abuse Directorate of the National Department of Health and the National Department of Social Development for their financial support of this project. Their support has among other things been used to collect treatment information on over 15 000 treatment episodes annually, to facilitate hosting regional meetings attended by approximately 200 persons every six months, and the preparation and mailing of reports that are sent bi-annually to over 400 persons.