

SECTION 1: INTRODUCTION

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This report contains detailed data from specialist substance abuse treatment centres in six sites that now comprise the South African Community Epidemiology Network on Drug Use: Western Cape (Cape Town), KwaZulu Natal (mostly Durban and Pietermaritzburg), Eastern Cape (Port Elizabeth, East London and Butterworth), Gauteng province, Mpumalanga province, and the so-called Central Region (comprising of the Free State, Northern Cape and North West provinces). 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. Data collection in Limpopo province began in July 2007 and will be included in the next report.

In general cannabis is still the most common illicit drug used, especially among youth attending specialist treatment centres. However, in Cape Town crystal methamphetamine (known locally as "tik") remains dominant. In Cape Town 70% 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 increased in Gauteng, where now 25% of all patients have cocaine (or crack) as a primary or secondary substance of abuse.

The proportion of patients seeking treatment for heroin abuse increased again 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 and Mpumalanga. In the first half of 2007 an alarming one third of all patients treated in Mpumalanga had heroin as a primary or secondary substance of abuse.

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, staff at SANCA Port Elizabeth, Welma Gerber, Farhana Mohamed 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 18 000 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.