

Section 2: CAPE TOWN

2a: Substance abuse in pre-trial patients at Valkenberg Hospital

Dr Sean Kaliski

A study was conducted over a six-month period during 1991 at Valkenberg Hospital amongst 155 pre-trial prisoners under psychiatric observation. Over 90% of the subjects were male with an average age of 30 years. Almost 60% were unemployed. 62% of the subjects were classified as 'habitually violent'. Furthermore 44% had been referred for a violent offence. Of the subjects 38% reported that they had been intoxicated when they committed the alleged offence. Alcohol, cannabis and Mandrax were the most commonly reported substances.

Subjects with a psychotic diagnosis were less likely to report being intoxicated at the time the offence was committed. Psychiatric history, verbal provocation, and disinhibition were more strongly associated with a violent offence than alcohol intoxication.

The study indicated the need to investigate further how the use of alcohol or Mandrax may be leading to violent behaviour and what the 'triggering' or disinhibitive properties of these drugs are.

2b: Social and neighbourhood correlates of adolescent drunkenness: a pilot study in Cape Town

Ms Amina Saban & Dr Charles Parry

Charles DH Parry, Neo K Morojele, Alan J Flisher and Amina Saban

Objective: To identify social and neighbourhood correlates of adolescent drunkenness.

Design and setting: A cross-sectional, community study.

Subjects: A multi-stage cluster sampling strategy was used to select 90 adolescents aged 11-17 years from nine distinct communities in Cape Town, South Africa. The sample was stratified by gender. Randomly selected adolescents from each household were interviewed by trained interviewers.

Questionnaire: The questionnaire included questions on respondents' substance use, peers, neighbourhood factors and recreational activities.

Results: A third of the sample indicated that they had been drunk at least once. Older adolescents and adolescents whose friends drink are significantly more likely to have been drunk. The risk of having been drunk was also associated with being white and with being exposed to public

drunkenness on a daily or at least weekly basis. Attendance at religious services (at least weekly) was found to be a significant protective factor against drunkenness.

Conclusion: The implications of these findings for preventive programmes and future research are discussed.

2c: Specialist Treatment Centres

Ms Pam Cerff & Mr Andreas Plüddemann

Data were collected from 22 specialist treatment centres on a monthly basis. Some of the data were collected by interview by professional staff and others were collected from patient records by administrative staff.

Table 2.1: Proportion of treatment episodes

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%	%	%
Crescent	1	5	3	2	4	4	5
CTDCC	19	20	17	16	20	19	21
De Novo	6	9	7	7	7	6	2
De Novo Youth	3	2	2	2	3	4	3
Durbanville	-	-	-	-	-	<1	1
Hesketh King	4	4	3	3	3	2	3
Horizon	-	2	2	2	1	2	1
Kenilworth	5	4	6	5	4	5	4
Lifeskills	<1	4	1	4	1	1	1
Orient	-	1	3	1	2	2	-
Ramot	12	2	10	3	10	8	9
SANCA (9)	9	9	18	8	17	17	25
Stepping Stones	9	13	7	18	11	8	10
Stikland	11	6	10	9	3	10	6
Toevlug	12	10	7	10	10	11	9
Tabankulu	-	7	-	12	4	-	1
Total no. in treatment	1527	1550	1695	1696	1571	1561	1608

Overall 1608 patients were treated across all treatment centres for the period January to June 2002, as compared to 1561 for the previous six-month period (see Table 2.1).

Table 2.2: First time admissions

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%								
Yes	83	73	68	69	68	68	67	67	67
No	17	27	32	31	32	32	33	33	33

In Table 2.2 ‘Yes’ indicates a first time admission and ‘No’ indicates a repeat admission. The number of repeat admissions (‘No’) has remained fairly stable over the last 7 reporting periods.

Table 2.3: Type of treatment received

	Jan- Jun 1998	Jul- Dec 1998	Jan- Jun 1999	Jul- Dec 1999	Jan- Jun 2000	Jul- Dec 2000	Jan- Jun 2001	Jul- Dec 2001	Jan- Jun 2002
	%								
Inpatient	32	59	69	66	66	68	66	65	58
Outpatient	64	40	27	32	34	32	34	35	42
Both	4	<1	3	2	<1	<1	-	-	<1

Avalon saw a large number of outpatients as well as inpatients. Its closure in 1998 resulted in most patients being treated on an in- rather than an outpatient basis. Table 2.3 indicates that the proportion of patients receiving different types of treatment has remained fairly stable over the last 6 reporting periods, although a slight increase in the proportion of outpatients has occurred in the current period.

Table 2.4: Referral sources

	Jan- Jun 1999	Jul- Dec 1999	Jan- Jun 2000	Jul- Dec 2000	Jan- Jun 2001	Jul- Dec 2001	Jan- Jun 2002
	%	%	%	%	%	%	%
Self/friends	38	40	41	36	38	41	39
Work/employer	15	16	14	15	13	14	15
Doctor/psychiatrist/nurse	11	10	13	10	13	14	10
Religious body	4	3	4	4	4	4	3
Hospital/clinic	3	3	4	3	3	2	4
Soc services/welfare	18	17	15	15	16	14	12
Court/correctional	8	8	7	8	7	6	7
School	2	2	3	7	4	2	4
Other e.g. radio	1	1	1	2	2	3	4
Unknown	<1	<1	-	<1	-	-	<1

Table 2.4 shows that all referral categories have remained fairly stable.

Table 2.5: Gender, by primary substance of abuse

	Jul-Dec 1998		Jan-Jun 1999		Jul-Dec 1999		Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	%		%		%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	79	21	78	22	80	20	80	20	80	20	78	22	79	21	79	21
Dagga/Mandrax	95	5	94	6	94	6	96	4	94	6	93	7	97	3	95	5
Dagga	86	14	82	18	89	11	89	11	89	11	84	16	89	11	91	9
Crack	85	15	78	22	82	18	91	9	81	19	79	21	83	17	84	16
Cocaine	71	29	79	21	78	22	89	11	79	21	67	33	74	26	74	26
Heroin	68	32	74	26	67	33	78	22	66	34	73	27	77	23	72	28
Ecstasy							68	32	76	24	60	40	78	22	72	28
OCM/PRE											41	59	55	45	32	68

Dagga and the dagga/Mandrax combination remain mainly male substances of abuse as indicated in Table 2.5. Proportionately more females are treated for the use of cocaine, heroin and Ecstasy than for other drugs. In the first half of 2002 about two-thirds of patients treated for abuse of over the counter and prescription medicines were females.

Table 2.6: Race by primary substance of abuse

	African			Coloured			Asian			White		
	%			%			%			%		
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Alcohol	8	10	15	57	60	52	<1	<1	1	35	29	32
Dagga/Mandrax	13	11	15	75	75	75	<1	5	1	12	10	9
Dagga	11	22	23	61	57	54	3	3	4	25	19	19
Crack/Cocaine	3	1	6	29	44	29	4	6	6	64	49	59
Ecstasy (n=17)	0	0	0	35	72	48	12	6	4	53	22	48
Heroin	1	6	5	2	9	10	2	6	2	95	80	83

The percentages shown in Table 2.6 total across the rows. The percentage of Asians in treatment remains small. The proportion of Whites in treatment for heroin is far greater than that of any other group. A slight increase in the proportion of Africans in treatment for heroin has, however, been noted.

Table 2.7: Population profile

	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
%								
GENDER								
Male	81	80	83	84	82	80	84	83
Female	19	20	17	17	18	20	16	17
ETHNIC GROUP								
Asian	<1	1	2	1	1	1	3	2
Black	7	5	4	7	12	8	11	14
Coloured	56	53	61	61	56	53	59	52
White	37	41	34	31	32	38	27	32
EMPLOYMENT STATUS								
Working full-time	41	45	42	40	39	37	37	39
Working part-time	7	5	6	5	4	4	5	5
Not working	35	33	35	37	32	36	35	33
Apprentice/ internship	<1	<1	<1	<1	<1	<1	<1	<1
Student/pupil	8	10	9	10	19	15	18	17
Disabled: not working	2	2	2	2	2	2	1	2
Housewife	3	2	1	2	2	2	1	2
Pensioner/retired	-	2	-	2	2	2	2	2
Other	3	<1	4	<1	1	1	2	<1
MARITAL STATUS								
Married, living with spouse	36	33	32	33	27	25	27	27
Married, not living with spouse	4	5	5	5	4	4	4	4
Living together	6	4	6	6	5	6	6	7
Divorced	12	11	12	11	11	10	9	9
Widowed	2	2	1	2	2	2	2	2
Never married	40	45	45	44	51	52	51	50
Other	<1	<1	<1	<1	<1	<1	<1	<1
EDUCATION								
None/pre- primary	2	1	<1	<1*	<1	1	2	1
Primary	19	17	19	23*	19	22	23	28
Secondary	68	71	71	76*	80	64	65	57
Tertiary	11	11	13	-*	11	12	11	14

***Highest school education completed**

As can be seen in Table 2.7, males continue to predominate consistently around 80% of patients. Coloured patients, consistent with local demographics, are in the majority. Those working either full or part-time total about 44%. The category 'Other' includes persons suspended from work pending the successful outcome of treatment. More unmarried persons (70%) are in treatment,

consistent with previous data. Most patients have secondary level education (71%). Almost 20% of patients treated during January – June 2002 were students/pupils.

Table 2.8: Age distribution

Age in Years	Jul-Dec 1998		Jan-Jun 1999		Jul-Dec 1999		Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
10-14	19	2	15	1	15	2	30	2	61	4	41	3	66	4	40	3
15-19	144	11	213	14	213	14	257	15	331	20	222	18	305	20	302	19
20-24	106	8	153	10	153	12	199	12	186	11	213	14	184	12	212	13
25-29	150	12	207	14	207	13	208	12	194	12	187	12	182	12	160	10
30-34	205	16	246	17	246	13	225	13	233	14	196	13	188	12	218	14
35-39	218	17	215	15	215	16	253	15	210	12	201	13	207	13	230	14
40-44	159	12	159	11	159	13	201	12	192	11	180	12	169	11	178	11
45-49	129	10	117	8	117	7	140	8	181	8	116	7	121	8	101	6
50-54	83	6	84	6	84	6	71	4	71	4	79	5	69	4	82	5
55-59	51	4	49	3	49	3	58	4	37	2	36	2	33	2	48	3
60-64	22	2	21	1	21	1	20	1	19	1	20	1	13	1	21	1
65-69	17	1	5	<1	5	<1	9	<1	6	<1	5	<1	13	1	6	<1
70-74	3	<1	3	<1	3	<1	4	<1	5	<1	2	<1	1	<1	3	<1
75+	0	0	2	<1	2	<1	1	<1	2	<1	1	<1	1	<1	-	-

The age range of patients in treatment was from 11 years to 72 years. Table 2.8 shows that there were more patients in treatment in the under 25-year old age group than any other age group during this reporting period. It is of note that 25% of all patients are under 21 years of age.

Table 2.9: Mean age by primary substance

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Alcohol	41	41	40	40	41	39	39	39	40
Dagga/Mandrax	27	27	26	25	26	24	25	26	26
Dagga	20	20	22	23	22	19	19	19	19
Crack	30	29	30	30	29	28	29	31	30
Cocaine	30	31	27	29	28	29	28	28	30
Heroin	23	24	21	23	21	23	23	23	24
Ecstasy	20	21	24	23	24	19	19	22	22
OCM/PRE	-	-	-	-	-	-	39	36	41

The mean age was 31 years for this period. The data continue to show that patients whose primary substance of abuse is alcohol are older, 40 years of age, than those with other primary substances of abuse (see Table 2.9). The mean age for patients with dagga and Ecstasy as primary substance of abuse remains low (19 and 22 years respectively).

Table 2.10: Primary substance of abuse

	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%									
Alcohol	78	74	64	56	50	48	51	46	46	48
Dagga/Mandrax	9	10	14	20	12	23	19	20	25	21
Dagga	6	5	9	9	15	12	13	12	12	13
Crack	2	5	5	6	6	5	5	6	4	3
Cocaine	1	1	3	2	3	3	2	3	2	3
Heroin	1	2	2	3	3	4	5	7	6	7
Ecstasy	<1	<1	<1	<1	<1	2	1	1	1	2
OCM/PRE	1	2	2	2	2	4	3	3	2	2
Other (solvents etc.)	3	<1	<1	<1	<1	<1	<1	2	2	<1

Table 2.10 indicates that although alcohol remains the most commonly abused substance, it was reported as the primary substance of abuse by 48% of patients in the first half of 2002 as compared with 81% of patients in 1996. Almost all other substances have proportionately increased over the past 3 years. A slight increase in the proportion of patients treated for heroin was noted in the first half of 2002.

Table 2.11: Overall proportion of substances used

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%				
Alcohol	64	66	62	62	59
Dagga/Mandrax	36	28	30	35	27
Dagga	28	23	23	24	24
Crack/cocaine	17	15	20	15	14
OCM/PRE	11	9	12	9	5
Ecstasy	5	7	9	9	8
Heroin	5	6	8	7	8

The overall proportion of the primary, secondary and/or tertiary drug of abuse is shown in Table 2.11. Alcohol, dagga in combination with Mandrax, and dagga on its own, are the most common drugs used. Ecstasy and cocaine also seem to be used more commonly as secondary drugs of abuse than as primary drugs.

Table 2.12: Multiple substance use

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	N	%	N	%	N	%
Primary substance only	906	58	936	60	1102	69
Primary +2 nd substance	338	22	334	21	280	17
Primary+2 nd +3 rd substance	187	11	177	11	140	9
Primary +2 nd +3 rd +4 th substance	140	9	114	7	86	5
Total no. of patients	1571	100	1561	100	1608	100

Table 2.12 shows that over 30% of patients report using more than one primary substance of abuse.

Table 2.13: Mode of usage of primary drug

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Swallowed	86	63(<1)	57 (6)	52(5)	53(10)	55 (8)	55 (8)	50 (8)	52 (7)
Snorted	<1	3(7)	2 (4)	2(4)	2 (3)	2 (5)	2 (5)	3 (5)	3 (7)
Injected	1	1(2)	<1 (1)	<1(1)	2 (3)	2 (4)	2 (4)	2 (3)	2 (4)
Smoked	12	29 (87)	37 (85)	44 (87)	42 (81)	39 (81)	39 (80)	44 (80)	41 (79)
Other/Combination	-	4(4)	4 (5)	2(3)	2 (3)	2 (3)	2 (3)	2 (4)	2 (3)

Figures in brackets exclude alcohol

In looking at the mode of usage of the primary drug, 52% of patients reported swallowing their substances. When alcohol is excluded about 80% report smoking as their mode of use. This falls in line with the prevalent smoking culture of South Africa. If alcohol is excluded, 4% of patients reported that they injected drugs. (Table 2.13)

Table 2.14: Top ten suburbs for alcohol treatment in the Cape Metropole – January to June 2002

Suburb	No in treatment	Rank	Population*	Rate per 10 000 of population	Rank
Bellville MD ¹	64	1	264 735	2.4	8
Mitchell's Plain	38	2	259 546	1.5	9
Gugulethu	32	3	79 162	4.1	6
Kraaifontein	24	4	58 760**	4.1	5
Khayelitsha	22	5	251 210	0.9	10
Strand	16	6	37 566	4.3	4
Atlantis	14	7	53 310	2.6	7
Eersterivier	13	8	24 233	5.4	3
Somerset West	13	8	21 042	6.2	2
Brackenfell	10	10	11 427	8.8	1

¹ includes 52 suburbs. *Statistics SA 2000 (1996 census) ** 1995 estimates (City Council)

The suburbs in the table above were the top 10 suburbs with alcohol patients stating them as their suburb of residence. Outside the Cape Metro, Paarl had 39 patients in treatment.

Table 2.15: Top ten suburbs for *other drug* treatment in the Cape Metropole – January to June 2002

Suburb	No in treatment	Rank	Population*	Rate per 10 000 of population	Rank
Mitchell's Plain	71	1	259 546	2.7	7
Bellville MD	70	2	264 735	2.6	8
Khayelitsha	35	3	251 210	1.4	10
Athlone	20	4	11 624	17.2	2
Gugulethu	19	5	79 162	2.4	9
Table View	17	6	19 949**	8.5	4
Manenberg	16	7	45 086	3.6	6
Woodstock	14	8	14 496	9.7	3
Cape Town	14	8	6 248	22.4	1
Rondebosch	14	8	18 325	7.7	5

*Statistics SA 2000 (1996 census) ** 1995 estimates (City Council)

The highest numbers of patients treated for drugs other than alcohol came from Mitchell's Plain, Bellville and Khayelitsha. When considering the rate of persons treated per 10 000 of the population however, Cape Town Central, Athlone and Woodstock were the 'top three'.

Table 2.16: Source of payment

	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Self only	27	18	14	13	12	16	13	15
Medical Aid only	16	15	16	13	15	13	14	16
State	14	15	18	14	15	15	14	11
Family/friends only	14	16	19	25	26	27	28	26
State & self	8	8	8	9	8	6	8	6
Work/employer only	2	5	4	4	4	4	4	4
Unknown	5	5	4	2	3	2	2	3
Other/combinations	13	17	14	15	17	17	17	19

Patients often reported a combination of sources of funding for treatment. The category 'Family and friends' remains the most common source of payment for treatment. (Table 2.16).

Cape Town – Patients younger than 20 years

Table 2.17: Gender and race profile of patients <20 years

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	%		%		%	
Gender						
Male	79		86		85	
Female	21		14		15	
Ethnic Group						
African	14		30		23	
Coloured	56		51		57	
Asian	2		2		3	
White	28		16		17	

Table 2.17 above shows that the population profile of the patients younger than 20 years differs from the adult sample. A higher proportion of young Africans (23%) were in treatment compared to the adult sample (11%).

Table 2.18: Primary substance of abuse of patients <20 years

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	n	%	n	%	n	%
Alcohol	20	6	43	12	19	6
Cannabis	134	41	145	40	159	46
Cannabis/Mandrax	104	32	107	29	111	32
Cocaine	5	2	3	1	5	1
Crack	8	3	6	2	6	2
Heroin	25	8	33	9	20	6
Ecstasy	14	4	8	2	13	4
OTC/PRE	8	3	4	1	2	<1
Inhalants	5	1	11	3	7	2
Other	3	<1	4	1	-	-
Total	326	100	364	100	342	100

Most young patients are treated for the abuse of cannabis or cannabis/Mandrax. However, heroin was the third most common primary substance of abuse during January – June 2002.

Table 2.19: Primary substance by gender (<20s)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	Male	Female	Male	Female	Male	Female
	%					
Alcohol	65	35	81	19	74	26
Cannabis	84	16	87	13	91	9
Cannabis/Mandrax	88	12	95	5	89	11
Cocaine	20	80	33	67	80	20
Crack	75	25	83	17	100	0
Heroin	60	40	64	36	35	65
Ecstasy	57	43	71	29	69	31
OTC/PRE	50	50	100	0	50	50
Inhalants	80	20	100	0	86	14

Most young patients treated for alcohol, cannabis or cannabis/Mandrax abuse are male. However, almost two-thirds of young heroin patients were female in the first half of 2002.

2d: Western Cape Forensic Science Laboratory data

Sen. Supt. Jaco Westraat

The Table below shows the cases and seizures processed by the Forensic Science Laboratory (FSL) in the Western Cape over the last three periods. A substantial increase in cocaine and amphetamine type stimulants (ATS) seizures was noted. Slightly fewer cases of Mandrax were processed as the case load is now shared with the FSL in Port Elizabeth, whereas formerly all cases from the Eastern, Western and part of the Northern Cape were processed by the Western Cape laboratory. Heroin cases increased when compared to the 2nd half of 2001. Seizures of LSD decreased.

Table 2.20: Cases and seizures recorded by the Western Cape FSL

	Mandrax		Cocaine		ATS		Heroin		LSD	
	Cases	Quantity	Cases	Quantity	Cases	Quantity	Cases	Quantity	Cases	Quantity
Jan-Jun 01	1975	84 221 tabs	261	5 800g	209	8 417 tabs	28	387g	20	252 units
		64 635g				384g				
Jul-Dec 01	1713	117 640 tabs	172	166 250g	141	5 980 tabs	13	195g	12	5 127 units
		8 821g				204g				
Jan-Jun 02	1505	23 345 tbs	261	312 348 g	224	28 629 tbs	32	157g	9	119

2e: Arrests and seizures

Mr Andreas Plüddemann

Information from the South African Narcotics Bureau (SANAB) in Cape Town on arrests for dealing in various illicit drugs is presented in Table 2.21 below. SANAB data reflect only seizures/arrests by this specialist unit. It does not include information on arrests and seizures from other police units or the Organised Crime Unit (OCU). This information is nevertheless useful because it allows us to monitor SANAB trends over time.

239 persons were arrested for dealing in drugs in Cape Town during the period January – June 2002. An increase in the proportion of arrests for Ecstasy was noted.

Table 2.21: Arrests for dealing (Cape Town)

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%								
Dagga/hashish	67 (42)	48 (29)	68 (39)	101 (32)	75 (25)	54 (25)	31 (24)	74 (29)	52 (22)
Mandrax	23 (15)	47 (28)	41 (24)	89 (29)	108 (36)	55 (26)	32 (15)	67 (26)	58 (24)
Cocaine/crack	35 (22)	42 (25)	43 (25)	89 (29)	73 (25)	55 (26)	43 (27)	67 (26)	54 (23)
Ecstasy	12 (8)	18	6 (3)	18 (6)	22 (7)	30 (14)	36 (22)	39 (15)	53 (35)
Heroin	12 (8)	9 (5)	11 (6)	12 (4)	1 (<1)	8 (4)	1 (<1)	2 (<1)	5 (2)
LSD	4 (2)	3 (2)	5 (3)	2 (<1)	5 (2)	8 (4)	8 (5)	4 (2)	3 (1)
Speed	3 (2)	1 (<1)	0 (0)	0 (0)	2 (<1)	2 (1)	1 (<1)	2 (<1)	2 (1)
Other	2* (1)	0 (0)	0 (0)	0 (0)	8 (3)	2 (1)	10 (6)	0	11 (4)
TOTAL	158	168	174	311	296	214	162	255	239

* ephedrine

Source: SANAB

An increase in arrests for possession of cocaine was noted in the 1st half of 2002

Table 2.22: Arrests for possession (Cape Town)

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%	%	%	%	%
Dagga/hashish	67 (41)	77 (50)	59 (40)	105 (32)	100 (52)	18 (33)	5 (19)	11 (42)	9 (16)
Mandrax	27 (17)	26 (17)	30 (20)	58 (17)	28 (15)	10 (19)	12 (46)	3 (12)	2 (4)
Cocaine/crack	26 (16)	38 (24)	36 (24)	137 (41)	25 (13)	12 (22)	4 (15)	5 (19)	33 (60)
Ecstasy	17 (10)	5 (3)	6 (4)	21 (6)	19 (10)	10 (19)	5 (19)	2 (8)	9 (16)
Heroin	13 (8)	6 (4)	13 (9)	11 (3)	1 (<1)	3 (6)	-	1 (4)	1 (2)
LSD/Speed	13 (8)	3 (2)	4 (3)	0 (0)	4 (2)	0 (0)	-	1 (4)	1 (2)
Other	0 (0)	0 (0)	0 (0)	0 (0)	7 (4)	1 (2)	-	3 (12)	0 (0)
TOTAL	163	155	148	332	191	54	26	26	55

Source: SANAB

Table 2.23 includes information on amounts of different substances seized by SANAB for dealing and possession combined for the nine six-month periods starting from July 1997. The Table shows that seizures of cocaine and Ecstasy increased in the first half of 2002. Seizures of Mandrax and LSD decreased.

Table 2.23: Seizures for dealing and possession (Cape Town)

	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Dagga (kgs)	5 018	3 325	1 898.8	474	5 432	1 848	3 286	1 211	27 059	3 495
Mandrax (tabs)	68 322	12 646	44 480	30 156	15 093	30 087	75 979	19 414	24 516	12 850
Cocaine (gms)	7 890	19 542	12 369	7 860	2 527	4 461	8 793	58 650	4 197	351 490
Ecstasy (tabs)	3 260	3 393	24 207	716	1 610	22 686	7 614	5 983	11 494	17 849
Heroin (gms)	660	334	52	1120	365	44	13	279	27	37
LSD (units)	224	2045	108	161	71	83	181	170	5016	68
Speed (tabs)	23	50	74	7	0	5g	114	51g	8g	36
Crack (rocks)	20	1110	2566	1338	3376	2245	1325	834	788	827

Source: SANAB

Table 2.24: Drug prices in Cape Town

Drug	Jul-Dec 1999*	Jan-Jun 2000*	Jul-Dec 2000*	Jan-Jun 2001	Jul-Dec 2001⁺	Jan-Jun 2002⁺
	R	R	R	R	R	R
Cannabis (gm)	1	1	1	-	1	1
Mandrax (tab)	30-45	30	30-45	-	21-40	25-40
Cocaine (gm)	180-250	180-250	180-250	-	200	200-250
Crack (rock)	50-80	40-80	40-80	-	35-120	35-100
Heroin (gm)	120-180	120-180	120-180	-	120-240	120-200
Ecstasy (tab)	40-120	60-120	40-120	-	50-80	35-120
Speed (unit)	-	30-40	30-40	-	-	100
LSD (unit)	40-100	40	40-100	-	-	-

*Source: SANAB

⁺Source: Drug prices survey conducted at Cape Town Drug Counselling centre

2f: Alcohol related mortality

Mr Richard Matzopoulos

Via the MRC's Crime Violence and Injury Lead Programme's National Injury and Mortality Surveillance System, alcohol-related mortality was assessed in four of the SACENDU sites for 2001. Between 36% and 60% of all non-natural death cases tested for alcohol had blood-alcohol concentrations (BAC) greater than or equal to 0.05g/100ml. Durban had the lowest proportion with BACs greater than or equal to 0.05g/100ml and PE had the highest proportion. Transport and homicide cases were more likely to have BACs greater than or equal to 0.05g/100ml than suicide cases. Pedestrian casualties were most likely to have BACs greater than or equal to 0.05 in all sites (Table 2.25).

Table 2.25: Percentage of non-natural deaths with BACs \geq 0.05g/100ml for 2001

	No of mortuaries	Overall	Homicide	Suicide	Transport	Pedestrians	Drivers
Cape Town	2	54	57	37	56	68	55
PE	3	60	65	37	68	75	67
Gauteng	7	36	36	29	42	52	43
Durban	3	33	34	24	37	43	35

2g: Bridges Primary and High School Survey

Ms Sarah Fisher

Table 2.26: Survey results of primary and high schools

	Primary	High	Total
Sample size	991	387	1378
Ever tried alcohol	297 (30%)	120 (31%)	417 (30%)
Still drink alcohol	227 (23%)	97 (25%)	324 (24%)
Mean age of initiation (alcohol)	10.3 years	13 years	11 years
Ever tried drugs	198 (20%)	174 (45%)	372 (27%)
Still use drugs	190 (19%)	125 (32%)	315 (23%)
Mean age of initiation (drugs)	12.1 years	13.9 years	13 years

- 78% of those that have ever tried alcohol have continued drinking alcohol
- 85% of those that have ever tried drugs have continued to use drugs
- 20% of primary school students have ever tried drugs vs. 45% of high school students

Figure 2a: Age of first drink (Primary Schools)

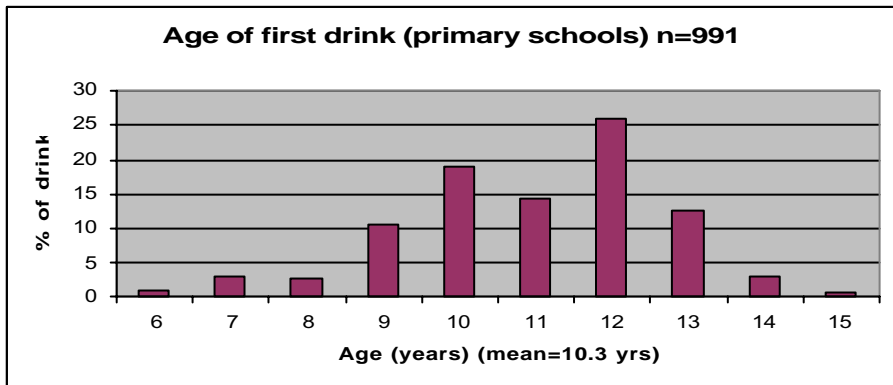


Figure 2b: Age of first drug use (Primary Schools)

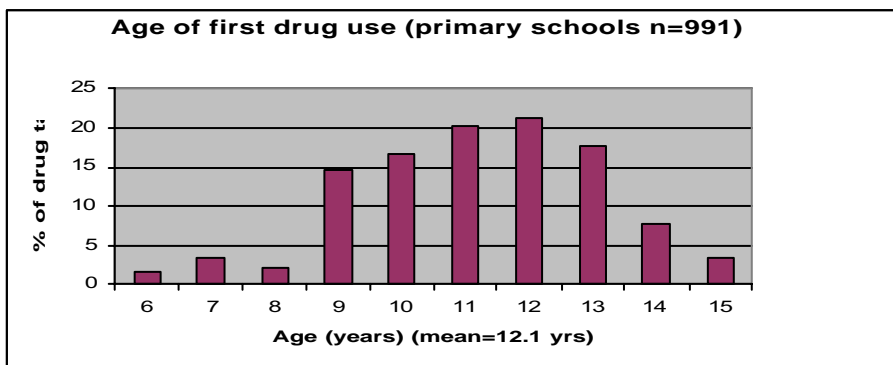


Figure 2c: Age of first drink (High Schools)

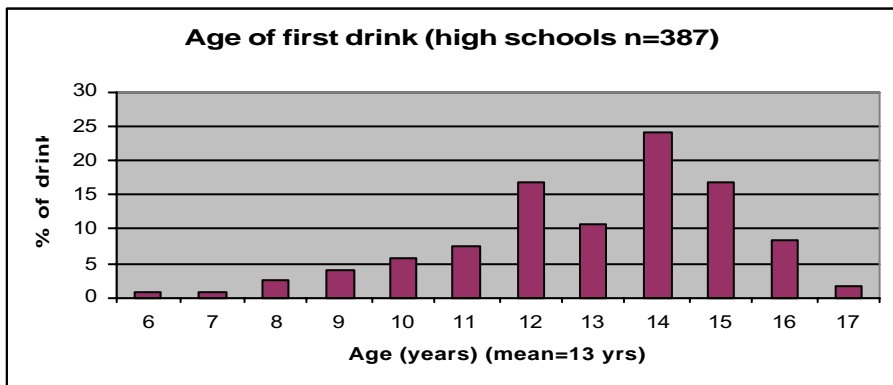


Figure 2d: Age of first drug use (High Schools)

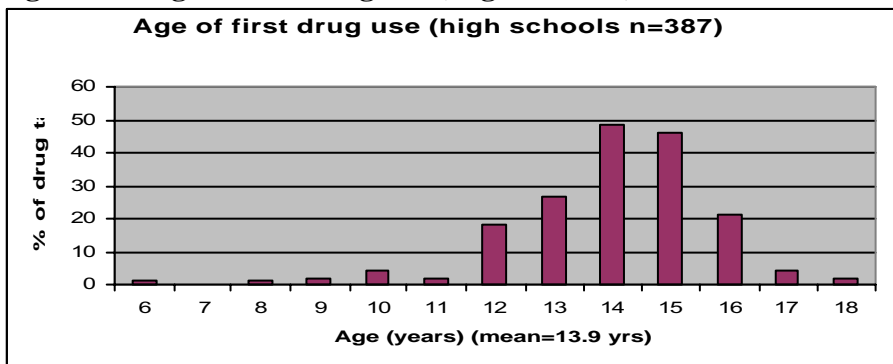


Figure 2e: Lifetime drug use (Primary Schools)

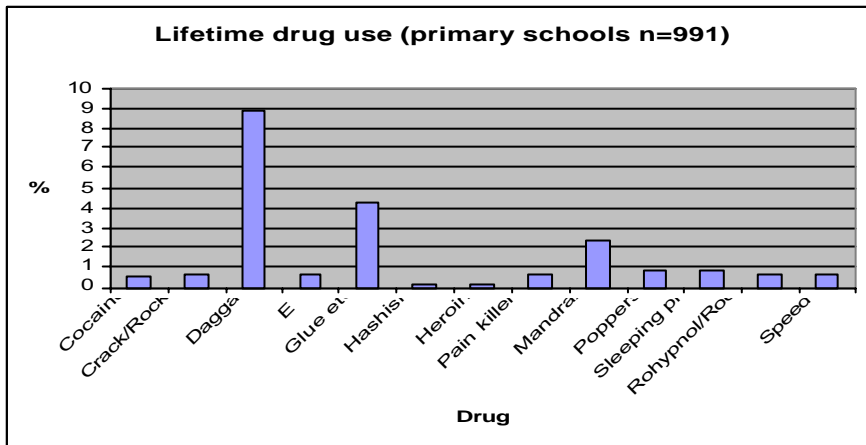
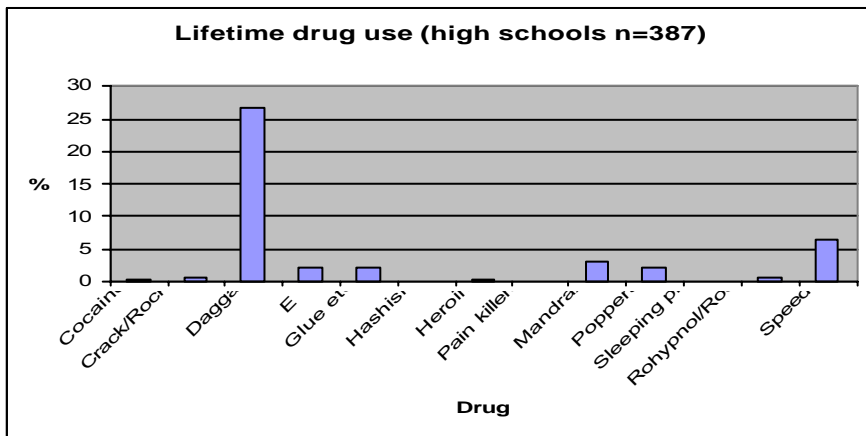


Figure 2f: Lifetime drug use (High Schools)



2h: Indicators of substance abuse treatment demand

Ms Bronwyn Myers & Dr Charles Parry

Indicators of substance abuse treatment demand for Cape Town (1997-2001)

Aim

- To provide descriptive, epidemiological information about trends in substance abuse treatment demand in Cape Town, for the period January 1997 to December 2001
- To describe patterns of substance abuse service utilization for the same period
- To outline the implications of these findings for the planning and implementation of substance abuse treatment services

Results

Specialist treatment centres

- Proportion of patients with *alcohol* as primary substance of abuse decreased significantly ($T = -32.52, p < 0.001$).
- Proportion of patients with *cannabis* as primary substance of abuse increased significantly ($T = 12.83, p < 0.0001$).
- Proportion of patients with *white pipes* as primary substance of abuse increased significantly ($T = 14.78, p < 0.0001$).
- Proportion of patients with *cocaine* as primary substance of abuse increased significantly ($T = 6.26, p < 0.0001$).
- Proportion of patients with *heroin* as primary substance of abuse increased significantly ($T = 14.15, p < 0.0001$).
- Last 2 reporting periods- 40-42% of patients reported *poly-substance abuse*
When the proportion (%) of patients in treatment by primary & secondary substance of abuse is considered, alcohol is the most common substance of abuse, followed by white pipes, cannabis, cocaine, ecstasy and heroin.
- Proportion of patients *less than 20 years old* increased significantly from 6% to 24% of the total treatment population.
- Increase in treatment demand among adolescents for *heroin-related problems*, from 2% in 1997 to 8% in 2001b.
- Over time, more than 80% of patients have been *male*.
- Since 1997, patients receiving substance abuse treatment services have been predominantly *White or Coloured*.
- The proportion of *Black patients* ranged between 4% and 13% of the total number of patients.

Psychiatric indicators

- From 1997-2001, the proportion of AOD-related psychiatric discharge diagnoses ranged from 22% to 27% of diagnoses at Stikland hospital.

Trauma indicators

- From 1999-2001, 42% to 52% of trauma patients tested +ve for alcohol, and 31% to 37% had BrAC levels greater or equal to 0.05g/100ml.
- A high proportion of trauma patients tested positive for cannabis and methaqualone (Mandrax) metabolites.

- In 2001, 44% tested positive for cannabis and 22% for methaqualone.

Mortality indicators

- From 1999 to 2001, 61% of non-natural deaths had +ve BAC levels.
- For the same time period, 57% to 58% of non-natural deaths had BAC levels greater or equal to 0.05g/100ml.

Indicators from arrestee studies

- From 1999-2000, 49% to 63% of arrestees tested positive for at least one drug
- 37%- 50% tested positive for cannabis, and 32%- 42% tested positive for methaqualone
- During phase 3, 17%, 27%, and 33% of arrestees reporting lifetime use of alcohol, cannabis, and Mandrax respectively, indicated they could benefit from treatment.

Demand for substance abuse treatment services in Cape Town

- Treatment demand for *alcohol* as primary substance of abuse has decreased
- When alcohol is considered as a primary & secondary substance, it accounts for more than 60% of treatment demand
- Trauma, mortality, and psychiatric indicators also point to the great need for alcohol-related treatment services
- Increase in treatment demand for *drugs* other than alcohol—especially cannabis, white pipes, cocaine and heroin
- High rate of poly-substance use is cause for concern. However, many treatment facilities cater mainly for alcohol problems

Patterns of AOD treatment service utilization

- *Race*: Under-representation of Black and over-representation of White South Africans in treatment
- Probably reflects the limited *availability* and *accessibility* of services to historically disadvantaged groups
- *Gender*: Under-utilization of services by females
- Low utilization of treatment services by women may reflect limited *accessibility* of services due to stigma and limited resources, and the lack of women-sensitive treatment programmes.
- *Age*: Steady increase in utilization of treatment services by adolescents.
- Limited *availability* of treatment services dedicated to the special needs of young people
- An increase in affordable, accessible, effective substance abuse treatment services is needed
- To identify gaps in current treatment services, a comprehensive audit of available services, service delivery and the competencies of staff delivering treatment services is required
- A body that regulates the training and qualification of treatment service providers and the quality of treatment services needs to be established
- *Service providers should receive mandatory, regular training in new treatment options—especially for poly substance abuse, the treatment of substance other than alcohol, and relapse prevention techniques*
- Comprehensive evaluations of existing treatment services are required- to establish their efficacy, to improve treatment outcomes, and to develop models for best practice in the South African context.
- Access to treatment services by underserved groups needs to be improved.
- Future treatment service planning should include community outreach programmes to improve awareness of AOD problems and services targeted at special population groups. Service providers should also be trained in age, gender and culturally appropriate intervention techniques.