Section 5: DURBAN

5a: Specialist Treatment Centres

Ms Leane Ramsoomar & Prof Arvin Bhana

Table 5.1: Proportion of Treatment Episodes

	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-June 2000**	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%								
SANCA Penthouse	58	-	63	72	62	55	64	62	64
SANCA Lulama	26	-	16	11	-	21	26	24	22
Newlands Treatment Centre	12	100	21	16	38	19	10	14	9
Underberg Treatment Centre	-	-	-	-	-	-	-	-	5
Persons treated over all centres	**N=817**	**N=242**	**N=682**	**N=607**	**N=883**	**N=679**	**N=585**	**N=774**	**N=718**

**Lulama data is combined with other SANCA data for this period

The proportion of treatment episodes across the centres is stable, with only Newlands Treatment Centre showing a decline in the number of patients admitted for inpatient treatment. No significance is attached to this. Underberg Treatment Centre is a private treatment facility and is reflected for the first time here.

Table 5.2: First Admissions (Durban)

	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	87	88	26	91	85	81	84	87	84
No	12	11	51	9	15	19	16	13	16

The rate for first time admissions is stable at 84%.

Table 5.3: Type of Treatment Received (Durban)

	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	39	100	47	43	60	52	50	46	48
Outpatient	91	54	52	56	38	44	50	54	52
Both	7	-	1	1	2	4	0	0	0

*Newlands Treatment Centre Only

Table 5.3 above indicates that the inpatient/outpatient split is almost equal and is fairly stable over the data collection period of 3.5 years.

Table 5.4: Referral Sources (Durban)

	Jan-Jun 1998	Jul-Dec 1998*	Jun-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%								
Self/Family/Friends	51	99	41	38	37	44	52	52	41
Social Service/Welfare	7	-	26	20	28	15	12	12	10
Employer/Work	21	<1	21	27	19	20	19	22	27
Court/Correctional Services	5	<1	3	5	7	7	6	3	5
Health Professionals	7	-	3	2	5	1	2	3	8
Hospital/Clinic	4	-	2	3	2	2	2	2	2
School	3	<1	4	2	1	4	-	4	5
Religious Group	1	-	1	3	1	4	6	<1	<1
Other	-	-	-	-	-	3	1	<1	2

*Newlands Treatment Centre Only

While self-referral and family and friends remain the predominant source of referral (41%), an increase in referrals from employers or work place has increased from a year-on-year average of 22% to 27%. Referrals from health professionals also increased from a year-on-year average of 3% to 8%. This may well indicate recognition of the need for specialized treatment for individuals with addictions.

Table 5.5: Population Profile of Patients (Durban)

	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	85	88	88	89	81	84	87	85
Female	15	12	12	11	19	16	13	15
ETHNIC GROUP								
Indian	56	49	39	54	37	38	35	31
Black	14	14	26	17	21	15	27	29
Coloured	15	9	9	10	9	12	10	10
White	16	28	27	19	33	35	28	30
EMPLOYMENT STATUS								
Employed (full-time)	39	50	61	45	47	47	49	52
Employed (part-time)	-	-	-	6	6	8	5	6
Not Working	62	50	34	31	30	25	22	18
Apprenticeship/ Internship	-	-	-	-	<1	<1	4	1
Student/pupil	-	-	4	15	13	15	19	20
Disabled	-	-	<1	<1	<1	<1	2	1
Housewife	-	-	-	-	3	2	1	1
Other	-	-	1	2	1	3	1	1
MARITAL STATUS								
Married, living with spouse	39	40	42	35	31	33	29	33
Married, not living with spouse	-	-	4	5	9	7	8	5
Living in a non-married intimate relationship	-	-	8	4	7	8	5	5
Divorced	23	12	7	10	9	9	8	9
Widowed	-	-	1	1	1	1	2	1
Never married (& not living in non-married intimate relationship)	38	47	43	43	43	43	46	46
Other	-	-	-	2	1	<1	2	1
EDUCATION								
Pre-Primary	-	-	-	-	-	-	3	2
Primary	1	1	9	2	6	13	18	15
Secondary	97	45	81	90	81	70	61	65
Tertiary	0	54	9	8	13	17	18	19

Table 5.5 shows the population profile of patients attending treatment centres in Durban. The trends remain stable and consistent across all variables. Of note is that 20% are students, i.e., 144 of the total sample in treatment for substance use. This is a slight increase in the number from the year before.

Table 5.6: Age Distribution of the Treatment Population (Durban)

AGE Years	Total N (Over longitudinal period)	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
		%	%	%	%	%	%	%	%	%
10-19	347	14	6	19	12	19	21	20	23	20
20-24	447	8	11	11	10	9	9	10	12	11
25-29	599	14	17	11	13	13	12	14	12	12
30-34	726	19	15	14	17	14	16	14	12	14
35-39	778	18	19	15	19	17	16	15	13	16
40-44	546	13	14	10	14	10	11	10	12	10
45-49	359	7	8	9	5	10	8	8	8	8
50-54	217	4	7	8	5	4	5	3	5	5
55+	177	5	5	5	5	4	4	6	4	5

Table 5.6 above reveals little change in the age distribution of persons admitted to treatment facilities in the Durban region.

Table 5.7: Age of Abuse – Under and Over 20 years (Durban)

	Jul-Dec 2002		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	n	%	n	%	n	%	n	%
Under 20 years	142	23	139	25	173	26	138	19
Over 20 years	479	77	424	75	502	74	571	81
Totals	**621**	100	**563**	100	**675**	100	**709**	100

For the first time a decline is noted in the under 20-year age group from a high of 26% to 19%.

Table 5.8: Primary Substance of Abuse in Rank Order – 1st most frequently used (Durban)

	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	61	69	57	65	57	60	59	58	65
Cannabis	16	20	30	23	25	20	21	26	22
Mandrax	11	6	<1	<1	6	3	1	3	2
Crack	9*	1*	6*	7*	5	8	8	4	4
Cocaine	*	*	*	*	3	4	2	<1	3
Prescription Medicine	2	<1	1	1	2	2	3	<1	2
Ecstasy	3	0	1	0	1	1	3	1	2
Heroin	1	0	0	<1	1	<1	<1	<1	<1
Solvents (glue, thinners, etc)	-	-	-	-	1	<1	1	-	<1
Cannabis + Cocaine	-	-	-	-	<1	<1	3	4	-
Cannabis + Mandrax	-	-	-	-	<1	<1	-	4	-
LSD	-	-	-	-	<1	<1	<1	<1	--

Alcohol abuse predominates with 65% of those in treatment reporting it as the primary substance of use. Cannabis use shows a slight decline from 26% to 22% as a primary substance of abuse (longitudinal percent of 24%). Mandrax or methaqualone is stable at 2%. The remaining drugs show stable trends. The primary mode of usage of substances in Table 5.8 is swallow (69%), followed by smoking (29%) and snorting (2%). This is now a consistent finding. Drug use by injection or other methods is negligible.

Table 5.9: Primary Substance of Abuse in Rank Order – 2nd most frequently used (Durban)

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%				
Mandrax	40	24	8	25	20
Cannabis	34	32	14	41	38
Alcohol	13	18	10	16	13
Crack	4	4	1	5	5
Cocaine	3	4	2	2	5
Ecstasy	-	7	4	3	10
Prescription Medicine	3	7	2	<1	4
Heroin	3	-	<1	<1	-
LSD	1	<1	<1	<1	1
Cannabis + Crack	<1	<1	14	2	-

One in 5 cases (20%) reported abuse of Mandrax, usually in relation to alcohol abuse. Over one-third (38%) reported abuse of cannabis as secondary substance of abuse, typically in relation to alcohol. crack, cocaine, heroin, Ecstasy and prescription medicine feature strongly on this list. The primary mode of usage in relation to Table 5.9 is smoking (66%), followed by swallowing (30%) and snorting (3%). Use of drugs by injection is 1%.

Table 5.10: Primary Substance of Abuse in Rank Order – 3rd most frequently used (Durban)

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%
Alcohol	29	24	10	24	29
Mandrax	20	14	8	23	19
Cannabis	16	22	14	12	11
Crack	13	10	1	12	12
Cocaine	7	6	2	6	4
Ecstasy	7	9	4	12	13
PRE	3	5	2	1	4
LSD	3	5	<1	4	6
Solvents	2	1	<1	<1	2
Heroin	1	<1	<1	-	<1

The primary mode of usage of drugs in Table 5.10 is by swallowing (49%), followed by smoking (46%). Tables 5.8, 5.9 and 5.10 clearly show that alcohol, cannabis, Mandrax, crack and cocaine are the top five drugs of use in the treatment population. This picture does not change when it comes to additional substances that are abused.

Table 5.11: Primary Substance of Abuse by Age Cohort

Type of drugs	Under 20			Over 20		
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%	%
Alcohol	9	8	7	91	92	93
Cannabis	75	63	60	25	37	40
Mandrax	17	16	27	83	84	73
Crack	6	4	4	94	96	96
Cocaine	20	20	5	80	80	95
Ecstasy	44	78	30	56	22	70
PRE	6	50	100	94	50	0
Heroin	0	50	0	100	50	100
Solvents	75	50	80	25	50	20

Table 5.11 shows the proportion of patients who are under 20 years versus the proportion who are over 20 years for each substance.

Table 5.12: Secondary Substance of Abuse by Age Cohort

Type of drugs	Under 20			Over 20		
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%	%
Alcohol	51	48	42	49	52	58
Cannabis	30	25	23	70	75	77
Mandrax	58	46	39	42	54	61
Crack	29	40	33	71	60	67
Cocaine	22	20	9	78	80	91
Ecstasy	61	60	30	39	40	70
PRE	0	0	0	100	100	100
Heroin	0	100	-	100	0	-
Solvents	0	100	100	0	0	0

Table 5.13: Tertiary Substance of Abuse by Age Cohort

Type of drugs	Under 20			Over 20		
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%	%	%	%	%	%
Alcohol	60	49	39	40	51	61
Cannabis	28	39	7	72	61	93
Mandrax	23	21	21	77	79	79
Crack	36	11	31	64	89	69
Cocaine	100	19	0	0	81	100
Ecstasy	64	44	26	36	56	74
PRE	17	50	20	83	50	80
Heroin	0	0	0	100	100	100
Solvents	0	100	67	0	0	33

Table 5.14: Duration of Substance Abuse (Years)

Duration of Substance Abuse	Under 20	Over 20	Overall
Years	%	%	%
1	85	15	6
2	59	41	10
3	45	55	5
4	41	59	6
5	29	71	3
6-10	6	94	16
11-15	0	100	16
16-20	0	100	15
21 or more	1	99	23

Table 5.14 shows that of the 16% of patients entering into treatment after a relatively short period of abuse and more than half of these are under 20 years of age. This may be a function of poly-substance abuse. It is likely that those with longer histories of abuse are primarily abusing alcohol.

Table 5.15 below shows that mean age of alcohol abuse is stable at 38 years of age. Other drugs are also relatively stable.

Table 5.15: Mean Age by Primary Substance of Abuse (Durban)

Primary Substance of Abuse	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
	Years								
Alcohol	38	37	39	37	38	37	37	37	38
Cannabis	24	29	25	24	23	21	21	23	21
Mandrax	28	30	26	-	28	25	28	30	25
Crack	30	-	31	31	29	29	30	29	30
Cocaine	-	-	-	-	30	28	28	26	28
Ecstasy	-	-	21	26	24	21	25	19	22
PRE	-	-	-	-	34	32	37	30	37

Table 5.16: Gender by Primary Substance of Abuse (%) (Durban)

	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**
Alcohol	88	12	89	11	88	12	79	21	85	15	86	14	87	13
Cannabis	96	4	93	7	94	6	87	13	87	13	89	11	91	9
Mandrax	100	0	100	0	95	5	88	12	100	0	95	5	93	7
Crack	72	28	84	16	98	2	84	16	77	23	92	8	63	37
Cocaine	-	-	67	33	87	13	67	33	67	33	67	33	67	33
Ecstasy	-	-	-	-	50	50	-	-	94	6	78	22	80	20
PRE	-	-	-	-	50	50	-	-	38	62	38	62	27	73
Heroin	-	-	100	0	25	75	100	0	100	0	50	50	50	50

Table 5.17: Primary Substance of Abuse by Race (Durban)

	Black			Coloured			Indian			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	20	33	33	12	7	9	36	27	31	32	33	28
Cannabis	13	25	24	20	14	14	36	40	37	31	21	26
Mandrax	0	6	33	14**	17	7	43	67	40	43**	11	20
Crack	0	0*	8	6**	33*	0	51	17*	25	43	2*	67
Cocaine	0	8*	0	0	4*	14	8	64	5	92	24*	81
Ecstasy	0**	0	0	0**	0	10	44	22*	30	56	78*	60
PRE	0**	0	14	12**	0	0	44	50*	29	44	50*	57
Heroin	0	0	0	0	0	0	0	0	0	100*	100*	100
Solvents	20**	0	20	0**	0	0	20	25*	60	60**	75*	20

*n=1 **n=<10

Table 5.17 offers interesting insights into the primary substances abused among the various race groups. Alcohol is a major cause for seeking treatment among all groups, though one-third of Black patients are admitted for alcohol abuse, cannabis and Mandrax abuse. Mandrax predominates among the Indian population (40%), while crack (67%), cocaine (81%), ecstasy (60%) and prescription medicine (57%) abuse predominates Whites. Crack is most often used by Whites and Indians, while cocaine use is more common among Coloureds. Ecstasy is more often present among Whites and Indians, while Indians and Whites both constitute the core of those seeking help for abuse of prescription medicines.

Table 5.18: Age of First Use of Alcohol/Other Drugs and Age of Patients in Treatment

	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
	Years								
Mean age of persons in treatment	34	-	33	34	33	32	32	32	33
Mean age of alcohol use first started	19	-	20	19	18	19	20	20	21
Mean age drug use first started	-	-	-	-	18	16	19	18	18

*Newlands Treatment Centre only

Age at which alcohol use first started corresponds fairly closely with first drug use. The patterns are stable over the entire period.

Table 5.19: Treatment Population: Suburb of Residence (Durban)

	Jan-Jun 1998	Jul-Dec 1998*	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
	%							
Metro substructure								
Durban	58	63	42	42	36	51	55	22
South Central Region	10	12	20	25	21	10	12	25
North Central Region	23	7	24	22	25	22	19	22
Inner West	3	2	8	5	6	6	5	5
Outer West	7	3	1	3	1	3	2	9
From other parts of the province								
Other parts	<1	6	4	3	11			<1
Other provinces						5	5	<1
Eastern Cape	<1	1	1	<1	1	1	<1	<1
Western Cape	<1	1	<1	-	<1	<1	<1	0
Gauteng	<1	1	1	<1	<1	<1	<1	2
Total on whom information was available	**N=336**	**N=817**	**N=663**	**N=593**	**N=840**	**N=349**	**N=741**	**N=718**

*Newlands Treatment Centre only

Table 5.20: Sources of Payment – Treatment Expenses (Durban)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	n	%	n	%	n	%
Family	209	37	213	32	206	29
Self	117	21	133	20	192	27
Medical Aid	129	23	166	25	143	20
State	43	8	40	6	51	7
Employer	51	9	82	12	111	16
Other/Unknown	9	2	15	4	4	<1
Friends	5	1	3	<1	4	<1
Total	**N=563**		**N=774**		**N=718**	

Table 5.21: Modes of Drug Usage: (Durban)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	n	%	n	%	n	%
Primary Substance						
Swallowed	358	63	394	59	486	69
Smoked	197	34	258	37	202	29
Snorted	16	3	13	2	16	3
Injected	1	<1	1	<1	1	<1
Other	0	0	2	<1	4	<1
Secondary Substance						
Swallowed	95	39	85	26	78	30
Smoked	139	57	237	72	170	66
Snorted	8	3	4	1	7	3
Injected	-	-	3	1	2	<1
Other	3	1	2	1		

5b: Alcohol related mortality

Mr Anesh Sukhai

Refer to 2f on page 16.

5c: HIV and alcohol prevention in schools in Pietermaritzburg

Dr Aaron Karnell & Prof Rick Zimmerman

In May, 2002, the University of Kentucky HIV and Alcohol Prevention in Schools (HAPS) Project conducted a baseline survey of 1,279 Grade 8 and 9 learners in the townships of Pietermaritzburg. The survey was conducted as part of a year-long pilot study designed to develop and test an HIV/Alcohol prevention curriculum. Results of the pilot study are not yet available.

The 106-question survey was administered at 5 schools in Edendale-Imbali. The schools were selected based on similar characteristics. They were 100% Zulu speaking, they did not have students who board at the school, and they had a similar fee structure. The survey sought information from learners about their living conditions, relationship with parents, and knowledge, attitudes and beliefs related to alcohol and other drug use and sex. The survey also measured the sensation-seeking and impulsive decision making characteristics of learners using established scales pilot-tested with Zulu speakers. It was hypothesized that respondents with needs for high sensation and who are impulsive decision makers would be more likely to engage in key risk behaviours.

Results indicated that 28% of Grade 8 learners have had sexual intercourse (broken down by gender, 48% of Grade 8 boys and 9% of Grade 8 girls said they have had sex). Among Grade 9 learners, 36% indicated they have had sex (49% of Grade 9 boys and 23% of Grade 9 girls said they have had sex). Of those who have had sex within the past 3 months (29% overall), 48% did not use a condom.

Regarding alcohol use, 31% of Grade 8 learners have ever used alcohol (broken down by gender, 40% of Grade 8 boys and 9% of Grade 8 girls have ever used alcohol). Among Grade 9 learners, 38% have ever used alcohol (45% of Grade 9 boys and 23% of Grade 9 girls have ever used alcohol).

Major jumps in alcohol prevalence and ever having had sex are apparent among girls between Grade 8 and Grade 9. This suggests that for girls, age 14 to age 15 is a critical period when engagement in key risky behaviours rises considerably.

Learners display lack of knowledge of HIV-related facts. For example, 53% of learners either do not believe or do not know that a condom will protect one from getting HIV. Thirty-five percent of learners believe that having only one sex partner at a time will protect a person from HIV.

Learners also display negative attitudes toward condom use. Twenty-four percent of boys and 31% of girls said they would not be willing to accept using a condom if their partner wanted to use one. Forty-nine percent of boys and 39% of girls said that condoms are "untidy".

Significant relationships in the expected direction were found between parental involvement, which was measured by a five-question scale, and ever having had sex, ever having used alcohol, and ever having used dagga. In other words, learners whose parents are involved in their lives are less likely to engage in those behaviours.

A significant relationship was also found between heavy alcohol and heavy dagga use (defined as three or more instances of drinking or smoking within the past two weeks). Finally, a significant relationship was found between having had sex and heavy alcohol use and heavy dagga use. These findings support the conclusion advanced by previous researchers that key adolescent risky behaviours occur in a syndrome.

Although 51% of learners were both high sensation seekers and highly impulsive decision makers, no significant relationships were found between impulsivity as a personality characteristic and major risk behaviours such as having had sex, drinking, or dagga use. However, high sensation seekers were significantly more likely to have ever had sex and to be heavy drinkers.

Results of the pilot study of the HIV/Alcohol curriculum under development by HAPS will be reported to SACENDU during its April report-back session.

5d: Substance abuse among youth in the uThukela Health district

Dr Oluyinka Adejumo

Below follows a summary of some of the preliminary findings of a survey conducted by the School of Nursing, University of Natal. The survey was conducted in northern KwaZulu Natal in the uThukela health district. The target population were youth aged 13-23 years, both in school and out of school. The table below summarises the sample of the study.

Table 5.22: Number of schools sampled and participants in each area

Sub-districts	No of schools in sample	Participants sample size		Total
		In school	Out of school	
Mnambithi	5	587	196	783
Indaka	3	327	109	436
Mtshezi	3	266	87	353
Mbabazani	3	274	91	365
Okhahlamba	3	238	79	317
TOTAL	**17**	**1692**	**562**	**2254**

A total of 2215 questionnaires were accepted for data entry. The mean age of all the respondents was 17.3 years. Half the sample was male and half female. About 75% of the respondents were in school and 25% were out of school.

Table 5.23 shows the life-time prevalence figures for the use of various substances.

Table 5.23: Life-time use of various substances

	Ever used (%)			
	In school		Out of school	
	Male	Female	Male	Female
Cigarette or tobacco	38	22	65	28
Alcohol	47	36	65	41
Cannabis	17	4	37	12
Cocaine	4	2	7	4
Heroin	4	1	3	<1
Hallucinogens	4	3	5	2
Inhalants	10	8	15	11
Painkillers	16	18	11	10
Tranquilizers/sedatives	6	5	3	2
Sedatives	6	5	8	4
Stimulants	6	4	6	2

The most common substances that had ever been used by the youth were alcohol and tobacco. Over a third of the out-of-school males had tried cannabis at least once.

Table 5.24 shows the proportions of current use of the various substances.

Table 5.24: Current use of various substances

	Current use (%)			
	In school		Out of school	
	Male	Female	Male	Female
Cigarette or tobacco	24	12	48	16
Alcohol	32	19	49	23
Cannabis	12	3	27	6
Cocaine	3	1	6	2
Heroin	3	1	1	<1
Hallucinogens	3	2	2	<1
Inhalants	7	6	4	3
Painkillers	1	10	5	4
Tranquilizers/sedatives	3	3	2	<1
Sedatives	4	3	2	<1
Stimulants	3	2	6	1

Alcohol and tobacco were the most common currently used substances, followed by cannabis. Generally more males reported use of various substances currently.

Further analysis of this survey data will be conducted and the second phase of the project will involve action research to contextualise the information and identify key areas for intervention.

5e: Young adults/adolescent risk behaviour study

Mr Matsobane A. Nkoko, Ms Mavis K. Moshia, Dr Neo K. Morojele & Dr Judith S. Brook

See Sections 4b (page 33) and 4c (page 37).

5f: Substance abuse amongst high school learners in rural KZN

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In a cross-sectional study undertaken in a rural sub-district in KwaZulu-Natal (in Ugu North situated one to two hours drive south of Durban), the prevalence of substance use amongst learners in all twenty eight schools in the district, was investigated. At each of these public schools learners in one grade 10 class at each of the schools completed a semi-structured questionnaire. If there was more than one grade 10 class, the class was selected randomly and the analysis was weighted proportionally. The questionnnaire was anonymous and based on previous surveys and focus group discussions held with learners, and completed in the classroom under supervision of fieldworkers. Ethical approval was obtained from the Nelson R Mandela School of Medicine, and permission from the Department of Education and Culture, principals, parents and pupils.

There were 1318 learners, 13-29 years, mean age 17.04 (SD 1.87), of whom 55% were females and 89.5% whose home language was Zulu. Alcohol was the most common substance used, reported by over half the males. Amongst learners 13.0% drank alcohol weekly and the average age when they started was 14.5 years (SD2.56).

Many learners inhaled solvents including the use of benzine (used by nearly half the males), thinners, glue and petrol. More learners reported smoking cannabis (used by a sixth of male learners) than cigarettes (one or more daily). The use of substances by females was significantly less than that of males for all substances except crack ($P<0.0001$).

The odds of learners who used alcohol or smoked cigarettes or cannabis also using other substances were high and statistically significant. The extent of substance use varied amongst the schools for alcohol, cigarettes and cannabis. Younger learners were more likely to smoke cigarettes and inhale benzine, whilst the use of cannabis, crack and cocaine was reported by learners over eighteen years of age.

The study indicates that substance use is a problem amongst learners attending these KwaZulu-Natal schools. Amongst learners of different ages both licit and illicit use of drugs occurs. Interventions need to be targeted at the different patterns of drug use and the multiple use of drugs

5g: Forensic Science Lab data

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Recently a Forensic Science Laboratory (FSL) has been opened in KwaZulu Natal (KZN). Drug case and seizure statistics recorded by this laboratory during January – June 2001, July – December 2001 and January – June 2002 are shown in Table 5.25 below.

Table 5.25: Drug cases and seizures processed by the KZN FSL

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002	
	Cases	**Quantity**	**Cases**	**Quantity**	**Cases**	**Quantity**
Mandrax	417	6 297 tablets	743	21 915 tablets	714	10 831 tablets
		484g		1 309g		806g
Cocaine	162	482g	208	1 716g	168	5850g
		10 rocks				
ATS	64	1 158 tablets	71	10 345 tablets	115	11 195 tablets
		18g		30g		553g
Heroin	11	5g	3	0.8g	7	98g
LSD	11	116 units	3	60 units	0	0

The majority of cases relate to Mandrax followed by cocaine and Ecstasy. Cannabis cases are not mentioned as not all cannabis is sent to the FSL for analysis, only where positive identification is required for court evidence. When comparing the 2nd half of 2001 to the first half of 2002 the increase in heroin and cocaine seizures is apparent. Amphetamine-type stimulants (ATS) cases also increased. ATS is a broad category which includes all variations of Ecstasy, although this is mostly MDMA.

5h: Arrests and seizures

Prof Arvin Bhana

Arrests for dealing and possession by SANAB in Durban are shown in Table 5.26 below. A decrease in the proportion of arrests for dealing in cocaine occurred, but an increase in arrests for dealing in Mandrax has occurred. The number of arrests for possession overall decreased during the 1st half of 2002.

Table 5.26: Arrests for dealing and possession (Durban) (%)

	Jan-Jun 2001				Jul-Dec 2001				Jan-Jun 2002			
	Dealing		Possession		Dealing		Possession		Dealing		Possession	
	n	%	n	%	n	%	n	%	n	%	n	%
Dagga/Hashish	28	24	29	58	43	27	50	28	51	26	48	59
Mandrax	60	52	7	14	65	40	72	41	125	64	11	13
Cocaine	23	20	12	24	38	24	40	23	11	6	9	11
Ecstasy	2	2	2	4	7	4	12	7	4	2	8	10
Heroin	0	0	0	0	-	-	-	-	-	-	1	1
LSD	1	1	0	0	-	-	1	1	-	-	-	
Speed	0	0	0	0	-	-	-	-	-	-	-	
Other	2	2	0	0	9	6	1	1	5	-	5	6
Total	**116**		**50**		**162**		**176**		**196**		**82**	

Source: SANAB

An increase in seizures of cocaine, heroin and Ecstasy occurred during the 1st half of 2002. Mandrax seizures decreased compared to previous periods.

Table 5.27: Seizures for dealing and possession (Durban)

	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)	716	30 339	2 141	1 209.9	881.4	2 515.5	1 473	4 605
Mandrax (tabs)	102 130	1 600 000	460 kg	3 278	3 278	1 074 009	20 181	2 138
Cocaine (gm)	1 442	250 gm 318 rocks	23 gm 53 kg	89gm 262 rocks	2 066gm 661 rocks	109gm 385 rocks	737gm 638 rocks	3 752gm 512 rocks
Ecstasy (tabs)	139	729	1 223	559	459	254	18 988	77 707
Heroin (gm)	0	3	4	8	15	0	0	95
LSD (units)	0	274	492	13	92	2	6	0
Speed (tabs)	0	6	31	0	64	0	0	0
Rohypnol	0	19	0	0	0	0	0	0
Hashish (kgs)					11.5 tons	0	0	0

Source: SANAB

Drug prices remain stable (Table 5.28).

Table 5.28: Drug prices (Durban)

	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/'stop'	R1	R2	R1	-	R1	R1	R1	R1	R1
Mandrax/tab	R30	R35	R40	R30-R35	R30	R35	R25-30	R35	R35
Cocaine/gm	R250	R250	R200-R300	R200-R300	R300	R300	R250	R300	R300
Crack/rock	R100	R50-100	R50	R50/0,1gm	R100	R100	R50-R100	R100	R100
Heroin/gm	R250	R300	-	R200	R300	R300	R250	R350	R350
Ecstasy/tab	R90	R75	R80-R120	R80-R150	R80	R80	R80-R120	R90	R90
Speed/unit	R30	R25	-	R80/cap	R30	R30	R30	R60	R60
LSD/unit	R45	R35	R60-R120	R50-R70	R50	R50	R50	R90	R90
Other	Roche R5	-	-	-	-	-	-	-	-

Source: SANAB