

## Section 4: DURBAN

### 4a: Specialist Treatment Centres

Prof Arvin Bhana & Ms Leane Ramsoomar

**Table 4.1: 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	Jul-Dec 2002
	%									
SANCA Penthouse	58	-	63	72	62	55	64	62	64	55
SANCA Lulama	26	-	16	11	-	21	26	24	22	16
Newlands Park Centre	12	100	21	16	38	19	10	14	9	22
Underberg Treatment Centre	*	*	*	*	*	*	*	*	5	7
<b>Persons treated over all centres</b>	<b>N=817</b>	<b>N=242</b>	<b>N=682</b>	<b>N=607</b>	<b>N=883</b>	<b>N=679</b>	<b>N=585</b>	<b>N=774</b>	<b>N=718</b>	<b>N=910</b>

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

\* Data collection for Underberg (Riverside) Treatment Centre only began in 2001

While the proportion of persons seeking treatment from the major treatment centres remains high, almost a quarter of patients (23%) seek treatment from private treatment agencies.

**Table 4.2: 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	Jul-Dec 2002
	%									
<b>Yes</b>	87	88	26	91	85	81	84	87	84	79
<b>No</b>	12	11	51	9	15	19	16	13	16	21

The rate for first time admissions has decreased slightly to 79% in relation to an average of 83% over the time period January 2000 to December 2002.

**Table 4.3: 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	Jul-Dec 2002
	%									
<b>Inpatient</b>	39	100	47	43	60	52	50	46	48	52
<b>Outpatient</b>	91	54	52	56	38	44	50	54	52	47
<b>Both</b>	7	-	1	1	2	4	0	0	0	1

\*Newlands Treatment Centre Only

Table 4.3 above indicates that the individuals being seen in inpatient settings is increasing (an average rate of 51% over 3 years), possibly as a function of the severity of abuse.

**Table 4.4: Referral Sources (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	Jul-Dec 2002
	%									
Self/Family/Friends	51	99	41	38	37	44	52	52	41	46
Social Service/Welfare	7	-	26	20	28	15	12	12	10	7
Employer/Work	21	<1	21	27	19	20	19	22	27	25
Court/Correctional Services	5	<1	3	5	7	7	6	3	5	7
Health Professionals	7	-	3	2	5	1	2	3	8	8
Hospital/Clinic	4	-	2	3	2	2	2	2	2	1
School	3	<1	4	2	1	4	-	4	5	5
Religious Group	1	-	1	3	1	4	6	<1	<1	<1
Other	-	-	-	-	-	3	1	<1	2	<1

\*Newlands Treatment Centre Only

Self-referral and family and friends remain the predominant source of referral (46%), with 1 in 4 referrals made by employers (Table 4.4). The increase in referrals from health professionals is maintained at 8%. Most common sources of referrals are self/family or friends, followed by employer referrals, health professionals, social services, and the courts or correctional services.

**Table 4.5: 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	Jul- Dec 2002
	%								
<b><i>GENDER</i></b>									
Male	85	88	88	89	81	84	87	85	84
Female	15	12	12	11	19	16	13	15	16
<b><i>ETHNIC GROUP</i></b>									
Indian	56	49	39	54	37	38	35	31	32
Black	14	14	26	17	21	15	27	29	31
Coloured	15	9	9	10	9	12	10	10	11
White	16	28	27	19	33	35	28	30	26
<b><i>EMPLOYMENT STATUS</i></b>									
Employed (full-time)	39	50	61	45	47	47	49	52	47
Employed (part-time)	-	-	-	6	6	8	5	6	6
Not Working	62	50	34	31	30	25	22	18	23
Apprenticeship/ Internship	-	-	-	-	<1	<1	4	1	1
Student/pupil	-	-	4	15	13	15	19	20	19
Disabled	-	-	<1	<1	<1	<1	2	1	1
Housewife	-	-	-	-	3	2	1	1	<1
Other	-	-	1	2	1	3	1	1	2
<b><i>MARITAL STATUS</i></b>									
Married, living with spouse	39	40	42	35	31	33	29	33	30
Married, not living with spouse	-	-	4	5	9	7	8	5	4
Living in a non-married intimate relationship	-	-	8	4	7	8	5	5	5
Divorced	23	12	7	10	9	9	8	9	10
Widowed	-	-	1	1	1	1	2	1	3
Never married (& not living in non-married intimate relationship)	38	47	43	43	43	43	46	46	47
Other	-	-	-	2	1	<1	2	1	1
<b><i>EDUCATION</i></b>									
Pre-Primary	-	-	-	-	-	-	3	2	2
Primary	1	1	9	2	6	13	18	15	12
Secondary	97	45	81	90	81	70	61	65	65
Tertiary	0	54	9	8	13	17	18	19	21

Table 4.5 shows the population profile of patients attending treatment centres in Durban. Gender profiles remain stable, though some changes are noted with regard to ethnic group. Against a longitudinal average of 38%, the rate of Indians seeking treatment for substance use has decreased to 32%, while that for Blacks over the same sampling period has increased from a longitudinal average of 29% to the current 31%. The rate for Coloureds has remained stable at 10% for the same time period, while that for Whites has declined dramatically from a longitudinal average of 29% to the current 26%. It appears that while more Black Africans are using public treatment facilities, more Whites are using private treatment facilities.

Marital and educational status is stable.

Table 4.6 below reveals that 36% of individuals seeking treatment are between the ages of 25-39 years, 32% are between 10-24 years, 2% are between 40-49 years, and 10% are over the age of 50 years. This finding is stable across the various time periods. Noteworthy though is the high percent of young people (10-19 years) to be found in treatment (22%) compared to an average of 11% taken over the longitudinal period. Analysis further on in this report will throw light on the type of substances for which this group seeks treatment.

**Table 4.6: 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	Jul-Dec 2002
		%									
10-19	347	14	6	19	12	19	21	20	23	20	22
20-24	447	8	11	11	10	9	9	10	12	11	11
25-29	599	14	17	11	13	13	12	14	12	12	11
30-34	726	19	15	14	17	14	16	14	12	14	12
35-39	778	18	19	15	19	17	16	15	13	16	13
40-44	546	13	14	10	14	10	11	10	12	10	12
45-49	359	7	8	9	5	10	8	8	8	8	9
50-54	217	4	7	8	5	4	5	3	5	5	6
55+	177	5	5	5	5	4	4	6	4	5	4

**Table 4.7: Age of Abuse – Under and Over 20 years (Durban)**

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%	n	%	n	%	n	%
<b>Under 20 years</b>	142	23	139	25	173	26	138	19	212	25
<b>Over 20 years</b>	479	77	424	75	502	74	571	81	648	75
<b>Totals</b>	<b>621</b>	100	<b>563</b>	100	<b>675</b>	100	<b>709</b>	100	<b>860</b>	100

**Table 4.8: Primary Substance of Abuse in Rank Order – 1<sup>st</sup> 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	Jul-Dec 2002
	%									
<b>Alcohol</b>	61	69	57	65	57	60	59	58	65	60
<b>Cannabis</b>	16	20	30	23	25	20	21	26	22	26
<b>Mandrax</b>	11	6	<1	<1	6	3	1	3	2	4
<b>Crack</b>	9*	1*	6*	7*	5	8	8	4	4	2
<b>Cocaine</b>	*	*	*	*	3	4	2	<1	3	3
<b>Prescription Medicine</b>	2	<1	1	1	2	2	3	<1	2	2
<b>Ecstasy</b>	3	0	1	0	1	1	3	1	2	1
<b>Heroin</b>	1	0	0	<1	1	<1	<1	<1	<1	<1
<b>Solvents (glue, thinners, etc)</b>	-	-	-	-	1	<1	1	-	<1	<1
<b>Cannabis + Cocaine</b>	-	-	-	-	<1	<1	3	4	-	-
<b>Cannabis + Mandrax</b>	-	-	-	-	<1	<1	-	4	-	<1
<b>LSD</b>	-	-	-	-	<1	<1	<1	<1	--	-

Over a 3-year period, the trend in alcohol abuse is stable at 60%, cannabis is fairly stable at 26% as is Mandrax (4%) over the same period. The trends for the drugs like crack, cocaine and Ecstasy are stable.

Primary mode of usage is swallowing (63%), smoking (34%), snorting (3%).

**Table 4.9: Primary Substance of Abuse in Rank Order – 2<sup>nd</sup> most frequently used (Durban)**

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%					
<b>Mandrax</b>	40	24	8	25	20	19
<b>Cannabis</b>	34	32	14	41	38	35
<b>Alcohol</b>	13	18	10	16	13	20
<b>Crack</b>	4	4	1	5	5	3
<b>Cocaine</b>	3	4	2	2	5	6
<b>Ecstasy</b>	-	7	4	3	10	6
<b>Prescription Medicine</b>	3	7	2	<1	4	5
<b>Heroin</b>	3	-	<1	<1	-	<1
<b>LSD</b>	1	<1	<1	<1	1	<1
<b>Cannabis + Crack</b>	<1	<1	14	2	-	<1

Taken over a period of 3 years, both cannabis and Mandrax use as secondary substances averages 32% and 23%, respectively. The latest data reveal a slight upward trend in cannabis use and a slight downward trend in Mandrax use.

The primary mode of usage in relation to Table 4.9 is smoking (59%), followed by swallowing (34%) and snorting (6%).

**Table 4.10: Primary Substance of Abuse in Rank Order – 3<sup>rd</sup> most frequently used (Durban)**

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

The primary mode of usage of drugs in Table 4.10 is by swallowing (51%), followed by smoking (41%). Tables 4.8, 4.9 and 4.10 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 4.11: Primary Substance of Abuse by Age Cohort**

Type of drugs	Under 20 years				Over 20 years			
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%
<b>Alcohol</b>	9	8	7	9	91	92	93	91
<b>Cannabis</b>	75	63	60	59	25	37	40	41
<b>Mandrax</b>	17	16	27	28	83	84	73	72
<b>Crack</b>	6	4	4	26	94	96	96	74
<b>Cocaine</b>	20	20	5	9	80	80	95	91
<b>Ecstasy</b>	44	78	30	55	56	22	70	45
<b>PRE</b>	6	50	100	7	94	50	0	93
<b>Heroin</b>	0	50	0	-	100	50	100	100
<b>Solvents</b>	75	50	80	100	25	50	20	-

**Table 4.12: Secondary Substance of Abuse by Age Cohort**

Type of drugs	Under 20 years				Over 20 years			
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%
Alcohol	51	48	42	51	49	52	58	49
Cannabis	30	25	23	29	70	75	77	71
Mandrax	58	46	39	54	42	54	61	46
Crack	29	40	33	22	71	60	67	78
Cocaine	22	20	9	32	78	80	91	68
Ecstasy	61	60	30	36	39	40	70	64
PRE	0	0	0	-	100	100	100	100
Heroin	0	100	-	-	100	0	-	100
Solvents	0	100	100	100	0	0	0	-

**Table 4.13: Tertiary Substance of Abuse by Age Cohort**

Type of drugs	Under 20 years				Over 20 years			
	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%
Alcohol	60	49	39	32	40	51	61	68
Cannabis	28	39	7	31	72	61	93	69
Mandrax	23	21	21	40	77	79	79	60
Crack	36	11	31	-	64	89	69	100
Cocaine	100	19	0	21	0	81	100	79
Ecstasy	64	44	26	48	36	56	74	52
PRE	17	50	20	-	83	50	80	100
Heroin	0	0	0	-	100	100	100	-
Solvents	0	100	67	-	0	0	33	100

Table 4.14 below shows that mean age of alcohol abuse is stable at 38 years of age. Taken as an average over 3 years, substances such as cannabis (22 years) and Ecstasy (22 years) are used by younger individuals than individuals who abuse prescription drugs (35 years). Over the same period, the mean age of crack and cocaine users is 28 years. This probably reflects the fact that older users tend to have money to pay for such drugs which are more expensive.

**Table 4.14: 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	Jul-Dec 2002
	Years									
Alcohol	38	37	39	37	38	37	37	37	38	38
Cannabis	24	29	25	24	23	21	21	23	21	24
Mandrax	28	30	26	-	28	25	28	30	25	24
Crack	30	-	31	31	29	29	30	29	30	26
Cocaine	-	-	-	-	30	28	28	26	28	29
Ecstasy	-	-	21	26	24	21	25	19	22	21
PRE	-	-	-	-	34	32	37	30	37	39

Table 4.15 below shows that within treatment centres, males dominate in the use of alcohol, cannabis, and Mandrax use, as well as in crack and cocaine use. It must be noted that in terms of actual drug use, females use substances such as alcohol and cannabis more often than other drugs such as Mandrax, crack, cocaine and Ecstasy. Males and females tend to abuse prescription medicine equally. The numbers relating to actual incidence of specific substances aside from alcohol and cannabis are small and must be treated with caution.

**Table 4.15: Gender by Primary Substance of Abuse (%) (Durban)**

Primary substances of abuse	Jul-Dec 1999		Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	%													
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	89	11	88	12	79	21	85	15	86	14	87	13	83	17
Cannabis	93	7	94	6	87	13	87	13	89	11	91	9	89	11
Mandrax	100	0	95	5	88	12	100	0	95	5	93	7	97	3*
Crack	84	16	98	2	84	16	77	23	92	8	63	37	68	32*
Cocaine	67	33	87	13	67	33	67	33	67	33	67	33	83*	17*
Ecstasy	-	-	50	50	-	-	94	6	78	22	80	20	64*	36*
PRE	-	-	50	50	-	-	38	62	38	62	27	73	47*	53*
Heroin	100	0	25	75	100	0	100	0	50	50	50	50	100*	-

**Table 4.16: Primary Substance of Abuse by Race (Durban)**

	Black			Coloured			Indian			White		
	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	33	33	37	7	9	8	27	31	30	33	28	25
Cannabis	25	24	26	14	14	18	40	37	36	21	26	20
Mandrax	6	33	25	17	7	25	67	40	41	11	20	9
Crack	0*	8	-	33*	0	16	17*	25	37	2*	67	47
Cocaine	8*	0	-	4*	14	5	64	5	25	24*	81	70
Ecstasy	0	0	9*	0	10	-	22*	30	27**	78*	60	64**
PRE	0	14	-	0	0	8*	50*	29	31**	50*	57	62**
Heroin	0	0	-	0	0	-	0	0	50*	100*	100	50*
Solvents	0	20	100**	0	0	-	25*	60	-	75*	20	-

\*n=1 \*\*n<=10

About a third of patients treated for alcohol are Black, another third are Indian and a quarter are White. Cannabis patients were most likely to be Indian (36%) or Black (26%). Whites formed the majority of cocaine/crack patients. A relatively high proportion of cannabis, Mandrax and crack patients were Coloured, when considering general population demographics.

**Table 4.17: 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	Jul-Dec 2002
	<b>Years</b>									
<b>Mean age of persons in treatment</b>	34	-	33	34	33	32	32	32	33	33
<b>Mean age of alcohol use first started</b>	19	-	20	19	18	19	20	20	21	21
<b>Mean age drug use first started</b>	-	-	-	-	18	16	19	18	18	19

\*Newlands Treatment Centre only

**Table 4.18: 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	Jul-Dec 2002	
	<b>%</b>									
<b><i>Metro substructure</i></b>										
Durban	58	63	42	42	36	51	55	22	23	
South Central Region	10	12	20	25	21	10	12	25	29	
North Central Region	23	7	24	22	25	22	19	22	19	
Inner West	3	2	8	5	6	6	5	5	3	
Outer West	7	3	1	3	1	3	2	9	11	
<b><i>From other parts of the province</i></b>										
Other parts	<1	6	4	3	11	-	-	<1	-	
Other provinces	-	-	-	-	-	5	5	<1	5	
Eastern Cape	<1	1	1	<1	1	1	<1	<1	0	
Western Cape	<1	1	<1	-	<1	<1	<1	0	0	
Gauteng	<1	1	1	<1	<1	<1	<1	2	0	
Other countries	-	-	-	-	-	-	-	-	1	
<b>Total on whom information was available</b>	<b>N=336</b>	<b>N=817</b>	<b>N=663</b>	<b>N=593</b>	<b>N=840</b>	<b>N=349</b>	<b>N=741</b>	<b>N=718</b>	<b>N=910</b>	

\*Newlands Treatment Centre only

**Table 4.19: Sources of Payment – Treatment Expenses (Durban)**

	Jan-Jul 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%	n	%	n	%
<b>Family</b>	209	37	213	32	206	29	265	30
<b>Self</b>	117	21	133	20	192	27	207	23
<b>Medical Aid</b>	129	23	166	25	143	20	139	16
<b>State</b>	43	8	40	6	51	7	84	9
<b>Employer</b>	51	9	82	12	111	16	170	19
<b>Other/Unknown</b>	9	2	15	4	4	<1	13	1
<b>Friends</b>	5	1	3	<1	4	<1	13	2
<b>Total</b>	<b>N=563</b>	100	<b>N=774</b>	100	<b>N=718</b>	100	<b>N=891</b>	100

**Table 4.20: Modes of Drug Usage: (Durban)**

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%	n	%	n	%
<b>Primary Substance</b>								
Swallowed	358	63	394	59	486	69	568	63
Smoked	197	34	258	37	202	29	306	34
Snorted	16	3	13	2	16	3	22	3
Injected	1	<1	1	<1	1	<1	-	-
Other	0	0	2	<1	4	<1	14	2
<b>Secondary Substance</b>								
Swallowed	95	39	85	26	78	30	121	34
Smoked	139	57	237	72	170	66	209	59
Snorted	8	3	4	1	7	3	20	6
Injected	-	-	3	1	2	<1	2	<1
Other	3	1	2	1			558	-
<b>Tertiary Substance</b>								
Swallowed							79	51
Smoked							63	41
Snorted							11	7
Injected							1	<1
Other							756	-

## **4b: HIV and alcohol use prevention in schools in Pietermaritzburg**

**Dr Aaron Karnell & Ms Thola Bennie**

### **Introduction**

The HIV and Alcohol Prevention in Schools project (HAPS) is a University of Kentucky study funded by the National Institute on Alcohol Abuse and Alcoholism. This study investigates the relationship between alcohol use and HIV infection in adolescents in schools. The aims of the study are to better understand the predictors and barriers of risky adolescent behaviour and to design and pilot test an HIV prevention curriculum to be implemented in the Pietermaritzburg area peri-urban secondary schools in an effort to increase protective health behaviour among the adolescents.

### **Design**

The study was conducted in two Pietermaritzburg townships, Edendale and Imbali. The study was structured as a pre-test post-test control trial, but learners were not randomized to a control or intervention condition. Instead, randomization took place at the school level. Of the five schools involved in the study, three were randomly selected to receive the intervention and two acted as comparison schools. The schools involved in the study had similar characteristics. All were attended overwhelmingly by African youth who speak Zulu, none had boarding facilities, and each of the schools charged comparable school fees.

### **The intervention**

The intervention model used was the Project Northland alcohol prevention curriculum, developed by Dr Cheryl Perry and colleagues at the University of Minnesota in the early 1990s, and adapted for use in South Africa by the HAPS team of researchers. The final adapted curriculum, "Our Times, Our Choices," consisted of ten units of 30 minutes each and was delivered over a period of approximately eight weeks. Roughly half of the content of the curriculum, concerned alcohol related issues and the other half concerned HIV related issues.

### Survey Instrument

A survey consisting of 106 questions was developed for use as a pre-test and post-test. In addition to collecting data on learners' knowledge, attitudes, and practices relating to alcohol and HIV, the survey also measured subjects' living conditions, relationships with their parents, religious activities, and individual difference variables such as sensation seeking.

### **Results**

#### Intervention Effects on Alcohol Related Behaviours

At the pre-test, learners in the intervention group consumed significantly fewer drinks than their comparison counterparts and were more confident about their ability to refuse alcohol. At the post-test, after controlling for pre-test differences and for gender and age, an intervention effect was observed in frequency of alcohol use in the last 14 days among those who had used alcohol. Learners in both groups had increased their use of alcohol from pre-test to post test, but learners in the intervention group did so by a significantly lesser margin than those in the comparison group ( $p < .05$ ).

### Intervention Effects on HIV Related Behaviours

At the pre-test, learners in the intervention group were more confident about their ability to use a condom correctly and negotiate the use of a condom than their counterparts in the comparison group.

At the post-test, after controlling for pre-test differences, gender, and age, the researchers observed a statistically significant intervention effect for self efficacy of condom use. Learners in both groups experienced lowered self efficacy of condom use from pre-test to post-test, but the confidence of intervention group learners in their ability to use condoms declined by a significantly lesser margin than that of learners in the comparison group ( $p < .05$ ). Also, learners in the intervention group who had not had sex were significantly more likely than their counterparts in the comparison group to express confidence in their ability to use condoms ( $p < .01$ ). Male learners in the intervention group were also less likely to drink or indicate that their partners were drinking before or during the last time they had sex than their counterparts in the comparison group ( $p < .05$ ).

### **Conclusion**

The strongest effects of the intervention were found in HIV-related attitudes, intentions as well as HIV related behaviours. The weakest impact of the intervention was in alcohol-related behaviours and in HIV-related knowledge. This problem could be addressed by delivering a longer intervention seeing that the current one was 60 hours shorter than the Project Northland curriculum.

### **Limitations**

One of the limitations of this study is intervention decay. The period between the pre-test and the post-test was six weeks only. A slightly longer period might be able to indicate to us whether the intervention has a lasting effect or not. Another limitation of the study is the fact that our study relied on self-reported behaviour. Honesty in answering the surveys might have been compromised by the lack of privacy in crowded classroom conditions. Thirdly, the surveys were presented in the English language, which is the second language of the participants. The HAPS researchers are in the process of piloting a Zulu version of the survey.

## **4c: Global burden of alcohol and drug use**

**Dr Charles Parry**

Refer to Section 2a page 3.

## 4d: Risk characteristics of a substance abusing population

**Prof Arvin Bhana & Ms Leane Ramsoomar**

### Summary

Patients presenting at the Newlands Park treatment centre over the past few reporting periods completed questionnaires regarding sexual risk behaviour and drug use practices. A total of 342 questionnaires were completed.

Of the respondents, 44% had their sexual debut between the ages of 16 and 19 and 38% between 13 and 15 years. Fourteen percent reported that they had anal sex during the past 2 years, 10% had sex for money, and 6% had sex against their will. Forty-nine percent had a single partner during the past 2 years, 30% had 2-3 partners, 12% had 4-6 partners, 6% had 7-10 partners and 3% had more than 10 partners. Regarding condom use, 35% reported that they had unprotected sex with a casual partner and 52% had unprotected sex with a regular partner. 29% reported that they had unprotected sex with a casual partner who used substances and 67% had unprotected sex with a regular partner who used substances. Overall 49% reported that they had unprotected sex under the influence of substances.

Six percent of the respondents had injected drugs at least once and the same proportion had shared a needle. The most common 'sites' for drug use were the respondents' own home, a nightclub or a friend's home. Three quarters of the respondents had been for an HIV test and 5% tested positive.

The study also showed that single individuals reported a significantly greater number of sexual partners (Chi-square [4, 236]=12.56,  $p<.05$ ). Furthermore, age of sexual debut was significantly positively correlated with ( $*=.05$ ;  $**=.01$ ):

- STD's in past 2 years \*
- Casual sex without condoms \*\*
- Anal sex \*
- Sex in return for money\*
- Injecting drugs\*

## 4e: Forensic Science Lab data

Drug case and seizure statistics recorded by this laboratory during January – June 2001, July – December 2001, January – June 2002 and July-December 2002 are shown in Table 4.21 below. Cases processed during December were not available at the time of going to press.

**Table 4.21: Drug cases and seizures processed by the KZN FSL**

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	Cases	Quantity	Cases	Quantity	Cases	Quantity	Cases	Quantity
<b>Mandrax</b>	417	6 297 tablets	743	21 915 tablets	714	10 831 tablets	780	8165 tablets
		484g		1 309g		806g		2159g
<b>Cocaine</b>	162	482g	208	1 716g	168	5850g	194	697g
		10 rocks						
<b>ATS</b>	64	1 158 tablets	71	10 345 tablets	115	11 195 tablets	98	115 054 tablets
		18g		30g		553g		128 092g
<b>Heroin</b>	11	5g	3	0.8g	7	98g	5	19g
<b>LSD</b>	11	116 units	3	60 units	0	0	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 1st half of 2002 to July-November 2002 the increase in Mandrax and Ecstasy seizures is apparent. Cocaine seizures decreased.

## 4f: Arrests and seizures

**Prof Arvin Bhana**

Arrests for dealing and possession by SANAB in Durban are shown in Table 4.22 below. Another 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 2nd half of 2002.

**Table 4.22: Arrests for dealing and possession (Durban) (%)**

	Jan-Jun 2001				Jul-Dec 2001				Jan-Jun 2002				Jul-Dec 2002			
	Dealing		Possession		Dealing		Possession		Dealing		Possession		Dealing		Possession	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Dagga/ Hashish	28	24	29	58	43	27	50	28	51	26	48	59	30	14	22	49
Mandrax	60	52	7	14	65	40	72	41	125	64	11	13	166	76	12	27
Cocaine	23	20	12	24	38	24	40	23	11	6	9	11	14	6	8	18
Ecstasy	2	2	2	4	7	4	12	7	4	2	8	10	3	1	2	4
Heroin	0	0	0	0	-	-	-	-	-	-	1	1	-	-	1	2
LSD	1	1	0	0	-	-	1	1	-	-	-	-	-	-	-	-
Speed	0	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-
Other	2	2	0	0	9	6	1	1	5	-	5	6	7	3	-	-
<b>Total</b>	<b>116</b>		<b>50</b>		<b>162</b>		<b>176</b>		<b>196</b>		<b>82</b>		<b>220</b>		<b>45</b>	

Source: SANAB

A decrease in seizures of cocaine, cannabis and heroin occurred during the 2nd half of 2002.

**Table 4.23: 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	Jul-Dec 2002
<b>Dagga (kgs)</b>	716	30 339	2 141	1 209.9	881.4	2 515.5	1 473	4 605	32.1
<b>Mandrax (tabs)</b>	102 130	1 600 000	460 kg	3 278	3 278	1 074 009	20 181	2 138	2 889
<b>Cocaine (gm)</b>	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	133gm 299 rocks
<b>Ecstasy (tabs)</b>	139	729	1 223	559	459	254	18 988	77 707	60 244
<b>Heroin (gm)</b>	0	3	4	8	15	0	0	95	1
<b>LSD (units)</b>	0	274	492	13	92	2	6	0	0
<b>Speed (tabs)</b>	0	6	31	0	64	0	0	0	0
<b>Rohypnol</b>	0	19	0	0	0	0	0	0	0
<b>Hashish (kgs)</b>					11.5 tons	0	0	0	0

Source: SANAB

Drug prices remain fairly stable (Table 4.24), except for a slight increase in the price of Mandrax.

**Table 4.24: Drug prices (Durban)**

	<b>Jan-Jun 1998</b>	<b>Jul-Dec 1998</b>	<b>Jan-Jun 1999</b>	<b>Jul-Dec 1999</b>	<b>Jan-Jun 2000</b>	<b>Jul-Dec 2000</b>	<b>Jan-Jun 2001</b>	<b>Jul-Dec 2001</b>	<b>Jan-Jun 2002</b>	<b>Jul-Dec 2002</b>
<b>Dagga/'stop'</b>	R1	R2	R1	-	R1	R1	R1	R1	R1	R1
<b>Mandrax/tab</b>	R30	R35	R40	R30-R35	R30	R35	R25-30	R35	R35	R40
<b>Cocaine/gm</b>	R250	R250	R200-R300	R200-R300	R300	R300	R250	R300	R300	R300
<b>Crack/rock</b>	R100	R50-100	R50	R50/0,1gm	R100	R100	R50-R100	R100	R100	R100
<b>Heroin/gm</b>	R250	R300	-	R200	R300	R300	R250	R350	R350	R300
<b>Ecstasy/tab</b>	R90	R75	R80-R120	R80-R150	R80	R80	R80-R120	R90	R90	R100
<b>Speed/unit</b>	R30	R25	-	R80/cap	R30	R30	R30	R60	R60	R60
<b>LSD/unit</b>	R45	R35	R60-R120	R50-R70	R50	R50	R50	R90	R90	R90
<b>Other</b>	Roche R5	-	-	-	-	-	-	-	-	-

**Source: SANAB**