Section 3: PORT ELIZABETH

3a: Global burden of alcohol and drug use

Dr Charles Parry

Refer to Section 2a on page 3.

3b: Psychiatric treatment in PE

Ms Nadine Harker

Table 3.1: Psychiatric diagnoses: Elizabeth Donkin Hospital (PE)

Primary diagnosis	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	N	%	N	%	N	%	N	%
Alcohol	12	27	17	24	28	35	22	37
Dagga	19	42	45	63	45	57	33	56
Poly Drugs	14	31	6	8	5	6	3	5
PRE	-	-	3	5	2	3	1	2
Total	**45**	**100**	**71**	**100**	**80**	**100**	**59**	**100**

Total intake= 441

From the period July to December there were 441 intakes. Of the 441 intakes 38 patients had alcohol or other drug use as their primary diagnosis, which is 9%.

Secondary Diagnosis of Alcohol or other drugs were the primary diagnosis is mental illness: 19 = 4%.

It should be noted that Polydrug use refers to the following drug combinations seen during the period July to December 2002. They are as follows: crack/dagga/Mandrax/Ecstasy; alcohol/dagga/Mandrax/; Ecstasy/dagga.

Table 3.2: Psychiatric discharge diagnoses: Elizabeth Donkin Hospital (PE)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%	n	%	n	%
Alcohol-related diagnosis only	14	3	11	3	19	4	12	3
Alcohol-related diagnosis + other diagnosis	13	3	11	3	14	3	9	2
Drug-related diagnosis only	38	9	38	10	33	8	26	6
Drug-related diagnosis + other diagnosis	21	5	11	3	14	3	10	2
Non-substance abuse related diagnosis	344	80	310	81	349	81	384	87
TOTAL	**430**	**100**	**381**	**100**	**429**	**100**	**441**	**100**
Alcohol as % of total	27	6	22	6	33	8	21	5
All substance related %	59	14	49	13	47	11	36	8

Table 3.3: Comparative Statistics: Psychiatric facility

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%	n	%	n	%	n	%
GENDER										
Male	50	85	68	79	58	82	64	80	45	76
Female	18	15	18	21	13	18	16	20	14	24
Total	**68**	**100**	**86**	**100**	**71**	**100**	**80**	**100**	**59**	**100**
RACE										
Black	32	47	35	41	31	44	38	48	26	44
White	11	16	15	17	7	10	11	14	9	15
Coloured	25	37	36	42	33	46	31	38	24	41
Total	**68**	**100**	**86**	**100**	**71**	**100**	**80**	**100**	**59**	**100**
MARITAL STATUS										
Single	45	66	59	66	58	82	63	79	45	76
Married	13	19	16	19	8	11	13	16	8	14
Widowed	6	9	8	9	1	1	0	0	1	2
Divorced/Separated	4	6	3	6	4	6	4	5	5	8
Total	**68**	**100**	**86**	**100**	**71**	**100**	**80**	**100**	**59**	**100**
EMPLOYMENT STATUS										
Employed	12	18	22	26	11	15	11	14	9	15
Unemployed	53	78	62	72	54	76	62	78	48	81
Student	3	4	1	1	1	1	2	3	2	4
Pensioner	0	0	1	1	5	7	0	0	0	0
Casual Employment	0	0	0	0	0	0	3	4	0	0
Housewife	0	0	0	0	0	0	1	1	0	0
Other	0	0	0	0	0	0	1	1	0	0
Total	**68**	**100**	**86**	**100**	**71**	**100**	**80**	**100**	**59**	**100**

3c: PE Treatment Data

Ms Nadine Harker

Table 3.4: 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	Jul-Dec 2002
	%	%	%	%	%	%	%	%
SANCA PE	85	78	84	87	90	89	87	92
Welbedacht	10	14	16	13	10	11	13	8
Vitalink/SANCA	5	8	-	-	-	-	-	-
Total no of persons treated	**N=341**	**N=328**	**N=352**	**N=312**	**N=414**	**N=409**	**N=440**	**N=384**

Over the last 2-3 years PE has seen an increase in the number of treatment episodes.

Table 3.5: First time admissions

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%
Yes	84	82	74	79	74	81	87	81
No	16	18	26	21	26	19	13	19

The proportion of first time admissions remains fairly high at 81%.

Table 3.6: Types of treatment received

	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%
Inpatient	21	26	12	14	11	2	1
Outpatient	79	74	88	84	86	97	99
Both	-	-	-	2	3	1	-

Most treatment is on an outpatient basis.

Table 3.7: Referral sources

	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	30	30	39	38	39	45	38	47
Work/employer	20	25	22	21	24	15	20	19
Doctor/psychiatrist/nurse (health professional)	21	18	21	20	15	12	11	7
Religious body	1	2	3	3	<1	2	2	1
Hospital/clinic	4	4	5	4	4	4	7	8
Social services/welfare	11	13	6	8	6	5	5	4
Court/correctional services/police/lawyer	4	2	1	4	2	7	7	4
School	7	6	2	1	7	9	9	7
Other e.g. radio, Children's home, adverts	2	-	1	0	<1	-	<1	3

Majority of referrals are self referrals or referrals through family and friends, followed by the employer. An increase in referrals from technikons and universities has occurred.

Table 3.8: Population Profile

	SANCA/ Dagsorg /Vitalink	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht
	Jan-Jun 1999	**Jul-Dec 1999**	**Jan-Jun 2000**	**Jul-Dec 2000**	**Jan-Jun 2001**	**Jul-Dec 2001**	**Jan-Jun 2002**	**Jul-Dec 2002**
	%	%	%	%	%	%	%	%
GENDER								
Male	80	76	80	81	82	83	82	83
Female	20	24	20	19	18	17	18	17
RACE								
Black	22	20	23	20	18	24	25	26
White	29	29	28	30	22	21	22	18
Coloured	47	50	46	48	51	51	51	51
Indian	2	1	3	2	9	4	2	5
MARITAL STATUS								
Single	45	47	47	43	49	52	56	53
Married	38	36	39	45	35	28	27	34
Widowed	3	3	2	2	2	2	2	1
Divorced/Separated	14	14	12	10	8	10	8	6
Living Together					6	8	7	5
EMPLOYMENT STATUS								
Employed	48	51	43	57	42	37	39	35
Unemployed	38	34	45	34	34	31	32	37
School/Student	12	12	9	7	15	24	22	20
Pension/Retired	2	3	3	2	4	4	1	1
Housewife					2	1	1	<1
Part-time					3	3	4	3
Disabled/ medically boarded								2

The population profile of patients has remained fairly stable with over 80% of clients being male. Most patients have secondary school education.

The majority of persons seeking treatment fall within the unemployed category.

Table 3.9: Age distribution (SANCA PE only)

	Jan-Jun 2002		Jul-Dec 2002	
	n	**%**	**n**	**%**
10-14	11	3	11	3
15-19	105	27	71	20
20-24	39	10	41	12
25-29	62	16	53	15
30-34	53	14	45	13
35-39	41	11	42	12
40-44	28	7	37	10
45-49	18	4	33	9
50-54	11	2	12	3
55-59	7	1	3	1
60-64	4	1	1	<1
65-69	-	-	1	<1
70-80	1	<1	1	<1
Age unknown	2	<1	2	<1

23% of individuals seeking treatment at SANCA were between the ages of 10-19 years in the second half of 2002.

Table 3.10: Primary substance of abuse

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Alcohol	51	61	52	65	45	56	45	55
Dagga/Mandrax	28	28	34	26	42	35	29	25
Dagga							19	13
OTC	11	7	7	4	3	3	4	4
Nicotine	3	-	1	<1	2	1	2	-
Cocaine/Crack	2	1	<1	<1	3	1	1	<1
Polysubstance	4	3	2	3	2	2	-	-
Ecstasy	-	-	<1	<1	1	1	<1	1
Other	1	<1	1	<1	2	1	<1	-
Heroin	-	-	-	-	-	-	-	<1

Over time the proportion of patients presenting with alcohol and cannabis/Mandrax problems has remained fairly stable. During the second half of 2002 two patients had heroin as their primary drug.

THE DATA FOLLOWING BELOW REPRESENTS SANCA PE ONLY. WELBEDACHT IS EXCLUDED.

Table 3.11: Gender by primary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002	
	M	F	M	F
	%	%	%	%
Alcohol	77	23	80	20
Dagga/Mandrax	93	7	96	4
Dagga	91	9	87	13
Crack/Cocaine	25	75	0	100
OTC/PRE	6	94	36	64
Ecstasy	100	0	100	0
Heroin	-	-	50	50

Dagga/Mandrax abuse is highest for males. Over half of the patients in treatment for OTC/PRE abuse are female. Only two heroin cases were treated during July-December 2002.

Table 3.12: Race by primary substance of abuse

	African		Coloured		Asian/Indian		White	
	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2002	Jul-Dec 2002
	%	%	%	%	%	%	%	%
Alcohol	41	32	40	49	<1	4	18	16
Dagga/Mandrax	14	22	75	62	<1	7	11	16
Dagga	22	26	59	33	8	7	11	35
Crack/Cocaine	0	0	25	0	0	0	75	100
Ecstasy	0	0	0	33	0	0	100	67
OTC/PRE	6	0	81	93	0	7	13	0
Heroin	-	-	-	-	-	-	2	100

The percentage of Asians in treatment remains small. Cannabis abuse is seen in all race groups but has become dominant amongst the coloured and white populations, with an increase of use amongst the black population.

Cannabis/Mandrax combination is a major cause for seeking treatment amongst the coloured population, although a decrease from the previous six months is noted, 75-62%.

Table 3.13: Average/Mean age by Primary Substance

	Jan-Jun 2002		Jul-Dec 2002	
	No of Patients	Mean age of Patients	No of Patients	Mean age of Patients
Alcohol	148	36.9	181	36
Dagga/Mandrax	122	24.8	90	27
Dagga	78	19.8	45	21
Ecstasy	2	22.5	-	-
Cocaine/Crack	4	35.8	-	-
OTC/PRE	16	35.3	14	35
Inhalants	1	15	-	-

The table shows that the mean age of alcohol patients is 36 years of age. It is apparent that drugs such as cannabis and Mandrax are used by younger individuals (21-27 years of age), as opposed to prescription drugs more commonly abused by older persons (35 years of age).

Table 3.14: Secondary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%
Alcohol	67	17	53	15
Dagga/Mandrax	10	3	5	1
Dagga	11	3	21	6
Cocaine/Crack	7	2	2	1
Ecstasy/LSD	1	<1	7	2
Nicotine	181	47	148	42
OTC/PRE	4	1	2	<1

Table 3.15: Tertiary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%
Alcohol	24	6	20	6
Dagga/Mandrax	2	<1	3	1
Dagga	2	<1	4	1
Cocaine/Crack	2	<1	1	<1
Heroin/Ice	1	<1	-	-
Ecstasy	1	<1	3	1
Ecstasy/Cocaine	1	<1	-	-
Nicotine	21	5	23	7

Table 3.16: Modes of Drug Usage

	Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%
Swallowed	167	44	197	56
Snorted	2	<1	1	<1
Injected	1	<1	1	<1
Smoked	210	55	146	41
Sniffed/inhaled	1	<1	-	-
Other/Combination	1	<1	8	2

Table 3.17: Treatment population – suburb of residence

	Jan-Jun 2002	Jul-Dec 2002
	%	%
Metro Substructure		
Bethelsdorp, Gelvandale, Korsten, Malabar, Bloemendal	47	42
Roadhouse, New Brighton, Swartkops, Motherwell, Zwide	19	19
Uitenhage	13	16
North End, Mount Road, Township	8	8
Walmer, Kabega Park, Westering, Summerstrand	13	14
From other parts of the Province		
Port Alfred, Hankey, Tsitsikamma, Plettenberg Bay, Cradock	<1	3

Table 3.18: Source of payment

	Jan-Jun 2002	Jul-Dec 2002
	%	%
Self	32	35
Medical Aid	19	24
Family	32	30
Friends	1	1
Employer	3	2
Church Minister	<1	-
Unknown	12	8
Other	<1	<1

Table 3.19: Primary substance of abuse of patients younger than 20 years

	Jan-Jun 2002		Jul-Dec 2002	
	n	%	n	%
Alcohol	10	9	15	18
Dagga/Mandrax	39	34	21	26
Dagga	58	50	33	40
Ecstasy	1	<1	2	2
Inhalants	1	<1	-	-
Nicotine	7	6	11	13
Total	**116**	**100**	**82**	**100**

Most young persons are treated for the abuse of cannabis or cannabis/Mandrax.

Table 3.20: Primary substance of abuse for patients younger than 20 years

	July – December 2002	
	n	%
Alcohol	15	18
Dagga/Mandrax	21	26
Dagga	33	40
Ecstasy	2	2
Nicotine	11	13
Total	**82**	**100**

40% of youth aged 20 and under seek treatment for cannabis related abuse.

Table 3.21: Gender of patients abusing substances younger than 20 years

	July – December 2002	
	n	%
Male	71	87
Female	11	13

More males than females seek treatment for substance abuse.

Table 3.22: Race, by primary substance of abuse for patients younger than 20 years

	July – December 2002	
	n	%
African	22	27
Asian	4	5
Coloured	32	39
White	24	29

3d: Arrests and Seizures

Ms Nadine Harker

Table 3.23: Seizures by SANAB and OCU (Organised Crime Unit) (Port Elizabeth)

	July-December 2001		June-July 2002		July-December 2002	
	Amount seized SANAB	Amount seized OCU	Amount seized SANAB	Amount seized OCU	Amount seized SANAB	Amount seized OCU
Dagga	1 100 kg	260 kg	693 967 kg	1 126 kg	872 kg	-
Mandrax	4 709 tabs	3 231 tabs 5.5 tons	7 378 tabs	228 tabs	1 218 tabs	-
Cocaine	10 g 9 rocks	20 g 30 rocks	280 g 36 rocks	33 g 51 rocks	549 g 61 rocks	-
LSD	106 units	-	-	-	-	-
Ecstasy	1 713 tabs 114 g	150 tabs	615 tabs	4 395 tabs	1 342 tabs	-
Scheduled medicines	2 580 tabs	-	375 units 475 tabs 22 tons sched. 4	-	1 Amphet 106 Stilpain 800 Lorien	-
Dagga plants	27	-	-	-	425	-
Speed	-	-	-	-	-	-
Hashish		-	-	-	-	-

Details on arrests were not available, however, 99 arrests for possession and 134 for dealing were

made during the second half of 2002.

Table 3.24: Current drug prices in PE (January -June 2002)

Drug	Price
Cannabis	R1/gm
Mandrax	R50-R60 /tablet
Cocaine	R250-R300/gm
Crack	R200/rock
Ecstasy	R80-R100/tablet
LSD	-

Table 3.25: Arrests for dealing and possession combined (Port Elizabeth)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002	
	SANAB	OCU	SANAB	OCU	SANAB	OCU	SANAB	OCU	SANAB	OCU
Dagga	118	55	57	22	47	21	118	25	-	-
Mandrax	37	54	30	8	39	8	90	5	-	-
Dagga/ Mandrax	49	-	16	-	42	-	-	-	-	-
Cocaine	7	31	2	7	4	22	8	6	-	-
Ecstasy	8	2	9	3	97	5	21	10	-	-
LSD	-	3	-	-	3	-	-	-	-	-
Speed	-	1	-	-	-	-			-	-
Rohypnol	-	-	-	-	-	-			-	-
Other	-	-	-	-	-	-			-	-
Hashish	-	1	1	-	-	-			-	-
Scheduled meds	6	-	4	-	1	-	9	-	-	-

Source: SANAB and Organised Crime Unit (OCU)

3e: A qualitative study into a consumer-oriented substance abuse intervention programme

Ms Lesley Wood

A Qualitative Study into a Consumer-Oriented Substance Abuse Intervention Programme Principles of Consumer-oriented Marketing.

Customer-orientation

Every marketing strategy needs to start out with analyzing the customer's perceptions, wants and needs and any services or products must be based on these.

Questions to be asked:

- To whom are we planning to market?
- Where are the consumers and what are they like?
- What are their current perceptions, needs and wants?
- Will these change in the future?

- How satisfied are our customers with our services?
- Segmentation of market
- Adapt programmes to meet customer needs
- Research
- Entire organization should become customer-centred
- Broadly define competition

Principles of Consumer-oriented Marketing

- Publics
- Product
- Price
- Place
- Promotion

Publics

All the individuals, groups and organizations who are recipients of services (output publics) or suppliers of resources (input publics).

Product

The service provided by the agency, usually intangible and therefore difficult to measure in terms of impact.

Price

Financial, emotional and psychological costs. Social stigma, lifestyle changes and impact on self worth are important costs in substance abuse programmes.

Place

This refers to the geographic location where service delivery takes place or place in time.

Promotion

Refers to customer education on the use of services. In the substance abuse field, often need is not recognized, therefore a demand must be created.

Context of Research

- Low % of black clients in relation to population (26% in 1998)
- Most treatment programmes geared towards white, middle-class needs (Mnyandu: 1992)
- Need to address the cultural, religious and social dynamics of the African population

Goal of Research

Research question:

"What does the community of Gqebera perceive to be a consumer-oriented substance abuse intervention programme?"

The answer to this question will help to facilitate the design of a consumer-oriented service.

Perceptions regarding existing resources

- Access limited
- Workers unknown to community at large
- Social workers perceived to be ignorant of real problems and therefore lack of trust
- Shame of being a substance abuser or family member of one
- Community belief that family must take responsibility
- Not enough involvement of community members

Perceptions of an improved service

- Improved access
- Use of community members as indigenous helpers
- Involve a spiritual component in treatment
- Provide healthy alternatives
- Provide medical assistance in withdrawal
- Formation of support groups
- Education about substance abuse
- Lobbying of government
- Raise awareness of resources

Conclusions and Recommentations

Publics

- Substance abuse is a severe problem but community not really aware of link between substance abuse and ill health, crime etc.
- SANCA is perceived as not being active enough in preventing the problem
- SANCA should be involved in attempts to limit availability and decreasing attractiveness, especially to youth
- Distrust and lack of confidence in social workers who are not from the community.

Recommendations

- Decide on which segment of market is to be targeted and how much of the agency's resources is to be devoted to each segment. Conduct a marketing audit before setting any intervention goals.

Product

- Programme presenters regarded as not really understanding or willing to become involved
- Real needs of community need to be addressed – unemployment, education, spiritual, recreational – so as to add value.

Recommendations

- Ensure presenters are acceptable to and trusted by community
- Involve community members in designing and presenting programmes
- Become involved with meeting real needs in partnership with other helping agencies
- Evaluate services frequently in terms of effectiveness and quality so as to create a better product image

Price

- Access to Mercantile difficult and costly – aftercare facility seen as being for "whites"
- Lack of trust of social workers
- Giving up lifestyle associated with drinking is a great cost
- Substance abuse shameful and made it hard to come to treatment or admit to a problem

Recommendations

- Examine costs in terms of time, effort and lifestyle adjustments and make effort to reduce these costs in consultation with community members

Place

- Shame associated with coming for treatment, therefore clinic is neutral option
- Service providers to also do home visits
- Schools considered to be logical place for intervention with youth
- Treatment center needs to be accessible, not only geographically but also perceived as being "community friendly"

Recommendations

- Discuss with community to agree on best place and time for treatment options

Promotion	Recommendation
• Community not sufficiently aware of services • Large part of community not aware of dangers of substance abuse • Existing social structures best way to promote services	• Work with existing social structures to promote – schools, churches, street committees etc. • Cater for functionally illiterate members • Consult with community leaders when planning promotion

Consumer orientation

- Segment market – abusers, family members, youth and other at-risk who need education and lifeskills training
- Address issues of price as identified by the community to make programmes more consumer-friendly
- Research all market segments before commencing service delivery
- Train staff in developing marketing strategy and understanding of consumer approach
- Become more customer-centred
- Broadly define competition and see where it can work with competition to render services.