

SECTION 5: GAUTENG/MPUMALANGA

5a: Substance use amongst professional drivers

Mr Christo Mynhardt

Introduction and method

A study was conducted by the CSIR in conjunction with the Department of Transport on substance use among professional between November 2001 and January 2002. In total, 400 professional drivers (truck-, bus- and minibus taxi drivers) were stopped at random on various National roads at different times of day. About fifty per cent (50%) of the surveys were done in Gauteng, twenty five per cent (25%) in KwaZulu/Natal and twenty five per cent (25%) in the Western Cape. Traffic officers were asked to pull off buses, trucks and minibuses used as taxis at random. Purpose and procedure was explained to the driver and only after the driver had agreed to participate was he escorted to a private room where an interview was conducted. All participants were given the assurance that their identities and the results of the tests would not be disclosed to any person.

Drivers were asked to perform a breath test and to provide a urine specimen and alcohol was screened for through a breath test. Blood pressure of all the drivers was taken regardless of the outcome of the test results. Information was gathered from the driver in the form of a questionnaire. While the interview was being conducted, the urine specimen was screened for 12 different types of drugs. Samples were screened for Mandrax by a forensic laboratory. Urine specimens collected were screened with industrial screening devices called InstaCheck and AccuSign®TCA.

Results

About 20% of 400 drivers tested positive for at least one substance and were judged to be ‘under the influence’. Most of those who tested positive were under the influence of one substance, as opposed to two or three drugs. Cannabis was the most common drug detected in the urine samples of the drivers with about 15% of the drivers testing positive. This was followed by alcohol with 4% of the drivers found to be under the influence of alcohol. Minibus and truck drivers were more likely to be under the influence of alcohol than bus drivers, while truck drivers were most likely to be under the influence of cannabis.

Drivers’ comments

- A number of the drivers expressed their appreciation towards the Department of Transport for funding a study of this nature;
- They hoped that action will be taken against those drivers who are driving under the influence of any substance;
- Some of the drivers who tested positive for other substances were “shocked” by the fact that they can be tested at the roadside for the use of other substances.
- A number of drivers indicated that they preferred using “legal” substances like “Alert”, “Red Bull” and “Regmaker”, etc. to stay awake.

5b: Alcohol and sexual risk behaviour: a survey among adults

Dr Neo Morojele, Ms Millicent Kachieng'a
& Ms Kgaogelo Moshia

Authors: Neo K Morojele, Millicent Kachieng'a, Matsobane Nkoko, Kgaogelo Moshia, Evodia Mokoko, and Charles D H Parry.

The study was conducted as part of a WHO project on the links between alcohol use and sexual risk behaviour. The study entailed four phases: a literature review, rapid assessment, development of a questionnaire and pre-testing the questionnaire. The aim of the presentation was to present preliminary results of the final stage of the study which involved pre-testing of the questionnaire that we had developed during the previous stage of the project.

The specific aims were to:

- (a) compare attitudes, beliefs, knowledge and behaviour of male and female adults in the selected areas, and
- (b) examine the relationship between alcohol use and sexual risk behaviour

Methods

A total of 160 adults aged between 25 and 44 years took part in the study. They consisted of 95 (59%) women and 65 (41%) men. Most of the men were employed (79%) whereas about half of the women were employed (54%). About half of the sample were married.

The participants were recruited from their homes from a residential area in the province of Gauteng, and took part in face-to-face interviews with trained fieldworkers. A questionnaire was used to elicit answers to questions concerning the respondents demographic, economic and community characteristics, alcohol consumption, sexual behaviour, condom use, cultural beliefs, experiences of effects of alcohol consumption, expectations regarding sexual intercourse, HIV-related knowledge, inter-personal relationships and general life circumstances.

The respondents were informed that their results would remain confidential and anonymous. Ethical approval for the study was obtained through the Ethics Committee of the Faculty of Health Sciences at the University of Pretoria.

Results

The males were significantly more likely than the females to report having drunk alcohol in their lifetime, during the past month and to have been told that they had a problem with drinking. However, their rates of risky drinking were not significantly different.

The males who reported that they would drink alcohol reported being most inclined to drink beer. Wine and cider were the more popular beverages consumed by the women. For both the males and females drinking was most likely to occur at parties and friends' homes. The females were far less likely than the males to report that they would drink alcohol in shebeens and taverns.

The males were inclined to report believing that sexual intercourse is riskier with an older partner, whereas the females were inclined to believe the opposite to be true. Relatedly, the females were significantly more likely than the males to report having a partner who was more than five years their senior.

The males were significantly more likely than the females to report being in casual sexual relationships, but the rates of reporting a regular sexual partnerships by the males and females were not significantly different.

The males were significantly more likely than the females to report having engaged in sex under the influence of alcohol during the preceding three-month period. Less than 5 per cent of the males and females reported having engaged in sex after having used illicit drugs during the same period.

The males and females reported that their use of alcohol would increase their sexual desire, pleasure and performance. The males were slightly more likely than the females to report that their use of alcohol could impair their sexual functioning.

There was a significant correlation between the respondents' use of alcohol and their extent of involvement in sexual activities. However, the respondents' use of alcohol was not significantly related to their use of condoms.

Discussion

These preliminary results suggest that those who use alcohol are at greater risk of engaging in sexual risk behaviour than are their non-drinking counterparts. The study's main limitations include the small sample size and the limited geographical region in which data collection took place. However, being a pilot study the findings seem to have important implications. The main implications of the study are that HIV interventions should be developed specifically for those who drink heavily, and that drinking reduction interventions should be useful for curtailing sexual risk behaviour among adults.

5c: Treatment Centres: Gauteng

Ms Ané Carelsen & Mr Hennie Potgieter

Table 5.1: Proportion of treatment episodes (Gauteng)

	Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Elim Clinic	248	10	333	13	334	12	352	13	369	13	400	15	361	14
S/Eastern Gauteng	67	3	186	7	219	8	170	6	123	4	156	6	199	8
S/Central Rand	147	6	92	4	177	6	80	3	129	4	151	6	215	8
S/Eerste Rust	0	0	37	1	0	0	0	0	0	0	16	<1	40	1
S/Nishtara	51	2	58	2	43	2	57	2	21	<1	59	2	31	1
S/Vaal Triangle	60	2	55	2	62	2	63	2	76	3	76	3	102	4
Magaliesoord	207	8	105	4	178	6	154	6	210	7	103	4	125	6
Castle Carey	238	9	252	9	241	9	253	10	279	10	294	11	241	9
House of Mercy	120	5	93	3	115	4	92	3	93	3	97	4	104	4
Staanvas	126	5	152	6	142	5	159	6	170	6	116	4	174	6
Horizon	448	18	526	20	389	14	387	15	634	21	399	15	400	15
Houghton House	53	2	42	2	59	2	64	2	50	2	70	3	46	2
Phoenix House	60	2	81	3	94	3	39	1	41	1	52	2	46	2
S/West Rand	175	7	187	7	230	8	230	9	234	8	191	7	206	8
S/JHB Society	97	4	101	4	96	3	104	4	89	3	91	3	83	3
Wedge Gardens	144	6	171	6	145	5	115	4	134	4	129	5	98	4
Soshanguwe	80	3	62	2	39	1	36	1	49	2	*	*	*	*
SANCA Soweto	193	8	140	5	195	7	218	8	244	8	187	7	146	5
Riverfield Lodge					80	3	53	2	0	0	0	0	0	0
First Step TC							50	2	0	0	0	0	0	0
Total number in treatment	2514	100	2673	100	2838	100	2676	100	2945	100	2587	100	2617	100

* Included with Castle Carey from 1 July 2002

A total of 2617 patients were treated at Gauteng treatment centres during January – June 2003.

Table 5.2: First time admissions (Gauteng)

	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	Jan-Jun 2003
	%									
Yes	62	62	65	66	67	68	66	65	67	68
No	38	38	35	34	33	32	34	35	33	32

First time admissions remain fairly stable at about two thirds (Table 5.2).

Table 5.3: Type of treatment received (Gauteng)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	
	%									
Inpatient	70	68	66	66	65	66	67	62	63	
Outpatient	24	27	29	32	34	34	33	38	37	
Both	6	5	5	2	1	0	0	0	0	

A slight increase in outpatient based treatment was noted over the last two periods (Table 5.3).

Table 5.4: Referral sources (Gauteng)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	
	%									
Self/family/friends	61	64	61	63	63	62	60	62	65	
Work/employer	13	11	12	12	10	8	10	11	11	
Doctor/psychiatrist/nurse (health professional)	5	4	3	5	6	6	4	4	4	
Religious body	2	2	2	1	2	1	1	2	1	
Hospital/clinic	1	1	1	2	2	1	2	2	1	
Social services/welfare	5	5	11	7	6	9	12	8	9	
Court/correctional services	8	6	3	4	4	3	3	3	3	
School	3	5	6	6	6	8	7	7	5	
Other, e.g. radio	1	1	1	<1	1	1	<1	<1	<1	
Unknown	1	<1	<1	<1	<1	<1	0	0	0	

Referral sources remained fairly stable, with most referrals still being categorised as “self/family/friend” (Table 5.4).

Table 5.5: Population profile (Gauteng)

	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	Jan- Jun 2003
%										
GENDER										
Male	77	79	81	80	78	78	80	81	80	80
Female	23	21	20	29	22	22	20	19	20	20
ETHNIC GROUP										
Asian	3	3	4	4	4	4	3	3	4	3
Black	17	19	23	27	24	28	30	29	34	33
Coloured	11	7	8	7	9	8	7	8	8	10
White	69	71	65	62	63	60	60	60	54	54
EMPLOYMENT STATUS										
Working full time	47	43	42	39	39	37	35	36	35	37
Working part time	6	5	5	5	4	4	4	3	4	4
Not working	29	35	35	35	36	36	34	33	33	34
Apprenticeship/ internship	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
Student/pupil	10	11	13	16	16	17	21	21	21	19
Disabled – not working	1	<1	<1	<1	<1	<1	<1	<1	<1	<1
Housewife	4	3	2	2	3	2	2	1	2	2
Pensioner/retired	-	*	2	2	2	2	2	4	2	3
Other	3	3	0	<1	<1	<1	<1	<1	1	<1
MARITAL STATUS										
Married, living with spouse	36	34	33	31	29	28	27	26	24	25
Married, not living with spouse	5	4	4	4	3	3	2	3	3	3
Living together/ cohabiting	6	6	5	5	5	5	4	3	4	5
Divorced	18	20	17	17	17	15	14	15	15	13
Widowed	4	3	3	2	3	3	2	2	2	2
Never married	32	33	38	41	42	45	50	51	52	51
Other	3	0	0	<1	<1	<1	<1	<1	0	0
EDUCATION										
None/pre-primary	<1	<1	2	<1	<1	2	<1	<1	<1	<1
Primary	5	4	6	7	6	5	7	8	10	7
Secondary	78	84	84	83	85	86	82	84	82	84
Tertiary	10	11	8	10	8	7	10	7	8	8
Mean age	37	36	35	35	34	34	33	32	32	32

*Category added July to December 1999 (previously “other”)

The population profile showed a slight increase in the proportion of Black patients coming to treatment over the last two reporting periods. Employment, marital and education status remained fairly stable (Table 5.5).

Table 5.6: Age distribution (Gauteng)

Years	Jul-Dec 1999		Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10									1	<1	0	0	1	<1	0	0
10-14	29	1	41	2	46	2	59	2	93	3	81	3	92	4	63	2
15-19	349	13	383	15	445	17	482	17	533	20	645	22	541	21	525	20
20-24	271	10	265	11	261	10	360	13	342	13	357	12	340	13	368	14
25-29	283	11	282	11	297	11	293	10	254	9	291	10	255	10	261	10
30-34	342	13	281	11	287	11	318	11	309	11	311	10	277	11	300	11
35-39	368	14	292	12	354	13	303	11	307	11	300	10	280	11	284	11
40-44	332	13	337	13	333	12	322	11	269	10	354	12	270	10	307	12
45-49	245	9	252	10	256	10	264	9	218	8	233	8	200	8	211	8
50-54	203	8	176	7	175	7	205	7	166	6	165	6	164	6	139	5
55-59	108	4	111	4	127	5	122	4	106	4	108	4	93	4	86	3
60-64	54	2	47	2	50	2	65	2	50	2	58	2	44	2	45	2
65-69	19	1	24	1	25	1	27	1	21	1	19	<1	20	<1	18	<1
70+	4	<1	7	<1	8	<1	18	<1	7	<1	23	<1	10	<1	10	<1

The proportion of patients aged 10-19 years continues to be high (22%) (Table 5.6).

Table 5.7: Primary substance of abuse (Gauteng)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	1591	60	1529	54	1379	51	1577	53	1396	54	1366	52
Dagga/ Mandrax*	38	1	173	6	130	5	152	5	153	5	221	9
Dagga	564	21	582	20	654	24	659	22	589	23	510	20
Crack	159	6	161	6	114	4	131	4	99	4	102	4
Cocaine powder	39	1	49	2	41	1	52	2	47	2	53	2
Heroin	110	4	172	6	191	7	202	7	145	6	196	7
Ecstasy	17	<1	16	<1	21	1	12	<1	24	<1	22	<1
OTC/PRE	114	4	113	4	102	4	115	4	80	3	91	3
Other	41	1	43	1	44	2	45	2	54	2	56	2
Total	2673	100	2838	100	2676	100	2945	100	2587	100	2617	100

*White pipe or Mandrax alone

Over half the patients admitted to the treatment centres in Gauteng still report alcohol as their primary drug. An increase in patients reporting dagga/Mandrax as their primary substance occurred in the 1st half of 2003. Proportions for other drugs remained fairly stable (Table 5.7).

Table 5.8: Mode of usage of primary drug (Gauteng)

	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%							
Swallowed	66 (10)	64 (9)	64 (12)	58 (10)	56 (9)	57 (9)	58 (9)	56 (9)
Snorted	3 (9)	4 (9)	3 (7)	3 (7)	3 (7)	4 (8)	4 (9)	5 (10)
Injected	2 (5)	2 (4)	2 (4)	3 (6)	3 (7)	3 (7)	3 (7)	4 (9)
Smoked	28 (76)	31 (77)	31 (77)	36 (77)	38 (77)	35 (76)	35 (76)	35 (72)
Other	0	0	0	0	0	0	0	0

*If alcohol is not taken into account, the figures in brackets apply

** Included with snorted are sniffed and inhaled

Table 5.8 shows that, when alcohol is excluded, about 9% of patients reported injecting as their primary mode of use in the 1st half of 2003, a slight increase over previous periods.

Table 5.9: Gender by primary substance of abuse (Gauteng)

	Jan-Jun 2000		Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	%		%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	79	21	76	24	75	25	75	25	80	20	79	21	79	21
Dagga/Mandrax	87	13	88	12	96	4	96	4	95	5	92	8	96	4
Dagga	91	9	91	9	89	11	92	8	91	9	90	10	90	10
Crack	84	16	82	18	82	18	82	18	74	26	85	15	74	26
Cocaine	75	25	74	26	76	24	63	37	67	34	79	21	72	28
Heroin	67	33	61	39	70	30	76	24	73	27	69	31	74	26
OTC/PRE	45	55	39	61	44	56	40	60	44	56	32	68	43	57
Ecstasy	47	53	76	24	81	19	62	38	75	25	88	12	73	27

Compared to dagga and dagga/Mandrax, the proportion of female patients in treatment for cocaine, heroin and Ecstasy remains high (Table 5.9). Over-the-counter and prescription medicines are the only drugs where more females than males are in treatment.

Table 5.10: Race by primary substance of abuse (Gauteng)

	%African			%Coloured			%Asian			%White		
	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
Alcohol	24	29	29	5	6	8	3	4	2	68	62	61
Dagga/Mandrax	55	52	56	20	23	28	3	6	7	22	18	9
Dagga	53	58	56	14	10	14	3	3	3	30	28	27
Crack/cocaine	5	10	8	8	8	7	10	10	8	77	71	77
Ecstasy	8	4	9	0	4	0	8	21	14	84	71	77
Heroin	3	7	2	1	2	2	1	<1	3	95	90	93

Most patients treated for heroin, cocaine or Ecstasy abuse are white, while the majority of dagga and dagga/Mandrax patients are Black. Although slight increase in Black patients reporting for heroin occurred in the second half of 2002, this has not continued in the first half of 2003 (Table 5.10).

Table 5.11: Mean age by primary substance (Gauteng)

	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	Jan-Jun 2003
Alcohol	42	41	41	42	41	42	41	41	41	40
Dagga/Mandrax*	27	25	24	24	25	24	21	21	22	21
Dagga	22	20	20	20	22	21	20	19	20	20
Cocaine/Crack	30	28	28	29	28	28	29	28	28	29
Heroin	23	22	23	23	22	24	24	23	23	24
Ecstasy	19	18	18	21	22	20	21	20	21	20

* 'White pipe' or Mandrax alone

Patients treated for cannabis or Ecstasy are younger on average than those treated for alcohol or cocaine (Table 5.11).

Table 5.12: Second most frequently abused substance (Gauteng)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	99	13	128	15	139	16	189	19	159	20	186	21
Dagga/Mandrax*	157	21	157	18	151	18	165	17	137	17	133	15
Dagga	204	27	193	22	186	22	241	24	179	22	230	26
Crack	72	10	96	11	98	12	96	10	94	12	95	11
Cocaine Powder	43	6	46	5	42	5	55	6	33	4	52	6
Heroin	26	3	35	4	32	4	44	4	34	4	27	3
Ecstasy	45	6	53	6	43	5	70	7	57	7	57	6
OTC/PRE	69	9	126	15	111	13	90	9	77	10	79	9
LSD	22	3	20	2	14	2	12	1	10	1	8	<1
Other	16	2	16	2	28	3	32	3	20	3	27	3
TOTAL	753	100	870	100	844	100	994	100	800	100	894	100

* 'White pipe' or Mandrax alone

Ecstasy and over-the-counter and prescription medicines are fairly common secondary drugs of abuse (Table 5.12).

Table 5.13: Third most frequently abused substance (Gauteng)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	45	14	57	13	49	14	59	15	71	19	77	21
Dagga/ Mandrax*	35	11	54	13	38	11	48	12	42	12	42	12
Dagga	59	18	75	18	51	14	66	17	62	17	57	16
Crack	46	14	59	14	44	13	45	12	35	10	40	11
Cocaine Powder	17	5	24	6	24	7	33	8	27	7	19	5
Heroin	14	4	20	4	13	4	24	6	6	2	6	2
Ecstasy	49	15	45	11	44	12	42	11	45	12	44	12
OTC/PRE	12	3	42	10	42	12	34	9	38	11	35	10
LSD	40	12	40	9	27	8	20	5	11	3	22	6
Other	14	4	9	2	16	5	19	5	26	7	18	5
TOTAL	331	100	425	100	348	100	390	100	363	100	360	100

Table 5.14: Fourth most frequently abused substance

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	22	17	15	9	32	19	20	13	32	20	30	22
Dagga/ Mandrax*	11	9	18	11	7	4	10	6	11	7	10	7
Dagga	13	10	25	14	19	12	17	11	23	15	14	10
Crack	5	4	20	12	12	7	11	7	9	6	7	5
Cocaine Powder	2	1	11	6	11	7	6	4	11	7	13	10
Heroin	12	9	4	2	9	5	10	7	7	4	8	6
Ecstasy	24	19	31	18	24	15	35	23	22	14	25	18
OTC/PRE	4	3	22	13	23	14	20	13	12	8	12	9
LSD	33	26	23	13	18	11	16	10	17	11	10	7
Other	2	2	3	2	10	6	9	6	13	8	8	6
TOTAL	128	100	172	100	165	100	154	100	157	100	137	100

Table 5.15: Secondary substance of abuse (2nd, 3rd and 4th most frequently used)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	166	14	200	14	220	16	268	17	262	20	293	21
Dagga/ Mandrax	203	17	229	16	196	15	223	15	190	14	185	13
Dagga	276	23	293	20	256	19	324	21	264	20	301	22
Crack	123	10	175	12	154	11	152	10	138	10	142	10
Cocaine Powder	62	5	81	5	77	6	94	6	71	5	84	6
Heroin	52	4	59	4	54	4	78	5	47	4	41	3
Ecstasy	118	10	129	9	111	8	147	10	124	9	126	9
OTC/PRE	85	7	190	13	176	13	144	9	127	10	126	9
LSD	95	7	83	5	59	4	48	3	38	3	40	3
Other	32	3	28	2	54	4	60	4	59	5	53	4
TOTAL	1212	100	1467	100	1357	100	1538	100	1320	100	1391	100

Table 5.16: Overall use (reported as either 1st, 2nd, 3rd or 4th most frequent substance of abuse) (Gauteng)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	N	%
Alcohol	1757	45	1729	40	1599	40	1845	41	1658	42	1659	42
Dagga/ Mandrax	241	6	402	9	326	8	375	8	343	9	406	10
Dagga	840	22	875	20	910	23	983	22	853	22	811	20
Crack	282	7	336	8	268	6	283	6	237	6	244	6
Cocaine Powder	101	3	130	3	118	3	146	3	118	3	137	3
Heroin	162	4	231	6	245	6	280	6	192	5	237	6
Ecstasy	135	4	145	3	132	3	159	4	148	4	148	4
OTC/PRE	199	5	303	7	278	7	259	6	207	5	217	5
LSD	99	2	92	2	66	2	52	1	42	1	43	1
Other	69	2	62	2	91	2	101	2	109	3	106	3
TOTAL	3885	100	4305	100	4033	100	4483	100	3907	100	4008	100

Table 5.17: Suburb of residence (Gauteng)

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Metro substructure												
Greater Pretoria MS	424	16	336	12	357	13	394	13	319	12	321	12
Greater Johannesburg MS	631	24	769	27	710	26	647	22	618	24	606	23
Kyalami MS	117	4	116	4	116	4	123	4	106	4	111	4
East Rand MS	557	21	551	20	411	15	547	19	425	16	421	16
West Rand MS	74	3	85	3	74	3	96	3	73	3	72	3
Vaal MS	92	4	96	3	103	4	113	4	95	4	122	5
Townships in Gauteng	379	14	525	19	586	22	637	22	638	25	638	25
Other parts of the province	20	<1	25	<1	16	1	8	<1	15	<1	16	<1
Other provinces												
Mpumalanga	78	3	88	3	81	3	100	3	79	3	86	3
Northern Province	72	3	45	2	52	2	62	2	38	2	53	2
North West	73	3	59	2	69	2	80	3	55	2	49	2
Northern Cape	18	1	10	<1	13	<1	17	<1	15	<1	12	<1
Eastern Cape	18	<1	6	<1	10	<1	10	<1	10	<1	8	<1
Free State	27	1	36	1	20	1	40	1	27	1	31	1
Kwa-Zulu Natal	28	1	22	<1	25	1	21	<1	18	<1	21	<1
Western Cape	11	<1	14	<1	9	<1	22	<1	25	1	7	<1
Other countries			26	<1	24	<1	17	<1	16	<1	23	<1
Total number on whom information was available	2632	100	2809	100	2676	100	2934	100	2572	100	2597	100

Table 5.18: Sources of payment (Gauteng)

	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	Jan-Jun 2003
	%	%	%	%	%	%	%	%	%	%
State	21	21	20	22	27	28	27	28	26	25
Medical Aid	15	16	16	16	17	17	17	14	14	17
Family	15	21	23	27	25	26	28	29	34	31
Friends	2	1	2	1	1	2	1	2	1	2
Employer	9	8	8	8	8	7	5	6	6	8
Self	25	24	24	22	20	20	21	20	18	17
Other	4	5	4	2	1	<1	<1	<1	<1	<1
Unknown	9	4	3	2	1	<1	<1	<1	0	0

Family and state remain the most common sources of payment (Table 5.18).

Data on patients aged 19 and younger

Table 5.19: Gender, Race and Education of Patients aged 19 and younger

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%	%	%	%	%
GENDER							
Male	83	82	85	89	87	84	85
Female	17	18	15	11	13	16	15
ETHNIC GROUP							
Asian	3	6	3	2	2	3	3
Black	52	43	54	56	51	56	53
Coloured	9	16	14	11	13	10	16
White	36	36	29	31	34	30	28
EDUCATION							
None/Pre- primary	0	<1	<1	<1	0	0	0
Primary	21	19	11	21	19	29	17
Secondary	79	81	88	79	80	71	82
Tertiary	0	0	0	0	<1	<1	<1

Over 50% of patients younger than 20 years are Black, while only 26% of patients older than 19 years are Black (Table 5.19).

Table 5.20: Primary substance of abuse for patients aged 19 and younger

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	51	10	33	6	36	6	73	10	80	13	48	8
Dagga	322	66	332	62	425	68	462	64	385	61	338	58
Dagga/ Mandrax	8	2	80	15	70	11	82	11	73	11	111	19
Crack	17	3	19	3	13	2	20	3	7	1	5	<1
Cocaine Powder	8	2	8	1	5	<1	5	<1	12	2	7	1
Heroin	37	7	32	6	36	6	41	6	29	4	38	6
Ecstasy	5	1	8	1	12	2	6	<1	6	1	12	2
OTC/PRE	19	4	2	<1	5	1	5	<1	3	<1	0	0
Inhalants	22	5	20	4	23	4	30	4	33	5	25	4
LSD	2	<1	6	1	2	<1	2	<1	3	<1	0	0
Other	0	0	0	0	0	0	0	0	3	<1	5	<1
TOTAL	491	100	540	100	627	100	726	100	634	100	588	100

The most common primary drug of abuse amongst young patients is cannabis, followed by cannabis/Mandrax and alcohol (Table 5.20).

Table 5.21: Gender by primary substance of abuse for patients aged 19 and younger

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	M	F	M	F	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	84	16	70	30	78	22	82	18	76	24	67	33
Dagga	90	10	89	11	91	9	90	10	89	11	90	10
Dagga/ Mandrax	75	25	94	6	96	4	93	7	84	16	97	3
Crack	71	29	74	26	100	0	65	35	71	29	40	60
Cocaine	50	50	75	25	40	60	60	40	42	58	57	43
Heroin	46	54	44	56	64	36	66	34	69	31	66	32
Ecstasy	40	60	75	25	58	42	67	33	83	17	58	42
Inhalants	91	9	100	0	100	0	90	10	97	3	76	24
OTC/PRE	37	63	0	100	60	40	20	80	67	33	0	0
LSD	0	0	100	0	100	0	50	50	67	33	0	0
Other	0	0	0	0	0	0	0	0	33	67	25	75

Comparatively high proportions of young cocaine, Ecstasy and heroin patients are female (Table 5.21).

Table 5.22: Race by primary substance of abuse for patients aged 19 and younger

	%African			%Coloured			%Asian			%White		
	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
Alcohol	49	63	56	11	8	17	1	7	4	33	22	23
Dagga	56	60	59	15	8	13	2	3	2	27	29	26
Dagga/ Mandrax	62	67	66	12	21	28	1	0	2	24	12	4
Crack	0	0	0	15	29	20	5	0	20	80	71	60
Cocaine	20	42	29	0	0	0	0	0	0	80	58	71
Heroin	2	10	3	0	4	3	2	0	3	95	86	92
Ecstasy	17	0	0	0	0	0	17	0	25	66	100	75
Inhalants	63	52	60	3	24	24	0	15	4	33	9	12
OTC/PRE	20	0	0	0	33	0	40	0	0	40	67	0
LSD	0	33	0	0	0	0	0	0	0	100	67	0
Other	0	0	0	0	0	0	0	0	0	0	100	0

Table 5.23: Secondary and Tertiary substance of abuse for patients aged 19 and younger

	Jul-Dec 2000		Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
Alcohol	56	15	68	20	80	22	147	26	102	23	145	32
Dagga	66	17	61	18	67	18	102	18	92	21	84	18
Dagga/ Mandrax	71	19	61	18	74	20	110	19	89	20	86	19
Crack	33	9	44	13	34	9	36	6	31	7	29	6
Cocaine	11	3	14	4	10	3	17	3	15	3	12	3
Heroin	12	3	13	4	15	4	32	6	18	4	9	2
Ecstasy	54	14	39	11	32	9	52	9	50	11	42	9
LSD	46	12	22	6	20	5	19	3	8	2	16	3
Inhalants	18	5	13	4	23	6	33	6	18	4	21	5
OTC/PRE	5	1	5	1	6	2	14	3	11	3	6	1
Other	6	2	2	<1	5	2	6	1	8	2	8	2
TOTAL	378	100	342	100	366	100	568	100	442	100	458	100

Alcohol, cannabis and cannabis/Mandrax are the most common secondary drugs, followed by Ecstasy (Table 5.23).

Table 5.24: Mode of usage of primary substance of abuse for patients aged 19 and younger

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%	%	%	%	%
Swallowed	16	16	9	9	12	15	10
Snorted	6	6	7	5	5	8	7
Injected	3	4	2	3	3	3	3
Smoked	75	74	82	83	80	74	80
Other	0	0	0	0	0	0	0

Table 5.25: Referral Sources for patients aged 19 and younger

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%	%	%	%	%
Self/Family/Friends	47	47	50	40	42	46	53
Work/Employer	0	1	<1	<1	<1	<1	<1
Health professional	4	2	2	4	3	2	2
Religious body	<1	1	<1	1	<1	<1	1
Hospital/Clinic	2	1	2	2	2	2	<1
Social Services/Welfare	11	9	5	10	17	9	12
Court/Correctional services	3	7	10	10	8	10	9
School	32	31	29	31	27	29	22
Other	<1	0	<1	1	<1	<1	<1
Unknown	0	<1	0	0	0	0	0

5d: Phambili treatment centre

Dr Sean Zeelie

Dr Zeelie gave a short description of the Phambili Treatment centre, a private inpatient facility outside Pretoria. Patients are enrolled for a minimum of 4 months.

During January-June 2003 28 patients were treated at the centre, 21 of them being male. Almost 60% of the patients were treated for heroin addiction.

5e: Treatment Centres: Mpumalanga

Mrs Welma Gerber

Table 5.26: Number of treatment episodes (Mpumalanga)

	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jul 2002	Jul-Dec 2002	Jan-Jun 2003
Swartfontein (In-patient)	109	89	103	98	76	97	94	130
Themba/Mkondo (In-patient)	64	62	72	72	57	76	60	63
Sanca Witbank (Out-patient)	146	114	176	174	186	164	168	187
Sanca Nelspruit (Out-patient)	57	50	48	45	70	82	116	108
Sanca Themba Out-patient	-	-	9	-	-	-	-	
No of persons treated over all centres	N=376	N=315	N=408	N=389	N=389	N=419	N=438	N=488

First-time admissions remain fairly stable at about 70% (Table 5.27).

Table 5.27: First Time Admissions (Mpumalanga)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%								
Yes	71	68	52	69	70	69	73	68	68
No	29	32	48	31	30	31	27	32	32

About 60% of patients are outpatients (Table 5.28).

Table 5.28: Type of treatment received (Mpumalanga)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%								
Inpatient	48	41	48	45	44	43	39	35	39
Outpatient	52	59	52	52	54	56	61	65	61
Both	0	0	0	3	2	1	-	-	-

Table 5.29: Referral sources (Mpumalanga)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%								
Self/family/friends	26	31	35	39	38	39	41	45	46
Work/employer	21	26	30	24	29	27	26	23	20
Doctor/psychiatrist/nurse (health professional)	3	2	2	4	7	5	3	4	2
Religious body	<1	<1	2	0	1	1	2	2	1
Hospital/clinic	6	4	3	5	2	3	2	1	2
Social services/welfare	24	23	14	6	5	5	5	5	6
Court/correctional services	8	6	3	20	16	16	16	16	18
School	4	5	1	1	2	4	5	3	4
Other, e.g. radio	7	3	0	1	1	0	1	1	1
Unknown	<1	1	0	0	0	0	<1	-	-

Referral sources remained fairly stable, although referrals from employers decreased slightly (Table 5.29).

Table 5.30: Population profile (Mpumalanga)

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%								
<i>GENDER</i>									
Male	83	87	78	85	87	83	84	83	82
Female	17	13	22	15	13	17	16	17	18
<i>ETHNIC GROUP</i>									
Asian	1	2	2	1	3	3	2	3	2
Black	41	42	43	38	42	43	42	33	38
Coloured	4	5	4	3	2	4	3	5	5
White	54	51	51	57	52	50	53	60	55
<i>EMPLOYMENT STATUS</i>									
Working full time	52	54	55	51	53	52	48	43	42
Working part time	3	2	8	5	6	5	6	12	9
Not working	31	27	25	33	23	22	27	24	31
Apprenticeship/internship	0	0	0	0	1	1	3	1	1
Student/pupil	10	14	6	6	10	14	10	13	12
Disabled – not working	1	<1	1	0	0	0	3	1	1
Housewife	-	-	2	1	2	3	2	3	2
Pensioner/retired	-	-	2	2	3	3	2	3	2
Other	3	2	0	1	1	0	<1	1	-
<i>MARITAL STATUS</i>									
Married, living with spouse	39	34	38	39	37	35	34	29	28
Married, not living with spouse	10	9	9	10	10	10	4	3	7
Living together	5	4	3	6	3	5	5	3	7
Divorced	13	11	12	13	12	11	10	16	14
Widowed	<1	3	4	2	2	6	3	3	4
Never married	32	38	26	29	36	33	40	44	40
Other	1	1	2	0	0	0	3	1	1
<i>EDUCATION</i>									
None pre-primary	3	2	3	9	5	6	2	2	4
Primary	14	15	10	12	16	14	9	8	6
Secondary	80	79	80	73	68	68	78	79	81
Tertiary	3	4	7	6	11	12	11	11	10

The population profile of the patients in treatment has remained fairly stable over time, however a slight increase in patients who were unemployed was noted in the 1st half of 2003 (Table 5.30).

Table 5.31: Age distribution (Mpumalanga)

Years	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%	%	%	%	%
10-14	1	0	2	3	1	2	<1
15-19	6	9	10	13	11	13	13
20-24	8	7	9	11	10	10	12
25-29	11	1	13	11	12	14	9
30-34	15	16	12	12	13	11	13
35-39	14	14	15	15	14	11	13
40-44	17	16	16	16	15	15	15
45-49	12	13	11	10	13	12	13
50-54	8	8	7	5	5	7	7
55-59	3	5	2	2	4	3	4
60-64	2	1	3	1	1	2	2
65-69	<1	0	1	1	<1	1	1
70-74	0	0	0	-	-	-	<1
75+	0	0	0	-	-	-	-

A quarter of patients treated in the 1st half of 2003 were under 25 years of age (Table 5.31).

Table 5.32: Gender, by primary substance of abuse (Mpumalanga)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%	%	%	%	%
Alcohol	87	13	62	38	86	14	82	18	83	17
Dagga	95	5	73	27	88	12	93	7	94	6
Dagga/ Mandrax	100	0	100	0	100	0	100	0	83	17
Crack	100	0	100	0	75	25	91	9	100	0
Cocaine	50	50	10	90	100	0	80	20	33	67
Heroin	100	0	90	10	80	20	88	12	71	29
Ecstasy	50	50	100	0	60	40	80	20	75	25
Inhalants	100	0	70	30	100	0	100	0	33	67
LSD	50	50	100	0	-	-	-	-	100	0
PRE/OTC	14	86	85	15	40	60	50	50	83	17
Other	67	33	50	50	-	-	-	-	-	-

Most alcohol and cannabis patients are male (Table 5.32). Five of the heroin patients were female.

Table 5.33: Race, by primary substance of abuse (Mpumalanga)

	African			Coloured			Asian/Indian			White		
	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%			%			%			%		
Alcohol	47	36	43	3	6	4	2	2	1	49	57	52
Dagga	50	36	35	3	5	11	3	5	5	44	55	50
Dagga/Mandrax	0	75	33	50	12	17	0	0	17	50	13	33
Crack/Cocaine	11	9	18	11	0	0	11	0	9	67	91	73
Ecstasy	0	0	0	0	0	0	0	0	0	100	100	100
Heroin	13	0	0	0	0	6	0	8	0	87	92	94

(row% add up to 100)

About a third of cannabis patients and over 40% of alcohol patients were African in the 1st half of 2003. All Ecstasy and most heroin patients are still white (Table 5.33).

Table 5.34: Mean age in years, by primary substance (Mpumalanga)

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
Alcohol	38	39	40	39	40	39	41
Dagga	28	24	23	21	23	20	22
Dagga/Mandrax (white pipe or Mandrax alone)	20	24	18	20	-	-	24
Crack			28	29	30	31	27
Cocaine	28	32	34	28	26	26	26
Heroin	23	22	22	23	25	25	22
Ecstasy	16	21	22	17	23	21	26
Inhalants			20	15	-	-	-
LSD			20	20	-	-	-
PRE/OTC			37	40	35	45	39
Other			37	36	-	-	-

Patients treated for alcohol abuse are older on average than those treated for other drugs (Table 5.34). Cannabis and heroin patients had the youngest mean age.

Table 5.35: Primary substance of abuse (Mpumalanga)

	Jan- Jun 1999	Jul- Dec 1999	Jan- Jun 2000	Jul- Dec 2000	Jan- Jun 2001	Jul- Dec 2001	Jan- Jun 2002	Jul- Dec 2002	Jan- Jun 2003
	%								
Alcohol	76	76	71	77	70	69	71	68	69
Dagga	13	15	12	13	20	15	16	16	18
Dagga/Mandrax	1	2	2	0	1	3	<1	2	3
Crack	-	-	2	2	1	1	1	3	1
Cocaine	3*	2*	3	1	1	1	1	1	1
Heroin	1	1	1	1	2	1	4	6	4
Ecstasy	1	1	1	1	2	2	1	1	1
Inhalants	-	-	-	-	1	2	3	1	<1
LSD	-	-	-	-	1	1	-	-	<1
PRE/OTC	3	1	5	2	2	5	3	2	2
Other	2	2	3	2	-	-	1	-	2

* including crack

Proportions for primary substances of abuse remained fairly stable, with alcohol almost comprising 70% of admissions (Table 5.35).

Table 5.36: Overall substance of abuse (%) (Mpumalanga)

	Jan – June 2003
Alcohol	76
Dagga	31
Dagga/Mandrax	6
Crack	4
Cocaine	3
Heroin	7
Ecstasy	5
Inhalants	1
LSD	1
PRE/OTC	7

Table 5.36 shows the overall proportion of patients reporting various substances as either primary or secondary drugs. The Table shows that Ecstasy and over-the-counter or prescription medicines are more commonly used as secondary substances of abuse.

Table 5.37: Area of residence (Mpumalanga)

	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%						
PROVINCES							
Mpumalanga	65	68	67	76	75	78	80
Northwest	2	3	3	2	2	2	2
Gauteng	9	11	9	6	4	8	6
Kwazulu-Natal	13	6	11	9	9	7	6
Free State	4	3	4	4	4	4	3
Northern Cape	1	<1	0	<1	<1	<1	1
Western Cape	1	<1	0	0	2	<1	<1
Eastern Cape	2	3	4	<1	1	<1	<1
Northern Province	2	4	1	<1	1	1	3
OTHER COUNTRIES							
Lesotho	1	<1	<1	<1	<1	-	-
Swaziland	1	<1	<1	1	<1	-	<1
Mozambique					<1	<1	-

Table 5.38: Source of payment

	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%
State	31	32	36
Medical aid	12	5	5
Family	13	16	17
Friends	<1	1	<1
Employer	24	19	14
Self	16	21	23
Unknown	4	6	4
Other	<1	1	1

The most common sources of payment for treatment are the state and the patient themselves (Table 5.38).

Patients younger than 20 years

A total of 63 patients younger than 20 years were treated at the four treatment centres in Mpumalanga during January – June 2003. 83% of these patients were male. 43% were White and 38% African.

Table 5.39: Primary substance of abuse for patients younger than 20 years (Mpumalanga)

	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%				
Alcohol	28	8	19	14	13
Dagga	58	56	54	65	68
Dagga/Mandrax	3	6	-	3	5
Crack	5	1	-	2	2
Cocaine	-	1	2	2	-
Heroin	-	1	-	5	2
Ecstasy	-	17	4	2	2
PRE/OTC	-	-	-	-	2
Other	6	10	-	4	6
Inhalants			21	4	2

Cannabis and alcohol were the most common primary substances of abuse for patients younger than 20 years (Table 5.39).

5f: Smokeless tobacco in South Africa

Dr Lekan Ayo-Yusuf

Background

Globally, tobacco killed nearly 5 million people worldwide during year 2000 - a figure much higher than deaths from alcohol (2 million) and illegal drugs (200,000) combined. One in nine deaths in South Africa may be related to tobacco use. Nicotine in tobacco is indeed the most widely abused substance in South Africa, after alcohol. About 25% of South Africans currently smoke cigarettes – a decline from 34% during 1993. Use of smokeless tobacco (SLT) has been associated with increased risk for oral, pharyngeal and upper respiratory tract cancer, cardiovascular and periodontal diseases, yet little information is available on SLT or snuff use in South Africa (SA).

Methodology

This presentation examines prevalence and correlates of SLT use. It draws on previously published national data and on the preliminary results from recent national household survey of adults 16

years and older. The presentation also examines SLT as a dependant drug and as a potential gateway to cigarette and other drug use.

Results and Discussion

Figure 1. Change in SA tobacco use prevalence during 1998-2003

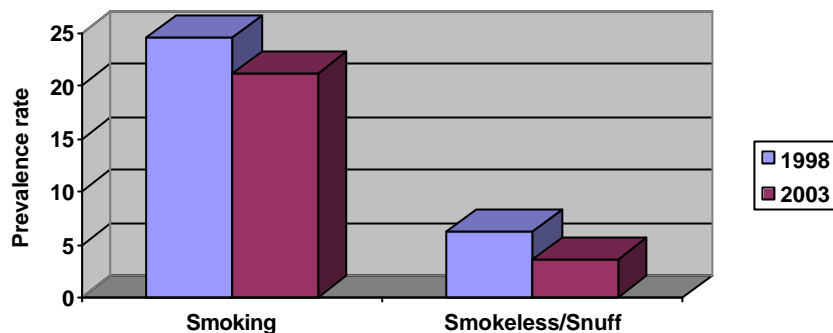
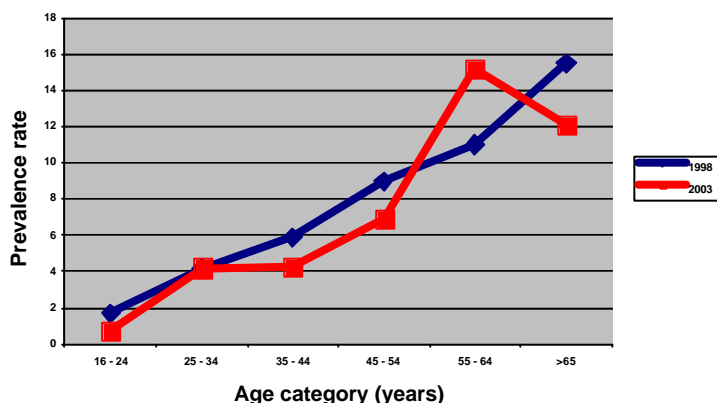


Figure 2: Change in Smokeless tobacco use by age category in South Africa 1998-2003



Results show that the national prevalence of use of homemade or industrialised SLT has decreased over the last five years from 6.7% in 1998 to 3.7% in 2003 (Figure 1). Use is predominantly by black/African women, commonly with less than 7 years of school education. Notable is the decrease in use among younger population (Figure 2). The 1999 MRC-conducted global youth tobacco survey (GYTS)¹ of 12-16 year old school children reported SLT prevalence of 18.5%, and a subsequent survey in 2002 showed 8% snuff prevalence among Black/African children, both without gender predilection. It was noted from the 1999 survey that dual use of cigarette and SLT was not uncommon, contrary to our observations among Black adult users of SLT. Furthermore, a larger proportion of children start to use SLT before the age of 10 years than for use of cigarettes¹.

Ayo-Yusuf and others also recently reported that popular SLT products in South Africa have the highest nicotine-delivery capabilities ever reported for any commercial SLT product, thus SA SLT are highly addictive². SLT use commonly initiated for cultural reasons and perceived medicinal properties may indeed be quickly subverted by addicting effects of nicotine. It is therefore, conceivable that male children SLT user may 'graduate' to a more rapid nicotine-delivery product like cigarette use as they develop tolerance to SLT. Social proscription may have made female users continue with SLT products into adulthood, but with the new gender equity campaigns and a more

prominent economic role for women it is possible that continued use of SLT might provide gateway for increased cigarette smoking as SLT use becomes socially undesirable.

Several studies have demonstrated that alcohol and dagga use are more likely among smokers and that most boys initiate use of cigarettes before alcohol. The additions of snuff to alcohol, and use with dagga to enhance the mood effects have been reported in a region of the country³.

It is concluded that SLT may potentially provide gateway to cigarette and other drug use. While the health risks from SLT use may be less than that from cigarette smoking, the harm from SLT use at a population level will be dependent on the extent to which SLT use clusters with other unhealthy lifestyle behaviours.

Policy implication

- There is need to extend existing drug prevention programmes to include prevention of initiation and the cessation of use of all forms of tobacco, including SLT.
- Because of the cultural role of SLT, campaigns to raise public awareness of health risks associated with SLT use should involve traditional healers as they exert significant community influence on SLT use.

Selected issues to monitor

- Surveillance of tobacco dependence in relation to alcohol and other drug use

Selected topics for future research

- Longitudinal studies to explore SLT causal gateway theory on an individual level

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