

SECTION 3: PORT ELIZABETH

3a: PE Treatment Data - Specialist treatment centres

Ms Nadine Harker

Table 3.1: Proportion of treatment episodes

	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%	%	%	%	%	%	%
SANCA PE	85	78	84	87	90	89	87	92	83
Welbedacht	10	14	16	13	10	11	13	8	11
Vitalink/SANCA	5	8	-	-	-	-	-	-	-
Shepherd's Field	-	-	-	-	-	-	-	-	7
Total no of persons treated	N=341	N=328	N=352	N=312	N=414	N=409	N=440	N=384	N=515

A third treatment centre was added to the Port Elizabeth data collection system during January – June 2003. The number of patients also increased in the first half of 2003.

Table 3.2: 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	Jan-Jun 2003
	%	%	%	%	%	%	%	%	%
Yes	84	82	74	79	74	81	87	81	74
No	16	18	26	21	26	19	13	19	26

The proportion of first time admissions decreased slightly when compared to the previous three reporting periods.

Table 3.3: 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	Jan-Jun 2003
	%	%	%	%	%	%	%	%
Inpatient	21	26	12	14	11	2	1	18
Outpatient	79	74	88	84	86	97	99	82
Both	-	-	-	2	3	1	-	-

Most treatment is on an outpatient basis.

Table 3.4: 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	Jan-Jun 2003
	%	%	%	%	%	%	%	%	%
Self/family/friends	30	30	39	38	39	45	38	47	39
Work/employer	20	25	22	21	24	15	20	19	17
Doctor/psychiatrist/nurse (health professional)	21	18	21	20	15	12	11	7	11
Religious body	1	2	3	3	<1	2	2	1	2
Hospital/clinic	4	4	5	4	4	4	7	8	10
Social services/welfare	11	13	6	8	6	5	5	4	8
Court/correctional services/police/lawyer	4	2	1	4	2	7	7	4	2
School	7	6	2	1	7	9	9	7	8
Other e.g. radio, Children's home, adverts	2	-	1	0	<1	-	<1	3	4

Majority of referrals are self referrals or referrals through family and friends, followed by the employer. A slight increase in referrals from social services has occurred, while other referral sources remain fairly stable.

Table 3.5: Population Profile

	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht	SANCA & Welbedacht
	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	76	80	81	82	83	82	83	79
Female	24	20	19	18	17	18	17	21
RACE								
Black	20	23	20	18	24	25	26	27
White	29	28	30	22	21	22	18	24
Coloured	50	46	48	51	51	51	51	46
Indian	1	3	2	9	4	2	5	3
MARITAL STATUS								
Single	47	47	43	49	52	56	53	55
Married	36	39	45	35	28	27	34	25
Widowed	3	2	2	2	2	2	1	1
Divorced/ Separated	14	12	10	8	10	8	6	9
Living Together				6	8	7	5	6
EMPLOYMENT STATUS								
Employed	51	43	57	42	37	39	35	35
Unemployed	34	45	34	34	31	32	37	33
School/Student	12	9	7	15	24	22	20	22
Pension/Retired	3	3	2	4	4	1	1	2
Housewife				2	1	1	<1	2
Part-time				3	3	4	3	3
Disabled/ medically boarded							2	2

Males continue to dominate consistently around 79% of patients. Coloured patients are in the majority, with most patients having secondary school education. In the period under review more employed than unemployed persons were treated, which indicates a change from the previous period.

Table 3.6: Age distribution (SANCA & Shepherd's Field only)

Years	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%
10-14	11	3	11	3	14	3
15-19	105	27	71	20	99	22
20-24	39	10	41	12	68	15
25-29	62	16	53	15	66	14
30-34	53	14	45	13	48	10
35-39	41	11	42	12	45	10
40-44	28	7	37	10	50	11
45-49	18	4	33	9	26	6
50-54	11	2	12	3	23	5
55-59	7	1	3	1	11	2
60-64	4	1	1	<1	5	1
65-69	-	-	1	<1	-	-
70-80	1	<1	1	<1	-	-
Age unknown	2	<1	2	<1	4	1

As much as 25% of individuals seeking treatment at SANCA were between the ages of 10-19 years in the first half of 2003.

Table 3.7: 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	Jan-Jun 2003
	%	%	%	%	%	%	%	%	%
Alcohol	51	61	52	65	45	56	45	55	46
Dagga/Mandrax	28	28	34	26	42	35	29	25	32
Dagga	-	-	-	-	-	-	19	13	16
OTC/PRE	11	7	7	4	3	3	4	4	5
Nicotine	3	-	1	<1	2	1	2	-	-
Cocaine/Crack	2	1	<1	<1	3	1	1	<1	2
Polysubstance	4	3	2	3	2	2	-	-	-
Ecstasy	-	-	<1	<1	1	1	<1	1	<1
Other	1	<1	1	<1	2	1	<1	-	<1
Heroin	-	-	-	-	-	-	-	<1	-

The proportion of clients/patients presenting with alcohol and dagga related problems has remained fairly stable. Alcohol continues to be the primary substance of abuse. There was one reported case of poppers abuse. In the period under review an increase in polysubstance abuse was seen.

Patients presented with the following drug combinations: Cocaine/crack/dagga/Mandrax; Pres.meds/alcohol/dagga/Ecstasy. An increase noted in the abuse of cocaine as a primary substance was noted.

Table 3.8: Gender by primary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	M	F	M	F	M	F
	%	%	%	%	%	%
Alcohol	77	23	80	20	78	22
Dagga/Mandrax	93	7	96	4	91	9
Dagga	91	9	87	13	95	5
Crack/Cocaine	25	75	0	100	57	43
OTC/PRE	6	94	36	64	25	75
Ecstasy	100	0	100	0	100	-
Heroin	-	-	50	50	-	-

Over 90% of dagga and dagga/Mandrax patients are male. 75% of the patients in treatment for OTC/PRE abuse are female, although the numbers are fairly low.

Table 3.9: Race by primary substance of abuse

	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	41	32	34	40	49	52	<1	4	2	18	16	12
Dagga/Mandrax	14	22	24	75	62	64	<1	7	5	11	16	6
Dagga	22	26	41	59	33	46	8	7	3	11	35	10
Crack/Cocaine	0	0	14	25	0	-	0	0	-	75	100	86
Ecstasy	0	0	-	0	33	-	0	0	-	100	67	100
OTC/PRE	6	0	-	81	93	73	0	7	9	13	0	18
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 population, although an increase in the proportion of African patients occurred in the first half of 2003.

Table 3.10: Average/Mean age by Primary Substance

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	No of Patients	Mean age of Patients	No of Patients	Mean age of Patients	No of Patients	Mean age of Patients
Alcohol	148	37	181	36	187	36
Dagga/Mandrax	122	25	90	27	104	25
Dagga	78	20	45	21	61	20
Ecstasy	2	23	-	-	-	-
Cocaine/Crack	4	36	-	-	6	27
OTC/PRE	16	35	14	35	8	40
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 (20-25 years of age), as opposed to prescription drugs more commonly abused by older persons (40 years of age).

Table 3.11: Secondary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%
Alcohol	67	17	53	15	47	15
Dagga/Mandrax	10	3	5	1	26	8
Dagga	11	3	21	6	-	-
Cocaine/Crack	7	2	2	1	10	3
Ecstasy/LSD	1	<1	7	2	20	6
Nicotine	181	47	148	42	193	62
OTC/PRE	4	1	2	<1	13	5

Table 3.12: Tertiary substance of abuse

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%
Alcohol	24	6	20	6	15	34
Dagga/Mandrax	2	<1	3	1	2	4
Dagga	2	<1	4	1	1	2
Cocaine/Crack	2	<1	1	<1	3	7
Heroin	1	<1	-	-	-	-
Ecstasy	1	<1	3	1	6	13
Ecstasy/Cocaine	1	<1	-	-	-	-
Nicotine	21	5	23	7	18	40

Table 3.13: Modes of Drug Usage

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%
Swallowed	167	44	197	56	258	50
Snorted	2	<1	1	<1	3	1
Injected	1	<1	1	<1	-	-
Smoked	210	55	146	41	227	44
Sniffed/inhaled	1	<1	-	-	1	<1
Other/Combination	1	<1	8	2	26	5

Table 3.14: Treatment population – suburb of residence

	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%
<i>Metro Substructure</i>			
Bethelsdorp, Gelvandale, Korsten, Malabar, Bloemendal	47	42	35
Roadhouse, New Brighton, Swartkops, Motherwell, Zwide	19	19	17
Uitenhage, Despatch	13	16	16
North End, Mount Road, Township	8	8	10
Walmer, Kabega Park, Westering, Summerstrand	13	14	14
<i>From other parts of the Province</i>			
Port Alfred, Hankey, Tsitsikamma, Plettenberg Bay, Cradock, Mosselbay, Kirkwood, Queenstown, Umtata, Jeffreys Bay	<1	3	6

Table 3.15: Source of payment

	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003
	%	%	%
Self	32	35	28
Medical Aid	19	24	18
Family	32	30	31
Friends	1	1	1
Employer	3	2	4
Church Minister	<1	-	-
Unknown	12	8	11
Other	<1	<1	6

Table 3.16: Primary substance of abuse of patients younger than 20 years

	Jan-Jun 2002		Jul-Dec 2002		Jan-Jul 2003	
	n	%	n	%	n	%
Alcohol	10	9	15	18	17	16
Dagga/Mandrax	39	34	21	26	33	31
Dagga	58	50	33	40	41	38
Ecstasy	1	<1	2	2	1	1
Inhalants	1	<1	-	-	1	1
Nicotine	7	6	11	13	8	7
Poppers	-	-	-	-	1	1
Polysubstance	-	-	-	-	6	5
Total	116	100	82	100	108	100

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

Table 3.17: Gender of patients abusing substances younger than 20 years

	Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%
Male	71	87	86	80
Female	11	13	22	20

Table 3.18: Race, by primary substance of abuse for patients younger than 20 years

	Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%
African	22	27	38	35
Asian	4	5	2	2
Coloured	32	39	62	57
White	24	29	6	6

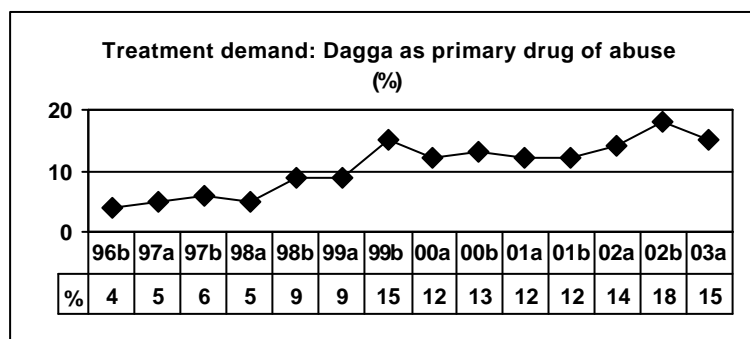
Most of the patients aged 19 years or younger treated in PE during the first half of 2003 were either Coloured or African. Less than 10% were White or Asian.

3b: The changing face of drug abuse in Cape Town: 1996-2003

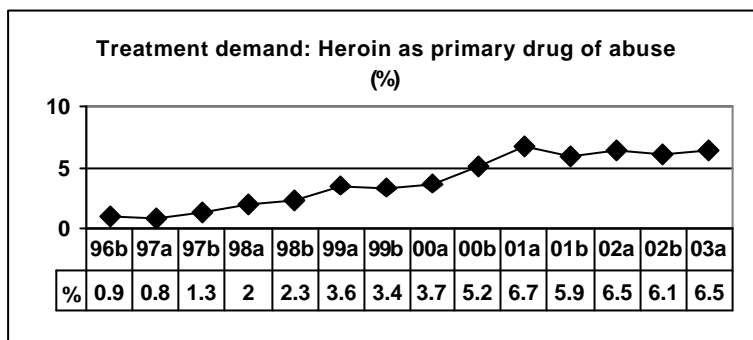
Dr Charles Parry

Between 1996 and 2003 demand for treatment for dagga-related problems and heroin use in Cape Town has shown worrying increases given the lack of accessibility to treatment by large sectors of the community. Added to this is the ever increasing demand for treatment by younger and younger patients, with an 18 percentage point increase over this period for patients under the age of 20 years. In the first half of this year 17 patients between 10 and 12 were treated for substance abuse, problems in Cape Town, mainly involving dagga.

Reviewing data from approximately 15000 patients who received treatment at over 20 specialist substance abuse treatment centres in Cape Town between July 1996 and June 2003, he specifically indicated that treatment demand for dagga-related problems as a primary drug of abuse has increased by 11 percentage points (from 4% to 15% of persons in treatment for substance abuse problems). This trend is continuing upwards and appears to be fueled by young, black African patients coming for treatment for dagga (and Mandrax) related problems.

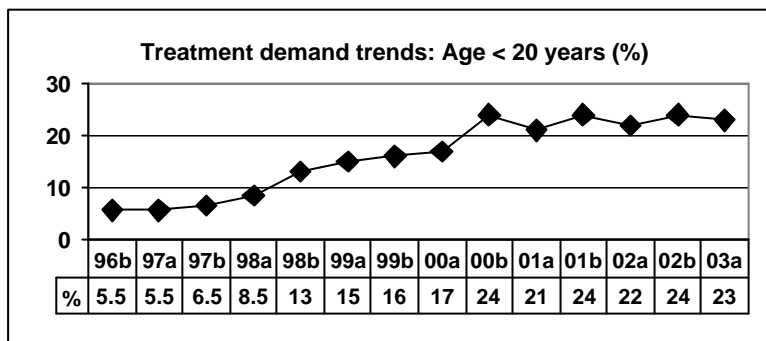


At the same time, treatment demand for heroin increased by 6 percentage points (from 1% in 1996 to 7% in 2003). While the trend towards increasing treatment demand related to heroin use now appears to be stabilising this could also reflect the lack of accessibility to treatment by new, young coloured and black African users. Roughly 1 in 10 patients under 25 years of age in drug treatment in Cape Town now have heroin as their primary drug of abuse. Over one in three heroin users in treatment now report sometimes injecting this drug.



The review of treatment data in Cape Town between 1996 and 2003 furthermore revealed substantial demographic shifts in patterns of substance use in Cape Town:

- An increase in demand for drug treatment by young persons (especially related to dagga use).
- An increase in demand for treatment among coloured patients for problems related to heroin and Ecstasy use.
- An increase in the percentage of patients in specialist substance abuse treatment centres who were under 20 years of age. The 17 percentage point increase between 1996 and 2003 cannot simply be explained in terms of changes taking place in the admissions criteria of treatment centres, but reflects the increasing using of harder drugs among young people in Cape Town over this time period.



New drugs of abuse reported among treatment populations in Cape Town between 1996 and 2003 included nexus, smart drinks, ‘malpitte’, ketamine, GHB, methcathinone, Khat, magic mushrooms, PCP, and crystal methamphetamine (‘Ice’).

Alcohol remains a significant substance of abuse and places a substantial burden on the population of Cape Town. Over half of non-natural deaths in Cape Town and roughly a third of trauma patients have alcohol levels above the legal limit for driving (0.05g/100 ml). This has remained constant over time. A survey in Cape Town in August 2002 found that more than 10% of 11-17 year olds had been drunk more than 10 times. The median age of first use of alcohol was 14 years.

With the closure of the Avalon Treatment Centre in Athlone at the end of 1998 there has been a drop in the number of state funded treatment slots while at the same time drug abuse in Cape Town has increased.

Several steps need to be taken in Cape Town to turn the situation around, including (i) formulating and implementing a city-wide action plan to specifically reduce alcohol-related injuries and deaths, and generally to foster a culture of responsible drinking, (ii) implementing effective programmes targeting children at a young age and giving particular attention to alcohol, tobacco, dagga and Mandrax, and (iii) increasing the accessibility and utilization of treatment facilities, especially by young persons, females, and persons from disadvantaged communities.

3c: Psychiatric treatment in PE

Ms Nadine Harker

Table 3.19: Psychiatric diagnoses: Elizabeth Donkin Hospital (PE)

Primary diagnosis	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%
Alcohol	12	27	17	24	28	35	22	37	15	31
Dagga	19	42	45	63	45	57	33	56	33	65
Poly Drugs	14	31	6	8	5	6	3	5	2	4
PRE	-	-	3	5	2	3	1	2	-	-
Total	45	100	71	100	80	100	59	100	51	100

From the period January – June 2003 there were 458 intakes. Of the 458 intakes 29 patients had alcohol or other drug use as their primary diagnosis, which is 6%. Secondary Diagnosis of Alcohol or other drugs were the primary diagnosis is mental illness: 22 = 5%. It should be noted that poly-drug use refers to the following drug combinations seen during the period January – June 2003. They are as follows: crack/dagga/Mandrax/Ecstasy; alcohol/dagga.

Table 3.20: Psychiatric discharge diagnoses: Elizabeth Donkin Hospital (PE)

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003	
	n	%	n	%	n	%	n	%	n	%
Alcohol-related diagnosis only	14	3	11	3	19	4	12	3	11	2
Alcohol-related diagnosis + other diagnosis	13	3	11	3	14	3	9	2	5	1
Drug-related diagnosis only	38	9	38	10	33	8	26	6	18	4
Drug-related diagnosis + other diagnosis	21	5	11	3	14	3	10	2	17	4
Non-substance abuse related diagnosis	344	80	310	81	349	81	384	87	407	89
TOTAL	430	100	381	100	429	100	441	100	458	100
Alcohol as % of total	27	6	22	6	33	8	21	5	16	3
All substance related %	59	14	49	13	47	11	36	8	35	8

Table 3.21: Comparative Statistics: Psychiatric facility

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jul 2002		Jul-Dec 2002		Jan-Jul 2003	
	n	%	n	%	n	%	n	%	n	%
<i>GENDER</i>										
Male	68	79	58	82	64	80	45	76	41	80
Female	18	21	13	18	16	20	14	24	10	20
Total	86	100	71	100	80	100	59	100	51	100
<i>RACE</i>										
Black	35	41	31	44	38	48	26	44	22	43
White	15	17	7	10	11	14	9	15	9	18
Coloured	36	42	33	46	31	38	24	41	20	39
Total	86	100	71	100	80	100	59	100	51	100
<i>MARITAL STATUS</i>										
Single	59	66	58	82	63	79	45	76	40	78
Married	16	19	8	11	13	16	8	14	5	10
Widowed	8	9	1	1	0	0	1	2	1	2
Divorced/Separated	3	6	4	6	4	5	5	8	5	10
Total	86	100	71	100	80	100	59	100	51	100
<i>EMPLOYMENT STATUS</i>										
Employed	22	26	11	15	11	14	9	15	9	18
Unemployed	62	72	54	76	62	78	48	81	40	78
Student	1	1	1	1	2	3	2	4	1	2
Pensioner	1	1	5	7	0	0	0	0	0	0
Casual Employment	0	0	0	0	3	4	0	0	1	2
Housewife	0	0	0	0	1	1	0	0	0	0
Other	0	0	0	0	1	1	0	0	0	0
Total	86	100	71	100	80	100	59	100	51	100

3d: Risk-taking behaviour of high school learners in Port Elizabeth

Ms Linda Ngesi

Refer to Phase 6 SACENDU Report, January – June 1999, pages 120-123.

3e. The nature and extent of heroin use in Cape Town

Mr Andreas Plüddemann

Refer to Section 2e on page 20.