

## SECTION 4: DURBAN

### 4a: Specialist Treatment Centres

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**Table 4.1: Proportion of Treatment Episodes**

	Jan-Jun 1999	Jul-Dec 1999	Jan-June 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003
	%									
SANCA Penthouse	63	72	62	55	64	62	64	55	53	70
SANCA Lulama	16	11	-	21	26	24	22	16	39	-
Newlands Park Centre	21	16	38	19	10	14	9	22	8	30
Underberg Treatment Centre	*	*	*	*	*	*	5	7	-	*
<b>Persons treated over all centres</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>	<b>N=576</b>	<b>N=378</b>

\* Data collection for Underberg (Riverside) Treatment Centre only began in 2001 and is at best sporadic

**Table 4.2: First Admissions (Durban)**

	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	Jul-Dec 2003
	%									
<b>Yes</b>	26	91	85	81	84	87	84	79	88	82
<b>No</b>	51	9	15	19	16	13	16	21	12	18

**Table 4.3: Type of Treatment Received (Durban)**

	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	Jul-Dec 2003
	%									
<b>Inpatient</b>	47	43	60	52	50	46	48	52	44	34
<b>Outpatient</b>	52	56	38	44	50	54	52	47	56	66
<b>Both</b>	1	1	2	4	0	0	0	1	1	0

**Table 4.4: Referral Sources (Durban)**

	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	Jul-Dec 2003
	%									
Self/Family/Friends	41	38	37	44	52	52	41	46	44	47
Social Service/Welfare	26	20	28	15	12	12	10	7	8	9
Employer/Work	21	27	19	20	19	22	27	25	24	19
Court/Correctional Services	3	5	7	7	6	3	5	7	7	14
Health Professionals	3	2	5	1	2	3	8	8	7	4
Hospital/Clinic	2	3	2	2	2	2	2	1	2	1
School	4	2	1	4	-	4	5	5	5	6
Religious Group	1	3	1	4	6	<1	<1	<1	1	<1
Other	-	-	-	3	1	<1	2	<1	2	<1

Self-referral and family and friends remain the predominant source of referral (47%), with 1 in 5 referrals made by employers (stable). These are followed by referrals from employers, courts and correctional services, social services, schools, and health professionals.

**Table 4.5: Population Profile of Patients (Durban)**

	Jul- Dec 1999	Jan- Jun 2000	Jul- Dec 2000	Jan- Jun 2001	Jul- Dec 2001	Jan- Jun 2002	Jul- Dec 2002	Jan- Jun 2003	Jul- Dec 2003
	%								
<b>GENDER</b>									
Male	88	89	81	84	87	85	84	86	89
Female	12	11	19	16	13	15	16	14	11
<b>ETHNIC GROUP</b>									
Indian	39	54	37	38	35	31	32	28	46
Black	26	17	21	15	27	29	31	33	22
Coloured	9	10	9	12	10	10	11	12	11
White	27	19	33	35	28	30	26	26	21
<b>EMPLOYMENT STATUS</b>									
Employed (full-time)	61	45	47	47	49	52	47	47	40
Employed (part-time)	-	6	6	8	5	6	6	5	7
Not Working	34	31	30	25	22	18	23	23	30
Apprenticeship/ Internship	-	-	<1	<1	4	1	1	1	<1
Student/pupil	4	15	13	15	19	20	19	20	20
Disabled	<1	<1	<1	<1	2	1	1	9	1
Housewife	-	-	3	2	1	1	<1	4	-
Other	1	2	1	3	1	1	2	5	1
<b>MARITAL STATUS</b>									
Married, living with spouse	42	35	31	33	29	33	30	33	30
Married, not living with spouse	4	5	9	7	8	5	4	3	5
Living in a non- married intimate relationship	8	4	7	8	5	5	5	7	8
Divorced	7	10	9	9	8	9	10	9	7
Widowed	1	1	1	1	2	1	3	3	2
Never married (& not living in non- married intimate relationship)	43	43	43	43	46	46	47	43	48
Other	-	2	1	<1	2	1	1	1	<1
<b>EDUCATION</b>									
Pre-Primary	-	-	-	-	3	2	2	1	<1
Primary	9	2	6	13	18	15	12	23	9
Secondary	81	90	81	70	61	65	65	63	73
Tertiary	9	8	13	17	18	19	21	11	17

Table 4.5 shows the population profile of patients attending treatment centres in Durban. Gender profiles remain stable. Employment and unemployment levels are fairly similar between the Black and Coloured groups (32-33% and 35-36%, respectively). Among Indians and Whites, 42% and 47%, respectively were employed, with 46% and 22% respectively unemployed in the same groups.

**Table 4.6: Age Distribution of the Treatment Population (Durban)**

AGE Years	Total N (Over longitudinal period)	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	Jul-Dec 2003
		%									
10-19	347	19	12	19	21	20	23	20	22	23	27
20-24	447	11	10	9	9	10	12	11	11	10	14
25-29	599	11	13	13	12	14	12	12	11	11	9
30-34	726	14	17	14	16	14	12	14	12	12	13
35-39	778	15	19	17	16	15	13	16	13	13	11
40-44	546	10	14	10	11	10	12	10	12	12	9
45-49	359	9	5	10	8	8	8	8	9	9	6
50-54	217	8	5	4	5	3	5	5	6	7	5
55+	177	5	5	4	4	6	4	5	4	3	6

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

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003		Jul-Dec 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Under 20 years</b>	139	25	173	26	138	19	212	25	128	23	115	31
<b>Over 20 years</b>	424	75	502	74	571	81	648	75	434	77	254	69
<b>Totals</b>	<b>563</b>	100	<b>675</b>	100	<b>709</b>	100	<b>860</b>	100	<b>562</b>	100	<b>369</b>	100

**Table 4.8 Race by age of abuse – under and over 20 years age (July-December 2003)**

	Black		Coloured		Indian		White	
	n	%	n	%	n	%	n	%
<b>Under 20 years</b>	32	40	13	31	51	30	19	25
<b>Over 20 years</b>	47	60	29	69	121	70	56	75
<b>Totals</b>	<b>79</b>	<b>100</b>	<b>42</b>	<b>100</b>	<b>172</b>	<b>100</b>	<b>75</b>	<b>100</b>

Table 4.8 clearly shows that the greatest problem appears to be among Black youth as they account for 4 in 10 of those seeking treatment. Nevertheless, a similar concern has to be expressed for the other groups as well. This trend will need to be monitored as this data only reflects on a 6 month period.

**Table 4.9: Primary Substance of Abuse in Rank Order – 1<sup>st</sup> most frequently used (Durban)**

	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	Jul-Dec 2003
	%									
<b>Alcohol</b>	57	65	57	60	59	58	65	60	64	65
<b>Cannabis</b>	30	23	25	20	21	26	22	26	23	24
<b>Mandrax</b>	<1	<1	6	3	1	3	2	4	2	4
<b>Crack</b>	6*	7*	5	8	8	4	4	2	3	1
<b>Cocaine</b>	*	*	3	4	2	<1	3	3	2	3
<b>Prescription Medicine</b>	1	1	2	2	3	<1	2	2	1	<1
<b>Ecstasy</b>	1	0	1	1	3	1	2	1	2	<1
<b>Heroin</b>	0	<1	1	<1	<1	<1	<1	<1	<1	1
<b>Solvents (glue, thinners, etc)</b>	-	-	1	<1	1	-	<1	<1	1	<1
<b>Cannabis + Cocaine</b>	-	-	<1	<1	3	4	-	-	<1	<1
<b>Cannabis + Mandrax</b>	-	-	<1	<1	-	4	-	<1	<1	<1
<b>LSD</b>	-	-	<1	<1	<1	<1	--	-	<1	-

Alcohol is the most commonly abused substance and with cannabis and Mandrax constitute the major drugs of abuse. This pattern is stable over time. The trends for the drugs like crack, cocaine and Ecstasy are also stable.

Primary mode of usage is swallowing (68%) and smoking (30%). Snorting and injecting use accounted for less than 1% of the total.

**Table 4.10: 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	Jan-Jun 2003	Jul-Dec 2003
	%							
<b>Mandrax</b>	40	24	8	25	20	19	13	21
<b>Cannabis</b>	34	32	14	41	38	35	-	40
<b>Alcohol</b>	13	18	10	16	13	20	22	22
<b>Crack</b>	4	4	1	5	5	3	5	4
<b>Cocaine</b>	3	4	2	2	5	6	5	2
<b>Ecstasy</b>	-	7	4	3	10	6	6	7
<b>Prescription Medicine</b>	3	7	2	<1	4	5	7	3
<b>Heroin</b>	3	-	<1	<1	-	<1	-	1
<b>LSD</b>	1	<1	<1	<1	1	<1	-	-
<b>Cannabis + Crack</b>	<1	<1	14	2	-	<1	-	-
<b>Rohypnol</b>								1

Tables 4.9 and 4.10 clearly show that alcohol, cannabis, Mandrax, Ecstasy and crack/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: Modes of Drug Usage: (Durban)**

	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003		Jul-Dec 2003	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>Primary Substance</b>												
Swallowed	358	63	394	59	486	69	568	63	361	69	255	68
Smoked	197	34	258	37	202	29	306	34	158	30	113	30
Snorted	16	3	13	2	16	3	22	3	5	1	2	<1
Injected	1	<1	1	<1	1	<1	-	-	1	<1	2	<1
Other	0	0	2	<1	4	<1	14	2	-	-	5	1
<b>Secondary Substance</b>												
Swallowed	95	39	85	26	78	30	121	34	86	40	62	16
Smoked	139	57	237	72	170	66	209	59	123	57	127	34
Snorted	8	3	4	1	7	3	20	6	7	3	4	1
Injected	-	-	3	1	2	<1	2	<1	1	1	-	-
Other	3	1	2	1			558	-	-	-	185	49
<b>Tertiary Substance</b>												
Swallowed	-	-	-	-	-	-	79	51	68	63	43	11
Smoked	-	-	-	-	-	-	63	41	38	35	46	12
Snorted	-	-	-	-	-	-	11	7	2	2	10	2
Injected	-	-	-	-	-	-	1	<1	-	-	-	-
Other	-	-	-	-	-	-	756	-	-	-	278	74

Without alcohol, the preferred mode of drug usage is smoking. There is negligible snorting or injecting drug use among those seeking treatment.

**Table 4.12: 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 2003	Jul-Dec 2003	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003
	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	9	8	7	9	9	20	91	92	93	91	91	80
Cannabis	75	63	60	59	64	58	25	37	40	41	41	42
Mandrax	17	16	27	28	50**	67	83	84	73	72	50**	33*
Crack	6	4	4	26	0	25*	94	96	96	74	100	75**
Cocaine	20	20	5	9	0	9*	80	80	95	91	100	91
Ecstasy	44	78	30	55	11*	0*	56	22	70	45	89**	100**
PRE	6	50	100	7	0	0	94	50	0	93	100**	100*
Heroin	0	50	0	-	0	50**	100	50	100	100	100*	50**
Solvents	75	50	80	100	80**	-	25	50	20	-	20*	-

**Table 4.13: 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 2003	Jul-Dec 2003	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003
	%	%	%	%	%	%	%	%	%	%	%	%
Alcohol	51	48	42	51	48	45	49	52	58	49	52	55
Cannabis	30	25	23	29	23	49	70	75	77	71	77	51
Mandrax	58	46	39	54	33	43	42	54	61	46	67	57
Crack	29	40	33	22	8*	25*	71	60	67	78	92	75**
Cocaine	22	20	9	32	0	17*	78	80	91	68	100**	83**
Ecstasy	61	60	30	36	35**	50**	39	40	70	64	65	50**
PRE	0	0	0	-	50*	0	100	100	100	100	50*	6**
Heroin	0	100	-	-	0	0	100	0	-	100	100**	100**
Solvents	0	100	100	100	100**	-	0	0	0	-	0	-

**Table 4.14: Mean Age by Primary Substance of Abuse (Durban)**

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	Jul-Dec 2003
	Years									
Alcohol	39	37	38	37	37	37	38	38	36	35
Cannabis	25	24	23	21	21	23	21	24	22	22
Mandrax	26	-	28	25	28	30	25	24	22	22
Crack	31	31	29	29	30	29	30	26	31	32**
Cocaine	-	-	30	28	28	26	28	29	36	29
Ecstasy	21	26	24	21	25	19	22	21	24	36*
PRE	-	-	34	32	37	30	37	39	43	35*

Note: \*n=1; \*\*n<10

Table 4.14 shows that mean age of alcohol abuse is stable at 35 years of age as is mean age for cannabis and Mandrax use. Thus alcohol abuse continues to be dominated by those in the mid to late 30's, while abuse of substances such as cannabis and Mandrax continue to be the drug of choice among younger individuals, typically in their 20s.

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

Primary substance of abuse	Jan-Jun 2001		Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003		Jul-Dec 2003	
	%		%		%		%		%		%	
	M	F	M	F	M	F	M	F	M	F	M	F
Alcohol	85	15	86	14	87	13	83	17	85	15	87	13
Cannabis	87	13	89	11	91	9	89	11	91	9	89	11
Mandrax	100	0	95	5	93	7	97	3*	92	8**	100	0
Crack	77	23	92	8	63	37	68	32*	94	6**	82**	18**
Cocaine	67	33	67	33	67	33	83*	17*	73	27**	100**	0
Ecstasy	94	6	78	22	80	20	64*	36*	78	22**	100**	0
PRE	38	62	38	62	27	73	47*	53*	75	25**	100**	0
Heroin	100	0	50	50	50	50	100*	-	100**	0	100**	0

Note: \*n=1; \*\*n<10

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

	Black			Coloured			Indian			White		
	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003	Jul-Dec 2002	Jan-Jun 2003	Jul-Dec 2003
	%	%	%	%	%	%	%	%	%	%	%	%
<b>Alcohol</b>	37	37	23	8	12	11	30	27	44	25	24	22
<b>Cannabis</b>	26	37	17	18	15	14	36	27	54	20	22	16
<b>Mandrax</b>	25	8	47**	25	17	13**	41	58	33**	9	17	7*
<b>Crack</b>	-	11	25**	16	11	25**	37	22	50**	47	56	0
<b>Cocaine</b>	-	0	18**	5	18	9*	25	36	46**	70	45	27**
<b>Ecstasy</b>	9*	11	0	-	11	0	27**	11	50*	64**	67	50*
<b>PRE</b>	-	-	-	8*	-	-	31**	-	-	62**	-	-
<b>Heroin</b>	-	0	0	-	0	0	50*	0	50**	50*	100	50**
<b>Solvents</b>	100**	-	-	-	-	-	-	-	-	-	-	-

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

**Table 4.17: Age of First Use of Alcohol/Other Drugs and Age of Patients in Treatment**

	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	Jul-Dec 2003
<b>Mean age of persons in treatment</b>	33	34	33	32	32	32	33	33	32	31
<b>Mean age of alcohol use first started</b>	20	19	18	19	20	20	21	21	19	20
<b>Mean age drug use first started</b>	-	-	18	16	19	18	18	19	22	18

\*Newlands Treatment Centre only

**Table 4.18: Sources of Payment – Treatment Expenses (Durban)**

	Jul-Dec 2001		Jan-Jun 2002		Jul-Dec 2002		Jan-Jun 2003		Jul-Dec 2003	
	n	%	n	%	n	%	n	%	n	%
<b>Family</b>	213	32	206	29	265	30	157	28	147	48
<b>Self</b>	133	20	192	27	207	23	150	26	45	15
<b>Medical Aid</b>	166	25	143	20	139	16	107	19	21	7
<b>State</b>	40	6	51	7	84	9	30	5	29	9
<b>Employer</b>	82	12	111	16	170	19	106	19	57	19
<b>Other/Unknown</b>	15	4	4	<1	13	1	16	2	4	1
<b>Friends</b>	3	<1	4	<1	13	2	4	<1	4	1
<b>Total</b>	<b>N=774</b>	<b>100</b>	<b>N=718</b>	<b>100</b>	<b>N=891</b>	<b>100</b>	<b>N=570</b>	<b>100</b>	<b>N=307</b>	<b>100</b>

**Table 4.19: Treatment Population: Suburb of Residence (Durban)**

	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	Jul-Dec 2003
	%									
<b>Metro Substructure</b>										
Durban	42	42	36	43	51	55	22	23	40	7
South Central Region	20	25	21	12	10	12	25	29	4	13
North Central Region	24	22	25	18	22	19	22	19	12	14
Inner West	8	5	6	7	6	5	5	3	21	29
Outer West	1	3	1	2	3	2	9	11	7	30
Other parts	4	3	11	6	-	-	<1	-	2	-
<b>From other parts of the province</b>										
Other provinces	-	-	-	-	5	5	<1	5	0	2
Eastern Cape	1	<1	1	7	1	<1	<1	0	0	-
Western Cape	<1	-	<1	-	<1	<1	0	0	0	-
Gauteng	1	<1	<1	1	<1	<1	2	0	0	-
Other countries	-	-	-	-	-	-	-	1	0	-
<b>Total on whom information was available</b>	<b>N=663</b>	<b>N=593</b>	<b>N=840</b>	<b>N=679</b>	<b>N=349</b>	<b>N=741</b>	<b>N=718</b>	<b>N=910</b>	<b>N=576</b>	<b>N=361</b>

**Table 4.20: Primary substance of abuse of patients <20 years**

	Jan-Jun 2003		Jul-Dec 2003	
	n	%	n	%
<b>Alcohol</b>	33	26	48	42
<b>Cannabis</b>	81	64	51	45
<b>Mandrax</b>	6	5	10	9
<b>Cocaine</b>	-	-	1	1
<b>Crack</b>	-	-	1	1
<b>Ecstasy</b>	1	<1	0	0
<b>OTC/PRE</b>	-	-	0	0
<b>Heroin</b>	-	-	2	2
<b>Inhalants/Solvents</b>	4	3	0	0
<b>Rohypnol</b>	2	2	-	-
<b>TOTAL</b>	<b>127</b>	<b>100</b>	<b>113</b>	<b>100</b>

## 4b: HIV and Alcohol Prevention in Schools (HAPS)

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**Introduction:** Here we report on the results of a **pilot** study conducted in 2003 among grade 9 learners in 8 schools in the PMB peri-urban area in Kwa-Zulu Natal.

**Background:** In SA adolescents are experiencing one of the fastest increases in HIV infection of any age group. Although HIV / AIDS awareness is high among this population group, risky adolescent sexual behaviour remains largely unchanged. School-based behaviour change interventions developed in Western countries and shown to be effective could be rapidly adapted for South African use.

**Objective:** To better understand the predictors and barriers of risky adolescent sexual behaviour and to develop and test a school-based intervention increasing protective health behaviour among adolescents.

**Methodology:** Of the 8 schools participating in the study, four received an HIV and Alcohol prevention curriculum known as “*Our Times, Our Choices*” curriculum, as the main curriculum. The other four schools that are in the comparison condition only received a 3-unit curriculum on HIV and alcohol knowledge.

Two comparison schools and two intervention schools also received a secondary (booster) campaign this year, which is a drama presentation that is delivered by the DramAidE group in the schools.

Here DramAidE facilitators teach them about HIV and alcohol prevention using drama as a means of communicating these messages to the learners.

The objective is to assess if the program is reinforcing the messages that are delivered by the main curriculum in the classrooms

**The Intervention:** The “*Our Times, Our Choices*” curriculum presented by teachers, with the help of peer leaders in the classrooms, is a skills-based curriculum where learners learn assertive communication, pressure-resisting techniques and decision-making skills, amongst others. Learners then get a chance to practice applying these techniques and also get to play games on how to recognize risk, etc.

**Sample:** The study sample consisted of 944 grade 9 learners in total, 47% of which were males and 53% were females. Ninety-two percent of the learners in the sample indicated Zulu as their mother tongue. Two percent of the total population surveyed reported having no adults present in the household, with the majority of the sample (81%) reporting the presence of at least 3-4 adults in the household. Regarding socio-economic status, 6% of the total population reported having no source of income, with 45% indicating that at least one person in the household had a job.

**Results:** The results reveal that 33% of learners admitted to drinking alcohol (19% - males, 14% - females). Eleven percent of all male learners and 4% of female learners had alcohol just before sex. Seven percent of males and 2% of females said their partners had done the same. Of the total population of learners who admitted to having engaged in sexual intercourse, 11% of the males reported that they were quite likely to drink alcohol just before sex and 4% of females admitted to not using a condom during sex.

When gender was correlated with the age of first drink, 6% of males and 2% of females admitted to having taken their first drink at age 10 or younger, with the majority of males (19%) and females (9%) reporting having taken their first drink at ages 15 years and over. 29% of males and 14% of females admitted to not using a condom during sex.

When examining the relationship between gender and alcohol use, 11% of males and 4 % of females reported to having taken alcohol just before sex, with 7% of males and 2% of females reporting that their partner had taken alcohol just before sex.

**Conclusion:** We are hoping to prove that our curriculum reduces risk behaviour (sexual and alcohol related). Amongst some of the behaviours that we assess are attitudes towards alcohol use and condom use. Subsequent findings will be reported on in upcoming meetings.

## 4c: Further analysis of Durban School Data - 1998

Prof Charles Parry

### Study Characteristics

- Sample: students in Grades 8 & 11 attending non-private high schools in Durban metro
- 38 schools were included in a multi-stage random sampling strategy
- Mean age 14 years with a range of 11-18 years
- 1185 students in Grade 8 and 1169 in Grade 11

### Study aims

- Broad objective
  - ◆ To engage in health promotion strategies based on sound information
- Specific objectives (included among others..)
  - ◆ To document the prevalence of alcohol, tobacco and other drug use

**Table 4.21: Lifetime prevalence rates (%) (with 95% Confidence Intervals)**

		Grade 8		Grade 11	
		Males	Females	Males	Females
Alcohol	Lower	20	12	48	23
	%	26	17	53	29
	Upper	33	22	59	35
Cigarettes	Lower	9	3	29	10
	%	14	6	36	15
	Upper	18	9	43	20
Dagga	Lower	2	0	6	1
	%	4	<1	10	3
	Upper	6	<1	14	4
Mandrax	Lower	<1	0	1	0
	%	1	0	4	<1
	Upper	2	0	6	1
Crack cocaine	Lower	0	0	<1	0
	%	0	0	1	<1
	Upper	0	0	2	<1
Ecstasy	Lower	0	0	<1	0
	%	<1	0	2	1
	Upper	1	0	4	2

**Overall implications**

- Intervene early
- Separate messages for males and females
- Start with education on alcohol and cigarettes and later move on to other drugs
- Community interventions not just schools, but work with parents and broader community.

## 4d: Substance abuse and sexual risk taking in women: a qualitative study

Ms Jessica Phillip

Supervisor: Prof Bhana

**INTRODUCTION**

*Past research*

- Focused on male subjects
- Female abusers: comparison studies
- Studies focused on social and biological roles of women

*AIDS/HIV epidemic*

- Identify factors that exposes individuals
- Substance abuse: Contributing factor to sexual risk-taking
- Increase in HIV/AIDS cases in women
- Studies suggest a link between substance abuse and sexual risk-taking behaviours

*“Women do not constitute a heterogeneous group of people; different strategies are needed for different women and at different times in their lives. There is no ‘one size fits all’ in terms of prevention, treatment or aetiology of substance abuse. Studies are needed that explore genetic, environmental, social and cultural strengths as well as areas of risk, and combinations of these factors”*

Bukoski, 1991

## **AIM**

To understand the socio-cultural and situational context of substance abuse and sexual risk-taking behaviours (including HIV/AIDS) among women in treatment for substance abuse.

## **OBJECTIVES**

To explore the historical and social context of these women’s lives.

To determine factors which influence sexual risk-taking behaviours among these women.

## **METHOD**

Qualitative study

### *Setting*

Newlands Rehabilitation Centre

### *Sample*

n = 7

### *Data Collection Methods*

- Focus group discussion (1 FGD: n = 4)
- In - depth Interviews ( n = 6)

FGD was used to generate key questions for the IDI.

Issues raised FGD, further explored IDI

- Partner Abuse
- Social support

## **PRELIMINARY RESULTS**

### *FOCUS GROUP*

- Circumstances around drug initiation
- Payment and source of drugs
- Context of drug-taking
- Circumstances around drug use
- Impact on Behaviour
- Treatment needs

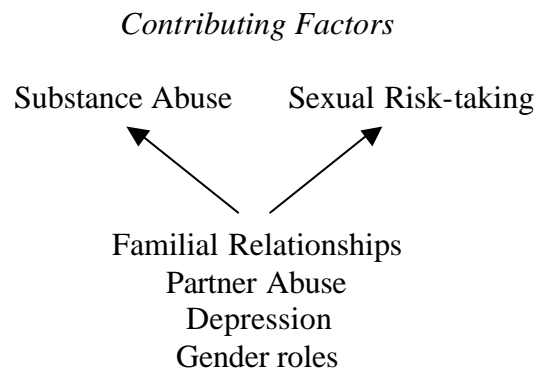
### *In-depth Interviews*

#### *Main Themes*

- Familial Relationships
- Partner Abuse

- Depression
- Social support
- Gender roles

*Sub-themes:* Self-esteem, Maternal responsibility, Dependency (emotional / financial)



## **OBSERVATIONS**

The sexual risk-taking behaviours of women who are in treatment for substance abuse, is influenced by both socio-cultural and situational factors.

There appears to be a relationship between factors influencing substance abuse and sexual risk-taking behaviours within the socio-cultural and situational context.

## **4e: Access to substance abuse treatment services for clients from historically underserved groups in Cape Town and Gauteng**

**Ms Bronwyn Myers and Prof Charles Parry**

See Section 2f on page 24.