

# SECTION 1: INTRODUCTION

Mr Andreas Plüddemann

This report contains detailed data from specialist substance abuse treatment centres in the six sites that comprise the South African Community Epidemiology Network on Drug Use, namely, Cape Town, Durban, Port Elizabeth, East London, Gauteng province and Mpumalanga province. East London joined the network in January 2004. Summaries or abstracts of other presentations given at the various report back meetings are also provided. A short activities update was also provided by the United Nations Office on Drugs & Crime (Pretoria), who are now under the leadership of Dr Jonathan Lucas since the end of 2004. Dr Neo Morojele of the MRC also presented a short update on further analysis of an adolescent risk behaviour study, which will be published at a later stage.

In general cannabis and the cannabis/Mandrax combination are still the most common illicit drugs used, especially among youth attending specialist treatment centres. However, Cape Town has seen a dramatic increase in the use of crystal methamphetamine (known locally as “tik”), making this drug the most common primary substance of abuse after alcohol in the second half of 2004. A continuing concern is that young people under the age of 20 now comprise almost a quarter of the treatment centre client population in most sites.

It appears that treatment demand for cocaine/crack may still be increasing slightly in a number of sites and many clients continue to report cocaine or crack as a secondary drug of abuse.

The proportion of patients seeking treatment for heroin abuse has remained fairly stable in the 2<sup>nd</sup> half of 2004, but remains a concern. In Cape Town now almost 60% of heroin patients are from the Coloured population group, a marked increase over previous years.

Club drugs and prescription or over-the-counter medicines are still more common as secondary substances.

Alcohol still, however, remains the most common primary substance of abuse reported by all sites across the country and no doubt still causes the biggest burden of harm in terms of ‘secondary risks’, including injury, premature non-natural deaths, foetal alcohol syndrome, and as a potential catalyst for sexual risk behaviour and hence HIV transmission.

I hope you will find this report of value to you in your work. If you have any specific feedback on the report please send your comments to Susan Hon at [susan.hon@mrc.ac.za](mailto:susan.hon@mrc.ac.za) or fax her at 021-938-0342.

It remains for me to thank Susan Hon for her continued effort in compiling this report, the site co-ordinators and co-authors of this report, Arvin Bhana, Hennie Potgieter, Nadine Harker, Welma Gerber and Carol Johnson, for their hard work, the various members of the network who have provided data, presentations or comments, and the Mental Health & Substance Abuse Directorate of the National Department of Health for their ongoing financial support to this project. Their support has among other things been used to collect treatment information on over 12 000 treatment episodes annually, to facilitate hosting regional meetings attended by approximately 150 persons every six months, and the preparation and mailing of reports that are sent bi-annually to over 400 persons.