

MONITORING ALCOHOL & DRUG ABUSE TRENDS IN SOUTH AFRICA

(JULY 1996 – DECEMBER 2007)

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PHASE 23

SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU)
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FOREWORD

The Phase 23 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (17 April), Bloemfontein (22 April), Pretoria (23 April), Durban (24 April), and East London (25 April). These meetings were attended by a total of about 130 persons.

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from various sentinel areas in South Africa. Up until June 2006 these sites comprised Cape Town, Durban, Port Elizabeth (PE), East London (EL), Gauteng Province and Mpumalanga Province (MP). As some sites were beginning to also include data from other towns/cities (e.g. Durban included data from Pietermaritzburg and East London included data from SANCA satellite offices in Butterworth, Grahamstown, Fort Beaufort, and King Williams Town), it was decided to begin to report data by province. From the second half of 2006 data were also collected from treatment centres in the Free State, Northern Cape and North West for the first time. For the purposes of this report, these three provinces have been combined into a regional group termed the "Central Region". In Limpopo Province data were also collected from one centre in Polokwane from July – December 2007. It was decided to combine this data with data from Mpumalanga and in

future refer to the "Northern Region" for these two provinces. Thus this report now refers to the following six sites: Western Cape, KwaZulu Natal, Eastern Cape, Gauteng, the Northern Region and the Central Region. The goal to include data from all nine of South Africa's provinces in the SACENDU project has therefore been achieved, though there are still gaps in coverage in some sites.

Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative SACENDU provides descriptive information on the nature and pattern of AOD use, emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

THE SACENDU INITIATIVE HAS SEVERAL SPECIFIC

OBJECTIVES:

- To identify changes in the nature and extent of AOD abuse and emerging problems.
- To identify changes in alcohol and other drug-related negative consequences.
- To inform policy, planning and advocacy efforts at local and other levels.

- To support networks of local role players in the substance abuse area.
- To stimulate research in new or under-researched areas that is likely to provide useful data to inform policy/planning decisions.
- To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug abuse.

Financial support for Phase 23 was provided by the Mental Health and Substance Abuse Directorate of the National Department of Health and the National Department of Social Development.

TREATMENT CENTRES: SITE SUMMARY

In the Western Cape (WC) the most common primary substances of abuse reported by the 29 specialist treatment centres/programmes participating in the project between July - December 2007 were methamphetamine (aka 'tik'), alcohol, heroin and cannabis (together comprising 91% of all admissions) (Table 3). The proportion of patients presenting with methamphetamine as their primary substance of abuse decreased to 36% from 41% in the previous period. This is the first significant decrease in the proportion of patients admitted for methamphetamine since 2004. Overall, 3058 patients were treated across all 29 treatment centres/programmes in the 2nd half of 2007.

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In KwaZulu-Natal (KZN) the main primary substance of abuse continues to be alcohol. This was followed by heroin in this period (32%) due to the increase in the use of 'sugars', a mixture of mainly heroin and a small amount of cocaine. Heroin appears to be the most 'active ingredient' in this mixture. This increase must be seen in the context of the fact that a large number of young people are presenting for assistance at an out-patient type community centre in one of the suburbs most affected by 'sugars'. A total of 943 patients were treated across the six treatment centres who submitted data in the second half of 2007.

In the Eastern Cape (EC) the main primary substances of abuse reported by the treatment centres from July - December 2007 were alcohol, cocaine and cannabis (Table 3). The proportion of patients reporting cocaine as their primary substance has increased alarmingly since 2004, reaching a peak of 23% in this reporting period. During this period 608 persons were treated at the six centres that collected data in the EC province.

In Gauteng (GT), which includes the metropolitan areas of Johannesburg and Pretoria, 3053 admissions to 19 treatment centres were recorded in the 2nd half of 2007. For 47% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis (19%), cocaine (14%), and heroin (10%). The proportion of admissions for the various drugs remained fairly stable when compared to the 1st half of 2007. The proportion of patients who reported methcathinone ('CAT') as a primary drug of abuse remains higher than in any of the other provinces (3%). 'CAT' has effects not unlike methamphetamine but is considered not quite as potent.

In the Northern Region (NR), which now includes data from four centres in Mpumalanga and one in Limpopo (SANCA in Polokwane), the main primary substance of abuse reported by the treatment centres is still alcohol (43%), followed closely by cannabis (together comprising 81% of admissions). The proportion of patients admitted for heroin declined to 7% from 12% in the previous period. However a large number of patients also reported heroin as a

Table 1: Referral sources (July - December 2007) (Column % add up to 100)

Source	WC	KZN	EC	CR	GT	NR
Self/family/friends	45%	60%	59%	53%	61%	54%
Work/employer	9%	13%	13%	20%	10%	15%
Social services/welfare	19%	6%	4%	8%	9%	6%
Doctor/psychiatrist/nurse(aka health professionals)	12%	5%	13%	11%	5%	3%
Hospital/clinic	2%	<1%	1%	2%	2%	1%
Court/correctional services	6%	7%	4%	2%	4%	11%
Schools	3%	4%	4%	2%	4%	5%
Church/religious body	2%	<1%	1%	1%	1%	2%
Other e.g. radio	3%	5%	2%	1%	3%	3%

secondary drug, leaving a still alarming 23% of all patients treated in the 2nd half of 2007 reporting it as either a primary or secondary substance of abuse.

In the Central Region (CR) (comprising of Free State, Northern Cape and North West) alcohol was the most common primary substance of abuse reported by the 657 patients treated at one of the seven centres in the 2nd half of 2007, accounting for 65% of all admissions. Cannabis was the second most common primary substance (21%) followed by cocaine (6%). These proportions remained fairly stable when compared to the previous period, although the proportion admitted for alcohol dependence increased slightly. Treatment centres submitting data in this region currently are SANCA Welkom (Goldfields), SANCA Bloemfontein (Aurora), SANCA Sasolburg and Beth Roi in the Free State; SANCA Kimberley and SANCA Upington in the Northern Cape; and SANPARK Klerksdorp in the North West.

TREATMENT ISSUES

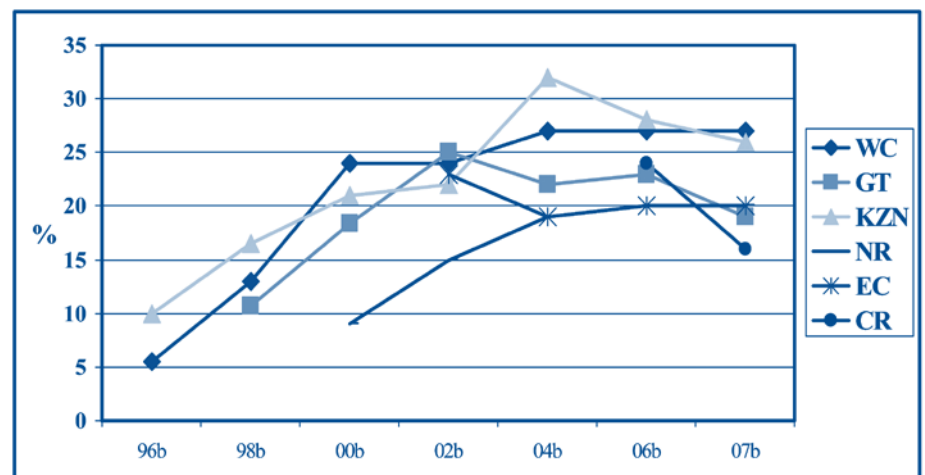
First time admissions: The proportion of first time admissions to treatment centres ranged between 69% (KZN) and 83% (NR) across sites. First-time admissions now appear on

average to make up about three quarters of admissions, compared to about two-thirds in most sites two to three years ago. This indicates an increasing demand for services by persons who have not been in treatment before. Across sites, heroin, over-the-counter or prescription medicines (OTC/PRE) and cocaine are the substances which have the highest proportions of readmission. For example, in the WC 50% of patients treated for heroin dependence in the second half of 2007 had been in treatment previously.

Referrals: Across all sites, the most common source of referral to specialist treatment centres was 'self/family/friends', followed by 'employer' in all sites except the WC where social services was the second most common source of referral (Table 1). In the CR an increase in the proportion of referrals from employers was noted in the second half of 2007.

Gender: Across all sites between 76% (in the WC) and 90% (in KZN) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). This trend remains fairly stable across all sites, although the WC has experienced a gradual

Figure 1: Treatment demand trends - % of patients <20 years



Note: Data points prior to 06b for EC represent Port Elizabeth treatment centres only

increase in the proportion of female patients over the past 2 years. This may be linked to the fact that a relatively higher proportion of methamphetamine patients are female compared to many other substances.

Race: Black-Africans continue to be under-represented in the treatment population in all sites (Table 4). Proportions remained relatively stable when compared to the previous period, except for an increase in Indian patients in KZN, related to the large number of young Indian males admitted for the use of 'sugars' (heroin). However, in GT 56% and in MP 70% of patients younger than 20 years were African, indicating that in these sites there is better access to and utilisation of treatment facilities by young African people compared to the adults.

Employment status and education: Between 29% (WC) and 51% (CR) of patients were employed full-time across sites. The proportion of patients who were students/learners ranged from 14% in the WC to 19% in the NR. Over 80% of patients in all sites have some secondary school education.

Mode of use: Smoking remains the most common mode of use for substances other than alcohol. Injection drug use is still low across sites but in the WC 9% of patients with heroin as their primary substance of abuse reported injecting as mode of use versus 40% in GT and 15% in Mpumalanga.

Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (July - December 2007)

Substance	WC	KZN	EC	CR	GT	NR ²
Alcohol	40	35	37	39	40	37
Cocaine/crack	32	29	27	28	29	29
Cannabis/Mandrax	27	25	24	29	23	-
Heroin	24	23	26	27	25	24
Ecstasy	27	16	-	-	26	21
Cannabis	19	21	21	21	20	25
Methamphetamine	23	-	23	-	26	-
Methcathinone	-	-	33	28	24	-
OTC/PRE ¹	43	36	36	42	38	39
Inhalants	-	14	-	17	-	-
All substances	29	28	30	34	32	29

¹ Over-the-counter or prescription medicines

² Excludes data from Limpopo

Where n < 5, the mean is not reported

Age of patients: Across sites the average age of persons seen by treatment centres was 28-34 years and has remained fairly stable (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients whose primary substances of abuse are cannabis, heroin or methamphetamine tend to be younger than persons who have cocaine as their primary drug of abuse. The proportion of patients younger than 20 years also remains high in most sites, with between 16% (CR) and 27% (WC) falling in this age group in all sites (Figure 1).

Sources of payment

The most common source of payment for treatment in most sites was 'family' or 'self', except in GT and the CR where medical aid was the most common (27% and 28% respectively). Medical aids covered 13% of patients in KZN and 14% in the WC and EC. Payment is of course linked to the availability of state funded centres and the proportion of inpatient centres for which medical aids are more likely to provide cover.

HIV testing:

Across sites between 19% (KZN) and 31% (CR) of patients had been tested for HIV in the past 12 months, although some patients declined to answer this question and this data has not yet been collected in the EC and LP.

FINDINGS BY DRUG OF USE/ABUSE

ALCOHOL

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment centres across all sites (except WC), accounting for 65% of admissions in the CR, 47% of admissions in GT, 43% of admissions in the NR, and 39% of admissions in KZN and the EC. Alcohol accounted for 30% of admissions in the WC (Table 3). The proportion of alcohol-related admissions declined in both KZN and the EC. The CR is the only site where (still) over 60% of patients are treated for alcohol related problems.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse ranged from 35 years to 40 years across sites. This is substantially older than the mean age for other drugs (see

Table 2). Such patients are also more likely to be male. The proportion of patients with alcohol as the primary substance of abuse who were female ranged from 15% in KZN to 27% in the WC. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

CANNABIS (DAGGA) AND CANNABIS/MANDRAX

Cannabis was the second most common primary substance of abuse among patients seen at specialist treatment facilities in GT, the NR and the CR, accounting for 19%, 38% and 21% of patients in these three sites respectively. In the remaining three sites (WC, EC and KZN) cannabis was reported as the primary substance by between 13% and 17% of patients. The proportion of patients with Mandrax (methaqualone, a

sedative) as their primary substance of abuse remains very low in all sites (Table 3). Only one site (EC) had more than 5% of patients reporting Mandrax as their primary substance. In many communities Mandrax is now considered 'old fashioned'. However Mandrax is still relatively common as a secondary substance of abuse in the WC, with 12% of all patients reporting it as a secondary substance in the 2nd half of 2007. Persons seen in specialist treatment centres who had 'white pipes' (Mandrax mixed with cannabis) as their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of abuse (Table 2). The most common primary substance of abuse for patients younger than 20 years in most sites is cannabis (Table 6), the exception being the WC (methamphetamine) and for

the first time in this period KZN, where heroin ('sugars') was the most common primary substance for patients younger than 20 years.

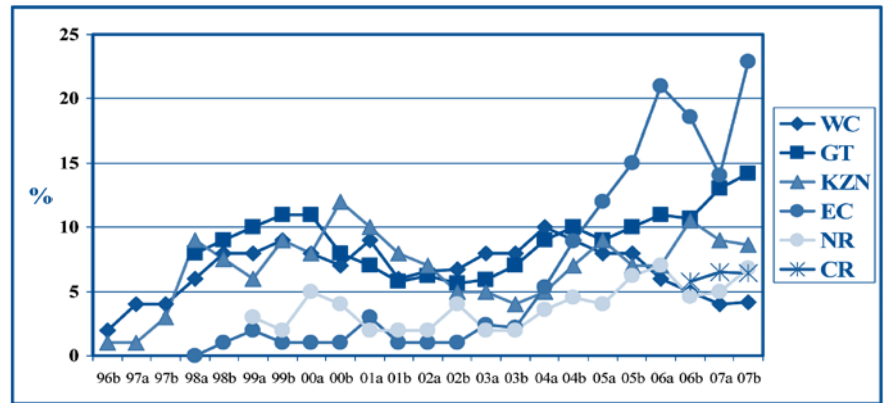
Data from specialist treatment centres suggests that the use of these substances is still mainly a male phenomenon. Between 0% and 7% of patients whose primary substance of abuse was 'white pipes' were female across sites. Between 7% (NR) and 14% (WC) of patients whose primary substance was cannabis were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax in the WC and EC, although the proportion of Black/African Mandrax patients appears to be increasing in the EC. In GT 65% of patients admitted for Mandrax abuse were Black/African.

COCAINE/CRACK

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack increased again in the EC to 23% (from 14% in the previous period). Proportions in the other sites remained fairly stable, although a slight increase was noted in the NR (Table 3). The proportions ranged from 4% in the WC to 23% in the EC (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. Between 10% (WC) and 34% (EC) of all patients had used crack/cocaine either as their primary or secondary substance (Table 7). This indicates that cocaine is also commonly a secondary substance of abuse. Alcohol is generally the most common primary substance of abuse amongst patients who additionally use cocaine as a secondary substance in the WC (33%) and EC (24%). In the CR cannabis was the most commonly used primary substance (45%), while in GT and KZN it was heroin (30% and 32% respectively) when cocaine was the secondary drug used.

In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 27 to 32 years (Table 2). In the WC and EC 22% of patients whose primary substance of abuse was cocaine were female compared to 10% in the CR, with proportions in the other sites falling between these figures. The majority of patients with cocaine/crack as their primary substance of abuse are still White in most sites, except KZN where the majority

Figure 2: Proportion (%) of persons in treatment with cocaine as their primary drug of abuse



Note: Data points prior to 06b for EC represent Port Elizabeth treatment centres only

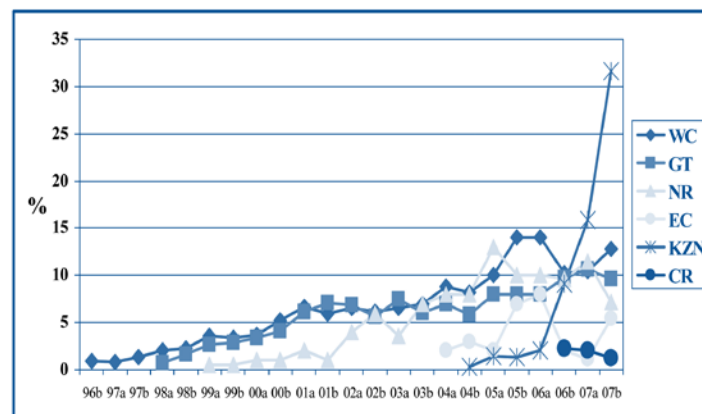
were Indian (Table 5). Generally, few adolescent patients report cocaine as their primary substance of abuse, the highest proportion being 12% in the EC. Between 21% (NR) and 45% (WC) of cocaine patients had been in treatment before.

HEROIN

In the WC, KZN and GT between 10% (GT) and 32% (KZN) of patients in specialist treatment

(18%). In the CR 1% reported heroin as their primary drug. The most significant increase in patients admitted for heroin abuse was again noted in KZN, increasing to 32% from 16% in the previous period (Figure 3). As indicated above, this is largely due to the inclusion of information from the Chatsworth Anti-Drug Forum. A slight increase was also noted in the WC. The mean age of persons who had heroin as their primary substance

Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse



Note: Data points prior to 06b for EC represent Port Elizabeth treatment centres only

centres had heroin as their primary drug of abuse (Table 3). In KZN this is primarily related to the large number of young males presenting at the Chatsworth Anti-Drug Forum centre with problems related to the use of 'sugars'. In the EC an increase in admissions related to heroin use was noted, where the proportion increased from 1% in the 1st half of 2007 to 5% in the 2nd half of 2007. In the NR (specifically Mpumalanga) a decrease in the proportion of patients who reported heroin as their primary substance was noted, however a large proportion reported the drug as a secondary substance

of abuse was 23-27 years, remaining fairly stable (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In the WC 21% and in GT 18% of patients with heroin as the primary substance of abuse were female. In KZN, however, 95% of the heroin patients were male. In GT 41% of heroin patients were Black in the 2nd half of 2007, increasing slightly from 39% in the 1st half of 2007, and in the NR 58% were Black in this period, also increasing from 52% in the previous period. In GT heroin patients were also more likely to have received treatment

before than patients treated for any other drug, with 49% reporting that they had been in treatment before. In KZN 49%, WC 46%, the NR 33%, and in the EC 76% of heroin patients had been in treatment previously.

Injection use by patients with heroin as their primary drug of abuse remains low in the WC, with only 9% reporting injection use. This is linked to the changing demographic profile of heroin patients, most of whom are now Coloured (80%) and who seem to prefer to smoke the drug. Only 4% of Coloured heroin patients reported injecting the drug compared to 34% of White heroin patients. In GT 40% of patients reported injecting, compared to 35% in the previous period. In MP 15% of heroin patients reported injecting, compared to 20% in the previous period. In this site 40% of the White patients reported injecting the drug, while none of the Black/African patients reported injecting. Two patients in KZN reported injecting heroin. A sharp increase in the proportion of Black/African heroin patients has been noted in MP, increasing from 11% in the first half of 2005 to 58% in the 2nd half of 2007 (Table 5). In KZN 35%, in the WC 15%, in GT 14%, and in the NR 25% of all patients reported the use of heroin, as either primary or secondary drug (Table 7). It is very likely that a large proportion of patients who report heroin as a secondary substance would soon experience it as their primary drug problem. For patients younger than 20 years, the proportion reporting heroin as their primary drug of abuse ranged from 0% (CR) to 39% (KZN) (Table 6). The high (and increasing) proportion in KZN is ascribed to the use of 'sugars' by many young males in Chatsworth, as mentioned above.

OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Between 1% and 4% of patients seen at specialist treatment centres from July - December 2007 had OTC/PRE medicines listed as their primary substance of abuse (Table 3). This is fairly similar to the previous six-month reporting periods. In GT 60% and in the WC 65% of patients who had over-the-counter or prescription medicines as their primary substance of abuse were female. The average age of these patients ranged between 36 years and 43 years (Table 2). These substances are more common as secondary drugs of abuse with between 3% and 7% of

patients across sites reporting these drugs either as primary or secondary substances of abuse (Table 7). Substances abused included benzodiazepines, analgesics, Codeine products, and sleeping pills.

ECSTASY, METHAMPHETAMINE (TIK), METHCATHINONE (CAT), AND LSD

The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy, remains very low across all sites. No more than 1% of patients reported Ecstasy as their primary substance of abuse across all sites. Ecstasy was however reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities across all sites with between 2% and 6% reporting Ecstasy as a primary or secondary substance of abuse (Table 7). Overall, LSD was reported by very few patients with, for example, only 42 patients reporting it as a primary or secondary drug of abuse in GT and 14 patients in the WC.

In the WC the first significant decline in the proportion of patients admitted for the use of methamphetamine ('tik') was noted in the 2nd half of 2007. The proportion of patients reporting 'tik' as their primary substance of abuse decreased to 36% from 41% in the 1st half of 2007. The mean age of patients presenting with methamphetamine as their primary drug of abuse also increased to 23 years. Compared with a mean age of 19 in 2004, this suggests an aging cohort of users. Most of the patients were Coloured (87%) and 73% were male. Most of the patients reported smoking the drug (99%) and no patients reported injecting the drug. Of the methamphetamine patients 54% reported daily use of the drug and a

further 39% reported using it 2-6 days per week. Overall 44% of all patients reporting for treatment in the WC in the second half of 2007 reported methamphetamine either as a primary or secondary substance of abuse, a 5% decrease from the previous period (Figure 4). For patients younger than 20 years, 58% reported methamphetamine as either a primary or secondary substance of abuse, also decreasing from over 70% in the previous two periods. Very few patients in the other sites reported methamphetamine as their primary or secondary drug of abuse, ranging between 0% (KZN) to 5% (EC). Most of those treated in the EC resided in Cape Town.

In Gauteng the number of patients reporting methcathinone ('CAT') as their primary substance of abuse remained stable (n= 82: 3%). A total of 6% reported 'CAT' as either their primary or as a secondary drug of abuse. Few patients in the other sites report using this drug.

OTHER SUBSTANCES/ POLY-SUBSTANCE ABUSE

Other substances abused by patients receiving substance abuse treatment included inhalants and one or two reports of khat use. Poly-substance abuse also remains high, with between 25% (CR) and 43% (WC) of patients in specialist treatment centres reporting more than one substance of abuse. In the WC cannabis was the most common secondary drug for patients reporting methamphetamine as their primary substance, while patients reporting heroin as their primary substance often had methamphetamine as a secondary substance. In Gauteng the most common secondary substance reported by heroin patients was cannabis.

Figure 4: Treatment demand trends: Methamphetamine (%) as primary drug and secondary substance of abuse (Cape Town)

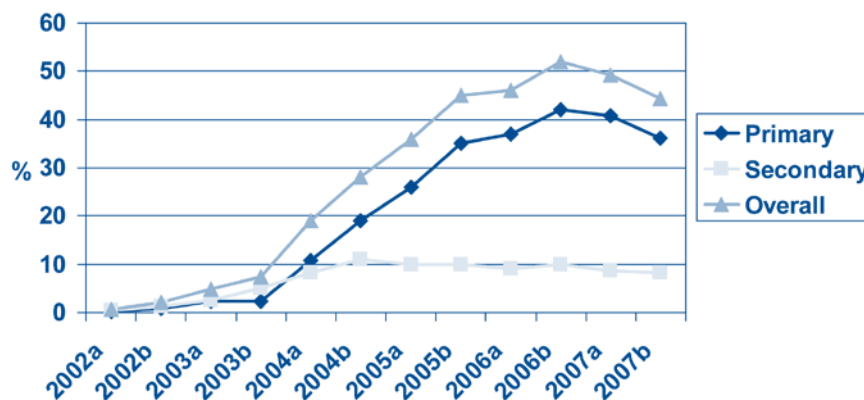


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
Cape Town	1996b	81	4	9	2	1	0	2	0.0	2	1954
	1997a	82	5	7	4	1	<1	2	0.0	<1	2103
	1997b	78	6	9	4	1	1	1	0.1	<1	2160
	1998a	74	5	10	6	2	<1	2	0.0	<1	2301
	1998b	64	9	14	8	2	<1	2	0.1	<1	1361
	1999a	56	9	20	8	4	1	2	0.1	<1	1527
	1999b	50	15	20	9	3	<1	2	0.1	1	1550
	2000a	48	12	23	8	4	2	4	0.2	1	1695
	2000b	51	13	19	7	5	1	3	0.1	<1	1696
	2001a	46	12	21	9	7	2	4	0.1	2	1571
	2001b	46	12	25	6	6	1	2	0.3	2	1561
	2002a	48	14	21	7	7	2	2	0.3	1	1608
	2002b	47	18	17	7	6	1	2	0.8	1	1549
	2003a	43.6	15.2	20.4	7.9	6.5	0.8	2.7	2.3	2.9	1724
	2003b	39.4	15.4	23.6	8.4	7.1	1.4	2.2	2.3	2.5	1659
	2004a	38.3	12.0	16.9	9.7	8.8	0.5	2.4	10.7	0.1	2255
	2004b	33.7	11.0	15.5	9.1	8.2	0.5	2.0	19.3	0.7	2308
	2005a	34.4	9.7	9.1	8.3	10.0	0.4	1.6	26.1	0.4	2469
	2005b	25.1	11.2	5.5	7.6	13.8	0.2	1.1	34.7	0.8	2131
	2006a	30.2	7.7	3.3	6.0	13.5	0.1	1.4	37.2	0.7	2660
WC ¹	2006b	26.4	10.5	2.9	4.8	10.2	0.1	1.6	42.3	0.8	2798
	2007a	29.5	10.4	2.7	3.9	10.6	0.2	1.1	40.7	0.9	2862
	2007b	29.7	12.6	3.0	4.2	12.8	0.1	1.2	36.1	0.5	3058
Durban	1996b	73	10	10	1	<1	<1	1	0.0	4	338
	1997a	69	9	7	1	<1	<1	1	0.0	11	311
	1997b	62	21	6	3	1	1	3	0.0	2	601
	1998a	61	16	11	9	1	3	2	0.0	0	817
	1998b*	69	20	6	1	0	0	<1	0.0	3	242
	1999a	57	30	<1	6	1	1	1	0.0	3	682
	1999b	65	23	<1	9	<1	0	1	0.0	1	607
	2000a	57	25	6	8	1	1	2	0.0	1	883
	2000b	60	20	<1	12	<1	1	4	0.0	2	679
	2001a	59	21	1	10	<1	3	3	0.0	4	585
	2001b	58	26	7	8	<1	1	<1	0.0	<1	774
	2002a	65	22	2	7	<1	2	2	0.0	<1	718
	2002b	60	26	4	5	<1	1	2	0.0	<1	910
	2003a	64.3	23.2	2.1	5.1	0.2	1.6	2.4	0.0	1.2	574
	2003b	65.3	23.6	4.0	4.0	1.1	0.5	0.3	0.0	0.8	376
	2004a	59.6	22.8	10.2	4.3	0.0	0.5	1.7	0.0	1.0	413
	2004b	52.0	24.8	13.5	6.8	0.3	0.4	1.5	0.0	0.7	689
	2005a	48.1	32.4	6.2	8.9	1.4	0.3	1.5	0.0	1.2	945
	2005b	57.6	27.5	2.8	6.6	1.3	1.0	1.8	0.0	1.4	846
	2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485
KZN ²	2006b	54.0	18.5	0.9	10.5	9.1	0.3	3.4	0.2	3.4	921
	2007a	49.8	20.5	1.2	9.0	15.9	0.5	2.2	0.0	0.9	1232
	2007b	38.8	17.4	0.4	8.6	31.6	1.0	1.5	0.0	0.7	943
PE	1997a	58	23		<1	<1	<1	5	0.0	13	316
	1997b	66	20		<1	<1	<1	3	0.0	9	416
	1998a	74	22		0		<1	3	0.0	<1	380
	1998b	68	23		1	1	0	8	0.0	1	361
	1999a	55	30		2	1	0	11	0.0	1	341
	1999b	63	29		1	0	0	7	0.0	0	328
	2000a	55	36		1	0	<1	8	0.0	0	252
	2000b	65	26		1	0	<1	4	0.0	4	312
	2001a	48	45		3	0	1	3	0.0	<1	393
	2001b	58	36		1	0	1	4	0.0	<1	398
	2002a	45	19	29	1	0	1	4	0.0	<1	431
	2002b	55	13	25	1	1	1	4	0.0	0	369
	2003a	46.1	16.4	29.7	2.4	0	0.4	4.6	0.0	0.4	499
	2003b	51.4	11.8	26.1	2.2	0	0.4	5.3	0.0	2.7	449
	2004a	47.5	14.7	23.8	5.3	2.2	3.2	3.4	0.0	0.0	505
	2004b	45.5	12.7	25.4	8.9	2.9	1.4	3.4	0.0	0.0	418
2005a	46.8	12.3	20.3	11.9	1.9	0.4	4.7	0.9	0.9	464	
2005b	48.8	12.9	9.4	14.6	6.6	0.0	4.5	3.3	0.0	426	
2006a	40.7	14.4	7.9	21.4	8.1	1.2	2.6	3.5	0.2	570	

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	0.0	-	148
	2004b	51.9	11.6	27.1	2.8	1.7	1.7	1.7	0.0	1.1	181
	2005a	51.7	17.4	17.9	8.7	-	2.4	1.0	0.0	1.0	207
	2005b	71.5	12.4	5.6	6.4	1.5	0.4	2.2	0.0	1.0	267
	2006a	64.1	19.4	4.9	10.2	1.0	0.0	0.5	0.0	0.0	206
EC ³	2006b	45.4	19.2	7.6	18.6	2.0	0.8	3.4	2.8	0.2	645
	2007a	51.8	18.3	8.6	14.2	1.1	0.3	3.8	1.4	0.5	759
	2007b	39.0	15.6	9.2	22.9	5.4	0.5	2.8	4.3	0.3	608
Gauteng	1998a	69	11	5	8	<1	<1	4	0.0	3	2125
	1998b	68	12	4	9	2	<1	4	0.0	2	2372
	1999a	67	10	4	10	3	<1	4	0.0	1	2741
	1999b	63	14	5	11	3	<1	3	0.0	2	2613
	2000a	60	19	2	11	3	<1	3	0.0	1	2514
	2000b	60	21	1	8	4	1	4	0.0	2	2673
	2001a	54	21	6	7	6	<1	4	0.0	2	2838
	2001b	52	24	5	6	7	<1	4	0.0	2	2676
	2002a	54	22	5	6	7	<1	4	0.0	2	2945
	2002b	54	23	5	6	6	1	3	0.0	2	2587
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	0.0	2.1	2617
	2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	0.0	2.4	2711
	2004a	50.4	19.0	8.1	9.1	7.0	0.8	3.3	0.0	2.3	2813
	2004b	51.0	18.8	7.7	9.9	5.8	0.9	2.9	0.0	2.9	2654
	2005a	46.6	21.6	7.2	9.0	8.4	0.6	3.1	0.0	1.8	3030
	2005b	51.8	21.0	2.8	10.1	7.7	0.6	2.3	0.2	3.6	2848
	2006a	47.5	20.5	3.0	11.1	7.8	0.4	3.2	0.3	3.2	3119
	2006b	47.2	21.5	1.4	10.7	9.7	0.2	2.7	0.2	5.9	3295
	2007a	45.9	20.8	1.4	13.0	10.6	0.3	3.7	0.4	4.4	3251
	2007b	47.0	19.3	1.6	14.2	9.6	0.2	3.6	0.4	4.1	3053
Mpuma- langa	1999a	76	13	1	3	<1	<1	3	0.0	2	325
	1999b	76	15	2	2	<1	<1	1	0.0	1	376
	2000a	71	12	2	5	1	1	5	0.0	3	315
	2000b	77	14	0	4	1	1	2	0.0	0	408
	2001a	70	20	1	2	2	2	2	0.0	2	389
	2001b	69	15	3	2	1	2	5	0.0	3	389
	2002a	71	16	<1	2	4	1	3	0.0	3	419
	2002b	68	16	2	4	6	1	2	0.0	1	425
	2003a	69.1	17.7	2.5	2.3	3.6	0.8	2.1	0.0	1.9	475
	2003b	61.1	20.2	0.2	1.9	7.2	1.9	5.7	0.0	1.7	529
	2004a	63.8	18.9	0.2	3.6	8.1	0.4	3.2	0.0	1.9	546
	2004b	60.8	23.6	0.0	4.5	8.0	0.4	1.7	0.0	0.8	462
	2005a	55.6	22.1	0.0	4.0	13.3	0.9	2.9	0.0	1.2	525
	2005b	54.3	23.3	0.5	6.2	10.3	0.9	2.8	0.5	1.1	562
	2006a	54.5	24.6	0.0	6.8	10.2	0.6	2.2	0.0	1.2	501
	2006b	47.3	34.1	0.4	4.6	9.6	0.2	2.4	0.0	1.3	539
	2007a	43.7	36.5	0.8	4.5	11.5	0.3	1.3	0.0	1.3	600
NR⁴	2007b	43.3	38.4	0.0	7.8	6.8	0.2	1.4	0.4	0.7	602
CR⁵	2006b	61.4	20.8	1.4	5.8	2.3	0.2	2.6	0.5	5.1	572
	2007a	62.1	18.8	0.4	6.5	2.0	0.6	4.2	0.7	4.6	708
	2007b	65.3	21.2	0.6	6.4	1.2	0.5	2.3	0.6	2.0	657

1 Cape Town, Atlantis, Worcester; 2 Durban, Pietermaritzburg; 3 Port Elizabeth, East London (and Butterworth); 4 Mpumalanga & Limpopo; 5 Free State, North West, Northern Cape

Table 4: Comparison of proportion of patients in treatment (July - December 2007) with census data – by site1

		Black/ African	Indian	Coloured	White
Western Cape	Population ¹	27%	1%	54%	18%
	In treatment	7%	1%	72%	21%
KwaZulu-Natal	Population ¹	85%	8%	2%	5%
	In treatment	25%	54%	7%	14%
Eastern Cape	Population ¹	88%	<1%	7%	5%
	In treatment	28%	2%	38%	33%
Central Region	Population ^{1*}	84%	<1%	8%	8%
	In treatment	34%	1%	26%	40%
Gauteng	Population ^{1*}	74%	2%	4%	20%
	In treatment	34%	3%	11%	52%
Mpumalanga	Population ¹	95%	<1%	<1%	4%
	In treatment	58%	1%	3%	37%

¹ Statistics South Africa, 2001 Census

Table 5: Primary substance by race (columns per site add up to 100%): July - December 2007

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin	Methamphetamine
Western Cape							
Black/African	13%	17%	5%	3%	-	1%	3%
Coloured	50%	73%	94%	35%	-	80%	87%
Asian/Indian	1%	<1%	1%	2%	-	1%	1%
White	37%	10%	0%	60%	-	18%	10%
KwaZulu-Natal							
Black/African	43%	36%	-	5%	0%	3%	-
Coloured	8%	13%	-	20%	0%	1%	-
Asian/Indian	28%	40%	-	53%	88%	94%	-
White	21%	12%	-	23%	12%	2%	-
Eastern Cape							
Black/African	44%	37%	43%	4%	-	0%	0%
Coloured	31%	40%	48%	43%	-	15%	46%
Asian/Indian	<2%	1%	0%	5%	-	3%	4%
White	24%	22%	9%	48%	-	82%	50%
Gauteng							
Black/African	31%	59%	63%	13%	0%	41%	0%
Coloured	6%	18%	23%	23%	17%	4%	18%
Asian/Indian	2%	3%	0%	9%	0%	2%	9%
White	60%	20%	15%	56%	83%	53%	73%
Northern Region							
Black/African	48%	83%	-	4%	-	58%	-
Coloured	3%	3%	-	9%	-	5%	-
Asian/Indian	1%	1%	-	4%	-	0%	-
White	48%	13%	-	83%	-	38%	-
Central Region							
Black/African	32%	54%	-	14%	-	13%	0%
Coloured	26%	26%	-	17%	-	38%	25%
Asian/Indian	<1%	1%	-	5%	-	0%	0%
White	41%	20%	-	64%	-	50%	75%

Note: Where n < 5 population breakdowns are not reported

Table 6: Primary substances of abuse for patients younger than 20 years (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	Other	Total(N)
Cape Town	03a	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
	03b	4.1	41.9	32.5	4.7	7.4	3.6	4.7	1.1	363
	04a	5.1	33.1	23.3	3.7	8.2	0.9	24.9	1.1	571
	04b	2.3	24.4	17.6	2.9	8.6	0.6	42.0	1.6	619
	05a	2.5	24.5	9.3	1.9	11.5	0.8	48.7	0.9	637
	05b	3.1	22.1	6.7	1.3	12.9	0.4	53.0	0.0	674
	06a	1.7	17.4	3.9	0.6	15.3	0.0	60.2	1.0	724
WC	06b	2.9	26.0	2.6	0.4	7.1	0.0	58.6	0.1	761
	07a	3.6	24.4	2.4	0.6	9.6	0.1	56.5	0.0	803
	07b	5.0	35.1	3.7	0.5	11.1	0.0	43.2	1.4	812
Durban	03a	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
	03b	42.5	45.1	8.8	1.8	1.8	0.0	0.0	0.0	113
	04a	16.5	60.0	12.9	7.1	0.0	0.0	0.0	3.5	85
	04b	25.4	47.9	20.3	2.5	0.8	0.8	0.0	1.7	236
	05a	21.6	63.1	6.9	4.6	1.3	0.3	0.0	2.3	306
	05b	24.0	64.8	3.8	1.6	1.2	0.8	0.0	3.6	250
	06a	25.0	67.3	1.0	1.0	0.0	1.9	0.0	3.9	104
KZN	06b	31.0	41.1	0.8	3.9	13.6	0.0	0.0	7.4	258
	07a	18.6	51.5	1.3	3.4	22.0	0.3	0.0	2.7	291
	07b	15.8	37.9	0.4	2.1	38.7	2.9	0.0	0.8	240
PE	03a	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
	03b	16.0	28.0	38.7	0.0	0.0	0.0	0.0	17.3	75
	04a	10.3	42.5	36.8	2.3	1.1	5.7	0.0	1.1	87
	04b	10.3	41.0	38.5	7.7	0.0	1.3	0.0	1.3	78
	05a	26.7	34.4	30.0	5.6	0.0	0.0	0.0	1.1	90
	05b	14.8	33.0	10.2	13.6	14.8	0.0	13.6	0.0	88
	06a	23.0	47.3	10.8	12.2	1.4	2.7	1.4	1.4	74
EL	04a	17.1	57.1	22.9	2.9	0.0	0.0	0.0	0.0	35
	04b	11.8	27.5	51.0	0.0	2.0	3.9	0.0	3.9	51
	05a	13.0	37.0	39.1	4.4	0.0	2.2	0.0	4.3	46
	05b	28.6	54.3	17.1	0.0	0.0	0.0	0.0	0.0	35
	06a	24.4	63.4	9.8	0.0	0.0	0.0	0.0	2.4	41
Eastern Cape	06b	17.3	55.9	6.3	13.4	0.0	0.0	4.7	2.4	127
	07a	26.3	54.4	7.5	6.9	0.6	0.6	1.3	2.5	160
	07b	15.6	45.1	18.0	11.5	2.5	0.8	4.9	1.6	122
Gauteng	03a	8.2	57.5	18.9	2.1	6.4	2.0	0.0	4.9	588
	03b	7.6	55.4	24.6	1.9	4.3	0.4	0.0	5.7	695
	04a	7.4	54.3	20.0	3.2	6.3	1.5	0.0	7.3	619
	04b	7.3	54.7	19.1	4.7	5.1	1.2	0.0	7.9	590
	05a	9.3	57.7	14.0	3.4	7.7	1.3	0.0	6.6	714
	05b	10.6	62.8	4.8	4.5	6.8	0.7	0.2	9.2	575
	06a	13.3	57.6	4.6	6.0	6.0	1.0	0.6	10.9	715
	06b	12.1	62.2	2.3	3.8	9.3	0.4	0.1	9.8	753
	07a	11.8	61.0	3.0	5.5	10.3	0.4	0.0	8.0	670
	07b	11.7	61.3	2.4	5.9	10.2	0.0	0.3	8.2	591
Mpumalanga	03a	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60
	03b	20.3	67.2	0.0	0.0	6.3	0.0	0.0	6.3	64
	04a	16.0	53.3	0.0	9.3	10.7	0.0	0.0	10.6	75
	04b	23.0	66.7	0.0	2.2	5.7	1.1	0.0	1.1	87
	05a	12.0	58.3	0.0	3.7	18.5	1.9	0.0	5.6	108
	05b	21.4	57.3	0.0	2.9	9.7	3.9	1.0	2.9	103
	06a	26.1	58.7	0.0	4.3	8.7	0.0	0.0	2.2	92
	06b	15.6	67.9	0.0	0.9	13.8	0.0	0.0	1.8	109
	07a	9.6	69.2	0.7	2.7	13.7	0.0	0.0	4.1	146
NR*	07b	17.3	72.7	0.0	2.7	5.5	0.0	0.9	0.9	110
Central Region	06b	19.7	58.4	2.2	2.2	0.0	0.0	0.0	17.5	137
	07a	14.2	57.4	1.4	0.7	2.1	0.0	2.1	22.0	141
	07b	22.3	67.0	1.0	1.9	0.0	0.0	1.9	5.9	103

* Excludes data from Limpopo for 2007b

Table 7: Overall substances of abuse* (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	OTC/PRE	Total(N)
Cape Town	03a	60.3	29.5	33.9	18.1	8.1	9.7	4.7	8.7	1724
	03b	54.4	30.4	37.2	21.5	8.9	10.7	7.3	7.0	1659
	04a	52.9	26.8	29.9	21.8	11.2	10.6	19.0	8.1	2255
	04b	47.9	25.0	29.0	20.0	10.3	6.3	28.9	7.4	2308
	05a	47.0	28.9	22.8	19.2	13.2	8.3	35.8	5.0	2469
	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
	06a	41.2	28.3	14.0	15.6	16.2	5.5	46.3	3.8	2660
Western Cape	06b	41.5	33.0	13.4	12.4	12.5	3.7	51.9	4.9	2798
	07a	43.6	31.7	12.6	10.4	12.0	2.8	49.3	3.2	2864
	07b	41.2	33.0	14.7	10.0	14.6	2.3	44.3	3.6	3058
Durban	03a	79.1	43.6	12.5	12.9	0.5	9.9	0.0	7.0	574
	03b	85.4	48.1	22.0	15.9	1.3	10.6	0.0	2.6	378
	04a	69.2	39.7	21.5	9.9	0.2	7.3	0.0	3.6	413
	04b	74.5	46.7	32.5	19.4	1.2	11.2	0.0	3.2	689
	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
	06a	71.1	33.8	3.7	13.2	2.7	2.7	0.4	11.8	485
KZN	06b	71.8	37.6	8.1	21.2	11.1	4.2	0.4	5.6	921
	07a	65.0	34.1	5.4	20.0	18.2	4.0	0.0	4.3	1232
	07b	53.2	34.6	4.3	20.4	34.7	5.6	0.0	2.9	943
PE	03a	58.5	22.2	30.1	5.0	0.0	4.0	0.0	5.2	499
	03b	62.8	15.2	31.3	6.4	0.5	6.4	0.0	9.0	409
	04a	60.4	21.6	29.1	12.7	2.6	8.3	0.0	5.3	505
	04b	59.1	19.4	31.6	16.3	4.5	6.7	0.0	4.8	418
	05a	59.9	17.5	29.5	19.2	2.4	1.9	0.9	7.1	464
	05b	56.1	18.1	11.0	19.2	6.8	1.2	3.3	5.9	426
	06a	51.8	21.4	13.9	31.1	10.9	4.6	4.4	3.7	570
EL	04a	68.2	30.4	19.6	8.1	0.7	4.1	0.0	2.0	148
	04b	70.2	16.0	32.0	7.7	1.7	8.3	0.6	2.8	181
	05a	64.3	26.6	25.1	16.4	0.5	9.7	0.5	3.4	207
	05b	80.1	20.6	11.2	11.6	3.4	3.0	0.0	4.1	267
	06a	75.7	27.2	14.1	17.0	1.5	5.8	1.5	3.4	206
Eastern Cape	06b	58.3	32.4	17.2	29.0	4.0	4.2	3.9	5.0	645
	07a	62.7	26.6	12.6	22.7	2.2	2.4	2.2	5.4	759
	07b	48.7	26.8	16.6	33.6	7.6	5.6	5.3	4.6	608
Gauteng	03a	63.4	31.0	15.5	14.6	9.1	5.7	0.0	8.3	2617
	03b	59.9	30.4	18.1	14.5	7.8	4.5	0.0	8.3	2711
	04a	59.9	30.4	15.4	17.9	9.1	5.6	0.0	8.0	2813
	04b	60.2	30.6	15.5	19.2	8.3	5.2	0.3	7.2	2654
	05a	57.9	34.6	13.2	19.0	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	7.7	2848
	06a	56.9	33.5	6.8	21.4	10.6	3.3	0.6	11.2	3119
	06b	58.1	32.7	4.3	23.6	13.2	2.9	0.7	6.0	3295
	07a	55.3	33.2	3.6	25.4	14.3	2.8	0.9	7.7	3251
	07b	54.7	30.9	3.7	26.4	13.8	3.3	1.0	6.6	3053
Mpumalanga	03a	76.0	31.4	5.5	7.4	7.2	5.3	0.0	7.6	475
	03b	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	04a	74.4	32.4	4.4	9.7	11.4	4.6	0.0	6.4	546
	04b	69.9	39.2	3.9	12.8	11.9	4.3	0.4	4.8	462
	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562
	06a	66.7	40.3	2.4	16.2	21.0	3.2	0.2	4.8	501
	06b	61.0	44.7	1.7	13.9	22.6	3.2	0.4	4.5	539
	07a	53.3	48.3	2.5	14.3	31.7	2.5	0.8	2.2	600
NR	07b	52.7	48.6	0.5	15.4	22.8	2.9	0.3	3.6	605
Central Region	06b	70.5	29.0	5.1	11.5	3.5	3.0	0.5	7.9	572
	07a	69.5	27.1	2.0	11.0	2.8	2.5	0.8	7.6	708
	07b	75.8	29.1	4.3	11.4	2.1	2.9	0.8	5.6	657

* Proportion of patients who reported these substances as primary or secondary substances of abuse

IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

SELECTED IMPLICATIONS FOR POLICY/PRACTICE

During the Phase 23 regional report back meetings of SACENDU a number of recommendations were made with regard to specific interventions needed to address substance abuse and substance abuse policy in general:

- Schools should be encouraged to increase referral to drug treatment by learners needing help.
- Drug treatment centres should be capacitated to deal with patients also having other mental health problems.
- Attention should be given to factors such as coordination of services, ongoing therapy post treatment, availability and tolerance of drugs in communities, and job opportunities to reduce the likelihood of patients relapsing after treatment.
- Increased support is needed for families who have children who are drug abusers.
- Surveillance of drug use should be expanded beyond drug treatment centres to include health clinics, district social services offices, and schools. In addition the SACENDU surveillance system should be complimented by periodic household and school surveys.
- Drug treatment centres need to be more proactive about HIV testing of patients.
- Intensify efforts to address cocaine use broadly in the Free State and Port Elizabeth.
- Ensure that drug treatment resources are available for young adults (and not just adolescents).
- Intensify efforts to prevent or delay the onset of substance use among adolescents.
- Establish an inpatient treatment centre for adolescents in the Durban area and in East London.
- Educate health professions about substance abuse and best practice interventions.
- Increase the availability of detox facilities in state hospitals.

SELECTED ISSUES TO MONITOR

Phase 23 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Increase in treatment admission related to heroin in Cape Town and East London.
- Utilisation of drug treatment services by Black/African patients.
- Increase in injection use of heroin in Cape Town and Gauteng, and methamphetamine in Cape Town.
- Treatment admissions related to methamphetamine in the Northern Cape and Port Elizabeth.
- Possible injection of petrol by street children.
- Age of patients using "Sugars" in KZN.

SELECTED TOPICS FOR FURTHER RESEARCH/ INVESTIGATION

At the SACENDU meetings in April 2008 various areas for further research were identified. These included:

- Experiences of parents of addicted adolescents.
- Appropriate aftercare services for families with an addicted family member.
- Relationship between substance use disorders and dropping out of school.
- Factors hindering injecting heroin users from getting into treatment.
- Factors restricting the Health Sector from more readily addressing substance abuse.
- Advantages of having drug treatment programmes focusing specifically on youth.
- Factors influencing the accessing of drug treatment centres by young people, including street children.
- HIV risk behaviour among street children.
- The effect of marketing on drug use practices.
- Availability and accessibility of methadone/buprenorphine for heroin patients in Mpumalanga.
- Availability of appropriate protocols for treating the abuse of over-the-counter and prescription drugs.

THANK YOU!

We would like to express our sincere thanks to three people, all of whom will be retiring from their role in the SACENDU project over many years: Firstly, to Hennie Potgieter (our Gauteng province SACENDU co-ordinator), who has given so much of himself for this project over the last 10 years. Secondly, to Pam Cerff who has been instrumental in organizing our data collection for SACENDU in Cape Town from the beginning of the project in 1996 and later in the Central Region. Thirdly, Susan Hon for her support in arranging our six-monthly SACENDU meetings around the country and for her role in preparing the Full SACENDU reports for the last seven years. Hennie, Pam and Susan, you will be sorely missed! Thank you for your dedication and contribution in making this project the success it is today! We wish you well as you begin the next chapter of your lives.

Charles Parry & Andreas Plüddemann

THANK YOU!



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