

MONITORING ALCOHOL & DRUG ABUSE TRENDS IN SOUTH AFRICA

(JULY 1996 – DECEMBER 2006)

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PHASE 21

FOREWORD

The Phase 21 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (12 April), Bloemfontein (16 April), Pretoria (17 April), Durban (18 April) and Port Elizabeth (PE) (19 April). These meetings were attended by a total of about 200 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, PE, East London (EL), Gauteng Province and Mpumalanga Province. 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, Grahams Town, Fort Beaufort, and King Williams Town), it was decided to begin to report data by province. In the second half of 2006 data were also collected from treatment centres in the Free State, Northern Cape and Northwest for the first time. For the purposes of this report, these three provinces have been combined into a regional group termed the "Central Region". Thus, for the first time, this report will now refer to the following six sites: Western Cape, KwaZulu Natal, Eastern Cape, Gauteng, Mpumalanga and

SACENDU

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the Central Region. Ultimately the goal is to include all nine of South Africa's provinces in the SACENDU project and to obtain data from as many treatment centres in these provinces as possible.

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 support networks of local role players in the substance abuse area.
- 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 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 21 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 27 specialist treatment centres/programmes participating in the project between July - December 2006 were methamphetamine (aka 'tik'), alcohol, cannabis and heroin (together comprising 89% of all admissions) (Table 3). Another increase in the proportion of patients presenting with methamphetamine as their primary substance of abuse was noted, increasing from 37% in the 1st half of 2006 to 42% in the 2nd half of 2006. 'Tik' has now been the most common primary substance of abuse reported by patients for the last three reporting periods. Overall, 2798 patients were treated across all 27 treatment centres/programmes in the 2nd half of 2006.

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In **KwaZulu-Natal (KZN)** the main primary substance of abuse continues to be alcohol, followed by cannabis and cocaine (together comprising 83% of all admissions). Admissions related to heroin abuse increased significantly (9%) due to the increase in the use of 'sugars', a mixture of cannabis, cocaine and heroin. Heroin appears to be the most 'active ingredient' in this mixture. The proportion of admissions related to cocaine also increased from 7% in the 1st half of 2006 to 11% in the 2nd half of 2006. A total of 921 patients were treated across the six treatment centres who submitted data in the second half of 2006.

In the **Eastern Cape (EC)** the main primary substances of abuse reported by the treatment centres from July - December 2006 were alcohol, cannabis and cocaine (Table 3). The proportion of patients reporting cocaine as their primary substance has increased alarmingly since 2004, with 19% reporting it as their primary drug in this period compared to 3% in the 2nd half of 2004. During this period 645 persons were treated at the nine centres currently collecting data in the Eastern Cape province.

In **Gauteng (GT)**, which includes the metropolitan areas of Johannesburg and Pretoria, 3295 admissions to 19 treatment centres were recorded in the 2nd half of 2006. For 47% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis (22%), cocaine (11%), and heroin (10%). The proportion of admissions for the various drugs remained fairly stable when compared to the 1st half of 2006, with a slight increase in heroin related admissions. The proportion of patients who reported methcathinone ('CAT') as a primary drug of abuse increased to 4%, another increase over the previous period. CAT has effects not unlike methamphetamine but is considered not quite as potent.

Table 1: Referral sources (July - December 2006) (Column % add up to 100)

Source	WC	KZN	EC	CR	Gauteng	Mpumalanga
Self/family/friends	42%	44%	53%	56%	59%	75%
Work/employer	10%	17%	17%	15%	9%	2%
Social services/welfare	18%	4%	4%	3%	10%	8%
Doctor/psychiatrist/nurse (aka health professionals)	14%	6%	12%	10%	6%	<1%
Hospital/clinic	3%	2%	4%	<1%	3%	7%
Court/correctional services	5%	11%	3%	2%	5%	7%
Schools	3%	7%	4%	5%	6%	0%
Church/religious body	3%	1%	2%	1%	1%	1%
Other e.g. radio	4%	9%	1%	1%	2%	1%

¹ Over-the-counter or prescription medicines; n <5 patients

In **Mpumalanga (MP)** the main primary substance of abuse reported by the treatment centres is still alcohol (47%), followed by cannabis (together comprising 81% of admissions). Heroin remains the 3rd most common primary drug in this site, with 10% of the 539 patients treated at the four treatment centres included in the study (i.e. Swartfontein, Mkondo, SANCA Witbank, and SANCA Nelspruit) during the 2nd half of 2006 reporting it as their primary drug.

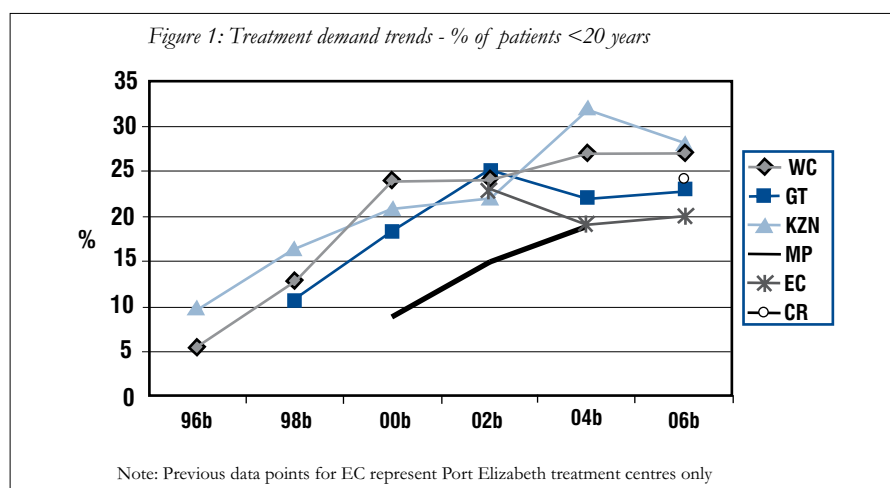
In the **Central Region (CR)** (comprising of Free State, Northern Cape and North West) alcohol was the most common primary substance of abuse reported by the 572 patients treated at one of the seven centres in the 2nd half of 2006, accounting for 61% of all admissions. Cannabis was the second most common primary substance (21%) followed by cocaine (6%). 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 72% (KZN) and 80% (CR) across sites. First-time admissions now appear to make up about three quarters of admissions, compared to about two-thirds in most sites 2-3 years ago. This indicates an increasing demand for services by persons who have not been in treatment before.

Referrals: Across all sites, the most common source of referral to specialist treatment centres was 'self/family/friends' (Table 1). In KZN, the EC and the CR this was followed by the employer. In the WC, GT and MP social services was the second most common referral source. In GT referrals from health professionals increased slightly and in KZN referrals from schools increased.

Gender: Across all sites between 75% (in the WC) and 85% (in MP) 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 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. In GT and MP 61% of patients younger than 20 years were African, indicating that in these sites there is better access to and utilization of treatment facilities by young African people compared to the adults.

Employment, marital status, education: Between 33% (WC) and 41% (KZN) of patients were employed full-time across sites. The proportion of patients who were students/pupils ranged from 14% in the WC to 22% in the CR. Across sites between 51% (CR) and 66% (WC) of patients have never been married, and over 85% 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

Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (July - December 2006)

Substance	WC	KZN	EC	CR	Gauteng	Mpumalanga
Alcohol	41	35	37	38	40	38
Cocaine/crack	32	29	28	27	29	30
Cannabis/Mandrax	28	27	30	24	23	25#
Heroin	24	21	26	27	24	23
Ecstasy	-	31#	28	-	22	-
Cannabis	20	21	21	19	20	24
Methamphetamine	22	-	22	-	25	-
Methcathinone	-	-	-	-	25	-
OTC/PRE1	40	37	38	38	41	38
Inhalants	-	14	-	14	-	27
All substances	28	30	31	32	32	31

¹ Over-the-counter or prescription medicines; # n = < 5 patients

11% of patients with heroin as their primary substance of abuse reported injecting as mode of use versus 42% in GT (increasing from 37% in the 1st half of 2006), and 33% in Mpumalanga.

Age of patients: Across sites the average age of persons seen by treatment centres was 28-33 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 19% (MP) and 28% (KZN) 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 the CR where medical aid was most common (27%) and MP where 'state' and 'self' were equally common (26%). Medical aids covered 25% of patients in GT and 19% in the WC. 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.

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 45% of admissions in the EC, 47% of admissions in GT and MP, 54% of admissions in KZN, and 61% of admissions in the CR. Alcohol accounted for 26% of admissions in WC (Table 3). The proportion of alcohol-related admissions remained stable in GT, but decreased in MP, WC and KZN. The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse ranged

from 35 years to 41 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 14% in MP to 25% in the WC and the CR. 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 all sites (except the WC), reported by between 19% and 34% of patients in these five sites. The proportion of patients with Mandrax as their primary substance of abuse has continued to decline or 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'. Persons seen in specialist treatment centres who had 'white pipes' (Mandrax) 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).

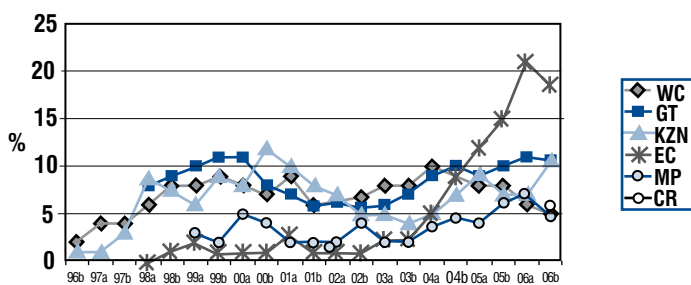
Data from specialist treatment centres suggests that the use of these substances is still mainly a male phenomenon. Between 0% and 9% of patients whose primary substance of abuse was 'white pipes' were female across all sites, and between 8% (GT) and 14% (WC) of patients whose primary substance was cannabis were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax in the WC, CR and EC, however over 80% of patients admitted for Mandrax abuse in GT were African.

COCAINE/CRACK

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack increased to 11% in KZN and remains very high in the EC (19%). Proportions in the other sites remained fairly stable (Table 3). The proportions ranged from 5% in the WC and MP to 19% in the EC (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. Between 12% (WC and CR) and 29% (EC) of all patients had used crack/cocaine either as their primary or secondary substance (Table 7). This indicates that cocaine is generally more common as a secondary substance of abuse than as a primary substance of abuse.

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 21% of patients whose primary substance of abuse was cocaine were female compared to 3% in the CR. The majority of patients with cocaine/crack as their primary substance of abuse are still White in most sites, although over 40% were Coloured in the EC (Table 5). Generally, few adolescent patients report

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



Note: Previous data points for EC represent Port Elizabeth treatment centres only

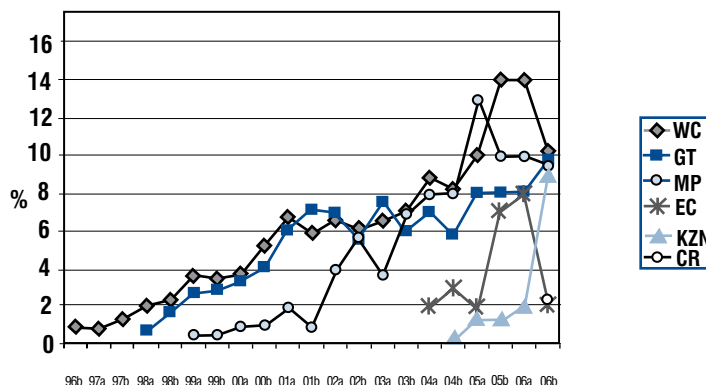
cocaine as their primary substance of abuse, the highest proportion being 13% in the EC. Between 32% (GT) and 43% (WC) of cocaine patients had been in treatment before.

HEROIN

In the WC, KZN, GT and MP between 9% and 10% of patients in specialist treatment centres had heroin as their primary drug of abuse. In the CR and

patients in KZN were younger, 21 years on average. Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In the WC 23% and in GT 20% of patients with heroin as the primary substance of abuse were female. In KZN, however, 98% of the heroin patients were male. In GT 35% of heroin patients were Black in the 2nd half of 2006, increasing significantly from 12% in the 2nd half of 2004. In

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



Note: Previous data points for EC represent Port Elizabeth treatment centres only

EC 2% reported heroin as their primary drug. The most significant increase in patients admitted for heroin abuse was noted in KZN, increasing to 9% from 2% or less in previous periods (Figure 3). An increase was also noted in GT, while a decrease was noted in the WC. The mean age of persons seen by treatment centres in the WC, GT and MP who had heroin as their primary substance of abuse was 23-24 years, remaining fairly stable (Table 2). However, heroin

GT heroin patients were also more likely to have received treatment before than patients treated for any other drug, with 39% reporting that they had been in treatment before. In KZN 52%, WC 37% and MP 27% of heroin patients had been in treatment previously. Patients treated for heroin addiction for the first time in the WC had been using heroin for an average of about three years. Intravenous use by patients with heroin as their primary drug of abuse

remains low in the WC, with only 11% reporting injection use. This is linked to the changing demographic profile of heroin patients, most of whom are now Coloured and prefer to smoke the drug. Only 1% of Coloured heroin patients reported injecting the drug compared to 45% of White heroin patients. In GT 42% of patients reported injecting, compared to 37% in the previous period. In MP 33% of heroin patients reported injecting, compared to 12% in the previous period (but 37% in the 2nd half of 2005). In this site 57% of the White patients reported injecting the drug, while none of the Black patients reported injecting. No heroin patients in KZN reported injecting this drug. A sharp increase in the proportion of Black heroin patients has been noted in MP, increasing from 11% in the first half of 2005 to 39% in the 2nd half of 2006 (Table 5). In KZN 11%, in the WC and GT 13%, and in MP 23% of all patients reported the use of heroin, as either primary or secondary drug (Table 7).

OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Between 2% and 3% of patients seen at specialist treatment centres from July - December 2006 had over-the-counter (OTC) or prescription medicines (PRE) listed as their primary substance of abuse. This is fairly similar to the previous six-month reporting periods. In GT 65% and in the WC 63% 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 37 years and 41 years (Table 2). These substances are more common as secondary drugs of abuse with between 5% and 8% 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 3% and 4% reporting Ecstasy as a primary or secondary substance of abuse (Table 7). Overall, LSD was reported by very few patients with, for example, only 30 patients reporting it as a primary or secondary drug of abuse in GT versus 12 patients in the WC.

In the WC the increase in methamphetamine use continued, with 42% reporting methamphetamine as their primary substance of abuse in the 2nd half of 2006. The mean age of patients presenting with methamphetamine as their primary drug of abuse was 22 years, lower than most other drugs. Most of the patients were Coloured (90%) and 72% were male. Most of the patients reported smoking the drug (99%) and no-one reported injecting the drug. Of the methamphetamine patients 58% reported daily use of the drug and a further 34% reported using it 2-6 days per week. Overall 52% of all patients reporting for treatment in the

WC in the second half of 2006 reported methamphetamine either as a primary or secondary substance of abuse (Figure 4). For patients younger than 20 years, 72% reported methamphetamine as either a primary or secondary substance of abuse, as was the case in the previous period. Very few patients in the other sites reported methamphetamine as their primary drug of abuse, although an increase was noted in the EC (3%).

In Gauteng the number of patients reporting methcathinone ('CAT') as their primary substance of abuse continues to increase with 122 (4%) reporting it as their primary substance compared to 94 in the previous 6-month period (3%). A total of 7% reported 'CAT' as either their primary or as a secondary drug of abuse. Few patients in the other sites report using this drug, with 13 reporting it as a primary or secondary drug in the WC. The effects of 'CAT' are described as being fairly similar to methamphetamine ('tik'), although considered not to be as potent.

OTHER SUBSTANCES

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with between 30% (CR) and 48% (WC) of patients in specialist treatment centres reporting more than one substance of abuse.

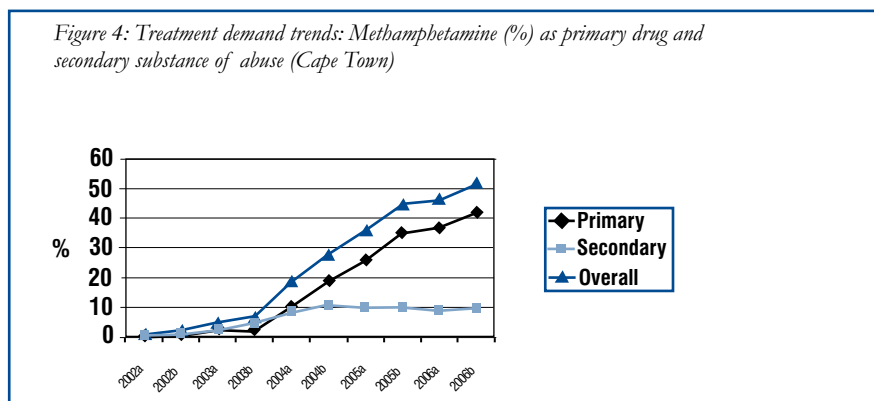


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/CraCrack	Heroin	Ecstasy	OTC/PRE.	Methamphetamine	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	
WC¹	2006b	26.4	10.5	2.9	4.8	10.2	0.1	1.6	42.3	0.8	2798	
Durban	1996b	73	10	10	1	<1	<1	1	.0	4	338	
	1997a	69	9	7	1	<1	<1	1	.0	11	311	
	1997b	62	21	6	3	1	1	3	.0	2	601	
	1998a	61	16	11	9	1	3	2	.0	0	817	
	1998b*	69	20	6	1	0	0	<1	.0	3	242	
	1999a	57	30	<1	6	1	1	1	.0	3	682	
	1999b	65	23	<1	9	<1	0	1	.0	1	607	
	2000a	57	25	6	8	1	1	2	.0	1	883	
	2000b	60	20	<1	12	<1	1	4	.0	2	679	
	2001a	59	21	1	10	<1	3	3	.0	4	585	
	2001b	58	26	7	8	<1	1	<1	.0	<1	774	
	2002a	65	22	2	7	<1	2	2	.0	<1	718	
	2002b	60	26	4	5	<1	1	2	.0	<1	910	
	2003a	64.3	23.2	2.1	5.1	0.2	1.6	2.4	.0	1.2	574	
	2003b	65.3	23.6	4.0	4.0	1.1	0.5	0.3	.0	0.8	376	
	2004a	59.6	22.8	10.2	4.3	0.0	0.5	1.7	.0	1.0	413	
	2004b	52.0	24.8	13.5	6.8	0.3	0.4	1.5	.0	0.7	689	
2005a	48.1	32.4	6.2	8.9	1.4	0.3	1.5	.0	1.2	945		
2005b	57.6	27.5	2.8	6.6	1.3	1.0	1.8	.0	1.4	846		
2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485		
KZN²	2006b	54.0	18.5	0.9	10.5	9.1	0.3	3.4	0.2	3.4	921	
PE	1997a	58		23	<1	<1	<1	5	.0	13	316	
	1997b	66		20	<1	<1	<1	3	.0	9	416	
	1998a	74		22	0	0	1	3	.0	<1	380	
	1998b	68		23	1	0	0	8	.0	1	361	
	1999a	55		30	2	1	0	11	.0	1	341	
	1999b	63		29	1	0	0	7	.0	0	328	
	2000a	55		36	1	0	<1	8	.0	0	252	
	2000b	65		26	1	0	<1	4	.0	4	312	
	2001a	48		45	3	0	1	3	.0	<1	393	
	2001b	58		36	1	0	1	4	.0	<1	398	
	2002a	45	19		29	1	0	1	0.0	.0	<1	431
	2002b	55	13		25	1	1	1	0.0	.0	0	369
	2003a	46.1	16.4		29.7	2.4	0	0.4	0.0	.0	0.4	499
	2003b	51.4	11.8		26.1	2.2	0	0.4	0.0	.0	2.7	449
	2004a	47.5	14.7		23.8	5.3	2.2	3.2	0.0	.0	0.0	505
	2004b	45.5	12.7		25.4	8.9	2.9	1.4	0.0	.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	

E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	.0	-	148
	2004b	51.9	11.6	27.1	2.8	1.7	1.7	1.7	.0	1.1	181
	2005a	51.7	17.4	17.9	8.7	-	2.4	1.0	.0	1.0	207
	2005b	71.5	12.4	5.6	6.4	1.5	0.4	2.2	.0	1.0	267
	2006a	64.1	19.4	4.9	10.2	1.0	0.0	0.5	.0	0.0	206
EC³	2006b	45.4	19.2	7.6	18.6	2.0	0.8	3.4	.8	0.2	645
Gauteng	1998a	69	11	5	8	<1	<1	4	.0	3	2125
	1998b	68	12	4	9	2	<1	4	.0	2	2372
	1999a	67	10	4	10	3	<1	4	.0	1	2741
	1999b	63	14	5	11	3	<1	3	.0	2	2613
	2000a	60	19	2	11	3	<1	3	.0	1	2514
	2000b	60	21	1	8	4	1	4	.0	2	2673
	2001a	54	21	6	7	6	<1	4	.0	2	2838
	2001b	52	24	5	6	7	<1	4	.0	2	2676
	2002a	54	22	5	6	7	<1	4	.0	2	2945
	2002b	54	23	5	6	6	1	3	.0	2	2587
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	.0	2.1	2617
	2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	.0	2.4	2711
	2004a	50.4	19.0	8.1	9.1	7.0	0.8	3.3	.0	2.3	2813
	2004b	51.0	18.8	7.7	9.9	5.8	0.9	2.9	.0	2.9	2654
	2005a	46.6	21.6	7.2	9.0	8.4	0.6	3.1	.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
Mpuma- langa	1999a	76	13	1	3	<1	<1	3	.0	2	325
	1999b	76	15	2	2	<1	<1	1	.0	1	376
	2000a	71	12	2	5	1	1	5	.0	3	315
	2000b	77	14	0	4	1	1	2	.0	0	408
	2001a	70	20	1	2	2	2	2	.0	2	389
	2001b	69	15	3	2	1	2	5	.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
CR⁴	2006b	61.4	20.8	1.4	5.8	2.3	0.2	2.6	0.5	5.1	572

¹ Cape Town, Atlantis, Worcester; ² Durban, Pietermaritzburg; ³ Port Elizabeth, East London (and surrounding areas), Umtata; ⁴ Free State, North West, Northern Cape

Table 4: Comparison of proportion of patients in treatment (July - December 2006) with census data – by site¹

		African	Indian	Coloured	White
Western Cape	Population ¹	27%	1%	54%	18%
	In treatment	6%	1%	69%	23%
KwaZulu-Natal	Population ¹	85%	8%	2%	5%
	In treatment	33%	32%	11%	24%
Eastern Cape	Population ¹	88%	<1%	7%	5%
	In treatment	34%	2%	36%	27%
Central Region	Population ^{1*}	84%	<1%	8%	8%
	In treatment	32%	<1%	30%	38%
Gauteng	Population ¹	74%	2%	4%	20%
	In treatment	34%	3%	10%	53%
Mpumalanga	Population ¹	92%	<1%	1%	7%
	In treatment	51%	2%	4%	44%

¹ Statistics South Africa, 2001 Census

Table 5: Primary substance by race (columns per site add up to 100%): July - December 2006

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ Cocaine	Ecstasy	Heroin	Methamphetamine
Western Cape							
Black/African	13%	15%	11%	4%	0%	0%	1%
Coloured	43%	67%	85%	31%	75%	77%	90%
Asian/Indian	1%	<1%	1%	6%	0%	4%	1%
White	43%	18%	3%	59%	25%	20%	8%
KwaZulu-Natal							
Black/African	45%	38%	13%	4%	-	0%	-
Coloured	8%	19%	25%	23%	-	4%	-
Asian/Indian	23%	27%	63%	31%	-	94%	-
White	24%	16%	0%	42%	-	2%	-
Eastern Cape							
Black/African	47%	53%	25%	3%	-	0%	0%
Coloured	31%	30%	63%	44%	20%	15%	61%
Asian/Indian	1%	2%	2%	7%	-	8%	0%
White	21%	15%	10%	47%	80%	77%	39%
Gauteng							
Black/African	28%	61%	82%	13%	13%	35%	0%
Coloured	7%	15%	15%	19%	25%	3%	13%
Asian/Indian	3%	3%	0%	9%	0%	2%	25%
White	62%	21%	3%	60%	63%	61%	63%
Mpumalanga							
Black/African	49%	67%	-	4%	-	39%	-
Coloured	3%	4%	-	8%	-	4%	-
Asian/Indian	2%	2%	-	0%	-	0%	-
White	46%	27%	-	88%	-	58%	-
Central Region							
Black/African	29%	55%	38%	6%	-	23%	-
Coloured	28%	26%	62%	33%	-	31%	-
Asian/Indian	1%	0%	-	3%	-	0%	-
White	42%	19%	-	58%	-	46%	-

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	Meth.	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	-	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
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
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
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
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
Central Region	06b	19.7	58.4	2.2	2.2	0.0	0.0	0.0	17.5	137

Table 7: Overall substances of abuse* (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth.	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
WC	06b	41.5	33.0	13.4	12.4	12.5	3.7	51.9	4.9	2798
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
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
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
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
Central Region	06b	70.5	29.0	5.1	11.5	3.5	3.0	0.5	7.9	572

* 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 21 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:

- Redouble efforts to address methamphetamine use in the WC (including sexual risk behaviour).
- Intensify efforts to address alcohol abuse and cannabis use among adolescents (and children). In the Northern Cape also focus on inhalant abuse. The focus should, among other things, be on peer networks and intervening with parents.
- Review South Africa's capacity to deal with possible increase in synthetic stimulants.
- Address barriers to treatment experienced by Black Africans.
- Increase activities aimed at reducing alcohol abuse and cocaine use in the CR.
- Move forward on plans to establish a specialist inpatient rehabilitation centre in the Northern Cape.
- Ensure there are adequate detox facilities in the Free State.

SELECTED ISSUES TO MONITOR

Phase 21 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Methamphetamine use among groups other than Coloureds in the WC, including movement from it being a secondary to a primary drug of abuse in GT.
- Increase in methcathinone ('CAT') use outside of GT.
- Cocaine use among females in GT and female patients in general in KZN.
- Increase in heroin use among patients younger than 20 years in MP and GT.
- Shift from using heroin as a secondary to a primary drug in MP.
- Increase in female patients under 20 years in MP.

SELECTED TOPICS FOR FURTHER RESEARCH/ INVESTIGATION

At the SACENDU meetings in April 2007 various areas for further research were identified. These included:

- Investigate factors preventing substance abuse in groups such as African females.
- Extent to which payment considerations influence treatment seeking behaviour.
- Mechanisms through which methamphetamine use influences sexual risk behaviour.
- Effect of methamphetamine on gender violence.
- Routes by which children start using drugs like methamphetamine and 'Sugars' and factors that protect certain children from using.
- What has happened to the older alcohol patients who used to dominate treatment settings?
- Investigate effect of methcathinone ('CAT') use among young adults.
- Effect of patients' low education on treatment effectiveness.
- Cost effectiveness of medical aids paying for substance abuse treatment early on.
- Consequences of cannabis use among rural populations.
- How can Health and Social Service departments work in a more integrated way at provincial level?



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