



SACENDU Research Brief, Vol 6 (1), 2003

Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – December 2002)

Andreas Plüddemann, Charles Parry, Arvin Bhana, Nadine Harker, Hennie Potgieter, & Welma Gerber

Phase 13

Foreword

The Phase 13 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (16 April 2003), Port Elizabeth (PE) (23 April), Durban (24 April) and Pretoria (25 April). These meetings were attended by about 160 persons.

SACENDU was established in 1996 by the Medical Research Council of South Africa (MRC) and the University of Durban-Westville's School of Psychology with technical support from the US National Institute on Drug Abuse (NIDA). Financial support for this project was initially provided by the United Nations Development Programme (UNDP) via the Programme on Substance Abuse of the World Health Organization (WHO/PSA). Financial support for Phase 13 was provided by the Gauteng Department of Social Services and Population Development, and the Mental Health and Substance Abuse Directorate of the National Department of Health.

SACENDU is a network of researchers, practitioners and policy makers from five sentinel areas in South Africa (Cape Town, Durban, PE, Gauteng Province and Mpumalanga Province). 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:

- a. To support networks of local role players in the substance abuse area.

- b. To identify changes in the nature and extent of AOD abuse and emerging problems (i.e. to act as an early warning system).
- c. To identify changes in alcohol and other drug-related negative consequences.
- d. To inform policy, planning and advocacy efforts at local and other levels.
- e. To stimulate research in new or under-researched areas that are likely to provide useful data to inform policy/planning decisions.
- f. To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug abuse.

Treatment centres: Site summary

In Cape Town the most common primary substances of abuse reported by the 22 specialist treatment centres participating in the project between July – December 2002 were alcohol, cannabis, and the cannabis (dagga)/Mandrax (Methaqualone) "white pipe" combination (together comprising 82% of all admissions) (Table 3 on p. 3). The proportion of patients in treatment for alcohol abuse has remained fairly stable over the past three years. The proportion of persons in treatment for the abuse of the dagga/Mandrax combination declined slightly in the 2nd half of 2002, with more patients being treated with cannabis (alone) as their primary substance of abuse. The proportion of patients with heroin as their primary substance of abuse remained fairly stable, while the proportion of patients with cocaine or

crack as their primary substance seems to be decreasing slightly since the second half of 2001. Figures for other primary substances of abuse remained stable. Overall, 1 549 patients were treated across all 22 treatment centres in the 2nd half of 2002.

In Durban the main primary substance of abuse was alcohol, followed by cannabis on its own, then cocaine/crack (together comprising 91% of all admissions). Admissions where cannabis or the cannabis/Mandrax combination is the primary substance of abuse have remained fairly stable, and admissions where cocaine/crack is the primary substance of abuse have decreased slightly (Table 3 on p. 3). A total of 910 patients were treated in the three treatment centres included in Durban and a fourth centre in Underberg.

In PE the main primary substances of abuse reported by the treatment centres from July - December 2002 were alcohol followed by the cannabis/Mandrax combination and cannabis alone (together comprising 93% of admissions). Over the past 2 years the proportion of patients presenting for alcohol abuse has remained relatively stable, although there has been some fluctuation in both these proportions and the proportion treated for the abuse of cannabis and/or Mandrax. For the first time in four years, two patients were treated for heroin abuse in this city. During this period 369 persons were treated at the SANCA PE and Welbedacht centres.

[Continue to page 2](#)

Editorial Note: Please note that some of the descriptive data reported for Port Elizabeth refers to the SANCA treatment centre only (such as the substance type breakdowns by race, gender and details on age).

Table of Contents

Foreword	1	Implications for future research and policy	8
Treatment centres: Site summary	1		
Findings by drug of use/abuse	3		

Continued from page 1

In **Gauteng Province**, which includes the metropolitan areas of Johannesburg and Pretoria, 2587 admissions to 17 treatment centres were recorded in the 2nd half of 2002. In the case of 54% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis alone (24%), heroin (6%), cocaine/crack (6%), and cannabis/Mandrax (5%). All proportions have remained fairly stable over the past 18 months. Heroin seems to have established itself as the third most common primary substance of abuse (after alcohol and cannabis), although an equal proportion of patients were treated for cocaine abuse during the 2nd half of 2002.

In **Mpumalanga** the main primary substance of abuse reported by the treatment centres from July - December 2002 was alcohol, followed by cannabis (together comprising 84% of admissions). An increase in patients with cocaine as their primary substance of abuse, and a substantial increase in patients with heroin as their primary substance of abuse has occurred. During this period 425 persons were treated at the four treatment centres included in the study (i.e. Swartfontein, Themba (now Mkondu), SANCA Witbank, and SANCA Nelspruit).

Treatment issues

First time admissions: The proportion of first time admissions to treatment centres in Cape Town, Durban, PE, Gauteng and Mpumalanga was 67%, 79%, 77%, 67% and 68% respectively. These proportions have remained fairly stable. First time admissions provides a crude estimate of the incidence of drug abuse.

Referrals: Across all sites, the most common sources of referral to specialist treatment centres were “self/family/friends”, followed by “work/employer”. In Cape Town, social services referred a higher proportion of patients than in the other sites (Table 1 on p. 2). Referral sources have remained fairly stable over time and across sites, although a decrease in referrals from social services did occur in some sites.

Gender: Across all sites between 80% (in Cape Town) and 84% (in Durban) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). It appears that women are

Table 1: Selected referral sources (July - December 2002) (Column % add up to 100)

Source	Cape Town	Durban	PE	Gauteng	Mpumalanga
Self/family/friends	38%	46%	44%	62%	45%
Work/employer	14%	25%	18%	10%	23%
Social services/welfare	14%	7%	4%	8%	5%
Doctor/psychiatrist/nurse (aka health professionals)	8%	8%	10%	4%	4%
Hospital/clinic	4%	1%	8%	2%	1%
Court/correctional service	6%	7%	4%	3%	16%
Schools	6%	5%	7%	8%	3%
Church/religious body	4%	<1%	2%	2%	2%
Other e.g. radio	4%	<1%	2%	1%	1%

Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (July - December 2002)

Substance	Cape Town	Durban	PE*	Gauteng	Mpumalanga
Alcohol	39	38	36	41	39
Cocaine/crack	30	28	#	28	29
Cannabis/Mandrax	25	24	27	22	26
Heroin	23	-	#	23	25
Ecstasy	21	21	#	21	21
Cannabis	21	24	21	20	20
OTC/PRE ¹	38	39	35	n/a	45
All substances	31	33	29	32	35

* Data from SANCA PE only (i.e. excluding Welbedacht treatment centre)

n < 5

1 – Over-the-counter or prescription medicines

still not adequately represented in treatment centre statistics. This probably reflects an unmet service need as well as the fact that substance abusing males may act out more and may thus be more likely to be encouraged or forced to go into treatment.

Race: Black-Africans continue to be under-represented in the treatment population in all five sites (Table 4 on p. 4), however the proportion of Black-

African patients in treatment increased slightly in Gauteng during the 2nd half of 2002. Furthermore, 56% of all patients younger than 20 years in Gauteng were African, while only 27% of those older than 19 years were African. In Cape Town 27% of patients younger than 20 years were African compared to 10% of those who were 20 years or older. Thus there is an indication that in these sites there is better access to and utilization of

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

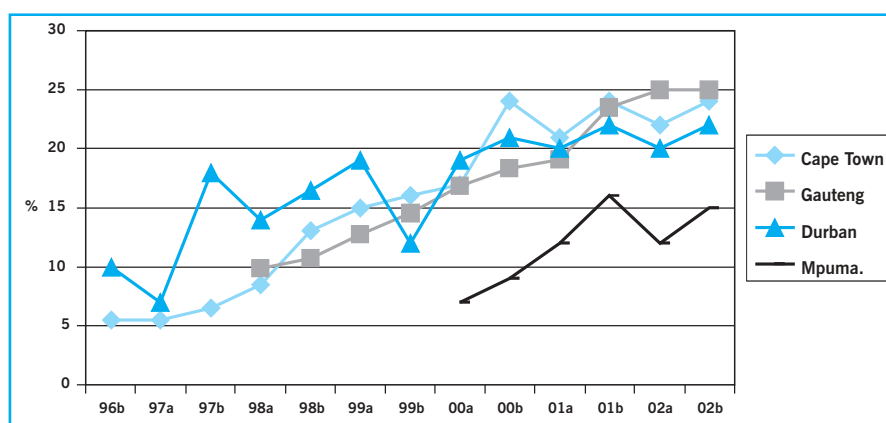


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Other	N
Cape Town	1996b	81	4	9	2	1	0	2	2	1954
	1997a	82	5	7	4	1	<1	2	<1	2103
	1997b	78	6	9	4	1	1	1	<1	2160
	1998a	74	5	10	6	2	<1	2	<1	2301
	1998b	64	9	14	8	2	<1	2	<1	1361
	1999a	56	9	20	8	4	1	2	<1	1527
	1999b	50	15	20	9	3	<1	2	1	1550
	2000a	48	12	23	8	4	2	4	1	1695
	2000b	51	13	19	7	5	1	3	<1	1696
	2001a	46	12	21	9	7	2	4	2	1571
	2001b	46	12	25	6	6	1	2	2	1561
	2002a	48	14	21	7	7	2	2	1	1608
	2002b	47	18	17	7	6	1	2	1	1549
Durban	1996b	73	10	10	1	<1	<1	1	4	338
	1997a	69	9	7	1	<1	<1	1	11	311
	1997b	62	21	6	3	1	1	3	2	601
	1998a	61	16	11	9	1	3	2	0	817
	1998b*	69	20	6	1	0	0	<1	3	242
	1999a	57	30	<1	6	1	1	1	3	682
	1999b	65	23	<1	9	<1	0	1	1	607
	2000a	57	25	6	8	1	1	2	1	883
	2000b	60	20	<1	12	<1	1	4	2	679
	2001a	59	21	1	10	<1	3	3	4	585
	2001b	58	26	7	8	<1	1	<1	<1	774
	2002a	65	22	2	7	<1	2	2	<1	718
	2002b	60	26	4	5	<1	1	2	<1	910
PE	1997a	58	23		<1	<1	<1	5	13	316
	1997b	66	20		<1	<1	<1	3	9	416
	1998a	74	22		0	0	1	3	<1	380
	1998b	68	23		1	0	0	8	1	361
	1999a	55	30		2	1	0	11	1	341
	1999b	63	29		1	0	0	7	0	328
	2000a	55	36		1	0	<1	8	0	252
	2000b	65	26		1	0	<1	4	4	312
	2001a	48	45		3	0	1	3	<1	393
	2001b	58	36		1	0	1	4	<1	398
	2002a	45	19	29	1	0	1	4	<1	431
	2002b	55	13	25	1	1	1	4	0	369
	Gauteng	1998a	69	11	5	8	<1	<1	4	3
1998b		68	12	4	9	2	<1	4	2	2372
1999a		67	10	4	10	3	<1	4	1	2741
1999b		63	14	5	11	3	<1	3	2	2613
2000a		60	19	2	11	3	<1	3	1	2741
2000b		60	21	1	8	4	1	4	2	2673
2001a		54	21	6	7	6	<1	4	2	2838
2001b		52	24	5	6	7	<1	4	2	2676
2002a		54	22	5	6	7	<1	4	2	2945
2002b		54	23	5	6	6	1	3	2	2587
Mpumalanga	1999a	76	13	1	3	<1	<1	3	2	325
	1999b	76	15	2	2	<1	<1	1	1	376
	2000a	71	12	2	5	1	1	5	3	315
	2000b	77	14	0	4	1	1	2	0	408
	2001a	70	20	1	2	2	2	2	2	389
	2001b	69	15	3	2	1	2	5	3	389
	2002a	71	16	<1	2	4	1	3	3	419
	2002b	68	16	2	4	6	1	2	1	425

* Data for the Newlands Treatment Centre only. Row % add up to 100.

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 Cape Town 34% of patients with heroin as their primary substance of abuse reported injecting as a mode of use and in Gauteng 48%.

Age of patients: Across sites the average age of persons seen by treatment centres was 29-35 years and has remained fairly stable (Table 2 on p. 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 Ecstasy 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 a fifth and a quarter falling in this age group in Gauteng, Cape Town, Durban and PE (Figure 1).

Sources of payment

The most common source of payment in Cape Town, Gauteng, and Durban was “family”. In Gauteng this was followed closely by the “state”. In PE 24% of patients had “medical aid” as their source of payment, the highest proportions of all the sites. In Mpumalanga the most common source was the state.

FINDINGS BY DRUG OF USE/ABUSE

Alcohol

Specialist treatment centres

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment centres across all five sites, accounting for 68% of admissions in Mpumalanga, 60% of admissions in Durban, 54% of admissions in Gauteng, 55% of admissions in PE and 47% of admissions in Cape Town (Table 3 on p. 3). The proportion of alcohol-related admissions remained fairly stable in all sites except PE where an increase from 45% in the 1st half of 2002 occurred.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse was 36 years

treatment facilities by young African people compared to the adults. In Durban and Mpumalanga the proportion of young Africans in treatment is not significantly different from the proportion of adult Africans in treatment.

Employment, marital status, education: In Gauteng, Cape Town and PE about a third of patients in treatment

are employed full-time, whereas in Durban and Mpumalanga about half are employed full-time. The proportion of patients who are students/pupils is increasing in all sites and ranges from 13% in Mpumalanga to 21% in Gauteng. Across sites between 44% and 52% of patients have never been married, and over 75% of patients in all sites have

Continue to page 4

Continued from page 3

in PE, 38 years in Durban, 41 years in Gauteng, and 39 years in Cape Town and Mpumalanga. This is substantially older than the mean age for other drugs (see Table 2 on p. 2). Such patients are also more likely to be male. The proportion of patients in Cape Town and Gauteng with alcohol as the primary substance of abuse who were female was 21%, 17% in Durban, 20% in PE and 18% in Mpumalanga. About half of patients treated for alcohol abuse in Cape Town were Coloured, whereas in Gauteng 62% were White. In Mpumalanga 36% were African and 57% were White. In PE 32% were African and 49% were Coloured. In Durban 30% of the patients having alcohol as their primary substance of abuse were Indian and 37% were Black (Table 5 on p. 5).

Psychiatric treatment

Alcohol-related diagnoses are common among psychiatric inpatients seen in Cape Town, accounting for 23% of discharge diagnoses at Stikland Hospital. At the Elizabeth Donkin Psychiatric Hospital in PE, 5% of patients had an alcohol-related discharge diagnosis. In Gauteng, at TARA

Hospital, 8% of discharge diagnoses were alcohol-related (although most had “alcohol with another psychiatric diagnosis”). This figure has remained fairly stable over time. Some patients (5%) were also diagnosed with a combination of “alcohol, other drug and psychiatric diagnosis”.

Other studies

A community survey of 841 adolescents aged 12-17 years was conducted in Cape during July – October 2002. The survey found that 20% of the respondents had used alcohol at least once and of these 70% reported binge drinking in the past month (i.e. having had 5 or more drinks on one occasion). The survey was conducted by the Medical Research Council’s Alcohol and Drug Abuse Research Group in collaboration with Mount Sinai School of Medicine, New York and further analysis of the data collected is in progress.

A qualitative study conducted by the Medical Research Council’s Alcohol & Drug Abuse Research Group in 2002, investigating determinants of alcohol-related sexual risk behaviours among

adults in Pretoria found high rates of alcohol consumption as well as engagement in risky sexual behaviour. Open engagement in risky sexual behaviour, including the lack of condom use, was noted in some of the drinking venues, usually under the influence of alcohol. A number of the drinking venues were below required health standards, and high levels of alcohol consumption were observed. Focus group discussions yielded an acceptance of heavy drinking and multiple sexual relationships among the participants. The results pointed to an urgent need for HIV-related interventions among alcohol-using populations.

A national study commissioned by the National Agricultural Marketing Council in 2002 found that over half of drinkers reported drinking problems. The study highlighted various problems associated with the use of cheap white wine and among the users of such products, including high levels drinking to intoxication, verbal/physical abuse, and problems associated with work and money.

SACENDU

Cannabis (dagga) and cannabis/Mandrax Specialist treatment centres

Cannabis or cannabis/Mandrax (“white pipes”) were the second most common primary substances of abuse among patients seen at specialist treatment facilities, together accounting for 35% of admissions in Cape Town, 28% in Gauteng, 39% in PE, 30% in Durban and 18% in Mpumalanga (Table 3 on p. 3). These proportions have remained fairly stable over the past two years, with some fluctuation occurring in Durban and PE. These substances were also commonly reported as secondary drugs of abuse. Persons seen in specialist treatment centres who had “white pipes” as their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of abuse in Cape Town, Mpumalanga and PE (by 4-6 years), with the cannabis patients being an average of 20-21 years (Table 2 on p. 2). Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. In Cape Town and Gauteng only 8% of patients whose primary substance of abuse was “white pipes” were female, and in Cape

Town 13% and Gauteng 10% of patients whose primary substance was cannabis on its own were female. The corresponding percentages for Durban were 3% and 11%, 0% and 8% for Mpumalanga, and 7% and 9% for PE. In Cape Town 57% of patients with cannabis as their primary substance of abuse were Coloured, 22% were Black/African and 20% were White. In PE 33% were Coloured, 26% Black and 35% were White. In Gauteng 58% were Black/

African and 28% were White (Table 5 on p. 5). Cannabis patients in Mpumalanga were mainly White (55%) or black/African (36%) in this reporting period. Patients whose primary substance of abuse was the “white pipe” combination were predominantly Coloured in Cape Town and PE, Indian in Durban, and Black/African in Gauteng and Mpumalanga.

The most common primary substance of abuse for patients younger than 20 years in all sites is cannabis. In Cape

Table 4: Comparison of proportion of patients in treatment (July - December 2002) with census data – by site¹

		African	Indian	Coloured	White
Cape Town	Population ¹	26%	2%	50%	22%
	In treatment	14%	1%	52%	33%
Durban	Population ¹	55%	24%	4%	17%
	In treatment	31%	32%	11%	26%
PE	Population ¹	57%	1%	24%	18%
	In treatment	25%	5%	48%	22%
Gauteng	Population ¹	70%	2%	4%	23%
	In treatment	34%	4%	8%	54%
Mpumalanga	Population ¹	89%	1%	1%	9%
	In treatment	33%	3%	5%	60%

¹ Statistics South Africa, 1996 Census

Town, Gauteng and PE the second most common primary substance for these patients is the cannabis/Mandrax combination.

Cases, seizures & price

Following the restructuring in the South African Police Service and the subsequent disbanding of the Narcotics Bureau (SANAB) in many parts of the country, data are now only obtained from four Forensic Science Laboratories (FSL) which receive all drug cases in the country for analysis, with the exception of cannabis where the courts will accept an experienced police officer's expert opinion that the substance in question is indeed cannabis. The FSL in Pretoria services Gauteng province, North West, Limpopo, Mpumalanga and the Free State. The Western Cape FSL receives cases from the Northern and Western Cape, and the Eastern Cape and KwaZulu Natal FSLs process cases from their respective provinces.

The FSL in Pretoria recorded a total of 62 182 Mandrax tablets and over 226 000g of Mandrax powder seized between July - December 2002, representing a marked decrease over the previous two reporting periods (Table 7 on p. 7). However, the number of Mandrax cases processed by this lab has remained fairly stable (Table 6 on p. 7). The FSL in the Western Cape recorded an increase in Mandrax seizures and the number of cases processed compared to the first half of 2002. Cases and seizures recorded by the Eastern Cape and KwaZulu Natal FSLs remained relatively stable. Most of the cases processed by the Western Cape, Eastern Cape and KwaZulu Natal laboratories involve Mandrax, whereas the laboratory in Pretoria usually has more cocaine and amphetamine cases than Mandrax.

The price of cannabis remains at about R1 per gram. The price of Mandrax tablets varies from R25-R40 in most sites, although no price data were obtained from Gauteng and Mpumalanga for this reporting period.

Table 5: Primary substance by race (columns per site add up to 100%) – July - December 2002

	Alcohol	Cannabis	Cannabis/Mandrax	Crack/cocaine	Ecstasy	Heroin
Cape Town						
Black/African	14%	22%	17%	1%	0%	1%
Coloured	49%	57%	75%	32%	73%	22%
Asian/Indian	<1%	1%	2%	6%	0%	1%
White	37%	20%	7%	61%	27%	76%
Durban						
Black/African	37%	26%	25%	0%	9%	0%
Coloured	8%	18%	25%	10%	0%	0%
Asian/Indian	30%	36%	41%	30%	27%	50%
White	25%	20%	9%	59%	64%	50%
PE#						
Black/African	32%	26%	22%	0%	0%	0%
Coloured	49%	33%	62%	0%	33%	0%
Asian/Indian	4%	7%	7%	0%	0%	0%
White	16%	35%	10%	100%	67%	100%
Gauteng						
Black/African	29%	58%	52%	10%	4%	7%
Coloured	6%	10%	23%	8%	4%	2%
Asian/Indian	4%	3%	7%	10%	21%	1%
White	62%	28%	18%	71%	71%	90%
Mpumalanga						
Black/African	36%	36%	75%	13%	0%	0%
Coloured	6%	5%	13%	6%	0%	0%
Asian/Indian	2%	5%	0%	0%	0%	8%
White	57%	55%	13%	81%	100%	92%

* - refers to crack only (cocaine powder: 5% Indian, 81% White, and 14% Coloured)

- Data from SANCA PE only (i.e. excluding Welbedacht treatment centre)

Other studies

The community survey of 841 adolescents conducted in Cape during July – October 2002 found that 7% of the respondents had used cannabis at least once in their life.

Cocaine/Crack Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary

substance of abuse was cocaine powder/crack remained stable or declined slightly in all sites except Mpumalanga, where a slight increase occurred (Table 3 on p. 3). The proportion of patients in Cape Town, Durban, PE, Gauteng and Mpumalanga who had cocaine/crack as their primary drug of abuse was 7%, 5%, 1%, 6% and 4% respectively (Figure 2). Cocaine powder is primarily snorted, and crack is

Continue to page 6

Continued from page 4

smoked. In Cape Town 11% and in Gauteng 14% of all patients had used crack/cocaine either as their most frequently used substance, or their second, third or fourth most frequently used substance. In Gauteng cocaine/crack was the 3rd most commonly reported secondary drug of abuse after cannabis and alcohol.

In Cape Town, Gauteng, Durban and Mpumalanga the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 28 to 30 years (Table 2 on p. 2). In Cape Town 44% and in Gauteng 21% of patients whose primary substance of abuse was cocaine powder were female, whereas over 80% of crack patients were male in these two sites. Although the majority of patients with cocaine/crack as their primary substance of abuse were White in all sites, a slight increase in the proportion of Black patients was noted in Gauteng (Table 5 on p. 5).

Cases, seizures & price

Seizures of cocaine reported by the FSLs decreased in all sites, although the number of cases processed by the KwaZulu Natal lab increased. In this reporting period the Pretoria lab reported the largest amount of cocaine seizures (52kg), whereas the Western Cape lab reported the largest seizures in the previous two reporting periods. Interesting to note is the large number of cases (194) processed by the KwaZulu Natal lab in relation to the total amount seized (697g). The price ranges from R200-R300 per gram for cocaine powder and from about R35-R100 per crack rock in most sites. PE reports substantially higher prices for crack (R200 per rock).

**Over-the-counter and prescription medicines
Specialist treatment centres**

Between 2% and 4% of patients seen at specialist treatment centres in Cape Town, Durban, PE, Gauteng, and Mpumalanga from July - December 2002 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 period. In Gauteng, Cape Town and PE over 60% of patients who had over-the-counter or prescription medicines as their primary substance of abuse were female. Substances abused included

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

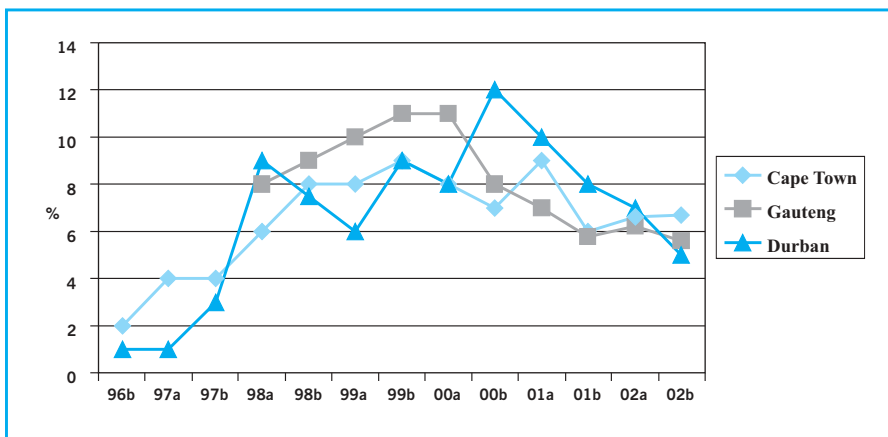


Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse

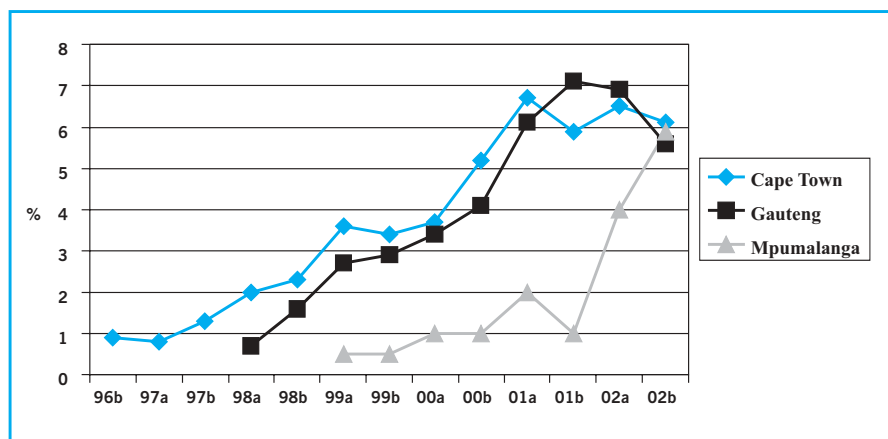
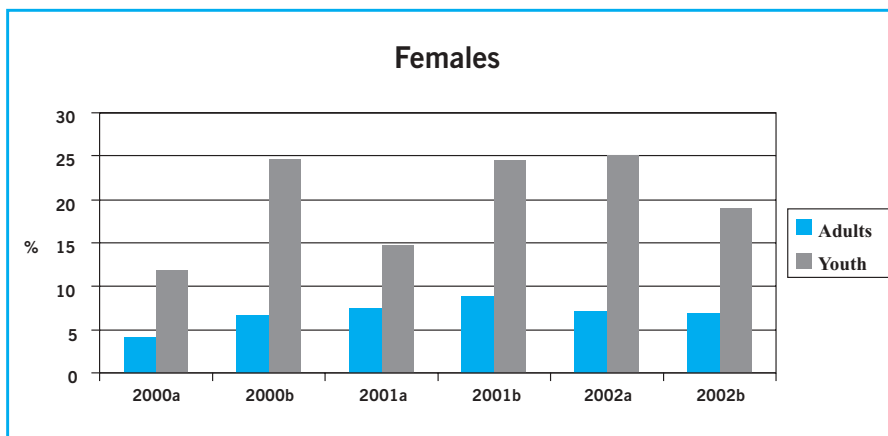


Figure 4: Proportion (%) of female adults and youth (<20 years) in treatment whose primary drug of abuse is heroin (Cape Town)



benzodiazepines, analgesics, Codeine products, Valium, Pethidine, Syndol, and Stilpain.

Club drugs: Ecstasy, Speed (Methamphetamine), and LSD

Specialist treatment centres
The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy, LSD, or Speed remains low across all sites. No more

than 1% of patients reported Ecstasy as their primary substance of abuse across the five sites. Ecstasy was reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities in Cape Town, Durban and Gauteng. The patients in treatment where the primary drug of abuse was Ecstasy were mostly White, except in Cape Town where they were mostly Coloured (Table 5 on p. 5). In Cape Town an increase in the proportion

of female Ecstasy patients was noted, whereas in Gauteng most patients were male. In Cape Town eight patients reported Speed as their primary substance of abuse.

Cases, seizures & price

The Pretoria FSL reported receiving over 147 000 tablets of amphetamine-type stimulants (ATS) (most of which are MDMA), an increase over the previous period. The number of cases also increased to over 400. A significant increase in seizures was also reported at the KwaZulu Natal lab (over 115 000 tablets). Seizures of LSD were fairly low in all sites, with only the Pretoria lab reporting over 1000 units seized. Prices reported for Ecstasy tablets ranged from R25 to R120 in Cape Town, and in Durban and PE the price reported was R100 per tablet.

Heroin

Specialist treatment centres

In Cape Town and Gauteng 6% of patients in specialist treatment centres had heroin as their primary drug of abuse, which represents a slight decrease over the previous period but still an overall increase over the last 5 years in both sites (Figure 3). In Mpumalanga 6% of patients had heroin as their primary substance of abuse, an increase over previous periods (Table 3 on p. 3). About half the heroin patients treated in Mpumalanga came from Gauteng. Durban and PE both had two patients reporting heroin as their primary substance of abuse during the 2nd half of 2002. The mean age of persons seen by treatment centres in Cape Town, Mpumalanga and Gauteng who had heroin as their primary substance of abuse was 23-25 years (Table 2 on p. 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town and Gauteng almost a third of patients with heroin as the primary substance of abuse were female. Furthermore, in Cape Town, proportions of female patients with heroin as their primary drug of abuse are higher amongst female patients younger than 20 years (1/5) than for those who are 20 years or older (1/14) (Figure 4). In Cape Town heroin patients were also significantly more likely to have received treatment before than patients treated for alcohol, cannabis or cocaine.

Table 6: Number of cases reported by the Forensic Science Laboratories

		Mandrax	Cocaine	ATS	Heroin	LSD
Kwa Zulu Natal lab	Jan-Jun 01	417	162	64	11	11
	Jul-Dec 01	743	208	71	3	3
	Jan-Jun 02	714	168	115	7	0
	Jul-Dec 02	780	194	98	5	0
Pretoria lab	Jan-Jun 01	333	351	203	97	18
	Jul-Dec 01	300	300	291	125	40
	Jan-Jun 02	360	467	339	191	9
	Jul-Dec 02	313	377	410	170	32
Western Cape lab	Jan-Jun 01	1 975	261	209	28	20
	Jul-Dec 01	1 713	172	141	13	12
	Jan-Jun 02	1 505	261	224	32	9
	Jul-Dec 02	1 709	259	239	61	5
East Cape lab	Jul-Dec 01	370	91	152	1	7
	Jan-Jun 02	335	22	54	2	0
	Jul-Dec 02	345	19	113	0	2

Note: (i) Cannabis cases are not reported as only a fraction of cannabis related cases are sent to the Forensic Science Laboratories for analysis. (ii) These four labs process all illicit drug cases (except cannabis) in South Africa

Table 7: Total drug seizures reported by the Forensic Science Laboratories

		Mandrax		Cocaine	ATS		Heroin	LSD
		tablets	g*	g	tablets	g	g	units
KZN lab	Jan-Jun 01	6 297	484	482	1 158	18	5	116
	Jul-Dec 01	21 915	1 309	1 716	10 345	30	0.8	60
	Jan-Jun 02	10 831	806	5 850	11 195	553	98	0
	Jul-Dec 02	8 165	2 154	697	115 054	128 092	19	0
PTA lab	Jan-Jun 01	1 482 664	2 111 411	86 808	18 508	261	6 218	770
	Jul-Dec 01	2 476 316	3 130 678	22 676	102 338	1 213	1 660	1 287
	Jan-Jun 02	2 616 588	1 944	57 023	102 005	189	6 017	203
	Jul-Dec 02	62 182	226 065	51 950	147 773	1 153	73 534	1 032
WC lab	Jan-Jun 01	84 221	64 635	5 800	8 417	384	387	252
	Jul-Dec 01	117 640	8 821	166 250	5 980	204	195	5 127
	Jan-Jun 02	23 345	-	312 348	28 629	-	157	119
	Jul-Dec 02	182 574	10 365	14 253	5 367	52	3 488	211
EC lab	Jul-Dec 01	10 964	1 980 700	497	2 792	193	0.04	123
	Jan-Jun 02	7 306	2 354	307	8 272	-	0.06	0
	Jul-Dec 02	12 794	3 608	248	7 168	580	0	60

Note: KZN = KwaZulu Natal; PTA = Pretoria; WC = Western Cape; EC = Eastern Cape

* - One Mandrax tablet weighs approximately 0.5 g

Intravenous use by patients with heroin as their primary drug of abuse seems to be declining in Cape Town with 34% of heroin patients in Cape Town reporting *some* injecting during the 2nd half of 2002, compared to 45% in the 1st half of 2002 and over 50% in the 2nd half of 2001. The converse appears to be occurring in Gauteng with 48% reported injecting in the 2nd half of 2002, compared to 42% and 36% in the previous two reporting periods. In Mpumalanga 52% of the 25 heroin patients reported injecting as a mode of use. In Cape Town an increase in Coloured patients and in Gauteng an increase in Black patients with heroin as their primary substance was noted, although most patients are still White

(Table 5 on p. 5). In Cape Town 8% and Gauteng 7% of all patients reported the use of heroin, as either a 1st, 2nd, 3rd, or 4th most frequently used substance. In Cape Town 50% of heroin patients who were younger than 20 years were female in the 2nd half of 2002.

Cases, seizures & price

The number of heroin cases processed by the Western Cape FSL almost doubled in the 2nd half of 2002 compared to the first half of the year. Seizures also increased to almost 3.5kg compared to 157g in the previous period. Seizures reported by the Pretoria FSL also increased sharply to over 73kg, an unprecedented amount compared to previous periods. Comparing 2001 to 2002 shows a 60% increase in

Continue to page 8

the number of heroin cases processed by this lab. The Eastern Cape and KwaZulu Natal FSLs process very few heroin cases. The price of heroin ranges from R120-R300 per gram, with cheaper prices generally being reported in Cape Town.

Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants).

There were reports of the increasing availability of methcathinone (also known as CAT — a synthetic stimulant) in Cape Town and Gauteng, and the manufacture and availability of crystal methamphetamine ('ice') in Cape Town.

Implications for future research and policy

Selected implications for policy/practice

During the Phase 13 (July - December 2002) 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.

- Intervene early to address substance abuse and sexual risk behaviour.
- A broad range of interventions (economic, family, peers, community norms, availability of substances) are required to address alcohol-related risky sexual behaviour.
- Addressing substance abuse requires a broad focus on peers, parents and the broader community (including community attitudes and shebeens).
- Drug prevention approaches should be broad, focusing also on tobacco and alcohol use. Such efforts need to be initiated with primary school age children.
- Alcohol prevention efforts must not neglect to address community attitudes and norms.
- Intervention efforts to address adolescent binge drinking, especially among adolescent males, need to be given greater priority.
- Address alcohol, tobacco and cannabis/Mandrax use among adolescents as a priority.
- A high percentage of drinkers drink in problematic ways. Interventions are required to develop a culture of responsible drinking (e.g. drinking with meals, not drinking to

intoxication).

- Interventions are required to address the problems associated with cheap, bulk alcohol (particularly wine), such as viticulture practices which sometimes result in an oversupply of wine, labelling of alcohol products, education, and responsible advertising.
- Increase the accessibility and utilization of substance abuse treatment facilities. This is especially needed for young people. Address access to culturally appropriate substance abuse treatment services in traditionally black residential areas.
- Increase the availability of HIV-related services in substance abuse treatment.
- Intervene to address substance use among street children and to reduce associated substance abuse related harm.

Selected issues to monitor

Phase 13 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- The use of heroin and particularly IVDU in Durban and PE.
- Attendance at night clubs and drug use among children and adolescents.
- The contaminants mixed in with synthetic drugs.
- Ecstasy use among coloureds in Cape Town, and abuse of over-the-counter and prescription medicines in PE.
- The decrease in referrals from health professionals.
- The decreasing age in patients coming to treatment. Referrals to treatment for children under 14 years of age.
- Referrals from tertiary education institutions.
- Males coming to treatment having over-the-counter and prescription medicines as their primary drug of abuse and females having cannabis as their primary drug of abuse.
- Ecstasy abuse among Africans.

Selected topics for further research

At the SACENDU meetings in April 2003 various topics for research were identified. These included:

- The relationship between parental communication and monitoring and drug use among children.
- Effect of setting variables on drug use behaviour by children and

- adolescents: Do drug use practices differ in private homes as compared to public places of entertainment?
- Why do HIV rates appear to be lower among drug users than non-drug users? Does this hold for only certain drugs and populations? Investigate the complexities of the relationship between substance use and sexual risk behaviour.
- Does drug use behaviour differ substantially among people not accessed by SACENDU data sources?
- The role of community influences on alcohol/drug use among adolescents.
- Prevention studies in general.
- The reasons for an increase in referrals to treatment by persons less than 20 years of age.
- The effect of drug education programmes in schools on learners' behaviour.
- The feasibility of increasing state funding for outpatient treatment facilities.
- Extent of substance abuse among people going to general practitioners.

SACENDU

FOR FURTHER INFORMATION CONTACT

Alcohol & Drug Abuse Research Group

Medical Research Council
PO Box 19070
7505 Tygerberg (Cape Town)
South Africa

Ph: +27-21-938-0324;

Fax: +27-21-938-0342

www.sahealthinfo.org/admodule/sacendu.htm

www.mrc.ac.za/adarg/adarg.htm

www.sahealthinfo.org/admodule/alcdrug.htm

E-mail: andreas.pluddemann@mrc.ac.za
susan.hon@mrc.ac.za
charles.parry@mrc.ac.za

A summary of inter-site differences is indicated in Figure 5

Figure 5: Key Patterns and Trends of Substance Abuse across SACENDU Sites (July - Dec 2002)

