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### Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 - June 2004)

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## Phase 16

### Foreword

The Phase 16 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Port Elizabeth (PE) (12 October), Durban (13 October), Pretoria (14 October) and Cape Town (21 October). These meetings were attended by about 160 persons.

SACENDU is a network of researchers, practitioners and policy makers from six sentinel areas in South Africa (Cape Town, Durban, PE and East London (EL), 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. Data collection in East London commenced in January 2004.

### 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 16 was provided by the Mental Health and Substance Abuse Directorate of the National Department of Health.

### Treatment centres: Site summary

In **Cape Town** the most common primary substances of abuse reported by the 25 specialist treatment centres participating in the project between January – June 2004 were alcohol, the cannabis (dagga)/Mandrax (Methaqualone) Awhite pipe@ combination, and cannabis (together comprising 67% of all admissions) (Table 3). However, a sharp increase in the proportion of patients presenting with methamphetamine as their primary substance of abuse was noted in the first half of 2004, increasing from 2% in the 2<sup>nd</sup> half of 2003 to 11% in the 1<sup>st</sup> half of 2004. The proportions of patients with heroin or cocaine as their primary substances of abuse also increased slightly. Overall, 2 255 patients were treated across all 25 treatment centres in the 1<sup>st</sup> half of 2004.

In **Durban** the main primary substance of abuse was alcohol, followed by cannabis on its own (together comprising 82% of all admissions). Admissions where the cannabis/Mandrax combination is the primary substance of abuse have increased substantially in the 1<sup>st</sup> half of 2004, while admissions for other drugs

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remained fairly stable (Table 3). A total of 413 patients were treated in the three treatment centres included in Durban in the 1<sup>st</sup> half of 2004.

In **PE and East London**<sup>1</sup> the main primary substances of abuse reported by the treatment centres from January – June 2004 were alcohol followed by the cannabis/Mandrax combination in PE and cannabis alone in East London (Table 3). In PE an increase in patients reporting with cocaine and heroin as their primary substances was noted in the 1<sup>st</sup> half of 2004. During this period 505 persons were treated at the SANCA PE, Welbedacht and Shepherd’s Field centres, while 148 patients were treated at SANCA East London and its satellite centres.

In **Gauteng Province**, which includes the metropolitan areas of Johannesburg and Pretoria, 2 813 admissions to 18 treatment centres were recorded in the 1<sup>st</sup> half of 2004. For 50% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis alone (19%), cocaine (9%), and cannabis/Mandrax (8%). Proportions have remained fairly stable over the past 18 months, except for an increase in patients treated for cocaine in the 1<sup>st</sup> half of 2004.

In **Mpumalanga** the main primary substance of abuse reported by the treatment centres from January – June 2004 was alcohol (64%), followed by cannabis (together comprising 83% of admissions). A further increase in patients with heroin as their primary substance of abuse compared to the previous periods occurred (8%). During this period 546 persons were treated at the four treatment centres included in the study (i.e. Swartfontein, Mkondo, SANCA Witbank, and SANCA Nelspruit).

## Treatment issues

**First time admissions:** The proportion of first time admissions to treatment centres ranged between 68% (Mpumalanga) and 89% (Durban) across sites. These proportions have remained fairly stable, except for slight increases in PE and Durban compared to the previous period. 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”, except in Cape Town and Mpumalanga where social services referred a higher proportion of patients than “work/employer” (Table 1). An increase in referrals from employers was noted in Durban in the 1<sup>st</sup> half of 2004, while a decrease was noted in Mpumalanga. An increase in referrals from social services was noted in Mpumalanga, while referrals from the courts or correctional services decreased in that province.

all patients younger than 20 years in Gauteng were African, whereas 27% of all patients aged 20 years or older were African. Thus there is an indication that in this site there is better access to and utilization of treatment facilities by young African people compared to the adults.

### Employment, marital status, education:

In Durban about half of patients in treatment were employed full-time, whereas between a third and 44% were

Table 1: Selected referral sources (January – June 2004) (Column % add up to 100)

Source	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Self/family/friends	42%	43%	45%	58%	61%	72%
Work/employer	10%	34%	16%	24%	12%	4%
Social services/welfare	16%	8%	4%	5%	10%	15%
Doctor/psychiatrist/nurse (aka health professionals)	11%	7%	12%	3%	5%	1%
Hospital/clinic	3%	2%	9%	1%	1%	4%
Court/correctional service	7%	2%	5%	3%	2%	2%
Schools	4%	4%	4%	5%	6%	0%
Church/religious body	4%	<1%	1%	1%	2%	2%
Other e.g. radio	2%	0%	4%	0%	1%	<1%

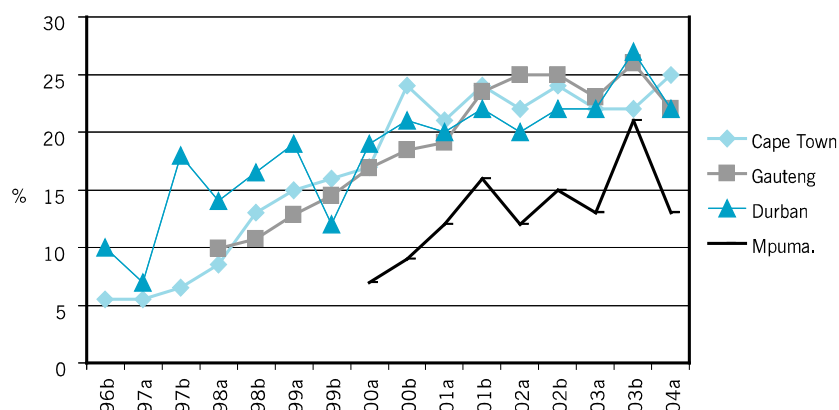
**Gender:** Across all sites between 80% (in Cape Town) and 88% (in Durban) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). This trend has remained stable across all sites.

**Race:** Black-Africans continue to be under-represented in the treatment population in all sites, except Durban where a sharp increase in the proportion of Black/African patients was noted in the first half of 2004 (Table 4). In all sites except Durban there was a decrease of one to four percentage points in the proportion of Black/African patients in treatment as compared to the second half of 2003. Furthermore, 59% of

employed full-time in the other sites. The proportion of patients who were students/pupils ranged from 10% in Mpumalanga to 29% in East London. Across sites between 43% and 62% of patients have never been married, and over 60% 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 Cape Town 28% of patients with heroin as their primary substance of abuse reported injecting as mode of use (a decline from 44% in the previous period) versus 55% in Gauteng, and 32% in Mpumalanga. Gauteng continues to see a steady

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



<sup>1</sup> The East London SANCA office includes data from SANCA satellite offices in Butterworth, Grahams Town, Fort Beaufort, and King Williams Town

increase in the proportion of heroin patients reporting injecting use.

**Age of patients:** Across sites the average age of persons seen by treatment centres was 30-35 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 Ecstasy tend to be younger than persons who have cocaine as their primary drug of abuse in Cape Town and Gauteng. The proportion of patients younger than 20 years also remains high in most sites, with between 13% and a quarter falling in this age group in all sites (Figure 1).

Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (January – June 2004)

Substance	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Alcohol	40	38	37	37	41	40
Cocaine/crack	30	25	30	24	28	25
Cannabis/Mandrax	25	23	25	23	21	-
Heroin	24	-	25	-	24	23
Ecstasy	23	37#	21	-	20	-
Cannabis	20	22	21	19	20	24
Methamphetamine	20	-	-	-	-	-
OTC/PRE <sup>1</sup>	43	36	40	-	38	43
All substances	30	32	31	30	32	35

# n < 5

<sup>1</sup> – Over-the-counter or prescription medicines

#### Sources of payment

The most common source of payment for treatment in Cape Town, EL, and Durban was “family”. In PE “self” was the most common source of payment, while in

Gauteng and Mpumalanga “state” was the most common source. Medical aids covered the cost of treatment for 17% of patients in Cape Town and 21% of patients in Gauteng and PE.

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## 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 64% of admissions in Mpumalanga, 60% of admissions in Durban, 55% of admissions in East London, 50% of admissions in Gauteng, 48% of admissions in PE, and 38% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly stable in all sites, with a slight decrease in admissions in Durban.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse ranged from 37 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 13% in Durban to 23% in Cape Town. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

#### Other studies

The National Injury Mortality Surveillance System (NIMSS) run by the MRC's Crime Violence and Injury Programme

showed that of all non-natural deaths in Durban in 2003, 40% had blood-alcohol concentrations (BAC)  $\geq 0.05\text{g}/100\text{ml}$ , while 47% of transport related deaths had BACs at or above this level. In Cape Town 50% of all non-natural deaths had BACs  $\geq 0.05\text{g}/100\text{ml}$  and 53% of all transport-related deaths had BACs  $\geq 0.05\text{g}/100\text{ml}$ .

A survey among 570 learners in grade 8 in three Pretoria schools conducted during May 2004 found that 14% reported binge drinking (i.e. more than half of those who reported drinking alcohol) and that binge drinking (amongst other risk behaviours) was related to a weaker ‘sense of coherence’. Sense of coherence was broadly defined in terms of the following in this study: *Comprehensibility* - the ability to seek logical connections in events and have control over thoughts and emotions. *Manageability* – faith in the ability to cope and exert impact in life. *Meaningfulness* - Happy with life, which has meaning and purpose.

A survey conducted by Munnik during May 2004 at the Komani Psychiatric Hospital in Queenstown found that 44% of the male patients (N = 91) admitted during that month were abusing alcohol compared to 31% of the female patients (N = 29).

### Cannabis (dagga) and cannabis/Mandrax

#### Specialist treatment centres

Cannabis was the second most common primary substance of abuse among patients seen at specialist treatment facilities in Durban, EL, Gauteng and Mpumalanga, ranging from 19% in Gauteng and Mpumalanga to 23% in Durban. In Cape Town and PE the cannabis/Mandrax combination (“white pipes”) was the second most common primary substance of abuse, accounting for 17% of the patients in Cape Town and 24% of patients in PE, while between 0.2% and 18% of patients reported cannabis/Mandrax as a primary substance in Durban, EL, Gauteng and Mpumalanga (Table 3). These proportions have remained fairly stable in PE, Gauteng and Mpumalanga, however a large increase in the proportion of Mandrax patients was noted in Durban in the 1<sup>st</sup> half of 2004, while a decrease was noted in Cape Town. 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, EL and PE (by 4-5 years), with the cannabis patients being an average of 19-21 years (Table 2). The most common primary

substance of abuse for patients younger than 20 years in all sites is cannabis (Table 6).

Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. Between 5% (Cape Town & Gauteng) and 11% (EL) of patients whose primary substance of abuse was “white pipes” were female across all sites, and between 7% (Durban & EL) and 13% (Cape Town) of patients whose primary substance was cannabis on its own were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax in most sites, or are over represented in terms of underlying population statistics (Gauteng, Durban & EL).

### Cases and seizures

Following the restructuring in the South African Police Service and the subsequent disbanding of the Narcotics Bureau (SANAB), data are now 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 19 400 Mandrax tablets and over 127 kg of Mandrax powder seized between January – June 2004, representing a marked decrease when compared to the previous period (Table 9). However, the number of Mandrax cases processed by this lab increased substantially (Table 8). The FSL in the Western Cape also recorded a decrease in Mandrax seizures compared to the previous period, however the number of cases processed remained fairly stable compared to the second half of 2003. Cases recorded by the KwaZulu Natal FSL increased, while seizures decreased. A similar pattern was noted at the Eastern Cape FSL.

### Other studies

The survey among 570 learners in grade 8 in three Pretoria schools conducted during May 2004 found that 6% reported current use of cannabis.

## Cocaine/Crack

### Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack has increased in all sites except Durban in the 1<sup>st</sup> half of 2004 (Table 3). The proportions ranged from 4% in EL, Durban and Mpumalanga to 10% in Cape Town (Figure 2). Cocaine powder is

abuse was cocaine powder were female, and in Mpumalanga 35% of crack/cocaine patients were female. Although the majority of patients with cocaine/crack as their primary substance of abuse were White in most sites, in Cape Town 43% were Coloured and in Durban only 22% were White (Table 5). An increase in Coloured and Black/African patients reporting with cocaine as a primary

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

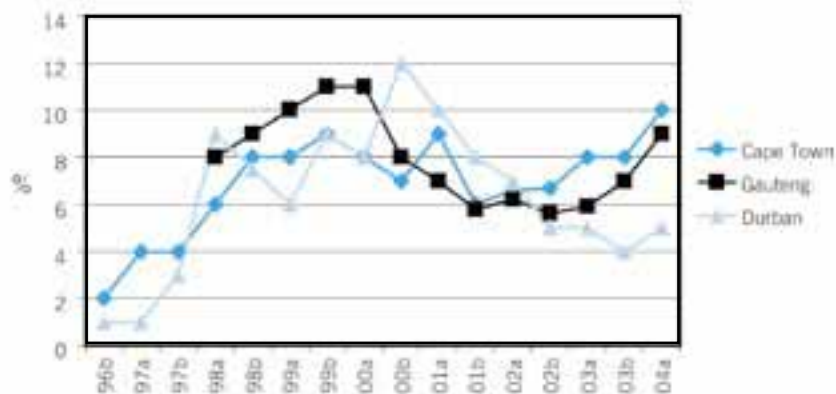
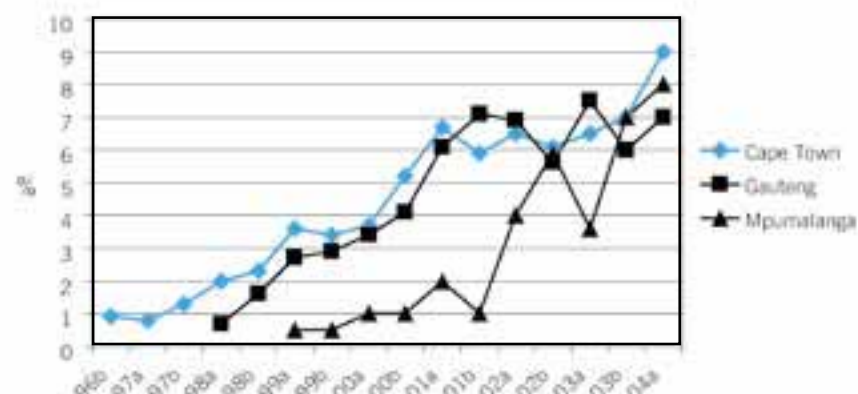


Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse



primarily snorted, and crack is smoked. In Cape Town 22% and in Gauteng 18% 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 3<sup>rd</sup> most commonly reported primary drug of abuse after alcohol and cannabis, taking over from Mandrax in the previous two periods.

In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 24 to 30 years (Table 2). In Cape Town 24% of patients whose primary substance of

substance of abuse was also noted in Mpumalanga and PE.

### Cases and seizures

The Western Cape and Pretoria FSLs recorded a sharp increase in the number of cocaine cases processed in the first half of 2004. Over 40 kg of cocaine seizures were reported by the Pretoria lab, although this was less than was reported in the previous six-month period (186 kg). The KwaZulu-Natal lab recorded an increase in cocaine cases, while the number processed at the Eastern Cape lab remained stable although cocaine seizures increased.

## Heroin

### Specialist treatment centres

In Cape Town 9%, in Mpumalanga 8% and in Gauteng 7% of patients in specialist treatment centres had heroin as their primary drug of abuse, representing an increase over the previous period in all three sites. The proportion in Mpumalanga has increased dramatically over time (Figure 3). An increase in heroin patients was also noted in PE, where eleven patients presented in the 1<sup>st</sup> half of 2004. 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 23-24 years, remaining stable (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town 28% and in Gauteng 24% of patients with heroin as the primary substance of abuse were female. In Cape Town and Gauteng heroin patients were also more likely to have received treatment before than patients treated for any other drug, with 51% of the heroin patients in Cape Town and 60% in Gauteng reporting that they had been in treatment before. Patients treated for heroin addiction for the first time in Cape Town had been using heroin for an average of three years.

Intravenous use by patients with heroin as their primary drug of abuse is common in both Cape Town and Gauteng, although a decrease in the proportion reporting injecting was noted in Cape Town (from 44% in the 2<sup>nd</sup> half of 2003 to 28% in the 1<sup>st</sup> half of 2004). However the proportion of injectors continues to increase in Gauteng with 55% reporting injecting use in the 1<sup>st</sup> half of 2004 versus 49% in the 2<sup>nd</sup> half of 2003. In Mpumalanga 32% of heroin patients reported injecting, compared to 30% in the previous period. In Cape Town the proportion of Coloured heroin patients continues to increase, with almost half (43%) now being Coloured compared to less than a third in the previous periods (Table 5). In Cape Town 11% and Gauteng 9% of all patients reported the use of heroin, as either a 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> most frequently used substance.

### Cases and seizures

The number of heroin cases processed by the Western Cape lab increased in the 1<sup>st</sup> half of 2004, although seizures decreased. The number of cases recorded by the Pretoria lab also increased slightly and seizures also increased (to 13 kg) compared to the previous period (1.9

kg). The number of cases processed and amounts seized at the Eastern Cape and KwaZulu-Natal labs remained fairly stable.

### Other studies

Research conducted by the Medical Research Council (Alcohol & Drug Abuse Research Unit) and the University of Cape Town (Department of Psychiatry) investigated the extent of heroin use in Cape Town and the associated drug use patterns and consequences. The study, funded by the United Nations Office on Drugs & Crime, was conducted in the Cape Metropole in July and August 2004. A total of 250 heroin users were interviewed over a six-week period in over 25 suburbs across the city. Snowball sampling was used. The majority of those interviewed were male (80%), white (55%), aged 21-25 years (53%) with at least a Grade 10 level of education (84%). Although the majority of the heroin users reported "smoking" or snorting their heroin, 25% reported injecting heroin. Three-quarters of the injectors reported having shared a needle at least once. Over two-thirds of the participants used heroin every day. A third of the participants had experienced a heroin overdose at least once and almost half knew of someone who had a fatal overdose. Almost 10% had attempted suicide in the past 12 months. Those participants who reported injecting in the past 3 days were significantly more likely to have been treated for substance abuse, to feel they might need treatment for heroin (again), to have had a heroin overdose, and to have tried to commit suicide in the past 12 months. Although 85% of those interviewed were classified as "dependent" on heroin, only five had been to any one of 25 recognised rehabilitation centres in the 12 months preceding the interview. Using this fact and a statistical technique known as the multiplier method, researchers estimated the *adult* heroin using population in Cape Town to be approximately 15 000 (ranging between 12 000 – 18 000).

## Over-the-counter and prescription medicines

### Specialist treatment centres

Between 1% (EL) and 3% (Mpumalanga, Gauteng & PE) of patients seen at specialist treatment centres from January – June 2004 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, except for a slight decrease in Mpumalanga and PE. In Gauteng 55% and in Cape Town 57% 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 8% of patients in Gauteng and Cape Town reporting these drugs either as primary or secondary substances of abuse. Substances abused included benzodiazepines, analgesics, Codeine products, sleeping pills, Ritalin and Xanor.

## Ecstasy, Methamphetamine, methcathinone (CAT), and LSD

### Specialist treatment centres

The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy or LSD, remains low across all sites. No more than 1% of patients reported Ecstasy as their primary substance of abuse across all sites, except PE where 3% reported Ecstasy as their primary drug of abuse. Ecstasy was however reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities across all sites with between 4% (EL) and 11% (Cape Town) reporting some use of Ecstasy (Table 7). The patients in treatment where the primary drug of abuse was Ecstasy were mostly White in Gauteng, Coloured in Cape Town, Coloured or White in PE and Indian or White in Durban (Table 5). Overall, LSD was reported by very few patients with, for example, only 29 patients reporting it as a primary or secondary drug of abuse in Gauteng.

In Cape Town a dramatic increase in patients reporting methamphetamine as their primary substance of abuse was noted in the 1<sup>st</sup> half of 2004, escalating from 2% in the 2<sup>nd</sup> half of 2003 to 11% in the 1<sup>st</sup> half of 2004. This represents both the largest and fastest increase in the number of patients presenting with a particular drug ever noted by the SACENDU project. The mean age of patients presenting with methamphetamine as their primary drug of abuse was 20 years, lower than all other drugs except cannabis. Most of

the patients were Coloured (81%) males (73%). Most of the patients reported smoking the drug (90%) and only one person reported injecting the drug. Over 40% reported daily use of the drug and a further 35% reported using it 2-6 days per week. Overall 19% of all patients reporting for treatment in Cape Town in the first half of 2004 reported methamphetamine either as a primary or secondary substance of abuse (Figure 4).

In Gauteng a small number of patients (n=21) reported methcathinone (CAT) as their primary substance of abuse and a further 37 patients reported it as a secondary drug of abuse. In Cape Town eight patients reported CAT as their primary substance of abuse and a further five reported it as a secondary drug of abuse.

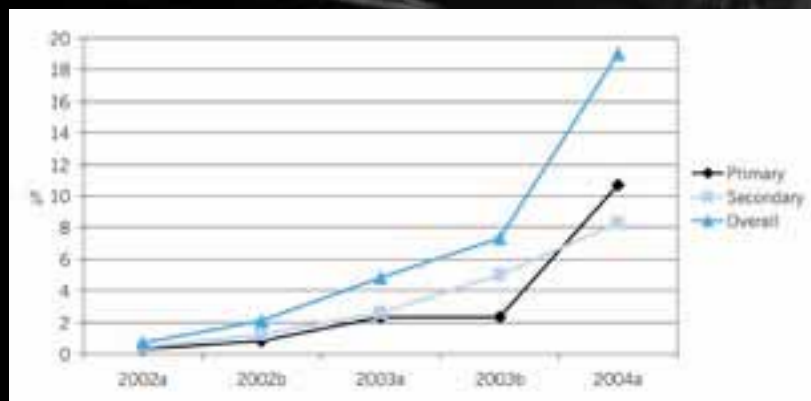
**Cases and seizures**

The number of cases processed by the Western Cape FSL involving amphetamine-type stimulants (ATS) increased sharply in the first half of the year, as did seizures. This is probably due to the rapid increase in methamphetamine use in Cape Town. The Pretoria lab also recorded an increase in the number of ATS cases, although seizures declined somewhat. Slight increases in numbers of ATS cases processed were also noted at the Eastern Cape and KwaZulu-Natal labs, although seizures reported by the KwaZulu-Natal lab declined.

**Other substances**

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with 33% of patients in specialist treatment centres in Gauteng and 43% in Cape Town reporting more than one substance of abuse.

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- pheta- mine	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	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	
	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	
2003a		64.3	23.2	2.1	5.1	0.2	1.6	2.4	-	1.2	574	
2003b		65.3	23.6	4.0	4.0	1.1	0.5	0.3	-	0.8	376	
2004a		59.6	22.8	10.2	4.3	0.0	0.5	1.7	-	1.0	413	
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	
	2003a	46.1	16.4	29.7	2.4	0	0.4	4.6	-	0.4	499	
	2003b	51.4	11.8	26.1	2.2	0	0.4	5.3	-	2.7	449	
2004a	47.5	14.7	23.8	5.3	2.2	3.2	3.4	-	-	505		
E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	-	-	148	
Gauteng	1998a	69	11	5	8	<1	<1	4	-	3	2125	
	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	2514	
	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	
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	-	2.1	2617	
	2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	-	2.4	2711	
	2004a	50.4	19.0	8.1	9.1	7.0	0.8	3.3	-	2.3	2813	
	Mpuma- langa	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	
2003a		69.1	17.7	2.5	2.3	3.6	0.8	2.1	-	1.9	475	
2003b		61.1	20.2	0.2	1.9	7.2	1.9	5.7	-	1.7	529	
2004a	63.8	18.9	0.2	3.6	8.1	0.4	3.2	-	1.9	546		

**Table 4: Comparison of proportion of patients in treatment (January – June 2004) with census data – by site**

		African	Indian	Coloured	White
Cape Town	Population <sup>1</sup>	32%	1%	48%	19%
	In treatment	7%	2%	59%	32%
Durban	Population <sup>1</sup>	68%	20%	3%	9%
	In treatment	62%	23%	5%	10%
PE	Population <sup>1</sup>	59%	1%	23%	17%
	In treatment	28%	3%	41%	27%
East London	Population <sup>1*</sup>	85%	<1%	6%	8%
	In treatment	65%	1%	12%	22%
Gauteng	Population <sup>1</sup>	74%	2%	4%	20%
	In treatment	34%	3%	9%	54%
Mpumalanga	Population <sup>1</sup>	92%	<1%	1%	7%
	In treatment	41%	1%	5%	52%

<sup>1</sup> Statistics South Africa, 2001 Census

\* Buffalo City Municipality

**Table 5: Primary substance by race (columns per site add up to 100%): January – June 2004**

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
<b>Cape Town</b>						
Black/African	8%	12%	12%	4%	0%	2%
Coloured	49%	69%	81%	43%	73%	43%
Asian/Indian	1%	1%	1%	4%	9%	6%
White	42%	18%	6%	49%	18%	50%
<b>Durban</b>						
Black/African	68%	68%	36%	33%	0%	-
Coloured	3%	3%	17%	6%	0%	-
Asian/Indian	18%	23%	45%	39%	50%	-
White	12%	5%	2%	22%	50%	-
<b>PE</b>						
Black/African	37%	35%	22%	4%	0%	18%
Coloured	38%	32%	60%	19%	50%	0%
Asian/Indian	1%	4%	5%	15%	0%	0%
White	25%	28%	13%	63%	50%	82%
<b>East London</b>						
Black/African	69%	67%	70%	0%	0%	100%
Coloured	12%	7%	19%	0%	0%	0%
Asian/Indian	0%	3%	0%	0%	0%	0%
White	19%	23%	11%	100%	0%	0%
<b>Gauteng</b>						
Black/African	30%	58%	61%	9%	19%	6%
Coloured	5%	12%	27%	16%	14%	1%
Asian/Indian	1%	4%	2%	7%	0%	2%
White	63%	26%	4%	68%	67%	91%
<b>Mpumalanga</b>						
Black/African	43%	58%	-	15%	-	2%
Coloured	6%	6%	-	10%	-	2%
Asian/Indian	0%	3%	-	10%	-	0%
White	51%	33%	-	65%	-	95%

**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
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
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
EL	04a	17.1	57.1	22.9	2.9	0.0	0.0	0.0	0.0	35
Gauteng	03a	8.2	57.5	18.9	2.1	6.4	2.0	-	4.9	588
	03b	7.6	55.4	24.6	1.9	4.3	0.4	-	5.7	695
	04a	7.4	54.3	20.0	3.2	6.3	1.5	-	7.3	619
Mpuma'	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

**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
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
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
EL	04a	68.2	30.4	19.6	8.1	0.7	4.1	0.0	2.0	148
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
Mpuma'	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

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

**Table 8: 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
	Jan-Jun 03	779	140	132	5	0
	Jul-Dec 03	888	121	120	24	0
	Jan-Jun 04	1266	224	159	21	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
	Jan-Jun 03	371	324	439	129	29
	Jul-Dec 03	397	373	564	147	31
	Jan-Jun 04	542	549	649	167	26
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
	Jan-Jun 03	2 301	307	355	34	18
	Jul-Dec 03	2 783	341	390	45	13
	Jan-Jun 04	2 641	574	895	80	11
Eastern 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
	Jan-Jun 03	464	25	56	1	1
	Jul-Dec 03	350	50	73	2	0
	Jan-Jun 04	380	52	82	3	0

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 9: Total drug seizures reported by the Forensic Science Laboratories**

		Mandrax		Cocaine	ATS		Heroin	LSD
		tablets	g*	g	tablets	g	g	Units
Kwa Zulu Natal 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
	Jan-Jun 03	9 079	1 165	539	15 066	20	0.9	0
	Jul-Dec 03	13 101	117 596	176	94 692	82	34	0
	Jan-Jun 04	12 844	969	445	2 895	24	48	0
Pretoria 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
	Jan-Jun 03	43 380	219 096	233 964	204 268	4 763	16 210	229
	Jul-Dec 03	468 739	4 037 719	186 915	29 371	46 925	1 850	654
	Jan-Jun 04	19 400	127 636	40 785	23 834	4 229	13 547	90
Western Cape 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
	Jan-Jun 03	105 465	10 991	3 102	35 911	129	129	303
	Jul-Dec 03	647 795	732 037	1 150	29 735	1 390	306	102
	Jan-Jun 04	268 633	8501	4 328	11 172	11 782	58	145
Eastern Cape 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
	Jan-Jun 03	7 124	1 646	123	1 682	18	0.05	0
	Jul-Dec 03	27 185	1 829	57	6 772	21	0.4	0
	Jan-Jun 04	13 995	1 942	747	6 330	53	1.8	0

Notes: KZN = KwaZulu Natal; PTA = Pretoria; WC = Western Cape; EC = Eastern Cape  
 Figures reported for the Pretoria lab for 2004a are subject to change (pending the outcome of additional cases)

\* - One Mandrax tablet weighs approximately 0.5 g

## Implications for policy and future research

### Selected implications for policy/practice

During the Phase 16 (January – June 2004) 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.

- Special site specific issues:
  - o Address the rapid increase in treatment demand for problems related to methamphetamine use in Cape Town especially by adolescents and young adults – via supply reduction approaches and prevention/treatment. Prevent the spread of methamphetamine use to other areas.
  - o Address the rapid increase in crack and heroin use in

Mpumalanga and crack (? cocaine) use around East London.

- o Intensify supply reduction as the price of drugs in Port Elizabeth appears to be decreasing.
- With regard to treatment:
  - o Reduce linguistic, financial, gender and age-related, and other barriers to treatment and ensure that there is sensitivity to such differences in the provision of treatment.
  - o Ensure that emergency room personnel are adequately trained to deal with cases involving heroin and methamphetamine.
  - o Ensure that treatment programmes are sensitive to patient's readiness to change.
  - o Improve the standards of training of service providers in the AOD field and also the shortage of black African professionals.
- o Drug treatment programmes for adolescents should be reviewed to ensure that their needs are being adequately addressed (should not be mixed with adults, mental health issues need to be addressed, groups should be run by professionals, appropriate treatment models should be used).
- o Ensure that long-term (rehab) services are available to address the needs of patients abusing drugs such as heroin.
- o Reduce the dissonance between substance abuse and mental health services that impacts on patient's ability to be treated holistically.
- With regard to prevention:
  - o Intensify efforts to reduce alcohol-related injuries, specifically reduce alcohol-related violence in or around

bars and *shebeens*, and educate public that their abuse of alcohol can put them at risk of being the victim of a violent assault.

- o Reach agreement on appropriate harm reduction strategies among heroin users to prevent risk of infectious diseases (HIV, hepatitis B & C) and overdoses.
- o Reduce access to cigarettes, alcohol and snuff by underage youth.
- o Address misperceptions among young people of the level of AOD use by their peers (social norms marketing).
- With regard to monitoring:
  - o Consider implementing policy of toxicology screening for all MVA driver deaths followed by confirmatory tests if positive.
  - o Improve the monitoring and reporting of drug overdose deaths by mortuaries.

## Selected issues to monitor

Phase 16 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Changes in the demographic profile of drug users, especially the drop in black African patients in most sites, the increase in cocaine use by Black African and coloured patients (in Mpumalanga and Port Elizabeth especially) and changes in the age of persons abusing different drugs.
- Changes in mode of drug use, especially among heroin users.

## Selected topics for further research

At the SACENDU meetings in October 2004 various topics for research were identified. These included:

- Investigate the capacity of cities to effectively deal with the trade in drugs and the health and other

consequences.

- What are the psychological and other factors promoting the surge in methamphetamine use in Cape Town?
- How can IV use of heroin be decreased?
- What are the individual, contextual, and programmatic barriers to persons entering drug treatment?
- Strategies for reducing alcohol-related pedestrian injuries.
- Explore the real extent of the state's payment for treatment.
- Identify reasons behind the increase in alcohol-related deaths among coloured persons in Durban.
- Conduct research on the specific treatment needs of women.
- The use of drugs like heroin and cocaine in rural areas (and changes over time).
- Review appropriateness of treatment models used to address adolescent drug use.
- Investigate differences between the marketing and use of methamphetamine in Cape Town with methcathinone in Gauteng.

SACENDU

## Summary of key findings across SACENDU sites: January – June 2004

- 1) Alcohol continues to be the most dominant substance of abuse and continues to place a major burden on society
- 2) Use of dagga & Mandrax alone or in combination continues to be high but Mandrax use appears to be decreasing in some sites
- 3) Treatment demand for cocaine continues to increase slightly in Cape Town and Gauteng and the number of cases processed by the forensic laboratories increased in most sites.
- 4) Treatment & police indicators continue to identify heroin as a problem in Gauteng and Cape Town, and increasingly in Mpumalanga. Slight increases in treatment demand were also noted in PE and East London.
- 5) Treatment demand for methamphetamine has escalated rapidly in Cape Town.
- 6) Poly substance abuse remains high with, for example, almost 50% of patients in Cape Town indicating more than one substance of abuse.
- 7) Over the past several years we have seen substantial increases in proportion of patients coming to treatment who are < 20 years

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