



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update

(12 December 2005)



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ALCOHOL AND DRUG ABUSE TRENDS: January - June 2005 (Phase 18)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, the Eastern Cape (Port Elizabeth, the greater East London area and Umtata), Mpumalanga, and Gauteng (Johannesburg/Pretoria). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from multiple sources including specialist treatment centres/programmes (63), psychiatric hospitals (1), mortuaries (17), and police Forensic Science Laboratories (4). Other data sources (e.g. community studies) are included when available. **This report will focus on data on treatment demand (utilisation) from the 7655 patients seen across the 63 centres in the 1st half of 2005.**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2005)

Alcohol remains the dominant substance of abuse across sites. Between 47% (Cape Town) and 74% (Durban) of patients in treatment have alcohol as a primary or secondary drug of abuse. The proportion reporting it as a primary drug of abuse has decreased over time in all sites due to the increased pressure on treatment slots by patients who have abused other drugs. In all sites the proportion of patients older than 20 having alcohol as a primary drug of abuse is substantially greater than for younger patients (Table 1).

Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2005a)

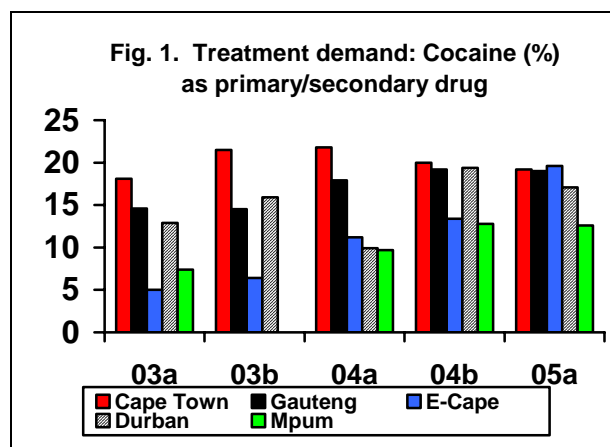
	Age	CTn	Dbn*	E-Cape	Gtg	Mpum
# centres>		26	5	10	18	4
Alcohol	All	34	48	48	47	56
	<20	3	22	22	9	12
Cannabis	All	10	32	14	22	22
	<20	25	63	36	58	59
Methaq.	All	9	6	20	7	0
	<20	9	7	34	14	0
Cocaine	All	8	9	11	9	4
	<20	2	5	5	3	4
Heroin	All	10	1	1	8	13
	<20	12	1	0	8	19
Methamph tamine	All	26	0	0.6	0.1	0
	<20	49	0	0	0	0

*-now includes Pietermaritzburg

Use of **cannabis** (“dagga”) and **Mandrax** (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 22% (E-Cape) and 53% (Durban) of patients attending specialist treatment centres had cannabis as their primary or secondary drug of abuse, compared to

between 1% (Mpumalanga) and 30% (E-Cape) for Mandrax. In 2005a treatment demand for cannabis as a primary drug increased in Durban (especially) and Gauteng, but was stable in the other sites. There was a particularly large increase in the proportion of younger patients coming to treatment for cannabis-related problems in Durban. Treatment demand for Mandrax (white-pipes) decreased in all sites. Treatment demand for cannabis-related problems is higher for persons under 20 years than older persons (Table 1).

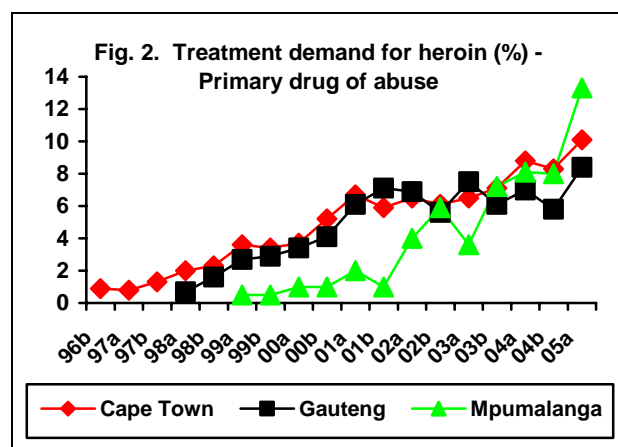
Treatment demand for **cocaine**-related problems has increased in virtually all sites over the past decade, but appears to have levelled off in Cape Town and Gauteng (where it was traditionally highest). The 1st half of 2005 saw an increase in treatment demand in the Eastern Cape (Fig. 1.). Between 13% (Mpumalanga) and 20% (E-Cape) of patients in treatment have cocaine as a primary or secondary drug of abuse.



Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town, Gauteng and Mpumalanga. In all three of these sites (and particularly Mpumalanga) there was an increase in 2005a (Fig. 2). In these sites between 11% and 19% of patients have heroin as a primary or secondary drug of abuse. Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town, Gauteng, and Mpumalanga, 15%, 44% and 31% respectively report injection use. This reflects a substantial decrease in Cape Town as compared to 2004b. In contrast the proportion reporting intravenous use of heroin has increased by 9 percentage points in Mpumalanga.

The data showed a steady increase in the proportion of patients under 20 years in Cape Town having heroin as a primary drug of abuse (now 12%). The increase in treatment demand for heroin-related problems in the Eastern Cape

reported in 2004b has not continued. In terms of demographic changes, a steady increase in Coloured patients has been noted in Cape Town, with almost 7 out of 10 heroin patients now being Coloured in this site. In Gauteng a big increase in the proportion of black African heroin patients was noted – almost one in four (22%).



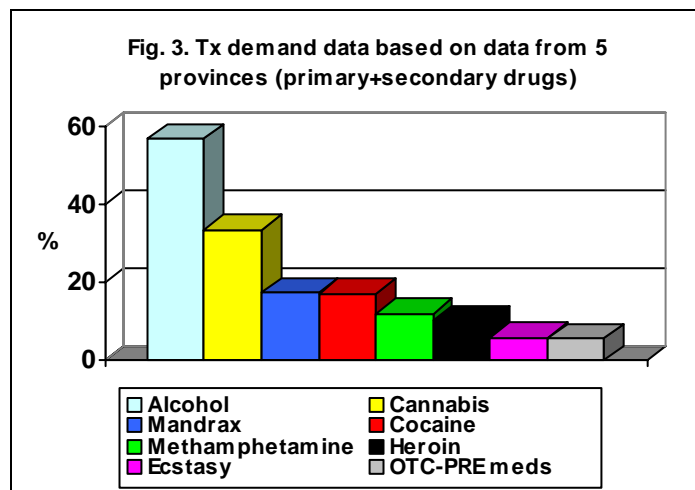
Club drugs and methamphetamine (MA) - Treatment demand for Ecstasy, LSD or methamphetamine as primary drugs of abuse is low except in Cape Town. However, between 4% (Mpumalanga) and 8% (Cape Town) of patients had Ecstasy as a primary or secondary drug of abuse. A continued, dramatic increase in treatment demand for MA was noted in Cape Town in 2005a. Over a third (36%) of patients in Cape Town now have MA as a primary or secondary drug of abuse, with 44% reporting daily use. MA (aka “Tik”) has now emerged as the main substance of abuse among young patients in treatment in Cape Town, with two-thirds having it as a primary or secondary substance of abuse. The average length of time to treatment was 1.9 years. Two-thirds of patients with MA as a primary drug of abuse were male and 91% were Coloured. Treatment demand related to MA use as a primary or secondary drug was also noted in Gauteng (14 patients), E-Cape (5), and Mpumalanga (3).

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment demand as a primary or secondary drug of abuse was between 3% (Durban) and 7% (Gauteng). Use of “Sugars”, a mixture of low grade heroin and cocaine remnants by young persons (mainly) was reported in Durban. **Inhalant/solvent** use among young persons continues to be an issue across sites. **Methcathinone** (“CAT”) use in Gauteng (especially), Cape Town and Durban was also reported, as was **khat** in several sites. Treatment demand for CAT as a primary or secondary drug in Gauteng increased in 2005a (105 patients). **Poly-substance abuse** remains high, with 49% and 36% of patients in specialist treatment centres in Cape Town and Gauteng respectively indicating more than one substance of abuse.

Other key findings

In all sites there has been a large increase in the **percentage of patients under 20 years of age**. While the **proportion of Black African patients in treatment** is substantially less than would be expected from the underlying population demographics, the difference has decreased in Durban, and Gauteng. An overall picture of drug treatment demand in South Africa based on information combined over the 63

treatment centres in 5 provinces is given in Fig. 3. Plans are underway to expand the project to centres in all provinces.



Selected implications for policy/practice

- Prevent or delay the onset of use of so-called “gateway” drugs (alcohol, tobacco, cannabis).
- Intensify multi-sectoral efforts to address use of stimulants (cocaine, MA).
- Treatment centres outside of Cape Town need to prepare for a possible increase in MA patients.
- Ensure that all hospitals are prepared/equipped to provide AOD-related detoxification services.
- AOD treatment centres should consider HIV testing of all patients & ensure that programmes address sexual risk behaviour & risks associated with IV drug use.
- Increase treatment options for young people between 15 and 29 years, women, people from historically underserved geographic areas, & unemployed persons.
- Provide training to (non-substance abuse related) community based organisations in identifying & dealing with substance abusing clients, & any address negative attitudes towards such clients.

Selected issues for monitoring/research

- The use of heroin to come down from stimulants (e.g. MA, cocaine, CAT).
- Explore gaps in treatment for persons who primarily abuse alcohol and who have in recent years made way for persons abusing other drugs.
- Explore opportunities to intervene at antenatal and other clinics for persons using MA.
- Are women-focused services needed?
- Appropriateness of using schools as after hours venues for outpatient treatment services.
- National survey of AOD use on university campuses.
- Qualitative research with young people to investigate drug and sexual risk behaviour.
- Cost effectiveness of AOD treatment in comparison with other interventions.

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SACENDU is funded by a grant from the Department of Health.