



SACENDU



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Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – December 2004)

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Phase 17

Foreword

The Phase 17 report-back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Pretoria (19 April), Durban (20 April), Port Elizabeth (PE) (21 April) and Cape Town (25 April). 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, 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:

- 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.
- 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 is 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.

Financial support for Phase 17 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 27 specialist treatment centres participating in the project between July - December 2004 were alcohol, methamphetamine ('tik') and the cannabis (dagga)/Mandrax (Methaqualone) white pipe combination (together comprising 69% of all admissions) (Table 3). Another sharp increase in the proportion of patients presenting with methamphetamine as their primary substance of abuse was noted in the second half of 2004, increasing from 11% in the 1st half of 2004 to 19% in the 2nd half of 2004. The proportions of patients with heroin or cocaine as their primary substances of abuse remained fairly stable. Overall, 2 308 patients were treated across all 27 treatment centres in the 2nd half of 2004.

In Durban the main primary substance of abuse was alcohol, followed by cannabis on its own (together comprising 77% of all admissions). Admissions where the cannabis/Mandrax combination is the primary substance of abuse have again increased in the 2nd half of 2004. Admissions for cocaine related problems also increased slightly (Table 3). A total of 689 patients were treated in the three treatment centres included in Durban in the 2nd half of 2004. [Continued on page 2](#)

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In **PE and EL**¹ the main primary substances of abuse reported by the treatment centres from July - December 2004 were alcohol followed by the cannabis/Mandrax combination (Table 3). In EL an increase in admissions for Mandrax related problems was noted. In PE another increase in patients reporting with cocaine as their primary substance was noted in the 2nd half of 2004. Both cities have also seen slight increases in admissions for heroin dependence. During this period 418 persons were treated at the SANCA PE, Welbedacht and Shepherd's Field centres, while 181 patients were treated at SANCA EL and its satellite centres.

In **Gauteng Province**, which includes the metropolitan areas of Johannesburg and Pretoria, 2 654 admissions to 18 treatment centres were recorded in the 2nd half of 2004. For 51% 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 gradual increase in patients treated for cocaine.

In **Mpumalanga** the main primary substance of abuse reported by the treatment centres from July - December 2004 was alcohol (61%), followed by cannabis (together comprising 85% of admissions). The proportion of patients with heroin as their primary substance remains relatively high (8%). During this period 462 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 69% (Gauteng) and 82% (Durban & East London) across sites. These proportions have remained fairly stable, except for a slight decrease in 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 social services was noted in PE in the 2nd half of 2004, while a decrease in referrals directly from schools was noted in all sites. An increase in referrals from courts or correctional services was noted in Durban.

Gender: Across all sites between 78% (in Cape Town) and 91% (in Durban) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific

of patients younger than 20 years were African, indicating that in some sites there is better access to and utilization of treatment facilities by young African people compared to the adults.

Employment, marital status, education: In East London over half of patients in treatment were employed full-time, whereas between 37% and 43% were employed full-time in the other sites. The proportion of patients who were students/pupils ranged from 15% in PE to 26% in Durban. Across sites between 48% and 60% of patients have never been married, and over 75% of patients in all sites have

Table 1: Selected referral sources (July - December 2004) (Column % add up to 100)

Source	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Self/family/friends	47%	45%	46%	62%	64%	71%
Work/employer	12%	19%	18%	17%	12%	4%
Social services/welfare	15%	11%	7%	8%	9%	14%
Doctor/psychiatrist/nurse	11%	3%	11%	3%	4%	1%
Hospital/clinic	2%	2%	9%	2%	2%	5%
Court/correctional services	5%	9%	4%	3%	3%	2%
Schools	1%	4%	2%	1%	4%	<1%
Church/religious body	4%	<1%	2%	1%	2%	2%
Other e.g. radio	3%	7%	2%	2%	1%	2%

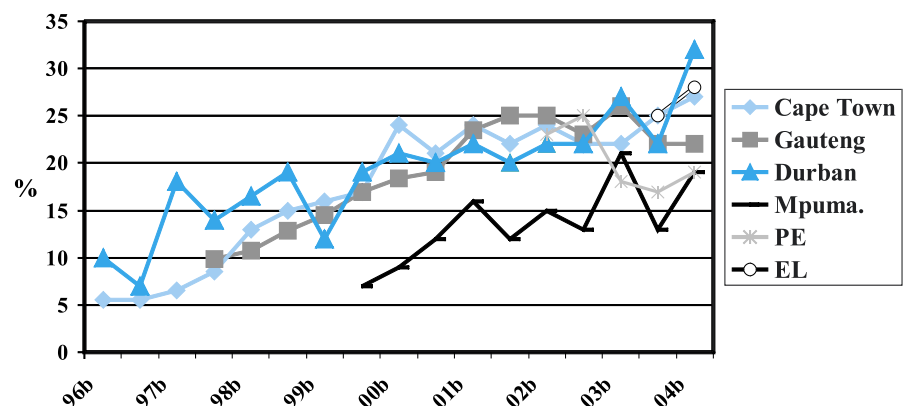
drugs below). This trend has remained fairly stable across all sites.

Race: Black-Africans continue to be under-represented in the treatment population in all sites (Table 4). Proportions remained relatively stable when compared to the previous period, except for an increase in Coloured patients in East London (probably related to a services marketing effort in this community) and a decline in African patients in Durban. In Gauteng, Durban and PE 60%, 51% and 41% respectively

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 24% of patients with heroin as their primary substance of abuse reported injecting as mode of use (a further decline from 28% in the 1st half of 2004 and 44% in the 2nd half of 2003) versus 47% in Gauteng (also down from 55% in the 1st half of 2004), and 22% in Mpumalanga (also down from 32% in the previous period).

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



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

Age of patients: Across sites the average age of persons seen by treatment centres was 30-34 years and has remained fairly stable (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients whose primary substances of abuse are cannabis, heroin or methamphetamine tend to be younger than persons who have cocaine as their primary drug of abuse in Cape Town and Gauteng. The proportion of patients younger than 20 years also remains high in most sites, with between 19% and a third 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 (July - December 2004)

Substance	Cape	Durban	PE	EL	Gauteng	Mpumalanga
Alcohol	40	35	38	37	41	40
Cocaine/crack	30	30	27	29	27	28
Cannabis/Mandrax	26	21	26	21	21	-
Heroin	23	-	25	-	24	23
Ecstasy	24	25#	-	-	20	-
Cannabis	21	22	21	19	20	21
Methamphetamine	20	-	-	-	-	-
OTC/PRE ¹	42	33	33	-	39	43
All substances	30	29	31	29	33	34

n < 5

¹ – Over-the-counter or prescription medicines

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 61% of admissions in Mpumalanga, 52% of admissions in Durban, 52% of admissions in EL, 51% of admissions in Gauteng, 46% of admissions in PE, and 34% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly stable in most sites, with a slight decrease in admissions in Cape Town and Durban.

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 10% in Durban to 24% in Cape Town. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

Psychiatric Hospitals

At TARA psychiatric hospital in Johannesburg, 16% of patients admitted during 2004 had an alcohol-related diagnosis. Seven percent with an alcohol plus other psychiatric problem and nine percent had a problem involving alcohol, other drugs and a further psychiatric problem. At the Elizabeth Donkin Psychiatric Hospital in PE, 5% of patient admitted during the 2nd half of 2004 had an alcohol-related diagnosis.

Other studies

A study initiated by the Western Cape Department of Economic Development & Tourism during 2004 found that 54% of 569 wine-farm workers who were interviewed about issues related to the sale of cheap wine scored above the cut-off of 2 on the CAGE alcohol problems screening questionnaire. The study recommended a number of steps to deal with the problems around the sale and consumption of cheap wine.

A pilot study examining substance abuse and HIV risk behaviours among primary health care service users at four

clinics in Cape Town found that 18% of 131 respondents were classified as “hazardous drinkers”, according to the AUDIT screening test. The study also found that in the younger age group, presence of either HIV or substance use implied a risk of the other. The study was conducted by the University of Cape Town, Kaiser Permanente, University of California San Francisco and the Human Sciences Research Council during 2003

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, Gauteng and Mpumalanga, ranging from 19% in Gauteng to 25% in Durban. In EL and PE the cannabis/Mandrax combination (“white pipes”) was the second most common primary substance of abuse, accounting for 27% of the patients in

EL and 25% of patients in PE, while between 0% and 16% of patients reported cannabis/Mandrax as a primary substance in Durban, Cape Town, Gauteng and Mpumalanga (Table 3). These proportions have remained fairly stable in PE, Gauteng and Mpumalanga, however an increase in the proportion of Mandrax patients was noted in EL and Durban in the 2nd half of 2004, while a decrease over time 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 and PE (by 5 years), with the cannabis patients being an average of 19-22 years (Table 2). The most common primary substance of abuse for patients younger than 20 years in most sites is cannabis (Table 6), the exceptions being Cape Town (methamphetamine) and EL (cannabis/Mandrax).

Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. Between 4% and 6% of patients whose primary substance of abuse was “white pipes” were female across all sites, and between 6% (Mpumalanga) and 17% (PE) of patients whose primary substance of abuse was cannabis on its own were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax, 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 25 925 Mandrax tablets and over 2 tons of Mandrax powder seized between July - December 2004, representing a marked increase when compared to the previous period (Table 9). However, the number of Mandrax cases processed by this lab decreased somewhat, but were still higher than in 2003 and prior data collection periods (Table 8). Mandrax cases processed by the Western Cape lab increased substantially, while seizures decreased. Cases recorded by the KwaZulu Natal FSL increased slightly, as did seizures. At the Eastern Cape lab cases increased slightly, while seizures recorded decreased slightly.

Cocaine/Crack

Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary

substance of abuse was cocaine powder/crack increased in Durban and PE in the 2nd half of 2004 (Table 3). Proportions remained fairly stable in the other sites. The proportions ranged from 3% in EL to 10% in Gauteng (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. In Cape Town 20% and in Gauteng 19% 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 primary drug of abuse after alcohol and cannabis, taking over from Mandrax in previous periods.

In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 27 to 30 years (Table 2). In Cape Town and Gauteng 32% of patients whose primary

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

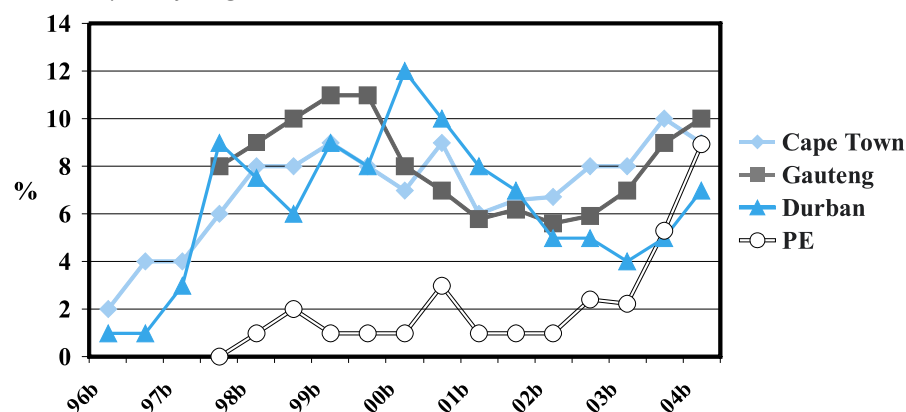
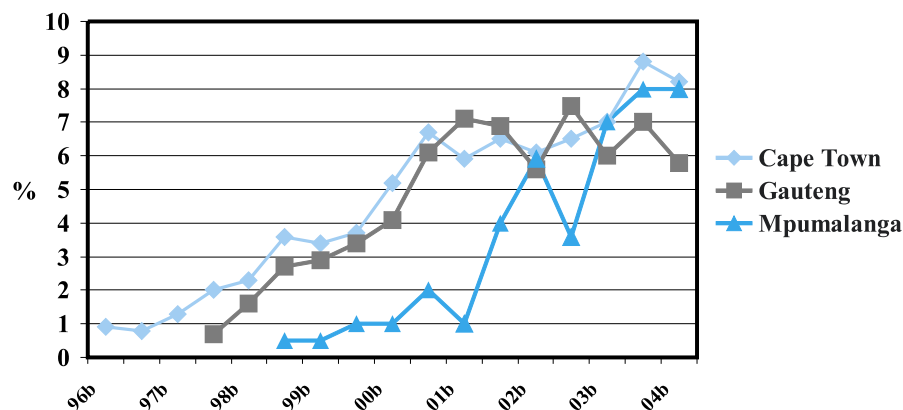


Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse



substance of abuse was cocaine powder were female, an increase over previous periods. Although the majority of patients with cocaine/crack as their primary substance of abuse were White in most sites, in Cape Town 40% were Coloured and in Durban 38% were Indian (Table 5).

Cases and seizures

The KZN and Pretoria FSLs recorded a slight decrease in the number of cocaine cases processed in the second half of 2004, while the number of cases processed by the Eastern and Western Cape labs increased substantially. Over 477 kg of cocaine seizures were reported by the KZN lab, a record amount for this lab and any other single six-month period at any FSL since 2001. The Pretoria and Western Cape labs also reported an increase over the previous period, while the amount reported by the Eastern Cape lab remained fairly stable when compared to the previous period.

Heroin

Specialist treatment centres

In Cape Town and Mpumalanga 8% and in Gauteng 6% of patients in specialist treatment centres had heroin as their primary drug of abuse, on par with the proportion recorded in the previous period. The proportion in Mpumalanga has increased dramatically over time (Figure 3). Small increases in heroin patients were also noted in PE and EL in recent periods. The mean age of persons seen by treatment centres in Cape Town, Mpumalanga, Gauteng and PE who had heroin as their primary substance of abuse was 23-25 years, remaining stable (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town 32% and in Gauteng 27% 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 47% of the heroin patients in Cape Town and 56% 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 2.5 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 2nd half of 2003 to 24% in the 2nd half of 2004). However the proportion of injectors remains high in Gauteng with 47% reporting injecting use in the 2nd half of 2004 versus 55% in the 1st half of 2004. In Mpumalanga 22% of heroin patients reported injecting, compared to 32% in the previous period. In Cape Town the proportion of Coloured heroin patients continues to increase, with over half (58%) now being Coloured compared to less than a third in 2003 (Table 5). In Cape Town 10% and Gauteng 8% of all patients reported the use of heroin, as either a 1st, 2nd, 3rd, or 4th most frequently used substance.

Cases and seizures

The number of cases recorded by the Pretoria and KZN labs increased slightly. Cases reported by the Western Cape lab increased significantly compared to previous periods. Although still fairly low, seizures reported by the KZN and Western Cape labs increased to 120g and 580g respectively. Seizures recorded by the Pretoria lab decreased compared to the previous period. Cases and seizures reported by the Eastern Cape lab remain low.

Over-the-counter and prescription medicines

Specialist treatment centres

Between 2% and 3% of patients seen at specialist treatment centres from July – December 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. In Gauteng 49% and in Cape Town 64% 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 33 years and 43 years (Table 2). These substances are more common as secondary drugs of abuse with 7% of patients in Gauteng and 8% in 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. 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% (Mpumalanga) and 11% (Durban) reporting some use of Ecstasy (Table 7). The patients in treatment where the primary drug of abuse was Ecstasy were mostly White in Gauteng, and Coloured or White in Cape Town (Table 5). Overall, LSD was reported by very few patients with, for example, only 24 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 again noted in the 2nd half of 2004, escalating from 2% in the 2nd half of 2003 to 19% in the 2nd 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 (88%) males (72%). Most of the patients reported smoking the drug (91%) and only three patients reported injecting the drug. Almost 40% reported daily use of the drug and a further 34% reported using it 2-6 days per week. Overall 29% of all patients reporting for treatment in Cape Town in the second half of 2004 reported methamphetamine either as a primary or secondary substance of abuse (Figure 4). Very few patients in the other sites reported the use of methamphetamine: 7 in Gauteng, 3 in Mpumalanga and one in East London.

In Gauteng a small number of patients (n=25) reported methcathinone (CAT) as their primary substance of abuse and a further 45 patients reported it

as a secondary drug of abuse. In Cape Town three patients reported CAT as their primary substance of abuse and a further four reported it as a secondary drug of abuse.

Cases and seizures

The Pretoria lab recorded an increase in the number of ATS cases, and a record amount seized (562 925 tablets). ATS cases processed by the Western Cape lab also increased, possibly due to the increase in methamphetamine use.

Seizures reported by the KwaZulu-Natal lab also increased, although the number of cases remained stable. Cases and seizures reported by the Eastern Cape lab remained fairly stable.

Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with 35% of patients in specialist treatment centres in Gauteng and 48% 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)

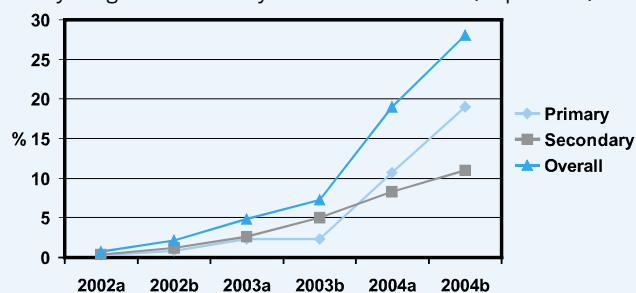


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	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	
2004b	33.7	11.0	15.5	9.1	8.2	0.5	2.0	19.3	0.7	2308		
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	
2004b	52.0	24.8	13.5	6.8	0.3	0.4	1.5	-	0.7	689		
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	
	2004b	45.5	12.7	25.4	8.9	2.9	1.4	3.4	-	-	418	
E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	-	-	148	
	2004b	51.9	11.6	27.1	2.8	1.7	1.7	1.7	-	1.1	181	
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	
	2004b	51.0	18.8	7.7	9.9	5.8	0.9	2.9	-	2.9	2654	
	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		
2004b	60.8	23.6	0.0	4.5	8.0	0.4	1.7	-	0.8	462		

Table 4: Comparison of proportion of patients in treatment (July - December 2004) with census data – by site¹

		African	Indian	Coloured	White
Cape Town	Population 1	32%	1%	48%	19%
	In treatment	7%	1%	64%	28%
Durban	Population 1	68%	20%	3%	9%
	In treatment	43%	29%	10%	18%
PE	Population 1	59%	1%	23%	17%
	In treatment	30%	2%	43%	25%
East London	Population 1*	85%	<1%	6%	8%
	In treatment	49%	2%	22%	27%
Gauteng	Population 1	74%	2%	4%	20%
	In treatment	35%	2%	9%	53%
Mpumalanga	Population 1	92%	<1%	1%	7%
	In treatment	42%	2%	2%	55%

¹ Statistics South Africa, 2001 Census

* Buffalo City Municipality

Table 5: Primary substance by race (columns per site add up to 100%): July - December 2004

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/cocaine	Ecstasy	Heroin
Cape Town						
Black/African	9%	18%	8%	2%	0%	1%
Coloured	49%	62%	88%	40%	50%	58%
Asian/Indian	1%	1%	<1%	4%	0%	3%
White	41%	19%	3%	53%	50%	38%
Durban						
Black/African	37%	47%	36%	0%	-	-
Coloured	11%	14%	14%	13%	-	-
Asian/Indian	31%	27%	50%	38%	-	-
White	21%	12%	0%	49%	-	-
PE						
Black/African	40%	23%	33%	5%	17%	0%
Coloured	36%	51%	54%	32%	33%	0%
Asian/Indian	1%	6%	2%	3%	0%	17%
White	23%	21%	11%	60%	50%	83%
East London						
Black/African	55%	67%	45%	0%	-	-
Coloured	18%	14%	39%	0%	-	-
Asian/Indian	1%	0%	2%	0%	-	-
White	26%	19%	14%	100%	-	100%
Gauteng						
Black/African	31%	63%	65%	9%	9%	12%
Coloured	5%	13%	25%	14%	13%	2%
Asian/Indian	2%	2%	2%	5%	0%	2%
White	63%	22%	8%	72%	78%	85%
Mpumalanga						
Black/African	48%	49%	-	0%	-	14%
Coloured	1%	5%	-	0%	-	3%
Asian/Indian	2%	2%	-	0%	-	0%
White	49%	44%	-	100%	-	84%

Note: Where n < 3 population breakdowns are not reported

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

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth.	Other
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
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
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
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
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
	04b	7.3	54.7	19.1	4.7	5.1	1.2	-	7.9	590
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
	04b	23.0	66.7	0.0	2.2	5.7	1.1	0.0	1.1	87

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
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
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
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
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
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
	04b	69.9	39.2	3.9	12.8	11.9	4.3	0.4	4.8	462

* 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
	Jul-Dec 04	1316	189	159	36	2
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
	Jul-Dec 04	476	532	720	175	16
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
	Jul-Dec 04	3 779	750	1212	136	12
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
	Jul-Dec 04	558	99	93	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
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
	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
	Jul-Dec 04	15 245	3 908	477 131	6 298	1 072	120	6
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
	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
	Jul-Dec 04	25 925	2 294 077	64 641	562 925	109 373	5 007	58
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
	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	8 501	4 328	11 172	11 782	58	145
	Jul-Dec 04	91 025	25 123	14 243	7 609	12 513	580	389
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
	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
	Jul-Dec 04	14 595	1 407	782	6 247	206	9	0

Notes: KZN = KwaZulu Natal; PTA = Pretoria; WC = Western Cape; EC = Eastern Cape
 Figures reported for 2004b 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 17 (July - December 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.

- Give greater priority to addressing inhalant abuse among young people.
- Increase public education about drugs so that people do not take a drug by mistake or without knowing what they are taking.
- Increase interventions aimed at reducing drug use among sex workers.
- Increase prevention efforts aimed at reducing alcohol-related violence against women.
- Intervention programmes must be sensitive to gender and other differences between people.
- Ensure that there are sufficient (cost-effective) treatment programmes to meet demand by young people.
- Ensure the availability of effective substance abuse prevention programmes aimed at young people.
- Target HIV prevention programmes among substance abusers in treatment and in other settings.
- Intensify efforts to address abuse of selected drugs, in certain sites and among certain subpopulations, e.g.

methamphetamine and heroin use in Cape Town (especially among the Coloured population), cocaine and heroin use in PE, and Mandrax and heroin use in East London through improving the training of treatment providers, through prevention and interdiction.

- Prevent the spread of methamphetamine use from Cape Town to other parts of the country.
- Implement a range of strategies to address the abuse of cheap, bulk wine.
- Address the barriers to access to treatment for Black Africans.
- Improve the provision of substance abuse services at PHC clinics, regional hospitals (including detoxification) and via general practitioners.
- Implement special treatment services aimed at the unemployed.

Selected issues to monitor

Phase 17 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Changes in patterns of referral (e.g. the decrease in school referrals in Cape Town and Gauteng, the decrease in work/employer referrals in Durban).
- Demographic shifts in patterns of drug use (e.g. shifts in the proportion of persons in treatment under 20 years, shifts in types of

drugs of abuse among young people, and shifts in profile of heroin users

- Use of "Sugars" among young people in Durban

Selected topics for further research

At the SACENDU meetings in April 2005 various topics for research were identified. These included:

- Barriers to treatment by women and Black Africans and how to reduce such barriers.
- Effective approaches for preventing substance abuse among young people (e.g. combination of family and school-based approaches).
- Treatment models for less educated populations.
- Extent to which substance users seek treatment from private psychologists and psychiatrists and their effectiveness.
- The nature and extent of the use of "Sugars" in Durban and health and other effects.
- The potential usefulness of collecting information from support groups.
- Psychological and psychosocial consequences of methamphetamine use.
- Economics of drug use (e.g. how do unemployed users pay for their drugs?)
- Percentage of government social grants spent on alcohol and other drugs.

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