

SACENDU

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Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 – December 2005)

Andreas Plüddemann, Charles Parry, Pam Cerff, Arvin Bhana, Nadine Harker, Hennie Potgieter, Welma Gerber, & Carol Johnson

Phase 19

Foreword

The Phase 19 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (18 May), Pretoria (23 May), Port Elizabeth (PE) (24 May) and Durban (25 May). These meetings were attended by about 150 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).¹ 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.
- 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 19 was provided by the Mental Health and Substance Abuse Directorate of the National Department of Health.

¹ Durban now includes Pietermaritzburg, PE includes data from Umtata and East London includes data from SANCA satellite offices in Butterworth, Grahams Town, Fort Beaufort, and King Williams Town

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 July - December 2005 were methamphetamine (aka 'tik'), alcohol, heroin and cannabis (together comprising 85% of all admissions) (Table 3). The proportion of patients reporting Mandrax as primary substances of abuse has decreased dramatically over the past two years. Another sharp increase in the proportion of patients presenting with methamphetamine as their primary substance of abuse was noted in the second half of 2005, increasing from 26% in the 1st half of 2005 to 35% in the 2nd half of 2005. The proportions of patients with heroin as their primary substance of abuse also again increased. Overall, 2 131 patients were treated across all 25 treatment centres/programmes in the 2nd half of 2005.

In Durban and Pietermaritzburg (PMB) the main primary substance of abuse was alcohol, followed by cannabis on its own (together comprising 85% of all admissions). Admissions where Mandrax was the primary substance of abuse decreased in the 2nd half of 2005. A total of 846 patients were treated at the five centres from which data were collected in the 2nd half of 2005.

In PE and EL the main primary substances of abuse reported by the treatment centres from July - December 2005 were alcohol followed by cannabis (Table 3). In both sites a significant decrease in the proportion of admissions for Mandrax was noted. During this period 426 persons were treated at the SANCA PE, Welbedacht Shepherd's Field and SANCA Thembilitsha (Umtata) centres, while 267 patients were treated at SANCA EL, its satellite centres and the Ikhwezi neuroclinic in EL.

In Gauteng Province, which includes the metropolitan areas of Johannesburg and Pretoria, 2 848 admissions to 18 treatment centres were recorded in the 2nd half of 2005. For 52% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis alone (21%), cocaine (10%), and heroin (8%). The proportion of admissions for the various drugs remained fairly stable when compared to the 1st half of 2005. Two percent of patients had methcainone (CAT) as a primary drug of abuse, similar to what was noted in the 1st half of 2005.

In Mpumalanga the main primary substance of abuse reported by the treatment centres from July - December 2005 was alcohol (54%), followed by cannabis (together comprising 77% of admissions). The proportion of patients with heroin as their primary substance declined slightly to 10%. During this period 562 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% (EL) and 81% (Durban/PMB and Cape Town) across sites. These proportions have remained fairly stable, except for an increase in the proportion of first-time admissions in Cape Town compared to the previous period.

Referrals: Across all sites, the most common sources of referral to specialist treatment centres were Aself/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 courts was noted in Mpumalanga in the 2nd half of 2005, while PE and EL noted an increase in referrals from health professionals.

Table 1: Selected referral sources (July - December 2005) (Column % add up to 100)

Source	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Self/family/friends	44%	42%	48%	48%	60%	71%
Work/employer	8%	20%	20%	16%	12%	3%
Social services/welfare	18%	7%	3%	2%	10%	11%
Doctor/psychiatrist/nurse (aka health professionals)	13%	7%	16%	29%	4%	<1%
Hospital/clinic	4%	1%	3%	2%	2%	3%
Court/correctional services	5%	16%	2%	2%	4%	9%
Schools	3%	4%	5%	<1%	5%	<1%
Church/religious body	2%	1%	1%	1%	2%	1%
Other e.g. radio	4%	<1%	2%	0%	1%	1%

Gender: Across all sites between 75% (in Cape Town) and 86% (in Durban) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). This trend remains fairly stable across all sites.

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, although there was a slight decrease in Coloured patients in PE and Durban (and a slight increase in Cape Town). Slight decreases in the proportion of African patients were noted in PE and Gauteng. A slight increase in the proportion of White patients was noted in Durban, PE and EL, with a slight decrease in Cape Town. In Gauteng 60% of patients younger than 20 years were African, indicating 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: Between 29% (Cape Town, Gauteng, Durban) and 55% (EL) of patients were employed full-time across sites. The proportion of patients who were students/pupils ranged from 15% in EL and Mpumalanga to 32% in Durban. Across sites between 43% and 67% of patients have never been married, and over 84% 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 8% of patients with heroin as their primary substance of abuse reported injecting as mode of use (a further decline from 15% in the 1st half of 2005 and 24% in the 2nd half of 2004) versus 39% in Gauteng (also down from 44% in the 1st half of 2005 and 47% in the 2nd half of 2004), and 35% in Mpumalanga (up from 31% in the previous period).

Age of patients: Across sites the average age of persons seen by treatment centres was 27-35 years and has remained fairly stable, with the mean in Cape Town declining somewhat and that for EL increasing (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients whose primary substances of abuse are cannabis, heroin or methamphetamine tend to be younger than persons who have cocaine as their primary drug of abuse. The proportion of patients younger than 20 years also remains high in most sites, with between 13% (EL) and a third (Cape Town) 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 2005)

Substance	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Alcohol	39	35	38	39	40	38
Cocaine/crack	30	30	25	29	29	27
Cannabis/Mandrax	25	22	25	23	23	-
Heroin	22	-	24	31#	25	23
Ecstasy	18	21	-	-	23	18
Cannabis	20	19	21	20	20	23
Methamphetamine	21	-	-	-	22	-
CAT*	-	-	-	-	24	-
OTC/PRE ¹	41	42	40	37	39	43
All substances	27	29	33	35	32	32

* methcathinone

¹ – Over-the-counter or prescription medicines

n = < 5 patients

Sources of payment

The most common source of payment for treatment in all sites was “family” or self, except EL where medical aid was most common (45%) and Gauteng where the state was most common. Medical aids covered 21% of patients in Gauteng.

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 sites (except Cape Town), accounting for 54% of admissions in Mpumalanga, 72% of admissions in EL, 58% of admissions in Durban, 52% of admissions in Gauteng and 49% of admissions in PE. Alcohol accounted for 25% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly stable in Durban, Gauteng, Mpumalanga and PE, but decreased in Cape Town and increased in EL 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 40 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 Mpumalanga to 25% 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 the Elizabeth Donkin Psychiatric Hospital in PE, 28% of patient admitted during the 2nd half of 2005 had an alcohol-related diagnosis.

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 all sites, ranging from 11% in EL to 28% in Durban. The proportion of patients with Mandrax as their primary substance of abuse has decreased substantially in all sites (Table 3). Persons seen in specialist treatment centres who had “white pipes” (Mandrax) as their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of abuse (Table 2). The most common primary substance of abuse for patients younger than 20 years in most sites is cannabis (Table 6), the exception being Cape Town (methamphetamine).

Data from specialist treatment centres suggests that the use of these substances is mainly a male phenomenon. Between 0% and 7% of patients whose primary substance of abuse was “white pipes” were female across all sites, and between 6% (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 Cape Town and PE, and are still over represented in terms of underlying population statistics in Gauteng.

Cocaine/Crack

Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack increased again in PE and slightly in Mpumalanga 2nd half of 2005. Proportions in the other sites remained stable or decreased slightly (Table 3). The proportions ranged from 6% in Mpumalanga and EL to 15% in PE (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. In Cape Town 18%, in PE 19% and in Gauteng 20% 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 PE cocaine/crack was the 2nd most commonly reported primary drug of abuse after alcohol, taking over from cannabis or 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 25 to 30 years (Table 2). In Cape Town 28% of patients whose primary substance of abuse was cocaine were female and in Gauteng 36% of patients whose primary substance of abuse was crack cocaine were female. These are relatively high proportions compared to other drugs. Although the majority of patients with cocaine/crack as their primary substance of abuse were White in most sites, in Cape Town 47% were Coloured and in PE 50% were Coloured (Table 5). An increase in Black/African cocaine/crack patients was also noted in Mpumalanga and Gauteng in the 2nd half of 2005.

Heroin

Specialist treatment centres

In Cape Town 14%, in Mpumalanga 10% and in Gauteng 8% of patients in specialist treatment centres had heroin as their primary drug of abuse. The proportion in Cape Town again increased from 10% in the previous period (Figure 3). 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 22-31 years, remaining fairly stable (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax. In Cape Town 26% and in Gauteng 27% of patients with heroin as the primary substance of abuse were female. In Gauteng heroin patients were also more likely to have received treatment before than patients treated for any other drug, with 50% of the heroin patients in Cape Town

and 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 2.7 years.

Intravenous use by patients with heroin as their primary drug of abuse continued to decline in Cape Town, with only 8% reporting injecting use compared to 15% in the previous period, and 24% in the 2nd half of 2004. This may be linked to the changing demographic profile of heroin patients, most of who are now Coloured and prefer to smoke the drug. In Gauteng 39% of patients reported injecting, compared to 44% in the previous period. In Mpumalanga 35% of heroin patients reported injecting, compared to 31% in the previous period, a continued increase. In Cape Town the proportion of Coloured heroin patients continues to increase, with over 80% now being Coloured compared to less than a third in 2003. A sharp increase in the proportion of Black heroin patients was noted in Mpumalanga, increasing from 11% in the first half of 2005 to 30% in the second half of 2005 (Table 5). In Cape Town 16% and Gauteng 11% of all patients reported the use of heroin, as either 1st, 2nd, 3rd, or 4th most frequently used substance, a slight increase in Cape Town.

Over-the-counter and prescription medicines

Specialist treatment centres

Between 1% (EL and Cape Town) and 5% (PE) of patients seen at specialist treatment centres from July - December 2005 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 62% and in Cape Town 58% of patients who had over-the-counter or prescription medicines as their primary substance of abuse were female. The average age of these patients ranged between 37 years and 43 years (Table 2). These substances are more common as secondary drugs of abuse with 6% of patients in Gauteng and PE and 4% in Cape Town reporting these drugs either as primary or secondary substances of abuse. Substances abused included benzodiazepines, analgesics, Codeine products, and sleeping pills.

Ecstasy, Methamphetamine, methcathinone (CAT), and LSD

Specialist treatment centres

The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy, 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 1% (PE) and 7% (Cape Town and Durban) reporting Ecstasy as a primary or secondary substance of abuse (Table 7). The patients in treatment where the primary drug of abuse was Ecstasy were mostly White (Table 5). Overall, LSD was reported by very few patients with, for example, only 30 patients reporting it as a primary or secondary drug of abuse in Gauteng versus 13 patients in Cape Town.

In Cape Town the dramatic increase in patients reporting methamphetamine as their primary substance of abuse continues, with 35% reporting methamphetamine as their primary substance of abuse in the 2nd half of 2005. 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 21 years, lower than most other drugs. Most of the patients were Coloured (92%) and 71% were male (71%). Most of the patients reported smoking the drug (94%) and only two persons reported injecting the drug. 48% reported daily use of the drug and a further 28% reported using it 2-6 days per week. Overall 45% of all patients reporting for treatment in Cape Town in the second half of 2005 reported methamphetamine either as a primary or secondary substance of abuse (Figure 4).

In Gauteng a growing number of patients have reported methcathinone ('CAT') as their primary substance of abuse in the last two reporting periods (52 in the 1st half of 2005 and 47 in the 2nd half of 2005). A further 61 patients reported it as a secondary drug of abuse in the 2nd half of 2005.

Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with 34% of patients in specialist treatment centres in Gauteng and 49% in Cape Town reporting more than one substance of abuse.

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

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ 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
	2005a	34.4	9.7	9.1	8.3	10.0	0.4	1.6	26.1	0.4	2469
	2005b	25.1	11.2	5.5	7.6	13.8	0.2	1.1	34.7	0.8	2131
	Durban	1996b	73	10	10	1	<1	<1	1	-	4
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
2005a		48.1	32.4	6.2	8.9	1.4	0.3	1.5	-	1.2	945
2005b		57.6	27.5	2.8	6.6	1.3	1.0	1.8	-	1.4	846
PE		1997a	58	23		<1	<1	<1	5	-	13
	1997b	66	20		<1	<1	<1	3	-	9	416

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
	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
	2005a	46.8	12.3	20.3	11.9	1.9	0.4	4.7	0.9	0.9	464
	2005b	48.8	12.9	9.4	14.6	6.6	0.0	4.5	3.3	0.0	426
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
	2005a	51.7	17.4	17.9	8.7	-	2.4	1.0	-	1.0	207
	2005b	71.5	12.4	5.6	6.4	1.5	0.4	2.2	-	1.0	267
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
2005a	46.6	21.6	7.2	9.0	8.4	0.6	3.1	-	1.8	3030	
2005b	51.8	21.0	2.8	10.1	7.7	0.6	2.3	0.2	3.6	2848	
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

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
	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
	2005a	55.6	22.1	0.0	4.0	13.3	0.9	2.9	-	1.2	525
	2005b	54.3	23.3	0.5	6.2	10.3	0.9	2.8	0.5	1.1	562

Table 4: Comparison of proportion of patients in treatment (July - December 2005) with census data – by site¹

		African	Indian	Coloured	White
Cape Town	Population ¹	32%	1%	48%	19%
	In treatment	7%	1%	72%	20%
Durban	Population ¹	68%	20%	3%	9%
	In treatment	45%	25%	7%	23%
PE	Population ¹	59%	1%	23%	17%
	In treatment	22%	2%	40%	35%
East London	Population ^{1*}	85%	<1%	6%	8%
	In treatment	60%	1%	7%	32%
Gauteng	Population ¹	74%	2%	4%	20%
	In treatment	36%	2%	11%	51%
Mpumalanga	Population ¹	92%	<1%	1%	7%
	In treatment	47%	2%	2%	50%

¹ Statistics South Africa, 2001 Census

* Buffalo City Municipality

Table 5: Primary substance by race (columns per site add up to 100%): July - December 2005

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
Cape Town						
Black/African	16%	17%	8%	4%	0%	2%
Coloured	47%	67%	90%	47%	40%	84%
Asian/Indian	<1%	1%	0%	1%	0%	3%
White	37%	15%	3%	48%	60%	11%
Durban						
Black/African	47%	48%	50%	2%	50%	-
Coloured	6%	11%	10%	9%	0%	-
Asian/Indian	24%	28%	30%	27%	25%	-
White	24%	13%	10%	61%	25%	-
PE						

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
Black/African	42%	36%	41%	3%	-	0%
Coloured	36%	45%	51%	50%	-	0%
Asian/Indian	1%	5%	7%	6%	-	0%
White	21%	14%	0%	42%	-	100%
East London						
Black/African	63%	76%	71%	0%	0%	25%
Coloured	7%	9%	7%	0%	0%	0%
Asian/Indian	2%	0%	0%	0%	0%	0%
White	28%	15%	22%	100%	100%	75%
Gauteng						
Black/African	32%	63%	70%	12%	25%	20%
Coloured	7%	15%	25%	21%	6%	2%
Asian/Indian	2%	1%	1%	4%	6%	2%
White	59%	21%	4%	64%	69%	75%
Mpumalanga						
Black/African	52%	58%	67%	23%	40%	30%
Coloured	3%	2%	0%	0%	0%	0%
Asian/Indian	2%	0%	0%	3%	0%	2%
White	43%	41%	33%	74%	60%	68%

Note: Where n < 4 population breakdowns are not reported

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

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth.	Other	Total (N)
Cape Town	03a	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
	03b	4.1	41.9	32.5	4.7	7.4	3.6	4.7	1.1	363
	04a	5.1	33.1	23.3	3.7	8.2	0.9	24.9	1.1	571
	04b	2.3	24.4	17.6	2.9	8.6	0.6	42.0	1.6	619
	05a	2.5	24.5	9.3	1.9	11.5	0.8	48.7	0.9	637
	05b	3.1	22.1	6.7	1.3	12.9	0.4	53.0	-	674
Durban	03a	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
	03b	42.5	45.1	8.8	1.8	1.8	0.0	0.0	0.0	113
	04a	16.5	60.0	12.9	7.1	0.0	0.0	0.0	3.5	85
	04b	25.4	47.9	20.3	2.5	0.8	0.8	0.0	1.7	236
	05a	21.6	63.1	6.9	4.6	1.3	0.3	-	2.3	306
	05b	24.0	64.8	3.8	1.6	1.2	0.8	-	3.6	250
PE	03a	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
	03b	16.0	28.0	38.7	0.0	0.0	0.0	0.0	17.3	75
	04a	10.3	42.5	36.8	2.3	1.1	5.7	0.0	1.1	87
	04b	10.3	41.0	38.5	7.7	0.0	1.3	0.0	1.3	78
	05a	26.7	34.4	30.0	5.6	0.0	0.0	0.0	1.1	90
	05b	14.8	33.0	10.2	13.6	14.8	0.0	13.6	0.0	88
EL	04a	17.1	57.1	22.9	2.9	0.0	0.0	0.0	0.0	35
	04b	11.8	27.5	51.0	0.0	2.0	3.9	0.0	3.9	51
	05a	13.0	37.0	39.1	4.4	0.0	2.2	0.0	4.3	46
	05b	28.6	54.3	17.1	-	-	-	-	-	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
	04b	7.3	54.7	19.1	4.7	5.1	1.2	-	7.9	590

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth.	Other	Total (N)
Mpuma'	05a	9.3	57.7	14.0	3.4	7.7	1.3	-	6.6	714
	05b	10.6	62.8	4.8	4.5	6.8	0.7	0.2	9.2	575
	03a	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60
	03b	20.3	67.2	0.0	0.0	6.3	0.0	0.0	6.3	64
	04a	16.0	53.3	0.0	9.3	10.7	0.0	0.0	10.6	75
	04b	23.0	66.7	0.0	2.2	5.7	1.1	0.0	1.1	87
	05a	12.0	58.3	0.0	3.7	18.5	1.9	0.0	5.6	108
	05b	21.4	57.3	0.0	2.9	9.7	3.9	1.0	2.9	103

Table 7: Overall substances of abuse* (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Meth.	OTC/ PRE	Total (N)
Cape Town	03a	60.3	29.5	33.9	18.1	8.1	9.7	4.7	8.7	1724
	03b	54.4	30.4	37.2	21.5	8.9	10.7	7.3	7.0	1659
	04a	52.9	26.8	29.9	21.8	11.2	10.6	19.0	8.1	2255
	04b	47.9	25.0	29.0	20.0	10.3	6.3	28.9	7.4	2308
	05a	47.0	28.9	22.8	19.2	13.2	8.3	35.8	5.0	2469
	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
Durban	03a	79.1	43.6	12.5	12.9	0.5	9.9	0.0	7.0	574
	03b	85.4	48.1	22.0	15.9	1.3	10.6	0.0	2.6	378
	04a	69.2	39.7	21.5	9.9	0.2	7.3	0.0	3.6	413
	04b	74.5	46.7	32.5	19.4	1.2	11.2	0.0	3.2	689
	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
PE	03a	58.5	22.2	30.1	5.0	0.0	4.0	0.0	5.2	499
	03b	62.8	15.2	31.3	6.4	0.5	6.4	0.0	9.0	409
	04a	60.4	21.6	29.1	12.7	2.6	8.3	0.0	5.3	505
	04b	59.1	19.4	31.6	16.3	4.5	6.7	0.0	4.8	418
	05a	59.9	17.5	29.5	19.2	2.4	1.9	0.9	7.1	464
	05b	56.1	18.1	11.0	19.2	6.8	1.2	3.3	5.9	426
EL	04a	68.2	30.4	19.6	8.1	0.7	4.1	0.0	2.0	148
	04b	70.2	16.0	32.0	7.7	1.7	8.3	0.6	2.8	181
	05a	64.3	26.6	25.1	16.4	0.5	9.7	0.5	3.4	207
	05b	80.1	20.6	11.2	11.6	3.4	3.0	0.0	4.1	267
Gauteng	03a	63.4	31.0	15.5	14.6	9.1	5.7	0.0	8.3	2617
	03b	59.9	30.4	18.1	14.5	7.8	4.5	0.0	8.3	2711
	04a	59.9	30.4	15.4	17.9	9.1	5.6	0.0	8.0	2813
	04b	60.2	30.6	15.5	19.2	8.3	5.2	0.3	7.2	2654
	05a	57.9	34.6	13.2	15.7	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	6.0	2848
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
	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562

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

Implications for policy and future research

Selected implications for policy/practice

During the Phase 19 (July - December 2005) 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:

- Ensure provision of affordable treatment for persons who cannot pay for services and for young people in general. This needs to be at various levels of intensity.
- Ensure that there is adequate aftercare (including vocational opportunities and housing) for persons who have gone to drug rehab.
- Integrate HIV/drug-related risks into HIV prevention efforts.
- Integrate HIV risks into drug use prevention efforts.
- Intensify efforts to address MA use on Cape Flats and ensure that other parts of the country are prepared for a possible increase in treatment demand related to MA use.
- Improve screening of women at risk of heavy drinking during pregnancy and empower such women to reduce or quit drinking.
- Intensify efforts to address inhalant abuse by young people in Gauteng and Mpumalanga.
- Consider the need for needle exchange programmes and other harm reduction initiatives.
- Ensure that provincial hospitals have adequate detoxification facilities.
- Undertake regular qualitative research among school-going youth to assess changes in drug use practices.

Selected issues to monitor

Phase 19 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Frequency of use of MA and other drugs.
- Demographic changes in the profile of drug users, especially spread of drug use to communities where use was previously low.
- Changes in referral practices (e.g. drop in school referrals across many sites).
- Increasing use of methcathinone (CAT) in certain parts of the country.
- Changes in level of medical aid funding for substance abuse treatment.

Selected topics for further research

At the SACENDU meetings in May 2006 various areas for further research were identified. These included:

- Barriers to treatment experienced by persons with lower education.
- Determination of what is happening at a community level to patients who abuse substances other than MA and who may have found themselves squeezed out of treatment (in Cape Town).
- Does demographic profile of MA patients in treatment in Cape Town mirror users in the community?
- Why has MA not spread more quickly to other parts of the country?
- What is the effect of MA on the community and local economy?
- What is the shortfall in the availability of heroin detox services?
- To what extent (and how) do traditional healers address substance abuse problems?
- To what extent do drug prices influence usage?
- The nature and extent of treatment “shopping” across provincial borders.
- The effect of changes in the job market and training opportunities on the prevalence of substance use and abuse.
- The nature and extent of the abuse of over-the-counter and prescription drugs at a community level.
- Is there a link between the use of CAT and psychosis.

Plans to expand SACENDU

With funding from the National Department of Social Development SACENDU will be expanded to additional provinces as part of a plan to move SACENDU to a provincial system in order to link data monitoring with provincial policy/planning activities. Accompanying the expanded SACENDU system, there will be audits of treatment centres in order to further align “surveillance” with “service delivery”.

FOR FURTHER INFORMATION CONTACT

Alcohol & Drug Abuse Research Unit
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

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