



**South African Community  
Epidemiology Network on Drug Use  
(SACENDU)**  
**Update (20 May 2004)**



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

**ALCOHOL AND DRUG ABUSE TRENDS: JULY-DECEMBER 2003 (Phase 15)**

**Background**

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), Mpumalanga, and Gauteng (Johannesburg/Pretoria). The system, operational since July 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from multiple sources. Data are collected from over 50 specialist treatment centres, psychiatric hospitals, mortuaries, and the police Forensic Science Laboratories (FSL). Other data sources (e.g. community studies) are included when available. In this period treatment data were also collected from the central part of the Eastern Cape.

**Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2<sup>nd</sup> half of 2003)**

**Alcohol** remains the dominant substance of abuse across sites. Between 39% (Cape Town) and 65% (Durban) of patients in treatment have alcohol as their primary substance of abuse (Table 1). In Cape Town and Gauteng almost 6 out of every 10 patients report having alcohol as a primary or secondary drug of abuse. 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. Preliminary data from the HIV and Alcohol Prevention Study (HAPS) in Pietermaritzburg indicates that over 1 in 5 young people drink before having sexual intercourse, and preliminary findings from an MRC/NYU study of substance use among adolescents (aged 12-17) in Gauteng indicate that roughly 1 in 6 have engaged in binge drinking in the past 30 days.

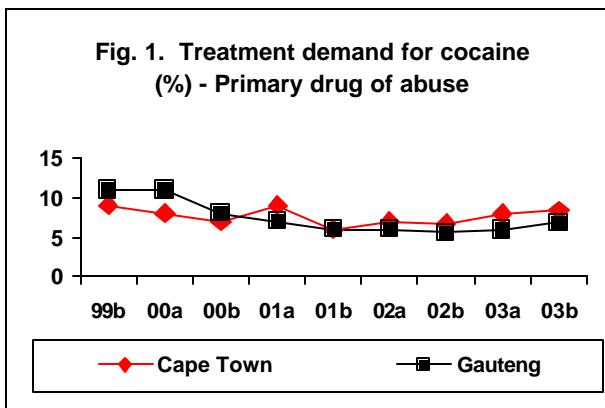
**Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2003b)**

	Age	Cape Town	Durban	PE	Gauteng	Mpum.
Alcohol	All	39	65	52	49	61
	<20	4	43	16	8	20
Cannabis	All	15	24	12	21	20
	<20	42	45	28	55	67
Methaq.	All	24	4	26	10	<1
	<20	33	9	39	25	0
Cocaine	All	8	4	2	7	2
	<20	5	2	0	2	0
Heroin	All	7	1	0	6	7
	<20	7	2	0	4	6

Use of **cannabis** (“dagga”) and **Mandrax** (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 12% (PE) and 24% (Durban) of patients attending specialist treatment centres had cannabis as their

primary drug of abuse, compared to between 0.2% (Mpumalanga) and 26% (PE) for Mandrax (Table 1). Over time treatment demand for cannabis has increased in all sites except PE. Treatment demand for Mandrax has increased over time in Cape Town and Gauteng. Treatment demand for both cannabis- and Mandrax-related problems is substantially higher for persons under 20 years than older persons (Table 1). A large increase in seizures of Mandrax was noted by all four FSL, with the total equivalent to almost 11 million tablets.

The stabilisation in treatment demand for **cocaine**-related problems over time reported earlier for Cape Town and Gauteng has not continued and there has been a slight increase in treatment demand in these sites over both reporting periods in 2003 (Fig. 1.). Currently, of patients in treatment in Gauteng and Cape Town, 15% and 22% respectively have cocaine as a primary or secondary drug of abuse. Treatment demand for cocaine remains low in PE and Mpumalanga (Table 1). Seizures of cocaine HCL reported by all four FSL showed a drop in the 2<sup>nd</sup> half of 2003, from 238 kg to 188 kg.

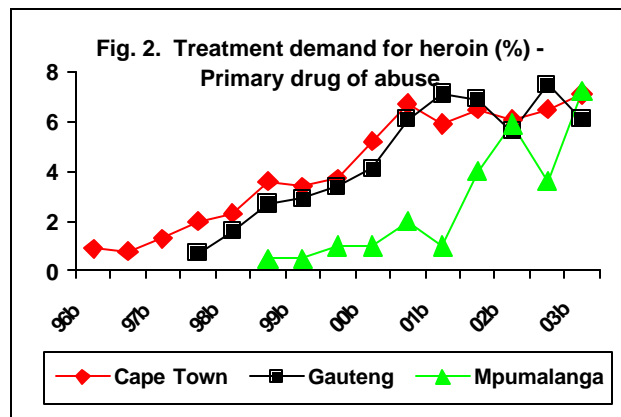


Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town and Gauteng (Fig. 2), but this has leveled off. There has been a dramatic increase in treatment demand related to heroin use in the more rural province of Mpumalanga which borders Mozambique, Swaziland, and Zimbabwe (primarily from residents of this province). Treatment demand has also increased in the central region of the Eastern Cape.

Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town, Gauteng, and Mpumalanga, 44%, 49% and 30% respectively report injection use. Over time the amount of IV use of heroin has increased substantially and an increase of six percentage points was noted in Cape Town for the latest 6-month reporting period.

Between 8% (Gauteng) and 9% (Cape Town) of patients in treatment have heroin as a primary or secondary drug of abuse. A two percentage point increase in the proportion of patients under 20 years having heroin as their primary drug of abuse in Cape Town was noted between the 1<sup>st</sup> and 2<sup>nd</sup> half of 2003 (especially by females). Over time in this city there has been a substantial increase in the proportion heroin patients who are coloured (from less than 10% in the 1<sup>st</sup> half of 2001, to over 30%).

Nationally seizures of heroin reported by the FSL were down on the 1<sup>st</sup> half of 2003 (from 16.3 kg to 2.2 kg). Small increases were however noted by the FSL in KwaZulu-Natal (KZN) and Cape Town.



**Club drugs** - Treatment demand for Ecstasy, LSD or Speed (methamphetamine) as primary drugs of abuse is low. These drugs more often appear as secondary drugs of abuse. Roughly 1 in 10 patients in treatment in Cape Town had Ecstasy as a primary or secondary drug of abuse, compared to 5% for Gauteng. An increase in the proportion of patients who have Ecstasy as a primary drug of abuse who were coloured was noted in Cape Town (over 3/4s of all patients) and an increase in African patients abusing Ecstasy was noted in Gauteng (1/4 of all patients). A big increase in treatment demand for Speed (methamphetamine) was noted in Cape Town in 2003, especially among patients under 20 years (where 5% have Speed as their primary drug of abuse). Across sites indicators for LSD use were low, except at the Pretoria Academic Hospital where 20% of patients treated in the drug treatment unit reported use. Nationally the amount of amphetamine type stimulants (ATS) seized in the 2<sup>nd</sup> half of 2003 (160570 tablets and 48 kgs of powder) was roughly the same as in the first half of the year, however, a small increase in seizures was noted in the Eastern Cape FSL and a large increase by the KZN Lab (almost 95000 tablets). A small increase in the number of units of LSD seized nationally was reported (756 units).

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazepam) continues to be an issue across sites. Treatment demand as a primary drug of abuse ranged from 1% (Durban) to 7% (PE), showing an increase in PE and Mpumalanga. Many patients, however, report these substances as secondary drugs of abuse.

**Inhalant/solvent** use among young persons continues to be an issue across sites. Methcathinone use in the central region of the Eastern Cape was reported. It was also reported among young patients in Gauteng. Ephedrine use among young, male

adolescents in PE was noted. **Poly-substance abuse** remains high, with 10% and 5% of patients in specialist treatment centres in Cape Town and Gauteng respectively reporting more than four substance of abuse.

### Other key findings (Table 2)

All sites have shown an increase over the past few years in treatment demand by *persons less than 20 years of age*. All sites have shown an increase in the proportion of Black African patients in treatment since the first half of 2000, but across sites the percentage of Black Africans in treatment is still substantially less than would be expected from the underlying population demographics.

**Table 2. Changes in age and race of patients over time**

	% of patients in treatment < 20 years of age		% of patients in treatment who are Black African	
	2000a	2003b	2000a	2003b
Cape Town	17	22	7	11
Durban	19	27	17	22
PE	N/a	18	23	29
Gauteng	17	26	27	38
Mpumalanga	7	21	43	45

### Selected implications for policy/practice

- Among patients being treated for HIV/AIDS, monitor AOD use and if necessary intervene.
- For females in treatment, explore (and if necessary address) physical and other trauma.
- Improve state sector response to increasing use of heroin (not only in urban areas).
- Reduce access by youth to alcohol, cigarettes and snuff.
- Implement programmes for youth at risk of dropping out of school and to get dropouts back into school.

### Selected issues to monitor

- Demographic/social class shifts in patterns of drug use, and related to this changes in drug marketing practices.
- Geographic shifts in heroin use to rural areas.
- Patterns of AOD use among children under 14 years and the elderly.
- Levels of HIV among the drug using population.

### Selected topics for further research

- Differences in treatment/rehabilitation burden from different drugs.
- Substance use disorders among HIV/AIDS patients.
- The link between substance use and trauma, including protective factors and gender differences.
- Role of traditional healers in addressing substance abuse.

Alcohol & Drug Abuse Research Group  
 Medical Research Council (Cape Town)  
 PO Box 19070, 7505 Tygerberg, South Africa  
 Ph: +27-21-938-0425; Fax: +27-21-938-0342  
 E-mail: [andreas.pluddemann@mrc.ac.za](mailto:andreas.pluddemann@mrc.ac.za)  
[cparry@mrc.ac.za](mailto:cparry@mrc.ac.za)  
 URL: <http://www.sahealthinfo.org/admodule/sacendu.htm>

We acknowledge the financial support of the National Department of Health & Gauteng's Department of Social Services and Population Development