



South African Community Epidemiology  
Network on Drug Use (SACENDU)

**Update**  
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**ALCOHOL AND DRUG ABUSE TRENDS: July–December 2006 (Phase 21)**

**Background**

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system now operational in 8 provinces in South Africa: Western Cape (WC: Cape Town), KwaZulu-Natal (KZN: Durban, Pietermaritzburg), Eastern Cape (EC), Mpumalanga (MP), Gauteng (GT: Johannesburg, Pretoria), Free State (FS), Northern Cape (NC), and Northwest (NW). The last 3 provinces form part of what is termed the Central Region (CR) and provided data from 2006b. The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. Plans are underway to expand the surveillance system to all provinces during 2007 and to increase the spread of treatment centres included in WC, GT and KZN. **This report will focus on data on treatment admissions from the 8770 patients seen across the 73 centres/programmes in the 2<sup>nd</sup> half of 2006.**

**Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2<sup>nd</sup> half of 2006)**

**Alcohol** remains the dominant substance of abuse across all sites except WC. Between 42% (WC) and 72% (KZN) of patients in treatment have alcohol as a primary or secondary drug of abuse. The proportion reporting it as a primary drug of abuse (Table 1) has decreased over time in all sites, however in the last reporting period this trend appears to have stopped in GT. Treatment admissions for alcohol-related problems in persons under 20 years of age showed a big decrease in MP, but increased in KZN.

**Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2006b)**

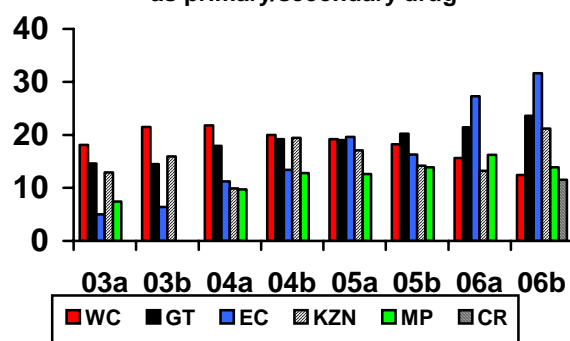
	Age	WC	KZN	EC	GT	MP	CR#
# centres		28	6	9	19	4	7
# patients		2798	921	645	3295	539	572
Alcohol	All	26	54	45	48	47	61
	<20	3	31	17	12	16	20
Cannabis	All	11	19	19	22	34	21
	<20	26	41	56	62	68	58
Methaq.	All	3	1	8	1	0.4	1
	<20	3	0.8	6	2	0	2
Cocaine	All	5	11	19	11	5	6
	<20	0.4	4	13	4	1	2
Heroin	All	10	9	2	10	10	2
	<20	7	14	0	9	14	0
Methamp hetamine	All	42	0	3	0.2	0	0.5
	<20	59	0	5	0.1	0	0

#-Central Region (FS, NW, NC)

Across sites between 29% (CR) and 45% (MP) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 2% (MP) and 17% (EC) for the cannabis/Mandrax (methaqualone) ‘white-pipe’ combination. In 2006b treatment admissions for cannabis as a primary drug decreased in KZN, but was stable or slightly up in the other sites (except MP where it increased substantially). There was a particularly large increase in the proportion of younger patients coming to treatment for cannabis-related problems in WC, EC and MP, but a decrease in KZN. Treatment admissions for Mandrax decreased or was stable in all sites, having decreased significantly over the past 2 years in all sites. Treatment admissions for cannabis problems is substantially higher for persons under 20 years than for older persons – the converse is true for alcohol (Table 1).

Treatment admissions for **cocaine**-related problems has shown an increase over the past few reporting periods in GT, KZN and especially the EC (among adults) (Fig. 1). Between 12% (CR, WC) and 29% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse.

**Fig. 1. Treatment demand: Cocaine (%) as primary/secondary drug**



Over time, there has been a large increase in treatment admissions for **heroin** as a primary drug of abuse in WC, GT, MP and KZN, but this appears to be on the increase in GT and in KZN in the latest period (Fig. 2). In these sites between 11% (KZN) and 23% (MP) 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 WC, GT and MP, 11%, 42% and 33% respectively report injection use. This reflects an increase in all three provinces as

\* We acknowledge the input of our provincial coordinators and participating treatment centres

compared to 2006a. None of the patients in KZN reported injecting heroin.

The proportion of heroin patients who are Black/African has continued to increase in GT and MP. In MP 39% of patients in treatment with heroin as a primary drug of abuse are Black/African (vs. 35% in Gauteng). Treatment admissions related to use of 'Sugars' (low quality heroin and cocaine mixed with cannabis) appears to be on the rise among young, Indian males in South Durban.

