



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update
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ALCOHOL AND DRUG ABUSE TRENDS: July - December 2007 (Phase 23)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system now operational in 9 provinces in South Africa: Western Cape (WC: Cape Town), KwaZulu-Natal (KZN: Durban, Pietermaritzburg), Eastern Cape (EC), Mpumalanga (MP) and Limpopo (LP) (combined as the Northern Region), 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 the 2nd half of 2006. In LP province data was collected from one centre in Polokwane from July – December 2007 (this period). This was included with data from MP and will now be referred to as the Northern Region (NR). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. **This report will focus on data on treatment admissions from the 8924 patients seen across the 72 centres/programmes in the 2nd half of 2007.**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2007)

Alcohol remains the dominant substance of abuse across all sites except the WC. Between 41% (WC) and 76% (CR) 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) decreased to 39% in KZN and the EC. Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, ranging between 5% (WC) and 22% (CR) of all patients in this age group (Table 1).

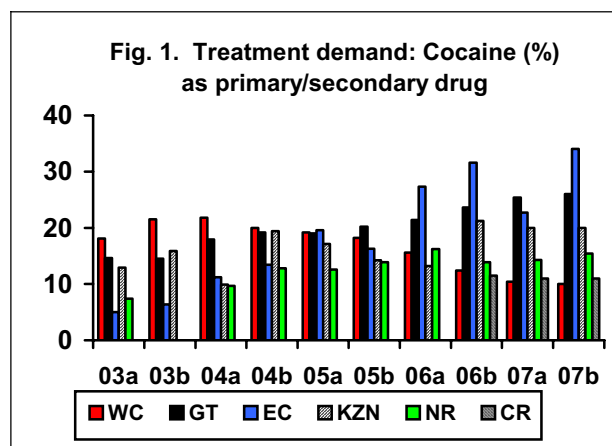
Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2007b)

	Age	WC	KZN	EC	GT	NR ¹	CR ²
# centres		29	6	6	19	5	7
# patients		3058	943	608	3053	602	657
Alcohol	All	30	39	39	47	43	65
	<20	5	16	16	12	17	22
Cannabis	All	13	17	16	19	38	21
	<20	35	38	45	61	73	67
Methaq.	All	3	0.4	9	2	0	0.6
	<20	4	0.4	18	2	0	1
Cocaine	All	4	9	23	14	8	6
	<20	0.5	2	12	6	3	2
Heroin	All	13	32	5	10	7	1
	<20	11	39	3	10	6	0
Methamph tamine	All	36	0	4	0.4	0.4	1
	<20	43	0	5	0.3	0.9	2

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Across sites between 27% (EC) and 49% (NR) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 1% (NR) and 17% (EC) for the cannabis/**Mandrax** (methaqualone) ‘white-pipe’ combination. In 2007b treatment admissions for cannabis as a primary drug increased slightly in the WC and CR when compared to the previous period. In GT, the NR and the CR cannabis is reported as primary substance of abuse by over 50% of patients who are younger than 20 years. Treatment admissions for Mandrax remain low in all sites, having decreased significantly over the past 2 years in all sites.

Treatment admissions for **cocaine**-related problems have shown an increase over the past few reporting periods in GT, and increased markedly in the EC in 2007b (Fig. 1). Between 10% (WC) and 34% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse. Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between 1% (WC) and 12% (EC) of all adolescent patients admitted from July-December 2007.

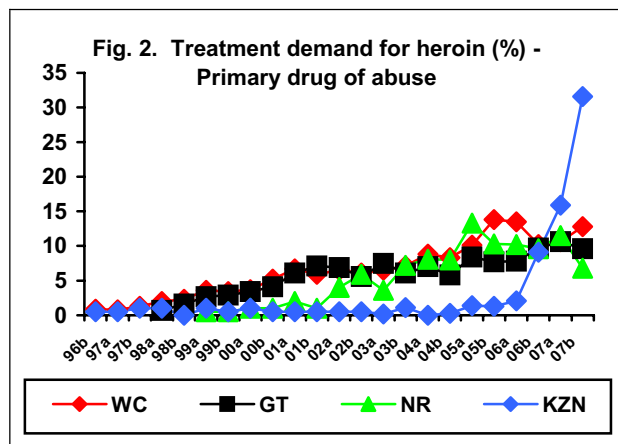


Over time, there has been an increase in treatment admissions for **heroin** as a primary drug of abuse in WC, GT, the NR (in MP) and more recently in KZN (Fig. 2). In these sites between 14% (GT) and 35% (KZN) of patients have heroin as a primary or secondary drug of abuse. The increase in KZN is particularly ascribed to the use of ‘Sugars’ (low quality heroin and cocaine mixed with cannabis) among young, Indian males in South Durban. Mostly heroin is smoked, but of patients with heroin as their primary drug of abuse in WC, GT and MP, 9%, 40% and 15% respectively report injection use. Two patients in KZN

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

reported injecting heroin. Injection use of heroin is stable or declining across these sites.

The proportion of heroin patients who are Black/African continues to increase in GT and MP. In the NR 58% of patients in treatment with heroin as a primary drug of abuse are Black/African (vs. 41% in GT). Furthermore, in GT 75% of heroin patients younger than 20 years were Black/African (also increasing). While the proportion of patients who reported heroin as their primary drug declined to 7% in 2007b in MP specifically, a large proportion (17%) reported heroin as a secondary drug.



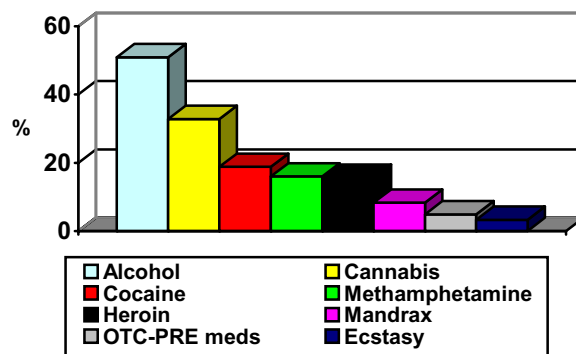
Club drugs and methamphetamine (MA) - Treatment admissions for Ecstasy, LSD or methamphetamine as primary drugs of abuse are low except in Cape Town. Across sites only 2% to 6% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in Cape Town in 2007b, however the proportion declined to 36% from over 40% in the previous two periods. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse also declined to 58%, compared to over 70% in the previous two periods. Two thirds of patients in treatment for MA are younger than 25 years. Treatment admissions related to MA use as a primary or secondary drug remain low in other sites, with between 0% and 5% reporting MA as a primary or secondary drug in 2007b.

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 admissions as a primary or secondary drug of abuse were between 3% (KZN) and 7% (GT). **Inhalant/solvent** use among young persons continues to be an issue across sites, although only a few were admitted for treatment in 2007b. **Methcathinone** ('CAT') use was noted in most sites, especially in GT where 6% of patients (n=188) had CAT as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 25% (CR) and 44% (WC) of patients indicating more than one substance of abuse.

Other key findings

The **proportion of patients under 20 years** ranged from 16% (CR) to 27% (WC). In all sites the **proportion of Black /African patients in treatment** is still substantially less than would be expected from the underlying population demographics, however these proportions have increased among young patients in GT and MP specifically over time. In MP 70% of patients younger than 20 years were Black/African in 2007b. An overall picture of drug treatment admissions in South Africa based on information combined over the 72 treatment centres in 9 provinces is given in Fig. 3.

Fig. 3. Tx demand data based on data from 8 provinces (primary+secondary drugs): 2007b



Between 19% (KZN) and 31% (CR) of patients reported that they had been **tested for HIV** in the past 12 months, although some patients declined to answer this question and this data has not yet been collected in the EC and LP.

Selected implications for policy/practice

- Drug treatment centres should be capacitated to deal with patients also having other mental health problems.
- Drug treatment centres need to be more proactive about HIV testing of patients.
- Educate health professions about substance abuse and best practice interventions.
- Increase the availability of detox facilities in state hospitals.

Selected issues to monitor

- Utilisation of drug treatment services by Black/African patients.
- Injection use of heroin in Cape Town and Gauteng, and methamphetamine in Cape Town.
- Age of patients using "Sugars" in KZN.

Selected topics for further research

- Availability and accessibility of methadone/buprenorphine (Subutex) for heroin patients in Mpumalanga.
- Advantages of having drug treatment programmes focusing specifically on youth.
- Relationship between substance use disorders and dropping out of school.
- Factors influencing the accessing of drug treatment centres by young people, including street children.

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www.sahealthinfo.org/admodule/sacendu.htm

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