



South African Community
Epidemiology Network on Drug Use
(SACENDU)

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ALCOHOL AND DRUG ABUSE TRENDS: JANUARY-JUNE 2003 (Phase 14)

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.

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2003)

Alcohol remains the dominant substance of abuse across sites. Between 44% (Cape Town) and 69% (Mpumalanga) of patients in treatment have alcohol as their primary substance of abuse (Table 1). Between a third (Durban) and a half (Cape Town) of all non-natural deaths in 2002 had blood alcohol concentrations (BACs) $\geq 0.05g/100ml$. Levels of alcohol were particularly high in both cities for transport-related deaths, with roughly 6 out of 10 drivers and pedestrians in Cape Town having levels above the legal limit for driving (compared to 5 out of 10 in Durban). Data for Gauteng and PE were not available at the time of completing this report. Research conducted by the MRC in Atteridgeville among persons aged 25-44 years found a significant positive association between various measures of alcohol use (past month use, frequency and problem use) and having multiple sexual partners or sexual relations that are regretted in the past 3 months.

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

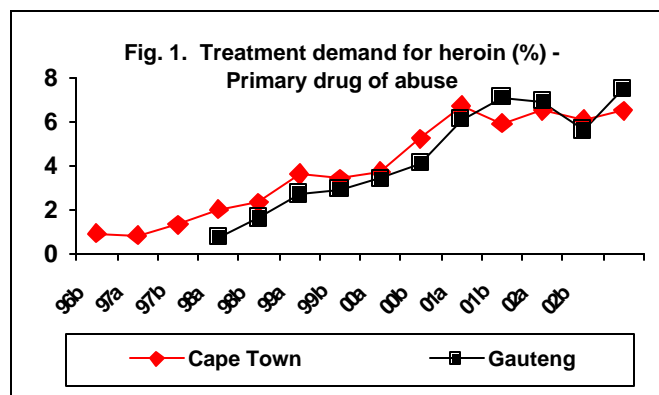
	Age	Cape Town	Durban	PE	Gauteng	Mpum.
Alcohol	All	44	65	46	52	69
	<20	7	26	18	8	13
Cannabis	All	15	23	16	20	18
	<20	46	64	44	58	72
Methaq.	All	20	2	30	9	3
	<20	30	5	35	19	5
Cocaine	All	8	5	2	6	2
	<20	3	0	0	2	2
Heroin	All	7	<1	0	8	4
	<20	5	0	0	6	2

Use of cannabis (“dagga”) and Mandrax (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 15% (Cape Town, PE) and 23%

(Durban) of patients attending specialist treatment centres had cannabis as their primary drug of abuse, compared to between 2% (Durban) and 30% (PE) for Mandrax (Table 1). Over time treatment demand for both cannabis and Mandrax has gone up in Cape Town, Gauteng and Mpumalanga. Treatment demand for both cannabis- and Mandrax-related problems is substantially higher for persons under 20 years than older persons (Table 1). In Cape Town a third of patients had Mandrax as a primary or secondary drug of abuse. Mandrax cases recorded by the FSL increased in 3 sites, and increased nationally by 24%. Mandrax seizures, however, declined in 3 sites (and nationally by 38% to 165 048 tablets).

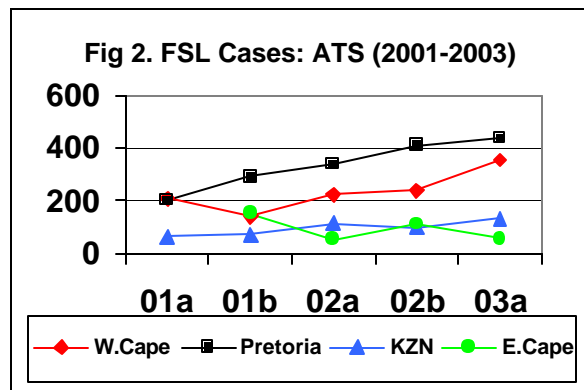
The increases in treatment demand for cocaine-related problems over time reported earlier for Cape Town, Durban and Gauteng have not continued and there has been a leveling off in treatment demand in these sites. However, 15%-18% of patients in treatment in Cape Town and Gauteng have cocaine as a primary or secondary drug of abuse. This has shown an increase. Treatment demand for cocaine remains low in PE and Mpumalanga (Table 1). Seizures of cocaine HCL increased nationally from 67 kg to 238 kg (mainly in Gauteng).

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. 1), but this has leveled off. Demand for long term treatment appears to be increasing. Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town and Gauteng 38% and 49% respectively report injection use. Between 8% (Cape Town) and 9% (Gauteng) of patients in treatment have heroin as a primary or secondary drug of abuse. In Cape Town 32% of all heroin patients were coloured in the 1st half of 2003, as compared to 9% in the 1st half of 2001.



Almost all (97%) of heroin cases dealt with by the FSL were in the Western Cape and Gauteng. In general, cases showed a decline as did seizures (from 77 kg to 16 kg nationally). Qualitative research in Cape Town suggests changes are taking place in the profile of users, with increasing use among females, Afrikaans speakers and lower SES populations on the Cape Flats. The time between taking other drugs and experimenting with heroin may be declining.

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 6% for Gauteng. Ecstasy use is greater among patients under 20 years of age. An increase in the proportion of patients who have Ecstasy as a primary drug of abuse who were coloured was noted in Cape Town; an increase in African patients abusing Ecstasy was noted in PE and Gauteng. A big increase in treatment demand for Speed (methamphetamine) was noted in Cape Town. Research conducted on Ecstasy users in Durban in 2002 found that many users consume multiple tablets over a short period of time and over 70% used other drugs concurrently. Across sites indicators for LSD use were low. Increases in FSL cases involving amphetamine type stimulants (ATS) were noted in KwaZulu-Natal, Pretoria, and the Western Cape (Fig. 2.). Nationally 256 927 tablets of ATS were seized. A large increase was noted in Gauteng.



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, but treatment demand indicators are stable (2%-5% of patients have OTC or prescription medicines as a primary drug of abuse). Many patients, however, report these substances as secondary drugs of abuse (e.g. 8% of patients in Cape Town and Gauteng).

Inhalant/solvent use among young persons continues to be an issue across sites. Methcathinone use appears to have spread to PE. **Poly-substance abuse** remains high, with 34% of patients in specialist treatment centres in Gauteng and 47% in Cape Town reporting more than one substance of abuse.

Other key findings (Table 2)

All sites for which age data are available have shown an increase over the past few years in treatment demand by *persons less than 20 years of age* over time. Four of the 5 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	2003a	2000a	2003a
Cape Town	17	22	7	10
Durban	19	23	17	33
PE	N/a	24	23	27
Gauteng	17	23	27	32
Mpumalanga	7	13	43	38

Selected implications for policy/practice

- Substance abuse prevention approaches need to target children at a young age. Particular attention should be given to alcohol, tobacco, cannabis and Mandrax.
- Expand affordable, accessible treatment options (from detoxification to long term rehabilitation and community support groups).
- Intensify current strategies to address alcohol-related motor vehicle injuries (i.e. random breath testing, awareness campaigns) and consider others (e.g. no alcohol for novice drivers, improving public transport).
- Review capacity to handle and treat heroin users at various levels (e.g. emergency treatment, long term rehabilitation, community support groups in townships).
- Roadside testing of drivers needs to be increased and to include drugs other than alcohol.
- Initiate programmes to reduce abuse of OTC and prescription medicines by women.
- A multi-pronged strategy is required to reduce alcohol-related HIV infection.
- Educate educators and parents about club drugs and intensify harm reduction practices at raves.

Selected issues to monitor

- Demographic/social class shifts in patterns of drug use (especially heroin and Ecstasy use among Africans and Coloureds, and the decline in age of drug users).

Selected topics for further research

- Initiation of and health consequences of heroin use.
- The extent of unmet treatment need and whether it differs according to gender, race and age.
- Strategies for reducing injuries caused by drunk pedestrians.
- The efficacy of gender sensitive treatment programmes and of treatment modalities designed for specific drugs.
- The extent of abuse of over-the-counter and prescription medicines among youth and older persons.
- Poly drug use.

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