



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update

(27 November 2006)



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

ALCOHOL AND DRUG ABUSE TRENDS: January - June 2006 (Phase 20)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban (data now includes centres in Pietermaritzburg and Underberg), the Eastern Cape (Port Elizabeth (PE), the greater East London area), Mpumalanga, and Gauteng (Johannesburg and Pretoria). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from multiple sources including specialist treatment programmes, psychiatric hospitals, mortuaries, and police Forensic Science Laboratories. Other data sources (e.g. community studies) are included when available. **This report will focus on data on treatment demand (utilisation) from the 7542 patients seen across the 63 centres/programmes in the 1st half of 2006.**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2006)

Alcohol remains the dominant substance of abuse across all sites except Cape Town. Between 41% (Cape Town) and 71% (Durban) 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 or slowed down in Cape Town, Durban and Mpumalanga. Treatment demand for alcohol-related problems in persons under 20 years of age showed an increase in PE and Mpumalanga.

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

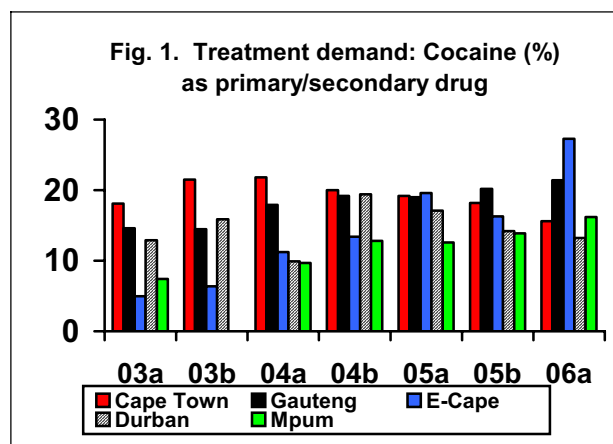
# centres>	Age	CTn	Dbn*	E-Cape	Gtg	Mpum
Alcohol	All	30	60	47	48	55
	<20	2	25	21	13	26
Cannabis	All	7	23	16	21	25
	<20	17	67	48	58	59
Methaq.	All	3	1	7	3	0
	<20	4	1	10	5	0
Cocaine	All	6	7	18	11	7
	<20	0.6	1	9	6	4
Heroin	All	14	2	6	8	10
	<20	15	0	5	6	9
Methamph tamine	All	37	0.2	3	0.3	0
	<20	60	0	5	0.6	0

*-now includes Pietermaritzburg and Underberg

Across sites between 23% (E-Cape) and 40% (Mpumalanga) of patients attending specialist treatment centres had **cannabis**

as their primary or secondary drug of abuse, compared to between 2% (Mpumalanga) and 14% (Cape Town, E-Cape) for the cannabis/Mandrax (methaqualone) 'white-pipe' combination. In 2006a treatment demand for cannabis as a primary drug decreased in Durban and in Cape Town, but was stable or slightly up in the other sites. There was a particularly large increase in the proportion of younger patients coming to treatment for cannabis-related problems in E-Cape. Treatment demand for Mandrax decreased dramatically in all sites except Gauteng where it remained stable. Treatment demand for cannabis problems is higher for persons under 20 years than for older persons – the converse is true for alcohol (Table 1).

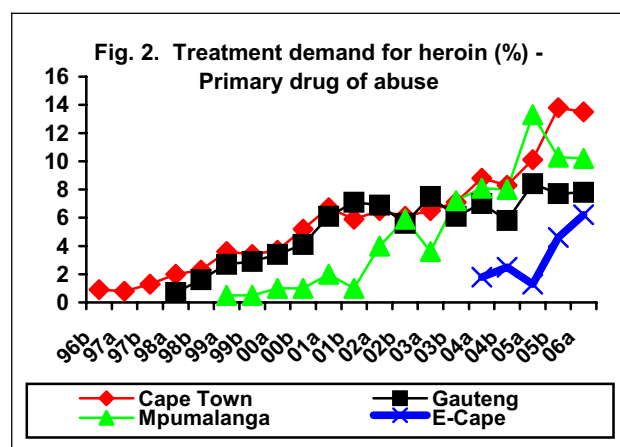
Treatment demand for cocaine-related problems has shown an increase over the past few reporting periods in Gauteng, Mpumalanga and especially the E-Cape (among adults) (Fig. 1). Between 13% (Durban) and 27% (E-Cape) of patients in treatment have cocaine as a primary or secondary drug of abuse.



Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town, Gauteng, Mpumalanga and E-Cape, but this appears to be stabilizing in all sites except E-Cape (Fig. 2). In these sites between 8% (E-Cape) and 21% (Mpumalanga) 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 Cape Town, Gauteng, and Mpumalanga, 10%, 37% and 12% respectively report injection use. This reflects a decrease in Gauteng and Mpumalanga as compared to 2005b.

The proportion of heroin patients who are Black/African has increased in all sites except Cape Town and Durban. In Mpumalanga 34% of patients in treatment with heroin as a

primary drug of abuse are Black/African (vs. 24% in Gauteng). Treatment demand related to use of 'Nyaope' (cheap heroin mixed with cannabis) appears to be on the increase in Gauteng. Low quality heroin mixed with cannabis is known as 'pinch' in Mpumalanga and 'Sugars' in Durban, is used by young people, and also appears to be on the rise.



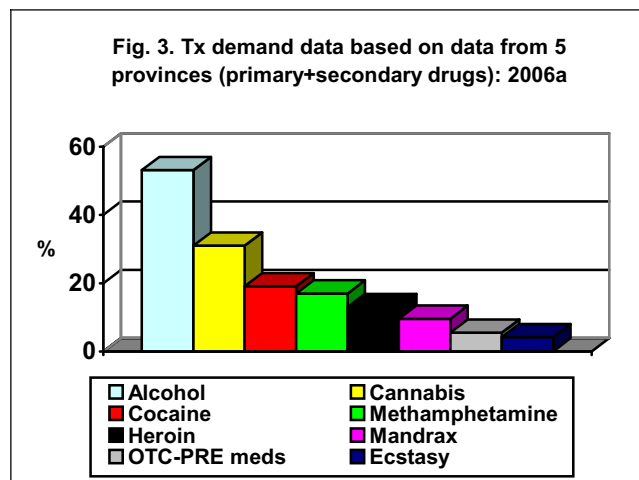
Club drugs and methamphetamine (MA) - Treatment demand for Ecstasy, LSD or methamphetamine as primary drugs of abuse is low except in Cape Town. However, between 3% (Durban, Gauteng & Mpumalanga) and 6% (Cape Town & Durban) of patients had Ecstasy as a primary or secondary drug of abuse. A continued, increase in treatment demand for MA was noted in Cape Town in 2006a. Almost half (46%) of patients in Cape Town now have MA as a primary or secondary drug of abuse, with 48% reporting daily use. MA (aka "Tik") has now emerged as the main substance of abuse among both young and older patients in treatment in Cape Town. Among patients under 20 years almost three-quarters (73%) have MA as a primary or secondary substance of abuse (up from 65%-66% in 2005a/b). Three-quarters (73%) of patients with MA as a primary drug of abuse were male and 92% were Coloured. Treatment demand related to MA use as a primary or secondary drug was also noted in Gauteng (19 patients), E-Cape (28 - mostly from Cape Town), Mpumalanga (1), and Durban (2).

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment demand as a primary or secondary drug of abuse was between 4% (Cape Town) and 12% (Durban). **Inhalant/solvent** use among young persons continues to be an issue across sites. **Methcathinone** ('CAT') use was noted in all sites except the E-Cape. In Gauteng 6% of patients (n=175) had CAT as a primary or secondary drug of abuse up from 4% in 2005b. Use of **khat** was also reported in Cape Town. **Poly-substance abuse** remains high, with between 30% (Durban) and 45% (Cape Town) of patients indicating more than one substance of abuse.

Other key findings

The **proportion of patients under 20 years** ranged from 17% (E-Cape) to 27% (Cape Town) and in all sites except Gauteng reflected a decline on 2005b. While the **proportion of Black /African patients in treatment** is substantially less than would be expected from the underlying population demographics, the difference has decreased slightly in Mpumalanga but not elsewhere. An overall picture of drug treatment demand in South Africa based on information

combined over the 63 treatment centres in 5 provinces is given in Fig. 3.



Selected implications for policy/practice

- Intensify efforts to address MA use in the Western Cape focusing on adolescents and young adults.
- Ensure adequate services for treating young heroin users in Cape Town.
- Engage media more in providing awareness of drug treatment services, the advantages of seeking help early and AOD-related HIV risk behaviour.
- Make AOD treatment more accessible to persons in need
- Ensure that AOD treatment centres are properly equipped (& motivated) to address AOD-related HIV risk behaviour.
- Combat the increasing use of cocaine in urban centres in the Eastern Cape.

Selected issues to monitoring

- The purity of drugs sold on the streets.
- Use of particular drug combinations, e.g. MA and Viagra
- Increasing use of MA in Gauteng, PE, & other centres.
- Increase in cocaine use among young people in Mpumalanga.

Selected topics for further research

- Psychosis related to methamphetamine (MA) use.
- The real cost of drug treatment and how that cost is covered.
- Effect of smoking drugs on users' respiratory systems.
- Co-occurring substance use and psychiatric disorders.
- Unmet treatment need among females under 20 years.

Alcohol & Drug Abuse Research Unit
Medical Research Council (Cape Town)
charles.parry@mrc.ac.za
andreas.pluddemann@mrc.ac.za
www.sahealthinfo.org/admodule/sacendu.htm

SACENDU is funded by the National Departments of Health

Plans are underway to expand the project to centres in all provinces during 2006 and 2007 with funding from the National Department of Social Development. In the 2nd half of 2006 data collection started at 3 centres in the Free State, 2 in the Northern Cape and 1 in the North-West Province.