



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update

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ALCOHOL AND DRUG ABUSE TRENDS: January - June 2007 (Phase 22)

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. The surveillance system has been expanded to all provinces during 2007, with Limpopo collecting data from July 2007. **This report will focus on data on treatment admissions from the 9414 patients seen across the 72 centres/programmes in the 1st half of 2007.**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2007)

Alcohol remains the dominant substance of abuse across all sites except WC. Between 44% (WC) and 70% (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) continued to decrease in MP (44%) and KZN (50%). Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, ranging between 4% (WC) and 26% (EC) 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 (2007a)

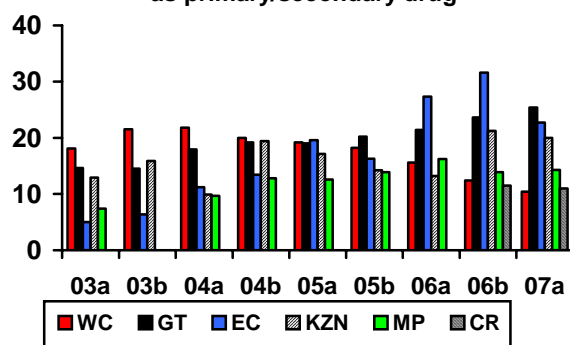
	Age	WC	KZN	EC	GT	MP	CR#
# centres		28	8	6	19	4	7
# patients		2864	1232	759	3251	600	708
Alcohol	All	30	50	52	46	44	62
	<20	4	19	26	12	10	14
Cannabis	All	10	21	18	21	37	19
	<20	24	52	54	61	69	57
Methaq.	All	3	1	9	1	1	0.4
	<20	2	0.3	8	3	1	1
Cocaine	All	4	9	14	13	5	7
	<20	0.6	3	7	6	3	1
Heroin	All	11	16	1	11	12	2
	<20	10	22	0	10	14	2
Methamp hetamine	All	41	0	1	0.4	0	1
	<20	57	0	1	0	0	2

#-Central Region (FS, NW, NC)

Across sites between 27% (EC, CR) and 48% (MP) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 2% (CR) and 13% (WC, EC) for the cannabis/**Mandrax** (methaqualone) 'white-pipe' combination. In 2007a treatment admissions for cannabis as a primary drug remained fairly stable in all sites when compared to the previous period. In all sites, except WC, 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. In the WC Mandrax is now more commonly reported as a secondary drug of abuse (by 10% of all patients).

Treatment admissions for **cocaine**-related problems have shown an increase over the past few reporting periods in GT and KZN, and remain high in the EC (Fig. 1). Between 10% (WC) and 25% (GT) of patients in treatment have cocaine as a primary or secondary drug of abuse. The proportion of patients reporting cocaine as a primary or as a secondary substance of abuse has decreased over time in the WC (possibly due to the increased availability of cheaper methamphetamine).

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

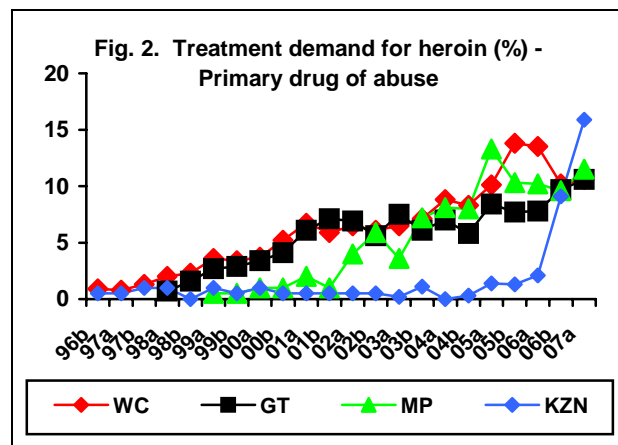


Over time, there has been a large increase in treatment admissions for **heroin** as a primary drug of abuse in WC, GT, MP and more recently in KZN (Fig. 2). In these sites between 12% (WC) and 32% (MP) of patients have heroin as a primary or secondary drug of abuse. Most heroin is smoked, but of patients with heroin as their primary drug of abuse in WC, GT and MP, 8%, 35% and 20% respectively report injection use.

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

This reflects a decrease in all three provinces as compared to 2006b. One patient in KZN reported injecting heroin.

The proportion of heroin patients who are Black/African continues to increase in GT and MP. In MP 52% of patients in treatment with heroin as a primary drug of abuse are Black/African (vs. 39% in GT). Furthermore, in GT 68% and MP 75% of heroin patients younger than 20 years were Black/African (also increasing). Treatment admissions related to use of 'Sugars' (low quality heroin and cocaine mixed with cannabis) continue to increase among young, Indian males in South Durban.



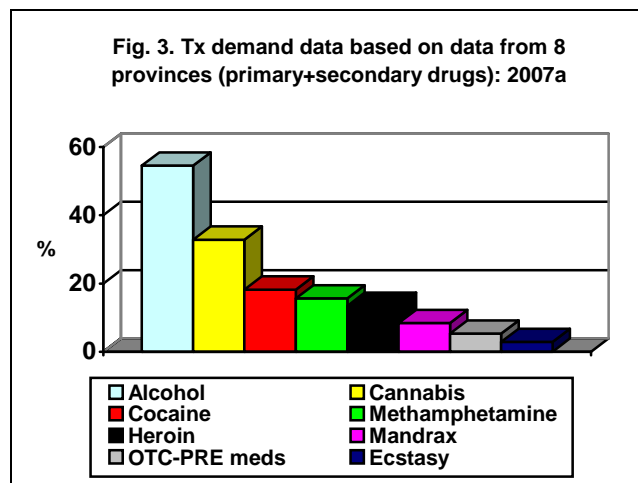
Club drugs and methamphetamine (MA) - Treatment admissions for Ecstasy, LSD or methamphetamine as primary drugs of abuse are low except in Cape Town. Across sites only 2% to 4% of patients had Ecstasy as a primary or secondary drug of abuse. Treatment admissions for MA remain high in Cape Town in 2007a. About half (49%) of patients in WC now have MA as a primary or secondary drug of abuse (n=1413), with 60% 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 70% have MA as a primary or secondary substance of abuse. Three-quarters (74%) of patients with MA as a primary drug of abuse were male and 91% were Coloured. Treatment admissions related to MA use as a primary or secondary drug remain low in EC (n=17), GT (n=28), CR (n=6), MP (n=5) and KZN (n=0).

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 admissions as a primary or secondary drug of abuse were between 2% (MP) and 8% (CR, GT). **Inhalant/solvent** use among young persons continues to be an issue across sites, especially in the NC, where 14% of patients reported inhalants as their primary substance of abuse. **Methcathinone** ('CAT') use was noted in all sites, especially in GT where 6% of patients (n=198) had CAT as a primary or secondary drug of abuse. Use of **khat** was reported by four patients in the CR. **Poly-substance abuse** remains high, with between 22% (CR) and 48% (MP) of patients indicating more than one substance of abuse.

Other key findings

The **proportion of patients under 20 years** ranged from 19% (CR) to 28% (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 and the situation does not appear to be

improving except among patients under 20 years and in MP. An overall picture of drug treatment admissions in South Africa based on information combined over the 72 treatment centres in 8 provinces is given in Fig. 3.



Between 14% (MP, CR) and 27% (GT) 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.

Selected implications for policy/practice

- Voluntary counselling and testing for HIV (VCT) should be provided at drug treatment services.
- Address barriers to treatment for Black Africans.
- There is a need to have an accreditation process for drug abuse prevention services.

Selected issues to monitor

- Increase in methcathinone ('CAT') use outside of GT.
- Increases in cocaine use in GT and EC.
- Use of MA and heroin together in Cape Town.
- MA use among groups other than Coloured in WC and possible increases in use in other sites.

Selected topics for further research

- The extent of needle sharing among injecting drug users and the reasons for this.
- How to address/change South Africa's (weekend) binge drinking culture.
- How many patients who report to drug treatment for the first time are 'treatment ready'?
- The long term mental health impact of MA use and the role of duration of MA use.

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