



South African Community Epidemiology  
Network on Drug Use (SACENDU)

*Update*

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

**ALCOHOL AND DRUG ABUSE TRENDS: JANUARY – JUNE 2004 (Phase 16)**

**Background**

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), East London (EL), 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 1<sup>st</sup> half of 2004)**

**Alcohol** remains the dominant substance of abuse across sites. Between 53% (Cape Town) and 72% (Mpumalanga) of patients in treatment have alcohol as a primary or secondary drug of abuse. In all sites the proportion of patients older than 20 having alcohol as a primary drug of abuse is substantially greater than for younger patients (Table 1). Between 40% (Durban) and 50% (Cape Town) of all non-natural deaths in 2003 had blood alcohol concentrations (BACs)  $\geq 0.05\text{g}/100\text{ml}$ . BACs were particularly high for transport-related deaths and homicides, with 51% of homicides and 53% of transport-related deaths in Cape Town having BACs at that level, compared to 40% and 47% respectively in Durban. BAC levels in Durban appear to be increasing annually.

**Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2004a)**

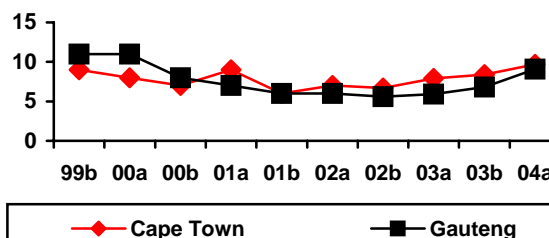
	Age	CTn	Dbn	PE	EL	Gtg	Mpum
Alcohol	All	38	60	48	55	50	64
	<20	5	17	10	17	7	16
Cannabis	All	12	23	15	20	19	19
	<20	33	60	43	57	54	54
Methaq.	All	17	12	24	18	8	<.1
	<20	23	13	37	23	20	0
Cocaine	All	10	5	5	4	9	4
	<20	4	7	2	3	3	10
Heroin	All	9	0	2	<1	7	8
	<20	8	0	1	0	6	11

Use of **cannabis** (“dagga”) and **Mandrax** (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 22% (PE) and 40% (Durban) of patients attending specialist treatment centres had cannabis as their primary or secondary drug of abuse, compared to between 4% (Mpumalanga) and 30% (Cape Town) for Mandrax. In 2004a treatment demand for cannabis as a primary drug decreased in

all sites except PE. Treatment demand for Mandrax (white-pipes) declined in Cape Town, PE and Gauteng, but increased in Durban (by 8 percentage points). Treatment demand for both cannabis- and Mandrax-related problems is generally higher for persons under 20 years than older persons (Table 1). Treatment demand for cannabis by persons under 20 years increased substantially in Durban and PE. While there was an increase in the proportion of police cases relating to Mandrax handled by all FSLs except the Western Cape, all labs reported a decrease in the amount of Mandrax seized. Nationally the equivalent of 592 968 tablets was reported as seized. Findings from a U. of Pretoria study of substance use among adolescents (Gr. 8) at 3 schools in Pretoria North found that 6% had used cannabis in the past 30 days (and 14% reported binge drinking).

The stabilisation in treatment demand for **cocaine**-related problems in Cape Town and Gauteng has not continued and there continues to be a slight increase in treatment demand in these sites (Fig. 1.). Currently between 8% (EL) and 22% (Cape Town) of patients in treatment have cocaine as a primary or secondary drug of abuse. Some demographic shifts in treatment populations were reported (e.g. a decrease in the age of patients with cocaine as a primary drug of abuse in Durban and an increase in patients from groups other than the white population in PE, Gauteng and Mpumalanga). FSL cases involving cocaine increased in all sites, and by 51% nationally (to 1399) with increased seizures being noted by the KwaZulu-Natal (KZN), Western Cape and Eastern Cape labs. However, nationally seizures declined from 188 kg in the 2<sup>nd</sup> half of 2003 to 46 kg in the 1<sup>st</sup> half of 2004.

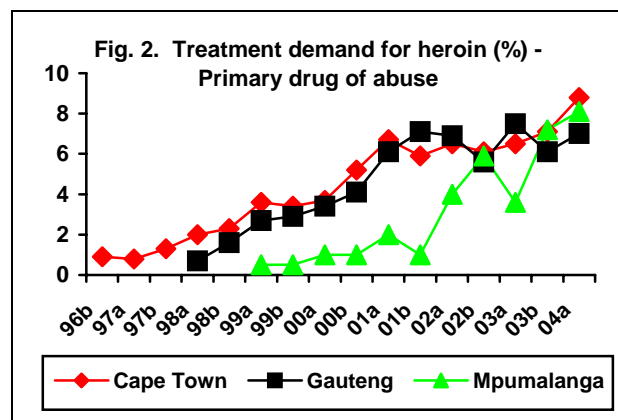
**Fig. 1. Treatment demand for cocaine (%) - Primary drug of abuse**



Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town, Gauteng and Mpumalanga (Fig. 2). Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape

Town, Gauteng, and Mpumalanga, 28%, 55% and 32% respectively report injection use. This reflects a 16 percentage point decline in Cape Town compared to an increase of 6 and 2 percentage points in Gauteng and Mpumalanga respectively. Under 3% of patients in Durban, PE and EL have heroin as a primary or secondary drug of abuse, compared to 9% for Gauteng, and 11% for Cape Town and Mpumalanga. A five percentage point increase in the proportion of patients under 20 years having heroin as their primary drug of abuse in Mpumalanga was noted between 2003b and 2004a, mainly comprising white persons (Table 1). In Cape Town it was noted that 86% of heroin patients reported daily use. Demographically an increase in Coloured patients was noted.

A quantitative study of heroin users carried out in July/August 2004 by the MRC estimated that there could be 12 000 –18 000 heroin users in Cape Town. A quarter of study participants injected heroin in the past 12 months and 86% of injectors shared a needle in the past 30 days. A third had at least one heroin overdose. Nationally there was a 24% increase in FSL cases involving heroin (271 cases) and seizures increased from 2.2 to 13.7 kg (mainly noted by Pretoria FSL).



**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 4% (EL, Mpumalanga) and 11% (Cape Town) of patients had Ecstasy as a primary or secondary drug of abuse. An increase in the proportion of patients who have Ecstasy as a primary drug of abuse who were Asian was noted in Cape Town (9% of all patients) and an increase in Coloured patients abusing Ecstasy was noted in Gauteng (14% of all patients). A dramatic increase in treatment demand for MA was noted in Cape Town in 2004a, especially among patients under 20 years. 1 in 5 patients in Cape Town now have MA as a primary or secondary drug of abuse, and 41% report daily use. MA use in Durban and EL was also reported. All FSLs reported an increase in cases involving amphetamine type stimulants, with there being a 36% increase nationally (1785 cases). However, all FSLs reported a decline in seizures (to the equivalent of 76 407 units nationally). Across sites indicators for LSD use were low.

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 2% (EL) and 8% (Cape Town, Gauteng). Abuse of diphenhydramine and Welconal (dipipanone) and poppers (amylnatrate) was also noted.

**Inhalant/solvent** use among young persons continues to be an issue across sites. Methcathinone use in Gauteng was also reported, as was magic mushrooms in several sites. **Poly-substance abuse** remains high, with 49% and 33% of patients in specialist treatment centres in Cape Town and Gauteng respectively indicating more than one substance of abuse. It was reported that MA is being used in combination with heroin in Cape Town.

### Other key findings (Table 2)

Except for Cape Town all sites showed a drop in treatment demand by **persons less than 20 years of age** and all sites except Durban showed a decrease in the **proportion of Black African patients in treatment**. The increase in treatment demand by younger persons in Cape Town is largely due to MA use and the increase in Black African patients in Durban is largely due to referrals by employers.

**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	
	2003b	2004a	2003b	2004a
Cape Town	22	25	11	7
Durban	27	22	22	62
PE	18	17	29	28
Gauteng	26	22	38	34
Mpumalanga	21	13	45	41

### Selected implications for policy/practice

- Intensify efforts to reduce MA use in Cape Town among youth and prevent the spread to other areas.
- Ensure that emergency room personnel are adequately trained to deal with heroin and MA cases.
- Increase the synergy between substance abuse and mental health services.
- Reduce alcohol-related violence in or around bars and *shebeens*, and educate public that abuse of alcohol can put them at risk of being the victim of a violent assault.
- Consider harm reduction strategies among heroin users to prevent risk of infectious diseases and overdoses.
- Implement policy of toxicology screening for all MVA driver deaths and improve the monitoring and reporting of drug overdose deaths.

### Selected issues for monitoring/research

- Changes in the demographic profile of drug users, especially the drop in black African patients, and changes in the age of persons abusing different drugs.
- Changes in mode of heroin and other drug use.
- Factors promoting MA use in Cape Town.
- Individual, contextual, and programmatic barriers to persons entering drug treatment?
- Strategies for reducing alcohol-related pedestrian injuries.
- Appropriateness of treatment models for adolescents.
- Differences between the marketing and use of MA in Cape Town with methcathinone in Gauteng.
- Reasons for the decrease in younger patients and Black Africans in several sites.

Alcohol & Drug Abuse Research Group  
 Medical Research Council (Cape Town)  
[andreas.pluddemann@mrc.ac.za](mailto:andreas.pluddemann@mrc.ac.za)  
[www.sahealthinfo.org/admodule/sacendu.htm](http://www.sahealthinfo.org/admodule/sacendu.htm)