



Substance Abuse Trends in the Western Cape: SUMMARY (25/2/05)
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www.mrc.ac.za/adarg/adarg.htm
www.sahealthinfo.org/admodule/alcdrug.htm

Review of MRC research on alcohol and drug abuse in the Western Cape: 1997-2004

The MRC has been involved in a variety of research projects that have highlighted the scope of the problem and where resources need to be directed. Among other things this research has indicated that:

- Over one quarter of drinkers in the province drink at “risky” levels over weekends (1998).
- One in 3 males and one in 5 females in Grade 11 in Cape Town engaged in binge drinking over the past two weeks (1997), and 80% of adolescent drinkers in Cape Town have been drunk at least once (2002).
- Roughly one in six Grade 11 male students have consumed dagga in the past month (1997).
- Learners in the Western Cape exceed the national average in several areas of substance abuse risk behaviour. e.g. past month binge drinking, past month dagga use, and lifetime (ever) use of Mandrax and club drugs (males only). In addition, a greater proportion of young persons in the province started drinking before the age of 13 years of age as compared to other provinces.
- Almost 6 out of every 10 arrestees in Cape Town in 2000 tested positive for an illegal drug, with levels being particularly high for crimes such as housebreaking (66%). Arrestees who tested positive for drugs were significantly more likely to have had a prior arrest than drug negative arrestees.
- One in two non-natural deaths in Cape Town in 2003 had alcohol levels $\geq 0.05\text{g}/100\text{ml}$.
- More than one in three patients seen at trauma units in Cape Town in 2001 had alcohol levels $\geq 0.05\text{g}/100\text{ml}$, and over 4 out of every 10 trauma patients tested positive for an illicit drug.
- A review of treatment demand data collected via the SACENDU Project from over 20 treatment centres in *Cape Town* since 1996 indicates:
 - A dramatic increase in treatment demand for drugs such as dagga, Mandrax, cocaine, and heroin as primary drugs of abuse over time (each increasing by 8 percentage points between 1996 and 2004; e.g. in 1996 only 1% of patients in treatment had heroin as a primary drug of abuse; in the first half of 2004 this increased to 9%)
 - A sudden increase in the number of patients having methamphetamine (“Tik”) as a primary or secondary drug of abuse since the second half of 2003 (from 121 patients to 376 in the 1st half of 2004), with over half of the methamphetamine patients being under 20 years of age.
 - Major demographic shifts in patterns of drug use, including:
 - an increase in the proportion of patients under 20 years of age, from 5% in 1996 to 25% in the 1st half of 2004,
 - an increase in the proportion of heroin and Ecstasy patients who are Coloured.
 - An increase in poly-drug use (with 10% of patients in treatment in Cape Town in the 2nd half of 2003 reporting four or more substances of abuse).
 - Women and black South Africans remain underserved by existing treatment centres, with only 7% of patients treated in Cape Town in the 1st half of 2004 being black and 20% being female.
- Alcohol, in particular, has been linked to a range of other problems such as risky sex, family violence, and academic failure and absenteeism from school (studies over different years).
- Almost 1 in 5 HIV patients met criteria for current alcohol abuse or dependence. Patients with alcohol use disorders were more likely to have symptomatic HIV infection (2003).
- Based on the experience of international research, the economic costs of the abuse of alcohol and drugs to the province are likely to well exceed R1 billion per year.

In summary, the range of drugs abused and the burden of drug use is generally greater in the Western Cape than in other provinces.

Implications for policy (and budgeting)

Based on local and international experience we recommend that among other things priority in programming should be given to:

1. Reducing the supply of drugs and addressing supply-side issues related to alcohol
2. Promoting and implementing effective prevention programmes
3. Improving access to quality treatment
4. Ensuring that there is a good information base to guide the implementation of the provincial drug strategy

With regard to the latter area we need to:

- Establish a provincial clearinghouse to collect and collate local and international best practice regarding interventions likely to be effective in combating substance abuse.
- Facilitate the ongoing monitoring of patterns in substance use and associated consequences through, for example, funding periodic school and community surveys, and funding the SACENDU project to continue its work of monitoring substance abuse treatment demand and other indicators and expand to other parts of the province.
- Monitor and evaluate the implementation of new initiatives.
- Provide funding for small demonstration projects in the area of substance abuse prevention and treatment.