



South African Community Epidemiology Network on Drug Use (SACENDU)

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ALCOHOL AND DRUG ABUSE TRENDS: JULY–DECEMBER 2003 (Phase 15)

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. In this period treatment data were also collected from the central part of the Eastern Cape. Forensic data from the police for the 2nd half of 2003 were only available for the Western & Northern Cape at the time of going to press (as reported by Western Cape FSL).

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2003)

Alcohol remains the dominant substance of abuse across sites. Between 39% (Cape Town) and 65% (Durban) of patients in treatment have alcohol as their primary substance of abuse (Table 1). In Cape Town and Gauteng almost 6 out of every 10 patients report having 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. Preliminary data from the HIV and Alcohol Prevention Study (HAPS) in Pietermaritzburg indicates that over 1 in 5 young people drink before having sexual intercourse, and preliminary findings from an MRC/NYU study of substance use among adolescents (aged 12-17) in Gauteng indicate that roughly 1 in 6 have engaged in binge drinking in the past 30 days.

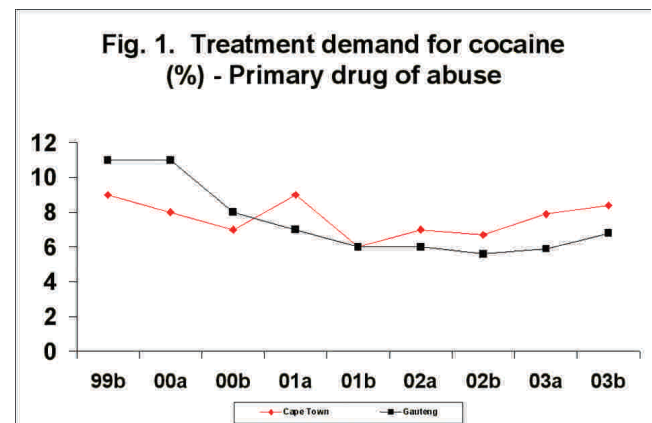
Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2003b)

	Age	Cape Town	Durban	PE	Gauteng	Mpum.
Alcohol	All	39	65	52	49	61
	<20	4	43	16	8	20
Cannabis	All	15	24	12	21	20
	<20	42	45	28	55	67
Methaq.	All	24	4	26	10	<1
	<20	33	9	39	25	0
Cocaine	All	8	4	2	7	2
	<20	5	2	0	2	0
Heroin	All	7	1	0	6	7
	<20	7	2	0	4	6

Use of **cannabis (“dagga”) and Mandrax (methaqualone)** alone or in combination (“white-pipes”) continues to be high. Across sites between 12% (PE) and 24% (Durban) of patients attending specialist treatment centres had cannabis as their primary drug of abuse, compared to between 0.2%

(Mpumalanga) and 26% (PE) for Mandrax (Table 1). Over time treatment demand for cannabis has increased in all sites except PE. Treatment demand for Mandrax has increased over time in Cape Town and Gauteng. Treatment demand for both cannabis- and Mandrax-related problems is substantially higher for persons under 20 years than older persons (Table 1). A massive increase in seizures of Mandrax was noted by the Western Cape FSL in this period, with the total equivalent to 2.1 million tablets.

The stabilisation in treatment demand for **cocaine**-related problems over time reported earlier for Cape Town and Gauteng has not continued and there has been a slight increase in treatment demand in these sites over both reporting periods in 2003 (Fig. 1.). Currently, of patients in treatment in Gauteng and Cape Town, 15% and 22% respectively have cocaine as a primary or secondary drug of abuse. Treatment demand for cocaine remains low in PE and Mpumalanga (Table 1). Reports of seizures of cocaine HCL by the Western Cape FSL showed in decline from 3 kgs to 1 kg in the 2nd half of 2003.

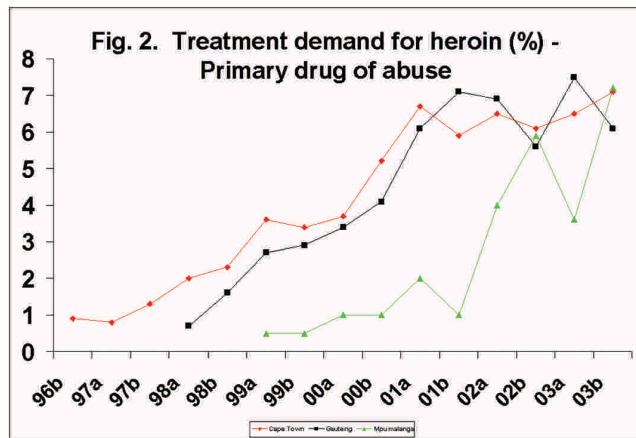


Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town and Gauteng (Fig. 2), but this has leveled off. There has been a dramatic increase in treatment demand related to heroin use in the more rural province of Mpumalanga which borders Mozambique, Swaziland, and Zimbabwe (primarily from residents of this province). Treatment demand has also increased in the central region of the Eastern Cape.

Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town, Gauteng, and Mpumalanga, 44%, 49% and 30% respectively report injection use. Over time the amount of IV use of heroin has increased substantially and an increase of six percentage points was noted in Cape Town for the latest 6-month reporting period. Between 8% (Gauteng) and 9% (Cape Town) of patients in treatment have heroin as a primary or secondary drug of abuse. A two percentage point increase in the proportion of

patients under 20 years having heroin as their primary drug of abuse in Cape Town was noted between the 1st and 2nd half of 2003 (especially by females). Over time in this city there has been a substantial increase in the proportion heroin patients who are coloured (from less than 10% in the 1st half of 2001, to over 30%).

Seizures of less than a third of a kg of heroin were reported by the Western Cape FSL in this period, up from the 1st half of 2003, but considerably less than the 3.5 kgs seized in the 2nd half of 2002. Qualitative research in Cape Town suggests increasing use among lower SES populations on the Cape Flats.



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 5% for Gauteng. An increase in the proportion of patients who have Ecstasy as a primary drug of abuse who were coloured was noted in Cape Town (over 3/4s of all patients) and an increase in African patients abusing Ecstasy was noted in Gauteng (1/4 of all patients). A big increase in treatment demand for Speed (methamphetamine) was noted in Cape Town in 2003, especially among patients under 20 years (where 5% have Speed as their primary drug of abuse). Across sites indicators for LSD use were low, except at the Pretoria Academic Hospital where 20% of patients treated in the drug treatment unit reported use. According to the Western Cape FSL the amount of amphetamine type stimulants (ATS) seized in the 2nd half of 2003 was roughly the same as in the 1st half of 2003 (29 735 tablets and 1390 g). A drop in the number of units of LSD seized was reported (102 units).

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 drug of abuse ranged from 1% (Durban) to 7% (PE), showing an increase in PE and Mpumalanga. Many patients, however, report these substances as secondary drugs of abuse.

Inhalant/solvent use among young persons continues to be an issue across sites. Methcathinone use in the central region of the Eastern Cape was reported. It was also reported among young patients in Gauteng. Ephedrine use among young, male adolescents in PE was noted. **Poly-substance abuse** remains high, with 10% and 5% of patients in specialist

treatment centres in Cape Town and Gauteng respectively reporting more than four substance of abuse.

Other key findings (Table 2)

All sites have shown an increase over the past few years in treatment demand by *persons less than 20 years of age*. All 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	2003b	2000a	2003b
Cape Town	17	22	7	11
Durban	19	27	17	22
PE	N/a	18	23	29
Gauteng	17	26	27	38
Mpumalanga	7	21	43	45

Selected implications for policy/practice

- Among patients being treated for HIV/AIDS, monitor AOD use and if necessary intervene.
- For females in treatment, explore (and if necessary address) physical and other trauma.
- Improve state sector response to increasing use of heroin (not only in urban areas).
- Reduce access by youth to alcohol, cigarettes and snuff.
- Implement programmes for youth at risk of dropping out of school and to get dropouts back into school.

Selected issues to monitor

- Demographic/social class shifts in patterns of drug use, and related to this changes in drug marketing practices.
- Geographic shifts in heroin use to rural areas.
- Patterns of AOD use among children under 14 years and the elderly.
- Levels of HIV among the drug using population.

Selected topics for further research

- Differences in treatment/ rehabilitation burden from different drugs.
- Substance use disorders among HIV/AIDS patients.
- The link between substance use and trauma, including protective factors and gender differences.
- Role of traditional healers in addressing substance abuse.

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