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**ALCOHOL AND DRUG ABUSE TRENDS: January - June 2011 (Phase 30)**

**Background**

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system now operational in 9 provinces in South Africa: Western Cape (WC); KwaZulu-Natal (KZN); Eastern Cape (EC); Mpumalanga (MP) and Limpopo (LP) (combined as the Northern Region: NR); Gauteng (GT: Johannesburg, Pretoria); Free State (FS), Northern Cape (NC), and Northwest (NW) (combined as the Central Region (CR)). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. **This report will focus on data on treatment admissions from the 8573 patients seen across the 61 centres/programmes in the 1<sup>st</sup> half of 2011 (i.e. 2011a).**

**Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1<sup>st</sup> half of 2011)**

**Alcohol** remains the dominant substance of abuse across all sites except the WC and the NR. Between 28% (WC) and 70% (CR) of patients in treatment have alcohol as a primary drug of abuse. The proportion reporting it as a primary drug of abuse (Table 1) remained fairly stable except for slight increases in KZN, the EC and CR, when compared to the 2<sup>nd</sup> half of 2010. Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, but in this period over 50% of patients in KZN and 30% in the CR reported alcohol as their primary substance of abuse, an increase over the previous period (Table 1).

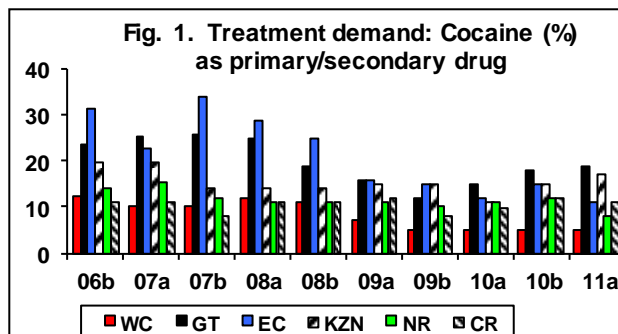
**Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2011a)**

	Age	WC	KZN	EC	GT	NR <sup>1</sup>	CR <sup>2</sup>
# centres		26	5	5	15	5	5
# patients		2927	720	723	2972	693	538
Alcohol	All	28	62	49	38	30	70
	<20	7	51	10	10	18	30
Cannabis	All	18	17	16	25	36	14
	<20	61	31	51	63	46	56
Methaq.	All	3	1	4	1	0	2
	<20	3	1	7	2	0	4
Cocaine	All	2	7	6	7	2	5
	<20	<1	1	2	2	1	1
Heroin	All	13	10	3	16	28	1
	<20	4	11	3	14	30	0
Methamphetamine	All	35	0	12	2	<1	1
	<20	25	0	23	1	0	0

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Across sites between 26% (CR) and 67% (NR) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 1% (NR) and 15% (WC) for the cannabis/**Mandrax** (methaqualone) ‘white-pipe’ combination. In 2011a the proportion of treatment admissions with cannabis as a primary drug decreased in most sites, but remained stable in the WC when compared to the previous period. In all sites except KZN cannabis is reported as primary substance of abuse by the majority of patients who are younger than 20 years. Treatment admissions for Mandrax remain fairly low in all sites.

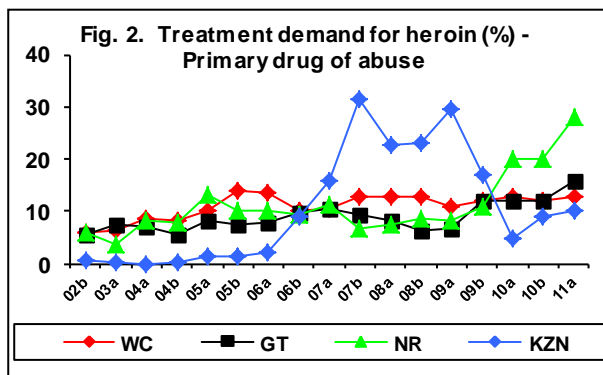
Treatment admissions for **cocaine**-related problems had shown a decrease over the past few reporting periods and remain low across sites, although cocaine is more often reported as a secondary substance. Between 5% (WC) and 19% (GT) of patients in treatment have cocaine as a primary or secondary drug of abuse, remaining fairly stable across sites (Fig.1). Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between <1% (WC) and 2% (EC and GT), of all adolescent patients admitted from January - June 2011.



Treatment admissions for **heroin** as a primary drug of abuse remained fairly stable in WC, KZN and EC, but increased in GT and substantially in the NR compared to the previous period (Fig. 2). The decline in KZN since 2<sup>nd</sup> half of 2009 was mainly due to data not being included from a centre which primarily deals with the use of ‘Sugars’ (a low quality heroin and cocaine mix) among young, Indian males in South Durban; and in this period no data was supplied by this centre. Mostly heroin is smoked, but of patients with heroin as their primary drug of abuse in WC, GT and NR, 6%, 16% and 11% respectively report injection use. Injection use of heroin has decreased in the WC compared to the previous period, and decreased significantly over time in GT (from 37% in 2008b) and in the NR (from 26% in 2009b).

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

The proportion of heroin patients who were Black/African has increased to 62% (from 30% in 2008b) in GT and to 79% in the NR (from 52% in 2009b). In the NR 83% of heroin patients younger than 20 years were Black/African compared to 75% in the previous period. In GT 25% and in the NR 34% of patients reported heroin as a primary or secondary substance of abuse in 2011a.



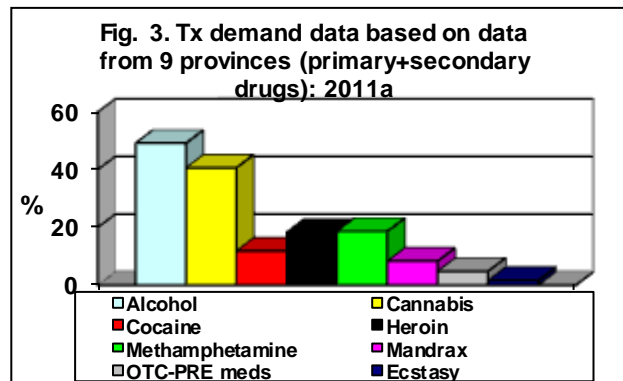
**Club drugs and methamphetamine (MA)** - Treatment admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in the WC. Across sites only 1% to 3% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in the WC in 2011a, however the proportion has remained stable at 35% compared to the previous period. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse decreased significantly to 35% (compared to 46% in 2010b). However still almost half (45%) of patients in treatment for MA are younger than 25 years. Treatment admissions related to MA use as a primary or secondary drug remain low in most other sites, with between <1% (KZN) and 16% (EC) reporting MA as a primary or secondary drug in 2011a. Port Elizabeth has however seen a continuing increase of local patients admitted for MA since the 2nd half of 2009.

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 1% (NR) and 14% (EC). **Inhalant/solvent** use among young persons continues to be an issue across sites, although the number of patients reporting inhalants as their primary drug is low. **Methcathinone** ('CAT') use was noted in most sites, especially in GT where 9% of patients had 'CAT' as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 30% (EC) and 50% (GT) of patients indicating more than one substance of abuse.

**Other key findings**

The **proportion of patients under 20 years** ranged from 14% (EC) to 25% (KZN). In all sites the **proportion of Black/African patients in treatment** is still substantially less than would be expected from the underlying population demographics; however these proportions have increased among young patients in GT and the NR specifically over time. In the NR 73% and in GT 70% of patients younger than 20 years were Black/African in 2011a. An overall picture of drug treatment admissions in South Africa based on information combined over the 60 treatment centres in 9 provinces is given in Fig. 3

Between 25% (EC) and 47% (NR) of patients reported that they had been **tested for HIV** in the past 12 months, showing an increase over time. Overall 4% of patients declined to answer this question.



**Selected implications for policy/practice**

- Address Hooka (Oka) pipe smoking among young people, as a mixture of various drugs is often included in the pipe and sometimes clear alcoholic beverages (e.g. Spin) are substituted for water (PE).
- Prevent MA and dagga use (WC) and nyaope use (GT) among adolescents and ensure appropriate treatment options for those needing treatment (WC).
- Upscale interventions aimed at preventing adolescent drinking, including addressing access, resistance skills training, norms related to drinking; and improving leadership in high schools and community and school connectedness.
- Increase the capacity of lifeskills educators and ensure they are adequately resourced and ensure that young people are informed about where they can go for help for substance abuse problems.

**Selected issues to monitor**

- Increase in abuse of over-the-counter medicines by adolescents (EC).
- Increase in use of cannabis mixed with heroin ('Unga') in East London.
- Changes in racial profile of clients coming to treatment in WC, GT and NR.

**Selected topics for further research**

- How to further encourage patients entering treatment for substance abuse to get tested for HIV.
- How to improve the treatment of MA-induced psychosis, which often proves difficult to treat and is resistant to anti-psychotic medications.
- Optimal models for funding substance abuse treatment.
- What resources do schools need to optimally respond to youth substance abuse problems?

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SACENDU is funded by the MRC and the National Department of Health