

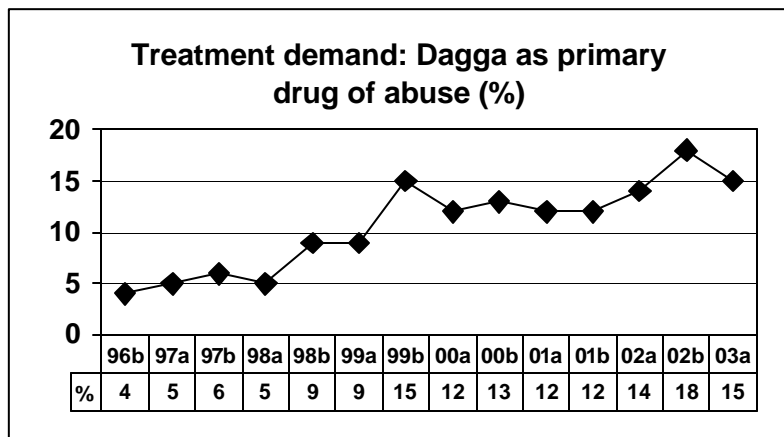


The changing face of drug abuse in Cape Town: 1996-2003

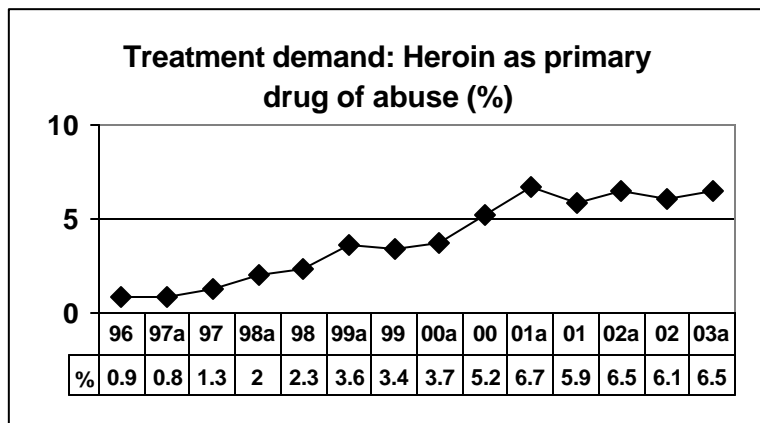
“Between 1996 and 2003 demand for treatment for dagga-related problems and heroin use in Cape Town has shown worrying increases given the lack of accessibility to treatment by a large sectors of the community. Added to this is the ever increasing demand for treatment by younger and younger patients, with an 18 percentage point increase over this period for patients under the age of 20 years. In the first half of this year 17 patients between 10 and 12 were treated for substance abuse, problems in Cape Town, mainly involving dagga.” These were some of the main points raised by Dr Charles Parry today (02/09/03) at the 50th Anniversary AGM of the Western Cape branch of the South African National Council on Alcoholism & Drug Dependence (SANCA) in Bellville.

Dr Parry is Director of the Medical Research Council’s Alcohol & Drug Abuse Research Group. He spoke on the topic, “The changing face of alcohol and drug abuse in Cape Town from 1996 to 2003.”

Reviewing data from approximately 15000 patients who received treatment at over 20 specialist substance abuse treatment centres in Cape Town between July 1996 and June 2003, Dr Parry specifically indicated that treatment demand for dagga-related problems as a primary drug of abuse has increased by 11 percentage points (from 4% to 15% of persons in treatment for substance abuse problems). This trend is continuing upwards and appears to be fueled by young, black African patients coming for treatment for dagga (and Mandrax) related problems.

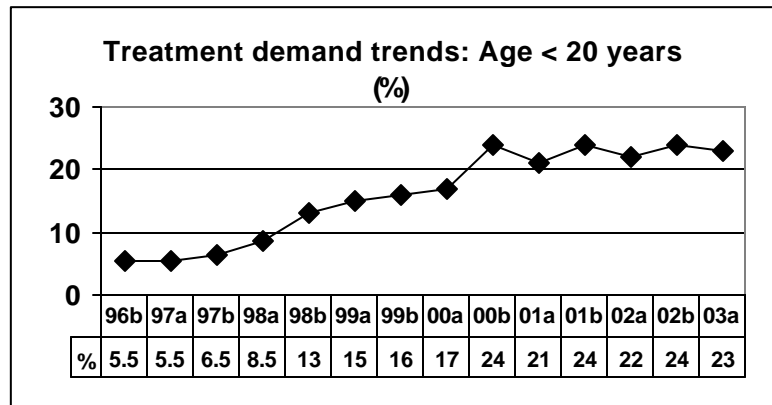


At the same time, treatment demand for heroin increased by 6 percentage points (from 1% in 1996 to 7% in 2003). While the trend towards increasing treatment demand related to heroin use now appears to be stabilising this could also reflect the lack of accessibility to treatment by new, young coloured and black African users. Roughly 1 in 10 patients under 25 years of age in drug treatment in Cape Town now have heroin as their primary drug of abuse. Over one in three heroin users in treatment now report sometimes injecting this drug.



The review of treatment data in Cape Town between 1996 and 2003 furthermore revealed substantial demographic shifts in patterns of substance use in Cape Town:

- An increase in demand for drug treatment by young persons (especially related to dagga use).
- An increase in demand for treatment among coloured patients for problems related to heroin and Ecstasy use.
- An increase in the percentage of patients in specialist substance abuse treatment centres who were under 20 years of age. The 17 percentage point increase between 1996 and 2003 cannot simply be explained in terms of changes taking place in the admissions criteria of treatment centres, but reflects the increasing using of harder drugs among young people in Cape Town over this time period.



New drugs of abuse reported among treatment populations in Cape Town between 1996 and 2003 included nexus, smart drinks, ‘malpitte’, ketamine, GHB, methcathinone, Khat, magic mushrooms, PCP, and crystal methamphetamine (‘Ice’).

Dr Parry asserted that alcohol remains a significant substance of abuse and places a substantial burden on the population of Cape Town. Over half of non-natural deaths in Cape Town and roughly a third of trauma patients have alcohol levels above the legal limit for driving (0.05g/100 ml). This has remained constant over time. A survey in Cape Town in August 2002 found that more than 10% of 11-17 year olds had been drunk more than 10 times. The median age of first use of alcohol was 14 years.

With the closure of the Avalon Treatment Centre in Athlone at the end of 1998 there has been a drop in the number of state funded treatment slots while at the same time drug abuse in Cape Town has increased.

According to Parry several steps need to be taken in Cape Town to turn the situation around, including (i) formulating and implementing a city-wide action plan to specifically reduce alcohol-related injuries and deaths, and generally to foster a culture of responsible drinking, (ii) implementing effective programmes targeting children at a young age and giving particular attention to alcohol, tobacco, dagga and Mandrax, and (iii) increasing the accessibility and utilization of treatment facilities, especially by young persons, females, and persons from disadvantaged communities.



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