

# MONITORING ALCOHOL & DRUG ABUSE TRENDS IN SOUTH AFRICA

(JULY 1996 – DECEMBER 2009)

Andreas Plüddemann, Siphokazi Dada, Charles Parry, Arvin Bhana, Trixie Perreira, Erika Nel, Thandiwe Mncwabe, Welma Gerber, & Lauren Aboagye

**PHASE 27**

# SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU)  
SACENDU RESEARCH BRIEF, VOL 13 (1), 2010

## FOREWORD

The Phase 27 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Durban (18 May), Pretoria (19 May), Port Elizabeth (20 May), and Cape Town (27 May). These meetings were attended by a total of about 150 persons.

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from various sentinel areas in South Africa. Up until June 2006 these sites comprised Cape Town, Durban, Port Elizabeth (PE), East London (EL), Gauteng Province and Mpumalanga Province (MP). As some sites were beginning to also include data from other towns/cities (e.g. Durban included data from Pietermaritzburg and East London included data from SANCA satellite offices in Butterworth, Grahamstown, Fort Beaufort, and King Williams Town), it was decided to begin to report data by province. From the second half of 2006 data were also collected from treatment centres in the Free State, Northern Cape and North West. For the purposes of this report, these three provinces have been combined into a regional group termed the "Central Region". In Limpopo Province data were also collected from one centre in Polokwane from July – December 2007. It was decided to combine this data with data from Mpumalanga and we now refer to the "Northern Region" for these two provinces. Thus this report now refers to the following

six sites: Western Cape, KwaZulu Natal, Eastern Cape, Gauteng, the Northern Region and the Central Region. The goal to include data from all nine of South Africa's provinces in the SACENDU project has therefore been achieved, though there are still gaps in coverage in some sites.

Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative SACENDU provides descriptive information on the nature and pattern of AOD use, emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

## THE SACENDU INITIATIVE HAS SEVERAL SPECIFIC OBJECTIVES:

- To identify changes in the nature and extent of AOD abuse and emerging problems.
- To identify changes in alcohol and other drug-related negative consequences.
- To inform policy, planning and advocacy efforts at local and other levels.
- To support networks of local role players in the substance abuse area.
- To stimulate research in new or under-researched areas that is likely to provide useful data to

- inform policy/planning decisions.
- To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug abuse

Financial support for Phase 27 was provided by the Mental Health and Substance Abuse Directorate of the National Department of Health.

## TREATMENT CENTRES: SITE SUMMARY

In the Western Cape (WC) the most common primary substances of abuse reported by the 22 specialist treatment centres/programmes participating in the project between July- December 2009 were methamphetamine (aka 'tik'), alcohol, cannabis and heroin (together comprising 94% of all admissions) (Table 3). The proportion of patients presenting with methamphetamine as their primary substance of abuse decreased to 36% from 41% in the previous period. Overall, 2642 patients were treated across all 22 treatment centres/programmes in the 2nd half of 2009, decreasing compared to previous period (3667).

In KwaZulu-Natal (KZN) the main primary substance of abuse continues to be alcohol (47%). This was followed by dagga in this period (28%). Heroin decreased significantly in this period, from 30% to 17%. In this region, heroin is called

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'sugars', and is a mixture of cannabis, cocaine and heroin. Heroin appears to be the most 'active ingredient' in this mixture. This increase must be seen in the context of the fact that a large number of young people are presenting for assistance at an out-patient type community centre in one of the suburbs most affected by 'sugars'. A total of 1138 patients were treated across the seven treatment centres who submitted data in the second half of 2009.

In the Eastern Cape (EC) the main primary substances of abuse reported by the treatment centres from July – December 2009 were alcohol, cannabis, over-the-counter or prescription medicines and cocaine (Table 3). The proportion of patients reporting cocaine as their primary substance had increased alarmingly since 2004, however a slight decrease from 8% in the previous period to 7% occurred in this period. During this period 648 persons were treated at the five centres that collected data in the EC province. PE has experienced an increase in methamphetamine-related admissions in the 2nd half of 2009.

In Gauteng (GT), which includes the metropolitan areas of Johannesburg and Pretoria, 2646 admissions to 16 treatment centres were recorded in the 2nd half of 2009. For 47% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis (28%), heroin (12%), and cocaine (5%). The proportion of admissions for the various drugs remained fairly stable when compared to the 1st half of 2009, except for an increase in heroin related admissions. The proportion of patients who reported methcathinone ('CAT') as a primary drug of abuse remains higher than in any of the other provinces, but decreased from 4% to 2% in this period. 'CAT' has effects not unlike methamphetamine but is considered not quite as potent.

In the Northern Region (NR), which now includes data from five centres in Mpumalanga and one in Limpopo (SANCA Far North in Polokwane), the main primary substance of abuse reported by the treatment centres was cannabis (44%), followed by alcohol (38%) (Together comprising 82% of admissions). The proportion of patients

admitted for heroin increased slightly to 11% from 8% in the previous period. However a large number of patients also reported heroin as a secondary drug, leaving a still alarming 22% of all patients treated in the 2nd half of 2009 reporting it as either a primary or secondary substance of abuse.

In the Central Region (CR) (comprising of Free State, Northern Cape and North West) alcohol was the most common primary substance of abuse reported by the 491 patients treated at five centres in the 2nd half of 2009, accounting for 69% of all admissions. Cannabis was the second most common primary substance (20%) followed by cocaine (3%). The proportions for cannabis increased slightly when compared to the previous period; however the proportion for cocaine decreased slightly. Treatment centres submitting data in this region currently are SANCA Bloemfontein (Aurora), SANCA Sasolburg and SANCA Goldfields in the Free State; SANCA Kimberley in the Northern Cape; and SANPARK Klerksdorp in the North West.

## TREATMENT ISSUES

First time admissions: The proportion of first time admissions to treatment centres ranged between 62% (EC) and 83% (NR) across sites. First-time admissions now appear on average to make up about three quarters of admissions, compared to about two-thirds in most sites two to three years ago. This indicates an increasing demand for services by persons who have not been in treatment before. Across sites, heroin, over-the-counter or prescription medicines (OTC/PRE) and cocaine are the substances which have the highest proportions of readmission. For example, in the WC 55% of patients treated for heroin dependence in the second half of 2009 had been in treatment previously.

Referrals: Across all sites, the most common source of referral to specialist treatment centres was 'self/family/friends' although this proportion decreased slightly in most regions, followed by 'social services' in WC, the employer in KZN, GT, NR and the CR; and health professionals in EC. The proportion of referrals by employers increased slightly in WC and KZN, decreased in EC and remained the same in GT, CR and NR. A significant increase in referrals by health professionals in the EC has been noticed, likely due to the inclusion of a private inpatient treatment centre in Port Elizabeth (Table 1).

Gender: Across all sites between 74% (in the WC) and 90% (KZN) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). This trend remains fairly stable across all sites, although the WC has experienced a gradual increase in the proportion of female patients over the past 2 years. This may be linked to the fact that a relatively higher proportion of methamphetamine, heroin and cocaine patients are female compared to many other substances.

Race: Black-Africans continue to be under-represented in the treatment population in all sites (Table 4). In this period, proportions of Black/African patients have increased in GT, WC, and KZN, remained fairly stable in NR, and decreased slightly in the CR. Furthermore, in GT 75% and in the NR 72% of patients younger than 20 years were African, indicating that in these sites there is better access to and utilisation of treatment facilities by young African people compared to the adults.

Employment status and education: Between 22% (WC) and 44% (EC) of patients were employed full-time across

Table 1: Referral sources (July-December 2009) (Column % add up to 100)

Source	WC	KZN	EC	CR	GT	NR
Self/family/friends	40%	38%	37%	41%	57%	48%
Work/employer	9%	19%	6%	22%	10%	16%
Social services/welfare	1%	5%	4%	14%	10%	7%
Doctor/psychiatrist/nurse (aka health professionals)	8%	5%	42%	10%	5%	13%
Hospital/clinic	5%	2%	1%	1%	2%	2%
Court/correctional services	9%	8%	6%	3%	6%	5%
Schools	4%	11%	2%	5%	6%	7%
Church/religious body	2%	2%	<1%	3%	1%	0%
Other e.g. radio	4%	7%	1%	1%	2%	1%

sites. The proportion of patients who were students/learners ranged from 12% in the EC to 26% in KZN. Over 75% of patients in all sites have some secondary school education. In the WC it is interesting to note that 47% of patients younger than 20 years are unemployed as opposed to being learners/scholars (48%). However 68% of the unemployed adolescents are 18 or 19 years old.

**Mode of use:** Smoking remains the most common mode of use for substances other than alcohol. Injection drug use is still low across sites but in the WC 9% of patients with heroin as their primary substance of abuse reported injecting as mode of use versus 23% in GT and 26% in Mpumalanga.

**Age of patients:** Across sites the average age of persons seen by treatment centres was 28-34 years and has remained fairly stable (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients whose primary substances of abuse are cannabis, heroin or methamphetamine tend to be younger than persons who have cocaine as their primary drug of abuse. The proportion of patients younger than 20 years also remains high in most sites, with between 17% (NR) and 28% (KZN) falling in this age group in all sites (Figure 1).

**Sources of payment:**

The most common source of payment for treatment was 'family' in KZN (44%) and WC (29%), medical aid in GT (29%) and EC (40%), and 'Self' in NR (36%). 'State' was the second most common source in WC, GT and NR. Payment is of course linked to the availability of state funded centres and the proportion

of inpatient centres for which medical aids are more likely to provide cover.

**HIV testing:**

Across sites between 14% (EC) and 34% (GT) of patients had been tested for HIV in the past 12 months, although overall 14% of patients declined to answer this question or the data was not collected.

Figure 1: Treatment admissions trends - % of patients <20 years

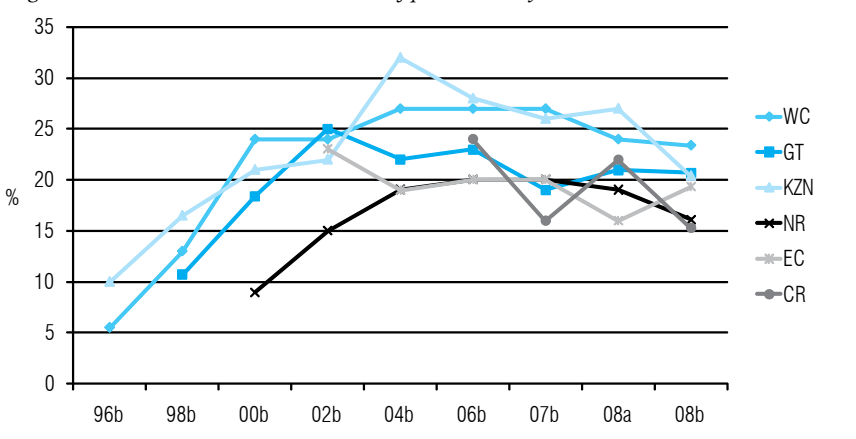


Table 2: Mean age of patients in treatment centres by selected primary drugs of abuse (July - December 2009)

Substance	WC	KZN	EC	CR	GT	NR
Alcohol	38	37	40	38	37	38
Cocaine/crack	30	30	30	32	28	28
Cannabis/Mandrax	30	32	22	25	23	25
Heroin	25	22	25	27	26	25*
Ecstasy	30	-	-	-	23	31*
Cannabis	21	21	22	20	21	26
Methamphetamine	24	-	24	-	25	-
CAT	-	-	-	27*	28	-
OTC/PRE <sup>1</sup>	38	38	41	37	41	37
Inhalants	13	18	14*	15	18	21
All substances	28	29	33	33	31	30

<sup>1</sup> Over-the-counter or prescription medicines  
Where n < 5, the mean is not reported  
\* n < 10

## FINDINGS BY DRUG OF USE/ABUSE

### ALCOHOL

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment centres across all sites (except WC and NR), accounting for 69% of admissions in the CR, 47% of admissions in KZN and GT, and 50% in the EC. Alcohol accounted for 29% of admissions in the WC and 38% in the NR (Table 3). The proportion of alcohol-related admissions decreased slightly in the EC. The CR is the only site where (still) over 60% of patients are treated for alcohol related problems.

The mean age of patients seen at treatment centres who had alcohol as the primary

substance of abuse ranged from 37 years to 40 years across sites. This is substantially older than the mean age for other drugs (see Table 2). Such patients are also more likely to be male. The proportion of patients with alcohol as the primary substance of abuse who were female ranged from 11% in NR to 33% in the WC. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

### CANNABIS (DAGGA) AND CANNABIS/MANDRAX

Cannabis was the most common primary substance of abuse among patients seen at specialist treatment facilities in the

NR, accounting for 44% of all patients. It was the second most common primary substance of abuse in GT and KZN (28%). In the remaining four sites (WC, EC and CR) cannabis was reported as the primary substance by between 16%, and 20% of patients. The proportion of patients with Mandrax (methaqualone, a sedative) as their primary substance of abuse remains very low in all sites (Table 3). The EC had the highest proportion of patients reporting Mandrax as their primary substance, declining to 6% compared to the last period (9%). In many communities Mandrax is now considered 'old fashioned'. However Mandrax is still relatively common as a

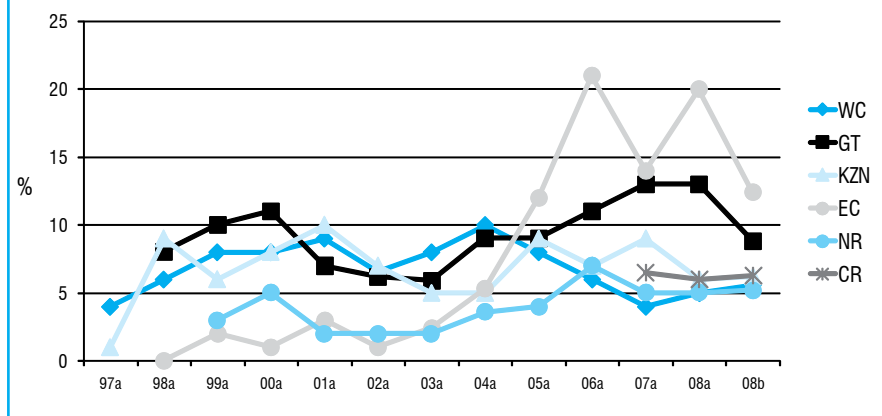
secondary substance of abuse in the WC, with 16% of all patients reporting it as a secondary substance in the 2nd half of 2009. Persons seen in specialist treatment centres who had 'white pipes' (Mandrax mixed with cannabis) as their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of abuse, except in the EC and NR (Table 2). The most common primary substance of abuse for patients younger than 20 years in all sites is cannabis (Table 6), even in the WC in this reporting period (46%). Methamphetamine had been the most common primary substance of abuse for patients younger than 20 years in this province since 2004, but decreased significantly from 42% to 36% in the 2nd half of 2009

Data from specialist treatment centres suggests that the use of these substances is still mainly a male phenomenon. Between 0% and 9% of patients whose primary substance of abuse was 'white pipes' were female across sites. Between 4% (CR) and 12% (WC) of patients whose primary substance was cannabis were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax in the WC, although the proportion of Black/African Mandrax patients appears to be increasing in the EC. In GT 68% of patients admitted for Mandrax abuse were Black/African and this proportion has increased from 61% in the previous period.

### COCAINE/CRACK

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack decreased slightly in the EC from 8% to 7% in this period, although this was the highest proportion in all regions. Proportions in the other sites also decreased slightly (Table 3). The proportions ranged from 2% in the WC to 7% in the EC (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. Between 5% (WC) and 15% (EC and KZN) of all patients had used crack/cocaine either as their primary or secondary substance (Table 7). This indicates that cocaine is also commonly a secondary substance of abuse. Alcohol is generally the most common primary substance of abuse amongst patients who

Figure 2: Proportion (%) of persons in treatment with cocaine as their primary drug of abuse



additionally use cocaine as a secondary substance, except in GT where heroin was the most common primary substance and the NR where cannabis was the most commonly used primary substance.

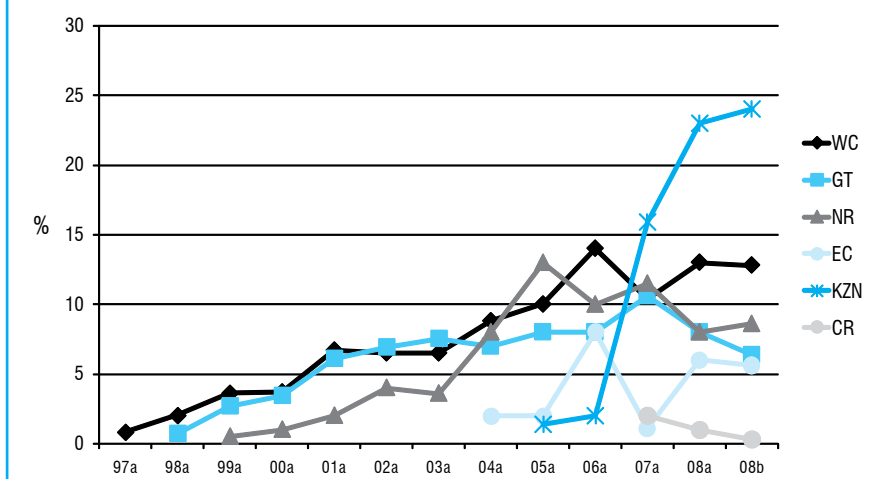
In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 28 to 32 years (Table 2). In the WC 38% of patients whose primary substance of abuse was cocaine were female compared to 11% in KZN, with proportions in the other sites falling between these figures. The majority of patients with cocaine/crack as their primary substance of abuse are still White in most sites, except KZN where the majority were Indians (Table 5). Generally, few adolescent patients report cocaine as their primary substance of abuse, the highest proportion being 4% in the EC. Between 33% (KZN) and 76% (CR) of cocaine patients had been in treatment before.

### HEROIN

In the WC, NR, EC and GT between 4% (EC) and 17% (KZN) of patients in specialist

treatment centres had heroin as their primary drug of abuse (Table 3). In KZN this is primarily related to the large number of young males presenting at the Chatsworth Anti-Drug Forum centre with problems related to the use of 'sugars'. In the EC heroin in admissions have remained fairly stable at 4% compared to the 2nd half of 2009 (3%). In the GT an increase was noted to 12% from 7% in the previous period. In the NR the proportion of patients who reported heroin as their primary substance also increased slightly, and a large proportion reported the drug as a secondary substance (15%). In the CR 1% reported heroin as their primary drug. A significant decrease in patients admitted for heroin abuse was noted in KZN, decreasing to 17% as compared to 30% in the previous period (Figure 3). Most of these patients continue to be seen at the Chatsworth Anti-Drug Forum. The mean age of persons who had heroin as their primary substance of abuse was 22-27 years in all sites (Table 2). Heroin appears to be less of a male phenomenon than drugs such as cannabis and Mandrax, except in KZN. Between 2% (KZN) and

Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse



35% (EC) of patients with heroin as the primary substance of abuse were female. In the NR 52% of heroin patients were Black in the 2nd half of 2009, decreasing slightly from 57% in the previous period, and in GT 51% were Black in this period, increasing slightly from 47% in the previous period. In the WC, 55% of heroin patients reported that they have received treatment before, and this has remained fairly stable compared to previous periods. In GT 38%, in KZN 32%, the NR 31%, and in EC 70% (significantly increased from 36%) of heroin patients had been in treatment previously.

Injection use by patients with heroin as their primary drug of abuse remains low in the WC, with only 9% reporting injection use. This is linked to the changing demographic profile of heroin patients, most of whom are now Coloured (79%) and who seem to prefer to smoke the drug. Only 2% of Coloured heroin patients reported injecting the drug compared to 42% of White heroin patients. In GT 23% of patients reported injecting, compared to 31% in the previous period. In the NR 26% of heroin patients reported injecting, compared to 18% in the previous period. In GT 48% of the White patients reported injecting the drug, while 1% of the Black/African patients reported injecting. In KZN and the CR only one patient reported injecting heroin. A decrease in the proportion of Black/African heroin patients has been noted in the NR decreasing from 57% in the previous period to 52% this period (Table 5). In KZN 19%, in the WC 13%, in GT 21%, and in the NR 26% of all patients reported the use of heroin, as either primary or secondary drug (Table 7). It is very likely that a large proportion of patients who report heroin as a secondary substance would soon experience it as their primary drug problem. For patients younger than 20 years, the proportion reporting heroin as their primary drug of abuse ranged from 3% (EC) to 17% (KZN), a significant decrease in KZN compared to previous period (Table 6). The high (although decreasing) proportion in KZN is ascribed to the use of 'sugars' by many young males in Chatsworth, as mentioned above.

### OVER-THE-COUNTER AND PRESCRIPTION MEDICINES

Between 1% and 9% (EC) of patients seen at specialist treatment centres from July –

December 2009 had OTC/PRE medicines listed as their primary substance of abuse (Table 3). This proportion has increased in the EC compared to the previous six-month reporting periods, due to the recent addition of a private inpatient treatment facility with a relatively high proportion of patients in treatment for OTC/PRE medicines (e.g. 23% in the 2nd half of 2009). In the NR 80% and in the EC 89% of patients who had over-the-counter or prescription medicines as their primary substance of abuse were female. The average age of these patients ranged between 37 years and 41 years (Table 2). These substances are more common as secondary drugs of abuse with between 1% and 12% of patients across sites reporting these drugs either as primary or secondary substances of abuse (Table 7). Substances abused included benzodiazepines, analgesics, Codeine products, and sleeping pills.

### ECSTASY, METHAMPHETAMINE (TIK), METHCATHINONE (CAT), AND LSD

The proportion of persons using specialist treatment services, whose primary drug of abuse was Ecstasy, remains very low across all sites. No more than 1% of patients reported Ecstasy as their primary substance of abuse across all sites. Ecstasy was however reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities across all sites with between 1% and 3% reporting Ecstasy as a primary or secondary substance of abuse (Table 7). Overall, LSD was reported by very few patients with, for example, only 15 patients reporting it as a primary or secondary drug of abuse in GT, 1 in the NR and 2 patients in the WC.

In the WC the proportion of patients reporting methamphetamine ('tik') as their primary substance of abuse decreased from 41% to 36%. The mean age of patients presenting with methamphetamine as their primary drug of abuse was 24 years. Compared with a mean age of 19 in 2004, this may suggest an aging cohort of users, although the proportion of new (first) admissions remains fairly stable. Most of the patients were Coloured (86%) and 73% were male. Most of the patients reported smoking the drug (99%) and patients reported injecting the drug. Of the methamphetamine patients 51% reported daily use of the drug and a further 39% reported using it 2-6 days per week. Overall 47% of all patients reporting for treatment in the WC in the second half of 2009 reported methamphetamine either as a primary or secondary substance of abuse, a slight decline from the previous period (Figure 4). For patients younger than 20 years, 51% reported methamphetamine as either a primary or secondary substance of abuse, a slight decrease from 55% in the previous period. Few patients in the other sites reported methamphetamine as their primary or secondary drug of abuse, ranging between <1% (NR) to a slightly increasing of 10% in the EC. Port Elizabeth, specifically has seen an increase in local patients admitted for methamphetamine in the 2nd half of 2009.

In Gauteng the number of patients reporting methcathinone ('CAT') as their primary substance of abuse remained high (n=63) relative to other sites. A total of 5% reported 'CAT' as either their primary or as a secondary drug of abuse in Gauteng. Few patients in the other sites report using this drug.

Figure 4: Treatment demand trends: Methamphetamine (%) as primary drug and secondary substance of abuse (WC)

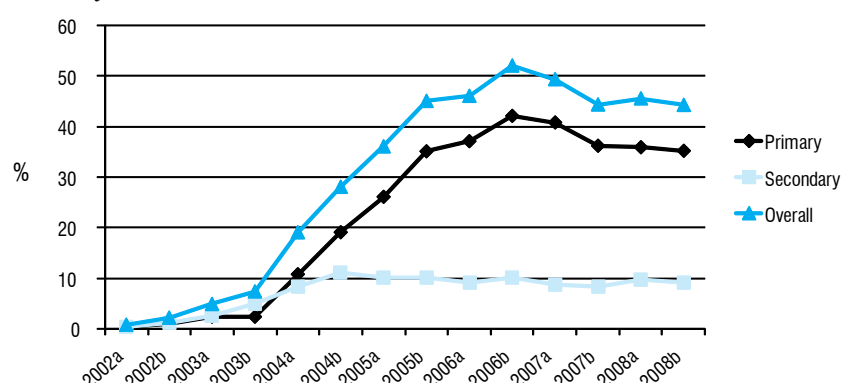


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
Cape Town	1997a	82	5	7	4	1	<1	2	0.0	<1	2103
	1997b	78	6	9	4	1	1	1	0.1	<1	2160
	1998a	74	5	10	6	2	<1	2	0.0	<1	2301
	1998b	64	9	14	8	2	<1	2	0.1	<1	1361
	1999a	56	9	20	8	4	1	2	0.1	<1	1527
	1999b	50	15	20	9	3	<1	2	0.1	1	1550
	2000a	48	12	23	8	4	2	4	0.2	1	1695
	2000b	51	13	19	7	5	1	3	0.1	<1	1696
	2001a	46	12	21	9	7	2	4	0.1	2	1571
	2001b	46	12	25	6	6	1	2	0.3	2	1561
	2002a	48	14	21	7	7	2	2	0.3	1	1608
	2002b	47	18	17	7	6	1	2	0.8	1	1549
	2003a	43.6	15.2	20.4	7.9	6.5	0.8	2.7	2.3	2.9	1724
	2003b	39.4	15.4	23.6	8.4	7.1	1.4	2.2	2.3	2.5	1659
	2004a	38.3	12.0	16.9	9.7	8.8	0.5	2.4	10.7	0.1	2255
	2004b	33.7	11.0	15.5	9.1	8.2	0.5	2.0	19.3	0.7	2308
	2005a	34.4	9.7	9.1	8.3	10.0	0.4	1.6	26.1	0.4	2469
	2005b	25.1	11.2	5.5	7.6	13.8	0.2	1.1	34.7	0.8	2131
	2006a	30.2	7.7	3.3	6.0	13.5	0.1	1.4	37.2	0.7	2660
	2006b	26.4	10.5	2.9	4.8	10.2	0.1	1.6	42.3	0.8	2798
WC <sup>1</sup>	2007a	29.5	10.4	2.7	3.9	10.6	0.2	1.1	40.7	0.9	2862
	2007b	29.7	12.6	3.0	4.2	12.8	0.1	1.2	36.1	0.5	3058
	2008a	30.0	11.2	2.5	5.0	13.2	0.3	1.4	35.8	0.0	2637
	2008b	27.6	13.6	2.7	5.6	12.8	0.1	1.2	35.1	1.2	2807
	2009a	26.8	13.9	2.8	2.8	10.9	0.1	1.0	40.6	0.0	3667
	<b>2009b</b>	<b>29.4</b>	<b>16.7</b>	<b>2.7</b>	<b>2.3</b>	<b>12.0</b>	<b>0.0</b>	<b>0.8</b>	<b>35.5</b>	<b>0.0</b>	<b>2642</b>
Durban	1996b	73	10	10	1	<1	<1	1	0.0	4	338
	1997a	69	9	7	1	<1	<1	1	0.0	11	311
	1997b	62	21	6	3	1	1	3	0.0	2	601
	1998a	61	16	11	9	1	3	2	0.0	0	817
	1998b*	69	20	6	1	0	0	<1	0.0	3	242
	1999a	57	30	<1	6	1	1	1	0.0	3	682
	1999b	65	23	<1	9	<1	0	1	0.0	1	607
	2000a	57	25	6	8	1	1	2	0.0	1	883
	2000b	60	20	<1	12	<1	1	4	0.0	2	679
	2001a	59	21	1	10	<1	3	3	0.0	4	585
	2001b	58	26	7	8	<1	1	<1	0.0	<1	774
	2002a	65	22	2	7	<1	2	2	0.0	<1	718
	2002b	60	26	4	5	<1	1	2	0.0	<1	910
	2003a	64.3	23.2	2.1	5.1	0.2	1.6	2.4	0.0	1.2	574
	2003b	65.3	23.6	4.0	4.0	1.1	0.5	0.3	0.0	0.8	376
	2004a	59.6	22.8	10.2	4.3	0.0	0.5	1.7	0.0	1.0	413
	2004b	52.0	24.8	13.5	6.8	0.3	0.4	1.5	0.0	0.7	689
	2005a	48.1	32.4	6.2	8.9	1.4	0.3	1.5	0.0	1.2	945
	2005b	57.6	27.5	2.8	6.6	1.3	1.0	1.8	0.0	1.4	846
	2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485
KZN <sup>2</sup>	2006b	54.0	18.5	0.9	10.5	9.1	0.3	3.4	0.2	3.4	921
	2007a	49.8	20.5	1.2	9.0	15.9	0.5	2.2	0.0	0.9	1232
	2007b	38.8	17.4	0.4	8.6	31.6	1.0	1.5	0.0	0.7	943
	2008a	49.5	19.8	0.4	5.6	22.6	0.1	0.6	0.1	0.7	1531
	2008b	47.6	16.4	0.9	6.2	24.3	0.2	0.5	0.0	3.7	1537
	2009a	41.1	20.3	0.5	6.9	29.5	0.1	1.1	0.0	0.0	1575
	<b>2009b</b>	<b>46.7</b>	<b>28.4</b>	<b>0.5</b>	<b>6.2</b>	<b>17.0</b>	<b>0.1</b>	<b>0.6</b>	<b>0.1</b>	<b>0.0</b>	<b>1138</b>

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
PE	1997a	58		23	<1	<1	<1	5	0.0	13	316
	1997b	66		20	<1	<1	<1	3	0.0	9	416
	1998a	74		22	0	0	<1	3	0.0	<1	380
	1998b	68		23	1	0	0	8	0.0	1	361
	1999a	55		30	2	1	0	11	0.0	1	341
	1999b	63		29	1	0	0	7	0.0	0	328
	2000a	55		36	1	0	<1	8	0.0	0	252
	2000b	65		26	1	0	<1	4	0.0	4	312
	2001a	48		45	3	0	1	3	0.0	<1	393
	2001b	58		36	1	0	1	4	0.0	<1	398
	2002a	45	19	29	1	0	1	4	0.0	<1	431
	2002b	55	13	25	1	1	1	4	0.0	0	369
	2003a	46.1	16.4	29.7	2.4	0	0.4	4.6	0.0	0.4	499
	2003b	51.4	11.8	26.1	2.2	0	0.4	5.3	0.0	2.7	449
	2004a	47.5	14.7	23.8	5.3	2.2	3.2	3.4	0.0	0.0	505
	2004b	45.5	12.7	25.4	8.9	2.9	1.4	3.4	0.0	0.0	418
	2005a	46.8	12.3	20.3	11.9	1.9	0.4	4.7	0.9	0.9	464
	2005b	48.8	12.9	9.4	14.6	6.6	0.0	4.5	3.3	0.0	426
	2006a	40.7	14.4	7.9	21.4	8.1	1.2	2.6	3.5	0.2	570
	E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	0.0	-
2004b		51.9	11.6	27.1	2.8	1.7	1.7	1.7	0.0	1.1	181
2005a		51.7	17.4	17.9	8.7	-	2.4	1.0	0.0	1.0	207
2005b		71.5	12.4	5.6	6.4	1.5	0.4	2.2	0.0	1.0	267
2006a		64.1	19.4	4.9	10.2	1.0	0.0	0.5	0.0	0.0	206
EC <sup>3</sup>	2006b	45.4	19.2	7.6	18.6	2.0	0.8	3.4	2.8	0.2	645
	2007a	51.8	18.3	8.6	14.2	1.1	0.3	3.8	1.4	0.5	759
	2007b	39.0	15.6	9.2	22.9	5.4	0.5	2.8	4.3	0.3	608
	2008a	44.3	15.8	3.6	20.1	6.0	0.4	6.5	-	0.5	551
	2008b	44.0	16.8	9.3	12.4	5.6	0.0	5.1	5.4	1.5	612
	2009a	52.0	17.7	8.5	7.8	2.7	0.1	7.0	3.7	0.0	1206
	<b>2009b</b>	<b>49.7</b>	<b>15.9</b>	<b>5.6</b>	<b>7.4</b>	<b>3.5</b>	<b>0.0</b>	<b>9.3</b>	<b>7.4</b>	<b>0.0</b>	<b>648</b>
Gauteng	1998a	69	11	5	8	<1	<1	4	0.0	3	2125
	1998b	68	12	4	9	2	<1	4	0.0	2	2372
	1999a	67	10	4	10	3	<1	4	0.0	1	2741
	1999b	63	14	5	11	3	<1	3	0.0	2	2613
	2000a	60	19	2	11	3	<1	3	0.0	1	2514
	2000b	60	21	1	8	4	1	4	0.0	2	2673
	2001a	54	21	6	7	6	<1	4	0.0	2	2838
	2001b	52	24	5	6	7	<1	4	0.0	2	2676
	2002a	54	22	5	6	7	<1	4	0.0	2	2945
	2002b	54	23	5	6	6	1	3	0.0	2	2587
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	0.0	2.1	2617
	2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	0.0	2.4	2711
	2004a	50.4	19.0	8.1	9.1	7.0	0.8	3.3	0.0	2.3	2813
	2004b	51.0	18.8	7.7	9.9	5.8	0.9	2.9	0.0	2.9	2654
	2005a	46.6	21.6	7.2	9.0	8.4	0.6	3.1	0.0	1.8	3030
	2005b	51.8	21.0	2.8	10.1	7.7	0.6	2.3	0.2	3.6	2848
	2006a	47.5	20.5	3.0	11.1	7.8	0.4	3.2	0.3	3.2	3119
	2006b	47.2	21.5	1.4	10.7	9.7	0.2	2.7	0.2	5.9	3295
	2007a	45.9	20.8	1.4	13.0	10.6	0.3	3.7	0.4	4.4	3251
	2007b	47.0	19.3	1.6	14.2	9.6	0.2	3.6	0.4	4.1	3053
	2008a	47.0	22.4	1.7	13.3	8.1	0.2	4.0	0.7	2.5	2768
	2008b	48.4	22.4	2.0	8.8	6.4	0.3	3.5	0.3	7.9	3158
	2009a	45.0	28.2	2.2	6.7	6.7	0.5	3.2	1.0	0.0	2822
	<b>2009b</b>	<b>47.0</b>	<b>27.5</b>	<b>1.7</b>	<b>4.9</b>	<b>11.9</b>	<b>0.2</b>	<b>2.6</b>	<b>0.5</b>	<b>0.0</b>	<b>2646</b>

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
<b>Mpumalanga</b>	1999a	76	13	1	3	<1	<1	3	0.0	2	325
	1999b	76	15	2	2	<1	<1	1	0.0	1	376
	2000a	71	12	2	5	1	1	5	0.0	3	315
	2000b	77	14	0	4	1	1	2	0.0	0	408
	2001a	70	20	1	2	2	2	2	0.0	2	389
	2001b	69	15	3	2	1	2	5	0.0	3	389
	2002a	71	16	<1	2	4	1	3	0.0	3	419
	2002b	68	16	2	4	6	1	2	0.0	1	425
	2003a	69.1	17.7	2.5	2.3	3.6	0.8	2.1	0.0	1.9	475
	2003b	61.1	20.2	0.2	1.9	7.2	1.9	5.7	0.0	1.7	529
	2004a	63.8	18.9	0.2	3.6	8.1	0.4	3.2	0.0	1.9	546
	2004b	60.8	23.6	0.0	4.5	8.0	0.4	1.7	0.0	0.8	462
	2005a	55.6	22.1	0.0	4.0	13.3	0.9	2.9	0.0	1.2	525
	2005b	54.3	23.3	0.5	6.2	10.3	0.9	2.8	0.5	1.1	562
	2006a	54.5	24.6	0.0	6.8	10.2	0.6	2.2	0.0	1.2	501
	2006b	47.3	34.1	0.4	4.6	9.6	0.2	2.4	0.0	1.3	539
	2007a	43.7	36.5	0.8	4.5	11.5	0.3	1.3	0.0	1.3	600
<b>NR<sup>4</sup></b>	2007b	43.3	38.4	0.0	7.8	6.8	0.2	1.4	0.4	0.7	602
	2008a	34.6	50.2	0.6	4.8	7.5	0.0	1.5	0.0	0.7	667
	2008b	34.3	44.9	0.3	5.2	8.6	0.3	2.3	0.0	4.1	729
	2009a	37.8	45.2	0.6	4.2	8.3	0.5	0.9	0.2	0.0	809
	<b>2009b</b>	<b>37.6</b>	<b>43.9</b>	<b>0.3</b>	<b>4.1</b>	<b>11.2</b>	<b>0.3</b>	<b>1.5</b>	<b>0.0</b>	<b>1.1</b>	<b>652</b>
<b>CR<sup>5</sup></b>	2007a	62.1	18.8	0.4	6.5	2.0	0.6	4.2	0.7	4.6	708
	2007b	65.3	21.2	0.6	6.4	1.2	0.5	2.3	0.6	2.0	657
	2008a	65.1	21.7	1.1	5.7	0.9	0.0	2.8	0.3	0.0	636
	2008b	67.0	11.9	0.3	6.3	0.3	0.5	3.9	0.0	9.7	636
	2009a	70.0	14.6	0.1	4.2	2.1	0.3	3.3	0.7	0.0	577
	<b>2009b</b>	<b>68.6</b>	<b>20.0</b>	<b>1.0</b>	<b>2.9</b>	<b>1.0</b>	<b>0.0</b>	<b>2.9</b>	<b>0.0</b>	<b>0.0</b>	<b>491</b>

<sup>1</sup> Cape Town, Atlantis, Worcester; <sup>2</sup> Durban, Pietermaritzburg; <sup>3</sup> Port Elizabeth, East London (and Butterworth); <sup>4</sup> Mpumalanga & Limpopo; <sup>5</sup> Free State, North West, Northern Cape

Table 4: Comparison of proportion of patients in treatment (July - December 2009) with census data – by site<sup>1</sup>

		Black/ African	Indian	Coloured	White
<b>Western Cape</b>	Population <sup>1</sup>	27%	1%	54%	18%
	In treatment	15%	<1%	69%	17%
<b>KwaZulu-Natal</b>	Population <sup>1</sup>	85%	8%	2%	5%
	In treatment	44%	34%	8%	14%
<b>Eastern Cape</b>	Population <sup>1</sup>	88%	<1%	7%	5%
	In treatment	27%	4%	33%	36%
<b>Central Region</b>	Population <sup>1*</sup>	84%	<1%	8%	8%
	In treatment	37%	1%	27%	35%
<b>Gauteng</b>	Population <sup>1*</sup>	74%	2%	4%	20%
	In treatment	50%	3%	6%	42%
<b>Northern Region</b>	Population <sup>1</sup>	95%	<1%	<1%	4%
	In treatment	67%	1%	3%	29%

<sup>1</sup> Statistics South Africa, 2001 Census

Table 5: Primary substance by race (columns per site add up to 100%): July – December 2009

		Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin	Methamphetamine
<b>Western Cape</b>	Black/African	28%	21%	10%	3%	0%	2%	7%
	Coloured	44%	66%	90%	32%	0%	79%	86%
	Asian/Indian	<1%	<1%	0%	0%	0%	<1%	<1%
	White	27%	13%	0%	65%	0%	19%	6%
<b>KwaZulu-Natal</b>	Black/African	51%	60%	33*%	13%	0%	9%	0%
	Coloured	7%	10%	33*%	13%	100%	3%	0%
	Asian/Indian	19%	24%	33*%	63%	0%	85%	100*%
	White	23%	7%	0%	11%	0%	4%	0%
<b>Eastern Cape</b>	Black/African	32%	39%	44%	13%	0%	13*%	4*%
	Coloured	26%	35%	44%	32%	0%	0%	54%
	Asian/Indian	1%	7%	6%	11%	0%	0%	4*%
	White	41%	20%	6%	45%	0%	87%	38%
<b>Gauteng</b>	Black/African	38%	80%	62%	20%	0%	51%	0%
	Coloured	5%	8%	9%	13%	20*%	2%	36%
	Asian/Indian	2%	1%	2%	6%	0%	3%	7*%
	White	54%	11%	21%	62%	80*%	44%	57%
<b>Northern Region</b>	Black/African	65%	79%	100*%	19%	50*%	52%	-
	Coloured	3%	4%	0%	7*%	0%	1*%	-
	Asian/Indian	<1%	<1%	0%	4*%	0%	0%	-
	White	32%	19%	0%	70%	50*%	47%	-
<b>Central Region</b>	Black/African	43%	49%	40*%	7*%	-	20%	-
	Coloured	18%	35%	60*%	0%	-	0%	-
	Asian/Indian	<1%	1%	0%	7*%	-	0%	-
	White	39%	15%	0%	86%	-	80*%	-

Table 6: Primary substances of abuse for patients younger than 20 years (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	Other	Total(N)
<b>Cape Town</b>	03a	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
	03b	4.1	41.9	32.5	4.7	7.4	3.6	4.7	1.1	363
	04a	5.1	33.1	23.3	3.7	8.2	0.9	24.9	1.1	571
	04b	2.3	24.4	17.6	2.9	8.6	0.6	42.0	1.6	619
	05a	2.5	24.5	9.3	1.9	11.5	0.8	48.7	0.9	637
	05b	3.1	22.1	6.7	1.3	12.9	0.4	53.0	0.0	674
	06a	1.7	17.4	3.9	0.6	15.3	0.0	60.2	1.0	724
<b>WC</b>	06b	2.9	26.0	2.6	0.4	7.1	0.0	58.6	0.1	761
	07a	3.6	24.4	2.4	0.6	9.6	0.1	56.5	0.0	803
	07b	5.0	35.1	3.7	0.5	11.1	0.0	43.2	1.4	812
	08a	5.0	33.1	3.5	0.6	10.1	0.2	45.5	0.0	622
	08b	3.3	42.8	2.3	2.3	7.6	0.0	39.1	2.6	657
	09a	5.0	39.6	3.3	0.3	6.3	0.0	42.4	0.0	902
	<b>09b</b>	<b>5.9</b>	<b>45.7</b>	<b>2.0</b>	<b>0.5</b>	<b>7.5</b>	<b>0.0</b>	<b>39.1</b>	<b>0.0</b>	<b>615</b>
<b>Durban</b>	03a	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
	03b	42.5	45.1	8.8	1.8	1.8	0.0	0.0	0.0	113
	04a	16.5	60.0	12.9	7.1	0.0	0.0	0.0	3.5	85
	04b	25.4	47.9	20.3	2.5	0.8	0.8	0.0	1.7	236
	05a	21.6	63.1	6.9	4.6	1.3	0.3	0.0	2.3	306
	05b	24.0	64.8	3.8	1.6	1.2	0.8	0.0	3.6	250
	06a	25.0	67.3	1.0	1.0	0.0	1.9	0.0	3.9	104
<b>KZN</b>	06b	31.0	41.1	0.8	3.9	13.6	0.0	0.0	7.4	258
	07a	18.6	51.5	1.3	3.4	22.0	0.3	0.0	2.7	291
	07b	15.8	37.9	0.4	2.1	38.7	2.9	0.0	0.8	240
	08a	26.8	42.1	0.0	0.8	26.8	0.5	0.0	1.0	391
	08b	21.6	47.2	1.2	1.2	20.6	0.0	0.0	8.0	324
	09a	14.8	48.2	0.5	0.7	33.9	0.2	0.0	0.0	413
	<b>09b</b>	<b>15.3</b>	<b>63.4</b>	<b>0.6</b>	<b>2.2</b>	<b>17.2</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>320</b>

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	Other	Total(N)
PE	03a	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
	03b	16.0	28.0	38.7	0.0	0.0	0.0	0.0	17.3	75
	04a	10.3	42.5	36.8	2.3	1.1	5.7	0.0	1.1	87
	04b	10.3	41.0	38.5	7.7	0.0	1.3	0.0	1.3	78
	05a	26.7	34.4	30.0	5.6	0.0	0.0	0.0	1.1	90
	05b	14.8	33.0	10.2	13.6	14.8	0.0	13.6	0.0	88
	06a	23.0	47.3	10.8	12.2	1.4	2.7	1.4	1.4	74
EL	04a	17.1	57.1	22.9	2.9	0.0	0.0	0.0	0.0	35
	04b	11.8	27.5	51.0	0.0	2.0	3.9	0.0	3.9	51
	05a	13.0	37.0	39.1	4.4	0.0	2.2	0.0	4.3	46
	05b	28.6	54.3	17.1	0.0	0.0	0.0	0.0	0.0	35
	06a	24.4	63.4	9.8	0.0	0.0	0.0	0.0	2.4	41
Eastern Cape	06b	17.3	55.9	6.3	13.4	0.0	0.0	4.7	2.4	127
	07a	26.3	54.4	7.5	6.9	0.6	0.6	1.3	2.5	160
	07b	15.6	45.1	18.0	11.5	2.5	0.8	4.9	1.6	122
	08a	25.9	55.3	7.1	4.7	2.4	1.2	0.0	2.4	85
	08b	19.3	47.9	14.3	5.9	2.5	0.0	4.2	0.8	119
	09a	11.4	62.2	15.4	4.3	0.8	0.0	4.3	0.0	254
	<b>09b</b>	<b>14.0</b>	<b>47.4</b>	<b>14.0</b>	<b>4.4</b>	<b>2.6</b>	<b>0.0</b>	<b>13.2</b>	<b>0.0</b>	<b>114</b>
Gauteng	03a	8.2	57.5	18.9	2.1	6.4	2.0	0.0	4.9	588
	03b	7.6	55.4	24.6	1.9	4.3	0.4	0.0	5.7	695
	04a	7.4	54.3	20.0	3.2	6.3	1.5	0.0	7.3	619
	04b	7.3	54.7	19.1	4.7	5.1	1.2	0.0	7.9	590
	05a	9.3	57.7	14.0	3.4	7.7	1.3	0.0	6.6	714
	05b	10.6	62.8	4.8	4.5	6.8	0.7	0.2	9.2	575
	06a	13.3	57.6	4.6	6.0	6.0	1.0	0.6	10.9	715
	06b	12.1	62.2	2.3	3.8	9.3	0.4	0.1	9.8	753
	07a	11.8	61.0	3.0	5.5	10.3	0.4	0.0	8.0	670
	07b	11.7	61.3	2.4	5.9	10.2	0.0	0.3	8.2	591
	08a	10.0	65.7	2.4	4.7	10.2	0.4	0.2	-	531
	08b	14.0	56.6	4.5	3.3	6.3	0.2	0.5	14.7	606
09a	26.5	48.4	3.4	4.0	7.1	0.6	1.9	0.0	645	
<b>09b</b>	<b>14.0</b>	<b>64.3</b>	<b>3.0</b>	<b>2.2</b>	<b>10.7</b>	<b>0.2</b>	<b>0.5</b>	<b>0.0</b>	<b>599</b>	
Mpumalanga	03a	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60
	03b	20.3	67.2	0.0	0.0	6.3	0.0	0.0	6.3	64
	04a	16.0	53.3	0.0	9.3	10.7	0.0	0.0	10.6	75
	04b	23.0	66.7	0.0	2.2	5.7	1.1	0.0	1.1	87
	05a	12.0	58.3	0.0	3.7	18.5	1.9	0.0	5.6	108
	05b	21.4	57.3	0.0	2.9	9.7	3.9	1.0	2.9	103
	06a	26.1	58.7	0.0	4.3	8.7	0.0	0.0	2.2	92
	06b	15.6	67.9	0.0	0.9	13.8	0.0	0.0	1.8	109
07a	9.6	69.2	0.7	2.7	13.7	0.0	0.0	4.1	146	
NR*	07b	17.3	72.7	0.0	2.7	5.5	0.0	0.9	0.9	110
	08a	11.8	79.5	0.8	0.8	5.5	0.0	0.0	0.0	127
	08b	12.0	64.1	0.0	1.7	13.7	0.0	0.0	8.5	117
	09a	18.5	63.1	0.0	0.8	7.7	1.5	0.0	1.5	130
	<b>09b</b>	<b>18.2</b>	<b>61.8</b>	<b>0.9</b>	<b>1.8</b>	<b>12.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>110</b>
Central Region	06b	19.7	58.4	2.2	2.2	0.0	0.0	0.0	17.5	137
	07a	14.2	57.4	1.4	0.7	2.1	0.0	2.1	22.0	141
	07b	22.3	67.0	1.0	1.9	0.0	0.0	1.9	5.9	103
	08a	12.1	62.4	1.2	4.2	0.6	0.0	0.6	13.9	165
	08b	18.2	43.4	0.0	2.0	0.0	2.0	0.0	34.3	99
	09a	18.4	50.6	1.1	4.6	2.3	1.1	1.1	0.0	87
	<b>09b</b>	<b>16.2</b>	<b>65.7</b>	<b>2.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>99</b>

\* Excludes data from Limpopo for 2007b

Table 7: Overall substances of abuse\* (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	OTC/PRE	Total(N)
Cape Town	03a	60.3	29.5	33.9	18.1	8.1	9.7	4.7	8.7	1724
	03b	54.4	30.4	37.2	21.5	8.9	10.7	7.3	7.0	1659
	04a	52.9	26.8	29.9	21.8	11.2	10.6	19.0	8.1	2255
	04b	47.9	25.0	29.0	20.0	10.3	6.3	28.9	7.4	2308
	05a	47.0	28.9	22.8	19.2	13.2	8.3	35.8	5.0	2469
	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
	06a	41.2	28.3	14.0	15.6	16.2	5.5	46.3	3.8	2660
Western Cape	06b	41.5	33.0	13.4	12.4	12.5	3.7	51.9	4.9	2798
	07a	43.6	31.7	12.6	10.4	12.0	2.8	49.3	3.2	2864
	07b	41.2	33.0	14.7	10.0	14.6	2.3	44.3	3.6	3058
	08a	42.1	30.6	15.3	12.2	15.2	2.8	45.8	4.5	2637
	08b	38.6	32.5	15.2	11.4	14.9	1.9	44.2	3.5	2807
	09a	36.5	32.5	15.2	6.6	12.2	1.6	50.1	2.3	3667
	<b>09b</b>	<b>40.1</b>	<b>32.2</b>	<b>18.4</b>	<b>5.4</b>	<b>13.4</b>	<b>1.1</b>	<b>46.6</b>	<b>2.2</b>	<b>2642</b>
Durban	03a	79.1	43.6	12.5	12.9	0.5	9.9	0.0	7.0	574
	03b	85.4	48.1	22.0	15.9	1.3	10.6	0.0	2.6	378
	04a	69.2	39.7	21.5	9.9	0.2	7.3	0.0	3.6	413
	04b	74.5	46.7	32.5	19.4	1.2	11.2	0.0	3.2	689
	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
	06a	71.1	33.8	3.7	13.2	2.7	2.7	0.4	11.8	485
KZN	06b	71.8	37.6	8.1	21.2	11.1	4.2	0.4	5.6	921
	07a	65.0	34.1	5.4	20.0	18.2	4.0	0.0	4.3	1232
	07b	53.2	34.6	4.3	20.4	34.7	5.6	0.0	2.9	943
	08a	61.0	37.0	5.0	14.0	24.0	1.2	0.3	1.4	1531
	08b	60.0	31.8	4.6	14.6	25.5	1.9	0.1	1.0	1537
	09a	54.5	31.2	4.3	15.4	30.7	2.8	0.1	1.9	1575
	<b>09b</b>	<b>64.4</b>	<b>38.9</b>	<b>4.7</b>	<b>14.9</b>	<b>19.3</b>	<b>3.3</b>	<b>0.4</b>	<b>1.3</b>	<b>1138</b>
PE	03a	58.5	22.2	30.1	5.0	0.0	4.0	0.0	5.2	499
	03b	62.8	15.2	31.3	6.4	0.5	6.4	0.0	9.0	409
	04a	60.4	21.6	29.1	12.7	2.6	8.3	0.0	5.3	505
	04b	59.1	19.4	31.6	16.3	4.5	6.7	0.0	4.8	418
	05a	59.9	17.5	29.5	19.2	2.4	1.9	0.9	7.1	464
	05b	56.1	18.1	11.0	19.2	6.8	1.2	3.3	5.9	426
	06a	51.8	21.4	13.9	31.1	10.9	4.6	4.4	3.7	570
EL	04a	68.2	30.4	19.6	8.1	0.7	4.1	0.0	2.0	148
	04b	70.2	16.0	32.0	7.7	1.7	8.3	0.6	2.8	181
	05a	64.3	26.6	25.1	16.4	0.5	9.7	0.5	3.4	207
	05b	80.1	20.6	11.2	11.6	3.4	3.0	0.0	4.1	267
	06a	75.7	27.2	14.1	17.0	1.5	5.8	1.5	3.4	206
Eastern Cape	06b	58.3	32.4	17.2	29.0	4.0	4.2	3.9	5.0	645
	07a	62.7	26.6	12.6	22.7	2.2	2.4	2.2	5.4	759
	07b	48.7	26.8	16.6	33.6	7.6	5.6	5.3	4.6	608
	08a	57.9	26.8	9.6	29.3	8.2	2.9	4.2	9.2	551
	08b	58.7	29.6	17.8	24.5	6.7	3.9	8.9	9.5	612
	09a	63.8	25.9	13.8	15.8	3.5	1.4	5.5	11.9	1206
	<b>09b</b>	<b>61.3</b>	<b>26.5</b>	<b>10.8</b>	<b>14.8</b>	<b>6.5</b>	<b>2.6</b>	<b>9.6</b>	<b>22.1</b>	<b>648</b>
Gauteng	03a	63.4	31.0	15.5	14.6	9.1	5.7	0.0	8.3	2617
	03b	59.9	30.4	18.1	14.5	7.8	4.5	0.0	8.3	2711
	04a	59.9	30.4	15.4	17.9	9.1	5.6	0.0	8.0	2813
	04b	60.2	30.6	15.5	19.2	8.3	5.2	0.3	7.2	2654
	05a	57.9	34.6	13.2	19.0	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	7.7	2848
	06a	56.9	33.5	6.8	21.4	10.6	3.3	0.6	11.2	3119
	06b	58.1	32.7	4.3	23.6	13.2	2.9	0.7	6.0	3295
	07a	55.3	33.2	3.6	25.4	14.3	2.8	0.9	7.7	3251
	07b	54.7	30.9	3.7	26.4	13.8	3.3	1.0	6.6	3053
	08a	60.8	34.4	4.5	24.8	15.4	2.1	1.2	2.9	2768
	08b	64.8	35.0	4.2	19.4	12.2	2.7	0.9	7.9	3158
	09a	57.5	40.1	4.7	16.1	13.7	3.3	1.6	7.7	2822
	<b>09b</b>	<b>58.0</b>	<b>38.4</b>	<b>3.6</b>	<b>12.3</b>	<b>21.2</b>	<b>1.2</b>	<b>1.1</b>	<b>5.4</b>	<b>2646</b>

\* Proportion of patients who reported these substances as primary or secondary substances of abuse

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	OTC/PRE	Total(N)	
Mpumalanga	03a	76.0	31.4	5.5	7.4	7.2	5.3	0.0	7.6	475	
	03b	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	04a	74.4	32.4	4.4	9.7	11.4	4.6	0.0	6.4	546	
	04b	69.9	39.2	3.9	12.8	11.9	4.3	0.4	4.8	462	
	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525	
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562	
	06a	66.7	40.3	2.4	16.2	21.0	3.2	0.2	4.8	501	
	06b	61.0	44.7	1.7	13.9	22.6	3.2	0.4	4.5	539	
NR	07a	53.3	48.3	2.5	14.3	31.7	2.5	0.8	2.2	600	
	07b	52.7	48.6	0.5	15.4	22.8	2.9	0.3	3.6	605	
	08a	45.1	61.9	1.7	12.1	21.9	1.2	0.3	3.0	667	
	08b	41.2	61.2	1.0	11.5	19.2	1.2	0.3	4.2	729	
	09a	45.7	57.9	0.9	10.5	17.5	2.9	0.7	2.3	809	
	<b>09b</b>	<b>47.7</b>	<b>56.4</b>	<b>0.6</b>	<b>10.4</b>	<b>25.6</b>	<b>2.1</b>	<b>0.2</b>	<b>2.3</b>	<b>652</b>	
Central Region	06b	70.5	29.0	5.1	11.5	3.5	3.0	0.5	7.9	572	
	07a	69.5	27.1	2.0	11.0	2.8	2.5	0.8	7.6	708	
	07b	75.8	29.1	4.3	11.4	2.1	2.9	0.8	5.6	657	
	08a	70.4	29	3.0	8.2	1.7	0.0	1.4	5.7	637	
	08b	77.8	23.0	3.8	10.8	1.7	1.7	0.0	9.3	636	
	09a	77.8	25.5	4.2	11.9	3.8	1.7	1.9	8.1	577	
		<b>09b</b>	<b>77.4</b>	<b>31.4</b>	<b>7.3</b>	<b>8.4</b>	<b>5.9</b>	<b>1.4</b>	<b>1.8</b>	<b>8.4</b>	<b>491</b>

## OTHER SUBSTANCES/POLY-SUBSTANCE ABUSE

Other substances abused by patients receiving substance abuse treatment included inhalants and some reports of khat use. Poly-substance abuse also remains high, with between 32% (CR) and 46% (WC) of patients in specialist treatment centres reporting more than one substance of abuse. In the WC cannabis and Mandrax were the most

common secondary drugs for patients reporting methamphetamine as their primary substance, while patients reporting heroin as their primary substance often had methamphetamine as a secondary substance. In Gauteng the most common secondary substance reported by heroin patients was cannabis or cocaine/crack.

## IMPLICATIONS FOR POLICY AND FUTURE RESEARCH

### SELECTED IMPLICATIONS FOR POLICY/PRACTICE

During the Phase 27 regional report back meetings of SACENDU a number of recommendations were made with regard to specific interventions needed to address substance abuse and substance abuse policy in general:

- Intensify efforts to reduce use of dagga by young people in WC and KZN and ensure treatment programs for Black/African dagga users are suitable to this sub-population.
- Prevent increasing use of MA by Black/African females in WC, by drug users in general in EC, and young females in GT.
- Consider establishing treatment centres in Cape Town that are sensitive to the therapeutic and other needs of women.
- Ensure that treatment centres in EC have capacity to respond to increase in MA use.
- Drug users must be educated that when they use drugs they do not know exactly what they are using.
- Push HIV testing among clients in treatment in EC, GT and elsewhere, including among young clients.
- Prevent increase in heroin (and cheap variants) use in NR, EC, GT.
- Address injection drug use among white young people in GT.

### SELECTED ISSUES TO MONITOR

Phase 27 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- Use of Mandrax and also inhalants, as well as shift in use from crack cocaine to heroin, in the EC.
- Decrease in mean age of patients in treatment in WC.
- Decrease in referrals from schools in the EC and GT.
- Increase in heroin use in the NR.
- Crack cocaine use among Indians in KZN.

### SELECTED TOPICS FOR FURTHER RESEARCH/ INVESTIGATION

At the SACENDU meetings in May 2010 various areas for further research were identified. These included:

- Pathways by which young people get to treatment in the WC.
- Extent to which stigma affects usage/non-usage of drug treatment.
- Women's experiences of drug treatment.
- Can women focused treatment and other incentives for women to get them to treatment be justified.
- Extent to which khat use by Somalians transfers to other sectors of the population in EC and GT.
- Need for youth-focused treatment programmes in the EC.
- Use of oka pipes and associated harms.
- Effectiveness of treatment programmes that serve young people.
- Use of performance enhancing substances by young people (including females) and across a variety of sports.
- Case studies of very young patients.
- How can the uptake of VCT among clients in drug treatment be increased.
- Study what happens to clients after treatment.

### FOR FURTHER INFORMATION CONTACT

Alcohol & Drug Abuse Research Unit  
 Medical Research Council  
 PO Box 19070  
 7505 Tygerberg (Cape Town)  
 South Africa  
 Ph: +27-21-938-0425; Fax: +27-21-938-0342  
[www.sahealthinfo.org/admodule/sacendu.htm](http://www.sahealthinfo.org/admodule/sacendu.htm)  
[www.mrc.ac.za/adarg/adarg.htm](http://www.mrc.ac.za/adarg/adarg.htm)  
 E-mail: andreas.pluddemann@mrc.ac.za