



**South African Community Epidemiology
Network on Drug Use (SACENDU)**
Update
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ALCOHOL AND DRUG ABUSE TRENDS: July - December 2005 (Phase 19)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, the Eastern Cape (Port Elizabeth, the greater East London area and Umtata), Mpumalanga, and Gauteng (Johannesburg/Pretoria). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from multiple sources including specialist treatment programmes, psychiatric hospitals, mortuaries, and police Forensic Science Laboratories. Other data sources (e.g. community studies) are included when available. **This report will focus on data on treatment demand (utilisation) from the 7081 patients seen across the 63 centres/programmes in the 2nd half of 2005.** This was a drop in 7% on the number of patients on whom data were recorded in 2005a.

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2005)

Alcohol remains the dominant substance of abuse across all sites except Cape Town. Between 39% (Cape Town) and 82% (Durban) of patients in treatment have alcohol as a primary or secondary drug of abuse. The proportion reporting it as a primary drug of abuse (Table 1) has decreased over time in all sites, however in the last reporting period there was an increase in treatment demand for alcohol in Durban and Gauteng.

Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2005b)

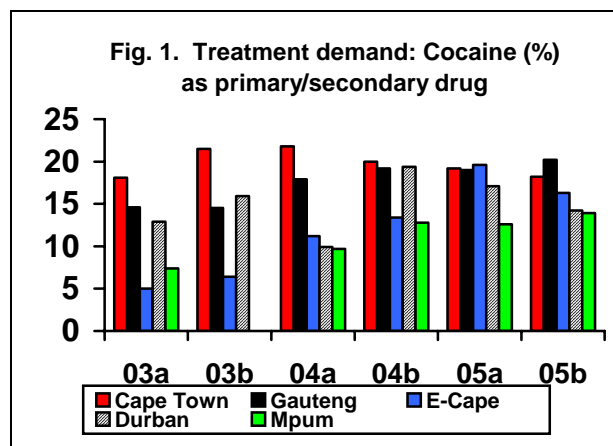
	Age	CTn	Dbn*	E-Cape	Gtg	Mpum
# centres>		26	5	10	18	4
Alcohol	All	25	58	58	52	54
	<20	3	24	19	11	21
Cannabis	All	11	28	13	21	23
	<20	22	65	39	63	57
Methaq.	All	6	3	8	3	0.5
	<20	7	4	12	5	0
Cocaine	All	8	7	11	10	6
	<20	1	2	10	5	3
Heroin	All	14	1	5	8	10
	<20	13	1	11	7	10
Methamphetamaine	All	35	0	2	0.2	0.5
	<20	53	0	10	0.2	1

*-now includes Pietermaritzburg

Use of **cannabis** (“dagga”) and **Mandrax** (methaqualone) alone or in combination (“white-pipes”) continues to be high. Across sites between 19% (E-Cape) and 45% (Durban) of patients attending specialist treatment centres had cannabis as

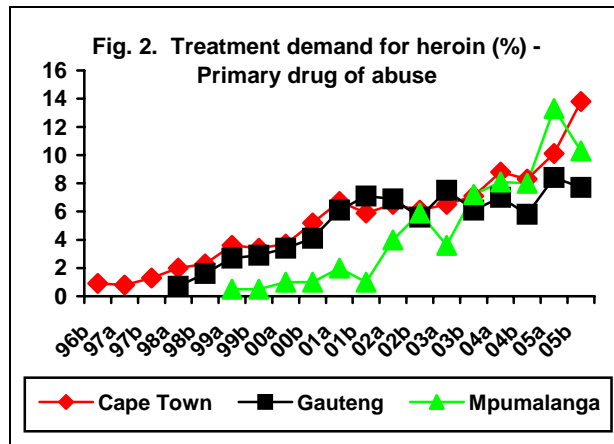
their primary or secondary drug of abuse, compared to between 2% (Mpumalanga) and 16% (Cape Town) for Mandrax. In 2005b treatment demand for cannabis as a primary drug decreased in Durban and in the E-Cape (East London), but was stable or slightly up in the other sites. There was a particularly large increase in the proportion of younger patients coming to treatment for cannabis-related problems in Gauteng. Treatment demand for Mandrax (white-pipes) decreased dramatically in all sites. Treatment demand for cannabis-related problems is higher for persons under 20 years than for older persons – the converse is true for alcohol (Table 1).

Treatment demand for **cocaine**-related problems has increased in virtually all sites over the past decade, but now appears to be levelling off in most sites (Fig. 1.). Between 13% (Mpumalanga) and 20% (Gauteng) of patients in treatment have cocaine as a primary or secondary drug of abuse.



Over time, there has been a large increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town, Gauteng and Mpumalanga. In Gauteng and Mpumalanga there was a decline in 2005b, but the upward trend continued in Cape Town (Fig. 2). In these sites between 11% and 16% of patients have heroin as a primary or secondary drug of abuse. Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town, Gauteng, and Mpumalanga, 8%, 39% and 34% respectively report injection use. This reflects a decrease in Cape Town and Gauteng as compared to 2005a, but a continued increase in Mpumalanga. Recently there has been an increase in the availability of cheap heroin which is mixed with cannabis and sold under the name ‘Nyaope’ (in Pretoria), ‘Sugars’ (in Durban), ‘Unga’ (in Cape Town) and ‘Pinch’ in Mpumalanga. It is popular with youth.

The data showed an increase in the proportion of patients under 20 years having heroin as a primary drug of abuse in all sites except in Gauteng and Mpumalanga. The increase was most noticed on the Eastern Cape (Port Elizabeth). A steady increase in Coloured patients has been noted in Cape Town, with over 8 out of 10 heroin patients now being Coloured in this site. In Mpumalanga a big increase in the proportion of black African heroin patients was noted – almost one in three.



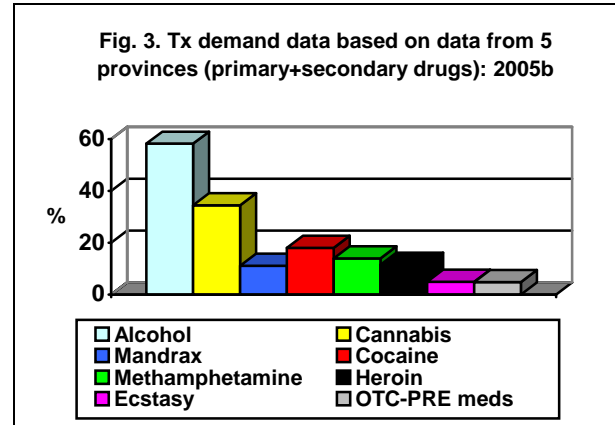
Club drugs and methamphetamine (MA) - Treatment demand for Ecstasy, LSD or methamphetamine as primary drugs of abuse is low except in Cape Town. However, between 2% (E-Cape) and 7% (Cape Town & Durban) of patients had Ecstasy as a primary or secondary drug of abuse. A continued, dramatic increase in treatment demand for MA was noted in Cape Town in 2005b. Almost half (45%) of patients in Cape Town now have MA as a primary or secondary drug of abuse, with 48% reporting daily use (up 4 percentage points). MA (aka “Tik”) has now emerged as the main substance of abuse among young patients in treatment in Cape Town, with two-thirds having it as a primary or secondary substance of abuse. This has stabilised. Over two-thirds of patients with MA as a primary drug of abuse were male and 92% were Coloured. Treatment demand related to MA use as a primary or secondary drug was also noted in Gauteng (18 patients), E-Cape (14), and Mpumalanga (5), and Durban (2).

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 or secondary drug of abuse was between 4% and 6%. **Inhalant/solvent** use among young persons continues to be an issue across sites. **Methcathinone** (“CAT”) use in Gauteng (especially), Cape Town & Mpumalanga and Durban was also reported, as was **khat** in several sites. **Poly-substance abuse** remains high, with 49% and 36% of patients in specialist treatment centres in Cape Town and Gauteng respectively indicating more than one substance of abuse.

Other key findings

In all sites (except Cape Town where almost 1 in 3 patients are under 20) **the percentage of patients under 20 years of age** has stabilized or declined. While the **proportion of Black African patients in treatment** is substantially less than would be expected from the underlying population demographics, the difference has decreased slightly in Mpumalanga. An overall picture of drug treatment demand in South Africa based on

information combined over the 63 treatment centres in 5 provinces is given in Fig. 3. Plans are underway to expand the project to centres in all provinces during 2006 and 2007 with funding from the National Department of Social Development.



Selected implications for policy/practice

- Ensure provision of affordable treatment and aftercare for persons who cannot pay for services.
- Integrate HIV/drug-related risks into HIV prevention efforts and HIV risks into drug use prevention efforts.
- Intensify efforts to address MA use on Cape Flats.
- Improve screening of pregnant women at risk of heavy drinking.
- Intensify efforts to address inhalant abuse by young people in Gauteng and Mpumalanga.
- Undertake regular qualitative research among school-going youth to assess changes in drug use practices.

Selected issues for monitoring/research

- Spread of use of particular drugs to communities where use was previously low.
- Drop in school referrals to treatment.
- Increasing use of methcathinone (CAT).
- Determination of what is happening at a community level to AOD users who may have found themselves squeezed out of treatment due to increase in demand for treatment related to other drugs (e.g. MA).
- Does demographic profile of MA patients in treatment in Cape Town mirror users in the community?
- What is the effect of MA on the community and local economy?
- Shortfalls in the availability of heroin detox services?
- To what extent (and how) do traditional healers address substance abuse problems?
- The nature and extent of treatment “shopping” across provincial borders.
- The effect of changes in the job market and training opportunities on the prevalence of substance use
- The nature and extent of the abuse of over-the-counter and prescription drugs at a community level.
- Is there a link between the use of CAT and psychosis?

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www.sahealthinfo.org/admodule/sacendu.htm

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