



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update
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ALCOHOL AND DRUG ABUSE TRENDS: July - December 2004 (Phase 17)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), the greater East London area (EL), 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 61 specialist treatment centres, psychiatric hospitals, mortuaries, and the police Forensic Science Laboratories (FSL). Other data sources (e.g. community studies) are included when available. **This report will focus mostly on data on treatment demand (utilisation) from the 6712 patients seen across the 6 sites in the 2nd half of 2004.**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2004)

Alcohol remains the dominant substance of abuse across sites. Between 48% (Cape Town) and 75% (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 has decreased over time in all sites due to the increased pressure on treatment slots by patients who have abused other drugs. 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 (Table 1). Preliminary results from a study of patients seen by general practitioners in Cape Town found that a substantial proportion of patients screened positive on the Alcohol Use Disorders Identification Test.

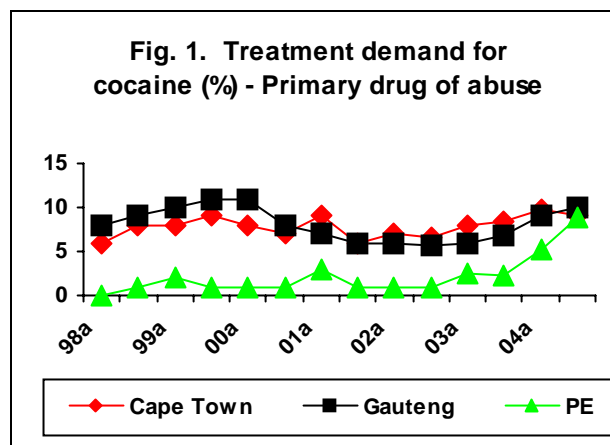
Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2004b)

	Age	CTn	Dbn	PE	EL	Gtg	Mpum
Alcohol	All	34	52	46	52	51	61
	<20	2	25	10	12	7	23
Cannabis	All	11	25	13	12	19	24
	<20	24	50	41	28	55	67
Methaq.	All	16	13	25	28	8	0
	<20	18	20	39	51	19	0
Cocaine	All	9	7	9	3	10	5
	<20	3	3	8	0	5	2
Heroin	All	8	<1	3	2	6	8
	<20	9	<1	0	2	5	6
Tik (methamphetamine)	All	19	0	0	0	<1	0
	<20	42	0	0	0	0	0

Use of **cannabis** (“dagga”) and **Mandrax** (methaqualone) alone or in combination (“white-pipes”) continues to be high.

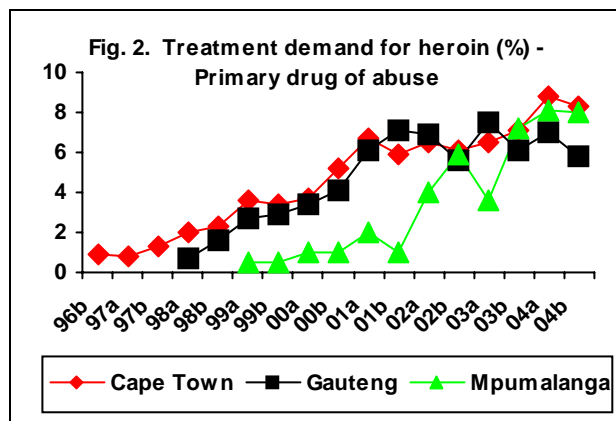
Across sites between 17% (East London) and 47% (Durban) of patients attending specialist treatment centres had cannabis as their primary or secondary drug of abuse, compared to between 0% (Mpumalanga) and 33% (Durban) for Mandrax. In the 2nd half of 2004 treatment demand for cannabis as a primary drug was fairly stable in most sites except for East London where it decreased substantially, and in Mpumalanga where the opposite occurred. Treatment demand for Mandrax (white-pipes) remained stable in four sites, but decreased in Durban and increased in East London. Treatment demand for both cannabis- and Mandrax-related problems is generally higher for persons under 20 years than older persons (Table 1). Treatment demand for cannabis by persons under 20 years increased substantially in Mpumalanga whereas for Mandrax a substantial increase was noted in Durban and East London. Preliminary results from a study of sex workers in Pretoria indicated that one in three tested positive for Mandrax.

Across all sites there appears to be a slight increase in the proportion of patients having **cocaine** as their primary drug of abuse. However, there may be a stabilisation in treatment demand for cocaine-related problems in Cape Town and Gauteng – the sites with the greatest treatment demand for problems associated with cocaine use -- at around 9%-10% (Fig. 1.). Between 7% (EL) and 20% (Cape Town) of patients in treatment have cocaine as a primary or secondary drug of abuse. Preliminary results from a study of sex workers in Pretoria indicated that 1 in 6 tested positive for cocaine.



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, but this appears to be stabilising at between 6% and 8% (Fig. 2). In these sites between 8% and 12% of patients have heroin as a primary or secondary drug of abuse. In the last two reporting periods treatment demand for heroin

has shown some increase (off a low base) in East London and PE. Most heroin is smoked, but of patients with heroin as their primary drug of abuse in Cape Town, Gauteng, and Mpumalanga, 24%, 47% and 22% respectively report injection use. This reflects a substantial decrease as compared to 2004a. Between 3% and 5% of patients in East London and Port Elizabeth now have heroin as a primary or secondary substance of abuse. The data showed a steady increase in the proportion of patients under 20 years in Cape Town having heroin as a primary drug of abuse (now 9%). Treatment demand by heroin patients under 20 years appeared for the first time in SACENDU data in East London. In terms of demographic changes, a steady increase in Coloured patients was noted in Cape Town, with almost 6 out of 10 heroin patients now being Coloured in this site.



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 4% (Mpumalanga) and 11% (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 the 2nd half of 2004. Over a quarter (29%) of patients in Cape Town now have MA as a primary or secondary drug of abuse, with 39% reporting daily use. MA (aka "Tik") has now emerged as the main substance of abuse among young patients in treatment in Cape Town, with 6 out of 10 having it as a primary or secondary substance of abuse. The average length of time to treatment was about 1 year. Young patients who had tik as their primary drug of abuse came from 99 suburbs in Cape Town. Two-thirds were male and 91% were Coloured. MA use in EL, Gauteng and Mpumalanga was also reported.

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazepam) continues to be an issue across sites. Treatment demand as a primary or secondary drug of abuse was between 3% (Durban, EL) and 8% (Cape Town). Use of "Sugars", a mixture of low grade heroin and cocaine remnants and supposedly Rattex by young persons (mainly) was reported in Durban. It is sold for R20-R30 per hit. **Inhalant/solvent** use among young persons continues to be an issue across sites. Methcathinone use in Gauteng (especially) and Cape Town was also reported, as was magic mushrooms in several sites. **Poly-substance abuse** remains high, with 48% and 30% of patients in specialist treatment centres in Cape Town and Gauteng respectively indicating more than one substance of abuse.

Other key findings (Table 2)

In all the sites where comparative data are available there has been a large increase in the **percentage of patients under 20 years of age**. From Table 2 it is also evident that the **proportion of Black African patients in treatment** is substantially less than would be expected from the underlying population demographics. This difference, however, has decreased in Durban, PE, and Gauteng.

Table 2. Age and race profile of patients

	% of patients in treatment < 20 years of age		% of Black Africans in the population & in treatment	
	2000a	2004b	In the population	In treatment
Cape Town	17	27	32	7
Durban	19	32	68	43
PE	N/a	19	59	30
East London	N/a	23	85	49
Gauteng	17	22	74	35
Mpumalanga	7	19	92	42

Selected implications for policy/practice

- Ensure that there are sufficient cost-effective treatment programmes for young people.
- Ensure the availability of effective substance abuse prevention programmes aimed at young people.
- Intensify efforts to address abuse of selected drugs, in certain sites and among certain subpopulations (e.g. methamphetamine and heroin use in Cape Town (especially among the Coloured population), cocaine and heroin use in PE, and Mandrax and heroin use in East London through improving the training of treatment providers, through prevention and interdiction).
- Prevent the spread of methamphetamine use from Cape Town.
- Improve the provision of substance abuse services at PHC clinics, regional hospitals and via general practitioners.
- Give greater priority to addressing inhalant abuse among young people.

Selected issues for monitoring/research

- Changes in patterns of referral (especially referrals from schools, health professionals and employers).
- Demographic shifts in patterns of drug use (e.g. shifts in the proportion of persons in treatment under 20 years, shifts in types of drugs of abuse by young people, and shifts in profile of heroin users).
- Use of "Sugars" among young people in Durban and elsewhere.
- Barriers to treatment by women and Black Africans and how to reduce such barriers.
- Extent to which substance users seek treatment from private psychologists and psychiatrists, and their effectiveness.
- Psychological and psychosocial consequences of methamphetamine use.

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