

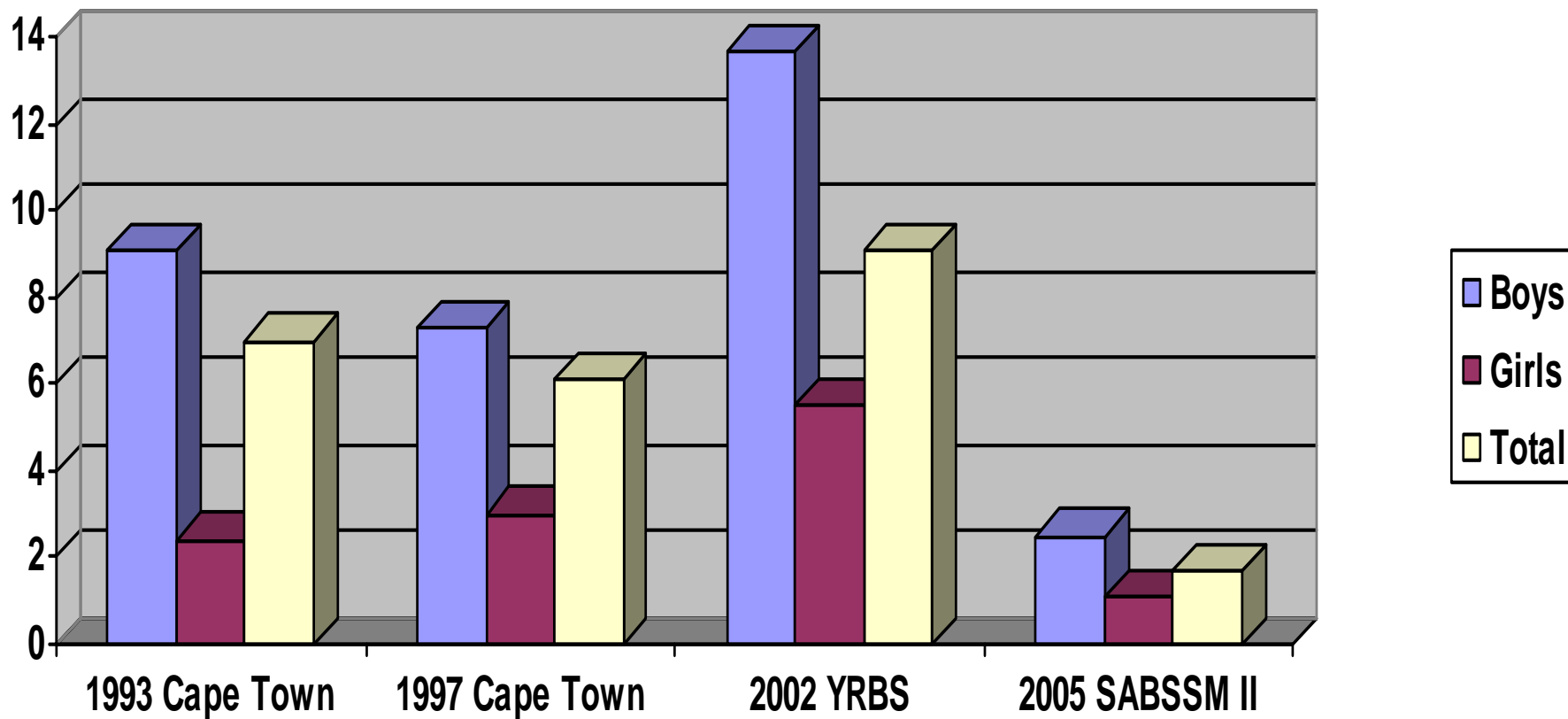
Illicit drug use trends in South Africa

Karl Peltzer, Shandir Ramlogan, Gordon Mohlala, Gladys Matseke

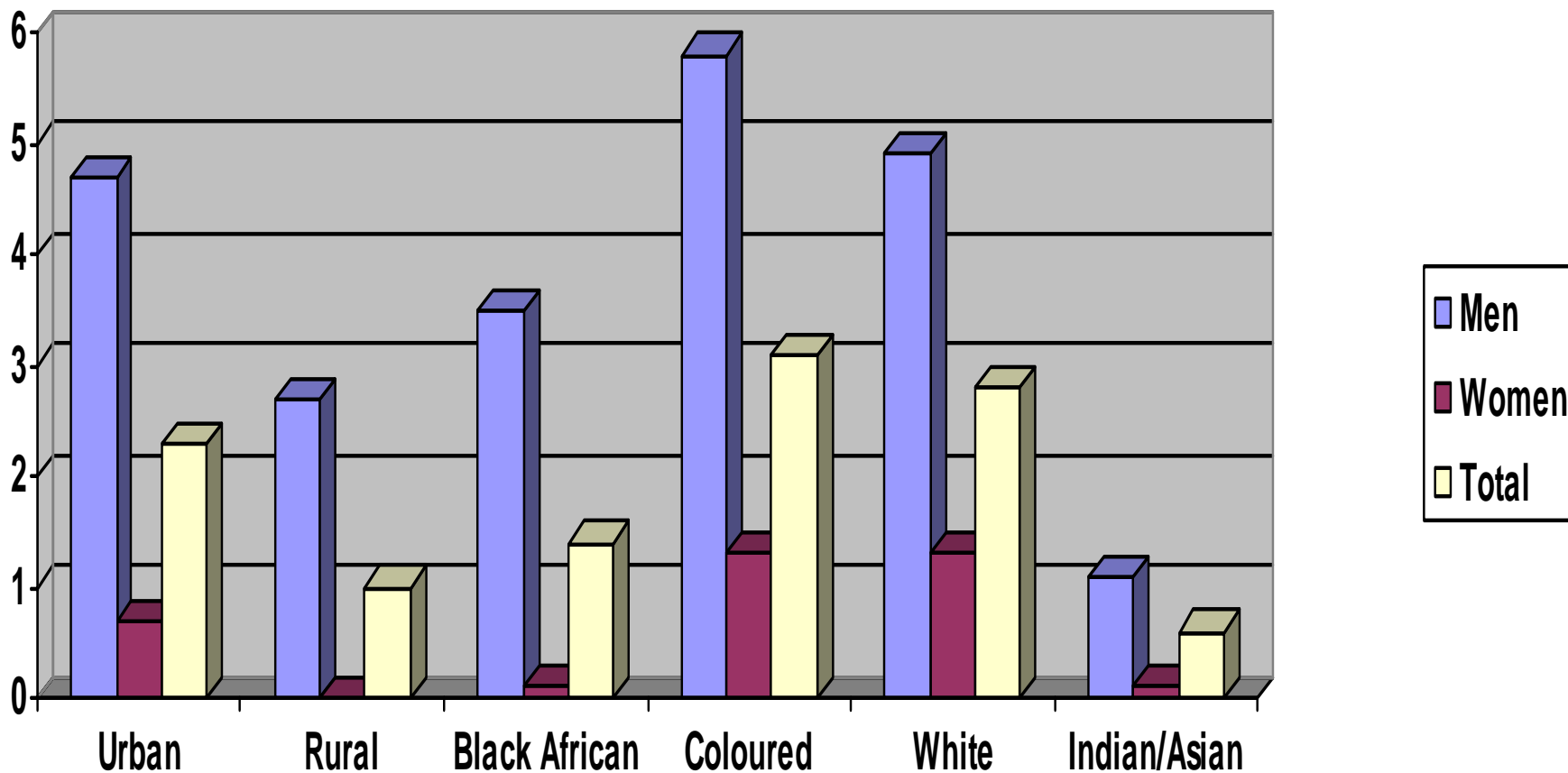
Human Sciences Research Council

Conference Sept 2007

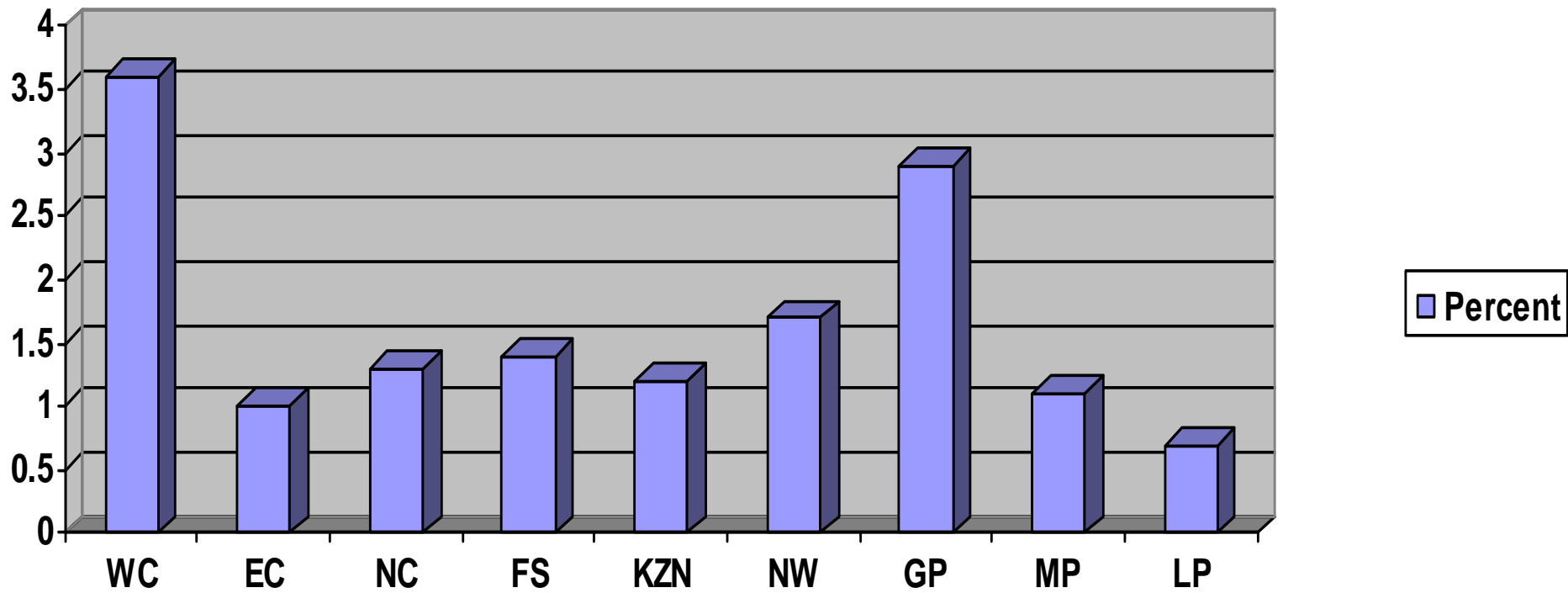
Current cannabis use among adolescents



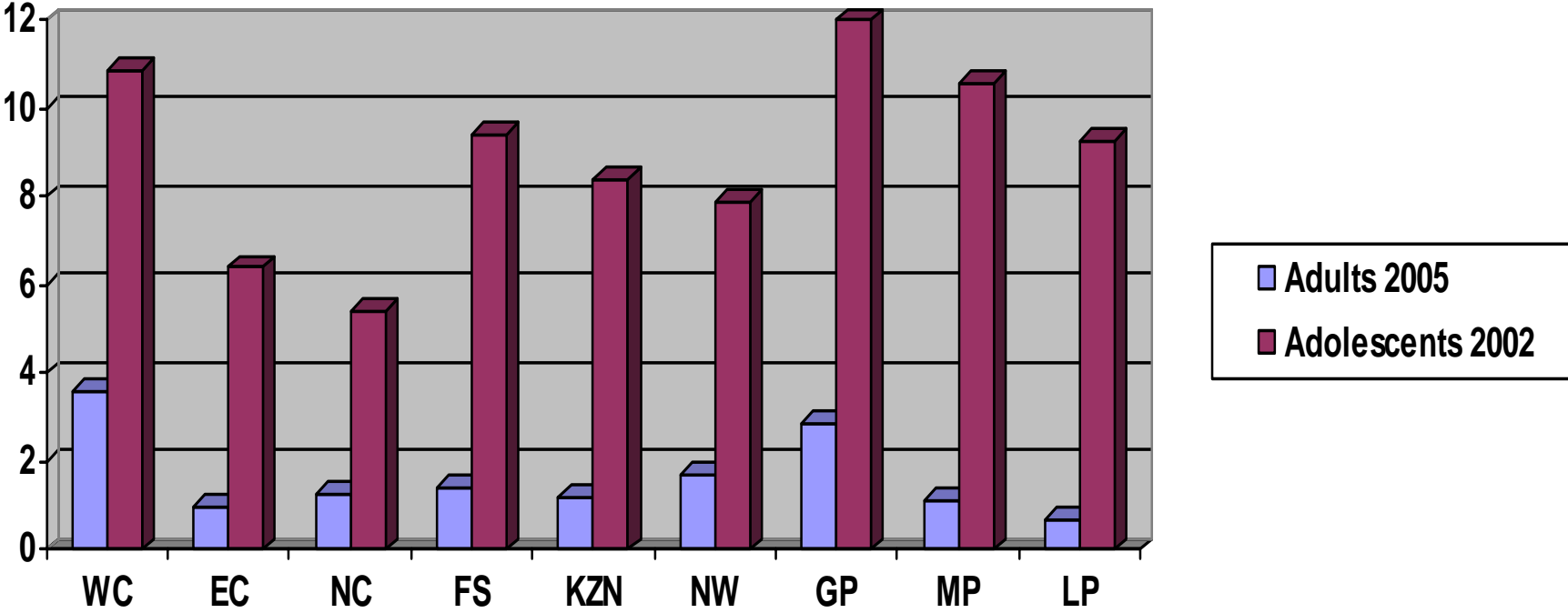
Current cannabis use by sex, geolocality and race, 2005 SABSSM II



Current cannabis use by province, 2005 SABSSM II



Current cannabis use among adults (2005 SABSSM II) and adolescents (2002 YBRS) by province in percent



Current cannabis use in local surveys of youth

| Author/s | Year of study/Study location | Grade/ Age in yrs | N | Current cannabis use | | |
|----------------------------|--|---|------|----------------------|--------|-------------|
| | | | | Male | Female | Total |
| Flisher et al. (1993) | 1990/Secondary schools, Cape Town | Gr 8-12 | 7340 | 9.1 | 2.4 | 7.0 |
| Flisher et al. (2003) | 1997/Secondary schools, CapeTown | Gr 8-11 | 2779 | 7.3 | 3.0 | 6.1 |
| Visser & Moleko (1999) | 1998/Primary schools, Pretoria | 12-14 | 460 | 6.2 | 1.7 | 3.7 |
| Terblanche & Venter (1999) | 1998/Seconday schools, Port Elizabeth | Gr 8-12 | 382 | | | 2.8 |
| Peltzer et al. (1999b) | 1998/Urban secondary schools, Polokwane, Limpopo Province | M=19.1 | 191 | 15.1 | 9.5 | 12.0 |
| Peltzer et al. (1999a) | 1998/Rural secondary schools, Limpopo Province | M=19.4 | 209 | 11.2 | 2.6 | 6.2 |
| Mwansa et al. (2004) | 2002/Bela Bela & Pretoria | 10-21 | 303 | | | 4.0 |
| Peltzer et al. (2006) | 2004/Community survey (Limpopo Province, Johannesburg, Cape Town, East London, Pretoria) | 16-17 | 800 | 12.4 | 1.3 | 6.9 |
| Peltzer et al. (2002) | 2000/University students, Turflop, Limpopo Province | M=20.1 | 799 | 10.7 | 2.9 | 6.6 |
| Peltzer et al. (2005) | 2005/National, 25 Higher education 3rd/4 th year students, South Africa | 18-24 (47.9%) 25-29 (22.9%) 30+ (10.9%) | 1056 | 3.6 | 2.2 | 2.6 |

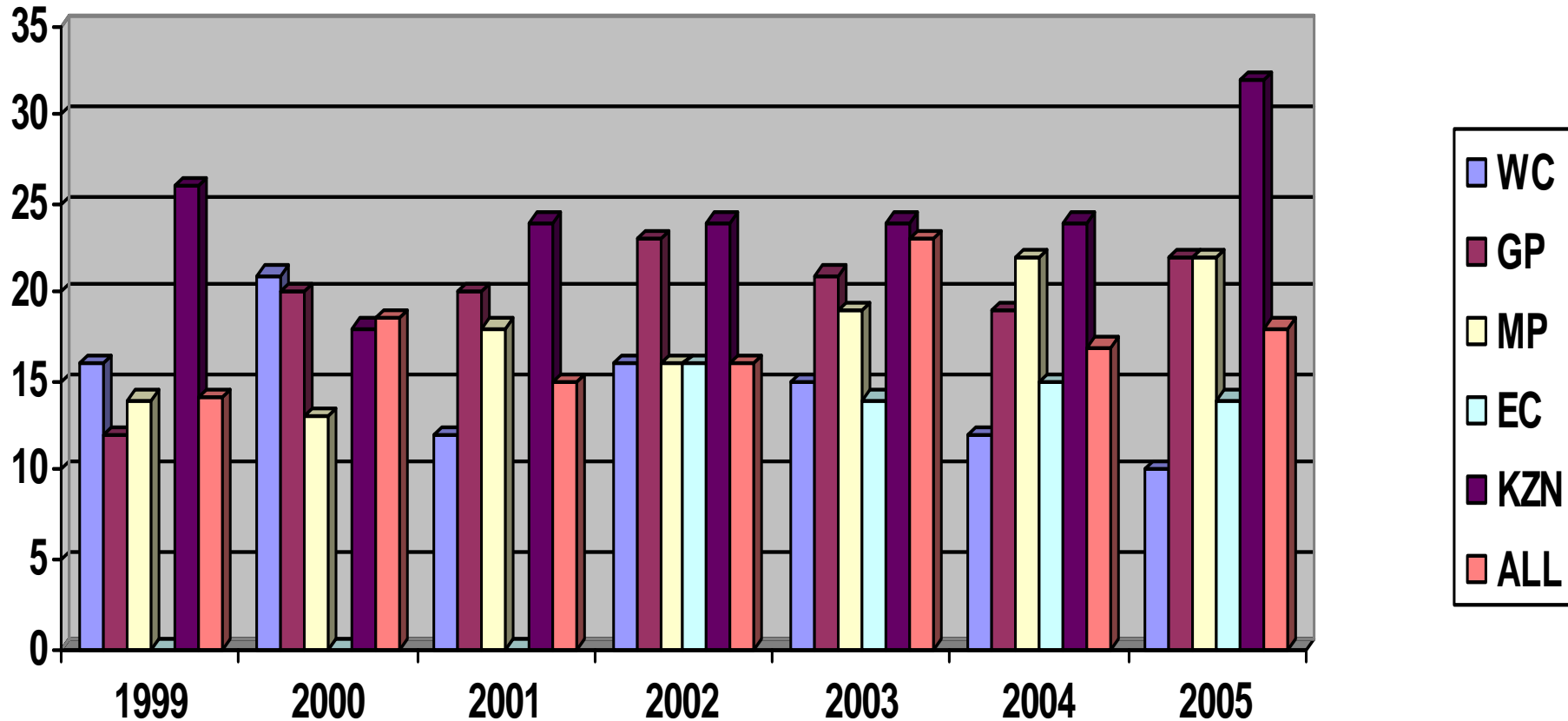
| Other illicit drugs status by age and sex | 2002 YRBS (13-19 yrs) | | 2005 SABSSM II 15-19 (20 above) | |
|--|-----------------------|------|---------------------------------|-----------|
| Usage | Ever used | | Past 3 months | |
| | M | F | M | F |
| <i>Inhalents</i> (glue, petrol, paint thinner, etc.) | 13.1 | 9.5 | 0.4 (0.2) | 0.0 (0.0) |
| Total | 11.1 | | 0.2 (0.1) | |
| <i>Mandrax, sedatives</i> | 7.6 | 4.8 | 0.2 (0.6) | 0.1 (0.1) |
| Total | 6.0 | | 0.1 (0.3) | |
| <i>Cocaine</i> (crack. etc.) | 7.3 | 5.6 | 0.2 (0.5) | 0.0 (0.2) |
| Total | 6.4 | | 0.1 (0.3) | |
| <i>Opiates</i> (Heroin, morphine, Welconal, etc.) | 11.8 | 11.3 | 0.0 (0.2) | 0.0 (0.0) |
| Total | 11.5 | | 0.0 (0.1) | |
| <i>Club drugs/amphetamine-type stimulants</i> (speed, ecstasy, tick, etc.) | 7.6 | 4.4 | 0.2 (0.4) | 0.2 (0.1) |
| <i>Total</i> | 5.8 | | 0.2 (0.2) | |
| <i>Hallucinogens</i> (LSD, acid, etc.) | | | 0.0 (0.3) | 0.2 (0.0) |
| Total | | | 0.1 (0.1) | |

SUBSTANCE ABUSE TREATMENT

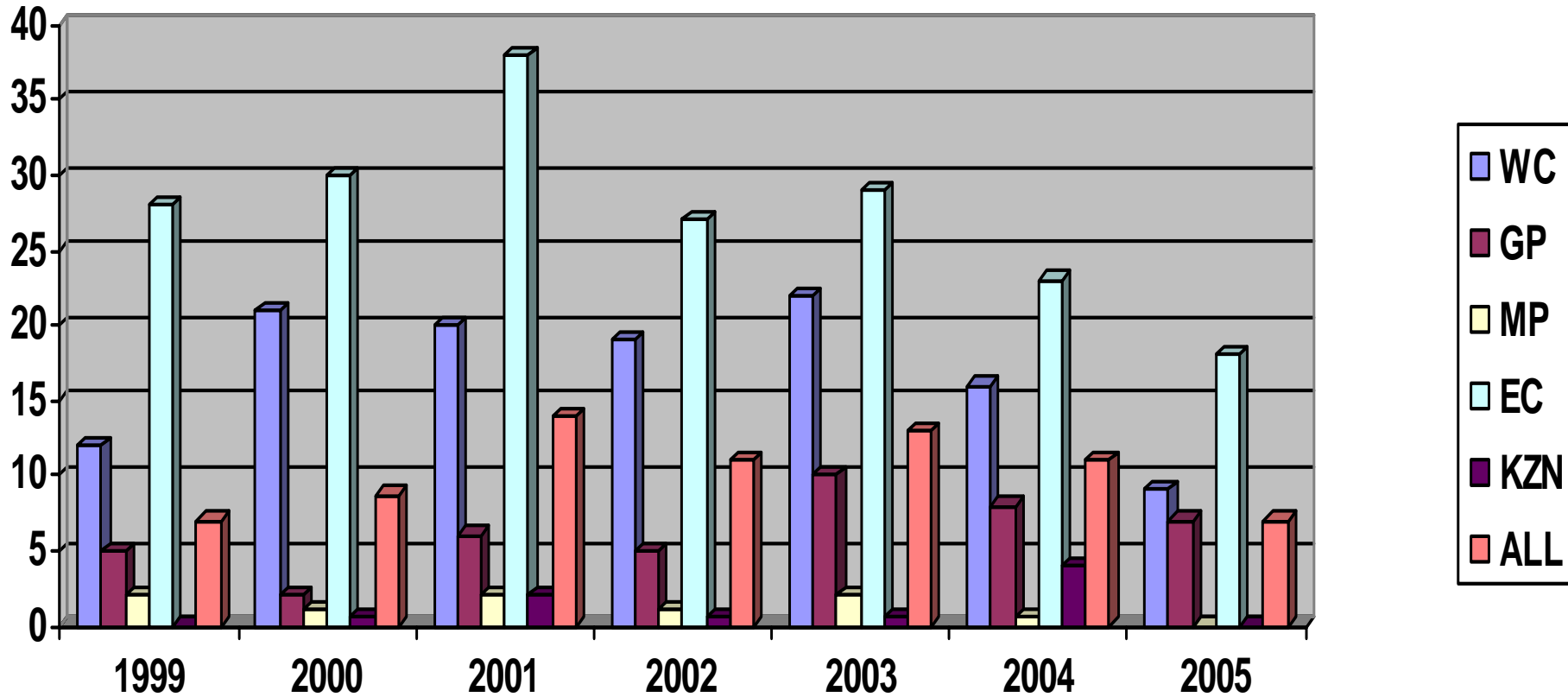
| In/out-patients | EC | KZN | WC | GP | MP | LP | FS | NC | NW | Total |
|------------------------------|-------|------|------|------|------|-----|-------|------|-------|-------|
| Number | 1395 | 1428 | 5458 | 6414 | 1040 | 74 | 544 | 342 | 291 | 16986 |
| Male | 84 | 84.5 | 74.5 | 80.5 | 83.5 | 78 | 81.5 | 84.5 | 77.5 | 80.9 |
| Black African | 35.5 | 39 | 6.5 | 35 | 50.5 | 46 | 33.5 | 30 | 28 | 33.8 |
| Coloured | 32.5 | 10.5 | 68 | 10 | 4 | 4 | 13 | 55.5 | 4 | 22.4 |
| White | 29.25 | 25.5 | 24 | 52 | 22.5 | 50 | 52.5 | 12.5 | 67.5 | 37.3 |
| Indian/Asian | 2.75 | 25 | 1 | 3 | 23 | 0 | <1 | 1.5 | 1 | 6.4 |
| <20 * <22 | 17 | 25 | 27 | 23 | 18.5 | 26* | 20.5* | 40* | 11* | 23.1 |
| 20-34 # 22-35 | 44.7 | 35.5 | 46.5 | 38 | 42 | 24* | 33# | 27# | 37.5# | 36.5 |
| 35-49 | 29 | 29.5 | 21 | 27.5 | 29 | 0 | 19 | 10.5 | 18 | 20.4 |
| 50-64 ** 50+ | 7 | 10** | 6 | 10.5 | 9.5 | 45 | 9 | 5 | 10 | 12.4 |
| 65+ | <1 | 0 | 1 | <1 | <1 | 5 | <1 | 1 | 3 | 1.1 |
| Alcohol | 46.5 | 43 | 28 | 48 | 51 | 57 | 61 | 57.5 | 69.5 | 51.3 |
| Cannabis | 18.25 | 26 | 9 | 21 | 29.5 | 23 | 22 | 22 | 8.5 | 19.9 |
| Cannabis/ mandrax | 5.75 | 2 | 3 | 2 | <1 | 0 | 1.5 | 5 | 4 | 2.6 |
| Crack/cocaine | 15.25 | 11.5 | 4.5 | 11 | 6 | 1 | 8.5 | 1.5 | 10.5 | 7.8 |
| Heroin/opiates | 3.75 | 5 | 12 | 9 | 10 | 3 | 2 | 2 | 3 | 5.5 |
| Prescription/OTC | 2.5 | 7 | 1.5 | 3 | 2 | 3 | 4 | 1 | 1.5 | 2.8 |
| Methamphetamine | 2.5 | 0 | 39.5 | <1 | 0 | 0 | 0.2 | 0.5 | 4.5 | 5.2 |

EC to MP Jan – Dec 2006 (Source: SACENDU); FS to NC Apr-Sept 2006 (Source: SANCA) and July to Dec 2006 (Source: SACENDU); Italic data July to Dec 2006 (Source: SACENDU)

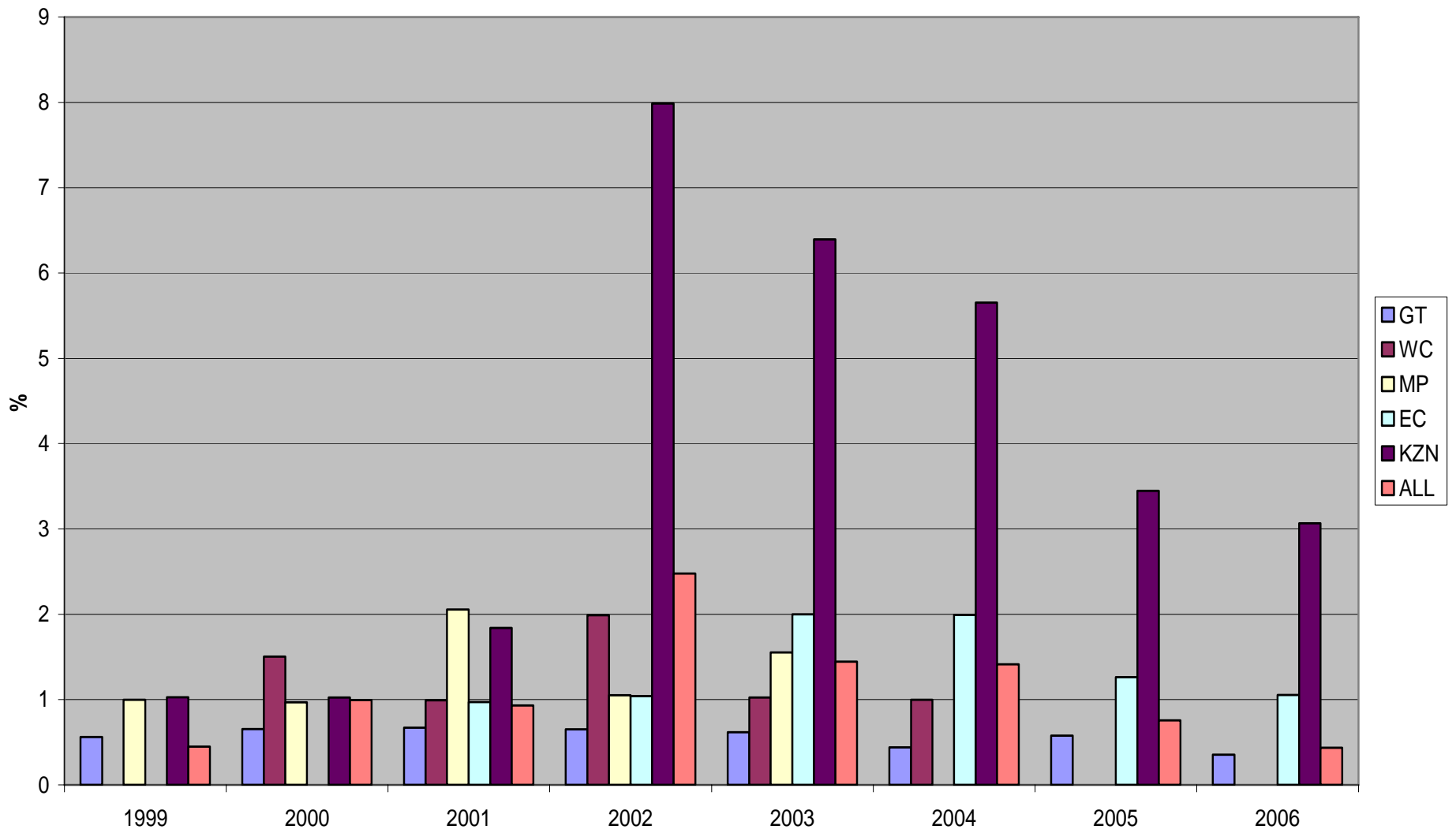
Percent of all treatment demand for cannabis as primary drug



Percent of all treatment demand for cannabis and mandrax as primary drug

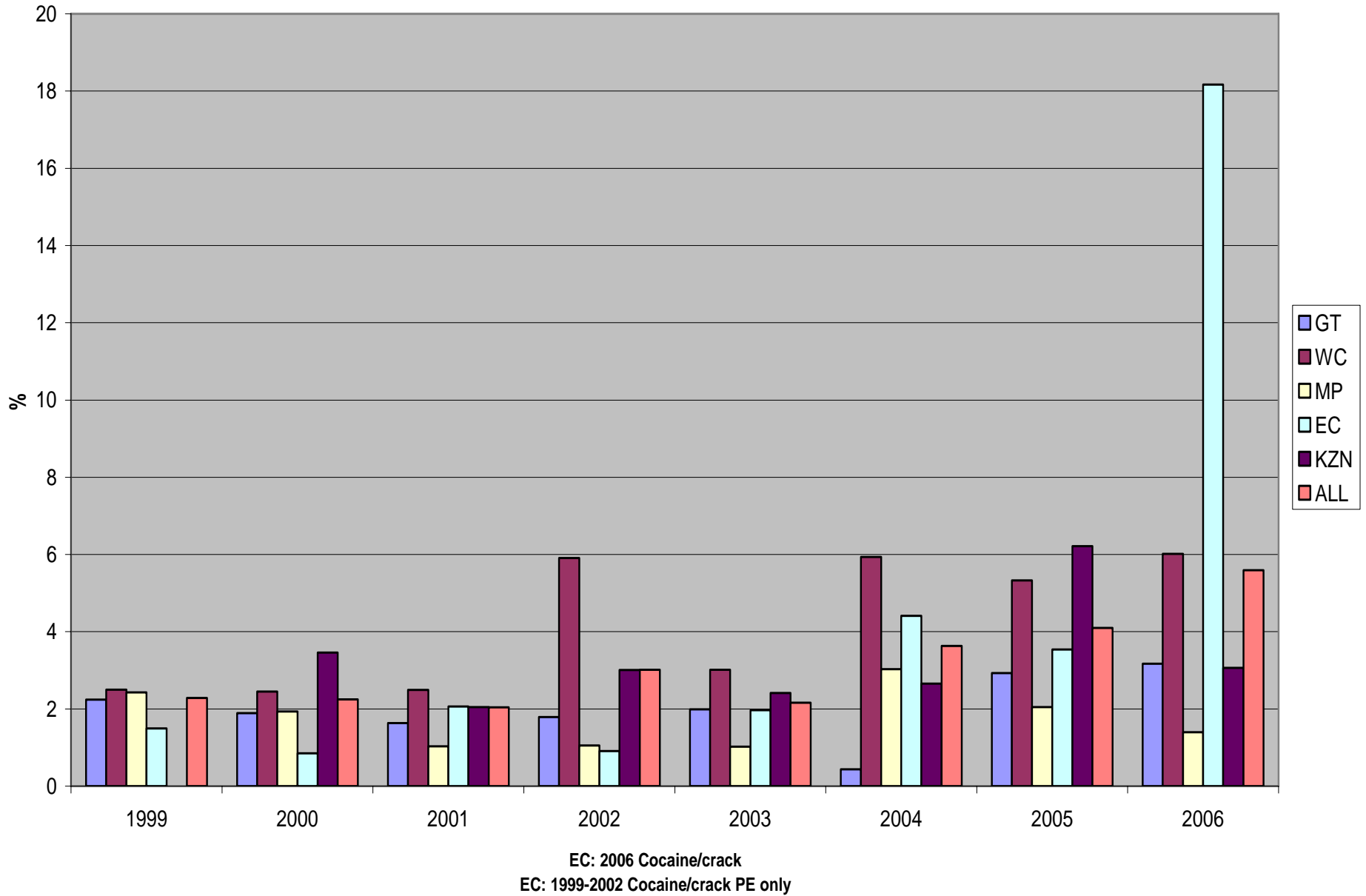


Percent treatment demand: Ecstasy

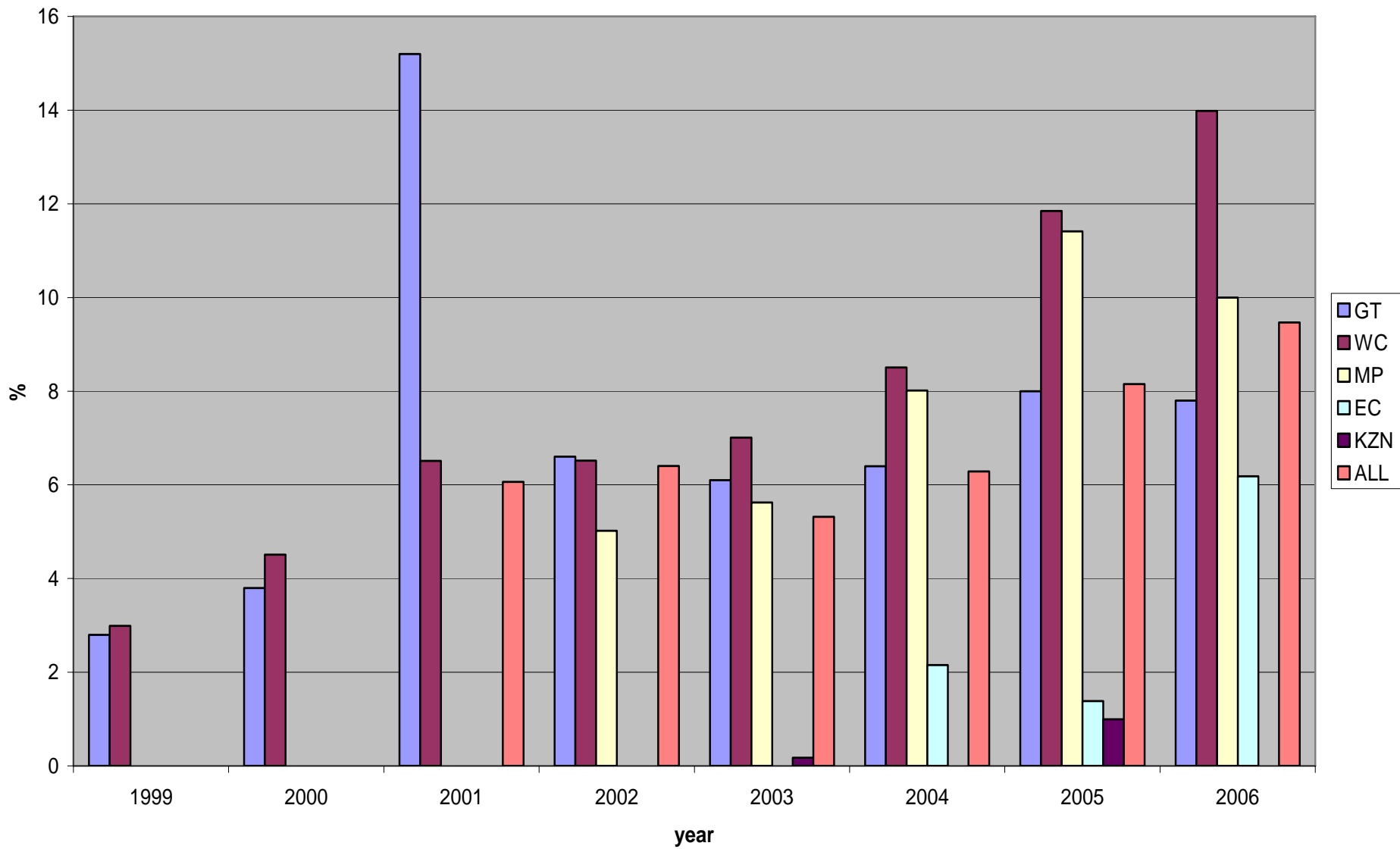


year
(figures from 2002 include DBN and PMB)

Percentage treatment demand: Cocaine (and Crack)

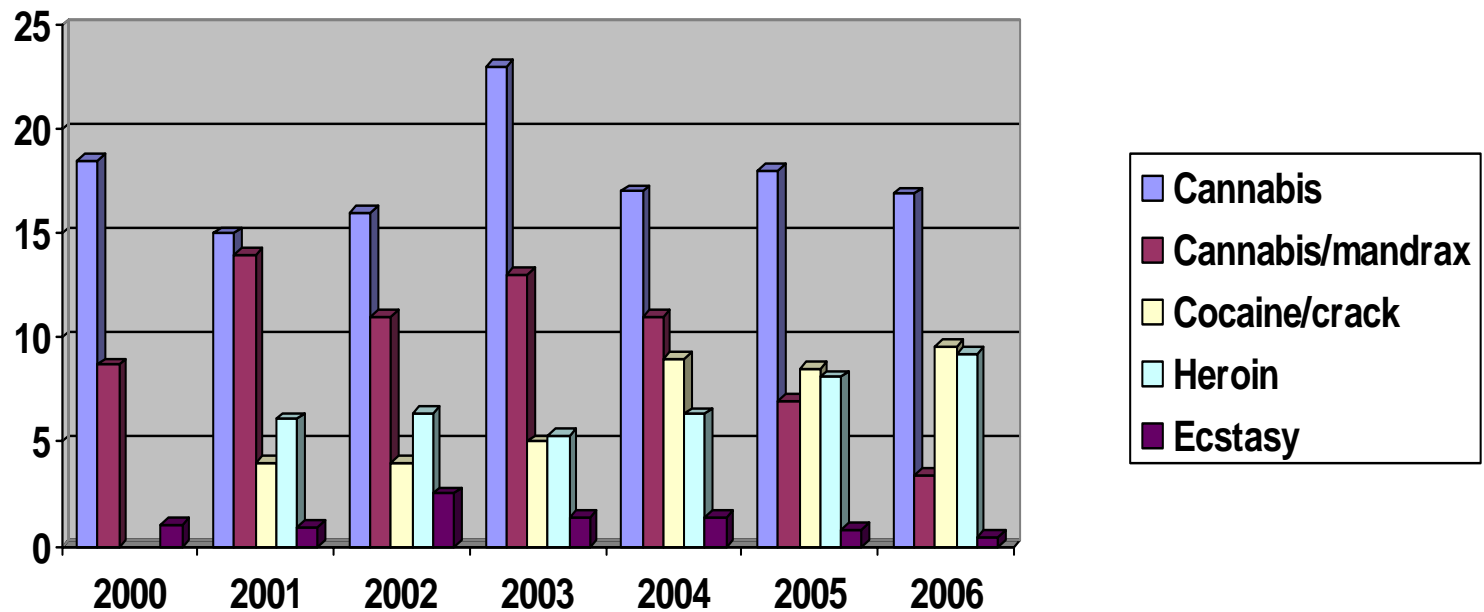


Percentage treatment demand: Heroin

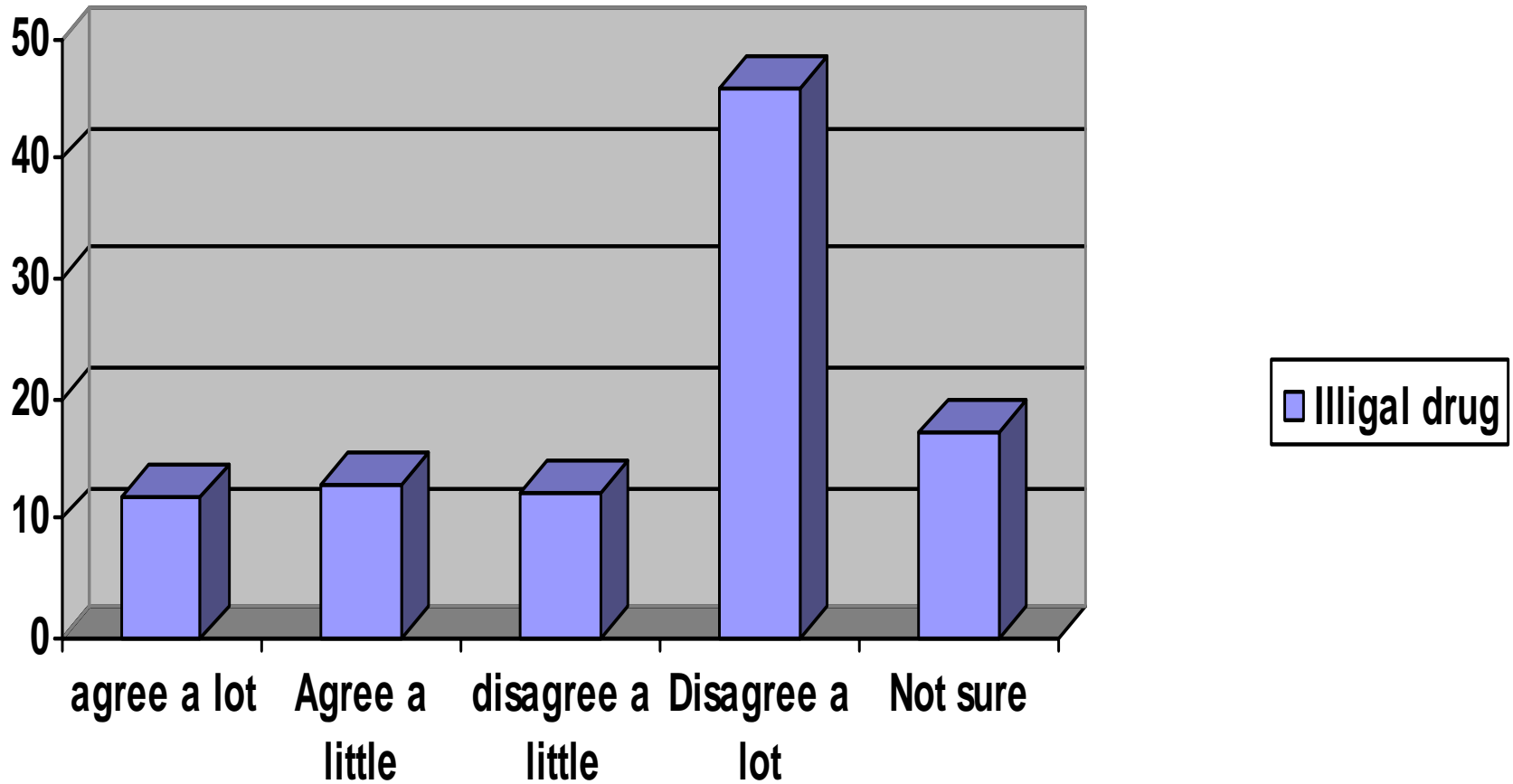


Percent of all treatment demand for illicit primary drugs in South Africa

SACENDU and SANCA [2000-2005 SACENDU: five provinces; 2006 SACENDU & SANCA : all nine provinces]



Taking an illegal drug will not do any harm in percent (among secondary school learners)



Illicit drug use

Frequency and onset of illicit drug use prior to coming to this treatment center

| <i>NON-MEDICAL USE ONLY</i> | Past month | Weekly | Almost daily | Onset |
|--|------------|--------|--------------|----------|
| | % | % | % | Mean yrs |
| Cannabis (dagga, marijuana, pot, grass, hash, etc.) | 54 | 17 | 30 | 16.0 |
| Cocaine (coke, rocks, crack, etc.) | 37 | 15 | 15 | 17.5 |
| Amphetamine-type stimulants (speed, ecstasy, tik, cat, etc.) | 19 | 12 | 0 | 20.9 |
| Inhalants (nitrates, glue, petrol, paint thinner, etc.) | 4 | 0 | 0 | 18.6 |
| Sedatives or sleeping pills (Valium, Mandrax, Serepax, Rohypnol, etc.) | 22 | 0 | 27 | 15.3 |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | 11 | 0 | 0 | 22.3 |
| Opiates (heroin, morphine, methadone, codeine, etc.) | 22 | 6 | 31 | 16.6 |

Availability of illicit drug in area and price by quantity (1 Gram, 1 zol cigarette, 1 tablet, 1 straw, etc.)

| | % | Price (Mean) | Price (Range) |
|--|----|--------------|---------------|
| | | Rand | Rand |
| Cannabis (dagga, marijuana, pot, grass, hash, etc.) | 87 | R 26 | 5-100 |
| Cocaine (coke, rocks, crack, etc.) | 55 | R 188 | 20-350 |
| Amphetamine-type stimulants (speed, ecstasy, tik, cat, etc.) | 45 | R 59 | 2-150 |
| Inhalants (nitrates, glue, petrol, paint thinner, etc.) | 55 | R 8 | 5-15 |
| Sedatives or sleeping pills (Valium, Mandrax, Serepax, Rohypnol, etc.) | 59 | R 26 | 35-200 |
| Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) | 41 | R 85 | 50-250 |
| Opiates (heroin, morphine, methadone, codeine, etc.) | 48 | R 98 | 39-250 |

- During the focus groups, respondents were also asked about the availability of drugs. It is concerning to see from the selection of quotes below that drugs are available on demand and are available ‘everywhere’.

“From here? Its 200 meters, I am not joking, you can get them within 24 hours, you can have it delivered or pick it up yourself or you can get it on credit what ever you want.”

“Just give them a call, and you tell them I will hook up with you at the Corner. After meeting with the dealer they give me credit of up to R6000.”

- Most clients started using illicit drugs through friends (43%), school mates (21%), family members (7%) and other (29%).
- The FGs showed that most respondents were introduced to a specific substance by peers which included their friends, family or colleagues.

- The venue of first using illicit drugs was mostly at home (33%) and in public places (e.g. park) (30%).
- It is evident from the qualitative respondents that most of them first started taking substances at home or school as seen in this quote:

“I started when I was 16 years old. After school when parents are not at home. Otherwise over the weekend, you don’t go to pubs or you might at the school party, but you don’t drink at school you drink before you go to school.”

- The supply of the illicit drug was mostly through a friend or acquaintance (53%), purchased self from retailer (20%), parent (6%), pub or bottle store (3%), other (3%), and can't recall (16%).
- Major reasons mentioned for starting to use illicit drugs included “for experimenting” (48%), “due to psychological problems (excessive worrying, anxiety, sadness, sexual dysfunctions)” (36%), “due to peer pressure” (32%), “due to family problems” (25%), “due to easy availability” (23%), “lack of awareness” (14%) and “lack of recreational activities (9%).

- The average amount spent a week on illicit drugs was 494 Rand, range R 20 to 2500. The money for buying illicit drugs comes mainly from work (74%), family (13%) and account with drug dealer (13%).

- One in three (35%) has been treated for drug problems prior to visiting this center.
- The major drugs for previous treatment were alcohol (60%), cannabis (11%), opiates (11%), tobacco (11%), and cocaine/crack (7%).
- The form of treatment received previously was mainly in-patient rehabilitation (57%), self-help group (such as AA, etc.) (20%), private doctor's office (15%), hospital inpatient (10%).

- During the FG sessions, respondents were asked, as a closing question, what would help encourage them to stop abusing substances. It would seem, from the quotes provided below, that three main issues arose.
- These issues were evident throughout the FG sessions and include:
 - (1.) family care and support,
 - (2.) socio economic conditions and
 - (3.) law enforcement

“...you don’t have love from your mother, you don’t have the support from the community you only have the drugs.”

“Eradicate poverty, education at school level, joblessness, I think those are the biggest contribution to substance abuse.”

“My kids do not play soccer; they do not play club anything. They just jol. They can’t get the jobs either, it’s not easy with what ever education they have. They don’t have their businesses they can’t get jobs.”

“The law enforcement on drugs it’s a joke, because often the police are involved. If there some way to get the Nigerians. The police are not paid enough.”

“First you must go to the police, to find out whether or not they are trustable because most of them are not trustable. They are not trustable because they are helping the dealers to sell the drugs. Once you’ve lost faith in someone you can’t regain it back.”

Summary 1: Cannabis

=Current cannabis use: adolescents 5-10%, adults 2%
>Men > urban >Western Cape, Gauteng
>Coloured, White

Cannabis alone: = treatment demand: 16.9%, > KwaZulu-Natal

Cannabis & mandrax: =treatment demand: 3.4%, > Eastern Cape

Summary 2: Treatment centre demand (other illicit drugs)

>Heroin: 9.2%, > Western Cape, Mpumalanga, Gauteng

>Cocaine/crack: 9.6% > Eastern Cape, Western Cape, Gauteng

=Tik: 12.8% > Western Cape, North West

Venue of illicit drugs:

>At home

Perception of harm of illicit drugs: 20% no harm

>Drugs and crime

>Western Cape

Comparisons of illicit drug use epidemiology: South Africa, USA and Australia

| Type of drug | South Africa, 2005) (15 yrs +) ¹ | | USA, 2005 (12 yrs+) ² | | Australia, 2004 (14 yrs +) ³ | |
|--|--|-------|-------------------------------------|-----------|--|-------|
| | Men | Women | Men | Women | Men | Women |
| Current Use of: | | | | | | |
| Cannabis (past month =USA/AUS, Past 3 mos SA) | 3.9 | 0.4 | 8.2 | 6.1 | 8.9 | 4.6 |
| Inhalants | 0.2 | 0.0 | 0.3 | 0.2 | 0.4 | 0.1 |
| Mandrax, sedative, pain reliever, tranquilizers | 0.5 | 0.1 | 3.0 | 2.6 | 1.9 | 2.2 |
| Cocaine (crack) | 0.4 | 0.2 | 1.3 (0.4) | 0.7 (0.2) | 0.4 | 0.3 |
| Opiates, heroin | 0.2 | 0.0 | 0.1 | 0.2 | 3.1 | 1.7 |
| Club drugs/ amphetamine type stimulants | 0.3 | 0.1 | 0.6 | 0.6 | 1.6 | 1.0 |
| Hallucinogens (LSD) | 0.2 | 0.1 | 0.6 | 0.3 | 0.3 | 0.1 |

¹SABSSM II (Shisana et al., 2006)

²National Survey on Drug Use and Health (NSDUH) (Australian Institute of Health and Welfare. 2005)

³National Drug Strategy Household Survey (Department of Health and Human Services, 2006)

Recommendations 1:

Expand national and regional monitoring on substance use into all provinces to monitor mechanisms for changes in drug use patterns, e.g. SACENDU should cover all 9 provinces and not only five. This includes:

- Treatment centre statistics (ongoing)
- Substance abuse related psychiatric condition (ongoing)
- Substance abuse related arrests (ongoing)

Recommendations 2:

A national household survey on drug use and health for persons 12 years and above is suggested every three years.

For example, a household survey in the US is conducted every year, and in Australia (called National drug strategy household survey) every three years for person 12 years and above.

Current national data in South Africa is either outdated, use different measures or come from sources that only consider treatment demand or consists of small studies that cannot be linked to give a national prevalence perspective.

Recommendations 3:

Treatment services

- Free access for disadvantaged groups
- Expand number of treatment centres especially into rural provinces/areas
- Increase treatment support groups
- Sentinel surveillance for HIV/Hepatitis B/C among drug users in treatment

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Treatment services

- Free access for disadvantaged groups
- Expand number of treatment centres especially into rural provinces/areas
- Increase treatment support groups
- Sentinel surveillance for HIV/Hepatitis B/C among drug users in treatment
- Funding is needed to make rehabilitation treatment more affordable to substance abusers.
- More after care assistance such as support groups are needed by patients to keep them from relapsing. Inpatient treatment facilities should be coupled with good after care facilities to form a holistic approach to treatment.
- Mobilise communities by educating them about substance abuse. More education is needed at school level. Treatment centers need to be mandated and encouraged to go to schools and educate youth about substance abuse.
- Create more entertainment activities to keep youth active.
- Education program on substance abuse for employers needed as employers need to be sensitised to substance abuse problems.

Recommendations 4:

A Monitoring and Evaluation (M&E) study or review needs to be conducted on current initiatives such as Ke Moja to judge its effectiveness and make possible changes to the initiative if necessary.