



South African Community Epidemiology
Network on Drug Use (SACENDU)

Update

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Andreas Plüddemann, Charles Parry, Arvin Bhana, Siphokazi Dada, David Fourie*

ALCOHOL AND DRUG ABUSE TRENDS: January - June 2009 (Phase 26)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system now operational in 9 provinces in South Africa: Western Cape (WC: Cape Town); KwaZulu-Natal (KZN); Eastern Cape (EC); Mpumalanga (MP) and Limpopo (LP) (combined as the Northern Region: NR); Gauteng (GT: Johannesburg, Pretoria); Free State (FS), Northern Cape (NC), and Northwest (NW) (combined as the Central Region (CR)). The system, operational since 1996, monitors trends in AOD use and associated consequences on a six-monthly basis from specialist AOD treatment programmes. **This report will focus on data on treatment admissions from the 10656 patients seen across the 65 centres/programmes in the 1st half of 2009 (i.e. 2009a).**

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2009)

Alcohol remains the dominant substance of abuse across all sites except the WC and the NR. Between 27% (WC) and 70% (CR) of patients in treatment have alcohol as a primary drug of abuse. The proportion reporting it as a primary drug of abuse (Table 1) remained fairly stable except for an increase in the EC and a decrease in KZN, when compared to the 2nd half of 2008. Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, ranging between 5% (WC) and 27% (GT) of all patients in this age group (Table 1).

Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2009a)

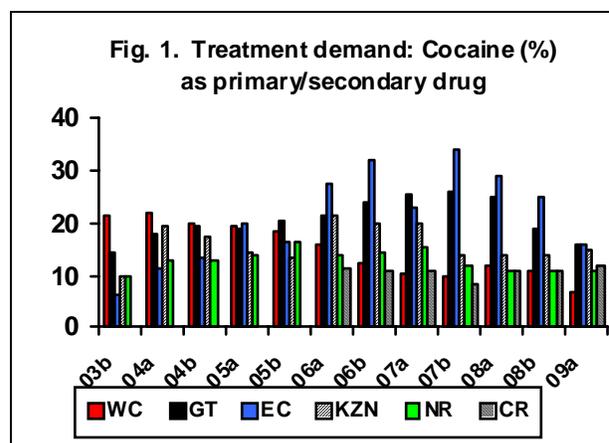
	Age	WC	KZN	EC	GT	NR ¹	CR ²
# centres		25	7	5	17	7	4
# patients		3667	1575	1206	2822	809	577
Alcohol	All	27	41	52	45	38	70
	<20	5	15	11	27	19	18
Cannabis	All	14	20	18	28	45	15
	<20	40	48	62	48	63	51
Methaq.	All	3	1	9	2	1	1
	<20	3	1	15	3	0	1
Cocaine	All	3	7	8	7	4	4
	<20	0.3	1	4	4	1	5
Heroin	All	11	30	3	7	8	2
	<20	6	34	1	7	8	2
Methamphetamine	All	41	0	4	1	0.2	1
	<20	42	0	4	2	0	1

1-Northern Region (MP & LP) 2-Central Region (FS, NW, NC)

Across sites between 26% (CR and EC) and 58% (NR) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 1%

(NR) and 14% (EC) for the cannabis/Mandrax (methaqualone) 'white-pipe' combination. In 2009a the proportion of treatment admissions with cannabis as a primary drug increased slightly across sites except in the WC and NR when compared to the previous period. In the NR cannabis is reported as primary substance of abuse by 63% of patients who are younger than 20 years. Treatment admissions for Mandrax remain fairly low in all sites.

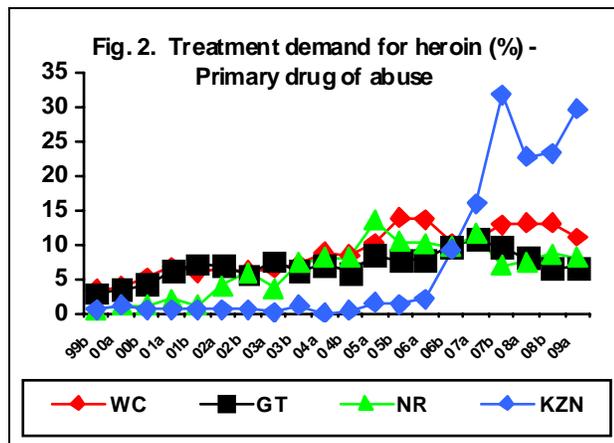
Treatment admissions for **cocaine**-related problems had shown an increase over the past few reporting periods in a number of sites, but seemed to be declining in the first half of 2009 (Fig. 1). Between 7% (WC) and 16% (EC, GT) of patients in treatment have cocaine as a primary or secondary drug of abuse. The proportion in the EC has decreased compared to the previous two periods. Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between <1% (WC) and 5% (CR), of all adolescent patients admitted from January - June 2009.



Treatment admissions for **heroin** as a primary drug of abuse remained fairly stable in GT and NR, but declined slightly in WC and EC (Fig. 2). In KZN 30% of patients had heroin as a primary drug of abuse. The high proportion in KZN is particularly ascribed to the use of 'Sugars' (a low quality heroin and cocaine mix) among young, Indian males in South Durban. Mostly heroin is smoked, but of patients with heroin as their primary drug of abuse in WC, GT and NR, 9%, 31% and 18% respectively report injection use. Eight patients in KZN reported injecting heroin. Injection use of heroin has remained stable in the WC, but decreased in GT (from 37% in 2008b) and increased slightly in the NR (from 16% in 2008b).

* We also acknowledge the input of our provincial coordinators and participating treatment centres

The proportion of heroin patients who were Black/African increased to 47% (from 30% in 2008b) in GT and remained fairly stable at 57% in the NR. In GT 69% of heroin patients younger than 20 years were Black/African compared to 46% in previous period. While the proportion of patients who report heroin as their primary drug remained below 10% in the NR, a relatively large proportion (9%) reported heroin as a secondary drug of abuse.



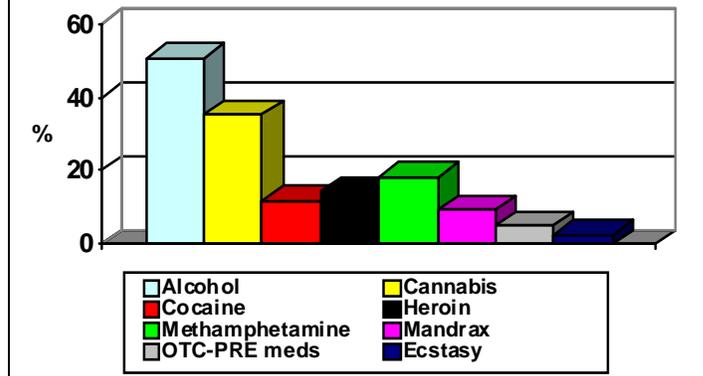
Club drugs and methamphetamine (MA) - Treatment admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in Cape Town. Across sites only 1% to 4% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in Cape Town in 2009a, and the proportion increased to 41% in this period. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse increased to 55% (compared to 52% in 2008b), but remained lower than the over 70% recorded in 2006 and the first half of 2007. However two thirds of patients in treatment for MA are younger than 25 years. Treatment admissions related to MA use as a primary or secondary drug remain low in other sites, with between 1% (NR) and 5% (EC) reporting MA as a primary or secondary drug in 2009a. While the majority of patients reporting MA in the EC travelled to this province for treatment from the WC, some are now from local areas in Port Elizabeth.

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 admissions as a primary or secondary drug of abuse were between 1% (KZN) and 12% (EC). **Inhalant/solvent** use among young persons continues to be an issue across sites, although the number of patients reporting inhalants as their primary drug is low. **Methcathinone** ('CAT') use was noted in most sites, especially in GT where 8% of patients had 'CAT' as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 30% (CR) and 45% (GT) of patients indicating more than one substance of abuse.

Other key findings

The **proportion of patients under 20 years** ranged from 12% (CR) to 25% (KZN). In all sites the **proportion of Black /African patients in treatment** is still substantially less than would be expected from the underlying population demographics; however these proportions have increased among young patients in GT and MP specifically over time. In the NR 75% and in GT 66% of patients younger than 20 years were Black/African in 2009a. An overall picture of drug treatment admissions in South Africa based on information combined over the 65 treatment centres in 9 provinces is given in Fig. 3.

Fig. 3. Tx demand data based on data from 9 provinces (primary+secondary drugs):2009a



Between 18% (KZN) and 33% (GT, NR) of patients reported that they had been **tested for HIV** in the past 12 months, while overall 8% of patients declined to answer this question. Data was also not collected from 6% of the 10656 patients.

Selected implications for policy/practice

- Prioritize the finalization of the Department of Health's alcohol strategy.
- Increase the availability of methadone and buprenorphine (Subutex) for maintenance treatment and provide training for health workers.
- Focus efforts to contain the increase in heroin use among black Africans in Mpumalanga and Gauteng.
- Intensify rollout of prevention programmes focused on persons under 20 years of age in the WC (particularly targeting black African populations).

Selected issues to monitor

- Referrals from workplace settings.
- Increases in daily use of different drugs.
- Movement from cocaine use to methamphetamine use in WC and increase in methamphetamine use in EC.
- Increases in heroin use in different communities in WC.

Selected topics for further research

- Treatment need versus availability in GT.
- The extent to which patients needing treatment for heroin are treated outside of their province of residence and even in other countries.
- Factors that make it difficult for women to access treatment and how to address such barriers.

Alcohol & Drug Abuse Research Unit
 Medical Research Council (Cape Town)
andreas.pluddemann@mrc.ac.za
charles.parry@mrc.ac.za
siphokazi.dada@mrc.ac.za
www.sahealthinfo.org/admodule/sacendu.htm

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