



South African Community Epidemiology  
Network on Drug Use (SACENDU)

Update

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ALCOHOL AND DRUG ABUSE TRENDS: January - June 2008 (Phase 24)

**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 8771 patients seen across the 75 centres/programmes in the 1<sup>st</sup> half of 2008 (i.e. 2008a).**

**Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1<sup>st</sup> half of 2008)**

**Alcohol** remains the dominant substance of abuse across all sites except the WC and, for the first time, the NR. Between 42% (WC) and 71% (CR) 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) decreased to 35% in the NR, but increased to 50% in KZN. This increase is however likely related to the addition of two more rural centers in KZN (SANCA Zululand and SANCA Newcastle). Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, ranging between 5% (WC) and 27% (KZN) of all patients in this age group (Table 1).

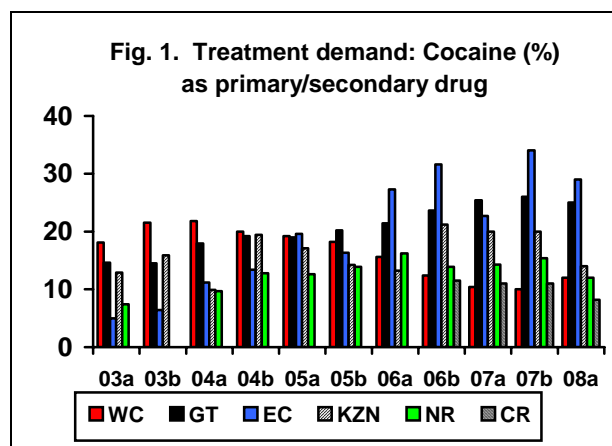
**Table 1. Primary drug of abuse (%) for all patients and patients under 20 years – selected drugs (2008a)**

	Age	WC	KZN	EC	GT	NR <sup>1</sup>	CR <sup>2</sup>
# centres		29	7	6	22	5	6
# patients		2637	1512	551	2768	667	636
Alcohol	All	30	50	44	47	35	65
	<20	5	27	26	10	12	14
Cannabis	All	11	20	16	22	50	22
	<20	33	42	55	66	80	73
Methaq.	All	3	0.4	4	2	0.6	1
	<20	4	0	7	2	0.8	1
Cocaine	All	5	6	20	13	5	6
	<20	0.6	1	5	5	0.8	5
Heroin	All	13	23	6	8	8	1
	<20	10	27	2	10	6	0.7
Methamphetamine	All	36	0.1	2	0.7	0	0.3
	<20	46	0	0	0.2	0	0.7

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

Across sites between 27% (EC) and 62% (NR) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between 2% (NR) and 15% (WC) for the cannabis/**Mandrax** (methaqualone) ‘white-pipe’ combination. In 2008a treatment admissions for cannabis as a primary drug increased slightly in GT and KZN, and significantly in the NR when compared to the previous period. In KZN the increase could be ascribed to the addition of two centres in more rural areas, where cannabis accounts for a higher proportion of admissions. In GT, the NR and the CR cannabis is reported as primary substance of abuse by over 65% of patients who are younger than 20 years. Treatment admissions for Mandrax remain low in all sites, having decreased significantly over the past 2-3 years 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 stabilising or declining in the first half of 2008 (Fig. 1). Between 8% (CR) and 29% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse. The proportion in the EC remains alarmingly high, despite a decline from the previous period. Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between 1% (WC, KZN, NR) and 5% (EC, GT, CR) of all adolescent patients admitted from January – June 2008.

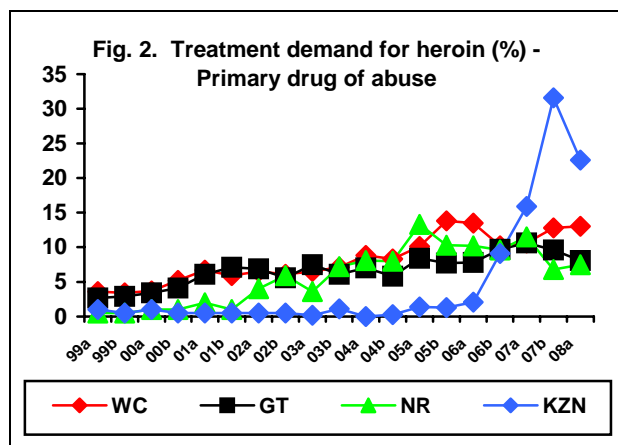


Treatment admissions for **heroin** as a primary drug of abuse remained fairly stable in the WC, EC, CR and NR, and declined slightly in GT and KZN (Fig. 2). In KZN 25% and in the NR 22% of patients had heroin as a primary or secondary drug of abuse. The high proportion in KZN is particularly ascribed 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

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

patients with heroin as their primary drug of abuse in WC, GT and NR, 11%, 24% and 10% respectively report injection use. Three patients in KZN reported injecting heroin. Injection use of heroin has remained stable in the WC and declined in GT and the NR.

The proportion of heroin patients who were Black/African decreased in GT and the NR when compared to the previous period, but remained at 1/3 in GT and almost 1/2 in the NR. In GT 57% of heroin patients younger than 20 years were Black/African (down from 75% in 2007b). While the proportion of patients who report heroin as their primary drug remained below 10% in the NR, a relatively large proportion (14%) reported heroin as a secondary drug of abuse.



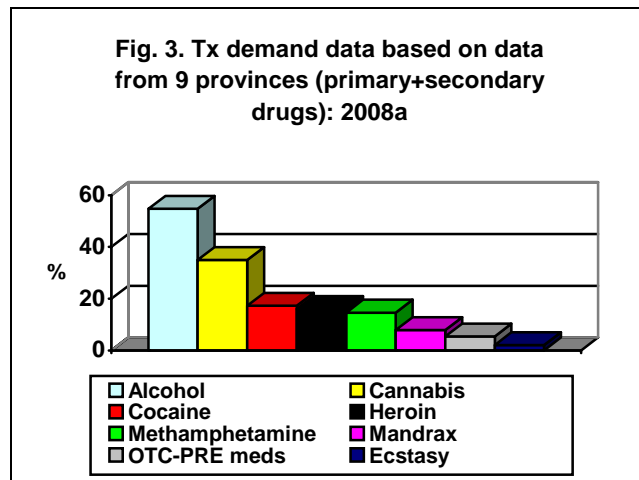
**Club drugs and methamphetamine (MA)** - Treatment admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in Cape Town. Across sites only 1% to 3% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in Cape Town in 2008a, however the proportion remained stable at 36%. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse continued to decline to 46%, compared to over 70% 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 0.3% (KZN, NR) and 4% (EC) reporting MA as a primary or secondary drug in 2008a.

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 9% (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 2% of patients had 'CAT' as a primary or secondary drug of abuse. **Poly-substance abuse** remains high, with between 20% (CR) and 46% (WC) of patients indicating more than one substance of abuse.

### Other key findings

The **proportion of patients under 20 years** ranged from 16% (EC) to 27% (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 73% and in GT 64% of patients younger than 20 years were Black/African in 2008a. An overall picture of drug treatment admissions in South Africa based

on information combined over the 75 treatment centres in 9 provinces is given in Fig. 3.



Between 20% (KZN) and 31% (CR) of patients reported that they had been **tested for HIV** in the past 12 months, although overall 19% of patients declined to answer this question or the data was not collected.

### Selected implications for policy/practice

- New initiatives are needed to make substance abuse treatment more accessible to Black/Africans with substance abuse problems (particularly adults).
- Consideration needs to be given to the utility, feasibility and operational issues related to mandating HIV testing of all substance abusers receiving treatment.
- Consideration needs to be given to whether new approaches are needed for funding the increasing numbers of unemployed persons in treatment.
- Consider increasing restrictions on the advertising of OTC medicines to prevent unnecessary usage as well as questionable marketing practices.

### Selected issues to monitor

- Increase in MA use among Black/Africans in Cape Town.
- Shifts in the proportion of young persons in substance abuse treatment (e.g. younger females in Cape Town).
- Use of heroin together with tobacco in Mpumalanga.

### Selected topics for further research

- What are barriers to young people getting into treatment (especially females)?
- Do people with lower education experience unique barriers in getting to treatment and are treatment programmes equally applicable to persons of lower education?
- Are MA users in Cape Town an aging cohort or are they simply starting to use later?
- What is the nature and extent of OTC and prescription medicine abuse in non-treatment populations?

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