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Monitoring Alcohol and Drug Abuse Trends in South Africa (July 1996 - June 2006)

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Phase 20

Foreword

The Phase 20 report back meetings of the South African Community Epidemiology Network on Drug Use (SACENDU) took place in Cape Town (27 October), Pretoria (31 October), Port Elizabeth (PE) (1 November) and Durban (2 November). These meetings were attended by a total of about 150 persons.

Established in 1996, SACENDU is a network of researchers, practitioners and policy makers from six sentinel areas in South Africa (Cape Town, Durban, PE, East London (EL), Gauteng Province and Mpumalanga Province). Members of SACENDU meet every six months to provide community-level public health surveillance of alcohol and other drug (AOD) use trends and associated consequences through the presentation and discussion of quantitative and qualitative research data. Through this initiative SACENDU provides descriptive information on the nature and pattern of AOD use, emerging trends, risk factors associated with AOD use, characteristics of vulnerable populations, and consequences of AOD use in South Africa.

The SACENDU initiative has several specific objectives:

- a. To support networks of local role players in the substance abuse area.
- b. To identify changes in the nature and extent of AOD abuse and emerging problems.
- c. To identify changes in alcohol and other drug-related negative consequences.

- d. To inform policy, planning and advocacy efforts at local and other levels.
- e. To stimulate research in new or under-researched areas that is likely to provide useful data to inform policy/planning decisions.
- f. To facilitate South Africa's full participation in international fora focusing on the epidemiological surveillance of drug abuse.

Financial support for Phase 20 was provided by the Mental Health and Substance Abuse Directorate of the National Department of Health.

Durban now includes Pietermaritzburg, PE includes Umtata and East London includes data from SANCA satellite offices in Butterworth, Grahamstown, Fort Beaufort and King Williams Town.

Treatment centres: Site summary

In **Cape Town** the most common primary substances of abuse reported by the 27 specialist treatment centres/programmes participating in the project between January - June 2006 were methamphetamine (aka 'tik'), alcohol and heroin (together comprising 81% of all admissions) (Table 3). Heroin has now consistently been the third most common primary substance reported, taking over from Mandrax previously. This may indicate that heroin is replacing Mandrax, both being a depressant drug, as the proportion of patients reporting Mandrax as primary substances of abuse has decreased dramatically over the past two years (3% in the 1st half of 2006).

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Another slight increase in the proportion of patients presenting with methamphetamine as their primary substance of abuse was noted in the first half of 2006, increasing from 35% in the 2nd half of 2005 to 37% in the 1st half of 2006. Overall, 2 660 patients were treated across all 27 treatment centres/programmes in the 1st half 2006.

In **Durban and Pietermaritzburg (PMB)** the main primary substance of abuse continues to be alcohol, followed by cannabis (together comprising 83% of all admissions). Admissions where Mandrax was the primary substance of abuse decreased further from the 2nd half of 2005. Due to some treatment programme changes, only 485 patients were treated at the five centres currently monitored at this site, the majority at SANCA Pietermaritzburg. Nevertheless, proportions of primary substances reported remained relatively stable.

In **PE and EL** the main primary substances of abuse reported by the treatment centres from January June 2006 were alcohol and cocaine in PE, and alcohol followed by cannabis in EL (Table 3). The proportion of patients reporting cocaine as their primary substance has increased alarmingly since 2004 in both sites, especially PE. In both sites a significant decrease in the proportion of admissions for Mandrax has been noted since the 1st half of 2005. During this period 776 persons were treated at all the centres currently collecting data in the Eastern Cape province.

In **Gauteng Province**, which includes the metropolitan areas of Johannesburg and Pretoria, 3 119 admissions to 18 treatment centres were recorded in the 1st half of 2006. For 48% of patients the primary substance of abuse was alcohol. Apart from alcohol, the most common primary substances of abuse were cannabis (21%), cocaine (11%), and heroin (8%). The proportion of admissions for the various drugs remained fairly stable when compared to the 2nd half of 2005. The proportion of patients who reported methcathinone (CAT) as a primary drug of abuse, increased to 3%, doubling in number compared to the previous

period. CAT has effects not unlike methamphetamine but is considered not quite as potent.

In **Mpumalanga** the main primary substance of abuse reported by the treatment centres is still alcohol (55%), followed by cannabis (together comprising 80% of admissions). Heroin remains the 3rd most common primary drug in this site, with 10% of the 501 patients treated at the four treatment centres included in the study (i.e. Swartfontein, Mkondo, SANCA Witbank, and SANCA Nelspruit) during the 1st half of 2006 reporting it as their primary drug.

Treatment issues

First time admissions: The proportion of first time admissions to treatment centres ranged between 73% (Gauteng) and 79% (Mpumalanga) across sites. First-time admissions now appear to make up about three quarters of admissions, compared to about two-thirds in most sites 2-3 years ago. This indicates an increasing demand for services by persons who have not been in treatment before.

Referrals: Across all sites, the most common source of referral to specialist treatment centres was "self/family/friends" (Table 1). In PE and Durban/PMB this was followed by the employer. In Cape Town and Mpumalanga social services was the second most common referral source. Both the employer and social services were the next most common referral source in Gauteng. EL continues to have a high proportion of referrals from health professionals, compared to the other sites.

Gender: Across all sites between 74% (in Cape Town) and 89% (in EL) of patients were male, but gender differences were noted for various primary substances of abuse (see under specific drugs below). This trend remains fairly stable across all sites, although Cape Town has experienced a gradual increase in the proportion of female patients over the past 2 years. This may be linked to the fact that a relatively high proportion of methamphetamine patients are female.

Race: Black-Africans continue to be under-represented in the treatment population in all sites, although less so in East London and Durban/PMB (Table 4). Proportions remained relatively stable when compared to the previous period, although there was a slight increase in Coloured patients in EL (and a slight decrease in Cape Town). Slight increases in the proportion of African patients were noted in Mpumalanga over the last two periods. In Gauteng 63%, in Durban/PMB 64%, in Mpumalanga 69%, and in EL 78% of patients younger than 20 years were African, indicating that in these sites there is better access to and utilization of treatment facilities by young African people compared to the adults.

Employment, marital status, education: Between 33% (Cape Town) and 45% (EL) of patients were employed full-time across sites. The proportion of patients who were students/pupils ranged from 14% in PE to 26% in Durban. Across sites between 42% (Durban) and 64% (Cape Town) of patients have never been married, and over 85% of patients in all sites have some secondary school education.

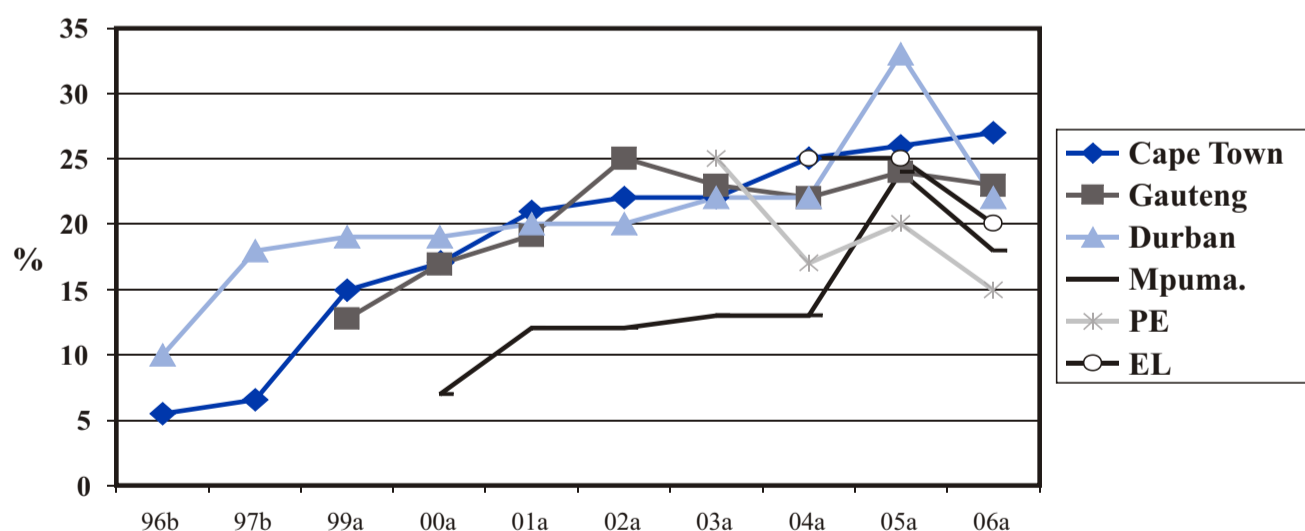
Table 1: Referral sources (January - June 2006) (Column % add up to 100)

Source	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Self/family/friends	42%	53%	49%	51%	59%	70%
Work/employer	11%	17%	20%	14%	11%	2%
Social services/welfare	17%	4%	3%	3%	11%	11%
Doctor/psychiatrist/nurse (aka health professionals)	14%	10%	15%	22%	4%	1%
Hospital/clinic	3%	2%	6%	2%	2%	5%
Court/correctional services	5%	8%	1%	3%	5%	8%
Schools	3%	4%	3%	6%	6%	0%
Church/religious body	2%	<1%	2%	0%	1%	2%
Other e.g. radio	4%	3%	1%	0%	2%	1%

Mode of use: Smoking remains the most common mode of use for substances other than alcohol. Injection drug use is still low across sites but in Cape Town 10% of patients with heroin as their primary substance of abuse reported injecting as mode of use (compared to 8% in the 2nd half of 2005 and 15% in the 1st half of 2005) versus 37% in Gauteng (also down slightly from 39% in the 2nd half of 2005 and 44% in the 1st half of 2005), and 12% in Mpumalanga (down from 37% and 31% in the previous two periods).

Age of patients: Across sites the average age of persons seen by treatment centres was 28-33 years and has remained fairly stable (Table 2). However, major age differences were noted for different substances. Persons whose primary substance of abuse is alcohol are substantially older than persons having other primary substances of abuse. Conversely, patients whose primary substances of abuse are cannabis, heroin or methamphetamine tend to be younger than persons who have cocaine as their primary drug of abuse. The proportion of patients younger than 20 years also remains high in most sites, with between 15% (PE) and 27% (Cape Town) falling in this age group in all sites (Figure 1).

Figure 1: Treatment demand trends - % of patients <20 years



In most sites this declined in the first half of 2006.

Sources of payment:

The most common source of payment for treatment in all sites was family or self, except Mpumalanga where the state was most common. Medical aids covered 25% of patients in Gauteng and EL.

Payment is of course linked to the availability of state funded centres and the proportion of inpatient centres for which medical aids are more likely to provide cover.

Findings by Drug of Use/Abuse

Alcohol

Specialist treatment centres

Alcohol is still the most common primary substance of abuse among patients seen at specialist treatment

Table 2: Mean age of patient in treatment centres by selected primary drugs of abuse (January - June 2006)

Substance	Cape Town	Durban	PE	EL	Gauteng	Mpumalanga
Alcohol	41	38	39	38	40	38
Cocaine/crack	31	29	27	29	28	30
Cannabis/Mandrax	27	27	26	22	25	-
Heroin	23	-	25	25#	24	23
Ecstasy	27#	21	-	-	23	28#
Cannabis	20	21	21	18	20	22
Methamphetamine	22	-	29	-	24	-
CAT*	-	-	-	-	25	-
OTC/PRE ¹	41	42	36	-	40	41
All substances	28	33	32	32	32	32

* methcathinone

¹ - Over-the-counter or prescription medicines

n = < 5 patients

stable in Durban/PMB, Gauteng, and Mpumalanga, but decreased in PE and EL. In Cape Town the proportion increased compared to the previous period.

The mean age of patients seen at treatment centres who had alcohol as the primary substance of abuse ranged from 38 years to 41 years across sites. This is substantially older than the mean age for other drugs (see Table 2). Such patients are also more likely to be male. The proportion of patients with alcohol

as the primary substance of abuse who were female ranged from 12% in EL to 30% in Cape Town. A breakdown of patients in treatment for alcohol as a primary substance of abuse by race is provided in Table 5.

Cannabis (dagga) and cannabis/Mandrax

Specialist treatment centres

Cannabis was the second most common primary substance of abuse among patients seen at specialist treatment facilities in Durban/PMB, Gauteng, EL and Mpumalanga, ranging from 19% in EL to 25% in Mpumalanga. The proportion of patients with Mandrax as their primary substance of abuse has continued to decline or remains very low in all sites (Table 3). Only one site (PE) had more than 5% of patients reporting Mandrax as their primary substance (PE: 8%). In many communities Mandrax is now considered 'old fashioned'. Persons seen in specialist treatment centres who had 'white pipes' (Mandrax) as

centres across all sites (except Cape Town), accounting for 55% of admissions in Mpumalanga, 64% of admissions in EL, 60% of admissions in Durban/PMB, 48% of admissions in Gauteng and 41% of admissions in PE. Alcohol accounted for 30% of admissions in Cape Town (Table 3). The proportion of alcohol-related admissions remained fairly

their primary substance of abuse tended to be older than those who had cannabis alone as their primary substance of abuse (Table 2). The most common primary substance of abuse for patients younger than 20 years in most sites is cannabis (Table 6), the exception being Cape Town (methamphetamine).

Data from specialist treatment centres suggests that the use of these substances is still mainly a male phenomenon. Between 0% and 10% of patients whose primary substance of abuse was “white pipes” were female across all sites, and between 4% (PE) and 14% (Cape Town) of patients whose primary substance was cannabis were female. Table 5 shows primary substances of abuse by race. Coloured patients continue to dominate admissions for Mandrax in Cape Town and PE, and are still over represented in comparison with underlying population statistics in Gauteng.

Cocaine/Crack

Specialist treatment centres

The proportion of patients at specialist treatment centres whose primary substance of abuse was cocaine powder/crack increased to 21% in PE (another significant increase) and to 10% in EL in the 1st half of 2006. Proportions in the other sites remained fairly stable (Table 3). The proportions ranged from 6% in Cape Town to 21% in PE (Figure 2). Cocaine powder is primarily snorted, and crack is smoked. Between 13% (Durban/PMB) and 31% (PE) of all patients had used crack/cocaine either as their primary or secondary substance (Table 7). This indicates that cocaine is generally more common as a secondary substance of abuse than as a primary substance of abuse. In PE cocaine/crack is now consistently reported as the second most common primary drug of abuse after alcohol, taking over from cannabis or Mandrax in previous periods.

In all sites the mean age of persons in treatment whose primary drug of abuse is cocaine powder or crack was 27 to 31 years (Table 2). In Cape Town 25% of patients whose primary substance of abuse was cocaine were female compared to

7% in Durban/PMB. The majority of patients with cocaine/crack as their primary substance of abuse are still White in most sites, although about 40% in PE and Cape Town were Coloured (Table 5). Generally, few adolescent patients report cocaine as their primary substance of abuse, the highest proportion being 12% in PE. In Cape Town 41% and in Gauteng 36% of patients treated for cocaine dependence had been in treatment before.

Heroin

Specialist treatment centres

In Cape Town 14%, in Mpumalanga 10% and in Gauteng and PE 8% of patients in specialist treatment centres had heroin as their primary drug of abuse. The proportion in Cape Town, Gauteng and Mpumalanga remained stable

cannabis and Mandrax. In Cape Town 24% and in Gauteng 27% of patients with heroin as the primary substance of abuse were female. In Gauteng heroin patients were also more likely to have received treatment before than patients treated for any other drug, with 50% reporting that they had been in treatment before. In Cape Town 38% of heroin patients had been in treatment previously. Patients treated for heroin addiction for the first time in Cape Town had been using heroin for an average of about three years.

Intravenous use by patients with heroin as their primary drug of abuse remains low in Cape Town, with only 10% reporting injecting use compared to 15% in the 1st half of 2005, and 24% in the 2nd half of 2004.

Figure 2: Proportion (%) of persons in treatment with cocaine as their primary drug of abuse

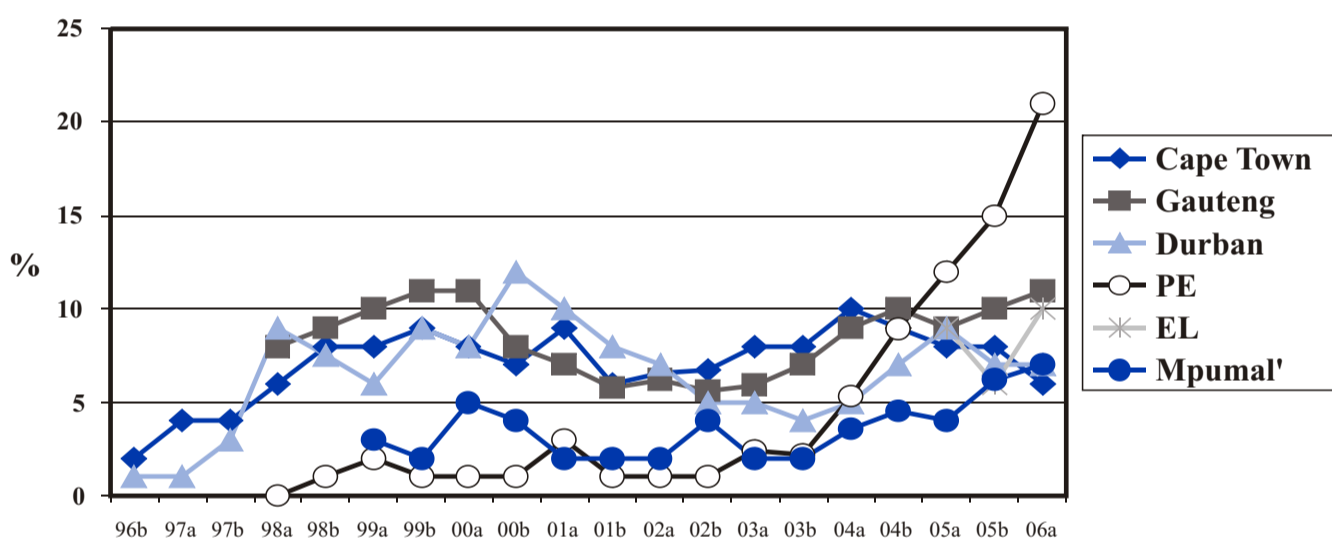
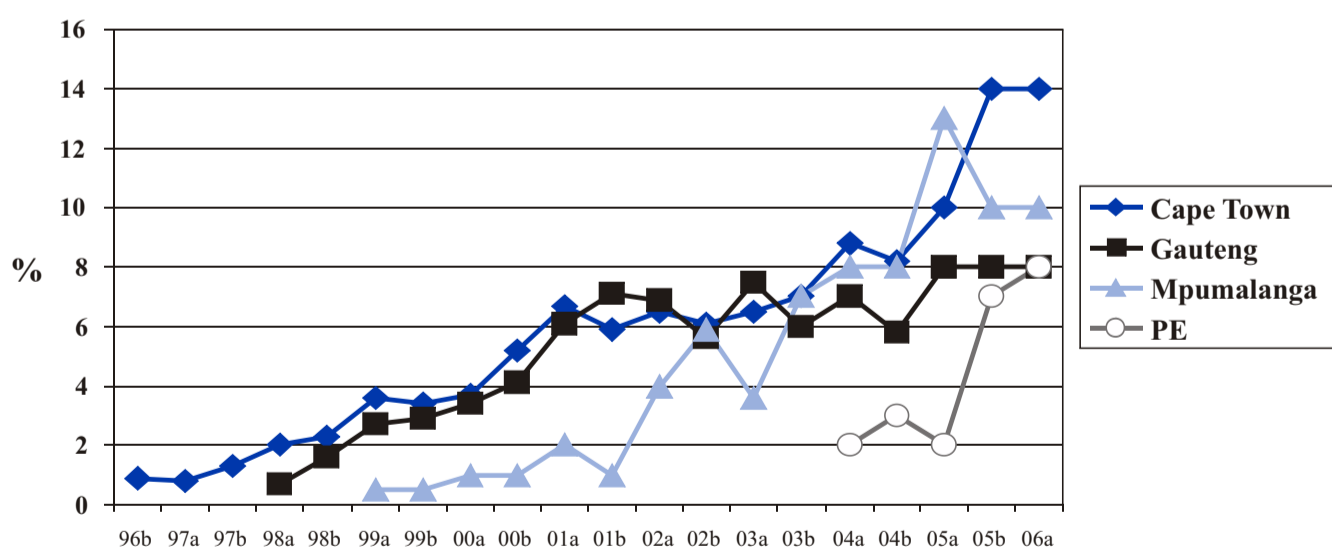


Figure 3: Proportion (%) of persons in treatment with heroin as their primary drug of abuse



compared to the previous period, with a slight increase in PE (Figure 3). The mean age of persons seen by treatment centres in Cape Town, Mpumalanga and Gauteng who had heroin as their primary substance of abuse was 23-25 years, remaining fairly stable (Table 2). Heroin appears to be less of a male phenomenon than drugs such as

This is linked to the changing demographic profile of heroin patients, most of whom are now Coloured and prefer to smoke the drug. Only 2% of Coloured heroin patients reported injecting the drug compared to 31% of White heroin patients. In Gauteng 37% of patients reported injecting, compared to 39% in the previous period.

In Mpumalanga 12% of heroin patients reported injecting, compared to 37% in the previous period, a significant decrease. In this site a change in mode of use seems to have occurred with 22% of the White patients reporting injecting the drug, compared with 47% in the previous period. A sharp increase in the proportion of Black heroin patients has been noted in Mpumalanga, increasing from 11% in the first half of 2005 to 30% in the second half of 2005 and 37% in the 1st half of 2006 (Table 5). In Cape Town 16% and in Gauteng and PE 11% of all patients reported the use of heroin, as either primary or secondary drug.

Over-the-counter and prescription medicines

Specialist treatment centres

Between 1% (EL and Cape Town) and 5% (Durban/PMB) of patients seen at specialist treatment centres from January June 2006 had over-the-counter (OTC) or prescription medicines (PRE) listed as their primary substance of abuse. This is fairly similar to the previous six-month reporting periods. In Gauteng 64% and in Cape Town 73% of patients who had over-the-counter or prescription medicines as their primary substance of abuse were female. The average age of these patients ranged between 36 years and 42 years (Table 2). These substances are more common as secondary drugs of abuse with between 3% (EL) and 12% (Durban/PMB) of patients across sites reporting these drugs either as primary or secondary substances of abuse. Substances abused included benzodiazepines, analgesics, Codeine products, and sleeping pills.

Ecstasy, Methamphetamine, methcathinone (CAT), and LSD

Specialist treatment centres

The proportion of persons using specialist treatment services whose primary drug of abuse was Ecstasy, remains very low across all sites. No more than 1% of patients reported Ecstasy as their primary substance of abuse across all sites.

Ecstasy was however reported as a secondary substance of abuse by several persons attending specialist substance abuse treatment facilities across all sites with between 3% (Durban/PMB, Gauteng and Mpumalanga) and 6% (Cape Town) reporting Ecstasy as a primary or secondary substance of abuse (Table 7). The patients in treatment where the primary drug of abuse was Ecstasy were mostly White (Table 5). Overall, LSD was reported by very few patients with, for example, only 24 patients reporting it as a primary or secondary drug of abuse in Gauteng versus 13 patients in Cape Town.

In Cape Town the increase in patients reporting methamphetamine as their primary substance of abuse continued, with 37% reporting methamphetamine as their primary substance of abuse in the 1st half of 2006. The mean age of patients presenting with methamphetamine as their primary drug of abuse was 22 years, lower than most other drugs. Most of the patients were Coloured (92%) and 73% were male. Most of the patients reported smoking the drug (99%) and only one person reported injecting the drug. 48% reported daily use of the drug and a further 28% reported using it 2-6 days per week. Overall 46% of all patients reporting for treatment in Cape Town in the first half of 2006 reported methamphetamine either as a primary or secondary substance of abuse (Figure 4). For patients younger than 20 years, 73% reported methamphetamine as either a primary or secondary substance of abuse, a further increase from previous periods.

In Gauteng the number of patients reporting methcathinone ('CAT') as their primary substance of abuse continues to increase with 94 reporting it as their primary substance compared to 47 in the previous 6-month period. A total of 175 patients reported 'CAT' as either their primary or as a secondary drug of abuse. The effects of 'CAT' are described as being fairly similar to methamphetamine ('tik'), although considered not to be as potent.

Other substances

Other substances abused by patients receiving substance abuse treatment included thinners, glue and petrol (inhalants). Poly-substance abuse also remains high, with, for example, 34% of patients in specialist treatment centres in Gauteng and 55% in Cape Town reporting more than one substance of abuse.

Figure 4: Treatment demand trends: Methamphetamine (%) as primary drug and secondary substance of abuse (Cape Town)

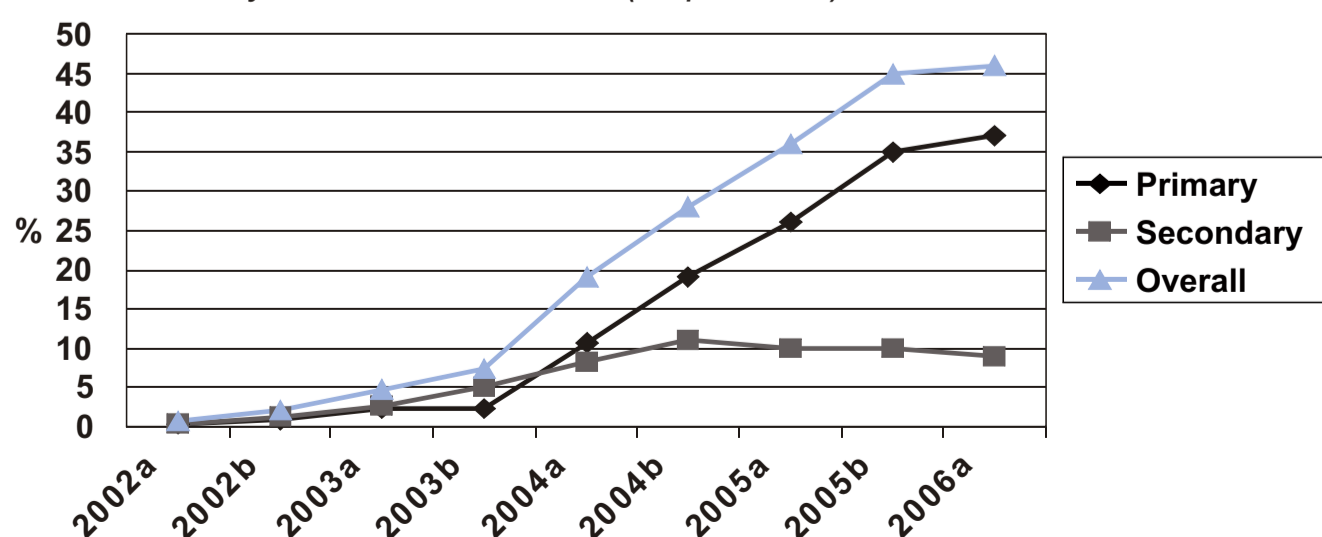


Table 3: Primary substance of abuse: by site and six month period (%)

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
Cape Town	1996b	81	4	9	2	1	0	2	0.0	2	1954
	1997a	82	5	7	4	1	<1	2	0.0	<1	2103
	1997b	78	6	9	4	1	1	1	0.1	<1	2160
	1998a	74	5	10	6	2	<1	2	0.0	<1	2301
	1998b	64	9	14	8	2	<1	2	0.1	<1	1361
	1999a	56	9	20	8	4	1	2	0.1	<1	1527
	1999b	50	15	20	9	3	<1	2	0.1	1	1550
	2000a	48	12	23	8	4	2	4	0.2	1	1695
	2000b	51	13	19	7	5	1	3	0.1	<1	1696
	2001a	46	12	21	9	7	2	4	0.1	2	1571
	2001b	46	12	25	6	6	1	2	0.3	2	1561
	2002a	48	14	21	7	7	2	2	0.3	1	1608
	2002b	47	18	17	7	6	1	2	0.8	1	1549
	2003a	43.6	15.2	20.4	7.9	6.5	0.8	2.7	2.3	2.9	1724
	2003b	39.4	15.4	23.6	8.4	7.1	1.4	2.2	2.3	2.5	1659
	2004a	38.3	12.0	16.9	9.7	8.8	0.5	2.4	10.7	0.1	2255
	2004b	33.7	11.0	15.5	9.1	8.2	0.5	2.0	19.3	0.7	2308
	2005a	34.4	9.7	9.1	8.3	10.0	0.4	1.6	26.1	0.4	2469
	2005b	25.1	11.2	5.5	7.6	13.8	0.2	1.1	34.7	0.8	2131
	2006a	30.2	7.7	3.3	6.0	13.5	0.1	1.4	37.2	0.7	2660
Durban	1996b	73	10	10	1	<1	<1	1	0.0	4	338
	1997a	69	9	7	1	<1	<1	1	0.0	11	311
	1997b	62	21	6	3	1	1	3	0.0	2	601
	1998a	61	16	11	9	1	3	2	0.0	0	817
	1998b*	69	20	6	1	0	0	<1	0.0	3	242
	1999a	57	30	<1	6	1	1	1	0.0	3	682
	1999b	65	23	<1	9	<1	0	1	0.0	1	607
	2000a	57	25	6	8	1	1	2	0.0	1	883
	2000b	60	20	<1	12	<1	1	4	0.0	2	679
	2001a	59	21	1	10	<1	3	3	0.0	4	585
	2001b	58	26	7	8	<1	1	<1	0.0	<1	774
	2002a	65	22	2	7	<1	2	2	0.0	<1	718
	2002b	60	26	4	5	<1	1	2	0.0	<1	910
	2003a	64.3	23.2	2.1	5.1	0.2	1.6	2.4	0.0	1.2	574
	2003b	65.3	23.6	4.0	4.0	1.1	0.5	0.3	0.0	0.8	376
	2004a	59.6	22.8	10.2	4.3	0.0	0.5	1.7	0.0	1.0	413
	2004b	52.0	24.8	13.5	6.8	0.3	0.4	1.5	0.0	0.7	689
	2005a	48.1	32.4	6.2	8.9	1.4	0.3	1.5	0.0	1.2	945
	2005b	57.6	27.5	2.8	6.6	1.3	1.0	1.8	0.0	1.4	846
	2006a	60.4	22.5	1.0	6.8	2.1	1.0	5.2	0.2	1.0	485
PE	1997a	58	23		<1	<1	<1	5	0.0	13	316
	1997b	66	20		<1	<1	<1	3	0.0	9	416
	1998a	74	22		0	0	<1	3	0.0	<1	380
	1998b	68	23		1	0	0	8	0.0	1	361
	1999a	55	30		2	1	0	11	0.0	1	341
	1999b	63	29		1	0	0	7	0.0	0	328
	2000a	55	36		1	0	<1	8	0.0	0	252
	2000b	65	26		1	0	<1	4	0.0	4	312
	2001a	48	45		3	0	1	3	0.0	<1	393
	2001b	58	36		1	0	1	4	0.0	<1	398
	2002a	45	19	29	1	0	1	0.0	0.0	<1	431
	2002b	55	13	25	1	1	1	0.0	0.0	0	369
	2003a	46.1	16.4	29.7	2.4	0	0.4	0.0	0.0	0.4	499
	2003b	51.4	11.8	26.1	2.2	0	0.4	0.0	0.0	2.7	449
	2004a	47.5	14.7	23.8	5.3	2.2	3.2	0.0	0.0	0.0	505
	2004b	45.5	12.7	25.4	8.9	2.9	1.4	0.0	0.0	0.0	418
	2005a	46.8	12.3	20.3	11.9	1.9	0.4	4.7	0.9	0.9	464
	2005b	48.8	12.9	9.4	14.6	6.6	0.0	4.5	3.3	0.0	426
2006a	40.7	14.4	7.9	21.4	8.1	1.2	2.6	3.5	0.2	570	

Site	Period	Alcohol	Cannabis	Mandrax	Cocaine/ Crack	Heroin	Ecstasy	OTC/ PRE.	Metham- phetamine	Other	N
E. London	2004a	55.4	20.3	18.2	4.1	0.7	0.0	1.4	0.0	-	148
	2004b	51.9	11.6	27.1	2.8	1.7	1.7	1.7	0.0	1.1	181
	2005a	51.7	17.4	17.9	8.7	-	2.4	1.0	0.0	1.0	207
	2005b	71.5	12.4	5.6	6.4	1.5	0.4	2.2	0.0	1.0	267
	2006a	64.1	19.4	4.9	10.2	1.0	0.0	0.5	0.0	0.0	206
Gauteng	1998a	69	11	5	8	<1	<1	4	0.0	3	2125
	1998b	68	12	4	9	2	<1	4	0.0	2	2372
	1999a	67	10	4	10	3	<1	4	0.0	1	2741
	1999b	63	14	5	11	3	<1	3	0.0	2	2613
	2000a	60	19	2	11	3	<1	3	0.0	1	2514
	2000b	60	21	1	8	4	1	4	0.0	2	2673
	2001a	54	21	6	7	6	<1	4	0.0	2	2838
	2001b	52	24	5	6	7	<1	4	0.0	2	2676
	2002a	54	22	5	6	7	<1	4	0.0	2	2945
	2002b	54	23	5	6	6	1	3	0.0	2	2587
	2003a	52.2	19.5	8.5	5.9	7.5	0.8	3.5	0.0	2.1	2617
	2003b	49.3	21.3	10.4	6.8	6.1	0.4	3.3	0.0	2.4	2711
	2004a	50.4	19.0	8.1	9.1	7.0	0.8	3.3	0.0	2.3	2813
	2004b	51.0	18.8	7.7	9.9	5.8	0.9	2.9	0.0	2.9	2654
	2005a	46.6	21.6	7.2	9.0	8.4	0.6	3.1	0.0	1.8	3030
	2005b	51.8	21.0	2.8	10.1	7.7	0.6	2.3	0.2	3.6	2848
2006a	47.5	20.5	3.0	11.1	7.8	0.4	3.2	0.3	3.2	3119	
Mpuma- langa	1999a	76	13	1	3	<1	<1	3	0.0	2	325
	1999b	76	15	2	2	<1	<1	1	0.0	1	376
	2000a	71	12	2	5	1	1	5	0.0	3	315
	2000b	77	14	0	4	1	1	2	0.0	0	408
	2001a	70	20	1	2	2	2	2	0.0	2	389
	2001b	69	15	3	2	1	2	5	0.0	3	389
	2002a	71	16	<1	2	4	1	3	0.0	3	419
	2002b	68	16	2	4	6	1	2	0.0	1	425
	2003a	69.1	17.7	2.5	2.3	3.6	0.8	2.1	0.0	1.9	475
	2003b	61.1	20.2	0.2	1.9	7.2	1.9	5.7	0.0	1.7	529
	2004a	63.8	18.9	0.2	3.6	8.1	0.4	3.2	0.0	1.9	546
	2004b	60.8	23.6	0.0	4.5	8.0	0.4	1.7	0.0	0.8	462
	2005a	55.6	22.1	0.0	4.0	13.3	0.9	2.9	0.0	1.2	525
2005b	54.3	23.3	0.5	6.2	10.3	0.9	2.8	0.5	1.1	562	
2006a	54.5	24.6	0.0	6.8	10.2	0.6	2.2	0.0	1.2	501	

Table 4: Comparison of proportion of patients in treatment (January - June 2006) with census data - by site¹

		African	Indian	Coloured	White
Cape Town	Population ¹	32%	1%	48%	19%
	In treatment	7%	1%	67%	25%
Durban/PMB	Population ^{1#}	68%	20%	3%	9%
	In treatment	45%	18%	10%	27%
PE	Population ¹	59%	1%	23%	17%
	In treatment	18%	3%	40%	38%
East London	Population ^{1*}	85%	<1%	6%	8%
	In treatment	61%	1%	14%	25%
Gauteng	Population ¹	74%	2%	4%	20%
	In treatment	36%	3%	0%	51%
Mpumalanga	Population ¹	92%	<1%	1%	7%
	In treatment	51%	2%	4%	43%

¹ Statistics South Africa, 2001 Census

* Buffalo City Municipality

Durban statistics only

**Table 5: Primary substance by race (columns per site add up to 100%):
January - June 2006**

	Alcohol	Cannabis	Cannabis/ Mandrax	Crack/ cocaine	Ecstasy	Heroin
Cape Town						
Black/African	15%	16%	12%	5%	0%	1%
Coloured	42%	67%	81%	39%	40%	73%
Asian/Indian	1%	2%	0%	1%	4%	2%
White	42%	16%	8%	53%	53%	24%
Durban						
Black/African	49%	55%	20%	2%	50%	13%
Coloured	7%	15%	20%	9%	0%	0%
Asian/Indian	15%	15%	40%	27%	25%	50%
White	29%	14%	20%	61%	25%	37%
PE						
Black/African	31%	23%	24%	<1%	0%	12%
Coloured	38%	46%	69%	40%	29%	13%
Asian/Indian	2%	4%	0%	8%	0%	0%
White	29%	27%	7%	50%	71%	75%
East London						
Black/African	68%	65%	80%	0%	0%	0%
Coloured	15%	13%	10%	10%	0%	0%
Asian/Indian	0%	0%	0%	5%	0%	0%
White	17%	23%	10%	86%	0%	0%
Gauteng						
Black/African	36%	63%	70%	12%	25%	20%
Coloured	10%	15%	25%	21%	6%	2%
Asian/Indian	3%	1%	1%	4%	6%	2%
White	51%	21%	4%	64%	69%	75%
Mpumalanga						
Black/African	51%	69%	0%	18%	0%	37%
Coloured	3%	5%	0%	12%	0%	8%
Asian/Indian	1%	2%	0%	3%	0%	2%
White	45%	24%	0%	68%	0%	53%

Note: Where n < 5 population breakdowns are not reported

Table 6: Primary substance by abuse for patients younger than 20 years (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	Other	Total (N)
Cape Town	03a	7.2	45.9	30.7	2.9	4.8	1.9	4.0	2.9	375
	03b	4.1	41.9	32.5	4.7	7.4	3.6	4.7	1.1	363
	04a	5.1	33.1	23.3	3.7	8.2	0.9	24.9	1.1	571
	04b	2.3	24.4	17.6	2.9	8.6	0.6	42.0	1.6	619
	05a	2.5	24.5	9.3	1.9	11.5	0.8	48.7	0.9	637
	05b	3.1	22.1	6.7	1.3	12.9	0.4	53.0	0.0	674
	06a	1.7	17.4	3.9	0.6	15.3	0.0	60.2	1.0	724
Durban	03a	26.0	63.8	4.7	0.0	0.0	0.8	0.0	4.7	127
	03b	42.5	45.1	8.8	1.8	1.8	0.0	0.0	0.0	113
	04a	16.5	60.0	12.9	7.1	0.0	0.0	0.0	3.5	85
	04b	25.4	47.9	20.3	2.5	0.8	0.8	0.0	1.7	236
	05a	21.6	63.1	6.9	4.6	1.3	0.3	0.0	2.3	306
	05b	24.0	64.8	3.8	1.6	1.2	0.8	0.0	3.6	250
	06a	25.0	67.3	1.0	1.0	0.0	1.9	0.0	3.9	104
PE	03a	17.0	41.0	33.0	0.0	0.0	1.0	0.0	8.0	100
	03b	16.0	28.0	38.7	0.0	0.0	0.0	0.0	17.3	75
	04a	10.3	42.5	36.8	2.3	1.1	5.7	0.0	1.1	87
	04b	10.3	41.0	38.5	7.7	0.0	1.3	0.0	1.3	78
	05a	26.7	34.4	30.0	5.6	0.0	0.0	0.0	1.1	90
	05b	14.8	33.0	10.2	13.6	14.8	0.0	13.6	0.0	88
	06a	23.0	47.3	10.8	12.2	1.4	2.7	1.4	1.4	74
EL	04a	17.1	57.1	22.9	2.9	0.0	0.0	0.0	0.0	35
	04b	11.8	27.5	51.0	0.0	2.0	3.9	0.0	3.9	51
	05a	13.0	37.0	39.1	4.4	0.0	2.2	0.0	4.3	46
	05b	28.6	54.3	17.1	0.0	0.0	0.0	0.0	0.0	35
	06a	24.4	63.4	9.8	0.0	0.0	0.0	0.0	2.4	41
Gauteng	03a	8.2	57.5	18.9	2.1	6.4	2.0	0.0	4.9	588
	03b	7.6	55.4	24.6	1.9	4.3	0.4	0.0	5.7	695
	04a	7.4	54.3	20.0	3.2	6.3	1.5	0.0	7.3	619
	04b	7.3	54.7	19.1	4.7	5.1	1.2	0.0	7.9	590
	05a	9.3	57.7	14.0	3.4	7.7	1.3	0.0	6.6	714
	05b	10.6	62.8	4.8	4.5	6.8	0.7	0.2	9.2	575
	06a	13.3	57.6	4.6	6.0	6.0	1.0	0.6	10.9	715
Mpuma'	03a	13.3	71.7	5.0	1.7	1.7	1.7	0.0	5.0	60
	03b	20.3	67.2	0.0	0.0	6.3	0.0	0.0	6.3	64
	04a	16.0	53.3	0.0	9.3	10.7	0.0	0.0	10.6	75
	04b	23.0	66.7	0.0	2.2	5.7	1.1	0.0	1.1	87
	05a	12.0	58.3	0.0	3.7	18.5	1.9	0.0	5.6	108
	05b	21.4	57.3	0.0	2.9	9.7	3.9	1.0	2.9	103
	06a	26.1	58.7	0.0	4.3	8.7	0.0	0.0	2.2	92

Table 7: Overall substance by abuse* (%)

Site		Alcohol	Cannabis	Cannabis/ Mandrax	Cocaine/ Crack	Heroin	Ecstasy	Metham- phetamine	OTC/ PRE	Total (N)
Cape Town	03a	60.3	29.5	33.9	18.1	8.1	9.7	4.7	8.7	1724
	03b	54.4	30.4	37.2	21.5	8.9	10.7	7.3	7.0	1659
	04a	52.9	26.8	29.9	21.8	11.2	10.6	19.0	8.1	2255
	04b	47.9	25.0	29.0	20.0	10.3	6.3	28.9	7.4	2308
	05a	47.0	28.9	22.8	19.2	13.2	8.3	35.8	5.0	2469
	05b	39.0	32.9	16.0	18.2	16.3	7.0	44.7	3.8	2131
	06a	41.2	28.3	14.0	15.6	16.2	5.5	46.3	3.8	2660
Durban	03a	79.1	43.6	12.5	12.9	0.5	9.9	0.0	7.0	574
	03b	85.4	48.1	22.0	15.9	1.3	10.6	0.0	2.6	378
	04a	69.2	39.7	21.5	9.9	0.2	7.3	0.0	3.6	413
	04b	74.5	46.7	32.5	19.4	1.2	11.2	0.0	3.2	689
	05a	74.0	52.9	17.6	17.1	2.5	6.2	0.0	3.1	945
	05b	82.2	45.0	11.8	14.2	2.2	6.9	0.2	3.9	846
	06a	71.1	33.8	3.7	13.2	2.7	2.7	0.4	11.8	485
PE	03a	58.5	22.2	30.1	5.0	0.0	4.0	0.0	5.2	499
	03b	62.8	15.2	31.3	6.4	0.5	6.4	0.0	9.0	409
	04a	60.4	21.6	29.1	12.7	2.6	8.3	0.0	5.3	505
	04b	59.1	19.4	31.6	16.3	4.5	6.7	0.0	4.8	418
	05a	59.9	17.5	29.5	19.2	2.4	1.9	0.9	7.1	464
	05b	56.1	18.1	11.0	19.2	6.8	1.2	3.3	5.9	426
	06a	51.8	21.4	13.9	31.1	10.9	4.6	4.4	3.7	570
EL	04a	68.2	30.4	19.6	8.1	0.7	4.1	0.0	2.0	148
	04b	70.2	16.0	32.0	7.7	1.7	8.3	0.6	2.8	181
	05a	64.3	26.6	25.1	16.4	0.5	9.7	0.5	3.4	207
	05b	80.1	20.6	11.2	11.6	3.4	3.0	0.0	4.1	267
	06a	75.7	27.2	14.1	17.0	1.5	5.8	1.5	3.4	206
Gauteng	03a	63.4	31.0	15.5	14.6	9.1	5.7	0.0	8.3	2617
	03b	59.9	30.4	18.1	14.5	7.8	4.5	0.0	8.3	2711
	04a	59.9	30.4	15.4	17.9	9.1	5.6	0.0	8.0	2813
	04b	60.2	30.6	15.5	19.2	8.3	5.2	0.3	7.2	2654
	05a	57.9	34.6	13.2	15.7	10.5	4.6	0.5	6.7	3030
	05b	62.1	34.7	8.9	20.2	11.3	3.9	0.6	7.7	2848
	06a	56.9	33.5	6.8	21.4	10.6	3.3	0.6	11.2	3119
Mpuma'	03a	76.0	31.4	5.5	7.4	7.2	5.3	0.0	7.6	475
	03b	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	04a	74.4	32.4	4.4	9.7	11.4	4.6	0.0	6.4	546
	04b	69.9	39.2	3.9	12.8	11.9	4.3	0.4	4.8	462
	05a	62.9	34.1	1.1	12.6	18.5	3.6	0.6	5.1	525
	05b	65.7	41.5	2.1	13.9	15.1	2.7	0.9	4.1	562
	06a	66.7	40.3	2.4	16.2	21.0	3.2	0.2	4.8	501

* Proportion of patients who reported these substances as primary or secondary substances of abuse

Implications for policy and future research

Selected implications for policy/practice

During the Phase 20 (January – June 2006) regional report back meetings of SACENDU a number of recommendations were made with regard to specific interventions needed to address substance abuse and substance abuse policy in general:

- Intensify efforts to prevent use of methamphetamine in the Western Cape focusing on adolescents and young adults. Ensure interventions aimed at methamphetamine users address issues related to physical health, aggression, depression and sexual risk behaviour.
- Ensure there are adequate services for treating young heroin users in Cape Town.
- Engage media more in providing awareness of drug treatment services and the advantages of seeking help early. Also inform family members of support services where they exist and facilitate the role-out of such services in under-served areas where the need is greatest.
- Make AOD treatment more accessible to persons in need (e.g. through mobile services).
- Ensure that AOD treatment centres are properly equipped (and motivated) to address AOD-related HIV risk behaviour. Increase public awareness of such risk behaviour and the advantages of being tested.
- Encourage HIV and antenatal services to screen for AOD abuse and to appropriately manage and if necessary refer patients to AOD services.
- Combat the increasing use of cocaine in urban centres in the Eastern Cape.
- More effectively act against foreign nationals (especially Nigerians) in the drug trade in the Eastern Cape and Mpumalanga.

Selected issues to monitor

Phase 20 of the SACENDU Project highlighted several conditions/factors that need to be carefully monitored over time:

- The purity of drugs sold on the streets.
- Access to treatment by persons from previously disadvantaged communities.

- Use of particular drug combinations, e.g. methamphetamine and Viagra.
- Increasing use of methamphetamine in Gauteng, PE, and other centres.
- Extent of patients who access treatment in other provinces.

Selected topics for further research

At the SACENDU meetings in November 2006 various areas for further research were identified. These included:

- The real cost of drug treatment and how that cost is covered.
- The effect of smoking drugs on users' respiratory systems.
- Real nature and extent of abuse of OTC and prescription medicines by females (and consequences).
- Why do more students seem to come for treatment in the 1st half of the year?
- Impact of changes in price (and packaging) on AOD use.
- Topic of co-occurring substance abuse and psychiatric disorders.
- Treatment effectiveness.
- Unmet treatment need among females under 20 years of age.
- The prevalence of psychosis related to methamphetamine use.

Plans to expand SACENDU

With funding from the National Department of Social Development SACENDU will be expanded to additional provinces as part of a plan to move SACENDU to a provincial system in order to link data monitoring with provincial policy/planning activities. Accompanying the expanded SACENDU system, there will be audits of treatment centres in order to further align "surveillance" with "service delivery". Currently (during the second half of 2006) treatment centres in the Northern Cape, Free State and North West have begun submitting data.

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