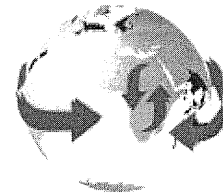




**South African Community
Epidemiology Network on Drug Use
(SACENDU)
Update (November 2002)**



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ALCOHOL AND DRUG ABUSE TRENDS: JANUARY-JUNE 2002 (Phase 1a)

Background

The SACENDU Project is an alcohol and other drug (AOD) sentinel surveillance system operational in Cape Town, Durban, Port Elizabeth (PE), 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 over 50 specialist treatment centres, psychiatric hospitals, mortuaries, trauma units, and the police (SA Narcotics Bureau (SANAB), Organised Crime Units (OCU), & Forensic Science Laboratories (FSL)). Other data sources (e.g. community studies) are included when available.

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2002)

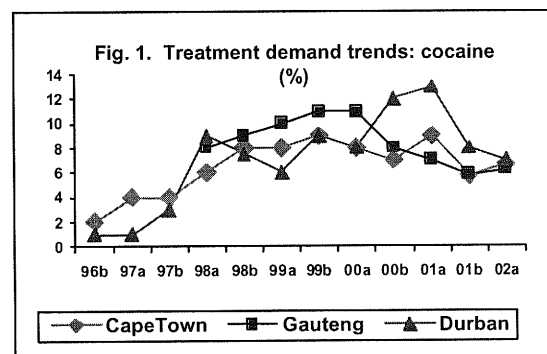
Alcohol remains the dominant substance of abuse across sites. Between 45% (PE) and 71% (Mpumalanga) of patients in treatment have alcohol as their primary substance of abuse. In PE in 2001, 60% of non-natural deaths had blood alcohol concentrations (BACs) $\geq 0.05\text{g}/100\text{ml}$, compared to 54% in Cape Town, 36% in Gauteng, and 33% in Durban. In PE 65% of homicide deaths, 37% of suicides and 68% of transport-related deaths (75% of pedestrian and 67% of driver fatalities) had BACs $\geq 0.05\text{g}/100\text{ml}$. A community survey in Cape Town in August 2002 found that more than 10% of 11-17 year olds had been drunk more than 10 times. The median age of first use of alcohol was 14 years. Community surveys of adolescents and young adults in Durban during 2001/2 found a strong association between alcohol use and risky sexual behaviour.

Use of **cannabis** ("dagga") and **Mandrax** (methaqualone) alone or in combination ("white-pipes") continues to be high. Across sites between 16% (Mpumalanga) and 49% (PE) of patients attending specialist treatment centres had cannabis and/or Mandrax as their primary drug of abuse. There has been a steady increase in treatment demand for cannabis-related problems over time in Cape Town, Durban, and Gauteng, and for Mandrax-related problems in Cape Town. Across sites, cannabis is the most prominent drug of abuse among patients under 20 years old (47% in Cape Town to 64% in Gauteng). In a school survey of 5 primary schools in Cape Town almost 9% of learners had tried cannabis and over 2% had tried Mandrax. Over a third of out-of-school youth aged 12-26 years in northern Kwa-Zulu Natal (KZN) reported lifetime (ever) use of cannabis and a similar percentage of rave party attendees interviewed in

Gauteng in September 2002 reported weekly use of cannabis.

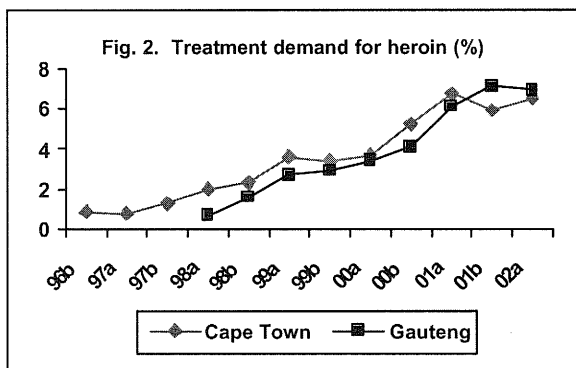
The proportion of arrests for dealing in cannabis has decreased over time in Cape Town, Durban and Gauteng, but increased substantially in PE in the first half of 2002 (to 55% of arrests). In PE SANAB/OCU seized 695 093 kgs of cannabis. With regard to Mandrax, the major change has been an increase in the proportion of arrests for dealing in Durban (to 64% of all arrests). Increased seizures of Mandrax were reported by SANAB in Gauteng (1.8m tablets).

The increases in treatment demand for **cocaine** related problems over time reported earlier for Cape Town, Durban and Gauteng have not continued and there has been a leveling off in treatment demand (Fig. 1). Treatment demand for cocaine remains low in PE and Mpumalanga. Overall 14%-15% of patients in treatment in Cape Town and Gauteng have cocaine as a primary or secondary drug of abuse. There are some indications of an increase in cocaine use among Africans in Durban and Cape Town. Across sites arrests for dealing in cocaine vary between 3% (PE) and 31% (Gauteng). Large seizures were reported by SANAB in Gauteng (135 kgs) and by the FSL in Cape Town (312 kgs). Community surveys conducted in southern and northern KZN found that up to 7% of male adolescents/young adults had used cocaine.



Over time, there has been a dramatic increase in treatment demand for **heroin** as a primary drug of abuse in Cape Town and Gauteng (Fig. 2), but this too appears to have leveled off. Of patients in treatment under 20 years old in Cape Town, 65% are female. Most heroin is smoked ("chasing the dragon"), but over 40% of patients with heroin as their primary drug of abuse report *some* injection use in Gauteng

and Cape Town. Between 8% (in Cape Town) and 10% (in Gauteng) of patients in treatment have heroin as a primary or secondary drug of abuse. An increase in the proportion of heroin patients in Gauteng who were African was reported.



Arrests for dealing in heroin and seizures are relatively low, the exception being 5.9 kgs seized by SANAB in Gauteng. Four percent of male students in a school survey in rural, northern KZN reported lifetime (ever) use of heroin.

Club drugs - Treatment demand for Ecstasy, LSD or Speed (methamphetamine) as primary drugs of abuse is low. These drugs more often appear as secondary drugs of abuse. An increase in the proportion of patients under 20 years old in Gauteng who have Ecstasy as a primary drug of abuse who are African was noted. In Cape Town and Gauteng about 1 in 5 arrests for dealing involved Ecstasy and increased seizures were noted in all sites (including 165 470 tablets in Gauteng and 77 707 tablets in Durban). Arrests and seizures for LSD and Speed were very low, the exception being 2.2 kgs of Speed seized in Gauteng. In all FSLs except the Eastern Cape increases in cases involving amphetamine type stimulants (ATS) were reported. In all laboratories except Pretoria there was an increase in seizures involving ATS. Reports of availability of crystal methamphetamine ('Ice') were reported in a school survey and by SANAB in Cape Town. Over a quarter of adolescents/young adults surveyed at a rave party in Gauteng reported weekly use of Ecstasy, and over 4% of high school students in two Cape Town schools who were sampled reported lifetime use of Speed. Anecdotal reports of a decrease in availability of LSD were noted in Gauteng and Mpumalanga.

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics (especially products containing codeine), and benzodiazepines (e.g. diazepam and flunitrazepam) continues to be an issue across sites, but treatment demand indicators are stable (2%-4%). Many patients, however, report these substances as secondary drugs of abuse. SANAB in PE reported seizing 22 tons of Schedule 4 medicines.

Inhalant/solvent use among young persons continues to be an issue across sites. There were also reports of increasing availability and use of the synthetic stimulant methcathinone (produced from ephedrine) in Gauteng and Durban from various sources. It is sniffed/snorted and is known as "CAT".

Poly-substance abuse remains high (but stable), with 34% of patients in specialist treatment centres in Gauteng reporting more than one primary substance of abuse (21%, 8% and 5% respectively reporting two, three and four

substances of abuse). The corresponding percentages for Cape Town were 32% reporting more than one substance of abuse, with 17%, 9% and 5% respectively reporting two, three and four substances of abuse. Various drug combinations were reported, including Mandrax with OTC and prescription medicines.

Other key findings

All sites for which age data are available have shown an increase in treatment demand by persons less than 20 years of age over time. Currently between 12% (Mumpalanga) and 31% (PE) of patients in treatment are less than 20. Four of the 5 sites have shown an increase in the proportion of African patients in treatment, but across sites the percentage of Africans in treatment is still about half of what would be expected from the underlying population demographics.

Selected implications for policy/practice

- Increase treatment options for youth, and disadvantaged sectors of the population in general.
- Initiate early intervention programmes aimed to delay the onset of AOD use among young persons and sustained use of drugs among experimental users.
- Reduce cannabis use among youth.
- Initiate multi-faceted strategies to decrease the tolerance of alcohol abuse in society (including public drunkenness).
- Decrease access to alcohol and alcohol marketing by young persons (enforce sales and marketing regulations and work with parents and liquor industry).
- Address the danger of alcohol and drug abuse in HIV prevention messages.

Selected issues to monitor

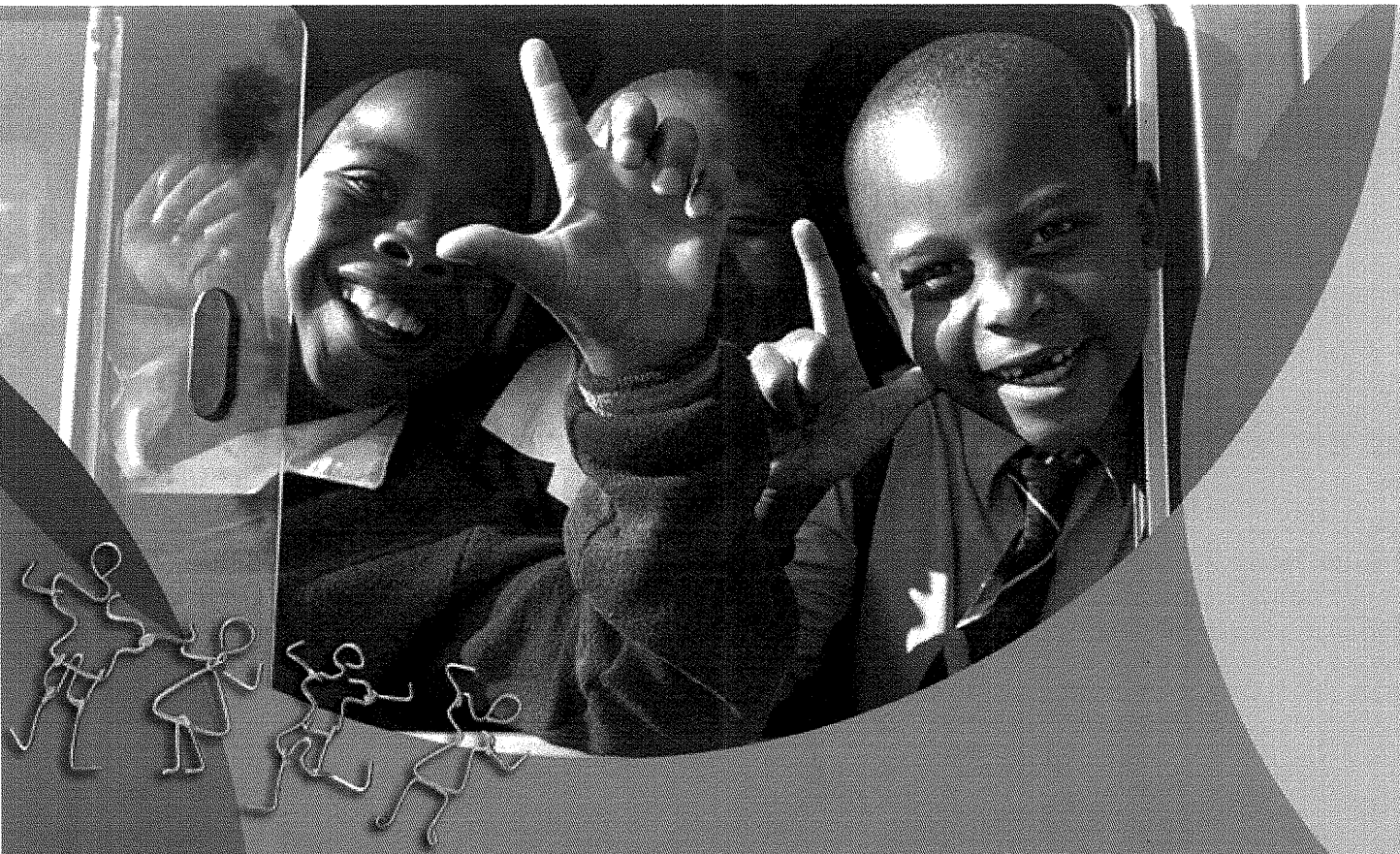
- Availability and use of heroin in disadvantaged areas.
- Age of first use of alcohol and drugs.
- Use of crystal methamphetamine and methcathinone.

Selected topics for further research

- Is the age of first use of alcohol declining? Why?
- In what ways do alcohol and crack cocaine lead to violence?
- What is the nature and extent of poly-substance abuse?
- What is the purity of drugs? What contaminants are evident in drugs on the streets?
- What interventions are useful in reducing alcohol and drug related risky sexual behaviour?

We acknowledge the financial support of the National Department of Health & Gauteng's Department of Social Services and Population Development

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**South African Community Epidemiology
Network on Drug Use (SACENDU): key
alcohol and drug abuse trends: January
- June 2002 (Phase 12)**

November, 2002

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