

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: July - December 2009 (Phase 27)

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); 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 8217 patients seen across the 61 centres/programmes in the 2nd half of 2009 (i.e. 2009b).

Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2009)

Alcohol remains the dominant substance of abuse across all sites except the WC and the NR. Between 29% (WC) and 69% (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 KZN, when compared to the 1st half of 2009. Treatment admissions for alcohol-related problems in persons under 20 years of age are generally less common, ranging between 6% (WC) and 18% (NR) 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 (2009b)

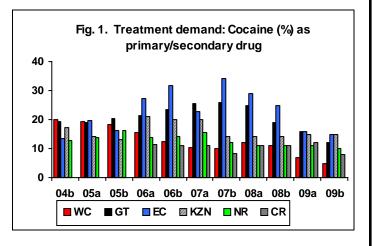
patients under 20 years – selected drugs (2009b)							
	Age	WC	KZN	EC	GT	NR ¹	CR^2
# centres		22	7	5	16	6	5
# patients		2642	1138	648	2646	652	491
Alcohol	All	29	47	50	47	38	69
	<20	6	15	14	14	18	16
Cannabis	All	17	28	16	28	44	20
	<20	46	63	47	64	62	66
Methaq.	All	3	1	6	2	0	1
	<20	2	1	14	1	0	1
Cocaine	All	2	6	7	5	4	3
	<20	1	2	4	2	2	2
Heroin	All	12	17	4	12	11	1
	<20	8	17	3	11	13	0
Methamphe	All	36	0.1	7	1	0	0
tamine	<20	36	0	13	1	0	0

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

Across sites between 27% (EC) and 56% (NR) of patients attending specialist treatment centres had **cannabis** as their primary or secondary drug of abuse, compared to between <1%

(NR) and 18% (WC) for the cannabis/Mandrax (methaqualone) 'white-pipe' combination. In 2009b the proportion of treatment admissions with cannabis as a primary drug increased slightly across sites or remained stable when compared to the previous period. In the NR cannabis is reported as primary substance of abuse by 62% 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 declined in the first half of 2009. In this period (2009b), proportions increased slightly, except in WC, GT and CR (Fig. 1). Between 5% (WC) and 15% (EC) of patients in treatment have cocaine as a primary or secondary drug of abuse. Relatively few patients younger than 20 years are admitted for cocaine-related problems, ranging between <1% (WC) and 4% (EC), of all adolescent patients admitted from July - December 2009.

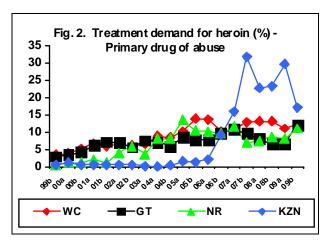


Treatment admissions for **heroin** as a primary drug of abuse remained fairly stable in WC and EC,, increased in GT and NR, but declined significantly in KZN (Fig. 2). In KZN 17% of patients had heroin as a primary drug of abuse, this has decreased significantly compared to two previous periods. The 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%, 23% and 26% respectively report injection use. One patient 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)

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

The proportion of heroin patients who were Black/African increased to 51% (from 30% in 2008b) in GT and decreased to 52% in the NR (from 57% in 2009a). In GT 78% of heroin patients younger than 20 years were Black/African compared to 69% in the previous period. While the proportion of patients who report heroin as their primary drug increased in the NR and GT, a relatively large proportion (14%) also reported heroin as a secondary drug of abuse.

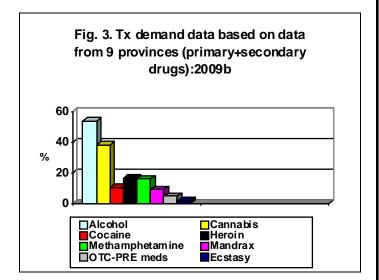


Club drugs and methamphetamine (MA) - Treatment admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in Cape Town. Across sites only <1% to 2% of patients had Ecstasy as a primary or secondary drug of abuse. MA (aka 'Tik') remained the most common primary drug reported by patients in Cape Town in 2009b, however the proportion declined to 36% from 41% in 2009a. Among patients under 20 years the proportion reporting MA as a primary or secondary substance of abuse decreased slightly to 51% (compared to 55% in 2009a), but remained lower than the over 70% recorded in 2006 and the first half of 2007. Over half 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 10% (EC) reporting MA as a primary or secondary drug in 2009b. Port Elizabeth.has seen an increase of local patients admitted for MA in the 2nd half of 2009.

The abuse of over-the-counter (OTC) and prescription medicines such as slimming tablets, analgesics, and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be an issue across sites. Treatment admissions as a primary or secondary drug of abuse were between 2% (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 5% of patients had 'CAT' as a primary or secondary drug of abuse. Polysubstance abuse remains high, with between 32% (CR) and 45% (WC) of patients indicating more than one substance of abuse.

Other key findings

The **proportion of patients under 20 years** ranged from 16% (CR) to 28% (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 72% and in GT 76% of patients younger than 20 years were Black/African in 2009b. An overall picture of drug treatment admissions in South Africa based on information combined over the 61 treatment centres in 9 provinces is given in Fig. 3.



Between 14% (EC) and 34% (GT) of patients reported that they had been **tested for HIV** in the past 12 months, while overall 4% of patients declined to answer this question. Data was also not collected from 10% of the 8217 patients.

Selected implications for policy/practice

- Prevent increasing use of MA by Black/African females in WC, by drug users in general in EC, and young females in GT.
- Consider establishing treatment centres in Cape Town that are sensitive to the therapeutic and other needs of women.
- Ensure that treatment centres in EC have capacity to respond to increase in MA use.
- Encourage HIV testing among clients in treatment in EC,
 GT and elsewhere, including among young clients.

Selected issues to monitor

- Use of Mandrax and also inhalants, as well as shift in use from crack cocaine to heroin, in EC.
- Drop in mean age of patients in treatment in WC.
- Increase in heroin use in the NR.

Selected topics for further research

- Pathways by which young people get to treatment in the WC.
- Effectiveness of treatment programmes that serve young people.
- Case studies of very young patients.
- How can the uptake of VCT among clients in drug treatment be increased.

Alcohol & Drug Abuse Research Unit Medical Research Council (Cape Town)

andreas.pluddemann@mrc.ac.za charles.parry@mrc.ac.za www.sahealthinfo.org/admodule/sacendu.htm

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