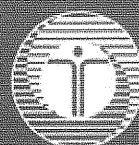


South African Community Epidemiology Network on Drug Use (SACENDU): alcohol and drug abuse trends: July- December 2001

April, 2002

Parry, C., Pluddemann, A., Bhana, A., Harker, N.,
Potgieter, H. & Gerber, W.

Child, Youth, Family and Social Development (CYFSD)
Human Sciences Research Council (HSRC)
Phone: +27 - 31 - 242 5544
Fax: +27 - 31 - 242 5406
Email: lrchter@hsrc.ac.za
Private Bag X67, Dalbridge, 4014, South Africa



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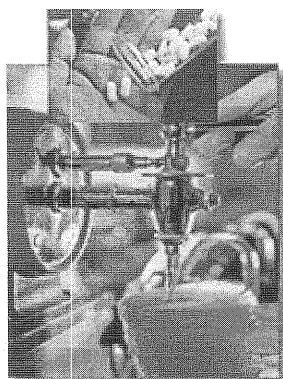


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South African Community Epidemiology Network on Drug Use (SACENDU) ALCOHOL AND DRUG ABUSE TRENDS: JULY – DECEMBER 2001

Charles Parry, Andreas Plüddemann, Arvin Bhana, Nadine Harker, Hennie Potgieter, & Welma Gerber

Update
(April 2002)

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, & Forensic Science Laboratories (FSL)). Other data sources are included when available.

HSRC RESEARCH OUTPUTS

2260

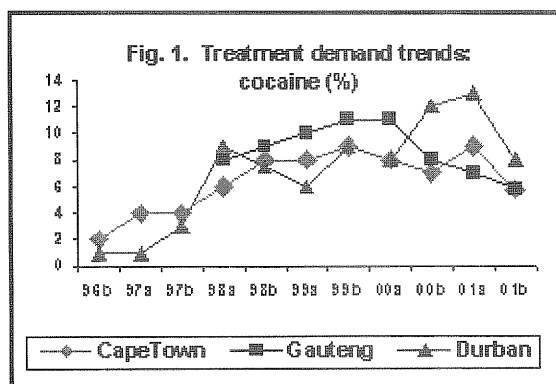
Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 2nd half of 2001)

Alcohol remains the dominant substance of abuse across sites. Between 46% (Cape Town) and 69% (Mpumalanga) of patients have alcohol as their primary substance of abuse. In PE in 2001, 57% of trauma patients had breath-alcohol concentrations $0.05\text{g}/100\text{ml}$, compared to 31% in Cape Town and 22% in Durban. Up to 75% of violence-related trauma patients were alcohol positive (in PE), and up to 45% (in Cape Town) of persons injured as a result of transport accidents were alcohol positive. Alcohol positive patients were more likely to have had prior trauma unit visits.

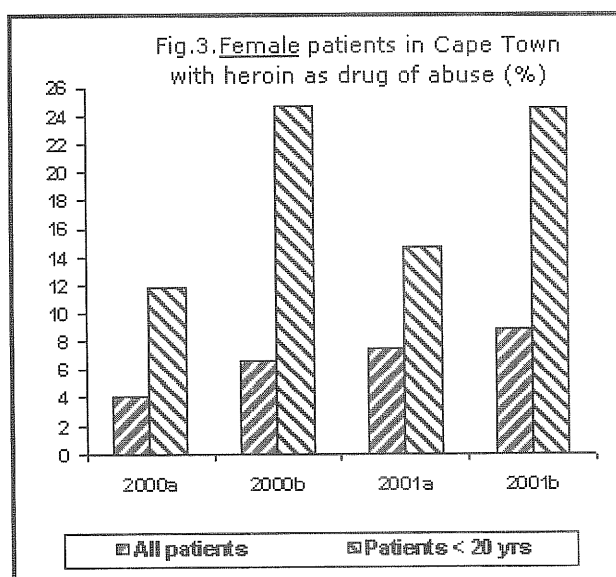
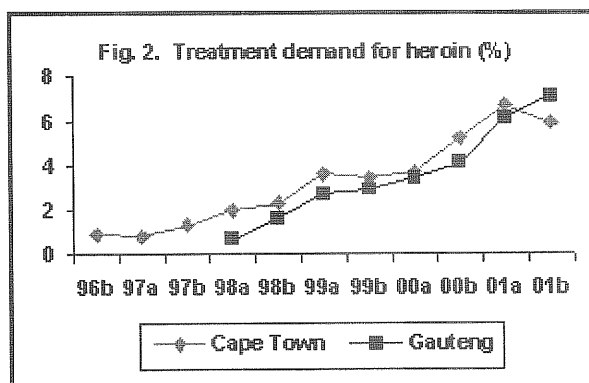
Use of **cannabis ("dagga")** and **Mandrax (methaqualone)** alone or in combination ("white-pipes") continues to be high. Across sites between 18% (Mpumalanga) and 37% (Cape Town) of patients attending specialist treatment centres had cannabis and/or Mandrax as their primary drug of abuse. There has 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. There has also been a steady increase in the percentage of trauma patients in Cape Town and Durban testing positive for THC, the active ingredient in cannabis (from 33% in 1999 to 44% in 2001 in Cape Town, and from 31% to 44% in Durban). The percentage of trauma patients testing positive for methaqualone, the active ingredient in Mandrax, has remained constant at 22% in Cape Town and 11% in PE, but has increased to 19% in Durban. The proportion of arrests for dealing in cannabis has decreased over time in all sites. With regard to Mandrax the major change has been an increase in the proportion of arrests for dealing in Durban (to 40% of all arrests). Increased seizures of Mandrax were reported in most sites.

The increases in treatment demand for **cocaine** 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. In Gauteng increases were, however, noted in the proportion of females reporting cocaine/crack as their primary drug of abuse. Nine percent of trauma patients in Cape Town tested positive for cocaine in 2001 (up from 3% in 1999/2000). In 2001, 3% of trauma patients in Durban and 0% in PE tested positive for cocaine. Increases in arrests for dealing in cocaine were reported in 3 of the 4 sites for which data were available, and large seizures were reported by the FSL in the Western Cape/Cape Town (166 kg).



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). In Cape Town, this is particularly evident among females less than 20 years of age (Fig. 3). Most heroin is smoked ("chasing the dragon"), but an increasing proportion of patients with heroin as their primary drug of abuse report some injection use (36% of patients in Gauteng and 51% of patients in Cape Town). Police seizures, however, decrease in all sites.



Club drugs - Treatment demand for Ecstasy or LSD as primary drugs of abuse is low. These drugs more often appear as secondary drugs of abuse. In three sites there was an increase in arrests for dealing in Ecstasy and large seizures of amphetamine type stimulants (ATS) were reported in Durban and Gauteng. Over 100 000 ATS tablets were processed by the FSL in Pretoria alone. An increase in seizures of LSD was reported by the FSL in Pretoria and Cape Town and by SANAB/OCU in PE. Arrest and seizure indicators for Speed are stable or showed a decline across sites.

The abuse of **over-the-counter (OTC) and prescription medicines** such as slimming tablets, analgesics (especially products containing codeine), and benzodiazepines (e.g. valium) continues to be an issue across sites, but treatment demand indicators are stable except in Mpumalanga where an increase was reported. In both Cape Town and Mpumalanga, increases in the percentage of abuse by males was noted.

There were isolated reports from certain treatment providers regarding the use of **Phencyclidine (PCP)** in Cape Town and Gauteng, and **khat** in Gauteng.

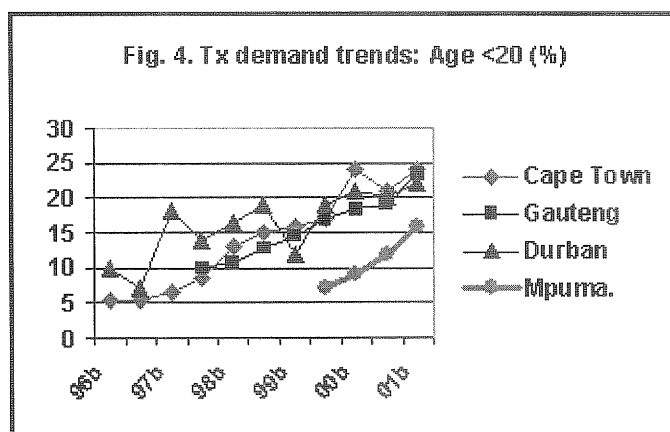
Poly-substance abuse remains high (but stable), with 31% of patients in specialist treatment centres in Gauteng reporting more than one primary substance of abuse (19%, 7% and 6% respectively reporting two, three and four substances of abuse). The corresponding percentages for Cape Town were 40% reporting more than one substance of abuse, with 21%, 11% and 7% respectively reporting two, three and four substances of abuse. Various drug combinations were reported including RedBull (an energy drink) with alcohol and Ecstasy, cocaine and heroin, cannabis and Mandrax, and LSD and Ecstasy.

The following regional differences were noted

1. The level of drug use, as well as the range of drugs used, is highest in Cape Town and Gauteng.
2. The percentage of trauma patients with alcohol levels above 0.05g/100ml is higher in PE than in Cape Town and Durban.
3. The use of Mandrax is more common in Cape Town and PE than in the other sites.

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 (Fig. 4). All sites reported an increase in the proportion of Black/African patients receiving treatment, especially persons under 20 years of age.



Selected implications for policy/practice

- Address the increasing abuse of drugs by young persons
- Address abuse of alcohol among pregnant women in high risk communities
- Investigate the need for educational and other strategies to address IV drug use
- Continue and expand programmes designed to reduce alcohol-related injuries.

Selected issues to monitor

- Patterns of referral to treatment centres
- Decreases in the age of initiation into drug use
- Spread of heroin and other hard drugs into traditionally Black/African residential areas
- Poly-drug use.

Selected topics for further research

- The abuse of OTC and prescription medicines by young people, including school-age youth
- The role of cannabis in traffic and violence-related injuries
- The increasing abuse of OTC and prescription medicines by males in some sites
- Drug using practices among heroin users
- Accessibility to treatment services for females and Black/Africans
- Reasons behind the increase in drug use by youth
- The role of alcohol in violence-related injuries and in pedestrian traffic injuries.

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Contact information of module owner: Dr Charles Parry
Director: Alcohol and Drug Abuse Research Group / E-mail: charles.parry@mrc.ac.za
Module administrator: Susan Hon / E-mail: susan.hon@mrc.ac.za
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