

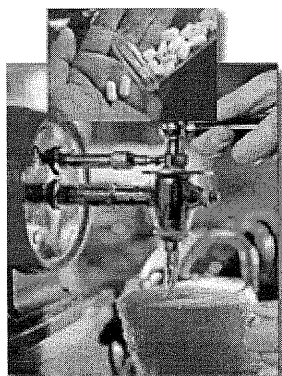


SA Health/Info

# Alcohol & Drug abuse

information clearinghouse

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## South African Community Epidemiology Network on Drug Use (SACENDU) ALCOHOL AND DRUG ABUSE TRENDS: JANUARY – JUNE 2001

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**Update**  
(November 2001)

### 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 1996, monitors trends in AOD use and associated consequences on a six-monthly basis using multi-source information from specialist treatment centres (50+), 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.

### Latest key findings by substance of abuse (unless stated otherwise the findings relate to the 1st half of 2001)

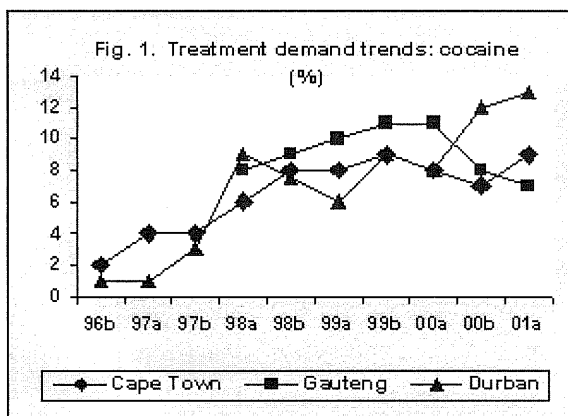
Alcohol is still the dominant substance of abuse across sites and has a major impact on individuals and society particularly in the area of violence and traffic-related morbidity and mortality. In Cape Town in 2001, 48% of trauma patients had breath-alcohol concentrations 0.05 g/100ml. The proportion of mortuary cases in 2000 with blood alcohol concentrations 0.05 g/100ml ranged from 37% (in Durban) to 64% (in PE).

Use of cannabis ("dagga") and Mandrax alone or in combination ("white-pipes") continues to be high. Across sites between 21% (Mpumalanga) and 45% (PE) of patients attending specialist treatment centers had cannabis and/or Mandrax as their primary drug of abuse. There has been a substantial increase in treatment demand for cannabis and/or Mandrax related problems over time in Cape Town and PE. There has also been a steady increase in the percentage of trauma patients in Cape Town testing positive for THC, the active ingredient in cannabis (from 33% in 1999, to 44% in 2001). The percentage of trauma patients testing positive for methaqualone, the active ingredient in Mandrax, has remained constant at around 22% in Cape Town. Of 200 non-natural deaths studied in Cape Town 33% tested positive for THC and 12% for methaqualone. The proportion of arrests for dealing in cannabis has decreased substantially over time in Cape Town and Gauteng. Over a million Mandrax tablets were seized in Durban in the first half of 2001.

There has been a dramatic increase in treatment demand for cocaine over time in Cape Town, Durban and Gauteng (Fig. 1). Between 7% and 13% of patients in Cape Town, Gauteng and Durban had cocaine as their primary drug of abuse. Nine percent of trauma patients in Cape Town tested positive for cocaine (up from 3% in 1999 and 2000). The proportion of arrests for dealing in cocaine has increased substantially over time in Cape Town and Gauteng.

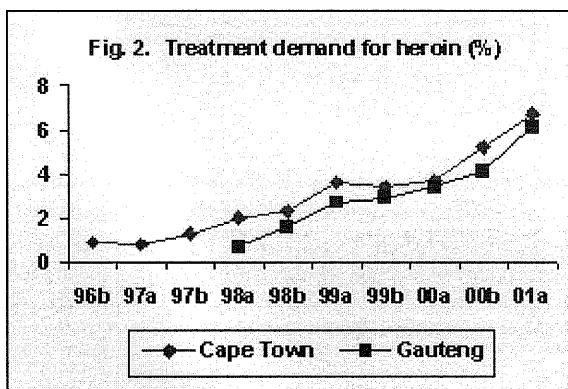
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There has been a dramatic increase in treatment demand for heroin as a primary drug of abuse over time in Cape Town and Gauteng (Fig. 2), particularly among persons less than 20 years of age. Most heroin is smoked (“chasing the dragon”), but 31% of patients in Gauteng and 47% of patients in Cape Town having heroin as their primary drug of abuse report some injection use.

Club drugs in general appear to be entrenched in the rave culture. Of 126 ravers interviewed at three large rave parties in Gauteng, 23%, 14% and 10% reported weekly use of Ecstasy, cannabis and LSD respectively. Treatment demand for Ecstasy as a primary drug of abuse remains low but showed a slight increase in three sites. Indicators for LSD are mostly stable or down, whereas several indicators for Speed (methamphetamine) showed an increase in Cape Town, Durban and Gauteng. In Mpumalanga, 41% of selected rave club attendees tested positive for Ecstasy.



The abuse of over-the-counter and prescription medicines, such as slimming tablets, analgesics (especially products containing codeine), and benzodiazepines (e.g. valium) continues to be an issue across sites.

Police intelligence noted an increase in availability of synthetic khat (Catinone) and hashish in several sites.

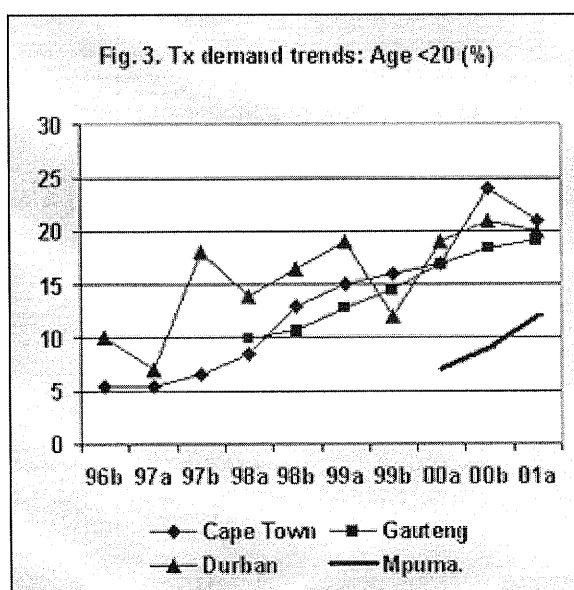
Poly-substance abuse remains high, with 31% of patients in specialist treatment centres in Gauteng reporting more than one primary substance of abuse (16%, 9% and 6% respectively reporting two, three and four substances of abuse). The corresponding percentages for Cape Town were 40% reporting more than one substance of abuse with 26%, 12% and 2% respectively reporting two, three and four substances of abuse. Drug combinations reported included alcohol and various illicit drugs, alcohol and analgesics and benzodiazepines, cocaine and cannabis, and Speed and Ecstasy (in a single pill).

**The following regional differences were noted**

- The level of drug use, as well as the range of drugs used, is higher in Cape Town and Gauteng as compared to other sites.
- Alcohol-related mortality is substantially higher in PE than in Cape Town, Gauteng and Durban.
- The use of Mandrax is more common in Cape Town and PE than in the other sites.
- In more rural Mpumalanga the main substances abused are alcohol and dagga.

#### 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. 3).



#### Selected implications for policy/practice

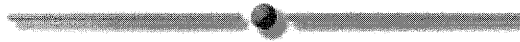
- Reduce high levels of alcohol-related homicides and transport deaths in PE
- Renew efforts to address abuse of OTC and prescription medicines (esp benzodiazepines and OTC codeine products by females).
- Increase treatment/prevention programmes directed to young persons.

#### Selected issues to monitor

- Drug use profile of younger patients.
- Abuse of synthetic khat and buprenorphene.
- Drug-related deaths.
- Spread of harder drugs into traditionally Black/African residential areas.
- Spread of heroin use from metropolitan areas.

#### Selected topics for further research


- Baseline data on drug use in communities.
- Nature and extent of substance abuse treatment provided by general practitioners, private psychiatrists, and general hospitals.
- Barriers to treatment experienced by Black/Africans.



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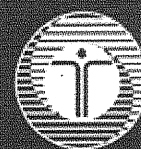


**South African Community Epidemiology  
Network on Drug Use (SACENDU):  
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