

Epidemiology of drug abuse treatment in South Africa

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Background. The aim of the study was to explore the epidemiology of drug abuse treatment in South Africa.

Methods. Treatment demand statistics were analysed from South African National Council on Alcoholism and Drug Dependence and the South African Community Epidemiology Network on Drug Use records, and a rapid situation assessment was conducted. Twenty-one key informant interviews were conducted in all 9 provinces among provincial substance abuse co-ordinators, and one manager per treatment centre from a sample of treatment centres. Three focus groups were conducted and 46 self-administered questionnaires were distributed among inpatients at 2 selected treatment centres in Free State and North West provinces. Qualitative data were analysed using grounded theory, and quantitative data analysed using SPSS.

Results. Treatment records show that the most frequent substance of abuse was alcohol (51%), followed by cannabis (21%), crack/cocaine (9.6%), heroin/opiates (7.9%), methamphetamine (Tik) (4.5%), prescription/over-the-counter drugs (2.0%), and cannabis/mandrax (1.7%). More substance abusers were male, of lower education, white or black, than were female, more highly educated, coloured and Indian/Asian. Key informant interviews showed that females are the 'hidden' substance abusers and tend not to be identified in research statistics and at treatment centres. Poverty, unemployment, lack of recreational facilities, being surrounded by substance abusers, and long work shifts were also mentioned as factors contributing to substance abuse. The age of initiation of substance abuse using hard drugs such as glue was 9 years old, alcohol 10-12 years old, dagga 11-

12 years old, poly-drug use (alcohol, tobacco and dagga) 14 years old, and harder drugs such as cocaine and heroin at 16-17 years old, as reported by key informants. Family care and support, improved socioeconomic conditions and increased law enforcement would help to discourage substance abuse.

Conclusion. Prevention interventions and policies in South Africa should focus on reducing substance abuse by targeting the 'at risk populations' identified in this study.

Empirical evidence collected in the late 1990s pointed to a gradual increase in drug-related problems and substance abuse in South Africa. The challenges associated with substance abuse continue to be perpetuated by socio-economic and developmental factors¹ and because South Africa is one of the world's largest producers of some drugs such as cannabis, most of which is consumed regionally, with shipments going to the Netherlands and the UK.² Both locally and at a global level, moreover, drug consumption and trafficking is very active.³

In South Africa, alcohol and drug abuse was highlighted by former President Nelson Mandela in his opening address to Parliament in 1994,⁴ as a problem among the social pathologies that needed attention. Since 1994, there has been a dramatic increase in the establishment of private treatment services (both licensed and unlicensed).⁵⁻⁷ An initiative to develop norms and standards for inpatient treatment centres has recently been completed.⁷ Steps have also been taken to institute protocols for managing the detoxification of patients at secondary hospitals in several provinces.⁸

An international example of substance abuse patterns is in Texas, USA, where alcohol was found to be the primary drug of abuse in terms of dependence, death, treatment admissions and arrests, while cocaine was found to be the primary illicit drug for which Texans commenced treatment.⁹ In 2003, cocaine (crack and powder) represented 27% of all adult admissions to the Texan Commission on Alcohol & Drug Abuse-funded treatment programmes. Abusers of crack cocaine made up 19%, and of powder cocaine 8%, of all admissions.⁹

In Nigeria, 367 substance abuse clients were admitted to a university's teaching hospital's cross-sectional study between 1980 and 1984.¹⁰ Those between the ages of 15 and 30 tended to abuse cannabis and amphetamine more than alcohol, whereas

Epidemiology Of Drug Abuse

**National Institute on Drug Abuse.
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Epidemiologic Trends in Drug Abuse National Institute on Drug Abuse. Community Epidemiology Work Group, 2006

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