The need for a science-based approach to addressing substance abuse in the Western Cape (25/8/04)

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www.mrc.ac.za/adarg/adarg.htm
www.sahealthinfo.org/admodule/alcdrug.htm

Introduction

The MRC welcomes the move by the new government of the Western Cape to give greater priority to addressing substance abuse. We are encouraged that increased financial and other resources are to be directed to addressing this problem, but are keen to ensure that resources are directed to where they are likely to have the greatest impact. Research needs to play a key role in this process.

Review of MRC research on alcohol and drug abuse in the province

The MRC has been involved in a variety of research projects that have highlighted the scope of the problem and where resources need to be directed. Among other things this research has indicated that:

- Over one quarter of drinkers in the province drink at "risky" levels over weekends (1998).
- One in 3 males and one in 5 females in Grade 11 in Cape Town engaged in binge drinking over the past two weeks (1997), and 80% of adolescent drinkers have been drunk at least once (2002).
- Roughly one in six Grade 11 male students have consumed dagga in the past month (1997).
- Almost 6 out of every 10 arrestees in Cape Town in 2000 tested positive for an illegal drug, with levels being particularly high for crimes such as housebreaking (66%). Arrestees who tested positive for drugs were significantly more likely to have had a prior arrest than drug negative arrestees.
- More than one in two non-natural deaths in Cape Town in 2002 had alcohol levels $\geq$0.05g/100ml.
- More than one in three patients seen at trauma units in Cape Town in 2001 had alcohol levels $\geq$0.05g/100ml, and over 4 out of every 10 trauma patients tested positive for an illicit drug.
- A review of treatment demand data collected via the SACENDU Project from over 20 treatment centres in *Cape Town* since 1996 indicates:
  - A dramatic increase in treatment demand for drugs such as dagga, Mandrax, cocaine, and heroin as primary drugs of abuse over time (each increasing by 8 percentage points between 1996 and 2004; e.g. in 1996 only 1% of patients in treatment had heroin as a primary drug of abuse; in the first half of 2004 this increased to 9%)
  - A sudden increase in the number of patients having methamphetamine ("Tik") as a primary or secondary drug of abuse since the second half of 2003 (from 121 patients to 376 in the 1st half of 2004), with over half of the methamphetamine patients being under 20 years of age.
  - Major demographic shifts in patterns of drug use, including:
    - an increase in the proportion of patients under 20 years of age, from 5% in 1996 to 25% in the 1st half of 2004,
    - an increase in the proportion of heroin and Ecstasy patients who are Coloured.
  - An increase in poly-drug use (with 10% of patients in treatment in Cape Town in the 2nd half of 2003 reporting four or more substances of abuse).
  - Women and black South Africans remain underserved by existing treatment centres, with only 11% of patients treated in Cape Town in the 2nd half of 2003 being black and 18% being female.
- Alcohol, in particular, has been linked to a range of other problems such as risky sex, family violence, and academic failure and absenteeism from school (studies over different years).
- Almost 1 in 5 HIV patients met criteria for current alcohol abuse or dependence. Patients with alcohol use disorders were more likely to have symptomatic HIV infection (2003).
- Based on the experience of international research, the economic costs of the abuse of alcohol and drugs to the province are likely to exceed R1 billion per year.

Implications for policy (and budgeting)

We recommend that the province formulate its own provincial drug master plan. Serious consideration should be given to establishing an independent provincial commission, answerable to the provincial legislature on an annual basis, but with the powers and resources to drive the implementation of the provincial plan. Such commissions have been shown to be effective in places like Alberta, Canada. Based on local and international experience we recommend that among other things priority in programming should be given to:

1. Reducing the supply of drugs and addressing supply-side issues related to alcohol
   - Enforce existing minimum drinking age.
   - Pass provincial legislation addressing the retail sale of alcohol and bringing shebeens into the regulated market.
   - Increase frequency of random breath testing of drivers.
   - Continue to put pressure on drug-related organised crime (focus on certain related crimes such as perlemoen smuggling as well as on high intensity drug dealing/trafficking areas).

2. Promoting and implementing effective prevention programmes
   - Identify and implement effective community-based prevention approaches aimed at:
     - *School-going youth*, their families, and the broader community.
     - *High risk youth* and their families, and as well as the broader community within which they reside.
     - *Other vulnerable populations*, such as street children, workers in certain occupations (including sex trade), and pregnant women.

   (or support existing initiatives with proven effectiveness)
   - Design and implement a system for monitoring substance abuse education and prevention programmes. Accreditation should be given to those programmes meeting predetermined norms and standards.

3. Improving access to quality treatment
   - Attempt to minimise barriers to treatment (financial, language, gender, geographic).
   - Support effective existing treatment interventions and the establishment of new treatment options in underserved areas.
   - Build strong partnerships between substance abuse treatment and mental health services.
   - Increase the involvement of primary care (e.g. general practitioners, community clinics, secondary hospitals) in early intervention, relapse prevention and shared care.
   - Improve access to treatment programmes and services (including diversion programmes) in the criminal justice system.
   - Implement an ongoing system of monitoring substance abuse treatment services. Accreditation should be given to those programmes meeting predetermined norms and standards.
   - Improve training of service providers in the health and social services fields (e.g. ER staff, staff working at PHC clinics, and staff working at specialist treatment centres). Develop treatment protocols where necessary.

4. Ensuring that there is a good information base to guide the implementation of the provincial plan
   - Establishing a provincial clearinghouse to collect and collate local and international best practice regarding interventions likely to be effective in combating substance abuse.
   - Facilitating the ongoing monitoring of patterns in substance use and associated consequences through, for example, funding periodic school and community surveys, and funding the SACENDU project to continue its work of monitoring substance abuse treatment demand and other indicators and expand to other parts of the province.
   - Monitor and evaluate the implementation of new initiatives (even if only at a basic level).
   - Provide funding for small demonstration projects in the area of substance abuse prevention and treatment.