



**REPORT TO THE EMCDDA
By the Reitox National Focal Point**

**“SPAIN”
DRUG SITUATION 2001**

REITOX

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SUMMARY

MAIN TRENDS AND DEVELOPMENTS

The 2002 Spanish National Report has been drawn up by the Spanish Focal Point, the Government Delegation for the National Plan on Drugs, in accordance with the guidelines established by the EMCDDA, as part of the 2002 REITOX "Core tasks" contract.

The present Report addresses the state of the drug phenomena in Spain based on the current drug use trends. The activities developed by the various institutions that are part of the National Plan on Drugs (Central Government, Regional and Local Administration and NGO) on demand reduction and supply control are described.

This report includes four sections: the first one analyses the legal and institutional framework that guides the Spanish drug policy, although over the past year no significant changes have taken place, since the National Drugs Strategy approved in 1999 will be applicable for the period 2000 – 2008. The second section studies the epidemiological situation related to drug use, the third one deals with the analysis of the different responses designed to reduce the demand for drugs in Spain and the last one focuses on three specific key issues.

The Spanish Monitoring Centre for Drugs periodically provides the most recent and exhaustive data on drug use and related consequences. The most recent data comes from the General Population Survey on Drug Use carried out in 2001 (15 - 64 age group) and to the School Survey (14 - 18 year old students) in 2000. This data is compared with that of the surveys carried out in 1995, 1997 and 1999 (General population) and in 1994, 1996 and 1998 (School).

Patterns in Spain are moving away from the scenario where illegal drug use problems were limited mainly to heroin injecting, and are progressing to a more complex situation. Along with heroin or heroin and cocaine injectors, other problem user groups are materialising (cocaine sniffers, cannabis users, heroine or crack smokers, users of both legal and illegal drugs, etc.). It is possible that in the near future the use of new drugs and new consumption patterns will develop, which could rise to popularity and fall out of favour more quickly than past trends due to the growing access to new dissemination technologies and exchange of information.

An increase has been observed over the last four years in cocaine-related problems. This increase is presently the cause of considerable concern in social and health circles, and will continue to be so in the future. Problems connected with the use of cannabis (mainly treatment for abuse or dependence) have also increased over the last few years, although figures are still below those recorded for the previously mentioned substances. Finally, use of amphetamines and ecstasy, at least up to now, have still not triggered the problems initially feared at the beginning of the nineties, these proportions remaining relatively low.

Cannabis is the illegal substance most used in Spain. Until a few years ago, heroin, mainly injected, was responsible for most of the social and health problems linked with illegal drug use in Spain, despite the low levels of prevalence. However, in the late nineties, heroin has become less relevant, since cocaine problems now represent a significant proportion of recorded drug problems. Problems caused by amphetamines and other illegally traded drugs represent a very low proportion in our country.

AIDS and acute reaction experienced after taking drugs are the two main causes of death among opiates or cocaine users, however at the present deaths due to AIDS are more numerous than those caused by acute reaction. Since the second half of the eighties, AIDS and HIV infections have become one of the major health problems associated with the use of drugs in Spain. The most common AIDS infection source is intravenous drug use in all the Autonomous Communities. In the last years some new HIV infections have occurred but available data does not indicate important incidence increases.

Nevertheless, as indicated above, the prevalence of HIV infection continues to be high among intravenous drug users and risk conducts, especially among those with seronegative HIV or those who are not aware of their serological status.

Within demand reduction, prevention is the fundamental objective of the National Plan on Drugs, as established in the National Drugs Strategy for the period 2000-2008. These preventive measures are fundamentally aimed at education and training in values, targeting mainly children and young people, and concentrating on the more vulnerable groups within the population. Preventive programmes have been developed at schools, at home and at the workplace. After-school and community programmes have been made available to young people, backed by media campaigns, and by information and documentation systems.

Information on the evaluation of some of these programmes ("among we all", "in the farm with my friends", "building health", "open until down" and "the youngest night and the youngest afternoon") is included in the chapter on prevention.

Together with prevention, the main working areas are the ones described in previous reports. Treatment services and re-integration programmes have been implemented in accordance with the present needs. Innovative initiatives taking place in particular environments, such as prisons, are also mentioned.

Regarding supply control, the data on drugs seized during 2001 show a general increase on the quantity seized of the different illicit drugs and on the number of seizures made of each one of them. It can be highlighted the quantity of cocaine seized, up to 33.680 Kg. The positive results of several major successful interventions allowed this spectacular growth. The number of seizures also confirms this growth, although the drawn trend of the last years is more constant. In the year 2001, 26.127 seizures took place instead of the 16.080 seizures carried out in the previous year. The hashish, on the other hand, continues being the most seized substance in Spain. In 2001, 514.181 Kg. of cannabis were seized in 74.391 operations. In both cases it means an increase regarding the figures from the previous year, following the growing trend started in 1992. In the year 2001, 631 Kg. of heroine were seized. This quantity is higher than the one reported in previous years, except in 1999.

17.380 were people arrested for drug trafficking in 2001, a figure similar to that of 2000. Cannabis, and derivatives, is the substance that caused the bigger number of arrests. Taking a look at the trend followed during the period 1997 to 2001, it can be highlighted the growth of the arrests due to cannabis and cocaine derivatives and hallucinogens and the decrease of those caused by opiates. Those reported in 2001 for consuming or holding drugs in accordance with the Organic Law 1/1992, of February 21, for the protection of the civic security were 112.270 (this number represents an important increase regarding the figures reported in 2000 and the maintenance of the upward trend of the last years), and 52.843 administrative sanctions were imposed.

The last section analyses the three key issues focused this year on demand reduction expenditures on drugs in 1999, drug and alcohol use among young people aged 12-18 and social exclusion and reintegration.

Regarding the first key issue, the main conclusion is that an important budgetary effort has been done by the Spanish Administration during 1999, being the total expenditure on demand reduction of 178.639.108€ including just the Central and Autonomous Administration. Nevertheless, the Spanish Budget tries to keep balanced the expenditures on demand reduction and control supply. On the other hand, the Fund of Confiscated Goods provide important funds to support both activities related to control supply and demand reduction, being its beneficiaries the Central Administration Bodies, the Autonomous Communities as well as the Local Entities and the NGOs.

Regarding the issue on drug and alcohol uses among young people aged 12-18, the reports provides the results of the recent School Population Surveys that is carried out in Spain every two years in which scholars among 14-18 years old are included.

The most important conclusions of this Survey are:

- The main consumption pattern is the poly drug use, being verified that there is a high association among the consumption of alcohol, tobacco and cannabis and the consumption of the remaining substances.
- Psychoactive drug consumption has been balanced in general with internal displacements (more ecstasy, less cocaine, amphetamines and hallucinogens)
- The cannabis use continues growing between scholars.
- The beginning ages for drug consumption have been balanced for tobacco, alcohol and cannabis, rising up for the other substances.
- Most of the scholars recognize to suffer problems caused by consumption, denying the supposed harmlessness of the recreational drug use.
- The perceived risk associated to the consumption of substances as alcohol or cannabis is still low.

Concerning to social exclusion and reintegration, it is important to mention that the connection between social exclusion and drug use has change in the last years due to the consumption patterns transformation: the heroin consumption as a main pattern has been followed by the poly-drug use where consumers are not always linked to social excluded groups.

Five basic areas can be pointed out in the reintegration programs: relational, labor, formative, sanitary and recreational.

Two researches within social excluded population are provided in the report. Finally, regarding political issues in this field, in Spain the social exclusion problem is raised as a global problem; for this reason it was approved during the year 2001 the National Plan of Action for the Social Inclusion as a result of collaboration between different Spanish Public Administrations. This Plan is explained in depth in the report and set a precedent in Spain.

PART 1

NATIONAL STRATEGIES: INSTITUTIONAL AND LEGAL FRAMEWORK

1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES

1.1. Political framework in the drug field

As in previous years, the National Strategy on Drugs (2000-2008) continues being the reference document in the drugs field. During the year 2001, the activities included in each one of the three main performance fields covered by the Strategy - demand reduction, supply control and international co-operation - have been implemented.

The prevention of drug consumption is considered as the fundamental axis on which the Strategy is articulated and its high-priority performance areas are the school, the family, the workplace, the community and the social communication. In particular, a lot of importance has been given to the prevention of the consumption of alcohol and tobacco and the prevention of emergent recreational consumptions.

The supply control is based on the fight against international organizations, the national distribution of illegal drugs and the fight against the retail drugs sale.

Lastly, international co-operation continues being an area of special importance due to the transnational character of the drug phenomena. In this sense, Spain has continued acquiring a stronger commitment in the international debate on drugs towards the defence of a common policy on drugs within the European Union and the development of regional collaboration and co-operation mechanisms, especially with Latin America and the candidate countries, at multilateral and bilateral level.

1.2. Legal framework

In 2001 several relevant normative texts related to the drugs problem have been published.

The most prominent national disposition, for its importance in providing drug user access to the labour market, is the Law 12/2001, of July 9, of urgent reform measures of the labour market in order to increase the employment and to improve its quality. In accordance with this Law, a new additional disposition fifteenth has been introduced in the Workers Statute, recast text approved for Royal Legislative Decree 1/1995, of March 24.

According to this new additional disposition, to the effects foreseen in letter a) of the section 2 of the article 11 of the Workers Statute, the situation of social exclusion that enables anyone to benefit from a training contract (without a maximum age limit) is determined by the belonging, among social groups, to that of people with drugs or alcohol problems who are involved in social reintegration programmes.

Besides the referred legal modification, it can also be mentioned, regarding the control of precursors, the Royal Decree 559/2001, of May 25, which modifies annex I of the Law 3/1996, of January 10, on measures for the control of scheduled chemical substances liable to diversion for the illicit manufacture of drugs, in order to include the "norephedrine" in the category 1.

This Royal Decree transposes into the Spanish national code the Directive 2001/8/CE, of the Commission, of February 8, which modified annex I of the Directive 92/109/CEE, of the Council, after the Commission on Narcotics Drugs decided in March 2000 to include the substance denominated "norephedrine" in the schedule I of the annex of the Convention of the United Nations against the Illicit Trafficking in Narcotics Drugs and Psychotropic Substances, 1988.

Finally, within the national legal framework, it is also necessary to point out, for its importance in drug prevention, the approval by the Government of two Royal Decrees.

- Royal Decree 937/2001, of August 3, which modifies the Royal Decree 1345/1991, of September 6, modified by the Royal Decree 1390/1995, of August 4, that settles down the Obligatory Secondary Education curriculum (12 to 16 years students),
- Royal Decree 938/2001, of August 3, for which modifies the Real Ordinance 1179/1992, of October 2, that settles down the High school curriculum (16 to 18 years students).

These dispositions respectively establish for both educational levels minimum obligatory contents, within the subject of physical education. They refer to harmful habits (such as smoking, drinking...), evaluate the negative consequences on the physical condition and on the health linked to them and help them to reject such attitudes; finally the negative social problems caused by habits as alcohol, tobacco or drug are analysed.

On the other hand, within the framework of legislation passed by the Autonomous Communities in 2001, some legal dispositions have been adopted.

It can be mentioned, in the first place, the approval of the Law 3/2001, of April 4, for the prevention, treatment and social reintegration regarding drug dependencies of the Autonomous Community of Aragon, and the Law 5/2001, of October 17, on drug dependencies and other addictions of the Autonomous Community of La Rioja. Therefore both territories join the group of Autonomous Communities that have passed already general laws as regards drug dependencies.

Next to them, it should also be mentioned the Law 1/2001, of May 3, which modifies the Law 4/1997, of prevention and treatment as regards drugs of the Autonomous Community of Andalusia, in accordance with which several modifications are introduced in the sale, consumption, supply and distribution régime of alcoholic drinks in this Community.

Lastly it should be mentioned the publication of the Law 12/2001, of December 21, for Sanitary Ordination of the Autonomous Community of Madrid, whose I Title XI refers to drug dependencies.

Two bills can also be highlighted:

- Bill for the prevention of the undue consumption of alcoholic drinks. Its aim is to prevent the consumption of alcohol by minors under 18 years and the abusive consumption by those over that age, in order to protect the health from the risks and damages linked to this consumption.
- Bill which regulates the fund of seized goods due to illicit drug trafficking and other related crimes, that will suppose the modification of the Law 36/1995, of December 11.

1.3. Laws implementation

In October 2001, the Criminal Court of the Supreme Tribunal modified the approach regarding the aggravating circumstance “quantity of notorious importance of narcotic drugs and psychotropic substances” (foreseen in article 369.3 of the Penal Code) referred to the crime of drugs trafficking.

The reasoning behind this change reflects the need to balance sentences passed for big drug trafficking operations and those others in which much smaller quantities of drug are involved.

Due the present Penal Code, sentences passed for drug trafficking are more severe than before and therefore a clear limit between the usual and the notoriously important has to be drawn. This “notorious importance” means quite a difference with regards to the prison sentence so the aggravating circumstance can only apply to those cases with true and evident importance.

The aggravating circumstance of “quantity of notorious importance” is now applicable when the quantity involved exceeds of 500 doses of the daily dose of a drug user. According to a report produced by the National Toxicology Institute, the usual daily dose for a cocaine addict is 1,5 grams therefore 500 doses amount up to 750 grams of cocaine. The same 500 doses account for 300 grams of heroine and 2,5 kilograms of hashish.

1.4. Developments in public attitudes and debates

The perception that the Spaniards have on the drug phenomena should be kept in mind to establish its real impact. It is an important issue, since the citizens' reaction regarding the preventive measure and especially the repressive ones, will depend in great measure on the social perception of this problem and on the actions taken to counter it.

In order to determine the social importance given to the drug phenomena and the evolution of this perception, the surveys carried out by the Sociological Investigations Centre (*Centro de Investigaciones Sociológicas*) during the last months and an annual sample from 1998 have taken into consideration.

From the year 2000, in this surveys carried out every month Spaniards are asked to mention the three main problems Spain has and the three main problems that affect them personally. The interviewees respond freely mentioning the problems that they find more important, without having to choose from a previous list. This way the percentages certain categories are mentioned are established. The category “drugs” includes the category alcohol from July 1998 until November 2000 and therefore within that period it has been impossible to establish the differences between the importance given to illicit drugs and that given to alcohol.

Chart 1.1 First question: Which are the three problems that affect you personally more? (Spontaneous answer)

	Sept 2000	Oct 2000	Nov 2000	Dec 2000	Jan 2001	Feb 2001	Mar 2001	Apr 2001	May 2001	Jun 2001	Jul 2001	Sep 2001	Nov 2001	Dic 2001
Delinquency	8,0%	7,8%	7,7%	9,3%	7,7%	8,0%	8,2%	7,3%	7,7%	11,2%	9,0%	8,3%	13,8%	11,5%
Drug/alcohol	6,2%	5,6%	5,6%	5,6%	4,8%	6,3%	5,3%	7,2%	7,2%	7,5%	6,2%	6,5%	6,6%	7,0%
Economic situation	19,2%	20,7%	20,0%	18,4%	16,1%	13,3%	11,6%	13,7%	13,5%	15,0%	15,1%	15,9%	19,0%	17,5%
Cattle raising (mad cows and foot-and mouth disease, swine fever...)					12,4%	5,4%	10,8%	2,9%	1,1%	0,8%	1,6%	1,0%	0,7%	0,4%
Immigration	2,4%	1,8%	1,8%	4,0%	4,8%	9,5%	6,3%	5,6%	4,8%	5,8%	6,7%	5,4%	4,9%	4,3%
Unemployment	40,7%	38,3%	35,0%	37,5%	34,8%	37,5%	35,2%	38,6%	34,7%	36,3%	37,9%	36,8%	36,7%	39,8%
Retirement pension	6,4%	7,7%	6,6%	6,8%	7,4%	6,9%	6,1%	7,9%	8,1%	8,7%	6,1%	5,0%	6,6%	8,0%
Terrorism	23,0%	25,7%	31,0%	30,0%	26,7%	24,4%	30,4%	23,0%	27,1%	21,5%	25,8%	28,7%	26,8%	24,1%
Housing	5,1%	6,9%	4,6%	5,0%	6,0%	4,2%	3,5%	5,5%	4,5%	6,0%	6,2%	3,6%	5,5%	5,6%
Ordinal of the category drug/alcohol	7	10	7	6	8	7	8	6	5	6	5	5	7	6

Note 1: The eight categories most mentioned during the year 2001 have been included.

Note 2: The category n° 2 is titled drug/alcohol from September 2000 until September 2001 inclusive; in November and December it is titled drug.

Note 3: The October survey only included questions related with the terrorist attack against the Twin Towers of New York and the Pentagon of the United States of America.

Drugs and alcohol, as a problem that affects the interviewees personally, stay in a range that goes from 4,8% to 7,5% of the population. It is a relatively uniform and constant answer (no significant ups and downs are appreciated, the soft rising trend observed from March 2001 broke up in July 2001 to ascend smoothly up to 7% in December).

Considering drugs as a personal problem shows an independent tendency from other punctual phenomena such as housing problems, cattle raising problems or immigration problems that convey a punctual interest or concern to and decay after a time.

It can be concluded that the drugs and alcohol phenomena have affected personally during the final months of 2000 and 2001 a certain population group (between 4,8% and 7,5%), being perceived as an important problem independently from other conditions or phenomena.

Annual evolution

The annual comparison of the results prior to 2000 is difficult to estimate due to the instruments used and to the periodicity with which the surveys were carried out. In order to establish uniform approaches, the questionnaires analysed were the ones used for the month of March in 1998, in 1999 and in 2001. In 2000 the Spaniards were asked about the problems perceived only from September on, for this reason the results taken into consideration were that of this month.

Chart 1.2 Personal problems perceived by the Spaniards

	Mar 1998	Mar 1999	Sep 2000	Mar 2001
Delinquency – streets security	8,6%	11,6%	8,0%	8,2%
Drug – Drug/alcohol (from July 1998)	4,5%	8,2%	6,2%	5,3%
Economic situation	11,4%	14,1%	19,2%	11,6%
Unemployment	55,0%	51,9%	40,7%	35,2%
Terrorism	8,6%	7,8%	23,0%	30,4%
Place of the category drug	6	5	7	8

Note: the month of September 2000 is the first of that year in which the surveys referred to the social problems perceived by the Spaniards.

The annual evolution for 1998, 1999, 2000 and 2001 shows sample a similar pattern to the one observed for the period September 2000 - December 2001, including the percentages, except for the pick of March 1999, which corroborates the conclusion reached in the previous lines.

Chart 1.3 Second question: Which are the three main problems that exist at the moment in Spain? (Spontaneous answer)

	Sep 2000	Oct 2000	Nov 2000	Dec 2000	Jan 2001	Feb 2001	Mar 2001	Apr 2001	May 2001	Jun 2001	Jul 2001	Sep 2001	Nov 2001	Dec 2001
Delinquency	11,0%	10,0%	9,3%	9,9%	8,9%	8,5%	9,9%	10,0%	9,5%	14,9%	9,9%	8,9%	16,1%	15,0%
Drug/alcohol	15,6%	15,5%	15,1%	16,0%	13,1%	15,6%	14,2%	18,5%	19,1%	21,2%	17,0%	15,3%	15,9%	16,3%
Economic situation	15,1%	16,0%	13,1%	12,3%	8,7%	6,7%	5,8%	9,7%	8,1%	9,8%	10,0%	11,0%	12,7%	11,1%
Cattle raising (mad cows and foot-and-mouth disease, swine fever...)			1,1%	1,4%	21,6%	9,1%	16,6%	3,6%	1,0%	1,1%	2,0%	0,6%	0,4%	0,3%
Immigration		6,9%	5,5%	10,4%	17,6%	31,1%	16,9%	16,8%	13,9%	16,1%	15,3%	13,9%	10,0%	9,9%
Unemployment	63,7%	60,4%	64,2%	62,9%	59,7%	66,8%	60,7%	67,2%	63,5%	65,0%	62,9%	65,4%	62,0%	66,9%
Retirement pension	69,6%	72,1%	81,5%	80,9%	70,2%	65,2%	74,7%	66,9%	75,5%	61,7%	77,8%	75,6%	70,9%	66,4%
Terrorism														
Housing	3	4	3	3	5	4	5	3	3	3	3	3	4	3

Ordinal of the category drug/alcohol

Note 1: The eight categories most mentioned during the year 2001 have been included.

Note 2: The category n° 2 is titled drug/alcohol from September 2000 until September 2001 inclusive; in November and December it is titled drug.

Note 3: The October survey only included questions related with the terrorist attack against the Twin Towers of New York and the Pentagon of the United States of America.

The category drugs/alcohol as a social problem follows a similar pattern to the one reflected previously, although with values higher by approximately ten percent. These data seem to mean that the Spaniards attribute a remarkable importance to the phenomenon drugs/alcohol as a social problem, although it does not affect most of them personally.

Examining the previous data, the category drugs/alcohol appears as a personal problem between the fifth and the tenth place, while as a social problem it is between the third and fifth place. From the month of April 2001 a soft increase has been appreciated in the trend, with a drop in July and September, to ascend in November and December again.

Annual evolution

The annual comparison of the results shows that the Spaniards tend to value drugs and alcohol as an important social problem, behind unemployment and terrorism and next to delinquency and civic insecurity. Always maintaining constant figures, between the 14% and the 20% of the population, but in March 1999, when this figure increased up to 27,7% in an exceptional way.

Chart 1.4 Social problems perceived by the Spaniards

	Mar 1998	Mar 1999	Sep 2000	Mar 2001
Delinquency – streets security	10,7%	17,3%	11,0%	9,9%
Drug – Drug/alcohol (from July 1998)	16,3%	27,7%	15,6%	14,2%
Economic situation	6,1%	9,6%	15,1%	5,8%
Unemployment	83,1%	83,2%	63,7%	60,7%
Terrorism	35,0%	28,3%	69,6%	74,7%
Place of the category drug	3	3	3	5

Note: the month of September 2000 is the first of that year in which the surveys referred to the social problems perceived by the Spaniards.

Conclusions:

In general, the profile offered by the Sociological Investigations Centre surveys on the perception the Spaniards have of the drugs phenomena shows a moderate impact of the problem, in comparative terms, with regard to other phenomena that cause social concern.

The importance given to the category drugs/alcohol has to be put into perspective due to the priority given to other dominant social problems such as unemployment or terrorism, and with other issues that, from time to time, appear in the development of the social and economic dynamics. In fact, this panorama seems to indicate that the drug occupies a secondary position in the concern of the Spaniards behind problems that, in a more evident way, claim their attention and interest.

If we entered in speculations on the moderate position that occupies the category drugs/alcohol in the group of social concerns that the Sociological Investigations Centre measures, possibly we could highlight three ideas:

1. The heroine marginalization has meant a progressive displacement of the problems associated to this substance from the society attention. This is mainly due to the restriction of its consumption to marginal social groups and the localization of the consumption areas in isolated spaces away from population's nuclei and socialization spaces. All this has hindered its perception as a social problem inherent to the own society that observes it and diminishing the signs that alert on this problem.

2. The socialization of certain drugs, in particular cannabis and synthetic drugs, on contrary to that said for heroine, has determined a subduing from the rejection to its use due to the difficulty of making visible the of risk indicators that would increase the citizen awareness. The apparent nonexistence of visible physical consequences caused by these substances, together with their presence throughout all social groups and the ambiguity of the messages given to the public opinion on their effects have help to increase the level of tolerance of certain substances and, therefore, to reduce the interest in the matter.

3. The presence of perceptive habituation mechanisms, defined by the sensation that the drugs phenomena has uniform and not very changing characteristics, tend to habituate the population to a message that sees its impact progressively diminished.

1.5 Budget and funding arrangements (2001)

In 2001, the Spanish Public Administrations with competence on drug related issues managed a total budget of 254.133.202€, according to the following distribution.

Chart 1.5 Budget managed by the State National Administration

- Ministry of Interior:	
- Government Delegation for the National Plan on Drugs	50.337.015€
- Civil Guard	17.313.716€
- Police	15.126.844€
<hr/>	
- Ministry of Defense	468.528€
<hr/>	
- Ministry of Foreign Affairs	2.329.373€
<hr/>	
- Ministry of Labor and Social Affairs	8.176.707€
<hr/>	
- Ministry of Health and Consumers Affairs (Plan on AIDS)	1.496.520€
<hr/>	
TOTAL	95.248.702€
<hr/>	
Transfers to Autonomous Communities and Cities	24.371.040€
<hr/>	
TOTAL minus transfers	70.877.662€

Chart 1.6 Distribution of the budget managed by the Autonomous Communities and Cities in 2001 (includes the amounts transferred)

BUDGET MANAGED BY THE AUTONOMOUS COMMUNITIES AND CITIES IN 2001 (€) (These amounts includes the transfers from the Government Delegation for the National Plan on Drugs)					
AUTONOMOUS COMMUNITIES AND CITIES	AREAS OF INTERVENTION				TOTAL
	PREVENCIÓN	TREATMENT AND SOCIAL- REINTEGRATION	RESEARCH AND TRAINING	CO- ORDINATION	
ANDALUCIA	4.694.363	24.621.262	87.538	5.571.120	34.974.283
ARAGON	988.758	1.856.521	69.717	155.782	3.070.778
ASTURIAS	1.104.888	3.903.052	86.940	129.819	5.224.699
BALEARES	553.640	4.451.919	448.055	217.868	5.671.482
CANARIAS	3.069.043	8.936.861	0	573.564	12.579.468
CANTABRIA	856.785	1.714.808	363.943	109.853	3.045.389
CASTILLA-LA MANCHA	2.973.565	4.399.803	52.288	303.040	7.728.696
CASTILLA Y LEÓN	697.243	7.416.120	91.118	473.436	8.677.917
CATALUÑA	1.405.623	14.550.810	266.411	512.453	16.735.297
EXTREMADURA	1.562.631	3.004.760	96.162	2.082.808	6.746.361
GALICIA	1.704.912	8.199.824	127.681	151.235	10.183.652
MADRID	3.119.015	23.279.446	390.235	1.760.863	28.549.559
MURCIA	562.427	3.828.627	109.985	123.207	4.624.246
NAVARRA	478.592	2.737.839	81.335	200.209	3.497.975
PAIS VASCO	3.265.924	14.584.249	211.807	1.154.295	19.216.275
LA RIOJA	266.142	800.893	21.035	111.187	1.199.257
VALENCIA	2.169.020	7.570.218	221.566	583.767	10.544.571
CEUTA	115.416	417.530	34.430	4.505	571.881
MELILLA	105.177	137.226	3.068	168.283	413.754
TOTAL	29.693.164	136.411.768	2.763.314	14.387.294	183.255.540

Note: only the budgets of the most important Spanish municipalities are not included in these figures.

The Law 36/1995, 11 December, that regulates the fund of seized goods due to illicit drug trafficking and other related crimes, sets the uses of such fund. This can be applied to the prevention of drug use, the treatment and social reintegration of drug users, the improvement of the law enforcement activities carried out to counter illicit drug trafficking and the enhancement of international co-operation in this field.

In 2001, 6.710.961,26€ were distributed for financing drug demand reduction activities (5.154.880,82€) and fighting against illicit drug trafficking (1.556.080,44€).

PART 2

EPIDEMIOLOGICAL SITUATION

2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

2.1 Main developments and emerging trends

Over the last decade there has been an improvement in the quantity and the quality of epidemiological information on illegal drugs, enabling better knowledge to be gained about temporal and geographical consumption trends, and their repercussions.

The main features that portray the use of narcotic drugs and psychotropic substances in Spain are the following. There has been a clear drop of the most problematic drug use, such as the opiates consumption, mainly heroine, or the intravenous drug use. It can also be mentioned the hegemony of the recreational use of drugs (mainly, alcohol, cannabis, ecstasy and cocaine). Other features are the growing incorporation of women into the ranks of illicit drug users, the reduction of the age of initiation into the use of some drugs (as cannabis or ecstasy) and the consolidation of the poly-drug use as the dominant pattern.

A gradual transition has been taking place in Spain, whereas the use of the so-called recreational drugs (alcohol, cannabis derivatives, cocaine, ecstasy, amphetamines and speed) is progressively changing the model prevalent in the eighties and early nineties, centred on heroine and the social and health problems linked to its use. The use of substances such as cannabis, and on more limited levels, cocaine, ecstasy and amphetamines, for recreational purposes, has generated a normalising process of social accommodation with respect to the use of these substances. Subsequently there has been a decrease in the social alarm the use of these drugs generated in the past.

This phenomenon, together with the increase and diversification of the assistance programmes, particularly the expansion over the last years of programs providing opiate substitutes (DGPNSD, 2000b), and the control of the more serious health problems associated with heroin use –control of HIV infection and reduction of the deaths caused by acute reaction - (DGPNSD, 2000c), have contributed to a decline in the mention of heroin during social debates on the dominant drugs existing in Spain.

Nevertheless, despite the improvements recorded with relation to heroin, a substance which registers constant and prolonged reductions both in the number of users and in the problems associated with its use, it still can not be forgotten that, in Spain, after tobacco and alcohol, this substance generates the highest volume of socio-sanitary problems and the greatest demand for health care. At the moment the more serious problems caused by heroine are probably due to the existence of an important volume of highly dependent smokers or sniffers who can evolve to injection if the favorable circumstances are given, and in the high overdose risk and hepatitis C infection that the recent or sporadic injectors have.

Despite the prevalence of cannabis derivative consumption by youth groups in our country, its social-sanitary impact is still quite limited. Nowadays, this substance occupies the third place among those illicit drugs that trigger demand for treatment. Although the consumption of this substance still has a long way to go to reach that of heroin and cocaine, its use has been increasing since 1995.

Although in the last three years the problems caused by cocaine seem to have stabilised, over the last ten years, there have been very significant increases in cocaine based problems (increasing demands for treatment, emergency episodes where cocaine is named and death due to acute drug reaction with toxicological analysis positive for cocaine). This increase has been an important source of social-political concern, and will continue to be so in the near future. It is quite probable that these problems will continue to increase and others, which have been latent until now, will emerge. On the other hand, the wide use of cocaine among opiate consumers, including those persons receiving methadone treatment, can have important repercussions on their health and the evolution of the AIDS epidemic and hepatitis. In the last years a steady increase of the problems linked to the use of crack (mainly called "base" in Spain) has been noted, although it has not created social concern yet.

With regard to amphetamines and ecstasy consumption it could be said that it is relatively widespread. But there is a limited volume of demand for treatment y up to now health or social problems due to the use of these substances have not been detected.

2.2 Drug use in the population

Cannabis

Cannabis is the illegal drug most used in Spain. According to the 2001 Household Survey on Drug Use, 24,4% of the 15-64 year old Spaniards have used cannabis at some time in their life; 9,9% in the last year and 6,5% in the last month. The consumption levels are higher among 15-29 year old youths (35,9% has consumed some time in the life, 19,7% in the last year and 12,8% in the last month), men (31,9%) and urban population from metropolitan areas with more than 400.000 inhabitants (30,2% in those from 400.000 to 1.000.000 inhabitants and 28,9% in those with more than 1.000.000).

According to the Survey on Drugs to the School Population 2000, 31.2% of the 14-18 year old students had consumed cannabis some time in their life; 26.8% in the last year and 19.4% in the last month. Experimentation with cannabis is superior to 50% among the 18 year-old students (DGPNSD 2001b).

In Spain it is consumed mainly Cannabis sativa resin (hashish) blended with tobacco via lung. The usage tends to be occasional and limited in time, due surely to the eventual occurrence of unpleasant psychological effects, as anxiety or panic crisis, or to the smallest potential in abuse of the cannabis in relation to drugs such as nicotine or opiates. However, in 2001, 1,6% of the 15-64 year-old Spaniards consumed this drug daily (DGPNSD 2001a).

Synthetic drugs (amphetamine, ecstasy, LSD, other/new)

Use of these substances is much less extended that cannabis among the Spanish population. In 2001, among the 15-64 year-old Spaniards the last year prevalence for ecstasy consumption was 1,8%, for amphetamines or speed was 1,2%, and for LSD or hallucinogens was 0.7% (DGPNSD 2001a).

The consumption is more extended among the youth. The last year prevalence for ecstasy between young adults aged 15-29 years was 4,4%, for amphetamines or

speed was 2,8%, and for LSD or hallucinogens was 1,6%. On the other hand in the 2000 the prevalence of amphetamines consumption during the last year among 14-18 year old students was 3.1%, that of ecstasy was 4.6% and that of hallucinogens was 3.7% (DGPNSD 2001b).

Amphetamines are usually taken in the form of pills or powder (speed) and ecstasy in the form of pills. They are generally taken orally, although some amphetamine users take them nasally (sniffing/snorting). Ecstasy use is most prevalent among the youngest age group (15-24) and is probably fairly evenly spread across all socio-economic groups (Gamella and Álvarez-Roldán 1997; DGPNSD 1998; DGPNSD 1999). Use tends to be experimental or occasional and is rarely habitual or compulsive. Users' perception that increased dosages or frequencies increases the unpleasant effects and decreases the pleasant or positive effects may dissuade many users from frequent or heavy consumption (Gamella and Álvarez-Roldán 1997; EMCDDA 1999). This does not mean that users do not occasionally indulge in fairly heavy sessions of use. Thus, in 1998 31% of pupils aged 14-18 who had taken ecstasy stated that they had taken 3 or more tablets in a single session. (DGPNSD 2000a). Moreover, a group of heavy or compulsive users can be identified (Gamella and Álvarez-Roldán 1997a). Ecstasy tends to be consumed in discos and bars, at parties or at the weekend. The taking of ecstasy was initially associated in the main with various types of techno music (Gamella and Álvarez-Roldán 1997b). It is probable, however, that consumption patterns have diversified and that its use is increasingly less associated with a specific type of venue, music or ambience and that it has lost much of its role in the identity of specific groups.

Ecstasy and amphetamine users frequently take other drugs, such as alcohol, cannabis, cocaine and hallucinogens. By contrast, concurrent use of heroin or benzodiazepine is rare, except among heavy users. Additionally, there are signs that heroin users are including ecstasy and amphetamines among the broad panoply of products they consume (De la Fuente et al 1997a; Gamella and Álvarez-Roldán 1997b).

The use of hallucinogens takes place in the same recreational/party setting as ecstasy and amphetamines and is characterised by an even more experimental and sporadic use, probably because it is relatively common for users to experience unpleasant effects. LSD is the substance most used, although there has probably been a certain amount of experimentation with new synthetic and organic hallucinogens. Consumption seems to have levelled off in recent years, at least among the youngest age group.

Heroin/opiates

Heroin and opiates prevalence in Spain is at large stage unknown. Household surveys, which are generally considered to give fairly unreliable results in this regard, usually give figures for the monthly or annual prevalence of less rather lower than 1% for the Spanish population aged over 15 (DGPNSD 1997; DGPNSD 1998; DGPNSD 2001a).

Cocaine/crack

In 1999 3.1% of Spaniards aged 15-64 had taken cocaine at some point in their lives and 1.5% in the previous year (DGPNSD 2001a). Levels of usage were higher among the youngest age group. In fact, in 2000 5.4% of pupils aged 14-18 had taken cocaine at least once in their lifetime and 4.0% in the previous year. 2.2% had taken it in the

previous 30 days (DGPNSD 2001b). The use of *basuco* is still relatively rare among the general population and is mainly limited to heroin users. In 1999 only 0.3% of 15-64 year olds had ever taken it (DGPNSD 2001a). Nevertheless, in areas where heroin is mainly smoked, such as Grand Canary, it may have spread quite widely among certain marginal groups that do not take heroin, such as sex workers, for example (Barrio et al 1999).

The type of cocaine available in Spain is usually cocaine chlorohydrate. It is often mixed with caffeine, but is free of dangerous contaminants. Its purity (percentage of pure cocaine in the total weight) is extremely variable, but tends to be high (Barrio et al 1997b; DGPNSD 2000). Crack is usually produced by users themselves by heating cocaine chlorohydrate with an alkali (usually liquid ammonia). However, in some regions in the south-east (Andalusia, Extremadura, the Canary Islands and Ceuta) there is probably already a stable market for these substances (Barrio et al 1998b).

Three basic patterns of cocaine consumption have been identified. The most prevalent pattern is for light use (sporadic and in moderate quantities), usually nasally. The less common patterns are compulsive users (frequent among opiate users) and users characterized by frequent consumption of large quantities, generally intravenously or via the lungs (Barrio et al 1997a).

Cocaine/crack

In 2001, 4,9% of the 15-64 year old Spaniards had consumed cocaine some time in their life and 2,6% in the last year (DGPNSD 2001a).

In 2001, recent use of cocaine (within the last year) among the population aged 15 to 29 years old is 5%. On the other hand in 2000, 5.4% of the 14-18 year-old Spanish students had consumed cocaine at some time in the life, 4.0% during the last year and 2.2% in the last 30 days (DGPNSD 2001b). The use of *basuco* is still relatively rare among the general population, and it affects heroine consumers mainly. In 2001, 0,4% of the 15-64 year old population had consumed it at some time in their life (DGPNSD 2001a). However, in areas where heroine is mainly smoked, as Gran Canaria, it can have spread quite widely among certain marginal groups that do not take heroin, such as sex workers, for example (Barrio et al 1999).

The cocaine available in Spain is usually cocaine hydrochloride, often mixed with caffeine but free from dangerous adulterants. Its purity (percentage of pure cocaine in the total weight) is very variable, but tends to be high (Barrio et al 1997b; DGPNSD 2000). Crack is usually manufactured by users themselves heating cocaine hydrochloride with an alkali (usually liquid ammonia). However, in some Autonomous Communities of the southwest (Andalusia, Extremadura, Canarias and Ceuta) there is probably already a stable market for these substances (Barrio et al 1998b).

Two basic cocaine consumption patterns have been identified. The prevalent one is characterized light consumption patterns (sporadic use of moderate quantities), usually nasally. The other one, often among opiate consumers, is characterized by the frequent use of important quantities, generally intravenously or lung (Torrens et al 1991; Díaz et al 1992; Barrio et al 1997a).

2.3 Problem drug use

Until a few years ago, heroin, mainly administered intravenously, was responsible for most of the social and health problems linked with illegal drug use in Spain, despite the low levels of prevalence. However, in the second half of the nineties, heroin has become less relevant, since cocaine problems now represent a significant proportion of recorded drug problems. Problems caused by amphetamines and other illegally traded drugs represent a very low proportion in our country.

Information obtained from population surveys on heroin problem use is not considered to be very reliable, and very little data is obtained by indirect methods. At the beginning of the nineties, local estimations were carried out in Barcelona and Madrid using the capture-recapture method. Currently, the DGPNSD is performing national estimations using the indirect methods proposed by the EMCDDA within the context of the harmonization of a European indicator. The results obtained from the application of these methods are shown on the following table:

In the chart below the results of the application of the two multiplicative methods for 1999 and 2000 are shown.

Chart 2.1 Estimate of opiate problem drug use according to the demographic and the treatment multiplicative methods for 1999 and 2000

Rate for 1999 for the population 15-64 years old				
	Demographic method ⁽¹⁾		Treatment multiplicative method ⁽²⁾	
	N estimate	Rate	N estimate	Rate
1999	116.298	4,29	148.763	5,48
2000	99.876	3,68	144.550	5,33

(1) The first treatments in which opiates were mentioned and the average number of years taking drugs for all treatments in which opiates figured, for the respective year, have been considered.

(2) The starting of treatment in which opiates figured, in respective year and the proportion of patients under treatment during the previous year obtained from the 1996 survey to drug users under treatment, have been considered.

The reference population for the rates is that of the 1996 municipal register.

It must be born in mind that many limitations were encountered when it came to applying these methods, and therefore the results must be interpreted with caution.

The social-demographic profile of heroin users with which we are already familiar remains unchanged (approximately 84% are male, average age slightly over 32, little education, unemployment rate of over 50%, considerable involvement in illegal activities, arrests and frequent spells in prison) (DGPNSD 2000c). The use of this drug is concentrated in urban areas.

Currently, most heroin users prefer to smoke this drug or alternatively use the intranasal route (sniffers). In 2001, 67,4% of those being treated for heroin addiction

were smokers and 4,6% were sniffers. The proportion of intravenous drug users varies significantly from one geographical area to another, this percentage being quite low in the South-western part of the country, and topping 50% in the North-east (DGPNSD 2000c).

Heroin users also frequently consume cocaine, sometimes mixed with heroin. In fact, in 1996, 29.5% had consumed this mixture in the month prior to treatment (DGPNSD 1998). This phenomenon is especially relevant in the south of Spain. Likewise, heroin users frequently drink alcohol and consume other opiates, cannabis and above all benzodiazepine.

The discrepancy between the relatively high level of cocaine consumption and the extremely low rate of associated health problems has been one of the most debated aspects connected with problems related to illegal drug consumption. In Spain, this discrepancy prevailed over a long period, despite the fact that, in the eighties, problems were expected to increase, in the same way as they had in the United States. Nevertheless, the panorama has changed since 1995 and medical attention and the number of emergency cases connected with this drug have increased. In 2001 cocaine consumption was the cause of 19% of the cases admitted for treatment for abuse or addiction to drugs (34% among first treatment demands), this drug being mentioned in almost of cases of emergency treatment for acute reaction to drugs (DGPNSD 2000c).

There is a lack of information about the specific problems of cocaine users who demand medical attention in Spain. In 1994, the most frequent disorders treated in emergencies were anxiety, mydriasis, syncope, tachycardia, dyspnoea, obnubilation or coma, nervous disorders, chest pain and palpitations, mental disorders being the most frequently diagnosed disorders. Most episodes occurred in persons who had either injected or smoked cocaine, but did not require admittance to hospital. Currently, however, this situation may have changed.

With regard to the relation between cocaine and road traffic accidents, a recent study indicates that in Spain this drug is frequently detected (7.4%) in people dying in road traffic accidents, often in combination with alcohol (Del Río et al 2000).

3. HEALTH CONSEQUENCES

3.1 Drug treatment demand

When it comes to interpreting the data connected with this indicator, it must be borne in mind that the way in which it has evolved could have been influenced by the number and problems of the users, as well as by the supply and use of treatment facilities, which have increased significantly over the last decade.

In 2001, 49,376 admissions for treatments were registered (of which 44,255 corresponded to opiates or cocaine), compared to 49,487 in 2000 and 51,191 in 1999. The number of centres reporting such figures rose from 414 in 1994 to 478 in 1998 and 492 in 2001 (DGPNSD 2000c).

The overall rate of admissions in 2001 was 123,9 per hundred thousand inhabitants. The rates for every person receiving treatment per hundred thousand inhabitants, showed significant variations between the different local governments, swinging from the highest rates in the Canary Islands (349,7/100000) to the lowest in Navarra (23,0/100000) (DGPNSD 2000c).

As in previous years, in 2001, the greater part of admissions for treatment was due to heroin (68,3%), although cocaine is beginning to occupy an important share of these cases (19,0%), chiefly among those admitted for treatment for the first time (DGPNSD 2000c).

Even though heroin remain the main substance for people seeking treatment due psychoactive substances, from 1996 on, the ascending trend observed since 1987 took the opposite direction. The number of admissions for treatment due to this drug began to descend slowly, moving from 9,434 in 1987 to 40,007 in 1995, 46,635 in 1996, 44,089 in 1997, 43,598 in 1998, 36,731 in 1999, and 33,702 en 2001 (DGPNSD, provisional data). If an analysis is made of the data stratified according to whether or not previous treatment has been received, it can be observed that the number of people treated previously for problems deriving from this drug has almost stabilized. There have been drastic reductions in the number of persons seeking treatment for the first time in their lives, moving from 20,017 admissions in 1992 to 11,867 in 1998, 10,309 in 1999, 8,151 in 2000, and 7,461 in 2001 (DGPNSD 2000c, provisional data for 2001).

On the other hand, the number of admissions for treatment due to cocaine problems stabilized. Nevertheless, an important increase had been noticed until 1999, moving from 2,980 admissions in 1996 to 4,647 in 1997, 6,154 in 1998, 8,977 in 1999. After that year, a stabilization has been observed (8,522 in 2000, and 8,802 in 1999). This increase was more marked among those admitted for the first time for treatment for this drug (for whom the number of treatments has risen from 932 in 1992 to 4,174 in 1998, 6,126 in 1999, 5,499 in 2000, and 5,977 in 2001) than among those who had been admitted on previous occasions. In 2001, 19% of the admissions for treatment were for abuse of or dependence on this drug, this figure being 34% among those admitted for treatment for the first time (DGPNSD 2000c, provisional data for 2001).

Most people (84.7%) entering treatment during 2001 were men. The highest proportion of males was observed among those persons receiving treatment for cannabis (90,1%) or volatile inhalants (93,3%), and the lowest proportion was among those persons

being treated for hypnotic substances or sedatives (56,0%). The average age of those treated was 31,5 (29,0 in cases with no previous treatment and 32,8 in those treated previously). The average age was observed in those admitted for treatment for phenylethylamine derivatives (age 21.4) and the highest was observed among those treated for hypnotic drugs and sedatives (age 34.5). Most of those admitted for treatment (79,9%) had been educated up to intermediate or lower levels. The education level showed important differences according to the main drug for admission for treatment. With regard to the work situation, many of those admitted for treatment were unemployed (45,4%), the proportion of unemployed being greater for those cases with previous treatment (51.0%) than for those admitted for the first time (36,6%). The unemployed rate also presented important differences depending on the main admission for treatment drug, the highest figures corresponding to heroin (52.6%) (DGPNSD, provisional data).

The average age for initiation in the use of the main drug was 20.8 years for the combination of all the cases captured for the indicator. Important differences were observed in the average age for initiation into the use of drugs, depending on the admission for treatment drug. The average earliest initiation age corresponding to those admitted for volatile substances (age 15.7), cannabis (age 16.4), or derivatives of phenylethylamines (age 17.9) and the highest initiation age corresponding to those admitted for hypnotic substances or sedatives (aged 26.9) (DGPNSD, provisional data).

Pulmonar (smoking or inhaling "in bats" or cigarettes or pipes) was the predominant administration route among those treated for heroin abuse or dependence in 2001, although there is still a considerable nucleus of persons who mainly continue to use the parenteral administration route. Among the cases previously treated for this drug, 26,1% used the parenteral route and 65.0% smoked the drug, whilst among those who had not received previous treatment, these percentages were 17,5% and 74.1% respectively. Significant differences were observed in the heroin administration route among the different regions, but in general the pulmonar route predominated in most parts of Spain, except in a group of regions in the North-east (Catalonia, Balearic Islands, Aragon, Navarra, Cantabria, Rioja and the Basque Country). Among those admitted for treatment for cocaine, the predominating main administration route was intranasal (sniffed), slight use being made of the parenteral route. In fact, the proportion of intravenous drug users was 9,1% in cases of previous treatment and 1,6% in cases with no previous treatment (DGPNSD, provisional data).

Since 1991, time when the Treatment Indicator started to gather data on the main use route of the drug motivating the treatment, a significant evolution has been observed in the main administration route of heroin in the overall area of the State. This evolution has occurred both in cases treated previously, and also in cases with no previous treatment, where parenteral use dropped from 50.3% in 1991 to 21.8% in 1998, 19.6% in 1999, and 17,5% in 2001, although, over the last few years, the reduction rate appears to have diminished. This drop affects all the regions. Parenteral use has been mainly replaced by the smoked route ("smoking bats", "smoking in bats" or "smoking in silver paper"). The decrease in the use of the parenteral route is also observed for cocaine (DGPNSD 2000c, provisional data for 1999).

More than half (56,9%) of those admitted for treatment in 2001 had never used the intravenous route (non-intravenous drug users), 19,5% had used the intravenous route at some time during their lives but not in the year prior to admission for treatment (ex-intravenous drug users) and 23,5% had used the intravenous route in the last year

(current intravenous drug users). Among those admitted for treatment for heroin, these proportions were 43,7%, 25,2% and 30,1% respectively. With respect to those admitted for treatment for other drugs, only a significant proportion of intravenous drug users at some time (current or ex intravenous drug users) figure among those admitted for opiates other than heroin (67,1%). For the remaining drugs, the proportion of intravenous drug users is very low (DGPNSD, provisional data).

Apart from the main drug, those admitted for treatment frequently use other drugs. The validity and reliability of this information, however, may not be too accurate. Among those admitted for treatment for heroin in 2001 the most widely used secondary drugs were cocaine (71.9%), cannabis (35.8%), hypnotic substances or sedatives (19.8%) and alcohol (25.1%). Among those admitted for treatment for cocaine, heroin was used as a secondary drug in 12,2% of the cases. Other secondary drugs used frequently by these cases were alcohol (63.4%), cannabis (47.5%), and MDMA and similar (11.3%) (DGPNSD, provisional data)

Of all those admitted for treatment for psychoactive substances during 2001, 60.2% reported that they had been treated previously for the main drug, compared to 62.1% in 2000, 58.9% in 1999, 62.1% in 1988, 62.1% in 1997, 56.9% in 1996, 47.5% in 1994 and 43.9% in 1992. The proportion of cases treated previously was much higher among those treated for heroin (73.7%) than among those treated for cocaine (32.5%) (DGPNSD, provisional data).

With regard to the HIV serologic status of those admitted for treatment, in the first place it must be stressed that the proportion of persons admitted for treatment with an unknown serologic status with respect to HIV is very high (39,2%), reaching 57,1% among those admitted for treatment for the first time, so their results should be used cautiously, bearing in mind that the prevalence of infection due to HIV(positive) which are detailed below, are minimum prevalence figures (at least that percentage is infected). With this in mind, the highest infection prevalence due to HIV was found among those admitted for treatment for opiates other than heroin (21.5%) and for heroin (18.1%) and the lowest among those admitted for volatile substances (0.0%), phenylethylamine derivatives (0.6%) or cannabis (1.7%). The prevalence is much higher among persons with previous treatment than among those admitted for treatment for the first time. For example, figures for heroin are 20.1% among those treated previously and 11% among those treated for the first time (DGPNSD, provisional data).

3.2 Drug-related mortality

Drug-related deaths

For several years now the use of illegal drugs (mainly injected heroin) has been one of the main death causes among young people living in large Spanish cities. AIDS and the acute reaction experienced after taking drugs are the two main causes of death among opiates or cocaine users, however at the present deaths due to AIDS are more numerous than those caused by acute reaction.

The number of deaths from acute reaction to opiates or cocaine experienced a continuous increase between 1983 and 1991, followed by a decreasing trend from then on. In 2000-2001 there are stabilization signs. The number of deaths due to overdose in five large Spanish cities (Madrid, Barcelona, Valencia, Zaragoza, and Bilbao)

dropped from 553 in 1991 to 373 in 1995, 267 in 1988, 254 in 1999, 241 in 2000, and 240 in 2001 (DGPNSD 2000c, estimated data for Zaragoza in 2001). The mortality trend also descended in other areas monitored on a continuous basis from 1991 onwards, although the fact that many of these were small areas causes an important inter-annual fluctuation in the number of deaths due to the chance effect.

Deaths in most of these cases are notified by the Anatomic Forensic Institutes, although in some cases notification is received from Forensic Surgeons grouped within other entities (Forensic Clinics) or, on exceptional occasions, from private forensic surgeons. The complementary data on toxicology are provided mainly by the National Institute of Toxicology (Departments of Seville, Madrid, Barcelona and Tenerife), but also by other institutions (DGPNSD 2000c).

Significant differences have been detected in the mortality rate among the various areas monitored, the higher rates corresponding in general to areas where chiefly injected heroin is consumed, such as Barcelona (5,9 deaths/100,000 inhabitants) or Palma de Mallorca (DGPNSD 2000c).

Among the group of deaths in 2001, 85.1% were male (82% in the five cities and 88.8% in the remaining areas). The average age of the deceased was 34.0 years (provisional data). 51,6% showed recent injecting signs and 45.9% were VIH positive.

The possibility of being able to count on toxicological analyses for all deaths due to unnatural causes would be a welcome asset, including deaths by intoxication or acute reaction to any type of substance. However, in some cases this information is unavailable. In 2001 the proportion of cases with available toxicological information obtained from biological samples was 95.7%. Most of the cases with available toxicological analyses were positive to opiates (86.1%), 53.5% to cocaine, 53.9% to benzodiazepine, 37.1% to alcohol, 19.8% to cannabis, 3.6% to amphetamines, 2.7% to barbiturates, and 1.6% to ecstasy. The remaining substances had a minimum presence (provisional data).

Mortality and causes of death in drug users, trends

In Spain, there is little information available on the mortality rate (for any cause) of drug users. Among the published articles a few refer to opiate consumers (heroin) and come from Catalonia. These studies indicate that the annual mortality rate in opiate users was less than 1.5% in the mid-eighties, and that it increased, due chiefly to deaths caused by AIDS and overdose, to reach between 3%-5% at the beginning of the nineties (Muga et al 1999). This signifies that then the mortality of this population was 20-30 times higher than the general population of the same age and sex. From 1995 onwards, it is very probable that the mortality rate will have gone down within the Spanish user groups, as a result of the progress made in the control of HIV infection and the treatment received by this type of patient. Also due to the increased number of opiate substitution programmes and harm reduction programmes in the country. In fact, between 1994 and 1997 the annual mortality rate among intravenous drug users in Barcelona descended abruptly (Villalbí and Brugal 1999).

3.3. Drug-related infectious diseases

Since the second half of the eighties, AIDS and HIV infections have become one of the major health problems associated with the use of drugs in Spain. According to the

National AIDS Registry, up to 30 June 2002, 41,112 cases of AIDS related to intravenous drug use had been registered in Spain, representing 64.7% of all the cases of AIDS diagnosed up to that time. Among the cases diagnosed in 2001, the proportion attributable to parenteral drug use is lower (52.4%), being slightly more elevated in men (53%) than in women (49%). The proportion of AIDS cases that were infected due to intravenous drug use has decreased during the last decade, going from 70% in 1990 to 52% in 2001 (Instituto de Salud Carlos III, 2002). It is very important to bear in mind that AIDS registration is accumulative and that notification undergoes certain delays, and therefore these figures may be subsequently modified. The AIDS cases related to injected drugs diagnosed annually, is descending, after a maximum point was reached in the year 1994. In fact, the number of new cases diagnosed, (correction having made after the notification delay period had elapsed), was 4,997 cases in 1994, 4,288 in 1996, 2,099 in 1988, 1,408 in 2000 and 1,037 in 2001. This decrease reflects the combination of advances that have been made in the fight against AIDS in drug users.

Nevertheless, the biggest drop took place in 1996 and 1997, when highly efficient anti-retroviral therapies were expanded (Instituto de Salud Carlos III, 2002). The average age of AIDS cases related to intravenous drug use has increased progressively during the last years, from 26.5 years in 1995 to 29 years in 1990, 31.8 years in 1995, 35.4 years in 2000 and 36 years in 2001.

The most common AIDS infection source is intravenous drug use in all the Autonomous Communities. But the average annual incidence rate in the period 1998-2001 was not homogeneous, from 69 cases per million habitants in Madrid to 15 cases/100000 in Extremadura. Apart from Madrid, the Autonomous Communities with higher rates were Baleares (59/100000), La Rioja (55/100000) and País Vasco (50/100000).

There is still a high proportion (prevalence) of intravenous drug users infected by the AIDS virus (HIV). According to the Survey on Heroin Users in Treatment, in 1996, of those heroin users admitted for treatment 77.4% had taken the VIH antibody detection test, and of these 22.7% were found to be seropositive, regardless of the routes used to administrate the drugs. The prevalence of seropositivity to HIV was the highest (32%) among those heroin addicts who had injected drugs at some time during their lives (DGPNSD 1998).

On the other hand, in 2001 from the 14,203 drug users under treatment that had used the injecting administration route any time in their lives, 37% were HIV positives. Being this percentage higher for women (44.7%) than for men (35.6%). Also for those older than 34 years (46.6%) than for those in 25-34 age fringe (31.3%) or those younger than 25 years (15.2%). The HIV infection prevalence among intravenous drug users under treatment has not shown significant drops in the last years

As for new HIV infection diagnostics, only incidence registries in some areas of the country are available. Up to December 2001, in the Navarra-La Rioja area (826,000 habitants) the new infections cumulative rate since the beginning of the epidemic was 480 cases every 100,000 inhabitants. 27% of the diagnostic belong to women and 63% of the cases were injecting drug users. The highest incidence rates were reached in 1991 (49,4/100,000), since then it has dropped, being 8/100000 in 2001. Due to this drop, Spanish rates have come closer to that of other European countries, when at the early nineties Spain had rates much higher. New infections caused by sexual transmission have decreased much slower than those caused by injecting drug use,

being in 2001, the first higher than the second. The same happens in some areas monitored in Madrid.

Simulations done up to the year 2000 with mathematical models allow to estimate that the HIV transmission among injectors had taken place abruptly in the eighties (reaching the highest incidence between 1984 and 1987). Since then the incidence would have dropped. In the last years some new HIV infections have occurred but available data does not indicate important incidence increases.

Nevertheless, as indicated above, the prevalence of HIV infection continues to be high among intravenous drug users and risk conducts (sharing injection material or maintaining sexual relationships with no protection), especially among those with seronegative HIV or those who are not aware of their serological status.

3.4 Other drug-related morbidity

Non-fatal drug emergencies

In 2001 the Emergencies Indicator recorded a total of 1,985 emergency episodes due to acute reaction to psychoactive substances in 11 self-governing regions, the collection of this information having been limited to one week selected randomly from each month (DGPNSD).

In 2001 the substances most frequently mentioned in emergency episodes were cocaine (44.7% of total episodes), followed by heroin (34.2%), hypnotic substances or sedatives (32.3%) and opiates other than heroin or unspecified opiates together accounted for (21.5%). It must be borne in mind that reference is being made to the times mention is made in the case history regarding the use of these drugs, which does not mean that the emergency has been caused by or is connected with the use of the said drugs. With regard to 1997 and 2001 a significant and continuous drop is observed in the times heroin is mentioned (52.6% in 1997 to 34.2% in 2001). Between 1997 and 1999 a significant increase in the times cocaine is mentioned has been observed (30.0% in 1997, 37.2% in 1998, and 48.7% in 1999), but in 2000 the trend changed and began to decrease 45.3% in 2000 and 44.7% in 2001). A certain increase in the mentions of hypnotic substances and sedatives is also recorded (21.6% in 1997 to 32.3% in 2001) (DGPNSD 2001c, provisional data for 2001).

In the same way, in 2001, as for the psychoactive substances mentioned previously, the substances most frequently related to emergencies were cocaine (40.5%), heroin (29.7%), hypnotic substances and sedatives (29.4%), alcohol (29.3%), and opiates other than heroin (16.9%). When it comes to interpreting the data, it must be kept in mind that a single emergency could be connected to several psychoactive substances use. Data analysis for the period 1997-2001 shows the same trends that can be observed for the substances mentioned (DGPNSD 2001c, provisional data for 2001).

Regarding the most frequent administration route for the substances mentioned, it must be taken into account that this item has a significant proportion of unknown values, and therefore the results should be seen with considerable caution. In those episodes when heroin was mentioned, the parenteral route was the most usual and predominant method used (42.7%) or the inhaled method (42.6%), and in episodes with mention of cocaine, the routes were, inhaled (32.3%), intranasal (31.3%) and parenteral (20.8%). The inhaled method prevailed in the case of cannabis (93.5%) and the oral route in

episodes with mention of phenylethymaline derivatives (100%), hypnotic substances or sedatives (99.5%), and amphetamines (97.6%). Analyses of the trends in the period 1997-1999 showed a new increase in the proportion of parenteral route use related to the episodes where heroin is mentioned (56.6% in 1997 to 58.6% in 1999). In the two last years, 2000 and 2001, the proportion had begun to fall (54.6% in 2000 and 42.7% in 2001). Also a drop in the proportion of inhaled method after various years of increase have been observed (36.7% in 1996, 40.8% in 1997, 49.7% in 1998, 42.9% in 1999, 44.2% in 2000, and 42.6% in 2001) (DGPNSD 2001c, provisional data for 2001). These data, nevertheless, must be interpreted with caution, since they are provisional, and furthermore, the geographical coverage of the indicator may have varied with respect to 1998.

In 2001, most persons who received emergency care related to drug use are males (72%). Somewhat smaller proportion than for the mortality (85.1%) and the treatment (84.7%) indicators. The largest proportion of females were in the episodes in which hypnotic or sedatives were mentioned (36.6%) (DGPNSD2001, provisional data).

The average age of all the persons receiving attention for emergency episodes due to acute reaction to psychoactive substances was 29.8 years. It had increased during the period 1996-2001. Persons receiving care for phenylethymaline derivates had the lowest mean age (23.1 years). On the other hand, persons attended for other opiates besides heroin (31.9 years) and for heroin (30.5 years) had the highest average age (DGPNSD 2001, provisional data).

The most frequently reason for seeking emergency care was overdose or acute reaction (54.3%). Acute psychopathological reactions were the next most frequent reason (21.3%) follow by withdrawal syndrome (15.1%). It must be note that the indicator does not include episodes indirectly connected with the use of these substances, such as, for instance, infectious problems or accidents.

Most of emergencies were resolved with medical discharge (78.7%). Others, 0.1% of the patients died, 8.3% required admission in hospital and in 5.2% of episodes patients were sent to another hospital for evaluation and/or treatment. Significant proportion of patients admitted to hospital was due to opiates besides heroin (12.7%) and inhalants (11.1%).

When it comes to interpreting the data, it must be born in mind that it is quite probable that a significant proportion of the episodes causing hospital admission may be lost, mainly because it is impossible to find the emergency record (DGPNSD 2001, provisional data).

4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES

4.1 Social problems

The social problems linked to drug use are those mentioned in previous national reports. Social exclusion is the major one. Among other problems, lack of employment and housing are reported. Nevertheless, problem drug use (mainly intravenous use of opiates –heroin-) is dropping in Spain but another trend is noted which is the recreational use of drugs (mainly alcohol, cannabis, ecstasy and cocaine) among young people integrated in the society. Therefore the social problems link to drug use are expected to evolve as well.

For additional information see section 16 (“Social exclusion and reintegration”).

4.2 Drug offences and drug-related crime

Arrested for drug trafficking

In 2001, there were 17.380 people arrested for drug trafficking, a figure similar to that of 2000. Cannabis and derivatives, like in previous years, is the substance that caused the bigger number of arrests with 8.408 detainees. This figure represents 48% of the total number and means an important increase regarding those arrested in the year before. This substance is followed by cocaine derivatives, 5.372 arrested (31%) and opiates, 1.914 arrested (11%).

Most of the people arrested belong to the 19 to 25 age group (30,9%) and to the 31 to 40 age group (26,5%). A considerable part of them are foreigner (4.963).

Taking a look at the trend followed during the period 1997 to 2001, it can be highlighted the growth of the arrests due to cannabis and cocaine derivatives and hallucinogens and the decrease of those caused by opiates.

On the other hand, those reported in 2001 for consuming or holding drugs in accordance with the Organic Law 1/1992, of February 21, for the protection of the civic security were 112.270. This number represents an important increase regarding the figures reported in 2000 and the maintenance of the upward trend of the last years.

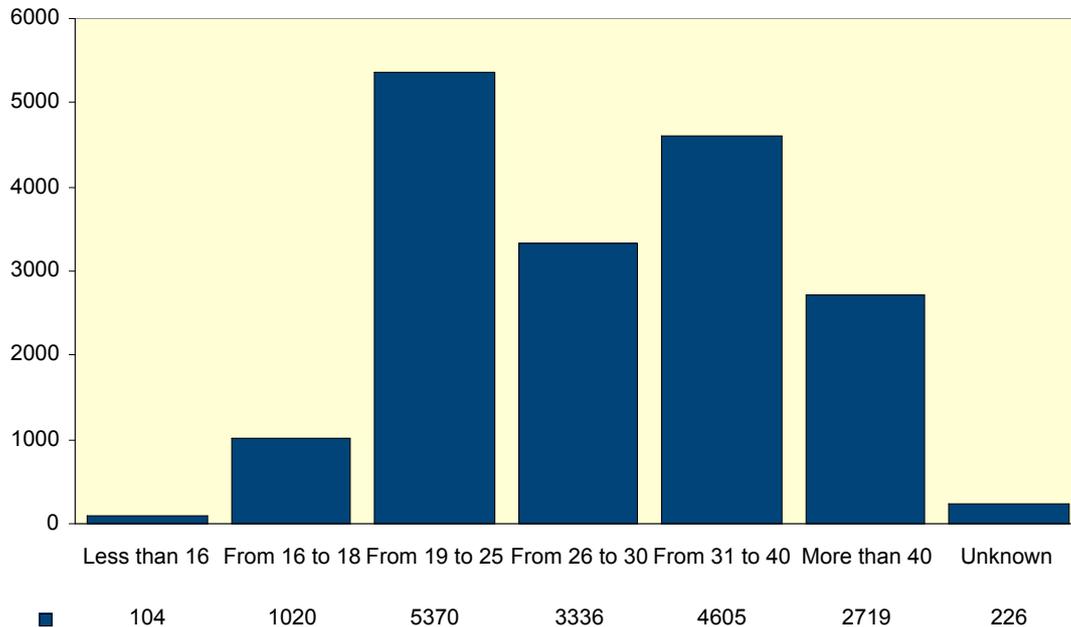
The substance that caused the biggest number of reports is cannabis (70%), followed by cocaine (14,4%).

Most of those reported are male (95%) and belong to the 19 to 25 age group (46,6%).

The evolution of the period 1997 – 2001 shows a constant growth of these accusations, being the one taken place in this last year the more accused.

The Autonomous Communities with higher arrest rates are Andalusia, Catalonia, Madrid and Valencia. On the other hand, the higher rates for accusations due to consuming or holding drugs are Andalusia, Canarias and Valencia.

Figure 4.1 The arrested' ages for traffic of drugs. Spain, 2001



Source: Ministry of Interior. Criminal Intelligence Central Unit.

Administrative sanctions for drug consumption in the public road

In 2001, 52.843 administrative sanctions were imposed in application of the article 25.1 of the Organic Law 1/1992, of February 21, of protection of the civic security for holding or consuming drugs in the public road. This figure is something higher than that of the 2000 and proves that the growing trend begun in 1999 continues.

The imposed sanctions rate for 10.000 inhabitants of is 12,85; however there are remarkable variations from some Autonomous Communities to others. The group of CCAA that have higher rates are the Canary (58,56) and Balearic (36,23) islands while the CCAA with smaller rates are the Basque Country, Catalonia and Navarra, all them lower than 6. If we compare the evolution of these rates from 1997, we observe that at national level we see that a slight increase has taken place (from 11,84 sanctions for 10.000 inhabitants in 1997 to 12,85 in 2001). Nevertheless this evolution has been very unequal from some Autonomous Communities to others. Those that have registered bigger increases are Asturias, Cantabria, Canarias, Balearic, La Rioja, Aragon and Castile - León. On the contrary, the biggest drops have taken place in Valencia, Catalonia and the Basque Country.

According to article 25.2 of the above mention Law, administrative sanctions can be suspended if the person reported agrees to undergo treatment at certified and authorized centers. According to the data provided by the Ministry of Interior, in 2001, 3.692 sanctions were suspended by derivation to treatment.

4.3 Social and economic cost of drug consumption

No information available.

5. DRUG MARKETS

5.1 Availability and supply

Heroin trafficking

Heroin's traffic towards Spain is monopolized by Turkish organizations that use the so called "Balkans route" to introduce this substance in the European Union before transporting it towards the Iberian Peninsula, where they have a notable infrastructure facilitated by Spanish groups. Nevertheless, it seems to have a growing importance a new route from Afghanistan going through Russia before entering the European Union. More than 48% of the heroin seized in Spain comes from Turkey and Pakistan.

Police action against heroin trafficking has met remarkable successes, especially since 1999, thanks to which important organizations involved in its distribution in the national territory have been dismantled and it has been possible to know the *modus operandi* used for bringing this drug into Spain.

Heroin is usually smuggled into Spain in medium size shipments hidden in private vehicles that enter Spain through the frontier with France and whose main destinations are Madrid, Galicia and Andalusia, where the substance is stored in flats or buildings. From there it will be distributed to the rest of the Spain and Portugal.

The role played by mixed groups, made up of Spaniards and foreigners (generally Turkish and Portuguese) is becoming more relevant and the participation of African citizens as couriers has also been detected. The trafficking of this substance is characterized, therefore, for a progressive and intimate alliance among Spaniards and Turkish, with responsibility and prevalence of the Spaniards, and the increasingly role played by African as couriers.

The detection of heroin trafficking has concentrated on Madrid (due to its use as intermediate deposit) Asturias, Málaga, Badajoz and Segovia. Galicia appears as the second region in the quantity seized for the importance of the apprehension carried out there.

Cocaine trafficking

Cocaine traffic towards Spain is carried out by Colombian organizations together with Spanish organizations, which are in charge of the internal distribution. Inside the European Union, Spain traditionally has been considered the traffic station or via of entrance of cocaine towards Europe, invoking the facility that supposes the common language or cultural similarities. The certain thing is that it has rarely been discovered a shipment of cocaine in Spain in transport towards Europe, neither there are evidences of big cocaine shipments, corresponding to an international traffic, that have entered in Europe through Spain.

Police action against cocaine trafficking shows a classic graph of mountain teeth that suggests some tendencies of adaptation of the *modus operandi* followed by trafficking organization to the police investigation techniques. In 2001, a record of quantities of confiscated cocaine was reached (more than 33 tons), confirming that the procedures followed by the police to detect and stop cocaine trafficking activities are permanently improving.

The cocaine seized in Spain comes from Colombia and neighboring countries, in big shipments through sea transport, pleasure boats or passengers air transport (couriers or personal baggage). Cocaine is also smuggled in containers, simulating the load legal origin or masking it. Once in Spain, cocaine is mainly distributed by road or by airplane.

Cocaine trafficking is carried out by mixed groups of Colombian and Spaniards, although a rising tendency is observed towards the participation of other Europeans. It can be highlighted the presence of groups formed entirely by Colombians settled down in our country, involved in the trafficking of quantities that habitually don't overcome a hundred kilogram of cocaine, and that intervene in the whole distribution chain.

Inside Spain, the cocaine is distributed throughout all provinces, although bigger quantities have been detected in coastal areas, Mediterranean, Atlantic and Cantabrian coasts and in the provinces around Madrid.

Cannabis trafficking

As for cannabis, it is admitted that Morocco is one of main producers of this substance. The geographical situation of Spain and the demands of the Spanish and European markets mean that more than 99% of the seized hashish comes from this country. It is admitted that most of the traffic directed to the European Union Member States, especially towards Holland, goes through the Iberian Peninsula, from where it is distributed to the rest of Europe.

The hashish seizures have traditionally shown a growing curve, in accordance with its progressive and continuous demand in Europe. It can also be mentioned that the growing controls placed on the Andalusian coasts to control illegal immigration pose more difficulties for traffickers to disembark their shipments in the coasts close to the north of Africa. Therefore it can be expected that traffickers are using the northern Mediterranean coasts, even the Costa Brava, as well as the direct distribution to other countries of the Mediterranean and Atlantic coasts.

The concealment forms are very varied, generally inside private vehicles or in trucks used for carrying goods.

Trafficking organizations include mainly Spaniards or Spaniards and foreigners, generally Moroccans. It is important the alliance between Spaniards and Moroccans, who have come to hold important responsibilities.

The detection of hashish trafficking concentrates on the Costa del Sol, Madrid, coast of Valencia, and, in smaller measure, in the Costa Brava.

MDMA trafficking

The European Union constitutes an important producer of synthetic drugs. Most synthetic drugs seized in Spain come mainly from Holland and Belgium, although in more than half of the seizures it has not been possible to determine their origin.

The increased consumption of synthetic drugs linked to leisure activities during the weekends and vacations, and therefore located mainly in the Spanish regions where massive tourism offers concentrate, has required a police reaction that has meant a remarkable increase on the seizures.

Spanish airports are being used as transit places for destinations like the United States and other countries.

The organizations involved in MDMA and derivatives trafficking include Spaniards and also Spaniards together with Dutch, Belgian and British, with the sporadic use of Moroccans and other north African as couriers.

The internal distribution of the traffic of MDMA and its derivatives concentrates in Madrid, Barcelona and Valencia, with an important concentration in the Balearic islands and coastal provinces such as Alicante and Almería. Most of the seizures have been carried out in vehicles, as well as in houses and other buildings.

5.2 Seizures

The data collected by the Criminal Intelligence Central Unit (Unidad Central de Inteligencia Criminal), Ministry of Interior, on drugs seized during 2001 show a general increase on the quantity seized of the different illicit drugs and on the number of seizures made of each one of them.

It can be highlighted for its magnitude the quantity of cocaine seized in 2001, up to 33.680 Kg. The positive results of several major successful interventions allowed this spectacular growth, quintupling the seizures made in 2000 and overcoming those of every previous year. Nevertheless the volume of cocaine seized in the year 2001 should not just be extrapolated and correlated with the parameters from previous years. It should also be taken into consideration, for a adequate appreciation of the evolution of the seizures, not only the quantity seized, which oscillates due to the success or failure of certain operations, but also the number of annual seizures that expresses better the general performance. In the case of cocaine, the number of seizures also confirms this growth, although the drawn trend of the last years is more constant. In the year 2001, 26.127 seizures took place instead of the 16.080 seizures carried out in the previous year.

The hashish, on the other hand, continues being the most seized substance in Spain. In 2001, 514.181 Kg. of cannabis were seized in 74.391 operations. In both cases it means an increase regarding the figures from the previous year, following the growing trend started in 1992.

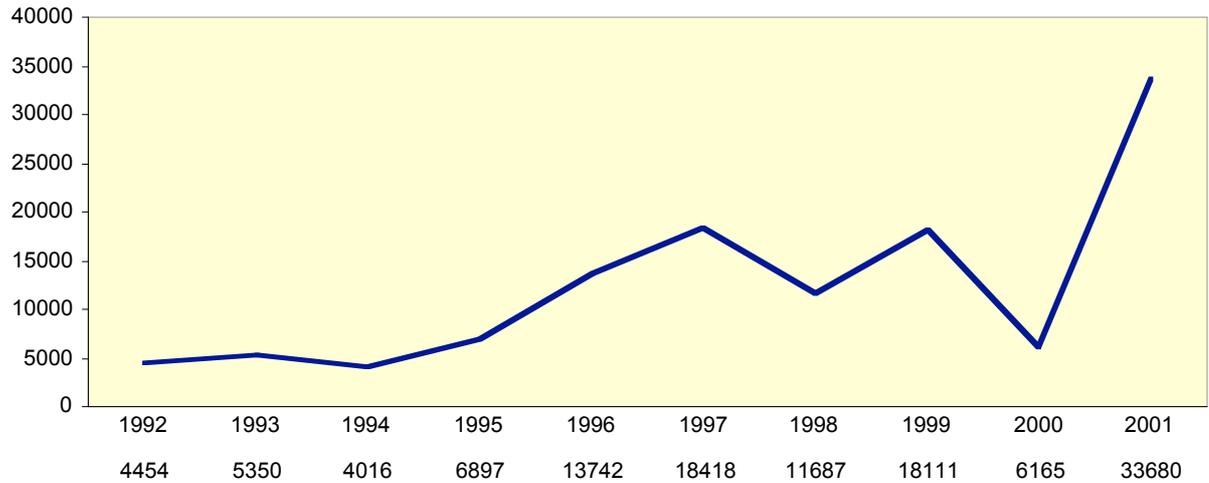
In the year 2001, 631 Kg. of heroine were seized. This quantity is higher than the one reported in previous years, except in 1999 (year in which the increase was due to several important operations that meant the dismantling of the most important groups involved in the distribution of heroine in Spain and Portugal).

Chart 5.1 Evolution of the seizures done in Spain, 2000-2001

	2000	2001
Heroin (Kg)	485	631
Cocaine (Kg)	6.165	33.680
Hashish (Kg)	474.505	514.181
LSD (dose)	7.542	26.535
MDMA (pills)	891.652	860.164

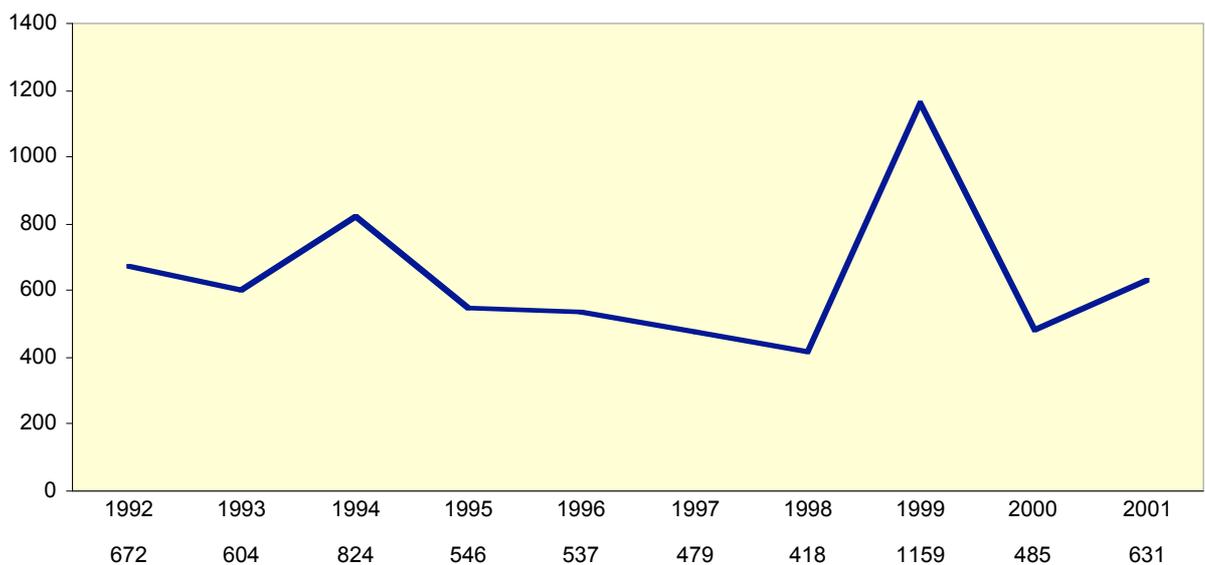
Source: Ministry of Interior. Criminal Intelligence Central Unit

Figure 5.1 Evolution of the cocaine intervened in Spain, 1992-2001 (kilograms)



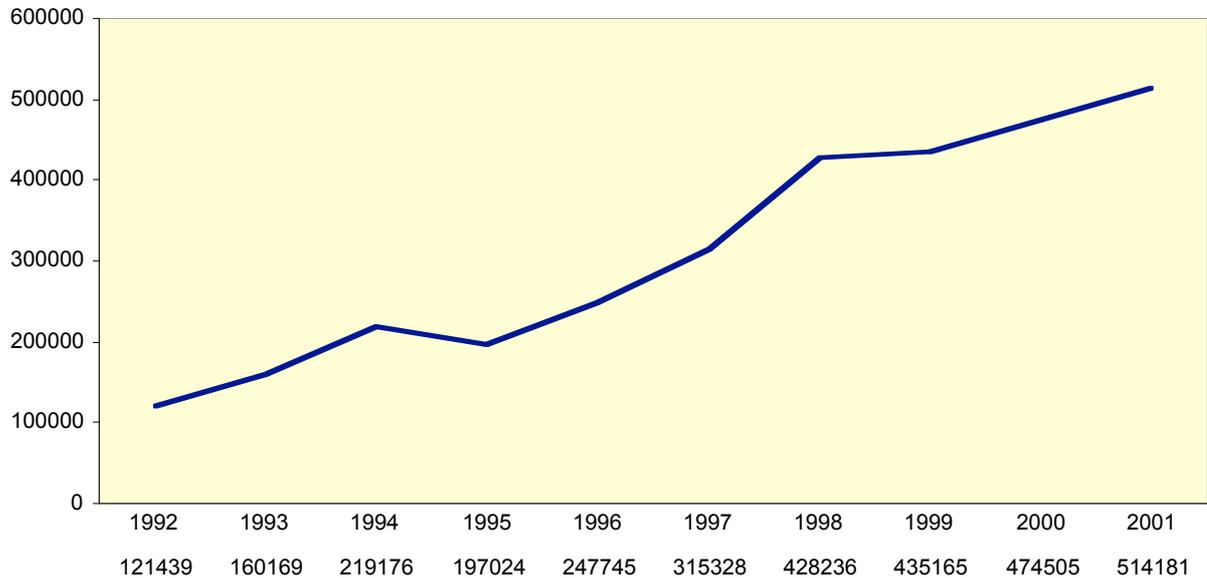
Source: Ministry of Interior. Criminal Intelligence Central Unit.

Figure 5.2 Evolution of the heroine intervened in Spain, 1992-2001 (kilograms)



Source: Ministry of Interior. Criminal Intelligence Central Unit.

Figure 5.3 Evolution of the hashish intervened in Spain, 1992-2001 (kilograms)



Source: Ministry of Interior. Criminal Intelligence Central Unit.

In 2001, 860.164 pills of ecstasy (MDMA) were seized. This amount is similar to the quantity reported in 2000, although these last two years suppose an important quantitative jump regarding the previous period, with the only exception of 1995 in which 739.511 pills were confiscated (quantity that resembles more to that of these last two years). Also in 2001 the seizures of certain medicines notably (buprex, contugesic, trankimazin, valium), of new substances like GHB or deprancol and of other psychotropic substances have increased. It has to be taken into account, in connection with the ecstasy, medicines and other psychotropic substances seizures that certain oscillations have taken place due to the makers' and distributors' capacity to synthesize new products that are not included in the controlled lists, avoiding repression for a time. On the other hand, the special these substances distribution conditions hinder the police ability to adapt to the new *modus operandi* followed by these organizations.

Substances seizures

The number of seizures, as previously said, shows, more than the quantity seized the general trend of the fight against illicit drug trafficking. In 2001 the upward trend continued, growing from 79.416 seizures in 1997 up to 128.875 in the year 2001.

The rising tendency can be verified mainly with regards to cocaine, cannabis and hallucinogens. The opiate seizures, on the other hand, show a more uniform evolution within this period.

5.3 Price and purity

The data provided by the Criminal Intelligence Central Unit on the price and purity of illicit drugs for the two semesters of the year 2001 show that both have remained stable in comparison to the year 2000. Light modifications refer to a slight increase in the heroine and cocaine price during last year with regards to the previous year. On the contrary, the purity of both substances drops slightly.

With regards to other substances, no significant variations are noticeable.

The heroine price, against what one could think after the events of September 11th, shows a slight increase. Its price is about 9,02 € for a dose and around 42.070,85 € for a Kilogram. The cocaine dose, on the other hand, with a bigger purity (44%) costs 12,62 € approximately. The price of the Kg. moves from 34.257,69 €, in the first semester, up to the 35.159,21 €, in the second semester.

Chart 5.2 Price and purity of the substances seized in Spain

FIRST SEMESTER							
	Dose			Gram		Kilogram	
	Purity	Weight	Price	Purity	Price	Purity	Price
Heroine	27%	91 mgr.	9,29 €	35%	63,91 €	52%	41.715,91 €
Cocaine	44%	184 mgr.	13,16 €	53%	58,77 €	74%	34.126,63 €
Dope ("grifa")					2,71 €		1.090,76 €
Hashish					4,01 €		1.522,25 €
Oil					12,16 €		2.719,65 €
LSD			9,39 €				
Medicines/amphetamines			4,77 €				
Speed (amphetamine sulfate)			8,28 €		25,30 €		17.601,83 €
Écstasy			11,13 €				
Other medicines			3,33 €				
SECOND SEMESTER							
	Dose			Gram		Kilogram	
	Purity	Weight	Price	Purity	Price	Purity	Price
Heroine	24%	111 mgr.	9,16 €	33%	64,01 €	50%	42.216,06 €
Cocaine	44%	186 mgr-	12,87 €	51%	60,64 €	71%	35.155,96 €
Dope ("grifa")					2,80 €		1.097,21 €
Hashish					3,83 €		1.467,19 €
Oil					12,08 €		2.760,12 €
LSD			9,09 €				
Medicines/amphetamines			4,67 €				
Speed (amphetamine sulfate)			8,83 €		25,42 €		17.254,70 €
Écstasy			11,56 €				
Other medicines			3,34 €				
Source: Ministry of Interior. Criminal Intelligence Central Unit.							

6. TRENDS PER DRUG

a) Cannabis

Cannabis is the illegal substance most commonly used in Spain. According to the 2001 Household Survey on Drug Use, 24.4% of the Spaniards aged between 15-64 had taken cannabis at least once in their lifetime (19.5 % in 1999 and 21.7% in 1997), 9.9% had taken it during the preceding year (6.8% in 1999 and 7.5% en 1997), and 6.5% in the preceding month (4.2% in 1999 y 4% in 1997).

In the Survey of Drug Use among the School Population, aimed at pupils aged 14 to 18, the prevalence of cannabis use in the preceding year rose from 18.1% in 1994 to 23.2% in 1996, 25.1% in 1998 and 26.8% in 2000. In parallel a drop has been observed in the negative attitudes towards the drug (perceived risk of consumption and disapproval of its use)(DGPNSD 1995, DGPNSD 2000a, DGPNSD 2001b).

Despite its widespread use, cannabis continues to have only limited –albeit growing– public health repercussions. The problems that do arise are mostly limited to heavy users, who probably also take other drugs. In 2001, 7.4% of treatments for drug abuse or dependency in Spain were cannabis related, with an upward trend (6,1% in 2000). This trend is more visible among those treated for the first time (17% in 2001 and 14.5% in 2000). Individuals treated for cannabis-related problems were mainly male and on average much younger than those treated for heroin or cocaine abuse (average age of 24.1). Educational attainment and unemployment rates were similar to other young people of their age group. Many of them had taken other drugs in the month prior to treatment, in particular alcohol (58%), cocaine (42.8%), ecstasy (12.9%) or heroin (6.4%). If we compare these figures with the ones from the previous year, it can be pointed out that ecstasy is more mentioned and heroin less mentioned as secondary drugs than in 2000. The number of times cannabis is mentioned in hospital emergencies for acute drug reaction is also rising (7.48% in 1996 and 19.2% in 2001). But it is difficult to determine the extent to which cannabis is responsible for the episodes as in most cases patients have probably also taken other drugs, particularly cocaine. A significant proportion of cases result in mental-health problems (DGPNSD2000a). It is difficult to assess the role of cannabis in accidents, particularly traffic accidents, given its frequent association with alcohol consumption.

b) Synthetic drugs (Amphetamine, ecstasy, LSD)

In the early eighties restrictions were imposed on the sale of medicines including amphetamines which were used to improve the intellectual performance or avoid fatigue, as a result its use decreased. However, in the late eighties the recreational use of amphetamines (generally in the form of amphetamine sulphate or dexamphetamine) and derivatives of methylenedioxymethamphetamine (MDMA or ecstasy) sold on the underground market (Camí and Farré 1996). Their use became widespread after 1992 (Gamella and Álvarez-Roldán 1997). Nowadays its use is currently increasing after a stabilisation or decline. For Spaniards aged 15-64, the annual prevalence of ecstasy use was 1.3% in 1995, 0.9% in 1997, 0.8% in 1999 and 1.8% in 2001. Of amphetamine/speed was 1.1% in 1995, 0.9% in 1997, 0.7% in 1999 and 1.2% in 2001. Of LSD and other hallucinogens was 0.9% in 1997, 0.6% in 1999, 0.7% in 2001 (EMCDDA 1999; DGPNSD 2000b).

No clear trend is apparent among school student aged 14 to 18. Thus, the prevalence of amphetamine/speed use in the previous year has gone from 3.3% in 1994 to 4.1% in 1996, 3.8% in 1998, and 3.1% in 2000; ecstasy use has gone from 3.0% in 1994, to 3.9% in 1996, 2.5% in 1998, and 4.6% in 2000; and use of LCD and other hallucinogens from 4.0% to 5.3%, 4.1%, and 3.7% (DGPNSD 2000a).

The quantity of ecstasy seized went from 22,165 pills en 1991 to 739,511 pills in 1995. In 1998 it decreased to 194,527 pills, to increase again up to 359,096 pills in 1999, 891,562 pills in 2000 and 860,164 pills in 2001. The seizures of amphetamine powder (speed) grew from 4.2 Kg. in 1991 to 177 Kg in 1998. To decrease to 49 Kg in 1999, 23 Kg in 2000 and 18 Kg in 2001 (DGPNSD 2000a).

Unpleasant adverse effects are relatively frequent with ecstasy and amphetamines although they generally disappear after a few hours and rarely require medical attention or result in serious complications (Camí and Farré 1996). In Spain the impact of these drugs on public health is slight, in particular when compared with tobacco, alcohol, heroin or cocaine. In 2001 consumption of ecstasy or amphetamines was mentioned in less than 9.4% of emergency episodes resulting from acute drug reactions, and in many cases in conjunction with other drugs such as alcohol, cocaine, cannabis or hallucinogens (DGPNSD 2001b). Moreover, the majority of patients improve after a short stay in the emergency unit and minor treatment (Rodríguez-Arenas et al 1997). As regards admissions for treatment in Spain, in 2001 amphetamines and ecstasy together accounted for just 1.2% of treatment for drug abuse/dependency (2.6% of first-time treatment) (DGPNSD 2000a). Lastly, they were found to be present in less than 4.9% of deaths from acute drug reactions (DGPNSD 2001b), and in most cases they were found together with other drugs such as heroin, cocaine or alcohol (Lora-Tamayo et al 1997). One of the more polemical issues is the role ecstasy and amphetamine consumption play in traffic accidents. There is some evidence that their role is slight. In this sense, a study carried out by the National Toxicological Institute in 2000, in 1363 death cases in Spain due to traffic accidents, amphetamines were only found in 0.4% and ecstasy in 0.9%, in some cases together with other drugs, mainly alcohol and cocaine.

Despite this, the health-care implications of ecstasy and amphetamine consumption continue to be the object of debate, above all on account of their possible long-term effects. The fact that the quantitative and qualitative composition of the pills is unknown to the consumer is a cause for concern (Gamella and Álvarez-Roldán 1997; De la Fuente et al 1997a).

The main ingredients of ecstasy tablets in Spain are usually amphetamines, MDMA (methylenedioxymethamphetamine) and MDEA (3,4-methylenedioxyethylamphetamine), although they may contain MDA (3,4-methylenedioxyamphetamine) or MBDB (2-Methylamino-1-(3,4-Methylenedioxyphenyl)Butane) or, although infrequently, other amphetamine derivatives. One tablet can contain 4 or 5 times more active ingredient than another analogous tablet without it being visible from its external appearance (Gamella and Álvarez-Roldán 1997).

As for the problems associated with the use of LSD and other hallucinogens, the situation is similar to that said for ecstasy or amphetamines, although with lesser impact in terms of treatment needs and mortality (DGPNSD 2000a). The majority of the problems detected are mental-health related, such as psychotic crises or panic attacks (Rodríguez-Arenas et al 1997).

In recent years, as in the case of ecstasy, consumption of these drugs appears to have stabilised. According to the home surveys, the proportion of Spaniards aged 15-64 who have taken these drugs in the twelve-month period prior to the survey went from 1.1% in 1995 to 0.9% in 1997, 0.6% in 1999 and 0.7% in 2001 (DGPNSD 2000b). Similarly, the school surveys found that the proportion of pupils aged 14-18 who had taken these drugs in the twelve-month period prior to the survey was 3.3% in 1994, 4.1% in 1996, 3.8% in 1998 and 3.7% in 2000 (DGPNSD 2000a, DGPNSD 2001b).

c) Heroin/opiates

As mentioned, surveys do not allow us to obtain a clear picture of the prevalence and incidence of opiate usage in Spain, although we do have indicators describing the trends in the problems associated with the use of these drugs. The three indicators recorded by the National Drug Plan in relation to heroin/opiate use clearly show that the problem worsened from 1989 to 1992 and began to diminish thereafter (DGPNSD 1993; DGPNSD 1994; DGPNSD 1996; DGPNSD 1997; DGPNSD 1998; DGPNSD 1999; DGPNSD 2000a, DGPNSD 2001c). Between 1991 and 2001 there has been a drop in both the number of heroin users under treatment for the first time (20,017 cases in 1992 and 7,461 in 2001) and the number of deaths caused by acute drug reactions in which opiates were involved (553 in 1991, and 230 in 2000, in the cities of Madrid, Barcelona, Valencia, Zaragoza and Bilbao). Similarly, the number of times heroin was mentioned in emergency cases resulting from acute drug reactions fell too (61.5% in 1996 and 43.9% in 1998, 40.8% in 1999, 40.5% in 2000 and 34.2% in 2001) (DGPNSD 1993; DGPNSD 2000a, DGPNSD 2001c).

Inferences may be drawn about the incidence or prevalence of consumption of drugs of this type from these indicators. However, their validity is limited as changes in the indicators may depend on factors unrelated to drug use. One argument supporting the hypothesis that there has been a drop in its use is the relative stability of the age at which the drugs are first taken and the increase in the users average age (approximately 20 at the start of the epidemic (Domingo et al 1991) and over 30 at present). The average age of heroin users receiving treatment for the first time went from 25.7 in 1991, to 30.0 in 1998, 30.3 in 1999, 30.9 in 2000 and 31.4 in 2001. The average age at which heroin use started went from 20.6 in 1991 to 21.4 in 1998, 21.8 in 1999, 22.1 in 2000 and 22.3 in 2001 (DGPNSD 1993; DGPNSD 2000a, DGPNSD 2001c). These data could therefore suggest that the use of this drug has become less widespread but it is also possible to image models that allow such trend for average ages without diminishing its incidence (EMCDDA 1999).

Over the past decade there has been a marked decrease in the tendency to inject the drug. As already stated, the percentage of heroin users under treatment that mainly use the intravenous administration route dropped from 62.4% in 1991, 28.8% in 1998, 27.3% in 1999, 26.3% in 2000 to 24.2% in 2001 (DGPNSD 1993, DGPNSD2000a, DGPNSD 2001c). Nevertheless some heroin smokers or sniffers are occasional injectors, and therefore the proportion of intravenous heroin users under treatment is somewhat higher (22.8% and 31.1 % during the month and year prior to treatment, respectively, in 2001). Moreover, the number of intravenous users varies greatly between geographical areas. It is low in the south - west of the country but rises to over 50% in certain areas of the north - east (DGPNSD 2001c). It is difficult to pin down the factors influencing this switch to other ways than injection of drug taking. Possible influences include the widespread availability of base heroin, which is suitable for smoking, social-cultural factors related to area of residence, and the perception among users of the high risk of AIDS, overdoses and other health problems associated with

intravenous use (Torralba et al 1994). From another perspective, the economic logic, mainly the better cost-effects ratio behind injection instead of other administration routes, may lead many users to keep on injecting, despite the risks they run (Gamella 1991).

The shift away from intravenous heroin use might have played an extremely important role in the drop of the mortality due to acute opiate reactions and in the reduction of the HIV infection prevalence seen among heroin users in Spain.

d) Cocaine/crack

Surveys aimed at the general population in recent year show that after cocaine consumption trends tended to be relatively stable between 1997 and 1999, an increase took place in 2001. Both in 1997 and 1999 the prevalence of cocaine consumption in the preceding year among the population of Spain aged 15-64 was 1.5% (DGPNSD 2000b), in 2001 it was 2.6%. Among pupils aged 14-18 there has been an upward trend over several years, although this trend may have stabilised in 2000. The prevalence was 1.7% in 1994, 2.6% in 1996, 4.1% in 1998, and 4% in 2000 (DGPNSD 2001b). Cocaine use among heroin users is also rising. According to the National Plan on Drug treatment indicator, the proportion of heroin users under treatment who had also taken cocaine in the month prior to treatment rose from 42.8% in 1987, 51.3% in 1991, 58.4% in 1996, 68.2% in 1998, 73.1% in 1999, 69.5% in 2000 to 71.9% in 2001 (DGPNSD 1993, DGPNSD 2000a, DGPNSD 2001c). Intravenous cocaine use declined in this group while crack smoking increased (in 1996, 28.5% of persons receiving treatment for heroin abuse had smoked crack in the month prior to treatment) (DGPNSD 1998). The increase in crack consumption was particularly marked in the south - east regions, where heroin is also mainly smoked (Lacoste 1992; Lacoste et al 1993; Barrio et al 1998; DGPNSD 1998). In 1996, over 40% of heroin users receiving treatment in these regions had taken crack in the month prior to treatment. Crack is mainly smoked over aluminium foil in Spain, although a pipe is also sometimes used (DGPNSD 1997; Barrio et al 1998).

As is shown in the table below, since 1995 there has been a sharp rise in treatment and emergency cases related to cocaine.

Chart 6.1 Treatment and emergency cases related to cocaine

	Year	%	Basis of calculation(n)
Treatment for abuse or dependency (% of treatments due to cocaine use)^a	1996	5,6	52890
	1997	8,9	52440
	1998	11,3	54338
	1999	17,5	50279
	2000	17,2	49487
	2001	19,0	49376
Treatments for the first time in life for drug abuse or dependency (% of treatments due to cocaine use)^a	1996	9,1	20855
	1997	16,7	18729
	1998	21,6	19341
	1999	30,9	19426
	2000	32,1	17135
	2001	34,0	17591
Emergency cases due to acute reaction (% cases in which cocaine is mentioned)^b	1996	27,4	2585
	1997	30,0	1933
	1998	37,9	2099
	1999	49,2	1743
	2000	45,3	2328
	2001*	44,7	1985
Deaths due to acute reaction (% cases in which cocaine is detected)^c	1996	26,6	349
	1997	37,6	255
	1998	56,4	236
	1999	60,9	281
	2000	53,0	251
	2001	54,1	246

a: Admitted for treatment as a result of abuse of or dependency on psychoactive substances (Spain as a whole). Treatments repeated within the same year and the same region have been eliminated. Coverage is virtually total.

b: Emergencies resulting from acute reaction to psychoactive substances. Data gathered in the main hospital emergency units in various monitored areas.

c: Deaths as a result of acute reactions to psychoactive substances. Data gathered in five major cities (Madrid, Barcelona, Valencia, Seville and Bilbao) in which toxicological analysis is available. In 1996 data were only available for Seville.

* Provisional data.

Source: Treatment, Emergencies and Mortality indicators from the National Plan on Drugs.

Cocaine is currently much more frequently mentioned in acute drug reaction emergencies than heroin. However, this change took place several years ago in cities such as Madrid and Barcelona (Caballero et al 1999). Additionally, although opiates are detected in approximately 86% of deaths from acute drug reactions (Sánchez et al 1995), it is very likely that the number of cases in which cocaine is detected alone or without opiates is on the rise. The significant increase in the proportion of cocaine

users receiving treatment who sniff the drug (59.3% in 1996, 74.8% in 1998, 74.8% in 1999, 69.7% in 2000 and 69.4% in 2001) means we can rule out the possibility that this phenomenon is due to a rise in the use of cocaine either smoked or injected. Moreover, cocaine-related problems appear to be ever less closely associated with heroin or opiate users (DGPNSD 2000a, DGPNSD 2001c). Finally, the average age of persons receiving treatment for cocaine abuse and the average age at which cocaine use started increased up until 1995, from when they stabilised or decreased somewhat, particularly in the case of those receiving treatment for the first time in their lives (DGPNSD 1993; DGPNSD 1994; DGPNSD 1996; DGPNSD 1999; DGPNSD 2000a, DGPNSD 2001c).

e) Multiple use

See previous sections.

7. DISCUSSION

Within the framework described, the adverse consequences and health-care needs of drug users have been changing over recent years and it is ever more necessary to diversify both the programmes and health-care delivery mechanisms.

The new scenario has also created new research needs. It is important to understand in greater detail the clinical picture of people requiring health care attention, in particular those seeking treatment for cannabis or ecstasy use. It is also important to do research on acute health problems suffered by people treated in emergency units, especially those related to the use of stimulants. It is also necessary to conduct follow-up studies on groups of drug users (mainly the youngest) so as to trace the changes taking place during their drug use “career” and its public-health impact.

Improving the systems for evaluation of both health-care assistance and preventive programmes continues to be a priority. Assistance needs to be based more firmly on scientific evidence, and preventive programmes need to be able to demonstrate their results and impact clearly. Nevertheless, we are aware that this kind of appraisal faces a range of methodological and financial difficulties, making it difficult to take on at the local or regional level, thus there is a need for constant collaboration among national and international plans. In this sense international collaboration seems essential to evaluate the medium and long-term results of drugs primary prevention programmes.

To sum up, the following points reflect some of the main issues for policies and programmes seeking to limit drug-related problems:

- 1) Opiate maintenance programmes need to be continued and extended in a uniform way while enhancing their quality and complementing them with health-care, psychological and social support.
- 2) The process of diversification among health-care delivery mechanisms and programmes aimed at reducing the risk of infections among drug users needs to be continued. It should be borne in mind that although the number of new HIV-infections is decreasing, the number of infected intravenous drug users still alive is decreasing much more slowly as their risk of death is being greatly reduced by the use of new anti-retroviral treatments. Harm reduction programmes have been adapted in order to slow down the transmission of the hepatitis C virus.
- 3) Programmes aimed at reducing the risk of overdose or acute reactions need to continue receiving support. More research on the feasibility and effectiveness of the naloxone distribution programmes to opiate users is needed. Research on the real impact of cocaine consumption on adolescents and young adults deaths is also required.
- 4) More in depth study is needed into the social-demographic and clinical profile of persons requesting attention from the health-care system as a result of cocaine-related problems and the probable changes in treatment services associated with users of this drug. It is also essential to avoid more dangerous consumption patterns spreading (intravenous cocaine use or smoking cocaine in its free-base form) outside the opiate-using population.
- 5) The recent increase in demand for treatment as a result of cannabis and ecstasy use needs to be studied in more depth. There is a lack of information on the toxicological and clinical background of the individuals requiring health-care attention in these circumstances (in particular in relation to mental health).

- 6) It is essential to continue adapting health-care services and strengthening the training programmes aimed at professionals working in the drugs field in order to meet rapidly the new therapeutic demands that arise as a consequence of new drugs and new patterns of consumption.
- 7) Lastly, efforts have to continue in order to integrate alcohol, tobacco and other legally traded psychoactive substances (such as tranquilizers) within the institutional plan aimed at reducing drug-related problems.

PART 3

DEMAND REDUCTION INTERVENTIONS

8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

8.1 Major strategies and activities

The main activities carried out in Spain during the year 2001 in demand reduction area are the preventive and harm reduction programs.

To be precise, in the prevention ambit the main priority has been to continue with the promotion and implementation of prevention programs in the school and the family as well some prevention programs developed in recreational places that are considered quite important in the present context of drug use.

The results of these programs have been evaluated as well as the working of telephone help lines, mass media campaigns and information on drugs through Internet.

It is important to mention that Spain has developed two initiatives during its Presidency of the EU Council: incorporation of drug prevention programmes in school curricula and prevention of the recreational use of drugs.

Finally, there is a new Law for the prevention of the undue consumption of alcoholic drinks. Its aim is to prevent the consumption of alcohol by minors under 18 years and the abusive consumption by those over that age, in order to protect the health from the risks and damages linked to this consumption. This Law is now in parliamentary debate and its approval is going to have an important impact on mass media and society in general.

8.2 Approaches and new developments

The first safe injection room has started to work in Spain at the end of 2000. Is it an injection room that depends on the Madrid Autonomous Community and is managed by the Antidrug Agency.

Besides this injection room, it was inaugurated in 2001 the Emergency Centre managed as well by the Antidrug Agency for Drug users to provide them a sanitary evaluation, trying to reduce damages linked to drugs consumption and to send them to other treatment centres.

Regarding social work in recreational scenarios, both the NGO "Energy Control" and the Basque Government have started an information program that consists in analysing available drugs in the nightlife.

In the prevention of infectious illnesses, the Ministry of Interior has started a distribution plan of syringes to drug addicts prisoners of the 69 jails managed by the State that request it in order to combat the AIDS and hepatitis C.

Lastly, a new alternative treatment has started in 2002 to be tested in Madrid for drug addict population that can not take methadone. It consist in giving them another substance called buprenorphine instead methadone. This is the first time this substance is used in Spain as a substitutive treatment for drug users. The pilot plan is been developed only in Madrid and results will be provided in future national reports.

9. PREVENTION

The National Strategy on Drugs 2000-2008 gives priority to the prevention as the most suitable strategy to face up derived problems of the drug use with special emphasis in the recreational uses by the young people. The main important objectives during the years 2001 and 2002 are as follows:

- To inform the population about drugs, their risks and consequences, especially about the patterns of recreational use.
- To promote the quality of the preventive programs.
- To improve the systems to collect prevention information.
- To promote development of institutional co-ordination
- To extent prevention programs, especially in the school and family ambits.

Within the first prevention objective referred to patterns of recreational use the Government Delegation for the National Plan on Drugs started a series of initiatives to raise public awareness to the problem -especially on the problems related with the recreational use -particularly with the alcohol - and to induce appropriate prevention measures at all levels.

In the year 2001 the Government Delegation for the National Plan on Drugs organised a National Congress on Youth, Night and Alcohol that took place in February of 2002 with the support of the most important national organisms with competencies in the matter: Ministry of Health, Education, the Institute of the Youth from Spain (Ministry of Social Affairs), the Spanish Federation of Municipalities and Provinces and the Council of the Youth from Spain.

The above mentioned Congress had a high impact in the media and it was the starting point of the Law about Alcohol elaborated by the Spanish Government that is at the moment in parliamentary debate.

Logically, Spain presented during its presidency of the Council of the European Union two resolution proposals, aimed one to the incorporation of drug prevention programmes in school curricula, and the other one, to the prevention of the recreational use of drugs. Both have been approved by the council of Ministers of the UE.

On the other hand, the Autonomous Plans of Drugs, especially those that have approved Laws on Drugs recently, include specific sections on alcohol that consider protection measures directed to the sale control sale and the publicity of alcoholic drinks. This entire situation creates a new outlook that shows an important change regarding these substances in Spain.

At the same time to these measures, and with the same objective of preventing the recreational use of drugs, it has been impelled in Spain for some years alternative leisure programs. In the last year these programs have been generalised in the whole national territory and an analysis process, evaluation and debate on these programs has started. (to see remote 9.2).

Also the Government Delegation for the National Plan on Drugs and the Autonomous Plans have carried out campaigns to raise public awareness and to inform to the

population on the effects and consequences of the consumption of drugs (to See remote 9.4).

It has started as well a process for the improvement of the technical quality of those programs that has already started with the publication of theoretical models in prevention widespread as basic instrument of help to the design of programs, together with the instruments provided by the Spanish Monitoring Centre on Drugs and Drug Addiction (evaluation guide, Bank of Evaluation Instruments and EDDRA). These models have been used as the basic elements of a formative process impelled by the Government Delegation for the Plan National on Drugs and have been executed by the entity CEPS, directed to the main responsible for prevention of the Autonomous Communities and the most important NGO in the sector.

Regarding the improvement of the information collection, a new system has been elaborated based on files on programs developed in each ambit of activities. Databases of programs have been elaborated with those files that indicate a more exact vision of what was carried out in this field. These files have been reached jointly inside the Technical Committee of Prevention.

The Government Delegation started a School Competition to motivate at the same time to the educational centres in prevention activities to impel the spread of the prevention programs, especially in the school environment, as well as to inform about the different possibilities offered by the Autonomous Plans of Drugs working in this field.

The Government's Delegation for the National Plan on Drugs establishes two co-ordination levels regarding prevention: with the General Administration of the State and with the Autonomous Communities.

Connected with the co-ordination with the General Administration of the State, in the year 2001 it was renewed the Agreement of collaboration among the Ministries of Education, Health and Interior to impel the Education for the Health in the educational system signed in 1996. The Addendum of the year 2001 included the following actions:

- Application and evaluation of the Program "Building Health" in School Centres.
- Organisation of a Seminar for experts in Education and Promotion of Health representatives of Education, Health and Drugs from the Central and Autonomous Administration.
- Setting up of the Technical Commission of Prevention for the approval, authorisation and accreditation of materials and Programs of drug addiction prevention.
- Expansion of the European Network of Schools Promoters for Health (REEPS).
- Elaboration and spreading of the document, Practice Guide for fathers and mothers about healthy nutrition and prevention of alimentary dysfunctions."

Regarding the co-ordination with the Autonomous Communities in Prevention issues, a National Committee of Prevention has been created formed by the responsible technicians in this matter of the Government Delegation for the National Plan on Drugs and of the Autonomous Plans on Drugs. Inside the Committee there are three different work groups with the following objectives:

- Working Group for accreditation of materials and programs:
- Objectives: To elaborate a proposal of validation approaches, applicable to the materials as well as to the programs.
- Working Group: risky minors.
- Objectives:
 - 1º) to design a process that allowed to elaborate an evaluation instrument and identification of risky population.
 - 2º) to start an application and evaluation process of programs directed to these communities in order to have at least a selective program and another suitable one validated scientifically.
- Working Group on families:

Objectives:

- 1º) Revision of the programs directed to the family in the national and international territory.
- 2º) Elaboration of a program catalogue about family prevention applied in Spain that includes criteria used in this field.

9.1 School programmes

There are three main objectives of the school prevention in Spain:

- *To improve the collection systems of information:* In 1999 it has been modified the system to collect information on school programs. It was elaborated a file that allowed to systematise the data for the first time and to have a " x-ray " wide and exact enough of the school reality to be used in later analysis to foster an improvement of the preventive actions. The presented data correspond to the exploitation of the files corresponded to school programs developed in the year 2000.
- *To improve the quality of the programs:* It has started a process of approaches elaboration in order to guarantee the quality of the programs applied in the school by the Technical Committee of Prevention.
- *To spread the school prevention:* The DGPND continued in the year 2001 with the application of the School Competition " Sinesio " dedicated to impel the school prevention and to inform to the educational centres about the different programs offered by the Autonomous Communities. In the year 2001, 405 schools and a total of 28.426 students participated in this experience; in the year 2002 the number of centres was 525 with 51.509 students.

During the year 2000, 5.300 school centres and 31.225 teachers have participated in programs of school prevention, being the direct beneficiaries of these programs more

than a half million people. An 80% of these programs are universal, an 18%, have selective character and 2% are advisable.

A 90% of the analysed programs are imparted by formed professors, mainly in structured sessions, with the support of didactic aids designed specifically for it and carrying out an evaluation process in 59% of the programs and some type of evaluation of results in 41% of them.

Most of those programs are directed towards students of The Obligatory Secondary Education (12 to 16 years old). A very inferior percentage is directed to the high school and primary education students. Training in prevention received by professional formation students and Program of Social Guarantee or Workshops students is very scarce.

The most worked element in the prevention programs is the information on drugs, followed very closely, by training in resistance skills, social and taking of decisions. Most of the programs include activities with the family as well as community works.

Next there are some graphics that show the reality of all the activities carried out in the different Autonomous Communities within school prevention ambit.

Figure 9.1 Content of the programs

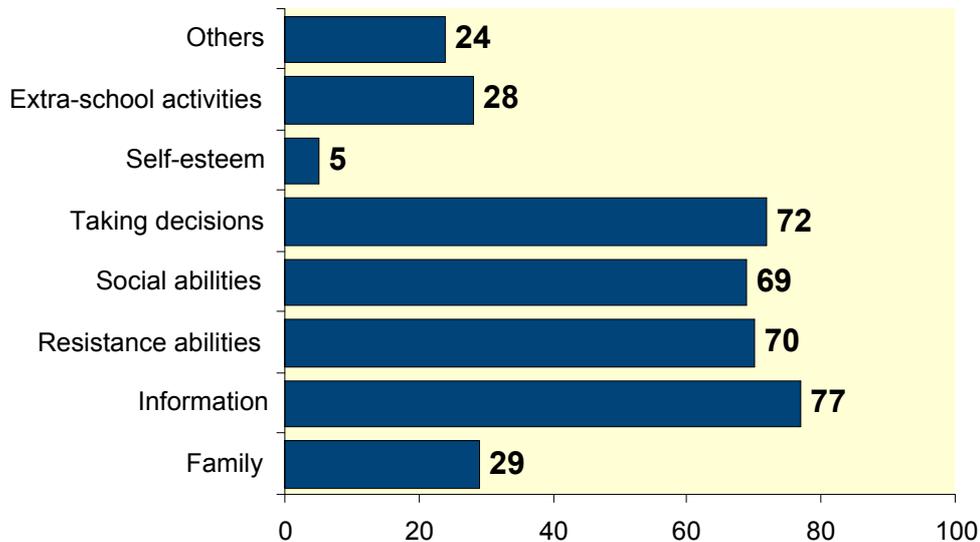


Figure 9.2 Data of installation of the programs

Students' number for educational level

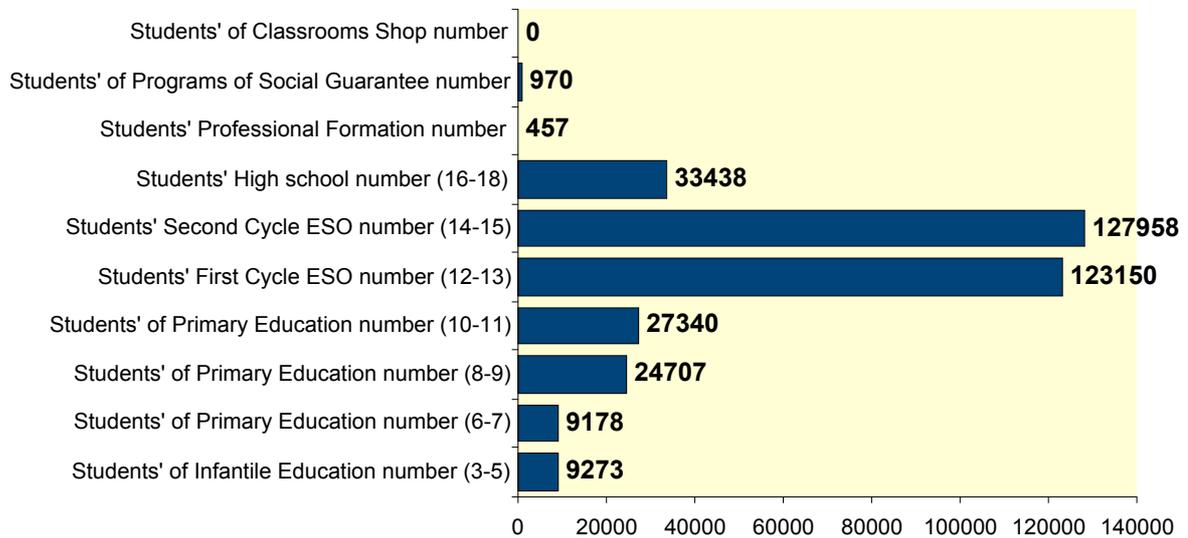
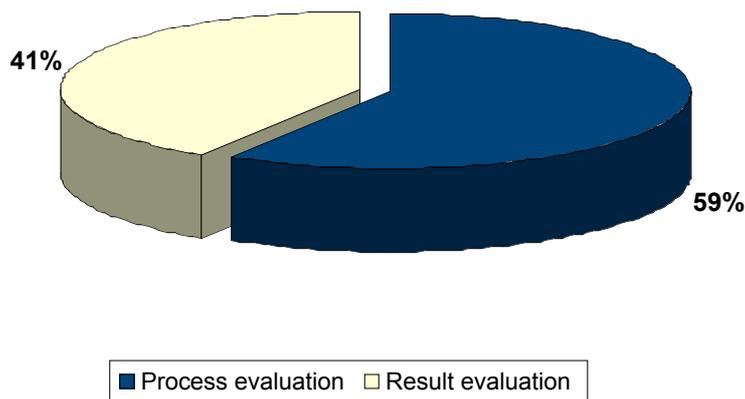


Figure 9.3 Evaluation type carried out in the programs



1) Evaluation of the prevention program "Among we all"

It is presented a summary of the main results derived of the installation in Spain, during the school year 2000-2001, of the prevention program "Among we all", for the Association "Proyecto Hombre" (Man Project). The evaluation, of external character, it has been carried out by the sociologist specialised in drugs prevention, Enrique Gil Carmena.

The prevention program "Among we all" has as objective the prevention of behaviours related with the tobacco and alcoholic drinks use, as well as the initiation and consolidation of antisocial behaviours. The public objective of the intervention is scholars of 11-12 years, of the first course of Obligatory Secondary Education, reinforced with activities shared between parents, schoolchildren, tutors professors of the program and monitors of the Institution "Proyecto Hombre" (Man Project)

INVESTIGATION DESIGN: The evaluation is carried out using a quasi-experimental design with Pre-test and Post-test evaluation with non equivalent control group. For the data analysis, it is carried out a study that locates to the indicators of both experimental groups in the values of their basic line, in order to guarantee the comparability of both groups. To control the effect of the lost of individuals in both experimental groups, it is carried out comparative analysis of the differences among the pretest-postest cases lost, and in second place it is carried out analysis of the differences among the cases lost in the pre-test for the Treatment and Control groups.

RESULTS FOR ALCOHOLIC DRINKS: The program is shown effective in the contention of the incidence of alcoholic drinks users in the following indicators: It gets significant effects to 99% for the indicator: At some time users (9,7%). It gets significant effects to 95%, for the indicator: Last week users (1,9%). Also, the program presents positive results for the indicator. Last month users (1,8%). Considering only the girls in the analysis, the values of the differences between both experimental groups are of 3,9% less in the treatment group, this difference is significant to 95%.

The Program gets more forceful results among individuals that, at the beginning of this one had not yet used alcoholic drinks.

Chart 9.1 Sub population 1. Results and total effects. Alcoholic Drinks use postest indicator

Percentages	GROUP		EFFECT
	Treatment	Control	
Sometimes	23.2	34.6	-11.4**
Last month	4.1	6.5	-2.5*

** Significant difference to 99%
* Significant difference to 95%

In connection with tobacco use, the program is also effective in the contention of the overcoming of smokers for the 3 consumption indicators used. It gets significant effects to 99% for the indicators:

- Sometimes users (6,7%).
- Last month users (2,7%).

Also, it gets significant effects to 95%, for the indicator:

- Last week users ((2,1%).

PROSOCIAL BEHAVIORS: The program has had positive and significant effects to 99%, for the indicators of antisocial consultations of Vandalism, Rules and Thefts, and it gets positive differences, between both experimental groups, for the treatment group of the behaviours of aggression among the girls.

INTERMEDIATE VARIABLES: The program also works objectives related with factors that, according to diverse theories, get involve in the tobacco and alcoholic drinks use, and in function of the degree that you had qualities or not, they will be associated to a bigger or smaller probability of having behaviours related with its consumption.

Chart 9.2 Intermediate variables

	GROUP		Significance effect
	TREATMENT	CONTROL	
Media values	0.69	0.65	+ 99%
Information about tobacco	0.66	0.58	+ 99%
Information about alcohol	0.63	0.57	+ 99%
Attitude about alcohol tobacco	0.76	0.72	+ 99%
Intention to use tab/alc	0.76	0.73	+ 99%
Attribution Style	0.66	0.63	+ 99%
Family values	0.92	0.90	+ 99%
Equals pressure	0.87	0.85	+ 99%
Friend substances quantity	1.01	1.30	+ 99%
School performance	0.78	0.74	+ 99%

OTHER DERIVED RESULTS OF THE PROCESS EVALUATION

- The total implementation average of the schoolchild units has been of 95,4%.
- The total school content implemented average has been of 86,3%.
- The valuation average of the contents of the schoolchild units granted by the teachers has been of 7,8 points over a maximum of 10.
- The 45,8% of the scholars' families that have participated in the Program has attended the Joint Family Sessions.
- The 45,1% of families has participated in the Program through the performance of the 13 Family Activity Records.

2) Evaluation of the prevention program "In the farm with my friends"

"In the farm with my friends" is a schoolchild program of early prevention of drugs use, for 5 to 9 years old children whose objectives are to promote the psycho-affective development, to acquire health habits and to begin activities of drugs use prevention. The investigation has been carried out by the Dr. Isaac Garrido of the Psychology Faculty of Complutense University of Madrid.

Its objectives have been:

- To carry out the validation of the Program in individuals of 2º Primary Education (7 years old) and in individuals of 3º Primary Education (8 years old).

- To check the preventive efficacy of the fundamental elements of the Program that have been manipulated as independent variables (strict application, technician support and parents collaboration), over several aspects of the psycho-affective and behavioural development that have been used as dependent variables ("confrontation and solution of problems"), behaviours of health and of social integration and health behaviours and "self-esteem").

The investigation has been developed following an experimental design of pre-post-test measures with the control group, establishing 7 experimental groups (sample: 1.145 individuals), in accordance with the modality of the program application: Group 1: Application of the three fundamental elements of the Program. Groups 2, 3 and 4: Application of the three elements mixed two by two. Groups 5, 6 and 7: Application of each one of the three elements separately. Also, it has established the respective 7 control groups (sample: 533 individuals).

The results confirm the efficacy of the program in the production of the psycho-affective and social development changes and in the health behaviours of the children. In the most of the experimental conditions you can find statistically significant differences, in favourable of post-test data, as much in "confrontation and solution of problems" as in health and of social integration behaviours and in "auto-image", in individuals of 2nd and of 3rd of Primary Education.

In the control groups they are not differences statistically significant between the pre-test and post-test data, in any dependent variable.

These results come to the conclusion that the Program "In the Farm with My Friends" has been validated as a Program of Early Prevention of Drugs Use.

Regarding the preventive efficacy of the fundamental elements of the Program, it is confirmed that:

- In individuals of 2nd Primary Education, in the separated use of the three elements there is a standard of changes, in accordance with this the "strict application" has a bigger preventive power than the "parents collaboration" and this one than the "technical support". In the joint use, the "strict application" and the "parents collaboration", as well as the "strict application" and the "technical support" are those have a bigger preventive power, being more effective the development of the Program.
- In individuals of 3rd Primary Education, the separated use of the three fundamental elements of the Program doesn't present a coincident pattern in the three dependent variables. In the joint use, the "strict application", with the "parents collaboration", presents the biggest preventive power.

3) Evaluation of the Prevention Programme "Building Health": second phase.

The Building Health Programme is an adaptation and a widening of the Botvin's programme of "life skills training". The programme develops abilities for life. The adaptation, widening and evaluation of this programme have been carried out by a team led by María Angeles Luengo of the University of Santiago of Compostela.

SAMPLE: In the initial condition the treatment group consisted of 6741 subjects, from 110 centres, distributed in 275 classrooms. Regarding the sex distribution the

proportion of men overcame that of women. The average age of this group was of 12,11 years. The Control Group was a smaller group of 2094 individuals in 90 classrooms from 29 centres. The male percentage, again, was superior to that of females. The age was similar to that of the treatment group, the average was 12,13 year-old. The total sample consisted of 8835 individuals for this initial condition. But the definitive sample of the study was formed by 7.533 adolescents from the first year of Secondary Education (ESO) from different Autonomous Communities. The composition was the following: 5.820 in the group treatment and 1.713 in the control. This composition is the result of the elimination of the individuals that didn't carry out the evaluation and of the analysis and purification of the data after the elimination of those individuals that gave inconsistent answers on the consumption behaviours (for example, those who affirm that they have never smoked or that they consume between 5 and 10 cigarettes a week) or uncommon answers (to embark an aircraft without ticket, to get drunk every day).

EVALUATION OF THE RESULTS

The variables used in the evaluation referred to the initiation and frequency of drug consumption. The indicators used in the consumption evaluation were the used by the Questionnaire of Drug Consumption (CCD), by Luengo and others (1995). Other psychosocial variables on which the programme affects were also included on those. Among these variables are, on one hand, those that are more directly related to the consumption and are included in the evaluation of the majority of the programmes, such as: information, attitudes towards consumption of different substances and the intention of consuming them. On the other hand, they are those variables on which the programme acts and that, at least from the theory, on which the intervention is sustained, they have effects on the drug consumption and antisocial behaviour prevention. Among these variables there would be: legislation on drug consumption, the self-esteem, the emotional control, the abilities to solve problems and to make decisions, the social abilities, the firmness and the susceptibility to the persuasion.

The evaluation instruments used in the assessment of those variables are described in detail in the Results Report (Luengo and others, 1999).

The initial analysis of the variables involved in the study shows that the treatment group presented a bigger risk than that of control, these differences are taken into account when interpreting the evaluation results data. In order to control these differences, an analysis of variance is carried out when possible. The variance analysis includes the previous punctuation as co-variable. The results are analysed keeping in mind the existent previous differences in each variable comparing the two situations are introduced.

CONSUMPTION RESULTS

According to the different evaluations carried out the programme has been useful in preventing the beginning of drug consumption and the involvement of the adolescents in the realisation of different antisocial behaviours. Analysing the differences of percentages in both groups between the initial condition and the evaluation after carrying out the intervention, we can say that while in the control group there is an increase of 9,95% in the weekly consumption of tobacco, this consumption decreases to 5,88% in the group control.

The data on alcohol consumption show us that the programme has effects on the progression of the consumption and there seems to take place a smaller increment in the group that has carried out the intervention. In all the indicators analysed, the existent previous differences of higher consumption in the group that receives the intervention, which were statistically significant, they seem to be eliminated and data that confirm a tendency to a bigger consumption in the control group appear. Likewise, when analysing the progression in alcohol consumption that exists in the temporary period that mediates among two evaluations, we can see that in all the cases the increase in the consumption frequency it is bigger in the control group than in that of treatment.

Among those adolescents that don't present any initial consumption, the programme effects are clearer and they show a smaller level of consumption among those adolescents that have received the intervention.

PSICOSOCIAL VARIABLES RESULTS

The program affects the degree of information, since the existence of significant differences is observed between the treatment group and control group as for the information on tobacco, alcohol and cannabis. In all the three cases, the treatment group has a bigger knowledge on the substances and their effects, after carrying out the program that the control group has.

The programme is effective as for varying the perception that the adolescents have of the consumption prevalence, since after implementation of the program, the treatment group perception of the tobacco prevalence in adults and adolescents is significantly reduced, in relation to the control group.

The results are also positive with regard to other components of the programme addressing psychosocial skills, such as social abilities training, as it shows by the significant improvement of the firmness and the decrease of the social anxiety. Self-esteem and the abilities to solve problems are higher in the treatment group after the intervention as well as susceptibility to oppose to persuasion.

Regarding the variables related to school, the evaluation shows that adolescents within the control group present a higher rate of school truancy ($t = 3.7$, $p < 0.001$). When we consider the school achievement it is the treatment group the one that presents bigger values ($t = 2.88$, $p < 0.01$).

EVALUATION OF THE PROCESS

The assessment of the answers to the self-assessment questionnaire, the analysis of the information contained in the implementation diary and of the conclusions from the evaluation seminar, permit us to affirm the following:

The degree of the teachers personal satisfaction regarding the implementation process and development of the program is high, including aspects as the structure and contents of the materials, the training and advise received during the implementation.

The teachers perception about the students' interest in the program is high, only 21% of the teachers note that students have not been interested.

The teachers consider that the students' involvement and motivation has been very high. They consider that the programme activity design is very good and adapted to the classroom dynamics. 75% of the teachers considered that the programme is adequate to encourage pupils to develop healthy life styles, only 5.6% of the teacher disagree with this statement.

9.2 Youth programmes outside school

The prevention programs carried out outside schools usually have the following objectives: to inform on drugs and their consequences, to create leisure and free time alternatives and to promote personal and social development of young people. The programs can be assigned to the youths in general or to specific groups or to young individuals, depending on the level of risk to generate addictive behaviours.

The programs directed to the youths outside the school follow three lines:

- Programs directed to the youths in general in order to reduce the risks associated to recreational drug use. In these cases informative and sensitive actions are usually developed that are focused sometimes in spaces and moments of the youths' leisure (bars, discos, night places of amusement, etc.). Also, these programs use printed materials to give information. Almost all the Autonomous Communities develop this type of activities.
- Promotion programs of leisure and free time alternatives to the consumption of drugs. It is a widespread strategy in the whole national territory. The activities are varied: camps, sport schools, workshops, leisure and free time alternatives, toy libraries, equipment of neighbourhoods, summer schools, activities during weekend nights...etc. These types of programs are usually carried out by diverse NGO with the support of the Administrations responsible for drugs and other municipal resources.
- Programs directed to risky young people. The activities are usually focused in the integral development of these youths: workshops aimed to improve social abilities, training activities, courses or occupational workshops, programs of juvenile employment, activities about leisure and free time ...etc. Almost all the Autonomous Communities have preventive programs for these youths that usually come from special neighbourhoods, for which promote services, equipment and diverse type of individual and group activities focused on health promotion. There are programs of professional initiation for youths that have abandoned the educational system as well.

Due to the great welcome and implementation of alternative leisure programs developed in Spain lastly, the Government Delegation for the National Plan on Drugs has financed two investigation projects to evaluate the results of the same ones: the program "Open until dawn" managed by the City council of Gijón and the program "The youngest night" managed by the City council of Madrid.

1) *Evaluation of the prevention program "Open until dawn."*

The evaluation of the community prevention program on drugs called "Open until dawn", for risky population, as well as the elaboration of an instrument to evaluate this

programs, has been carried out by José Ramón Fernández Hermida, and Roberto Secades Villa, Regular Professors of Psychology at the University of Oviedo, with the methodological advice provided by Guillermo Vallejo, Professor of Methodology of the Behaviour Sciences of Psychology at the University of Oviedo.

GENERAL OBJECTIVE: to elaborate and to apply a model of evaluation about the impact of community prevention programs on drugs that develop activities of alternative leisure for risky population to consume drugs, especially alcohol. Particularly it is the program "Open until Dawn" developed in Gijón (Asturias).

SPECIFIC OBJECTIVES:

- a) To analyse the effectiveness of the program "Open until Dawn" for changing certain factors related with the drug use. In particular, the effect of the program is analysed by the following variables:
 - Drugs consumption.
 - Factors of risk for drug consumption.
 - Consequences associated to drug use.
- b) According to these results, it is hoped to suggest the necessary and possible modifications that allow to optimise the resources and to maximise the preventive effect of the evaluated program.
- c) Lastly, it intended to formalise a proposal of the techniques and the most appropriate evaluation procedures for the analysis of programs with similar characteristics.

The initial sample was composed by 400 young residents in the Municipality of Gijón, belonging 200 to the experimental group and 200 to the control group. Those individuals of the experimental group were selected at random among the participants in October-November 2001 edition of the program "Open until Dawn". Those individuals of the control group were young that had not participated in the program. The definitive sample was composed by 330 individuals, 176 belonging to the experimental group and 154 to the control group. The average age of the participants in the study is 18,9 years old (range = 12-29 years and $s = 3,10$). Regarding sex distribution, a 43,5% of the sample were men and 56,5% women.

The instrument to collect information was a self inform elaborated ad hoc and formed by closed answers items. The design used was a pre-experimental one with control group and with pre and post-intervention measures. During the first week of the edition of the program (October 2001), the questionnaire was applied to the participants (experimental group). It was carried out in the own building where they attend to develop and to participate in the activities, in a special space to do it. It was guaranteed the anonymity for evaluated individuals and, once completed the questionnaire, they were indicated that a second interview would carry out several weeks after finishing the program.

The present study is a first approach to the phenomenon of the alternative leisure as a strategy to prevent the drug use. Therefore, the conclusions about the results of the program cannot be considered as definitive, but as some preliminary data that guide us toward future activity ways as planning, application and evaluation of alternative leisure programs. These conclusions are the following ones:

There are no significant differences observed in the variable measures while monitoring among participants in the program and the control group. This means that

the attendance to a program edition doesn't cause short-term changes in the drugs use, the leisure habits and the attitudes on drugs. Only, the consumption of alcohol during the weekends decreased among the participants in the program in comparison with the control group, but this reduction was meaningful for statistics.

The data shows that the youths in risky situation don't usually go to this type of programs. For this reason, with the purpose of increasing the impact of the same ones, it would be interesting to start recruitment strategies in order to attract the youths with positive attitudes and behaviours to the drugs use (risky groups).

In order to improve the preventive effect of the alternative leisure programs, it would be convenient to include some of the active ingredients that have been effective in other intervention contexts (school and community programs). These strategies could be introduced as other activity or as a general procedure that includes most of the activities. This type of programs should offer just activities of alternative leisure during the night, but also to impulse that type of activities among the participants beyond the framework and the extension of the program.

The youth's valuation of the edition of "Open until Dawn" is very positive. Most of the participants believe that the programmed activities are very interesting and wish to return in future editions and they would recommend it to their friends and well-known people. However, an important part of the youths participating in the program have doubts about the utility to prevent the drug consumption and to encourage leisure activities.

Lastly, as it is mentioned before, it is important to point out the necessity of a long-term evaluation of the impact of this type of programs, and not only the short term effect of the attendance to a determined edition of the program.

2) Evaluation of the Program "The youngest night" and "The youngest afternoon."

The healthy leisure program during weekends has been designed and started by the Municipal Plan against the Drugs of the Social Services Area, the Culture, Education, Youth and Sports Area of the City Council of Madrid and the Municipal Institute of Sports.

The Program has as general objective to offer to the teenagers and youths from 12 to 24 years old areas and healthy leisure activities that means an alternative to the behaviours of alcohol and other drugs uses during the weekend."

This Program had two types: "The youngest Night" (dedicated to the youths between 16 and 24 years old) and "The youngest afternoon" (directed to the teenagers from 12 to 16 years old).

METHODOLOGY OF THE EVALUATION: A mixed methodology has been used combining the use of qualitative techniques –discussion groups and quantitative techniques - statistical analysis of data obtained through surveys

1) Quantitative methodology

It has been use a successive sampling design to carry out the survey with groups of different individuals in sports centres.

The used questionnaire was formed by closed and coded questions being filled by the users randomly selected at the sport centres exit where the program has been carried out.

The sample was 687 individuals, on a total of 32.004 youths. With a sample mistake of $\pm 3,69\%$, for the most adverse case, when $p=q=50$, with a level of trust of 95%.

Since the sample had been stratified with a disproportionate affix by sport centre, for the data analysis; it has been balanced making it proportional to the assistants of each sport centre, applying adjustment coefficients.

Also, it has been carried out a phone survey to a sample of 600 young residents in the Municipality of Madrid in order to contrast the data of this study, with the data obtained in the survey carried out at the sports centres exit where the experience was carried out.

The sample of 600 youths was divided by sex shares and among the 14 districts of the Municipality of Madrid selected by proximity or location of the sports centres where had started the experience of the Program "The youngest Night."

Also, it has been carried out an evaluation through an anonymous survey and self-filled out in the Cultural Centres where it had been carried out this Program.

A sample of 727 individuals has been selected, on a total population of 23.651 young people participating in the Program, with a mistake sample of $\pm 3,57\%$, for the most adverse case, when $p=q=50$, with a level of trust of 95%.

As the sample it had been stratified with an disproportionate affix by Cultural Centre, for the data analysis has been balanced making it proportional to the assistants of each cultural installation, applying the corresponding adjustment coefficients.

2) Qualitative methodology

The qualitative evaluation was made with five discussion groups, in order to analyse the social representations that underlie in the perception of this type of Programs, to measure the social impact caused as well as the degree of effectiveness perceived in two of the involved communities:

- The monitors that have participated somehow in the development of the activities of the program.
- The participant youths in the activities of night leisure that are the receivers of the Program.

On the other hand, it has also been carried out a participant observation, through a continuous pursuit made by those responsible for the IMD that were in the sports centres during the program and for the monitors of "The youngest afternoon". Both carried out an observation and a collection of data along the whole process during different weekends.

For this purpose it were designed some Observation Files that the responsible people for the IMD and the monitors/educators of "The youngest afternoon" filled out every weekend when the Program was carrying out.

RELEVANT CONCLUSIONS OF THE EVALUATION

- The information facilitated directly by a friend or well-known person has been decisive to attend to both Programs, which means that the common knowledge has worked.
- A wide majority of the young residents in the districts of the City Council of Madrid where the Program had been developed, or in near districts, knew the program or about its existence. However, most of the interviewees by telephone didn't show interest to participate in this experience of night leisure.
- There were three reasons expressed by most of these youths, for not being interested in the Program "The Youngest Night": they prefer to go out for fun with their friends during weekends, they don't enjoy with these type of activities on weekends and their friends don't like to attend. The Program doesn't succeed with youths that follow the pattern of materialistic leisure and are very habituated to the same one ("night exit = amusement = get stoned")
- The youths participants in the Program expressed the following motivations to attend to "The Youngest Night": they find programmed activities amusing; it offers them the possibility to meet with their friends; they find an interesting proposal to spend the weekend that allows them to make something different; the economic expense is reduced and they can practice some sport.
- Youths with very different profiles have attended to the Program, although basically they could be divided in two typologies depending on the habitual way of spending the night leisure:
 - Youths that like sports and not consume or are sporadic consumers of alcohol.
 - Another typology is youths that go out for fun and consume alcohol and little hashish during the weekend, but they combine this option of night leisure perfectly with the attendance to the sports centres. The two options: "to go out for fun during weekends and to participate in "The youngest Night" are not incompatible.
- About the way to structure and to occupy their leisure time, the youths that participated in the Program "The youngest Night" presented the following characteristics:
 - More than half of the assistants pointed out to have as main hobby to practice sports.
 - It is very significant the number of young people of the sample, (also more than the half) that pointed out to have as main hobby to go out to bars, parties and discos.
- Most of the interviewees (by telephone and without interest to go to "The youngest Night", as the participants in the Program), pointed out that the activity that they carry out with frequently during the weekends at night is to go out to bars, drinks and discos.
- More than half of the youths that went to the Program "The youngest Night", expressed if the don't carry out these activities in the sports centres, they would be

out for fun as to be in a disco, drinking with their friends or drinking in the street. We deduce most of them consume alcohol or other drugs in these moments.

The teenagers that went to "The youngest Afternoon" mentioned that in the event of not being in the Cultural Centre, a third part of them approximately would be in the street talking with their friends, without any specific activity. Another third would be in their house and an important number of them would be at some friend's home.

- To the program of "The youngest night" attend young people with very different profiles and therefore with experiences and consumption levels also very different, but it is relevant to verify that in most of the cases the youths overcome the levels and the frequencies of consumption of the youths interviewed by phone that didn't want to go to the Program. The consumption indexes and frequencies for all type of drinks (wine, beer, cocktails, appetizers, fruits and strong liquors) are higher among the program users in comparison with the data of the youths that answered by phone to the questionnaire and had not participated in the Program.
- Regarding to the consumption of another type of drugs that are not alcohol and tobacco during the weekend, the consumption levels are scarce, being only something significant the use of the hashish. The consumption of this substance in the last month during the weekend is higher among the young users than among the non-participants in the Program.
- For the rest of illicit substances, the consumption data are not very significant
- Most of the participant youths in the Program (Afternoon and Night) had attended several times to the Sports and Cultural Centres, so, once they have tried it, they repeat the experience. The fidelity to the program is very high.
- Most of the youths and teenagers (Afternoon and Night) went to the Program with their group of friends.
- The social image or perception that most of the youths interviewees, both by phone and at the sports centres exit have about "The youngest night" is very positive, although they are sceptical about their preventive effectiveness, at least at short and half term. Mainly they have the perception of their utility as consumption limit.
- It is important to highlight that most of the participant youths in "The youngest night" plans to leave to its house when finishing the activities and only a few declare its intention of going to some disco or out for drinking. Therefore, we can affirm that the Program completes an objective of consumption limit and harm reduction.
- Although the behaviour changes have not been evaluated in relation to the drugs use (decrease in the levels of consumption or delay in the beginning age for attending to the program), some intermediate objectives or short-term achievements have been evaluated:
 - Possibility to carry out different activities to those of every weekend (since the young expressed fatigue and boredom for the routine and inertia in their activities of night leisure).
 - Positive evaluation made by the own youths as an amusing form of spending the night of the weekends, in a pleasant atmosphere and without alcohol and other

drugs, therefore, experimentation of the amusement and the enjoyment without necessity to turn to the alcohol or another type of substances.

- Positive interaction in the group of equals and possibility to make new friends
- Possibility to have an own spaces where to meet. Positive evaluation as meeting place with other youths.
- Discovery and practice of activities that they didn't know and development of new hobbies.
- Changes in the weekend leisure habits, at least at short term, in frequent visitors. The Program has become a regular reference of its night leisure.
- Welcome areas for minors with social incorporation problems that are in the streets or in parks during weekends at night without a concrete activity.
- The users satisfaction of both Programs is very high.
- One of the highly valued variables has been the atmosphere generated in the group as the personal relationships that have settled down among the activity partners (they didn't always meet with the friends with those had been gone to the sport centre). The participants in the afternoon as well as in the night program express this positive atmosphere.

Almost all the participants declared when leaving the Sports and of Cultural Centres their interest to return another weekend, and with the same positive unanimity they manifested their intention of recommending the participation in this Program (Afternoon and Night) to their friends or well-known people. Without a doubt, both questions reflect with clarity the degree of the youths' satisfaction and of the teenagers that have participated in this alternative experience.

Also, the Government Delegation for the National Plan on Drugs has subsidised the following investigations:

- The group relationships of young as context of risk or protection regarding to the drugs consumption", carried out by the Foundation of Help against the Drug Addictions.
- The intervention of the amusement. Pleasure, amusement and leisure like context for the drugs consumption ". Carried out for Institute and Study Network on factors of risk in childhood and adolescence. A qualitative methodology has been used (ethnographic studies) and studies on surveys. It has been carried out with a sample of 1341 youths, interviewees in recreational environments of five Spanish provinces. The investigation is a description of the recreational environments, the social groups and the existent recreational culture.

9.3 Family and childhood

A family prevention program is the one directed to parents or whole families, and whose population final objective are children and teenagers in general or in risky

situations of consumption of substances. These programs can be developed either in an isolated way or as components of wider school or community programs.

According to the information provided by the Autonomous Communities, during the year 2000 have been developed in Spain 56 programs of family prevention for parents.

These programs have the following characteristic:

- Most of the programs applied at the moment in the Autonomous Communities, are universal programs, with very general objectives, as for example: "to foster the affective and communication links strengthening inside the family", to propitiate a democratic and assertive educational style in the families", to deepen on the teenage characteristics"...
- The target of most of the programs is parents in general, only a few programs are directed to parents with risky children.
- The contents worked in the programs are: information on drugs, followed by family communication and the problem of the teenage.
- Chats are the main activity of most of the programs followed by training courses.
- Of the 56 programs pointed out in the files, 5 are based on an evaluated program. Most carries out process evaluation, and just a few carries out results evaluation.
- 16 programs are included in community programs, 11 are carried out in the Local Plans and 9 in the school environment.

General objectives:

- To improve the capacity and to involve parents in order to have a positive influence on their children behaviour regarding drugs.
- To inform the parents about drugs
- To deepen on the teenage characteristics and factors that can foster drugs consumption.
- To encourage the strengthening of affective and communication links inside the family.
- To avoid and to reduce the consumption of alcohol in young and teenagers.
- To join affectively with the families in all therapeutic process that their children are carrying out
- To propitiate a democratic and assertive educational style in the families.

Figure 9.4 Programs of family

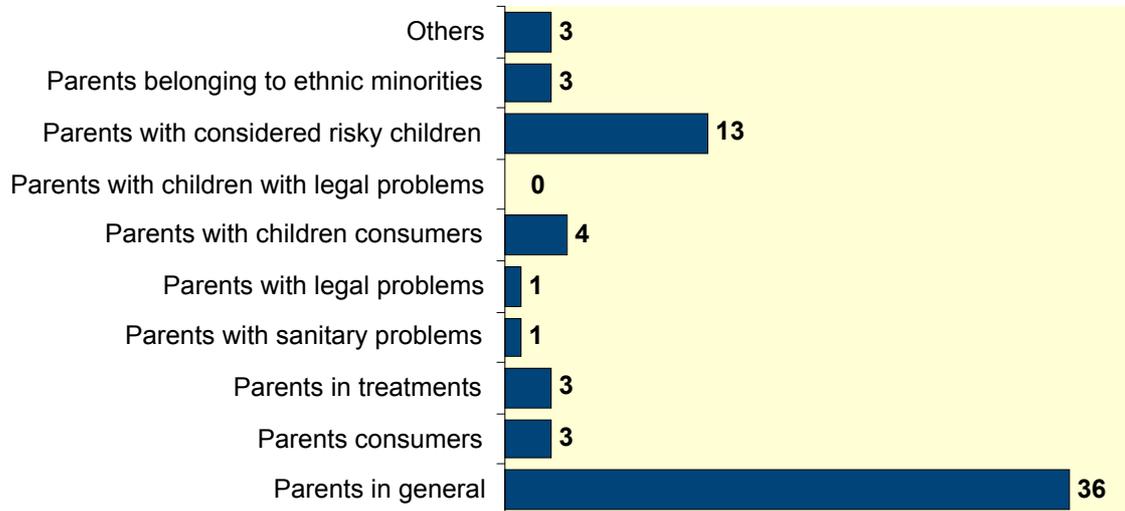


Figure 9.5 Content of the programs

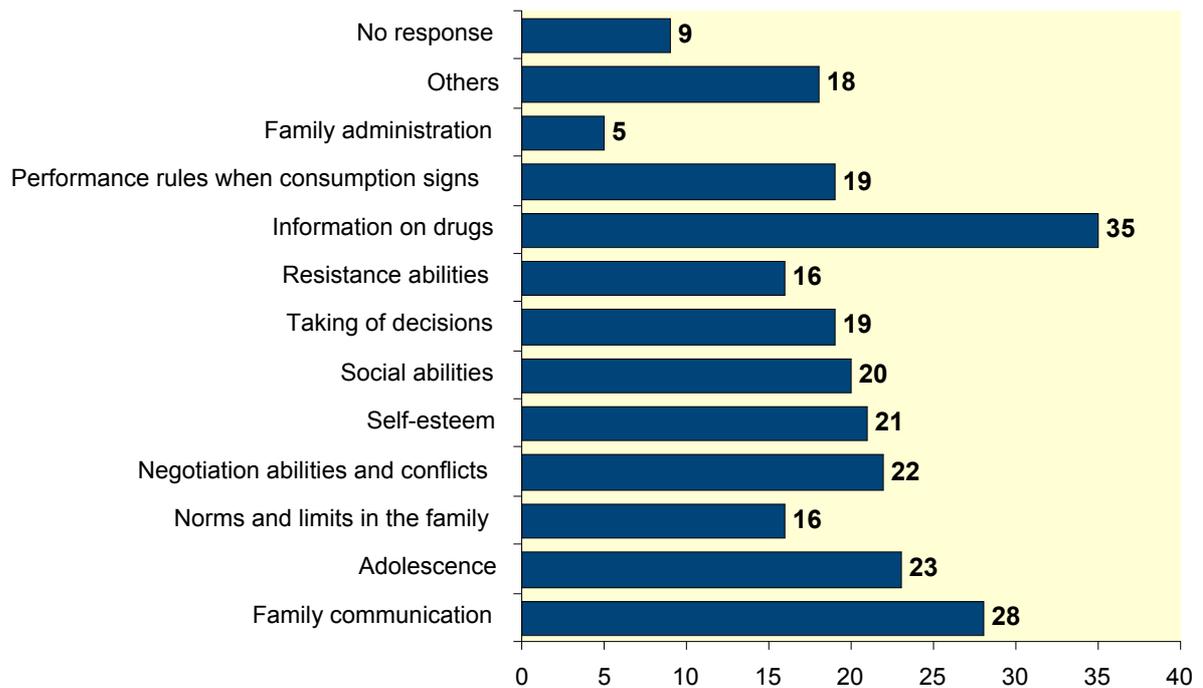


Figure 9.6 Type of evaluation that contemplate the programs

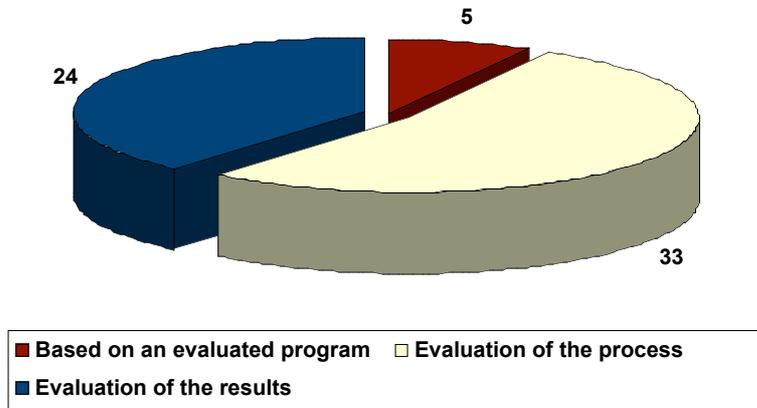


Figure 9.7 Number of family programs included in other programs

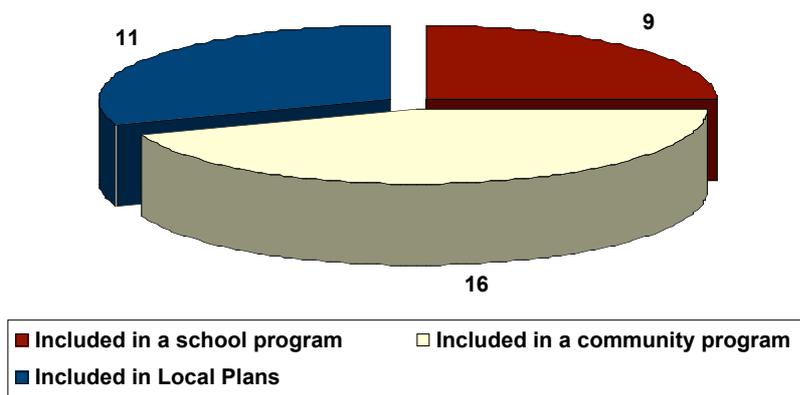


Chart 9. 3 Participants' number and main activities carried out in the family programs

MAIN ACTIVITY	Number of actions	Participants
Chats	318	13.564
Courses	249	4.548
Videoforum	9	928
Meetings parents - children	2	53
Homework	4	700
Material distribution	0	0
Material elaboration		112.000
Mass campaigns	1	46.629
TV programs	0	0
Radio programs	20	187
Orientation and direct advice	7	1.329
Videotape sessions	8	180
Cinema	0	0
Seminars, schools for parents	130	1.193

The DGPND has financed the following investigation projects:

- Evaluation of the impact of new strategies impact for training and sensitisation in drugs addictions prevention in families with children in school age (Department of Philosophy and Sciences of the Education. University of León)
- Investigation on family structures and educational models in Spanish families (Foundation of Help against Drugs Addictions)
- Comparative analysis of the intervention with minors and their families in the organisations of the RIOD (Ibero-American Network of NGO that work in Drug Addictions)
- Investigation on the risk and protection factors of the family associated to the consumption of drugs (Official Association of Psychologists)

9.4 Other programmes

Peer-to-peer approaches

Various programmes in Spain use this methodology, some of them developed in the educational environment and mostly in community programmes address to young people outside school premises. Some campaigns, as the "control" campaign by Red

Cross Youth, are developed in leisure places. Voluntary youths from this organisation give information and advice on drugs and their consumption "in situ". Other programmes as those of Energy Control follow also this pattern line. These programmes include of activities directed to drug consumption risk and damage reduction among young people, and consist of young people providing the information on drugs to their equals.

Telephones help-lines

The FAD's telephone 900 gives information and guidelines on drugs. This telephone line is subsidised by the DGPND. The help line has assisted during the year 2001 a total of 21.018 calls, this reflects an increment of the 34, 1% with regard to the year 2000. This increase was due to a social awareness media campaign that gave the reference of this telephone number.

The majority of the calls were from the Community of Madrid, followed by the Communities of Valencia and Andalusia. The communities from where fewer calls were received were Ceuta, Melilla, the Rioja and Cantabria.

17.007 calls out of the 21.018 received were in relation a drug user, which represent 80% of the calls. The remaining 20% calls requested general information on drug consumption, effects of this consumption, treatments..., without referring to a concrete consumer.

79,9% of those consulted cases are men and 17,5% women, with an average age of 29,1 for the men and 25,1 for the women.

By substances, the eldest consumers are alcohol consumers, with 36,1 year-old average, followed by the cigarette consumers, with an average age of 34,9. The youngest are those hallucinogens consumers, with 19,4 years old average, the MDMA consumers with an average age of 19,8 and cannabis users whose average age is of 20.

The majority of consultations are about cocaine consumption (30,8%), followed cannabis (19,5%). 1,1% of the calls makes reference to compulsive gambling, and practically none consultations referred to feeding problems.

Generally speaking the majority of the consultations referred to short time consumption, 29% of these consumers give up after 1-2 years. Only 9.2% referred to an over 10 year consumption period.

The route of administration more commonly used is smoked (26,4%), followed by nasal administration (19,6%) and oral administration (13%). Only 4,6% of those affected use the injected route.

Most of the calls received are made to request information about resources to carry out a drug addiction treatment, mainly by the individual affected.

Long-lasting calls are those carried out by the mothers of those affected with an average of 12,1 minutes. The shortest are those carried out by professionals, especially for the drug addiction services with an average of 4,2 minutes.

Mass media campaigns

Practically all the Autonomous Communities carry out informative campaigns on Drugs directed especially to the prevention of the recreational consumption, following the lines started in the last years.

On the other hand the Government Delegation for the National Plan on Drugs developed along the year 2001 a campaign that had as slogan: " Find out! Drugs: more information, less risks", where it used diverse interactive elements, such as web page and a personal information telephone.

Also and as a part of that campaign, an informative guide was published with the same slogan that was distributed en masse through advertisements in press, juvenile associations, Autonomous and Municipal Plans of Drugs, etc. with a printed edition of more than 3.000.000 of copies.

In the second half of the year 2002 there was another campaign with the slogan "Think for you: without doubts, without drugs". This new campaign means a development, a step forward the campaign of the previous year.

Internet:

The National Plan on Drugs, has a web page, where offers information about prevention resources, attendance and reintegration. It is possible to accede to the documentation centre and to visualise the last advertising campaigns on drugs, as well as the last innovations in the legislative ambit and about books and even seminars, courses and conferences.

<http://www.mir.es/pnd>

The Association of Help against Drug Addictions has information about their courses, supporting materials, and links with interesting webs as well as a virtual classroom with the following objectives:

- To Contribute to the training in drugs addictions through specialised programs, with an international vision and adapted to different social realities.
- To encourage the development of concrete abilities for working, flexible in function of the participant's necessities and under accessible economic conditions.
- To set up a virtual space for the exchange of experiences among the participants, tutors and individuals or legal entities that could contribute to the best boarding in the problem of the drug addictions.

Their electronic address is: www.aulavirtual.fad.es

The Association Project Man informs about the assistance resources of the Association such as different activities carried out. Their electronic address is: www.proyectohombre.es

The Spanish Union of Associations and Entities of attention to the drug dependants (UNAD) has a web page where offers information about type of resources dedicated to the drug addicts by each Autonomous Community. It offers information about articles and interesting publications, as well as the magazine in digital format called "Joining efforts."

www.unad.org

Research projects and evaluation results

Apart of the investigation projects pointed out in other sections, there is one more called: "Factors of risk and protection for the consumption of cocaine in an area of high availability" (The Department of Clinical Psychology and Psycho-biology of the University of Santiago of Compostela, is carrying out an investigation project directed by Elisardo Becoña and their team, and financed by the DGPND).

General objectives:

- To know the risk and protection factors that are related with consumption and not consumption of cocaine in people from 14 to 25 years old living in a high availability area of cocaine.
- Once knowing this factors, to be able to propose an action program to reduce the risk factors and encourage the protection ones in the cocaine consumers in order to decrease their consumption.

Specific objectives:

The objectives considered regarding the first general objective are:

- To know the following risk and protection factors:
 - Constitutional
 - Environmental and of the community
 - Family
 - Singular (psychological, emotional and interpersonal)
 - Intellectuals, academic and of the school
 - Of the equals
 - Vital events
 - Related with the consumption of other drugs

Hypothesis:

- In an area of high availability of cocaine, the consumption is superior that in other areas in the geographical framework, in the autonomous community and in the national average.
- Higher level of risk in cocaine consumers, and higher level protection factors in non-consumers.
- To more number of risk factors the more consumption probability; the more protection factors the less consumption probability.
- The factor availability besides the environmental factor and the community one will be those that explain better the cocaine consumption.
- The familiar stability factor, attachment to the school and emotional stability will be the most excellent protection factors to explain the non-consumption of cocaine.

Sample: 1.600 people with ages between 14 and 25 years old belonging to the district of Arosa (Pontevedra). The sampling that has been carried out is random.

FIELDWORK: It has been carried out personal interviews at home, where questionnaire is applied and additional information is obtained from each person by a clinical psychologist in order to be able to obtain additional data regarding its cocaine consumption. The interviews are anonymous, with the consent of the parents when the interviewees minors. The questionnaire is working well in the study. The time in filling it is from 30 to 45 minutes, not appearing difficulties in the completing it and a clear content for the people.

This questionnaire investigates the attitudes, habits and the youths' behaviours in Galicia. The elaboration has been arduous. Different existent questionnaires have been analysed in our country as well as in others, new scales depending on the revision of the previous scientific literature about risk and protection factors have been elaborated.

This investigation is in the final phase, and in next months, we will have the final report with conclusions and proposals.

Specific training

a) ON-LINE IBERO-AMERICAN MASTER IN DRUG ADDICTIONS.

For carrying out the Master, the Government Delegation for the National Plan of Drugs and the Interamerican Commission for Drug Abuse Control (CICAD-OAS) have associated with eight universities of Latin America and Spain. It is an avant-gardist project that seeks to train specialised professionals in prevention, investigation and treatment of the problems related with the use and abuse of drugs in the Ibero-American region using new technologies instruments.

One of the main aspects of this On-line Master is that it is hold in the experience and scientific knowledge of eight universities that have already given specialisation courses in Drug addictions.

The Master takes two years, divided in four semesters. The theoretical studies are given in a virtual way, through Internet. There will be a semester of physical presence in order to practice in the Centres authorised by the Master Academic Committee. This practice will be able to be carried out either in the own country or in a different country.

More information is available in the page web: www.unireddrogas.org

b) In Spain are several Universities that have on-line Masters on drug addictions, as for example:

- Master in drugs addictions. First "on line" edition.

Organised by: University of Barcelona.

Web page: www.heures.ub.es/curso.ref?800569

- Master in prevention and treatment of the addictive behaviours

Organised by: University of Valencia.

Place: Valencia (Virtual Classroom of the University-Company Foundation)

Web Page: www.adeit.uv.es/postgrado

10. REDUCTION OF DRUG RELATED HARM

The National Strategy on Drugs 2000-2008 considers the implementation of interventions directed to reduce drug-related harm caused to the consumers, to third parties and to the society, fundamentally in social and health aspects. These types of measures are applied to the whole Spanish territory with special attention to those areas where the negative effects of the consumption of drugs are higher.

The Strategy provides that the objectives pointed out in the harm reduction field by consumption of drugs will be fulfilled by the year 2003 at national level, as well as the Autonomous and Municipal Plans on drugs. In this sense, all Public Administrations have been working during the last three years from the approval of the National Strategy.

These objectives are the following ones:

- To ensure that most of the drug dependent population has access to harm reduction programs.
- To start up harm reduction programmes associated with drug consumption, particularly programs of exchange of syringes, safe sex and consumption with less risk, anti-Aids kits, etc.
- To establish strategies from the Autonomous Plans on Drugs and AIDS and the Official Pharmaceutical Association in order to start programs of harm reduction in the pharmacy offices.
- To carry out programs for the introduction of systematic vaccination to drug addicts population related to tetanus, hepatitis B as well as antitubercular quimo-prophylaxis. Wherever possible to extent these programs to families and relatives.
- To introduce health education programs aimed at reducing the harm caused by the consumption of alcohol, tobacco and other drugs among the population in general. In particular programs of harm reduction associated to the consumption of alcohol connected with traffic accidents and violence are carried out
- To boost the quality of the treatment programs with agonist implemented in the assistant network belonging to the National Health Service.
- To diversify the offer of the programs of harm reduction in the prisons using different initiatives such as extending programs of syringes exchange.

10.1 Description of interventions

The special services that carry out outreach work are, basically, the mobile services for drug dependent (properly equipped buses, vans and cars that provide services to drug users in those places where they are) and the social emergency centers, to which drug addicts go.

The objectives these is the improvement of the quality of the users' life and the provision of help at medical, psychological and social level.

According to the information available, during 2001, 31 mobile services that assisted 7010 users were operative as well as 18 social emergency centers that attended 8782 people. In the chart below other harm reduction programmes and the work carried out by the pharmacy offices is recorded.

Chart 10.1 Harm reduction programmes. Resources

RESOURCES		
Specific resources	Nº of devices	Nº of users
Social emergency centres	18	8.782
Mobile units	31	7.010
Pharmacy offices	530	1.115
Others	87	3.003

Chart 10.2. Harm reduction programmes. Syringe exchange programmes

SYRINGE EXCHANGE PROGRAMMES			
Location of the programmes	Nº	Nº of users	Activities
Social emergency centres	9	4.314	301.770
Mobile units	23	4.987	1.102.991
Pharmacy offices	886	225	487.691
Others	169	2.109	1.174.801
Total	1.087	11.635	3.067.253

Social works in recreational scenarios:

The ONG Energy Control has started in Catalonia a system of information on the available drugs in the nightlife. It is an initiative that includes the presence in the young parties during weekends of psychologists, social workers and pharmacologists that inform about the different types of pills and analyse the unknown ones in the Municipal Institute of Medical Investigations.

Likewise, the Social Affairs Department of the Basque Government and the NGO Ai-Laket have started the program " Testing " that allows the youths to analyse free the drugs that seek to consume in order to know its purity or just to get information on that substance. This project is already running in several towns' parties and it is going to be extended to the macro-discotheques.

Prevention of infectious illnesses:

Initiatives in this area will be developed in depth in Part 3, section 12 of the present inform.

In the Central Administration ambit, the General Directorate of Penitentiary Institutions dependent on the Ministry of the Interior has started a distribution plan of syringes to drugs addicts prisoners of the 69 jails administered by the State that request it. All the prisons of the Spanish territory can access to this program except to Catalonia where all competencies in this field have been transferred. The objective is to combat the AIDS that affects to 16% of the prisoners and the infection of the hepatitis C (46%). The distribution of syringes is voluntary with previous application.

Safe injection rooms

The first Safe Injection Room in Spain (DAVE) started working during the second half of the year 2000, managed by the Antidrug Agency of the Madrid Autonomous Community.

It offers preventive-educational interventions, sterile materials, emergency attention and effective deviation, within a global framework of the attendance with special attention population most vulnerable. The initiative is aimed to intra-venous drug users out of the assistance network that is higher risky group within drug consumers.

The objectives of the program are as follows:

- To reduce the most frequent infections, VIH transmission and viral hepatitis and to identify emergent pathologies.
- To reduce the mortality from the acute reactions to drugs.
- To provide access to the specific Antidrug Agency network and general social and health networks.
- To promote self-care.
- Training individuals in the use of correct ways to inject.
- To promote less dangerous consumption ways.
- To lessen the social impact of the intravenous consumption in public places.

The DAVE is situated in a prefabricated building of about 200 square meters that opens 24 hours a day; it has ten individual booths for injecting, two personnel rooms, three toilets, a wait room and a resuscitation room.

Each user is provided with an injection kit that consists on a syringe, towels with alcohol, a rubber to stand out the vein, a tin with distilled water, a pan for the mixture and a litter. The DAVE is also provided with the appropriate tools to carry out a simple analysis of the substances.

The DAVE permanent personnel is formed by a doctor, two DUEs, a social worker, a social educator, an auxiliary technician, a cleaner and a security guard.

The DAVE has carried out until June 2002 148.391 interventions of those which:

§ 15.030 in the months of the 2000 that it was in operation.

§ 85.605 in the year 2001.

§ 47.756 in the 2002 until June 2002.

Assisted users: a total of 5.086 users.

§ 1,744 in the year 2000.

§ 2.685 in the 2001.

§ 657 until June 2002.

Injections executed: 80.671:

§ 5.668 in the year 2000.

§ 45.499 in the 2001.

§ 29.504 until June 2002.

The average daily injections are 162. The personnel have assisted until June 2002 520 urgencies related with acute reactions to drugs consumption and other 150 for other causes.

Other sanitary activities that have been developed are: 4.155 consultations, 3.841 cures and 459 supervised treatments. Until June 2002 459 users have been sent to other centres of the assistance network.

Another significant fact is that until June 2002 a total of 963.306 syringes have been given and 831.089 used syringes have been picked up in the DAVE.

The DAVE carries out two types of programs:

a) Health Programs:

- Injection supervision.
- Basic Health Assistance: a medical consultation that opens 24 hours a day and assists both problems linked to drug use and social environment.
- Urgent Health Assistance to both types of problems mentioned in the previous paragraph.
- Substances analysis.

b) Social Programs:

- Developed by social educators as: exchange of syringes and preservatives distribution programs, educational workshops on safe sex, hygienic injection, hepatitis, reception, information and fostering.
- Developed by social workers: Managing users on the centre and sending of the users to other Autonomous Community centre.

Next to the Safe Injection Room it was inaugurated in November of the 2001 the Emergency Centre for Drug users, managed also by the Antidrug Agency of the Community of Madrid. Their objectives are to collect the active users of drugs, to evaluate them sanitarly, to reduce the damage associated to their consumption and to send them to treatment centres of the Antidrug Agency network. Therefore, it continues and it supplements the initiate task with the DAVE.

The centre has three offices for the personalised attention, kitchen, dining room, workshops room and housing besides four bathrooms, showers and warehouse. It is open 24 hours a day and has capacity to assist 150 people; 50 people can even spend the night there.

The Emergency Centre has 40 workers. It is managed by the NGO called "Trama" has in different march sociohealth programs:

- Health Assistance Program directed mainly to harm reduction that includes exchange of syringes, monitoring of pathologies associated to drug use and treatments directly supervised in some cases.
- Socio-educational Program that approaches the patients social training and the sanitary education (Basic Diet, Personal Hygiene, Night Resting)

The Budget of this Centre for the 2001 was of almost 144.243€; for 2002 and 2003 are set 1.724.863€ each year.

Finally, in September 2001, it has started working an injection place in Cataluña called EVA (Space for assisted injection). The injections are carried out in a mobile bus fitted for this purpose. The EVA has one nurse, one educator and one driver. In the social sanity resource (other bus besides the one mentioned in the previous paragraph) there are one co-ordinator, one doctor, two nurses, one clinical assistant, three social workers, two health agents, one administrative personnel, one driver and two volunteers.

The EVA accepts heroin and cocaine consumption. The number of injections from September 2001 to June 2002 has been 8400 with a daily average of 28 users.

10.2 Standards and evaluation

No information available.

11. TREATMENTS

The information provided below comes from data given by 16 Autonomous Communities and Cities (all but Madrid, Navarra and the Basque Country).

11.1 " Drug-free " treatment and health care at national level

The distribution by Autonomous Communities and Cities of the available drug free programmes (outpatient centers, hospital units and therapeutic communities) is included below.

Chart 11.1 Distribution by Autonomous Communities and Cities of the available drug free programmes

Autonomous Communities and Cities	Outpatient centres		Hospital units		Therapeutic communities	
	Nº of centres	Nº of users	Nº of centres	Nº of users	Nº of centres	Nº of users
Andalucía	109	12.375	3	653	15	1.279
Aragón	26	1.425	1	76	2	154
Asturias	18	2.180	7	282	6	217
Baleares	22	1.558	1	20	3	168
Canarias	30	9.149	2	370	5	483
Cantabria	3	420	1	25	1	54
Castilla - La Mancha	9	1.202	6	149	16	246
Castilla y León	51	1.225	3	277	9	659
Cataluña	53	6.175	10	770	11	0
Extremadura	15	1.216	1	54	6	359
Galicia	37	2.607	6	421	4	382
Madrid	0	0	0	0	0	0
Murcia	12	1.264	2	61	2	89
Navarra	0	0	0	0	0	0
País Vasco	0	0	0	0	0	0
La Rioja	6	337	1	28	1	46
Valencia	53	8.094	5	571	4	237
Ceuta	1	183	1	2	0	5
Melilla	1	222	0	0	0	0
TOTAL	446	49.632	50	3.759	85	4.378

11.2 Substitution and maintenance programmes

As already mentioned in previous national reports, these programs are regulated in the Royal Decree 75/1990, of January 19, amended by the Royal Decree of 5/1996, of January 15. The programmes admission conditions, the organization and the distribution of the substitution drugs and the prescription mechanisms have already been described.

The chart below contains quantitative information on these programmes.

Chart 11.2 Harm reduction programmes. Treatment with opiates agonists

Type of programme		Nº of programmes	Nº of users
Substitution programmes with methadone	Prescribing programmes	159	75.078
	Dispensing programmes	1.035	
	Prescribing and dispensing programmes	236	
	TOTAL	1.430	

11.3 After-care and re-integration

The programs and services implemented during the year 2001 by the National Plan on Drugs in this area are those included in the table below. These data correspond to the information provided by 17 of the 19 Autonomous Communities and Cities. For this reason, this table can not be compared with that of last year.

Chart 11.3 Social reintegration programmes. Type, number of programmes and resources and number of users, Spain 2001

	Number of programs and/or centres	Number of users
Therapeutic centres with activities and/or programmes	221	
Activities and/or programs centres (without treatment)	67	
Residential treatment centres with programs (therapeutic communities)	67	
Housing	89	2.310
Training programs	423	14.239
Employment programs	338	4.486

Source: Government Delegation for the National Plan on Drugs with data provided by 17 Autonomic Plans on Drugs.

Like in previous years, the programs can be classified in three big categories.

Training programs. This category shows the consolidation of the activities oriented towards the information, orientation and training for employment search. Another trend can also be mentioned, more than half of the drug dependents that attended these programs (53%) participated in employment oriented activities.

Employment programs. These programs provide a remunerated employment to drug dependents that are undergoing a stable rehabilitation process. They are gathered in four groups:

- "craftsmanship workshops", mainly handicrafts;
- "special employment programs", promoted by the National Employment Institute (Ministry of Labor and Social Affairs) and for the Local Administrations (City councils) and frequently financed by the European Social Fund;
- "subsidized employment contracts in companies";
- "self-employment promotion" (autonomous work, cooperatives).

The special programs continue being the biggest "employment bag" for drug dependents undergoing a rehabilitation process (2.600 people from a total number of 4.486).

Housing programs. The trend started in previous years remains and more than 1.700 drug dependents were offered housing in flats tutored by a monitor.

A working group formed by after-care and re-integration experts from 12 Autonomous Communities and from the Government Delegation for the National Plan on Drugs met for the first time in March 2001 and finalized their work in September 2002. Their objective was to study how to improve the collection of information on social integration programs in order to implement the indicators established in the National Strategy on Drugs 2000-2008.

To do so, the programs and objectives of the drug dependent were redefined, a typology of the programs and resources available in the Autonomous Communities was drawn up and a new file for data collection was experimented with (it will be used in 2003).

Quantifying the number of drug dependents that have used every year these social integration programs and resources was one of the main problems the working group faced. Most of these programs are not open only to drug users. They also include other socially excluded groups and drug addicts are not labeled as such when entering these programs. Therefore it is difficult to obtain reliable statistical data on their number and characteristics. To know the drug dependent socio-demographic profile the working group suggested to draw up studies from the already existing services and programs.

The group also pointed out the importance of establishing good co-ordination and collaboration relationship with the general social services network since most drug users get economic resources, training and employment through this network.

12. INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

The general framework of the interventions provided by the criminal justice system was covered in the key issue on "drug users in prison" that was included in last year national report.

12.1 Assistance to drug users in prisons

Abstinence oriented treatments

Detoxification programmes are offered to everyone entering prison that is diagnosed as active drug user and has not been included in methadone treatments. During 2001, 3.880 drug dependent inmates were included in detoxification programmes offered in the 69 prisons managed by the State General Administration (Penitentiary Institutions General Directorate - Ministry of Interior). The prevalence-day was 4,78% of the penitentiary population.

During 2001, 7.531 inmates were treated in drug free programmes:

- Drug free programs in ambulatory régime. Inmates receiving treatment live together with the rest of the penitentiary population and use the general facilities of the prison. During 2001, 5.009 inmates in 69 penitentiary centers were included in these programmes. The prevalence-day of the penitentiary population was 4,78%.
- Drug free programs in specific therapeutic areas. These programmes are developed in specific module of the center and can be a day center or a therapeutic module where inmates stay over night. During 2001, 2.354 inmates of 17 penitentiary centers received treatment under the therapeutic model, with a prevalence-day of 2,54% of the penitentiary population. Under the day center model, 168 interns of 5 penitentiary centers received treatment, with a prevalence day of the penitentiary population's 0,14%.

Substitution treatment

These treatments have been carried out in the penitentiary environment since 1992, being extended to all prisons in 1998. The wide spread of substitution treatment is explained by its high efficiency, and especially for its proven effectiveness to prevent HIV infections.

During 2001, 21.642 inmates of 69 penitentiary centers (19.474 men and 2.168 women) received treatment with methadone with a prevalence-day of 21,45% and 22,10% respectively.

Harm reduction measures

In all penitentiary centers preventive and health education programs have been developed. Among other subjects, basic information has been given on transmission of

sanitary, juridical and social aspects of the consumption of drugs and the motivation for the inclusion in therapeutic programs.

These programs do not only go also directed to drug dependent inmates but also to inmates likely to can begin to use drugs inside the prison, like those in prison for the first time and the younger inmates.

12.960 inmates, from all penitentiary centers managed by the State General Administration, have benefited from these programs in 2001.

These programs are particularly relevant seen the frequent and serious health problems these people suffer, since quite often many of them are only reached by the health system on entering prison.

The following preventive activities are carried out:

- Health promotion strategies (from health policies to social and physical interventions).
- Sanitary education for disease carriers.
- Vaccination against hepatitis B.
- Hepatitis treatments.
- Implementation of the program for tuberculosis prevention and control.
- Psychological and sanitary support groups for HIV inmates and inmates that carry out risk infection practices.

Because of the high infection risks for VIH, hepatitis B virus and hepatitis C virus in the penitentiary population and since the highest infection rates are among long term intravenous drug users inmates who carry out risk practices, preventive policies focused on these populations have been reinforced.

During 2001, eleven penitentiary centers of five Autonomous Communities (Basque Country, Galicia, Canarias, Navarra and Asturias) implemented syringes exchange programs and 11.339 syringes were distributed. These experiences have shown that these programs can be reproduced in the penitentiary environment, without causing distortions neither direct problems.

In December 2001, the Penitentiary Institutions General Directorate agreed to implement syringe exchange programmes in all 69 prisons managed by the State General Administration that will provide syringes to inmates that ask for them on voluntary bases in order to avoid AIDS and hepatitis C infections.

Community links

Pre-release, units and release

The monitoring and control of inmates on parole is carried out by the social services of the prisons. The Treatment Council elaborates an individual program for monitoring of those on parole that will be implemented by the penitentiary social services in collaboration with the community devices including their families. Also, the Judge of Penitentiary Surveillance (*Juez de Vigilancia Penitenciaria*) can impose the observance of behavior rules, such as the submission to treatment for drug dependency. Among the causes that will mean the repeal of this freedom is the neglect of the imposed behavior rules, the repeal supposes re-entering prison.

The prisons Treatment Council, after the emission of a favorable and individualized social reintegration report, can suggest the Judge of Penitentiary Surveillance to advancement the probation period under the above mentioned conditions.

During 2001, 6.952 inmates were derived to community devices. Most of the derivations referred to inmates that were already free (on parole, probation or after rendering sentences).

Also, the Spanish penitentiary establishment includes social reintegration centers managed by penitentiary staff and dependent units outside the penitentiary centers run by non-governmental organizations, both devices are offered to inmates classified in third degree (open régime).

Therapeutic communities for offenders outside the prisons

Therapeutic communities for offenders outside the prisons

The Penitentiary Regulation regulates the following treatments for drug dependent inmates outside the prisons:

- Ambulatory treatment in the community thanks to the inmates daily outings.
- Programs carried out in out off prisons services through the permits.
- The possibility to undergo treatment in out off prisons services thanks to the provisions on open régime.
- The possibility for drug dependent inmates to serve their sentence boarded in publics or private therapeutic centers.
- The possibility to subject the conditional freedom to undergo treatment.

During 2001, 6.952 inmates were diverted from prisons to treatment:

- 1.193 were diverted to external ambulatory centers.
- 4.643 were diverted to external methadone programs.
- 537 were diverted to external therapeutic communities.
- 579 were diverted to other resources.

Involvement of communitiy health structures

The definition of the interventions aims as well as the coordination of the resources and the implementation and monitoring of the performances, are carried out within the Group to Care for Drug Dependents (Grupo de Atención a Drogodependientes). This multidisciplinary team is the operative space in which prisons professionals, Not Governmental Organizations and other extra-penitentiary entities participate. All 69 prisons managed by the State General Administration have these units.

12.2 Alternatives to prison for drug dependent offenders

The applicable legislation set by the present Penal Code (passed by the Organic Law 10/1995, of November 23) and penitentiary regulation (Royal Decree 190/1996, of February 9) created a juridical frame that favors the social re-integration of drug dependent inmates.

Alternatives to prison foreseen:

- Suspension of prison sentences. Option applied in the case of sentences shorter than three year when proven that the convict is not a regular offender and has been or is under detoxification treatment. This option is also foreseen for the incurable patients.
- Alternatives to prison sentences. The prison sentence is replaced by other punishments, such as, community work, monetary fines or weekend arrest. It is applicable to regular offenders, whether drug dependent or not.
- Security measures for drug dependent. Foreseen when exempt form criminal responsibility. The judge can apply different security measures. Among them, entering in detoxification center. In case the exemption is not complete, it acts as extenuating circumstance and the judge can apply a security measure followed by a prison sentence or a non prison sentence or the suspension of the prison sentence, should the effects be endanger.

On the 31 December 2001, 1.895 drug dependent offenders were rendering alternatives to prison sentences. Of these, 1.401 were non freedom restrictive measures (ambulatory treatment in a social-sanitary center) and 494 were freedom restrictive measure (non ambulatory treatment in a detoxification center).

These data mean an underestimation of the real number of drug dependent offenders rendering alternatives to prison sentences, since the Penitentiary Social Services do not cover all alternatives to prison sentences. A significant percentage of them is monitored by the services for drug dependent offenders within the Courts.

All these devices respond to the need of identifying at an early stage risk factors in order to be able to work on them to avoid recidivism, since a young age and a short criminal record are indicators of better results.

Therefore they have to be considered as an additional resource within the services network offered to drug dependent offenders.

The general objectives of these services are: to facilitate help to drug dependent with legal problems, to optimize the coordination between the different administrations and agents involved and to advise the courts on the offenders personal, family and social situation.

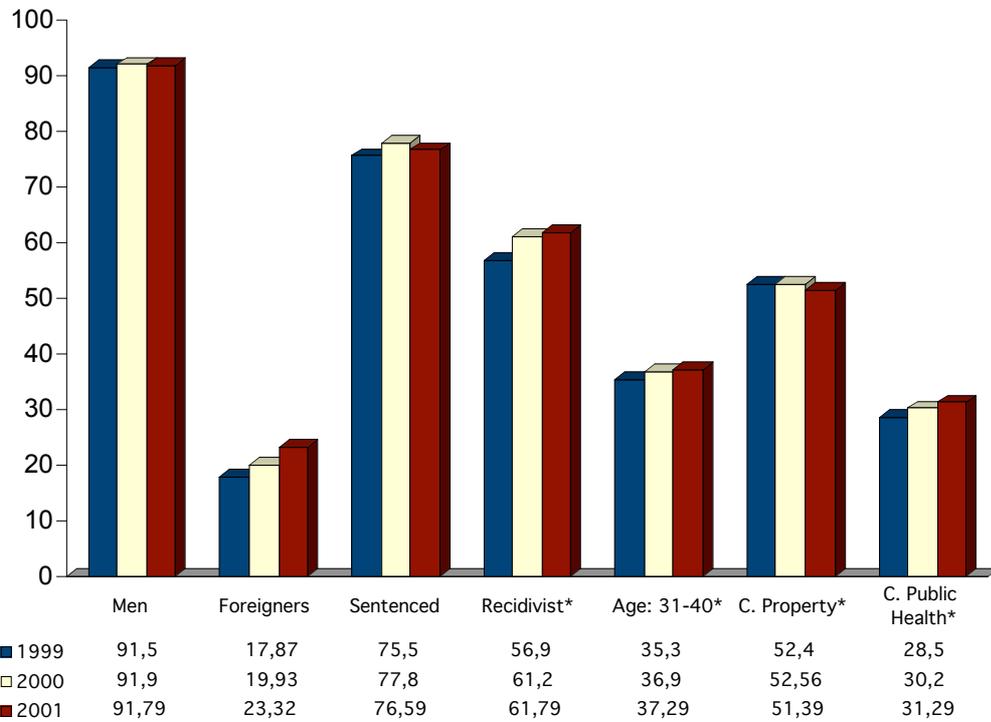
12.3 Evaluation and training

Statistics

Statistics on the penitentiary population. Source: Penitentiary Institutions General Directorate.

The penitentiary population is mainly masculine, being higher every time the number of foreigners and recidivist. Also, it shows a gradual aging process that relates with the recidivism variable.

Figure 12.1 Evolution of the penitentiary population profile. Spain 1999-2001



*Percentages on sentenced population.

Source: Government Delegation for the National plan on Drugs with the penitentiary statistics provided by the Ministry of Interior.

The last 1.000 entrances in prisons that took place in January 2002, show the same profile that in previous years.

Chart 12.1 Profile of the last 1.000 entrances in penitentiary institutions in Spain in January 2002

MEN	WOMEN
Spanish	Spanish
Crime against the social and economic order	Crime against the public health
Recidivist	Recidivist
Drug user	Drug user

Source: Government Delegation for the National Plan on Drugs, with data from General Directorate of Penitentiary Institutions.

Statistical: prevalence of diseases linked to drug consumption. Source: Sanitary Registries of Penitentiary Health.

- VIH prevalence: 14,6% of the penitentiary population's total.
- Hepatitis C prevalence: 41,9% of the penitentiary population's total.
- Prevalence of inmates under treatment with antirretrovirales: 7,8% of the penitentiary population.
- Tuberculosis prevalence: 0,4% of the penitentiary population were under treatment.

Statistics: therapeutic services in prison. Source: the Deputy Direction of Penitentiary Health provides annually data on inmates admitted to treatment under the therapeutic modality. The data collection is carried out through a questionnaire answered by all the penitentiary centers.

Statistics: Use of psychoactive substances. Source: study on drugs use and associated variables. Deputy Direction of Penitentiary Health, 2000.

77,2% of people that enter in prison took psychoactive substances in the month prior to their entrance. One of the characteristics that defines these drug users on entering prison is the polidrug use.

Training

Training for professional. Training courses are offered to all civil servants when starting to work and later on updating courses are organized periodically. During 2001, the Penitentiary Institutions General Directorate has organized formative activities on prevention and treatment on centralized basis attended by 405 professionals.

Training for inmates. Training for drug dependent inmates tend to achieve their social integration, and therefore focus on harm reduction and social reintegration. For it, the therapeutic alternatives should not be isolated as treatment program, but integrated inside performances that include training and education. Academic education together with pre-labour and labour training courses are offered.

During 2001, 5.758 inmates attended professional training courses and 6.921 attended social-labour oriented courses. It is estimated that 50% of these students were drug dependent.

13. QUALITY ASSURANCE

The Spanish Monitoring Centre for Drug and Drug Addiction has an Advisory Council which is a collegial organ that support and advise to the Government Delegation for the National Plan on Drugs when executing its competencies as Spanish Monitoring Centre for Drugs and Drug addiction.

The Advisory Council functions are as follows:

- To know and analyse information about drugs and addictions collected by the DGPND.
- To promote investigations. Researches and surveys and to participate in their technical design, if appropriate.
- To celebrate meetings or workshops with public or private experts, Spanish or foreigners.
- To suggest the adoption of measures and actuation programmes for studying by the DGPND.
- To study and propose co-ordination criteria to collect data, defining common indicators in order to get more efficiency and harmonisation of the used methods.
- To propose co-ordination criteria to homogenise in the whole national territory the collecting and information and documentation exchange.
- To encourage and guide the spreading of the non-confidential information.
- To elaborate an annual inform about the evolution of the drug phenomenon in Spain based on well-known information.
- Any other functions to support and advise on data analysing and collecting and to spread information on drugs and drugs addictions entrusted by the Government Delegate for the National Plan on Drugs.

On the other hand, the National Strategy on Drugs 2000-2008 had as a main objective the creation of a National Institute of Research and Training on Drugs as a dependent member organisation of the Government Delegation. The mentioned Institute has been started working this year 2002 (Order 2437/2002, 4th October) as a unique co-ordinator organ in the national scope to simplify and rationalise all practices developed in Spain in public and private ambits, related to training and investigation on drugs.

Due to its recent creation, Information about the results reached by the Institute will be provided in future National Informs.

PART 4

KEY ISSUES

14. DEMAND REDUCTION EXPENDITURES ON DRUGS IN 1999

14.1 Concepts and definitions

In Spain all the Administration levels have competencies regarding drugs addictions.

It is a decentralised structure where the different competencies are distributed in the following levels:

- General Administration of the State.
- Autonomous Administration (Autonomous Communities).
- Local Administration.

Non governmental Organizations (NGO) have competencies as well in this area.

Central Administration

The Central Administration bodies that have assumed competencies concerning demand reduction, impulse and co-ordination are as follows:

- The Ministry of the Interior through the Government's Delegation for the National Plan on Drugs and of the General Directorate of Penitentiary Institutions.
- The Ministry of Health and Consumption.
- The Ministry of Education, Culture and Sport.
- The Ministry of Work and Social Matters.
- The Ministry of Defense.

As provided in the article 3 of the Law 36/1995, of December 11 on the creation of a fund coming from the goods confiscated by drug trafficking and other related crimes, the Central Administration bodies as well as the Autonomous Communities and the Local Entities will be able to be beneficiaries of the goods and instrument confiscated. It will be assigned at least a 50% to drug addiction prevention programs, drug addicts assistance and social and work reintegration.

Autonomous administration

Executive and legislative bodies of the Autonomous Communities have the responsibility to design and to elaborate the Autonomous Plans concerning drug dependencies with the corresponding legal support, to co-ordinate and, in their case, to design, to execute and to evaluate the prevention programs in the ambit of the Autonomous Communities and Ceuta and Melilla, as well as to regulate the authorization and accreditation of centres, services and training and prevention programs and assistance in the field of the drug addictions.

Local administration

The Local Administration assumes the development of specific prevention policies as regards drug addictions and the co-ordination of the interventions regarding drugs at local level.

Non Governmental Organisations (NGO)

Finally, the Non Governmental Organisations (NGO) have a decisive role in the field of the prevention as a co-operation element with the Public Administrations in the different intervention fields and especially in the preventive one.

14.2 Financial mechanism, responsibilities and accountability

The sums assigned by the different Departments of the Central Administration with competencies in issues related to drugs and drug addictions come respectively from the General Budgets of the State; in the case of the CCAA, of the Budgets of the Autonomous Communities and in the level of the Local Administration of the Budgets of City councils and Delegations.

There are as well some amounts transferred by the State to the Autonomous Communities.

The NGO are financed with donations coming from the three levels of the Administration mentioned above.

Ministry of the Interior: Government Delegation for the National Plan on Drugs

In the ambit of the Central Administration, the Government's Delegation for the PND carried out the following points as regards demand reduction during the year 1999:

- Application of the Agreement of Collaboration as regards Education for the Health, through which was carried out the program "Building Health."
- Approval of twenty projects of Schools Workshops and Houses of Occupations inside the program of labour integration of the drug dependant population in rehabilitation process and participation in the National Plan of Formation and Professional Integration.
- Organisation of the V National Conference on AIDS and Drugs.
- Meeting of the European Network of Focal Points.
- Spanish-Colombian Seminar of training on the heroine's problem.
- I Conference about Drug Addictions Prevention in the labour environment."

Within the co-operation with the Autonomous Communities and Local Administration is necessary to underlined:

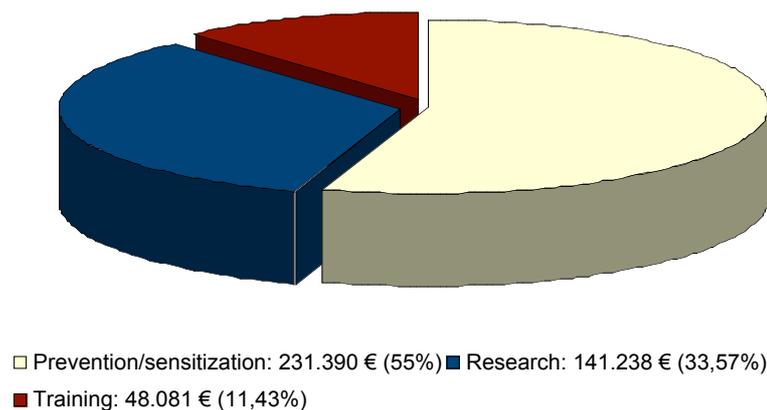
- Updating of the Agreement of Collaboration with the Spanish Federation of Municipalities and Provinces to channel economic contributions from the Government Delegation for the NPD to the local beneficiaries.
- Organisation of the International Seminar "Improper use of alcohol."
- Agreement with the Municipal Institute of Medical Investigations of Barcelona to finance diverse studies on ecstasy consumption.
- Agreement with the Municipal Plan against the Drugs of the City Council of Madrid to finance several investigations on the consumption of drugs in minors.
- Programs of attention to drug dependants with penal problems that were financed with participation of the Government's Delegation for the NPD, the General Directorate of Penitentiary Institutions, the Autonomous and Municipal Plans on

Drugs, the National and Autonomous Plans of the AIDS and the Health Department of Autonomous Communities.

The co-operation from the Government's Delegation for the National Plan on Drugs with the NGO was carried out as follows:

- Incentives of the DGPND to non-profit entities. In 1999 the Delegation subsidised to 49 entities with a total quantity of 3.005.060€; an 83,7% was dedicated to programs on demand reduction.
- Grants to NGO in charge of the Law of the Fund of Confiscated Goods: 9,72% of the quantities obtained by the Fund of Confiscated Goods (420.708€) were dedicated to NGO, to 15 associations to be precise within national scope in order to carry out several programs of prevention, training and research.(Figure 14.1)

Figure 14.1 Grants to NGO in charge of the Law of the Fund, 1999. Distribution of the credit according to the program types



Prevention campaigns

The Government's Delegation for the National Plan on Drugs started in June 1999 a campaign with the slogan "Enjoying without drugs". This campaign introduced as an innovation a new dimension regarding to the searching of amusement linked to the consumption of certain substances during the weekend. The objective of this campaign was to break up that identification of amusement during the weekend with the experimentation of new sensations with the use of drugs.

The economic valuation of this campaign was of 2.961.042,99 € being the expense carried out by the Government's Delegation for the PND 609.606,91€ since most of the financing of these campaigns runs in charge of the collaborating companies.

Also, at Christmas there was another campaign "Working without drugs" as complementary of the previous one; it continues the same points of the campaigns carried out in the last years where the main point was trying to show the access to the amusement by the young people without necessity of taking drugs, This campaign was valued in 1.939.655,38€.

Ministry of Health and Consumption

During the year 1999 the collaboration continued among the National Plans of AIDS and of Drugs, especially in the field of sanitary professionals training that worked at the different stages of drug addicts attention in order to provide them the necessary training and work tools to contribute to modify the behaviours of its patients' risk.

The second stage of the Project of the Secretary of the National Plan on AIDS was also developed with the Government's Delegation for the NPD and the General Council of Pharmacists Association of Spain directed to extent the programs network of harm reduction at pharmacy offices, concretely programs of exchange of syringes, methadone and anti-aids kits supply.

Lastly, in this framework of collaboration, was celebrated the V Conference on AIDS and Drugs.

Within the autonomous ambit, 4.627.793€ were transferred Autonomous Communities in order to finance preventive activities.

Finally, the Ministry of Health and Consumption assigned 919.548€ to finance the VIH prevention projects belonging to 34 entities, inside its program of financial help and subsidies to NGO.

Ministry of Education, Culture and Sport

Inside the Ministry of Education, the Investigation and Educational Documentation Centre (CIDE) develops an educational policy aimed to drugs addictions prevention within the school environments, as well as to eliminate the factors of risk that lead to the consumption of drugs.

There were four main points of prevention in 1999:

- Drug addictions Prevention in the development of the academic curriculum at different educational stages.
- Projects, campaigns, specific programs of drug addictions.
- Publications related with this matter.
- Protocol of intentions of collaboration signed among the Ministries of Education and Culture, Health and Consumption and Interior to promote "Education for Health."

Ministry of Labour and Social Affairs

The Ministry of Labour and Social Affairs develops programs fundamentally in connection with drug addictions through the General Secretary of Social Matters.

Official announcements of financial help and grants to carry out co-operation and social voluntary programs had as high-priority objectives in 1999:

- Support Programs to the maintenance of assistance resources and social rehabilitation: consolidation of the network of attendance services to drug dependants.
- Prevention Programs in marginal areas of high risk directed to towns that claims for a specific intervention due to their economic, sanitary and social conditions guided to the promotion of healthy lifestyles in front of the drugs.

The INJUVE (Institute of the Youth) financed seven NGO to develop eight prevention programs directed to young populations and two young associations. It also financed several researches and seminars as well as the starting during that year the pilot project of leisure and free time alternatives.

Ministry of Defence

Along 1999 the Ministry of Defence carried out to end several Prevention Plans and Programs. Also it was started an information campaign imparted to troop and seamanship consisting in chats, distribution of advertising supports of prevention campaigns, distribution of leaflets, celebration of conferences and formative cycles.

Both Air Force and Army have given conferences in this matter during the training courses; also, it has taken place the III Course of Trainers in Drug Addictions Prevention and the I Course of Enlargement for Trainers.

Ministry of Foreign Affairs

The Ministry of Foreign Affairs collaborates in the financing of projects directed by the Government's Delegation for the National Plan on Drugs. This collaboration is carried out in the multilateral field as well as in the bilateral.

In the multilateral framework this collaboration consists in the contribution of Spain to the UNDCP (United Nations Drug Control Program) that was dedicated in 1999 to the "Integral Sub-regional Program of Generation of Prevention Structures, Rehabilitation and Social Reintegration in Mexico and Central America."

It also contributes to finance the Program of Institutional Strengthening of the Inter-American Commission for the Control of the Abuse of Drugs (CICAD-OAS) that carries out the Project of Strengthening of the Commissions of Drugs in Central America.

The Spanish Agency for International Co-operation also finances scholarships for foreign students to study the Master in Drug Addictions of the University of Alcalá de Henares (Madrid).

Lastly, in the Training Centres of the Spanish Co-operation of Guatemala, Colombia and Bolivia took place seminars of training of ONGs regarding prevention of the consumption of drugs.

Concerning bilateral co-operation, the AECl gives financial support to diverse projects that in 1999 were finance help to prevention programs in Bolivia, Peru, Guatemala and Colombia.

14.3 Expenditures at national level (geographic extension)

In the year 1999, the total Budget of State and the Autonomous Communities in matters of drugs was up to 216.917.288€; the different Departments of the Central Administration with competencies in matters related with the drugs and drug addictions negotiated directly a budget of 58.123.880€ besides other 22.387.700€ transferred by the Government Delegation for the NPD to the Autonomous Plans of Drugs for derived expenses of its own activity.

Of the Budget of the year 1999 corresponding to the Central Administration it was dedicated to demand reduction more than 19.839.409€ which means a 34,13% of the total Budget.

The quantities corresponding to each one of the different departments of the Central Administration with competencies are showed in the Chart 14.1 as follows:

Chart 14.1. Central Administration demand reduction expenditure on drugs in 1999

Ministry of Interior Government Delegation for the National Plan on Drugs	32.979.631 € (*) (**)
Ministry of Defence	454.930 €
Ministry of Health and Consumption	1.544.601 €
Ministry of Education and Culture	133.477 €
Ministry of Foreign Affairs	751.265 €
Ministry of Work and Social Matters	6.366.556 €
TOTAL	19.842.761 €
(*) Of the Budget of the DGPND it would be necessary to deduce the quantities transferred to the Autonomous Communities (22.387.700 € in 1999).	
(**) There are included the amounts coming from the Fund of Confiscated Goods	

This amount was dedicated to demand reduction.

The total sum coming from the Fund of Confiscated Goods in 1999 was around 4.780.825€ of which 4.546.651€ came from the increasing of the confiscated liquid amount credited in the Public Treasury during the last three quarters of 1998 and the first of 1999, as well as the quantities entered in the Treasury during the same period coming from the disposal of goods.

A total of 189.097€ came from the non-executed sums in the budget of 1998 and the rest (45.075€) correspond to endowments related with the Fund that are in the budgets of expenditure of the Government's Delegation in 1999.

The total quantity available was of 4.657.843€, which means a 97,42% of the total sum available.

This amount was distributed in the following way:

- 330.556€ were dedicated to assist the administration expenses of the Fund (valuations, deposits of goods, auctions expenses...).
- 4.327.287€ were distributed among the beneficiaries; in the field of demand reduction, the beneficiaries were the Autonomous Communities, the Local Entities, the NGO, the National Institute of Toxicology and the Government's Delegation for

the NPD. The total amount dedicated to demand reduction was of 2.881.853€ which is a 66,60% of the total sum of the Fund distributed in 1999. (Chart 14.2)

Chart 14.2. Distribution of the Fund in 1999

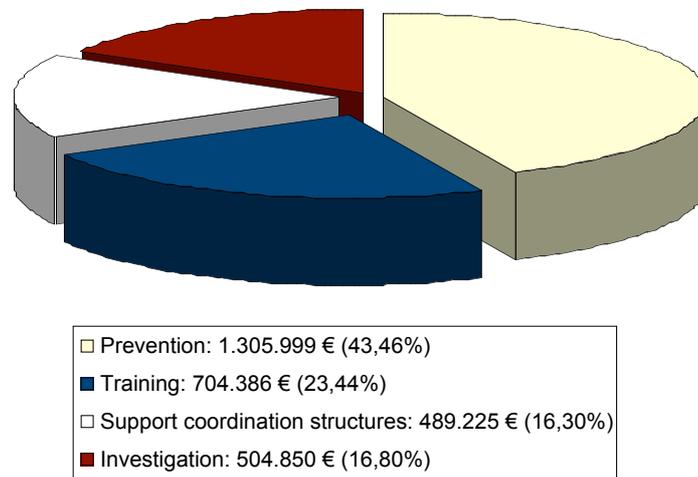
Beneficiaries		Assigned quantity	Percentage
Control supply			
	Nacional Police General Directate	601.012 €	13,89%
	Civil Guard General Directate	601.012 €	13,89%
	Customes Survellance Service	216.364 €	5,00%
	Special Prosecutor	27.046 €	0,62%
	TOTAL	1.445.434 €	33,40%
Demand reduction			
	Autonomous Communities	1.202.024 €	27,78%
	Local Entities	1.081.822 €	25,00%
	NGO	420.708 €	9,72%
	National Institute of Toxicology	96.162 €	2,22%
	Government's Delegation for the NPD	81.137 €	1,88%
	TOTAL	2.881.853 €	66,60%
	TOTAL	4.327.287 €	100,00%

Source: Government's Delegation for the National Plan on Drugs.

The co-operation between the Government's Delegation for the National Plan on Drugs and the NGO was carried out through the following activities:

- Incentives of the DGPND to non-profit entities. In 1999 the Delegation subsidised to 49 entities with a total quantity of 3.005.060€; an 83,7% was dedicated to programs on demand reduction. (Figure 14.2)
- Grants to NGO in charge of the Law of the Fund of Confiscated Goods: 9,72% of the quantities obtained by the Fund of Confiscated Goods (420.708€) were dedicated to NGO, to 15 associations to be precise within national scope in order to carry out several programs of prevention, training and research.

Figure 14.2 Subsidies of the DGPNSD 1999. Distribution of the credit according to the program type



Regarding the remaining Departments with resources to finance programs in the field of demand reduction, the most important contribution comes from the Ministry of Work and Social Matters. The amount dedicated to these programs was paid by the tributary assignment of 0,52% of the Income Tax that in 1999 was up to 5.777.564€.

With the same tributary assignment, the INJUVE (Youth Institute) paid 414.698€ to subsidise seven NGO with projects of demand reduction in drugs.

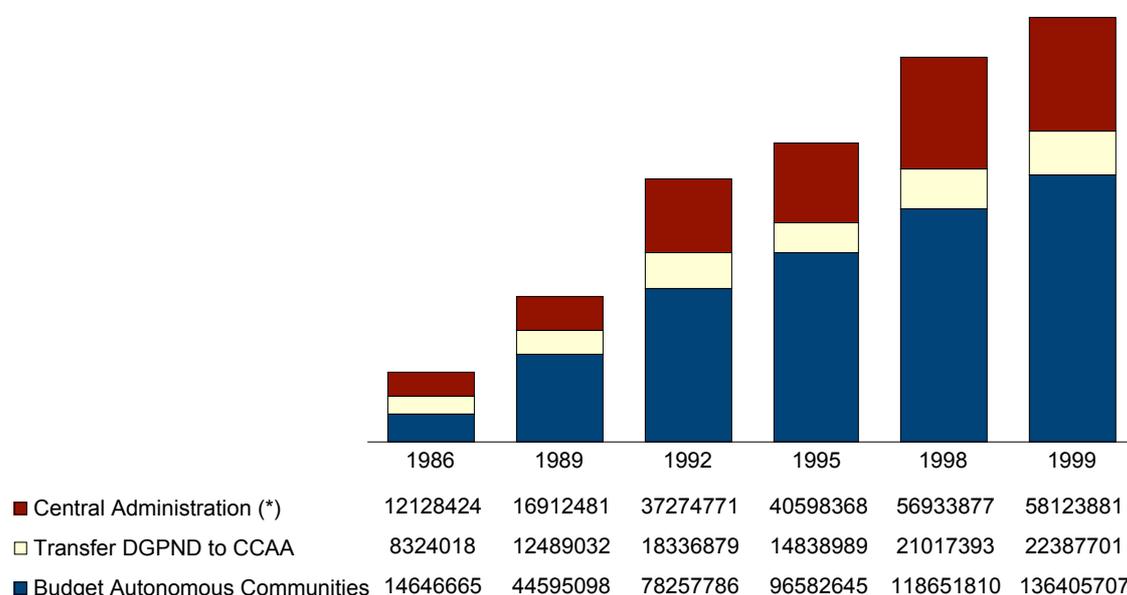
On the other hand, the Ministry of Sanity and Consumption transferred to the Autonomous Communities the amount of 4.627.793€ to finance preventive activities. It also dedicated 919.548€ to the financing of the VIH prevention projects of 34 entities, inside their program of economic incentives and subsidies to NGO.

Autonomous communities

The Autonomous Communities, through the Autonomous Plans of Drugs invested in 1999 136.405.707€, amount that was dedicated to demand reduction of drugs.

It is necessary to add to this amount the already mentioned 22.387.700€ transferred by the Government's Delegation for the National Plan on Drugs to the different Autonomous Plans of Drugs; the total amount distributed was 158.796.347€ in the following way:

Figure 14.3 Budgets of the Central and Autonomous Administration 1986-1999 (eurus)



Source: Delegation of the Government for the National Plan on Drugs, starting from data facilitated by the Autonomous Communities.

(*)There are included demand reduction as well as supply control expenditures

Chart 14.3. Evolution of the Communities and Autonomous Cities expenditures distributed in intervention areas. Spain, 1996-1999 (eurus)

Areas	1986	1989	1992	1995	1998	1999
Prevention	3.121.603 (14%)	16.319.594 (28,6%)	13.484.253 ² (14%)	13.922.710 (12,5%)	19.954.461 (14,29%)	25.082.910 (15,80%)
Attendance and reintegration	16.678.212 (74,7%)	29.155.915 (51,1%)	73.797.886 (76,4%)	85.242.857 (76,5%)	104.773.563 (75,02%)	118.025.026 (74,32%)
Investigation, Documentation and Publications	929.700 (4,2%)	1.571.478 (2,8%)	2.911.663 (3%)	2.439.003 (2,2%)	2.660.645 (1,90%)	2.304.521 (1,45%)
Institutional coordination and cooperation with the social initiative	1.583.811 (7,1%)	10.039.174 (17%)	6.401.302 (6,6%)	9.817.635 (8,8%)	12.281.496 (8,79%)	13.383.890 (8,43%)
TOTAL	22.313.326	57.086.161	96.595.104	111.422.205	139.670.165	158.796.347

1. The quantities transferred by the Government's Delegation for the PNSD are included.

2. Starting from 1992, the data corresponding to prevention inespecifica are not included that until that year some CCAA included in this area.

Source: Delegation of the Government for the National Plan on Drugs, starting from data facilitated by the Autonomous Communities.

Chart 14.4 Expenditure distribution Chart for Autonomous Communities 1999 (eurus)

	Prevention	Attendance and reintegration	Investigation	Institutional coordination and cooperation with the social initiative
Andalucía	18.374.972	4.589.996	84.142	6.319.360
Aragón	597.707	1.783.924	95.633	128.737
Asturias	656.330	3.582.388	74.019	196.981
Baleares	582.982	3.014.482	-	-
Canarias	798.209	5.961.542	182.805	1.115.770
Cantabria	1.001.238	2.786.052	130.600	435.319
Castilla y León	614.618	6.229.397	63.568	402.287
Cataluña	2.184.505	13.382.454	260.382	490.576
Castilla-La Mancha	1.314.565	2.620.092	31.433	272.795
Extremadura	1.204.915	4.152.491	54.091	1.909.248
Galicia	1.569.052	6.953.246	109.546	26.667
Madrid	2.121.434	20.136.881	317.857	1.448.547
Murcia	559.350	3.659.142	111.608	108.783
Navarra	477.865	2.602.527	78.132	192.324
La Rioja	171.929	522.316	26.920	485.626
Valencia	2.046.426	7.257.524	543.369	364.057
País Vasco	2.885.050	8.909.037	209.653	836.212
Ceuta	104.637	344.069	56.620	33.918
Melilla	34.565	139.729	-	-

The CCAA assign all their resources regarding drugs to demand reduction since the offer control in Spain is carried out fundamentally by the Forces and Bodies of Security of the State (National Police and Civil Guard) that depend directly of the Central Administration, to exception of the cases of Catalonia and Basque Country in which those competencies are transferred and they have own police bodies (ertzaina and mozzos de esquadra).

In the Local Administration scope of action, there are no data available related to the resources dedicated by the City and Provincial Councils to demand reduction programs on drugs during the year 1999 due the existence of too dispersed information.

As an example, it is important to mention that the Budget of the City council of Madrid in 1999 for the Municipal Plan against the Drugs ascended at 11.969.372.

14.4 Expenditures of specialised drug treatment centres.

The Autonomous Communities or the City councils manage the specialised centres of drug addictions treatment. In Spain there are more than 2000 (2.380) centres of this type disseminated by the different Autonomous Communities.

The Autonomous Community of Madrid has the denominated "Therapeutic Communities" that are second level centres in the attendance to drug dependants under voluntary internal; those centres are accessible from the denominated Centres of Integral Attention to drug addicts.

Their objective is to gain personal skills so that the drug addicts can carry out their rehabilitation in an ambulatory way.

The Antidrug Agency of the Community of Madrid has two centres of these features.

The Therapeutic Community of Batán assisted during the year 1999 to a total of 55 patients inside the Program free of drugs and in the Methadone Program. Their resources ascended to 1.195.779€, which means around 5% of the total budget of the Antidrug Agency, dedicated specifically to this therapeutic Community.

Another example could be the CAID (Centres of Integral Attention to Drug dependants); it is a direct acceptance centre, with ambulatory character where all the drug addicts can go, with the only requirement of residence inside the area of influence of the corresponding centre. They cover from the direct acceptance until the social reintegration moving from psycho-social evaluation, detoxification, rehabilitation, reintegration and substitute treatment if it proceeds.

The Antidrug Agency has five centres of this type in the capital that assisted in 1999 between 200 and 600 patients each one; there are as well similar programs in 19 municipalities of the Community of Madrid. The population assisted in the CAID receives sanitary attention of first level and, through an agreement with the National Health Service (INSALUD) and the Health Regional Service carry out vaccination campaigns, surveillance of health, prescriptions, diagnosis and treatment of transferable illnesses.

These centres had expenses during 1999 of an average of 901.518€ which is around a 3,75% of the budget executed by the Antidrug Agency in that year.

14.5 Conclusions

From the information collected in the previous sections it would be necessary to deduce the following conclusions:

- The budgetary efforts of the Spanish Public Administration are evident, being the total sum of 178.639.108€ (Central and Autonomous Administrations)
- Diverse organs (publics and private) execute the public expenditure in demand reduction of drugs.
- The NGO are a key piece in this execution.
- The Fund of Confiscated Goods, in whose distribution the initiatives of demand reduction are top priority, allows assisting the necessities that the public budgets don't cover. In this way drug policies are complemented and reinforced.

14.6 Methodological information

The previous information is public and showed in the General Budget of the State and in the Budgets of the Autonomous Communities and Local Corporations. Next to the mentioned information, the Fund of Confiscated Goods constitutes the only extraordinary source of resources that is ignored in advanced when beginning each budgetary exercise and it varies depending on the firm sentences notified to the Table of Sales Co-ordination.

15. DRUG AND ALCOHOL USES AMONG YOUNG PEOPLE AGED 12-18

Within the Surveys Program on Drugs to School Population the biannual survey among 14 to 18 years old students of ESO (Compulsory Secondary Education) was carried out at the end of the year 2000.

1º and 2º course of ESO students are not included in this research, so there are no data available for the group of scholars between 12 and 14 years old. The total scholar population is 2.102.119 students.

That survey has allowed to analyse the temporary evolution of the prevalence of uses of the substances, the consumption patterns, the associate factors and the opinions and attitudes of the scholars on drugs.

Their objective is to know periodically the situation and the tendencies of the drugs consumption among Secondary students in order to foster a more effective prevention policy.

The contents of the Survey on Drugs to the School Population 2000 have been enlarged with discussion groups with scholars for the analysis of their opinions about drugs and with a Survey to Teaching on Perceptions, Attitudes and Behaviours facing the consumption of drugs among the scholars and the preventive issues that it had an effective sample of 3.596 teachers belonging to 400 public-private centres of the State.

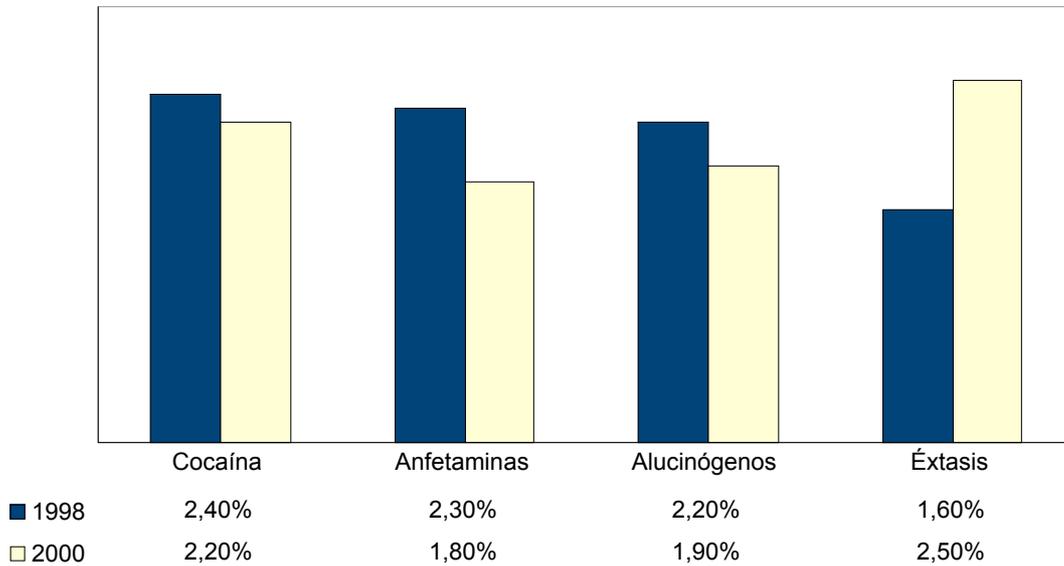
Among the specific objectives of the survey it is necessary to point out the following ones:

- To estimate the prevalence of consumption of the different substances.
- To identify the consumption patterns and the most important socio-demographic characteristics of the consumers of different substances.
- To analyse the motives for the consumption and not consumption of drugs.
- To identify factors linked to the consumption of the different substances.
- To know the opinions, perceptions and attitudes related with the consumption of drugs.

General conclusions of the study:

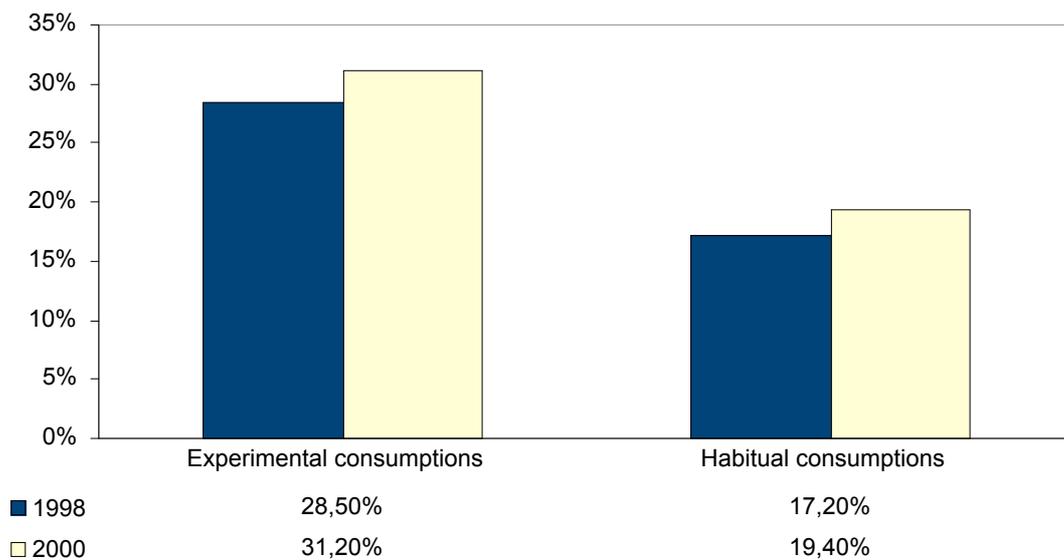
- Psychoactive drugs consumption has been stabilised in general, being observed internal displacements in the use of this type of substances. In the period 1998-2000, the habitual consumers of cocaine, amphetamines and hallucinogens have decreased while those of ecstasy increased (Figure 15.1).

Figure 15.1. Evolution of the habitual consumptions of psychoactive drugs



- The cannabis use continues growing among scholars. In the period 1998-2000 the scholars that have used this substance at some time have increased in 9%. (Figure 15.2).

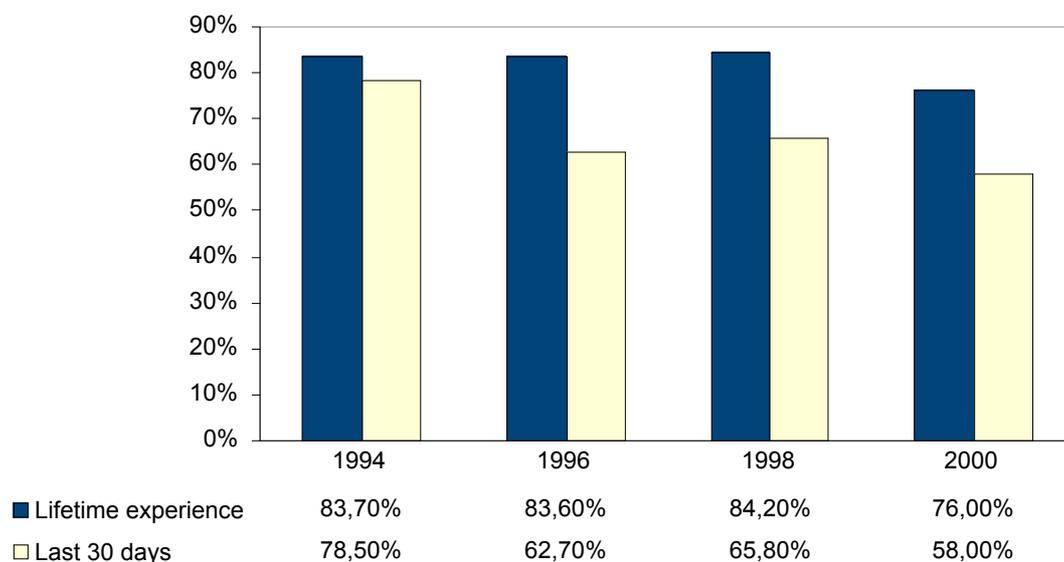
Figure 15.2. Evolution of the experimental and habitual consumptions of cannabis



- It has been broken the expansion of the consumption of alcohol among the Spanish scholars that has been generated from the decade of the 80s. It has been registered an important consumption decrease of alcoholic drinks, as it is proved

with a decreasing in 12% of the habitual drinkers and the increment in 10% of the school teetotallers during the period 1998-2000 (Figure 15.3).

Figure 15.3. Evolution of the consumption of alcohol among the students of Secondary



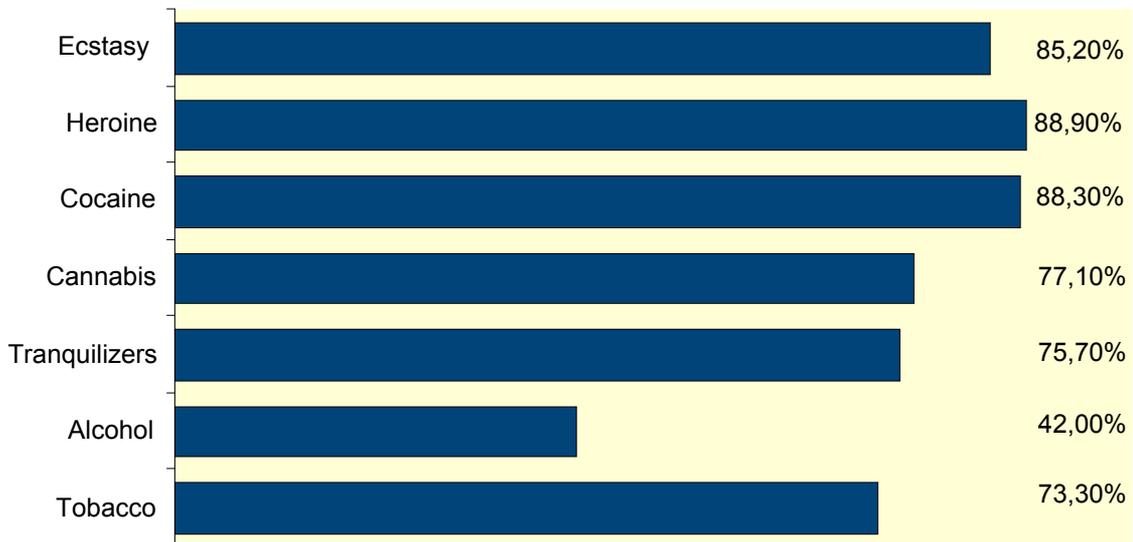
- After some years of continuous decreasing, in the 2000 the beginning ages have been stabilised for the consumption of tobacco, alcohol and cannabis, rising up for the other substances (Chart 15.1).

Chart 15.1. Evolution on average ages of beginning for drug consumption

Substances	1994	1996	1998	2000
Tobacco	13,8	13,3	13,1	13,2
Tobacco (daily consumption)	-	-	14,4	14,4
Alcohol	13,4	13,7	13,6	13,6
Alcohol (weekly consumption)	-	-	14,9	14,8
Tranquilizers (without prescription)	14,1	13,8	13,8	14,5
Cannabis	15,1	15,0	14,8	14,8
Ecstasy	15,6	14,9	14,8	15,6
Hallucinogens	15,4	15,4	15,1	15,4
Speed/Amphetamines	15,5	15,5	15,2	15,5
Cocaine	15,6	15,7	15,4	15,7

- Most of the school consumers of drugs recognise to have suffered derived problems caused by consumption, denying the supposed harmlessness of the recreational use of drugs such as alcohol, cannabis, ecstasy or cocaine.
- It is verified an intense association among the consumption of alcohol, tobacco and cannabis, so that the use of anyone of these substances implies a high probability of consumption of the remaining ones.
- Although a wide majority of the scholars consider to have enough information about drugs and its effects, the perceived risk associated to the consumption of substances like alcohol or cannabis is low (Figure 15.4).

Figure 15.4. Perceived problems associated to the habitual consumption of the different substances



Habitual consumption: Tobacco = 1 package a day
 Alcohol = 1 or 2 glasses a day
 Other drugs = Once per week or more

Beginning ages to the consumption of drugs:

The scholars' first contact with the drugs takes place in early ages. In the case of the illegal drugs, the cocaine is the drug whose consumption begins at more advanced ages: 15,7 years old. There are no significant differences between sexes in the beginning ages (Chart 15.2).

Chart 15.2. Average Age of beginning to the consumption of drugs

SUBSTANCES	MALE	FEMALE	TOTAL
Tobacco	13.0	13.3	13.2
Tobacco (daily consumption)	14.5	14.4	14.4
Alcohol	13.4	13.8	13.6
Alcohol (weekly consumption)	14.8	14.9	14.8
Tranquilizers (without prescription)	14.2	14.7	14.5
Cannabis	14.7	14.9	14.8
Ecstasy	15.7	15.5	15.6
Cocaine	15.7	15.6	15.7
Hallucinogens	15.5	15.3	15.4
Speed / Amphetamines	15.5	15.4	15.5

Scholars' motives for the consumption or not of drugs

Although the most important reasons for the consumption are the recreational ones, other reasons are emerging linked to reality escape or the overcoming of certain problems in the case of the alcohol, tranquillisers and cannabis. The motives to consume cocaine and ecstasy are related almost exclusively with amusement and the experimentation of new sensations.

The negative effects on health are the main motivation expressed for not consuming drugs, not only in the case of the tobacco and the alcohol, but also in the illicit drugs.

Among the motivations for not consumption, complementary to the effects on health, they highlight to reaffirm their own personality in front of external pressures in the case of the tobacco and the control loss, the risk of accidents and the unpleasant effects in the case of alcohol.

There are some important motives for not consumption in the case of illicit drugs such as feeling well and not needing to consume drugs, moral type convictions and having an alternative leisure.

Among the scholars that have consumed cannabis a high percentage has suffered associate problems, being the most frequent the memory losses (17'3%), sadness, apathy or depression (14'3%) and the difficulties in studying or working (9'3%).

A 60% of the school ecstasy consumers and 52% of those of cocaine affirm to have had problems associated to the consumption, fundamentally difficulties in sleeping, in both substances, and economic problems in the case of the cocaine and irritability, sadness and aggressions in the ecstasy.

Among illicit drugs, the cannabis only has an excellent presence among the group of equals: a 14,7% says that all or most of its members have consumed it.

15.1 Prevalence, trends and patterns of uses

Prevalence:

The main pattern of drugs consumption among the scholars is still experimental or occasional, linked to recreational contexts. (Chart 15.3)

Chart 15.3. Prevalence of the drugs' consumption

Substances	Lifetime experience	Last 12 months	Last 30 days
Tobacco	34,4	-	30,5
Alcohol	76,0	75,2	58,0
Tranquilizers	6,8	4,8	2,5
Cannabis	31,2	26,8	19,4
Cocaine	5,4	4,0	2,2
Speed	4,1	3,1	1,8
Écstasy	5,7	4,6	2,5
Hallucinogens	5,2	3,7	1,9
Volatile substances	4,1	2,5	1,4

Alcohol and tobacco are the most consumed substances by the scholars: 76% has taken alcoholic drinks in some occasion and 34'4% has tried the tobacco.

On the other hand, 31'2% of the scholars has consumed cannabis at some time in their life.

Psychoactive drugs consumption (pills, ecstasy or cocaine) have less presence among scholars: 1 of each 20 has experienced with these substances.

The habitual consumption of drugs (last 30 days") among the scholars is significant in the case of alcohol (58%), tobacco (30'5%) and cannabis (19'4%), being located below 2'5% for the psychoactive drugs.

Behaviour patterns

A high percentage of scholars are policonsumers, being observed a quite narrow association among the consumption of alcohol, tobacco and cannabis:

- Those who have experienced with the tobacco are in 95% of the cases occasional consumers of alcohol and in 58% cannabis.
- Occasional drinkers are in 42% of the occasional smoking cases and in 35% cannabis consumers.
- Among occasional consumers of cannabis, 74% consumes tobacco, 98% alcohol, 19% ecstasy and 18% cocaine.

Tendencies

The experimentation with any type of drug has a clear significance from a preventive perspective, since the continuity in the consumption (the proportion of whom having consumed in some occasion a drug repeats its use) is quite high. In other words, it exists a high probability that the experimental consumption of substances like tobacco, alcohol or cannabis repeats and become in habitual.

The consumption of tobacco and alcohol are those that have a bigger continuity or fidelity. The percentage of scholars that having consumed tobacco or alcohol at some time repeated the use of these substances in the last 30 days it is, respectively, of 89% and 76% (Chart 5). Substances like cannabis (62%) or ecstasy (44%) also register a high continuity in its use.

During the period 1994-2000 it was registered a reduction in the continuity of the consumption of alcohol, tranquillisers, cocaine and ecstasy, specially intense in the case of alcohol (of 93'8% of 1994 to 76'3% of 2000) and ecstasy (of 57'12% to 43'8%).

On the contrary, in this period the continuity of the use of tobacco was increased (in a more intense way) and cannabis. Identical tendency has followed the continuity of the consumption of drugs among the scholars in the period 1998-2000.

The proportion of consumers increases progressively between 14 and 18 years. Concerning to the sex, the proportion of consumers is superior in the boys for all the illegal drugs (Chart 15.4).

Chart 15.4. Prevalence of consumption for the different drugs

	Lifetime experience		Last 12 months		Last 30 days	
	Male	Female	Male	Female	Male	Female
Tobacco	28,9	39,9	-	-	25,2	35,8
Alcohol	75,6	76,3	74,8	75,8	57,8	58,3
Tranquillizers	5,8	8,5	3,4	6,5	1,6	3,4
Cannabis	33,5	29,0	29,8	24,5	22,3	16,5
Cocaine	6,6	4,3	5,0	3,0	2,3	1,5
Speed/Amphetamines	5,0	3,2	4,2	2,2	2,4	1,2
Hallucinogens	6,3	4,2	4,9	2,8	2,5	1,3
Volatile substances	5,4	2,9	3,2	1,8	1,8	1,1
Écstasy	6,8	4,6	5,9	3,7	3,4	1,6

Drug use patterns

CANNABIS

The cannabis consumption has an important presence since among the scholars 31,2% has consumed it at some time in their life. Men have higher percentages of consumption than women do. Regarding prevalence for cannabis consumption for each sex group and age simultaneously between the students of 14 and 15 years old the experimental consumption are equal in both sexes. From 16 years old on, the consumption prevalence starts progressively to be higher among boys. (Chart 15.5)

Chart 15.5. Prevalence of the cannabis consumption among the students according to sex and age

	Lifetime experience				Last 12 months				Last 30 days
	1994	1996	1998	2000	1994	1996	1998	2000	2000
Total	20,8	26,0	28,5	31,2	18,1	23,2	25,1	27,1	19,4
Sex									
Male	23,7	28,5	30,8	33,5	21,0	25,9	27,7	29,8	22,3
Female	18,0	23,6	26,4	29,0	15,3	20,7	22,8	24,5	16,5
Age									
14 years old	5,9	9,0	12,6	11,9	5,1	8,3	11,2	10,4	7,3
15 years old	15,1	19,4	22,9	24,8	13,4	17,3	20,9	21,7	15,8
16 years old	23,7	29,5	34,5	34,3	20,9	26,7	30,9	30,5	21,8
17 years old	31,0	35,3	41,2	43,2	27,2	31,3	36,0	37,5	27,0
18 years old	40,6	47,2	49,7	54,1	33,8	40,3	40,6	44,3	30,7

PSICOACTIVE DRUGS

Inside the group of the psychoactive drugs, ecstasy is the substance with a higher proportion of habitual consumers (2,5%), followed by cocaine (2,2%) and by amphetamines and hallucinogens (inferior to 2%). The habitual consumption of ecstasy and other pills are higher among the boys. Their consumption increases with the age. The most frequent moments in consumption mentioned by those interviewed are the weekends in 51,3% and in special occasions exclusively 36,2%. (Chart 15.6)

Chart 15.6. Prevalence of ecstasy consumption and other synthesis drugs according to sex and age

	Lifetime experience	Last 12 months	Last 30 days
Total	5,7	4,8	2,5
Sex			
Male	6,8	5,9	3,4
Female	4,6	3,7	1,6
Age			
14 years old	1,3	1,2	0,7
15 years old	4,0	3,5	1,7
16 years old	6,6	5,6	2,8
17 years old	8,1	6,8	3,7
18 years old	11,8	9,1	4,8

Related to cocaine, it has decreased the prevalence of its habitual consumption, while it has grown the percentage slightly of those that have consumed at some time (5,4%). Men have a higher prevalence of consumption of this substance that increases clearly with the age, especially between 17 and 18 years. The pattern of consumption of this substance is occasional. (Chart 15.7).

Chart 15.7. Prevalence of consumption of cocaine among the students according to sex and age

	Lifetime experience	Last 12 months	Last 30 days
Total	5,4	4,0	1,9
Sex			
Male	6,6	5,0	2,3
Female	4,3	3,0	1,5
Age			
14 years old	1,2	0,9	0,5
15 years old	3,0	2,5	1,5
16 years old	5,0	3,9	1,8
17 years old	8,7	6,3	2,7
18 years old	15,6	9,9	4,8

Regarding the speed and amphetamines consumption, a 4,1% of those interviewed declares to have consumed them at some time; the prevalence of consumption of both substances has descended from the previous survey being also more frequent their consumption among the boys.

The hallucinogens use is located in superior levels to those observed for speed and amphetamines since they declare to have consumed them at some time 5,2% of those interviewed. The consumption of hallucinogens is superior among men and grows significantly with the age.

POLY DRUG USE

A high percentage of scholars are poly-users like it is showed with the data of the Chart 15.8.

Chart 15.8. Relationship of consumption of the different substances among students

	Tobacco	Alcohol	Cannabis	Cocaine	Ecstasy	Tranquilizers	Speed	Hallucinogens	S. volatile
Tobacco	100,0	95,2	58,1	13,1	13,3	10,4	9,6	12,2	7,4
Alcohol	43,5	100,0	35,2	7,0	7,4	7,9	5,3	6,8	5,1
Cannabis	73,7	97,8	100,0	18,1	18,6	11,8	13,1	16,5	9,7
Cocaine	82,6	97,4	90,1	100,0	52,9	17,1	37,9	43,8	13,8
Ecstasy	80,5	98,1	88,7	50,9	100,0	16,7	43,1	48,8	12,9
Tranquilizers	52,9	87,9	47,0	13,8	14,0	100,0	9,4	13,8	10,2
Speed	80,5	98,1	86,8	50,4	59,6	15,6	100,0	52,3	19,6
Hallucinogens	80,3	97,5	85,6	45,6	52,8	17,9	40,9	100,0	15,2
S. volatile	62,1	93,2	64,0	18,3	17,8	16,7	19,5	19,4	100,0

Perception of the risk

The perception of the risk is closely linked to the consumption of the different substances, so that as much the risk attributed decreases, the consumption increases. The risk is associated to the frequency of use of the substances, with the only exception of the alcohol. The risk associated to the habitual consumption of some substance is higher than occasional consumption of the same ones.

Heroin's habitual consumption (89%), cocaine (88%) and ecstasy (85%) are the behaviours with a higher risk attributed by scholars (Chart 15.9).

Chart 15.9. Perceived risk associated to sporadic and habitual consumption of the different drugs

Substances	To consume at some time	To consume habitually
Tobacco ^a	-	73,3
Alcohol ^b	-	42,0
Tranquilizantes	32,8	75,7
Cannabis	38,8	77,1
Écstasy	54,0	85,2
Cocaine	61,2	88,3
Heroine	66,4	88,9
a. To smoke a package of tobacco daily.	At some time: once a month or less frequently.	
b. To drink 1 or 2 glasses every day.	Habitually: 1 time per week or more frequently.	

The risk associated to the habitual consumption of cannabis (77%) is similar to the one attributed to the daily consumption of tobacco (73%).

The contradictory messages received by the scholars regarding cannabis are probably causing a low perception of the risk associated to the use of this substance, which is helping the expansion of their consumption.

15.2 Health and social consequences

A high percentage (28'5%) of the scholars recognises to have suffered some negative consequences associated to the consumption of alcohol, mainly problems of health, fights and discussions and family conflicts.

Among the scholars that have consumed cannabis a high percentage has suffered associate problems, being the most usual memory losses (17'3%), sadness, apathy or depression (14'3%) and the difficulties in studying or working (9'3%). (Figure 15.5).

A 60% of the school ecstasy consumers and a 52% of those of cocaine affirm to have had problems associated to the consumption, fundamentally difficulties to sleep, in both substances, and economic problems in the case of the cocaine and irritability, sadness and aggressions with the ecstasy. (Figure 15.6)

Figure 15.5. Problems associated to the cannabis consumption suffered by the scholars

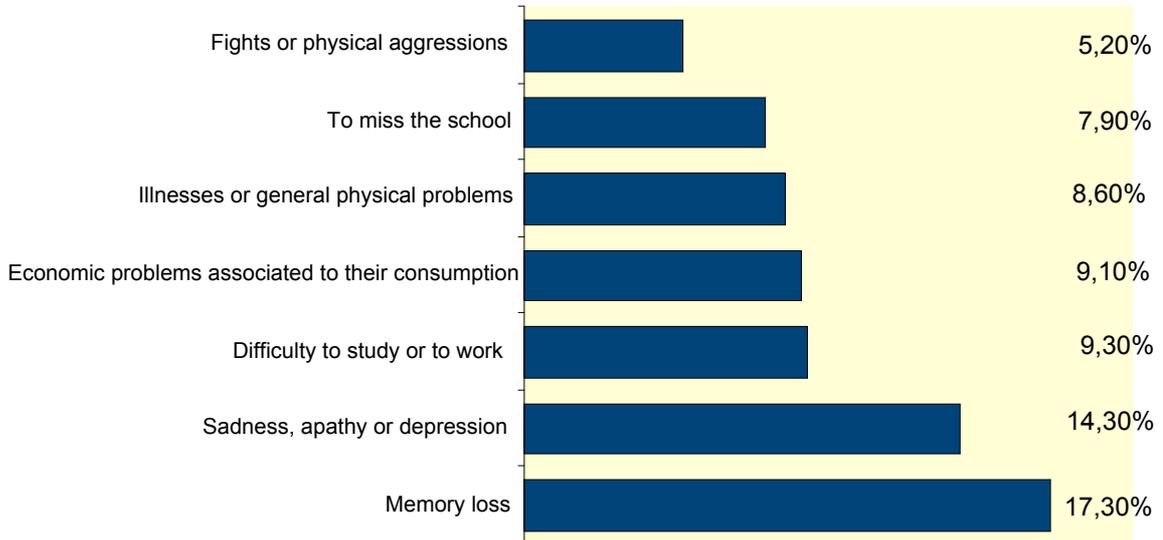
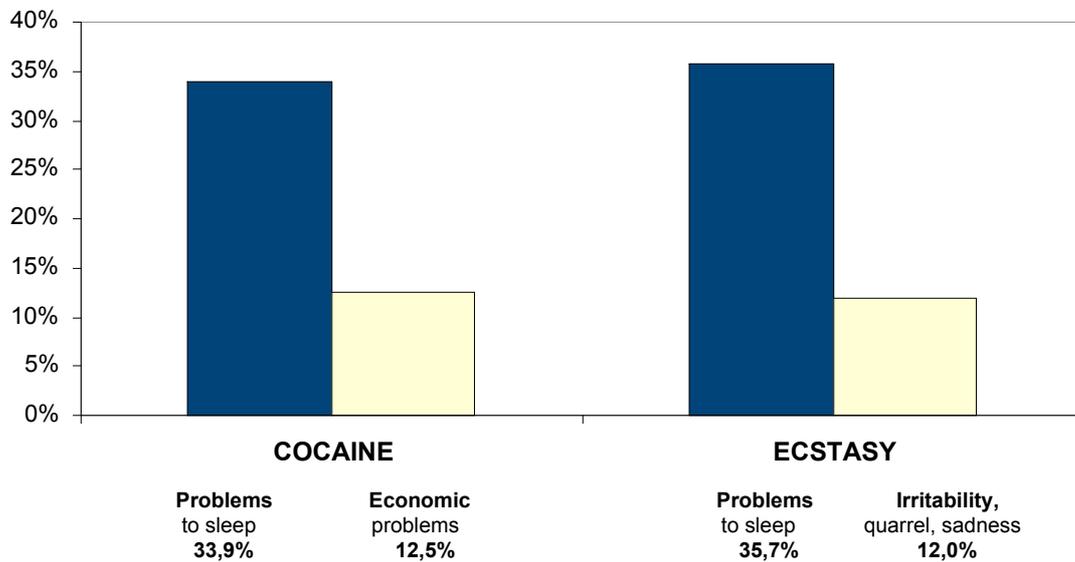


Figure 15.6. Problems suffered by the scholars, associated to the consumption of cocaine and ecstasy



The reasons for which the scholars consider that the consumption of drugs can be dangerous are, in the first place, for the negative effects that caused for health and in second place because the consumption develops addiction. (Chart 15.10).

Chart 15.10. Reasons for which the scholars consider problematic the drugs consumption

	Tobacco	Alcohol	Cannabis	Rest of illegal drugs
Effects for the health	91,6	75,2	74,4	87,8
It creates adiction	77,2	53,6	68,7	72,4
It causes accidents	-	70,7	-	-
It destroys the individual	-	-	66,4	76,9
Family problems, etc.	15,7	37,1	43,9	53,6

The reasons for which the cannabis consumption can suppose problems are, besides the negative impact on health (74%) and its addictive potential (68,7%), for the fact that its consumption destroys the individual (66,4%). The same reasons, although in higher percentages, make dangerous the consumption of illicit substances (cocaine, heroine, speed and amphetamines, hallucinogens and ecstasy) according to scholars' opinion.

Information received on the drugs, their effects and associate problems

The previous knowledge to the execution of the Survey about different drugs is high, being the most known ones the hashish (89,9%), the cocaine (86,2%) and the marijuana (82,9%). On the other hand, a 65,1% declares to have heard speaking about the heroine, and between a 45 and 50% about hallucinogens and synthetic drugs different to the ecstasy (this last substance is known by a 26,9% of those interviewed), the speed for a 20,8% and the amphetamines and stimulants for a 17,8%. The volatile drugs are the less well-known substances with a 5,9% of those interviewed. There are no differences about knowledge on drugs for age or sex.

The main ways of the scholars' information on the drugs are the media (67%), the parents and brothers/sisters (57%), friends (53%) and teachers (46%).

15.3 Demand and harm reduction responses.

The Government's Delegation for the National Plan on Drugs started in the year 2001 the campaign "Get the message. Drugs. More information, less risks" than it has been carried out in advertising spots and in the edition of a guide that presents information on the drugs and their effects, the consumption levels in our country and the legal situation of each substance. This guide also mentions the factors of risk and the protection factors and offers information about service to go in case of necessity.

This campaign is dedicated to the youths fundamentally, because they are in an especially vulnerable stage in their development. There is not only the guide but also a web page and a telephone that allow the consultation and a list of all the services that compose the National Plan on Drugs structure.

The guide was free distributed among population together with dairy newspapers.

In the current year, the slogan of the campaign is "Think by yourself" and it is supplemented with the statement, "without doubt, without drugs". This message seeks to move a self-confidence idea to the youths with the security that moral values, the resistance to the pressure of the group and their own personal resources are enough to enjoy themselves without risking their own health and the others one.

In the autonomous scope of action, the Basque government's Department on Social Matters and the Association Ai-Laket have started the program " Testing " that allows the youths to analyse the drugs that they are going to consume free. The objective of the campaign is to prevent, to make aware and to discourage of the consumption of drugs and it is carried out by psychologists, social workers and chemists.

The Energy Control NGO carries out similar initiatives in several points of the national territory that consists in informing on the available drugs in the atmosphere of the night. It is an initiative that includes the presence of psychologists, social workers and chemists in the young parties during weekends that inform about different types of pills; they analyse as well in the Municipal Institute of Medical Investigations those pills that are unknown.

15.4 Methodological information

From 1994 on, Surveys to School Population are carried out by the Government Delegation for the National Plan on Drugs.

The Survey 2000 whose results are showed in the present chapter, follows the ordinary open procedure in a call for tenders form. The budget bid base was 216.364€.

In the present year 2002 it has been carried out a new school survey whose results will be published in the 2003. The followed procedure is the same one than in the 2000.

The population included in this Survey is formed by all Spanish students between 14 to 18 years old, receiving secondary education at public and private centres. The initial sample size was 22.031 scholars; the effective sample obtained was 20.450 scholars distributed in 596 centres and 994 classrooms. The average of correct questionnaires by classroom was 20,6.

The sampling type used was collected in two stages with strata division in the first stage. The first stage is formed by centres and the second one by classrooms or groups of students.

The stratification criteria has been the public/private character of the education centre. The survey was made in November 2000, collecting data through a questionnaire provided with 104 questions.

16. SOCIAL EXCLUSION AND REINTEGRATION

16.1 Definitions and concepts

According to the study carried out by Brugué, Gomá and Subirats with the term “social exclusion” mentions a group of processes that affect from a changing way to people and collective starting from their vulnerability degree in front of dynamic of isolation. It is a phenomenon often formed by the articulation of a heap of unfavourable circumstances strongly interrelated: school failure, labour scarcity, social unprotección, one-parent families, bad habitability conditions, ethnic segregation, poverty and healthiness problems.

Starting from everything, the social exclusion should be understood as a changeable phenomenon, relational, characteristic of a society in quick transformation process and capable of generating dynamic collective policies.

Three big exclusion factors can be identified:

1. Social fragmentation,
2. Labour situation,
3. Lack of inclusion of certain social groups in the welfare state.

There are three circumstances that can get worse or intensify the social exclusion:

- The family context in which some very important factors can operate like the family violence or the one-parent type in precarious situations that accentuate the risks of social exclusion.
- The age, with a special incidence in the most vulnerable phases in the life like the childhood, adolescence and old age.
- The situations where a person cannot benefit or to go to the mechanisms of social protection (long period unemployed, old people with physical dependence ...).

Connected with the phenomenon of the drugs, in Spain there are several tendencies regarding the interrelation between this phenomenon and the social exclusion:

- On one hand, in the decade of the 80's, the consumption patterns paid attention fundamentally to heroine's consumption and a double relationship existed among the social exclusion as cause of heroine's consumption and the use of this drug as a reason of social exclusion. Most of the consumers came from family and labour situations of social exclusion in her majority. On the other hand, those consumers that were not integrated in these situations were excluded socially as consequence of their addiction at the end.
- From the appearance of the new behaviour patterns in the consumption of drugs where the prevalence corresponds to the poly-use and where synthetic drugs and cocaine are more relevant, this interrelation is no longer so clear since, although a part of the consumers continues coming from the sectors excluded socially, most of the consumers of those mentioned drugs come from accommodated social sectors. Those people are completely integrated in the society, who consume during weekends and therefore their addiction is not evident, so it doesn't generate social rejection in most of the cases.

There are many factors that determine the individual's interaction with their environment when trying to explain the causes of the consumption of drugs. Regarding this subject, the individual is integrated and participates of a series of atmospheres interacted with him; those atmospheres are structured from personal field (the own circumstances, characteristics and people's development) until the macro-social environment referred to the soci-cultural context and going through atmospheres nearer micro-social as family, school, friends, neighbourhood and that have a crucial paper in the person's development.

Generally speaking, all these factors are interrelated to each other, so the particularly vulnerable groups in connection with the consumption of drugs are:

- In the family context, the minors in devastated families, with unemployed parents, a one-parent family of low rents and drug addicts children.
- In the social context, the illegal immigrants, the gypsy population, the inhabitants of marginal neighbourhoods and depressed rural areas and the communities without roof.
- In the labour context, the long run unemployed without unemployment benefit.
- In the cultural context, unemployed or in precarious young people coming from the school failure, immigrant children not attending to school.
- Lastly, the prison population prisoner and the former - prisoners.

We cannot also forget each individual's personal environment in which influence factors like the self-esteem, autonomy, capacity of resolution of conflicts, system of values, autocontrol, attitudes, lifestyle, etc....

Five basic areas can be pointed out in the programs directed to reintegration of drug addicts: relational, labour, formative, sanitary and ludic-recreational.

The objectives to cover in these areas are:

- The establishment of positive relationships with families, friends and people that don't have neither they have had contact with drugs.
- Training for obtaining and maintenance of a paid and standardised work (acquisition of knowledge and abilities).
- Improvement of the educational level and enrichment of its cultural baggage (beginning or renewal of studies, development of interest for the culture...).
- Development of a healthy way of life (acquisition and maintenance of hygienic and nutritious habits, practice of sport activities.....)
- Development of activities of recreational character that allow a healthy occupation of the free time.

16.2 Drug uses patterns and consequences observed among socially excluded population

Among the studies carried out on patterns of consumption of drugs in socially excluded collectives it is necessary to highlight the one carried out, in the year 2002, for the Foundation of the Gypsy General Secretariat. The results showed the following relevant aspects related to drug addictions and the gypsy community, collective traditionally excluded by cultural and historical reasons:

- Children and young people access to drugs is easier because the sale of these substances is carried out in the marginal towns where they live. It determines that the beginning age to the consumption is lower in 2 or 3 years than for the rest of the population.
- The drug addicts gypsy population consumes mainly heroine and alcohol.
- Gypsy drug dependants don't attend to drug addictions attention and treatment services neither they benefit appropriately of the existent programs of harm reduction.
- The lack or inadequacy of attention and prevention measures adapted to this population causes a chronic heroine use, psychosocial problems of this community and illnesses associated to the use of drugs.

Another available example comes from a study carried out by the Centre of Social Emergency of ACAD (Valladolid) that works with drug dependant population in extreme situation of social exclusion. The users of this Centre are mainly men among the 20 to 25 years old, being appreciated a decrease in the age in the case of the cannabis consumers. The economic and cultural level of the users is very low and they are usually unemployed, without economic incomes or social benefits.

The most consumed substance by this type of users is the heroine, followed by cocaine and benzodiacepinas. It is also frequent the cannabis consumption and alcohol although the highest tendency is toward the polyconsumption (cocaïne+heroin or heroin+benzodiacepinas). The consumption frequency is of 3-4 daily times.

The common way of administration is the one injected for the heroine and cocaine and the oral one for the benzodiacepinas, with an increase of the tendency toward the inhaled way.

Connected with sanitary problems associated to this type of users it is very common the incidence of the hepatitis B and C, as well as of the AIDS. Other dysfunctions are usually scabies, endocarditis, abscesses, pediculosis and sexual transmission illnesses as well as problems of anxiety, depression and dysfunction psicóticos.

The widespread social problems among these marginal users are the feeling of being separated from their families, lodging lack, prostitution and problems with the justice.

16.3 Relationship between social exclusion and drug uses

The relationship between social exclusion and consumption of drugs is circular; on one hand a drug addiction causes, in some cases, social exclusion and on the other hand the social exclusion of certain communities lead them to the consumption of drugs.

The different indicators are already pointed out in the section 16.1

16.4 Political issues and reintegration programmes

In Spain the problem of the social exclusion is raised as a global problem since its solution affects to all the authorities, the social initiatives, to the companies, to the unions and all the citizens.

In this context through an Agreement of the Council of Ministers of May 25 2001 was approved in National Plan of Action for the Social Inclusion that is a result of the collaboration between the different Spanish Public Administrations: state, autonomous and local, as well as of the contributions of different Organisms and Entities and the Social Agents.

The elaboration of a Plan of Social Inclusion that shows the different ways to proceed in this field and at global level of the State set a precedent in Spain.

This Plan identifies the communities faced to risks of social exclusion that start from poverty environments, in the sense of economic incomes, difficulty in the labour integration, access problems to the education, absence of a worthy housing, lack of health or sanitary attendance, absence or inadequacy of family supports, environments of social isolation, difficulty in the access to the justice and problems for the access to the new technologies.

The objectives pointed out by the Plan are the following ones:

1. Employment and access to the resources that it is translated in:

- Access development to the employment for people in situation or exclusion risk.
- Access promotion to all the resources, rights, goods and services: social services of primary attention access programs to housing, education, justice and health.

2. Prevention of exclusion risks with in ways: the one dedicated to correct the social problems of each territory, the one directed to relieve the factors of family disintegration and the one dedicated to combat the difficulties in the access to the new technologies.

The CCAA are elaborating plans and specific programs in this field with position paid by their own resources or with state or EC resources. Until now there are the following Plans of fight against the social exclusion: Navarra, Basque Country, Catalonia, Galicia, Rioja, Canarias, Castilla-La Mancha and Castilla León.

3. Activities carried out to protect the most vulnerable people's specific groups. This objective includes the improvement of the following collective situation: disadvantaged old population, handicapped excluded people with exclusion risk, disadvantaged women, young people in risk or exclusion situation, childhood and poor families, excluded gypsy population or in exclusion risk, immigrants, homeless people.

4. Mobilisation of all social agents.

Specifically inside the field drug addictions, the National Strategy on Drugs 2000-2008 supports a system of attendance and social integration of drug addicts and third party affected. The high-priority objectives are:

- To prepare by the Autonomous and Local Plans on Drugs, training and employment programs both standardised and specific.
- To promote by the City councils of the municipalities of more than 20.000 inhabitants, programs for the social integration of drug addicts depending on their necessities and resources

- To maintain and to intensify the collaboration with the Public Agencies of employment, in order to facilitate the drug dependants incorporation in treatment to the programs of employment.
- To give priority to the entrance of drug addicts ex prisoners in labour programs.

Regarding the integration of the ex prisoners, the existent programs are mentioned in Section of the present report.

The programs and services developed by the CCAA, City councils and Non Governmental Organisations to facilitate the social incorporation of the drug addicts are leading fundamentally to cover three types of necessities: residential support, training and labour integration.

The data provided by the Autonomous Plans of Drugs indicate that in the year 2000 a total of 3.335 drug addicts were benefited by resources of residential support, mainly apartments to facilitate their social incorporation.

Regarding training and education activities, there were a total of 18.042 users, mainly activities of information, guidance and employment search (10.585 beneficiaries).

The programs of labour integration for the social incorporation have had in the 2000 a total of 3.857 beneficiaries, being the special programs of employment those more used with 2.228 users, followed by artisans workshops with 1.182 users.

Figure 16.1 Users' of the resources of residential support number for the social incorporation of drug addicts (absolute numbers). Spain, 2000.

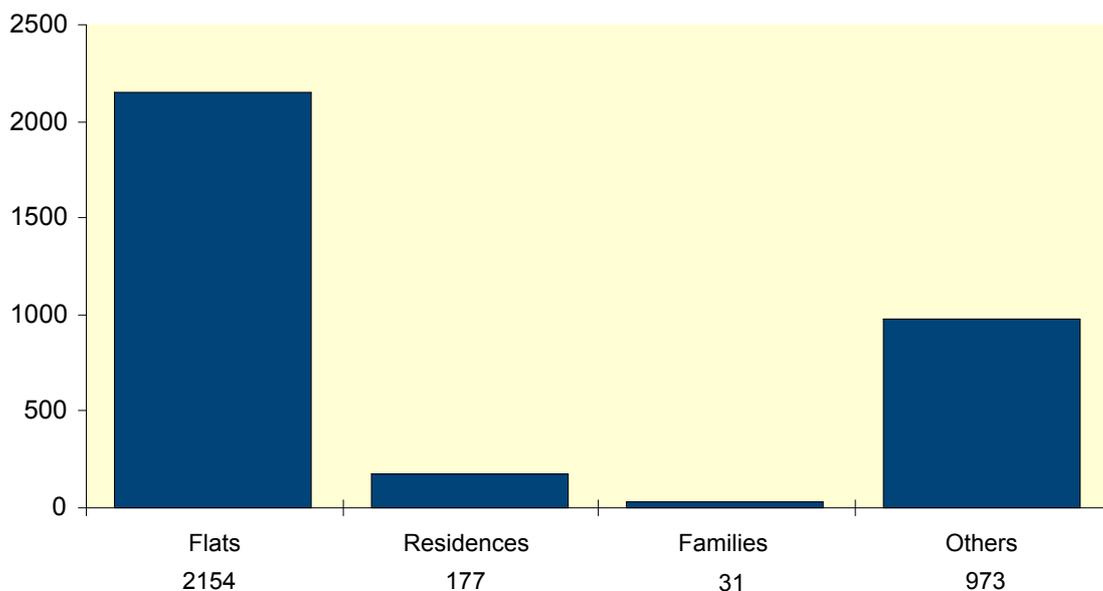


Figure 16.2 Users' of training/education resources number for the social incorporation of drug addicts (absolute numbers). Spain, 2000.

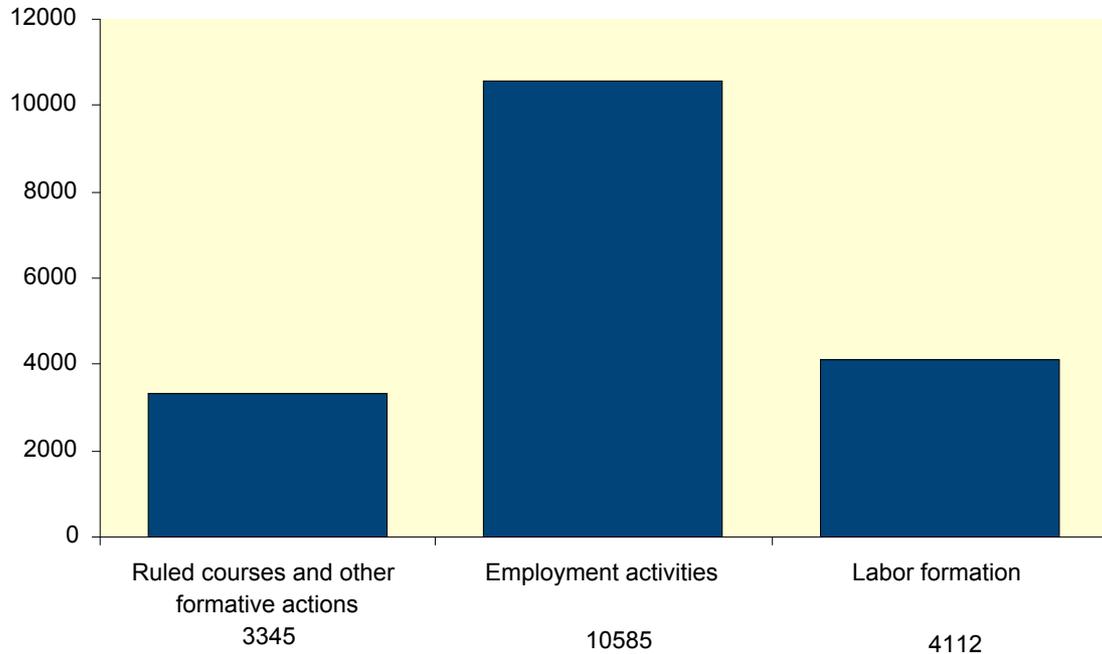


Figure 16.3 Users' of the resources of labour integration number for the social incorporation of drug addicts (absolute numbers). Spain, 2000.

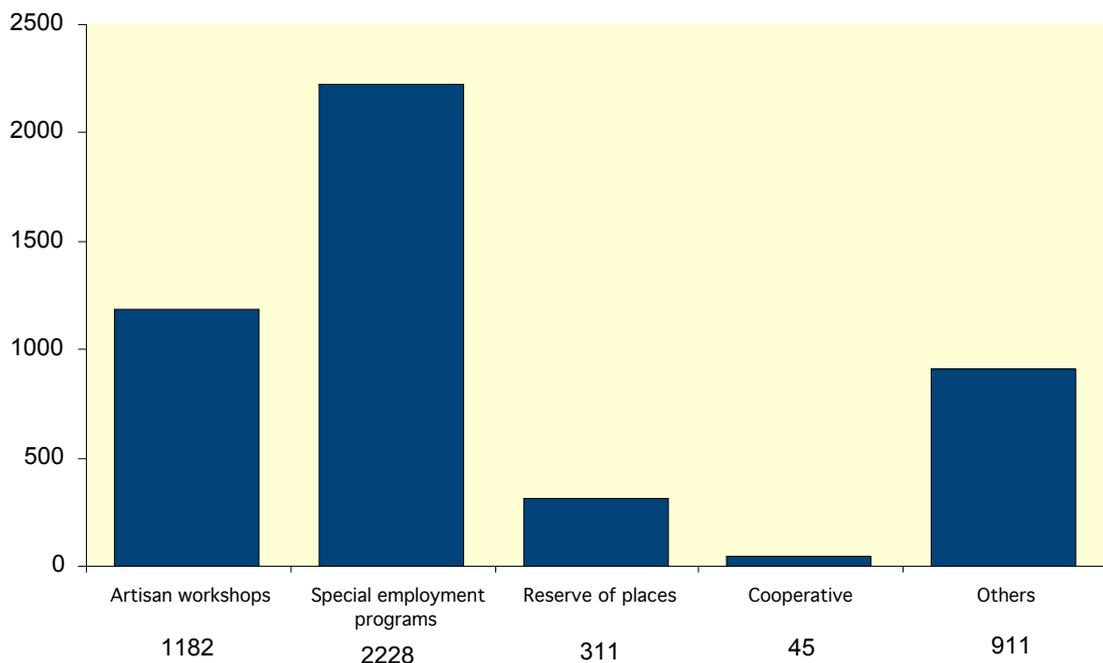


Chart 16.1 Programs of social incorporation for Autonomous Communities: type, number of programs and users' number. Spain, 2000

	Resources of residential support		Programs of formation		Programs of laboral integration	
	Number	Users' number	Number	Users' number	Number	Users' number
Andalucía	9	141			1	431
Aragón	5	175	14	229	4	17
Asturias	4	344	12	299	8	172
Baleares	5	59	9	394	4	139
Canarias	7	139	53	1051	23	508
Cantabria			2	39	1	10
Castilla-La Mancha	4	132	6	164	It doesn't specify	132
Castilla y León	10	104	89	1408	10	316
Cataluña	11	It doesn't specify				
C. Valenciana	11	165	9	280	10	335
Extremadura	7	415	32	1625	8	584
Galicia	3	68	75	1466	11	258
Madrid	10	159	151	5510	7	987
Murcia			16	2341	5	186
Navarra	1	5	It doesn't specify	881	2	44
País Vasco	22	1346	19	2198	2	94
La Rioja	2	83	7	82	10	399
Ceuta			4	60	2	65
Melilla			1	15		
Total	111	3335	499	18042	108	4677

Source: Ministry of Interior. Spanish Monitoring on Drugs. Autonomous Plans on Drugs

16.5 Methodological information

The information required in the present chapter is coming from very diverse origin and quality.

In general terms there are few specific studies on the subject although certain collectives have been the purpose of some researches.

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ANNEX 3. LIST OF ABBREVIATIONS USED IN THE TEXT

CCAA: Autonomous Communities

DGPND: Government Delegation for the National Plan on Drugs.