European Monitoring Centre for Drugs and Drug Addiction

MINISTERIO DE SANIDAD Y CONSUMO
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DELEGACIÓN DEL GOBIERNO PARA EL PLAN NACIONAL SOBRE DROGAS

2008 NATIONAL REPORT (2007 data) TO THE EMCDDA
by the Reitox National Focal Point

"SPAIN"
New Development, Trends and in-depth information on selected issues

REITOX

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SUMMARY

The present national report 2008 on "New Development, Trends and in-depth information on selected issues" in Spain includes 2007 data;it has been drawn up by the Spanish Focal Point, the Government Delegation for the National Plan on Drugs (GDNPD), in accordance with the guidelines established by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), as part of the 2007 REITOX grant agreement for an action.

Being Spain a decentralised country, the activities developed by the different institutions that conforms the National Plan on Drugs (national, regional and local administration as well as NGO) have been taken into consideration when preparing the present report.

Regarding the legal framework, various important provisions with national, regional and international scope were adopted and published in the year 2007.

In the penal area, outstanding amongst these was the reform of the **Penal code in relation to road safety,** implemented via **framework Act 15/2007, of 30 November, which amended framework Act 10/1995, of 23 November** and the Adoption of **Act 24/2007, of 9 October** that reformed the framework statute of the public prosecutor's office**.**

The approval of **Act 44/2007, of 13 December, providing regulation for integration companies,** was the most noteworthy piece of legislation in relation to the social re-integration of persons affected by drug addictions**.** This legislation focuses on serving as the instrument for the social integration of excluded groups, providing for work placements within the integration company to facilitate a socially excluded person's transition to normal employment.

In terms of the prevention of drug addictions, the most significant legislative activity this year was the approval of **order ECI/2220/2007, of 12 July, establishing the curriculum for and regulating the planning of mandatory secondary education; and the publication of royal decree 1467/2007, of 2 November, establishing the structure of the baccalaureate (in Spanish "bachillerato") and setting its teaching minimums.**

The measures include targets to develop attitudes and habits favourable to the promotion of personal and community health in these educational stages, and to facilitate strategies to combat current risks in society, including those related to drug addictions. They also include objectives for the adoption of a critical attitude towards social practices with negative effects for health.

With regard to the world of sport, the most noteworthy piece of legislation was A**ct 19/2007, of 11 July, against violence, racism, xenophobia and intolerance in sport**.

This Act prohibits entry with, sale of and use of all types of alcoholic drinks and toxic drugs, narcotic drugs and psychotropic substances at facilities where sports competitions are held. It also prohibits entry to said facilities under the effects of drinks or drugs.

The most noteworthy piece of new legislation in the autonomous communities was **Act 3/2007, of 7 March, which amended Act 3/1994, of 29 March, on prevention, assistance and social integration of drug addicts in Castilla y León.**

SUMMARY

During 2007, a new Household Survey on Alcohol and Drugs was carried out. The results of this survey show that in 2007 and 2008, Spain has reported the lowest rates of alcohol and tobacco use since 1997, cannabis use has decreased to lower levels than 2003 and cocaine use is stabilized. These data confirm the trend already detected in the School Survey on drugs use published in September 2007 by the Government Delegation for the National Plan on Drugs which appears in 2007 Spanish National Report.

So, the survey shows a descend in the use of the three drugs more spread in our country (tobacco, alcohol and cannabis) as well as an rising in the perception of risk. Also, for the first time, there is a decrease in the perceived availability by adults for all drugs.

Ecstasy, anphetamines and allucinogens use is stabilized or it is starting to decrease while heroin and volatile inhalants use remains in vey low levels. Also, the survey reveals a decrease in the visibility of problematic drug use behaviours.

In the prevention area, the actions contained in the main areas on the Action Plan 2005-2008 have been followed and implemented.

During 2007-2008 academic year, the Government Delegation for the National Plan on Drugs (PNSD) implemented the 8th edition of the school competition "The secret of a good life" *("El Secreto de la Buena Vida"*) which targets 5th and 6th year primary school pupils (10-12 year-olds) as well as their teachers. It reached a total of 85,000 pupils and 1,200 teachers from 18 of the 19 autonomous communities and cities which form the Spanish State. The aim of the competition is to raise pupils' awareness on the risks of drug use and to involve schools themselves in disseminating the prevention programmes within their reach.

Throughout 2007, the work of the "Society faced with drugs" forum continued. This features the participation of the main industry NGOs and other social organisations, and is used to support the aforementioned actions at the three intervention levels: Family, young people and the media. In February 2007 there was a plenary meeting of the forum.

The Government Delegation for the National Plan on Drugs launched in September 2007 its campaign "Cocaine; Are you really going to give it all you've got?" *("Cocaína; ¿se lo vas a dar todo?")* which targeted 14 to 25 year-olds.

In addition, since 2004, via a partnership with the "Ramón Rubial - Españoles en el mundo" Foundation, annual campaigns have been run to coincide with the Easter and summer holidays, in order to raise the awareness of the population at large of the risks associated to drug use and trafficking abroad.

Also, it is important to mention the elaboration and spreading of a Guide on Drugs that has been elaborated and spread by the Government Delegation for the National Plan on Drugs. The guide is addressed to the general population with 4 millions copies initially printed. It has been very well accepted among young people and adults and its distribution has been made by the collaboration with companies that belong to different sectors.

On the supply side, actions against drug trafficking and related crimes have been implemented with efficiency.

SUMMARY

Data regarding drugs seizures, number of detained persons and trafficking trends show the continuity and effort carried out by the law enforcement bodies in all operations during 2007. Most seizures correspond to cannabis and cocaine ones. In this way, Spain is the first country in the European ranking of hashish and cocaine seizures.

1. NATIONAL POLICIES AND CONTEXT

LEGAL FRAMEWORK

With regard to legislative activity, a number of provisions of interest on different aspects of the drug phenomenon were passed and published in 2007.

In the penal arena, outstanding amongst these was the reform of the **Penal code in relation to road safety,** implemented via **framework Act 15/2007, of 30 November, which amended framework Act 10/1995, of 23 November.**

In accordance with said reform, refusal to take a test to detect the level of alcohol in the blood, or for use of toxic drugs, will no longer be considered as a an act of civil disobedience (in Spanish, "delito de desobediencia"), and will be punished in its own right. In addition – in an improvement to legal security – the amended text of article 379.2 of the Penal Code will now include alcohol limits (in breathed air, more than 0.60 milligrams per litre; and over 1.2 grams per litre in the blood) to determine the existence of a road safety offence.

Lastly, this reform also classifies – both in relation to cases of alcohol use, and use of toxic drugs – the severity of any road safety offence committed, in a curve covering bringing life into danger in an abstract sense to the perceptible contempt for the life of others. This legislates for an increase in prison sentences in more serious cases (which will now be obligatory), as well as for driving licence bans, and the possibility of impounding the motor vehicle or motorcycle used in committing the offence in question.

Adoption of **Act 24/2007, of 9 October** reformed the framework statute of the public prosecutor's office**,** such that the special public prosecutor for the prevention and repression of illegal drug trafficking will now simply be called the public anti-drugs prosecutor. It also introduced amendments to the latter's competences affecting the role of the special prosecutor; especially those in terms of the general organization of the public prosecutor's office.

Firstly, the text of the framework statute was simplified, and the competence to intervene directly in all cases was added to the functions that had been until then accorded to the aforementioned special public prosecutor. Said cases include not only those for illegal drug trafficking, but also those involving money laundering linked to said trafficking, and which come under the jurisdiction of the National High Court (in Spanish, "Audiencia Nacional") and the Central Investigating Courts. Likewise, in keeping with the foregoing, the special public prosecutor was accorded the jurisdiction to coordinate the actions of the different public prosecution offices in combating illegal trafficking and also the money laundering related to it.

Secondly, it is important to note organizational changes to the public prosecutor's office. These include the possibility of creating specialist sections – as required legally or for regulatory purposes, when the volume of actions to combat illegal drug trafficking and the money laundering related to it requires a specific organization. Said sections may be established within the offices of the public prosecutors of the autonomous communities and provincial public prosecutors. If and when they are created, said sections will include the current delegated prosecutors of the anti-drugs prosecutor.

Lastly, the reform legislates for the possibility of assigning to this public prosecutor's office special criminal investigation units and all the professionals and experts required for the support thereof.

The approval of **Act 44/2007, of 13 December, providing regulation for integration companies,** was the most noteworthy piece of legislation in relation to the social re-integration of persons affected by drug addictions**.**

This provision will regulate these entities as initiatives engaged in business activity, with social actions and social integration activities to facilitate the social and labour market inclusion of excluded persons and their subsequent placement in conventional companies or on self-employment projects. In other words, the legislation focuses on serving as the instrument for the social integration of excluded groups, providing for work placements within the integration company to facilitate a socially excluded person's transition to normal employment.

Within the terms of this measure, integration companies will be able to hire workers including people with drug addiction problems who are undergoing rehabilitation or social re-integration, and who are so accredited by the competent social services.

In terms of the prevention of drug addictions, the most significant legislative activity this year was the approval of **order ECI/2220/2007, of 12 July, establishing the curriculum for and regulating the planning of mandatory secondary education; and the publication of royal decree 1467/2007, of 2 November, establishing the structure of the baccalaureate (in Spanish "bachillerato") and setting its teaching minimums.**

The measures include targets to develop attitudes and habits favourable to the promotion of personal and community health in these educational stages, and to facilitate strategies to combat current risks in society, including those related to drug addictions. They also include objectives for the adoption of a critical attitude towards social practices with negative effects for health.

In line with the foregoing, the provisions include specific dedication to addictive substances (such as tobacco, alcohol and other drugs) as part of the contents of these educational stages; promoting a responsible attitude in the face of pressures for their use; and analysis of negative social habits, especially drug addiction, alcoholism and nicotine addiction.

In terms of control of medicines containing ingredients for narcotic drugs or psychotropic substances, annex IV of **royal decree 1345/2007, of 11 October, which regulates the procedure of authorisation, registration and conditions for dispensing industrially-manufactured medicines for human use,** sets out the mandatory symbols, acronyms and legends for the labelling of medicines which contain the aforementioned active ingredients.

With regard to the world of sport, the most noteworthy piece of legislation was A**ct 19/2007, of 11 July, against violence, racism, xenophobia and intolerance in sport**.

This Act prohibits entry with, sale of and use of all types of alcoholic drinks and toxic drugs, narcotic drugs and psychotropic substances at facilities where sports competitions are held. It also prohibits entry to said facilities under the effects of drinks or drugs. Lastly, the same provision includes the obligation of spectators and attendees at sports competitions and events to pass through the relevant checks.

With regard to legislation on administrative organization, it is firstly necessary to highlight the abolition of the committees of analysis and prospectives on drug trafficking, money laundering and related offences, and those on concerted action on

drug trafficking, money laundering and related offences, which both pertained to the state security secretariat. Said abolition featured in royal decree 1571/2007, of 30 November, which develops the basic framework structure of the ministry of the interior. However, this move will not prejudice the jurisdiction that said secretariat still expressly holds on leadership, driving forward and coordination of the department's actions on organized crime, illegal drug trafficking and money laundering related to said trafficking and linked crimes.

Secondly, it is important to highlight Ministry of Health and Consumer Affairs **Order SCO/2036/2007, of 3 July, which creates the technical committee for the assessment of actions on drugs.**

This is a collegiate, consultative body providing support and advice, reporting to the government office for the National Plan on Drugs. Its functions include the publication of opinions and reports on projects and programmes of a technical or scientific nature, and formulating initiatives, proposals and suggestions in relation to the assessment criteria of the subsidy programmes managed by said government office.

The most noteworthy piece of new legislation in the autonomous communities was **Act 3/2007, of 7 March, which amended Act 3/1994, of 29 March, on prevention, assistance and social integration of drug addicts in Castilla y León.**

This legal reform is based on justifications including the need for stricter legislative treatment of the promotion of alcoholic drinks and access to them on the part of minors, and the impact of alcohol abuse on third persons. Similarly, the reform intensifies measures to limit supply, use and publicity of institutionalised drugs, in order for them to become more effective; specifying control mechanisms to be complied with, and updating and improving the disciplinary regime.

Lastly, in the field of international law, within the EU, it is important to mention **Decision No. 1150/2007/EC, of the European Parliament and the Council, of 25 September 2007, establishing for the period 2007-2013 the Specific Programme 'Drug prevention and information' as part of the General Programme 'Fundamental Rights and Justice'.**

In bilateral terms, the Kingdom of Spain signed an agreement with the State of Israel on cooperation to combat crime, done <ad referendum> in Jerusalem, on 19 April 2007, and since 30 May 2007 there has been provisional application of the convention between the Kingdom of Spain and the Republic of Cyprus on cooperation to combat crime, done in Nicosia on 30 April 2007.

INSTITUTIONAL FRAMEWORK, STRATEGIES AND POLICIES

The data corresponding to the National Strategy on Drugs for 2000-2008, the intermediate evaluation in the National Strategy for 2000-2008 and the Action Plan for 2005-2008 are all included in Structured Questionnaire 32, which was sent to the EMCDDA in 2006.

Although the National Strategy on Drugs will remain in force until the end of 2008, in the last quarter of 2007 the Government Delegation for the National Plan on Drugs began the work of preparation and planning for drafting the future Strategy on Drugs for 2009-2016. This work has involved the assistance and collaboration of the different

public administrations (the state civil service, the autonomous communities, and local government), non-governmental organisations from the industry, scientific societies and experts from the different fields of intervention in drug dependencies.

Also at the end of 2007, work commenced on the final evaluation of the National Strategy on Drugs 2000-2008, which is now fairly advanced.

The Cocaine Intervention Programme 2007-2010 remains in force. This was launched at the start of 2007, and by the end of the year it had executed over 100 programmes oriented towards the prevention of cocaine use and the damage caused by the same: It has a budget of approximately seven million euros.

As reported in the 2007 Reitox Report, the Cocaine Intervention Programme is structured into four areas for intervention (coordination, demand reduction, international cooperation and supply control) - in accordance with the scheme proposed by the 2005-2008 Action Plan. It sets 8 operational targets and 33 concrete actions.

In autonomous community or regional terms, all the autonomous communities have regional plans or strategies in regard to drug dependencies. Thus:

Andalusia: Second Andalusian Plan on Drugs and Addictions (PASDA) 2002-2007.

Aragon: First Autonomous Regional Plan on Drug Addictions and Other Addictive Behaviours, approved in 2004.

Asturias: Regional Plan on Drugs, approved by the Government Council in 2002.

Canary Islands: Second Canary Islands Plan on Drugs for 2003-2008, approved by the Canary Islands Government Council on March 24, 2003.

Cantabria: Regional Strategy of Cantabria on Drugs for 2005-2008, approved by the Government Council on December 22, 2005.

Castilla-La Mancha: Plan on Alcoholism and Drug Dependencies of Castilla-La Mancha 2006-2010.

Castilla y León: Fifth Regional Plan on Drugs for 2005-2008.

Catalonia: Master Plan for Mental Health and Addictions White Paper on Prevention in Catalonia: drug use and associated problems (2008).

Extremadura: The Health Plan for 2001-2004 includes drug addictions as a health problem. In relation with this Plan, there is an Integrated Drug Dependency Plan. The new Comprehensive Plan on Drug Dependencies and other Addictive Behaviours 2008-2012 is currently being drafted.

Galicia: Galician Plan on Drugs 2007-2009.

Balearic Islands: Action Plan on Drug Dependencies and Addictions of the Balearic Islands for 2007-2011.

Madrid: Strategic Plan on Drugs of the Autonomous Region of Madrid for 2006-2009.

Murcia: Third Regional Plan on Drugs, 2007-2010.

Navarre: Autonomous Regional Plan on Drug Addictions, 1994

Basque Country: Fifth Drug Addiction Plan, 2004-2008.

La Rioja: La Rioja Plan for Drug Dependencies and Other Addictions.

Valencian Community: Strategic Plan on Drug Dependencies and Other Addictive Disorders, 2006-2010.

The requirement placed on local government (municipalities) to adopt municipal drug addiction plans may be reflected in the Regional Laws on Drug Addiction. These plans must be compliant with the different Autonomous Regional Plans, which, in turn, have objectives coordinated with the National Plan on Drugs. There are already more than one hundred Municipal Plans, and practically all cities have a Municipal Plan.

BUDGET AND PUBLIC EXPENDITURE

In 2006 (the latest year for which overall statistics are available), the joint budget of the of the national government and the autonomous communities as a whole invested in the development of drug dependency policies was 386.33 million euros; which represented an 8.82% increase on 2005. For 2007, a budget of just over 400 million euros is estimated.

In addition, a considerable number of Spanish municipalities - mainly the big cities – have developed local municipal drug dependency plans, with significant budgets for their development. Said budgets are not included in the figure in the previous paragraph.

Neither do the foregoing figures include the cost produced by public health treatments for drug addicts for reasons other than addiction per se. This is due to the fact that health treatment competences have been devolved from central government to the autonomous communities, and it is very difficult to isolate a breakdown of the part of health spending on drugs pathologies from total spending.

SOCIAL AND CULTURAL CONTEXT

The **Centre for Sociological Research (CIS)** is an autonomous body, reporting to the ministry for the prime-minister's office, which studies Spanish society, mainly via survey-based research. It carries out a monthly survey to gauge Spanish public opinion on the political and economic situation of the country, and outstanding issues of the moment.

Data from the last barometer published - in **July 2008**, show that the drug problem comes tenth on the list of issues that most concern the citizens interviewed, behind the

economic situation, unemployment, immigration, housing, health and others. It is much lower down the list than drug addictions were a decade ago, and also lower than it was in 2007 (when it was ninth). While it may be true that this latest fall may be due to the importance that the complicated world economic situation has taken on in the social mindset over the last year - as was already indicated last year, it translates into a reduction of the relevance that the issue of drug dependencies has for Spanish people, or at least lower visibility of its effects.

The results of the last National Household Survey on Alcohol and Drugs in Spain (EDADES) in 2007, show a reduction in use of tobacco, alcohol and cannabis amongst the 15 to 64 age group, and a stabilisation of cocaine use. This information confirms the trend observed in the National School Drug Survey 2006, in which - for the first time since 1994, there was a significant fall in use of psychoactive substances. The EMCDDA was informed of this in 2007.

The EDADES 2007 survey also reveals an increase in the age of initiation in cocaine use and daily tobacco use. In addition, it indicates an increase in perceived risk and a reduction in the availability of illegal drugs amongst the general population; although there remains a need to increase the perception of the risk associated with certain modes of behaviour related to the use of legal psychoactive substances (tobacco, alcohol and sedatives).

In view of data obtained by the survey, polidrug use is still normal practice amongst the users of illegal psychoactive drugs, especially amongst users of cannabis, cocaine and heroin.

The visibility of types of behaviour linked to problematic drug use (discarded syringes, people injecting etc.) continues to fall, and this may explain the reduction observed – when compared to previous years – in the proportion of people who believe drugs to be a very serious problem in their neighbourhood or immediate environment.

With regard to coordination - as was reported in 2007 - in 2005 the Joint Congress-Senate Committee to Study the Drug Problem approved a working party for researching the negative effects of drugs on young people's health, with a particular emphasis on substances such as cannabis, cocaine and designer drugs. The Committee prepared a report with a series of conclusions and recommendations, which was approved by both chambers on 30 April 2007. The Government Delegation for the National Plan on Drugs acquired the commitment to drive forward the dissemination of this report as far as possible amongst parts of the population as wide and varied as children, youths, mothers and fathers, teaching staff, opinion formers, scientific societies, non-governmental organisations and leading politicians.

The drafting and dissemination by the Government Delegation for the National Plan on Drugs of a Guide on Drugs was important in terms of work on prevention and awareness-raising. It targeted the population at large with an initial print-run of four million, and has been tremendously well-received by young people and adults. Companies and a wide range of industries were involved in its distribution, and thereby ensured that this was optimal.

For its part, the Clinical Committee of the Government Delegation for the National Plan on Drugs produced a report on cocaine which is pending distribution.

Prevention campaigns undertaken in 2007 both by national government (Government Delegation for the National Plan on Drugs) and the autonomous communities are also worthy of note.

In September 2007, the Government Delegation for the National Plan on Drugs launched a prevention campaign on cocaine use, under the slogan *"Cocaine: are you really going to give it all you've got?*" (in Spanish, *"Cocaine, ¿se lo vas a dar todo?"*), which especially targeted teenagers and young people aged between 14 and 25, with the aim of increasing levels of risk perception via à vis cocaine use, and thereby decreasing said use.

In addition, since 2004, via a partnership with the "Ramón Rubial - Españoles en el mundo" Foundation, annual campaigns have been run to coincide with the Easter and summer holidays, in order to raise the awareness of the population at large of the risks associated to drug use and trafficking abroad.

To date, the autonomous communities have reported that the following campaigns were run in 2007:

Andalucía

- 2007 campaign on prevention of drug dependencies and addictions "There are certain fashions it's better not to follow. BE YOUR OWN BRAND. It's your choice. It's your responsibility" (in Spanish, *"Hay algunas modas que es mejor no seguir. DES-MÁRCATE. Tú decides. Es tu responsabilidad"*), which targeted prevention of drug dependencies amongst the population at large, with a specific focus on young people from 14 to 30.
- Campaigns linked to the World No Alcohol Day, the International Day Against Drug Abuse and No Gambling Day.

Aragón

- Prevention campaign on gambling addiction.
- The "siguemesindrugs.com" campaign
- The "Voyage to the future" (In Spanish, *"Un viaje al futuro"*) campaign, targeting prevention of use amongst young people. The "Protego" campaign, focusing on improving the skills of fathers and mothers of children aged from 8 to 11 in prevention of drug dependencies.
- Campaigns linked to World No Tobacco Day, World No Alcohol Day, World AIDS Day, and World Anti-Drugs Day.
- The "A smoke-free working environment *("Un espacio laboral sin humo"*) campaign.
- The "If you have to work: NO alcohol" *("Si has de trabajar: alcohol NO"*) campaign.
- The "Mummy and Daddy, now I'm the one educating you" STOP Accidents *("Papis, ahora os educo yo". STOP Accidentes*) campaign.

Castilla y León

- The "It makes no sense with alcohol" *("Con alcohol, no tiene sentido"*) campaign, focused on the prevention of alcohol use amongst young people.

Catalonia

- The "Pep i la Clara.info", focused on the prevention of drug addiction in young people aged 14 +.

Madrid

- The "Cocaine brings you closer to death" *("La cocaine te acerca a la muerte"*) campaign, targeting prevention of cocaine use amongst young people.
- The "Dead and buried" *("Enterrado"*) camapign, which targeted prevention of use of drugs amongst young people and adults.
- Campaigns linked to World No Alcohol Day and the International Day Against Drug Abuse and Illicit Trafficking.

Murcia

- *"¡Búrlalas!"* A school-based campaign, which targeted prevention of initiation of use amongst children and teenagers.
- The *"Historias del botellón"* campaign, targeted at youths, and focusing on prevention, awareness-raising and damage reduction related to abusive use of alcohol on public thoroughfares.

Navarra

- A range of campaigns aimed at preventing drug use with different slogans depending on the substance being targeted. For example, "Cocaine:…." Followed by the slogan "Don't give way to them. Drugs will block your life" (*no les des paso. Las drogas obstaculizan tu vida"*). Focused on prevention of initiation of drug use amongst young people.

Valencia

- The "Small but deadly" *("Pequeñas pero matonas")* campaign, focused on prevention of initiation of drug use amongst young people.

In relation with the civil society initiatives in the field of drug addiction, we must emphasize the work of the Forum: "Society faced with drugs," established in 2005 under the presidency of the Minister of Health and Consumer Affairs, which currently has more than 50 cooperating entities. Its goal is to create a platform for the relationship between the ministry and the civil entities which represent families, youths and the media, making it possible to give civil society a greater role and more ability to participate in everyone's commitment to decrease drug use.

In the last few years, the Forum has created three Work Groups: Youths, Family and Media.

The Youth Work Group is made up of organizations that represent youths, as well as those organizations dedicated to working on different aspects of youth life, such as free time, or their transition to the world of work. It has reiterated the need to actively involve youth entities in developing prevention policies, as well as these entities' desire to get involved. In 2007, this Group has met three times.

The Family Work Group is made up of organizations that work on prevention and assistance for drug addicts, and of parents associations. As a response to the current "lack social motivation" also being suffered by families, it is attempting to find a reference framework on new forms of drug use that will allow it to play the preventative role assigned to it and focus "family and drug" problems from a perspective of community intervention. To this end, it will seek to secure the involvement of other social agents, especially NGOs which work in the field of drug addictions; so that they can take on a role of responsibility and leadership.

Also proposed was the start-up of specific programmes on the basis of the risk levels of the different types of family units that exist today. The Group met five times in 2007.

The Media Work Group has made it possible to create a space for thought between information providers (bodies of the public administration, NGOs) and the media. In doing so, it has produced a Guide on Good Practices and Recommendations for information professionals. It included with a ten point plan for journalists regarding the rigour and balance necessary for media coverage of drugs, and another guide for directors, screenwriters and producers who work in the creative processes of fictional series and entertainment works. In 2007, the Group worked on these issues.

In February 2007, the "Society faced with drugs" forum held a plenary meeting to pool the work executed by the three groups throughout 2006. Said work has been published.

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC SUB-GROUPS

DRUG USE IN THE GENERAL POPULATION

In 2007, a new Household Survey on Alcohol and Drugs in Spain (EDADES) was carried out. The survey has been conducted biennially since 1995 within the framework of the National Plan on Drugs, and it focuses on people aged 15-64 who reside in family homes. Thus, the sampling frame omitted the part of the population residing in institutions (barracks, convents, prisons, student halls of residence, old people's homes etc), group establishments (hotels, *pensiones* etc), and the homeless. The sample size was 23,715. In 2005, there were 27,934 participants, and from 1995 to 2003 between 8,000 and 15,000, depending on the survey in question. Substitutions of homes or individuals were not permitted. The sample was initially over-sized in order to account for interviews it was impossible to execute – due to refusal to answer the door, prolonged absence from home, refusal of the person selected to participate etc.

The 15-39 age group and the smallest autonomous communities are over-represented in the sample. A conglomerate-based sample is undertaken over several stages (census sections, homes, and individuals per home). The questionnaire used has two parts: a first part administered via a face-to-face interview (includes all questions, except those on alcohol and drug use), and a second section for self-completion using pen and paper (the questions on drug use). For EDADES 2007, fieldwork was carried out between the months of November 2007 and March 2008. Interviews were not held in January, in order to avoid an influence from Christmas in responses to questions about use over the last 30 days. The response rate for the sample initially selected was 50.3%. Non- responses were distributed as follows: refusal of a home - including failure to answer the door and refusal of all home members to be interviewed (21.9%), absence of all home members (15.9%), refusal of the person selected (6.5%), absence of the person selected (5.2%). In accordance with the fieldwork protocol, prior to classifying a home or an individual as absent and moving on to select a different home, the field worker had to make at least three visits to the initially-chosen home at different times and on different days.

Statistics in the analysis were weighted by autonomous community, age and gender in order to ensure the proportionality of the sample. All calculations were executed excluding from the numerator and the denominator the subjects with unknown values for the variables in each cross tabulation.

Extent of drug use

In 2007, alcohol and tobacco were the most widespread psychoactive substances used by the Spanish population aged from 15 to 64. The most widespread illegally traded drugs were cannabis, cocaine and ecstasy, prevalences for which over the last 12 months all exceeded 1% (10.1% for cannabis, 3.1% for cocaine and 1.1% for ecstasy). Use of other illegally traded drugs was less common. One relevant finding concerns the use of tranquilizers or sleeping pills (sedatives) with or without medical prescription, which had a prevalence over the last 12 months (6.9%) only exceeded by those of alcohol, tobacco and cannabis (table 2.1)

Table 2.1. Prevalence of drug use in the last 12 months amongst 15-64 years-old. Spain, 1995-2007. Percentages.

	1995	1997	1999	2001	2003	2005	2007
Tobacco	--	46.8	44.7	46.0	47.8	42.4	41.7
Alcohol	68.5	78.5	75.2	78.1	76.6	76.7	72.9
Cannabis	7.5	7,7	7.0	9.2	11.3	11.2	10.1
Ecstasy	1.3	0.9	0.8	1.8	1.4	1.2	1.1
Hallucinogenic drugs	0.8	0.9	0.6	0.7	0.6	0.7	0.6
Amphetamines/speed	1.0	0.9	0.7	1.1	0.8	1.0	0.9
Powder cocaine	1.8	1.6	1,6	2.5	2.7	3.0	3.0
Base cocaine	0.1	0.1	0.2	0.1	0.1	0.2	0.5
Cocaine general	--	--	--	--	--	--	3.1
Heroin	0.5	0.2	0.1	0.1	0.1	0.1	0.1
Inhalants	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Tranquilizers	--	--	--	--	--	3.9	6.9
Sleeping pills	--	--	--	--	--	2.7	3.8
Sedatives*	--	--	--	--	--	5.1	8.6
Tranquilizers without prescription	--	--	--	--	--	0.9	0.9
Sleeping pills without prescription	--	---	--	--	--	0.8	0.8
Sedatives without prescription	--	2.3	2.3	2.8	3.1	1.2	1.3

*Includes tranquilizers and/or sleeping pills

Average age of first use

In 2007, the average age of initiation in drug use varied substantially depending on the type of drug. In general terms, use of legally traded drugs began at a younger age; as was the case for tobacco (average age 16.5), and alcoholic drinks (16.8). Cannabis (18.6) was the illegal drug for which initiation of use at an earlier age was observed. The reverse was true for sedatives, for which use began later in life (33.8). In general terms, use of the rest of the drugs was initiated between the ages of 19 and 22 (table 2.2).

Table 2.2. Average ages of initiation of use of different substances amongst 15-64 years. Spain, 1995-2007.

	1995	1997	1999	2001	2003	2005	2007
Tobacco	15.9	16.6	16.7	16.5	16.5	16.4	16.5
Alcoholic drinks	--	16.8	16.9	16.9	16.7	16.7	16.8
Cannabis	18.3	18.9	18.7	18.5	18.5	18.3	18.6
Cocaine powder	21.4	21.3	21.8	20.4	20.9	20.6	20.9
Heroin	20.3	20.1	19	20.7	22	20.2	21.7
Amphetamines	19.2	19.4	19.2	18.8	19.6	19.2	19.7
Hallucinogenic drugs	19.3	19	19.3	18.9	19.9	19	19.9
Volatile inhalants	17.7	19	18.1	17.5	17.5	17.8	19.7
Base cocaine	21.8	20.6	20.1	19.6	20.1	20.8	21.4
Ecstasy	21.1	20	20.7	20.2	20.3	20.1	20.8
Sedatives	-	-	-	-	-	-	33.8
Sedatives without prescription	35.2	28.7	29.2	29.5	30	29.8	29.1

Gender-related differences in drug use

Except in the case of sedatives, in 2007 in Spain the extent of drug use in the 64 age group was significantly higher amongst males than females. This was especially so in the case of illegally traded drugs, for which prevalence amongst males was several times higher than for females. (table 2.3) In reference to use over the last 12 months, differences in cannabis use (13.6% for males, and 6.6% amongst females) and cocaine use (4.7% for males and 1.6% for females) are significant (table 2.3).

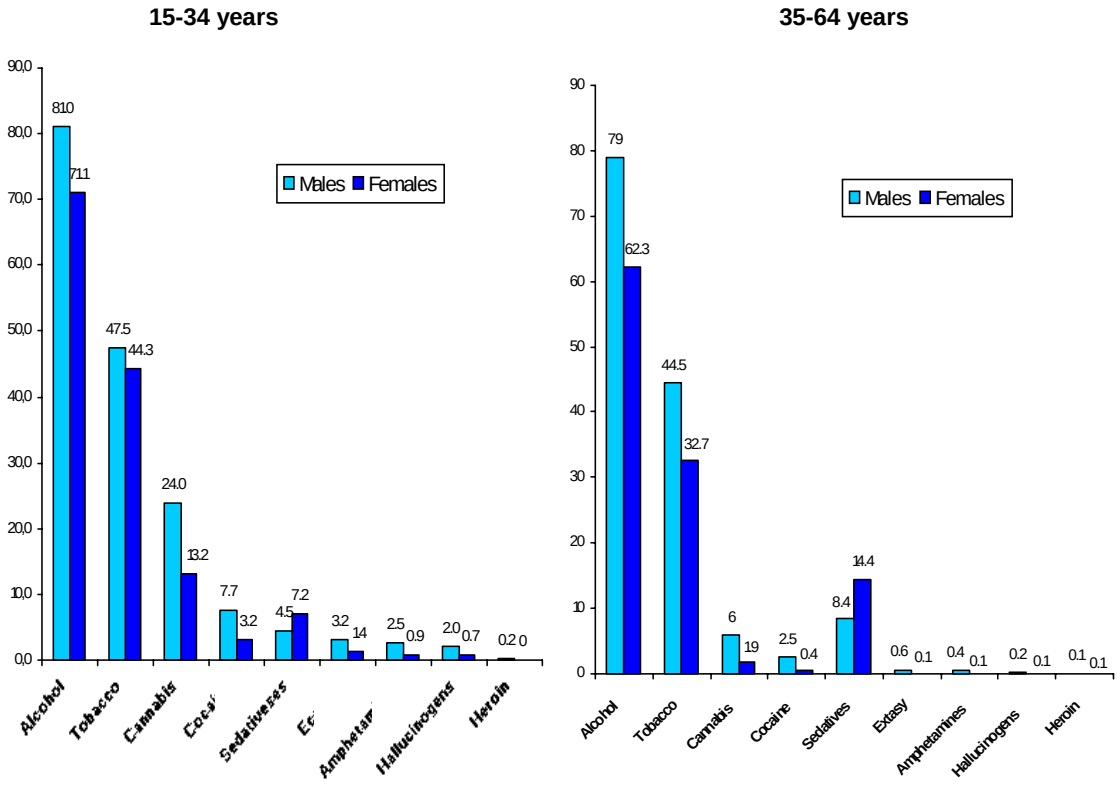
For legally traded drugs, prevalence of use is also higher amongst males. For example, amongst the 15-64 age group (table 2.3) the prevalence of alcohol use over the last 30 days was 71.4% for men and 49.0% for females; while that for tobacco use was 42.6% and 34.7%, respectively.

In the case of illegally traded drugs, higher prevalences of use were observed for men in the 15-34 age group (Figure 2.1).

Table 2.3. Gender-based prevalences of drug use during the last 12 months in the 15-64 age group. Spain, 1995-2007. Percentages.

Use last 12 months	1995		1997		1999		2001		2003		2005		2007	
	H	M	H	M	H	M	H	M	H	M	H	M	H	M
Tobacco			55.0	38.7	50.3	39.2	51.5	40.5	53.0	42.6	47.2	37.5	46.0	37.6
Alcohol	79.3	58.0	86.4	70.5	83.2	67.2	85.2	70.9	84.5	68.4	84.0	69.2	80.4	66.4
Cannabis	10.7	4.4	10.7	4.7	9.6	4.3	13.0	5.5	16.2	6.3	15.7	6.6	13.6	6.6
Ecstasy	1.9	0.7	1.2	0.5	1.2	0.5	2.8	0.7	2.0	0.8	1.8	0.6	1.6	0.5
Hallucinogenic drugs	1.1	0.4	1.4	0.4	0.8	0.4	1.2	0.2	0.9	0.3	1.1	0.4	0.9	0.3
Amphetamines /speed	1.3	0.7	1.4	0.4	1.0	0.4	1.6	0.6	1.1	0.5	1.4	0.5	1.3	0.3
Powder cocaine	2.7	1.0	2.6	0.6	2.3	0.8	3.8	1.3	4.1	1.2	4.6	1.3	4.4	1.5
Base cocaine	0.2	0.0	0.2	0.0	0.4	0.0	0.2	0.0	0.2	0.0	0.3	0.0	0.7	0.1
Cocaine general	--	--	--	--	--	--	--	--	--	--	--	--	4.7	1.6
Heroin	0.8	0.3	0.4	0.1	0.2	0.0	0.2	0.0	0.2	0.1	0.2	0.1	0.1	0.0
Inhalants	0.2	0.1	0.3	0.0	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.3	0.1
Tranquilizers	--	--	--	--	--	--	--	--	--	--	2.6	5.2	4.7	9.1
Sleeping pills	--	--	--	--	--	--	--	--	--	--	--	--	2.8	4.3
Sedatives	--	--	--	--	--	--	--	--	--	--	--	--	6.8	11.5
Tranquilizers without prescription	--	--	--	--	--	--	--	--	--	--	--	--	0.9	0.9
Sleeping pills without prescription	--	--	--	--	--	--	--	--	--	--	--	--	0.6	0.8
Sedatives without prescription	8.2	1.6	2.3	2.4	2.3	2.4	2.5	3.1	2.9	3.3	1.1	1.3	1.2	1.4

Figure 2.1. Proportion of the 15-34 and 35-64 age groups having used drugs in the last 12 months (%). Spain, 2007



Age-based differences in drug use

Except in the case sedatives, in 2007 users of psychoactive substances were predominantly young people aged from 15 to 34 (table 2.4). This was particularly true for illegal drugs, with a prevalence of use over the last 12 months in all cases much higher for the 15-34 group than for those aged between 35 and 64. Thus, for example, prevalences of use over the last 12 months for cannabis, cocaine and ecstasy were 18.9%, 5.5% and 2.4%, respectively, for the 15-34 age group; as opposed to 3.9%, 1.4% and 0.4% for the 35-64 age group. Prevalences of use for alcohol and tobacco were somewhat higher for the 15-34 age group than for the 35-64 age group, with figures for the last 12 months of 76.9% and 46.2% for the former, and 71.1% and 38.8% for the latter. Lastly, the 35-64 age group (11.4%) uses sedatives more than the 15-34 age group (5.8%).

Table 2.4. Age-based prevalences of drug use during the last 12 months for the 15-64 age group. Spain, 1995-2007. Percentages.

Use last 12 months	1995		1997		1999		2001		2003		2005		2007	
	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64
Tobacco	--	--	54.5	39.9	49.5	40.6	52	41.2	52.8	43.8	47.3	38.8	46.2	38.8
Alcohol	72.9	64.1	82.5	74.9	79	71.8	81.5	75.2	79.5	74.2	79.4	74.7	76.9	71.1
Cannabis	12.7	2.3	14.2	1.8	12.6	2.2	16.7	3.3	20.1	4.2	19.8	4.7	18.9	3.9
Ecstasy	2.4	0.1	1.8	0	1.6	0.1	3.7	0.2	2.9	0.1	2.4	0.4	2.4	0.4
Hallucino-genic drugs	1.3	0.2	1.8	0.1	1.2	0.2	1.3	0.2	1.1	0.2	1.5	0.1	1.4	0.1
Ampheta-mines / speed	1.8	0.2	1.8	0.1	1.3	0.2	2.2	0.2	1.6	0.2	1.9	0.3	1.7	0.2
Powder cocaine	3.1	0.5	2.9	0.5	2.8	0.5	4.5	0.9	4.8	0.9	5.2	1.3	5.3	1.3
Base cocaine	0.1	0.1	0.2	0.1	0.4	0	0.2	0	0.2	0	0.2	0.1	0.6	0.2
General cocaine	--	--	--	--	--	--	--	--	--	--	--	--	5.5	1.4
Heroin	0.9	0.1	0.4	0.1	0.2	0	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0
Inhalants	0.2	0.1	0.4	0	0.1	0.1	0.3	0	0.2	0	0.2	0.1	0.2	0
Tranquilizers	--	--	--	--	--	--	--	--	--	--	--	--	4.4	8.4
Sleeping pills	--	--	--	--	--	--	--	--	--	--	--	--	1.8	4.6
Sedatives	--	--	--	--	--	--	--	--	--	--	--	--	5.8	11.14
Tranquilizers without prescription	--	--	--	--	--	--	--	--	--	--	--	--	1.1	0.8
Sleeping pills without prescription	--	--	--	--	--	--	--	--	--	--	--	--	0.7	0.7
Sedatives with prescription	7.6	17.1	2,3	2,4	1.9	2.7	2.8	2.9	2.5	3.6	1	1.3	1.4	1.2

Tobacco

In 2007, 41.7% of the 15-64 age group residing in Spain had consumed tobacco during the last 12 months; 38.8% during the last 30 days and 29.6% on a daily basis during said period. Taking into account the impact of tobacco on health, these figures remain very high.

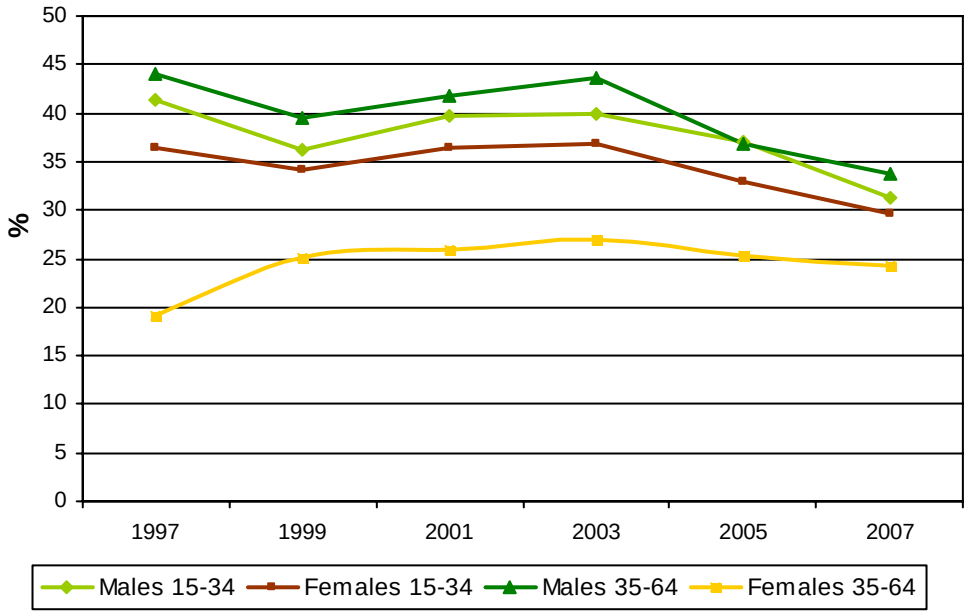
Prevalence of daily use was higher amongst males than females (32.9% as opposed to 26.6%). By age groups, the highest prevalence was amongst males aged from 35 to 64 (33.9%), whilst women in this same age group presented the lowest (24.4%). Amongst younger people (15-34 year-olds) gender-based differences were lower (31.5% M and 29.7% F). Amongst teenagers aged from 15 to 18, 15.2% of males and 16.0% of females smoked every day.

On average males had smoked 17.6 cigarettes per day during the last month and females 14.3. The average age of initiation in use daily was 19.3.

In 2007, the prevalence of ex-smokers (defined as people who used to smoke every day during a given period of their lifetime, but who now no longer smoke) was 13.4% (11.9% of whom had practiced abstinence for a year or more), with the highest prevalence observed amongst 55-64 year-old men.

With regard to temporary trends, it was noted that up to 2003 use had remained relatively stable. From 2003 until the date of the present survey (November 2007-March 2008) prevalence of daily use had fallen for all the age groups and both genders; but especially for the 35-64 age group (Figure 2.2).

Figure 2.2. Evolution of prevalence of daily tobacco use amongst 15 to 64s, by gender and age group. Spain, 1997-2007 (%).



Alcoholic drinks

Experience with alcohol is almost universal in Spanish society (88% of those aged between 15 and 64 report at least ever-in-lifetime use). Moreover, the majority of the population consumes alcohol occasionally or habitually (72.9% did so on at least one day during the last year; 60% on a day during the last month; and only 10.2% daily during throughout the last month).

With regard to more intensive use patterns, 19.1% of the 15-64 aged group referred to having been drunk on at least one occasion during the last year, and 12.6% to having drunk 5 or more drinks in the same session, (with session being taken to mean several drinks one after the other within the space of a couple of hours) during the last 30 days. The prevalence of "risk drinkers" was 3.4. %. For males, a risk drinker was taken to mean someone with an average daily use of at least 50 cc of pure alcohol per day, while for females the threshold was 30 cc.

Use is more widespread amongst males than females, whichever indicator is taken into account; although relative differences are quite a lot higher when referring to frequent or intense use. Thus, for example, 80.4% of the males had taken alcohol in the last

year as opposed to 65.4% of females, while 15.3% of the males had done so on a daily basis throughout the last month, as opposed to 4.8% of females. The ratio for male/female prevalences was only 1.2 for annual use prevalence, but 2.1 for the annual prevalence of drunken episodes, 1.5 for monthly use prevalence, 2.7 for monthly use prevalence of 5 drinks or more on some occasion, and 3.2 for the prevalence of daily use in the last month.

In regard to age-based differences, it was observed that monthly use prevalence was only slightly higher amongst the young - the 15-34 age group (61.7%) – when compared to that of the older age group (59.4%). However, these differences became accentuated for intensive use patterns, such as drunken episodes (31.8% annual prevalence amongst 15-34 year-olds as opposed to 10.1% amongst older people) or sporadic intense use (binge drinking) of 5 or more drinks during a single session (18.0% for 15-34 year-olds, compared to 8.8% for the older age group). But for daily use the reverse was true, with there being higher prevalence amongst the 35-64 age group (14.5%) than amongst the 15-34 year-olds (4.0%). In regard to the impact of age and gender based use on prevalence during the last month, higher prevalences were noted amongst males aged from 25 and 54, and amongst the youngest females (15-24 year-olds). For daily use, prevalence amongst males increased with age, with the highest prevalence (30.4%) being found amongst the 55 to 64 year-olds. Amongst females the increase in prevalence was only observed up to the age of 54, from which point it became stabilised.

The average age for initial use of alcohol is 16.8, with the male average age being lower (16.1) than that for females (17.6).

Use of all the groups of alcoholic drinks was higher during the weekend (Friday, Saturday and Sunday) than on working days. Indeed, use prevalence over the last 30 days of any alcoholic drink was 58.1% for weekends and 30.7% for working days. Almost all those who consumed alcohol on working days also did so at the weekend. If the type of drinks consumed is taken into account, it can be seen that beer/cider were the drinks drunk by a higher proportion of people both on the weekend and on working days, with wine/champagne in second place; although use of highball came a very close-placed third in terms of weekend drinking (table 2.5).

Table 2.5. Prevalences of use of alcoholic drinks in the last 30 days on working days and at the weekend, by age group and drink type (%). Spain, 2007.

	15-64 year olds		15-34 year olds		35-64 year olds	
	Working days	Weekend	Working days	Weekend	Working days	Weekend
Wine/champagne	17.0	27.0	8.4	17.3	23.1	33.9
Beer/cider	20.8	37.5	19.4	40.4	21.9	35.4
Aperitifs/vermouth	1.5	3.4	1.2	2.9	1.7	3.7
Highball	3.1	21.9	4.1	35.3	2.5	12.5
Fruit liqueurs	1.1	2.8	1.0	3.3	1.1	2.4
Strong liquors	2.1	5.3	1.8	6.2	2.2	4.7
Any alcoholic drink	30.7	58.1	23.3	60.0	36.0	56.7

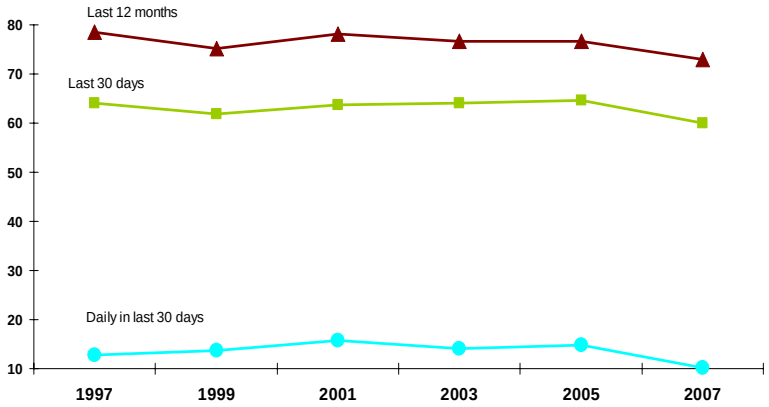
Differences were observed for all drinks, but were especially significant for highballs, consumed by 2.5% of the 15-64 age group on working days as opposed to 12.5% on the weekend. Differences for use of alcohol on working days and weekends were lower in the case of wine/champagne, with prevalences of 33.9% and 23.1%, respectively.

If we consider prevalences of use of the different alcoholic drinks at the weekend and on working days for the 15-34 and 35-64 age groups, we observe that use amongst the younger group is more weekend-based. On working days, prevalence of use of the different drinks - except in the case of highballs, is higher amongst the 35-64 age group than amongst 15-34 year olds; but on the weekends the reverse is true, except in the case of wine/champagne and aperitifs/vermouth (table 2.5).

With regard to alcohol poisoning, 19.2% of 15-64 year-olds had got drunk at least once (14.1% once a month or less, and 5.1% more than once a month). The prevalence of drunken episodes was higher amongst males (25.6%) than females (12.4%), and amongst the young aged between 15 and 34 (31.8%) than amongst the over-34s (10.1%).

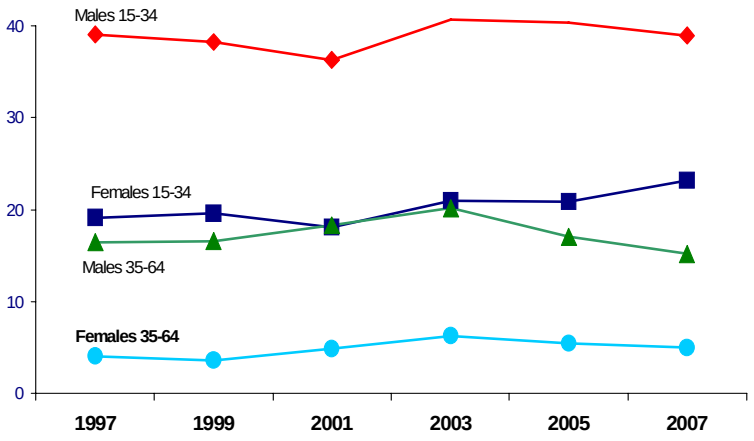
With respect to temporary trends, up to 2005 stability in the prevalence of use of alcoholic drinks occasionally or habitually was observed, but it appears that since then prevalences of use have begun to fall (Figure 2.3). With regard to the evolution of the prevalence of drunken episodes, relative stability or a tendency towards reduction amongst older males and females is observed; although the same cannot be said for young females (15-34), for whom the trend points to an increase (Figure 2.3).

Figure 2.3. Prevalence of use of alcoholic drinks. Spain (%), 1997-2007



	1997	1999	2001	2003	2005	2007
Last 12 months	78.5	75.2	78.1	76.6	76.7	72.9
Last 30 days	64.0	61.8	63.7	64.1	64.6	60.0
Daily in last 30 days	12.7	13.7	15.7	14.1	14.9	10.2

Figure 2.4. Evolution of the prevalence of drunken episodes in the last 12 months amongst 15-64 years, by age group and gender (percentage). Spain, 1997-2007



	1997	1999	2001	2003	2005	2007
Males 15-34	39.1	38.3	36.3	40.7	40.3	38.9
Females 15-34	19.1	19.6	18.1	21.0	20.9	23.2
Males 35-64	16.5	16.6	18.3	20.2	17.1	15.2
Females 35-64	4.1	3.6	4.9	6.3	5.5	5.0

Cannabis use

Cannabis remains the most widely used illegal drug illegal in Spain. 27.3% of the population stated they had used it at on an ever-in-lifetime basis, 10.1% had done so in the last year, 7.1% in the last month and 1.5% on a daily basis during the last month.

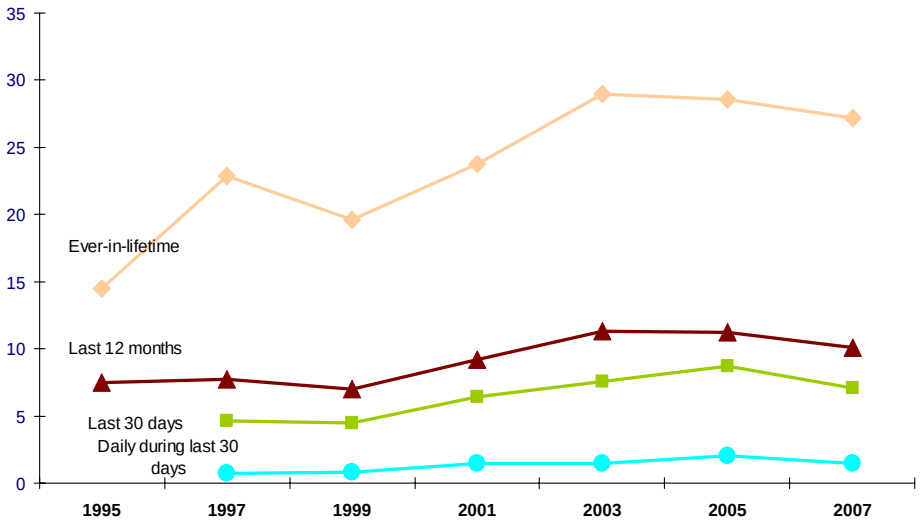
Use is considerably more extended amongst males (13.6% had used it during the last year) than females (6.5%), and amongst the 15-34 age group (18.8%) than for the over-34s (4.0%). Relative intersexual differences for cannabis use are higher for monthly use (10.1% of males and 4.1% of females) and above all for daily use (2.5% for males and 0.6% for females).

The highest percentages for current and daily cannabis users are found in the younger group (15-24 year-olds), especially amongst males.

The age of initiation was 18.5, which is very similar to that of last years (18.3 in 2005 and 18.5 in 2003).

With respect to evolution of use, it was noted that from 2003-2005 the rising trend for prevalence of cannabis use had been reversed, both in terms of experimentation (ever-in-lifetime), and recent use (on some occasion during the last year), current use (last month) and daily use (Figure 2.5).

Figure 2.5. Prevalence of cannabis use amongst the 15-64 age group (%). Spain, 1995-2007

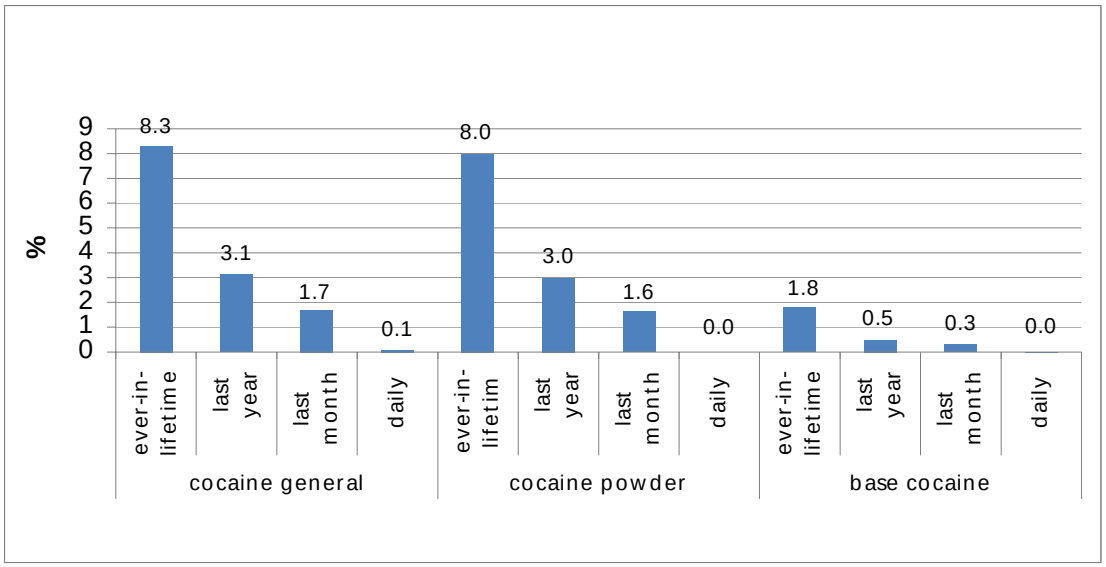


	1995	1997	1999	2001	2003	2005	2007
Ever-in-lifetime	14.5	22.9	19.6	23.8	29.0	28.6	27.2
Last 12 months	7.5	7.7	7.0	9.2	11.3	11.2	10.1
Last 30 days		4.6	4.5	6.4	7.6	8.7	7.1
Daily during the last 30 days		0.7	0.8	1.5	1.5	2.0	1.5

Cocaine use

Cocaine is clearly the second-placed illegal psychoactive drug in Spain in terms of prevalence of use. 8.3% of those aged between 15 and 64 have tried it at some point, 3.1% have done so during last year, and 1.7% in the last month.

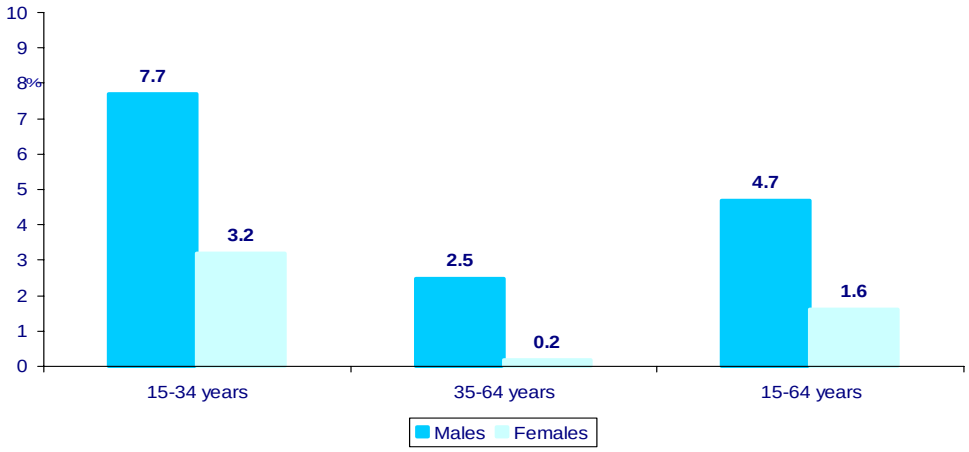
Figure 2.6. Prevalences of cocaine use by format (base and powder) amongst 15-64 year-olds. Spain, 2007.



Most cocaine users took the drug in powder form, with the prevalence of use of base or crack being much lower (Figure 2.6).

Prevalence of use of cocaine during the last 12 months was much higher for males (4.7%) than for females (1.6%), and for the 15-34 age group (5.3%) as opposed to the 35-64 age group (1.3%). The highest proportions of users were found amongst males aged between 15 and 34 (Figure 2.7)

Figure 2.7. Prevalence of cocaine use in the last 12 months according to age and gender (%). Spain, 2007



The average age for first use of this substance was 20.9 for powder cocaine and 21.3 for base cocaine.

In regard to temporary trends, the prevalence of powder cocaine increased significantly between 1995 and 2005, with the proportion of users in the last 12 months rising from 1.8% in 1995 to 2.7% in 2003 and 3.0% in 2005. Use appears to have stabilised (3.0%) between 2005 and 2007. Prevalence of use of base cocaine (crack) during the last 12 months rose from 0.1% in 2003 to 0.2% in 2005 and 0.5% in 2007 (Figures 2.8 and 2.9).

Figure 2.8. Evolution of prevalences of cocaine powder use amongst Spanish 15 to 64 year olds (%). 1995-2007

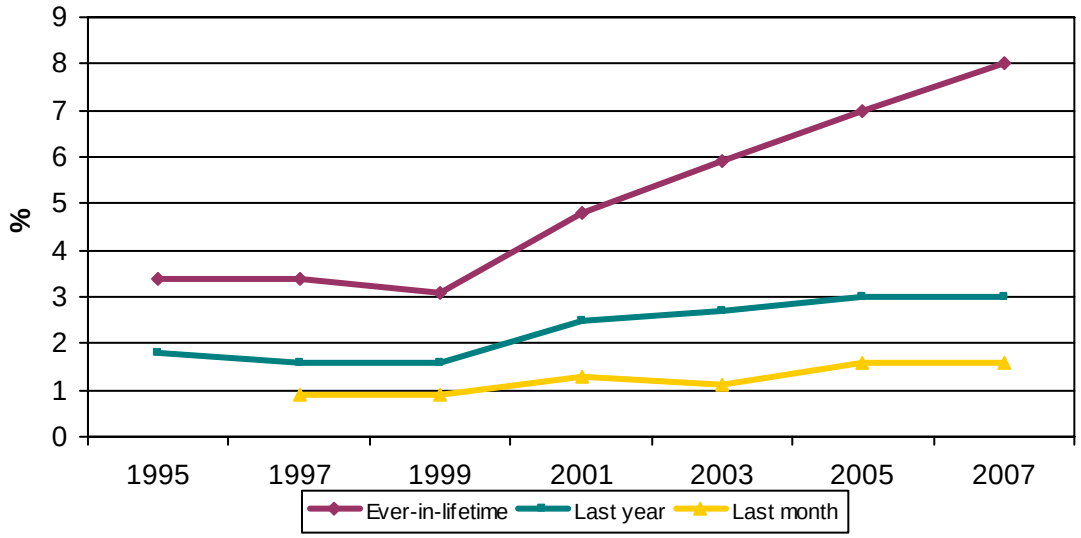
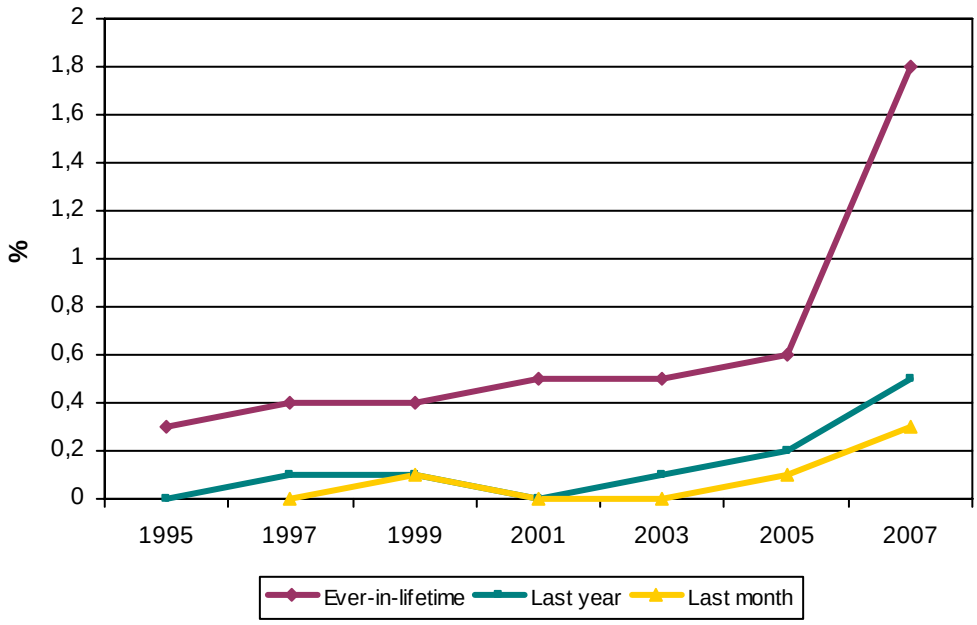


Figure 2.9. Evolution of prevalences of cocaine-base use amongst Spanish 15 to 64 year olds(%)

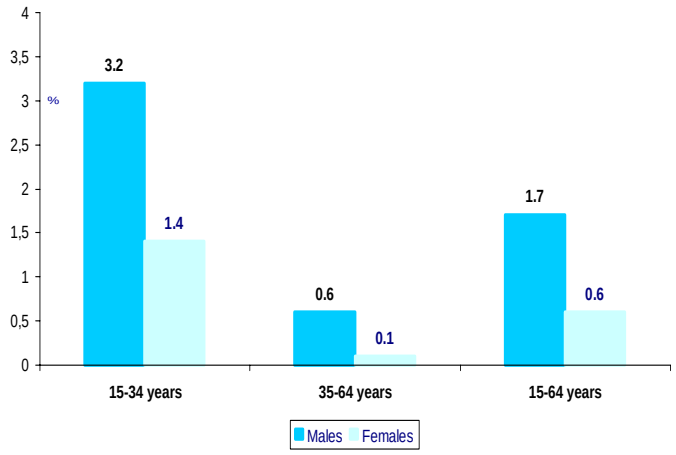


Ecstasy use

4.3% of 15-64 year-olds have tried ecstasy at least once during their lifetime, 1.2% used it during the last year, and 0.6% in last month.

Prevalence of use during the last year was higher for males (1.7%) than for females (0.6%), and for the 15-34 age group (2.3%) as opposed to the over-34s (0.3%). The highest prevalence of use was observed amongst males aged from 15 to 34 (Figure 2.10).

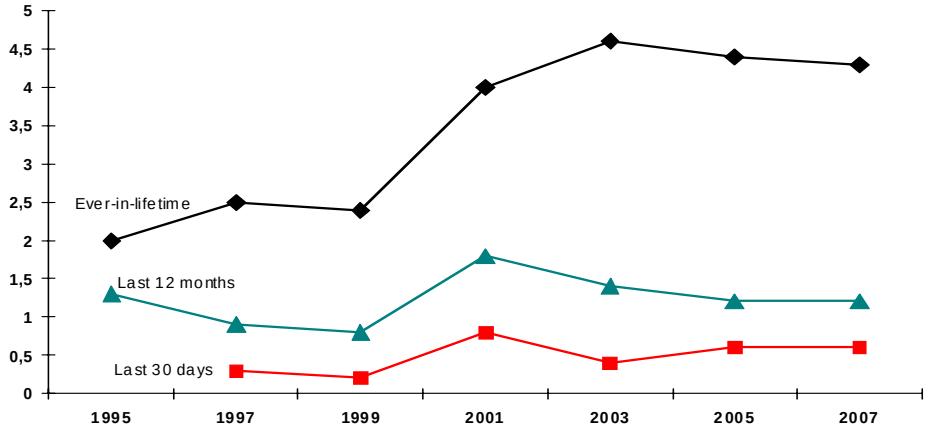
Figure 2.10. Prevalence of use of ecstasy during the last 12 months by age and gender (%). Spain, 2007.



It is a drug with a very sporadic usage pattern. Indeed, the sample found no daily users, and an almost undetectable prevalence of weekly use (0.1%).The average age of initiation is 20.8; higher than the average age of initiation for substances such as tobacco, alcohol, hallucinogenic drugs or amphetamines.

In terms of the evolution of use, stabilisation is observed from 2001 onwards (Figure 2.11).

Figure 2.11. Evolution of the proportion of ecstasy users amongst 15 to 64 year-olds. Spain, 1995-2005



	1995	1997	1999	2001	2003	2005	2007
Ever-in-lifetime	2.0	2.5	2.4	4.0	4.6	4.4	4.3
Last 12 months	1.3	0.9	0.8	1.8	1.4	1.2	1.2
Last 30 days		0.3	0.2	0.8	0.4	0.6	0.6

Use of amphetamines

These substances are referred to in the questionnaire as speed, amphetamines, amphetas, meta amphetamines, ice or crystal. In 2007, 3.8% of the 15-64 age group had tried amphetamines on an ever-in-lifetime basis, 0.9% had used them in the last year, and 0.3% during the last month. As in the previous cases, use was significantly more widespread amongst males and was more prevalent in the 15-34 age group. For example, Figure 2.12 shows that most amphetamine users are males aged from 15 to 34.

The average age of first use was 19.7.

It is not easy to estimate the temporary trends for amphetamine use, because given the low prevalence of use, its values are very exposed to haphazard usage patterns. It would nevertheless appear that prevalence of use during the last 12 months was quite stabilised (1% in 1995, 1% in 2005 and 0.9% in 2007) (Figure 2.13)

Figure 2.12. Prevalence of use of amphetamines in the last 12 months according to age and gender (%). Spain, 2007

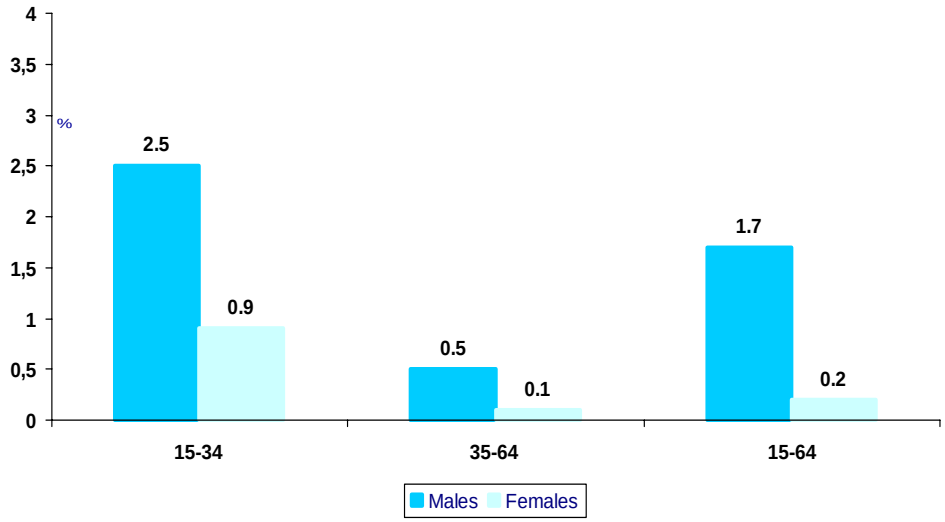
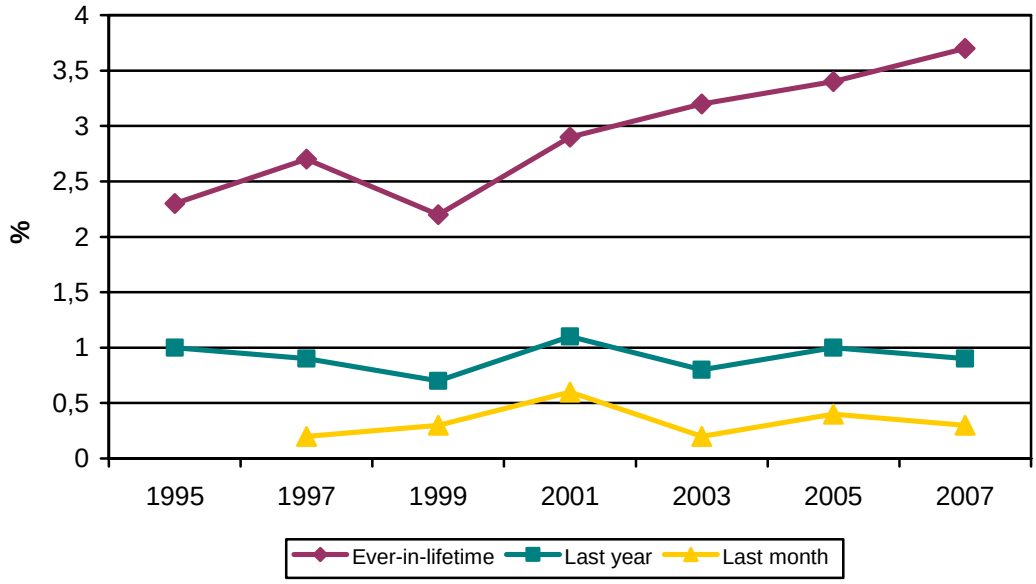


Figure 2.13. Evolution of prevalences of amphetamine use amongst Spanish 15 to 64 year olds (%).



Use of sedatives

Tranquilizers or sedatives (pills to produce calm, or to reduce tension or anxiety) and sleeping pills are consumed by significant proportions of the population in many countries, usually under medical prescription. Generally, they belong to the pharmacological group of the benzodiazepines. These pills often have the dual function of tranquilizing and of inducing or improving sleep, and for this reason it may be right to refer to them as sedatives.

In 2007 in Spain, 15.4% of 15-64 year-olds had used sedatives whether with or without medical prescription on an ever-in-lifetime basis (13.0% tranquilizers, and 4.6% sleeping pills), 8.6% in the last 12 months (6.9% tranquilizers and 3.8% sleeping pills) and 5.9% in the last 30 days (4.7% tranquilizers and 2.5% sleeping pills). In addition, 3.1% had used them on a daily basis in the last 30 days (2.6% tranquilizers and 1.1% sleeping pills).

Prevalence of use was higher amongst females and 35-64 year-olds in general (table 2.6).

Table 2.6. Prevalences of use of sedatives, by age and gender (%). Spain, 2007.

		Males			Females			Total		
		15-34	35-64	Total	15-34	35-64	Total	15-34	35-64	Total
Tranquilizers	Ever-in-lifetime	6.8	12.4	9.5	11.9	20.7	16.7	8.8	16	13
	Last 12 months	3.8	6.3	4.7	6.2	11.6	9.1	4.4	8.4	6.9
	Last 30 days	1.6	4.4	3.3	3.3	8	6.3	2.5	6.2	4.7
	Daily	0.6	2.3	1.6	1.4	5.1	3.6	1.0	3.7	2.6
Sleeping pills	Ever-in-lifetime	3.3	6.8	5	4.8	9.1	7	3.7	7.6	6
	Last 12 months	1.8	4	2.8	2.6	5.8	4.3	1.8	4.6	3.8
	Last 30 days	0.9	2.8	2	1.3	4.2	3.1	1	3.6	2.5
	Daily	0.2	1.1	0.8	0.4	2.2	1.5	0.3	1.7	1.1
Sedatives	Ever-in-lifetime	8	15.3	12.2	13.5	23.9	19.6	10.6	19.6	15.4
	Last 12 months	4.5	8.4	6.8	7.2	14.4	11.5	5.8	11.4	8.6
	Last 30 days	2.1	5.9	4.3	3.7	10.2	7.6	2.8	8.1	5.9
	Daily	0.7	2.8	1.9	1.6	6.1	4.2	1.1	4.4	3.1

Proportions of users without a medical prescription (figures only available for the last 12 months) are much lower, at 1.4% of 15-34 year-olds and 1.2% of the 35-64 age group.

In EDADES, investigation on use of tranquilizers and sleeping pills with or without medical prescription did not commence until the 2005 survey. Previously, participants had only been questioned on possible use of these substances without medical prescription in the last 12 months. For this reason, it is still not possible to use EDADES as the basis for studying the evolution of sedative use in Spain.

Nevertheless, between 2005 and 2007, a significant increase in the prevalence of use during the last 12 months was observed; rising from 5.1% in 2005 to 8.6% in 2007. In regard to use without medical prescription, it would appear that there has been a reduction in the proportion of users, from a prevalence of use in the last 12 months of 3.1% in 2003, to 1.2% in 2005, and 1.3% in 2007; although the introduction of questions referring to prescribed and non-prescribed use may have affected the responses of participants.

Use of hallucinogenic drugs

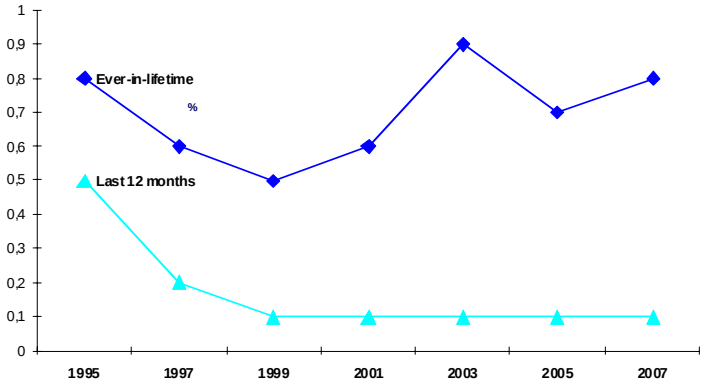
In 2007, 3.8% of 15-64 year-olds had tried hallucinogenic drugs on an ever-in-lifetime basis, 0.6% had consumed them over the last year, and 0.1% during last month. As in the foregoing cases, prevalence of use in the last 12 months was higher amongst males (0.9%; as opposed to 0.3% for females) and 15-34 year-olds (1.4%; as opposed to 0.1% for 35-64 year-olds).

The average age of initiation in use was 19.9. In recent years, the trend for usage has remained relatively stable (prevalence of use in the last 12 months: 0.6% in 1999 and 0.6% in 2007)

Use of other psychoactive drugs

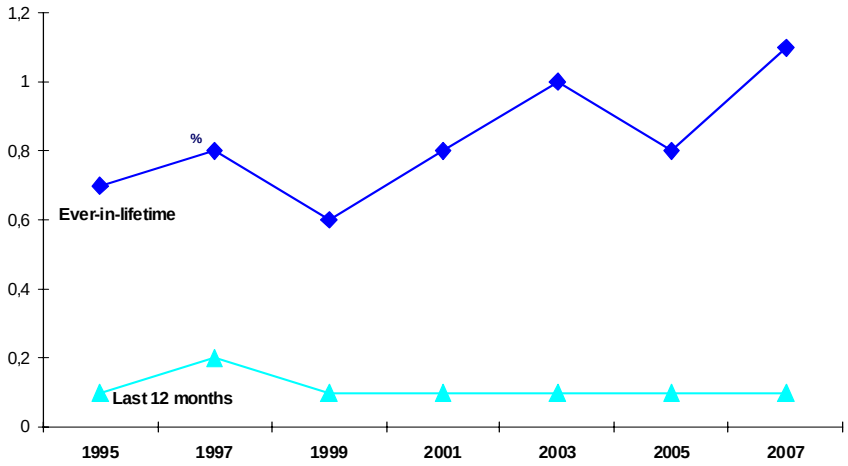
Prevalences of ever-in-lifetime use of volatile inhalants and heroin were lower than those for the substances mentioned above, reaching figures of 1.1% and 0.8%, respectively (Figures 2.14 and 2.15). Prevalence of use during the last year was 0.1%. However, account must be taken of the fact that population surveys are quite limited in terms of their capacity for estimating the prevalence and trends of usage of these substances, in view of the difficulty involved in including the most problematic users.

Figure 2.14. Prevalence of use of heroin in the 15-64 age group (%). Spain, 1995-2007



	1995	1997	1999	2001	2003	2005	2007
Ever-in-lifetime	0.8	0.6	0.5	0.6	0.9	0.7	0.8
Last 12 months	0.5	0.2	0.1	0.1	0.1	0.1	0.1

Figure 2.15. Prevalence of use of volatile inhalants (%). Spain, 1995-2007



	1995	1997	1999	2001	2003	2005	2007
Ever-in-lifetime	0.7	0.8	0.6	0,8	1.0	0.8	1.1
Last 12 months	0.1	0.2	0.1	0.1	0.1	0,1	0.1

The average age of first use was 19.7 in the case of the volatile inhalants. Lastly, in regard to trends of use, in the case of heroin there was a trend towards reduction of experimentation with the substance up to 1999 and a trend towards stabilisation or increase from then onwards (Figure 2.14). In the case of volatile inhalants, a trend towards an increase in experimentation in recent years is also observed (Figure 2.15).

Injection of drugs

Again it must be stressed that this type of survey is not the ideal vehicle for estimating the extent of the phenomenon of injection of drugs. However, other indicators do show that it is a rapidly receding phenomenon. The results of this survey indicate that in 2007 0.3% of the Spanish 15-64 age group had injected heroin or cocaine on an ever-in-lifetime basis (0.5% of males and 0.1% of females), with the highest prevalence observed amongst 35-44 year-olds (0.8%).

Polidrug use

In reality, use of illegal psychoactive drugs is concentrated in a sub-group of persons who have often used several drugs in a given period. Thus, for example, a high proportion of people having used cannabis in the last 12 months, in addition to tobacco and alcoholic drinks (use of which is practically universal), have also used cocaine (25.1%), ecstasy (10.2%), amphetamines (7.5%), or hallucinogenic drugs (5.6%) in the same period. (table 2.7).

Table 2.7. Proportion of users of other drugs amongst 15-64 year-olds who have used cannabis, ecstasy or heroin in the last 12 months (%). Spain, 2007

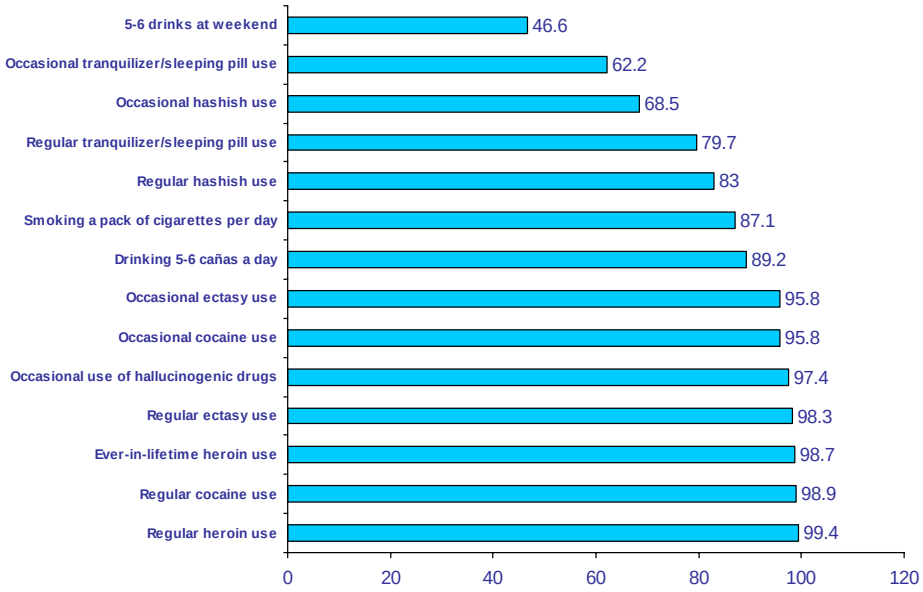
	Cannabis users	Cocaine users	Ecstasy users	Heroin users
Alcohol	93.9	96.3	98	77.3
Tobacco	81	84.4	85.8	65.2
Cannabis	100	81.1	88.7	68.4
Cocaine	25.1	100	75.2	64
Ecstasy	10.2	28.1	100	39.9
Amphetamines	7.5	20.9	41.6	28.9
Hallucinogenic drugs	5.6	13.5	26.6	18.5
Heroin	0.7	2.1	3.4	100
Inhalants	1.5	3.8	8.6	14.3
Tranquilizers	8.6	14.4	17.2	39.2
Sleeping pills	4.5	9.4	8.8	28.8

A high proportion of people who used cocaine in the last 12 months - in addition to tobacco and alcoholic drinks (use of which is also practically universal), in the same period also used: cannabis (81.1%), ecstasy (28.1%), amphetamines (20.9%) or hallucinogenic drugs (13.5%). The situation is similar for ecstasy users, and in the case of heroin, polidrug use is even more intense (table 2.7). The polidrug use profile of users of amphetamines, and hallucinogenic drugs is similar to that of ecstasy users.

Perception of risk in the face of different drug use behaviours

Perception of risk in the face of different drug use behaviours could have a bearing on potential for resistance of the population against development such behaviours now or in the future. The higher the perceived risk the lower the likelihood of developing it; and vice versa. The types of conduct considered most dangerous by respondents were habitual (weekly or higher) use of heroin, of cocaine and of ecstasy. On the other hand, types of behaviour subject to lower perceived risk were five o six glasses on the weekend, occasional use of tranquilizers or sleeping pills - with occasional being taken to mean monthly or less frequent usage, and occasional use of cannabis. Relatively low risk was also perceived in relation to habitual use of cannabis or tranquilizers/sleeping pills, as well as to daily use of packet of cigarettes or of 5 or 6 small glasses of beer or highballs (Figure 2.16).

Figure 2.16. Proportion of 15-64 year-olds who think that each use behaviour can produce quite a lot/many problems (%). Spain, 2007



Occasional use: Once a month or less frequently
Regular use: Once a week or less frequently

Between 1997 and 2007, perceived risk vis à vis daily smoking of a packet of cigarettes increased significantly (7.4 points), as did perceived risk same in relation to occasional use of ecstasy (3.3 points) or cocaine (2.3 points). Perceived risk in the face of other use behaviours did not change much, and even fell in cases such as that in relation to the habitual use of tranquilizers or sleeping pills (-1.7 points) (table 2.8).

Between 2003 and 2007, there was an increase in perceived risk in the face of use of almost all the substances, especially in relation to occasional cannabis use (+6.5 points) and habitual cannabis use (+3.8 points); in regard to use of five or six daily units of alcohol (+5.9 points) or on the weekend (+4.8 points); in the face of occasional use of ecstasy (+3.2 points) or cocaine (+3.2 points); and vis à vis the daily use of a packet of cigarettes (+2.5 points). Meanwhile, there was a significant fall in the perceived risk in relation to regular (-5.7 points) or occasional (-3.1 points) use of tranquilizers or sleeping pills. Generally speaking, changes between 2005 and 2007 are of the same type as those for the period 2003-2007; although it is important to highlight the significant increase in perceived risk associated with occasional use of cannabis and drinking of five or six units of alcohol over the weekend, as well as the curtailing in the increase in the perceived risk previously observed in relation to the daily smoking of a pack of cigarettes (table 2.8).

Table 2.8. Evolution of perceived risk in the face of a range of types of drug use behaviours (proportion of 15-64 year-olds who think that each use behaviour could produce many or quite a lot of problems -%-). Spain 1997-2007.

	1997	1999	2001	2003	2005	2007	2007-2005	2007-2003	2007-1997
Regular heroin use	99.4	99.6	98.8	99.3	99.3	99.4	0.1	0.1	0.0
Occasional heroin use	97.6	98.5	96.7	97.4	97.9	98.7	0.8	1.3	1.1
Regular cocaine use	98.5	99.2	97.9	98.5	98.7	98.9	0.2	0.4	0.4
Occasional cocaine use	93.5	95.4	93.3	93.1	95	95.8	0.8	2.7	2.3
Regular ecstasy use	98.6	98.9	97.8	98.3	98.7	98.3	-0.4	0.0	-0.3
Occasional ecstasy use	92.5	94.6	92.6	92.6	94.4	95.8	1.4	3.2	3.3
Occasional use of hallucinogenic drugs	96.0	97.4	95.5	96.3	97.1	97.4	0.3	1.1	1.4
Regular use of tranquil./sleeping pills	81.4	86.8	84.8	85.4	81.8	79.7	-2.1	-5.7	-1.7
Occasional use of tranquil./sleeping pills	60.4	70.1	66.7	65.3	62.3	62.2	-0.1	-3.1	1.8
Regular cannabis use	84.0	87.6	83.1	79.2	80.8	83	2.2	3.8	-1.0
Occasional cannabis use	68.9	74.8	67.9	62.0	64.2	68.5	4.3	6.5	-0.4
Drinking 5-6 glasses daily	89.2	90.7	86.1	83.3	87.3	89.2	1.9	5.9	0.0
Drinking 5-6 glasses at the weekend	45.6	49.2	44.2	41.8	43.6	46.6	3.0	4.8	1.0
Smoking a pack of cigarettes daily	79.7	82.4	83.6	84.6	87.1	87.1	0.0	2.5	7.4

Perceived availability of drugs

In general, the Spanish population has the perception that it is pretty easy to gain access to illegally traded drugs. In 2007, over 39% of Spanish 15-64 year-olds considered that it was easy or relatively easy to get hold of any of the principal illegally traded drugs (heroin, cocaine, ecstasy, hallucinogenic drugs or cannabis) within 24 hours.

Although differences per drug in terms of perceived availability are not great, the substances with higher availability are cannabis (59.8% perceive that it is easy or relatively easy to obtain it), and cocaine (48.9%).

With regard to temporary trends, between 1995 and 2005 there was a significant increase in perceived availability of the five principal illegally traded drugs (heroin, cocaine, ecstasy, hallucinogenic drugs and cannabis). The highest increases were for cannabis (50.3% thought that it was easy or relatively easy to obtain it in 1995, but 66.4% did so in 2005) and cocaine (from 39.5% in 1995, to 53.3% in 2005), and for the periods 1999-2001 and 2003-2005. It is also curious to observe how throughout the period 1995-2005 perceived ease of access was higher for cocaine than for ecstasy.

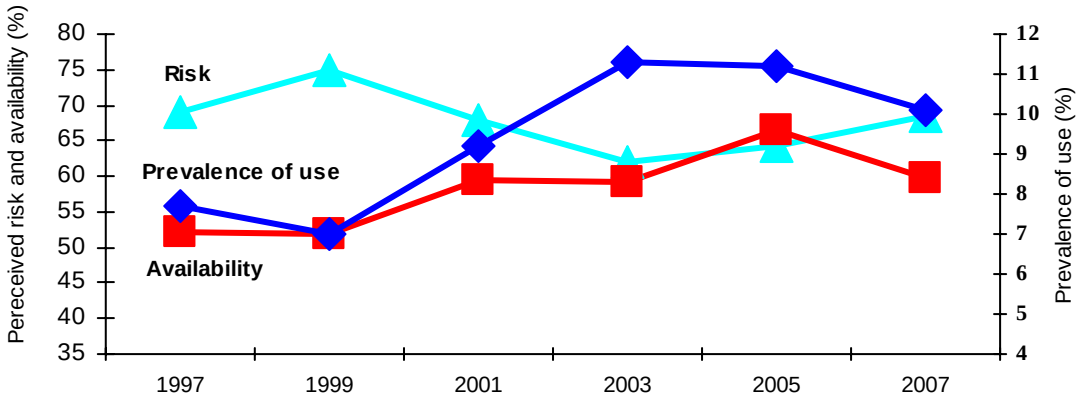
Nevertheless, between 2005 and 2007 there was a change of trend and a significant decrease in terms of the perceived availability of the five substances considered. The largest decrease was for cannabis (-6.6 points) and the lowest for heroin (3.9 points) (table 2.9).

Table 2.9. Evolution of perceived availability of illegal psychoactive drugs (obtaining them in 24 hours is easy/very easy), amongst 15–64 year-olds (%). Spain, 1995-2007.

It is easy/very easy to obtain this drug in 24 hours	1995	1997	1999	2001	2003	2005	2007	2007-1995	2007-2005
Cannabis/ Marihuana	50.3	52.1	51.8	59.5	59.2	66.4	59.8	9.5	-6.6
Ecstasy	41.1	40.9	39.9	48.2	46.1	49.7	43.8	2.7	-5.9
Cocaine	39.5	39.2	39.9	46.7	46.5	53.3	48,9	9.4	-4.4
Heroin	37.0	36.2	37.2	41.2	39.2	43.4	39.5	2.5	-3.9
LSD	37.1	37.0	37.2	42.7	40.0	44.8	40.2	3.1	-4.6

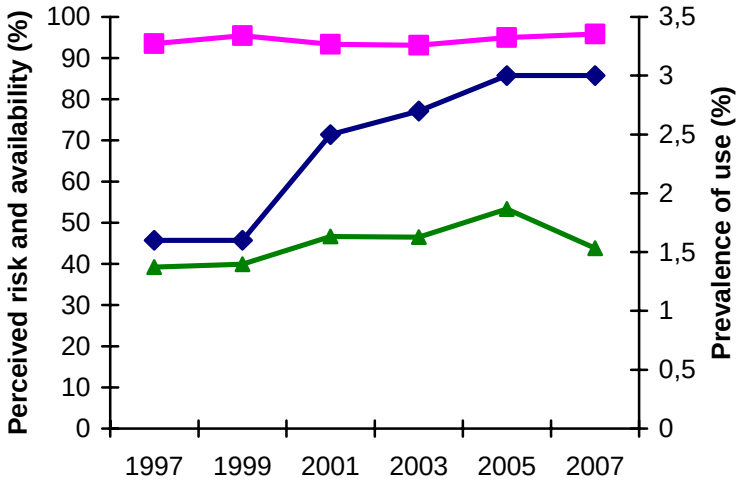
A combination of the statistics on evolution of prevalence of use, perception of risk in the face of use, and perceived availability of drugs allows us to obtain indications to be able to formulate a hypothesis on the factors that might underlie the trends of use. For example, in Figures 2.17-2.19, the evolution of these values can be observed for cannabis, cocaine and ecstasy. In the case of cannabis, prevalence of use and perceived availability fell between 2005 and 2007, while perceived risk increased. In the case of cocaine, prevalence of use and perceived risk remained relatively stable, while perceived availability fell significantly. Lastly, in the case of ecstasy the trend towards falling use is maintained, perceived availability fell significantly, and perceived risk increased.

Figure 2.17.Prevalence of cannabis use of in the last 12 months, perceived risk in relation to occasional use (once a month or less) and perceived availability (it is easy/very easy to obtain it in 24 hours) amongst 15 to 64 year-olds (%). Spain, 1997-2007.



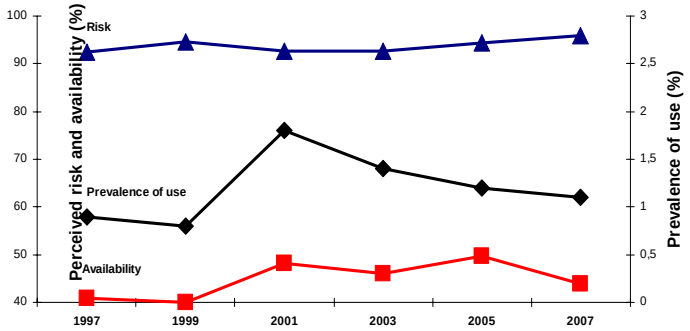
	1997	1999	2001	2003	2005	2007
Prevalence of use	7.7	7	9.2	11.3	11.2	10.1
Risk	68.9	74.8	67.9	62	64.2	68.5
Availability	52.1	51.8	59.5	59.2	66.4	59.8

Figure 2.18. Prevalence of powder cocaine use in the last 12 months, perceived risk in relation to occasional use (once a month or less) and perceived availability (it is easy/very easy to obtain it in 24 hours) amongst 15 to 64 year-olds (%). Spain, 1997-2007.



	1997	1999	2001	2003	2005	2007
Risk	93.5	95.4	93.3	93.1	95	95.8
Prevalence of use	1.6	1.6	2.5	2.7	3	3
Availability	39.2	39.9	46.7	46.5	53.3	43.8

Figure 2.19.Prevalence of ecstasy use in the last 12 months, perceived risk in relation to occasional use (once a month or less) and perceived availability (it is easy/very easy to obtain it in 24 hours) amongst 15 to 64 year-olds (%). Spain, 1997-2007.



	1997	1999	2001	2003	2005	2007
Prevalence of use	0.9	0.8	1.8	1.4	1.2	1.1
Risk	92.5	94.6	92.6	92.6	94.4	95.8
Availability	40.9	39.9	48.2	46.1	49.7	43.8

Perception of the significance of the problem of drug use and the visibility of phenomena related to problematic use of and supply of drugs

In 2007, almost half of Spanish 15-64 year-olds (49.8%) considered that illegal drugs were a very serious problem in their place of residence, and a further 29.7% that it was a problem that was significant to some extent.

The proportion believing that illegal drugs are a very serious problem fell significantly between 1997 and 2003, from 46.4% to 36.3%; rose a lot in 2005 (55.5%); and decreased once more in 2007 (49.8%) (table 2.10).

Table 2.10. Evolution of the level of seriousness Spanish 15-64 year-olds attach to the problem of illegal drugs in their place of residence (%)

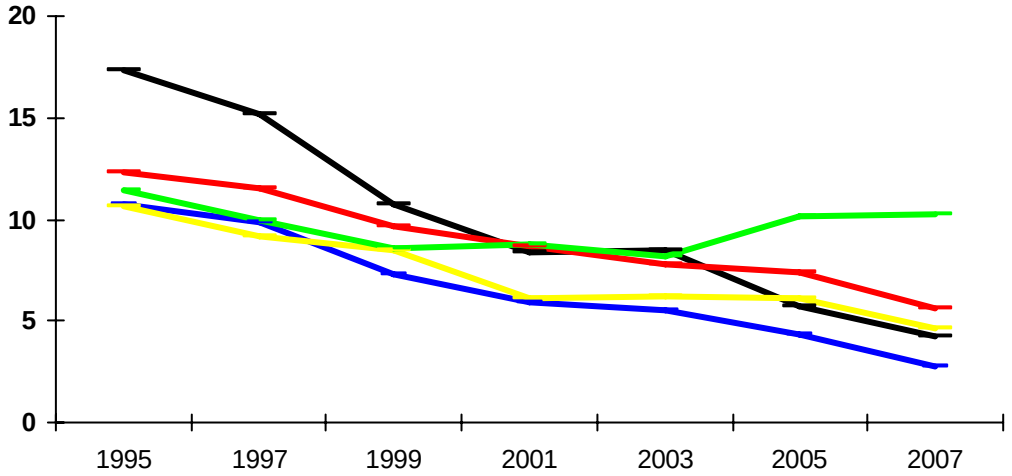
Category	1997	1999	2001	2003	2005	Diff.	2007	Diff.
Not serious	19.6	22.3	19.1	20.9	14,8	-6.1	**20.5**	5.7
Somewhat serious	28.1	32.1	34.3	34.3	29,7	-4.6	**29.7**	0.0
Very serious	46.4	37.3	39.3	36.3	55,5	19.2	**49.8**	-5.7

In 2007, situations related to problematic use of drugs most often faced by the Spanish population in their place of residence were people snorting drugs and sellers offering them drugs (11.6% and 10.2%, respectively, of 15-64 year-olds frequently or very frequently were exposed to these situations). Between 1995 and 2007 there was a fall in the visibility of all the situations explored, except that of vendors offering drugs for sale (table 2.11, Figure 2.20); a fact which, despite the falls in perceived availability, is evidence of the strength and pressure of supply. The biggest falls in visibility were in situations related to the use injected of drugs. Indeed, the proportion of respondents frequently or very frequently encountering discarded syringes fell from 17.3% in 1995 to 4.2% in 2007, and that for people injecting drugs (from 10.7% to 2.8%). However, the proportion of population frequently or very frequently encountering people inhaling drugs in aluminium paper (from 10.6% to 4.6%) or drugged people having fallen to the ground (from 12.3% to 5.6%) also fell considerably. These decreases will undoubtedly be linked to the reduction in the use of heroin and other injected drugs in Spain in recent years, although the reduction in visibility may also be influenced by the fact that drug use has become an increasingly private form of behaviour, or by the fact that users "seek refuge" in areas far removed from the main residential areas.

Table 2.11. Evolution of visibility in the immediate environment of certain situations related to illegal drug use (% of 15-64 year-olds who frequently or very frequently encounter each situation in the neighbourhood or village in which they live). Spain, 1995-2007.

	1995	1997	1999	2001	2003	2005	2007	Difference 2007-2003
Syringes on the ground	17.3	15.2	10.7	8.4	8.5	5.7	4.2	-4.3
People injecting drugs	10.7	9.9	7.3	5.9	5.5	4.3	2.8	-2.2
People smoking drugs in aluminium paper	10.6	9.2	8.5	6.1	6.2	6.1	4.6	-1.6
Drug users who have fallen to the ground	12.3	11.5	9.7	8.7	7.8	7.4	5.6	-2.2
Dealers offering drugs for sale	11.4	10.0	8.6	8.8	8.2	10.1	10.2	2.0
People sniffing drugs	-	-	-	-	-	-	11.6	-

Figure 2.20. Evolution of visibility in the immediate environment of certain situations related to illegal drug use (% of 15-64 year-olds who frequently or very frequently encounter each situation in the neighbourhood or village in which they live). Spain, 1996-2007



	1995	1997	1999	2001	2003	2005	2007
Syringes on the ground	17.3	15.2	10.7	8.4	8.5	5.7	4.2
People injecting drugs	10.7	9.9	7.3	5.9	5.5	4.3	2.8
Drug smokers	10.6	9.2	8.5	6.1	6.2	6.1	4.6
Drug users fallen	12.3	11.5	9.7	8.7	7.8	7.4	5.6
Drug dealers	11.4	10	8.6	8.8	8.2	10.1	10.2

Evaluation of the significance of actions to try to solve the illegal drug problem

In 2007, 15-64 year-olds thought that school-based education was the most important measure in solving the problem of illegal drugs. This measure was followed by - in order of descending importance - police and border control, voluntary treatment of users for giving up drugs, publicity campaigns explaining the risks of drugs, strict anti-drug laws, medical administration of methadone to heroin users, mandatory treatment for giving up drugs, and medical administration of heroin to users for whom other measures have failed. Potential measures considered less important were legalisation of cannabis or of all illegal drugs (table 2.12).

Females attached less importance than males to all the actions proposed, except in two cases: the legalisation of cannabis and marihuana (32.0% as opposed to 26.7%) and the legalisation of all drugs (17.4% as opposed to 15.9%).

The importance attributed to conventional measures or those which have been implemented for a long time decreased between 1995 and 2003-2005, but has recently increased. These include school-based education, publicity campaigns, voluntary treatment of users to enable them to give up drugs, police and border control and strict anti-drug laws. The importance attributed to less conventional measures or those having been implemented for less time increased between 1995 and 2003-2005, but fallen recently (table 2.12). These include mandatory treatment for giving up drugs, medical administration of methadone, medical administration of heroin to users for whom other measures have failed and legalisation of cannabis or of all illegal drugs.

Table 2.12. Evolution of the evaluation amongst the 15-64 age group of different actions aimed at solving the drug problem (%). Spain, 1995-2007

This is very important to solving the drug problem:	1995	1997	1999	2001	2003	2005	2007
School-based education	94.3	93.1	91.8	89.4	89.5	88.8	90.6
Voluntary user treatment	86.3	87.1	84.8	81.6	82.7	82.4	83.2
Police and customs control	85.8	83.7	82.1	80.5	78.8	79.8	83.3
Publicity campaigns	84.5	81.5	79.8	77.6	75.6	77.7	79.1
Strict anti-drug laws	79.3	77	76.9	75.5	73.2	75.3	77.9
Medical administration of methadone at heroin users	63.8	62.9	67.5	66.6	67.1	68.4	66.8
Mandatory treatment for users	56.2	57.2	57.9	62.8	59.7	58.2	56.3
Treatment with heroin	43.3	47.5	53.9	58.2	59.3	59.9	52.8
Legalisation of cannabis	27.3	30.2	33.3	38.5	37.1	35.2	23.4
Legalisation of all drugs	19.8	21.5	24.6	27.1	23.5	21.4	16.6

CONCLUSIONS

- Between 2005 and 2007, use of tobacco fell amongst all age groups and both genders, but especially amongst males. This reduction has been a constant trend since 2003. Similarly, the average age of initiation in daily tobacco use has risen.

- The use of alcohol is very extended amongst the population; but between 2005 and 2007 the proportion of monthly and daily users fell, as did the proportion of people who get drunk and the proportion of risk drinkers. However, there was a rise in the proportion of young females who get drunk.

- The use of sedatives (tranquilizers and/or sleeping pills) is quite widespread amongst the Spanish population, especially amongst females and the 35-64 age group.

- Between 2005 and 2007, the prevalence of sedative use during the last 12 months increased, from 5.1% in 2005 to 8.6% in 2007. On the other hand, it would appear that their use without prescription has stabilised or is falling.

- Between 2005 and 2007, cannabis use fell when measured against all the indicators of use, following several years of continuous increase. The reduction is due to the behaviour of males, because cannabis use continues to rise amongst young females (15-34 year-olds). The average age of initiation in the use of this drug has risen.

- Current use of powder cocaine has stabilised, following the continuous increase observed between 1999 and 2005. This stabilisation is once again due to the behaviour of males, because amongst females use has risen. The average age of initiation in the use of this drug has risen.

- Between 2005 and 2007, experimentation with and use of base cocaine (crack) grew considerably, although the levels of use are still not high.

- Use of ecstasy, amphetamines and hallucinogenic drugs has stabilised or falling.

- In population terms, use of heroin and volatile inhalants remains at low levels. However, since 1999 a trend towards an increase in experimentation with these substances has been observed.

- Use of illegal psychoactive drugs is concentrated in sub-groups of people who have often used several drugs in given period; in other words, there is a clear trend towards polidrug use, especially amongst cocaine or heroin users.

- A significant proportion of the population perceives a relatively low risk attached to these types of behaviour:

  - Drinking 5 or 6 glasses of alcoholic drinks on the weekend or daily.
  - Smoking a packet of cigarettes daily.
  - Habitual use of cannabis or tranquilizers/sleeping pills.

- Between 2005 and 2007, perceived risk of most types of drug use behaviours increased, especially in relation to drinking 5 or 6 units of alcohol on the weekend or daily, and cannabis use. However, perceived risk in relation to regular use of sedatives fell, and perceived risk vis à vis daily smoking of a packet of cigarettes remained stable.

- Between 2005 and 2007, there was a significant decrease in perceived availability of the main illegal drugs; after several years of incremental increase.

- The changes in use, risk and perceived availability are consistent. For example in the case of cannabis, perceived availability falls, risk rises and use falls. The same is true for ecstasy, and to a certain extent cocaine.

- Following the increase observed in 2005, in 2007, there has once again been a reduction in the proportion of people who think that drugs are a very serious problem in their neighbourhood or village.

- The visibility of types of behaviour involving problematic drug use (discarded syringes, people injecting or smoking from aluminium paper, drug users fallen to the ground) continues to decrease; but there is no reduction in the visibility of dealers offering drugs for sale on the street.

- The actions most highly valued by the population in terms of solving the drug problem are still school-based education, the voluntary treatment of users and the police and customs control.

- Between 2005 and 2007, there was a reduction in the importance attached to measures such as the legalisation of cannabis and other drugs, medical administration of heroin and methadone treatments. But there was an increase in the esteem with which more conventional actions are held. These include police and customs control, publicity campaigns, school-based education, the voluntary treatment of users and strict anti-drug laws.

Drug Use in the School and Youth Population

See the Spanish National Report 2007.

Drug Use among Specific Groups

No new information available.

3. PREVENTION

In the field of prevention, work was reinforced on the priority lines of action identified in the 2005-2008 Action Plan initiated in previous years. There was a special emphasis on prevention of cocaine use by means of the 2007-2010 intervention programme against cocaine. One of its objectives is to encourage activities to prevent use of the substance and to raise social awareness of the risks associated to said usage.

Within this framework, the Government Delegation for the National Plan on Drugs ran its campaign "Cocaine; Are you really going to give it all you've got?" *("Cocaína; ¿se lo vas a dar todo?")* which targeted 14 to 25 year-olds, and had a budget of 2.2 million euros, available on line at: http://www.msc.es/campannas/campanas07/cocaina.htm).

Throughout 2007, the work of the "Society faced with drugs" forum continued. This features the participation of the main industry NGOs and other social organisations, and is used to support the aforementioned actions at the three intervention levels: Family, young people and the media.

In 2007, the Government Delegation for the National Plan on Drugs awarded funding to national not-for-profit private entities forming part of the association-based movement which working within the framework of drug dependencies. Said funding was for programmes on drug dependencies totalling 3,987,000 € and was granted via calls for funding:

1. The allocation from the General State Budget for this aids in 2007 was 2,987,000 euros.

2. Drawn on the fund from confiscated goods from drug trafficking and related crimes, in application of act 17/2003, of 29 May, economic aid totalling 1,000,000 € was granted.

The following aspects were prioritised in the specific fields of prevention and awareness-raising:

- Programmes on prevention of initiation of drug use, especially with regard to alcohol and cannabis, and on damage associated with said uses. This was targeted on young people.
- Community prevention programmes on drug dependencies with a specific focus on young people and families in a situation of risk or social exclusion.
- Awareness-raising actions targeting the youth population in play and leisure contexts.
- Actions focusing on strengthening the capacity of families to actively intervene in the prevention of drug dependencies.
- Innovative communications actions designed to increase awareness of problems derived from drug use.
- Actions focusing on the world of work.

In 2007, the Government Delegation for the National Plan on Drugs provided 4,981,920 euros in subsidies for 56 drug prevention programmes run by the autonomous communities and cities within the framework of the 2005-2008 Action Plan on Drugs.

Regarding the evaluation of prevention programmes, the following programmes were financed via calls for research proposals from confiscated goods from drug trafficking:

- Evaluation of the Alcazul prevention programme on drug use amongst young people in Castilla-La Mancha: FISCAM. The Health Observatory Research Centre (*Centro de Investigación Observatorio de Salud).*
- Evaluation of the Family-based Prevention of Drug Use Programme «Strengthening Families Program» in its Spanish adaptation. University of Oviedo.
- Evaluation of a prevention intervention on cannabis use amongst teenage school students. Barcelona Public Health Agency.
- Prevention of drug use in the family: a parental competence programme for drug addicts undergoing treatment. University of the Balearic Islands.
- Early prevention of drug abuse: A multi-component follow-up and intervention study. Santiago de Compostela University.

UNIVERSAL PREVENTION

School-based prevention

In 2006, and according to statistics from the regional anti-drug plans, 1,589,379 pupils from 10,346 schools participated in this type of programmes. Mandatory secondary education (in Spain known as "ESO") was the phase of education with most programmes. In other cases, interventions were much less developed. There are hardly any initiatives in Spain in preventive school interventions focusing on 16 to 18 year-olds.

The Government Delegation for the National Plan on Drugs (PNSD) implemented the 8th edition of the school competition "The secret of a good life" *("El Secreto de la Buena Vida"*) which targets 5th and 6th year primary school pupils (10-12 year-olds) as well as their teachers. During the 2007-2008 academic year, it reached a total of 85,000 pupils and 1,200 teachers from 18 of the 19 autonomous communities and cities which form the Spanish State. The aim of the competition is to raise pupils' awareness on the risks of drug use and to involve schools themselves in disseminating the prevention programmes within their reach.

The Government Delegation also promoted the application of school programmes by means of grants to NGOs to a value of 618,000 € and to Autonomous Communities (379.200 €)

With regard to the "ARGOS" programme (community-based prevention organised from health centres), which is also led by the Government Delegation for the PNSD, and which has the aim of increasing the engagement of the health centre sector in school and community-based prevention of drug dependencies, a range of support materials were produced. These included a guide for health professionals, and material for fathers and mothers and for pupil training. The project is designed to complement the actions of the teaching staff in schools, by emphasising the informative component of the programmes, taking full advantage of the role as points of reference on this issue of said professionals. It was run in partnership with one of Spain's most important medical associations.

Family-based prevention

Family-based prevention is another of the fields to which the regional drug plans *("Planes Autonómicos de Drogas")* allocate a large part of their resources. According to data provided by the autonomous communities and cities that provided information in this respect, 84,346 fathers and mothers participated in programmes of this type. For its part, the Government Delegation for the National Plan on Drugs allocated 533,000 € to programmes of family-based prevention run by NGOs.

Community-based prevention

Alternative leisure programmes

With respect to encouraging the development by local corporations of healthy leisure programmes, in 2007 the Government Delegation increased its allocation for these programmes by 10% in comparison to that for 2006, with a total budget of 3,740,000 €. In 2007, 56 local corporations financed and ran a programme of this type.

These programmes are mainly focused on minors and youths. Most of the programmes are run in public facilities (sports centres, schools, municipal facilities…) in the afternoons and evenings, at weekends, and in holiday periods. Very varied activities are run, with particular emphasis on those of a cultural, sporting, training etc nature. Increasingly, specific awareness-raising and sensitisation activities for young people are run on the risks and damage brought about by drug use.

Via different aid orders, NGOs have also received finance for programmes of this type (318,000 €), as the autonomous communities have (475,950 €)

SELECTIVE AND INDICATED PREVENTION

In the case of selective and indicated prevention, interventions are less developed than in universal prevention. Although all of the autonomous communities have preventive interventions for groups in risk situations, they do not all produce data on the scale of coverage of said activities.

Prevention with vulnerable groups is a priority in the Action Plan on Drugs (2nd work stream; action 8). Indeed, in 2007 the Government Delegation's calls for proposals from national, private not-for-profit entities to undertake programmes in the field of drug dependencies, again prioritised community-based prevention programmes on drug dependencies targeting socially-excluded young people and families and those at risk of social exclusion.

The first phase of the implementation and evaluation of the Odisea project on selective prevention with minors on "*garantía social*" (school failure rate) programmes was completed in 2007. Two autonomous communities participated: Galicia and Castilla y León; 18 teachers were trained and 37 pupils from these schools participated. The interim evaluation revealed the following results:

- There is a high level of substance use amongst the pupils at these schools, especially of tobacco and alcohol, but also cannabis.

- The schools lack regulations with regard to uses and scarcely undertake preventative actions. There are different criteria amongst the teaching staff as to how to intervene. Participation in the project enabled the development of clear and agreed rules for the whole team. These regulations shall be applied not only in the *Garantía Social* facilities, but also at all high schools (participating facilities are part of secondary schools), such that they will benefit the totality of secondary and baccalaureate (*bachillerato*) pupils.
- The regulations include limitations on use of legal drugs which until now were not only allowed but also supplied at establishments themselves (the bars served alcoholic drinks; smoking was permitted on certain parts of the premises...).
- A significant part of the teaching staff and most pupils fail to take use on the part of pupils seriously enough. Perception of risk is very low and they have taken on board false myths in regard to drugs.

In relation to the autonomous communities, no significant changes were observed with respect to 2006.

4. PROBLEM DRUG USE AND THE TREATMENT DEMAND POPULATION

PREVALENCE AND INCIDENCE ESTIMATES OF PDU

Problematic heroin users and drug injectors

In the Household Survey on Alcohol and Drugs in Spain (EDADES) 2007, new questions were included in an attempt to reach an estimate of prevalence of problematic use of heroin, and as far as possible of parenteral use of substances; since taken in isolation the statistics for indirect indicators (treatment, A & E and mortality) do not allow for quantification of their size, and prevalence of these types of behaviour in the general population is very low.

The aim was for respondents who knew someone who had consumed heroin or who had injected illegal drugs in the last 12 months to fill out a grid with information on each person in relation to said behaviours and execution of out patient treatment aimed at solving them.

The aim was to reach an estimate of the proportion of heroin users who had started treatment, in order to use it as a multiplier for total treatments with heroin as the principal drug. Likewise for users of other substances by the intravenous route.

A total of 2164 individuals declared that they knew someone who had injected illegal drugs in the last 12 months; although only 2112 people completed at least one part of the grid.

In total, some information was provided on 3362 nominations; meaning that there was a total of 1.6 nominations per individual. But not all of these nominations were useful. After eliminating those which did not serve for information purposes, there remained a total of 2239 nominations with valid information on heroin or intravenous use during the last 12 months; 2085 for injecting and 1987 for heroin. But this figure was reduced to 1774 when it was required for nominations to include some information on treatment variables for heroin or methadone which is information required in order to obtain the treatment multipliers.

Lastly, of the 1268 nominees said to have used heroin in the last 12 months, 581 had started treatment for heroin in the last year. This gives a proportion of 45.8% (Confidence Interval (CI) of 95%: 43.1 – 48.6). And of the 1407 nominees who had injected illegal drugs in the last 12 months, 605 had begun out patient treatment for illegal drugs in said period; giving a rate for initiation of treatment amongst injectors of 43% (CI 95%: 40.4 – 45.6).

Although this methodology has been used in other countries, doubts arose in terms of the validity of these proportions. It is difficult to know how far people who made nominations in the household survey are those who know more people in treatment and whether the users on whom they are informing are indeed representative of the user population. It is very likely that those who have more problems are those who are most visible and also the users who are most likely to have undertaken some type of treatment. Furthermore, with regard to the information facilitated, it is difficult to know whether the interviewees responded correctly to the question *"Has he/she initiated out patient treatment for illegal drugs during the last 12 months?"* or whether the response most often provided was rather in terms of the person having been undergoing treatment during the last year.

In any event, if we apply the multipliers obtained to the statistics of the indicator for admissions to treatment in 2006 – when there were 18803 admissions for heroin use, and 4892 admissions corresponding to drug injectors in the 12 months prior to admission, we obtain the following estimates:

- For heroin, nominations state that 45.8% (CI 95%: 43.1 – 48.6) of the users were undergoing treatment. This is a much higher percentage than that obtained from a survey of users in 1996, which had been used to make prior estimates (26.2%), and which itself had been thought to be high. Estimated prevalence would therefore be 41036 (CI 95%: 38719-43649) heroin users. This figure for 2006 is much lower than that we had obtained in previous years using multiplicatory methods. In fact, the estimated figure is only slightly higher than that estimated directly, based on EDADES 2007. In this edition of the survey, prevalence of heroin use in the last 12 months was 0.101%, which if applied to the Spanish population of 15-64 year-olds (30608599) gives an overall estimate of 30976 heroin users.

- 43% (CI 95%: 40.4 – 45.6) of the 1407 injector nominees had initiated out patient treatment for illegal drugs. Given that, according to the statistics for treatments in 2006, 4892 injectors (last 12 months) had initiated treatment, estimated prevalence of IDUs is 11377 individuals (CI 95%: 10731-12105). Prior estimates had not been done with the treatment statistics, and we cannot therefore establish comparisons. In any event, this figure is even lower than that estimated directly from EDADES 2007. In fact, in the survey the prevalence of injection of drugs in the last 12 months was 0.055%, which when applied to the Spanish population of 15-64 year-olds (30608599) produces an estimate of 16779 drug injectors.

Thus, these results can only be taken to be illustrative of what the multiplier of treatment method methodology can achieve where the multiplier is a figure obtained from nominations of users in surveys of the general population. The results should not be presented as definitive nor should they be used in international comparisons without in depth discussion on their validity with experts. For example, one of the problems encountered is that it is difficult that interviewees report on the treatments initiated using the same criteria as those employed in the indicator for defining initiations of treatment.

Problematic cocaine users

Two estimates can be made from EDADES for cocaine:

1. Indirect method with treatment multiplier

   Amongst the 23576 interviewees of EDADES 2007, 810 said they had consumed cocaine in the last 12 months and 25 had been in treatment for cocaine; that is to say 3.09 %. If we take into account the 22242 initiations of cocaine use in 2006, in total we arrive at an estimate of 720641 problematic cocaine users (CI 95%: 519979 – 1173497). Although it might appear to be a good idea to investigate the proportion of those having received treatment amongst higher users, it would not actually be the best thing to do because uses/non-uses and treatments are intermingled, leading to very poor and irregular figures.

2. Direct method

   For the direct method, out of a total of 30608599 18 to 64 year-old inhabitants (1 of July 2006), 3.43% (3.2-3.66%) indicated that they had used the substance in the last year. The estimate would be 1048994 (CI 95%: 978001 – 1119986). This figure would correspond to all users regardless of quantity used or frequency of use in the last year. This figure is very close to the previous total for problematic use.
   If we consider those having consumed from amongst respondents who declared that they had used the substance during the last 12 months, we can attain a more intense estimate of use; which would, therefore, most likely be more problematic.

In the last 12 months, from of a sample of 23635 (0.68% (95% CI:0.58-0.79%) 161 individuals had used cocaine on more than 30 days; allowing for an estimated figure of 208504 (176406-240601) amongst the total population of 15 to 64 year-olds for Spain. This figure is notably lower than that for problematic use as estimated by the indirect method. It is not easy to explain these discrepancies. They may be due to the existence of a significant group of problematic cocaine users amongst people who consumed the drug on less than 30 days during the year; but this is not likely to be the case. Another possible explanation would be that the users more likely to have initiated treatment either are under-represented in the household survey, or failed to declare, with the result that the indirect method over-estimates real prevalence.

Lastly, it is also possible that more intensive use is more hidden in surveys than more occasional use; meaning that the direct method would under-estimate intensive or problematic use.

TREATMENT DEMAND INDICATOR

Methodology

The same methodology as that employed in the National Report of Spain 2007

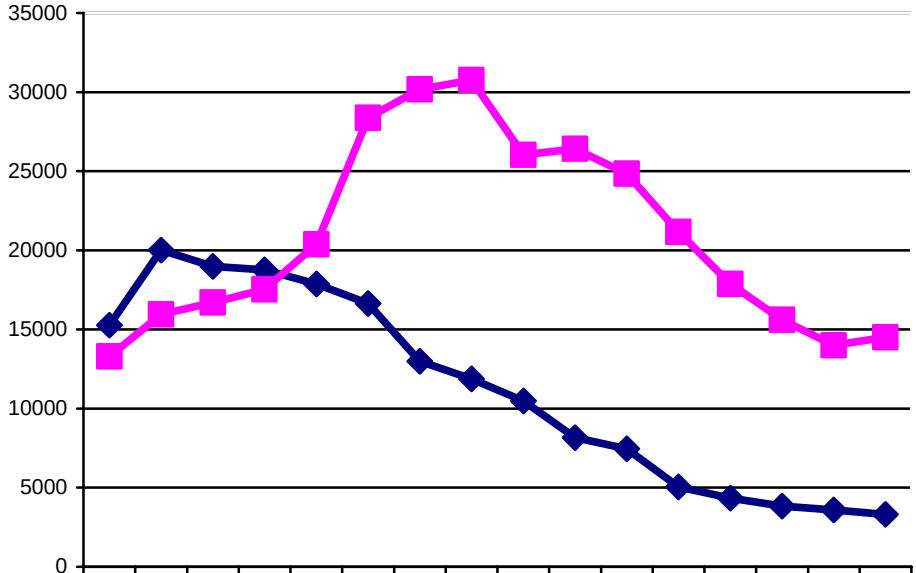
Results

Between 1998 and 2002, the number of admissions to treatment for abuse of or dependence on psychoactive substances in Spain (excluding alcohol and tobacco) fell from 54338 in 1998 (the year with the highest number of admissions) to 46744 in 2002. However, between 2002 and 2004, the figure rose again to 52128 admissions in 2004, falling once more in 2005 (50630) and 2006 (49283). It is likely that the reduction between 1998 and 2002 was due to the effect of the methadone maintenance programmes which meant that many heroin users stopped to pass through the treatment services. The increase between 2002 and 2004 is most likely due to the increase in treatments for cocaine and cannabis, especially the former.

The profile of admissions to treatment is changing rapidly, with an ongoing reduction of admissions for heroin and an increase in admissions due to cocaine (especially) and cannabis. The number of first admissions to treatment for heroin (first admissions in lifetime) fell between 1992 (the peak year) to 2004; from 20017 in 1992 to 3318 in

2006. The number of people admitted for treatment for heroin who had undergone prior treatments for this drug also fell since 1998 (the peak year); from 30756 in 1998 to 14502 in 2006 (Figure 4.1). However, from 2003 onwards a slowdown in this reduction or a stabilisation in the number of admissions is noted.

Figure 4.1. Evolution of numbers of patients treated for heroin abuse or dependence in Spain, 1991-2006.

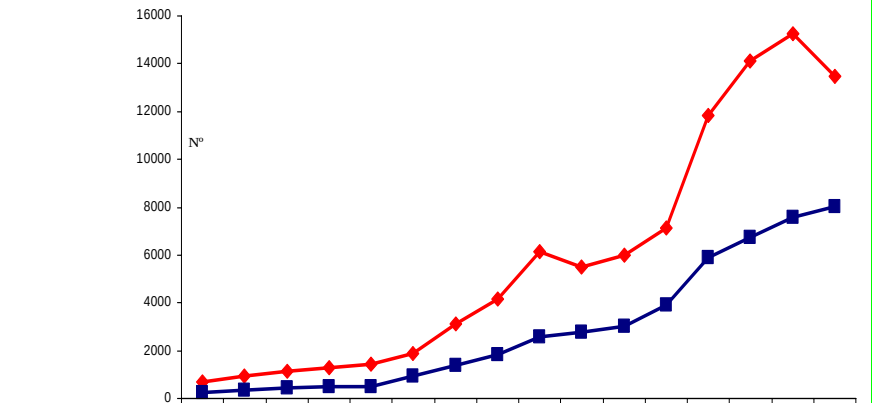


	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
First treatments	1527	2001	1897	1877	1787	1664	1299	1186	1047	8151	7461	5051	4337	3836	3604	3318
With previous treatment	1329	1595	1670	1752	2036	2838	3017	3075	2603	2641	2484	2116	1786	1561	1400	1450

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

The number of first admissions for treatment due to cocaine progressively increased between 1991 and 2005; from 681 in 1991 to 7125 in 2002, 14126 in 2004 and 15258 in 2005. However, in 2006 the number of first admissions for treatment due to this drug fell for the first time records have been kept; from 15258 in 2005 to 13463 in 2006. The number of admissions due to abuse of or dependence on cocaine with prior treatment for said drug continued to rise; although the trend appears to be slowing down (Figure 4.2).

Figure 4.2. Evolution of numbers of patients treated for cocaine abuse or dependence in Spain, 1991-2006

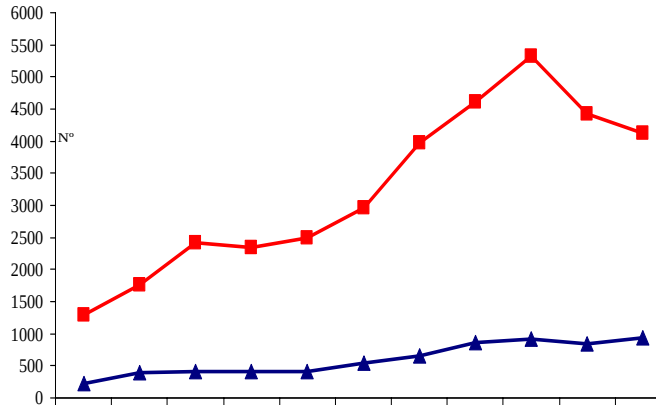


	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
First treatements	681	932	1146	1265	1415	1892	3129	4174	6126	5499	5977	7125	11851	14126	15258	13463
With previous treatment	262	367	431	491	516	932	1402	1838	2576	2773	3046	3893	5893	6747	7562	8036

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

The number of admissions to treatment for cannabis abuse or dependence increased between 1996 and 2004, but began to fall in 2005, especially in terms of admissions for treatment for the first time in life, and in 2006 the same falling trend was observed. Indeed, the number of first admissions rose from 1300 in 1996 to 5319 in 2004; dipping to 4426 in 2005, and 4125 in 2006. The number of admissions with prior treatments for this drug rose from 230 in 1996 to 1807 in 2003, falling to 928 in 2004 and 844 in 2005. The figure rose again to 941 in 2006 (Figure 4.3).

Figure 4.3. Admissions for treatment for cannabis abuse or dependence (absolute numbers) in Spain, 1991-2006

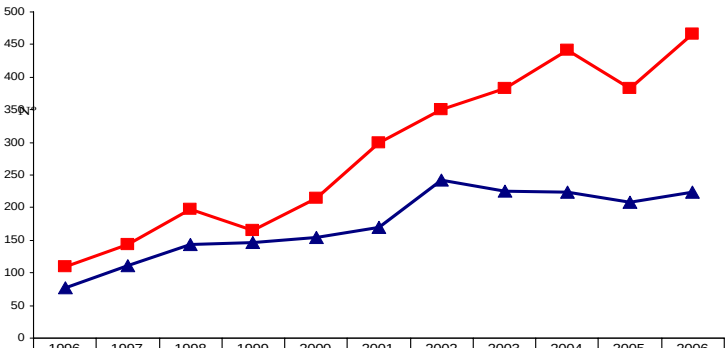


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
First treatments	1300	1768	2412	2335	2487	2966	3972	4613	5319	4426	4125
With previous treatment	230	387	407	418	408	540	665	871	928	844	941

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

Admissions to treatment for sedatives (tranquilizers, sedatives or sleeping pills) show an overall trend towards an increase since 1996, despite there having been one-off falls in certain years – such as 2005. Indeed, the number of first admissions rose from 109 in 1996 to 441 in 2004, was 383 in 2005, and climbed to 466 in 2006 (Figure 4.4).

Figure 4.4. Admissions to treatment for abuse of or dependence on sedatives (absolute numbers). Spain, 1996-2006

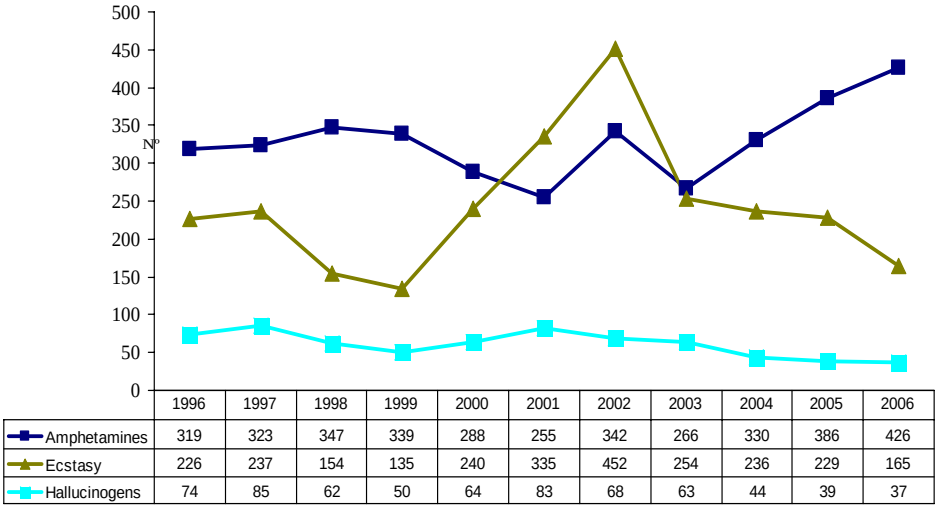


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
First treatments	109	144	197	165	214	299	350	382	441	383	466
With previous treatment	77	111	143	147	154	170	242	225	224	209	223

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

The rest of the drugs have a very low representation level in the treatment services. Indeed, in 2006, stimulants other than cocaine (amphetamines, ecstasy and others) only accounted for 1.9% of first admissions, and 1.3% of admissions as a whole. If these figures are compared with those for cocaine, heroin and cannabis, it can be seen that in Spain the impact of these drugs in the specific services for the treatment of drug addictions is minimal. With respect to temporary evolution, there is a slight trend towards an increase in treatments for amphetamines, and towards a reduction in treatments for ecstasy or hallucinogenic drugs (Figure 4.5).

Figure 4.5. Evolution in numbers of people treated for abuse of or dependence on amphetamines, ecstasy and hallucinogenic drugs. Spain, 1996-2006

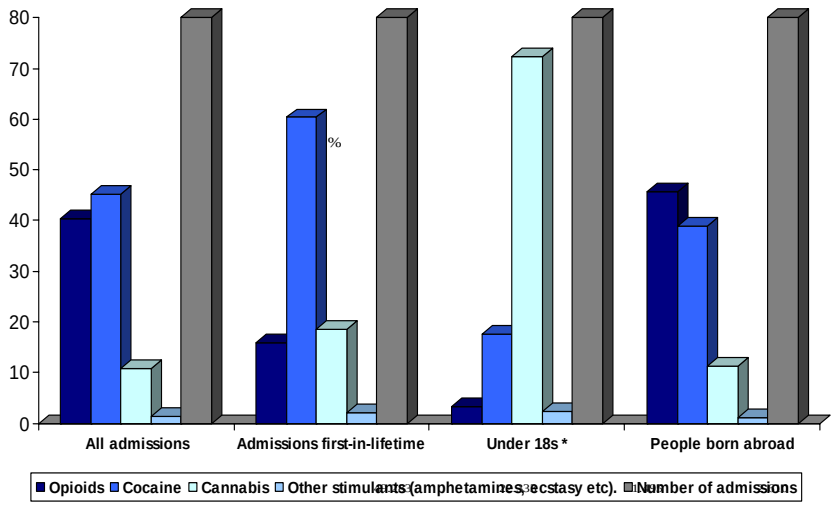


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Amphetamines	319	323	347	339	288	255	342	266	330	386	426
Ecstasy	226	237	154	135	240	335	452	254	236	229	165
Hallucinogens	74	85	62	50	64	83	68	63	44	39	37

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

As can be seen in Figure 4.6, in 2006 in Spain cocaine was the illegal drug which caused the highest number of admissions for treatment for abuse of or dependence on psychoactive substances, accounting for 45,1% of admissions. It was followed by opioids (40.4% and cannabis (10.8%). If we consider statistics in reference to first-time admissions (first admissions) the figures for cocaine are even higher. In fact, in this case, cocaine is the drug which caused the highest number of first admissions (60.3%), followed by cannabis (18.5%) and the opioids (15.9%).

Figure 4.6. Proportion of people treated for abuse of or dependence on psychoactive substances in Spain, 2006

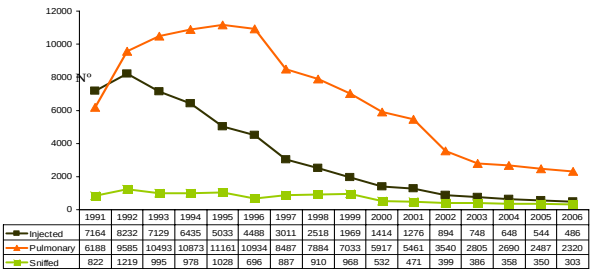


	All admissions	Admissions first-in-lifetime	Under 18s *	People born abroad
Opioids	40.4	15.9	3.2	45.8
Cocaine	45.1	60.3	17.5	38.9
Cannabis	10.8	18.5	72.4	11.2
Other stimulants (amphetamines. ecstasy etc).	1.3	2	2.3	1
Number of admissions	49283	22333	1495	2610

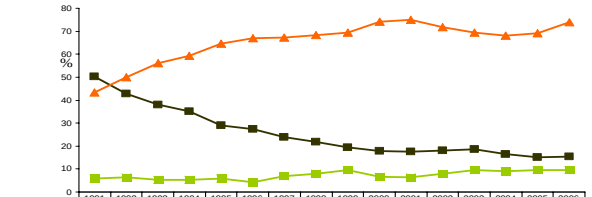
(*) All people admitted for treatment aged under 18
SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

Amongst those admitted for treatment for heroin in 2006, the predominant route of administration of the drug during the 30 days prior to initiation of treatment was pulmonary or smoking ("chasing the dragon"), followed by injecting and the intranasal or snorting route. Since the first half of the eighties, in which use of the injected route was practically universal amongst heroin users, there has been a radical change in the route of administration of this drug; with injecting being substituted by the pulmonary route. Indeed, the number of users admitted to treatment for the first time in their life due to heroin abuse or dependence who use injecting as the most frequent (or principal or preferred) route of administration of the drug fell from 8232 in 1992 (the year in which it peaked) to 544 in 2005, and 486 in 2006. As a proportion of the total number of people admitted due to heroin, this group fell from 50.3% in 1992 to 15.1% in 2005 and 15.5% in 2006 (Figure 4.7).

Figure 4.7. Distribution of people treated for the first-time for abuse of or dependence on heroin, by main route of administration of the drug (absolute numbers and percentages). Spain, 1991-2006



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Injected	7164	8232	7129	6435	5033	4488	3011	2518	1969	1414	1276	894	748	648	544	486
Pulmonary	6188	9585	10493	10873	11161	10934	8487	7884	7033	5917	5461	3540	2805	2690	2487	2320
Sniffed	822	1219	995	978	1028	696	887	910	968	532	471	399	386	358	350	303



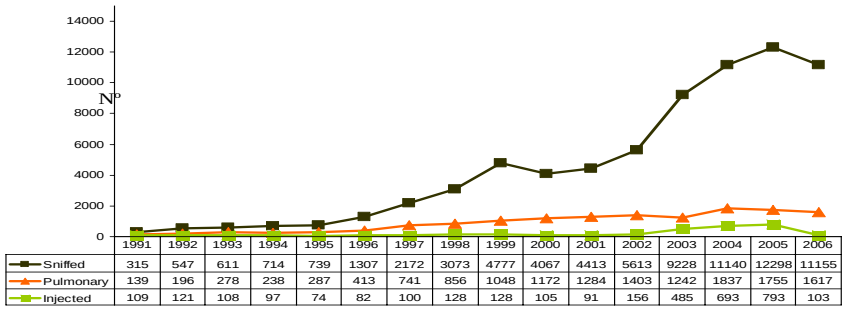
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Injected	50,3	42,9	38,1	35	29,1	27,5	23,8	21,8	19,4	17,7	17,5	18,1	18,5	16,4	15,1	15,5
Pulmonary	43,4	50	56,1	59,2	64,5	67	67,2	68,3	69,3	74,1	74,9	71,8	69,3	68	69	73,8
Sniffed	5,8	6,4	5,3	5,3	5,9	4,3	7	7,9	9,5	6,7	6,5	8,1	9,5	9	9,7	9,6

SOURCE DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Indicator

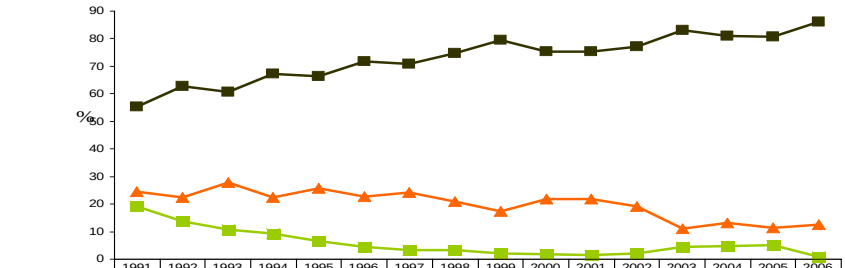
Despite the fact that the reduction in use of heroin by the injected route is a generalised trend in all autonomous communities, there are important differences between communities in terms of the proportions of those treated for heroin using this drug largely via the parenteral route. For example, in 2006 this proportion was only 0.9% in Extremadura and 3% in Andalucía, as opposed to figures of 47.2% in Aragón, 33.3% in Navarra and 28.2% in Baleares.

Amongst those admitted for treatment for cocaine in 2006, the predominant route of administration was the intranasal or sniffing route (80.9%), followed by the pulmonary or smoking route (16.1%), and injecting (2.2%). The proportion of first-time-in-lifetime cocaine admittees using injecting as the main route of administration of the drug fell between 1991 and 2001. The proportion of first-time-in-lifetime cocaine admittees of this type fell from 19.2% in 1991 to 1.6% in 2001; increasing since then to 5.2% in 2005, and falling once more to 0.8% by 2006. For their part, the absolute number of first-time admittees to treatment for cocaine with this pattern of use remained more or less stable between 1991 (109 people) and 2001 (91 people), but rose sharply from then onwards, to reach a total of 793 people in 2005; before falling once more to levels similar to those of the period prior to 1991 by 2006 (103 people in 2006) (Figure 4.8). Possibly, the increase in the 2002-2005 period was due to the impact of the former injectors who were in maintenance with opioids having initiated treatment for cocaine.

Figure 4.8. People admitted to treatment for the first time in their lifetime for abuse of or dependence on cocaine, by principal route of administration of the drug (absolute numbers and percentages). Spain, 1991-2006



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Sniffed	315	547	611	714	739	1307	2172	3073	4777	4067	4413	5613	9228	11140	12298	11155
Pulmonary	139	196	278	238	287	413	741	856	1048	1172	1284	1403	1242	1837	1755	1617
Injected	109	121	108	97	74	82	100	128	128	105	91	156	485	693	793	103



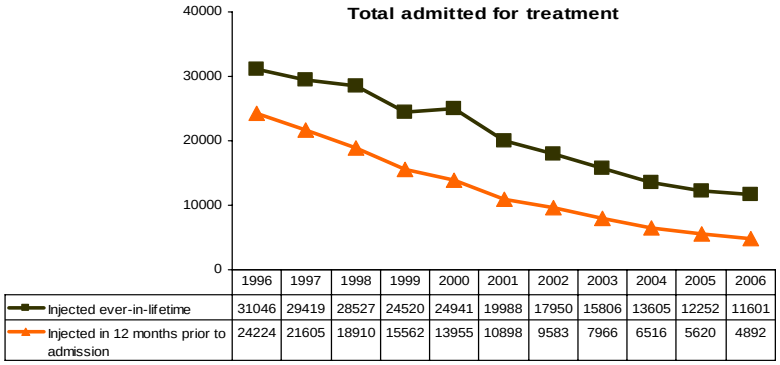
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Sniffed	55,4	62,7	60,8	67,4	66,5	71,7	71	74,8	79,5	75,2	75,2	77	83	80,9	80,6	86
Pulmonary	24,4	22,5	27,7	22,5	25,8	22,6	24,2	20,8	17,4	21,7	21,9	19,2	11,2	13,3	11,5	12,5
Injected	19,2	13,9	10,7	9,2	6,7	4,5	3,3	3,3	2,1	1,9	1,6	2,1	4,4	4,8	5,2	0,8

Note:The estimations of the number of injector admittted to treatment for the whole Spain have been obtained multiplying the number of pacients admitted to treatment in Spain by the proportion of those admitted that injected ever in lifetime or in 12 months prior to admission (that proportion was not available for some autonomous communities in some years of the period considered).

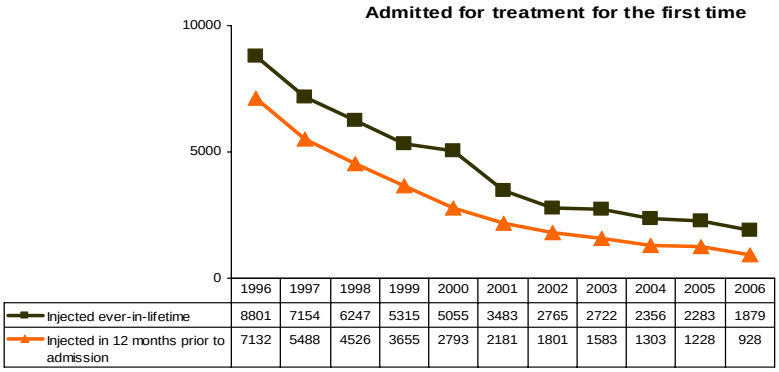
SOURCE DGPNSD. Spanish Monitoring Centre on Drugs (OED). Treatment Inidcator.

Taken as a whole, use of the injected route amongst treatment admittees lost relevance throughout the nineties and up to 2006. In fact, the number of first-time-in-lifetime admittees for any psychoactive drug who had injected fell from 8801 in 1996 to 2283 in 2005, and to 1879 in 2006; and the figure for those who had injected in the last 12 months fell from 7132 in 1996 to 1228 in 2005 and 928 in 2006 (Figure 4.9).

Figure 4.9. Evolution of the number of injectors admitted to treatment for abuse of or dependence on drugs in Spain, 1996-2006



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Injected ever-in-lifetime	31046	29419	28527	24520	24941	19988	17950	15806	13605	12252	11601
Injected in 12 months prior to admission	24224	21605	18910	15562	13955	10898	9583	7966	6516	5620	4892



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Injected ever-in-lifetime	8801	7154	6247	5315	5055	3483	2765	2722	2356	2283	1879
Injected in 12 months prior to admission	7132	5488	4526	3655	2793	2181	1801	1583	1303	1228	928

Nota: Las estimaciones del número de inyectadores admitidos a tratamiento para el conjunto de España se han obtenido multiplicando el número de admitidos a tratamiento en el conjunto de España por la proporción de admitidos que se habían inyectado drogas alguna vez en la vida o en los 12 meses previos a la admisión (proporción que no estaba disponible para todas las comunidades en algunos años del período considerado).

FUENTE: DGPNSD. Spanish Monitoring Centre on Drugs (OED) Treatment Indicator.

In 2006, the vast majority of patients admitted for treatment for abuse of or dependence on illegal drugs (84.1% of the total of admittees and 83.1% of the first-time admittees) were still males. The highest proportion of males is found amongst volatile substances or cocaine, while the lowest figure is that for males admitted due to sedatives. The average age of those admitted for treatment was 32.7 for the set of admissions and 29.9 for first admissions. In total, 5.5% of the set of admittees were born outside Spain (table 4.1).

Table 4.1. Socio-demographic characteristics of people admitted for treatment due to abuse of or dependence on psychoactive drugs, according to prior existence or otherwise of treatment, and according to gender (Percentages). Spain, 2006.

		TOTAL[1]	Prior treatment		Gender	
			Yes	No	MALE	FEMALE
No of cases		49283	24814	22333	41286	7817
Without prior treatment (%)		47.4			46.8	50.2
Female (%)		15.9	15.1	16.9		
Average age		32.7	35.2	29.8	32.7	32.5
Level of studies (%)	No studies	1.3	1.4	1.1	1.2	1.5
	Primary education	43.9	46.0	41.3	44.8	39.0
	Secondary education	50.8	49.2	52.8	50.3	53.1
	Higher education	3.6	3.1	4.2	3.2	5.6
	Other	0.5	0.4	0.5	0.4	0.8
Main labour situation (%)	Working	45.0	38.4	52.6	47.3	32.7
	Unemployed; never having worked	4.1	4.4	3.7	3.5	7.1
	Unemployed; having worked previously	30.5	36.5	23.7	29.9	33.3
	Other	20.4	20.7	19.9	19.2	26.8
Born outside Spain (%)	Foreign	5.5	4.8	6.4	5.4	6.3
Principal source having referred them for treatment (%)	Other service of treatment for drug addictions	14.9	19.7	9.7	14.3	18.5
	GP. health centre	12.7	7.7	18.2	12.6	13.7
	Hospital. other health services	5.9	6.6	5.2	5.5	8.0
	Social services	2.2	1.7	2.7	1.7	4.6
	Prison. reform or internment centre for minors	8.8	10.8	6.6	9.3	6.1
	Legal services or police	5.2	3.5	7.1	5.5	3.3
	Company or employer	0.2	0.1	0.2	0.2	0.0
	Relatives or friends	15.5	9.6	21.3	15.8	13.6
	Own initiative	32.3	38.3	26.4	32.7	29.7
	Other State	2.4	2.0	2.6	2.3	2.4
Longest lasting living arrangement in the 30 days prior to admission for treatment (%)	Alone	13.1	14.9	11.3	13.1	12.8
	Only with partner	10.2	10.6	9.9	9.3	15.3
	Only with children	6.1	5.5	6.9	5.5	10.0
	With partner and children	15.8	15.1	16.6	15.7	16.6
	With parents or family of origin	39.1	35.3	43.2	40.8	29.5
	With friends	3.1	3.3	2.8	2.8	4.3
	Other State	12.5	15.3	9.4	12.8	11.4
Main accommodation in the 30 days prior to admission for treatment (%)	House. flat. apartment	84.8	80.2	90.0	84.4	86.6
	Prison. reform or internment centre for minors	7.7	9.6	5.4	8.4	3.5
	Other institution	2.1	2.7	1.5	2.0	2.8
	Pension. hostel. hotel	0.9	1.1	0.5	0.8	1.2
	Unstable or precarious accommodation	2.4	3.4	1.4	2.3	3.4
	Other places	2.2	3.1	1.1	2.1	2.5

1 The number of cases with or without prior treatment or the number of males plus the number of females may not be equal to the total. due to the existence of cases with unknown values for these variables

Source: DGPNSD. Spanish Monitoring Centre on Drugs (OED)

The average age of people admitted for heroin was 36.4, for cocaine in 31.2 and for cannabis 24.7.

There has been a tendency for the educational level of the patients admitted for treatment to slightly rise over time, but it still displays significant variations depending on the main drug forming the reason for treatment. In 2006, most (53.2%) of the patients admitted for treatment for heroin had completed primary or lower level studies, while the proportion of those admitted for cocaine treatment (39.3%) or cannabis (40.8%) with this level of studies was lower. With regard to the employment situation, the proportion of employees amongst those treated for cocaine (58.5%) was much higher than the proportion of employees amongst those treated for heroin (31.2%). And even though it was a younger age group, the proportion of people working amongst those treated for cannabis (38.8%) was higher than the proportion of employees amongst those treated for heroin.

In 2003, variables were introduced on the type of accommodation, living arrangements, and the source or service having referred the patients for treatment. In Spain, the vast majority of the patients admitted to treatment for illegal drugs live in family homes (houses, flats or apartments). In 2006, the proportion of people admitted to treatment who lived in institutions was 9.8% and that for those who had precarious or unstable accommodation (homeless) was 2.4%. The most common type of living arrangement was the family of origin (with the parents) or the individual's own family (with his/her partner and/or children). There are important differences in the models of living arrangement and type of accommodation depending on which is the principal drug behind the admission for treatment: in 2006 living in an institution or having precarious or unstable accommodation was much more common amongst those admitted to treatment for heroin (15.7%) than for those admitted for cannabis (6.4%) or cocaine (8.1%). And the opposite was the case in terms of the proportion of patients who lived with their family of origin or own family. With regard to the service or source referring the patients for treatment, almost half (47.8%) of the patients initiated treatment under their own initiative or were encouraged to do so by relations or friends; although the public health service referred an important part of those admitted (33.5%) for treatment.

Amongst those admitted for treatment, a pattern of polidrug use is firmly established. The majority of those admitted in 2006 had consumed other drugs different from the one that had caused admission for treatment (secondary drugs) during the 30 days prior to admission. Amongst heroin admittees, the secondary drugs most often notified were cocaine and cannabis, and amongst cocaine admittees alcohol and cannabis.

For slightly less than half (47.4%) of those admitted to treatment for psychoactive drugs in Spain in 2006, it was the first time they had received treatment for the same principal drug. This figure as much lower amongst those admitted for heroin (18.6%) than for those admitted for cocaine (62.6%), cannabis (81.4%), amphetamines (67.6%) or ecstasy (80.4%).

PDUs FROM NON-TREATMENT SOURCES

No information available.

5. DRUG-RELATED TREATMENT

TREATMENT SYSTEM

See sections below.

DRUG FREE TREATMENT

The following information refers to public centres and services, or where they may be private, to centres and/or services with some type of agreement or partnership with a public administration (regional or local). These treatments are provided at the following types of centre:

Inpatient Treatments: In Spain, there are two types of centre:

- Hospitalised Detoxification Units. In Spain in 2006, 50 units of this type were running; and providing assistance to 3,593 patients.
- Therapeutic Communities. These are residential centres, where relatively long duration programmes are carried out. In Spain in 2006, there were 165 of them providing assistance to 5,524 patients.

Outpatient Treatments: In Spain, this type of treatment is provided at the:

- Outpatient Assistance Centres: In Spain in 2006, there were 486 centres which provided assistance to 76,373 patients.

PHARMACOLOGICALLY ASSISTED TREATMENT

- Withdrawal Treatment: Abstinence syndrome treatment is provided through an inpatient programme at the Hospital Withdrawal Units, under a non-hospitalization residential system in Therapeutic Communities and under an ambulatory system at the Outpatient Assistance Centres.
- Replacement Therapy: Spain has an extensive network of centres and services implementing programmes to treat dependence by means of the therapeutic use of methadone chlorohydrate.

Throughout 2006, the total number of people treated on this type of programme was 78,508. It is important to emphasise that the profile of these patients is normally that of long-term heroin addicts who have been unsuccessful with other treatments. Since peaking in 2002 (at 90,488), the number of users of this type of service has continually fallen.

Centres Which Provide Methadone Maintenance Programmes

Throughout 2006, in the autonomous community of Catalonia, a clinical trial was run dispensing diacetylmorphine to a total of 45 patients.

Treatment with buprenorphine

In 2006, the autonomous communities of Madrid and Aragon ran programmes of this type, and treated a total of 19 patients.

6. HEALTH CORRELATES AND CONSEQUENCES

DRUG RELATED DEATHS AND MORTALITY OF DRUG USERS

Mortality due to Acute Reaction to Psychoactive Substances

The indicator "mortality due to acute reaction to psychoactive substances" of the National Plan on Drugs includes the information on deaths which involved judicial intervention in which the direct, fundamental cause of death was an acute adverse reaction after the deliberate, non-medical use of psychoactive substances.

A case is selected and included in this record if there is evidence of recent use of psychoactive substances (clinical evidence, external physical signs, presence of psychoactive substances or paraphernalia for using them at the place of death, recent use revealed by family members), or if there are positive toxicological tests, compatible anatomical-pathological findings or a judicial report of death by acute reaction to some psychoactive substance.

The indicator's use has expanded gradually since 1990 until covering nearly half the population in Spain in 2004, monitoring the largest urban areas and many medium-sized cities. The quality of the information has significantly increased in recent years. In fact, the percentage of cases with available toxicological test results was 65.9% in 1993, 82.1% in 1995, 88.1% in 1998, 97.7% in 2000, 96.6% in 2001, 98.6% in 2002, 99.4% in 2003, 99.6% in 2004 and 100% in 2005 and 2006. The indicator detected 493 deaths in 2003, 468 in 2004, 455 in 2005 and 428 in 2006.

Of all the deceased, 14.7% in 2003, 16.1% in 2004 and 15.7% in 2006 were women, compared to 11.7% in 2002. Their average age was 35.3 years in 2003, 37.0 years in 2004 and 37.2 years in 2006 (compared with 34.7 years in 2002). Most of those for which there was information on marital status were single, keeping stable with some fluctuations between 2003 and 2006. There has been a decrease of deaths with suicide evidences from 12.1 in 2003 to 5.7 in 2005 with an increase in 2006 reaching 10.8%. 53.3% in 2003, 43.0% in 2004and 40.6% in 2006 showed recent signs of venipuncture, which suggests that nearly half died after injecting themselves with drugs (though the percentage of unknown results for this variable was very high). 42.7% in 2003, 40.6% in 2004 and 36.9% in 2006 of the deceased with serological results for the Human Immunodeficiency Virus (HIV) were HIV-positive, though the percentage of cases for which this variable is not known is also high (Table 6.1.1).

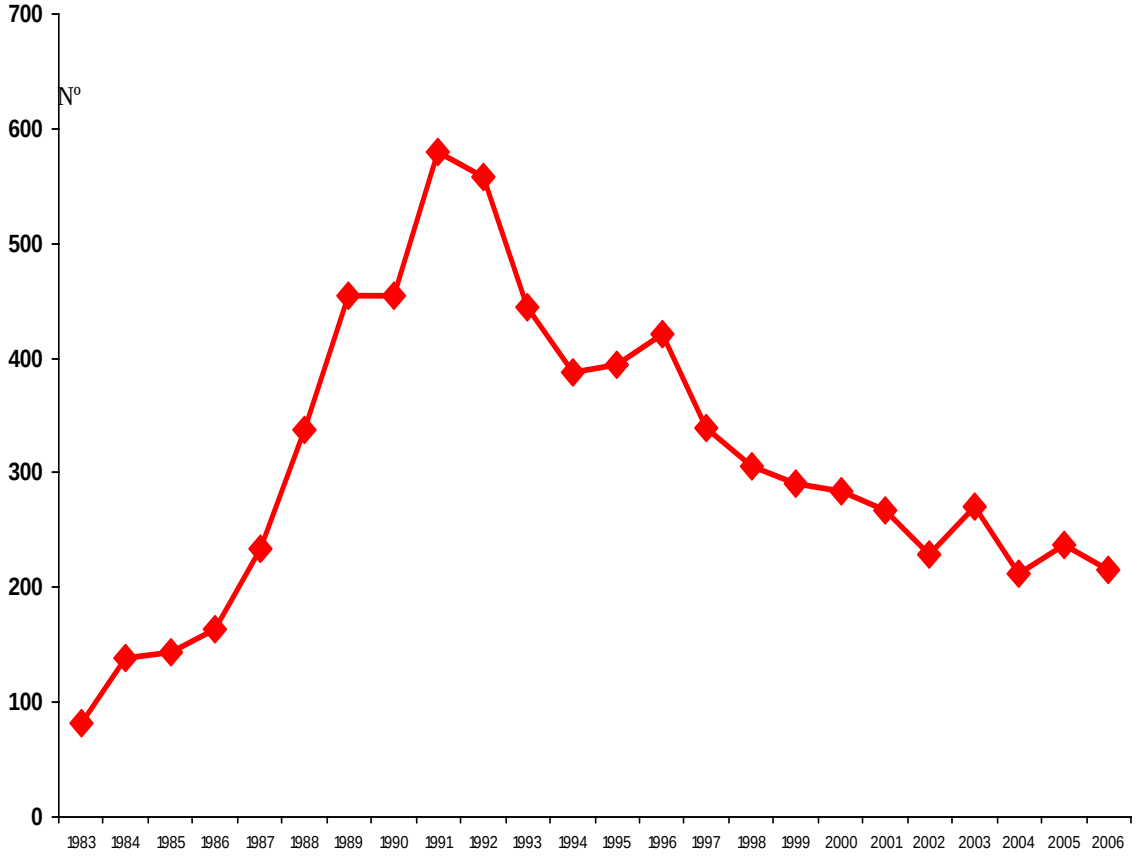
Table 6.1.1. General characteristics of the deceased due to an acute reaction after using psychoactive substances, Spain, 2003-2006

	2003	2004	2005	2006
Number of deceased	493	468	455	428
Femailes (%)	14.7	16.1	13.7	15.7
Average age (years)	35.3	37.0	36.1	37.2
Age group (years)				
15-19	0.8	1.3	1.4	0.9
20-24	6.7	4,1	6,2	4,2
25-29	14.6	11.9	11.2	12.9
30-34	22.6	20.5	20.0	18.0
35-39	28.2	27.9	28.9	23.8
40-44	16.9	19.2	20.7	21.3
>= 45	10.2	15.1	11.6	18.9
Marital status (%)				
Single	69.4	68.9	68.7	72.0
Married	19.0	15.6	16.4	12.2
Separated/Divorced	10.5	14.4	13.7	13.6
Vidowed	1.0	1.1	1.1	2.2
Origin of corpse (%)				
Home address	54.5	55.2	58.1	52.3
Hotel-Inn	5.3	5.1	6.2	5.8
Street	18.5	17.4	13.5	20.1
Public premises	1.8	1.3	2.5	4.8
Hospital	10.6	9.5	6.4	7.7
Prison	1.1	3.5	4.8	3.9
Other	8.2	8.1	8.5	5.3
Evidence of recent drug use (%)	85.6	92.6	94.4	92.4
Evidence of suicide (%)	12.1	8.8	5.7	10.8
Signs of recent venipuncture (%)	53.3	43.0	51.7	40.6
Death caused by prior pathology aggravated by psychoactive substance use (%)	35.4	32.6	35.5	28.6
Anti-bodies to HIV (%)	42.7	40.6	42.8	36.9
Drugs were found in toxicological analysis (%)	99.4	99.6	100	99.8

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Monitoring Centre on Drugs (OED). Mortality Indicator.

Mortality began to increase drastically between 1983 and 1990, and has decreased significantly from 1991-2006 throughout all of Spain. In recent years, the rate of decrease has slowed down quite a bit (Figure 6.1.1).

Figure 6.1.1. Deaths caused by acute reaction after use of psychoactive drugs in six large Spanish cities. 1983-2006



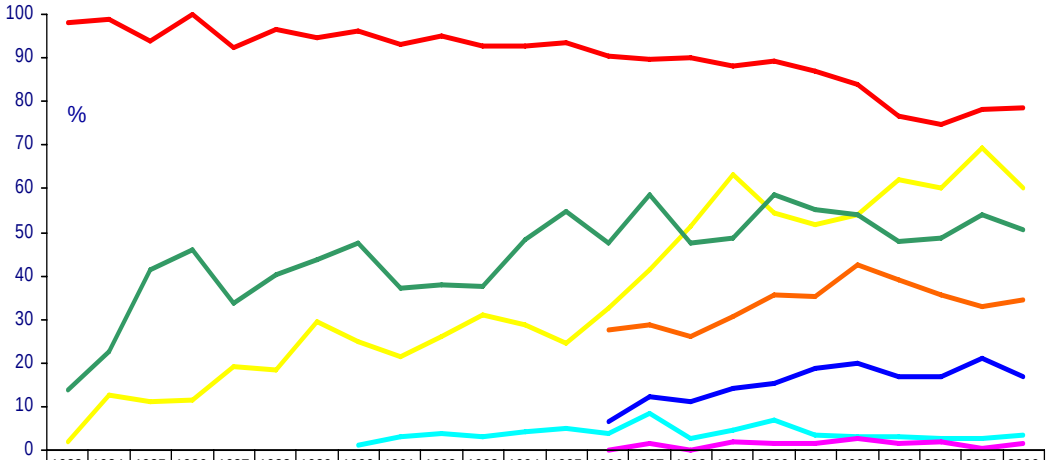
(*) The deaths originate from the ensemble of court records in Barcelona, Bilbao, Madrid, Seville, Valencia and Saragossa. For Seville, the data from the period of 1997-2000 are estimated, and for Saragossa those from the period of 2003-2004. Until 1995, only the deaths due to acute reaction to opiates or cocaine were included.

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Mortality Indicator.

As in previous years, in 2005 and 2006 a mix of several drugs were found in most of the deceased, with a predominance of opiates and cocaine (or the metabolites of these substances). In fact, among the cases for which toxicological tests are available, in 2006 78.7% were positive for opiates, 60.0% for cocaine, 48.7% for benzodiazepines, 34.3% for alcohol and 16.8% for cannabis. All other drugs had a presence of less than 5%.

The percentage of deaths in which opiates were detected has gradually gone down (Figure 6.1.2). At the same time, and surely due to the increase in polidrug use, the proportion of deaths in which opiates alone are detected has decreased in a much more notable manner, dropping from 21.6% in the period from 1983-1989 to 9.1% in 1998-2001, and 6.5% for the period 1998-2001 and 4.4 % in 2005-2006 (Figure 6.1.3). In terms of methadone, though its presence was detected in 39.8% of deaths in 2006, only in 2.8% of deaths methadone was the unique drug detected.

Figure 6.1.2. Changes in percentage of deaths due to acute reaction to psychoactive substances in which toxicological tests detect each drug. Spain*, 1983-2006

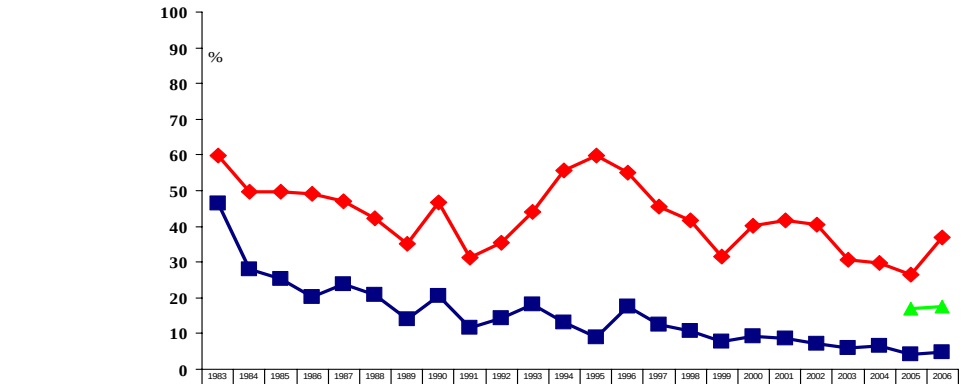


	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Opiates	98	98,8	93,9	100	92,4	96,6	94,8	96	93,1	94,9	92,8	92,9	93,4	90,4	89,8	90,1	88	89,4	86,8	83,8	76,7	74,9	78,20	78,7
Cocaine	2	12,5	11	11,5	19,3	18,4	29,6	24,8	21,6	26	30,9	28,8	24,7	32,7	41,4	51,2	63,3	54,4	51,7	54,2	62,2	60,1	69,20	60
Hipnosedatives	13,7	22,5	41,5	46	33,8	40,2	43,8	47,4	37,2	37,9	37,4	48,4	54,8	47,7	58,6	47,4	48,8	58,5	55,2	54	48	48,7	54,10	50,7
Amphetamines								1	2,9	3,8	3,2	4,3	4,9	4	8,6	2,8	4,5	6,9	3,4	2,9	3,1	2,6	2,60	3,6
Cannabis														6,5	12,2	11,3	14,3	15,2	18,7	20	16,7	16,7	20,90	16,8
MDMA														0,1	1,5	0	1,8	1,6	1,5	2,5	1,6	1,9	0,40	1,7
Alcohol														27,7	28,6	26,2	30,5	35,5	35,3	42,5	39	35,8	33,00	34,3

(*) The data from all the geographic areas monitored by the indicator are included

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Mortality Indicator.

Figure 6.1.3. Changes in the percentage of deaths due to acute reaction to psychoactive substances in which the toxicological tests detected only opiates or opiates without cocaine and opiates with benzodiazepines and/or alcohol. Spain*, 1983-2006

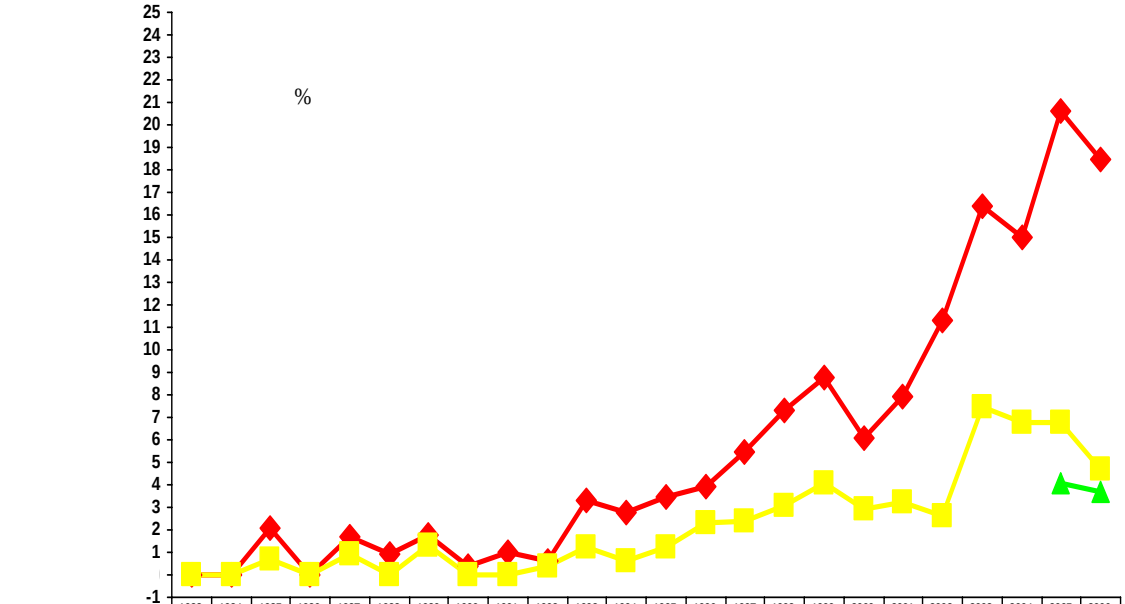


	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Opiates without cocaine	59,8	49,6	49,7	49,2	47	42,4	35,2	46,6	31,3	35,4	44	55,8	59,8	55,1	45,4	41,7	31,5	40,3	41,7	40,5	30,8	29,7	26,6	36,8
Only opiates	46,3	28,1	25,2	20,2	23,9	20,8	14,1	20,6	11,5	14,2	18,1	13,1	9	17,7	12,6	10,8	7,6	9,2	8,7	7,1	5,9	6,4	4,1	4,7
Opiates, benzodiazepines and/or alcohol																							16,9	17,6

(*) The data from all the geographic areas monitored by the indicator are included.
SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Mortality Indicator

Just the opposite of what happens with opiates, the percentage of those persons who died due to an acute reaction to drugs in whom cocaine or its metabolic by-products were found has increased considerably since 1983, especially from 1996 (Figure 6.1.2). Likewise, both the percentage of cases in which only cocaine is found (rising from 0.6% in the period from 1983-1989 to 3.2% in 2001, 6.8% in 2005 and 4.7% in 2006) and the percentage in which cocaine is detected but not opiates (rising from 1.2% in the period from 1983-1989 to 7.9% in 2001, 15% in 2004 and 18.5% in 2006) have increased (Figure 6.1.4). The figures on deaths due to cocaine, however, may not properly represent the actual situation, because a large (and unknown) portion of these deaths may not undergo investigation by the court or judge.

Figure 6.1.4. Change in the percentage of deaths dye to acute reaction to psychoactive substances in which the toxicological tests detected only cocaine, cocaine without opiates and only cocaine and alcohol. Spain*, 1983-2006



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Cocaine and no opiates	0	0	2,1	0	1,7	0,9	1,8	0,4	1	0,6	3,3	2,8	3,5	3,9	5,5	7,3	8,8	6,1	7,9	11,3	16,4	15	20,6	18,5
Only cocaine	0	0	0,7	0	0,9	0	1,3	0	0	0,4	1,2	0,6	1,2	2,3	2,4	3,1	4,1	2,9	3,2	2,6	7,5	6,8	6,8	4,7
Only cocaine and alcohol																							4,1	3,7

(*) The data on all of the geographic areas monitored by the indicator are included.

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Mortality Indicator

The percentage of deaths in which hypnosedatives or their metabolic by-products are detected, most of which are benzodiazepines, has continued to increase slightly, though in recent years it seems to have stabilized (33.8% in 1987, 47.7% in 1996, 58.5% in 2000, 55.2% in 2001 48.7% in 2004 and 50.7% in 2006). As for the percentage in which cannabis was detected, it increased up to 2002, and afterwards gives the impression of having stabilized, as well (6.5% in 1996, 20.0% in 2002, 16.7% in 2004 and 16.8% in 2006). The presence of amphetamines or ecstasy is very scarce and no clear trends can be found (Figure 6.1.2).

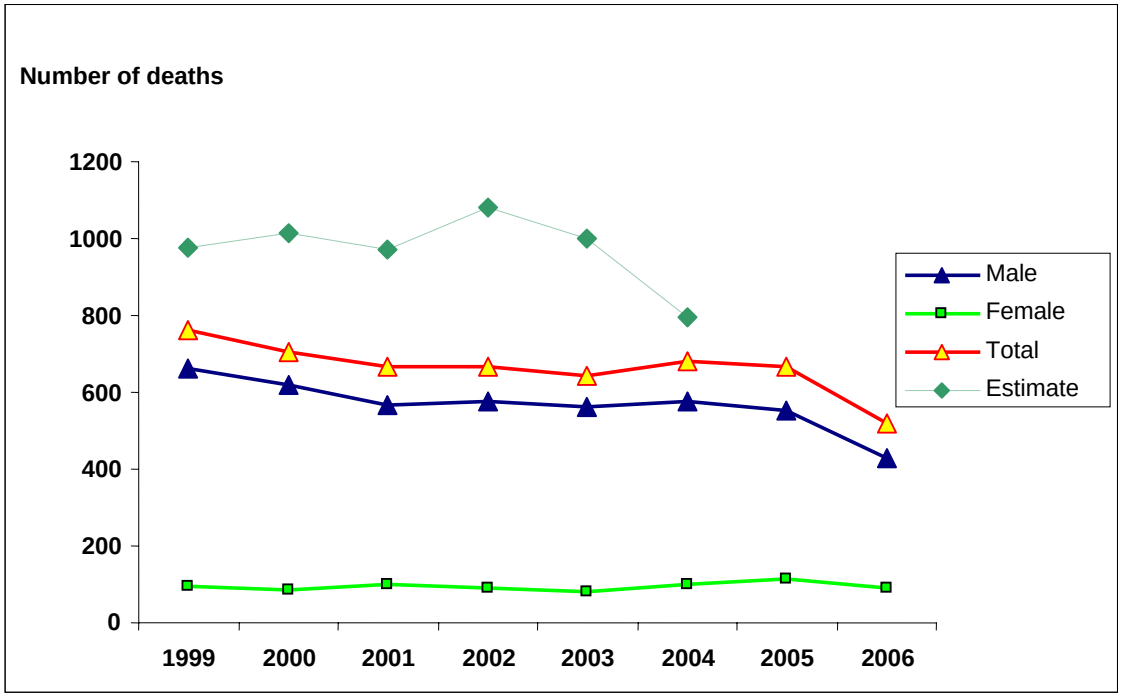
As for the percentage of deaths due to acute reaction to drugs in which the judge found signs of recent injection, they went from 89.6% in 1996 to 75.3% in 1999, 55.2% in 2001, 47.2% in 2002, 43.0% in 2004 and 40.6% in 2006, though the validity of this indicator is probably not very high. Another indicator which may give us an idea of the behavior of the HIV/AIDS epidemic among injection users is the change in the prevalence of HIV infection among those who died due to an acute reaction to opiates or cocaine (most of whom were injection users), which shows a slight decrease, as could be expected from the developments in the HIV epidemic among drug injection users in Spain. In fact, the figure fell from 52.3% in 1996 to 48.1% in 1999, 47.1% in 2000, 47.3% in 2002, 40.6% in 2004 and 36.9% in 2006). However, these figures may be affected by variations in the coverage of the indicator and the percentage of the deceased on whom the test was performed.

Calculation of the number of deaths related to use of illegal drugs in Spain as a whole (General Mortality Register, in Spanish *Register General de Mortalidad*)

Drug use related deaths were drawn from the General Mortality Register (RGM), published by the National Statistics Institute under the heading "deaths by cause of death". The categories chosen were those proposed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (292, 304.0, 304.2-9, 305.2-3, 305.5-7, 305-9, E850.0, E854.1-2, and E855.2 for CIE-9, and F11-F12, F14-F16, F19, X42, X62, and Y12 for CIE-10) (The DRD-Standard, version 3.0 EMCDDA Scientific Report. EMCDDA/P1/2002, www.emcdda.eu.int), adding E858.9 (CIE-9), or X44 (CIE-10) for adaptation to the Spanish context. This last code includes accidental poisoning due to exposure to drugs and is widely used in Spain to codify deaths due to "overdose".

According to this procedure, in 2006 there were 518 deaths related to drug use. Despite the fact that the quality of information provided by the RGM has improved in recent years, there is an underestimation in the number of deaths calculated from the RGM when compared with the REM in those regions where the indicator is being implemented. The RGM underestimation in regard to the REM is 17%, according to the most recent calculations undertaken. Figure 6.1.5 shows the evolution of the number of deaths due to use of drugs obtained from the General Mortality Register. The dotted line corresponds to the estimate obtained from multiplying the number of deaths obtained from the general register by the coefficient of underestimation calculated for each year.

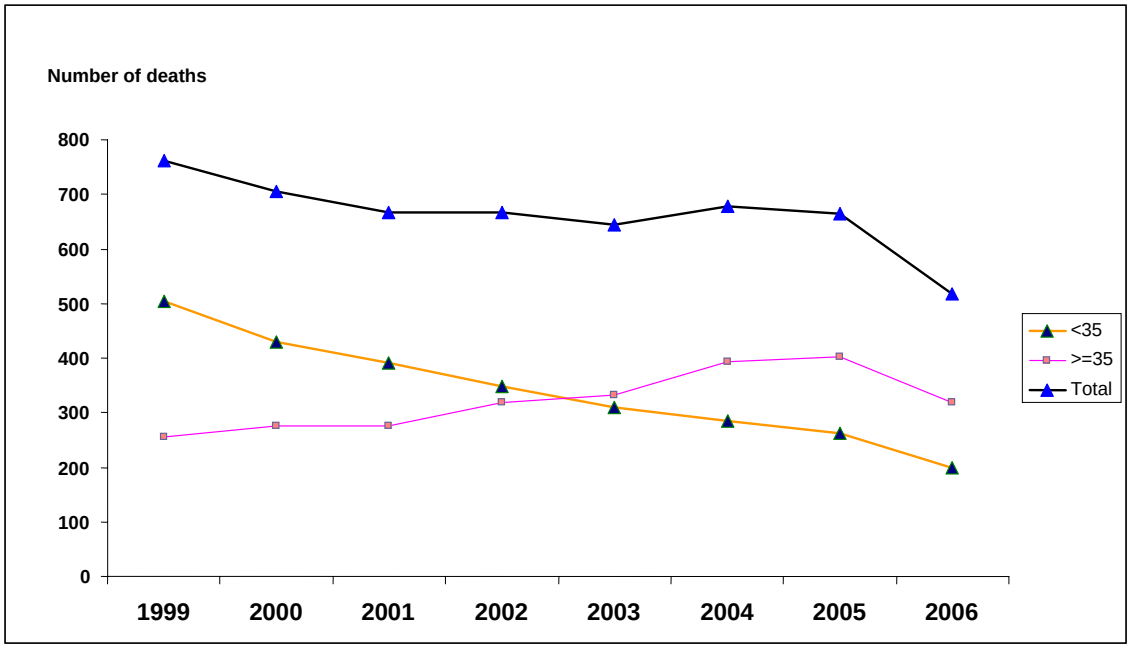
Figure 6.15. Evolution of deaths caused by drugs use in Spain 1999-2006



According to the GMR, the number of deaths due to acute reaction to drugs fell between 1999 and 2001, remained stable until 2005 at approximately 670 annual deaths and fell in 2006 to 518 deaths.

Since 1999 there has been a reduction in the number of deaths of young people due to acute reaction to drugs (Figure 6.1.6). The reverse is true, however, in the group of over 35 year-olds, where there was an increase in the number of deaths due to acute reaction to drugs between 2001 and 2005. A change in this trend occurred in 2006.

Figure 6.16. Evolution of the number of deaths caused by drugs use accordint to age groups



In the interpretation of these RGM statistics it is necessary to take into account the effect of the underestimation, which was higher in the first years of the series than in the later years. For this reason - as shown by the dotted line of figure 6.1.5, the reduction in mortality caused by drug use is actually sharper than that shown by the RGM statistics.

DRUG RELATED INFECTIOUS DISEASES

Data from the indicator on admissions to treatment for drug abuse or dependency of the Spanish Monitoring Centre on Drugs (OED) show that the proportion of infected patients amongst drug users who had self-injected in the 12 months prior to admission to treatment (recent injectors) had fallen slightly over the previous eleven years, from 37.1% in 1996 to 33.4% in 2006.

This reduction affected both males and females and was less pronounced amongst the over-34s (amongst whom prevalence fell from 48.9% to 42.2% in 2006) than amongst the under-25s (amongst whom it fell from 20.3% to 7.2%). As in recent years, in 2006 there was a higher prevalence of females who had self-injected recently than males (37.4% and 32.7% respectively). In any event, in interpreting statistics from 2006 it is important to bear in mind that the serological status in the face of HIV was not known for a quarter of the 4892 recent injectors admitted for treatment. (Table 6.2.1)

Table 6.2.1. Prevalence HIV infection amongst injectors admitted for treatment for abuse of or dependency on psychoactive drugs in (%). Spain, 2006.

	Injecting in 12 months prior to admission			Ever-in-lifetime injecting		
		Previous treatment			Previous treatment	
	Total	Yes	No	Total	Yes	No
Total injectors (no.)[1]	4,892	3,866	928	11,601	9,498	1,879
No. of injectors aware of their serological status in relation to HIV	3,665	3,080	534	9,068	7,758	1,173
Prevalence of HIV infection (%)	33.4	35.3	21.2	36.4	37.8	27.0
Male injectors (no.)	4,157	3,313	765	9,832	8,060	1,584
No. of injectors aware of their serological status in relation to HIV	3,109	2,634	437	7,658	6,568	980
Prevalence of HIV infection (%)	32.7	34.3	22.0	35.2	36.4	26.5
Female injectors (no.)	715	537	159	1,729	1,404	290
No. of injectors aware of their serological status in relation to HIV	540	432	95	1,382	1,166	190
Prevalence of HIV infection (%)	37.4	41.7	16.8	43.3	45.5	29.5
Injectors < 25 (no.)	316	157	152	419	218	190
No. of injectors aware of their serological status in relation to HIV	181	109	69	237	154	79
Prevalence of HIV infection (%)	7.2	10.1	2.9	8.0	10.4	3.8
Injectors 25-34 (no.)	1,773	1,354	379	3,436	2,735	635
No. of injectors aware of their serological status in relation to HIV	1,256	1,038	198	2,527	2,137	358
Prevalence of HIV infection (%)	21.4	22.9	10.1	21.7	22.8	13.7
Injectors > 34 (no.)	2,798	2,352	395	7,733	6,536	1,050
No. of injectors aware of their serological status in relation to HIV	2,225	1,931	266	6,296	5,460	735
Prevalence of HIV infection (%)	42.2	43.4	34.2	43.4	44.5	36.1
Injectors < 2 years of use of main drug	162	51	109	270	104	163
No. of injectors aware of their serological status in relation to HIV	84	37	47	160	75	85
Prevalence of HIV infection (%)	14.3	16.2	12.8	21.9	21.3	22.4
Injectors with 2 or more years use of main drug	4,595	3,728	785	11,014	9,167	1,636
No. of injectors aware of their serological status in relation to HIV	3,504	2,988	474	8,713	7,532	1,064
Prevalence of HIV infection (%)	33.4	35.3	21.3	36.4	37.8	27.3
Injectors who are opioid users[2]	4,297	3,530	679	10,200	8,714	1,283
No. of injectors aware of their serological status in relation to HIV	3,291	2,833	411	8,124	7,160	841
Prevalence of HIV infection (%)	34,0	35,4	22,6	37,7	38,6	29,3
Injectors not opioid users	595	336	249	1.401	784	596
No. of injectors aware of their serological status in relation to HIV	374	247	123	944	598	332
Prevalence of HIV infection (%)	28.1	34.4	16.3	25.2	27.6	21.4

1. The statistics for a number of autonomous communities are not included, due to problems with the quality of the variable "time since last injection of any psychoactive substance".
2. Includes both those admitted for treatment for opioid addiction and those admitted for other psychoactive drugs who had used opioids in the 30 days preceding admission.
Source: DGPNSD. Spanish Monitoring Centre on Drugs (OED).

Survey of people admitted to treatment due to heroine or cocaine

See the 2007 Reitox Report.

Records of New HIV Infections and Incidence Studies

They are surveillance systems of new diagnoses of HIV infection in the autonomous communities of the Balearic Islands, the Canary Islands, Catalonia, Extremadura, La Rioja, Navarra, the Basque Country and the autonomous city of Ceuta. Together, these 8 autonomous communities have a population of 14, 017,819, or 32% of the total Spanish population. The AIDS cases reported by them to the National Aids Registry account for 34% of total cases reported during the 2003-2006 period.

The 8 communities reported a total of 4280 new diagnoses for the 2003-2006 period (1150 in 2003, 1143 in 2004, 1018 in 2005 and 969 in 2006). These represent annual new diagnosis rates per million inhabitants of 85.76 in 2003, 83.85 in 2004, 73.60 in 2005 and 69.13 in 2006. 15.3% of new diagnoses for the 2003-2006 period were produced amongst intravenous (parenteral) drug users.

A steady decrease was observed over the four-year period occurred for intravenous (parenteral) drug users, both in terms of case numbers diagnosed and in terms of the percentage that this group represented in terms of global transmission: from 19.0% (n=218) in 2003 to 11.5% (n=111) in 2006. The amount of new HIV diagnoses amongst drug injectors was almost 4 times higher for males in comparison with females, and the proportion of injectors in terms of total diagnoses for each gender was also higher for males (16.2% and 12.6%, respectively) (Table 6.2.3)

Amongst patients from eastern Europe, 28.4% became infected from drug use by the parenteral route, as opposed to the 15% of the set total infected in that way.

Table 6.2.2. Distribution of new HIV diagnoses in drug injection users by year of diagnosis and sex (absolute number and % out of total persons newly diagnosed with HIV). Spain (7 autonomous regions), 2003-2006.

	Males		Females		Total	
	n	%	n	%	n	%
2003	176	20.11	42	15.27	218	18.96
2004	141	16.81	48	15.79	189	16.54
2005	114	15.00	24	9.30	138	13.56
2006	92	12.30	19	8.60	111	11.46
Total	523	16.23	133	12.57	656	15.33

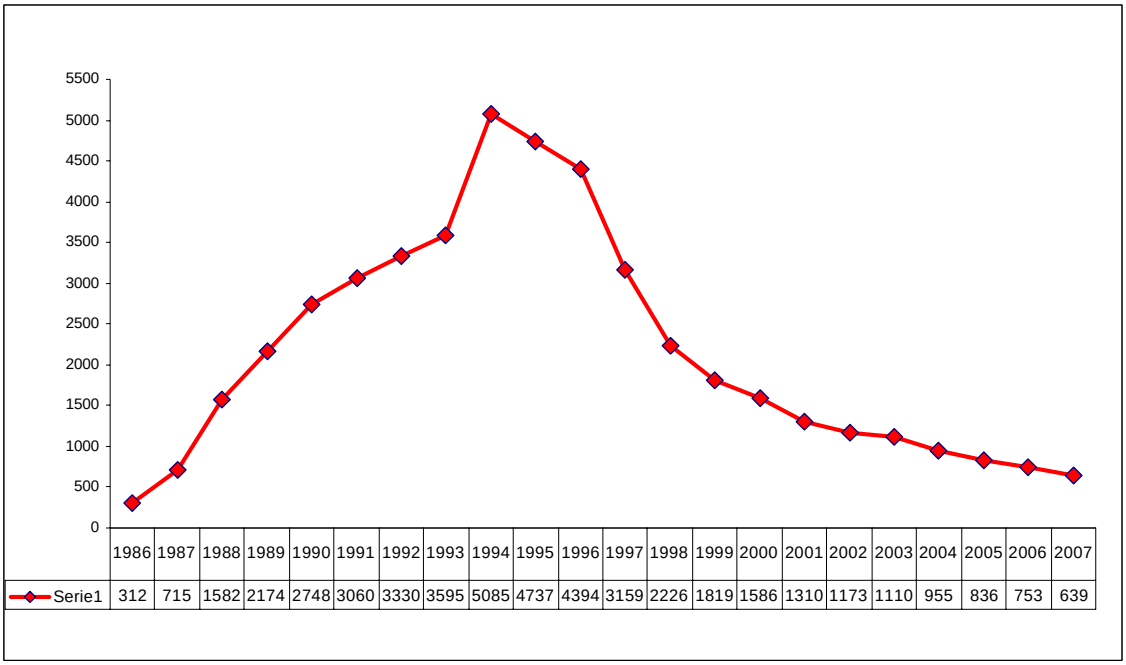
Source: National Centre for Epidemiology. Carlos III Health Institute.

National AIDS Registry

In the last 20 years, AIDS and HIV infection have been the main health problems associated with drug use in Spain. From 1981, the year when the epidemic began, until December 31, 2007, a total of 75,733 AIDS cases had been reported, of which 62.2% belonged to the category of transmission by drug injection. In 2007, 1464 cases were diagnosed (estimate corrected due to a delay in reporting), 43.7% of which were attributed to the use of injected drugs. This percentage has decreased in recent years after the peak reached in 1990 (69.7%), and the percentage belonging to the category of sexual transmission has increased proportionally (National Centre of Epidemiology. Carlos III Health Institute, 2007). It is important to point out that since 2003, the number of new AIDS cases among women related to risky sexual practices has been greater than the number of cases related to drug injecting. The number of new AIDS cases per year related to drug injection has significantly decreased from 1994 to the present (Figure 6.2.1). This decrease may be the result of several factors which have favoured the epidemic's evolution in recent years; factors which include the widespread availability of maintenance treatments with methadone and the notable decrease in injecting as the administration route for heroin.

When interpreting the data from the National AIDS Registry, one must bear in mind that it is a cumulative registry, and a delay in reporting may mean that the number of cases reported for recent years is not complete. Moreover, it is important to recall that it only records the new AIDS cases diagnosed each year and not the new cases of HIV infection. In other words, it does not provide information on the incidence of new HIV infections. This information can be obtained through the system for registration of new HIV infections existing in some autonomous regions.

Figure 6.2.1. Changes in AIDS diagnoses associated with injected drug use (number). Spain, 1986-2007*



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Serie1	312	715	1582	2174	2748	3060	3330	3595	5085	4737	4394	3159	2226	1819	1586	1310	1173	1110	955	836	753	639

(*) Updated on December 31, 2007. Data corrected due to delay in reporting. Source: Ministry of Health and Consumer Affairs. National AIDS Registry.
Source: National AIDS Registry. Ministry of Health and Consumer Affairs.

Infections by HTLV

See the 2007 Reitox Report.

Infection by the Hepatitis Virus

See the 2007 Reitox Report.

Risk Behaviours

See the 2007 Reitox Report.

PSYCHIATRIC CO-MORBIDITY (DUAL DIAGNOSIS)

See Section 7.

OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

Methodology

The same methodology as that employed in the Spanish National Report 2007.

Results

In 2006, 11537 episodes of accident and emergency (A & E) were recorded involving people who had used psychoactive drugs non-therapeutically or non-medically (illegally traded drugs, opioids other than heroin or volatile inhalants). This computation excludes the episodes in which there was only mention of alcohol, tobacco, sedatives, anti-depressants, anti-psycotics, or any combination of these substances.

The A & Es were from 15 autonomous communities. In most of the areas monitored data was only gathered during one week of each month – selected at random - , although in the city of Barcelona and on the island of Ibiza ongoing data gathering took place. Of the 11537 A & E reports collected, 7042 were directly related to non-therapeutic use of psychoactive drugs; that is to say that medical records revealed evidence (doctor's expressions) relating said records with non-therapeutic use of one of these drugs

Concentrating henceforth solely on A & Es directly related with drugs, in 2006 the substances for which use was most frequently in medical records were cocaine (59.2% of the episodes), alcohol (42.9%) – despite the fact that this was only recorded when alcohol use was mentioned in conjunction with other drugs - cannabis (30.9%), sedatives (28.3%), heroin (21.8%), and other opioids or unspecified opioids (13.8%) (table 6.4.1).

In the A & E reports for males, heroin, cocaine, cannabis and alcohol featured more than in those of females, while the opposite was true for sedatives, other opioids and the residual "other drugs" group (which includes above other pharmaceutical psychotropic substances) (table 6.4.1). This suggests a higher polidrug use amongst males, largely in terms of illegally traded drugs and alcohol.

Table 6.4.1. Gender-based general characteristics of hospital A & E episodes directly related to the use of psychoactive substances. Spain, 2006.

	MALES	FEMALES	TOTAL
NUMBER OF EPISODES	5181	1841	7022*
AVERAGE AGE (years)	31.7	31.1	31.6
FEMALES (%)	-	-	26.2
PSYCHOACTIVE SUBSTANCES MENTIONED			
Heroin	23.0	18.4	21.8
Other Opioids	13.7	14.0	13.8
Cocaine	61.7	52.0	59.2
Amphetamines	5.4	5.5	5.4
MDMA and deriv.	7.2	7.0	7.2
Sedatives	24.9	38.2	28.3
Cannabis	32.8	25.7	30.9
Hallucinogenic drugs	2.5	2.1	2.4
Volatile substances	0.3	0.8	0.4
Alcohol	44.0	39.6	42.9
Other substances	5.9	19.0	9.3
RELATED PSYCHOACTIVE SUBSTANCES			
Heroin	18.0	13.8	16.9
Other Opioids	8.3	9.0	8.5
Cocaine	53.5	44.0	51.0
Amphetamines	4.7	4.7	4.7
MDMA and deriv.	6.4	6.3	6.4
Sedatives	17.8	30.3	21.0
Cannabis	25.5	19.7	24.0
Hallucinogenic drugs	1.7	1.8	1.7
Volatile substances	0.2	0.7	0.4
Alcohol	36.9	33.6	36.1
Other substances	2.4	12.1	4.9
UNDER ARREST (%)	4.6	1.2	3.7
CONCLUSION OF EMERGENCY (%)			
Medical discharge	76.6	74.9	76.2
Voluntary discharge	9.1	7.1	8.6
Admission to hospital	9.0	8.0	8.8
Death in A & E	0.1	0.1	0.1
Transfer to another centre	5.1	9.8	6.3

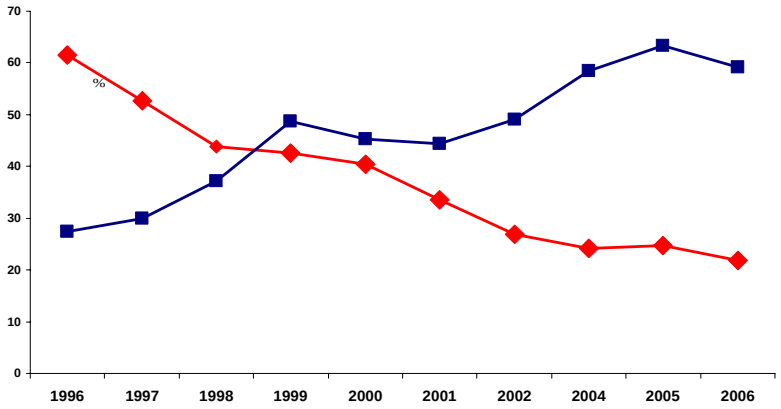
*N=7042. In 20 episodes the gender variable had not been filled out

With respect to previous years, it can be seen that between 1996 and 2006 there was a significant reduction in the proportion of heroin mentions (61.4% in 1996, 40.5% in 2000, 26.8% in 2002, 24.2% in 2004 and 21.8% in 2006 (table 6.4.2; Figure 6.4.1)). With regard to the proportion of cocaine mentions, between 2001 and 2005 there was a significant trend of increase (44.4% in 2001, 49.0% in 2002, 58.5% in 2004, 63.4% in 2005. However, in 2006 the number of mentions of cocaine fell slightly (59.2%).

Since 1999, cocaine has taken over from heroin as the drug most frequently mentioned in A & Es (table 6.4.2; Figure 6.4.1). It was even the case that in 2006 the number of A

& E reports mentioning alcohol – despite the fact that it was only registered when used alongside other drugs – or cannabis was greater than those mentioning heroin.

Figure 6.4.1. Evolution of the proportion of A & E episodes due to acute reaction following the use of psychoactive substances, in which heroin or cocaine were mentioned (%). Spain, 1996-2006

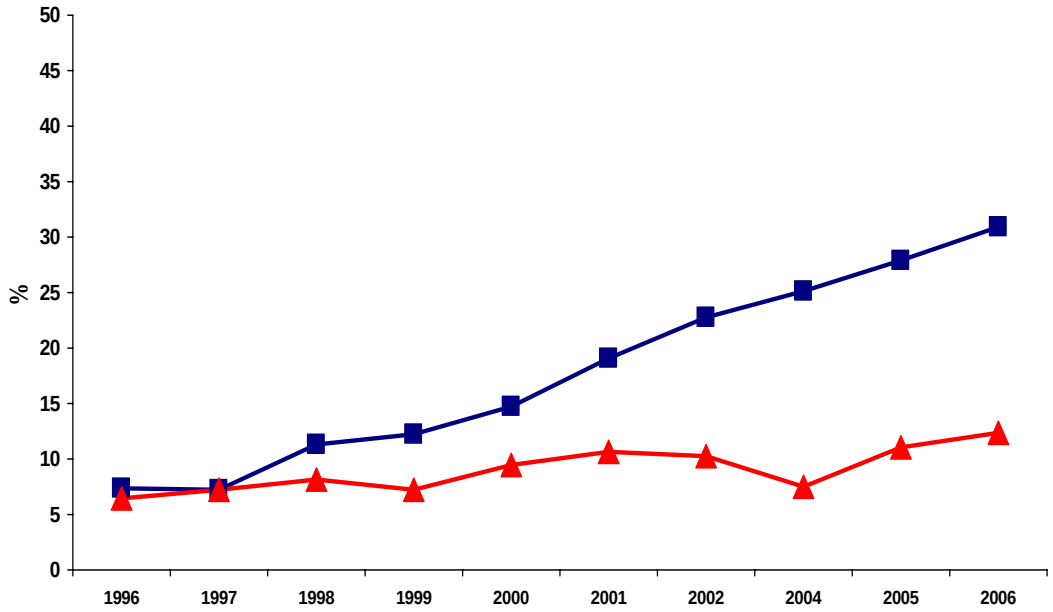


	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006
Heroin	61.5	52.6	43.9	42.5	40.5	33.5	26.8	24.2	24.8	21.8
Cocaine	27.4	30	37.2	48.7	45.3	44.4	49	58.5	63.4	59.2

SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED) Emergencies Indicator

In recent years, there have also been other changes in mentions of drugs in A & E episodes directly related to drugs. For example, mentions of cannabis increased from 7.4% in 1996 to 30,9% in 2006 (figure 6.4.2; table 6.4.2), and those of alcohol, from 13.3% in 1996 to 42.9% in 2006. The temporary trends in terms of mentions of sedatives cannot be evaluated - especially for the period from 2002, due to differences in the data collection criteria of the autonomous communities and in the analysis of the statistics. Mentions of ecstasy increased between 1996 and 2002, from 1.6% to 6.3%; they remained relatively stable between 2003 and 2005; and increased to 7.2% in 2006. The mention of amphetamines shows a saw tooth trend, and the proportion of mentions has increased over the last two years.

Figure 6.4.2. Evolution of mentions of different substances in hospital A & E reports on acute reaction to psychoactive drugs (%). Spain, 1996-2006



SOURCE: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Emergencies Indicator.

	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006
Cannabis	7.4	7.3	11.3	12.2	14.8	19.1	22.8	25.1	27.9	30.9
Ecstasy. amphetamines or hallucinogens	6.5	7.3	8.1	7.2	9.5	10.7	10.3	7.5	11	12.4

Mentions of hallucinogenic drugs are rare, but they increased in 2005 and 2006, in the wake of several years of continuous reduction. If amphetamines, ecstasy and hallucinogenic drugs are considered jointly, it can be seen that mention of them in A & E increased up to 2001, remained relatively stable until 2005, and increased slightly over the last year.(Figure 6.4.2; table 6.4.2).

Table 6.4.2. General characteristics of the A & E episodes directly related to use of psychoactive substances (absolute and average numbers, and percentages). Spain, 1996-2006.

	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006
NUMBER OF EPISODES	2585	1932	2099	2141	2328	2145	2673	5828	7089	7042
AVERAGE AGE (year-olds)	27.8	28.1	29.1	29.4	30.3	29.8	29.8	31.0	30.7	31.6
GENDER (%)										
Females	21.4%	20.8%	23.1%	23.5%	27.4%	27.1%	27.4%	28.0%	25.0%	26.1%
SUBSTANCES MENTIONED*										
Heroin	61.4%	52.6%	43.8%	41.9%	40.5%	33.5%	26.8%	24.2%	24.8%	21.8%
Other Opioids	17.3%	26.2%	23.3%	23.4%	20.9%	21.9%	17.7%	14.0%	13.6%	13.7%
Cocaine	27.3%	29.9%	37.2%	48.1%	45.3%	44.4%	49.0%	58.5%	63.4%	59.2%
Amphetamines	3.1%	3.3%	3.4%	2.7%	2.6%	4.6%	3.8%	3.0%	4.8%	5.4%
MDMA and derivatives	1.6%	2.7%	2.9%	3.1%	4.8%	5.2%	6.3%	4.2%	5.7%	7.2%
Sedatives	25.7%	21.6%	26.1%	25.1%	30.6%	32.0%	34.1%	27.7%	24.6%	28.3%
Cannabis	7.4%	7.3%	11.3%	12.2%	14.8%	19.1%	22.8%	25.1%	27.9%	30.9%
Hallucinogenic drugs	2.7%	2.2%	2.9%	2.1%	2.9%	2.4%	1.4%	1.2%	2.0%	2.4%
Substances Volatile	0.3%	0.1%	0.5%	0.1%	0.3%	0.9%	0.3%	0.7%	0.5%	0.4%
Alcohol	13.3%	15.8%	22.9%	22.0%	29.5%	33.8%	39.0%	36.3%	39.0%	42.9%
Other substances	5.1%	3.6%	6.0%	2.0%	0.8%	2.8%	4.5%	12.5%	4.7%	9.3%
LINKED SUBSTANCES (%)										
Heroin	56.1%	50.9%	38.7%	33.0%	35.3%	29.2%	21.4%	17.5%	19.0%	16.9%
Other Opioids	13.5%	17.4%	16.8%	18.9%	18.0%	17.4%	13.1%	9.1%	8.3%	8.5%
Cocaine	19.9%	25.0%	31.6%	39.4%	40.9%	40.5%	44.7%	50.0%	55.5%	51.1%
Amphetamines	2.2%	2.9%	3.0%	9.8%	2.2%	4.2%	3.4%	2.3%	4.2%	4.7%
MDMA and derivatives	1.3%	2.2%	2.2%	2.4%	4.5%	4.4%	5.3%	3.2%	4.7%	6.4%
Sedatives	23.6%	18.9%	24.3%	23.8%	28.9%	29.2%	30.1%	22.3%	17.0%	21.0%
Cannabis	6.2%	6.6%	8.9%	9.3%	12.8%	16.9%	19.9%	19.3%	21.7%	23.9%
Hallucinogenic drugs	2.1%	1.8%	2.4%	1.7%	2.7%	1.9%	1.3%	0.8%	1.7%	1.7%
Substances Volatile	0.2%	0.1%	0.3%	0.1%	0.3%	0.9%	0.2%	0.6%	0.5%	0.4%
Alcohol	12.4%	15.2%	22.2%	20.0%	26.8%	29.0%	35.4%	30.7%	32.3%	36.0%
Other substances	4.1%	3.2%	4.9%	1.3%	0.8%	1.6%	1.8%	8.7%	3.3%	4.9%
LEGAL STATUS (%)										
Under arrest	14.4%	22.4%	11.7%	9.4%	6.4%	5.7%	5.2%	4.1%	4.9%	3.7%
CONCLUSION OF EMERGENCY (%)										
Medical discharge	80.5%	82.0%	81.2%	80.9%	78.7%	79.1%	82.1%	81.4%	79.1%	76.2%
Voluntary discharge	7.0%	6.7%	8.8%	8.6%	8.5%	7.5%	7.4%	5.3%	6.7%	8.6%
Admission to hospital	7.6%	7.2%	6.0%	6.5%	8.3%	7.8%	6.3%	8.0%	8.4%	8.8%
Death in A & E	0.1%	0.1%	0.0%	0.2%	0.7%	0.2%	0.1%	0.0%	0.1%	0.1%
Transfer to other institution	4.8%	4.1%	3.9%	3.9%	3.7%	5.4%	4.0%	5.3%	5.7%	6.3%

1 Includes substances used habitually or occasionally and the substances linked to the emergency

2 Includes substances for which medical records show an express relationship with the emergency

Source: DGPNSD Spanish Monitoring Centre on Drugs (OED) Indicator A & E

In interpreting earlier statistics, account must be taken of the fact that the mentions of use of these drugs were extracted from the medical files, and not from A & E reports for the episodes caused by (or related to) use of said drugs. Nevertheless, when

considering exclusively those drugs that the doctor relates with the emergency, the panorama is similar. In 2006, the substances most often mentioned were: cocaine (51.0% of the A & E), alcohol (36.1%), cannabis (24.0%), heroin (16.9%) and sedatives (21.0%). As a single emergency case may be related to use of several substances, the sum may be higher than 100% (table 6.4.1). When considering evolution during the period 1996-2006, the same trends are observed as in the case of the drugs mentioned in medical records (table 6.4.2).

Continuing exclusively with A & E cases directly related with drugs, in 2006 most patients remained males (73.9%), with higher proportions of female observed in A & E cases with mention of use of volatile inhalants (51.9%), sedatives (34.9%), other opioids (26.4%) and amphetamines (26.1%)(table 6.4.3). During the period 1996-2005, the proportion of females increased somewhat (21.4% in 1996, and 25.0% in 2005 and 26.1% in 2006) (table 6.4.2). In 2006, the average age of people treated was 31.6 (slightly higher for males than for females), with the lowest average ages being recorded for A & E with mention of volatile inhalants (25.1), ecstasy (25.9), hallucinogenic drugs (26.3); and the highest for A & E mentioning heroin (34.8) or other opioids (35.6) (table 6.4.3). In the period 1996-2006, a trend towards an increase in the average age of the patients treated was observed (27.8 in 1996, 30.3 in 2000, 31.0 in 2004, and 31.6 in 2006) (table 6.4.2).

In 2006, 3.7% of A & E directly related to drugs were of arrested people. The highest proportions of arrested people were for A & E with mention of heroin (8.4%) or other opioids (8.2%) (table 6.4.3).

In the period 1996-2006, there was a significant reduction in the proportion of patients arriving under arrest at hospital A & E services (14.4% in 1996, 5.2% in 2002, 4.1% in 2004 and 3.7% in 2006) (table 6.4.2).

In 2006, most A & Es directly related to drugs concluded with a medical discharge (76.2%) (table 6.4.2). The distribution of A & E incidents according to their type of conclusion has not altered greatly down the years and big differences are not noted in relation to the drugs mentioned or to gender (Tablas 6.4.1, 6.4.2 and 6.4.3).

Table 6.4.3. General features A & E incidents directly related to use of psychoactive substances according to the mentioned and linked substances (absolute figure, average and percentages). Spain, 2006.

A & E DIRECTLY RELATED WITH THE USE OF DRUGS											
MENTIONED SUBSTANCES [1]											
	Heroin	Other opioids	Cocaine	Amphetamines	MDMA and deriv.	Sedatives	Cannabis	Hallucinogenic drugs	Volatile S.	Alcohol	Other
NUMBER OF EPISODES RELATED WITH EACH DRUG	1487	937	4040	371	489	1933	2110	162	27	2923	633
AVERAGE AGE (year-olds)	34.8	35.6	31.8	27.5	25.9	33.4	28.4	26.3	25.1	31.7	34.3
FEMALES (%)	21.9	26.4	22.7	26.1	25.4	34.9	21.6	22.8	51.9	24.0	53.1
UNDER ARREST (%)	8.4	8.2	3.4	1.6	1.7	3.7	2.8	0.6	0.0	2.2	1.0
CONCLUSION OF EMERGENCY (%)											
Medical discharge	74.4	77.0	76.5	76.5	78.3	69.3	79.3	71.4	66.7	76.7	61.6
Voluntary discharge	9.5	7.7	9.4	9.7	15.2	9.2	7.5	11.8	13.3	9.0	7.1
Admission to hospital	10.1	9.6	8.7	9.4	4.6	10.5	8.9	10.9	6.7	8.6	12.8
Death in A & E	0.5	0.3	0.1	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.0
Transfer to other institution	5.5	5.3	5.3	4.4	1.9	10.8	4.2	5.9	13.3	5.7	18.5

A & E DIRECTLY RELATED TO THE USE OF DRUGS											
LINKED SUBSTANCES [2]											
	Heroin	Other opioids	Cocaine	Amphetamines	MDMA and deriv.	Sedatives	Cannabis	Hallucinogenic drugs	Volatile S.	Alcohol	Other
NUMBER OF EPISODES RELATED WITH EACH DRUG	1145	575	3458	319	433	1424	1622	117	25	2441	333
AVERAGE AGE (year-olds)	34.5	35.1	31.6	27.3	25.7	33.4	27.9	25.7	25.3	31.9	34.0
FEMALES (%)	21.1	27.5	22.3	25.7	25.4	37.3	21.3	27.4	52.0	24.1	63.7
UNDER ARREST (%)	9.5	10.4	3.5	1.6	1.4	3.5	2.6	0.0	0.0	2.2	0.6
CONCLUSION OF EMERGENCY (%)											
Medical discharge	71.1	80.5	76.3	78.6	77.1	67.7	79.9	70.4	69.2	76.1	59.9
Voluntary discharge	10.5	6.4	9.9	9.1	17.1	9.1	6.6	16.0	15.4	9.6	6.1
Admission to hospital	11.8	6.7	8.7	8.3	4.0	10.6	9.8	8.6	0.0	8.3	16.2
Death in A & E	0.6	0.2	0.2	0.0	0.0	0.2	0.1	0.0	0.0	0.1	0.0
Transfer to other institution	6.0	6.2	4.9	4.0	1.8	12.4	3.6	4.9	15.4	5.9	17.8

1. Includes substances used habitually or occasionally and the substances linked to the emergency

2. Includes substances for which medical records show an express relationship with the emergency

Source: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Indicator A & E

It must be recalled that there is a significant proportion of unknown values in relation to the route of administration most often mentioned in direct drug-related A & Es, and that results should therefore be treated very cautiously. In 2006, in A & Es with mention of heroin, the predominant route of administration was parenteral (65.5%), followed by pulmonary (26.6%), and intranasal or sniffing (7.4%); and in A & Es with mention of cocaine, the predominant route of administration was intranasal or sniffing (59.3%), followed by injecting (20.9%) and pulmonary or smoked (18.3%) (table 6.4.4).

There has been an improvement in the classification of the route of administration of A & E episodes in which “inhaled use” is mentioned. Until 2003, these were attributed to pulmonary or smoked route, but application of the 2003 protocol showed that most of said episodes corresponded to the intranasal or snorted route. In the case of cocaine,

this improvement of the classification entailed an important change: the most frequent route of administration in A & E is no longer pulmonary, but rather intranasal by a long way. The same occurred in terms of the indicator treatment. In the case of heroin, it is confirmed that in A & E the weighting of the injected route is much greater amongst people admitted for treatment due to abuse of or dependence on this drug. This highlights the fact that injectors face a higher risk of certain severe problems, such as overdose.

Statistics on the route of administration are referring to other drugs according to other sources. In the case of ecstasy and sedatives it is almost exclusively oral, in the case of amphetamines and hallucinogenic drugs the oral route dominates, with a small proportion of users choosing the intranasal route. The use of opioids other than heroin is mainly oral, although in 8% of cases the route of administration was parenteral. In the case of cannabis, the pulmonary (97.1%) route of administration was predominant, with a small proportion of users via the oral route (table 6.4.4).

Comparison with the statistics from previous years referring to the route of administration should, in principle, be avoided, given the improvement of the classification of the variable and other changes - such as the incorporation of all the emergency episodes collected in the city of Barcelona from 2004, which have a high weighting in the set.

Table 6.4.4. Route of administration of drugs mentioned and linked with emergencies in A & Es directly related to use of psychoactive substances. Spain 2006.

	DRUGS MENTIONED		LINKED DRUGS	
	Nº	%	Nº	%
HEROIN				
Oral	2	0.3	6	1.0
Pulmonary or smoked	201	26.6	173	29.3
Intranasal o snorted	56	7.4	48	8.1
Injected	495	65.5	361	61.2
Other route	2	0.3	2	0.3
OTHER OPIOIDS				
Oral	781	90.7	532	90.2
Pulmonary or smoked	5	0.6	3	0.5
Intranasal o snorted	3	0.3	2	0.3
Injected	69	8.0	52	8.8
Other route	3	0.3	1	0.2
COCAINE				
Oral	22	1.5	26	1.9
Pulmonary or smoked	276	18.3	239	17.7
Intranasal o snorted	895	59.3	818	60.5
Injected	315	20.9	268	19.8
Other route	1	0.1	1	0.1
AMPHETAMINES				
Oral	206	93.2	181	91.9
Pulmonary or smoked	2	0.9	2	1.0
Intranasal o snorted	13	5.9	12	6.1
Injected	0	0.0	0	0.0
Other route	0	0.0	2	1.0
MDMA				
Oral	258	99.2	219	99.5
Pulmonary or smoked	1	0.4	0	0.0
Intranasal o snorted	1	0.4	1	0.5
Injected	0	0.0	0	0.0
Other route	0	0.0	0	0.0
SEDATIVES				
Oral	2387	99.7	1645	99.7
Pulmonary or smoked	3	0.1	3	0.2
Intranasal o snorted	1	0.0	2	0.1
Injected	4	0.2	0	0.0
Other route	0	0.0	0	0.0
CANNABIS				
Oral	42	2.9	43	3.8
Pulmonary or smoked	1428	97.1	1101	96.2
Intranasal o snorted	1	0.1	1	0.1
Injected	0	0.0	0	0.0
Other route	0	0.0	0	0.0
HALLUCINOGENIC DRUGS				
Oral	77	87.5	58	85.3
Pulmonary or smoked	2	2.3	2	2.9
Intranasal o snorted	5	5.7	5	7.4
Injected	0	0.0	2	2.9
Other route	4	4.5	1	1.5

Source: DGPNSD. Spanish Monitoring Centre on Drugs (OED). Indicator A & E

A wide-ranging study on A & Es involving cocaine users treated at Barcelona's Hospital in the period 2002-2004 (Sanjurjo reference) has recently been published. The study covers 745 A & Es in which the patient had used cocaine in the preceding hours and/or had positive toxicology for this drug (excluding withdrawal syndromes and

detoxification requests). Of this total, 68% were males, with an average age of 31. Most of the episodes had occurred at the weekend or on bank holidays (53%), and at night or in the early hours of the morning (53% between 0 and 12 hours). In terms of the reason for cocaine use, in 91.2% of the episodes usage was classified as recreational use, and in the rest as a suicide attempt (associated with other drugs), except for isolated body packers. The administration route for cocaine was normally snorting (82%), which was followed by smoking (9%),and injecting (8%). 64% of people treated had used other drugs/pharmaceuticals (38% alcohol, 13% cannabis, 11% heroin, 9% amphetamines, 8% benzodiazepines, 5% ecstasy). In 70% of the episodes medical records showed evidence of a direct relationship with the use of cocaine. The most frequent diagnoses were psychopathological (54.6%), cardiovascular (25%), and neurological (12%) problems. And the symptoms most commonly mentioned were anxiety/agitation (48%), and chest pain or palpitations (25%). 11% of the patients required hospital admission (19 cases in intensive care units – UC-I), and 3 deaths occurred during the period of admission. The treatments most often administered were benzodiazepines (38%), and neuroleptics (9%).

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

PREVENTION OF DRUG RELATED DEATHS

No new information available.

PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

On harm reduction programmes, work is undertaken with active drug users; in other words those who are not following an abstinence treatment. Their aim is to reduce the damage to health caused by use and by circumstances linked with use. Users are facilitated with clean environments, hygienic products (syringes, disinfectants etc) and health and social advice.

Included in these programmes are:

- "Social Emergency Centres"
- "Mobile Units"
- "Pharmacies"
- "Safe Injection or Venipuncture Rooms"

The number of these sites and the patients assisted throughout 2006 can be seen in this table:

Table 7.1. Harm reduction programs

SPECIFIC RESOURCES	NUMBER OF SITES	USERS ASSISTED
Social emergency centres	41	19,814
Mobile units	37	13,931
Pharmacy offices	1,600	3,581
Safe injection or venipuncture rooms	6	7,939

The "syringe exchange programs ('pijs'): Throughout 2006, these programmes distributed around 3,400,000 syringes and/or sanitary kits.

Interventions Related to Psychiatric Co-Morbidity

In Spain, treatment is provided for psychiatric co-morbidity at both the health care centres for drug addicts and at mental health centres. Furthermore, in 2006 63 "Dual Pathology Care Programmes" were carried out, providing help to 9,454 drug-dependent patients with psychiatric co-morbidity.

Interventions Related to Other Health Correlates and Consequences

In general terms, all the autonomous communities and cities within Spain undertake activities to prevent and reduce road traffic accidents related to the use of alcohol and other drugs. These activities include awareness-raising campaigns targeting young people, media interventions, production and distribution of preventive materials etc. In addition, there has been an increase in alcohol checks for drivers carried out by the corresponding authorities (Civil Guard).

Throughout the last few years, there has been a reduction in the number of alcohol-related road traffic accidents. Thus, the results of toxicological testing undertaken by the National Toxicology Institute show that in 2003, 34.7% of drivers who died in road traffic accidents had more than 0.3 g/l of alcohol in their blood. By 2006, this percentage had fallen to 28.8%.

The results of the preventive alcohol controls carried out by the Civil Guard's Traffic Unit (in Spanish, *Agrupación de Tráfico de la Guardia Civil*) show a considerable reduction in drivers testing positive in 2007 (2.38%), when compared to the percentage for 2003 (4.18%).

8. SOCIAL CORRELATES AND CONSEQUENCES

SOCIAL EXCLUSION

No new information available.

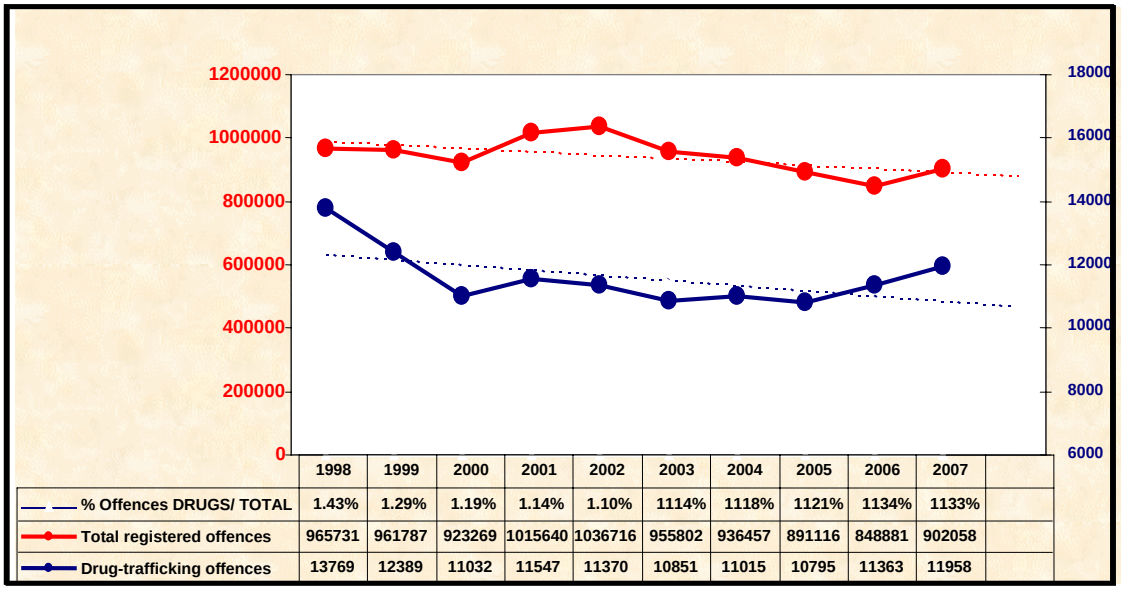
DRUG-RELATED CRIME

Evolution of the total number of registered crimes. Evolution of the number of registered drug trafficking crimes

Most of the drug related crimes are registered as a consequence of police-appointed investigations and just a few times as a consequence of particular complaints. For this reason, the number of known crimes is lower than it is expected, showing higher levels of hidden crime and more difficulties to evaluate the exact importance of this threat.

In quantitative terms, drug trafficking offences traditionally represent a small percentage of all crimes. During the studied period, the figures have fluctuated between 1.43% (in 1998) and 1.10% (in 2002); a trend to stabilization has been observed in the last six years, limiting these kinds of offences to an ever narrower interval, between 1.10% and 1.34% of all registered crime.

Figure 8.1. Total number of offences and drug-trafficking offences, 1998-2007



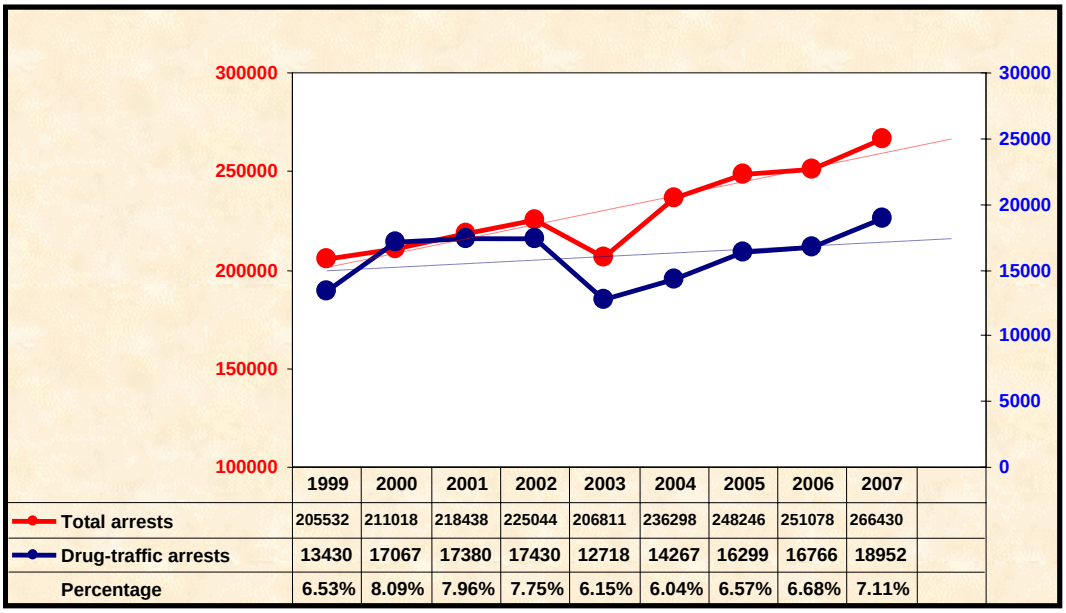
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
% Offences DRUGS/ TOTAL	1.43%	1.29%	1.19%	1.14%	1.10%	1114%	1118%	1121%	1134%	1133%
Total registered offences	965731	961787	923269	1015640	1036716	955802	936457	891116	848881	902058
Drug-trafficking offences	13769	12389	11032	11547	11370	10851	11015	10795	11363	11958

General evolution of drug-trafficking arrests

The volume of drug-trafficking arrests over the last nine years has ranged from the maximum in 2000 (8.09%) to the minimum in 2004 (6.04%), considering the total number of arrests for every kind of offence.

In the same period, the relative importance of the number of drug-related arrests as a percentage of all arrests is higher than the relative importance of known drug-related offences as a percentage of the total (between 1.43% and 1.10%).

Figure 8.2. Number of arrests in Spain, 1999-2007



	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total arrests	205532	211018	218438	225044	206811	236298	248246	251078	266430
Drug-traffic arrests	13430	17067	17380	17430	12718	14267	16299	16766	18952
Percentage	6.53%	8.09%	7.96%	7.75%	6.15%	6.04%	6.57%	6.68%	7.11%

This effect is accompanied by a higher ratio of arrests/offences for variables related to drug trafficking than for variables related to overall offences.

Table 8.1. Offences

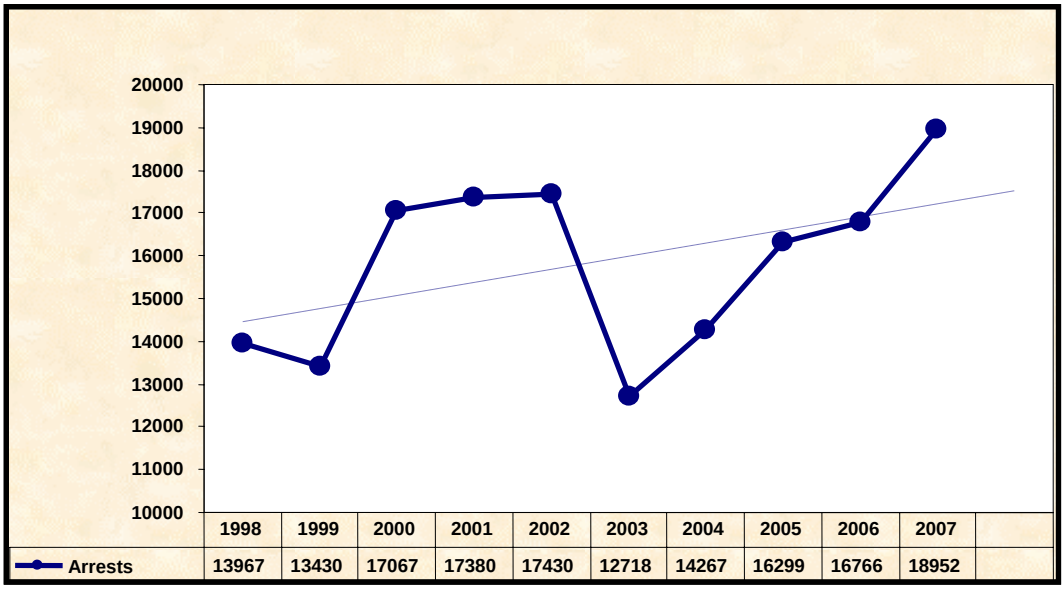
	1999	2000	2001	2002	2003	2004	2005	2006	2007
TOTAL OFFENCES Ratio of arrests – total offences	0.21	0.23	0.22	0.22	0.22	0.25	0.27	0.24	0.25
DRUG-TRAFFICKING OFFENCES Ratio of arrests- offences	1.08	1.55	1.51	1.53	1.17	1.30	1.47	1.48	1.58

According to the data, in the last nine years between 0.21 and 0.27 arrests have been made for every offence, while between 1.08 and 1.58 arrests have been made for every known drug-trafficking offence in the same period.

During the last ten years, there are two periods of five years clearly different in the number of arrests for drug trafficking offences: 1998-2002 and 2003-2007. Both show an increasing trend with a decreasing breaking in the year 2003 due possibly to the methodology change that year: it started to work the System of data analysis and evaluation on drugs called SENDA.

Since 1998, the number of arrests for drug trafficking has oscillated between the 12,718 arrests made in 2003 and the 18,952 arrests made in 2007. The large increase of 49, 01% registered during the last five years makes the last decade overall trend as increasing.

Figure 8.3. Total number of arrests for illegal drug trafficking 1998-2007

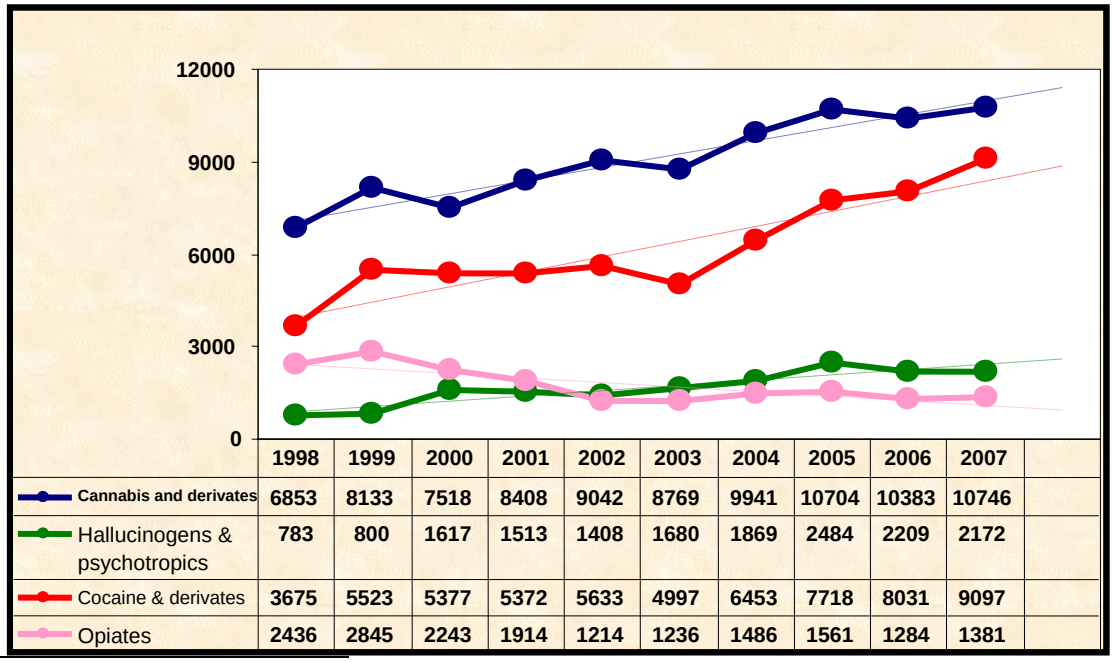


	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Arrests	13967	13430	17067	17380	17430	12718	14267	16299	16766	18952

Evolution of arrests by drug type

The enclosed table and graph show a significant upward trend in the number of arrests for trafficking in every drug type except opiates. However, up until 2002, the number of arrests for trafficking in hallucinogens and psychotropic substances did not exceed the number of arrests for traffic in opiates, and the numbers in recent years are still very close.[1]

Figure 8.4. Number of arrests by drug type, 1998-2007



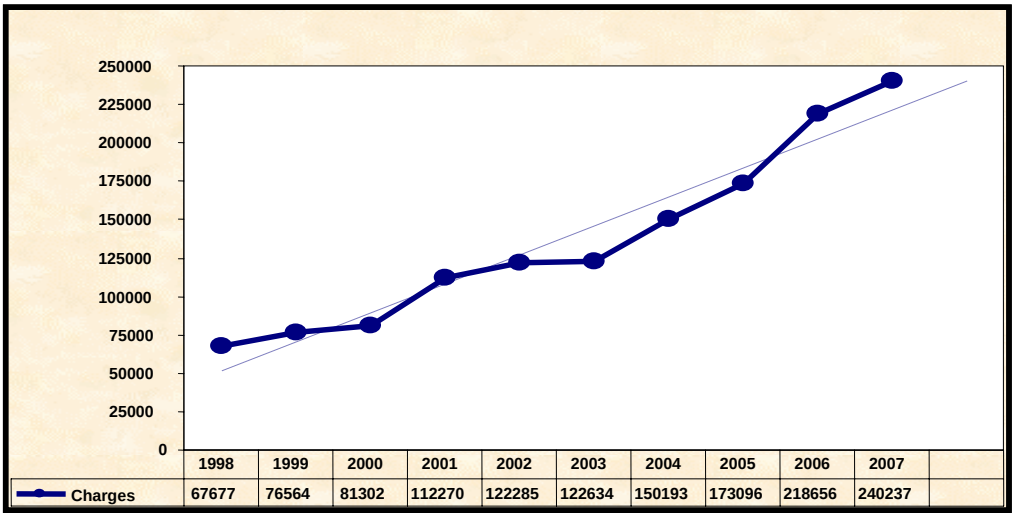
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis and derivates	6853	8133	7518	8408	9042	8769	9941	10704	10383	10746
Hallucinogens & psychotropics	783	800	1617	1513	1408	1680	1869	2484	2209	2172
Cocaine & derivates	3675	5523	5377	5372	5633	4997	6453	7718	8031	9097
Opiates	2436	2845	2243	1914	1214	1236	1486	1561	1284	1381

[1] It should be noted that the arrest of an individual resulting in the seizure of more than one kind of substance is recorded as ONE arrest FOR EACH OF THE SEIZED SUBSTANCES. In the same way, some arrests may involve substances not included in the aforementioned categories. This means that the sum of arrests for each drug type may differ from the total number of arrests, although this is not a calculation error. In any case, it would be illogical to add up the arrests for each drug type since the resulting sum will NOT reflect the total number of arrests made and therefore yields no information of interest.

General evolution of charges for the infringement of Organic Law 1/1992 (possession or use of drugs in public venues)

Since 1998, the number of charges filed for violations of OL 1/1992 has risen steadily, showing an almost linear progression along a steep upward incline with a significant slope. In 2006, the number of charges filed was multiplied by 3. In 2007 a new record in charges filed was reached, exceeding in 38.79% to 2005 and 9.87% to 2006. This increasing may be due to the Operative Plans on small-scale trafficking and use in recreational places and the vicinity of educational centres set in motion in 2006.

Figura 8.5. Charges related to Organic Law 1/1992 (Possession and use of drugs in public venues). 1998-2007

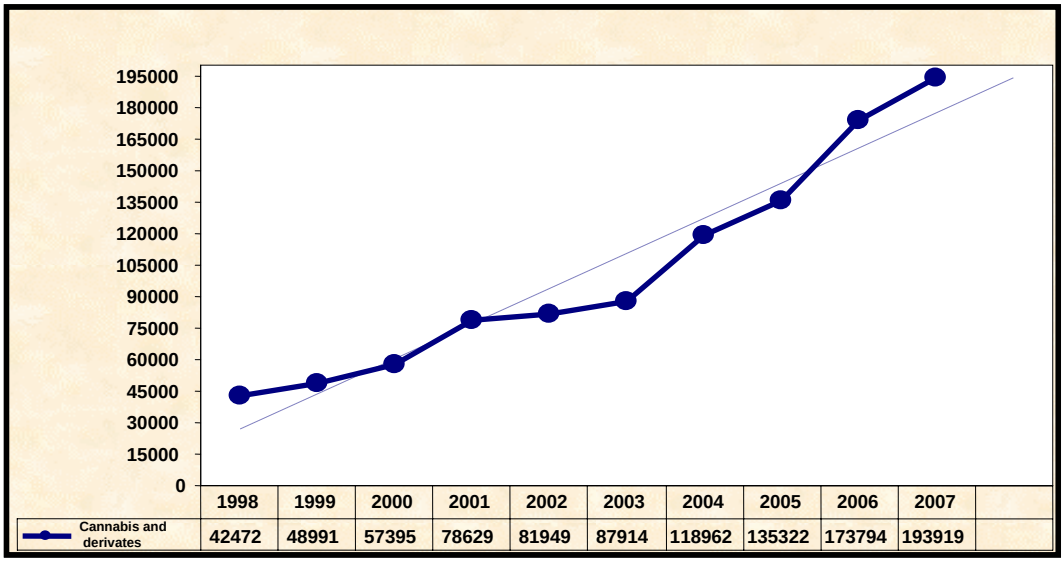


	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Charges	67677	76564	81302	112270	122285	122634	150193	173096	218656	240237

Evolution of charges by drug type

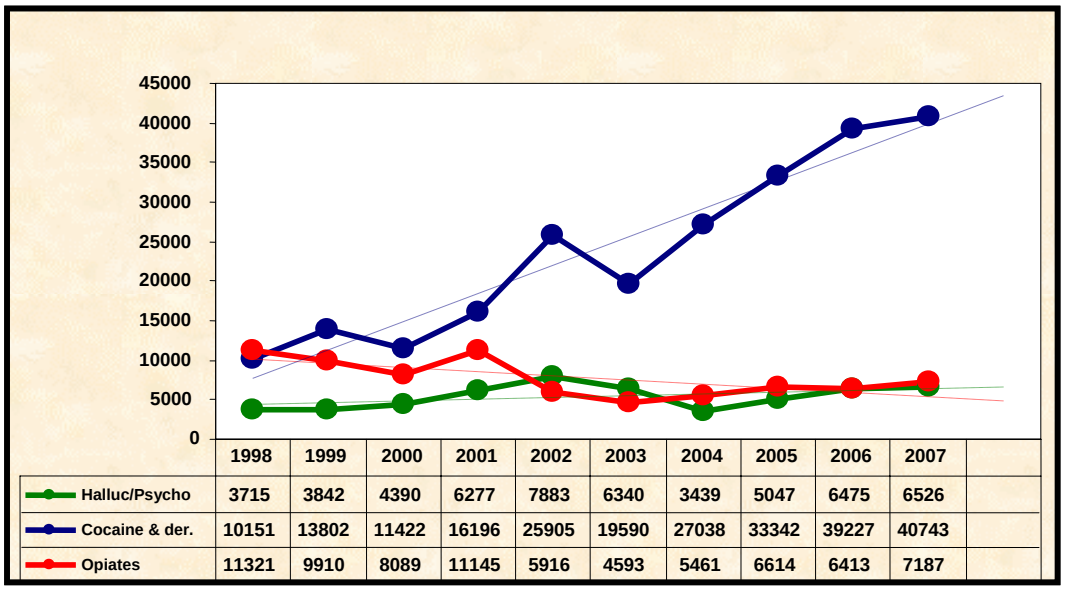
The following table and graph show a marked upward trend in the number of charges related to cannabis and cocaine and their derivatives, similar to their respective curves regarding seizures. This is due to the fact that most drug seizures are carried out in application of Organic Law 1/1992 on Citizen Safety.

Figure 8.6. Number of charges by drug type 1998-2007(I)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis and derivates	42472	48991	57395	78629	81949	87914	118962	135322	173794	193919

Figure 8.7. Number of charges by drug type 1998-2007(II)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Halluc/Psycho	3715	3842	4390	6277	7883	6340	3439	5047	6475	6526
Cocaine & der.	10151	13802	11422	16196	25905	19590	27038	33342	39227	40743
Opiates	11321	9910	8089	11145	5916	4593	5461	6614	6413	7187

In terms of the relative importance of charges involving each drug type in 2007, cannabis and its derivatives represented 80.71% of the total, followed by cocaine and its derivatives with 16.95%, hallucinogens/ psychotropic substances with 2.71% and opiates with 2.99%.

NB: With regard to the comparative analysis of data on different drug types, it is important to note that the total number of charges is not equal to the sum of charges for each drug type mentioned.[2]

[2] This is due to the fact that a charge filed against an individual that involves the seizure of more than one substance is recorded as ONE charge for EACH OF THE SUBSTANCES SEIZED. This means that the sum of arrests for each drug type may be greater than the total number of arrests. Also, the four drug types presented constitute a representative but not comprehensive sample of all illegal drugs seized, and therefore a certain number of charges do not appear in the table. In any case, in light of the preceding facts, it would clearly be illogical to sum up the charges by drug type because the resulting figure does NOT reflect the total number of charges filed and is therefore of no statistical interest.

DRUG USE IN PRISON

2007 Statistics on Prison Population. Source: General Department of Penitentiary Institutions. (Data regarding prison population in Catalonia are included)

The number of inmates at penitentiary centers has continued to rise. This increase affects both the number of those sentenced and that of preventive detainees. Of the total increase under gone in 2006 with respect to 2005, 68.3% was due to an increase in foreign inmates and 31.7% to Spanish inmates. As of December 31, 2007, there were 67,100 people incarcerated, compared to the 64,021 imprisoned in 2006.

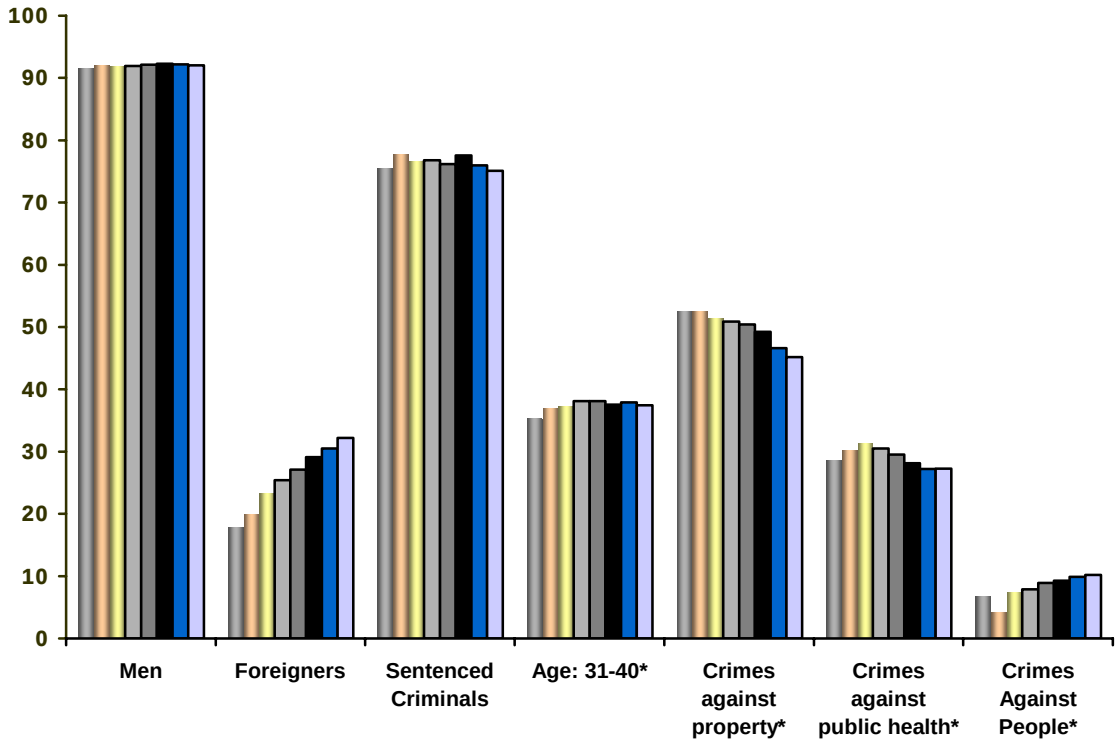
In Figure 8.8, are shown the characteristics of the imprisoned population in the period from 1999-2007:

- The prison population is predominantly male (91.7%), with an ever greater increase in foreigners (34.2%). 38.8% of the women are foreign, compared to 33.8% of the men. Likewise, in recent years the inmate population has undergone gradual aging. 63.18% of the prison population of sentenced criminals was between the ages of 31-60 years, compared to the figure of 63.22% within that age group in 2006.

- By type of crime, in the time period from 1999-2007, as can be seen in Figure 8.8, the persons sentenced for crimes of a socio-economic type fell, whereas those sentenced for crimes against people went up. This fact may be conditioned by the variables of age and repeated violations, because studies point out that as the age of the criminals increases, there is a shift in the type of crime committed. However, other factors may be involved, as well.

  The predominant types of crime continue to be, first of all, crimes against property (42.77% of sentenced inmates), followed by crimes against public health (27.34% of sentenced inmates). According to the sex variable, 43.65% of the men were in prison for crimes against property, whereas 46.69% of women were in prison for crimes against public health.

Figure 8.8. Change in the profile of the prison population. Spain, 1999-2007 (%)



	Men	Foreigners	Sentenced Criminals	Age: 31-40*	Crimes against property*	Crimes against public health*	Crimes Against People*
1999	91.50	17.87	75.50	35.30	52.40	28.50	6.68
2000	91.90	19.93	77.80	36.90	52.56	30.20	4.19
2001	91.79	23.32	76.59	37.29	51.39	31.29	7.32
2002	91.90	25.40	76.80	38.10	50.87	30.50	7.86
2003	92.14	27.10	76.19	38.13	50.39	29.53	8.88
2004	92.30	29.14	77.58	37.57	49.25	28.12	9.26
2005	92.20	30.50	76.00	37.90	46.60	27.23	9.90
2006	92.02	32.20	75.08	37.46	45.14	27.25	10.16

Note: Crimes against people: homicide and its different forms and injuries; crimes: crimes against property: against assets and of a socio-economic type.
(*) Percentages out of the population sentenced under Constitutional Law 10/1995 and the repealed Penal Code.
Source: Government Delegation for the National Plan on Drugs. Based on prison statistics of the Ministry of Interior.

Statistics: prevalence of diseases associated with drug use in 2007. Source: Health Registries of Prison Health Care. The prison population of Catalonia is not included.

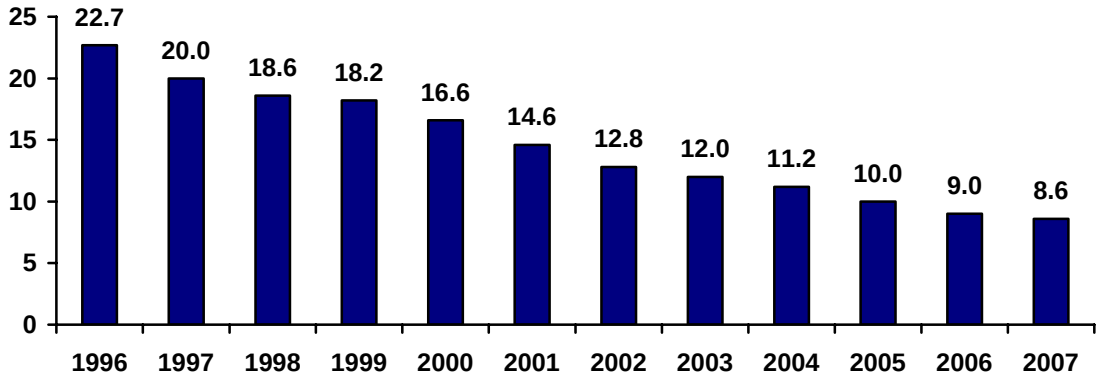
- Rate of HIV: 8.6% of the total prison population dependent upon the General Department of Penitentiary Institutions. The main HIV transmission route is till sharing injection materials for using intravenous drugs among both sexes.

In accordance with Figure 8.9, the falling trend in HIV rates is continuing in the realm of prisons. The incidence of AIDS has gone down in both sexes, and women continue to have lower rates than men do.

- Percentage of inmates undergoing treatment with antiretroviral medications: 4.8% of the total prison population dependent upon the General Department of Penitentiary Institutions.

- Rate of tuberculosis: 0.18% of the prison population dependent upon the General Department of Penitentiary Institutions is undergoing treatment for the disease of tuberculosis.

Figure 8.9. Changes in HIV rates in the prison population. Spain, 2001-2007*(%).



*Catalonia is not included
Source: Government Delegation for the National Plan on Drugs. Data provided by the General Department of Penitentiary Institutions.

Statistics: State Survey on Health and Drugs among Inmates in Prison (ESDIP) 2006

The results of this study were presented in 2006. It is a study financed and promoted by the Government Delegation for the National Plan on Drugs, with the cooperation of the General Department of Penitentiary Institutions (Ministry of the Interior) and the Secretariat of Penitentiary Services of the Autonomous Regional Government of Catalonia.

SOCIAL COSTS

No new information available.

9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

SOCIAL REINTEGRATION

The following table provides the data from 2006.

Table 9.1. Social Reintegration programmes. Type, number of programmes and centres and number of users. Spain, 2006

	Number of programmes and/or centres	Number of users
Treatment centres with social reintegration activities and/ or programmes	315	-
Social reintegration activity and/ or programme centres (without treatment)	85	-
Residential treatment centres with social reintegration programmes (therapeutic communities)	119	-
Residential care resources	142	1662
Educational programmes	355	7113
Programmes for integration into working life	242	5728

SOURCE: Government Delegation for the National Plan on Drugs Data corresponding to the Regional Plans on Drugs for all Autonomous Communities and Cities

As in previous years, the users of centres where reinsertion programmes are carried out were not counted, in order to avoid any possible duplication or overlapping with users of more than one programme.

PREVENTION OF DRUG RELATED CRIME

Assistance to drug users in prisons (2007 data)

Line 7 of the 2005-2008 Action Plan of the National Strategy on Drugs for 2000-2008 has the goal of "guaranteeing the integrated assistance at prisons for the inmates with drug problems." This goal was implemented concrete through a Cooperation Protocol on drug addiction, agreed between the Ministry of Health and Consumer Affairs (Government Delegation for the National Plan on Drugs) and the Ministry of the Interior (General Department of Penitentiary Institutions) in February 2005.

a) **Abstinence oriented Treatments (detoxifications, drug free units, therapeutic communities in prisons).** See Figure 9.1.

- **Detoxification**
  De-toxification programs are offered to all of individuals who are diagnosed as active drug addicts upon entering prison and who have not been included in treatment with methadone. The number of inmates included in patterned de-toxification in 2007 was 2,810 drug-dependent inmates at 60 prisons depending on the Central Administration of the State (Ministry of the Interior, General Department of Penitentiary Institutions). The rate in December 31, 2007 was 0.17% of the prison population.

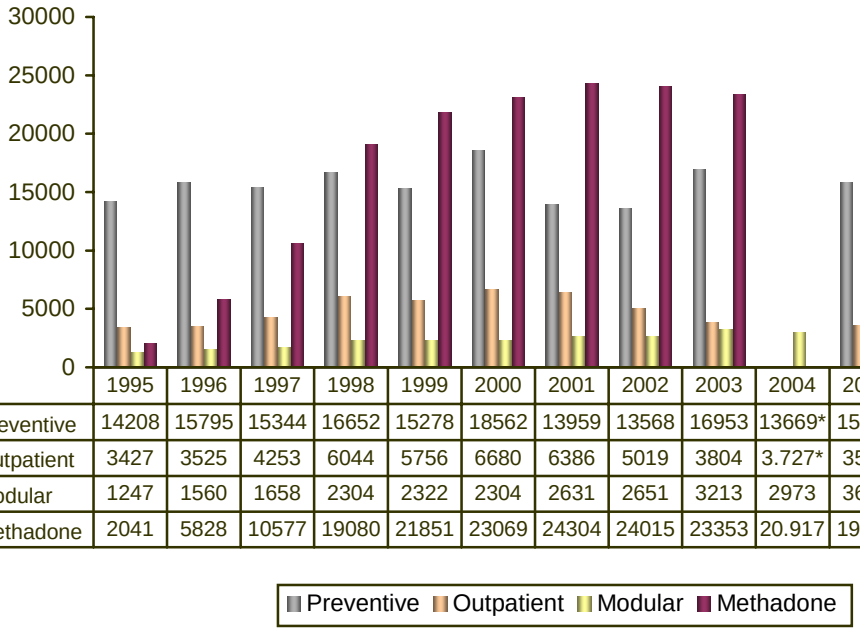
- **Drug-free programmes**
  In 2007, 10,369 inmates were treated through this system of therapy depending on the General Department of Penitentiary Institutions.

  - Outpatient detoxification programs. The treated inmates live together with the rest of the prison population and use the general resources of the center. In 2007, 5,726 inmates from 60 prisons depend the General Department of Penitentiary Institutions were included. The rate in December 31, 2007 was 4.95% of the prison population.

  - Detoxification programs in a specific therapy premises. These activities are carried out in a specific space within the center, and may be provided in a day center or in a therapeutic module, when the subject spends the night in the module.

    In 2007, 3,906 inmates from 28 prisons depending on the General Department of Penitentiary Institutions received treatment in a therapeutic module, being the rate in December 31, 2007 of 2.874% of the prison population. And treated in the daytime center model were 637 inmates from 9 prisons depending on the General Department of Penitentiary Institutions, being the rate of 0.47% of the prison population.

Figure 9.1. Changes in the number of inmates in drug addiction programs. Spain, 1995-2007



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007*
Preventive	14208	15795	15344	16652	15278	18562	13959	13568	16953	13669*	15804	18831	27991
Outpatient	3427	3525	4253	6044	5756	6680	6386	5019	3804	3.727*	3557	5759	5726
Modular	1247	1560	1658	2304	2322	2304	2631	2651	3213	2973	3631	4658	3906
Methadone	2041	5828	10577	19080	21851	23069	24304	24015	23353	20.917	19010	19600	17541

*The data on the prison population of Catalonia are not included.
SOURCE: Government Delegation for the National Plan on Drugs on the basis of the data provided by the General Department of Penitentiary Institutions.

b) Substitution treatment

These treatments have been provided in the prison system since 1992, acquired momentum and underwent notable development since 1994, and in 1998 these treatments were extended to all centers.

In 2007, a total of 17,541 inmates from 66 prisons depending on the General Department of Penitentiary Institutions have received treatment with methadone, a rate of 12.72% on December 31, 2007.

c) Harm reduction measures

- **Blood screening, vaccinations, provisions of disinfectants, provision of condoms**
  At all of the prisons, prevention and heath education programs have been implemented, both through the centers themselves and in coordination with those of the community. These programs are not only intended for drug addicts but also for inmates at risk who may begin to use inside the prison, as well as first-time and the youngest inmates.

  The number of inmates who have gone through this type of programs is 27,991 from all of the prisons in Spain.

It must be pointed out that these programs achieve special importance within the prison, as a result of the frequent and serious health problems displayed by these persons, a significant percentage of whom make their only contact with the health care system when they go to prison.

Preventative activities that are carried out:

- Strategies to promote health which range from health policies to intervention in the physical and social environment.
- Supply of bleach and condoms at every prisons. Moreover, at some prisons aluminum foil and smoking filter tips are provided.
- Health education for disease carriers.
- Hepatitis B vaccination.
- Hepatitis treatments.
- Implementation of tuberculosis prevention and monitoring program, the fundamental goal of which is the early detection and treatment of both the infection and the disease among the inmates. Application of the Observed Directly Treatment, or DOT.
- Psycho-social support and health groups FOR the prison population infected with HIV or who perform practices that put them at risk OF getting infected.

- **Needles and syringe exchange.**
  This program exists at all the prisons depending on the General Department of Penitentiary Institutions. In the year of 2007, there were 31 centers which supplied needles. During the same year, 13,998 needles were distributed at centers run by the central administration.

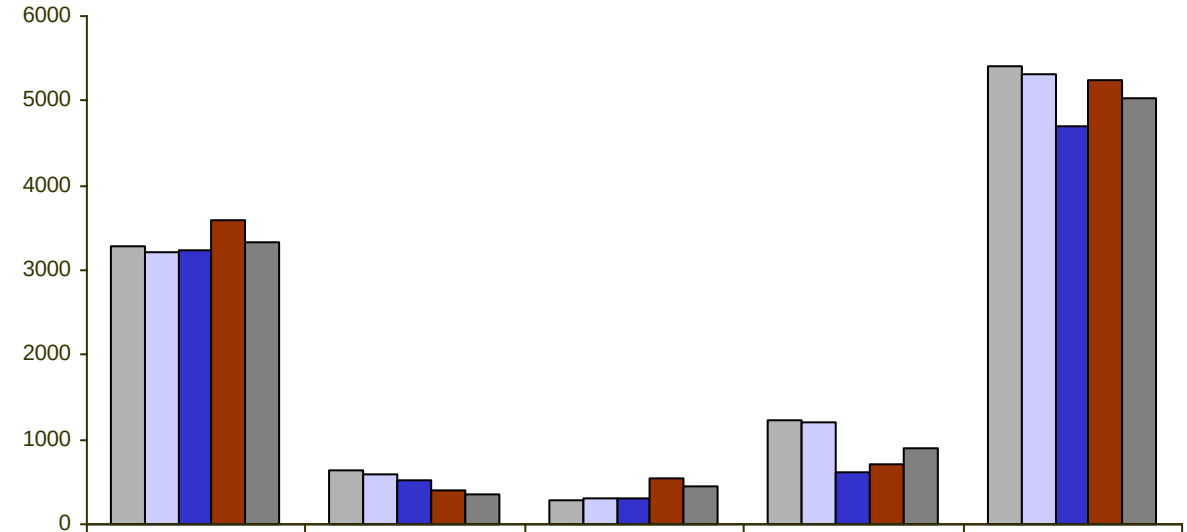
d) **Community links**. See Figure 9.2.

- **Therapeutic communities for offenders outside the prisons**

  In 2007, 5,421 inmates were sent for treatment from penitentiary centers dependent upon the General Department of Penitentiary Institutions:

  - A total of 1,222 inmates were sent to external outpatient centers.
  - A total of 3,277 inmates to external methadone programs.
  - A total of 639 inmates to external therapeutic communities.
  - A total of 283 inmates to other detoxification resources.

Figure 9.2. Derivations of drug addicts from Penitentiary Institutions to Community Treatment Units. Spain, 2007



	Treatments with methadone	Terapeutic communities	Others for stopping addiction	Outpatinet centers	Total
2007	3277	639	283	1222	5421
2006	3202	596	307	1216	5321
2005	3244	531	314	604	4693
2004	3600	393	540	712	5245
2003	3323	346	460	908	5037

* Data from Cataionia are iacking.
SOURCE: Government Delegation for the National Plan on Drugs. On the basis of the data provided by the General Department of Penitentiary Institutions.

Alternatives to prison for drug related offenders *(statistics for 2006; work is ongoing on those for 2007)*

In accordance with the different sources, the following is an attempt to provide an overview of the situation of these measures in our country:

- **General State Administration Prison Social Services** *(Services Sociales Penitenciarios de la Administración General del Estado)***.** In 2006, the courts reported to the Prison Social Services a total of 3,363 alternative measures (security measures curtailing freedom and suspensions). 71.75% (2,413) were detoxification treatments.

  Penal measures that were alternatives to imprisonment under the jurisdiction of these services include conditional freedom, conditional suspension, suspended sentences, community work, security measures and permanent tracking.

- **Statistics for the Basque Country: Report of the Aid Services for Penal Execution and Social Reintegration (*Services para la Asistencia a la Ejecución Penal y Reinserción Social* (SAER)), 2006**.
  In 2006, a total of 816 people participated in 1,329 alternative measures. 81.1% of said measures were granted to persons with drug addiction problems and 3.79% to people with alcohol problems.
  The work of the SAER in 2006 was still conditioned by the entry into force of RD 515/2005, which transfers to the Prison Social Services a large part of the former duties of the SAER.

- **Statistics of the General Directorate of Juvenile Justice of Catalonia.** In 2006, this directorate received from the courts notification of 3,979 requests for alternative measures, of which 359 were drug addiction related.

In addition, according to the information provided by the regional drug plans *(Planes Autonómicos sobre Drogas)*, in 2006 4,897 persons were referred for treatment by the courts, and 552 prisoners for treatment in the community by the prisons. A total of 1,655 people participated in alternative measures at 69 treatment community treatment facilities.

These figures are an underestimation of the real number of cases attended to, given that not all of the autonomous communities reported data.

In spite of methodological insufficiencies in terms of information gathering, the data provides a vision of the high percentage of these measures which target treatment of drug addictions. We only have partial data on the rate of failure. In accordance with the figures presented in the Report of the Aid Services for Penal Execution and Social Reintegration (2006), 5.3% of total the total number of measures applied in 2006 were revoked; according to the report of the prison social services of Navarra, the judge only had to revoke the measure in 3% of the cases.

The Government Delegation for the National Plan on Drugs has also continued to develop the programmes providing judicial and social support to people who have committed crime as a result of their addiction to drugs, developing an extensive network of support teams with the aim of applying measures to avoid imprisonment.

Thus, in 2006 the Government Delegation for the National Plan on Drugs transferred funds to the Community autonomous communities for consolidation and extension of the programmes to treat arrested people being held at police stations and courts (Andalucía, Galicia, Castilla-La Mancha, Castilla y León, Madrid and the community of Valencia.

Programmes targeting young offenders were also driven forward, in view of the importance of the youth justice system as a means of referral for treatment. In fact, prevention and treatment are crucial in terms of controlling drug use and crime, especially amongst problematic young people.

In these terms, in 2006, the autonomous communities worked hard to develop and consolidate programmes for this group. A total of 196 minors were treated on therapeutic programmes at centres for minors (in Aragon, Asturias, Castilla y León, Ceuta, Extremadura, Madrid, Murcia and Navarra).

It is also important to note the implementation of programmes of selective and/or indicated prevention in the following communities:

- Castilla y León has developed a selective prevention programme targeting the families of teenagers with problematic behaviour types (crime, violence etc); and a programme of intervention with minors at risk of social exclusion.

- Catalonia. The Department of Health signed an agreement with the Youth Justice Department to intervene in non-residential and residential via selective and indicated prevention strategies, and assistance strategies. To this end, inter-institutional working group was created.

- Ceuta. This autonomous city is undertaking an intervention programme with at-risk minors (protection and reform minors).

- Madrid. The 2006-2009 regional plan promotes selective and indicated programmes targeting minors at risk via the social education programme for intervention in non-residential. It also seeks to drive forward programmes of indicated prevention at reception and residential centres run by the Children and Families Institute *(Instituto del Menor y de la Familia)*.

  The study "Youth re-offenders in the Community of Madrid" (Graña Gómez Jl., Garrido Genovés V., González Ciez L., 2006), financed by the Agency for the Re-education and Reintegration of Youth Offenders, designed an inventory for youth management and intervention ((IGI-J), for predicting the need for and facilitating intervention with this group. This inventory presents eights areas for study representing eight risk factors; including the use of psychoactive substances. According to the conclusions of this research, the use of substances functions as a variable with predictive capacity in terms of reoffending. This is a very important point, when we consider that relapsers abuse alcohol, cannabis and tobacco more than non-relapsers. They presented statistically significant differences (58.7% of the sample presented regular tobacco use, 30.8% regular cannabis use, and 17.8% regular use of alcohol).

10. DRUG MARKETS

AVAILABILITY AND SUPPLY

PRODUCTION, SUPPLY SOURCES AND TRAFFICKING TRENDS

CANNABIS

Cannabis cultivation and cannabis production

The information available regarding cannabis cultivation and production in Morocco, country of origin of more than 93% of seized cannabis in Spain, hasn't change since 2005.

Cannabis distribution methods and routes in Spain and Europe

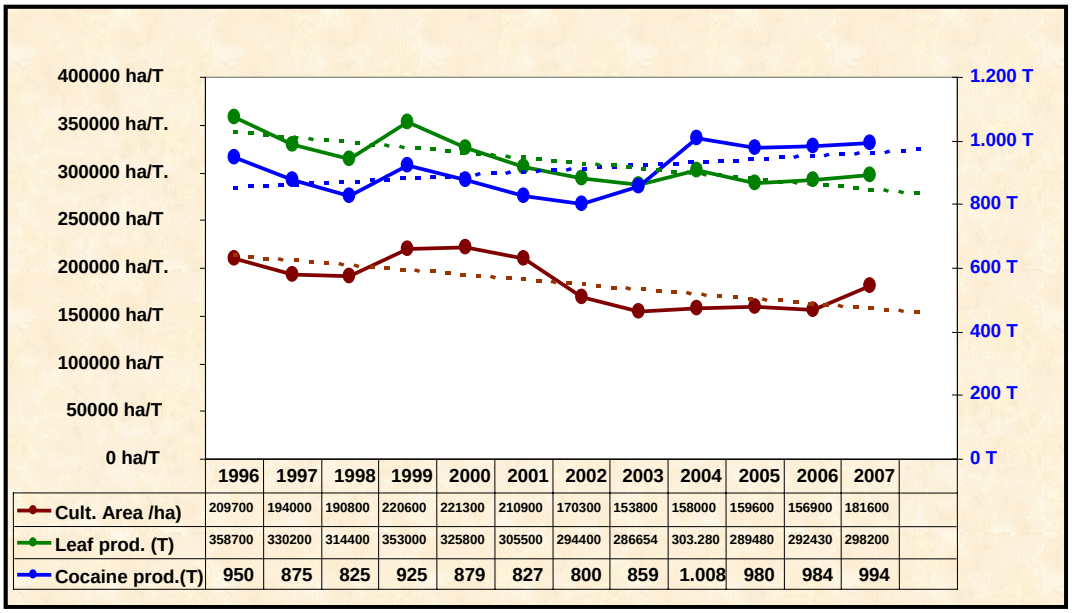
There are no significant changes related the cannabis distribution methods by land, sea or air from Morocco to Spain and Europe as well as the routes used.

COCAINE

Cultivation of coca leaves and cocaine production

Data regarding the extension of coca crops and the production of dry leaves points to a slight general decline of the two variables, which exhibit similar patterns and trend curves. However, cocaine production does not mimic this pattern due to significant increases in production, particularly in Colombia since 2004.

Figure 10.1. Cultivation of coca leaves & cocaine production 1996-2007 (Totals)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cult. Area /ha)	209700	194000	190800	220600	221300	210900	170300	153800	158000	159600	156900	181600
Leaf prod. (T)	358700	330200	314400	353000	325800	305500	294400	286654	303.280	289480	292430	298200
Cocaine prod.(T)	950	875	825	925	879	827	800	859	1.008	980	984	994

Between 1996 and 2007, total cultivated surface area decreased 13.40% and the production of dry coca leaves went down by 16.87%, while total cocaine production increased by 4.63%.

Cocaine distribution methods and routes in Spain and Europe

There are no significant changes in distribution methods by land, sea or air, both in fright transportation and carrying people called “mulas” from origin sites to Spain and Europe. There are also no changes in cocaine routes.

SYNTHETIC DRUGS - MDMA

Production of MDMA-ecstasy

The difficulties inherent in gathering reliable data on MDMA production[3] force us to rely on indirect indicators, such as estimated use, the number of seizures and quantities confiscated, or laboratories dismantled.

In 2005 and 2006, 116 ecstasy laboratories were dismantled around the world, especially in economically prosperous regions of developed countries (72 in North America, 23 in Europe and 17 in Australia). Although North America (USA and Canada) accounts for the highest percentage of dismantled laboratories (62.08%), the largest quantities were seized in Europe, where 13.80% of all laboratories dismantled were located in the Netherlands.

According to available data, the European Union is the leading producer of ecstasy, although the relative importance of this area is declining and activity is intensifying in North America.

Ecstasy distribution methods and routes in Spain and Europe

There are no significant changes related ecstasy distribution methods and routes in Spain.

HEROIN

Heroin distribution methods and routes in Europe

There are three different routes to distribute heroin from Turkey to the rest of Europe by drugs dealers: the Balkan Route, the Caucasian Route and the South Route.

According to available data, most of the heroin seized in Spain is the brown sugar variety, produced in Afghanistan and shipped from Turkey along the Balkan Route. The drugs are smuggled in by Turkish organizations that make use of existing Spanish organizations, generally gypsy mafias, to distribute the heroin to the end user.

[3] The 2005 UNODC World Drug Report estimates synthetic drug production based on the number of laboratories producing derivatives of amphetamines, methamphetamines and ecstasy. This Report and other police information sources were used to estimate the main centres of MDMA production and distribution.

SEIZURES

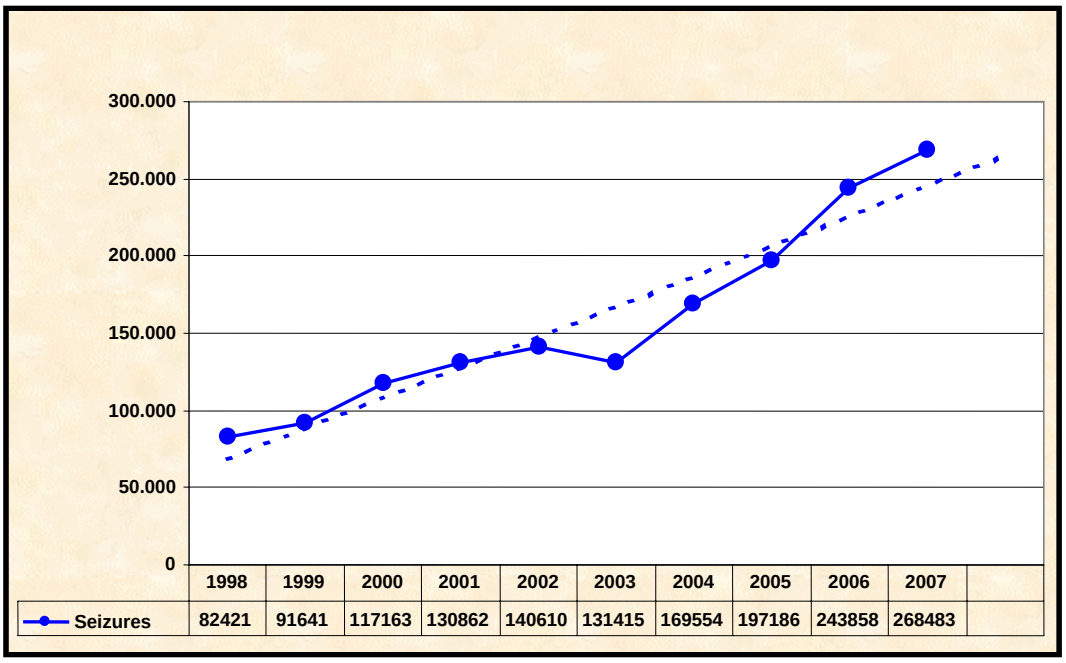
The number of seizures alone is an excellent indicator of the intense efforts of the national security forces to combat illegal drug trafficking.

Over the last ten years, the number of seizures has increased notably in a constant and almost linear trend, indicative of the ongoing efforts against illegal drugs.

It is true that most drug seizures were effected in public places from individuals who were using or carrying small quantities of drugs and therefore could not be charged with "*possession with intent to distribute*" under Article 368 of the Spanish Penal Code.

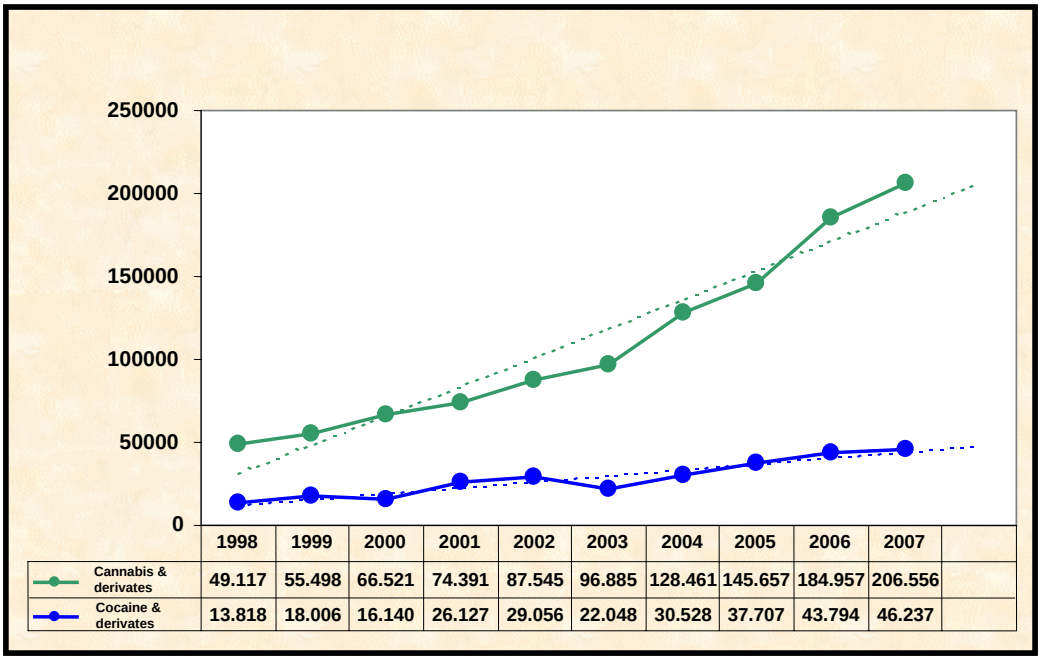
In contrast, operations against drug trafficking networks tend to result in a very small number of seizures involving large quantities of drugs. On numerous occasions these seizures have resulted in the confiscation of several tonnes of drugs in a single raid, particularly in the case of cocaine and cannabis shipments. In the year 2007, a total of 268,483 seizures were carried out, 10.10% more than the year before.

Figure 10.2. Total number of illegal drug seizures, 1998-2007



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Seizures	82421	91641	117163	130862	140610	131415	169554	197186	243858	268483

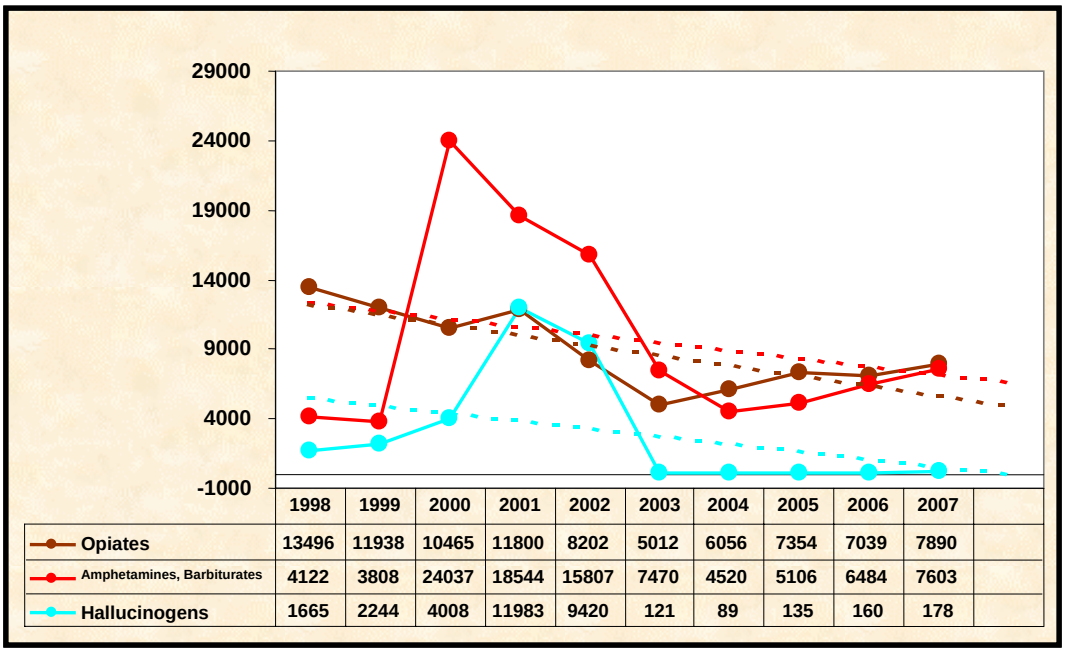
Figure 10.3. Evolution of number of seizures by drug type 1998-2007 (I)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis & derivates	49.117	55.498	66.521	74.391	87.545	96.885	128.461	145.657	184.957	206.556
Cocaine & derivates	13.818	18.006	16.140	26.127	29.056	22.048	30.528	37.707	43.794	46.237

By substance type, it is clear that most of the seizures involved cannabis and cocaine or derivatives (90.50% in 2003, 93.76% in 2004, 92.99% in 2005, 93.81% in 2006 and 94.16% in 2007), with a much smaller number of seizures involving opiates, amphetamine-barbiturates, hallucinogens and other substances.

Figure 10.4. Evolution of number of seizures by drug type 1998-2007 (II)



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Opiates	13496	11938	10465	11800	8202	5012	6056	7354	7039	7890
Amphetamines, Barbiturates	4122	3808	24037	18544	15807	7470	4520	5106	6484	7603
Hallucinogens	1665	2244	4008	11983	9420	121	89	135	160	178

ANALYSIS OF PRIMARY DRUGS

The comparative analysis of the number of seizures has been carried out with EMCDDA data until 2005 while the comparative analysis of the quantities seized has been carried out with UN data until 2006.

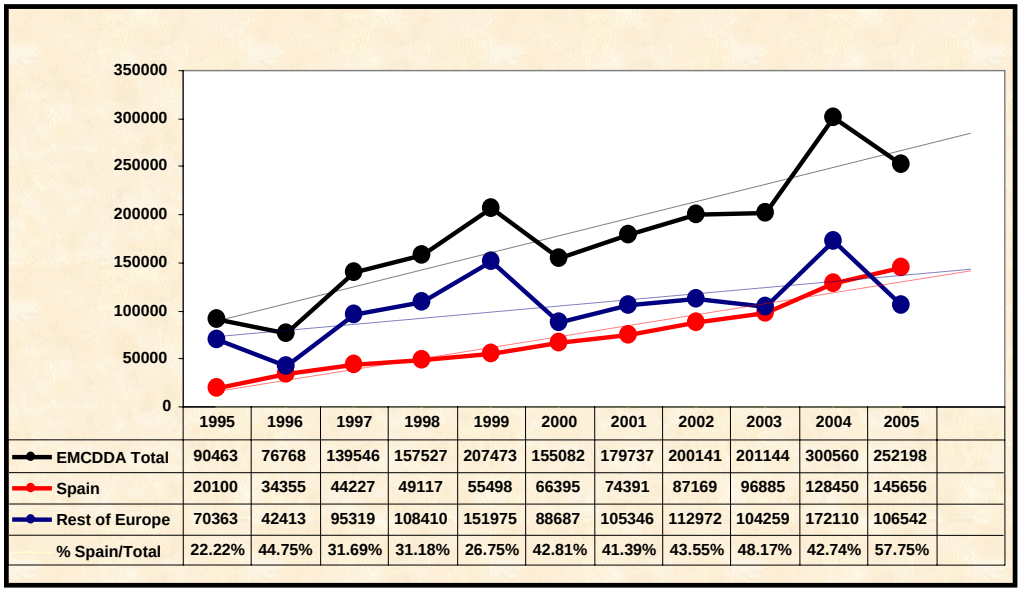
CANNABIS

Number of seizures. Evolution in comparison with Europe (1995-2005)

In the period analysed, the number of cannabis seizures in the rest of Europe followed an upward curve with periodic highs and lows, while the number of seizures in Spain showed a steady upward trend at a steeper rate.

It can be appreciated that seizures in Spain now represent a greater proportion of the total number of seizures, rising from 22.22% in 1995 to 57.75% in 2005 in a pattern of steadily increasing numbers almost every year.

Figure 10.5. Compared numbers of cannabis seizures Europe-Spain 1995-2005



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
EMCDDA Total	90463	76768	139546	157527	207473	155082	179737	200141	201144	300560	252198
Spain	20100	34355	44227	49117	55498	66395	74391	87169	96885	128450	145656
Rest of Europe	70363	42413	95319	108410	151975	88687	105346	112972	104259	172110	106542
% Spain/Total	22.22%	44.75%	31.69%	31.18%	26.75%	42.81%	41.39%	43.55%	48.17%	42.74%	57.75%

The correlation coefficients of the statistical variables of the number of seizures carried out in Spain with those in the rest of Europe (0.77064685) and with total seizures (0.91258758) shows a strong correlation, as is to be expected given that 40.92% of all seizures for the period analysed took place in Spain.

Quantities seized in Spain (1988-2007)

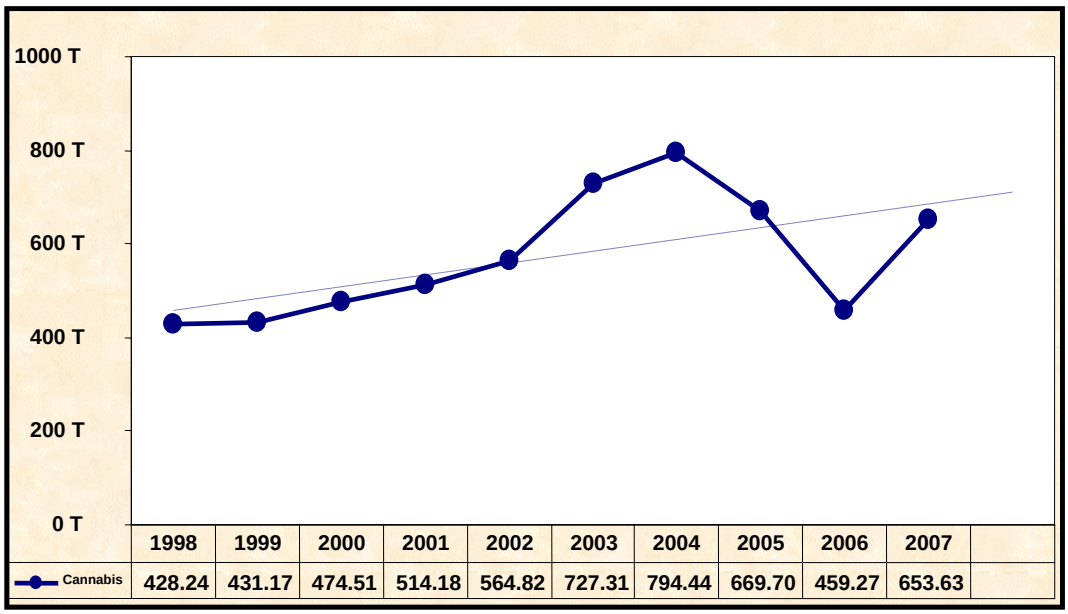
The evolution of cannabis quantities seized is linked to incidental facts derived from the special features of the cannabis seizures in Spain as a consequence mainly of law enforcement investigations against organised crime, seizures along the coast and location of large consignments on the sea.

The evolution of seized quantities of cannabis has followed an almost straight and constant upward line, much of which coincides with the plotted figures up to 2002. From this year to 2004, the quantities experienced a steeper rise. In that year, the cannabis seizures were almost the double than in 1998. During the two following years, the falling was significant since in 2006 was seized a 42.22% less than in 2006.

In 2007 there was a recovery with an increase of 42.32% with regard to the previous year.

The overall trend of quantities seized is rising and a short-tem change is not foreseen.

Figure 10.6. Quantities of cannabis seized 1998-2007



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cannabis	428.24	431.17	474.51	514.18	564.82	727.31	794.44	669.70	459.27	653.63

Number of seizures. Evolution in comparison with Europe (2000-2006)

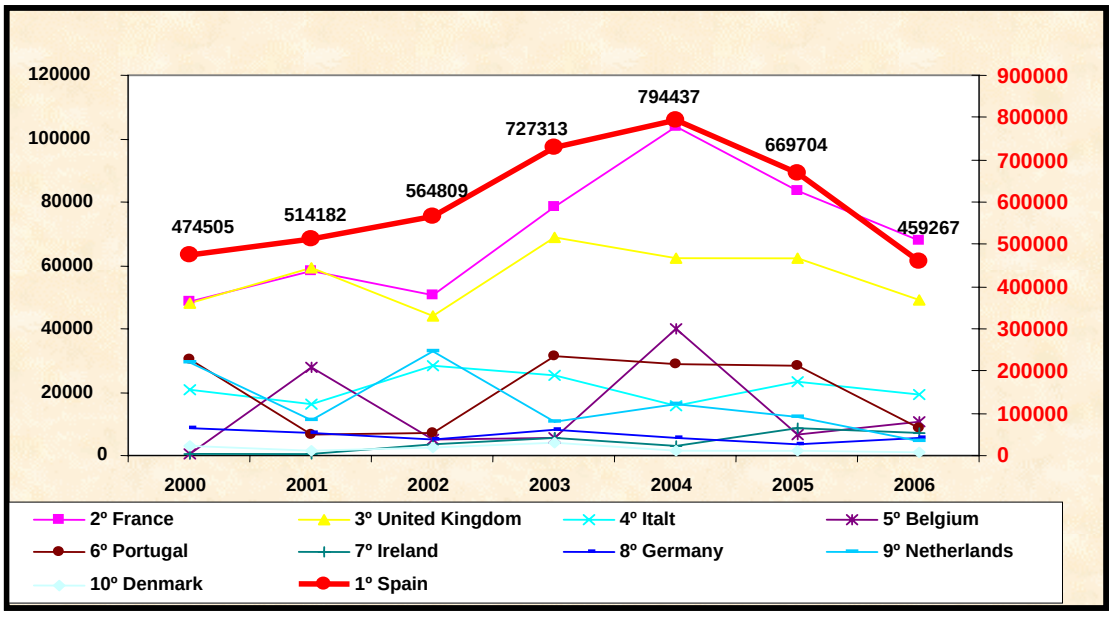
During 2006, Spain was the first in the European raking regarding cannabis seizures with 459.267 kg, in spite of this year the total amount of seizures was the minimum of the last nine years. The amount seized in Spain was the 71, 34% of the total amount seized in Europe followed by amounts seized in France and United Kingdom , with a 10,55% and a 7,64% of the total amounts seized respectively.

Table 10.1. Cannabis seizures in Europe (2000-2006)

Cannabis /kg	2000	2001	2002	2003	2004	2005	2006	%/ Total 2006
1º Spain	**474505**	**514182**	**564809**	**727313**	**794437**	**669704**	**459267**	71.34%
2º France	48711	58196	50836	78348	103705	83471	67892	10.55%
3º United Kingdom	48347	58997	44192	69030	62060	62060	49190	7.64%
4º Italy	20725	16455	28600	25166	15924	23185	19202	2.98%
5º Belgium	532	27993	5298	5655	39921	6394	10481	1.63%
6º Portugal	30467	6473	7022	31556	28994	28258	8458	1.31%
7º Ireland	380	567	3315	5349	3226	8639	6982	1.08%
8º Germany	8525	6863	5003	8303	5473	3637	5606	0.87%
9º Netherlands	29590	10972	32717	10719	16101	12090	4622	0.72%
10º Denmark	2914	1763	2635	3829	1757	1406	953	0.15%
Rest of Europe	6470	19558	7245	9632	9678	20244	11135	1.73%
TOTAL EUROPE	**671167**	**722018**	**751672**	**974900**	**1081278**	**919087**	**643788**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006.

Figure 10.7. Compared evolution of cannabis seizures in European countries (kg)



Number of seizures. Global comparison (2000-2006)

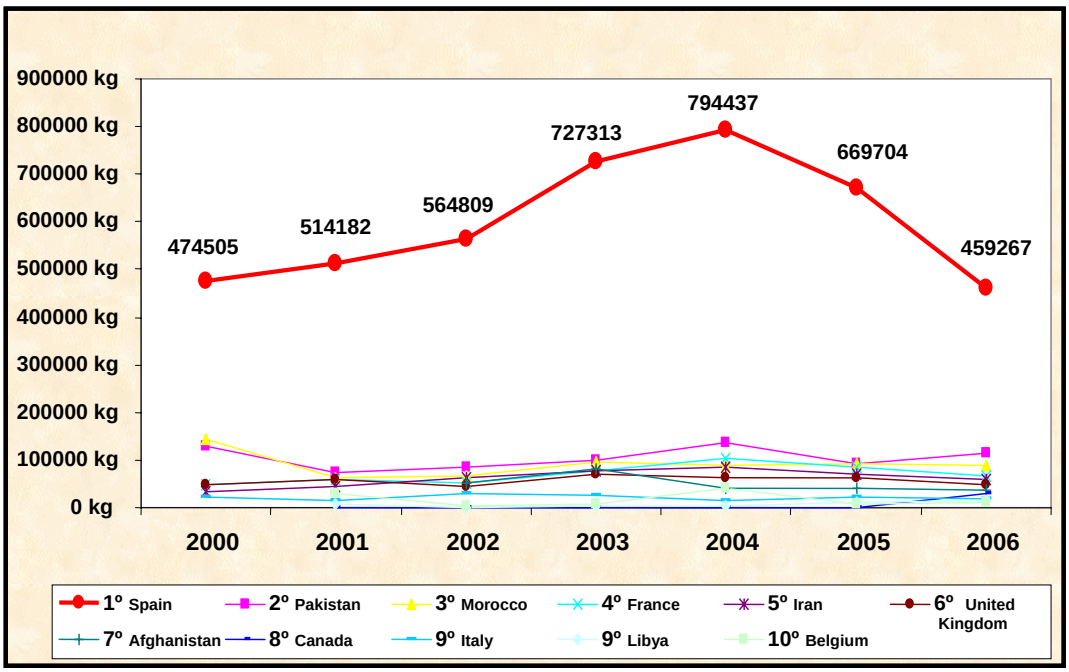
By countries, on a global scale, Spain is far and away the highest-ranking nation, accounting for 44.62% of all seizures. Pakistan and Morocco occupy distant second and third places with 11.22% and 8.58% respectively, followed by France (6.60%), Iran (5.75%) and United Kingdom (4.77%):

Table 10.2. World comparative of cannabis seizures (2000-2006)

Countries/ Kg	2000	2001	2002	2003	2004	2005	2006	%/ Total 2006
1º Spain	**474505**	**514182**	**564809**	**727313**	**794437**	**669704**	**459267**	**44.62%**
2º Pakistan	129182	75161	85126	99123	135639	93539	115444	11.22%
3º Morocco	143946	61356	66394	96306	86800	92423	88280	8.58%
4º France	48711	58196	50836	78348	103705	83471	67891	6.60%
5º Iran	31581	46084	64166	76991	86500	68836	59189	5.75%
6º United Kingdom	48347	58997	44192	69030	62060	62060	49120	4.77%
7º Afghanistan			50314	81176	41146	42389	36972	3.59%
8º Canada		1756	159	1804	484	438	27730	2.69%
9º Italy	20725	16455	28600	25166	15924	23185	19202	1.87%
9º Libya		7033	4	3134	4353	11321	14829	1.44%
10º Belgium		27993	5298	5655	39921	6394	10481	1.02%
Rest of countries	155531	67280	130004	122290	92621	145389	80894	7.86%
TOTAL WORLD	**1052528**	**934492**	**1089903**	**1386336**	**1463590**	**1299149**	**1029299**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006

Figure 10.8. Evolution of cannabis quantities seized by countries



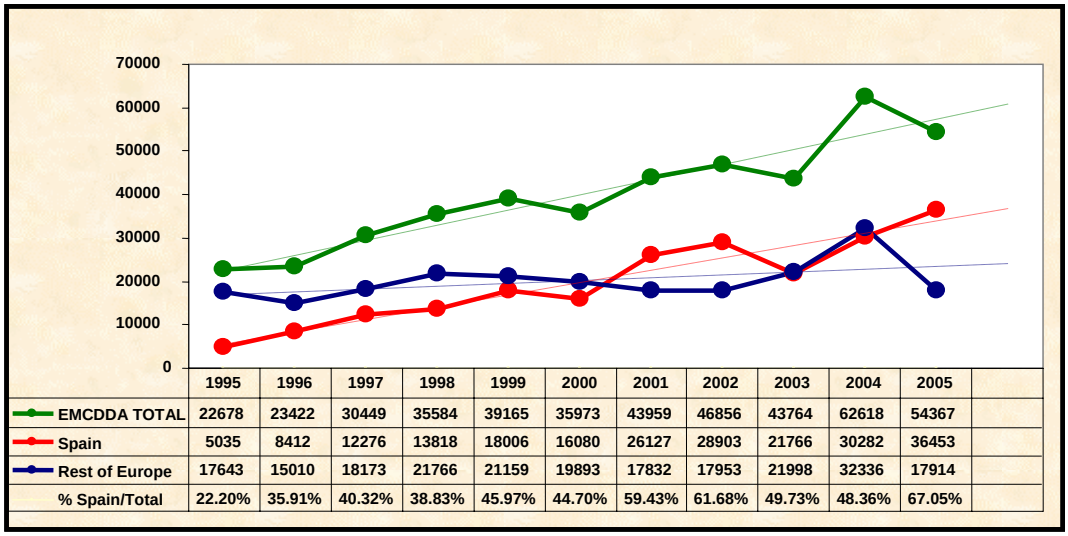
COCAINE

Number of seizures. Evolution in comparison with Europe

In the period analysed, and particularly since 1998, the number of cocaine seizures in the rest of Europe followed a gentle upward curve, while the number of seizures in Spain showed a steady upward trend at a rate very similar to the evolution of the European total.

The performance of both variables is reflected in the fact that seizures in Spain now represent a greater proportion of the total number of seizures, rising from 22.20% in 1995 to nearly 62% in 2002 and 67.05% in 2005, following a pattern of steadily increasing numbers practically every year.

Figure 10.9. Compared numbers of cocaine seizures in Europe-Spain, 1995-2005



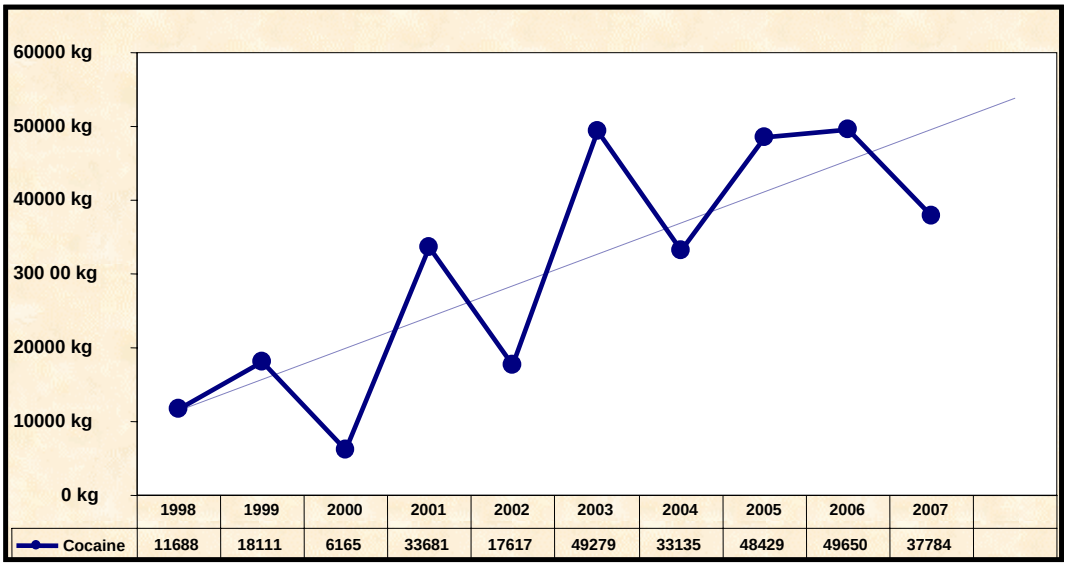
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
EMCDDA TOTAL	22678	23422	30449	35584	39165	35973	43959	46856	43764	62618	54367
Spain	5035	8412	12276	13818	18006	16080	26127	28903	21766	30282	36453
Rest of Europe	17643	15010	18173	21766	21159	19893	17832	17953	21998	32336	17914
% Spain/Total	22.20%	35.91%	40.32%	38.83%	45.97%	44.70%	59.43%	61.68%	49.73%	48.36%	67.05%

The correlation coefficient (0.35510666) shows a low correlation between the number of seizures in the rest of Europe and the number in Spain, and the coefficient 0.93751379 shows a strong correlation between the number of seizures in all of Europe and the number performed in Spain. This is to be expected, given that Spain has the highest results in terms of successful police operations against cocaine trafficking.

Quantities seized in Spain (1998-2007)

The quantities of cocaine seized show a classic saw tooth graph with a marked upward tendency. The distribution of the oscillations is compatible with a context in which new distribution modus operandi are being developed as a reaction to the efficiency of security forces, which elude police pressure until they are detected and immobilised.

Figure 10.10. Quantities of cocaine seized 1998-2007



In 2007, after two consecutive years increasing the amounts seized, there was a decrease of 23, 90% with regard to 2006; however this amount was even larger in 14,03% than in 2004, so the upward trend is kept.

Quantities seized. European comparison (1999-2006)

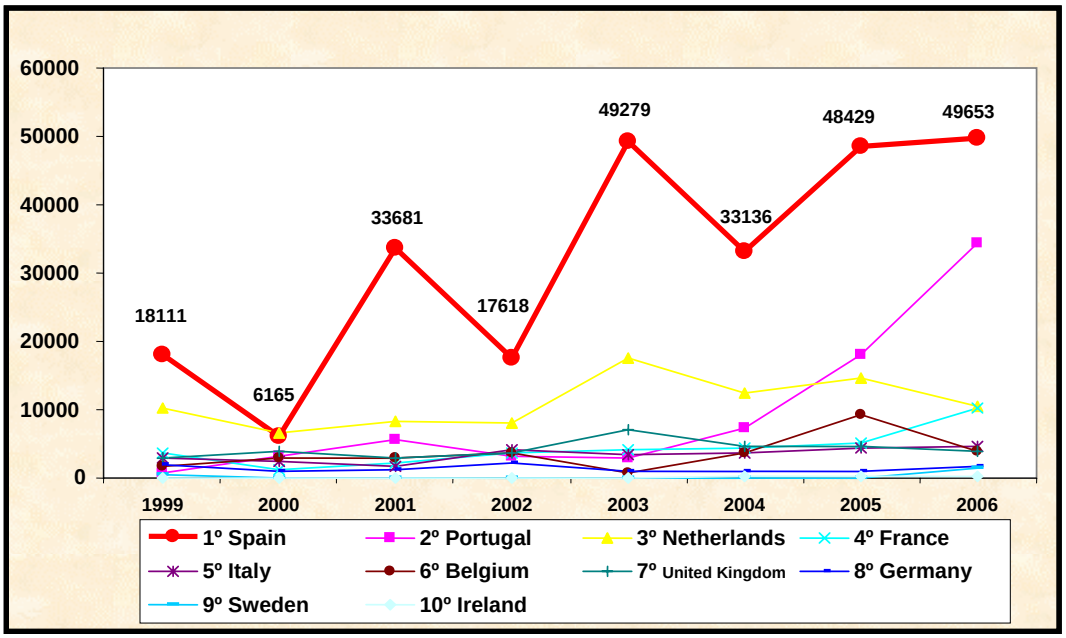
In 2006 the amount of cocaine seized in Spain reached a new historical record twice: 49.653 Kg., amount that is a 40, 87% of the total amount seized in Europe. Portugal that has multiplied its seizures in the last two years, is in the second place with a 28,38% of the total followed by The Netherlands and France with 8,71% ad 8,38% respectively which means in absolute terms that the four mentioned counties seized in 2006 a 86,34% of the total cocaine seized in Europe.

Table 10.3. European comparative analysis of cocaine amounts seized 1999-2006

Cocaine/Kg	1999	2000	2001	2002	2003	2004	2005	2006	% / Total 2006
1º Spain	**18111**	**6165**	**33681**	**17618**	**49279**	**33136**	**48429**	**49653**	40.87%
2º Portugal	823	3075	5575	3140	3021	7423	18083	34477	28.38%
3º Netherlands	10361	6472	8382	7968	17560	12387	14603	10584	8.71%
4º France	3697	1333	2102	3660	4185	4502	5197	10175	8.38%
5º Italy	2998	2360	1809	4040	3521	3584	4372	4624	3.81%
6º Belgium	1762	2814	2814	3589	646	3541	9259	3946	3.25%
7º United Kingdom	2973	3970	2897	3635	7060	4700	4700	3814	3.14%
8º Germany	1979	916	1290	2143	1014	971	1085	1720	1.42%
9º Sweden	414	52	47	41	42	29	33	1358	1.12%
10º Ireland	86	18	5	30	107	167	306	254	0.21%
Rest of Europe	866	1750	685	959	1507	2218	1299	886	0.73%
TOTAL EUROPE	**44068**	**28925**	**59289**	**46823**	**87942**	**72658**	**107367**	**121491**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006

Figure 10.11. Evolution by European countries of cocaine quantities seized (kg)



Quantities seized. Global comparison (1999-2006)

Over the years in the period analysed, more than half of all cocaine seized (55%) was taken in Colombia and the USA.

In 2006, these two countries again topped the list of nations with the highest quantities of cocaine seized (25.69% and 24.74% respectively), followed at a distance by Spain with 7.04% and Venezuela in fourth place with 5.53%. Venezuela is followed by Panamá with 5, 10%. Portugal, with 4, 89%, is the second European country of the world ranking. The list of the top ten countries in 2006 is closed by Peru with 19.453 kg which represent a 2, 76% of the total of the world.

So, there are included in this list two of the three cocaine producers countries (Colombia and Peru), the two countries with highest prevalence of use (USA and Spain) and the main transit countries to reach the most important markets (North America and Europe) such Venezuela, Ecuador and México.

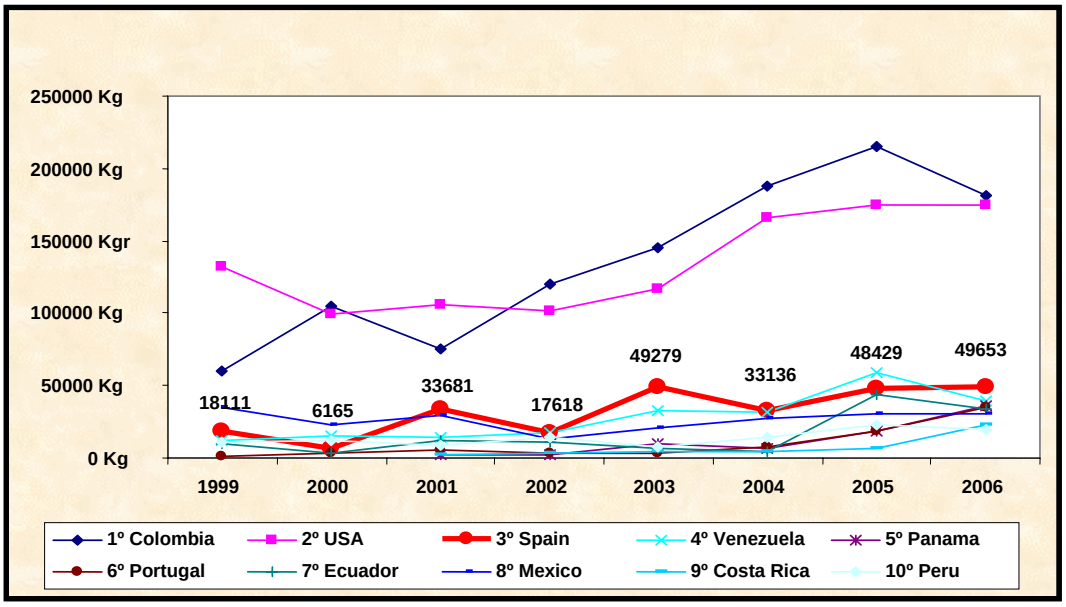
Table 10.4. World Analysis of cocaine seizures (1999-2006)

Cocaine / kg	1999	2000	2001	2002	2003	2004	2005	2006	% / Total 2006
1º Colombia	60512	105006	75087	120579	145601	187808	214521	181310	25.69%
2º USA	132318	99700	106213	101905	117025	165957	174599	174599	24.74%
3º Spain	**18111**	**6165**	**33681**	**17618**	**49279**	**33136**	**48429**	**49653**	**7.04%**
4º Venezuela	12419	15063	13951	17829	32340	31254	58436	39058	5.53%
5º Panama			2660	2588	9487	7068	18314	36000	5.10%
6º Portugal	823	3075	5575	3140	3021	7423	18083	34477	4.89%
7º Ecuador	10164	3308	12242	11212	6848	4779	43361	34249	4.85%
8º Mexico	34623	23196	29989	12639	21107	26844	30227	30227	4.28%
9º Costa Rica			1749	2955	4292	4590	7049	22909	3.25%
10º Perú	11307	11848	9189	14568	7941	13650	22398	19453	2.76%
Rest of countries	98930	86928	93710	84041	114234	115068	146282	83829	11.88%
TOTAL WORLD	**367898**	**342442**	**373106**	**371551**	**498941**	**579337**	**752252**	**705764**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006

This list has not varied greatly since 1999. Spain ranked fifth in 2000, fourth in 1999, 2002 and 2005, and third in 2001, 2003, 2004 and 2006.

Figure 10.12. Evolution by countries of cocaine amount seizures

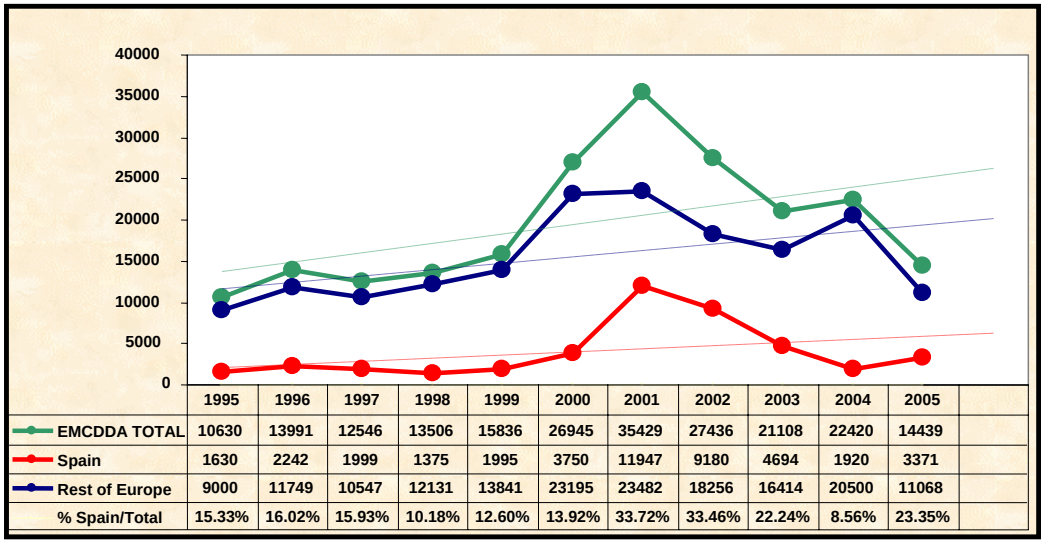


SYNTHETIC DRUG – MDMA

Number of seizures. Evolution in comparison with Europe (1995-2005)

The number of ecstasy seizures in Spain has evolved similarly to the number of seizures in the rest of Europe and the total figures.

Figure 10.13. Compared numbers of MDMA-ecstasy seizures Europe-Spain 1995-2005



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
EMCDDA TOTAL	10630	13991	12546	13506	15836	26945	35429	27436	21108	22420	14439
Spain	1630	2242	1999	1375	1995	3750	11947	9180	4694	1920	3371
Rest of Europe	9000	11749	10547	12131	13841	23195	23482	18256	16414	20500	11068
% Spain/Total	15.33%	16.02%	15.93%	10.18%	12.60%	13.92%	33.72%	33.46%	22.24%	8.56%	23.35%

The correlation coefficients of the number of seizures in Spain with the European total and with the rest of Europe are high (0.85675003 and 0.62903179 respectively). Both figures are compatible with a context in which Europe is making a concentrated effort to combat ecstasy production and use, and Spain's involvement in this collective effort has resulted in a higher percentage of operations being carried out in our country.

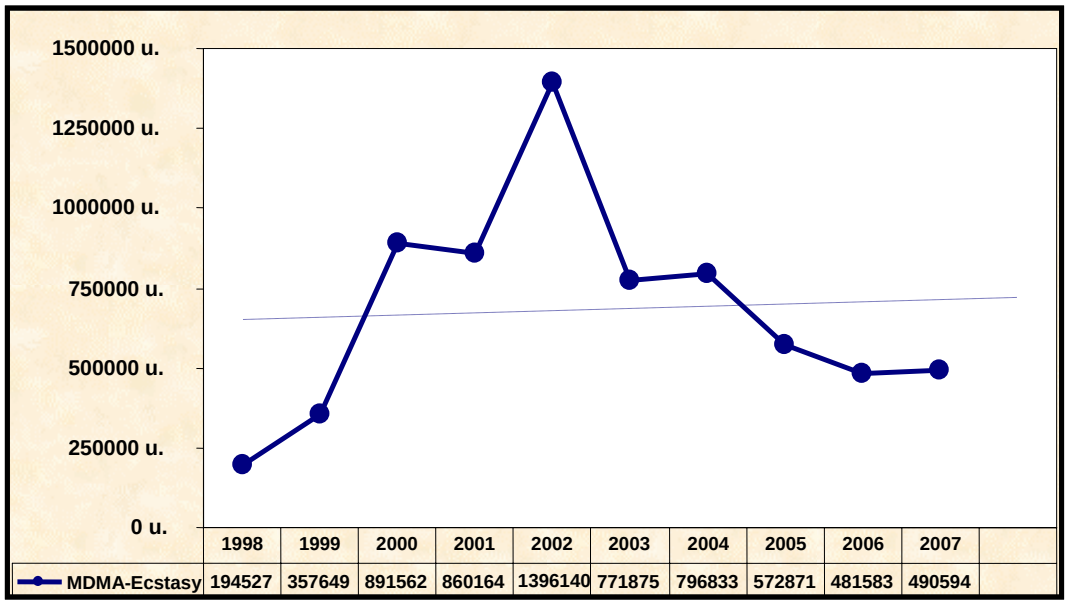
Quantities seized in Spain (1998-2007)

The evolution of seizes of MDMA-ecstasy and synthetic drugs in general is influenced by a series of factors that have made it particularly difficult to crack down on the traffic of these substances.

The complexity of the fighting against synthetic drugs starts from the inclusion of new substances in the control Lists and continues with difficulties to locate and annulated the distribution networks.

The figure can be interpreted in two sections: 1998-2002, after a previous period with relatively good social consideration (with more difficulties to detect and pursue trafficking activities), there was a sharp increase in the units seized. This increase was broken in 2003 when a tendency to decrease was initiated. However, after a slight increase in seizures in 2007, the overall trend is slightly upward.

Figure 10.14. Quantities of MDMA-Ecstasy seized 1998-2007



Quantities seized. European comparison (1999-2006)

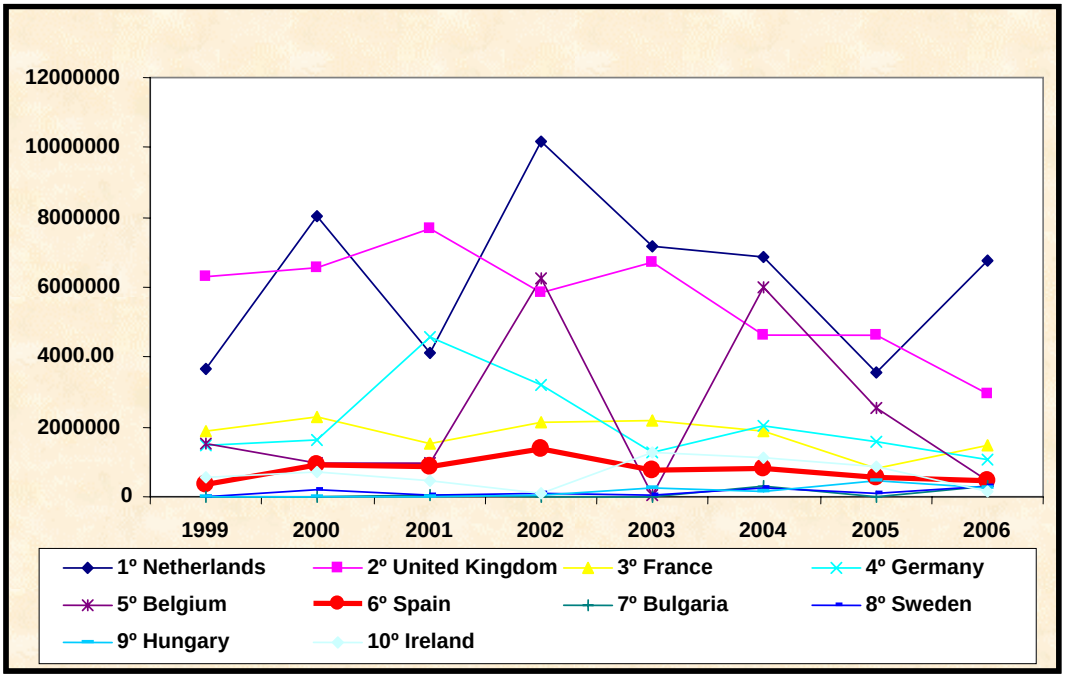
Spain, with 481.543 ecstasy tablets seized, holds the sixth place in Europe, behind The Netherlands, United Kingdom, France, Germany and Belgium.

Table 10.5. European comparison of ecstasy seizures (1999-2006)

Ecstasy (MDMA) Unidades	1999	2000	2001	2002	2003	2004	2005	2006	% / Total 2006
1º Netherlands	3663608	8028000	4136505	10183167	7160033	6843269	3574487	6774532	39.38%
2º United Kingdom	6323500	6534813	7662228	5852000	6730000	4650000	4650000	2946000	17.12%
3º France	1860402	2283620	1503773	2156937	2211727	1893226	833648	1488919	8.65%
4º Germany	1470507	1634683	4576504	3207099	1257676	2052157	1588907	1082820	6.29%
5º Belgium	1533317	966515	966515	6256000	58278	6000000	2547874	482904	2.81%
6º Spain	**357649**	**891562**	**860164**	**1396142**	**771874**	**796833**	**572889**	**481543**	2.80%
7º Bulgaria	0	4524	33961	9135	1097	294071	2125	318040	1.85%
8º Sweden	0	185209	59006	96577	71514	258877	124551	291385	1.69%
9º Hungary	466	13616	19341	46030	259.594	170946	482905	240442	1.40%
10º Ireland	564898	695133	469862	117658	1290876	1126282	863525	153771	0.89%
Rest of Europe	472959	1903803	1812923	1733527	2857633	3117213	1964745	2943556	17.11%
TOTAL EUROPE	**16247306**	**23141478**	**22100782**	**31054272**	**22670302**	**27202874**	**17205656**	**17203912**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006.

Figure 10.15. Comparative evolution by European countries of ecstasy seizures (units)



Quantities seized. Global comparison (1999-2006)

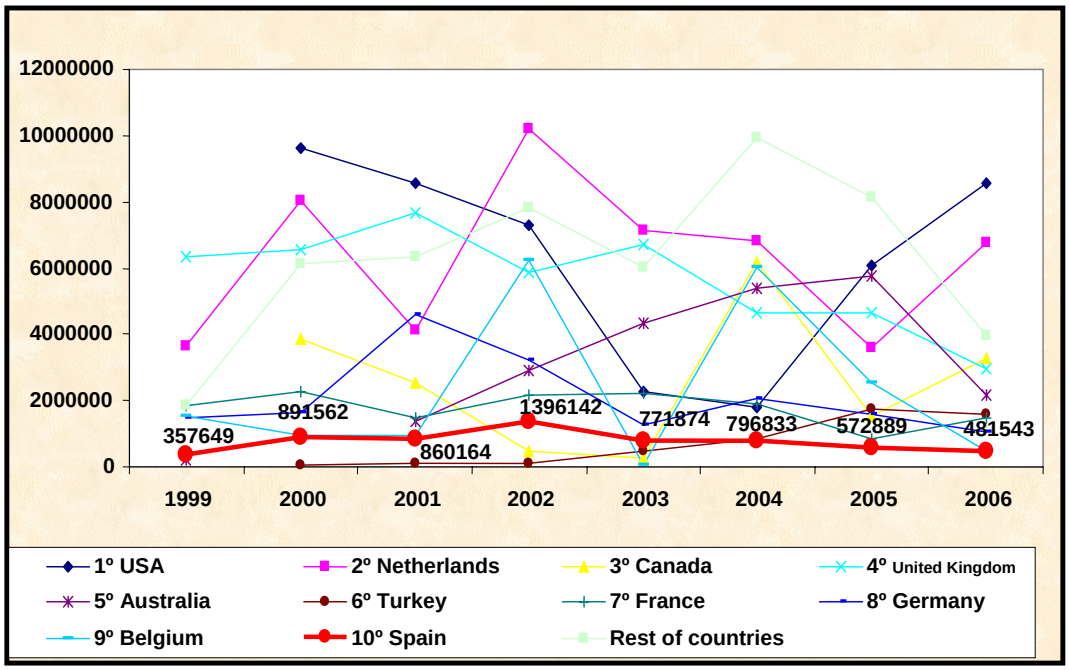
In 2006, **Spain** holds the tenth position in the world ranking. The USA, the Netherlands, Canada and Great Britain are at the top of the list, representing 26.10%, 20.64%, 9.94% and 8.98% of the worldwide total respectively.

Table 10.6. World comparative table of ecstasy seizures (1999-2006)

Ecstasy (MDMA) Units	1999	2000	2001	2002	2003	2004	2005	2006	%/ Total 2006
1º USA		9600000	8539981	7312142	2290991	1776572	6104622	8565158	26.10%
2º Netherlands	3663608	8028000	4136505	10183167	7160033	6843269	3574487	6774532	20.64%
3º Canada		3868965	2533333	477418	245695	6169272	1558939	3262367	9.94%
4º United Kingdom	6323500	6534813	7662228	5852000	6730000	4650000	4650000	2946000	8.98%
5º Australia	222084		1353600	2888000	4337617	5412379	5756468	2151399	6.56%
6º Turkey		33894	121508	98989	473240	845390	1748799	1592200	4.85%
7º France	1860402	2283620	1503773	2156937	2211727	1893226	833648	1488919	4.54%
8º Germany	1470507	1634683	4576504	3207099	1257676	2052157	1588907	1082820	3.30%
9º Belgium	1533317	966515	966515	6256000	58278	6000000	2547874	482904	1.47%
10º Spain	**357649**	**891562**	**860164**	**1396142**	**771874**	**796833**	**572889**	**481543**	**1.47%**
Rest of countries	1858776	6119867	6369110	7831921	6028531	9926114	8129645	3987994	12.15%
TOTAL WORLD	**17289843**	**39961919**	**38623221**	**47659815**	**31565662**	**46365212**	**37066278**	**32815836**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006

Figure 10.16. Evolution by countries of ecstasy seizures (Units)



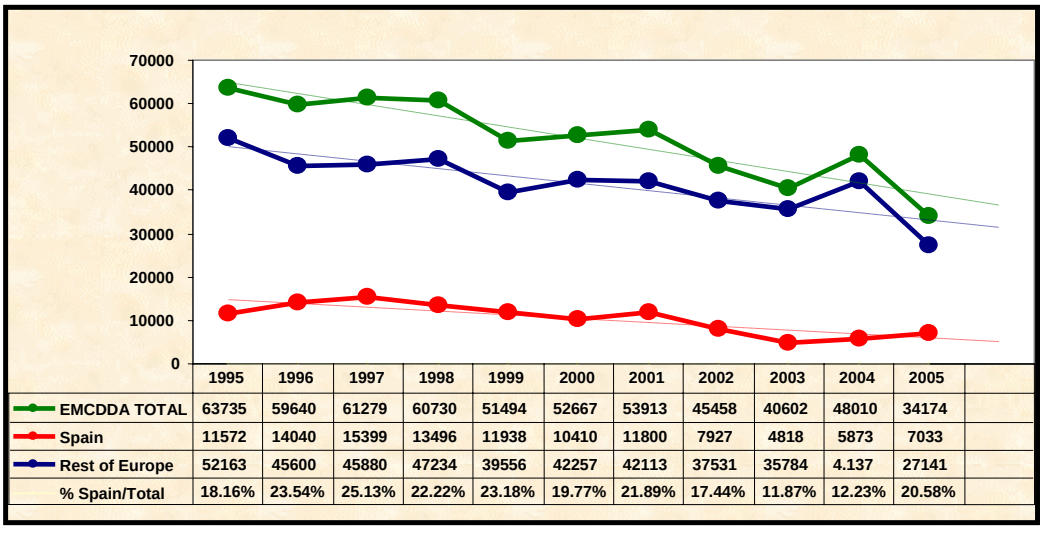
Heroin

Number of seizures. Evolution in comparison with Europe (1995-2005)

In the period analysed, the evolution of the number of heroin seizures has followed a steady downward trend for the three variables assessed. The performance of the three curves exhibits slight oscillations along their downward path.

Spain's contribution to the total number of heroin seizures has always been between 12% and 25%, with 2003 and 2004 registering the lowest figures for the period. This reflects the fact that traffic diminished at the end of the period due to the drop in user numbers registered in drug use surveys.

Figure 10.17. Compared number of heroin seizures Europe-Spain 1995-2005

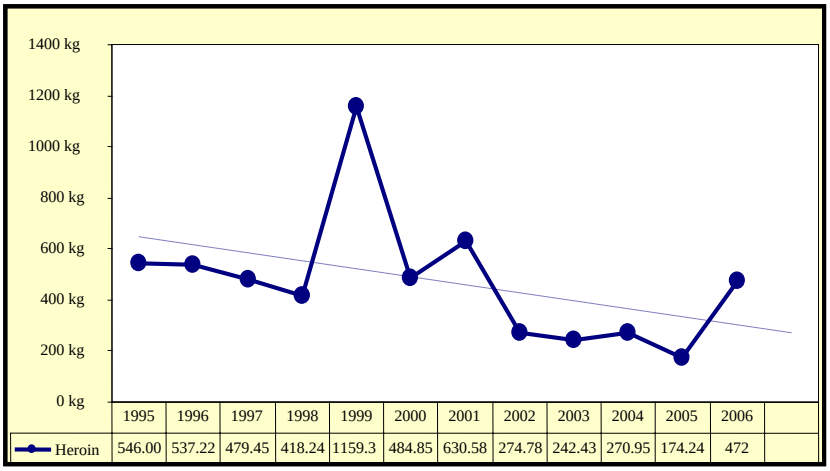


	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
EMCDDA TOTAL	63735	59640	61279	60730	51494	52667	53913	45458	40602	48010	34174
Spain	11572	14040	15399	13496	11938	10410	11800	7927	4818	5873	7033
Rest of Europe	52163	45600	45880	47234	39556	42257	42113	37531	35784	4.137	27141
% Spain/Total	18.16%	23.54%	25.13%	22.22%	23.18%	19.77%	21.89%	17.44%	11.87%	12.23%	20.58%

Quantities seized in Spain (1998-2007)

The evolution of heroin seizures shows a downward trend that can be attributed to a drop in supply due to the lower rates of use shown by demand indicators.

Figure 10.18. Quantities of heroin seized 1995-2006



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Heroin	546.00	537.22	479.45	418.24	1159.3	484.85	630.58	274.78	242.43	270.95	174.24	472

This downward trend slowed in 2006, with a sharp upturn in seizures. The total volume of heroin seized amounted to 472 kilos, 171.25% more than in 2005. In 2007 the amount seized was 227 kilos with means a drop of 51.91% regarding previous year.

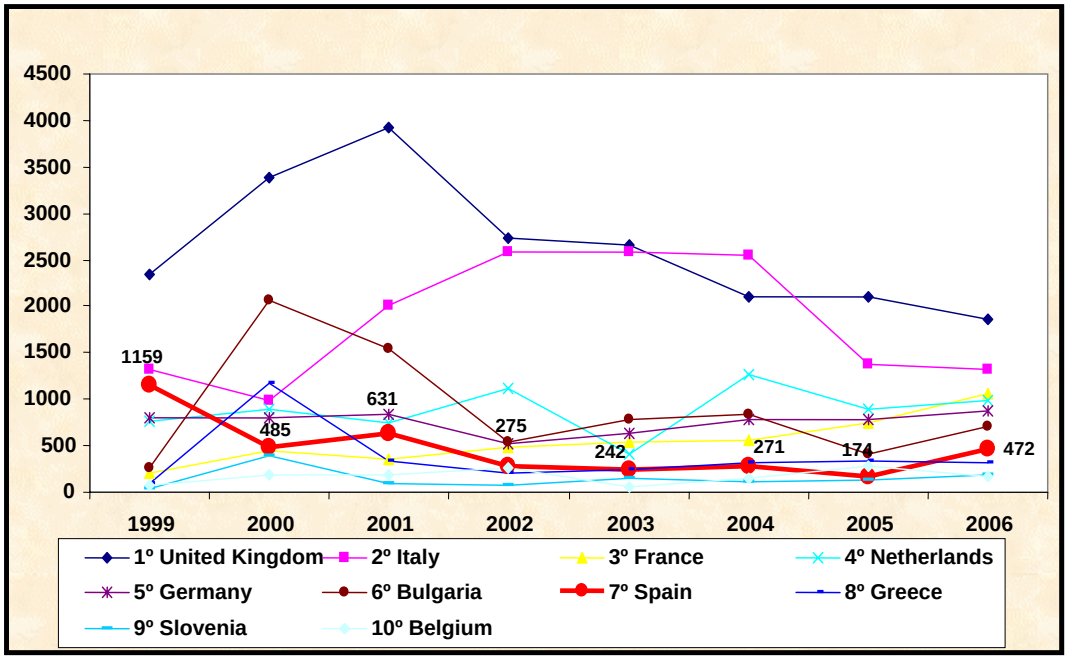
Quantities seized. European comparison (1999-2006)

The total number of heroin seizures in Europe during the last 3 years of the compared period and its distribution by countries has fewer changes than in other drugs. Spain is in the 7 place of the European ranking with 2.08% of the total seized in Europe. The ranking is headed by United Kingdom, Italy and France.

Table 10.7. European comparative table of heroin seizures

Heroine / kg	1999	2000	2001	2002	2003	2004	2005	2006	% / Total 2006
1º United Kingdom	2342	3382	3929	2730	2660	2109	2109	1864	8.12%
2º Italy	1314	980	2005	2585	2583	2539	1373	1324	5.77%
3º France	203	444	351	476	545	558	749	1052	4.58%
4º Netherlands	770	896	739	1122	417	1260	901	984	4.29%
5º Germany	796	796	836	520	626	775	787	879	3.83%
6º Bulgaria	265	2067	1551	535	779	829	416	701	3.06%
7º Spain	**1159**	**485**	**631**	**275**	**242**	**271**	**174**	**472**	2.06%
8º Greece	98	1180	330	201	247	315	331	312	1.36%
9º Slovenia	32	392	89	69	150	114	134	182	0.79%
10º Belgium	74	188	188	262	51	142	270	176	0.76%
Rest of Europe	5811	10034	7009	5271	9649	14780	15059	15003	65.38%
TOTAL EUROPE	**12865**	**20845**	**17656**	**14045**	**17949**	**23692**	**22303**	**22948**	**100.00%**

Figure 10.19. Comparative evolution by European countries of heroin seizures (kgs)



Quantities seized. Global comparison (1999-2006)

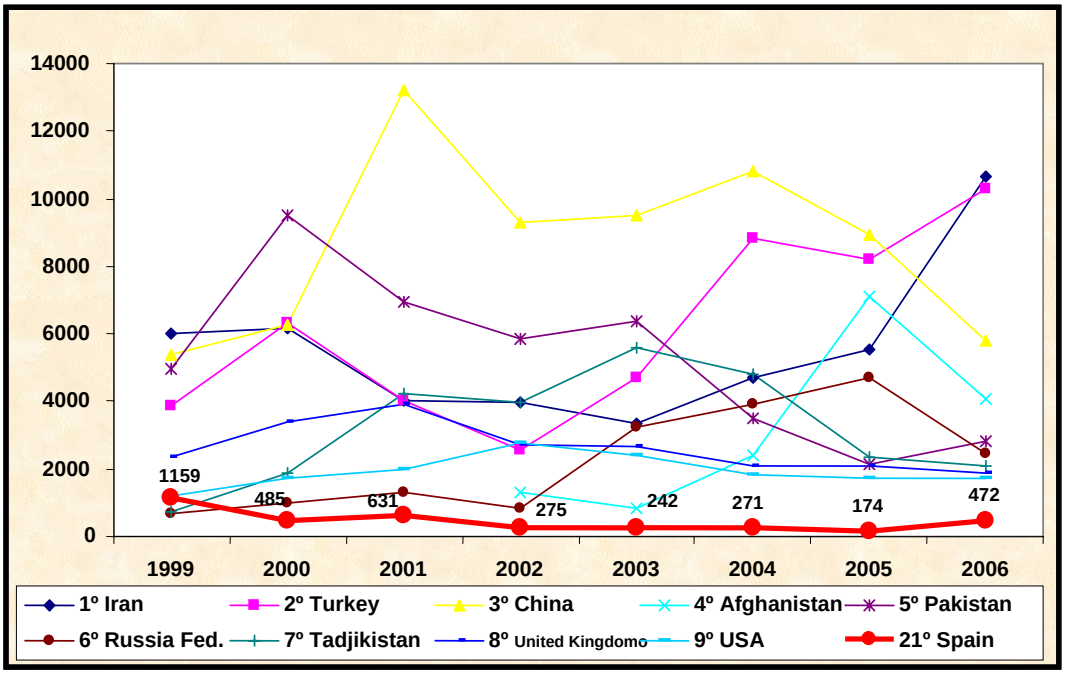
In the global context, the world ranking is headed up by Iran, Turkey and China, which represent 18.52%, 17.90% and 10.07% of all seizures respectively. Spain occupies the place 21 in this ranking.

Table 10.8. World comparative of heroin seizures (1999-2006)

Heroine/kg	1999	2000	2001	2002	2003	2004	2005	2006	% / Total 2006
1º Iran	6030	6189	4001	3977	3327	4715	5554	10665	18.52%
2º Turkey	3862	6338	3999	2583	4705	8847	8195	10312	17.90%
3º China	5364	6281	13200	9291	9530	10836	8937	5800	10.07%
4º Afghanistan				1292	815	2388	7112	4053	7.04%
5º Pakistan	4974	9492	6931	5870	6364	3488	2144	2819	4.89%
6º Russia Fed.	695	984	1287	842	3249	3897	4676	2445	4.25%
7º Tadjikistan	709	1883	4239	3958	5600	4794	2345	2097	3.64%
8º United Kingdom	2342	3382	3929	2730	2660	2109	2109	1864	3.24%
9º USA	1200	1705	1984	2766	2381	1843	1727	1725	2.99%
21º Spain	**1159**	**485**	**631**	**275**	**242**	**271**	**174**	**472**	**0.82%**
Rest of countries	9894	17008	13879	14956	14369	16885	15437	15346	26.64%
TOTAL WORLD	**36230**	**53747**	**54080**	**48539**	**53243**	**60073**	**58410**	**57598**	**100.00%**

Note: the order of countries in this table is set up by quantities seized in 2006

Figure 10.20. Comparative evolution by countries of heroin seizures (kg)



PRICE/PURITY

CANNABIS

Cannabis prices are slightly decreasing in spite of the increasing demand as the surveys show. Since 2003, the scenario is an increase of the demand and moderate maintained prices with the paradox of an increase in retail prices and a decrease in wholesale prices that it is compatible with market stratification according to the trafficking scale.

The characteristic that modifies cannabis's ability to produce effects in the user is the concentration of *Tetrahidrocannabinol* (THC), expressed as percentages, which varies substantially depending on the characteristics of each crop harvested as determined by weather conditions, the land and cultivation techniques used.

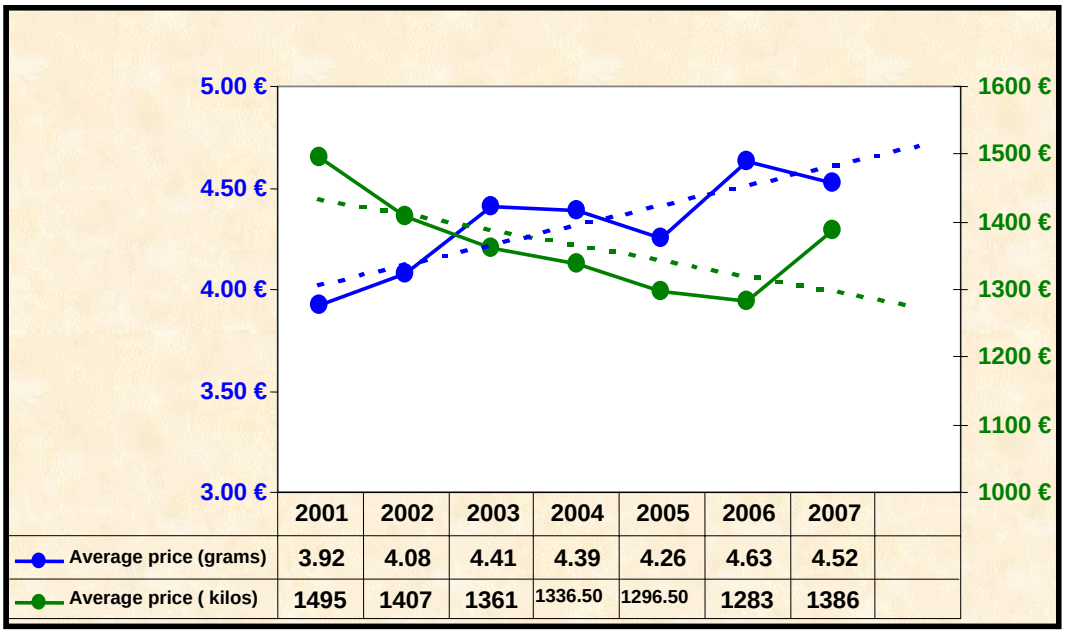
There are no scientific analyses to determine the THC concentration because by one side, the cannabis adulteration is very infrequent or minimum and by the other the concentration of THC doesn't depend on the drug dealer so it doesn't modify its criminal responsibility.

Cannabis resin

The available data show a tendency to maintain prices with a slight trend to decrease in the price by kilos and a slight trend to increase in the price by grams.

However it is significant that prices tend to keep their place in absolute terms in a framework of an increasing demand; even prices descend in comparison with the increasing of the level of life.

Figure 10.21. Comparative evolution of cannabis resin prices



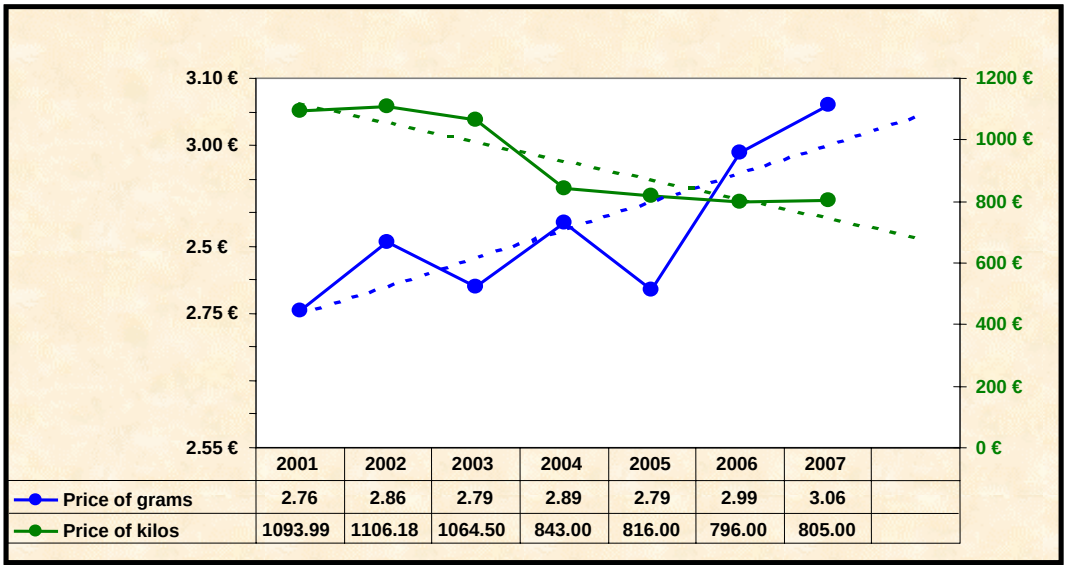
	2001	2002	2003	2004	2005	2006	2007
Average price (grams)	3.92	4.08	4.41	4.39	4.26	4.63	4.52
Average price (kilos)	1495	1407	1361	1336.50	1296.50	1283	1386

Prices in grams have increased a 15.31% since 2001. Until 2003 there is a constant annual increase and in this year there is a point of inflection which means a decrease of 2.5% until 2007, although the overall trend is upward. Prices in Kilograms have suffered a total descend of 7,29% since 1991. In 2007, this descent is stopped with an upturn of 8,03% with respect to the average kilo prices in 2006.

Cannabis herb

Regarding marihuana prices, the evolution is similar to the resin. Data show an increase in prices but step by step in the retail market of 10,87% since 2001; by the contrary, there is a decrease in prices in the kilo market of 26,42% since the same date.

Figure 10.22. Comparative evolution of cannabis herb prices

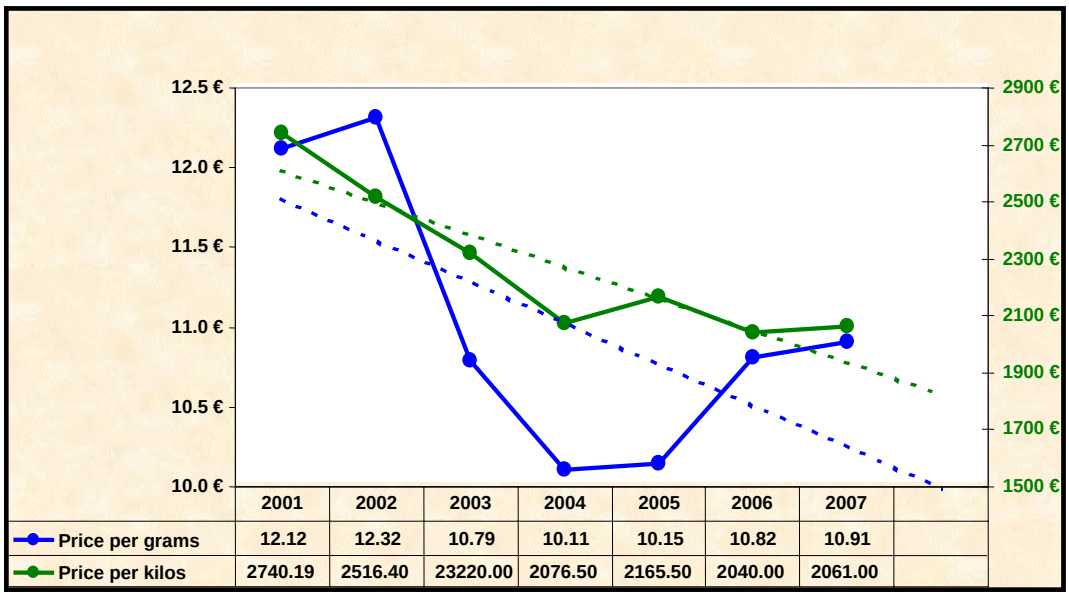


	2001	2002	2003	2004	2005	2006	2007
Price of grams	2.76	2.86	2.79	2.89	2.79	2.99	3.06
Price of kilos	1093.99	1106.18	1064.50	843.00	816.00	796.00	805.00

Cannabis oil

Cannabis oil prices, both in grams and kilos, increased slightly in 2007 (near 1%) in relation to the previous year. However, the trend in both markets is markedly downward.

Figure 10.23. Compared evolution of cannabis oil prices



	2001	2002	2003	2004	2005	2006	2007
Price per grams	12.12	12.32	10.79	10.11	10.15	10.82	10.91
Price per kilos	2740.19	2516.40	23220.00	2076.50	2165.50	2040.00	2061.00

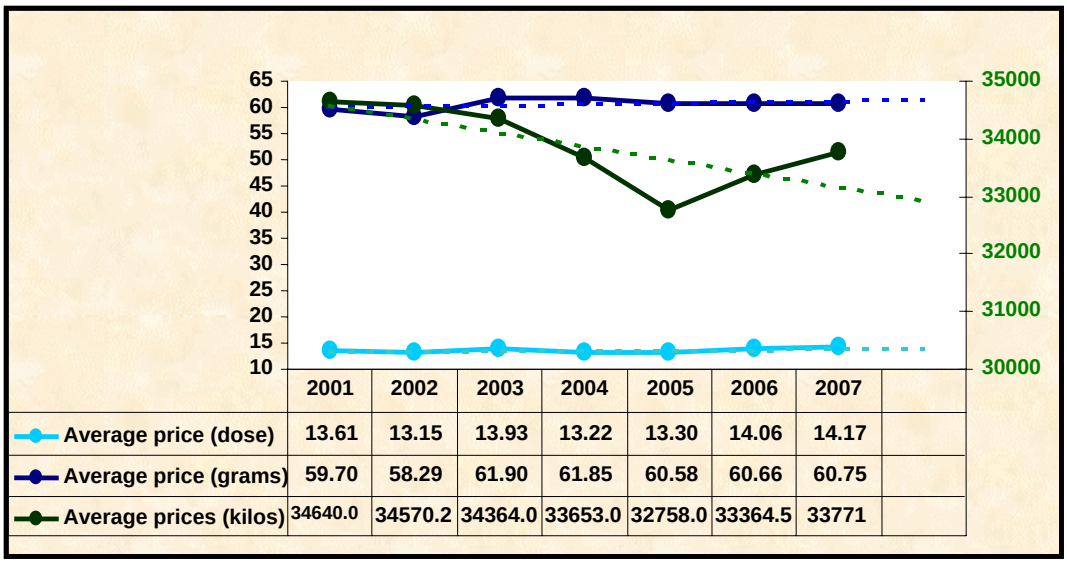
The cannabis illicit market research shows the following conclusions:

- In retail market, the evolution of gram average prices regarding marihuana and resin shows a positive correlation index, considered as average-high.
- There are no links or hardly noticeable between the price of marihuana and the price of cannabis oil.
- The correlation index between the gram price of resin and cannabis oil is negative and average-low.
- In the wholesale market, the correlation among those variables is in all cases positive and high, special in the binomial marihuana-cannabis oil.
- Regarding the different traffic scales, the links among them show a high index in cannabis oil, reverse and average-high in resin and reverse and average-low in marihuana.
- Grams and kilo prices of resin and marihuana show high and reverse links, the higher price in grams, the lower price in kilos.
- Regarding cannabis oil, prices in grams and kilograms are closely linked.

COCAINE

The available data shows a distinct trend of constant price maintenance, with nominal increases that, over an seven-year period, translate into a 4.04% increase in the price per dose, a 1.74% increase in the price per gram and a 2.51% decrease in the price per kilo. These increases are actually lower than the rise in the consumer price index; therefore, the relative prices of cocaine at every level have either remained stable or have dropped in a market of increasing demand, as indicated by the rise in the prevalence of cocaine use and the total number of users.

Figure 10.24. Cocaine prices per dose, grams and kilograms, 2001-2007



	2001	2002	2003	2004	2005	2006	2007
Average price (dose)	13.61	13.15	13.93	13.22	13.30	14.06	14.17
Average price (grams)	59.70	58.29	61.90	61.85	60.58	60.66	60.75
Average prices (kilos)	34640.0	34570.2	34364.0	33653.0	32758.0	33364.5	33771

Prices rose along these same lines between 2006 and 2007, with variations well below the CPI given that the price per dose increased by 0.78%, the price per gram rose by 0.15% and the price per kilo went up by 1.22%.

In the period from 2001 to 2007, the **purity** of cocaine has fluctuated unevenly according to the level of traffic. The purity of cocaine in kilos has been kept while the purity in grams has increased by 2.88% and in doses by 5.68%.

Looking at data for the last two years, the three variables have experienced more or less pronounced drops. The purity of cocaine in kilos went down by 0.68%, in grams by 6.48% and in doses by 9.78%.

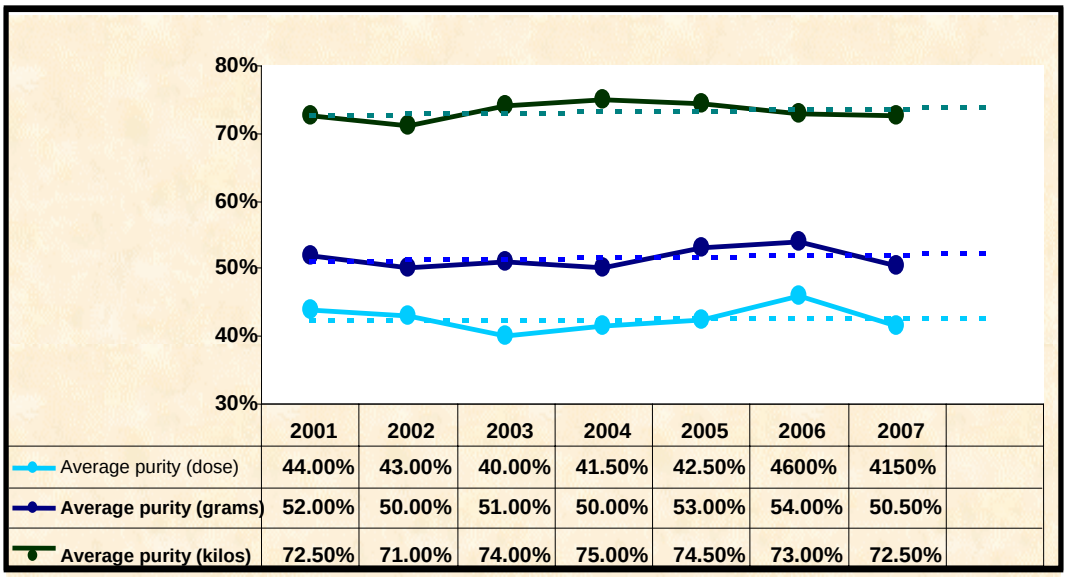
Therefore, the data shows that we are facing a situation in which:

- Cocaine production and demand are rising due to the increasing prevalence of the drug and the number of users.

- Cocaine prices are remaining stable in relative terms, and increased in absolute terms from 2006 to 2007, with a notable drop in the price per kilo and a lesser drop in the price per gram.

- The purity at the different stages of distribution has decreased slightly.

Figure 10.25. Evolution and comparative of cocaine purity by traffic



	2001	2002	2003	2004	2005	2006	2007
Average purity (dose)	44.00%	43.00%	40.00%	41.50%	42.50%	4600%	4150%
Average purity (grams)	52.00%	50.00%	51.00%	50.00%	53.00%	54.00%	50.50%
Average purity (kilos)	72.50%	71.00%	74.00%	75.00%	74.50%	73.00%	72.50%

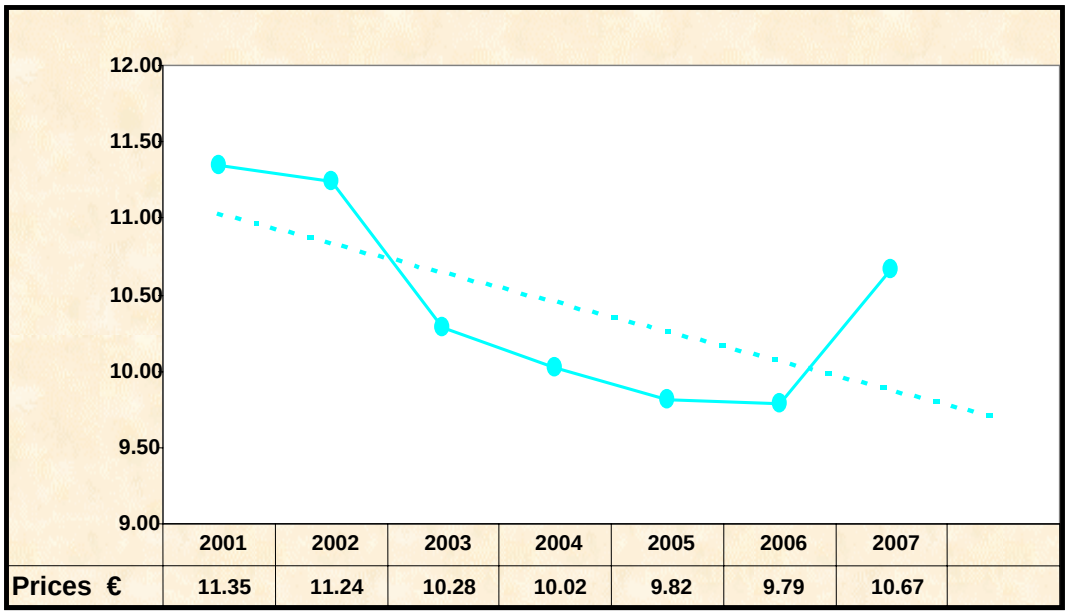
This data suggests the existence of some factor that eludes analysis, given that a reduction of supply and an increase of demand should result in a notable price increase or reduced substance purity, or both.

The calculation of prices, and of purity to a lesser degree, seem the most likely factors requiring a new evaluation, as well as the estimates of total cocaine in circulation, which could be higher than estimated if intensive and more efficient techniques are being used to cultivate crops and thus produce a greater quantity of base cocaine paste than the evidence indicates. This hypothetical greater supply would explain how demand is being met without exerting pressure on prices and purity levels.

SYNTHETIC DRUGS – MDMA

The **price** of ecstasy has shown a steady downward trend ever since records began to be kept in the mid-1990s. From 2001 to 2006, the price dropped by 5.99%, although it did experience a smaller increase of 8.99% from 2006 to 2007, trend is still downwards.

Figure 10.26. MDMA-Ecstasy prices 2001-2007



	2001	2002	2003	2004	2005	2006	2007	
Prices €	11.35	11.24	10.28	10.02	9.82	9.79	10.67	

A situation of descending prices is consistent with a drop in demand, but we must keep in mind that the downward trend has been continuous regardless of the ups and downs of the prevalence of use. The possible use of adulterating substances or the straightforward substitution of MDMA with other amphetamine derivatives or hallucinogens with similar effects could also be a factor in the price decrease.

HEROIN

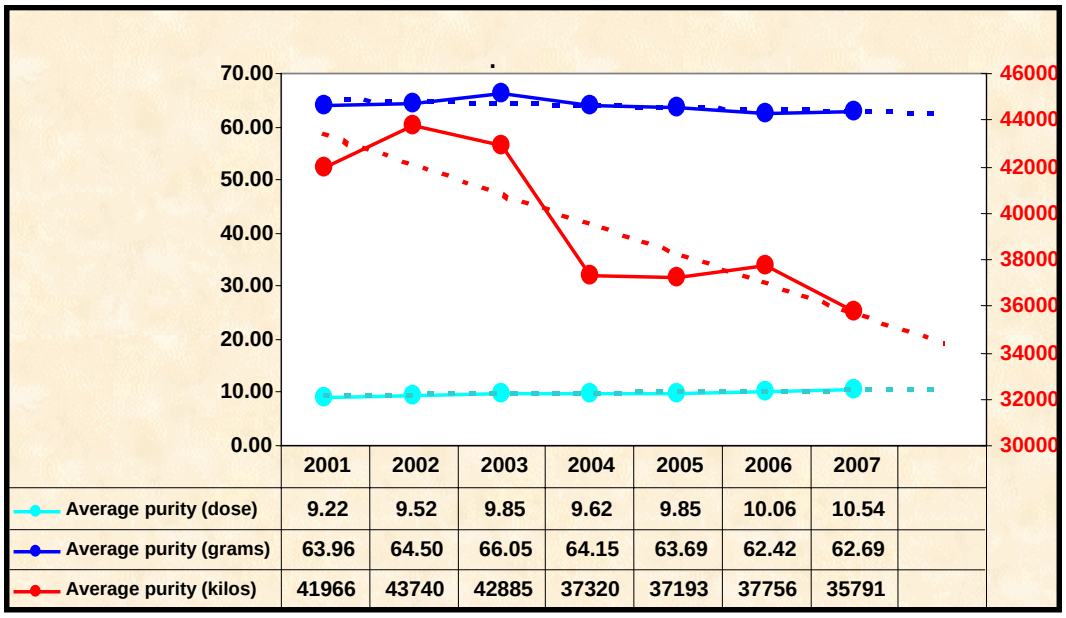
The available data shows a price containment trend, particularly since 2004. The last two years have seen a slight downward trend in the price per kilo, also observed in the markets for doses and grams.

Between 2001 and 2007, prices have decrease a 14,71% in the kilo market and a 1,99% in the grams market, while in the same period the price per dose has increased a 14,32%.

In 2002, the average price of a kilo of heroin was around 43,700€. Since then, the average price has decreased to the current level, 35,791€, which represents an 18.10% drop since 2002.

Between 2006 and 2007, the price per dose went up by 5.19% and the price per gram increased by 0.62%, while the price per kilo dropped by 5.20%.

Figure 10.27. Heroin prices per dose, grams and kilograms 2001-2007



	2001	2002	2003	2004	2005	2006	2007
Average purity (dose)	9.22	9.52	9.85	9.62	9.85	10.06	10.54
Average purity (grams)	63.96	64.50	66.05	64.15	63.69	62.42	62.69
Average purity (kilos)	41966	43740	42885	37320	37193	37756	35791

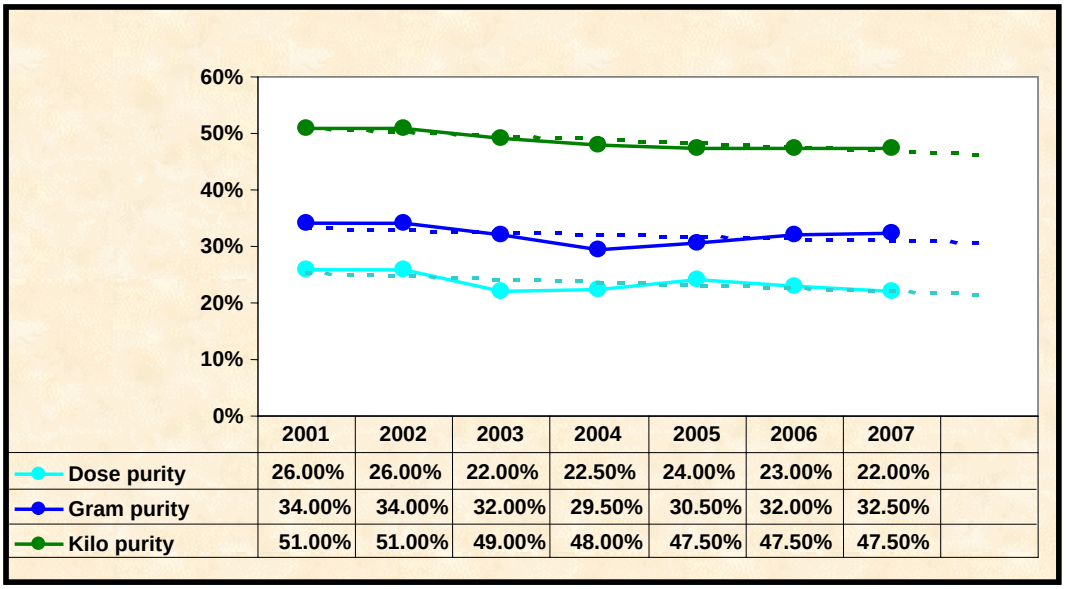
With regard to purity levels, the general pattern is a downward trend. In the period from 2001 to 2007, the dose purity dropped by 15.38% and the kilo purity decreased by 8.86%, while the purity of the gram has increased by 4.41%.

Over the last two years, the dose purity has decreased by 4.35%, gram purity has increased by 1.56% and kilogram purity has remained stable.

There is hardly any connection between average prices at the different stages of heroin traffic.

The average percentage of purity found at the different traffic stages does show a direct correlation, particularly the kilo in relation to the dose and the gram. Finally, in traffic on a small and medium scale, the markets move independently and separately, and therefore purity and prices have no bearing on each other.

Figure 10.28. Heroin purity per dose, gram and kilograms 2001-2007



	2001	2002	2003	2004	2005	2006	2007
Dose purity	26.00%	26.00%	22.00%	22.50%	24.00%	23.00%	22.00%
Gram purity	34.00%	34.00%	32.00%	29.50%	30.50%	32.00%	32.50%
Kilo purity	51.00%	51.00%	49.00%	48.00%	47.50%	47.50%	47.50%

SENTENCING STATISTICS

To be issued.

ANNEXES

LIST OF GRAPHS USED IN THE TEXT