European Monitoring Centre
for Drugs and Drug Addiction

2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point

"SPAIN"

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

REITOX

❑ CONTENT TABLE

The present report on the drug situation in Spain in 2008 has been elaborated by the Spanish Focal Point, the Government Delegation of National Plan on Drugs (DGPNSD), in accordance with the established guidelines by the European Observatory on Drugs and Drug Addiction as part of the contract REITOX.

Spain being a country with a decentralized structure, for the elaboration of this report the activities carried out by the different institutions that compose the National Plan on Drugs (General State Administration, Autonomous Administrations and Local Administrations as well as the Non Government Organizations- NGOs) had to be taken into account.

With regard to the legal framework, in the year 2008 several dispositions of interest were approved and published on diverse aspects referring to the phenomena of drugs

In the field of narcotics control what among them stands out is the approval of the '***Order SCO/1870/2008 of June 17, where the substance of oripavina is included in the list I annex to the Unique Convention of 1961 on narcotics*** and what must be mentioned in the article on administrative organization is the ***Royal Decree 185/2008 of February 8 when the Statute of the State Anti-doping Agency was approved***.

In the matter of prevention of drug dependency the **Order ESD/1729/2008, of June 11** must be mentioned ***by which the ordination was regulated and the curriculum of the "bachillerato" (General Certificate of Secondary Education) was established***

In the exclusively autonomous field, the most relevant legal activity constitutes the reform in article a) of the second paragraph of article 61 of the ***Law 5/202, of June 27, on Drug Dependency and other Addictive Disruptions of the Community of Madrid***

The most outstanding point in 2008 has been the effort carried out to reach a new National Strategy consensus that continues in the framework of the planned actuation of that which finalized in the year 2008. Thus, at the end of the year 2008, the National Strategy on Drugs 2009-2016 was unanimously approved, which has meant an important impulse in the coordination among all the implicated actors and sectors. It refers to a document that establishes fundamental strategic lines by which politics in matters of drugs, in future years, will flow.

The new National Strategy has been designed looking for convergence with the European Strategy, as well as with the strategies of the countries closer to us with the aim of facilitating the collaboration and promote synergies among the different Member States. As well as with the European, the National Strategy 2009-2016 will develop along two four yearly effect Plans of Action (2009-2012 and 2013-2016).

On the other hand, the Actuation Program against cocaine 2007-2010 continues to be in force, which, until the end of 2008, had, as a result of putting into action, a total of 223 programs, of the which 64 corresponded to programs developed by the Autonomous Communities, 121 to Non Governmental Organizations programs, 26 to Investigation Projects, 8 to programs managed directly by the National Government Delegation Plan on Drugs and 4 to control of supply programs.

In this year of 2008, results of the last State Survey on Drug Use in Secondary Schools (ESTUDES) were also presented which demonstrate, for the first time since 1994, that the rising tendency in the use of drugs, by students of 14-18 years old, has been broken. The prevalence of the use of cannabis during the last twelve months dropped

more than six points and cocaine more than three, while the perception of risk increases and the perception of accessibility descends among this population group.

The actuations in prevention matters continue with the work line of previous years. In general terms we could say that the majority of Communities and Autonomous cities opt for prevention centred on the person with actions directed, fundamentally in the educative and sensitization field; schoolchildren, the youth and fathers and mothers being those to whom the action is principally destined. Besides, the priority collectives of selective prevention are the families and minors or adolescents in a risk situation and leisure users of drugs in areas of nocturnal leisure.

In so far as the epidemiological indicators are concerned, it must be pointed out that the profile of admission to treatment is changing rapidly, with a continuous descent in heroin admissions and an increase in the admission for cocaine (above all) and for cannabis.

From the supply side of drugs, the latest data indicates a rising tendency in the number of detentions for trafficking in the drug families of cannabis and opioids, diminishing in the cocaine and hallucinogen and psychotropic families. With reference to the number of seizures of cannabis in 2008 they were of the highest number of drug seizures registered in Spain, observing a slight ascendant tendency in the seizures of cocaine and a descendant tendency in those of heroin.

On the other hand the National Government Delegation for the National Plan on Drugs has continued to boost programs that offer legal and social support to people who have committed offences as a consequence of their drug addiction, developing a wide network of support teams, with the objective of applying the designed measures for the avoidance of entering into prison

This year the Selected Issue has been the on the subject of “Markets and Cannabis Production,” the data on this point have been facilitated by the Secretary of State Security (Centre of Intelligence against Organized Crime). A general view on cannabis markets in Spain was contributed as well as on the seizures and the prices of this substance.

Finally, a voluntary Selected Issue referring to “Treatment and Care of Drug Users over 40 years old” was developed, where the data of 12,090 patients of over 40 years old admitted to treatment during 2007 was analysed. In this age range, the most frequent principal drug use to admission was the opioids, above all heroin, followed by cocaine and cannabis.

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

In the first place it is necessary to know the territorial and political divisions which exist in Spain. The territory is divided into 17 autonomous communities and two autonomous cities. An Autonomous Community is a territorial entity that, within Spanish constitutional dispositions and in agreement with a responsibility distribution between the State and the Autonomous Communities regulated in the Spanish Constitution, is assigned autonomous legislative y executive jurisdictions as well as the faculty of administrating itself through its own representatives.

This distribution also affects the drug policy, because the Autonomous Communities and also the minor Local Corporations have certain powers in these matters. This means that the subject of coordination must be of maximum importance.

Insofar as the purely political and parliamentary sphere is concerned a Mixed Commission – Congress and Senate exists for the Study of Drug Problems with members of the political parties with parliamentary representation.

On the other hand, in the year 2008, to which this report refers, signifies a finalization of the National Drug Strategy 2000-2008 and its second Plan of Action 2005-2008. In this context a new Strategy, that will commence in 2009 till 2016 has been elaborated. This new strategy will be put into action by means of two Plans of Action each of four years.

Also, in this year 2008 the results of the survey ESTUDES are known, a survey that was carried out on a national scale among secondary school students between the ages of 14 -18 years old and framed in a continued series of surveys that have been taking place in a bi-annual way since 1994

The general information corresponding to the National Drug Strategy 2000-2008, the intermediate evaluation of the National Strategy 2000-2008 and the Plan of Action 2005-2008 will be found in the Structured Questionnaire 32 sent to the OEDT in 2008.

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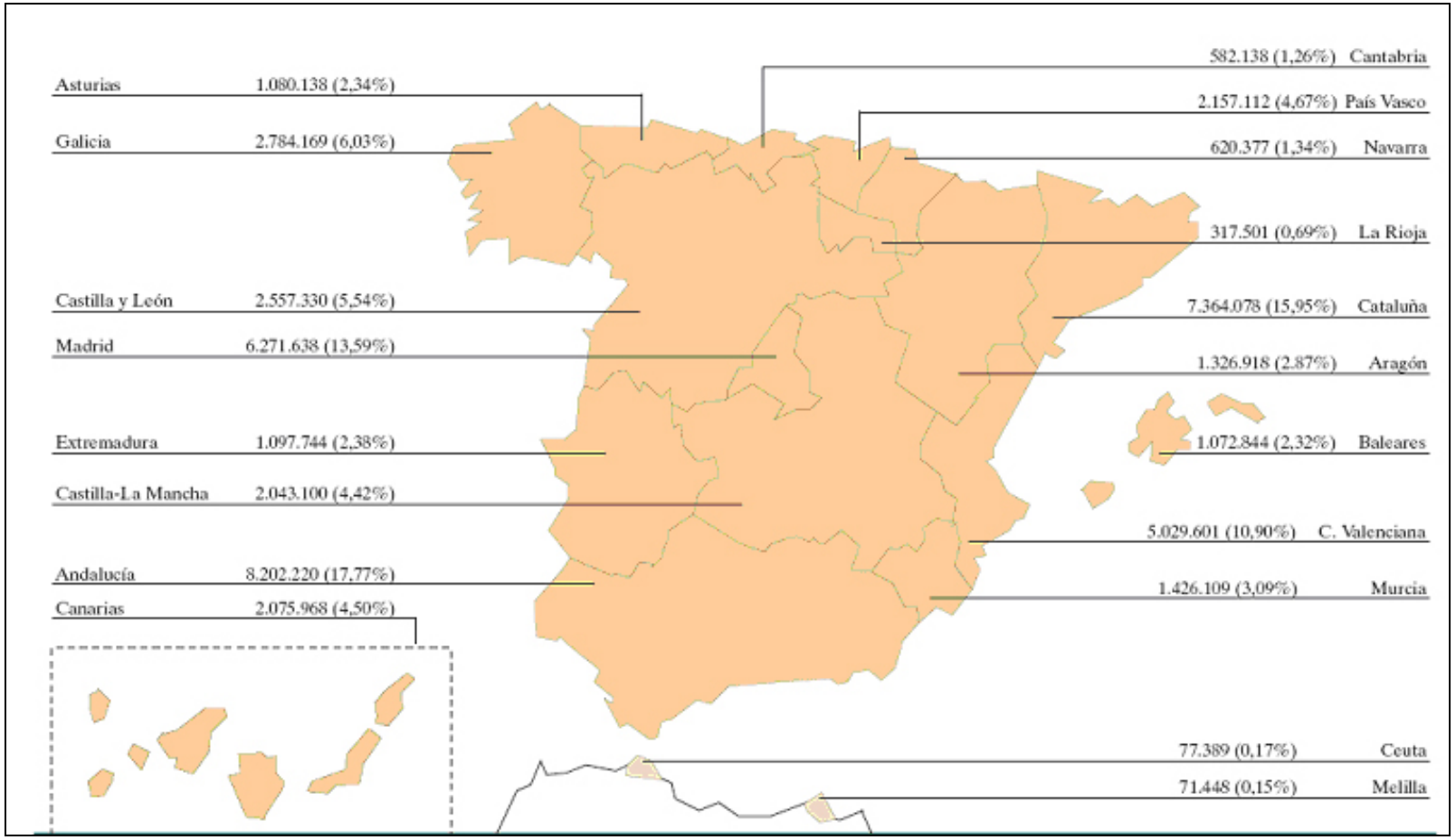
Figure 1. SPAIN: Population by communities and autonomous cites and percentages over the total population



NB: Estimated spanish population in 2008: 46.157.822

- Legal Framework

Insofar as the normative activities are concerned in the year 2008 various dispositions have been approved and published with respect to interest on diverse aspects referring to the drug phenomena

In the first place the approval of the Law 1/2008 of December 4 for the executing, of resolutions in the European Union that impose pecuniary sanctions must be mentioned, and by virtue of which it was incorporated into the Spanish Law ***the Marco Decision 2005/214/JA1, of the Council, February 24 2005, relating to the application of the principle of the mutual recognition of pecuniary sanctions*.**

The new law regulates the procedures that the Spanish judicial Authorities have to follow to transmit to the corresponding authorities of other Member States of the European Union firm resolutions, in which a financial sanction is demanded of a physical or judicial person for the commission of a penal infraction as well as with illegal drug trafficking or the laundering of capital proceeding from the same, in addition to the procedure for the execution, in Spain, of a resolution for which – in the same case – the demand of payment of a sanction, of the same nature, emitted by a competent authority of other Member states of the European Union.

In this latter assumption among the novelties that the new regulations contribute is the no-demand of the control of double legalization – sufficing that the crime/ offences are punished by the State of emission together with the penal infractions legally described, among which - in a specific way - those relating to illegal drug trafficking and psychotropic substances are found as well as the laundering of the product of the offence

It must be noted that in the sphere of control of narcotics the approval of the ***order SCO/1870/2008 of June 17 by which the substance oripavina is included in the list I annex of the Unique Convention of 1961 on drugs***.

With this statuary rule effective compliance in Spain to the Decision 50/1 of the Drug Commission of the United Nations, adopted march 14 2007 by means of which the inclusion of oripavina was included in the list I annex of the Unique Convention of 1961 on Drugs amended by the Protocol of 1972

In accordance to the referred order, the indicated drug as well as its salts esteres and isomeres remain subjected to determined obligations, such as those declared by the Spanish Agency of Medical and Health Products of the stocks and the subjugation to previous administrative authorization of the said agency, of the precautions for manufacturing, importing and exporting. Finally the rule declares the subjugation of the possession, commercialization and distribution of such substances and preparations, to those measures in the currently valid regulations for drugs in the list I annex to the Unique Convention of 1961

It is also notable, within the same sphere, the approval of the ***Order ITC/426/2008 February 13, concerning the regime of control of importation of cannabis seeds not destined for planting***.

With this order Cannabis seeds not destined for planting of the Code NC1207.99.91 may only be imported into Spain by importers who have been authorized to that effect by the Secretary General of Overseas Commerce. The obtaining of this authorization is obligatory for the planned issuing of the Certificate of importation in paragraph I of the

rule (CE) Nº 245/2001 which must be obtained as a prior requisite and necessary for the Customs clearance for importation

In addition, for control of the destination of the imported cannabis seeds with different aims other than planting, the installations of the authorized importer, as well as of those of other operators involved in the permitted operations, will be subjected to periodical controls with the arrangement of a risk analysis. These controls will be carried out also on the part of the Governing Bodies previously mentioned, without detriment to the general functions of the police and crime prevention attributed to the Home Office ministry and the Autonomous Police forces.

This legal administrative intervention regime is framed within the control of commerce with third countries demanded by article 5 of the regulations (CE) nº 1673/2000 of July 27, 2000 Council with the aim of preventing illegal crops of cannabis perturb the mutual organization of the cannabis market destined for fibre production, and also with the objective of the said products to offer guarantees, especially those relating to the content of *tetrahidrocannabino. (THC)*

In the matter of drug dependency prevention it must be mentioned that in the ***Order ESD/1729/2008 June 11 by which the Law is regulated and the curriculum of secondary education ("bachillerato")qualification is established.***

This new law comes to reiterate the legal regime preceding it, in as much as it demands also – among the objectives of the teaching of Physical Education at secondary school level, the development of abilities referring to the adoption of critical attitudes facing social practices that have negative effects both on individual and collective health issues and, among the contents of physical and health activities, the analysis and influence of negative social habits especially mentioning drug using, alcoholism and tobacco smoking.

Insofar as the prevention of laundering capital in general is concerned, including, therefore that which comes from illegal drug trafficking, it is necessary to refer to ***the Law EHA/114/2008 January 29 the regulator of the observance by specific notary obligations in the field of the prevention of laundering capital.***

With this law – this does not regulate entirely the legal regime of prevention of laundering capital applicable to the collective to which it refers, but it only limits itself to those precise aspects of the law and of its regulations that have been deemed necessary. It is developed in the way of observance by notaries of the obligations in the identification of their clients, conservation of documents and procedures of control and evaluation reminding the said professionals at the same time, the communication to the competent authorities of the coincidences, in that case, of the identities of the executors with the person and the entity included in the lists contained in the instruments of Community Law, such as the regulations 2580/2001, 881/202 or those following.

Finally in the paragraph of Administrative Organization note the ***Royal Decree 185/2008 February 8 by which the Statute of the State Agency of Anti-doping is approved***.

In agreement with this statutory rule the said public organization is recognized as a legal differentiated entity, patrimony and independent treasury and is established – in accordance with the *Organic Law of November 21 of protection of health and the fight against doping in sports* – with the object being, to carry out material activities of prevention, health protection and the fight against doping in sports activities as well as

the execution and promotion of a political investigation in the matters of doping and the protection of the health of sports men and women

In the exclusively autonomic sphere, the most relevant legal activity constitutes the changes in paragraph 2 of the article 61 of the ***Law 5/2002 June 27 on drug addictions and other addictive disruptions in the Community of Madrid*** in agreement with that established in article 3 of the Law 1/2008, June 26 of the modernization of commerce the Community of Madrid.

In virtue of this partial rule change the Local Corporations have been attributed the competence to initiate, instruct and resolve the dossiers with sanctions for non fulfilment of the order in paragraph 11 of article 30 of the Law 5/2002 relative to the necessity of obtaining specific sales licences, supply or distribution of alcoholic beverages in those establishments where immediate use is not permitted

Finally in the legal international sphere various and important dispositions of community rights are reviewed.

These resolutions are: ***The Decision 2008/206/JAI of the council of March 3 2008 for which benzilpiperacina is defined as a new psychotropic substance that must be subjected to means of control and penal sanctions; The decision of the council of November 27, 2008 relative to the signing and the celebration of the Agreement between the European Community and the Government of the Republic Popular of China on the precursors of drugs and the substances frequently used in the processing of illegal drugs or psychotropic substances, and the Regulation (CE) nº 1124/2008 of the Commission of November 12, 2008 that modifies the Regulation (CE) nº 795/2004 (CE) nº 796/2004 and (CE) nº 1973/2004 in that which concerns the varieties of cannabis that can receive direct payments in conformity with the Regulation (CE) nº 1782/2003 of the Council.***

To conclude the examination, it must be known that, in the field of legal international activities of a bi-lateral character, the coming into effect - as from May 31, 2008 – ***the Agreement between the Kingdom of Spain and the Republic of Cape Verde on cooperation in the matter of the fight against delinquency, < ad referendum >, in Praia, June 26, 2006.***

- ## National action plan, strategy, evaluation and coordination

In this section in the first place attention is drawn to the activity of collaboration and coordination carried out in all fields relating to drugs or drug addiction to reach a consensus with a new National Strategy that continues in the framework of the projected operation that concluded in 2008. Therefore at the end of 2008 The National Plan on Drugs has approved unanimously the National Drug Strategy 2009-2018 that supposes an important effort of coordination with all the participants and sectors involved. It deals with a document that establishes the fundamental strategic lines, by which the politics in drug matters will run in future years and is the fruit of the consensus among the different elements that make up the National Drug Plan: Autonomous Communities, Non Government Organizations, Scientific Societies and representatives of different Departments of the General Administration of the State: Ministry of Health and Social Politics, Ministry of the Interior (The Home Office) The Ministry of Justice, Ministry of Education, etc.

The new National Strategy has been designed looking for convergence with the European Strategy as well as with the Strategies of the countries that are closer to us in the aim of facilitating collaboration y promotion of synergies among different State Members. As with the European, The National Strategy 2009-2016 will develop in two Plans of Action of quarterly effect (2009-2012 and 2013-2016)

It is found to be divided into chapters that cover the state of the present situation: The principal guides and general objectives of the Strategy; the coordination, as an essential principle and of general acceptation; the fields of action that correspond with decreased demand; the reduction in the supply; assistance and social integration, the improvement in scientific knowledge, the formation and International cooperation Finally there is a chapter referring to the evaluation of the Strategy itself.

The following points can be found as principle guides collected as such in the text

- The consideration of scientific evidence

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- Social participation
- Multisectorial aproach
- Integrated aproach: legal and illegal drugs and the decrease and control of supply and demand.
- Equity
- The human approach

At the same time among the general objectives those that figure in the text are:

- **To promote a social conscience** on the importance of the problems, the personal harm and social cost relating to drugs, on the real possibilities of avoiding the pitfalls and on the importance of society on the whole being an active partner in its solution.
- **To increase the personal capacity and ability to resist drug offers** and the causes of problematic behaviour related to them.
- **To defer the age of initiation** of drug contact.
- **To reduce legal and illegal drug use.**
- **To guarantee quality assistance** adapted to the necessities of persons directly or indirectly affected by drug use.
- **To reduce or limit the harm caused to the health** of drug using persons and in general associated with the social and undesirable health effects related to drug use.
- **To facilitate the return to society** of those in the process of rehabilitation by means of integral formation programs and preparation for the insertion into the work field.

- **To increase the efficiency** of the measures directed to **regulate and control the supply** and the illegal markets of psychoactive substances.

- **To increase the mechanisms of economic control** relating to the processes of laundering capital.

- **To improve and widen the formation** of professionals working in this field as well as those directed to people who collaborate voluntarily in this work.

- **To increase and improve investigation** with the aim of better knowledge of the diverse variables related to drugs, their use and the prevention and treatment.

- **To promote the systematic evaluation of programs** and actions as instruments that permit validation of the activities carried out.

- And as a final general objective **to optimize coordination and cooperation** within the framework of the Spanish State as well as that of Europe and the international sphere in general.

On its part the work related to the final evaluation of the previous National Drug Strategy 2000-2008 has developed satisfactorily during the year 2008 and at present it is waiting for the presentation of the final report in the second semester of 2009.

In the year 2008 the investment corresponding to the Plan of Action 2005-2008 that completed the validity of the previous Strategy has risen to 25.058.903 euros. In the exercise of 2008, 341 programs were promoted and were directed to execute the actions of the Action Plan in some of its six central cores of action. Coordination, Prevention, Social Awareness, Integral Attention, Improvement of Knowledge, Supply Reduction and International Cooperation. In all the Action Plan referring to the years 2005-2009 has covered and carried out 1.335 programs by the State Administration, the Autonomous Communities and Local Administrations and their investment has meant 95.002.877 euros.

In as far as the organs of coordination and collaboration are concerned about expressing the need for them previously, the official announcement of the different coordinating organs such as the Sectorial Conference between the State Administration and the Autonomous Communities (two meetings in 2008) as well as the Inter Autonomic Commission that celebrated three sessions in the year 2008, have continued to be frequent. The National Commission for Prevention and Treatment for drug users in the work field also met and fostered the celebration of the II Meeting on Drugs and Health in the Work Place in January and another meeting was celebrated in the middle of 2008.

On the other hand the Government Delegation has continued in its line of collaboration and proximity to the Senate Mixed Commission for the Study of Drug Problems. On the part of the Ministry, besides different appearance presentations over the year on general politics arising out of this situation, the results of the Home survey on Alcohol and Drugs in Spain (EDADES 2007-2008 in October) were presented before the said Commission and above all the new National Drug Strategy 2009-2016 in December. The Mixed Commission in the session of December 18, 2008 approved, in congress, the creation of a “Paper on Systems of treatment and Attention in Drug Addiction, Keys for the Future.”

Within this article of strategies and politics, the establishing of a constitution (should be mentioned) of representatives from all the Autonomous Communities, of an Institutional Committee of Health Politics in the matter of drug using in the framework of the Pact for Health presented before the Commission of Health and Social Affairs in Congress and approved by all the parliamentary groups with meetings in accordance with the provisions and circumstances, and with a virtual work group through an e-room, to reach political compromises on the part of all the components within their competences at a maximum date of June 2009

The Program of Actuation concerning cocaine 2007-2010 also continues to be effective. It was instigated at the beginning of 2007 and up until the end of 2008 had, as a result, a total of 223 programs in force, of which 64 correspond to programs developed by the Autonomous Communities. 121 to programs by Non Governmental Organizations, 26 to Investigation Projects, 8 to programs organized directly by the Government Delegation for the National Plan on Drugs and 4 to programs of control of supply. Over these two years, almost eleven million euros have been assigned to the starting up and development of these programs.

This Actuation Program against cocaine which was reported last year is structured in four areas of intervention (coordination, reduced supply, international cooperation and supply control), following the outline proposed by the Plan of Action 2005-2008 and that highlights 8 operative objectives and 33 concrete actions

In this year 2008 results have also been presented from the last State Survey on Drug Use in schools of Secondary Education (ESTUDES) which show that, for the first time since 1994, the tendency on-the-rise, of drug use among students from 14 to 18 years old, is broken. The prevalence of cannabis use over the past twelve months has decreased in more than six points and cocaine in more than three; at the same time the perception of risk has increased and the perception of accessibility to drugs decreases among this group of the population. The principle results from this survey are analysed in the following paragraph of this report.

This data confirms the observed tendency in the Home Survey on Alcohol and Drugs in Spain, EDADES 2007 (whose principle results are in the corresponding report of last year) confirming an appreciable decrease in the use of psychoactive substances of which was reported to OEDT in 2007.

In the area of prevention the campaigns, it should be noted, are carried out, by the Government of the Nation, the (Government Delegation for the National Plan on Drugs) as well as by the Autonomous Communities. In the exercise of 2008, there have been 341 programs promoted and directed to execute the actions of the Action Plan 2005-2008 in one of their six fundamental bases of actuation: Coordination, Prevention, and Social awareness, Integral Attention, the improvement of knowledge, the reduction in supply and International Cooperation. All that refers to the area of prevention is expounded in greater detail in the article corresponding to this report.

In addition the Government Delegation carried out the campaign “Bike Tour”. In November 2008, 5000 people participated in this event consisting of a tour round the city of Madrid and whose principle objective was the promotion of a healthy life, the avoidance of ingesting doping substances and the utilization of alternative means of transport. “Enjoy yourself and move… just with your energy” is the slogan of this project in which important Spanish businesses participated.

It is also notable to underline the presentation of the third report of the Commission Clinic of the Government Delegation for the National Plan on Drugs dedicated to cocaine and presented during the last quarter of 2008 and which joins those elaborated in the years 2006 and 2007 on cannabis and alcohol respectively.

In the Autonomous sphere all the Autonomous Communities possess regional strategies in the matter of Drug Using. Therefore

Strategies and Plans for Drug Users in the Autonomous Communities

1. **Andalusia Plan on Drugs and Addictions 2002 - 2007.** Government of Andalusia, Social Affairs Council

2. **Creating future: Strategies to improve the situation of Drug Dependency in Asturias**. Government of the Principality of Asturias. Council of Health and Social Affairs (2002).

3. **Plan of Actuation for Drug Users and Addictions in the Balearic Islands.** Government of the Balearic Islands. Council of Health and Social Affairs. 2007-2011. Direction General of Public Health and Participation. Centre Coordinator of Drug dependency (2007).

4. **II Plan Canary Islands on Drugs 2003 -2008.** Autonomous Government of the Canary Islands. Council of Health and Social Affairs. Direction General of Attention to Drug dependency (2003).

5. **Regional Strategy on Drugs. 2005-2008.** Government of Cantabria. Council of Health and Social Affairs. Direction General of Public Health. Service of Drug Dependency (2006).

6. **Plan on Alcoholism and Drug Using of Castilla La Mancha 2006-2010**. Government of the Communities of Castilla. Health Council. Director General of Planification and Social Affairs (2006).

7. **V Regional Plan on drugs in Castilla and Leon 2005 - 2008.** Community Government of Castilla and Leon Family Council and Equal Opportunities. Regional Commissioner for Drugs. Presently the VI Regional Plan on Drugs for Castilla and Leon (2009-2013) is in force.

8. **White paper on prevention in Catalonia: Drug use and associated problems.** Generalitat de Catalonia Health Department, Director General of Public Health. Sub- director general of Drug Dependencies (2008).

9. **Strategic Plan on Drug Dependency and other addictive disturbances in the Community of Valencia 2006 - 2010.** Generalitat of Valencia Health Council Director general of Drug Dependency (2007).

10. **Integral Drug Dependency Plan and other addictive conduct 2008-2012.** Government of Extremadura. Council of Health and Social Affairs. Technical Secretariat on Drug Dependency.

11. **Galicia Drug Plan 2007-2009. Government of Galicia. Government of Galicia**. Health Council. Galicia. Subdirectory of Mental Health and Drug Dependency (2007).

12. **Strategic Plan 2006 - 2009 of the Anti-Drug Agency of the Community of Madrid.** Council of Health and Consumer Affairs of the Autonomous Community of Madrid (2006).

13. **Regional Plan on Drugs 2007 - 2010**. **Region of Murcia, Health Council.** Region of Murcia. Autonomous Secretariat for Citizen Attention, Health and Drug Dependency Ordination (2007).

14. **V Drug Dependency Plan de of the Autonomous Community of Euskadi 2004-2008.** Basque Government. Housing and Consumer Affairs Department. Vitoria-Gasteiz (2006).

15. **Riojano Plan of Drug Dependency and other addictions**. La Rioja (1998, evaluation biannual).

16. **Autonomic Plan on Drug Dependencies and other addictive conduct. 2005 - 2008. Aragón.**

The demand of the adoption of Municipal plans for drug addictions on the part of the Local Governments can be reflected in the Regional Laws of Drug addictions. These Plans must agree with the different Plans of the autonomous communities which at the same time coordinate their objectives with the Government National Plan on Drugs. Already there are more than one hundred Municipal Plans and all the large cities count on a Municipal Plan.

Finally, in relation to the initiatives of the civil society in the matter of Drug abuse / addictions the work of the "Society against Drugs" Forum is notable. It was constituted in 2005 and at present counts on more than 50 participant entities. Their objective is to create a platform relating the Ministry and civilian representative entities of the family, youth and the media to allow greater prominence and a major capacity of participation, on the part of society in general, in a compromise of all to cut back on drug use.

Over these years the Forum has constituted three work groups: Youth, Family and Media. Worth pointing out is the continuity of the work of these groups of "The Society Forum against Drugs" which, in the year 2008 continued their work and their programmed meetings to enable them to present their proposals during the fourth meeting of the Plenary Forum celebrated in February 2009. In 2008 also in February a third plenary meeting of the Forum was held.

On the other hand, it is worth pointing out, the frequent contacts and the working together carried out with the Non Government Organizations that are active in this sector. In the central theme of coordination, in 2008, 10 programs have been financed and developed by Non Governmental Organizations within the action "4.Participation and Collaboration of the Associative Movement."

- Economic analysis

As was pointed out in the Introduction to this chapter the 17 Autonomous Communities and the two Autonomous Cities (Ceuta and Melilla) that form the Spanish State have very important competences in the matters of drug abuse prevention, assistance to drug users and the social reinsertion of the latter. These competences are reflected in the Budget allocated for these matters, in the way to know the economic resources invested in the development of Drug Politics, it is necessary to resort to information

facilitated by the Administration General of the State (Central Government) like that facilitated to the Autonomous Administrations.

In addition to that mentioned above it is worth noting that a considerable number of local administrations, corresponding to large cities, provide Municipal Plans for Drug users in the local areas, with variable budget amounts, in some cases very important ones. (Madrid, Barcelona) However, an amount cannot be stated, even approximate of the total sum of these figures.

In the figures formerly cited the costs produced by the Social Affairs assistance to drug user addictions are not included for different reasons to the addiction in itself, due to the transferring of competences in the matters of health assistance from the National Government to the Autonomous Communities, it is very difficult to break down the part of the health costs applicable to pathologies of drugs from the total costs invested in health assistance.

Taking into consideration all the exceptions expounded previously a series of data referring to the year 2007 will be offered below being the last of the definite and complete figures.

The General State Administration, by way of the different Ministerial Departments has counted on a budget total of 128.481.354 euros of which 20.334.000 euros come from the Funds of seized and confiscated goods associated with Illegal Drug Trafficking and related offences. This Fund has been in operation since 1996 and nourishes the liquid cash and confiscated goods from unappealable sentences in the processes for drug trafficking and related offences

Of these 128,461.354 euros corresponding to the different Ministries, the Ministry of Health and Social Affairs transferred to the Communities and Autonomous cities the sum of 28,294.020 euros to enable them to directly administer these themselves.

In addition to the amount of 280,679.152 euros that the Autonomous Administrations have invested from their own budgets which supposes that, in all, they have arranged for **309 million euros** to forge ahead programs and activities related to prevention, assistance, social reinsertion and investigation in drug use and abuses.

Altogether then, the total quantity invested on the part of the General State Administration and the Communities and Autonomous Cities for the year 2007, both in actuations, and prevention programs, assistance and social reinsertion and the persecution of drug trafficking and offences related to the same in the year *2007, had risen to* 409.140.506 euros.

Regarding the distribution of the economic quantities previously cited, an estimation can be made in what refers to the budget administered by the Communities and Autonomous Cities, that is to say the 309 millions previously mentioned which, in round numbers is as follows

- Prevention: 57 million euros (18, 46%)
- Social and Health assistance and social reinsertion: 232.8 million euros (75, 35%)
- Investigation, documentation and publications: 7.9 million euros
- Institutional Coordination and cooperation with social entities of the sector: 11.3 million euros (3, 64%)

2. DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

▪ DRUG USE IN THE SCHOOL AND YOUTH POPULATION

In 2008 a new ESTUDES survey was carried out, framed in a series of surveys that had been developed in a biennial way in Spain since 1994 with the objective of knowing the situation and the tendencies of drug using among 14- 18 year old students studying in Secondary Schools. These surveys have been financed and promoted by the Delegation Government National Plan on Drugs (DGPNSD) and have counted on the collaboration of the Governments of the Autonomous Communities (Autonomous Plan on Drugs and Regional Ministries of Education) and the Ministry of Education.

The general objective of these is to know the situation and the tendencies of drug use among the participants, with the intention of obtaining useful information for designing and evaluating politics directed towards the prevention of use and the problems associated with drugs, above all directed towards the family and or the school media. This information complements that obtained through other methods, such as the indicators of problems of drugs (admissions to treatment, hospital emergencies or mortality related to drug use) the Home Survey on Alcohol and Drugs in Spain (EDADES) or the indicators of supply and control of supply.

Although changes have been made in the questionnaire and in the procedures of obtaining data over the whole period, the methodology has been quite uniform, for which the data can be used to observe temporal tendencies. On the other hand the questionnaire and methodology used are quite similar to those used in the European Union and the United States of America which makes international comparisons possible.

Objectives

The general objective of ESTUDES is to know the situation and the tendencies of drug use among students of Secondary High Schools and professional Formation (Formative Cycles of medium level) at State and Autonomous level with the intention of obtaining further useful information to design and evaluate politics directed to prevent drug use and drug problems, and principally towards family and or school media

The specific objectives of ESTUDES are the following:

a. To know the prevalence of the different psychoactive drugs.

b. To know the most important socio-demographic characteristics of drug users.

c. To know some relevant patterns of use.

d. To estimate opinions, knowledge, perception and attitudes facing specific aspects related to drug abuse (perceived availability, perceived risks related to different conduct towards drug use).

e. To estimate the level of exposure and receptivity of students to specific interventions.

Methodology

Population reference and sample framework

The referred population belongs to students of 14-18 years old who study in Secondary High Schools in Spain. The percentage of young people of 14-18 years old who study in this type of school in Spain in the period 1994-2008 is situated at 75% - 82%

The base or cross section frame used to select the sample, was the population registered in colleges of educational centres with 3rd or 4th year obligatory Secondary Education (ESO). The 1st and 2nd years of bachillerato LOGSE and Formative Cycles of medium level or equivalent (Professional Formation II) (Table 2.2.1.) This frame conditions the distribution of the samples per age. In fact various groups remained outside the frame for example the students of 14 – 18 years old who studied Primary Education or University Education; students of 14 – 18 who did not attend class on the day or the time that the questionnaire was applied (absent students); the students of General Regime Education included in Programs of Social Guarantee and Distance, Night Class students and Classes of Special Regimes. It is quite probable that the slant introduced for absenteeism and for the percentage of young people of 14-18, outside the frame, has remained relatively constant over the whole period; therefore the repercussion of this slant in tendencies and temporal changes of the prevalence and patterns of drug use is surely small.

Table 2.2.1. Distribution of Spanish students of Secondary Education according to the autonomous community of residence, according to the judicial title of the college and according to the studies (absolute numbers and percentages. Spain 1994 -2008.

CCAA	1994	1996	1998	2000	2002	2004	2006	2008
Andalucía	471.794	462.498	439.486	402.840	361.512	363.862	326.571	304.858
	18,4	19,1	19,7	20,8	20,4	20,6	20,5	20,5
Aragón	69.699	64.548	58.208	49.597	45.599	44.849	40.860	38.581
	2,7	2,7	2,6	2,6	2,6	2,5	2,6	2,6
Asturias	73.467	67.094	59.379	48.271	42.232	39.752	33.888	28.534
	2,9	2,8	2,7	2,5	2,4	2,3	2,1	1,9
Balearic Islands	39.271	37.441	36.613	34.923	34.408	34.804	31.333	30.164
	1,5	1,5	1,6	1,8	1,9	2,0	2,0	2,0
Canary Islands	113.256	110.955	111.340	96.577	87.248	85.592	74.244	68.929
	4,4	4,6	5,0	5,0	4,9	4,8	4,7	4,6
Cantabria	36.909	34.734	311.64	26.253	23.666	22.473	19.609	17.583
	1,4	1,4	1,4	1,4	1,3	1,3	1,2	1,2
Castilla & León	160.256	151.635	137.270	117.058	105.092	102.177	89.776	78.471
	6,3	6,2	6,2	6,0	5,9	5,8	5,6	5,3
Castilla- La Mancha	90.837	89.425	85.693	79.729	77.727	78.397	73.297	69.538
	3,5	3,7	3,8	4,1	4,4	4,4	4,6	4,7
Catalonia	384.125	354.024	310.815	262.519	248.490	248.973	236.139	234.395
	15,0	14,6	14,0	13,5	14,0	14,1	14,8	15,8
C. Valencia	251.506	234.037	215.858	190.873	178.801	177.602	160.648	154.174
	9,8	9,6	9,7	9,8	10,1	10,1	10,1	10,4
Extremadura	57.224	59.242	58.622	54.160	51.426	50.791	46.757	41.203
	2,2	2,4	2,6	2,8	2,9	2,9	2,9	2,8
Galicia	182.834	176.703	163.396	134.929	113.916	112.125	94.564	82.464
	7,1	7,3	7,3	7,0	6,4	6,4	5,9	5,5
Madrid	347.417	322.791	292.702	251.754	229.324	231.045	207.926	191.834
	13,6	13,3	13,1	13,0	12,9	13,1	13,1	12,9
Murcia	73.929	71.706	66.423	60.005	55.246	56.305	51.755	49.721
	2,9	3,0	3,0	3,1	3,1	3,2	3,3	3,3
Navarra	32.758	30.589	26.977	22.174	21.103	20.626	19.640	19.061
	1,3	1,3	1,2	1,1	1,2	1,2	1,2	1,3
Basque Country	151.581	136.827	112.596	90.058	82.048	78.790	67.592	63.000
	5,9	5,6	5,1	4,6	4,6	4,5	4,2	4,2
Rioja	17.809	16.224	14.249	11.940	10.928	10.723	9.755	9.080
	0,7	0,7	0,6	0,6	0,6	0,6	0,6	0,6
Ceuta	3.379	3.565	3.724	3.611	3.303	3.433	2.797	2.680
	0,1	0,1	0,2	0,2	0,2	0,2	0,2	0,2
Melilla	2.961	3.136	3.455	3.197	3.244	2.970	2.791	2.890
	0,1	0,1	0,2	0,2	0,2	0,2	0,2	0,2
SCHOOL OWNERSHIP								
Public	1,.911.828	1.769.080	1.626.084	1.362.588	1.225.988	1.241.521	1.093.906	1.004.590
	74,7	72,9	73,0	70,2	69,1	70,3	68,80	67,55
Private	649.184	658.094	601.886	577.880	549.325	5.237.68	496.036	482.570
	25,3	27,1	27,0	29,8	30,9	29,7	31,20	32,45
TYPE OF STUDIES								
ESO	237.115	515.206	886.542	953.021	935.678	937.280	891.860	845.306
	9,3	21,2	39,8	49,1	52,7	53,1	56,09	56,84
Bachillerato	1.510.024	1.261.877	927.249	724.972	614.796	600.389	576.960	520.541
	59,0	52,0	41,6	37,4	34,6	34,0	36,29	35,0
Professional Formation	813.873	650.091	414.179	262.475	224.839	227.620	121.122	121.313
	31,8	26,8	18,6	13,5	12,7	12,9	7,62	8,16
TOTAL	**2.561.012**	**2.427.174**	**2.227.970**	**1.940.468**	**1.775.313**	**1.765.289**	**1.589.942**	**1.487.160**
	100,0	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Source: Ministry of Education

However it should be taken into consideration that in 2004 the field work of ESTUDES was carried out in May and June, whilst in other years it was conducted in November and December which could have influenced the frequency of the "going out at night" or other factors relating to drug use, therefore this should be taken into account on comparing the results. On the other hand students of 18 years old are sub- represented in the sample for which it would be worth while to stratify some results by age.

Sample

A sampling has been used with two-stages conglomerations, selecting schools/ colleges at random as units of the Primary stage and classrooms as units of the Secondary stage. Later on the sample of all the students of the classrooms selected has been included with the aim of simplifying the sample design as well as the execution and analysis of the survey.

The schools/colleges were selected from the lists of the Ministry of Education and the Education Advisories. For this they were stratified previously in the sample framework according to the Autonomous Community (17 levels, and from 1996, 19 with Ceuta and Melilla) and judicial ownership (two levels for public and private schools /colleges). From 2000 onwards all the schools of each level had the same probability of being in the sample, independent of their size. In the Table 2.2.2. the distribution of the sample by Autonomous Community, Centre titleholder and the type of studies is figured.

Table 2.2.2. Distribution of students of 14-18 years old in the ESTUDES sample according the Autonomous Community of their residence, the judicial ownership of the school/college and the type of studies (absolute numbers and percentages). Spain 1996-2008

	Absolute numbers							Percentages						
	1996	1998	2000	2002	2004	2006	2008	1996	1998	2000	2002	2004	2006	2008
AUTONOMOUS COMMUNITY														
Andalucía	2.075	1.976	2.372	2.552	2.464	2.750	6.143	10,9	10,9	11,6	9,6	9,7	10,4	20,4
Aragón	941	775	671	2.185	1.757	1.764	785	5,0	4,3	3,3	8,2	6,9	6,7	2,6
Asturias	875	765	661	744	584	1.737	627	4,6	4,2	3,2	2,8	2,3	6,6	2,1
Balearic Islands	661	679	602	1.762	1.795	622	599	3,5	3,8	2,9	6,6	7,0	2,4	2,0
Canary Islands	859	966	739	960	835	2.079	1.398	4,5	5,3	3,6	3,6	3,3	7,9	4,6
Cantabria	575	722	1.244	1.169	1.478	1.376	352	3,0	4,0	6,1	4,4	5,8	5,2	1,2
Castilla & León	1.120	1.093	919	1.140	983	1.107	1.697	5,9	6,0	4,5	4,3	3,9	4,2	5,6
Castilla- La Mancha	982	943	1.749	2.501	860	984	1.359	5,2	5,2	8,6	9,4	3,4	3,7	4,5
Catalonia	1.881	1.681	1.552	1.885	2.831	2.177	4.628	9,9	9,3	7,6	7,1	11,1	8,2	15,3
C. Valencia	1.466	1.395	2.287	1.685	1.362	1.657	3.119	7,7	7,7	11,2	6,3	5,3	6,3	10,3
Extremadura	659	718	443	796	1.693	777	807	3,5	4,0	2,2	3,0	6,6	2,9	2,7
Galicia	1.436	1.333	1.170	2.108	1.245	2.244	1.799	7,6	7,4	5,7	7,9	4,9	8,5	6,0
Madrid	1.979	1.853	2.929	3.308	3.033	3.055	3.904	10,4	10,2	14,3	12,4	11,9	11,5	12,9
Murcia	818	813	727	1.394	1.468	1.601	998	4,3	4,5	3,6	5,2	5,8	6,1	3,3
Navarra	659	553	627	530	600	570	361	3,5	3,1	3,1	2,0	2,4	2,2	1,2
Basque country	1.104	1.021	852	806	990	884	1.316	5,8	5,6	4,2	3,0	3,9	3,3	4,4
Rioja	651	570	462	457	975	525	190	3,4	3,2	2,3	1,7	3,8	2,0	0,6
Ceuta	128	30	323	130	140	289	46	0,7	0,2	1,6	0,5	0,5	1,1	0,2
Melilla	97	199	121	464	428	256	57	0,5	1,1	0,6	1,7	1,7	1,0	0,2
TITLE HOLDER OF SCHOOL														
Public	13.716	12.766	10.421	14.445	14.889	13.050	20.720	72,3	70,6	51,0	54,4	58,3	49,3	68,6
Private	5.250	5.319	10.029	12.131	10.632	13.404	9.463	27,7	29,4	49,0	45,6	41,7	50,7	31,4
TIYPE OF STUDIES														
ESO	5.129	9.560	13.664	14.400	14.415	15.983	15.671	27,0	52,9	66,8	54,2	56,5	60,4	51,9
Bachillerato	10.495	7.312	5.869	10.733	9.468	8.468	10.348	55,3	40,4	28,7	40,4	37,1	32,0	34,3
F. Professional /cycles Formative	3.342	1.213	917	1.443	1.638	2.003	4.164	17,6	6,7	4,5	5,4	6,4	7,6	13,8
TOTAL	**18.966**	**18.085**	**20.450**	**26.576**	**25.521**	**26.454**	**30.183**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: DGPNSD State Survey on Drug Use in students of Secondary Studies. ESTUDES 1994-2008

The classrooms were selected once the schools/ colleges had handed in the lists of classrooms or groups of students relating to the courses of interest. The selection of classrooms was made with the equal probability among the collection of classrooms of the school/college. Due to economic reasons it was decided to select two classrooms in each school/college.

In each one of the surveys a sample around 20,000 – 31,000 of students was studied. (30,183 in 2008), 800-1,600 classrooms (1,568 in 2008) and 400-800 schools/colleges (784 in 2008) Table 2.2.3.). To guarantee a minimum precision of the estimation by Autonomous Communities a minimum number of valid surveys were established in each one of them. Some Autonomous Communities financed the expansion of the sample.

The percentage of registered students who did not attend the class on the day and the time of the survey (absentees) is placed, in the different surveys, between 9% and 17, 1% in 2008 it was 9, 3%.

Table 2.2.3. Distribution of the classrooms and colleges included in the sample of the State Survey on Drug abuse in secondary Schools according to the autonomous community. Spain 1994-2008.

Schools	1994	1996	1998	2000	2002	2004	2006	2008
Andalucía	45	45	45	54	60	64	70	77
Aragón	19	18	18	17	35	32	33	49
Asturias	19	18	18	17	18	16	29	48
Balearic Islands	12	12	13	15	32	32	15	41
Canary Islands	22	23	22	21	23	22	33	57
Cantabria	13	12	13	28	29	28	28	39
Castilla & León	18	19	27	25	30	27	32	35
Castilla- La Mancha	25	24	17	44	58	22	25	31
Catalonia	44	38	39	37	43	70	53	56
Valencia Community	33	33	33	56	37	35	40	46
Extremadura	16	14	16	10	19	31	19	25
Galicia	23	26	29	25	36	30	39	62
Madrid	40	37	40	66	75	71	71	85
Murcia	16	16	16	17	38	25	25	48
Navarra	13	13	15	15	14	14	13	16
Basque Country	26	24	27	21	22	26	28	30
Rioja	11	12	12	12	12	17	12	25
Ceuta	_	5*	1	5	3	5	7	7
Melilla	_	_	3	3	7	6	5	7
	395	389	404	488	591	573	577	784

Classrooms	1994	1996	1998	2000	2002	2004	2006	2008
Andalucía	92	92	90	108	119	128	139	154
Aragón	38	36	38	31	101	95	92	98
Asturias	42	36	36	30	35	32	84	96
Balearic Islands	29	28	27	24	84	93	30	82
Canary Islands	44	46	44	41	46	44	98	114
Cantabria	28	28	28	48	58	84	81	78
Castilla & León	38	40	40	47	58	54	64	70
Castilla- La Mancha	54	55	55	69	116	44	50	62
Catalonia	88	78	78	74	87	140	103	112
Valencia Community	68	65	69	90	72	70	80	92
Extremadura	34	32	53	19	37	92	38	50
Galicia	56	55	33	43	102	60	116	124
Madrid	85	80	58	119	144	142	142	170
Murcia	34	36	79	29	72	74	75	96
Navarra	30	28	26	22	26	28	26	32
Basque Country	52	52	33	40	44	51	56	60
Rioja	25	29	29	20	22	50	24	50
Ceuta	_	10*	2	15	6	10	14	14
Melilla	_	_	8	6	22	24	10	14
	837	826	826	875	1.251	1.315	1.322	1568

* Corresponds to Ceuta & Melilla
. Source. State Survey on Drug Use en secondary school students ESTUDES 1994-2008

Questionnaire and field work

A Standard and anonymous questionnaire is used, similar to that of other surveys carried out in Europe and the United Status. It includes questions on: socio-demographic characteristics, drug use, risk perception of different behaviour conduct of drug use, aspects related to leisure time, perceived availability of different psychoactive drugs, some social or health problems, information received on drugs, Drug Use on the part of friends and companions and the attitude of parents with respect to this.

The questionnaire used between 1994 and 2004 was practically identical all along that period. In 2006 its format was modified quite a lot to allow it to converge more with international questionnaires, however after verification tests were carried out the conclusion was reached that the comparisons, in essential aspects (prevalence and drug use patterns and perceived availability), have not been felt. Among others, in 2006 questions were introduced separately on drug use of GHB, and on cocaine base use and cocaine in powder, that did not appear in previous questionnaires.

Bearing in mind the peculiar linguistics of the different Autonomous Communities versions of questionnaires have been used in Castillian, Gallego, Basque, Catalan, and Valencian.

The questionnaire is filled in by hand (paper and pencil) by all the students of the selected classrooms during a normal class (45-60 minutes) with the presence of the professor or teacher who remains permanently on the classroom platform dais.

The field work of all the surveys except those of 2004 that were carried out in the spring, were made in autumn (generally November or December) although some years a part of the survey had had to be delayed until February of the following year

School / college collaboration was good. In 2008 the percentage of substituted centres was 7, 7%. Some of the reasons of substitution were: refusing to collaborate, - Centres where the majority of the students of all existing groups were over the age of 18, - because they found themselves to be closed off in a definite way or because of inaccessibility due to bad weather (periods of snowing).

On the other hand the level of collaboration of Head Masters, chiefs of studies, and teachers of the centres was excellent in every survey. The percentage of students who refused to complete the questionnaire was irrelevant as well as the eliminated questionnaires left in blank.

In 1994-1998 the selection on the sample and the field work was carried out by the Firm CUANTER, SA. and in 2000-2008 by IPD,SA.

Analysis

The results were considered by the Autonomous Community, the titleholder of the centre (public or private) and the type of studies (ESO High schools, professional formation/formative cycles) to correct the disparity of the sample in respect to the global population. The information on the distribution of the global population according to the three variable considerations was obtained from the Ministry of Education.

It is to be noted that the sample is designed to obtain results with an acceptable precision over the prevalence of drug use in the whole of Spain but not in the CCAA. Therefore except in the case of alcohol, tobacco and cannabis the estimated prevalence for the CCAA have too broad intervals of confidence, above all in the

Communities with lower populations which means that they are very affected by random chance and on representing the temporal series could generate ups and downs and lines of deceiving tendencies.

Results

Extended drug use

The same as in previous years, in 2008 the drugs most consumed by Secondary School students of 14-18 years old have been alcohol, tobacco, cannabis and tranquilizers and/or sleeping pills. 81, 25 had used alcoholic beverages once in their lives, and 44, 6% tobacco, 35, 2% cannabis and 17, 3% tranquilizers or sleeping pills. The percentage of present users of these substances, that is to say, those who have used at least once over the previous 30 days to the survey, was 58,5%, 32,4%, 20,1% and 5,1 % respectively.

The use of the rest of the substances (cocaine, ecstasies, hallucinogens sniffing volatiles, heroin etc.) was much less extended, placing the prevalence, one time use, between 1% and 6% and the prevalence during the last 30 days between 0,5% and 2% (Table 2.2.4.).

If these results are compared with those of the previous surveys, an important reduction can be observed in cocaine use and ecstasies, a slight decrease of volatile inhalants, a stabilization of alcohol and tobacco use, cannabis, amphetamines, hallucinogens, heroin and an important increase in tranquilizers and sleeping pills. (Table 2.2.4.)

Table 2.2.4. Evolution of the prevalence of psycho active substance abuse among Secondary School students from 14-18 years old (Percentages) Spain 1994-2008

	1994	1996	1998	2000	2002	2004	2006	2008
Prevalence of ever-in-lifetime use								
Tobacco	60,6	64,4	63,4	61,8	59,8	60,4	46,1	44,6
Alcohol	84,1	84,2	86,0	78,0	76,6	82,0	79,6	81,2
Tranquilizers or sleeping pills							12,6	17,3
Tranquilizers or sleeping pills without prescription	6,1	6,1	6,4	6,9	6,5	7,0	7,6	9,4
Cannabis	20,9	26,4	29,5	33,2	37,5	42,7	36,2	35,2
Ecstasy	3,6	5,5	3,6	6,2	6,4	5,0	3,3	2,7
Hallucinogens	5,1	6,8	5,5	5,8	4,4	4,7	4,1	4,1
Amphetamines	4,2	5,3	4,3	4,5	5,5	4,8	3,4	3,6
Cocaine	2,5	3,4	5,4	6,5	7,7	9,0	5,7	5,1
Heroín	0,5	0,5	0,9	0,6	0,5	0,7	1,0	0,9
Inhalable volatiles	3,1	3,3	4,2	4,3	3,7	4,1	3,0	2,7
GHB								1,1
Prevalence of use in the last 12 months								
Tobacco							34,0	38,1
Alcohol	82,7	82,4	83,8	77,3	75,6	81,0	74,9	72,9
Tranquilizers or sleeping pills							7,4	10,1
Tranquilizers or sleeping pills without a prescription	4,4	4,5	4,7	5,0	4,5	4,7	4,8	5,7
Cannabis	18,2	23,4	25,7	28,8	32,8	36,6	29,8	30,5
Ecstasy	3,2	4,1	2,5	5,2	4,3	2,6	2,4	1,9
Hallucinogens	4,4	5,6	4,0	4,2	3,2	3,1	2,8	2,7
Amphetamines	3,5	4,4	3,4	3,5	4,1	3,3	2,6	2,5
Cocaine	1,8	2,7	4,5	4,8	6,2	7,2	4,1	3,6
Heroín	0,3	0,4	0,6	0,4	0,3	0,4	0,8	0,7
Inhalable volatiles	1,9	2,0	2,6	2,5	2,2	2,2	1,8	1,6
GHB								0,8
Prevalence of use in the last 30 days								
Tobacco	31,1	32,5	31,9	32,1	29,4	37,4	27,8	32,4
Alcohol	75,1	66,7	68,1	60,2	56,0	65,6	58,0	58,5
Tranquilizers or sleeping pills							3,6	5,1
Tranquilizers or sleeping pills without a prescription	2,6	2,2	2,3	2,5	2,4	2,4	2,4	2,9
Cannabis	12,4	15,7	17,2	20,8	22,5	25,1	20,1	20,1
Ecstasy	2,1	2,3	1,6	2,8	1,9	1,5	1,4	1,1
Hallucinogens	2,6	2,8	2,0	2,0	1,2	1,5	1,3	1,2
Amphetamines	2,3	2,6	2,0	2,0	2,0	1,8	1,4	1,2
Cocaine	1,1	1,6	2,5	2,5	3,2	3,8	2,3	2,0
Heroín	0,2	0,3	0,4	0,3	0,2	0,4	0,5	0,6
Inhalable volatiles	1,1	1,2	1,8	1,5	1,1	1,1	1,1	0,9
GHB								0,5
Prevalence of daily tobacco use in the last 30 days	21,6	23,7	23,1	23,0	21,0	21,5	14,8	14,8

Source: DGPNSD State survey on Drug use among students in Secondary schools ETUDES 1994-2008

Average age of initiation into drug use

The students in Secondary Schools from 14-18 years old commence to take drugs at an early age. In 2008 the substances that they began using earlier were tobacco, alcohol and inhalable volatiles (in this case by a minority) and whose average ages of

initiation are situated between 13 and 14 years old. This is followed by heroin, tranquilizers or sleeping pills and cannabis (14, 3, 14, 3 and 14, 6 years old respectively). Ecstasy, cocaine, the hallucinogens and amphetamines were the substances that they began to use at a later age (15, 2 15, 3 and 14, 6 years old respectively). Important variations on the age of initiation by sex were not observed either with respect to earlier years. In 2006 hypno-sedatives, heroin and cocaine increased somewhat and tobacco and weekly intake of alcohol has lagged. (Table 2.2.5.)

Table 2.2.5. Evolution of the average age of initiation to psychoactive substances among students of 14-18 years old at Secondary Schools (years) Spain 1994-2008.

	1994	1996	1998	2000	2002	2004	2006	2008
Tobacco	13,9	13,3	13,2	13,1	13,1	13,2	13,1	13,3
Tobacco (daily use)	_	14,6	14,5	14,4	14,4	14,5	14,2	15,1
Alcohol	13,5	13,7	13,8	13,6	13,6	13,7	13,8	13,7
Alcohol (weekly use)	_	15,0	15,0	14,9	15,0	15,1	15,0	15,6
Tranquilizers or sleeping pills without prescription	14,1	14,5	14,8	14,5	14,6	14,8	14,4	14,3
Cannabis	15,1	15,1	15,0	14,9	14,7	14,7	14,6	14,6
Cocaine	15,6	15,9	15,8	15,8	15,7	15,8	15,4	15,3
Heroín	14,3	14,7	14,4	15,4	14,9	14,4	14,7	14,3
Amphetamines	15,5	15,7	15,6	15,6	15,6	15,7	15,6	15,4
Halucinogens	15,4	15,6	15,4	15,5	15,5	15,8	15,5	15,4
Inhalable volatiles	13,3	13,6	13,4	13,9	14,3	14,0	13,6	13,8
Ecstasy	15,6	15,7	15,5	15,7	15,4	15,6	15,5	15,2

SOURCE: DGPNSD. State Survey on Drug Use in Secondary School students (ESTUDES), 1994-2008

Intersexual differences in drug use

The expansion of drug use in students of 14-18 years old varies a lot according to sex. Males, in a greater proportion to females, use all the illegal drugs, while with tobacco and tranquilizers and sleeping pills the opposite is the case For alcoholic beverages the prevalence was similar in both sexes. However the prevalence of intensive tobacco of alcoholic use was greater in males than in females.

In the case of illegal drugs the differences observed in the prevalence by sex is more noticeable as the use becomes more intensive and frequent. In fact in general the quotient between the prevalence in males and that of females is somewhat greater for the use in the last 30 days, for one-time use, a phenomenon that has been observed in preceding surveys (Table 2.2.6.).

Table 2.2.6. Evolution of prevalence of the use of psycho active substances among students of Secondary Schools of 14-18 years old according to sex (percentages) Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Ever-in-lifetime use																
Tobacco	56,6	65,1	58,9	69,4	57,4	68,5	57,1	66,7	54,6	64,7	56,6	64,1	42,0	49,8	42,2	47,0
Alcohol	84,3	84,0	84,3	84,1	85,5	86,4	78,2	77,9	75,9	77,2	81,5	82,5	78,4	80,7	80,8	81,7
Tranquilizers or sleeping pills															14,2	20,4
Tranquilizers or sleeping pills without prescription	4,8	7,4	4,5	7,6	4,4	8,2	5,2	8,6	5,0	7,9	5,8	8,1	5,8	9,2	7,7	11,0
Cannabis	23,8	18,0	28,8	24,2	31,6	27,6	36,2	30,1	40,6	34,6	45,3	40,2	38,0	34,6	37,8	32,8
Ecstasy	4,7	2,5	6,1	4,8	4,0	3,2	7,6	4,8	7,0	5,8	6,0	3,9	4,2	2,5	3,5	2,0
Hallucinogens	6,7	3,6	8,0	5,6	6,1	5,0	7,2	4,4	5,6	3,4	6,2	3,3	5,7	2,7	5,6	2,6
Amphetamines	5,3	3,1	6,6	4,1	5,5	3,2	5,7	3,3	6,2	4,9	6,0	3,6	4,2	2,7	4,5	2,7
Cocaine	3,1	1,9	4,0	2,8	6,5	4,4	8,4	4,5	9,0	6,4	11,3	6,8	6,8	4,7	6,3	3,8
Heroín	0,7	0,3	0,8	0,3	1,2	0,7	0,8	0,3	0,6	0,5	1,1	0,3	1,5	0,5	1,4	0,4
I.Volátiles	4,1	2,1	4,2	2,5	5,1	3,4	5,7	3,0	4,8	2,7	5,2	2,9	4,1	2,0	3,6	1,8
GHB															1,6	0,7
Use in the last 12 months																
Tobacco															36,0	40,1
Alcohol	82,8	82,7	82,3	82,5	83,0	84,5	77,3	77,3	74,9	76,3	80,6	81,5	73,4	76,3	71,5	74,2
Tranquilizers or sleeping pills	3,2	5,6	3,2	5,8	3,3	5,9	3,5	6,6	3,2	5,7	4,0	5,5	3,7	5,8	8,1	12,1
Tranquilizers or sleeping pills without prescription															4,6	6,8
Cannabis	21,2	15,2	25,9	21,1	28,2	23,5	32,2	25,2	36,2	29,8	39,4	33,7	31,6	28,2	33,5	27,5
Ecstasy	4,2	2,2	4,8	3,5	2,9	2,1	6,4	3,9	4,7	3,8	3,3	1,9	3,3	1,6	2,6	1,3
Hallucinogens	5,7	3,1	6,9	4,5	4,8	3,2	5,5	2,9	4,4	2,0	4,4	1,8	4,1	1,6	3,9	1,7
Amphetamines	4,4	2,5	5,5	3,4	4,5	2,5	4,6	2,4	4,8	3,4	4,3	2,3	3,3	2,0	3,2	1,8
Cocaine	2,3	1,2	3,3	2,2	5,4	3,6	6,4	3,1	7,5	5,1	9,4	5,1	5,2	3,1	4,9	2,4
Heroín	0,5	0,2	0,6	0,2	0,8	0,5	0,7	0,1	0,4	0,2	0,8	0,1	1,2	0,3	1,1	0,4
I.Volátiles	2,5	1,3	2,4	1,7	3,3	2,0	3,3	1,8	3,0	1,5	3,0	1,4	2,6	1,1	2,3	1,0
GHB															1,2	0,4
Use in the last 30 days																
Tobacco	26,0	36,3	26,2	38,1	25,5	37,6	27,3	37,1	25,0	33,4	32,9	41,9	24,8	30,6	30,9	33,8
Alcohol	75,3	74,9	66,8	66,7	67,5	68,5	60,4	59,9	56,7	55,4	65,5	65,7	58,1	58,0	57,7	59,4
Tranquilizers or sleeping pills															4,0	6,1
Tranquilizers or sleeping pills without prescription	1,9	3,3	1,5	2,9	1,5	3,0	1,7	3,4	1,7	3,1	1,8	3,0	2,0	2,8	2,4	3,3
Cannabis	15,1	9,8	18,4	13,2	20,3	14,5	24,5	16,9	28,5	19,6	28,3	22,0	22,3	18,0	23,0	17,2
Ecstasy	2,9	1,4	2,8	1,9	1,9	1,3	3,8	1,7	2,1	1,6	1,9	1,0	2,1	0,7	1,5	0,6
Hallucinogens	3,6	1,7	3,8	1,9	2,6	1,5	2,6	1,3	1,8	0,7	2,3	0,7	2,0	0,7	1,7	0,7
Amphetamines	2,9	1,6	3,2	2,0	2,7	1,5	2,6	1,4	2,5	1,5	2,7	1,0	2,0	1,0	1,5	0,8
Cocaine	1,4	0,7	2,1	1,2	3,2	1,8	3,4	1,5	3,7	2,8	5,1	2,6	3,1	1,6	2,7	1,2
Heroin	0,4	0,1	0,4	0,1	0,6	0,2	0,5	0,1	0,3	0,2	0,7	0,1	0,9	0,2	0,8	0,3
I. Volatiles	1,5	0,8	1,5	1,0	2,2	1,5	1,8	1,1	1,5	0,8	1,6	0,7	1,7	0,6	1,4	0,5
GHB															0,8	0,3

DGPNSD. State survey of drug use in students of Secondary Schools. (ESTUDES), 1994-2008

Age differences in drug use

Age is a decisive variable factor in the expansion of student drug use. The percentage of users increases progressively with the age, in as much as the Use reaches its maximum level at 17-18 years old.

The major increases in the expansion of drug taking such as alcohol, tobacco and cannabis, is produced between the ages of 14-15 years while for cocaine, for example, it occurs between the ages of 17- 18. This, as is logical, has a great deal to do with the age at which initiation to drug using starts and which is very much later with this substance (Table 2.2.7.).

If prevalence of drug taking is compared, recent or actual use (over the last 12 months and the past 30 days) by age with that of 2006, it can be observed that the use of tobacco and tranquilizers or sleeping pills has increased in all age groups, that the use of alcohol has decreased in those of 16-18 but not in those of 14-15, and the use of the rest of the substances has the tendency to decrease in all age groups, except among those of 14 years old. In fact with this latter age group the increase is with all drugs.

Table 2.2.7. Prevalence of use of psychoactive substances among students of Secondary Schools of 14-18 years old according to age (percentages) Spain, 2008.

Age (years)	14	15	16	17	18
Ever-in-lifetime use					
Tobacco	28,4	40,6	47,5	54,2	60,4
Alcohol	62,6	78,7	86,2	90,5	92,3
Tranquilizers or sleeping pills	14,1	15,2	17,5	20,3	22,5
Tranquilizers or sleeping pills without prescription	7,1	8,3	10,2	10,5	12,5
Cannabis	16,4	29,2	37,8	48,0	55,2
Ecstasy	1,3	2,1	2,6	3,6	5,8
Hallucinogens	2,0	2,9	3,9	5,7	8,9
Amphetamines	1,1	2,0	3,9	5,4	8,7
Cocaine	2,0	3,8	4,9	6,6	12,5
Heroín	1,0	0,9	1,0	0,9	0,5
Inhalable volatiles	1,8	2,2	2,4	3,7	4,9
GHB	0,9	0,9	1,2	1,1	2,0
Drug use over the last 12 months					
Tobacco	23,0	34,5	40,7	47,1	52,1
Alcohol	53,1	69,6	77,6	84,1	84,2
Tranquilizers or sleeping pills	7,3	8,7	10,9	11,9	13,9
Tranquilizers or sleeping pills without prescription	4,1	4,8	6,7	6,3	7,4
Cannabis	14,4	25,8	33,6	39,9	46,9
Ecstasy	0,9	1,5	1,7	2,7	4,4
Hallucinogens	1,2	2,0	2,8	4,0	5,0
Amphetamines	0,8	1,5	2,6	4,0	5,5
Cocaine	1,4	2,6	3,6	4,9	8,7
Heroín	0,6	0,7	0,8	0,7	0,6
Inhalable volatiles	1,1	1,5	1,4	2,3	2,4
GHB	0,6	0,7	0,9	0,8	1,5
Use in the last 30 days					
Tobacco	18,2	28,8	34,1	40,7	48,3
Alcohol	36,2	52,9	63,8	71,9	75,1
Tranquilizers or sleeping pills	3,6	4,5	5,6	5,4	7,7
Tranquilizes or sleeping pills without prescription	2,0	2,7	3,4	2,8	3,9
Cannabis	8,5	16,9	22,1	27,3	31,1
Ecstasy	0,6	1,0	0,9	1,4	1,8
Hallucinogens	0,9	0,9	1,2	1,5	1,8
Amphetamines	0,5	0,8	1,1	1,6	2,8
Cocaine	0,9	1,7	1,8	2,4	4,5
Heroín	0,5	0,6	0,6	0,6	0,3
Inhalable volatiles	0,7	0,8	1,0	1,2	1,1
GHB	0,5	0,5	0,6	0,5	0,6

Source: DGPNSD.State Survey on Drug use in Secondary School students (ESTUDES) 2008.

Tobacco Use

Tobacco is widely used among students from 14 -18 years old, it being the second most used substance. In 2008 44,6% of students from 14-18 years old affirmed to having smoked it at least once and 32,4% had smoked it over the past 30 days (Table 2.2.4.).The percentage of students who smoked daily was 14, 8% which reached 31, 7% among students from 18 years old.

The use increases with age and is more extended among girls than boys (Table 2.2.8., Table 2.2.9. and Figure 2.2.1.) at all ages.

The average age of tobacco initiation was the earliest of all the drugs considered, (13, 3 years old) and has maintained this level more or less stable over the past 10 years and being similar in both sexes. The average age of initiation into daily use is produced a year later (14, 3 years old).

Among the tobacco users over the past month, the average cigarette use per day was 5, 0 a figure inferior to that of 2004 (7.7 cigarettes) and 2006 (5, 5), being similar in both boys and girls.

The data of 2008 demonstrates a stabilization of tobacco use following the important descent experimented in 2006. In fact the percentage of daily users has passed from 21, 5% in 2004 to 14, 8% in 2006 and 14, 8% in 2008.

The great majority of students who smoked had decided to leave off smoking at least once (68, 7%) although those who affirmed to have tried to do so are decidedly fewer (36, 7). The intention to abandon smoking is more patent in girls (73, 1%) than in boys (63, 7%).The intention was also greater among girls; the percentage of those who really tried was 38, 7% against 33, and 5% for boys.

In 2008 54, 2% of the students who smoked were seriously thinking of giving it up, the difference between men (53·, 7%) and (54, 8) women was small. Those who had decided to leave off smoking within the following 30 days 37,1% were the 14 year old students while only 19,2% of the 17 year olds considered this.

Table 2.2.8. General characteristics of tobacco use among students of Secondary Schools of 14-18 years old (averages and percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10415	10374	8867	9668	8224	9341	10147	9777	12964	13946	12864	13076	12598	13856	14951	15232
Prevalence of tobacco use ever-in-lifetime																
	56,0	65,1	58,9	69,4	57,4	68,5	57,1	66,7	54,6	64,7	56,6	64,1	42,0	49,8	42,2	47,0
Average age of initiation to tobacco use in present smokers and ex-smokers (years)																
	13,7	14,1	13,1	13,5	13,0	13,4	12,9	13,2	13,0	13,1	13,1	13,2	13,0	13,1	13,2	13,4
Prevalence of tobacco use in the last 30 days																
	26,0	36,3	26,2	38,1	25,5	37,6	27,3	37,1	25,0	33,4	25,1	32,4	24,8	30,6	30,9	33,8
Prevalence of daily tobacco use																
	17,8	25,4	19,0	28,1	17,9	27,5	19,3	27,0	17,7	24,2	18,9	24,1	12,5	16,9	13,3	16,4
Average age of initiation into daily use of tobacco in actual smokers and ex-smokers (years)																
	--	--	14,5	14,6	14,6	14,5	14,4	14,3	14,4	14,3	14,5	14,4	14,3	14,2	14,3	14,3
Nº cigarettes used daily																
1-5	37,7	47,3	41,8	50,3	43,8	49,5	44,4	49,0	44,7	46,5	41,6	44,5	61,9	63,0	42,9	49,5
6-10	33,8	36,8	33,9	34,8	35,2	34,9	34,8	35,2	33,5	36,0	35,7	35,5	22,7	27,2	21,4	25,5
>10	28,5	15,9	24,3	14,8	20,9	15,6	20,8	15,8	21,8	17,5	22,7	20,0	15,3	9,8	12,1	9,8
Average number of cigarettes daily																
	9,1	7,2	8,3	6,9	7,9	7,0	7,6	6,8	7,8	7,3	8,1	7,5	5,8	5,3	5,1	5,0

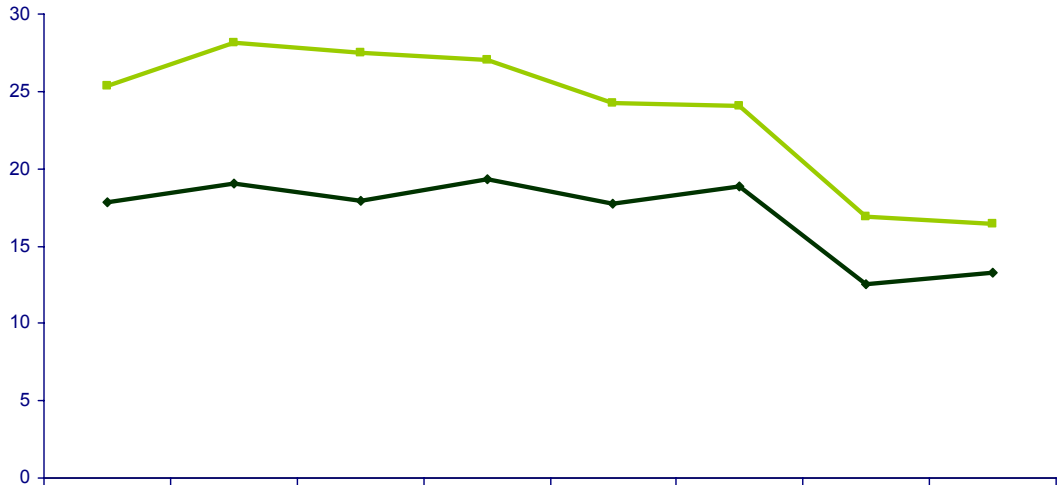
Note: The percentages are calculated on the number of cases with information.
Source: DGPNSD.State Survey on Drug Use in Secondary School Students (ESTUDES), 1994-2008.

Table 2.2.9. Prevalence of tobacco use among students of Secondary Schools of 14-18 years old (percentages) according to sex and age. Spain 1994-2008

	Ever-in-lifetime-use								Last 30 days							
	1994	1996	1998	2000	2002	2004	2006	2008	1994	1996	1998	2000	2002	2004	2006	2008
Total	60,6	64,4	63,4	61,8	59,8	60,4	46,1	44,6	31,1	32,5	31,9	32,1	29,4	28,7	27,8	32,4
Sex																
Male	56,0	58,9	57,4	57,1	54,6	56,6	42,0	42,2	26,0	26,2	25,5	27,3	25,0	25,1	24,8	30,9
Females	65,1	69,4	68,5	66,7	64,7	64,1	49,8	47,0	36,3	38,1	37,6	37,1	33,4	32,4	30,6	33,8
Age																
14 years	44,5	49,8	51,3	45,8	43,8	42,1	28,4	28,4	18,0	18,5	19,0	17,2	13,4	14,0	13,8	18,2
15 years	58,3	60,1	58,6	58,8	55,5	54,7	41,5	40,6	28,4	27,7	27,7	28,1	23,6	24,3	24,1	28,8
16 years	63,9	69,1	65,7	62,7	63,0	62,3	50,7	47,5	33,9	35,9	33,0	32,2	32,0	29,0	30,6	34,1
17 years	68,5	69,9	69,5	68,6	67,2	70,0	55,1	54,2	37,0	36,4	37,8	38,8	37,6	40,4	35,5	40,7
18 years	72,7	76,7	76,9	78,6	73,2	77,3	61,8	60,4	44,4	50,3	49,7	51,6	46,4	48,2	42,1	48,3

Source: DGPNSD. State Survey on Drug Use in Secondary School Students (ESTUDES), 1994-2008.

Figure 2.2.1. Evolution of the prevalence of daily use of tobacco among students of Secondary Schools of 14-18 years old according to sex (percentages) Spain 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
Male	17,8	19,0	17,9	19,3	17,7	18,9	12,5	13,3
Female	25,4	28,1	27,5	27,0	24,2	24,1	16,9	16,4

Source: DGPNSD. State Survey on drug use in Secondary Schools (ESTUDES) 1994-2008

In 52, 9% of the homes where students live someone there is a daily smoker. (47,7% in 2006).

With respect to parental permission on tobacco use for their sons and daughters, 621%, of mothers and 62, 3% of fathers did not permit it. This percentage diminishes considerable as the age increases (in the case of the mother 79, 8% to 14 years old and 33,3% at 18).24,5% had seen teachers smoking within the school enclosures more than half of the 30 previous days to the survey: a figure that goes from 18,7% at 14 years old to 32,4% at 18 years old The percentage was quite a lot higher in the State Schools and colleges (28,7%) than in the private sector (15,6%)

52,6% had seen students smoking more than half of the 30 previous days to the survey within the school enclosures, a figure that goes from 42,6% at 14 years old to 59,8% at 18.The percentage was higher in state schools and colleges (57,4% than in the private sector (41,9%).

Use of Alcoholic Beverages

Alcohol was the substance whose use increased most in 2008 among students from 14-18 years old. 81, 2% had tried it at least once, 72, 9% had used it over the past year and 58, 5% over the past month. (Table: 2.2.4.). It has been observed that the use is slightly higher for women than for men (Table 2.2.10.). In the measure with age increase, the percentage of students who drank alcoholic beverages augmented, to this effect the percentage of students of 18 years old who had used alcohol over the last 30 days was 75.1% (Table 2.2.7.).

The use of alcohol among students is concentrated at week-ends. Of 58,5% who had used alcoholic beverages over the last 30 days, almost all, 99,8% had used it at week ends, while only 39,3% had done so during week days. Insofar as the frequency is concerned 23% of the students had used alcohol every weekend.

Table 2.2.10. General characteristics of alcohol use among students of Secondary Schools 14-18 years old (averages and percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of alcohol use ever-in-lifetime																
	84,3	84,0	84,3	84,1	85,5	86,4	78,2	77,9	75,9	77,2	81,5	82,5	78,4	80,7	80,8	81,7
Average age initiation of use (years)																
	13,1	13,8	13,5	14,0	13,5	14,0	13,4	13,8	13,4	13,8	13,6	13,9	13,7	13,8	13,6	13,8
Average age initiation weekly use of alcohol (years)																
	__	__	15,0	15,0	15,0	15,1	14,8	14,9	15,0	14,9	15,2	15,1	15,0	14,9	14,9	14,8
Prevalence of alcohol use in the last 12 months																
	82,8	82,7	82,3	82,5	83,0	84,5	77,3	77,3	74,9	76,3	80,6	81,5	73,4	76,3	71,5	74,2
Prevalence of alcohol use in the last 30 days																
	75,3	74,9	66,8	66,7	67,5	68,5	60,4	59,9	56,7	55,4	65,5	65,7	58,1	58,0	57,7	59,4
Prevalence of alcohol use during weekends in the last 30 days																
	__	__	66,0	66,4	67,0	68,1	60,1	59,8	56,3	55,2	65,1	65,5	57,7	57,7	61,2	61,3
Prevalence of alcohol use during week-days in the last 30 days																
	__	__	26,8	14,9	26,0	16,1	30,0	16,8	20,8	10,6	26,5	14,1	24,2	13,9	28,4	17,8
Frequency of drunken bouts in the last 30 days among students who had used alcohol in that period																
Never	77,7	79,5	75,2	78,8	75,2	76,4	62,1	66,6	62,1	65,8	55,3	59,4	54,4	57,2	49,4	52,1
1 -2 days	14,7	15,2	15,4	16,5	16,4	17,8	23,9	23,7	24,3	24,9	25,6	28,3	28,9	30,7	30,2	32,4
3 - 5 days	4,9	4,2	6,8	4,0	5,8	4,9	10,5	7,7	9,8	7,3	12,9	9,8	12,6	10,3	13,9	11,9
>5 days	2,6	1,2	2,6	0,8	2,6	0,9	3,5	2,0	3,9	2,0	6,2	2,5	4,1	2,3	6,5	3,6

Note: The percentages are calculated on the number of cases with information.
SOURCE: DGPNSD. State Survey on Drug Use among secondary School Students (ESTUDES) 1994-2008.

With respect to the intensive or problematic use during drunken bouts this was investigated with the drinking of five or more glasses of alcohol on the same occasion, understanding that "occasion" meant drinking the alcohol immediately or with an interval of approximately two hours. In 2008, 58, 2% of the students of 14-18 years old had been drunk ever-in-lifetime use and 29, 1% had been drunk over the last month (29, 4% boys 28, 7% girls) (Table 2.2.11.). The prevalence by age of drunkenness during the past month varied from 13, 4% at 14 years old up to 45, and 2% at 18 years old. Table: (2.2.11.). Of those who had used alcoholic beverages over the last 30 days 49, 6% had got drunk, at least once, in that period.

On the other hand 41,4% of the students had used alcoholic beverages over the last 30 days (38,3% girls and 44,7% boys) having used, one day in that period, 5 or more glasses of alcohol on the same occasion or during an interval of approximately 2 hours. 15, 2% had done this for more than 4 days over the last month.

Table 2.2.11. Prevalence of drunkenness among Secondary School students 14-18 years old (percentage) according to sex and age. Spain 2008.

	Ever-in-lifetime	Last 12 months	Last 30 days
Total	56,2	47,1	29,1
Sex			
· Males	54,8	46,5	29,4
· Females	57,5	47,7	28,7
Age			
· 14 Years	30,4	24,5	13,4
· 15 Years	48,5	41,0	24,2
· 16 Years	62,2	53,0	31,7
· 17 Years	72,6	59,7	39,0
· 18 years	76,9	65,8	45,2

SOURCE. DGPNSD. State Survey on Drug Use among Secondary School Students (ESTUDES) 2008.

In 2008 students used alcohol, above all, in bars or pubs (66, 3% of the users over the last 30 days) in open spaces, such as streets, Plazas, Squares and parks (65, 3%) or in discotheques (56, 7%). Globally the drinks most used were mixtures of alcoholic beverages highballs. Predominately the drink preferred during the week is beer. (Table 2.2.12.). The places where, with most frequency, the students obtained alcoholic beverages were in bars or pubs (64, 8%) discotheques (54, 7%) and supermarkets (52, 2%).

Table 2.2.12. Prevalence of use of the different types of alcoholic beverages during weekdays and weekends over the last 30 days prior to the survey among students 14-18 years old of Secondary Schools and Colleges (percentages) Spain 1996-2008.

	1996	1998	2000	2002	2004	2006	2008
WEEKDAY USE							
One day from Monday to Thursday during the last 30 days							
Wine	8,1	8,9	8,2	4,9	6,6	5,3	5,8
Beer	15,3	14,0	16,2	10,5	14,1	12,8	15,0
Aperitives	3,0	3,2	2,6	1,7	2,4	3,0	4,1
Highballs	5,4	6,4	6,8	5,0	6,8	7,4	10,6
Strong Liquors	3,2	3,6	3,5	2,3	3,2	3,5	5,5
Fruit liquors	6,6	7,5	6,2	3,8	4,2	4,6	6,6
Every day Monday to Thursday during the last 30 days							
Wine	0,8	1,0	0,9	0,3	0,7	0,2	0,4
Beer	1,7	1,5	2,2	0,9	1,7	0,8	1,7
Aperitives	0,2	0,3	0,3	0,1	0,3	0,2	0,5
Highballs	0,2	0,3	0,6	0,2	0,6	0,4	1,2
Strong liquors	0,1	0,4	0,4	0,1	0,4	0,2	0,7
Fruit liquors	0,3	0,8	0,6	0,2	0,5	0,2	0,6
USE SOME WEEKENDS							
A day from Friday to Sunday over the last 30 days							
Wine	32,8	32,8	23,7	21,0	27,7	18,8	17,0
Beer	46,9	40,7	30,8	27,1	34,1	27,9	28,6
Aperitivos	12,0	13,6	9,6	8,0	11,0	8,3	8,4
Highballs	48,8	53,7	49,2	48,2	58,4	51,6	54,0
Strong liquors	24,5	26,7	22,4	22,3	27,8	23,0	25,1
Fruit liquors	36,2	37,1	25,6	22,6	26,0	20,6	20,8
Everyday from Friday to Sunday over the last 30 days							
Wine	9,6	10,6	8,6	5,9	7,5	3,5	4,6
Beer	19,9	17,6	14,4	10,7	13,8	8,6	13,4
Aperitives	2,9	4,2	3,3	2,1	2,7	1,5	2,9
Highballs	19,6	23,5	22,2	18,9	22,5	16,8	28,1
Strong liquors	8,2	10,8	10,1	7,7	9,4	5,5	9,3
Fruit liquors	10,2	12,0	9,0	6,0	6,8	3,8	5,5

Note: The percentages are calculated on the number of cases with information.
FUENTE: DGPNSD. Encuesta Estatal sobre Uso de Drogas en Estudiantes de Enseñanzas Secundarias (ESTUDES) 1996-2008.

Risks associated with the use of alcoholic beverages by young people acquire relevance in the driving of vehicles under the influence of alcohol. In 2008 24,6% of 14-18 years old students (34,5% of those of 18) admitted to having been passengers, over the last 12 months, in vehicles driven by drivers under the influence of alcohol. Besides 9, 5% of the 14-18 year old students declared that they had driven, over the last 12 months, a vehicle (car or motorbike) under the effects of alcohol, a figure which increases to 12.5% in the students of 18 years old.

The percentage of actual alcohol users (at least once over the last 30 days) is stabilized with respect to 2006 and has shown an important descent since 1994 presenting that year a prevalence of 75,1% down to 58% in the year 2006 and 58,5%

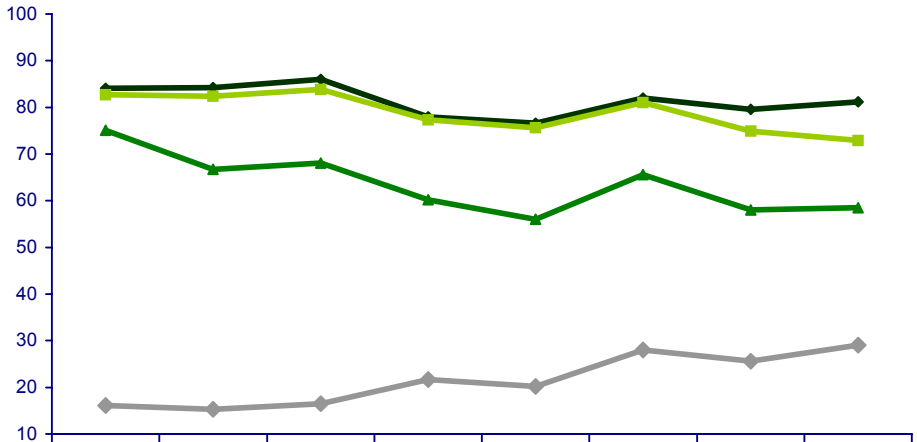
in the year 2008 (Table 2.2.13.). However the prevalence of present drunken bouts with a prevalence of 29, 1% after a descent experimented in 2006 (25, 6%) has come back to place itself in figures similar or superior to those of 2004 (28%) and continues in an ascendant tendency observed since 1994 (Figure 2.2.2. and Figure 2.2.3.). Therefore, although the increase in alcohol use remains stable, it appears that the frequency of episodes of intensive or problematic use, among those drinking, is increasing.

Table 2.2.13. Prevalence of alcohol use in students 14-18 years old in Secondary Schools (percentages) according to sex and age. Spain 1994-2008.

	Ever-in-lifetime use							
	1994	**1996**	**1998**	**2000**	**2002**	**2004**	**2006**	**2008**
Total	84,1	84,2	86,0	78,0	76,6	82,0	79,6	81,2
Sex								
Male	84,3	84,3	85,5	78,2	75,9	81,5	78,4	80,8
Female	84,0	84,1	86,4	77,9	77,2	82,5	80,7	81,7
Age								
14 years	69,6	67,6	71,5	52,4	52,7	59,2	57,1	62,6
15 years	81,8	81,7	82,5	73,4	70,4	76,6	76,1	78,7
16 years	88,0	88,7	89,7	83,1	81,7	86,9	86,0	86,2
17 years	91,9	91,3	92,8	89,6	89,0	91,9	91,2	90,5
18 years	92,5	93,4	96,2	93,8	92,2	93,8	92,3	92,3
	Last 12 months							
	1994	**1996**	**1998**	**2000**	**2002**	**2004**	**2006**	**2008**
Total	82,7	82,4	83,8	77,3	75,6	81	74,9	72,9
Sex								
Male	82,8	82,3	83	77,3	74,9	80,6	73,4	71,5
Female	82,7	82,5	84,5	77,3	76,3	81,5	76,3	74,2
Age								
14 years	67,7	64,3	67,9	51,5	52	57,9	50,9	53,1
15 years	80,4	79,7	80,5	72,7	69,7	75,6	70,9	69,6
16 years	86,7	87,4	88	82,4	80,9	85,9	82,1	77,6
17 years	90,7	89,9	90,9	88,7	87,6	91,1	87,4	84,1
18 years	91,1	92,4	94,1	93,3	91,2	93	88,2	84,2
	Last 30 days							
	1994	**1996**	**1998**	**2000**	**2002**	**2004**	**2006**	**2008**
Total	75,1	66,7	68,1	60,2	56	65,6	58	58,5
Sex								
Male	75,3	66,8	67,5	60,4	56,7	65,5	58,1	57,7
Female	74,9	66,7	68,5	59,9	55,4	65,7	58	59,4
Age								
14 years	56,7	40,1	43,2	32,1	27,7	38	31,7	36,2
15 years	71,8	60,1	62,2	51,8	47,7	57,7	50,7	52,9
16 years	80	74,1	73,4	65,7	61,6	71,9	65,3	63,8
17 years	85,1	79,4	81,1	73,7	71,5	78,2	74,2	71,9
18 years	86,2	84,1	85	82,7	76,8	81,5	76,5	75,1

SOURCE: DGPNSD. Estate Survey on Drug Use in Secondary School Students (ESTUDES), 1994-2008.

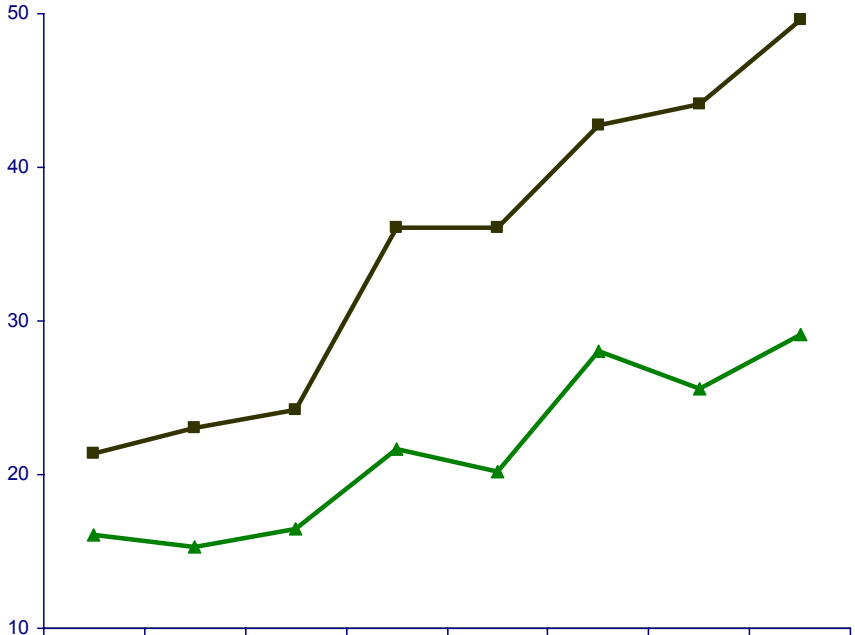
Figure 2.2.2. Evolution of the prevalence of use of alcoholic beverages and of drunken bouts among students 14-18 years old of Secondary Schools. (Percentages) Spain 1994-2008.



	1994	1996	1998	2000	2002	2004	2006	2008
Ever-in-lifetime use	84,1	84,2	86,0	78,0	76,6	82,0	79,6	81,2
Alcohol use in last 12 months	82,7	82,4	83,8	77,3	75,6	81,0	74,9	72,9
Alcohol use in last 30 days	75,1	66,7	68,1	60,2	56,0	65,6	58,0	58,5
Drunken bouts in last 30 days	16,1	15,3	16,5	21,7	20,2	28	25,6	29,1

Source: DGPNSD. State Survey on Drug Use among students in Secondary Schools (ESTUDES) 1994-2008

Figure 2.2.3. Prevalence of drunken bouts during the past month and the percentages of young people who have been drunk among those who have used alcohol over the last month among students 14-18 years old of Secondary Schools (percentages) Spain. 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
% of alcohol use in the last 30 days in who have gotten drunk in that period.	21,4	23,0	24,2	36,1	36,1	42,7	44,1	49,6
Prevalence of drunken bouts in last 30 days	16,1	15,3	16,5	21,7	20,2	28	25,6	29,1

Source: DGPNSD State Survey on Drug Use in Students of Secondary Schools (ESTUDES) 1994-2008.

Tranquilizer Use

In the questionnaire, tranquilizers and or sleeping pills are designated in the group of medical drugs among which are included the hypnotics (sleeping pills) and the sedatives, among them the benzodiazepines and the barbiturates. In 2008 for the first time a question relating to the use of these substances was included without specifying anything about the existence or not of a medical prescription, a question which did not exist in the preceding questionnaires. However, to maintain comparability it was held that there already existed the use of hypno-sedatives without prescription. Besides, in another paragraph of the questionnaire the question is asked about the use with medical prescription, at least once, and about the age of the initiation in the use.

In 2008 17,3% of the students had used tranquilizers or sleeping pills with or without prescriptions, at least once, 10,1% during the past year and 5,1% during the last month. The prevalence of use without prescription was somewhat inferior, with figures of 9, 4%, 5, and 7% and 2, 9% respectively (Table: 2.2.4.). On the contrary to what occurs with illegal drugs, the use is more widely spread among girls than boys (Table: 2.2.13.).

The average age of students who commence taking tranquilizers or sleeping pills with or without medical prescription was 14 years old (13,6% for boys and 14,3% for girls). The frequency of use was sporadic: more than half of those who had used them at least once during the last 30 days had done this for one or two days (Table: 2.2.13).

Insofar as the evolution of use with regard to the preceding years is concerned, an important increase was observed with respect to the survey of 2006 in the ever-in-lifetime use and the use over the last 12 months. The actual use (over the last 30 days) shows a more stable conduct (Figure 2, 2, 4.). This evolution is similar for both sexes.

Table 2.2.13. General characteristics of hypnosedative use among students 14-18 years old of Secondary Schools (percentages) according to sex. Spain 1994-2008.

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**
Number surveyed																
	10415	10374	8867	9668	8224	9341	10147	9777	12964	13946	12864	13076	12598	13856	14951	15232
Prevalence hypnosedative use with prescription ever-in-lifetime use																
	5,8	8,1	6,6	9,1	6,4	9,3	7,3	10,2	6,8	9,9	8,1	12,3	9,3	13,6	14,2	
Prevalence hyipnosedativese without prescription ever-in-lifetime use																
	4,8	7,4	4,5	7,6	4,4	8,2	5,2	8,6	5,0	7,9	5,8	8,1	5,8	9,2	7,7	11,0
Average age on initiating hypnosedative use (years)																
	13,6	14,4	13,9	14,8	14,4	15,0	14,3	14,7	14,4	14,8	14,7	14,9	13,8	14,4	13,6	14,3
Prevalence hypnosedative use without prescription in last 12 months																
	3,2	5,6	3,2	5,8	3,3	5,9	3,5	6,6	3,2	5,7	4,0	5,5	3,7	5,8	4,6	6,8
Prevalence hypnosedative use without prescription in the last 30 days																
	1,9	3,3	1,5	2,9	1,5	3,0	1,7	3,4	1,7	3,1	1,8	3,0	2,0	2,8	2,4	3,3
Frequency of hypnosedative use without prescription in the last 30 days																
Never	98,1	96,7	98,5	97,1	98,5	97,0	98,3	96,6	98,3	96,9	98,2	97,0	98,0	97,1	95,9	93,8
1 to 2 days	1,3	2,1	1,1	1,9	1,0	2,1	1,0	2,2	1,1	2,0	1,0	2,0	1,2	2,0	2,2	3,6
3 to 5 days	0,3	0,7	0,2	0,7	0,3	0,5	0,4	0,7	0,3	0,6	0,4	0,5	0,5	0,5	0,8	1,2
6 to 9 days	0,1	0,3	0,1	0,1	0,1	0,2	0,1	0,2	0,1	0,3	0,1	0,2	0,1	0,2	0,2	0,4
10 to 19 days	0,1	0,1	0,1	0,1	0,1	0,2	0,2	0,1	0,0	0,1	0,1	0,1	0,1	0,1	0,2	0,4
20 to 29 days	0,1	0,1	0,1	0,1	0,1	0,1	0,1	0,2	0,1	0,1	0,1	0,2	0,1	0,1	0,7	0,5

Note: The percentages are calculated over the number of cases with information.
***** Tranquilizers or sleeping pills**.**
.
Source: DGPNSD State survey on Drug Use among students of Secondary Schools (ESTUDES) 1994-2008.
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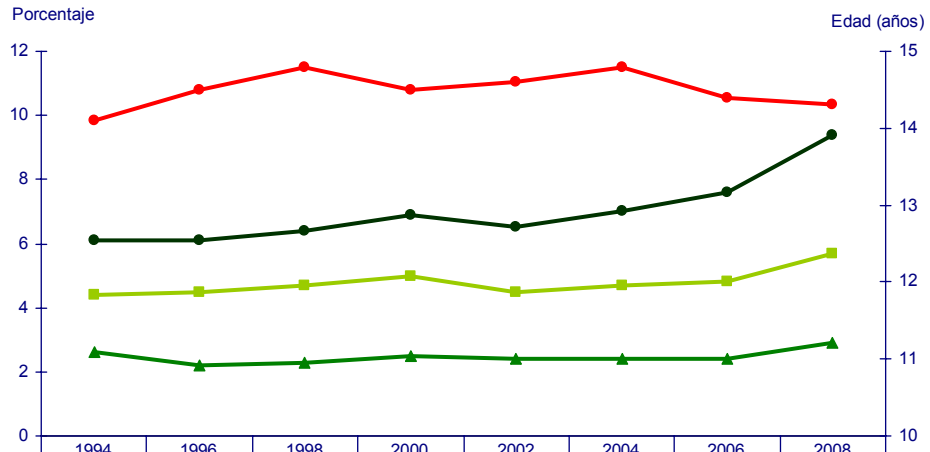
Figure 2.2.4. Prevalence of tranquilizers or sleeping pill use without medical prescription (percentages) and average age of initiation of use among students of Secondary schools 14-18 years old. Spain, 1994-2008.



	1994	1996	1998	2000	2002	2004	2006	2008
Last 12 months	4,4	4,5	4,7	5	4,5	4,7	4,8	5,7
last 30 days	2,6	2,2	2,3	2,5	2,4	2,4	2,4	2,9
ever-in-lifetime use	6,1	6,1	6,4	6,9	6,5	7,0	7,6	9,4
Age initiation of use	14,1	14,5	14,8	14,5	14,6	14,8	14,4	14,3

Source DGPNSD State Survey on Drug Use among students of Secondary Schools (ESTUDES) 1994-2009

Cannabis Use

In the questionnaire reference is made to cannabis including other designations such as “hashish” Marihuana, grass, “*chocolate*”, “*porro*”, “*costo*” and hashish oil.

Cannabis is the illegal drug most used by students of 14-18 years old with quite a difference over the rest. In 2008- 35% had used it at least once, 30, 5% over the last year and 20, 1% over the last 30 days. (Table 2.2.4.) The use was most extended in boys in all the indicators but this difference was not so accused as for other illegal drugs although the differences increased according to the frequency or the intensity of the use. The daily prevalence was 3, 2% (4.5% for boys and 1, 9% for girls).

Cannabis was also the drug whose initiation of use began at an early age. The average age of use among students 14-18 years old of Secondary Schools was 14, 6 years old, being similar in both sexes and not showing significant variations with respect to previous years. (Table 2.2.14.).

Table 2.2.14. General characteristics of cannabis use among students of Secondary Schools of 14-18 years old (percentages) according to sex. Spain 1994-2008.

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14.951	15.232
Prevalence of cannabis use ever-in-lifetime																
	23,8	18,0	28,8	24,2	31,6	27,6	36,2	30,1	46,6	34,6	45,3	40,2	38,0	34,6	37,8	32,8
Average age of initiation of cannabis use (years)																
	15,1	15,2	15,1	15,2	14,9	15,1	14,8	15,0	14,6	14,8	14,6	14,8	14,5	14,6	14,6	14,7
Prevalence of cannabis use in last 12 months																
	21,2	15,2	25,9	21,1	28,2	23,5	32,2	25,2	36,2	29,8	39,4	33,7	31,6	28,2	33,5	27,5
Frequency of cannabis use in last 30 days																
	15,1	9,8	18,4	13,2	20,3	14,5	24,5	16,9	25,8	19,6	28,3	22,0	22,3	18,0	23,0	17,2
Never	84,9	90,2	81,6	86,8	79,7	85,5	75,5	83,1	74,2	80,4	71,7	78,0	77,7	82,0	74,7	82,5
1 to 2 days	6,9	5,1	7,3	7,2	8,4	7,4	8,6	8,8	8,6	9,1	9,4	9,8	7,4	7,4	7,9	7,1
3 to 5 days	3,0	2,1	4,1	2,7	3,8	3,0	4,7	3,5	4,8	3,8	4,4	4,5	5,3	4,8	5,0	4,6
6 to9 days	2,1	1,4	2,9	1,3	3,2	1,9	3,1	1,9	3,9	2,8	3,5	2,6	2,5	1,8	2,6	1,8
10 to 19 days	1,5	0,6	2,0	1,0	2,1	1,3	3,5	1,3	3,0	1,8	3,5	2,3	2,9	1,8	3,6	2,0
20 to 29 days	1,5	0,6	2,2	0,9	2,8	1,0	4,7	1,4	5,5	2,1	7,4	2,8	4,2	2,2	4,5	1,9

Source: DGPNSD. State survey on Drug Use in students of Secondary Schools (ESTUDES) 1994-2008.
Note: The percentages are calculated on the number of cases with information.

The expansion and frequency of cannabis use is increasing with the age of the user from 14-18 years old (Table 2.2.7.). The major increase takes place between the ages of 14-15 years old. In 2008 a third of the students had used cannabis during the past month and 11, 6% had done so for more than 10 days in this period (Table: 2.2.15.).

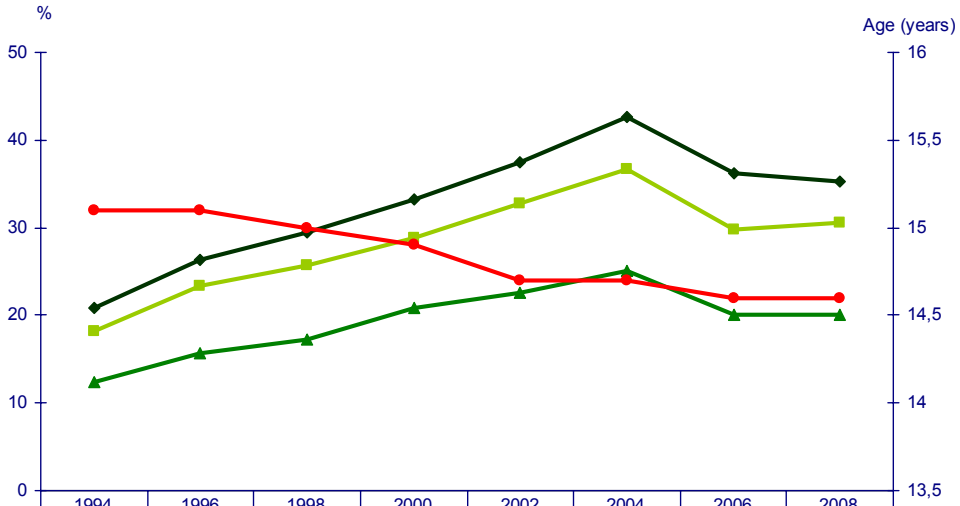
Table 2.2.15. Frequency of cannabis use during the last 30 days among students of Secondary Schools 14-18 years old, according to age and sex (percentages) Spain, 2008.

	Never	1 day	2 days	3 days	4-5 days	6-9 days	10-19 days	20 days or more
Total	79,5	4,6	2,9	2,4	2,4	2,2	2,8	3,2
Sex								
·Males	76,5	4,8	3,1	2,4	2,6	2,6	3,6	4,5
·Females	82,5	4,4	2,8	2,4	2,2	1,8	2,0	1,9
Age								
· 14 years	91,3	2,3	1,4	1,3	1,2	0,8	0,8	0,8
· 15 years	82,8	4,5	2,7	2,1	2,0	1,9	1,8	2,1
· 16 years	77,5	5,2	2,9	2,8	2,3	2,5	3,3	3,3
· 17 years	72,1	5,5	4,0	2,9	3,4	2,9	4,3	4,8
· 18 years	68,1	5,7	4,3	3,3	3,5	3,5	4,4	7,2

Source: DGPNSD. State survey on Drug Use in Secondary School Students (ESTUDES) 1994-2008.

The prevalence of cannabis of ever-in-lifetime-use has diminished in this latter survey, although in a lower percentage than in 2006, however, in the prevalence of use over the last 12 months we are able to see that it has increased with respect to the previous campaign and, in the last 30 days it has remained the same, (Figure 2.2.5.):

Figure 2.2.5. Prevalence of cannabis use (percentage) and average age of initiation among students of Secondary Schools of 14-18 years old. Spain 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
Ever in lifetime	20,9	26,4	29,5	33,2	37,5	42,7	36,2	35,2
Last 12 months	18,2	23,4	25,7	28,8	32,8	36,6	29,8	30,5
Last 30 days	12,4	15,7	17,2	20,8	22,5	25,1	20,1	20,1
Age initiation of use	15,1	15,1	15	14,9	14,7	14,7	14,6	14,6

Source: DGPNSD. State Survey on Drug Use in students of Secondary Schools (ESTUDES). 1994-2008

Cocaine Use

In the questionnaire cocaine in powder is mentioned including other names such as "*perico*" "*farlopa*" and "*clorhidrato* de cocaine".

Cocaine is, after cannabis, the illegal drug whose use is most extended among students. 5, 1% have used it at least once, 3, 6% over the past 12 months and 2, 0% during the last month (Table 2.2.4.): Fundamentally it deals with sporadic use. In fact half of those who had used it during the last month had done so for one or two days (Table 2.2.16.).

The most extended manner of use, with a difference, among students, is cocaine in powder form. However, the data that is presented below includes one or another manner under the title of "cocaine" with the aim of simplification and comparison with previous years.

In 2008 the use was very much higher in males than females in the three user indicators (Table. 2.2.16.). and at all ages, with the exception of the 14 year olds, which is similar in both sexes. The expansion of use occurs, above all, in those of 17-18 years old. The average age of initiation into use was 15.3 years old, a little earlier than that of preceding surveys (Figure 2.2.6.).

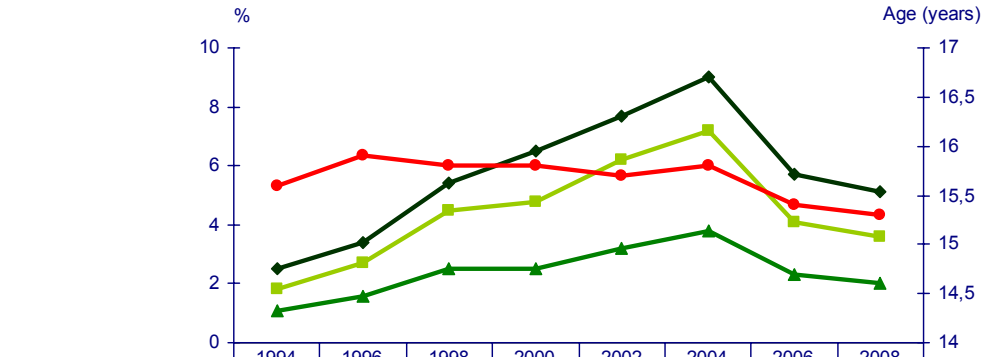
The data of 2008 shows that an accused descent in cocaine use has occurred among students of 14-18 years old with respect to the last survey of 2006, breaking with the rising tendency until 2004 (Figure 2.2.6). This descent has occurred above all in those students of 17-18 years old, ages in which use had increased notably in 2004.

Table 2.2.16. General characteristics of cocaine use among students in Secondary Schools 14-18 years old (percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of cocaine use ever-in-lifetime																
	3,1	1,9	4,0	2,8	6,5	4,4	8,4	4,5	9,0	6,4	11,3	6,8	6,8	4,7	6,3	3,8
Average age on initiation of cocaine use (years)																
	15,7	15,5	15,9	15,9	15,9	15,7	16,0	15,6	15,8	15,6	15,9	15,7	15,4	15,4	15,3	15,2
Prevalence of cocaine use in the last 12 months																
	2,3	1,2	3,3	2,2	5,4	3,6	6,4	3,1	7,5	5,1	9,4	5,1	5,2	3,1	4,9	2,4
Prevalence of cocaine use in the last 30 days																
	1,4	0,7	2,1	1,2	3,2	1,8	3,4	1,5	3,7	2,8	5,1	2,6	3,1	1,6	2,7	1,2
Frequency of cocaine e use in the last 30 days																
Never	98,6	99,3	97,9	98,8	96,8	98,2	96,6	98,5	96,3	97,2	94,9	97,4	96,9	98,4	97,2	98,3
1 to 2 days	0,9	0,4	1,5	0,8	1,8	1,0	2,5	1,1	2,3	2,1	3,1	1,7	1,6	1	1,3	0,6
3 to 5 days	0,2	0,2	0,3	0,2	0,6	0,5	0,5	0,2	0,9	0,5	1,0	0,5	0,7	0,3	0,7	0,3
6 to9 days	0,2	0,1	0,1	0,2	0,3	0,2	0,2	0,1	0,3	0,1	0,6	0,2	0,3	0,1	0,2	0,1
10 to 19 days	0,1	0,0	0,0	0,0	0,2	0,0	0,0	0,0	0,2	0,1	0,2	0,1	0,2	0,0	0,1	0,1
20 to 29 days	0,1	0,1	0,1	0,1	0,2	0,1	0,1	0,1	0,1	0,0	0,2	0,1	0,3	0,1	0,4	0,1

Note: Percentages are calculated on the number of cases with information
Source: DGPNSD. State survey on Drug Use in Secondary School Students. ESTUDES. 1994-2008

Figure 2.2.6. Prevalence in cocaine use (percentages) and average age of initiation into use among Secondary School students 14-18 years old. Spain 1994-2008.



	1994	1996	1998	2000	2002	2004	2006	2008
Ever in lifetime	2,5	3,4	5,4	6,5	7,7	9,0	5,7	5,1
Last12 months	1,8	2,7	4,5	4,8	6,2	7,2	4,1	3,6
Last 30 days	1,1	1,6	2,5	2,5	3,2	3,8	2,3	2
Age initiation of use	15,6	15,9	15,8	15,8	15,7	15,8	15,4	15,3

Source: DGPNSD. State survey on Drug Use among students of Secondary Schools (ESTUDES). 1994-2008

Use of Ecstasy

Ecstasy is a generic denomination for various synthetic drug stimulants derived from "*feniletilamina*". In the questionnaire reference is made to these substances with the names of ecstasy, "*pastis*" or "*pirulas*".

In 2008 2, 7% of students had used these substances at least once, 1, 9% over the last year and 1, 1% over the last month. (Table 2.2.4.). As in the case of other illegal drugs the proportion of masculine users was much higher than the feminine (Table 2.2.17.). Over the last 30 days the percentage of boys who had used ecstasy was 1, 5% compared to that of the girls 0, 6%.

Similar to that which occurs with cocaine and other psycho stimulants and hallucinogens this deals with a generally sporadic use in the manner that the majority of those who had used it over the last month had done so during one or two days in that period.

Table 2.2.17. General characteristics of ecstasy use among students in Secondary Schools of 14-18 years old (percentages) according to sex. Spain, 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of ecstasy use ever-in-lifetime																
	4,7	2,5	6,1	4,8	4,0	3,2	7,6	4,8	7,0	5,8	6,0	3,9	4,2	2,5	3,5	2,0
Average age of initiation in ecstasy use (years)																
	15,7	15,5	15,6	15,7	15,5	15,5	15,9	15,4	15,4	15,3	15,7	15,4	15,4	15,5	15,2	15,2
Prevalence of ecstasy use in the last 12 months																
	4,2	2,2	4,8	3,5	2,9	2,1	6,4	3,9	4,7	3,8	3,3	1,9	3,2	1,7	2,6	1,3
Prevalence of ecstasy use in the last 30 days																
	2,9	1,4	2,8	1,9	1,9	1,3	3,8	1,7	2,1	1,6	1,9	1,0	2,1	0,7	1,5	0,6
Frequency of ecstasy use in the last 30 days																
Never	97,1	98,6	97,2	98,1	98,1	98,7	96,2	98,3	97,9	98,4	98,1	99,0	97,8	99,3	98,4	99,4
1 to 2 days	1,6	1,0	1,3	1,2	1,0	0,6	2,2	1,3	1,6	1,1	1,0	0,7	1,4	0,4	0,8	0,4
3 to 5 days	0,6	0,2	0,7	0,4	0,3	0,3	1,1	0,4	0,3	0,3	0,3	0,2	0,3	0,2	0,3	0,1
6 to 9 days	0,4	0,1	0,5	0,2	0,2	0,2	0,2	0,1	0,2	0,2	0,4	0,1	0,1	0,0	0,1	0
10 to 19 days	0,2	0,0	0,1	0,0	0,2	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,1	0,0	0,1	0
20 to 29 days	0,1	0,1	0,2	0,1	0,2	0,1	0,2	0,0	0,0	0,0	0,1	0,1	0,2	0,1	0,3	0,1

Note: The percentages are calculated on the number of cases with information.
(*) Ecstasy or other design drugs.
SOURCE: DGPNSD. State survey on Drug Use in Secondary School students (ESTUDES) 1994-2008.

The use increases with age placing the major increase between 16-17 years old (Table 2.2.18). The average age of initiation into use is 15, 2 years old and significant variations have not been observed in the age of initiation with respect to previous years (Figure 2.2.7.). Neither between males and females.

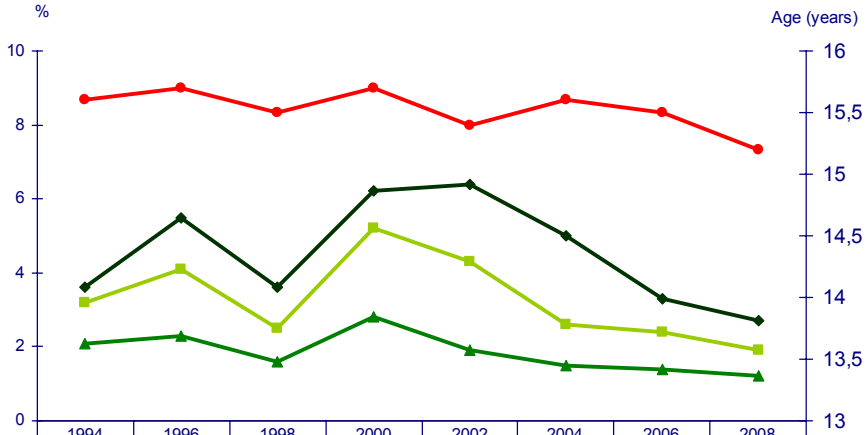
In 2008 the prevalence of use of these substances continued to descend slightly, especially the prevalence of ever-in-lifetime use in boys as well as girls.

Table 2.2.18 Prevalence of use of GHB and ecstasy among students of Secondary Schools of 14-18 years old (percentages) according to sex and age. Spain 2008.

	GHB									
	MALES					FEMALES				
	14	15	16	17	18	14	15	16	17	18
Ever-in-lifetime use	1,2	1,2	1,8	1,5	3,4	0,5	0,7	0,7	0,8	0,6
Use last 12 months	0,9	0,8	1,4	1,2	2,5	0,4	0,6	0,4	0,4	0,5
Use last 30 days	0,8	0,6	0,8	0,9	1,2	0,3	0,4	0,3	0,1	0,0
	ECSTASY									
	MALES					FEMALES				
	14	15	16	17	18	14	15	16	17	18
Ever-in-lifetime use	2,0	2,7	2,9	4,8	7,3	0,7	1,6	2,2	2,3	4,4
Use last 12 months	1,4	1,9	2,0	4,1	5,9	0,5	1,2	1,4	1,3	2,9
Use last 30 days	1,0	1,3	1,2	2,3	2,6	0,3	0,7	0,6	0,4	1,1

*Ecstasy or other design drugs
Source: DGPNSD State Survey on Drug Use in students of Secondary Schools (ESTUDES) 2008

Figure 2.2.7. Prevalence of ecstasy use (percentages) and average age of initiation into use among students of Secondary Schools of 14-18 years old. Spain 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
Ever in lifetime	3,6	5,5	3,6	6,2	6,4	5,0	3,3	2,7
Last 12 months	3,2	4,1	2,5	5,2	4,3	2,6	2,4	1,9
Last 30 days	2,1	2,3	1,6	2,8	1,9	1,5	1,4	1,2
Age of initiation in use	15,6	15,7	15,5	15,7	15,4	15,6	15,5	15,2

Source DGPNSD State Survey on Drug Use in students of Secondary Schools (ESTUDES) 1994-2008

Use of Amphetamines

'Under this denomination amphetamines and methamphetamines are coupled in the base form as that of salt and in powder form as well as tablets. In the questionnaire these substances are referred to as "speed" "amphetas" "*metanfetamina*" "ice" and "crystal."

The expansion of the use of these psycho stimulants in 2008 was similar to that of ecstasy. 3,6% of students from 14-18 years old had used them one-time, 2,5% during the last year and 1,2% during the last month (Table: 2.2.4). The use was most extended in males and it increased with age. The greatest increase of the prevalence of use occurs between the ages of 17 and 18 years old. (Table 2.2.7.). It also deals principally with sporadic use.

The age of initiation into use is placed at 15, 4 years old being similar in both sexes and showing itself to be relatively stable over the last years

Experimental use of amphetamines increased discreetly with respect to the survey of 2006, while the amphetamine use over the last 12 months and 30 days had diminished, managing to obtain, in the survey of 2008, the lowest prevalence since 1994. (Table 2.2.19)

Table 2.2.19. General characteristics of amphetamine use among students of Secondary Schools of 14-18 years old (percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of amphetamine use ever-in-lifetime																
	5,3	3,1	6,6	4,1	5,5	3,2	5,7	3,3	6,2	4,9	6,0	3,6	4,2	2,7	4,6	2,8
Average age on initiation of amphetamine use (years)																
	15,5	15,4	15,7	15,7	15,7	15,5	15,7	15,3	15,6	15,5	15,8	15,6	15,6	15,5	15,4	15,4
Prevalence of amphetamine use in the last 12 months																
	4,4	2,5	5,5	3,4	4,5	2,5	4,6	2,4	4,8	3,4	4,3	2,3	3,3	2,0	3,0	1,9
Prevalence of amphetamine use in the last 30 days																
	2,9	1,6	3,2	2,0	2,7	1,5	2,5	1,4	2,5	1,5	2,7	1,0	2,0	1,0	1,7	0,7
Frequency of amphetamine use in the last 30 days																
Never	44,8	49,8	51,8	52,0	51,1	53,1	55,1	59,1	57,9	66,8	97,3	99,0	98,0	99,0	97,4	99,2
1 to 2 days	32,7	33,6	31,5	29,0	29,5	29,9	31,6	27,4	30,1	23,6	1,3	0,6	1,0	0,6	0,8	0,4
3 to 5 days	10,6	8,9	8,8	12,5	8,4	8,9	7,0	9,7	5,9	6,1	0,6	0,2	0,4	0,2	0,4	0,1
6 to 9 days	7,0	3,7	5,5	4,5	5,3	3,9	0,9	1,9	3,7	2,1	0,4	0,1	0,2	0,0	0,1	0,1
10 to 19 days	3,1	2,3	0,7	0,7	2,8	1,8	4,3	0,5	1,3	1,0	0,2	0,0	0,1	0,0	0,1	0,0
20 to 29 days	1,8	1,6	1,8	1,3	2,9	2,4	1,1	1,3	1,0	0,4	0,1	0,1	0,3	0,1	0,3	0,1

Note: The percentages are calculated on the number of cases with information.
SOURCE: DGPNSD. State Survey on Drug Use in Secondary School Students (ESTUDES) 1994-2008.

Hallucinogen Use

In the questionnaire reference is made to hallucinogens including "*LSD*" "acid" "*Trip*" "magic mushrooms" "*Ketamina*" "*Special- K*" "*ketolar*" "*Imalgene*".

In 2008 4, 1% of Secondary School students had used them, at least once, 2, 7% during the last year and 1, 2% over the last 30 days (Table 2.2.4.). The use was very much more extended among boys, reaching double the values of girls (Table 2.2.20.). This occurs also with the rest of the substances, the prevalence of use increases with age. The tendency of use over the past years seems descendent although no significant change has been produced with respect to the previous campaign.

Table 2.2.20 General characteristics of hallucinogen use among students of Secondary Schools of 14-18 years old (percentages), according to sex. Spain, 1994-2008.

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of hallucinogens ever-in-lifetime																
	6,7	3,6	8,0	5,6	6,1	5,0	7,2	4,4	5,6	3,4	6,2	3,3	5,7	2,7	5,6	2,6
Average age of initiation in hallucinogen use (years)																
	15,4	15,4	15,6	15,6	15,5	15,4	15,6	15,3	15,6	15,4	15,8	15,7	15,5	15,5	15,4	15,2
Prevalence of hallucinogen use in the last 12 months																
	5,7	3,1	6,9	4,5	4,8	3,2	5,5	2,9	4,4	2,0	4,4	1,8	4,1	1,6	3,9	1,7
Prevalence of hallucinogen use in the last 30 days																
	3,6	1,7	3,8	1,9	2,6	1,5	2,6	1,3	1,8	0,7	2,3	0,7	2,0	0,7	1,7	0,7
Frequency of hallucinogen use in the last 30 days																
Never	96,4	98,3	96,2	98,1	97,4	98,5	97,4	98,7	98,2	99,3	97,7	99,3	97,9	99,2	97,4	98,9
1 to 2 days	2,4	1,2	2,3	1,4	1,7	1,1	1,7	1,1	1,3	0,6	1,5	0,5	1,2	0,5	1	0,4
3 to 5 days	0,7	0,3	0,9	0,2	0,5	0,2	0,6	0,1	0,2	0,1	0,3	0,1	0,3	0,1	0,3	0,1
6 to9 days	0,3	0,1	0,3	0,1	0,2	0,1	0,2	0,0	0,1	0,1	0,3	0,1	0,1	0,1	0,1	0,1
10 to 19 days	0,1	0,1	0,2	0,1	0,1	0,0	0,1	0,0	0,0	0,0	0,1	0,0	0,1	0,0	0,0	0,0
20 to 29 days	0,1	0,1	0,1	0,1	0,2	0,1	0,1	0,0	0,0	0,0	0,1	0,0	0,3	0,1	0,3	0,1

Note**:** The percentages are calculated on the number of cases with information
Source: DGPNSD: State Survey on Drug Use among students of Secondary Schools. (ESTUDES), 1994-2008.

Heroin Use

In the questionnaire reference is made to heroin, including ·"*caballo*"· and "*jaco*".

The use of heroin is less extended than other illegal drugs, although it should be pointed out that the population or school surveys are not a good method to study the

use of this drug and generally it is considered that it is sub-estimated. In 2008, 0, 9% of students had used heroin at least once, 0, 7% during the last 12 months and 0, 6% over the last month. (Table 2.2.4.)

The use by boys was highly superior to that of the girls (1.1% of the boys had used it over the last 12 months in opposition to the girls 0, 4%) (Table 2.2.21.).

The average age in the initiation of use was placed at 14, 3 years old. The Initiation age in heroin use continues to remain below that of other drugs (cocaine, ecstasy, amphetamines, or hallucinogens) and is similar to that of cannabis (14, 6 years old) (Table 2.2.5).

In the 2008 survey a descent in the prevalence of experimental use was observed and in the last 12 months. However, the prevalence of use over the last 30 days has increased. (Table 2.2.21.).

Table 2.2.21. General characteristics of heroin use among students of Secondary Schools of 14-18 years old (percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of heroin use ever-in-lifetime																
	0,7	0,3	0,8	0,3	1,2	0,7	0,8	0,3	0,6	0,5	1,1	0,3	1,5	0,5	1,4	0,4
Average age of initiation into heroin use (years)																
	14,4	14,1	14,6	15,1	14,0	15,1	15,5	15,1	14,9	14,8	14,2	15,0	14,5	14,7	14,3	14,2
Prevalence of heroin use in the last 12 months																
	0,5	0,2	0,6	0,2	0,8	0,5	0,7	0,1	0,4	0,2	0,8	0,1	1,2	0,3	1,1	0,4
Prevalence of heroin use in the last 30 days																
	0,4	0,1	0,4	0,1	0,6	0,2	0,5	0,1	0,3	0,2	0,7	0,1	0,9	0,2	0,9	0,3
Frequency of heroin use in the last 30 days																
Never	99,6	99,9	99,6	99,9	99,4	99,8	99,5	99,9	99,7	99,8	99,3	99,9	99,0	99,8	98,4	99,5
1 to 2 days	0,2	0,0	0,2	0,1	0,2	0,1	0,3	0,1	0,2	0,1	0,2	0,1	0,5	0,1	0,4	0,1
3 to 5 days	0,0	0,0	0,1	0,0	0,1	0,0	0,2	0,0	0,0	0,0	0,2	0,0	0,2	0,0	0,2	0,0
6 to 9 days	0,0	0,0	0,1	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,1	0,0
10 to 19 days	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0
20 to 29 days	0,1	0,0	0,1	0,0	0,1	0,1	0,0	0,0	0,0	0,0	0,1	0,0	0,2	0,1	0,2	0,1

.Note: Percentages are calculated on the number of cases with information.
Source: DGPNSD: State Survey on Drug Use among students in Secondary Schools (ESTUDES) 1994-2008

Use of volatile inhalants

In the questionnaire included under this denomination "*cola*" "glue" "solvents" "poppers" "nitro" "gasoline." Its use has reduced among students of Secondary Schools. In 2008 2, 8% had used it at least once, 1, 6% during the last year and 0, 9% over the last month (Table 2.2.4)

The use is mainly male and increases progressively with age (Table 2.2.7.). It is a generally sporadic use whose age of initiation in 2008 was placed at 13, 8 years old, the earliest age of initiation in the use of drugs after tobacco and alcohol

The use of volatile inhalants had decreased in the last survey in men as well as in women, reaching the lowest value of the historic series (Table 2.2.22.).

Table 2.2.22. General characteristics of the use of volatile inhalants among students of Secondary Schools 14-18 years old (percentages) according to sex. Spain 1994-2008

	1994		1996		1998		2000		2002		2004		2006		2008	
	H	M	H	M	H	M	H	M	H	M	H	M	H	M	H	M
Número de encuestados																
	10.415	10.374	8.867	9.668	8.224	9.341	10.147	9.777	12.964	13.946	12.864	13.076	12.598	13.856	14951	15232
Prevalence of volatile substance drug use ever-in-lifetime																
	4,1	2,1	4,2	2,5	5,1	3,4	5,7	3,0	4,8	2,7	5,2	2,9	4,2	2,0	3,6	1,8
Average age of initiation in volatile substance use (years)																
	13,8	12,4	13,9	13,3	13,7	13,0	14,0	13,7	14,3	14,2	13,9	14,1	13,8	13,4	13,6	14,2
Prevalence of volatile substance use in the last 12 months																
	2,5	1,3	2,4	1,7	3,3	2,0	3,3	1,8	3,0	1,5	3,0	1,4	2,7	1,1	2,3	1,0
Prevalence of volatile substance use in the last 30 days																
	1,5	0,8	1,5	1,0	2,2	1,5	1,8	1,1	1,5	0,8	1,6	0,7	1,7	0,6	1,4	0,5
Frequency of volatile substance use in the last 30 days																
Never	98,5	99,2	98,5	99,0	97,8	98,5	98,2	98,9	98,5	99,2	98,4	99,3	98,2	99,4	97,7	99,1
1 to 2 days	0,8	0,5	0,9	0,8	1,1	1,0	1,3	0,7	1,0	0,5	0,8	0,4	0,8	0,3	0,8	0,3
3 to 5 days	0,2	0,1	0,3	0,1	0,5	0,2	0,3	0,2	0,3	0,2	0,2	0,2	0,3	0,2	0,2	0,0
6 to 9 days	0,2	0,1	0,1	0,1	0,2	0,1	0,1	0,1	0,1	0,1	0,2	0,0	0,2	0,0	0,1	0,0
10 to 19 days	0,1	0,0	0,1	0,0	0,1	0,0	0,1	0,1	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0
20 to 29 days	0,1	0,1	0,1	0,0	0,2	0,1	0,1	0,1	0,2	0,0	0,3	0,0	0,3	0,1	0,3	0,1

.Note. Percentages are calculated on the number of cases with information
Source: DGPNSD: State Survey on Drug Use in Students of Secondary Schools (ESTUDES) 1994-2008.

Poli-use of psycho-active substances

The students who take drugs usually use various substances and not only one. This fact can be confirmed in the Table 2.2.23, where the proportion of students is shown who have used a specific drug in the past 30 days have also used other drugs in the same period. In Figure 2.2.8 also it is shown where the use of drugs over the last 12

months among students who have used them this period, alcohol, tobacco, cannabis, ecstasy, cocaine and heroin, are included.

There exists a close association between the use of alcohol, tobacco and cannabis. In 2008, 96.2% of those who had smoked tobacco in the past year had drunk alcohol in the same period alcohol and 64, 7% cannabis. Among the annual users of cannabis 79, 7% had smoked tobacco in the same period, 98, 8% alcohol and 11, 3% cocaine.

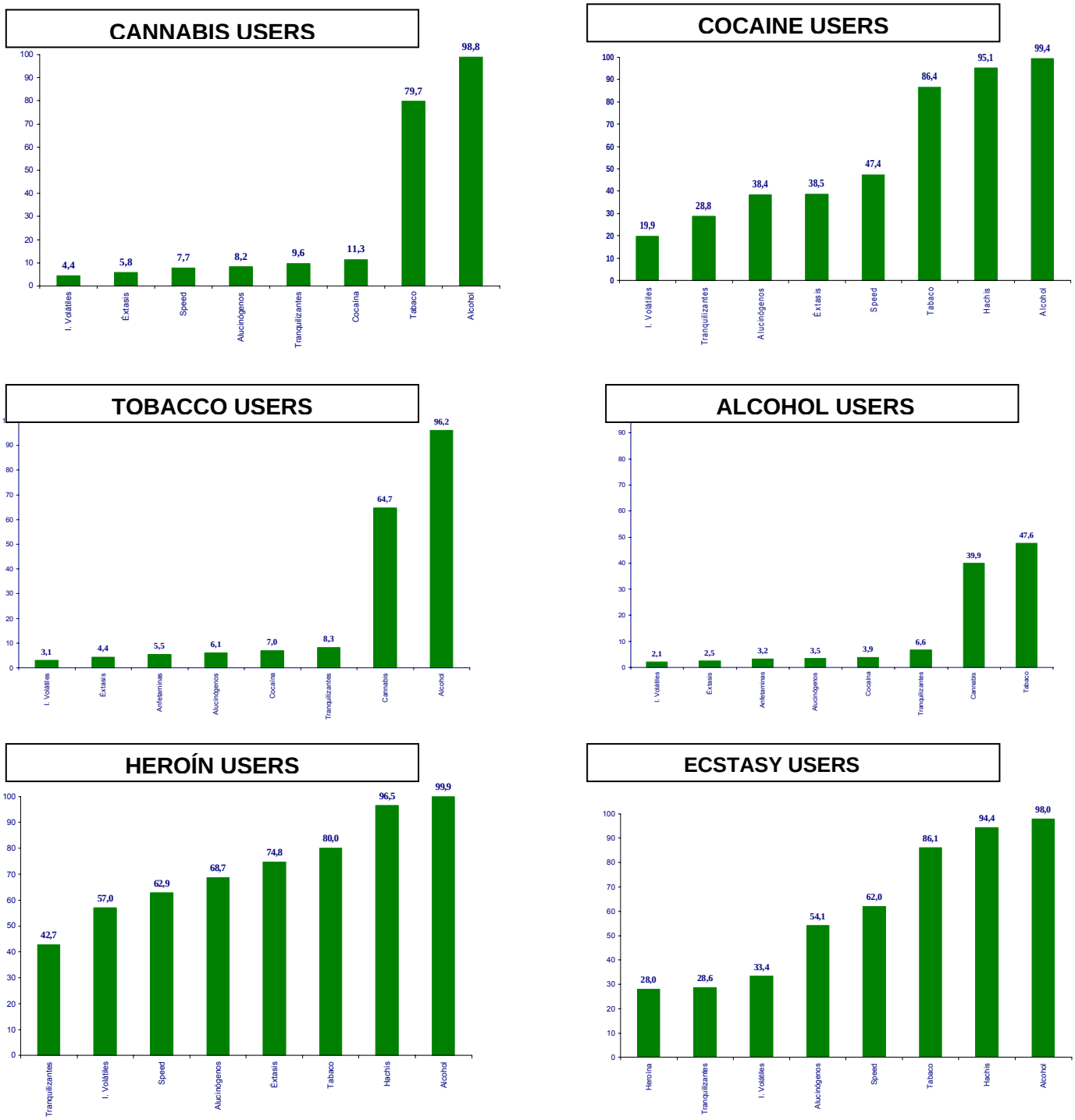
There also exists an association between the use of different psycho-stimulants (cocaine, ecstasy, and amphetamines) and hallucinogens. Therefore for example, among those who had used ecstasy over the last year, 71,4% had also used cocaine, 62,0% amphetamines and 54,1 hallucinogens. With regards to the annual cocaine users 38, 5% had also used ecstasy and 38, 4% hallucinogens

Table 2.2.23 Prevalence of different psycho active drug use over the last 30 days among Secondary School students of 14-18 years old who have used, in the same period, each one of the drugs considered at the top of each column (percentage of users of the users' (line) who also use the substance (column) Spain 2008.

Table 2.2.23. Prevalence of use of different psychoactive drugs in the last 30 days among Students of Secondary Schools of 14-18 years old who have used in the same period each one of the considered drugs at the head of each column (percentage of users of the substance (line) that also use the substance (column). Spain 2008

	Tobacco	Alcohol	cannabis	Ecstasy	Hallucinogens	Speed	Coca Base	Coca Powder	Coca (B/P)	Heroin	Volatile inhalants	GHB	Tranquiliz.	Tranquiliz. Sin
Tobacco	100	89,6	51,1	2,6	2,9	2,9	2,5	4,1	4,9	1,2	1,9	1,1	7,3	4,2
Alcohol	46,3	100	30,8	1,6	1,8	1,8	1,6	2,5	3,0	0,8	1,3	0,8	6,0	3,5
Cannabis	80,8	94,0	100	4,4	5,1	4,8	4,3	6,9	7,9	2,0	3,2	2,2	8,2	5,6
Ecstasy	78,1	96,2	86,1	100	54,3	57,9	49,2	66,1	73,2	39,1	30,8	35,8	34,0	26,4
Hallucinogens	81,1	96,7	89,0	48,6	100	43,5	34,7	49,1	52,7	29,7	35,4	30,8	27,9	24,1
Speed	81,3	96,9	84,9	52,5	44,2	100	38,2	62,8	68,5	27,3	25,9	31,2	28,3	22,1
Coca Base	77,2	96,8	84,5	53,8	42,5	44,9	100	72,4	100,0	35,0	34,9	38,1	41,2	32,9
Coca Powder	82,1	98,9	87,5	44,4	36,7	45,9	44,4	100	100,0	22,5	22,4	25,9	24,6	20,2
Coca (B/P)	82,3	97,7	83,9	42,0	33,4	42,8	53,5	85,6	100	20,9	20,6	23,5	26,2	20,2
Heroín	67,9	95,2	79,3	73,6	64,2	57,2	62,2	65,0	70,5	100	54,7	55,7	42,8	39,7
Volatile inhalants	64,9	92,9	69,2	34,4	44,6	31,8	37,2	38,2	41,6	31,9	100	28,8	29,3	26,7
GHB	70,8	97,0	90,7	74,5	73,3	70,4	72,6	80,8	84,8	60,5	53,0	100	47,7	43,9
Tranquiliz.	46,2	73,0	32,7	7,1	6,5	6,5	8,2	7,9	10,0	4,6	5,4	4,8	100	57,1
Tranquiliz. Without Pres.	48,2	76,9	39,6	10,0	10,1	9,1	11,9	11,7	13,8	7,7	8,9	8,1	100,0	100

Figure 2.2.8. Percentage of drug users over the past 12 months who have used other drugs in the same period among Students of Secondary Schools 14-18 years old (percentages) Spain 2008.

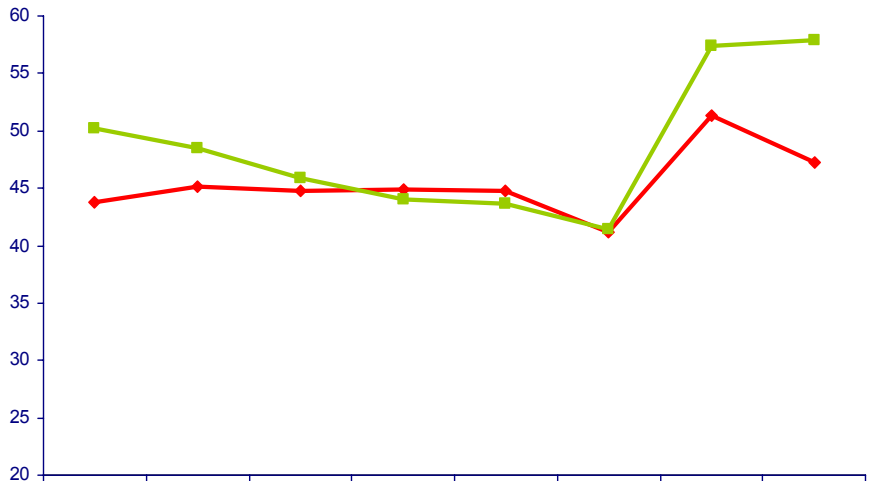


Perceived risks related to Drug Use

In ESTUDES questions are included on problems which, in the opinion of the students, the use of different substances could cause. These questions allow the sounding out of perceived risk associated with different conducts of Drug Use that could be indirect indicators of the present evolution or future in the prevalence of use. As the increase of risk facing the drug is perceived it has the tendency of diminishing the expansion or the intensity of use and vice-versa. For this reason the percentage of students who perceive the high risk factor in view of specific user conduct, is analysed (% who think that a given conduct could provoke many problems).

In 2008 the Drug Taking conduct of Secondary School Students from 14-18 years old associated to a lesser risk was to drink 5 or 6 glasses of alcoholic beverages at a weekend, and take tranquilizers or sleeping pills sporadically. On the contrary the conduct associated to a greater risk was the regular use (once a week or more frequently) of heroin, ecstasy or cocaine. (Figure 2.2.9 and Table 2.2.24). Also an important level of risk of sporadic use was associated with the latter three drugs and in general the use of any drug of illegal commerce.

Figure 2.2.9. Evolution of perceived risk facing the daily use of alcohol and during weekends among students of Secondary Schools from 14-18 years old (percentage) Spain 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
Drink 5 or 6 glasses at weekends	43,8	45,2	44,8	44,9	44,8	41,2	51,3	47,2
Drink 1 or 2 glasses daily	50,2	48,5	45,9	44	43,6	41,4	57,4	57,9

Perceived risk: Percentage of those surveyed who think that the use of 5 or 6 glasses of alcoholic beverages at weekends or 1 or 2 glasses daily could produce many problems.

Source: DGPNSD: State Survey on Drug Use among students of Secondary Schools. ESTUDES 1994-2008

Table 2.2.24. Evolution of risk perception facing the different conduct of Drugs Use among Secondary School students 14-18 years old (percentage who think that this conduct could cause many problems). Spain 1994-2008.

	1994	1996	1998	2000	2002	2004	2006	2008
Use tobacco daily (one packet a day)	76,9	75,2	78,0	77,3	78,9	80,3	87,3	88,8
Drink alcohol (5 or 6 glasses at weekends)	43,8	45,2	44,8	44,9	44,8	41,4	51,3	47,2
Drink alcohol (1 or 2 glasses every day)	50,5	48,5	45,9	44,0	43,6	41,4	57,4	57,9
Use cannabis regularly	91,9	87,7	85,9	82,8	71,7	83,7	89,0	88,3
Use tranquilizers regularly	90,6	88,6	88,5	87,4	88,7	89,7	87,5	86,6
use ecstasy regularly	97,2	97,1	97,0	95,5	96,7	97,2	97,0	96,1
Use cocaine powder regularly	98,5	97,6	97,4	96,9	97,4	97,8	96,8	96,0
Use heroin regularly	98,9	98,1	98,2	98,2	98,6	98,8	97,0	96,2

Note: The percentages are calculated on the number of cases with information.
"Regularly": Once a week or more frequently.

SOURCE. DGPNSD. State Survey on Drug Use in Secondary School Students (ESTUDES) 1994-2008.

With reference to the sexual differences it was observed that in 2008 the risk perceived by women was superior to that perceived by men, especially for alcohol use and cannabis. (Table 2.2.25.).

At the time of evaluating temporal tendencies of perceived risk it must be noted that the data of 2006 is not valuable due to the existence of a problem of methodology, as there had been a change in format in the manner of the question with respect to previous years that affected the answers, for which the data of ESTUDES has to be compared with those of 2004. In these circumstances a generalized increase of perceived risk is observed with respect to sporadic use and, in the case of regular use a marked increase for tobacco, alcohol and cannabis and a slight decrease for tranquilizers, ecstasy, cocaine and heroin (Table 2.2.24.).

Table 2.2.25. Evolution of risk perception facing different conduct of Drug Users among students of Secondary Schools from 14-18 years old (percentage who think that this conduct could cause many problems) Spain 1994-2008.

	1994		1996		1998		2000		2002		2004		2006		2008	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Number surveyed	10.416	10.495	9.174	9.738	8.509	9.503	9.949	10.477	12.795	13.781	12.568	12.953	12.598	13.856	14951	15232
Smoke tobacco daily [1]	74,7	79,1	72,8	77,4	75,7	79,9	75,1	79,5	76,7	80,8	78,2	82,3	84,9	89,3	86,5	91,0
Drink alcohol weekends	39,8	47,7	40,6	49,4	40,3	48,7	41,5	48,3	41,1	48,1	36,8	45,7	48,7	53,6	45,1	49,2
user alcohol daily [2]	46,3	54,6	43,7	52,9	41,7	49,4	39,4	48,4	38,7	47,9	36,8	45,7	52,3	61,9	52,7	62,9
Smoke cannabis regularly	89,8	93,9	84,9	90,2	82,4	88,8	79,4	86,1	77,5	85,4	81,1	86,2	85,7	91,7	84,5	91,8
Take tranquilizers /sleep pills regularly	89,9	91,3	87,8	89,4	87,5	89,2	86,9	87,9	88,3	89,1	89,8	89,6	86,1	88,6	84,6	88,4
Use ecstasy regularly	96,6	97,9	96,2	97,9	96,3	97,5	95,0	95,9	96,4	97,1	97,1	97,3	95,8	98,0	94,1	97,8
Use cocaine regularly	98,1	99,0	96,9	98,3	96,7	98,0	96,3	97,5	96,9	97,8	97,5	98,1	95,6	97,9	94,0	97,8
Use heroín regularly	98,4	99,3	97,4	98,8	97,5	98,7	97,6	98,8	98,4	98,8	98,5	99,1	95,8	98,1	94,3	98,0

Note The percentages are calculated on the number of cases with information.
[1] Smoke a packet of tobacco daily
[2] Take one or two glasses daily
"regularly": Once a week or more frequently
SOURSE: DGPNSD. State Survey on Drug Use in Secondary School Students (ESTUDES) 1994-2008.

Drug availability perceived by those surveyed

Perceived Drug availability is in the manner and grade of difficulty or ease on obtaining the different drugs perceived by those surveyed. It deals with a factor that is usually related to use, in the way that the most available substances are usually the most used and vice-versa. The indicator used to valuate this is the percentage of students who think that the obtaining of each considered drug in 24 hours is relatively easy or very easy.

In 2008 the drugs perceived by students as the most available or accessible were those of legal commerce and cannabis. In this sense 90, 8% of the students thought that it would be easy or very easy to obtain alcoholic beverages, if they wished, 55, 6% tranquilizers or sleeping pills and 63, 6% cannabis (Table 2.2.26.):

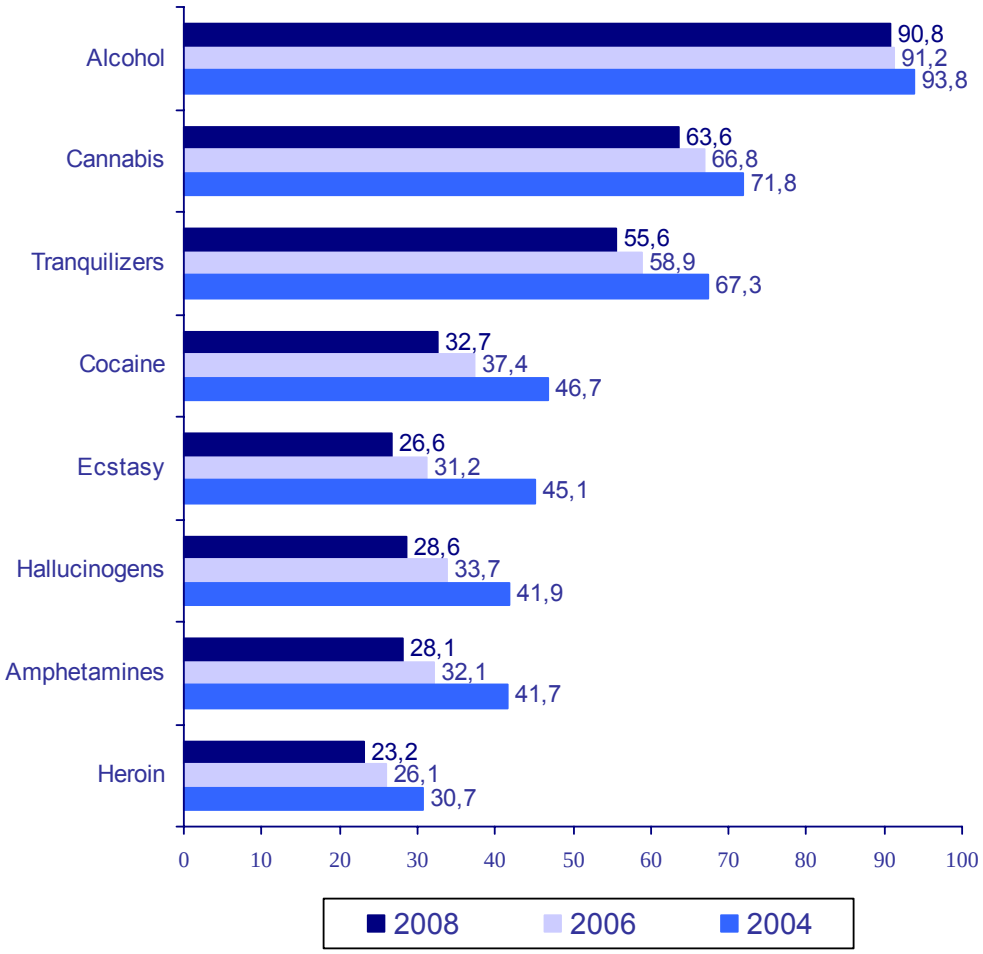
Table 2.2.26. Evolution of the perceived availability of psychoactive substances among Secondary School students from 14-18 years old (percentages) Spain 1994-2008

	1994	1996	1998	2000	2002	2004	2006	2008
Number surveyed	20.789	18.966	18.085	20.450	26.576	25.521	26.454	30183
Percentage who think that it is easy or very easy to get each drug.								
Alcohol beverages	93,8	89,0	90,5	91,3	92,0	93,8	91,2	90,8
Tranquilizers /sleeping pills	55,9	65,9	65,9	67,2	67,6	67,3	58,9	55,6
Cannabis/marihuana	30,8	53,9	60,4	59,7	67,9	71,8	66,8	63,6
Cocaine	26,7	30,4	37,9	38,0	43,5	46,7	37,4	32,7
Heroin	48,0	25,6	29,1	28,1	32,0	30,7	26,1	23,2
Amphetamines	43,9	40,1	39,7	40,2	45,4	41,7	32,1	28,1
Ecstasy	46,3	42,6	39,8	43,8	50,0	45,1	31,2	26,6
Hallucinogens	26,2	40,1	39,2	41,4	45,3	41,9	33,7	28,6
Volatile inhalants	61,4	54,8	54,2	51,6	54,1	51,1	--	--

Note: The percentages are calculated on the number of cases with information.
SOURCE: DGPNSD. State Survey on Drug Use among Secondary School Students. (ESTUDES) 1994-2008.

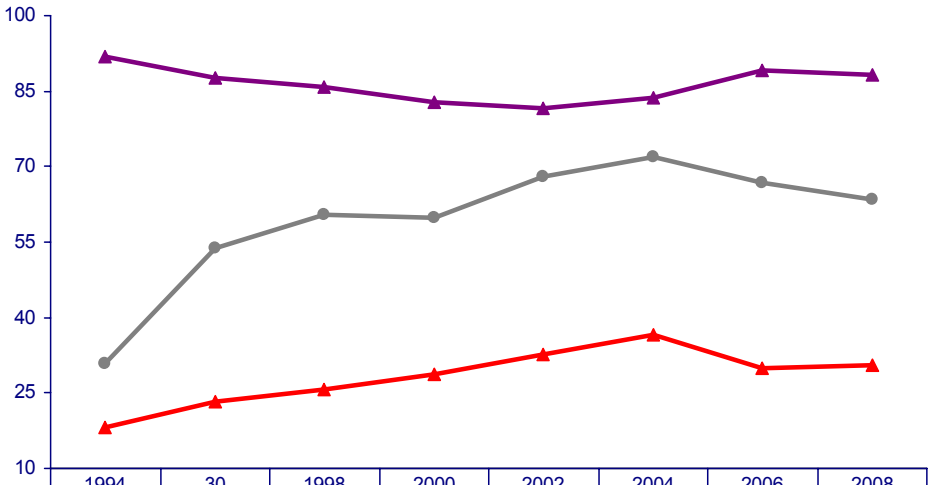
Referring to the temporal evolution of the perceived availability of drugs between 2004 and 2008 a generalized descent is observed in the perceived availability of all drugs (Figure 2.2.10.). In the case of some drugs like cannabis and cocaine the drop is very important and which appears, for the first time, following a continued rise since 1994 (Figures 2.2.11 and 2.2.12.). In the case of other drugs such as heroin amphetamines, ecstasy and hallucinogens the downward trend that was already manifested in 2004 continues. The lowest fall in perceived availability affects alcohol) Table 2.2.26.).

Figure 2.2.10 Percentage of Secondary School Students from 14-18 years old who think that it would be easy or very easy to obtain any of the drugs if they wanted to (percentage) Spain 2004-2008.



SOURCE: DGPNSD. STATE Survey on Drug Use in secondary Scholl Students (ESTUDES). 2004-2008.

Figure 2.2.11 Evolution of the prevalence of use of cannabis over the last 12 months, of the perceived risk facing regular use and the perceived availability of cannabis among Secondary School Students from 14-18 years old (percentage). Spain, 1994-2008



	1994	30	1998	2000	2002	2004	2006	2008
Perceived risk in regular use	91,9	87,7	85,9	82,8	81,7	83,7	89,0	88,3
Perceived availability	30,8	53,9	60,4	59,7	67,9	71,8	66,8	63,6
Prevalence of risk	18,2	23,4	25,7	28,8	32,8	36,6	29,8	30,5

Perceived risk. Percentage of those surveyed who think that the regular use of cannabis could produce many problems.
Perceived availability: Percentage of those surveyed who think that it would be easy, or very easy to obtain cannabis if they wished.
Source: DGPNSD: State survey on Drug Use in Secondary School students (ESTUDES) 1994-2008
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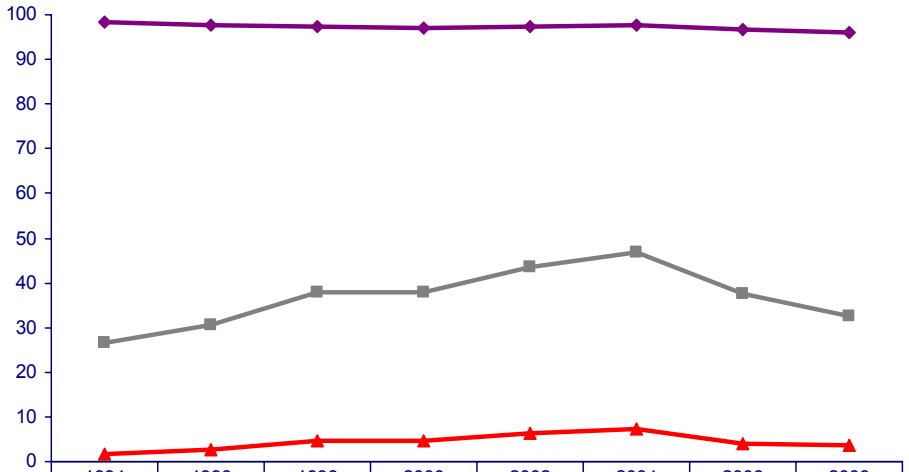
Figure 2.2.12 evolution of the prevalence of cocaine use over the last 12 months, of the perceived risk facing the regularuse and the availability of cocaine perceived among Secondary School Students from 14-18 years old (percentage). Spain, 1994-2008



	1994	1996	1998	2000	2002	2004	2006	2008
Perceived risk in habitual use	98,5	97,6	97,4	96,9	97,4	97,8	96,8	96
Perceived availability	26,7	30,4	37,9	38,0	43,5	46,7	37,4	32,7
Prevalence of use	1,8	2,7	4,5	4,8	6,2	7,2	4,1	3,6

Perceived risk: Percentage of those surveyed who think that the habitual use of cocaine could produce many problems.
Perceived availability. Percentage of those surveyed who think that it would be easy or very easy to obtain cocaine if they wished.
Source: DGPNSD: State Survey on Drug Use in Secondary School Students (ESTUDES) 1994-2008

Information received on drugs

In 2008 a great majority of students (85,7%) considered they were sufficiently or perfectly informed on Drug Use, their effects and the problems associated with them (Table 2.2.27.). The principle means by which students receive information was through their mothers 67, 7%, their teachers (64, 7%) and talks and courses (63, 3%) Figure 2.2.13).

The percentage of students who declared that the information, on the part of their parents, brothers and sisters and professors and teachers, they had received had increased with respect to previous years.

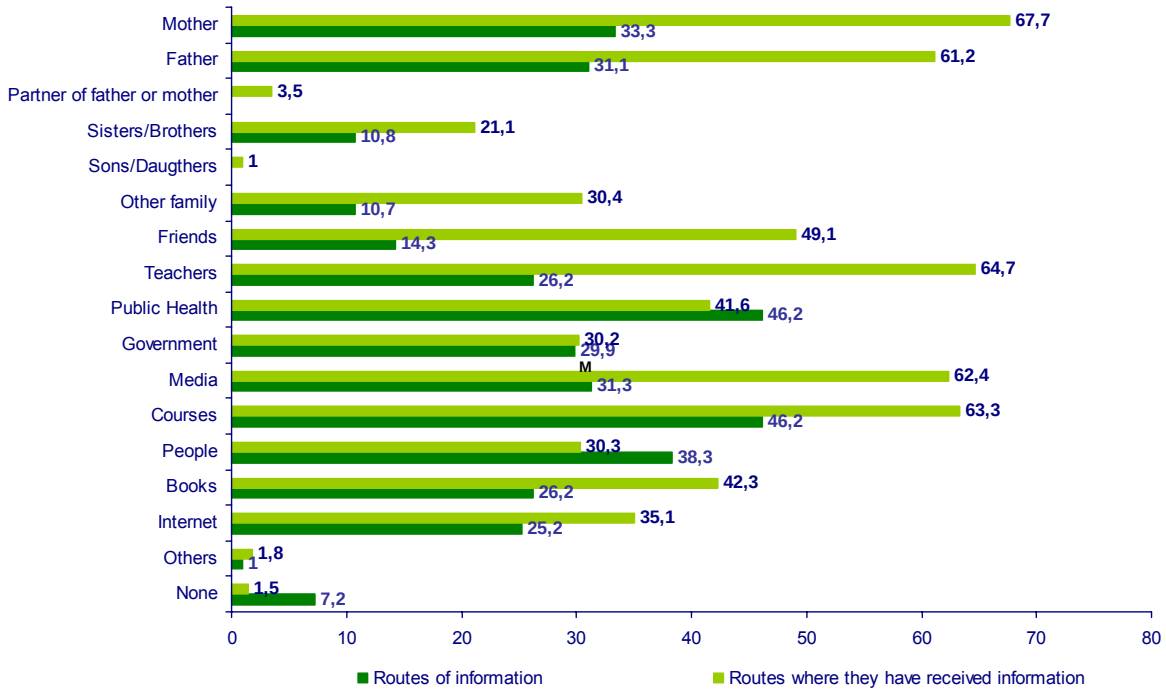
With respect to the preferable ways that students wished to receive Drug information, in 2008, Health Care professionals were noteworthy (46,2%),talks and courses on the subject (48,2%) and from people who had been in contact with drugs (38,3%)

Table 2.2.27. Self-evaluation on received information on Drugs by Secondary School Students from 14-18 years old (percentages) Spain 1994-2008

	1994	1996	1998	2000	2002	2004	2006	2008
Perfectly informed	23,7	33,1	35,5	39,9	45,4	48,4	47,5	46,1
Sufficiently informed	44,0	42,8	41,8	42,4	40,5	40,3	39,0	39,6
Slightly informed	27,5	20,4	18,9	14,9	12,1	9,8	11,0	11,5
Badly informed	4,8	3,8	3,8	2,7	2,0	1,6	2,4	2,9

SOURCE: DGPNSD. State Survey on Drug Use among Students of Secondary Schools (ESTUDES) 1994-2008.

Figure 2.2.13. Principle routes of information from which students of Secondary Schools from 14-18 years old have received information on Drugs and the routes by which they prefer to receive information on Drugs. Spain 2008.



SOURCE: DGPNSD. State Survey on Drug Use among students in secondary Schools (ESTUDES). 1994-2008

Drug use with groups of colleagues

With respect to drug use in the social setting of students and their groups of colleagues, the results of the present survey show that over the last 30 days, a little more than a third of the young people (35,5%) admit that all, or the majority of their friends smoke tobacco. Nevertheless, the most generalized substance among young people continues to be alcohol with more than half of the youth declaring that all, or the majority of their friends and companions with whom they maintain relationships, have drunk alcoholic beverages (58, 8%) over the last 30 days. Alcohol use in groups of friends not only is frequent but also intense, since of 23,8% of the surveyed students declared that all, or the majority of the components of their group, had gotten drunk at least once over the last 30 days.

Among the illegal drugs only cannabis use appears to be extended in groups of friends as 14, 4% of them declared that all, or the majority of their friends and or companions, had used this substance over the last month, a figure very similar to that obtained from a study carried out in 2006 that was 14, 7%.

Less extended are the rest of the drugs, without exceeding any of them 2% of young people declared that all or the majority of their friends had used them in their presence.

Available weekly money on the average and the time of arrival at home
The amount of money available, on an average, to students during the week to satisfy their personal expenditure is placed at 23, 25 Euros. The amount of money available increases with the age, those of 14 years old are those who have less, with 16,93 Euros while those of 18 are those who have more with 42,66 Euros. Boys are those who have a larger amount of weekly money available (27, 10 Euros opposed to 19, 41 Euros for the girls) this amount has decreased substantially over the last year. The average amount that was registered in 2006 was 35, 26 euros. However, this situation has not implied average earlier arrival at-home-time.

The most frequent time for returning home during the past weekend after going out was between 04.00. and 08.00 with 20, 3%. This result is similar to that obtained in 2006. As is to be expected, the time for returning home depends on the age: the home-going before 01.00 hours, is principally among students of 14-15 years old, while the later, 04.00 home-goers are fundamentally students of 18,17,16 years old (Table 2.2.28)

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Table 2.2.28 Time of returning home from the last weekend, after going out, by students of Secondary Schools from 14-18 years old. (Percentages) by age. Spain 2008

	14	15	16	17	18	Total
Before midnight	32,1	19,6	10,4	5,3	2,8	14,5
Between 12 & 1 am	25,1	20,6	14,4	8,9	5,6	15,7
between 1 & 2 am	15,5	17,1	14,3	11,2	6,5	13,8
Between 2 & 3 am	11,5	15,2	16,5	15,7	10,9	14,6
Between 3 & 4 am	7,0	12,5	18,1	19,8	17,9	15,3
Between 4 & 8 am	5,8	10,6	20,3	31,6	45,0	20,3
After 8 am	2,9	4,4	6,0	7,4	11,4	5,9

SOURCE: DGPNSD. State survey on Drug Use among Secondary School Students (ESTUDES) 1994-2008.

3. PREVENTION

The actuations in matters of prevention continue along the lines of previous years.
In general terms we could say that the majority of the autonomous communities opt for a prevention centre in the universal person, with action directed fundamentally towards the educative and awareness field, being the school children, the adolescents, mothers and fathers the principal goal for the action. Together with them the following **tendencies** are observed.

- Maximum emphasis on the work with minors in vulnerable situations especially with minors with legal penal problems.
- Extension of educative preventative programs to other spheres: universities and driving schools.
- Externalization of school prevention: instead of the teachers/professors, a tendency is observed to count on outside the school professionals to apply the school programs.
- Incorporation of prevention to addictions without substance (also called social addictions, new technology and pathological games) in some Autonomous Communities (Andalusia, Extremadura, Madrid and Rioja).
- Incorporation of the sector of nocturnal leisure into the prevention programs.
- Interventions to reinforce the application of the tobacco law in some Autonomous Communities (Asturias, Castilla and Leon, Castilla La Mancha).

▪ UNIVERSAL PREVENTION

School Prevention

Autonomous Drug Planes:

- The line of intervention based on **structured programs** continues**.**

- During the year 2007, and according the data provided by the autonomic Drug Plans a total of **1,179,000** students and **46,845** professors/teachers belonging to **7,406** educational centres have participated in **structured programs** of prevention (minimum of five sessions in the classroom) The Compulsory Secondary Education being the school level where most programs were directed.

- The most extensive programs are: "Prevent to Live" (8 Autonomous Communities) 1,791 educational centres and 397,704 students); "*Shape the Youth*" (1 Autonomous Community; 470 educational centres 171,195 students) and "*Ordago"* (6 Autonomous Communities; 650 educational centres 132,629 students.)

- There are a great number of *punctual activities* and without continuity in school centres: (Talks, workshops, theatres, competitions, campaigns...) that reach **403,200 students** of **2,550 school centres** according to available data.

- **The actuations are extended towards the University environment** (Universities of Seville, Barcelona, Valencia, Madrid, Salamanca, Avila, Zamora...) The majority of them centre on information and awareness of the students by means of diffusion of material, conferences, Information Points in

the University itself and the formation of university mediators, in couples, for the intervention.

- Two other observed tendencies must also be pointed out; on one hand the i**ntervention of outside of the educational centre professionals** for the direct application of programs in the classrooms (technicians of the Drug Plans). On the other, the incorporation of action directed towards the family, as a complement to those directed towards the school children.

Government Delegation for the National Plan on Drugs (Ministry of Health and Consumer Affairs):

- Subsidies for School programs:
  - Subsidies for ONG programs: **258,000 €**
  - Subsidies for Autonomous Communities: **200,000** €
- School Competitions "The Secret of a Good Life": **84,927** students of **1,197 school centres** of primary education of 18 of the 19 Autonomous Communities and Cities that integrate the Spanish State.

Family Prevention

Autonomous Drug Plans:

According to the data provided by the Autonomous Communities and Cities that have sent information in this respect 139,119 parents have participated in programs of this type, although it must be pointed out that, in many cases, this data of participation is not gathered, therefore these figures are clearly underestimated

A Notable tendency is the incorporation of family prevention to the school programs. Programs like Ordago, Life's Adventure, among all, In my friends' Garden, the cinema in Teaching or Cinema and Education in Values have incorporated a component destined towards families.

Government Delegation for the National Plan on Drugs (Ministry of Health and Consumer Affairs)**:**

Of the 2.378,000 € destined towards subsidies on programs of prevention in the year 2007, **373,000 €** have been dedicated to family prevention, which supposes a **16%** of the budget of this actuation area.

Community Prevention

Alternative leisure programs for the young and adolescents.

Autonomous Drug Plans

All the autonomous Communities cite the leisure time ambience as priority for preventative intervention and they do it with programs that offer alternative activities for leisure time, fundamentally for the late afternoons and nights of the weekend or in vacation periods. Although in many cases participation is not registered

according to the available data through the memos of the Autonomous Drug Plans, more than 250,000 boys and girls have participated in these kinds of activities.

Government Delegation for the National Drug Plan (PND) (Ministry of Health and Consumer affairs)

Regarding the fomenting of the development of Local Corporations for healthy leisure time the Government Delegation has followed up by augmenting the economic funding destined for these measures. During 2007 it financed **56 programs** developed by other many Local Corporations, for an amount of three million seven hundred and forty thousand euros 3.740, 000.00, which supposes a slight increase with respect to the previous year.

The characteristics of these programs are the same as in previous years: Destined towards minors and the youth. The majority are carried out in public places (poli-sporting arenas, colleges, schools, municipal installations...) in afternoon hours and at night during weekends and vacation periods. The activities carried out are of games and sportive types

- SELECTIVE PREVENTION IN AT-RISKS GROUPS AND SETTINGS

The priority collectives of selective prevention are the **families** and **minors or the young in a risk situation and leisure-time users of drugs in premises of night-time leisure**

Autonomous Drug Plans

Insofar as the selective interventions with **families** are concerned, according to the data provided by the Autonomous Drug Plans **1,644** families have participated, although information from only 6 Autonomous Communities has been received. The most developed types of activities are the schools of the parents.

In the case of the **minors in a risk situation,** information has been received from 11 autonomous communities that have intervened with **23,858 minors.** The most common interventions are those of street education, the prevention programs in central residences or of social guarantee, and workshops directed towards young offenders to whom an offer of participation in these types of programs is made as an alternative measure to the penal or sanctions.

Other types of interventions everyday more extensive are the **leisure programs** directed specifically towards minors and young people in a situation of risk. In 2007 according to information received **16,525** people have been intervened in these programs.

Also work is undertaken in the licensed trade sector for the setting off the program of risk and harm reduction associated with night-time leisure. In Catalonia a program is developed (Safe night) that includes interventions *en situ* on premises of night-time leisure, the creation of participative work platforms at a local level implicating the private sector, formation workshops for the personal of the premises concerned, creation of round table for experts, organization of symposiums and diffusion of materials of risk reduction. During 2007 the creation of local platforms

has been boosted and the participation in the project European Democracy, cities and drugs directed by the European Forum for Urban safety (EFUS).

In Castilla and Leon a program of responsible dispensing of alcohol beverages is carried out. This line of intervention consists in brief courses of 2 hour duration to motivate premises owners and 8 hour workshops for professionals and licensed trade apprentices for the responsible dispensing of alcoholic beverages. During the year 2007 32 courses were held and workshops where 263 bar owners participated, 206 workers of licensed premises and 286 apprentices in the hotel industry schools.

In the Basque Country this line of intervention is also carried out. In 2007 Local Councils participated in which 14 workshops were applied for 132 professionals in the hotel industry sector.

In Galicia the program of Selective Prevention is developed in the leisure context "CREATIVE" directed towards young people between 15 and 25 years old applied in 15 localities, with a participation of 13,500 young people in 2007.

Government Delegation for the National Plan on Drugs (Ministry of Health and Consumer Affairs).

In the case of the Government Delegation on the Plan for Drugs selective programs have been financed for Autonomous Communities (515,000 Euros) and ONGs (Non Governmental Organizations) (365,000 Euros) directed fundamentally towards minors in a risk situation

Insofar as selective interventions in the context of night-time leisure is concerned an **agreement of collaboration with the Spanish Federation of the Hotel Industry** and restaurant food-industry has been signed for the setting up of a national program of prevention and risk reduction associated with alcohol and other drug uses.

Investigation in Prevention Projects

Projects funded by the Government Delegation of the National Plan on Drugs (Ministry of Health and Consumer Affairs) finalized in 2007:

***Universal School Prevention*:**

"Evaluation of a prevention intervention of cannabis use in school aged adolescents." Public Health Agency of Barcelona. Service of Evaluation and methods of intervention

Objective:
To evaluate a program of cannabis use prevention directed towards adolescents of 14-16 years old based on the developments of abilities and social competences and the communication and participation of families

Design:
cuasi-experimental, with the random assignation of participating schools in an intervention control group

The schools that participated in the study were four school centres of ESO that applied the program "You decide" of prevention of alcohol and other drug use. The sample was constituted of 5,275 school children from 14-16 years old (3rd and 4th year of ESO) belonging to 86 schools, 39 of them were assigned to an intervention group (G1) and 47 to a control group (GC). The assignation took into account the size of the school, the strata of the socio economic level (ICEF) and the type of school according to its ownership.

Results
The results of the *evaluation of effectiveness* demonstrate that the program of cannabis use prevention xkpt.com is an effective strategy to avoid the progress of cannabis use in adolescents, that is to say, to avoid converting him/herself into a cannabis user in the last 30 days at the end of 15 months. Besides, there is a clear relation between the correct carrying out of the intervention (to have completed more than 60% of the anticipated activities) and the diminishing of regular use of cannabis later.

To implement the program xkpts.com was the protecting factor in the conversion into a regular cannabis user for the student exposed to the intervention with risk 2-4 times less that the one not exposed to it.

The intervention showed effectiveness to reduce the progression towards a regular use in those school children with favourable expectations at the beginning among those non-users who declared that they had the intention to use it

The intervention identified effective results on the evolution of regular cannabis use and on the evolution of experimental use of cocaine, but not over the rest of the substances (tobacco, alcohol) even when it was stratified for the quality of the implementation carried out.

Selective Family Prevention:

"Prevention of drug use in the family: parental competence program for drug addicts in treatment". University de the Islas Baleares. Department of Pedagogy and Specific Didactics. Carmen Orte Socías.

Objective:
Adaptation and evaluation of the program of Competencial Strengthening Families Program (SFP) (Kumpfer y DeMarsh, 1985; Kumpfer, DeMarsh and Child, 1989), a population of drug addicts with sons/daughters in treatment programs.

Design: Design of evaluation of pre-test post testing with control groups complemented by measure of process generated from the evaluations process results. Insofar as the instruments are concerned, after their adaptation, the predictions for the SFP have been employed together with other instruments that adapt to the factors that anticipate evaluating, that have been validated for the Spanish population.

Experimental Sample	GE initiation	GE final	Average age	% abandonment	GC
Family	**38**	**30**	**--**	**21,05%**	**24**
Parents	**64**	**52**	**37,69**	**18,75%**	**40**
Sons/daughters	**45**	**35**	**10,12**	**22,22%**	**24**
TOTAL persons	**109**	**87**	**--**	**20,18**	**64**

Results:

Improvements in parents and in family relationships:

- High effects in: parental implication: Family communication, relations between parents and children; organization and family cohesion; parental supervision.
- Medium effects: in: family cohesion and efficient ability to make of father or mother.

Changes in behaviour of the children:

- High effect in: diminishing of aggression between sons/daughters; reduction in disruptive conduct at school; depression symptoms reduced.
- Medium effect in: Improvement in concentration capacity: improvement in social abilities: improvement in adaptive abilities; reduction in shyness.

Projects of prevention investigation of the Autonomous Communities.

Castilla and Leon have initiated the evaluation of the selective family prevention program "*Dedalo"* by way of the elaborating of a specific questionnaire based on the Tool Bank of the European Observatory of Drugs and Drug Addictions.

4. PROBLEM DRUG USE

▪ PREVALENCE AND INCIDENCE ESTIMATES OF PDU

The knowledge of the prevalence and the incidence of problematic use of heroin and cocaine is very useful for the designing and evaluation of Health Programs. However, there are many methodical limitations to obtain this information from population surveys directly. One alternative is to carry out estimations from indicators of drug problems generally based on assisted users and specific services.

Indirect estimates of problematic use of drugs

Insofar as the prevalence of problematic heroin and cocaine use is concerned (the sum of new users and of those already existing up until they no longer continue), the estimations indicate that the total of problematic heroin users (prevalence) reached its maximum in Spain at the beginning of the 90s with more than 150,000 users and that later on these figures descended. The latest estimations of problematic use of these drugs published up till the present, date from 2002, and were carried out with the demographic and multiplier of treatments method which placed the figure of problematic heroin users between 70,000 and 120,000 and the problematic users of cocaine between 120,000 and 170,000. Later on new estimations were tried out using different sources of information but this has met with difficulties. Due to the low number of heroin users caught up in the samples it is practically impossible to obtain, directly from the population surveys, reliable estimations of the percentages of users who have initiated treatment to apply the multiplier of treatment method. However, in the Home Survey on Alcohol and Drugs in Spain (EDADES) of 2007 the nominative method of application was tried, a variant of the previous one. For this the interviewees were asked if they knew of any heroin users, and for each one of their acquaintances, if they knew if they had initiated treatment for dependency on this drug or not over the last year. They only obtained valid answers from the 1,268 nominated, of those, according to the interviewees 581 (46%) had initiated treatment for dependency. Applying this multiplier to the 18,904 admitted to heroin treatment in 2007, the figure of 41,037 heroin users was obtained. This figure could seem low but if it is admitted that it corresponds to heroin users who were not in the maintenance of opioides (TMO) and, that in 2007 in Spain, according the Memo of the National Plan on Drugs, there were 81,724 people in TMO (of which it is reasonable to think that 40% had used at least once over the last 12 months), the total estimation of the problematic heroin users in Spain in 2007 reached 73,727. It is probable that this figure still is underestimated because the interviewee could confuse “initiated treatment” with “to be in treatment” and for the heroin users being more visible and familiar in treatment than the rest.

For this the multiplier also was applied to the estimated number of heroin users who had carried out some treatment for abuse or dependency on this drug in 2007 (29555 people) with which an estimation was obtained of 96940 problematic heroin users. With reference to the estimation of the number of drug injectors in EDADES 2007 the valid responses were obtained from 1,407 nominated injectors that, according to the interviewees, 605 (43%) had initiated treatment for abuse or dependency on drugs. When applied to 4,892 injectors admitted to treatment in Spain in 2007 it lead to an estimation of 11,377 injectors of recent drugs that would not be in TMO. If 20,341, corresponding to people in TMO are added (assuming that in this population 40% of those who had used heroin during the last 12 months), had used that route of injection, the estimation would be 24,453 injectors of recent drugs. When instead of using the number of drug injectors admitted to treatment the number of estimated injectors who carried out some treatment for drug abuse or dependency in 2007 (7,920 people), estimates of 29,754 recent injectors were obtained. Also estimations on the prevalence

of injectors in Spain, using as a reference the annual number of new HIV cases diagnosed in drug injectors and as multiplier the annual incidence of infection for HIV in injectors. In this case the newly diagnosed HIV cases in drug injectors are estimated to apply to conclusions from the average data from 2006-2007 of the HIV Registers in the eight Autonomous Communities that, all together, have a population of fourteen million inhabitants (see chapter 2.3). with which a figure of 337 was obtained for the whole of Spain in 2007. The multiplier (annual incidence of infection in HIV injectors) was estimated, taking into account the data of various published studies: 4, 5% in 2001-2003 in the cohort "*Itínere*", 4, 4% in 2002 in the cohort of the Centre of Information and Prevention of Aids of Valencia 1, approximately 2% in males and 4% in females in the same cohort of Valencia, 20,053. With annual incidences of 4%, 3%, 2% and 1% we would have estimations of the number of injectors of recent drugs for Spain in 2007 of 8430, 11240, 16861 and 33721 respectively. Taking into account the evolution of the incidence in the cohort of Valencia it would be reasonable to assume a valuation of 2% for 2007 with the number of estimated recent drug injectors for the whole of Spain in the said year would be around 17,000 and in any case would be inferior to 30,000, a figure very much lower than that estimated in the second half of the decade of the 90s when the prevalence was numbered in more that 80,000.

Insofar as cocaine in EDADES 2007 is concerned, valid results were obtained from 810 nominated users who, according to the 25 interviewees (3%) had initiated a treatment for abuse or dependency on this drug over the past 12 months, which, when applied to the 23037 admitted to treatment for abuse or dependency on cocaine in Spain in 2007, leads to a very high figure of problematic users which, surely overestimates considerably the real figure. The reason is probably, that in the case of cocaine, there is a long time lag between the initiation of use and the commencement of treatment (average 20 years) therefore it would be incorrect to apply the annual values of treatment to 3% of the users in 2007. However, in this case different estimations could be carried out by the direct method from EDADES 2007(direct extrapolation of the figures of prevalence), with which lower figures are obtained, that, although they could be sub-estimated due to certain suppression of the most intensive uses, at least it could be considered to represent a minimum. These estimations by direct method indicate that in 2007 there were 208,504 cocaine users in Spain who had used this drug for more than 30 days over the past 12 months. 186,488 of those who had used it 4 days or more during the past 30 days and 6,4753 who had used it for 10 days or more over the past 30 days (groups that are not mutually exclusive).

Considering the limitations of the methods used to carry out the estimations referring to the prevalence and the numerous assumptions that have to be carried out due to the lack of basic information and brought up to date to apply to different methods, the results of previous exercises have to be taken and used with great caution.

Incidence estimates of problematic use of heroin

In this sense, there exists In Europe a growing interest in estimating the trends of the incidence of problematic use of heroin and cocaine (new users) because this permits knowledge of the dynamics of the epidemics of use and to evaluate the adequacy of the developed interventions, even though this be in an historic context. For this reason it was decided to begin this task in Spain. The work that now is presented emerged after the recent publication in the journal "*Addiction" and was carried out with* a similar methodology. The objective was to estimate the evolution of the incidence of problematic heroin use in Spain between 1971 and 2006 and the incidence of problematic cocaine use between 1978 and 2006, basing it on the indicator of admissions to treatment for abuse or drug dependency, that since 1991, differentiates among people admitted to treatment for the first time (first treatments) and those with

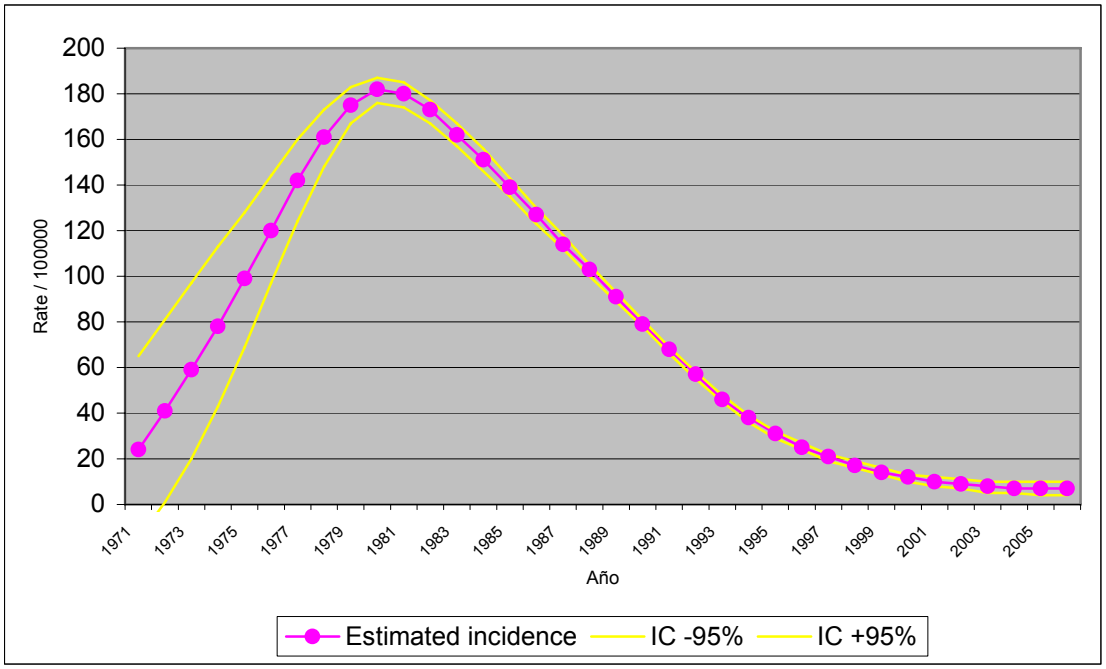
previous treatment. 169,682 people of 15-54 years old were selected and initiated their first treatment for drug abuse or heroin dependency between 1991 and 2006 and 89,760 people of 15-59 years old who initiated treatment for cocaine (Table 4.1)

Table 4.1 Restrictions established for the analysis of those admitted to treatment for heroin or cocaine with the object of estimating the evolution of incidence of problematic use of these drugs in Spain

	Heroin	Cocaine
First known year of use	1971-2006	1978-2008
Age at first use	10-44 years	10-54 years
Age at first treatment for this drug	15-54 years	15-59 years
n	**169,682**	**89, 760**

Each person was classified in a Table of contingency according to the year of initiation in the use of heroin or cocaine and, the period of latency or the time that they had delayed in the initiation of their first treatment since the beginning of the use. This Table was incomplete due to the truncations caused by the data (to the left, due to the people who effectuated their first treatment before 1991, the first observed year, and to the right, due to the people who had not yet been admitted to treatment in 2006). For this reason a Table was reconstructed by means of a log-lineal model, almost independent, adjusted to the observed data. The totals (marginal) of the line of the new Table constitute the estimated incidence for each year. Besides the estimated parameters in the model the distribution of the latency period was obtained. The results show that a rapid increase of incidence occurred during the decade of 1970s, passing from a very low number of users per 100,000 inhabitants in 1971 to 182/100.000 in 1980. Afterwards the incidence descended abruptly up until the middle of the 1990s, reaching values of 31/100,000 in 1995, and more slowly from then on until the values were placed in approximately 7/100,000 in 2006 (Figure 4.1).

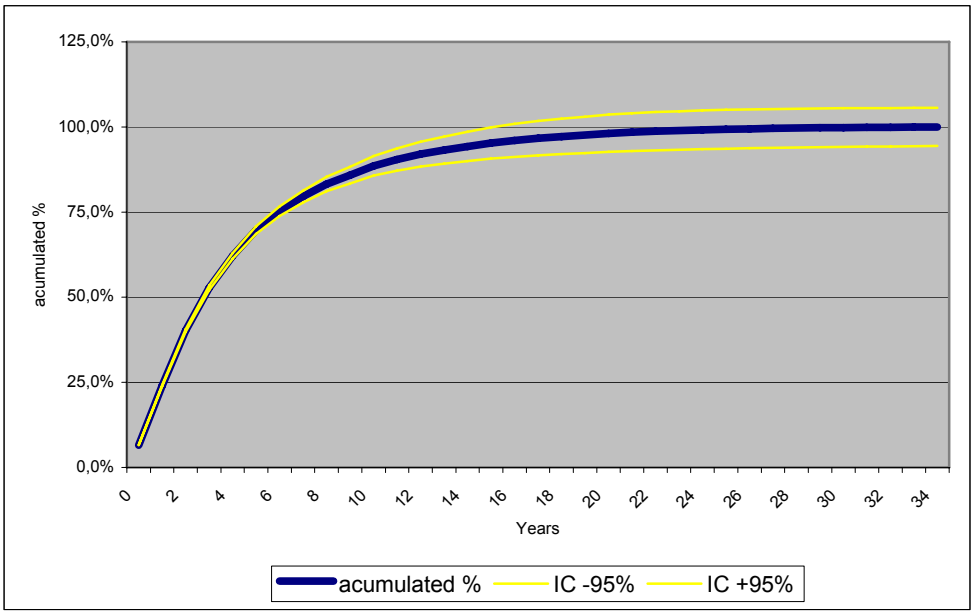
Figure 4.1 Estimation of the incidence of problematic use of heroin, according to the year of initiation of use. Softened values of new users per 100,000 inhabitants from 15 -44 years old and intervals of confidence to 95%. Spain, 1971-2006.



On the other hand the incidence was, on an average, 5, 7 times higher in men than in women. The analysis according to the ways of administration has more limitations because it is assumed that the way of initiation was the principal way of use at the moment of admission to treatment (and this is not necessarily so, because with relative frequency changes of ways of administering take place) In any case, the results show that the maximum incidence of problematic use of intravenous injections could have been produced around 1980 with a later rapid descent, while the incidence of use by way of smoking did not reach levels so high as in the use by way of injections and maintained their maximum level (plateau) during the decade of the 80s, to commence a descent at the beginning of the 90s.

The distribution period of global latency for problematic estimated users of heroin made known that 50% of the people delayed somewhat less than 3 years to initiate their first treatment for this drug (Figure 4.2.).

Figure 4.2. Distribution accumulated of the period of latency (years) of the new problematic heroin user of 15- 44 years old. Spain 1871-2006 (n=169682)



The work confirms the descent in problematic heroin users suggested by the indirect indicators (Emergency departments, treatment and mortality) since the beginning of the decade of the 90s. It also indicates that the descent commenced ten years earlier than those the said indicators reveal and that actually at present the incidence of new problematic heroin users in Spain probably is stabilized and is lower than at the beginning of the 70s, and approximately 25 times lower than the period 1979 -1982, the time when it was at its maximum. The causes of the abrupt descent in the initiation of heroin use are surely very complex and cannot be centred only on the risk perception and the harm caused by HIV infection, because it seems clear that the descent in the use in problematic heroin use as well as in the use by injection route commenced before there was a consciousness of these risks among professionals and the users. Besides, the descent in the incidence of use commenced before there was an awareness of the seriousness of the epidemic of the heroin use and therefore before any Health or Political action could be taken in this respect.

Although the models have yet to be refined the same methodology applied to those admitted to treatment for the first time for cocaine use shows that the incidence of problematic use of this drug remained at very low levels in 1978 (when the incidence of problematic heroin use was in full explosion) and increased slowly until 1993, and later rocketed to reach and exceed 100,000 new problematic users annually, around 2002-2004, showing signs of descent from those years onward. On the other hand the latency period for cocaine has been very much longer than for heroin. In fact, 50% of the problematic users would delay approximately 20 years before initiating the first treatment for abuse or cocaine dependency.

At the time of interpreting results it must be taken into account that the estimated incidence refers only to the heroin or cocaine users who obtained or would obtain treatment in a public outpatients department or those financed by public funds. Even so, it stresses the evolution of the global incidence assuming that the percentage of unobserved users is constant. The magnitude of the estimated incidence could be biased because the model used required that the period of latency was stable over all the years of study and in the case of heroin the extension of the maintenance program

with methadone at the beginning of the 90s must have provoked changes in the rules of procedure in the application for treatment. Besides, when the values between Autonomous Communities are compared we must suppose that the registers of information are consistent, but which, in some cases may not be certain. It will be necessary to continue carrying out these estimations in future with a major volume of cases to know the evolution of the phenomena better.

- **DATA ON PDUs FROM NON-TREATMENT SOURCES**

Data on problematic drug users from hospital emergencies are described in section 6.2.

A good amount of interesting information on drug-use socio-demographic characteristics and behavioural patterns on two cohorts of cocaine and heroin users contacted on the street in three Spanish cities is described on the basic articles of the constitution of the said cohorts. (De la Fuente et al 2005[1], Pulido J et al[2])

- **INTENSIVE, FREQUENT, LONG-TERM AND OTHER PROBLEMATIC FORMS OF USE**

Within the 2006 National survey on Drug use among secondary school students, focused on secondary school students between 14 and 18 years old, it was selected a subsample and three scales directed to evaluate the dependency degree and problematic use of cannabis were introduced. The purposes were more methodological than performing a valid estimation on problematic cannabis use prevalence. The results of this work, made in collaboration with the EMCDDA, are shown in a joint publication by both institutions[3].

[1] de la Fuente de Hoz, Brugal Puig MT, Ballesta R, Bravo MJ, Barrio G, Domingo A et al. [Cohort study methodology of the ITINERE Project on heroin users in three Spanish cities and main characteristics of the participants]. Rev Esp Salud Publica 2005; 79(4):475-491.

[2] Pulido J, Brugal MT, de la FL, Ballesta R, Barrio G, Bravo MJ et al. [Recruitment methodology and characteristics of a cohort of young regular cocaine users in three Spanish cities (the Itinere-cocaine Project)]. Gac Sanit 2009; 23(3):200-207.

[3] Klempova D, Sánchez A, Vicente J, Barrio G et al. Consumo problemático de cannabis en estudiantes españoles de 14-18 años: validación de escalas. Estudio colaborativo entre la Delegación del Gobierno para el Plan Nacional sobre Drogas y el Observatorio Europeo de Drogas y Toxicomanías. Madrid: Ministerio de Sanidad y Política Social, 2009.

5. DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

In this section the work protocol of the "admissions indicator for treatment for abuse or dependency on psychoactive substances" is summarized; the last version dates from 2003. In the said protocol operative criteria of inclusion and exclusion of episodes are included, criteria for selecting the centres that participate in the notification, definitions and criteria to classify the different variables, as well as details about the instruments and the circuit of collection and transmission of information and about the coverage of the indicator.

▪ STRATEGY / POLICY and TREATMENT SYSTEMS

The admission indicator for treatment is a register that collects individualized data concerning admissions to outpatient treatment for abuse or dependency on psychoactive substances in the whole of Spain and has existed since 1987. This register forms part of a wider subsystem of information developed within the framework of the National Plan on Drugs in collaboration with the Autonomous Communities, which includes also the indicator of hospital emergencies related to drugs and the mortality indicator for acute drug reaction. This subsystem of information, which, in its origins, was called the State System of Information on Drug Addiction (SEIT), and later received different denominations, gave birth to the intention of monitorizing the evolution and the characteristics of problematic use of psychoactive drugs especially those like opioides or cocaine, that usually produce more frequent problems and are difficult to explore by other means.

The admission indicator to treatment in its present version (Protocol 2003) is defined as the number of people admitted to outpatient treatment for abuse or dependency on each one of the psychoactive substances enumerated in the annex of the protocol in an Autonomous Community in a given year. If a person is admitted to treatment more than once in the same year and in the same Autonomous Community, for this indicator only, it is considered as the first admission of that year, separating the repeated episodes in the autonomic sphere by means of a personal identification code (CIP) formed by the two first letters of the two family names, the date and province of birth and sex. The value of the indicator at state level is determined by way of the total admissions to treatment registered in each one of the autonomous communities, but the same as with the CIP it is not transmitted to state level; the episodes of repeated admissions of the same person during the same year in two or more different communities cannot be separated. Although the available information indicates that this situation is rare, a small overestimate of the indicator at state level could take place. Any intervention carried out by qualified professionals to eliminate the abuse or the dependency of psychoactive substances, or reduce their intensity is considered *Treatment*. Those treatments during which the patient does not spend the night in the centre, or those carried out in treatment of drug dependency in prisons, are considered as *outpatient care.* It must be taken into account that some notifying centres, besides giving outpatient treatments, can carry out treatments with admission to hospital or mixed methods. However, to the effect of this indicator, only outpatient treatments are notified. The diagnosis criteria of dependency and abuse are those that are applied by professionals who carry out the admission to treatment although they may adapt themselves to apply the two principle international classifications in force (DSM-IV or CIE- 10)

Episodes of admission to treatment are notified as to any of the following situations: 1) the admission to treatment in a centre for the first time considering that this situation is produced for the first time that a patient is attended to in a specific notifying centre and a medical history is opened (medical social or psychological) in the presence of a qualified technician (doctor, psychologist, qualified nurse, welfare worker etc.), with the aim of initiating a process of treatment of the abuse or dependency on psychoactive substances even though this treatment is not the first carried out by this user in the network of centres that notify the indicator. Admissions to treatment are notified, whatever their mode may be, including the treatment with substitute opioides substances irrespective as to whether the objective is detoxification or maintenance. In the case of treatments with substitutes, the drug that is used therapeutically in the maintenance program (methadone for example) is not considered as the principle drug but the substance whose abuse or dependency motivated the first treatment (generally heroin). The passage from a program of maintenance with substitutes to "another free of drugs" without temporal interruption of treatment is considered as only one treatment. 2) The readmission to treatment in the same centre, considering "readmission" an admission to treatment of a person who had already carried out one or more treatments previously in the same centre and had finalized by therapeutic discharge, expulsion or abandonment. The criteria for therapeutic discharge, expulsion or abandonment are described in the protocol of the indicator. It is considered that the patient has abandoned treatment when the patient goes six months without physically contacting the centre without the expressed indication of the professionals. 3) The continuation of a treatment initiated, for emergency or other reasons, in services that do not notify the indicator, such as hospitals, Health Centres or Welfare Assistance centres and who later on go to a notifying centre to continue treatment. 4) The admission to treatment affected by a judicial or administrative situation (conditional remission of a sentence, prison release motion to complete the sentence in a treatment centre, treatment in substitution for an administrative sanction, or treatment of a person in 3rd grade penitentiary regime.)

Admissions to treatment that are not notified. 1.) Mere personal or telephone contacts requesting information or treatment, or the request demands that move on to the waiting list. 2). Contacts with the sole aim of requesting help or social benefits or assistance 3.) Treatment with the sole objective to treat the organic complications related with Drug use, for example the treatment of an overdose, an abstinence syndrome or an infection. 4.) The interventions consisting exclusively in the interchange of syringes or other materials of injection, distribution of preservatives or advice on techniques of use and safe sex. 5.) The treatments with an overnight stays in hospital units, psychiatric hospitals, therapeutic communities, residences, etc.

Although it would be desirable that all the mechanisms that could potentially be carried out in Spain were notified, treatments of abuse or dependency on psychoactive substances, the inclusion of all (centres of primary health care attention, hospitals, private clinics etc.) would be very difficult and costly. For this, in practice, centres, public or subsidized or those agreed upon for private programs that carry out outpatient treatments for abuse or dependency on psychoactive substances, are included. This could deal with specific centres of drug dependency, centres or mental health services that carry out outpatient treatments of drug dependency (whether they be independent centres already integrated in general health, hospitals or other types of centres), treatment programs of drug dependency in prisons, centre that carry out complex treatments that include the outpatient phase or mobile units that carry out treatment with substitute opioides and who count on medical personal and nursing staff. In general those not included as notifying centres are those that carry out specific treatments in regime of hospital admission or internment (hospital units of detoxification, therapeutic communities, hospital or psychiatric services) because it is

thought that the majority of the dependents treated in these centres have been derived from outpatient notifying centres. However, these criteria could be reconsidered in the future. The coverage of Indicator Treatment with respect to public or subsidized private centres that carry out outpatient treatments of abuse or Drug dependency has been practically total since the inauguration of the Indicator and bearing in mind the characteristics of the Health Service in Spain, it is difficult that, a significant part of Drug treatment for psychoactive drugs be carried out in exclusively private centres, although the percentage could be higher in the case of cocaine and cannabis than in that of opioides.

Insofar as the circuit of collection and transmission of information is concerned, the centres of treatment select the episodes of admission to treatment and they notify them as an individualized register to the autonomic units on paper or in electronic format, in the autonomic units they are validated and refined, extracting the cases that have to be sent to the state unit separating the repeated episodes within the year. The despatch is carried out as an aggregated electronic file. In the central unit the information is received, adjusted to the structure of the files, that is not always the same; the validation and refinement of the data is repeated and the information is tabulated and analysed.

There is a computer program of the indicator available that is used in the majority of the Communities and permits the recording of the data with a series of logical controls and range, separates the repeated episodes and exports the data in an adequate format for its despatch to a state unit.

To interpret the data of the indicator in an adequate form, it must be taken into account that although in its basic elements it has remained stable all along its operative course and, therefore comparable statistics could be elaborated in that time, the indicator has suffered three modifications since 1987. Until 1990 only information on opioides or cocaine was collected. Besides it was not possible to know if a person admitted to treatment had been treated previously for the same principle drug (that which motivated treatment) or if it were the first time treatment, nor what the principle via of administration was of the said drug. For this reason, in 1991, some modifications were introduced that allowed the settlement of these two last limitations and in 1996 other reasoning entered into force, basically in the collection of information referring to admissions provoked by any psychoactive substance (excluding tobacco) and not only for opioides or cocaine and, included variables, for the first time, to know the level of studies, the principle work situation in the 30 days previous to the treatment, the time elapsed since the last injection of the psychoactive substance and the serological state referring to HIV. Finally in 2003, a new methodological indicator protocol entered into force, admissions to treatment, elaborated with the aim of adapting to the European Standard TDI promoted by the European Observatory of Drugs and Drug Addiction (OEDT) and to correct some of the observed malfunctions. The principle modifications were as follows: Five variables were included of the TDI that did not exist in the Spanish indicator (nationality) and references to the 30 days previous to the admission to treatment, frequency of use of the principle drug, person or service that referred the patient for treatment, type of housemates and type of lodging house). 2) Specific codes were assigned to the use of mixtures of heroin + clorohydrates of cocaine, of heroin+ base or crack, and heroin+cocaine in the variable principle and secondary drugs and, the decision was taken to classify these categories as heroin at the moment of analysis. 3) The categories of the variable means of administration are modified, grouping in one only the two referred categories via pulmonary “smoked in cigarettes or pipe” and “sniffed” including “chinos” or silver paper and, remaining ticketed, the new category such as “pulmonary or smoked (“aspiration of gases or vapours, chinos.”) The modification was set out to eliminate the terminology “inhale” that is ambiguous

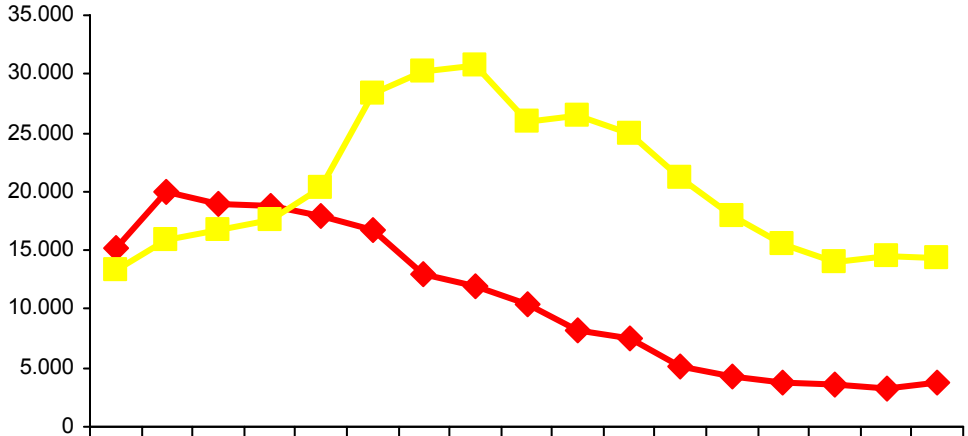
with respect to the means of absorption and was interpreted in a different way by the different notifiers, so therefore “sniff powder, via intranasal” and for others “breathe in gases or vapours via pulmonary methods”. 4. The categories of the variable “maximum level of completed studies” was modified passing into 9 categories of the previous version to 8 in the new version, that is a combination of the National Education Classification 2000 and of the Census of Population and Housing 2001. 5) The categories of the country of birth were modified, assigning a code to each country in accordance with the system used by the National Institute of Statistics. In the previous version only groups of countries were individualized. Besides these modifications, the previous decision not to register methadone or other substitute prescribed opioides in the framework of therapeutic programs, neither as the principle drug nor the secondary, was reaffirmed. In this point the Spanish Indicator differed from the criteria of TDI, which establishes that the substitute opioides have to be registered as the principle drug if they are the most used drug by the subject, whether they be in a controlled or uncontrolled way, differentiating themselves in this latter circumstance posteriori by means of a new variable that indicates if at the time of the notification the patient is, or is not, in treatment with substitutes. The adoption in Spain of the criteria TDI would have obliged a profound change in the traditional functioning of the indicator, because at the moment when, in theory, it must be notified (when a clinical case history is opened or a patient is readmitted for treatment) very often it is not known what the therapeutic method, assigned to the patient, is going to be. The criteria TDI demands the waiting of a time for notification which could imply an important delay risk or an oversight in the notification and of course would in some ways, oblige the Communities, who have not set up a system with individual follow-ups to perform this monitoring for at least during some months.

▪ CHARACTERISTICS OF TREATED CLIENTS

In Spain between 1998 and 2002 the number of admissions to treatment for abuse or dependency of psychoactive substances diminished (excluding alcohol and tobacco) passing from 54,338 in 1998 (year in which there were the maximum admissions) to 46,744 in 2002. However between 2002 and 2004 it rose again to 52128 admissions in 2004, to drop again in 2007 (50,555) The descent between 1998 and 2002 was probably due to the effect of the methadone maintenance programs that made many heroin users leave off rotating the services of treatment. The rise between 2002 and 2004 is surely explained due to the great increase in the treatments for cocaine and cannabis, above all the former.

The profile of the admission to treatment is changing rapidly with a continuous fall in admissions for heroin and an increase in the admissions for cocaine and above all cannabis. The number of first admissions to treatment for heroin (first time ever) fell between 1992 (year with the maximum number) until 2004 passing from 20017 in 1992 to 3672 in 2007 (in which the maximum was reached) passing from 30756 that year to 14331 in 2007 (Figure 5.1.). From 2003 onwards however a slowing down in the descent can be noted or, a stabilization in the number of admissions.

Figure 5.1 Evolution of the number of patients treated for heroin abuse and dependency in Spain 1991-2007

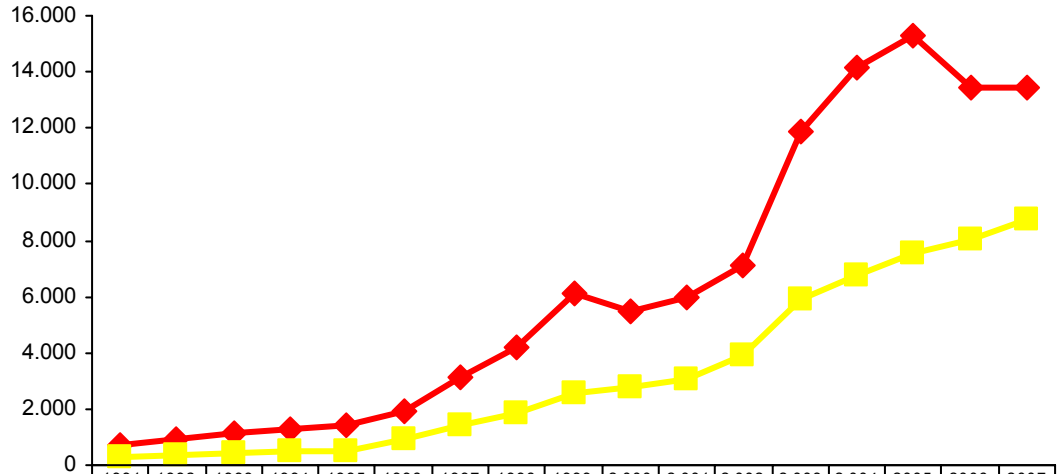


	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
First treatments	15.277	20.017	18.977	18.770	17.878	16.647	12.993	11.867	10.473	8.151	7.461	5.051	4.337	3.836	3.604	3318	3672
With previous treatment	13.296	15.956	16.703	17.526	20.36	28.38	30.173	30.75	26.03	26.412	24.84	21.162	17.867	15.617	14.005	14502	14331

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

The number of first admissions for cocaine treatment increased progressively between 1991 and 2005 passing from 681 in 1991 to 712 in 2002 and 14,126 in 2004. However, in 2006 the number of first admissions to treatment for this drug descended for the first time since the registers existed passing from 15,258 in 2005 to 13,463 in 2006, the tendency maintained itself in 2007 (13,429). On its part the number of admissions for abuse or cocaine dependency with previous treatment for this drug has continued to increase although the ascending tendency seems to be slowing down (Figure 5.2.)

Figure 5.2. Evolution of the number of treated patients for abuse or cocaine dependency in Spain 1991-2007

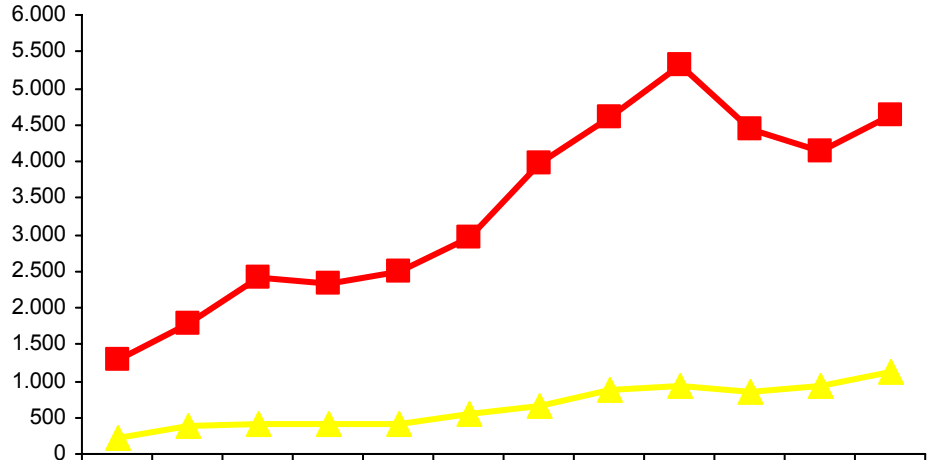


	1.991	1.992	1.993	1.994	1.995	1.996	1.997	1.998	1.999	2.000	2.001	2.002	2.003	2.004	2005	2006	2007
First treatments	681	932	1.146	1.265	1.415	1.892	3.129	4.174	6.126	5.499	5.977	7.125	11.851	14.126	15.258	13463	13429
With previous treatment	262	367	431	491	516	932	1.402	1.838	2.576	2.773	3.046	3.893	5.893	6.747	7.562	8036	8753

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

The number of admissions to treatment for cannabis abuse or dependency increased between 1996 and 2004, but in 2005 it began to drop, due, above all, to the admissions to treatment for ever-in-lifetime use, and in 2006 the same descendant tendency has continued. In fact the number of first admissions has passed from 1,300 in 1996 to 5,319 in 2004, 4,426 in 2005 and 4,619 in 2007. The number of prior treatments for this drug were 230 in 1996 to 1,807 in 2003, to drop to 928 in 2004 and 844 in 2005, and went back to increase up till 1114 in 2007 (Figure 5.3).

Figure 5.3. Admissions to treatment for cannabis abuse or dependency (absolute numbers). Spain 1996-2007.

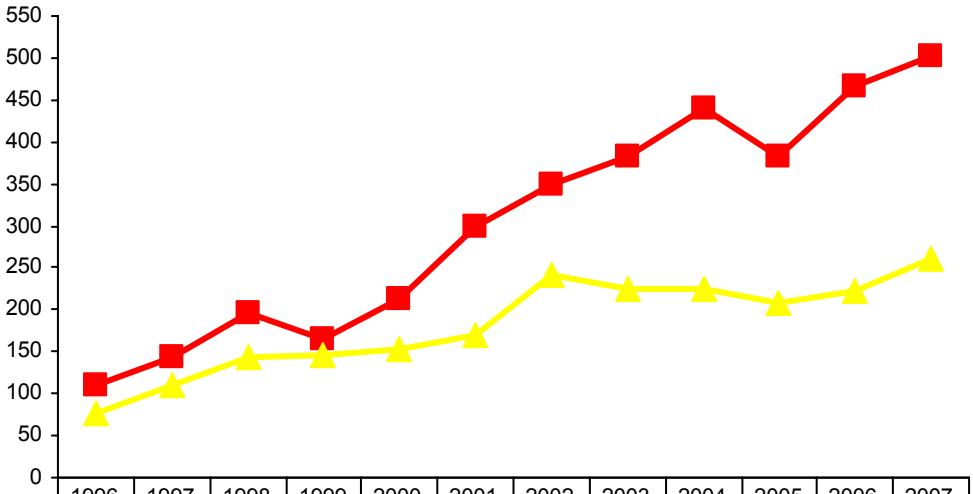


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
First treatments	1.300	1.768	2.412	2.335	2.487	2.966	3.972	4.613	5.319	4.426	4125	4619
With previous treatment	230	387	407	418	408	540	665	871	928	844	941	1114

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

The admissions to treatment for hypnosedatives (tranquilizers, sedatives or sleeping pills) show a growing tendency since 1996, although in some years, like in 2005 punctual descents were detected. In fact, the number of first admissions passed from 109 in 1996 to 441 in 2004. 383 in 2005, 466, in 2006, and 503 in 2007 (Figura 5.4).

Figura 5.4. Admissions to treatment for abuse or dependency on hypnosedatives (absolute numbers). Spain, 1996-2007.

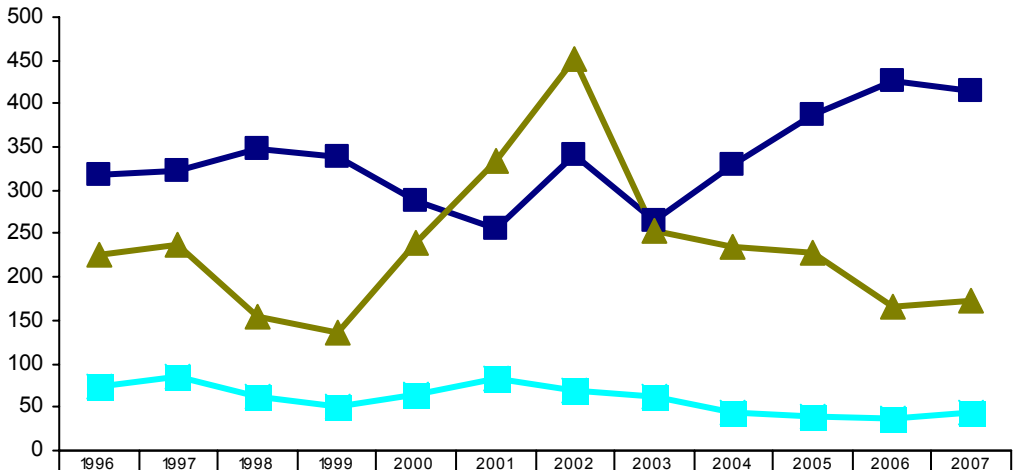


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
First treatments	109	144	197	165	214	299	350	382	441	383	466	503
With previous treatment	77	111	143	147	154	170	242	225	224	209	223	261

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

The rest of the drugs have little representation in the treatment services. In fact, the stimulants, different to cocaine (amphetamines, ecstasy and others), only represented 1,9% of the first admissions in 2007 and 1,3% of the aggregate admissions. If this is compared with cocaine, heroin, and cannabis, it is obvious that In Spain the impact of these drugs in specific services of treatment of drug dependency is small. With respect to the temporal evolution a stabilization of admissions to treatment for amphetamines, for ecstasy or for hallucinogens, is observed. (Figure 5.5.).

Figure 5.5. Evolution of the numbers treated for abuse or dependency on amphetamines, ecstasy and hallucinogens. Spain, 1996-2007

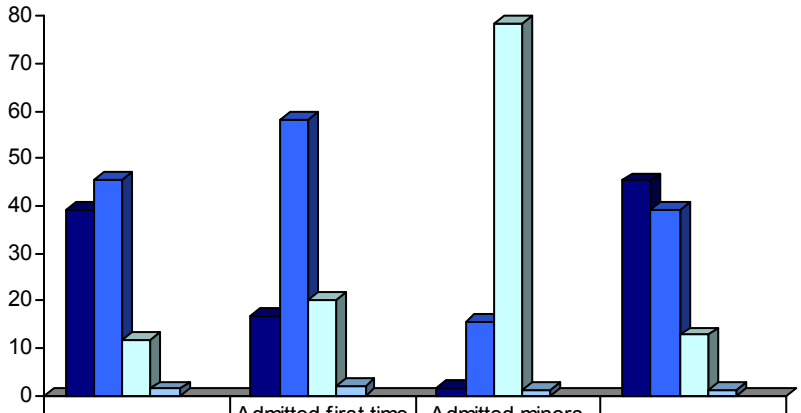


	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Amphetamines	319	323	347	339	288	255	342	266	330	386	426	415
Extasis	226	237	154	135	240	335	452	254	236	229	165	172
Hallucinogens	74	85	62	50	64	83	68	63	44	39	37	43

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator.

In Figure 5.6 it can be observed that in 2007 in Spain, cocaine was the illegal drug that caused the greatest number of admissions to treatment for abuse or dependency on psychoactive substances with 45,6% of the admissions, followed by opioids (39,3%) and cannabis (11,7%). If the data referring to the admissions for the first time (first admissions) is noted, the differences in favour of cocaine are even greater. In fact, in this case cocaine is the drug that caused more first admissions (58, 3%) followed by cannabis (20, 1%) and the opioids (16, 9%).

Figure 5.6. Proportion of those treated for abuse or dependency on psychoactive substances in Spain, 2007



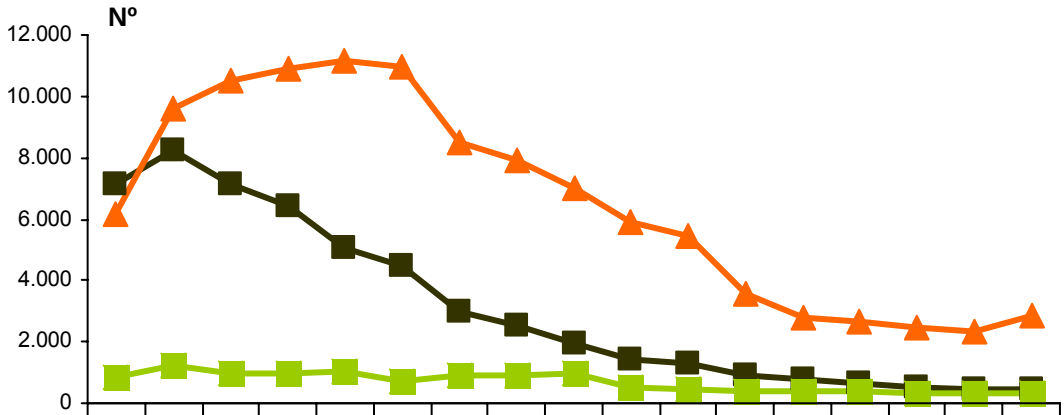
	Admitted first time	Admitted first time in life	Admitted minors less 18 years *	Born abroad
Opioids	39,3	16,9	1,6	45,3
Cocaine	45,6	58,3	15,5	39,1
Cannabis	11,7	20,1	78,4	12,7
Other stimulants, amphetamines	1,3	1,9	1,2	1
Number of admissions	50.555	23.034	1.456	2.690

(*) All cases admitted to treatment or minors less than 18 years old.

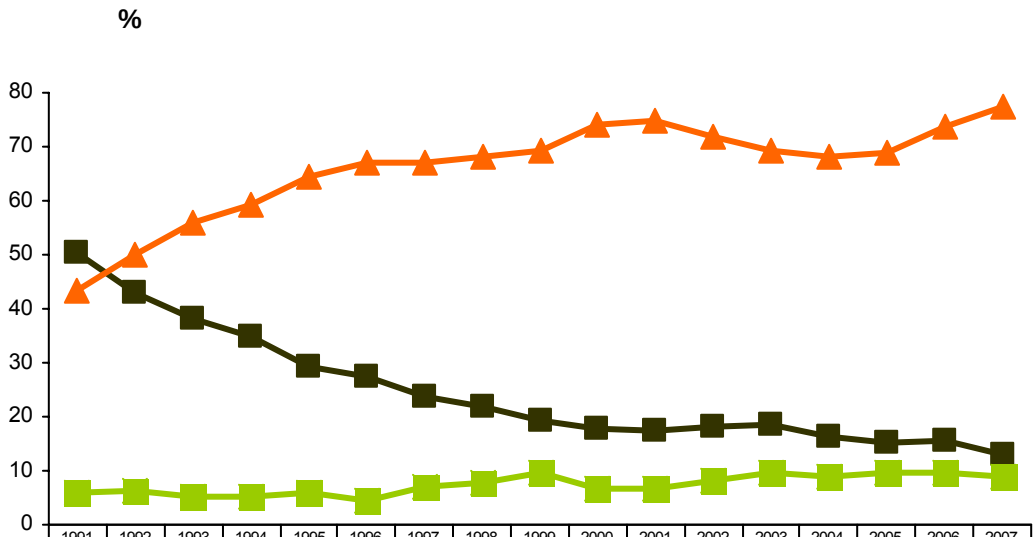
SOURCE: DGPNSD. Spanish Observatory on Drugs (OED). Treatment Indicator.

Among those admitted for heroin treatment in 2007 the predominant administration route of this drug during the 30 days prior to the initiation of treatment was the pulmonary or smoked (“Chasing the dragon”), followed by the injected and the intranasal or sniffed. From the first half of the 80s when it was practically universal the use of the injected route among users of heroin, a radical change has taken place in the administration route of this drug, being substituted the injected for the pulmonary route. In fact, the number of those admitted to treatment for the very first time for abuse or dependency on heroin that used the injected as the most frequent route of administration (principal or preferred) of this drug passed from 8,232 in 1992 (year when the maximum was reached) to 486 in 2006 and 470 in 2007. On the part of the proportion that these people represent on the total of admissions for heroin passed from 50, 3% in 1992 to 15, 1% in 2005 and 12, 8% in 2007 (Figure 5.7.).

Figure 5.7. Distribution of those treated for the first time for abuse or heroin dependency, according to the principle administration route of the said drug (absolute numbers and percentages). Spain 1991-2007



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Inyected	7.164	8.232	7.129	6.435	5.033	4.488	3.011	2.518	1.969	1.414	1.276	894	748	648	544	486	470
Pulmonary	6.188	9.585	10.49	10.87	11.16	10.93	8.487	7.884	7.033	5.917	5.461	3.540	2.805	2.690	2.487	2320	2842
Sniffed	822	1.219	995	978	1.028	696	887	910	968	532	471	399	386	358	350	303	327



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
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	12,8
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	77,4
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	8,9

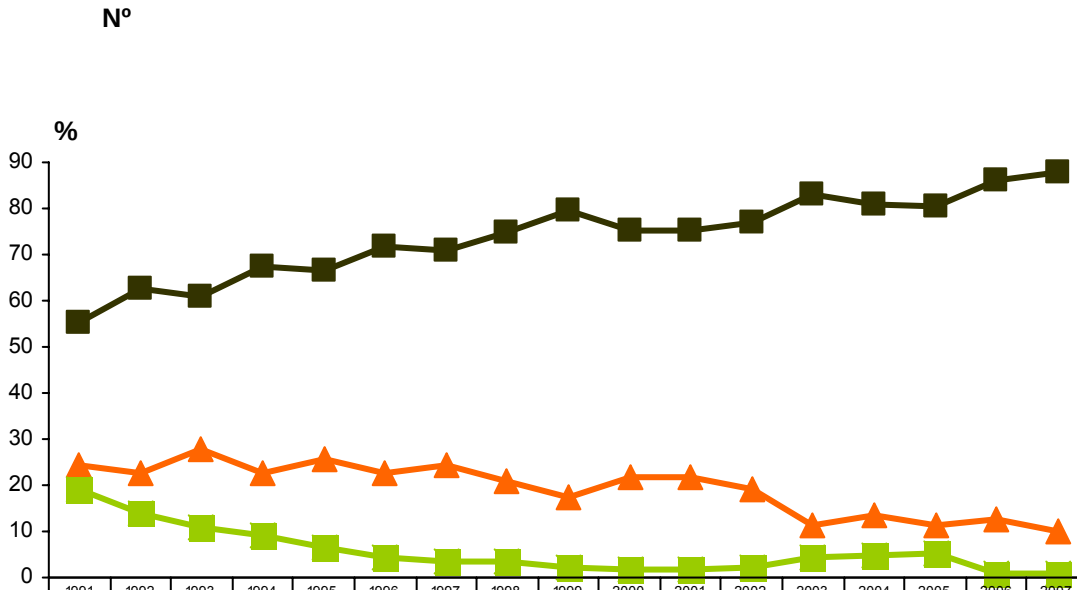
Note: The estimates of the number of those treated for heroin in the whole of Spain according to the principle via of administration, have been obtained by multiplying the number treated for heroin in the whole of Spain by the percentage of admissions of each via of administration (percentages that were not available for all the Communities in some years of the considered period)

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

In spite of the fall in the use of heroin by means of injection being a generalized tendency in all Autonomous Communities, there are important differences among the communities in the proportion of those treated for heroin who use this drug preferably by via parenteral route of administration. For example in 2007 this percentage was only 2,2% in Castilla la Mancha, 22,5% in Extremadura and 3,6% in Andalusia facing the figure of 28,6% in Aragon, 29,4% in the Basque Country and 26,5% in Catalonia.

Among those admitted to treatment for cocaine in 2007 the predominate via – administration route was the intranasal or the sniffed (81, 3%) followed by the pulmonary or smoked method (15, 4%) the injected method (2, 2%) The percentage of those admitted for cocaine ever-in-lifetime use, who used the injected method as the principle administration route of this drug, descended between 1991 and 2001, passing the percentage, among those admitted for ever-in-lifetime use, from 19, 2% in 1991 to 1, 6% in 2001, to increase again from then on up to 5, 2% in 2005 with a fall again to 1% in 2007. The absolute number of those admitted for cocaine treatment for ever-in-lifetime use with this pattern of use maintained itself more or less stable between 1991 (109 patients) and 2001 (91 patients), it rocketed later to reach similar levels to those of the previous period to 1991 (130 patients in 2007) (Figure 5.8) Probably the increase of the period 2002-2005 was due to the impact of the older injectors who were in maintenance programs with opioids and had commenced the treatment for cocaine.

Figure 5.8 Those admitted to treatment for ever-in-lifetime use for abuse or cocaine dependency, according to the principle means of administration of the said drug. (Absolute numbers and percentages). Spain, 1991-2007



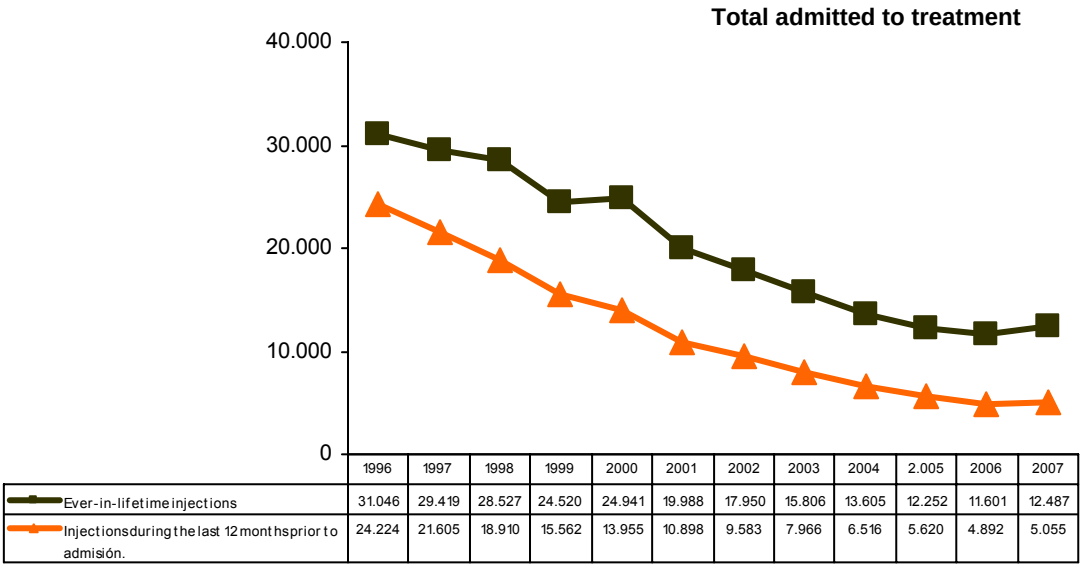
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Sniffed	55,4	62,7	60,8	67,4	66,5	71,7	71	74,8	79,5	75,2	75,2	77	83	80,9	80,6	86	88
Pulmonary	24,4	22,5	27,7	22,5	25,8	22,6	24,2	20,8	17,4	21,7	21,9	19,2	11,2	13,3	11,5	12,5	10
Injected	19,2	13,9	10,7	9,2	6,7	4,5	3,3	3,3	2,1	1,9	1,6	2,1	4,4	4,8	5,2	0,8	1

Note: The estimations of the number of treatments for cocaine for the whole of Spain according to the principle via of administration, have been obtained by multiplying the number of those treated for cocaine in the whole of Spain by the percentage of those admitted for each of the other via- means of administration-(percentage that was not available for all the communities in some years of the considered period).

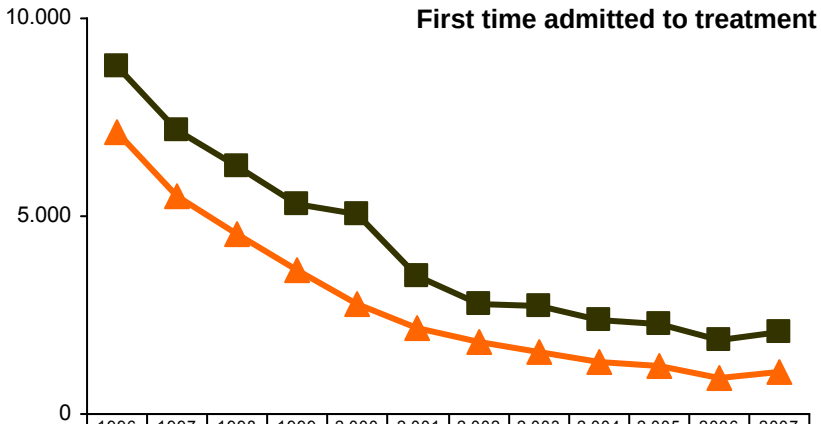
SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator.

Observed as a whole, the use of the injected method among those admitted to treatment lost relevance along the decade of the 90s until 2007. In fact, the number of those admitted for any psychoactive drug for ever-in- lifetime use who had injected themselves once, passed from 8801 in 1996 to 2073 in 2007, and the number of those who had used the injected method over the last 12 months from 7132 in 1996 to 1060 in 2007. (Figure 5.9)

Figure 5.9. Evolution of the number of injectors admitted to treatment for abuse or drug dependency in Spain 1996-2007



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2.005	2006	2007
Ever-in-lifetime injections	31.046	29.419	28.527	24.520	24.941	19.988	17.950	15.806	13.605	12.252	11.601	12.487
Injections during the last 12 months prior to admisión.	24.224	21.605	18.910	15.562	13.955	10.898	9.583	7.966	6.516	5.620	4.892	5.055



	1.996	1.997	1.998	1.999	2.000	2.001	2.002	2.003	2.004	2.005	2006	2007
Ever-in-lifetime injections	8.801	7.154	6.247	5.315	5.055	3.483	2.765	2.722	2.356	2.283	1879	2.073
Injections during the last 12 months prior to admisión	7.132	5.488	4.526	3.655	2.793	2.181	1.801	1.583	1.303	1.228	928	1.060

Note: The estimate of the number of injectors admitted to treatment for the whole of Spain has been obtained by multiplying the number of admissions to treatment in the whole of Spain by the percentages of admissions who had injected drugs ever-in-lifetime or during the last 12 months prior to the admission (proportion that was not available for all the Communities in some years of the considered period.)

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

The greatest majority of the admitted patients to treatment for abuse or dependency on illegal drugs (84,7% of the total admitted and 83,8% of those admitted for the first time continued to be males. The highest percentage of males is found among those admitted for volatile inhalants or cocaine and the lowest among the admitted was for hypnosedatives. The average age of those admitted to treatment was 33 years old for the whole of the admissions and 32, 2 years old for the first admissions. 6, 4% of the whole admitted were born outside Spain (Table 5. 1).

Table 5.1 Sociodemographical characteristics of those admitted to treatment for abuse or dependency on psychoactive drugs, according to existence or not of prior treatment and according to sex. Spain 2007

	Total	Treatment previous[1]		Sex[1]	
		Yes	No	Men	Women
Number of cases	50555	25392	23034	42715	7687
Treated for the first time for the principal drugl (%)	47,6	-	-	47,0	50,7
Average age (years)	33,0	35,5	30,2	33,0	32,8
Women (%)	15,3	14,3	16,2	-	-
Mamimum level of studies completed (%)					
Without studies	1,3	1,5	1,1	1,3	1,5
Primary studies	44,7	46,8	42,1	45,6	39,3
Secondary studies	49,3	48,0	51,0	48,8	52,1
University studies	3,8	3,0	4,8	3,5	5,9
Others	0,9	0,8	1,0	0,8	1,2
Principal labour situation (%)					
Working	44,9	38,5	52,0	47,2	31,8
Unemployed not having worked	7,0	7,4	6,5	6,6	9,2
Unemployed having worked	26,4	31,1	21,5	26,0	28,7
Others	21,7	22,9	20,1	20,1	30,3
Born outside Spain (%)	6,4	5,4	7,4	6,3	7,3
Principal source that recommended treatment (%)					
Other treatment services of drug dependency	14,5	19,0	9,4	13,9	17,9
General doctors primary health care	12,5	7,9	17,3	12,4	13,6
Hospitals or other health services	6,0	6,8	5,1	5,5	8,9
Welfare Services	2,2	1,8	2,6	1,8	4,4
Prisons, closed internment centres for minors	8,5	9,8	7,0	8,9	6,0
Legal and police services	5,6	3,8	7,8	6,0	3,7
Companies and firms or employers	0,2	0,1	0,2	0,2	0,1
Families or friends	14,7	9,3	20,5	15,0	13,4
Own initiative	33,3	39,3	27,3	34,0	29,3
Others	2,4	2,1	2,7	2,4	2,4
The most prolonged coexistence in 30 days prior to admission to treatment (%)					
Alone	15,2	17,3	12,9	15,6	13,2
Only with partner	11,1	11,5	10,8	10,2	16,6
Only with sons and daughters	6,2	5,7	6,6	5,4	11,0
With partner and sons and daughters	17,5	16,9	18,1	17,3	18,2
With parents or the family of origin	42,5	40,0	45,3	44,2	32,4
With friends	3,9	4,0	3,7	3,6	5,2
Others	3,7	4,6	2,6	3,7	3,5
Principal lodging in 30 days previous to admission treatment (%)					
Houses, flats, apartments,	84,4	80,3	89,2	83,9	87,6
Prisons, closed centres of internment for minors	7,7	10,0	5,1	8,5	3,4
Other institutions	2,1	2,3	1,9	2,0	2,4
Boarding houses, hotels and hostels	0,9	1,1	0,7	0,9	1,2
Unstable or precarious lodgings	2,4	3,1	1,7	2,4	2,8
Other places	2,4	3,2	1,4	2,3	2,6

[1]. The number of cases with or without prior treatment or the number of men plus the number of women may not sum up the total, due to cases with unknown values in these variables.

The average age of the people admitted for heroin was 36, 8 years old, for cocaine 31, 7 years old, and for cannabis 24, 9 years old

The level of studies of the patients admitted to treatment has the tendency to improve slightly with time, but it continues to show significant variations according to the principle drug that motivates the treatment. In 2006 the majority (54,3%) of the patients admitted to treatment for heroin had primary studies or lower levels, while the percentage was inferior for those admitted to cocaine treatment (39,5%) or cannabis (44,8%) with this level of studies. With respect to the labour situation, the percentage of the employees among those treated for cocaine (57,6%) was much higher than the percentage of employees treated for heroin (32,1%) and although dealing with a population quite a lot younger, the percentage of employees among those treated for cannabis (38,9%) exceeded the percentage of employees among those treated for heroin.

In 2003 variables were introduced related to the type of living conditions, coexistence and the source or service that had referred the patients for treatment. In Spain the great majority of the admitted patients to treatment for illegal drugs lived in family homes (houses, apartments or flats). In 2007 the percentage of people admitted to treatment who lived in institutions was 9, 8% and those who had a precarious or unstable lodging arrangement – homeless 2,4%. The most frequent model of coexistence was the family of origin (with parents) or their own family (with spouse and children). There are important differences in the models of coexistence and the type of living accommodation according to the principle drug of admission to treatments in 2007, living in an institution or in a precarious or unstable lodging was much more frequent among those admitted to treatment for heroin (4,3%) than among those admitted for cannabis (0, 9%) or cocaine 1,2% The contrary occurs with the percentage of patients who live with the family of origin or their own. With respect to the service or the source where the patients treatment derived, almost half (48%) of the patients commenced treatment on their own initiative or were encouraged by friends or family although an important percentage of the admissions (27%) derived from the Public Health system.

Among those admitted to treatment the pattern of poli-drug use was firmly established. The majority of those admitted in 2007 had used other different drugs to those that had motivated the treatment (secondary drugs) during the 30 days prior to admission. Among those admitted for heroin, the secondary drugs notified with the most frequency were cocaine and cannabis and among those admitted for cocaine, alcohol and cannabis

A little less than half (47,6%) of those admitted for treatment for psychoactive drugs in Spain in 2007 was the first time they had received treatment for the same principle drug, a percentage that was much lower among those admitted for heroin (20,4%) than among those admitted for cocaine (60,5%) cannabis (80,6%) amphetamines (66,7%) or ecstasy (79,7%)

6. HEALTH CORRELATES AND CONSEQUENCES

▪ DRUG RELATED INFECTIOUS DISEASES

HIV prevalence studies

The prevalence studies have many limitations to value the tendency of the epidemic of infection in injectors or in other groups of drug users that are still greater when the samples are small or are of a local field and are difficult to compare among them. For this reason, this report only works with broader samples are included or carried out in relatively extensive geographical areas.

a) Data on HIV prevalence among injecting drug users from Treatment Demand Indicator

The data of the admission indicator to treatment for abuse or dependency on drugs of the OED shows the proportion of those infected among injected drug users during the last 12 months prior to the admission to treatment (recent injectors) has diminished moderately over the last eleven years from 37,1% in 1996 to 30,8% in 2007.

This decrease affected men as well as women and was somewhat less pronounced among men older than 34 (among whom the prevalence descended from 48, 9% to 40, 3% in 2007), than among those younger than 25 (in which it decreased from 20, 3% to 3, 2%). Also, like in more recent years, in 2007 the women who had recently injected presented a higher prevalence than men (36, 2% and 30, 0% respectively) Table 6.11; Figure 6.1.1)

In any case it must be borne in mind that in the interpretation of the data the serological state facing HIV was unknown in an important percentage of the cases (in 2007 in 27% of the 4575 recent injectors admitted to treatment).

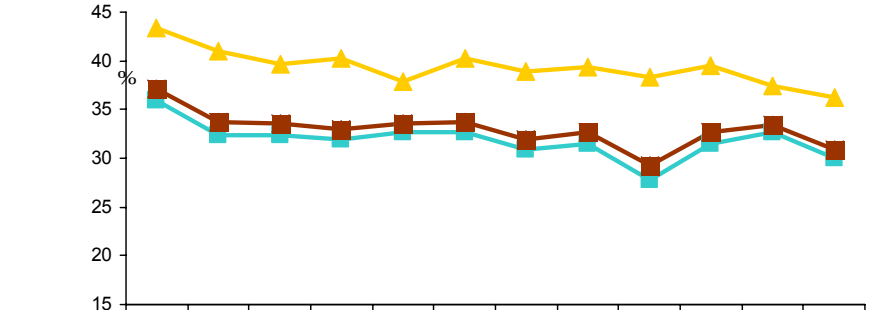
Table 6.1.1. Prevalence of HIV infection among injectors admitted to treatment for abuse or dependency on psychoactive drugs in (%) .Spain 2007.

	Injection in 12 months prior to admission			Injection ever-in-lifetime		
	Total	Treatment previous		Total	Treatment previous	
		Yes	No		Yes	No
Total injectors (nº)[2]	4575	3472	988	11249	9058	1937
Nº of injectors who know their serological condition facing HIV	3319	2724	541	8643	7300	1187
Prevalence of infection for HIV (%)	30,8	33	19,8	34,5	35,6	27,3
Male injectors (nº)	3935	3011	821	9600	7744	1633
Known serological condition facing HIV (nº)	2853	2361	442	7342	6211	994
Prevalence of infection for HIV (%)	30	32,2	17,9	33,1	34,2	26
Female injectors (nº)	629	453	164	1611	1281	300
Known serological condition facing HIV (nº)	458	357	97	1272	1064	190
Prevalence of infection for HIV (%)	36,2	38,9	27,8	42,7	44,4	34,2
Injectors < 25 years (nº)	375	184	178	492	239	239
Known serological condition facing HIV (nº)	185	116	63	252	157	89
Prevalence of infection for HIV (%)	3,2	3,4	1,6	3,2	3,2	2,2
Injectors 25-34 years (nº)	1653	1179	429	3187	2450	655
Known serological condition facing HIV (nº)	1143	893	229	2344	1927	372
Prevalence of infection for HIV (%)	18,7	20,2	12,2	20,3	21,1	15,1
Injectors 34 years (nº)	2543	2106	381	7554	6356	1041
Known serological condition facing HIV (nº)	1987	1712	249	6035	5207	724
Prevalence of infection for HIV (%)	40,3	41,7	31,3	41,4	42	36,7
Injectors < 2 years use of the principal drug	151	43	101	231	83	141
Known serological condition facing HIV (nº)	79	27	49	133	59	71
Prevalence of infection for HIV (%)	12,7	22,2	8,2	22,6	28,8	18,3
Injectors 2 or more years of use of principal drug	4309	3366	852	10708	8773	1722
Known serological condition facing HIV (nº)	3172	2651	477	8308	7091	1082
Prevalence of infection for HIV (%)	31,1	33	20,8	34,7	35,6	27,8
Injectors opioid users[3]	3860	3119	649	9688	8205	1276
Known serological condition facing HIV (nº)	2923	2483	394	7633	6666	836
Prevalence of infection for HIV (%)	32	33,1	24,6	35,7	36,3	30,1
Injectors not users of opioids	715	353	339	1561	853	661
Known serological condition facing HIV (nº)	396	241	147	1010	634	351
Prevalence of infection for HIV (%)	22	32	6,8	25,5	28,4	20,5

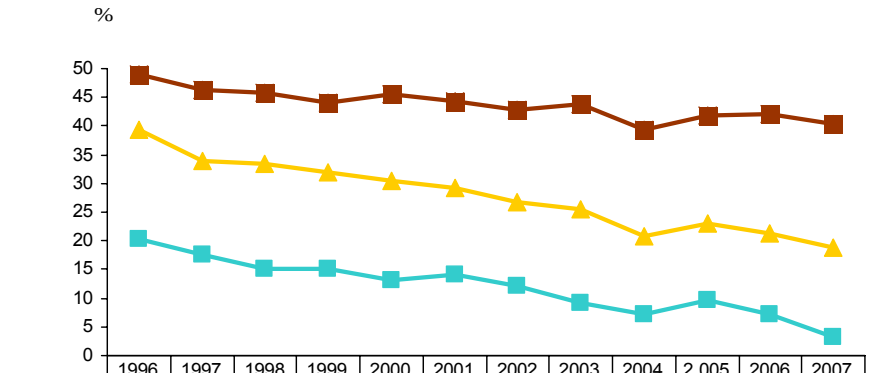
[1] The prevalence is calculated on the number of cases with information about the serological state of HIV and on the other variables that cross.
[2] Data from some autonomous communities are not included, due to problems of the quality of the variables “time since the last injection of whatever psychoactive substance”.
[3] Those admitted to treatment for dependence on opioid use, like those admitted for other psychoactive drugs during the last 30 days prior to admission are included.

Source: DGPNSD. Spanish Observatory on Drugs (OED).

Figure 6.1.1. Prevalence of HIV among those admitted to treatment that had injected drugs over the last 12 months and knew their serological state by sex and by age group. Spain, 1996-2007



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2.005	2006	2007
Men	35,9	32,4	32,4	31,9	32,7	32,7	30,9	31,5	27,7	31,5	32,7	30
Women	43,4	41	39,7	40,2	37,9	40,2	38,9	39,3	38,3	39,5	37,4	36,2
Total	37,1	33,7	33,6	33	33,5	33,7	32	32,6	29,3	32,7	33,4	30,9



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2.005	2006	2007
<25	20,3	17,5	15,1	15,2	13,1	14	12,1	9,2	7,1	9,7	7,2	3,2
25-34	39,3	34	33,4	32	30,5	29,1	26,7	25,5	20,9	23,1	21,4	18,7
>34	48,9	46,4	45,8	44	45,5	44,4	42,8	43,8	39,4	41,9	42,2	40,3

NB: The prevalence is calculated on the number of cases with information about the serological state of HIV and the other variables that cross.
SOURCE: DGPNSD. Spanish Observatary on Drugs (OED)

b) Other HIV prevalence studies

Survey of People Admitted for Treatment due to Heroin or Cocaine, 2003-2004

In the survey of people admitted for treatment due to abuse of or dependence on heroin or cocaine taken in 2003-2004, 72.2% of all users had taken a test to detect HIV anti-bodies before being admitted for treatment. Those admitted for treatment due to heroin had taken the test to detect HIV anti-bodies much more frequently (83.4%) than those admitted for cocaine treatment (45.8%). Among the patients who had used injections ever-in-lifetime, most had taken an HIV test before being admitted for treatment (91.2%).

The self-reported HIV positive status among those admitted for treatment with information on their HIV status, was 20.5% among those admitted for heroin use and 7% among those admitted for cocaine use. Among those patients who had used injections ever-in-lifetime, the rate of HIV infection was 30.1% among those admitted for heroin treatment and 20.0% among those admitted for cocaine (Table 6.1.2).

The autonomous regions where the greatest rate of HIV infection was found were: Madrid, the Valencia Community, Catalonia, Andalusia and Aragon.

HIV-positive patients report having first revealed their problem to their sexual partners and their mothers, who were also the people who had provided the most help in relation to this problem. 1.3% of those surveyed were taking drugs for tuberculosis at the time the survey was being conducted.

Table 6.1.2. HIV Infection among participants by principal drug leading to admittance for treatment (in percentages). Spain, Survey of persons admitted for treatment due to heroin and cocaine, 200-2004

	Total	Heroin	Cocaine	Both
N	2,610	1,225	773	604
Injection-related behavior				
Injected ever-in-lifetime	43.3	59.4	9.0	54.5
HIV infection among all participants				
Has taken an AIDS test ever-in-lifetime	72.2	82.3	45.8	85.6
HIV-positive results among those who are aware of their HIV status	17.9	19.3	7.0	23.0
HIV infection among injection users ‡				
Has taken an AIDS test ever-in-lifetime	91.2	90.8	92.1	91.7
HIV-positive status among those who are aware of their HIV status	29.4	27.9	20.0	34.9

‡ Percentages calculated out of injection users ever-in-lifetime.

EPI-HIV Project

Provides data on HIV infection in people who attended centres of sexual transmission diseases for the first time and carried out the test in and/or for the HIV diagnosis (http://www.isciii.es/htdocs/pdf/transversal_revisiones.pdf).

The said Project shows the number of first visits of injectors had decreased from 1,547 in 1991 to 595 in 2000 and 189 in 2008; the number of cases of HIV infection in this group had passed from 690 in 1991 to 134 in 2000 and 30, 0% in 2006. It has to be born in mind that the prevalence figures of infection in people who attended voluntarily to carry out tests underestimates the real prevalence because generally they do not include the people who know they are infected. However, they could be sensitive for detecting temporal changes in the transmission of HIV.

Itinere Study

The rate of HIV infection in a group of young heroin users from the Itinere Project collected in 2001-2003 in Madrid, Barcelona and Seville (the rate was calculated using analyses performed on capillary blood gathered on blotting paper) and was compared with the results of another group gathered in 1995, and it was found that, among those who had used injections at ever-in-lifetime, the rate had decreased in Barcelona (from 44.1% to 20.8%) and in Seville (from 44.2% to 22.2%). However, in Madrid no relevant

decrease was found (from 36.8% to 34.9%), due, above all, to the behavior of long-lasting injection users. The delay in implementing harm reduction programs, especially in the Methadone Maintenance Programs in Madrid, could be a plausible hypothesis that explains these results (De la Fuente et al., 2006).

The prevalence among heroin users who do not inject was 4, 0%, without differences between cities and the female was firmly associated with the infection in this group.

Records of New HIV Infections and Incidence Studies

To compensate the limitations of the AIDS Case Register, several Autonomous Communities have put systems of register of new HIV infections into motion. The registers corresponding to Navarra and Rioja show that the point reached about the middle of the 80s produced a rapid decrease in the number of infections until 1996. From then on a stabilization was observed or a great descent in the rhythm of appearance of new cases. Over the years the numbers of Autonomous Communities who notify the system have continued to increase, reaching that of 8 with a total of 14 million inhabitants. (The Balearic and the Canary Islands, Catalonia, Extremadura, La Rioja, Navarra, the Basque country and the autonomous city of Ceuta; 32% of the Spanish population) in 2003-2007. The number of newly diagnosed HIV cases registered in the said area during 2003-2007 was 5.785 (1,214 in 2003, 1,225 in 2004, 1,125 in 2005, 1,164 in 2006 and 1,057 in 2007) (86, 1 cases per million inhabitants in the entire period), of which 13, 9% corresponded to drug injectors. A progressive descent is observed in the number and proportion of diagnosed cases that correspond to the category of transmission of drug injectors, from 19, 0% (n=231) in 2003 to 7, 8% (n=82) in 2007 although the data over the last years could be affected by delay in the notification. The number of newly diagnosed HIV in drug injectors was 4 times higher in men than in women and the assumed proportion of drug injectors, over the total of diagnosed cases of both sexes, was higher in men (14,7%) than in women (11,5%) (Table 6.1.3.)

Table 6.1.3. Distribution of newly diagnosed HIV cases in drug injector users according to the year of diagnosis and sex (absolute numbers and % over the total of newly diagnosed HIV cases.). Spain (8 Autonomous Communities) 2003-2007. Data uncorrected due to delay in the notification

	Males		Females		Total	
	n	%	n	%	n	%
2003	187	20,3	44	15,1	231	19,0
2004	157	17,3	51	16,1	208	17,0
2005	127	15,0	22	7,9	149	13,2
2006	110	12,3	23	8,6	133	11,4
2007	62	7,6	20	8,2	82	7,8
Total	643	14,7	160	11,5	803	13,9

Source: Nacional Centre of Epidemiology. Instituto de Salud Carlos III.

There are hardly any recent studies in Spain with regard to the rate of HIV infection status change among persons who show signs of having recently tested negative for the virus. A recently presented cohort study of heroin users under the age of 31 years, performed in Madrid, Barcelona and Seville between the years of 2001 and 2006, indicates that the incidence of HIV infection among injection users was very high (4.5 per 100 persons-year –py-, CI95%: 2.9-6.7, in a very recent report on young injecting heroin users in the *Itinere* Project), which once again suggests that the decrease in HIV linked to injection has mainly been due to the decrease in the number of injection users. Until now, it was believed that HIV infection among heroin users who did not inject was rare, but the latest data from *Itinere* demonstrate a high incidence among young heroin users in Seville (3.4/100 py; CI95%: 0.9-8.7). This confers importance to sexual transmission and the need to place greater attention on couples made up of injection users and HIV-positive persons (Vallejo F *et al*., 2006).

A simulation of the epidemic's behavior using mathematical models makes it possible to estimate that HIV transmission among drug injection users came about suddenly in the 1980's (reaching its peak incidence rate between 1985 and 1987, with between 12,000 and 15,000 new infections each year among injection users throughout all of Spain) (Castilla & de la Fuente L., 2000). Since that time, the incidence has greatly decreased in a way that in the late nineties less than 1,000 new infections per year were estimated for Spain as a whole, and at present the extrapolation of data from the registries of new infections mentioned above allows us to estimate a figure of less than 500.

National AIDS Registry

Since 1981, the year of the commencement of the epidemic, until 31 December a total of 77, 231 cases of AIDS had been notified, of which 61, 6% corresponded to the category of transmission by drug injection. In 2007 it was estimated that 1,527 cases were diagnosed (estimate corrected due to delay in notification), 39, 9% of which were attributed to injected drug use. And in 2008 the estimated figures are 1283 and 37, 0% respectively. The percentage of AIDS cases attributed to drug injection use has diminished in more recent years after the peak registered in 1990 (69, 7%) at the same time that the proportion of cases, in the category of sexual transmission, have increased. Also the absolute number of newly diagnosed AIDS cases has decreased whose acquisition is attributable to injected drug use. (Figure 6.1.2.) This drop could be the consequence of several factors that have favoured the evolution of the epidemic over the last years, among which the superior availability of treatments of methadone maintenance programs stand out, and the noted fall in the injected use of heroin.

On interpreting the data of The National AIDS Register it must be borne in mind that the system gathers the newly diagnosed AIDS cases annually and not the new cases of HIV infection. That is to say, it does not provide information on the incidence of new AIDS infections. This information may be obtained from the system of register of new HIV infections existing in some Autonomous Communities.

Figure 6.1.2. Evolution of AIDS diagnosis associated with injected drug use (Number). Spain 1986-2008.

(*) Actualization at December 31 2008. Data corrected for delay in notification

▪ OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

Hospital Emergencies in drug users, 1996-2007

Methodology

In this article the work protocol of the "emergency hospital indicator in drug users of psychoactive substances" is summarized and whose last version dates from 2003. In the said protocol criteria operatives of inclusion and exclusion of episodes are included to select the monitored areas and hospitals, definitions and criteria to classify the different variables, as well as details on instruments and the circuit of collection and transmission of the information.

This indicator aspires to monitor the characteristics of hospital emergencies related to the non- medical use or the non- therapeutic use of psychoactive drugs in Spain.It was put into effect in 1987 forming part of the wider subsystem of information developed within the framework of the Nation Plan on Drugs in collaboration with the Autonomous Communities, to monitor the evolution and the characteristics of problematic psychoactive drug use, especially those, that like the opioids or cocaine, usually produce problems more frequently and are difficult to explore by other means.

Unlike the Indicator Treatment, this has never been introduced in all the Autonomous Communities and, except in some exceptions the areas covered have varied from year to year as well as the number of monitored hospitals in each one of them (level of exhaustivity) Besides, the areas of attraction of the monitored hospitals could have varied. On the other hand in 1996 and 2003 it experienced modifications in its definition. With these antecedents, from the State sphere the temporal and spatial comparisons should be made with great precautionary measures and should be based

only on percentage distributions of the characteristics of emergencies and not in absolute numbers or population values.

The emergencies indicator, in its present version (Protocol 2003), registers all the hospital emergencies episodes in those that the non-medical or non-therapeutically used psychoactive drugs (except exclusively those in which the use of alcohol, tobacco or *xantinas*) are mentioned, irrespective as to whether several of them are used by the same person. At the moment of analysis, however, to facilitate the comparison with the mortality indicator and resolve possible differences of gathering criteria among the Autonomous Communities, episodes in which hypnosedatives,anti-psychotics or antidepressants or whatever combination of these drugs or alcohol or tobacco exclusively are mentioned, also have been excluded

As in the criteria of inclusion of episodes, is the mentioning of psychoactive substances and the unrelatedness of the said use with the symptoms of the patient, episodes are gathered as well in whose clinical history there is no evidence of the direct relationship with drug use, such as complicated infections, wounds or traumas due to external causes (accidents, aggressions, self injuries). Besides, as an exception, episodes are also gathered from persons, who use opioids within the framework of the maintenance programs without using other psychoactive drugs, providing that the diagnosis is unmistakably related to the use of the said opioids, as what happens in cases of overdoses or abstinence syndrome.

The criteria to only demand the use of psychoactive substances facilitates the decision about what episodes have to be gathered, however, as it is difficult to know with what grade of accuracy they are collected in emergencies without evidence of the direct relationship with use in the different monitored areas, the analysis that is shown hereunder has been centred fundamentally on emergencies directly related to drug use (those in which the medical doctor includes in the medical history with evidence of drug use) selected with the help of an introduced variable dichotomy to that effect in the data collection sheet. In this way, it is possible to compare also the data of 2003 and onwards with those of previous years, when only emergencies related to drug use were collected.

From 2003 patients' information from 15 to 54 years old was gathered in emergencies, while up until that year they were only collected from patients from 15-49 years old. Likewise, literally all the diagnoses of emergencies named in the medical history were collected, instead of the 5 large diagnosed groups that were collected until 2003. However, the information referring to the diagnosis was not analysed whilst awaiting the development of a standard manual to codify the diagnosis according to CIE- 10

The episodes of emergencies caused by pregnancies and the complications of pregnancies were excluded, although the use of psychoactive substances is mentioned, the emergencies for adverse reactions to medication (except in the exclusive mention in case of prescribed opioids in maintenance programs whose diagnosis is unmistakably related to opioids).

In the medical records of gathered information, the information about the following variables was included: Date of emergency, sex, age, nationality, legal status of the patient, (person held in custody/ or not) diagnosis of the emergency, (literal) psychoactive substances mentioned in the medial history (up until 6) the route of psychoactive substance use mentioned, evidence directly related between the drug use and the emergency expressed by the medical doctor in the medical history, drugs that the doctor relates to the emergency in the medical history (codified, as with the mentioned psychoactive substances, with the help of a codified system developed for

this purpose), the most recent route of drug use that the doctor relates to the emergency in the medical history and the resolution of the emergency.

According to the protocol, when the decision is made to monitor a given geographical area, all the relevant hospitals located in the said area have to be monitored, excluding maternity, paediatric and monographic hospitals, but this is not always carried out. Each Autonomous Community may decide to gather the information in a continuous manner or to do this selected in a random way in the Central Unit only once a week each month. In the protocol it is likewise recommended to gather information in an active way, selecting registerable episodes after an exhaustive revision of all the emergency medical histories, but not in each location that has followed this procedure, which constitutes the argument to avoid temporal and spatial comparisons based on the number of absolute emergencies

Results

In 2007 15247 emergency episodes were collected from people who had carried out psychoactive drug use, not medical or therapeutic (illegal commerce, opioids different to heroin or volatile inhalants). Of this computation episodes in which only alcohol, tobacco, hypnosedatives, antidepressants, anti-psychotics or whatever other combination of these substances were excluded

The emergencies information came from 15 Autonomous Communities. In the major part the gathering was limited to one week a month selected at random from the monitored areas, but in others, such as the City of Barcelona and the Ibiza Islands, the collection carried out was continuous. Of the 15247 emergencies collected, 7838 were directly related to the non therapeutic use of psychoactive drugs, that is to say, in the medical history, evidence was found (expression of the doctor) that permitted the relationship with the non therapeutic use of one of these drugs.

Centring ourselves exclusively from now onwards in emergencies directly related to drugs, in 2007 the substances whose use was mentioned more frequently in the medical histories were cocaine, (62,4%) alcohol (41,9%) – in spite of only being collected when mentioned together with other drugs, - cannabis (30,3%) hypnosedatives (23,5%) heroin (21,0%) and other opioids (15,0%) (Table 6.2.1.).

In male emergencies, in the greater proportion heroin, cocaine, cannabis and alcohol is mentioned more than in women, and the contrary occurs with hypnosedatives, ecstasy, and the residual group “other drugs” (where above all the psychotropic drugs are gathered (Table 6.2.1.).

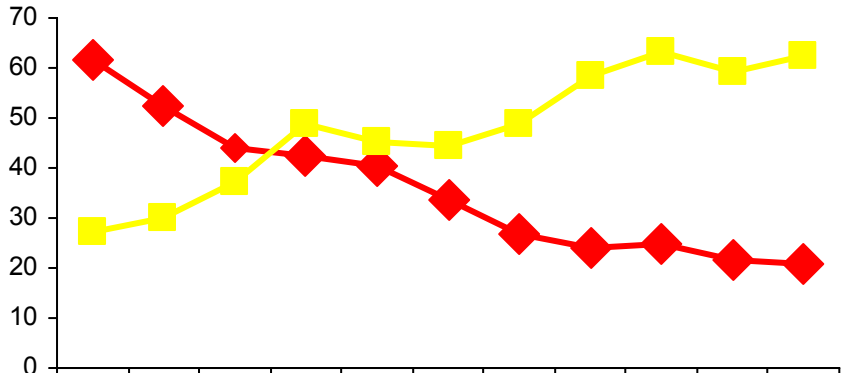
Table 6.2.1. General characteristics of hospital emergency episodes in drug users of psychoactive substances according to the type of urgency and sex, Spain 2007.

	TOTAL URGENCIES IN DRUG USERS			URGENCIES DIRECTLY RELATED WITH DRUGS		
	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
NÚMBER OF EPISODES	11653	3548	15201	5995	1827	7822
AVERAGE AGE (YEARS)	33,0	32,3	32,8	32,2	31,2	32,0
FEMALES (%)	-	-	23,3	-	-	23,4
PSYCHOACTIVE SUBSTANCES MENTIONED (%)[1]						
Heroin	20,7	16,3	19,6	22,3	16,8	21,0
Other opioids	19,6	23,4	20,5	14,9	15,7	15,0
Cocaine	55,3	51,4	54,4	63,2	59,8	62,4
Amphetamines	3,4	3,3	3,4	4,8	4,9	4,8
MDMA & Derv.	4,2	4,9	4,3	5,4	7,2	5,8
Hypnosedatives	16,1	21,3	17,3	21,7	29,4	23,5
Cannabis	34,0	31,7	33,5	30,6	29,3	30,3
Hallucinogens	1,8	1,4	1,7	2,4	2,0	2,3
Volatile Inhalants.	0,4	0,3	0,3	0,5	0,3	0,5
Alcohol	34,7	31,0	33,9	42,4	40,3	41,9
Other substancias	10,3	11,0	10,5	10,7	13,7	11,4
EVIDENCE OF RELATION BETWEEN DRUG USE AND EMERGENCIES (%)	51,4	51,5	51,5	-	-	-
PSYCHOACTIVE SUBSTANCES RELATED (%)[2]						
Heroin	-	-	-	17,8	14,0	16,9
Other Opioids	-	-	-	8,2	7,9	8,1
Cocaine	-	-	-	54,4	51,9	53,8
Amphetamines	-	-	-	4,2	4,0	4,2
MDMA & Derv.	-	-	-	4,6	6,3	5,0
Hypnosedatives	-	-	-	14,0	21,7	15,8
Cannabis	-	-	-	23,4	21,4	22,9
Hallucinogens	-	-	-	2,0	1,8	2,0
Volatiles. S.	-	-	-	0,5	0,3	0,5
Alcohol	-	-	-	36,2	34,2	35,7
Other substances	-	-	-	5,3	8,0	6,0
DETAINED (%)	6,1	2,6	5,3	4,4	1,7	3,8
EMERGENCY RESOLUTION (%)						
Medical discharge	78,5	79,2	78,7	79,0	79,5	79,1
Voluntary discharge	6,7	5,9	6,5	7,8	7,6	7,8
Hospital admittance	11,8	10,7	11,6	9,3	8,0	9,0
Death in emergencias	0,1	0,0	0,0	0,0	0,0	0,0
Transferred to another centre	2,9	4,1	3,2	3,8	4,9	4,1

1. Includes regular or sporadically used drugs and the substances related to the emergency.
2. Includes the substances on which the doctor expresses a direct relationship in the medical history with the urgency,
SOURCE. DGPNSD Spanish Observatory on Drugs (OED).

With respect to earlier years it is observed that between 1996 and 2005 an important fall was produced in the percentages of mentioned heroin, passing from 61,4% in 1996 to 24,8% in 2005, in 2006 and 2007 this decrease tendency was confirmed, giving in 2007 (21%) the lowest drop since the beginning of the collection of this indicator. Table 6.2.2. Figure 6.2.1.). Insofar as the mentions of cocaine are concerned, since 2001 an important increase tendency is observed (44, 4% in 2001, 49, 0% in 2002, 58, 5% in 2004, 63, 4% in 2005) a tendency that seems to have stabilized itself in 2007 (62, 4%). From 1999 onwards heroin has made way for cocaine as the most frequent drug reported in emergencies. (Table 6.2.2. Figure 6.2.1.). Besides, the number of emergencies with alcohol mention – in spite of being registered only when a concomitant use of other drugs exists -, or with the cannabis mention exceeds the number of urgencies with heroin mention in 2007.

Figure 6.2.1. Evolution of the percentages of emergencies due to an acute reaction following the use of psychoactive substances with mention of heroin or cocaine (%) Spain 1996-2007.

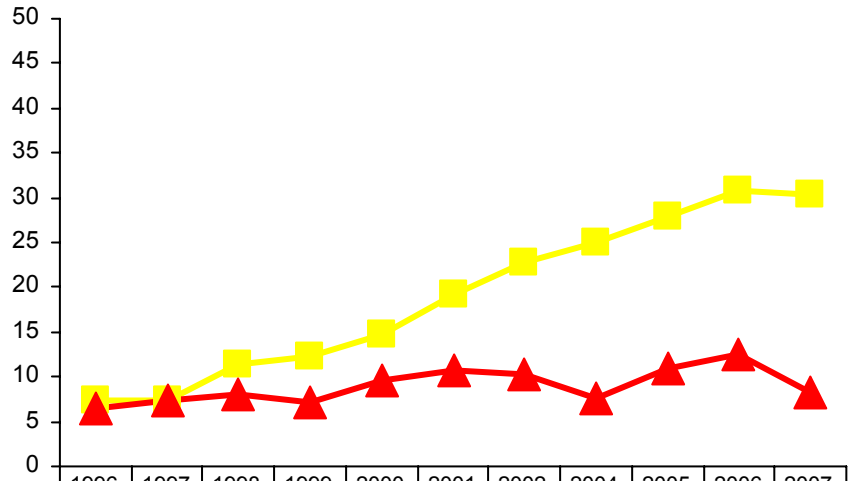


	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007
Heroin	61,5	52,6	43,9	42,5	40,5	33,5	26,8	24,2	24,8	21,8	21
Cocaine	27,4	30	37,2	48,7	45,3	44,4	49	58,5	63,4	59,2	62,4

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Emergency Indicator

Over the last year other changes in the mention of drugs in emergencies directly related to drugs have occurred. For example the mention of cannabis has risen considerably passing from 7, 4% in 1996 to 30, 3% in 2007 (Figure 6.2.2. Table 6.2.2.), and that of alcohol passing from 13, 3% in 1996 to 41, 9% in 2005 (although in the latter case the percentages seem to have stabilized as from 2002). The temporal tendencies in the mention of hypnosedatives can not be valued, especially from 2002, due to the differences in criteria of the collections among the Autonomous Communities and in the analysis of the data. On the other hand the mention of ecstasy rose between 1996 and 2002, passing from 1, 6% to 6, 3%, but from 2002 it has maintained itself relatively stable with ups and downs and the proportion of mentions has fallen in 2007 with respect to 2006.

Figure 6.2.2. Evolution of mentions of diverse substances in hospital emergencies due to the acute reaction to psychoactive drugs (%) Spain, 1996-2007



	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007
Cannabis	7,4	7,3	11,3	12,2	14,8	19,1	22,8	25,1	27,9	30,9	30,3
Ecstasy, Amphetamine, Hallucinogens	6,5	7,3	8,1	7,2	9,5	10,7	10,3	7,5	11	12,4	8,2

SOURCE: DGPNSD. Spanish Observatory on Drugs (OED). Emergency Indicators

The mention of hallucinogens is rare, but in 2005 a rise was presented after several years of continued descent, this increase was maintained until 2006 and 2007. If amphetamines, ecstasy and hallucinogens are considered together it is noticeable that their mention in Emergencies increased up till the year 2001 and from then on it has remained relatively stable with some ups and downs. (Figure 6.2.2.).

Table 6.2.2. General characteristics of emergency episodes directly related to the use of psychoactive substances (absolute numbers, average and percentages). Spain, 1996-2007

	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007
NUMBER OF EPISODES	2.585	1.932	2.099	2.141	2.328	2.145	2.673	5.828	7089	7042	7822
AVERAGE AGE (years)	27,8	28,1	29,1	29,4	30,3	29,8	29,8	31,0	30,7	31,6	32,0
SEX (%)											
Females	21,4%	20,8%	23,1%	23,5%	27,4%	27,1%	27,4%	28,0%	25,0%	26,1%	23,4%
PSYCHOACTIVE SUBSTANCES MENTIONED*											
Heroin	61,4%	52,6%	43,8%	41,9%	40,5%	33,5%	26,8%	24,2%	24,8%	21,8%	21,0%
Other opioids	17,3%	26,2%	23,3%	23,4%	20,9%	21,9%	17,7%	14,0%	13,6%	13,7%	15,0%
Cocaine	27,3%	29,9%	37,2%	48,1%	45,3%	44,4%	49,0%	58,5%	63,4%	59,2%	62,4%
Amphetamines	3,1%	3,3%	3,4%	2,7%	2,6%	4,6%	3,8%	3,0%	4,8%	5,4%	4,8%
MDMA & Derivatives	1,6%	2,7%	2,9%	3,1%	4,8%	5,2%	6,3%	4,2%	5,7%	7,2%	5,8%
Hypnosedatives	25,7%	21,6%	26,1%	25,1%	30,6%	32,0%	34,1%	27,7%	24,6%	28,3%	23,5%
Cannabis	7,4%	7,3%	11,3%	12,2%	14,8%	19,1%	22,8%	25,1%	27,9%	30,9%	30,3%
Hallucinogens	2,7%	2,2%	2,9%	2,1%	2,9%	2,4%	1,4%	1,2%	2,0%	2,4%	2,3%
Volatile substances	0,3%	0,1%	0,5%	0,1%	0,3%	0,9%	0,3%	0,7%	0,5%	0,4%	0,5%
Alcohol	13,3%	15,8%	22,9%	22,0%	29,5%	33,8%	39,0%	36,3%	39,0%	42,9%	41,9%
Other substances	5,1%	3,6%	6,0%	2,0%	0,8%	2,8%	4,5%	12,5%	4,7%	9,3%	10,5%
RELATED PSYCHOACTIVE SUBSTANCES (%)											
Heroin	56,1%	50,9%	38,7%	33,0%	35,3%	29,2%	21,4%	17,5%	19,0%	16,9%	16,9%
Other opioids	13,5%	17,4%	16,8%	18,9%	18,0%	17,4%	13,1%	9,1%	8,3%	8,5%	8,1%
Cocaine	19,9%	25,0%	31,6%	39,4%	40,9%	40,5%	44,7%	50,0%	55,5%	51,1%	53,8%
Amphetamines	2,2%	2,9%	3,0%	9,8%	2,2%	4,2%	3,4%	2,3%	4,2%	4,7%	4,2%
MDMA & Derivatives	1,3%	2,2%	2,2%	2,4%	4,5%	4,4%	5,3%	3,2%	4,7%	6,4%	5,0%
Hypnotics & sedatives	23,6%	18,9%	24,3%	23,8%	28,9%	29,2%	30,1%	22,3%	17,0%	21,0%	15,8%
Cannabis	6,2%	6,6%	8,9%	9,3%	12,8%	16,9%	19,9%	19,3%	21,7%	23,9%	22,9%
Hallucinogens	2,1%	1,8%	2,4%	1,7%	2,7%	1,9%	1,3%	0,8%	1,7%	1,7%	2,0%
Volatile substances	0,2%	0,1%	0,3%	0,1%	0,3%	0,9%	0,2%	0,6%	0,5%	0,4%	0,5%
Alcohol	12,4%	15,2%	22,2%	20,0%	26,8%	29,0%	35,4%	30,7%	32,3%	36,0%	35,7%
Other Substances	4,1%	3,2%	4,9%	1,3%	0,8%	1,6%	1,8%	8,7%	3,3%	4,9%	6,0%
LEGAL CONDITION (%)											
Detained	14,4%	22,4%	11,7%	9,4%	6,4%	5,7%	5,2%	4,1%	4,9%	3,7%	3,8%
EMERGENCY RESOLUTION (%)											
Medical discharge	80,5%	82,0%	81,2%	80,9%	78,7%	79,1%	82,1%	81,4%	79,1%	76,2%	79,1%
Voluntary discharge	7,0%	6,7%	8,8%	8,6%	8,5%	7,5%	7,4%	5,3%	6,7%	8,6%	7,8%
Hospital admítanse	7,6%	7,2%	6,0%	6,5%	8,3%	7,8%	6,3%	8,0%	8,4%	8,8%	9,0%
Death in Emergencias	0,1%	0,1%	0,0%	0,2%	0,7%	0,2%	0,1%	0,0%	0,1%	0,1%	0,0%
Transferred to another centre	4,8%	4,1%	3,9%	3,9%	3,7%	5,4%	4,0%	5,3%	5,7%	6,3%	4,1%

1.Includes the substances of regular or sporadic use and the substances related with the urgency
2. includes the substances for which the doctor, in the medical history, expresses a direct relation with the urgency
Source: DGPNSD. Spanish Observatory on Drugs (OED). Emergency Indicator.

On interpreting the former data it should be borne in mind that it deals with mentions of use of these drugs extracted from the medical history, and not from the emergencies that have been provoked (or related to) by the use of them. However, when the drugs that the doctor relates to the emergency are considered exclusively, the panorama is similar, in 2007 the substances frequently most related were: cocaine (53, 8% of the emergencies), alcohol (35, 7%) cannabis (22, 9%) heroin (16, 9%) and hypnosedatives (15, 8%) As in the same emergency the use of several substances could be related, the total could be higher than 100% (Table 6.2.1.).Considering the evolution during the 1996-2007 periods the same tendencies can be observed as in the case of the mentioned drugs in the medical history (Table 6.2.2.).

Following only with the emergencies directly related to drugs, in 2007 the majority of the patients continued to be males (76, 6%) observing that the greater part of women in emergencies were mentioned with hypnosedatives use (29, 2%) ecstasy (28, 9%) and other opioids (24, 3%) (Table 6.2.3.). During the period 1996-2006 the percentage of women increased to (21, 4% in 1996 and 26, 1% in 2006) and in 2007 (23, 4%) seemed for the first time to break with the tendency. It will be necessary to follow up the evolution to compare if this change in tendency has really occurred. (Table 6.2.2.). In 2007 the average age of the patients attended was 32 years old (somewhat higher in men than in women) corresponding to the lower average ages in emergencies with the mention of ecstasy (26, 9 years old), volatile inhalants (26, 9%) or hallucinogens (27, 7 years old) and the highest in emergencies with mention of heroin (38, 8 years old) or other opioids (36, 2 years old) Table 6.2.3.). In the period 1996-2007 a tendency in the increase of the average age of the attended patients was observed (28,8 years old in 1996, 31,0 in 2004 and 32,0 in 2007) giving that year the highest of the average ages of the patients attended since 1996. Table 6.2.2.).

In 2007 3, 8% of the emergencies directly related to drugs corresponded to persons in custody, detainees, the highest percentage with heroin mention (7, 1%) or other opioids (8, 1%) Table 6.2.3.).

Since 1997 the percentage of patients who arrived at hospital emergency services detained by the police has diminished (22, 4% in 1997 to 3, 8% in 2007) presenting this year the lowest percentage of the series (Table 6.2.2.)

In 2007 the majority of emergencies directly related to drugs were solved with a medical discharge (79, 1%) Table 6.2.2.) The distribution of the urgencies following their resolution has not varied very much over the years nor have great differences been observed according to the mentioned drugs or sex (Tables 6.2.1., 6.2.2. and 6.2.3.).

Table 6.2.3. General characteristics of the drug emergencies according to the type of urgency and the mentioned substances or related to the emergency (absolute number, average and percentages). Spain 2007

	TOTAL EMERGENCIES IN DRUG USERS										
	MENTIONED SUBSTANCES										
	Heroín	Other opioids	Cocaíne	Amphetamines	MDMA & deriv.	Hypnosadatives	Cannabis	Alucinógenos	S. volatiles	Alcohol	Otthers
NÚMBER OF EPISODES WITH EACH DRUG	2985	3113	8269	512	658	2630	5087	257	52	5143	1590
AVERAGE AGE (YEARS)	35,4	37,3	32,8	28,0	27,0	33,5	29,7	27,6	26,3	32,7	34,5
FEMALES (%)	19,3	26,7	22,0	22,9	26,1	28,7	22,0	19,8	19,2	21,3	24,5
DETAINED (%)	9,6	9,1	5,1	1,8	2,5	5,5	3,3	2,7	0,0	2,8	2,9
EMERGENCY RESOLUTION (%)											
MEDICAL DISCHARGE	77,4	75,5	79,6	79,2	83,3	76,5	80,9	74,5	81,3	78,8	67,3
VOLUNTARY DISCHARGE	7,4	7,2	6,6	6,2	8,0	6,5	4,5	9,7	3,1	7,7	7,1
HOSPITAL ADMITTENCE	12,2	14,3	10,7	9,4	6,7	11,3	11,4	10,3	12,5	10,6	20,2
DEATH IN URGENCE	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,1
SENT TO ANOTHER CENTRE	2,9	3,0	3,1	5,2	2,0	5,8	3,2	5,5	3,1	2,8	5,3

	EMERGENCIES RELATED TO DRUG USE										
	MENTIONED SUBSTANCES										
	Heroin	Other opioids	Cocaine	Amphetamines	MDMA & deriv.	Hypnotics & sedatives	Cannabis	Hallucinogens	S. Volátiles	Alcohol	Others
NÚMBER OF EPISODES WITH EACH DRUG	1645	1175	4874	375	453	1833	2369	183	39	3272	892
AVERAGE AGE (YEARS)	34,8	36,2	32,4	27,6	26,9	32,9	29,1	27,7	26,9	32,2	32,9
FEMALES (%)	18,5	24,3	22,3	23,7	28,9	29,2	22,5	19,7	15,4	22,4	27,9
DETAINED (%)	7,1	8,1	3,4	1,4	1,6	3,8	2,7	1,1	0,0	2,2	2,2
EMERGENCY RESOLUTION (%)											
MEDICAL DISCHARGE	77,8	76,7	79,4	80,6	83,9	75,8	81,2	77,4	81,5	79,1	68,8
VOLUNTARY DISCHARGE	8,1	9,2	7,7	7,7	9,5	7,8	5,2	12,9	3,7	9,2	8,4
HOSPITAL ADMITTENCE	10,5	9,9	9,0	5,7	4,5	9,8	9,8	4,8	11,1	8,4	15,5
DEATH IN URGENCE	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,1
SENT TO ANOTHER CENTRE	3,4	4,1	3,9	6,0	2,1	6,6	3,9	4,8	3,7	3,3	7,2

	EMERGENCIES RELATED TO DRUG USE										
	MENTIONED SUBSTANCES										
	Heroin	Other opioids	Cocaine	Amphetamines	MDMA & deriv.	Hypnotics & sedatives	Cannabis	Hallucinogens	Volátiles	Alcohol	Others
NÚMBER OF EPISODES RELATED TO EACH DRUG	1282	614	4075	316	376	1193	1735	149	36	2706	454
AVERAGE AGE (years)	34,5	35,8	32,2	27,0	26,6	32,8	28,3	27,1	26,7	32,2	32,2
FEMALES (%)	19,2	22,6	22,4	22,2	29,5	31,9	21,7	20,8	13,9	22,2	31,3
DETAINED (%)	7,9	10,5	3,4	1,6	1,1	3,4	2,9	1,4	0,0	2,2	2,4
EMERGENCY RESOLUTION (%)											
Medical discharge	77,5	81,2	80,1	81,3	85,7	74,3	82,3	80,6	80,0	79,4	65,3
Voluntary discharge	8,6	7,5	7,7	7,3	10,4	8,6	4,8	11,2	4,0	9,5	5,8
Hospital admítanse	10,0	7,7	8,5	4,5	2,5	9,9	9,3	4,1	12,0	7,7	20,4
Death in emergency	0,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,2
Transferred to another centre	3,8	3,5	3,7	6,9	1,4	7,2	3,6	4,1	4,0	3,3	8,3

1. Includes the substances regularly or sporadically used and those related with the emergency
2. Includes the substances for which the doctor expresses a direct relationship in the medical history with the emergency

SOURCE: DGPNSD. Spanish Observatory on Drugs (OED).Emergency Indicator

Insofar as the most frequent administration route of the mentioned drugs in emergencies directly related to drugs is concerned, it should be borne in mind that there exists an important percentage of unknown values, for which the results must be taken with considerable caution. In 2007, in emergencies related to heroin the predominate administration route was the parenteral (66, 5%) followed by the pulmonary (25, 5%), the intranasal or sniffed (6, 9%), and in emergencies related to cocaine, the intranasal or sniffed (46, 2%) followed by the injected (30, 1%) and the pulmonary or smoked (20, 7%) (Table 6.2.4.)

Certainly this data is more in agreement with reality than those referred to in 2002 published in the OED report 2004. In fact, at that moment the episodes of emergencies, in which "inhaled use" was mentioned, were attributed to pulmonary or smoked use, when with the new system of information collecting that was initiated in 2003 it seems that those episodes are now classified as by intranasal or sniffed route. This improvement of the classification in the case of cocaine supposes an important change because the most frequent administration route in emergencies stops being pulmonary and passes to be the intranasal, the same happens with the treatment indicator. In the case of heroin, it is confirmed that in emergencies the weight of the route by injection is far greater than among the people admitted to treatment for abuse or dependency on this drug, which clarifies the greater risk of some acute problems, such as an overdose, among injectors.

Data about administration route referred to for other drugs agrees with that known from other sources. In the case of ecstasy, the hypnosedatives and the opioids differing to heroin, are almost exclusively oral, in the case of amphetamines and hallucinogens the oral route is predominantly in the majority with a small proportion of users using the intranasal route, and in the case of cannabis the pulmonary route, with a small percentage of users opting for the oral route. (Table 6.2.4.)

The comparison of data referring to the administration route with those of previous years must, in principle, be avoided due to the improvement of the classification of the variables and other changes like the incorporation of all the episodes of emergencies collected in the City of Barcelona as from 2004, which weigh considerably over the whole.

Table 6.2.4. Administration routes of drugs mentioned or related with emergencies in users of psychoactive substances. Spain 2007.

EMERGENCIES DIRECTLY RELATED WITH DRUG USE				
	DRUGS MENTIONED		RELATED DRUGS	
	Nº	%	Nº	%
HEROÍN				
Oral	5	0,7	7	1,1
Pulmonary or smoked	220	29,8	167	25,5
Intranasal or sniffed	55	7,4	45	6,9
Injected	458	62,0	436	66,5
Other routes	1	0,1	1	0,2
OTHER OPIOIDS				
Oral	911	94,4	491	92,1
Pulmonary or smoked	9	0,9	9	1,7
Intranasal or sniffed	2	0,2	2	0,4
Injected	41	4,2	30	5,6
Other routes	2	0,2	1	0,2
COCAINE				
Oral'	27	2,0	33	2,7
Pulmonary or smoked	311	23,0	249	20,7
Intranasal or sniffed	595	43,9	557	46,2
Injected	421	31,1	363	30,1
Other routes	0	0,0	3	0,2
AMPHETAMINES				
Oral	156	85,7	127	84,1
Pulmonary or smoked	5	2,7	4	2,6
Intranasal or sniffed	19	10,4	19	12,6
Injected	1	0,5	1	0,7
Other routes	1	0,5	0	0,0
MDMA				
Oral	175	99,4	140	99,3
Pulmonary or smoked	0	0,0	0	0,0
Intranasal or sniffed	1	0,6	1	0,7
Injected	0	0,0	0	0,0
Other routes	0	0,0	0	0,0
HYPNOSEDATIVES				
Oral	2232	99,2	1286	99,4
Pulmonary or smoked	5	0,2	3	0,2
Intranasal or sniffed	1	0,0	1	0,1
Injected	11	0,5	3	0,2
Other routes	1	0,0	1	0,1
	2250		1294	
CANNABIS				
Oral	68	4,6	67	6,1
Pulmonary or smoked	1397	95,0	1032	93,5
Intranasal or sniffed	4	0,3	4	0,4
Injected	0	0,0	0	0,0
Other routes	2	0,1	1	0,1
HALLUCINOGENS				
Oral	65	90,3	53	89,8
Pulmonary or smoked	1	1,4	1	1,7
Intranasal or snifed	6	8,3	5	8,5
Injected	0	0,0	0	0,0
Other routes	0	0,0	0	0,0
	72		59	

▪ 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 is a "Special Register" (SR) which collects information on deaths with judicial intervention in that the direct and fundamental cause of death is an acute adverse reaction after the intentional taking of (non medical) psychoactive substances.

A case is selected and is included in the register if evidence exists of recent use of psychoactive substances (clinical evidence, external physical signs, psychoactive substance presence or paraphernalia for their use in the place of death, recent use referred to by families), positive toxicological analysis, compatible anatomopathological findings or a forensic diagnosis of death due to an acute reaction to some psychoactive substance.

The coverage of the indicator has gone on increasing since 1990 until it has reached the coverage in 2004 of almost the half of the Spanish population, the majority of the great urban areas and many cities of medium size being monitored. The quality of the information has increased, in an important way, over the last few years. In fact, the proportion of cases with toxicological analysis available 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 from 2005 and until the present moment, 100%.The indicator detected 493 deaths in 2003, 468 in 2004, 455 in 2005, 428 in 2006 and 475 in 2007.

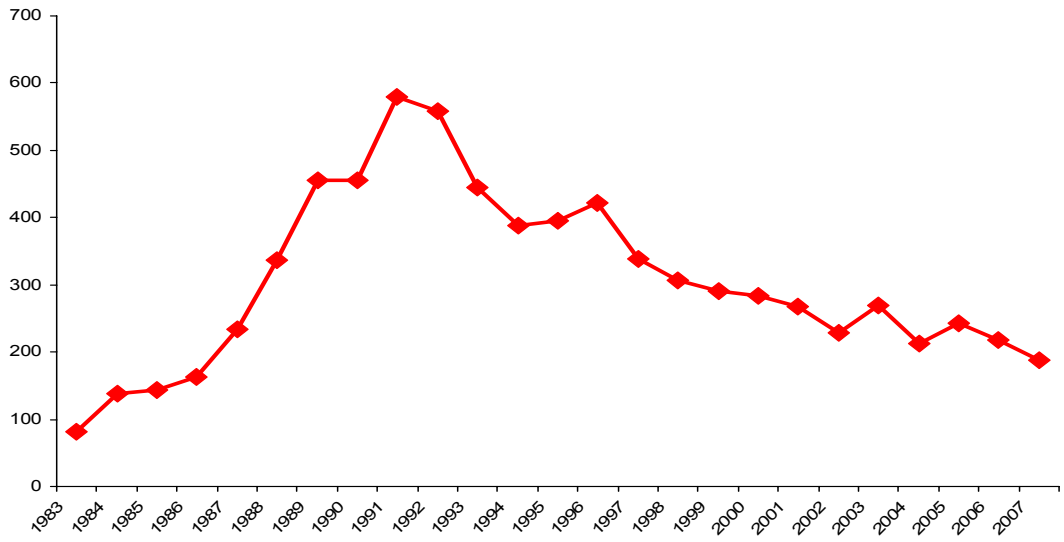
Of the death aggregate, 14, 7% in 2003, 16, 1% in 2004 and 12, 6% in 2007 were women opposed to 11, 7% in 2002. The average age of the whole of the deceased was 35,3 years old in 2003 and 38,2 years old in 2007 (opposed to 34,7 years old in 2002) The majority (60%-70%) of those with information about their marital status were single, a situation which has maintained itself stable with some oscillations, between 2003 and 2007. The variable that collects the evidence of suicide has presented ups and downs since the initiation of the indicator, therefore in 2003 evidence was found of suicide in 12,1% of the deceased, in 2005 and 5,7%, in 2006 and 10,8% and in 2007 8,8%. 53, 3% in 2003, 43, 0% in 2004, and 35, 2% in 2007, presented recent signs of venipuncture which suggests that a third part died after having injected drugs (although the percentages of unknown results for this variable were very high). 42, 7% in 2003, 40, 6% in 2004 and 37, 4% in 2007 of the deceased with serological results opposed to the HIV virus were seropositive, although the proportion of the cases with unknown values for this variable were also very high (Table 6.3.1.).

Table 6.3.1. General characteristics of death caused by acute reaction after using psychoactive substances. Spain, 2003-2007.

	2003	2004	2005	2006	2007
Number of deaths	493	468	455	428	475
Sex(%)					
Males	85,3	83,9	86,3	84,3	87,4
Females	14,7	16,1	13,7	15,7	12,6
Average age (years)	35,3	37,0	36,1	37,2	38,2
Group of ages (years)					
15-19	0,8	1,3	1,4	0,9	0,6
20-24	6,7	4,1	6,2	4,2	4,3
25-29	14,6	11,9	11,2	12,9	9,7
30-34	22,6	20,5	20,0	18,0	17,6
35-39	28,2	27,9	28,9	23,8	24,1
40-44	16,9	19,2	20,7	21,3	22,2
>= 45	10,2	15,1	11,6	18,9	21,5
Marital state (%)					
Single	69,4	68,9	68,7	72,0	62,8
Married	19,0	15,6	16,4	12,2	19,1
Separated/Divorced	10,5	14,4	13,7	13,6	17,4
Widow	1,0	1,1	1,1	2,2	0,7
Body Unknown (%)					
Domicile	54,5	55,2	58,1	52,3	60,6
Hotel-boarding house	5,3	5,1	6,2	5,8	4,6
Street	18,5	17,4	13,5	20,1	13,1
Public premises	1,8	1,3	2,5	4,8	2,4
Hospital	10,6	9,5	6,4	7,7	5,7
Prison	1,1	3,5	4,8	3,9	3,7
Other	8,2	8,1	8,5	5,3	9,8
Evidence of recent use (%)					
Yes	85,6	92,6	94,4	92,4	85,3
No	14,4	7,4	5,6	7,6	14,7
Evidence of suicide (%)					
Yes	12,1	8,8	5,7	10,8	8,8
No	87,9	91,2	94,3	89,2	91,2
Recent signs of venipunctures (%)					
Yes	53,3	43,0	51,7	40,6	35,2
No	46,7	57,0	48,3	59,4	64,8
Death cause by previous pathology aggravated by psychoactive substance used (%)					
Yes	35,4	32,6	35,5	28,6	20,4
No	64,6	67,4	64,5	71,4	79,6
Antibodies anti-HIV (%)					
Positive	42,7	40,6	42,8	36,9	37,4
Negative	57,3	59,4	57,2	63,1	62,6

Mortality rose dramatically between 1983 and 1990 and has fallen in an important way between 1991-2006 in the entire national territory with the exception of the City of Palma de Mallorca. Over the last years the rhythm of descent has slowed down very much. (Figure 6.3.1.).

Figure 6.3.1. Evolution of deaths from the acute reaction after using psychoactive substances in six large Spanish cities. 1983-2007.



(*) The deaths correspond to the aggregate of judicial sections of Barcelona, Bilbao, Madrid, Seville Valencia and Zaragoza. For Seville the data is estimated of the periods 1997-2000 and 2005-2006, and for Zaragoza those of the period 2003-2004. Until 1995 only deaths for acute reaction to opioids or cocaine were gathered.

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

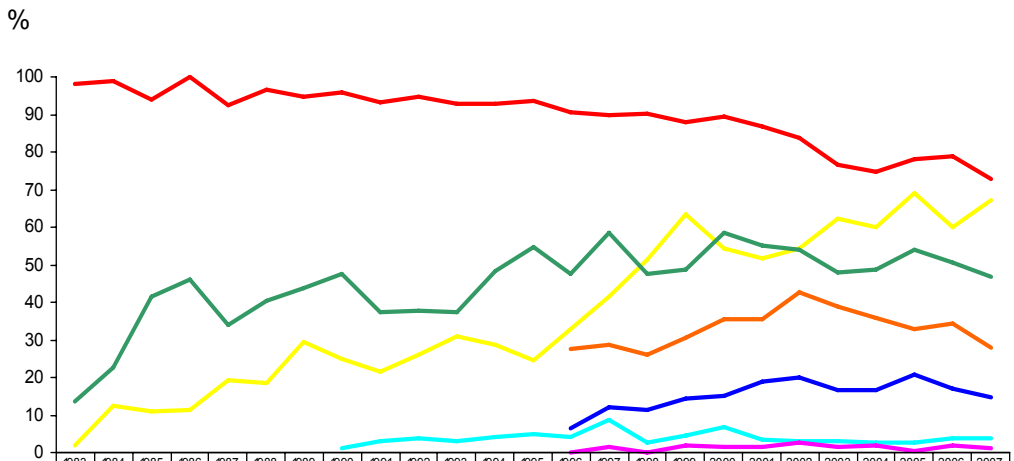
Like in previous years, in 2007 several types of drugs were found in the majority of the dead patients, principally the opioids and cocaine (or the metabolites of these substances) In fact the cases with toxicological analysis available in 2007 72,8% were opioids positive 67% cocaine and 45,4% to benzodiazepines, 27,8% alcohol and 14,6% to cannabis. The remainder of the drugs had an inferior presence of 5%.o

The percentage of deaths where opioids were detected has gone down gradually (Figure 6.3.2.) presenting the lowest value since the beginning of the Mortality Indicator register in the year 1983. On the other hand and surely due to the increase in the poli-use tendency, the percentage of deaths has gone down in a more accentuated manner where opioids exclusively have been detected passing from 21,6% in the period 1983 - 1989 to 9,1% in 1998 -2001, 6,5% in the period 2002-2004 and 4,1% in 2005. (Figure 6.3.3.), From this year on, the poli-use tendency seems to have broken, with the increase of the number of deaths detected exclusively due to opioids (4,7% in 2006 and 7,8% in 2007), although one will have to wait for the evolution of the following years to confirm this.

Methadone was detected in 39, 8% of the deaths in 2006 and in 37, and 5% of the deaths in 2007. Besides, in 27, 4% of the cases of 2006 methadone was detected and

no other opioid (Table 6.3.1.) a value that lowered to 24, 4% in 2007. Its isolated presence continues to be scant (2,8% of the deaths in 2006) although in 2007 it was higher than in previous years (4,2%) which supposes the exclusion of methadone in 20 of the analysed subjects, also the exclusive presence of methadone and benzodiazepines (4,8%) going up.

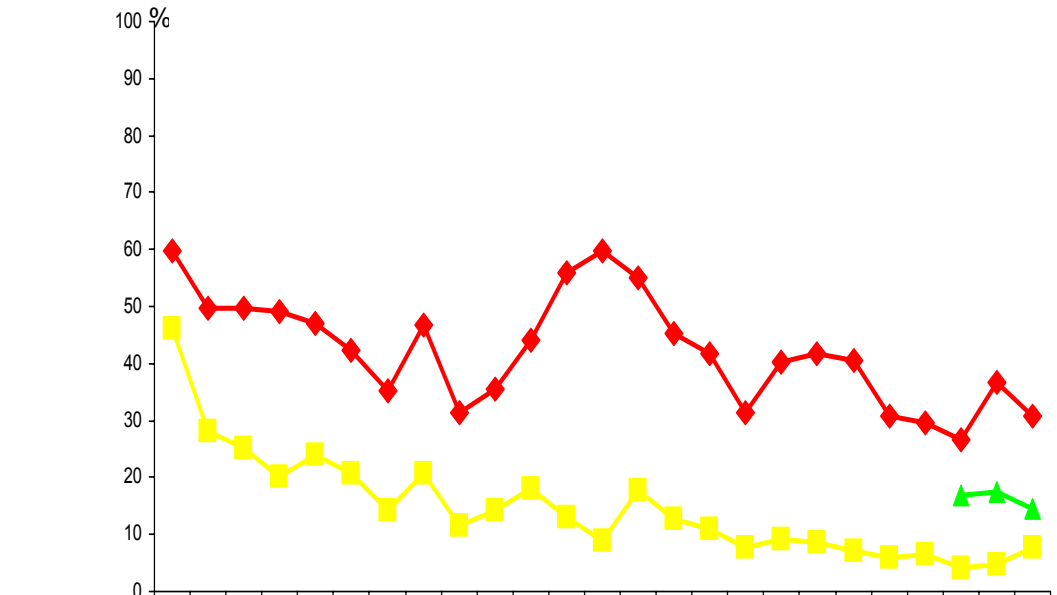
Figure 6.3.2. Evolution of the percentage of deaths due to acute reaction to psychoactive substances in whose toxicological analysis each drug was detected. Spain 1983-2007



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Opioids	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	72,8
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	67
Hypnosedatives	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	46,9
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	3,6
Cannabis														6,5	12,2	11,3	14,3	15,2	18,7	20	16,7	16,7	20,90	16,8	14,6
MDMA														0,1	1,5	0	1,8	1,6	1,5	2,5	1,6	1,9	0,40	1,7	1,1
Alcohol														27,7	28,6	26,2	30,5	35,5	35,3	42,5	39	35,8	33,00	34,3	27,8

(*) Data is included of all the geographical areas monitored by the Indicator.
Source: DGPNSD. Spanish Observatory on Drugs (OED). Mortality Indicator.

Figure 6.3.3. Evolution of the percentage of deaths due to acute reaction to psychoactive substances in whose toxicological analysis opioids, opioids without cocaine and opioids with benzodiazepines and/or alcohol were detected. Spain* 1983 - 2007

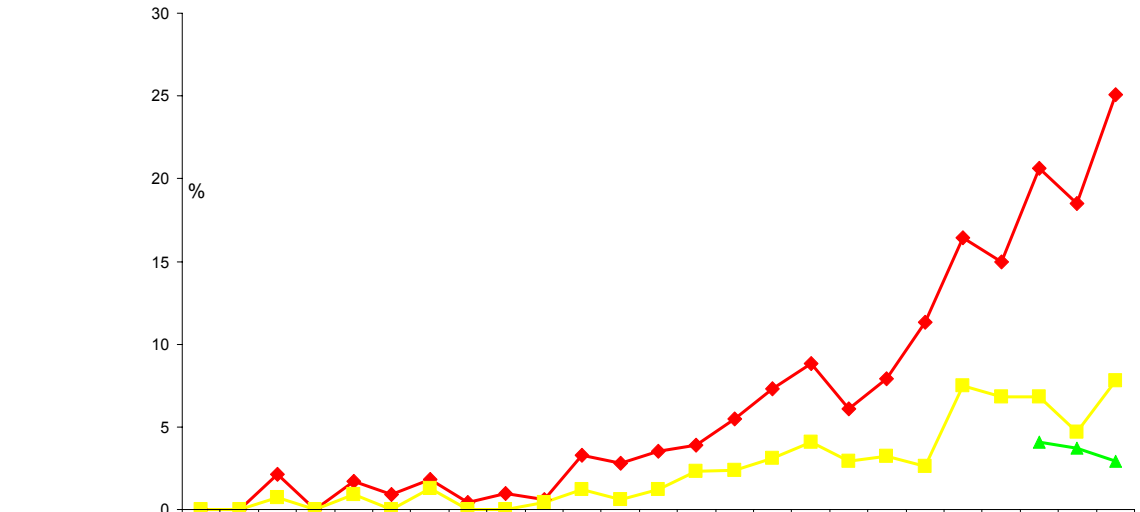


	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Opiáceos y no cocaína	59,8	49,6	49,7	49,2	47	42,4	35,2	46,6	31,3	35,4	44	55,8	59,8	55,1	45,4	41,7	31,5	40,3	41,7	40,5	30,8	29,7	26,6	36,8	30,7
Only opioids	46,3	28,1	25,2	20,2	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	7,8
Opiods and Benzodiaz																							16,9	17,6	14,5

(*) Data is included from all the geographical areas monitored by the Indicator.
SOURCE: DGPNSD. Spanish Observatory on Drugs (OED). Mortality Indicator.

To the contrary of that which occurs with opioids, the percentage of deaths due to acute reaction to drugs where cocaine or its metabolites are found has increased considerably since 1983 particularly as from 1996 (Figure 6.3.2). Likewise, the percentage of cases has increased where cocaine exclusively is found (that passed from 0,6% in the period 1983-1989 to 3,2% in 2001 and 7,8% in 2007) like the percentage where cocaine, and not opioids, was detected (which passed from 1,2% in the period 1983-1989 to 7,9% in 2007) (Figure 6.3.4). The figure of deaths due to cocaine, however may not adequately represent the real ones because an important percentage (unknown) perhaps do not reach the point of being the object of judicial and forensic investigation.

Figure 6.3.4- Evolution of the proportion of deaths due to the acute reaction to psychoactive substances in whose toxicological analysis only cocaine was detected, cocaine without opioids and only cocaine and alcohol. Spain*. 1983-2007.



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Cocaine no poioids	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	25,1
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	7,8
Only cocaine and alcohol																							4,1	3,7	2,9

(*)Data is included from all the geographical areas monitored by the indicator.
FUENTE: DGPNSD. Observatorio Español sobre Drogas (OED). Indicador Mortalidad.

The percentage of deaths where Hypnosedatives or their metabolites, mainly benzodiazepines were detected has followed a slightly rising tendency, although over the last years it seems to have stabilized (33,8% in 1987, 47,9 in 1996, 58.5% in 2000, 55,2% in 2002, 48,7% in 2004, 50,7% in 2006 and 46,9 in 2007) On that part the percentage where cannabis was detected increased until 3003 and later it also seems to have stabilized (6,5% in 1996, 20=% in 2002, 16,7% in 2004, 16,8% in 2006 and 14,6% in 2007). The presence of amphetamines or ecstasy is rare and clear tendencies are not observed. (Figure 6.3.2.).

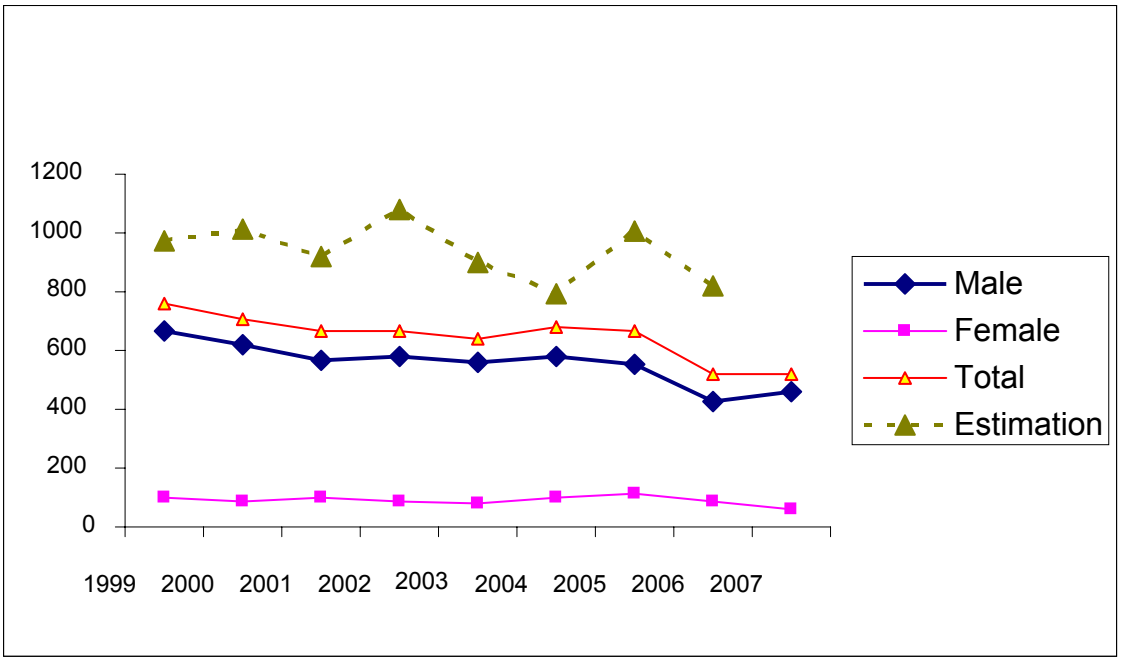
On the other hand the percentage of deaths due to acute drug reaction where the forensic surgeon distinguished recent signs of venipunctures passed from 89,6% in 1996 to 75,3% in 1999, 55,2% in 2001, 47,2% in 2002, 43,0% in 2004, 40,6% in 2006 and 35,2% in 2007, although the validity of this indicator most probably is not high. Another indicator that could give us a reasonable idea of the HIV/AIDS epidemic behaviour of HIV among drug injectors is the evolution of the prevalence of infection by HIV among the deceased, due to acute reaction to opioids or cocaine (the majority of them injectors) that shows a slight descendant tendency, as is to be expected from the evolution of the HIV epidemic among drug injectors in Spain. In fact, it has passed from 52, 3% in 1996 to 48, 1% in 1999, 47, 1% in 2000, 42, 8% in 2005 and 37, 4% in 2007. However, these figures could be affected by variations in the indicator coverage and of the percentage of dead in which the test was carried out.

Number of deaths related to illegal drug use in the whole of Spain (General Mortality Registry

Deaths related to Drug use are selected from the General Mortality Registry RGM (RGM) published by the National Institute of Statistics under the title of Deaths according to Cause of Death. The categories selected were those proposed by the European Drug and Toxicological Observatory (291, 304, 0 304,2-9, 305,2-3, 305,5-7 305-9, E850,0, E854,1-2, and 855,2 for CIE-9 and F11-12, F14-F16, F19.X42,X62 and 12 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 to adapt itself to the Spanish context. This latter code includes accidental poisonings due to over dose. This code including the accidental poisonings due to drug exposure is very much used in Spain to codify deaths due to "overdose".

According to this procedure, in the year 2007, 519 deaths related to drug use took place. In spite of there being an improvement in the quality of information given out by RGM in recent years, there exists an underestimation in the number of deaths calculated from RGM when it is compared with REM for those regions where the indicator is implanted. The underestimation from RGM with respect to the REM is 40%, according to the last calculations carried out. In the Figure 6.3.5. the evolution of the number of deaths due to drug use obtained from The General Mortality Registry is shown. The discontinued line corresponds to the resulting estimation of multiplying the number of deaths obtained from the Registry General by the coefficient of the underestimation calculated for each year.

Figure 6.3.5. Evolution of the number of deaths due to drug use. Spain, 1999-2007 (RGM)

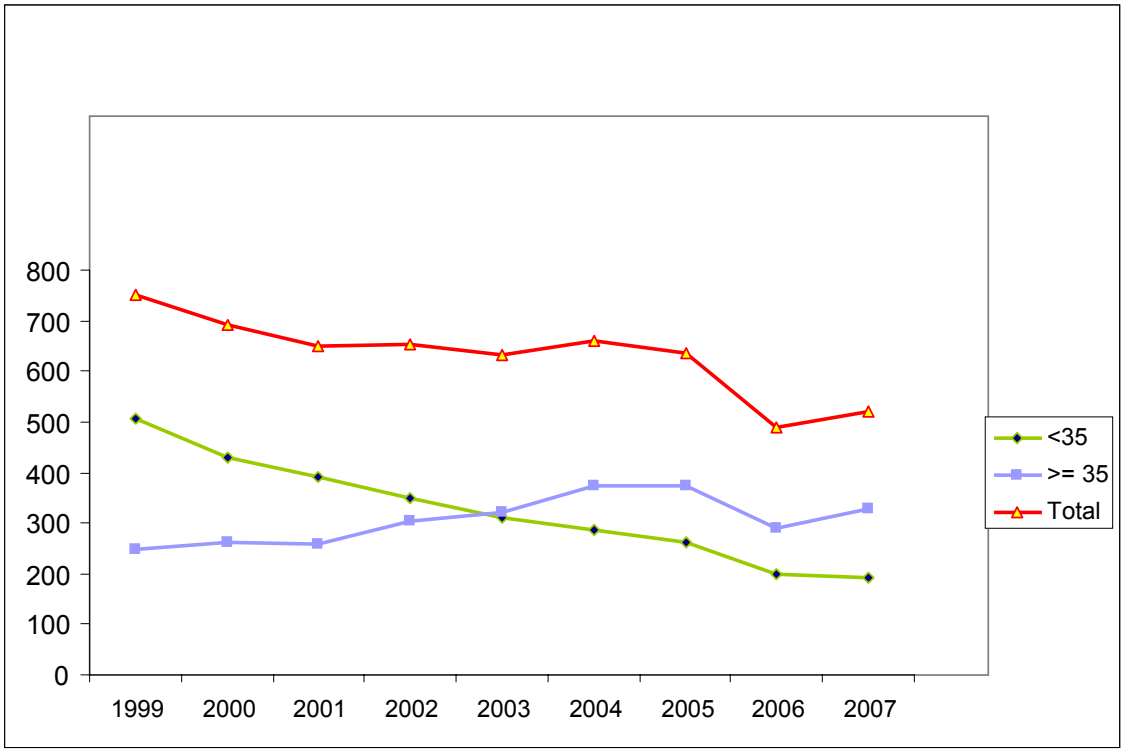


According to the RGM the number of deaths due to acute drug reaction diminished between 1999 and 2001, it has maintained itself stable until 2005, counting nearly 670 annual deaths and has dropped to 519 deaths in 2007.

From the year 1999 a lowering in the number of deaths due to acute drug reaction in young people was observed (Figure 6.3.6.) In the group of people older than 35 years,

on the contrary, from 2001 till 2005 an increased number of deaths has been observed due to acute drug reaction, producing a change in this tendency in 2006, that was not maintained in 2007.

Figura 6.3.6. Evolution of the number of deaths due to drug use by age. Spain, 1999-2007 (RGM)



In the interpretation of this data coming from RGM it is necessary to bear in mind the effect of underestimation, which was greater in the earlier years of the series than in the last years. For this reason, as is shown on the discontinued line in Figure 6.3.5. the drop in mortality for drug use is more accentuated than is shown in those coming from RGM.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

The same as that expounded in chapter 5, data on the number of programs and resources to attend to the health consequences caused by drug use, as well as the people who benefit from them, correspond to centres, services and programs of a public character or which, being managed by a private character entity (in the majority Non Governmental Organizations (ONGs) who work in the field of drug dependency), count on public financial support.

Data from Private character centres is not available.

At the same time the data that figures in this chapter is supplied by the seventeen Autonomous Communities, as well as the Autonomous Cities of Ceuta and Melilla that form part of the Spanish State.

The only exception to the former is related to traffic accidents, where the tests referred to are carried out on vehicle conductors, as well as the toxicological analyses of the drivers killed in these accidents. This data is facilitated by the Traffic Group of the Civil Guard.

▪ PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS

Both aspects are carried out through diverse programs and recourses of harm reduction. The objective is to facilitate to the users of the drugs (active drug users) health and social assessment and putting at their disposition, a hygienic and clean environment as well as the adequate material to avoid harms added to their own drug use.

Referring to these programs and resources shown below:

- Programs of syringe interchange (see epigraph Prevention and treatment of drug related infectious diseases)
- Dispensing masculine and feminine preservatives (see epigraph Prevention and treatment of drug related infectious diseases
- Vaccination campaigns of hepatitis B and others (see epigraph Prevention and treatment of drug related infectious diseases
- Techniques to prevent overdoses.
- Substitute Programs with heroin and morphine.
- Other harm reduction programs.

Techniques for overdose prevention

As models, workshops of safe sex and less-risk-use are used. The intention is to divulge and teach the users the safest use techniques and the less prejudicial for their health and, in the prevention of over doses, explaining to them what specific factors are determined in the appearance of possible overdoses (pharmacological tolerance, contaminating items, and allergic reactions), the symptomatic process and the basic protocol to follow (basic techniques of cardiopulmonary reanimation, how to ask for help, etc...) At the present moment these programs are carried out in a punctual manner in some autonomous Community but their implantation is still scarce in national territory.

For the moment some concrete patterns, like the controlled administration of naloxona for use by the users in their residence, whose use and efficiency has been reported in other countries, are not carried out in our country. However, some necessary administrative arrangements are being carried out for the public financing of the pharmaceutical combination buprenofina/naloxona with the aim of it being added to the therapeutic arsenal of substitution treatments for opioid addicts, even though, up until the moment, although it is commercially available and can be prescribed in private health fields, State financial assistance for this prescription is not available in the National Health System

Substitution Programs with heroin and morphine

Two (2) clinical tests have been carried out in Spain (Catalonia and Andalusia) on the effectiveness of the use of maintenance treatments with heroin (inhaled, oral or intravenous) in groups of heroin addicts in which the programs of maintenance with methadone have failed. The results corresponding to only one of the tested are available apparently and an improvement in physical and psychical health has been observed plus an improvement in the social and professional incorporation.

On the other hand, a clinical test is pending initiation in the Autonomous Community of Andalusia, on the prescribed supervision of morphine and heroin by oral administration in opioid dependent people, in comparison with methadone, who do not benefit sufficiently from the available treatments.

Other Harm Reduction Programs

The harm reduction programs are carried out fundamentally in centres of social emergency, mobile units, pharmacy offices and Controlled Use rooms (safe injection or venipunctures)

- Centres of social emergency: The Basic aim is to assist the drug dependent population, with greater problems of marginalization; to attend to their basic necessities and put them into contact with other resources of greater demand on the assistance network. In the year 2007, 46 centres of this kind have been functioning that have given assistance and attention to 21,618 people.

- Mobile Units: Are polyvalent vehicles, generally with direct access, whose principal functions are: to provide treatment with substitute opioids, (methadone) take samples and carry out diagnostic tests and first aid. In 2007 39 Mobile Units were in operation and to 14,649 people

- Pharmacy Offices. Given the extension of the pharmacy network in Spain, this deals with a very useful resource at the time when a person affected by drug use may resort to them. In these offices, on numerous occasions, programs of interchange of syringes are carried out: and in others besides, methadone under medical prescription is dispensed along with the centres and attention programs for drug dependents. In 2007 1,481 of these pharmacies collaborated in these activities and have informed that they had attended to 2,998 people. Even if not in all cases the same rigorous counting was carried out with the persons who received attention in them by parenteral administration route.

- Safe Injection or venipuncture Rooms. In 2007 seven of these Safe Injection rooms are operative: five in Catalonia, one in Madrid and the other in the

Basque country which altogether gave assistance to 6,221 drug users by parenteral administration route. In the last years, a drop in the number or users of these Rooms was produced: 11,454 in 2005 and 7,939 in 2006. It must be pointed out that in these three regions 46% of the total Spanish population is concentrated.

In these safe Injection Rooms attention and health advice is provided, sterile materials for injections and places for auto-injection and personal hygiene. Not in any case is any type of illegal drug facilitated nor is this administered on the part of the medical personal of the Room.

In the table 7.1. a resume of the previous data is given.

Table 7.1. Number of devices and users attended

Type	Number de devices	Users attended
Centres of social emergency	46	21,618
Mobile Units	39	14,649
Pharmacy Offices	1,481	2,998
Safe Injection or venipuncture Rooms	7	6,221

- ## PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

There are numerous programs of interchange and dispensing of syringes as well as Health Kits (these kits usually include, besides a syringe, disinfectant liquid, preservatives, etc.) that are carried out both in Outreach Programs as well as in centres and more institutionalized resources.

These programs are directed towards the intravenous route drug using population with the aim of reducing, where possible, the risk of transmittable infections that are associated with the shared use or simple unhygienic injection material.

Along the year 2007 approximately 3, 5 million syringes and/or health kits were distributed throughout the entire national territory, of which 13,998 were given to penitentiary centre inmates.

In the same manner, taking into account the acquired importance of new HIV infections caused through heterosexual and homosexual relations special attention has been given to this aspect as well as in seropositive subjects and drug users by the intravenous route and in their partners. Numerous Autonomous Communities carry out workshops on Safe Sex and of less risk in concrete population groups and also in prostitution collectives as well as in penitentiary centres.

Insofar as the vaccination campaigns for Hepatitis B in drug users is concerned, an almost systematic form is carried out in outpatient Units as well as in detoxification

Units of Hospital centres and in penitentiary centres (for data of penitentiary centres see chapter 9: "Responses to drug-related health issues in prisons).

At present the major problem is the high prevalence of seropositives due to Hepatitis C, for which an effort is being made to improve the detection in these users and facilitate the prevention of contagion and the access to treatment and medical follow-ups. In Spain the prevalence of antibodies facing the Hepatitis virus in the general population oscillates between 1% and 2, 6%. Among the drug injectors throughout the world, the prevalence of the infection for this virus is very high and Spain is no exception in this respect. In our country between 60% and 90% of parenteral route drug user injectors are infected depending on the geographical area and the origin of the studied sample.

In general, although unfortunately we do not have data available from all the Autonomous Communities, the regular practice is the carrying out of serological tests for HIV, VHC,VHB (which implies vaccination if seronegative is proven). Mantoux (TB) and, in some Autonomous Communities serological for lues.

In as far as the prevalence of infection of HIV, it was estimated that in 2007 1,527 cases were diagnosed, of which 39, 9% were attributed to the use of injected drugs (data proceeding from the (National AIDS Register). The data coming from surveys carried out among patients admitted to treatment for abuse or substance dependency in 2007 (Government Delegation of the National Plan on Drugs) reports that the prevalence of infection of HIV among those who had injected drugs during the 12 months prior to being admitted to treatment fell moderately from 37, 1% in 1996 to 33, 5% in 2000, 32, 7% in 2005 and 30, 8% in 2007. In any case, it is necessary to emphasize the limitations that the different studies of prevalence show to value the HIV infection tendency in parenteral route drug injector users

▪ RESPONSES TO OTHER HEALTH CORRELATES AMONG DRUG USERS

Psychiatric Comorbidity

Psychiatric comorbidity is attended to in the Centres of attention for the drug dependency user as well as in Mental Health Centres. In the year 2007 the Autonomous Communities informed of the existence of 82 programs of dual pathological attention and that they attended to 6,476 drug dependent patients with psychiatric comorbidity

The Plan of Action 2009 -2012 that the new Spanish Strategy on Drugs is developing 2009-2012 and whose process is in an advanced state of elaboration, envisages the reinforcement of activities orientated towards the extension and improvement of accessibility to treatment programs of dual pathology in drug users.

Traffic accidents

All the Autonomous Communities and Autonomous Cities in Spain carry out activities with the aim of preventing and reducing traffic accidents and their consequences particularly related to alcohol and drug use. Among these activities of awareness campaigns, directed towards adolescents and young people, are notable, publicity in the communications media and the elaboration and distribution of educative materials etc.

On the other hand, over the last years the control of alcohol in drivers has been intensified and carried out by the Traffic Agents of the Civil Guards Groups who have managed to make nearly four and a half million of these preventative controls during the last year 2008, of those 1, 84% have resulted in positive. As can be observed in the Table below, this percentage has experienced an important and progressive drop during the last five year period

Table 7.2. Alcohol Breath Analyser Tests 2004-2008

	2004	2005	2006	2007	2008
Tests in preventative controls	2,282.336	2,856.244	3,347.015	3,759.574	4,417.645
Positive	76,560	73,747	82,729	80,155	81,322
% positive	3,35%	2,58%	2,47%	2,13%	1,84%

During this period the number of traffic accidents has also fallen in a notorious way and mainly as can be noted, in the following Table, of those killed due to this cause,

Table 7.3. Traffic Accidents 2004-2008

	2004	2005	2006	2007	2008
Accidents with víctimas	94,009	91,187	99,797	100,508	93,161
Killed	4,741	4,442	4,104	3,823	3,100
Severely Injured	21,805	21,859	21,382	19,295	16,488
Slightly injured	116,578	110,950	122,068	123,226	114,459

Finally, the descent is notable in the percentage of drivers killed in traffic accidents who had exceeded 0, 3 g/l of alcohol in their blood. In fact in 2004 this concentration of blood alcohol over the total number of drivers killed to those who carried out the toxicological analysis was 36,1%, while in 2008 that percentage dropped to 30,97%.

With reference to illegal drugs, the results of the toxicological analyses carried out on these drivers show a return, in 2008, to similar values to those in 2004, after a slight pick-up in the middle years. However, a slight increase can be noted in the percentages of analysed killed drivers where psycho-drugs were detected.

Table 7.4. Killed Drivers to whom the analysis was applied

	2004	2005	2006	2007	2008
Killed drivers to whom the analyses was applied	1,349	1,401	1,360	1,259	975
Percentage of positives	42,10	41,39	37,20	39,31	39,79
% Alcohol positive (Breathanalyser ≥0,3g/L)	36,10	34,12	30.,44	30,82	30,97
% Positive to illegal drugs	10,75	12,20	11,40	13,02	10,67
% Positive to Pyscho-drugs	3,85	4,28	5,51	5,95	6,97

Note: The total of the three lines of positive analysed percentages is higher than the line of "Percentage of positives" because poly-use was detected in 79 of the killed drivers analysed.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

The data that figures in this chapter have been facilitated by the seventeen Autonomous Communities, as well as the Autonomous Cities of Ceuta and Melilla that form part of the Spanish State.

▪ SOCIAL REINTEGRATION

In Table 8.1. data is collected from the year 2007 corresponding to the number of programs and social resources of social incorporation that the Communities and Autonomous Cities as well as their users, have provided. As is usual, the number of users of the centres where the activities of reinsertion are developed and carried out, are not counted, to avoid duplication with the program users.

The typology of resources and available programs in this field are the same as those already described in previous reports.

The increase is confirmed of the number of countable users in resource and Education and Training programs and the maintenance of the number of programs of Employment, probably because the social incorporation is conceived, every day more, as fundamental in the preparation for employment and obtaining it.

This type of Program Employment has the objective of providing a remunerated employment for drug users who find themselves in the process of rehabilitation. Four groups can be considered.

- "Workshops for Apprentices" (Fundamentally Manuel work – handicrafts.
- "Special employment Programs", promoted by the administrations of the Autonomous Communities and by Local Administrations (Town Halls).
- "Subsidized Contracts in companies.
- Self Employment promotion (self employed, cooperatives).

The labour apprentice workshops are, according to data available, the major work source for drug users in rehabilitation.

Remunerated work is configured as one of the most efficient political stimulations for the insertion of persons in risk of social exclusion.

In this respect types of constituted companies exist in Spain to provide employment for persons who find themselves in a situation of social exclusion. The companies of insertion provide processes of social inclusion to different collectives, among those, to people with drug use problems. The said companies offer occupational formation in the same workplace and specific formation in personal abilities and work in groups, which give them an added value, opposed to other types of companies.

Alter several years operating in a certain "legal vacuum" they were regulated by law in 2007. In accordance with which these companies must be shared, with at least 51%, by a non-profit organization.

At present, the mentioned companies are reaching very high levels of competitiveness and in a large measure break with the work guidelines of the economic model and the current businesses. There are 137 insertion companies in Spain. The economic activities that they carry out are principally gardening, construction work, residual recycling, cleaning, laundry work, ecological agriculture, and hotel industry.

In the topology of Housing resources the model of tutored flats, apartments has consolidated with the presence of educators or social workers.

Table 9.1. Social Reintegration programmes. Type, number of programmes and centres and number of users. Spain, 2007

	Number of programs and or centres	Number of users
Therapeutic centres with activities and /or social incorporation programs	347	
Centres of activities and/or programs of social incorporation (without treatment))	154	
Residential treatment centres with programs of social incorporation (therapeutic communities)	113	
Housing facilities	122	3.084
Education and training programmes	424	10.215
Employment programmes	277	5.285

Source: Government Delegation for the National Plan on Drugs. Data corresponding to Community and Autonomous Cities Drug Plans.

9. DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME AND PRISON

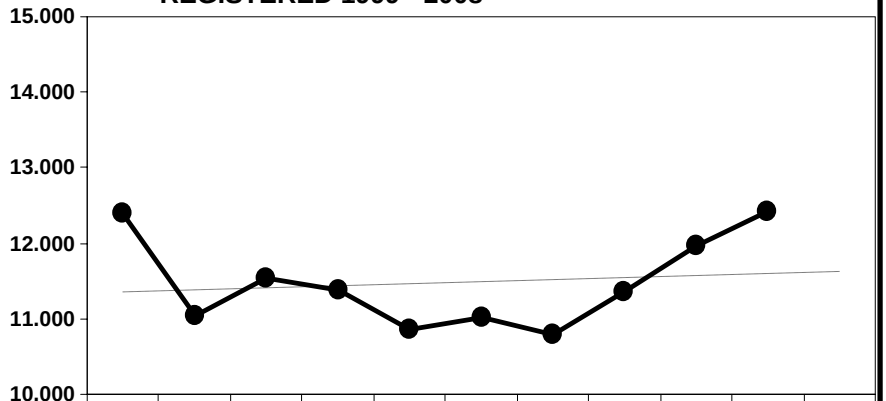
- DRUG-RELATED CRIME

Evolution of the number of registered offences for drug trafficking

The majority of drug trafficking offences are registered as a consequence of police investigations and in a minor degree as the result of private reports to the police.

The percentage of known offences for drug trafficking, with respect to the total offences is low comparing it to the social alarm that it provokes and the attention that it captures in the media of social communication. In the past ten years the named percentage has oscillated between 1,10% and 1,41%

Figure 9.1. EVOLUTION OF THE TOTAL NUMBER OF DRUG OFFENCES REGISTERED 1999 - 2008

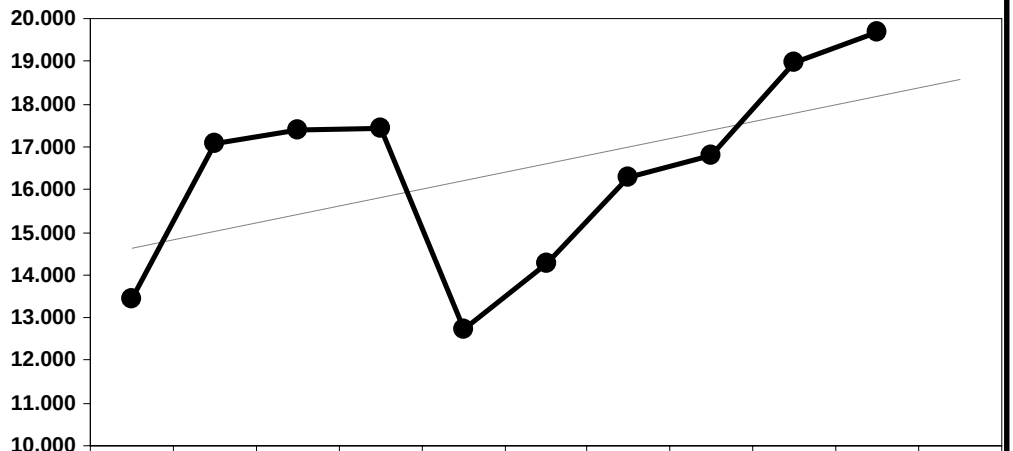


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total offences registered	961.787	923.269	1.015.64	1.036.71	955.802	936.457	891.116	848.881	902.058	883.789
Offences of drug trafficking	12.389	11.032	11.547	11.370	10.851	11.015	10.795	11.363	11.958	12.424
Percentage DRUGS/TOTALS	1,29%	1,19%	1,14%	1,10%	1,14%	1,18%	1,21%	1,34%	1,33%	1,41%

Evolution of drug trafficking detentions

The number of detentions for illicit drugs maintains an ascendant tendency line. In 2008 19.696 detentions were registered, which represents an increase of 3,76% with respect to 2007 and 54,87% with respect to 2003, the year that had the lowest quota of the period of the considered time.

Figure 9.2. TOTAL NUMBER OF DETENTIONS FOR ILLEGAL DRUG TRAFFICKING - 1999-2008



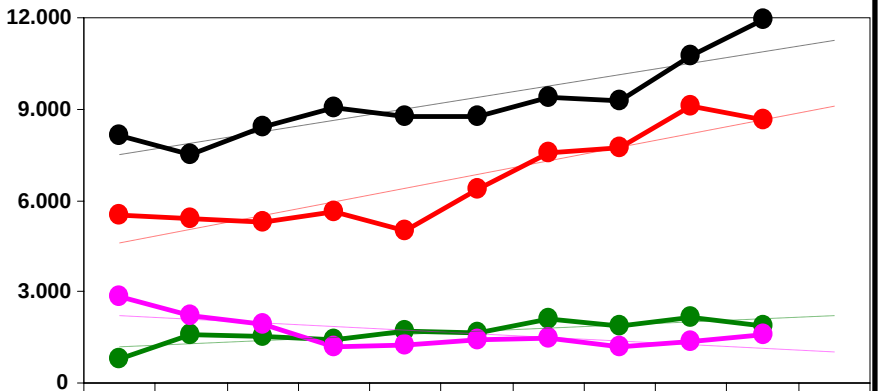
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Detentions	13.430	17.067	17.380	17.430	12.718	14.267	16.299	16.805	18.983	19.696

Evolution of detentions for drug families[4]

The following graph shows an ascendant tendency in the number of detentions for trafficking in the drug families of cannabis and opioids, diminishing in the families of cocaine and psychotropic hallucinogens

In 2008, with respect to the previous year, the detentions for trafficking in cannabis and opioids in 11,15% and 16,80% respectively have augmented, while descending for cocaine and psychotropic hallucinogens 13,98 and 5,24% respectively.

Figure 9.3. NÚMBER OF DETENTIONS FOR FAMILIES OF DRUGS 1999 - 2008



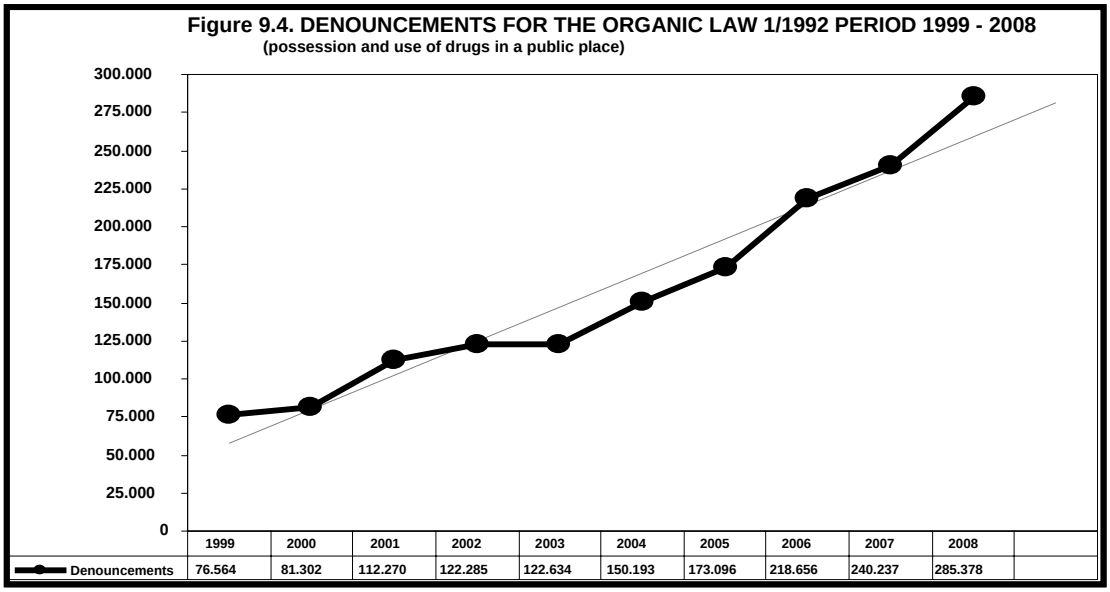
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Cannabis	8.133	7.518	8.408	9.042	8.769	8.748	9.359	9.277	10.763	11.963
Psychotropic hallucinogens	800	1.617	1.513	1.408	1.680	1.626	2.095	1.858	2.161	1.859
Cocaine	5.523	5.377	5.268	5.633	4.997	6.343	7.571	7.737	9.111	8.634
Opioids	2.845	2.243	1.914	1.214	1.236	1.407	1.483	1.222	1.381	1.613

[4] The total computation of the detentions is not equal to the sum of the detentions for each family of drugs expounded, given that the detention of a person on the occasion of a seizing of several substances is counted as a detention for each one of the intervened substances of the same family.

General evolution of reports to the police for the infraction of the Organic Law 1/1992 (possession or use of drugs in a public place)

In 2008 a new record was reached in the number of denouncements, exceeding in 30,51% those of 2006 and 18,79% those of 2007. The starting up of the Operative Plans, concerning the use of drugs in a leisure time place and around education centres, has signified an important increase in denouncements to the police.

Figure 9.4. DENOUNCEMENTS FOR THE ORGANIC LAW 1/1992 PERIOD 1999 - 2008
(possession and use of drugs in a public place)

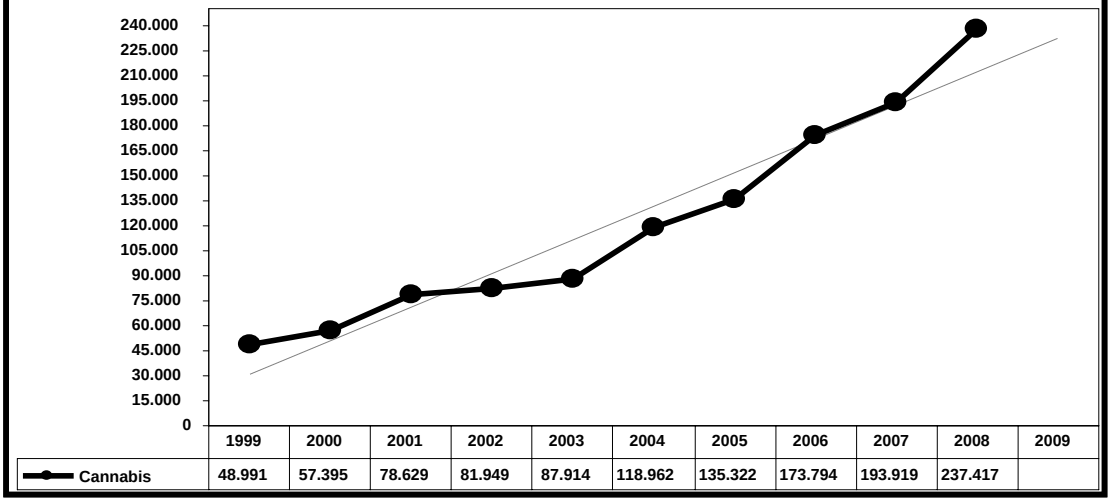


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Denouncements	76.564	81.302	112.270	122.285	122.634	150.193	173.096	218.656	240.237	285.378

Evolution of the denouncements for families of drugs[5]

The following graphs show a notable rising tendency in the number of denouncements in cannabis and cocaine, showing a similar behaviour to the respective seizing graphs. This effect is due to the fact that the major part of the seizing of drugs is carried out in virtue of the application of the Organic Law 1/1992.

Figure 9.5. NÚMBER OF DENOUNCEMENTS FOR FAMILIES OF DRUGS 1999 - 2008 (I)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Cannabis	48.991	57.395	78.629	81.949	87.914	118.962	135.322	173.794	193.919	237.417	

The total computation of denouncements is not equal to the denouncements for each family of drugs expounded, given that the denouncement of a person on the occasion of a seizing of several substances, is counted as a denouncement for each one of the intervened substances of the same family[5]

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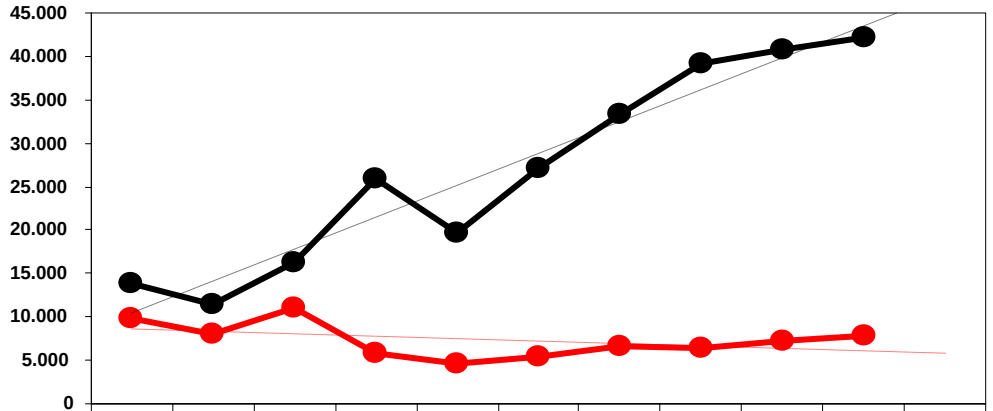
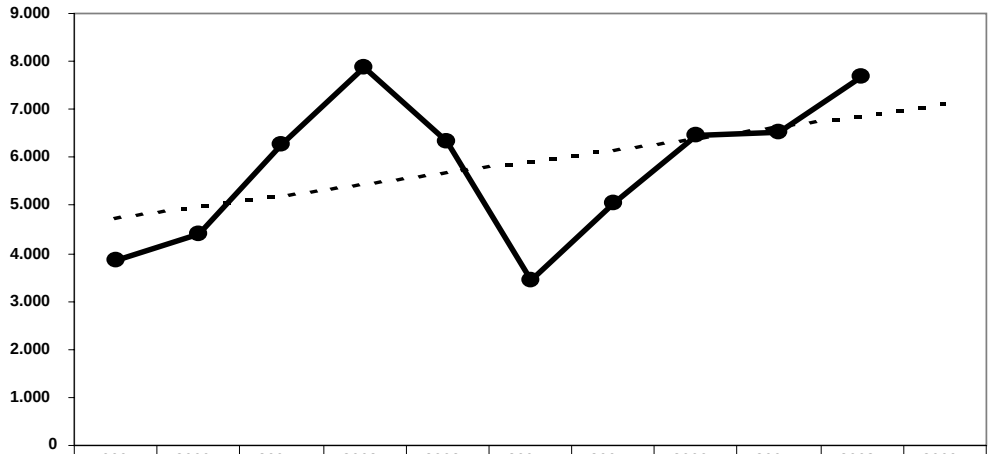
Figure 9.6. NUMBER OF DENOUNCEMENTS FOR FAMILIES OF DRUGS 1999 - 2008 (II)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Cocaine	13.802	11.422	16.196	25.905	19.590	27.038	33.342	39.227	40.743	42.229	
Opioids	9.910	8.089	11.145	5.916	4.593	5.461	6.614	6.413	7.187	7.868	

Figure 9.7. NUMBER OF DENOUNCEMENTS FOR FAMILIES OF DRUGS 1999 - 2008 (III)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Psycho Halluc.	3.842	4.390	6.277	7.883	6.340	3.439	5.047	6.475	6.526	7.671	

The denouncements for cannabis represented 80,43% of the total, followed by the cocaine with 14,31%, the opioids with 2,87% and finally, the psychotropic hallucinogens with 2,59%.

- **PREVENTION OF DRUG-RELATED CRIME**

In the year 2005 the analysis of the situation about the fight against drugs in Spain indicated in a reiterated way, that over the past years phenomena were being produced which, at the same time as being pernicious, diminished the subjective sensation of safety and security in the general population; the lowering in the age of initiation to illegal drugs, specially hashish, and the increase in episodes of use in school areas and in the very same education centres, while at the same time a strong concentration of the retail activity of use and drug trafficking was produced in recreation zones and leisure places of entertainment in specific epochs and particularly during week ends.

Consequently, Operative Plans were articulated for intervention **of an essentially preventive character** against retail trafficking of drugs, the tendency of their use in and around school centres and recreation and leisure zones, and with the following objectives

Insofar as educational centres are concerned, the principal objective is to eradicate the retail trafficking of drugs in and around school areas and make possible in this way that the formation and education of children and adolescents is carried out in a healthy atmosphere of safe coexistence.

Regarding zones, places, recreation and entertainment centres, the principal objective of the Plan is the intervention in retailing drug trafficking in geographical areas and concrete periods, directed to eradicate or diminish the retail distribution of illegal drugs in the cited zones. To make possible that the recreation activities and entertainment are carried out in a healthy and safe atmosphere of free coexistence and, in the same sense, direct the police action in the field of control and sanctions against the possession and use of drugs in public places, as well as against the establishments and premises associated with the said use.

The cited Operative Plans have been executed since the year 2006 with 4 or 5 activation phases per year, on the dates and the duration of which, in each case is esteemed desirable.

Table 9.1. Results in the year 2008 of the Operative Plan of Police Response to the Retail Trafficking and Use of drugs in and around Educational Centres

Detained		92
Sale points desactived		41
Denounced LO 1/92 (possession/use)		3.651
Number of seizures		4.047
SEIZED DRUGS	Heroin (grams)	197
	Cocaine (grams)	795
	Resin o pollen hashish (grams)	9.111
	Oil of hashish (c/c)	295
	Grifa/Marihuana (grams)	5.812
	Speed (grams)	24
	LSD (units)	1
	Ecstasy (units)	1
	Psycho- medicines (units)	290

Table 9.2 Results in the year 2008 of the Operative Plan of Police Response to the Retail drug trafficking and use of drugs in Zones, places and premises or recreation and entertainment

Detained		865
Sale points desactived		282
Denounced LO 1/92 (possession/use)		34,581
Number of seizures		39.932
SEIZED DRUGS	Heroin (grams)	1,285
	Cocaine (grams)	36,332
	Resin o pollen hashish (grams)	126,610
	Oil of hashish (c/c)	2,342
	Grifa/Marihuana (grams)	170,995
	Speed (grams)	1,107
	LSD (units)	441
	Ecstasy (units)	3,741
	Ecstasy (GHB) (c/c)	156
	Psycho- medicines (units)	2,013
PROSECUTIONS AGAINST PUBLIC PREMISES	Drug sale	124
	Alcohol sale to minors	39
	Allowing entrance to minors	65

▪ INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

Alternatives to prison for drugs (Data 2007, the data is being elaborated.

In general terms there has been an increased number of people subject to alternative measures as well as the number of imprisoned individuals. This means there has been an increment of misconducts (application of new crimes such as domestic violence and blood alcohol level) which are, consequently increasing the number of people under criminal custody.

According to different sources they have tried to describe a global panorama of the situation of these measures in our country:

- Social Penitentiary Services of the Central Administration. To the 31 of December 2007 carried out follow-ups of 6,214 people who were completing alternative methods:

    - Suspensions. A total of 5,184 people were carrying out a suspension of sentence at this date 56, 9% of these people were drug addicts in deintoxification treatment.

    - Security measure deprived of freedom. A total of 199 subjects were carrying out a deprivation measure, 77, 4% of these people were in deintoxification treatment.

  It must be pointed out that the alternative penal measures to reclusion that are the competence of these services are: conditional freedom, the conditional suspension of the sentence, work in benefit of the community, the measures of security and permanent localization.

- Statistics of the Basque Country: memo of the Assistance Services to the Penal Implementation and Social Reinsertion. (SAER), 2007. During the year 2007, the SAER attended to a total of 1,205 subjects, on whom a follow up was carried out of 1,720 alternative measures. 66% of the total measures were conceded to drug addiction problem persons and 3, 4% to people with an alcohol problematic.

  The task of SAER during 2007 has continued to be conditioned by the entry into operation of RD 515/2005 that attributes to the Penitentiary Social Services a large portion of the SAER functions.

- Statistics from the Director General of Juvenile Justice of Catalonia. During the year 2007, the Courts notified the Direction of a total of 5,412 demands of alternative measures, of these 505 (9, 3%) consisted in demands from drug addicts.

On the other hand in accordance with the information provided by the Autonomous Plans on Drugs during the year 2007, 5,683 subjects have been diverted to treatment from the Courts and 800 prisoners to community treatment from prison centres. In fact, 1,353 subjects were following an alternative measure in 66 devices of community treatment

These figures mean an underestimation of the real number of cases attended taking into account that not all the autonomous Communities notified data.

In spite of insufficient methodology in the gathering of information the data provides a view of high percentages of the measures destined for drug addiction treatment. With

reference to the rate of failures we only have partial data, so, in accordance with the data presented by the Memo of Assistance Services to Prison Implementation and Social Reinsertion (2007) 2,7% of the total of the measures applied were revoked in 2007.

Other interventions in the criminal justice system

On the other hand the Government Delegation for the National Plan of Drugs has continued to strengthen the programs that offer judicial and social support to people who have committed crimes as a consequence of their drug addiction, developing a wide network of support teams, with the aim of applying the measures available to avoid prison admittance.

Therefore it must be pointed out that during the year 2007 7,017 detained users were attended to in programs of attention to drug addicts. Of those 2,244 were attended to in programs for the attention of drug addicts in police stations/ precincts, and 4,773 in programs for the attention of drug addicts in Courts. The programs of Social Attention for the detainee in general have attended to 1,904 users. (Table 9.3).

Table 9.3. Attention Programs for the detainee in police stations/precincts and courts. Spain, 2007

Type of program	Number of users	Autonomous Communities setting up programs and notifying data
Attention Programs for drug dependency in police stations	2,244	Andalucía, Asturias, Ceuta, Castilla-León Murcia y Community of Valencia.
Attention programs for drug dependency in Courts.	4,773	Asturias, Baleares Islands, Castilla-León, Castilla-La Mancha, Extremadura, Galicia[&], Murcia[&] & Community of Valencia.
Programs of social attention for detainees in court tribunals	1,904	Basque country

*Could have a specific device in Courts and police stations/precincts or use mobile units from the network of attention to drug addicts & Galicia and Murcia mobile units of attention that move to police stations/precincts and Courts.
Source: data provided by the Autonomous Plans on Drugs (Andalucía, Asturias, Baleares, Castilla La Mancha, Castilla-León, Ceuta, Extremadura, Galicia, Murcia, País Vasco y Comunidad Valenciana).

It must be noted that these figures represent an underestimation of the real number of cases attended, because not all the Autonomous Communities have notified data. The majority of these resources are funded totally or partially by the Autonomous Plans

Programs directed towards minor offenders have also been strengthened. In this way, during the year 2007 the autonomous Communities have carried out a considerable effort to develop and consolidate programs directed towards this population. A total of 218 minors have been attended to in therapeutic programs in Centres for Minors (Aragón, Asturias, Baleares, Castilla & León, Ceuta, Extremadura, Murcia, Navarra, La Rioja and the Basque Country).

Note also the development of the following actuations:

- Castilla & León continue to develop a selective prevention program directed towards families of adolescents with problematic behaviour (punishable acts, violence, etc): and an intervention program with minors in risk of social exclusion besides pointing out the program on intervention in the reform Centre of Zambrana as well as the Attention Services for the minor detainee.

- Catalonia continues to develop prevention strategies, selective and indicated, and of assistance directed towards minor offenders. Besides applying as a test a new instrument of intervention SAVRY or system o structure risk valuation of violence in young offenders. During the year 2007 sessions of basic formation have been carried out and a didactic support has been elaborated

- Ceuta. This autonomous city develops an intervention program with minors in risk (Protection of minors and reforms)

- Madrid. The Plan 2006-2009 of this community strengthens the selective and indicated programs directed towards minors in risk by means of a program of social education of intervention in an open environment. At the same time it impulses indicated prevention programs in taking-in centres and Hostels depending on the Institute of Minors and the Family .In this way the actuations convened by the "Proyecto Hombre" is notable: The maintenance of a therapeutic community for young offenders, a day centre for the young in social conflict and a program of judicial measures in an open environment.

- DRUG USE AND PROBLEM DRUG USE IN PRISONS

Statistics: 2008

Statistics of the Penitentiary Population. Source: General Secretary of Penitentiary Institutions. (Data is included of the penitentiary population in Catalonia)

The number of inmates in penitentiary centres have followed and increasing evolution. At 31 December 2008 there were 73,558 people imprisoned opposed to 67,100 that there were in 2007. In fact, Spain presents one of the highest rates of imprisonment in Europe for each 100,000 inhabitants, 152 are imprisoned in penitentiary centres. In the Figure 1 the characteristics of the prison population in the period 2000- 2008 can be observed.

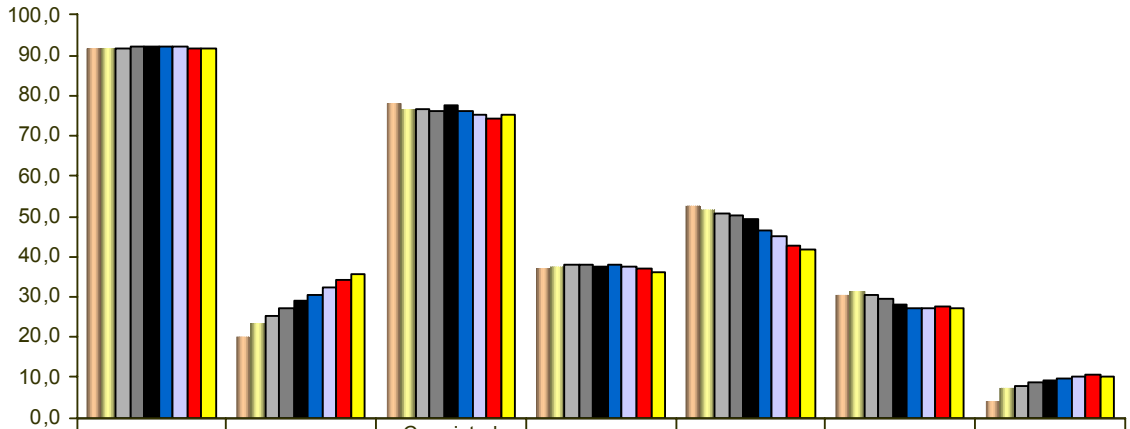
- **The penitentiary population is predominantly masculine** (91, 9%) with an increment each time higher of foreigners (25, 6%). 38, 5% of the women were foreigners opposed to 35, 4% of men. At the same time, in the last years, the prison population presents a gradual aging, 65,13% of the prison population were between 31-60 years old opposed to 63,18% that were in this age-frame in 2007

- **Criminal Typology** in the periods 2000-2008 those convicted for crimes against the socioeconomic order continue descending as may be observed in Figure 9.4. This fact could be caused by the variables of age and re-incidence, as studies point to a measure that while the age of the delinquent subjects increases there exists a displacement in the type of crime committed. Even if other factors such as habits in the punitive frame could be intervening

  The predominant criminal types continue to be, in the first place, crimes against properties (41,5% of the prison population) followed by crimes against Public Health (27,9% of the prison population) According to the variable sex, 42,2% of the males were imprisoned for crimes against patrimony, personal assets, while 48,9% of females were imprisoned for crimes against public health

  Finally the majority of the prisoners are social and economically excluded. For this reason the improvement of health in this population implies bettering their social and economic situation, as the unbalances in health are the manifestation of the social and economical unbalances that characterize our society today.

Figure 9.4.- Evolution of prisoner population profile. Spain, 2000-2008 (%).



	Men	Foreigners	Convicted prisoners	Age	C. Property	Public health	Against peple
2000	91,9	19,9	77,8	36,9	52,6	30,2	4,2
2001	91,8	23,3	76,6	37,3	51,4	31,3	7,3
2002	91,9	25,4	76,8	38,1	50,9	30,5	7,9
2003	92,1	27,1	76,2	38,1	50,4	29,5	8,9
2004	92,3	29,1	77,6	37,6	49,3	28,1	9,3
2005	92,2	30,5	76,0	37,9	46,6	27,2	9,9
2006	92,0	32,2	75,1	37,5	45,1	27,3	10,2
2007	91,7	34,2	74,4	37,2	42,8	27,3	10,6
2008	91,9	35,6	75,4	36,1	41,5	27,3	10,2

Note: Crimes against persons, homicide and their type of injuries; crimes against properties: crimes against personal assets and patrimony and the socioeconomic order.
(*) Percentages over the prison population punished by the Organic Law 10/1995 and the repealed penal code.
Source: Government Delegation for the national Plan on Drugs. From the penitentiary statistics of the Home Office (Ministry of the Interior).

Statistics: prevalence of diseases associated with drug use as in 2008. Source: Health Registers of Penitentiary Health. The penitentiary population of Catalonia is not included.

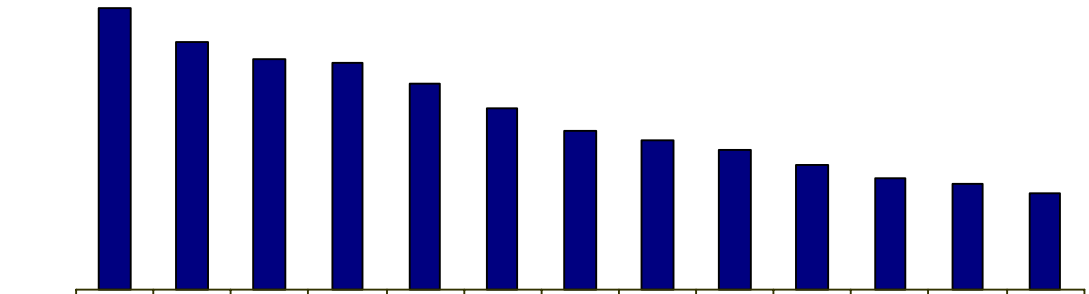
The study of the state of health in the penitentiary populations is foundered on evidence of a more deteriorated health state than in the general public and a greater social exclusion, which is associated with a worse state of health. In accordance with the results of the *State Survey on Health and Drugs among inmates in Prisons (ESDIP) 2006* the state of health perceived by the inmates is worse than the general population, while in 2003 84% of Spaniards perceived that their health was good or very good, only 64% of the inmates had this perception

In the year 2008 the prevalence of diseases associated with drug use in the total penitentiary population has been as follows (not included the penitentiary population of Catalonia)

- Prevalence of HIV: 7, 8% of the total of the penitentiary population depending on the Secretary General of Penitentiary Institutions. The principal category of HIV transmission continues to be that of sharing injection material for drug administration by parenteral route in both sexes

  In accordance with Figure 9.5 the decreasing tendency of the HIV prevalence in prison environment. The AIDS incidence has diminished in both sexes and females continue to present lower rates than the males.

Figure 9.5. - Evolution of HIV prevalence in the prison population 1996-2008*(%)



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
VIH	22,7	20,0	18,6	18,2	16,6	14,6	12,8	12,0	11,2	10,0	9,0	8,6	7,8

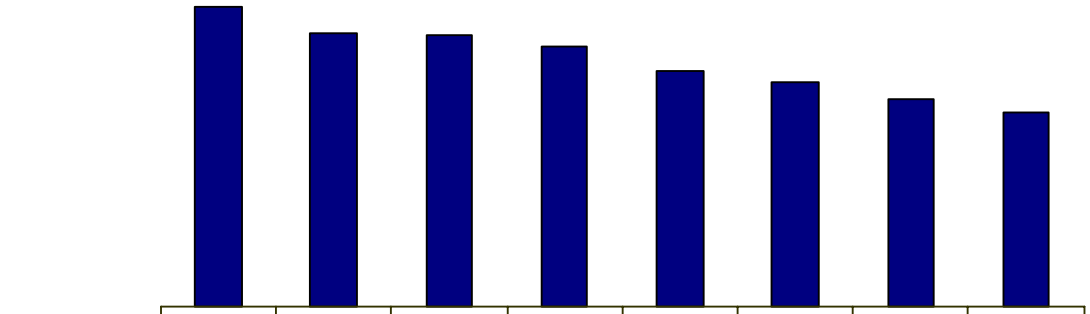
* Catalonia is not included.

Source: Government Delegation for the National Plan on Drugs. Data provided by the Secretary General of Penitentiary Institutions.

- **Hepatitis C** Prevalence: 27% of the total prison population depending on the Secretary General of Penitentiary Institutions. The affected population is characterized by a precocious age in the initiation of drug use, length of time use prolonged, shared syringes and co-infection with HIV. According to studies carried out in prison environment, the antecedent of drug use is the factor that better predicts the possibility of both infections.

In accordance with Figure 9.6 the decreasing tendency of hepatitis C in the prison environment continues. There could be diverse explanations for this fall, among those that stand out is the increase in foreigners who are in prison, as these use drugs with less frequency and there are fewer individuals infected.

Figure 9.6. Evolution of hepatitis C prevalence in the prison population*. Spain, 2001-2008 (%).



	2001	2002	2003	2004	2005	2006	2007	2008
Hepatitis C	41,9	38,2	37,8	36,2	33,0	31,3	29,0	27,0

*Catalonia is not included.

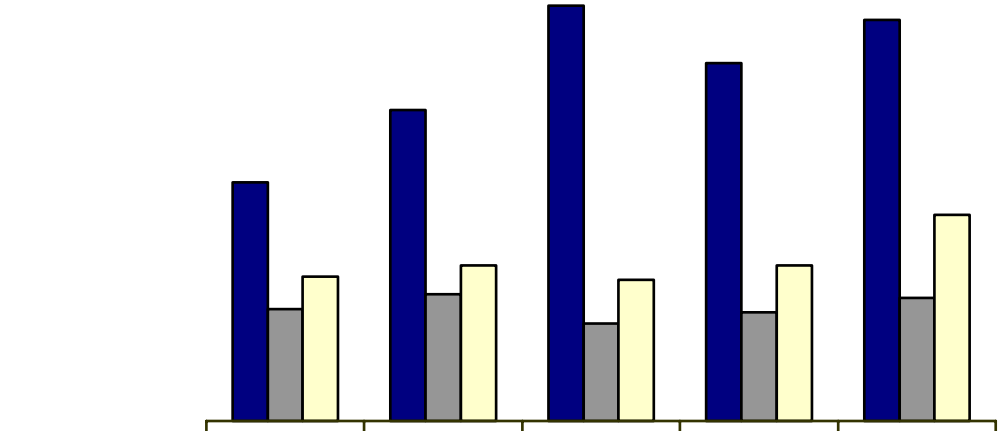
Fuente: Delegación del Gobierno para el Plan Nacional sobre Drogas. Datos facilitados por la Secretaría General de Instituciones penitenciarias.

- Prevalence of inmates with **antiretroviral** treatment. 4, 6% (2007: 4, 8%) of the total prison population depending on the Secretary General of Penitentiary Institutions.

- Prevalence of **tuberculosis**: 0,18% of the prison population depending on the secretary General of Penitentiary Institutions was in treatment for tuberculosis

- **Deaths due to overdoses in prison centres.** During the year 2008, 202 deaths were notified to the Register of Mortality of Penitentiary Health occurring in the prison centres or in the hospitals of reference: 57 inmates died due to overdose in prison centres, 34 inmates due to HIV infection, and 111 natural death causes, not HIV. Figure 9.7. shows the distribution according to the motive of death (not including suicides and accidental or violent deaths.).

Figure 9.7. Causes of death in the prison population*. Spain, 2004-2008



	2004	2005	2006	2007	2008
Natural not HIV	66	86	115	99	111
Infection HIV	31	35	27	30	34
Overdose	40	43	39	43	57

*Catalonia is not included

Source: Government Delegation for National Plan on Drugs. Data provided by the Secretary General of Penitentiary Institutions.

- Another risk associated with drug use affects mental health unleashed, above all, by the use of injected cocaine. In fact the psychiatric pathologies tied to drug use are growing. The investigations make obvious the important number of heroin users, or those in **methadone** maintenance programs who use it together with cocaine, with the respective physical deterioration, mental and social that it bears with it

  In accordance with the studies carried out by the Secretary General of Penitentiary Institutions *Study on Mental Health in Prison Environment (December 2006)* 44,2% of the prison population had antecedents of drug dependency or abuse and, among these, 9,6% presented dual pathologies, (psychiatric pathology and drug use). Besides, 47, 2% of the inmates had the prescription of psycho-drug including methadone.

Drug Use Statistics and associated variables. Source. State Survey on Health and Drugs among prison inmates (ESDIP) 2006. See publications Government Delegation for the National Plan on Drugs www.pnsd.msps.es.

▪ RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS

Assistance to drug users in prisons. Data 2008

In accordance with the health data expounded, the reinsertion of marginated heroin users of an advanced age with important somatic and mental disturbances is set out as a challenge. Besides, the number of cases of parenteral route heroin users who also inject cocaine or mixtures of heroin and cocaine has increased.

A total of 27,140 inmates (2007: 27,810 inmates) of 69 penitentiary centres depending on the Secretary General of Penitential Institutions had been assisted in these programs, reaching a prevalence/day of 20,08% (2007 21,17%) 11,7% in methadone treatments and 8,38% in the programs for "liberation" without methadone

The programs that will be expounded below have to be seen as permeable programs, that is to say, the drug dependent inmates can pass from one program to another in their therapeutic evolution

a) Abstinence oriented Treatments (detoxifications, drug free units, therapeutic communities in prisons)**.** See Figure 9.8.

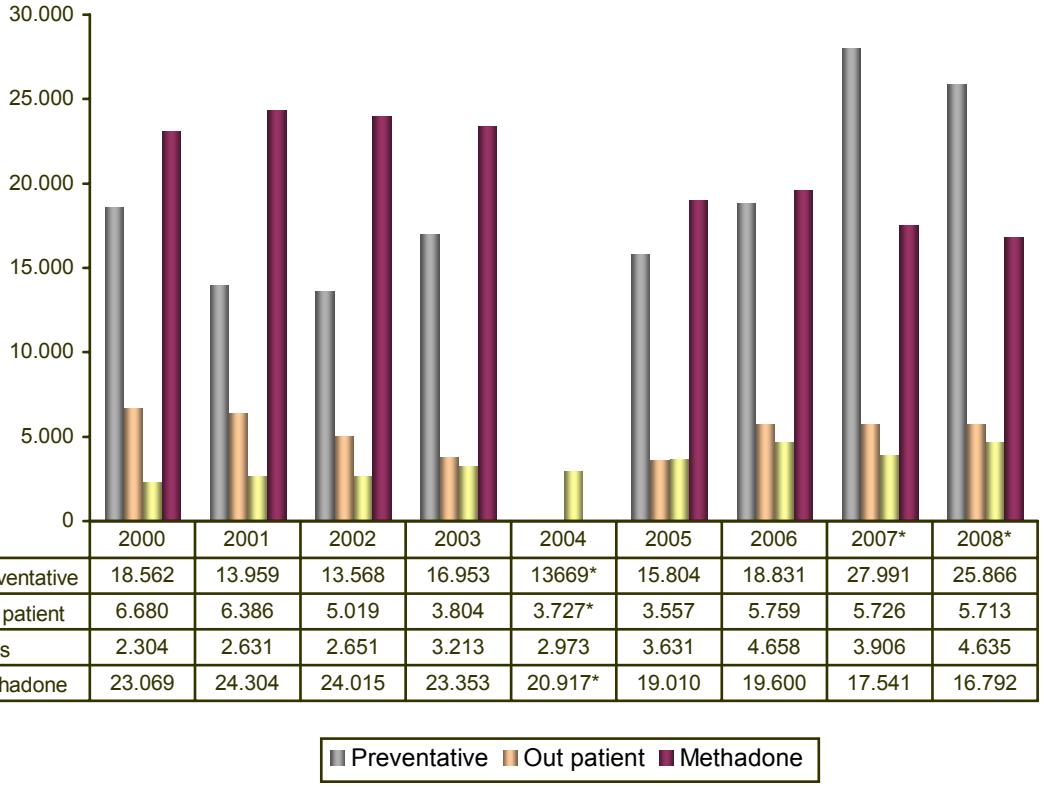
- Detoxification

  The programs of detoxification are offered to all subjects who, on entering in prison are diagnosed as active drug dependents and who are not included in methadone treatment. The number of included inmates in the detoxification guidelines **during 2008 was 1,833 drug dependent inmates in 65 penitentiary Centres depending on the State Central Administration** (Home Office Ministry. General Secretary of Penitentiary Institutions) the prevalence at 31 December 2008 was 0, 13% of the prison population.

- Drug-free programs

  During 2008 10,348 inmates depending on the Secretary General of Penitentiary Institutions were attended to under this therapeutic model.

Figure 9.8. Evolution of the number of inmates in programs of drug dependency.



	2000	2001	2002	2003	2004	2005	2006	2007*	2008*
Preventative	18.562	13.959	13.568	16.953	13669*	15.804	18.831	27.991	25.866
Out patient	6.680	6.386	5.019	3.804	3.727*	3.557	5.759	5.726	5.713
Units	2.304	2.631	2.651	3.213	2.973	3.631	4.658	3.906	4.635
Methadone	23.069	24.304	24.015	23.353	20.917*	19.010	19.600	17.541	16.792

*Not included data referring to the prisoners in Catalonia.
Source: DGPNSD from the data facilitated by the Secretary General of Penitentiary Institutions.

- Programs of drug detoxification in Out Patients Regime. The assisted inmates coexist with the rest of the prisoners and use the general resources of the centre. During 2008, 5,713 inmates of 36 penitentiary Centres depending on the Secretary General of Penitentiary Institutions with a prevalence to 31 December 2008 of 4,88% of the prison population were included

- Programs of deintoxication in specific therapeutic spaces.

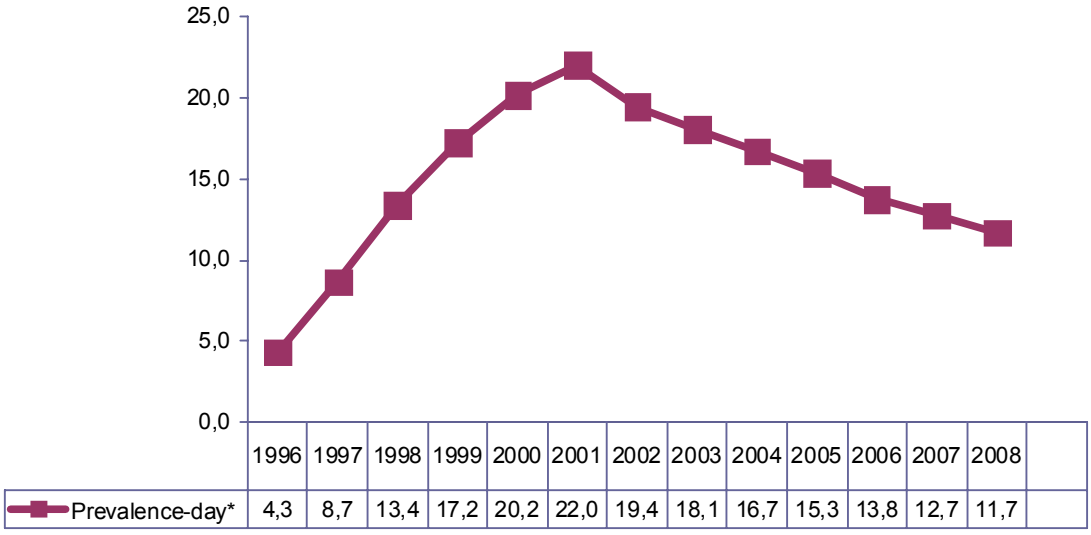
- These activities developed in a specific unit at the Centre can be of the day centre type or a therapeutic unit when they stay over night in the module. **During 2008 4,225 inmates of 29 penitentiary Centres depending on the Secretary General of Penitentiary Institutes** received treatment in a therapeutic Unit with a prevalence to 31 December 2008 of 2, 85% of the prison population. And under the Day centre module 410 inmates of 9 penitentiary centres **depending on the Secretary General of Penitentiary Institutes** with a prevalence of 0,65% of the prison population

b) Substitution treatment

These treatments have operated in the penitentiary areas since 1992, acquiring an impulse and notable development as from 1994 and in 1998 these treatments were extended to all centres.

During 2008 a total of 16,792 inmates of 69 penitentiary centres depending on the Secretary General of Penitentiary Institutions **received methadone treatment with prevalence to 31 December 2008 of 11, 70%**.

Figure 9.9. Evolution of the prisoners attended to in the methadone programs. Spain, 1996-2008*.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
Prevalence-day*	4,3	8,7	13,4	17,2	20,2	22,0	19,4	18,1	16,7	15,3	13,8	12,7	11,7	

Percentage of the prisoners depending on the Secretary General of Penitentiary Institutions who received treatment over the total recluse population on a specific date.
Source: Government Delegation National for the Plan on Drugs from the data provided by the Secretary General of Penitentiary Institutions.

According the *Study on Mental Health in the Penitentiary environment* (December 2006 16, 6% of the studied population was included in the methadone maintenance programs. Of these, only 33, 9% took only methadone (5, 6% of the population), 54, and 8% were associated to benzodiazepines and 11, 3% to other psycho-drugs.

c) Harm reduction measures

- Blood screening, vaccinations, provisions of disinfectants, provision of condoms

In all penitentiary centres preventative programs and health Education in its own devices as well as in coordination with the Communities have been developed. These programs not only are directed towards drugpendents but also to risk inmates who could begin to take drugs inside the prison as well as first offenders and the younger prisoners

The number of inmates who have passed through this type of program has been 25,866 in the 70 penitentiary centres depending on the secretary General of Penitentiary Institutes.

It must be pointed out that these programs acquire a special relevance in the Penitentiary Institution because of the frequent and grave health problems that these people present, who, in a significant percentage, find the only contact with the health system occurs at the moment of their admittance to prison.

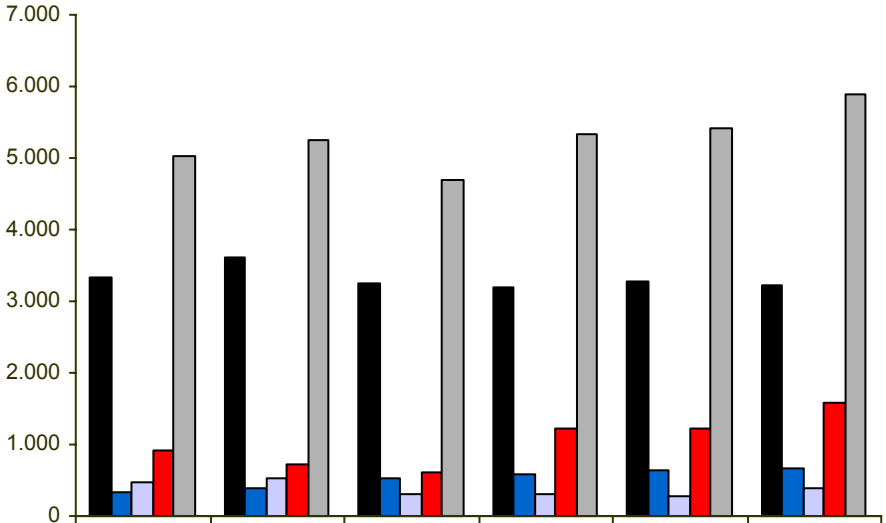
Preventative activities carried out:

- Strategies of health promotion that cover the area from health politics to the intervention in the physical and social environment.
- Supply of bleach and preservatives in all centres. Besides some penitentiary centres have silver paper (Aluminium paper) and cigarette holders for smoking.
- Health Education for the carriers of infectious diseases.
- Vaccination anti-hepatitis B.
- Hepatitis treatments.
- Application of the preventative program and tuberculosis control has, as a fundamental aim to detect and treat precociously the infection as well as the disease among the prison population. Application of treatment Observed Directly, TOD.
- Psycho-social and health group support carried out by the prison population infected with HIV or with risk practices for the infection.

- Needles and syringe exchange. These are offers in all penitentiary centres depending on the General Director of Penitentiary Institutions. During the year 2008 there were 34 penitentiary centres, depending on the Secretary General of Penitentiary Institutions that distributed syringes. During that same year 10,582 syringes were distributed in the centres of the central administration.

d) Community links (pre-release, units and release, working with families, through care, therapeutic communities for offenders outside the prisons, involvement of community health structures). See Figure 9.10..

Figure 9.10. Derivations of drug dependents from Penitentiary Institutions to device community treatment. Spain, 2008



	2003	2004	2005	2006	2007	2008
Treatments w ith methadone	3.323	3.600	3.244	3.202	3.277	3229
Terapeutic Communities	346	393	531	596	639	665
Others for stopping addiction	460	540	314	307	283	400
Outpatient centers	908	712	604	1.216	1.222	1587
Total	5.037	5.245	4.693	5.321	5.421	5.881

* Lack of data from Catalonia
SOURCE: Government Delegation for the National Plan on Drugs. On the basis of the data provided by the General Department of Penitentiary Institutions.

- Therapeutic communities for offenders outside the prisons

During 2008, 5,881 prisoners have been derived for treatment from the penitentiary centres depending on the Secretary General of Penitentiary Institutions:

- A total of 1,587 inmates to outpatient centres.
- A total de 3,.229 inmates to external methadone maintenance programs
- A total of 665 inmates to external therapeutic communities.
- A total of 400 prisoners to other deintoxication resources

10. DRUG MARKETS

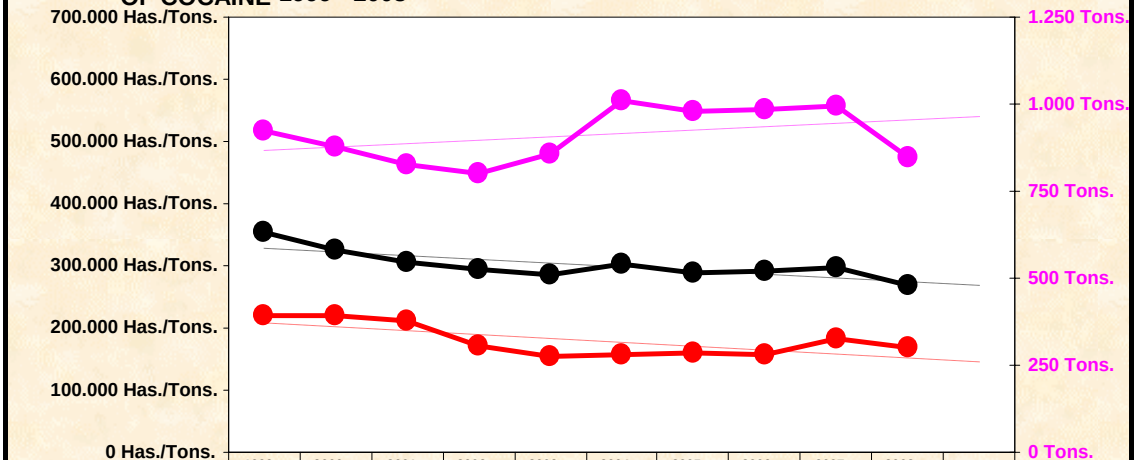
- AVAILABILITY AND SUPPLY

COCAINE

Cultivation of cocaine leaves and the production of cocaine

The entire quantity of seized cocaine in Spain comes from the Andes region in South America. The data offered by UNODC on the extension of the crops and on the production of the dried leaves show a slight general descent in the two variables, with similar and unresolved behaviour. On the other hand, the cocaine production deviates to the descending tendency due to the strong production increase, localized specially in Columbia since the year 2004 up till 2007.

Figure 10.1 CULTIVATED AREAS, COCAINE LEAF PRODUCTION AND PRODUCTION OF COCAINE 1999 - 2008



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Cannabis crop	220.600	221.300	210.900	170.300	153.800	158.000	159.600	156.900	181.600	167.600
Prod. Leaf (Tons.)	353.000	325.800	305.500	294.400	286.654	303.280	289.480	292.430	298.200	269.600
Prod. Cocaine (Tons)	925	879	827	800	859	1.008	980	984	994	845

Between 1999 and 2008 a descent of 24% of the cultivated areas was observed, a descent also of 23, 63% of the dried leaf production and at the same time, a descent of 8, 65 in the total cocaine production.

Means and routes of distribution of cocaine in Spain and Europe

Significant changes have not been noted in the utilization of land sea and air routes, in transporting cargo as well as by human transferred – "*mulas*"' for the moving and distribution of cocaine from their places of origin to Spain and Europe.

In as far as the routes used is concerned, there are three maritime routes that are generally used to transport cocaine to Europe: **the northern route**, via the Caribbean through the Azores to Portugal, Spain and the rest of the European Community countries with an Atlantic coastline: **the central route** from South America via Cape Verde, Madeira or the Canary Islands to Europe, and finally the **Southern or African route** from South America directly to West Africa and from there to the European countries.

SYNTHETIC DRUGS - MDMA

Production of MDMA- ecstasy

The manufacturing of substances of the "ecstasy" group is calculated between 72 and 137 tons. The difficulty in establishing reliable data of production of MDMA makes it necessary to use indirect indicators, as for example: the estimation of use, the numbers and quantities of that seized or dismantled laboratories.

The data last published by UNODC in 2009 indicated that during the two year period 2008-2007 128 laboratories of ecstasy elaboration in the world, were dismantled, principally in economically prosperous zones, corresponding to developed countries (North America 62, Australia 26, Europe 21 and Asia 19).

According to the known data, the European Union continues to be the principal producer of ecstasy, even if a slow diminishing of the relative importance of this zone is noted and the transfer of the production especially to North America.

Means and routes of distribution of ecstasies in Spain and Europe

Significant changes have not been observed in the means and the routes utilized in the ecstasies distribution in Spain.

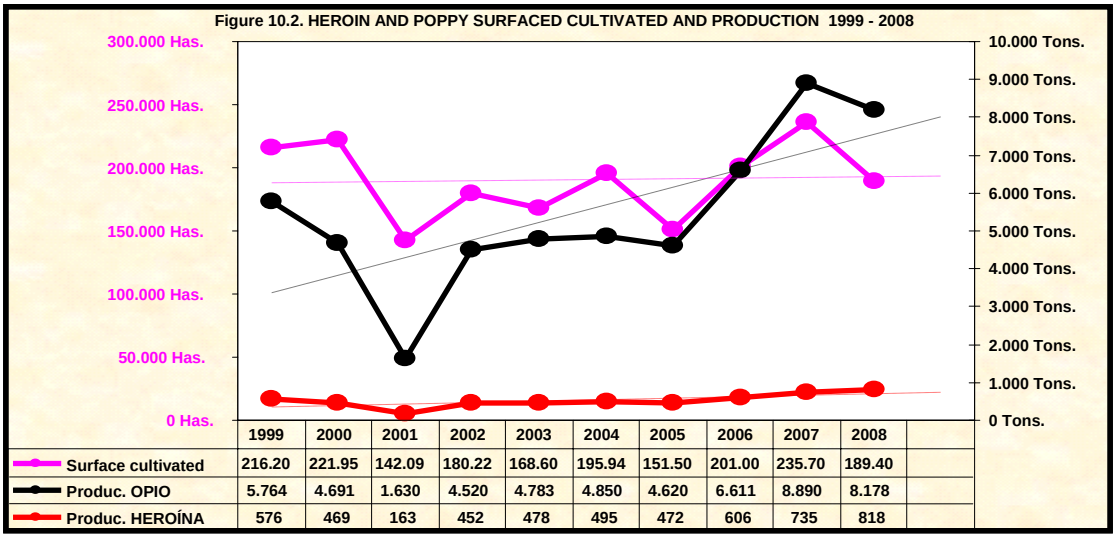
HEROIN

Cultivation of the poppy and heroin production

As far as Spain is concerned the major part of seized heroin is of the "brown sugar" variety produced in Afghanistan and coming via Turkey through the Balkans route.

The cultivation of the poppy and the production of opioids, according to the UNODC, continues to be concentrated in the "*Golden Crescent*" the "Golden Triangle" and Central America and the South (Mexico and Columbia).

Figure 10.2. HEROIN AND POPPY SURFACED CULTIVATED AND PRODUCTION 1999 - 2008



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Surface cultivated	216.20	221.95	142.09	180.22	168.60	195.94	151.50	201.00	235.70	189.40
Produc. OPIO	5.764	4.691	1.630	4.520	4.783	4.850	4.620	6.611	8.890	8.178
Produc. HEROÍNA	576	469	163	452	478	495	472	606	735	818

In 2008 the total surface area dedicated to poppy farming in the principal countries of cultivation went down to 189,403 hectares. This diminishing of 19, 24% with respect to the previous year is due principally to the large descent in Afghanistan.

The level of the crops in Myanmar and the Laos Democratic Popular Republic remained approximately the same as in 2007. As a consequence, the total potential production in the principal countries of the cultivation of the poppy in respect to the previous year was reduced. To the contrary, the heroin production has constantly increased presenting 11, 29% more in 2008 with respect to the previous year.

Means and heroin distribution routes in Europe

The different variants of the "Balkans Route", the "Caucasian Route" and the "Southern Route" continue to be utilized by drug trafficking organizations for heroin distribution from Turkey to the whole of Europe.

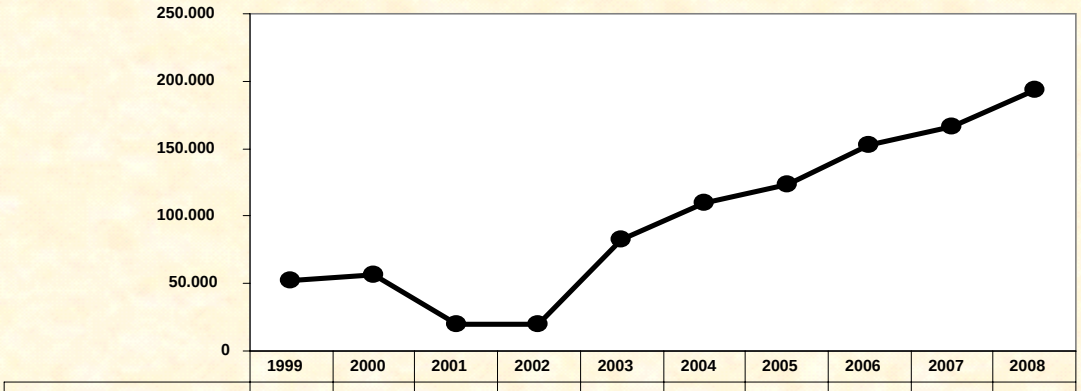
▪ SEIZURES

CANNABIS

Number of seizures

The number of cannabis seizures in 2008 was the highest seizures of drugs ever registered in Spain. It reached the figure of 193,429, which meant a variation to the rise of 16, 14% with respect to the previous year.

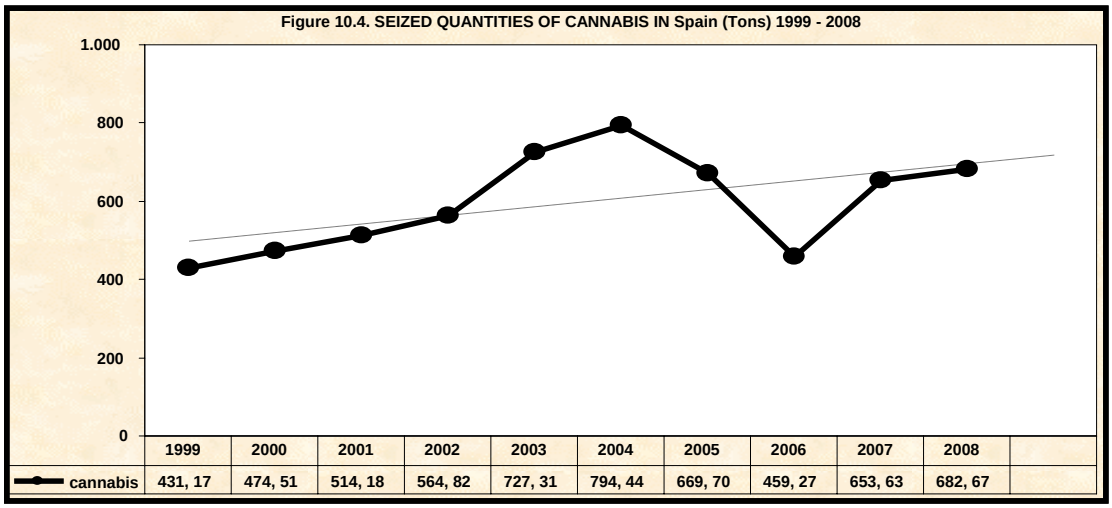
Figure 10.3. EVOLUTION OF THE NUMBER OF SEIZURES OF CANNABIS (1999-2008)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Num. seizures	52.363	56.019	20.244	19.414	82.835	110.168	123.882	153.145	166.544	193.429

Quantities seized in Spain

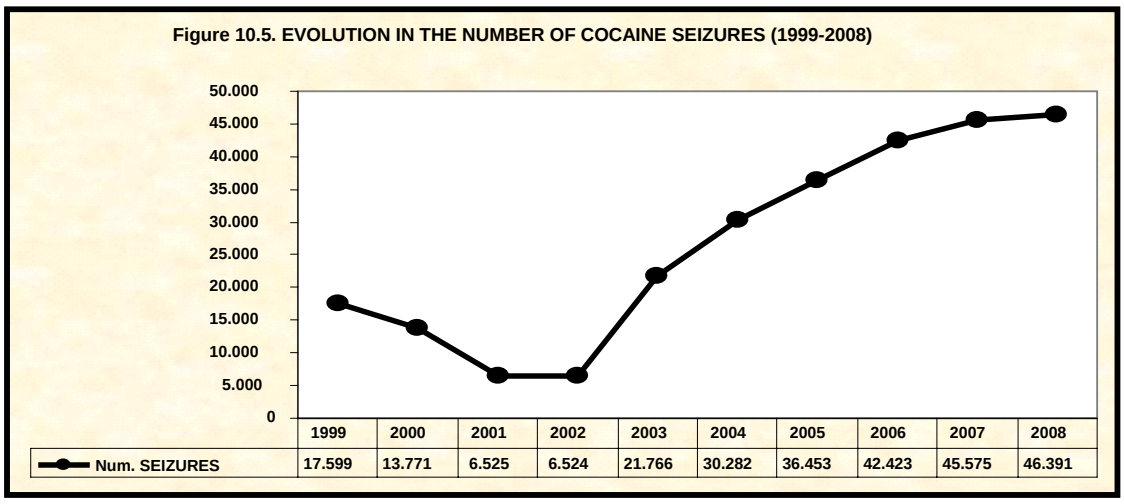
During the course of the years 2004 until the year 2006 the variations were produced that modified the ascendant stability of the tendency line. The points of inflexion were the recovery of the year 2004, in which the cannabis seizures meant almost double of those of the year 1999, descending later until 2006, second inflexion point, in that the seized quantity remained at the same level as at the beginning of the compared period. As from the year 2006 onwards a new recovery has been produced with an increase in the year 2007 of 42, 32% and of 4, 44% in 2008 with respect to the pervious year.



COCAINE

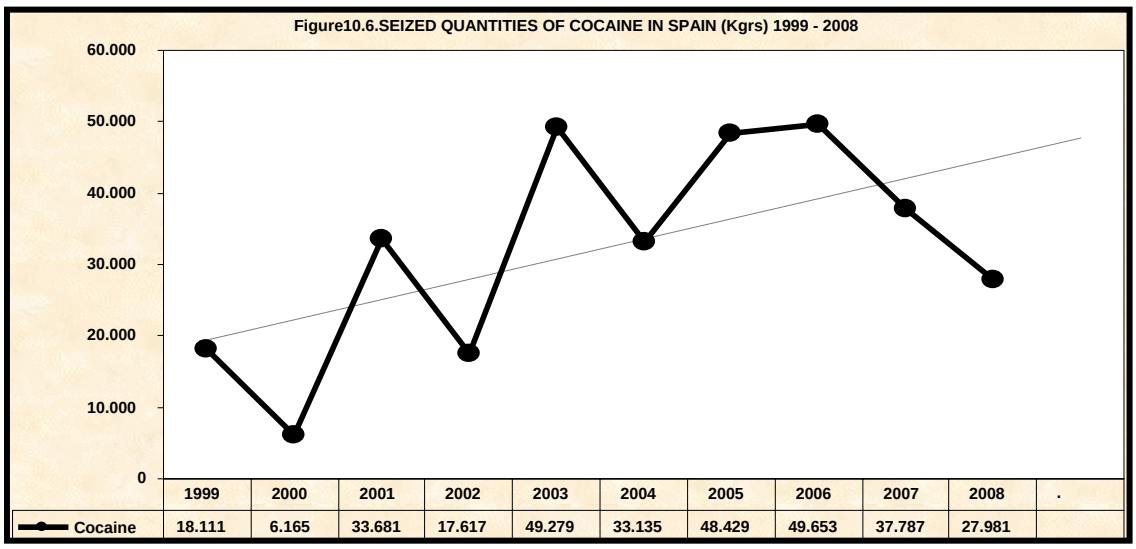
Number of seizures

The number of cocaine seizures has experienced a sustained increase since the year 2002 reaching 46,391 in 2008, which means an increase of 1, 80% with respect to the previous year.



Quantities seized in Spain

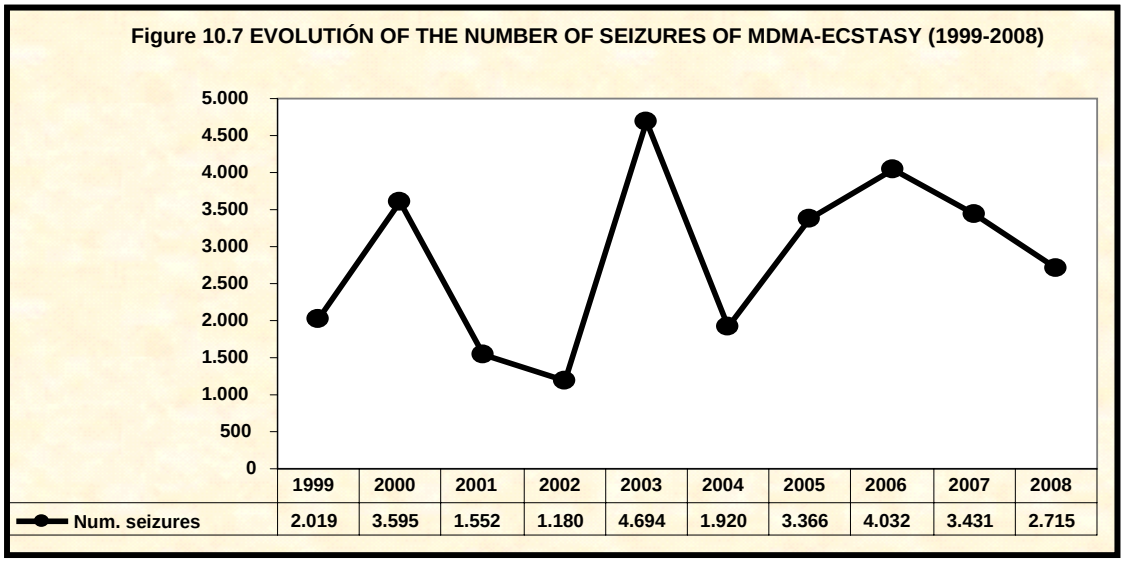
The seized quantities of cocaine in Spain show a classic saw-tooth development graph with a notably ascendant tendency, in spite of the fact that in 2008 a descent of 26% was produced with respect to the previous year.



MDMA-ECSTASY

Number of seizures

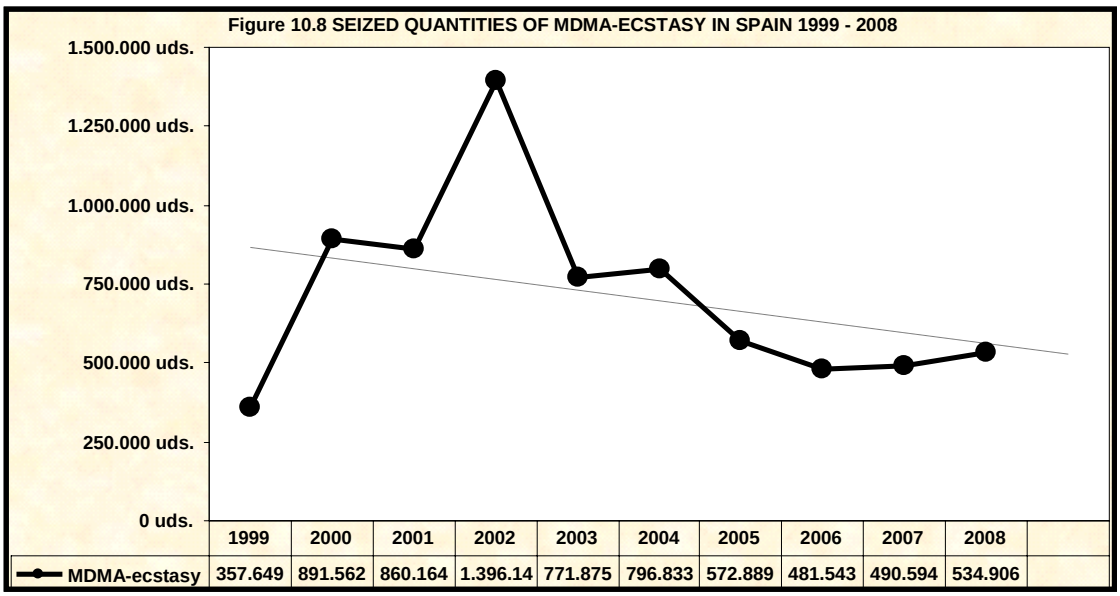
The seizures of MDMA-ecstasy were 2,716 in 2008, the quantity that means a descent of 21, 98 with respect to 2007 and of 32, 64% with respect to 2006.



Quantities seized in Spain

The total quantity seized in 2008 means an increase of 9, 03% with respect to the previous year, however, it is only a little more than a third of the quantities seized in the year 2002.

Figure 10.8 SEIZED QUANTITIES OF MDMA-ECSTASY IN SPAIN 1999 - 2008



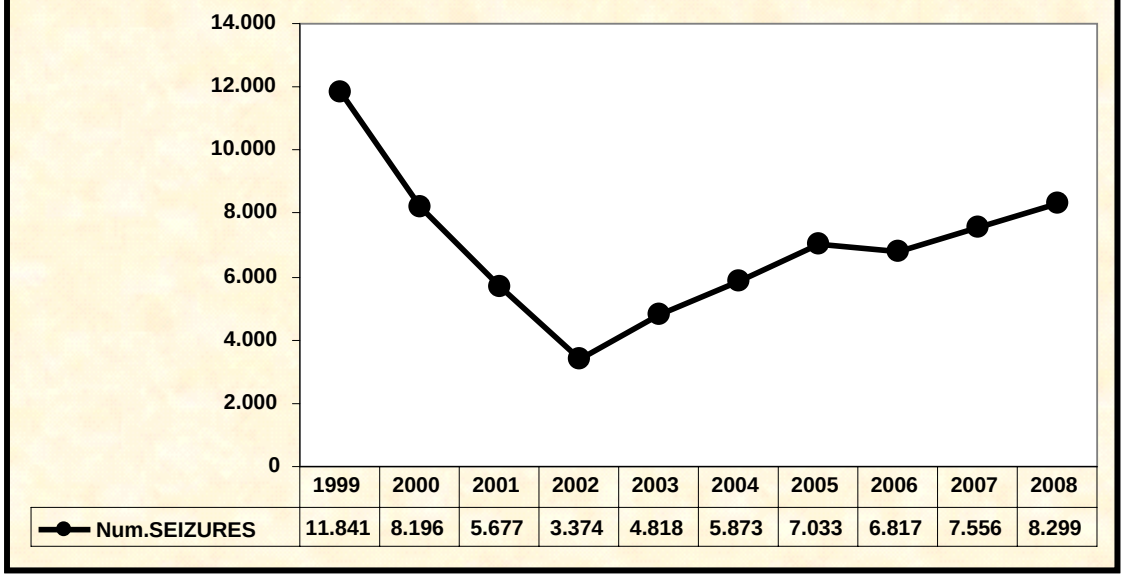
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
MDMA-ecstasy	357.649	891.562	860.164	1.396.14	771.875	796.833	572.889	481.543	490.594	534.906

HEROIN

Number of seizures

The number of seizures of heroin has experienced a sustained increase since 2002 reaching 8,299 in 2008 that means an increase of 9, 83% with respect to the previous year.

Figure 10.9 EVOLUTION OF THE NUMBER OF SEIZURES OF HEROIN (1999-2009)

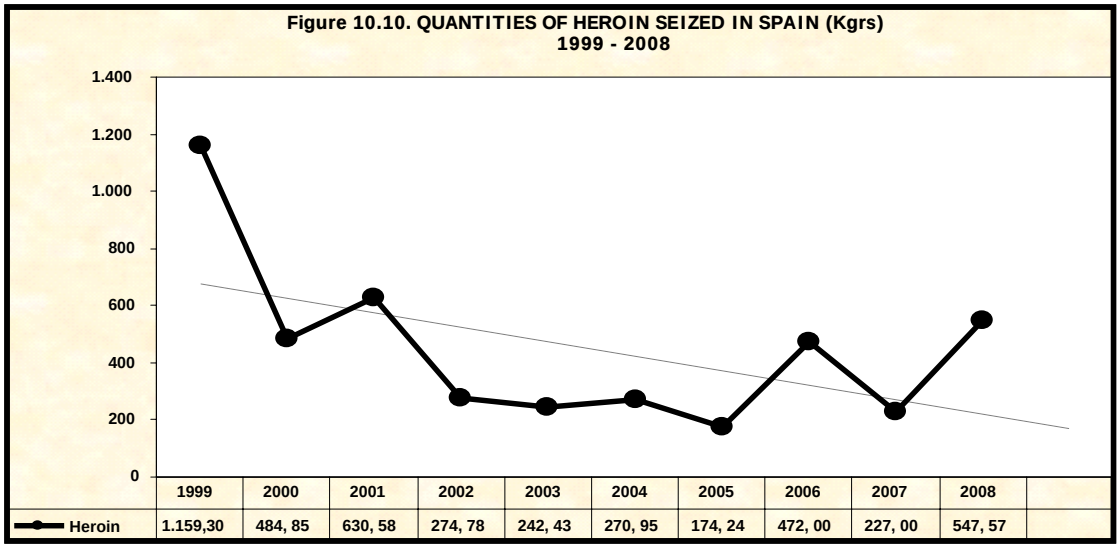


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Num.SEIZURES	11.841	8.196	5.677	3.374	4.818	5.873	7.033	6.817	7.556	8.299

Quantities seized in Spain

The evolution of the heroin seizures show a descendant tendency attributed to a fall in the supply for the lowering in use that shows the indicator of the demand. However, this tendency to lower levels is being checked with the registered seizures in 2006

(472, 00 kg) and in 2008 (547, 57, Kg.).This means increases of 170, 89% and 141, 22% with respect to previous years



Precursor quantities seized

In Spain only catalogued chemical substances are made as precursors of the Category 3 which include six chemical products of very common use, dissolvent like acetone and toluene, and chlorohydric and sulphuric acids

In so far as the seizures that are carried out are concerned, an increase in sulphuric acid has been detected and clorohydric acid, the parts used in laboratories related to cocaine extraction and the greater part related to laboratories of the synthesis of psychotropic drugs in those where other substances appear object of voluntary control and that suppose the confirmation of use of alternative substances not being subjected to control for the obtaining of drugs.

Table 10.1. Seized substances, Spain, 2008

YEAR 2008 SEIZED SUBSTANCES	QUANTITIES
Acetone (c.c.)	1.701.250
Acid Clorhídric (c.c.)	493.000
Acid Sulphuric (c.c.)	11.273.750
Ether	55.000
Éther Ethyl (c.c.)	71.000
Ether (c.c.)	2.000
Menthyl-Ethyl-Cetone (c.c.)	804.500
Ethanol (c.c.)	17.000
Permanganato' Potásico(grs.)	1.000
Acid Acétic (c.c.)	1.000
Ammonia (c.c.)	33.500
Sodium Carbonate (grm.)	26.150
Chloride of methyl (c.c.)	20.000
Hydroxides Sódico(grs.)	4.000

Dismanteled Laboratories

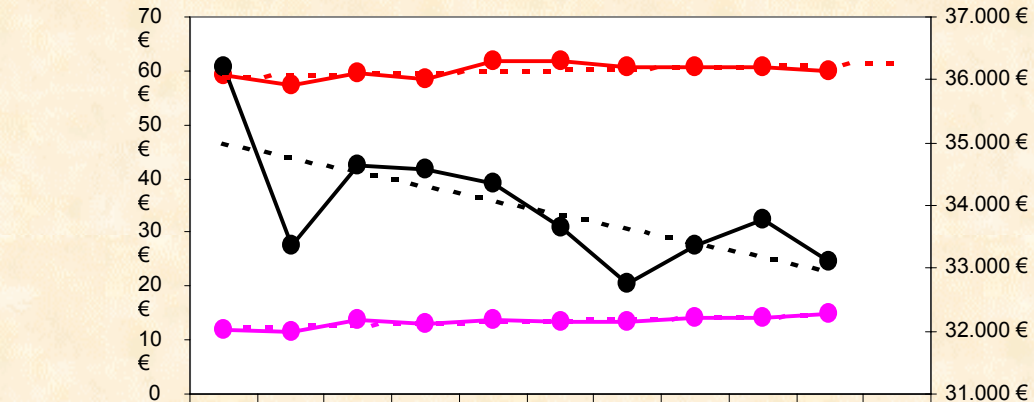
During the year 2008 26 laboratories were dismantled in Spain all of them of scarce identity of drug extraction, of those called "kitchens", Twenty-five (25) of them for cocaine extraction and the other (1) dedicated to the manufacture of MDMA-ecstasy tablets.

- PRICE / PURITY

COCAINE

The available data shows a marked tendency for the maintenance of prices, with variations that have meant, in a period of ten years, increases of 24,46% in the price of the dose, 1,66% in the price per gram and a fall of 8,53% in the price per kilogram.

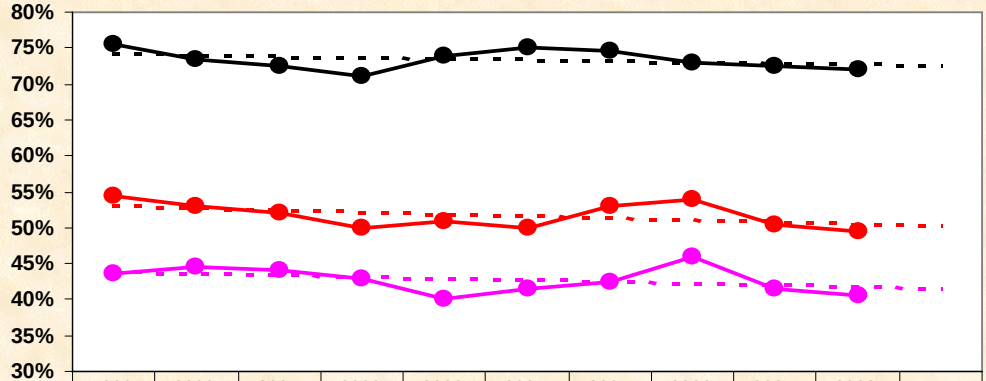
Figura 10.11 Evolution of price of cocaine per kilo, grams and dose (1999-2008)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Per gram	59,05	57,16	**59,71**	58,30	**61,90**	61,85	**60,58**	60,66	60,75	**60,03**
Per dose	12,10	11,70	**13,62**	13,15	**13,93**	13,22	**13,30**	14,06	14,17	**15,06**
Per kilo	36.211	**33.358**	34.640	34.570	34.364	33.653	**32.758**	33.364	**33.771**	33.122

Between 2007 and 2008 rises have been experienced in the same described tendency line, with some variations very much lower of IPC, due to the increase in the price of the dose by 6, 28% and the gram going down 1, 19% and 1, 92% per kilogram

Figure 10.12. EVOLUTION OF THE PURITY OF COCAINE PER KILO OR GRAM OR DOSE (1999-2008)



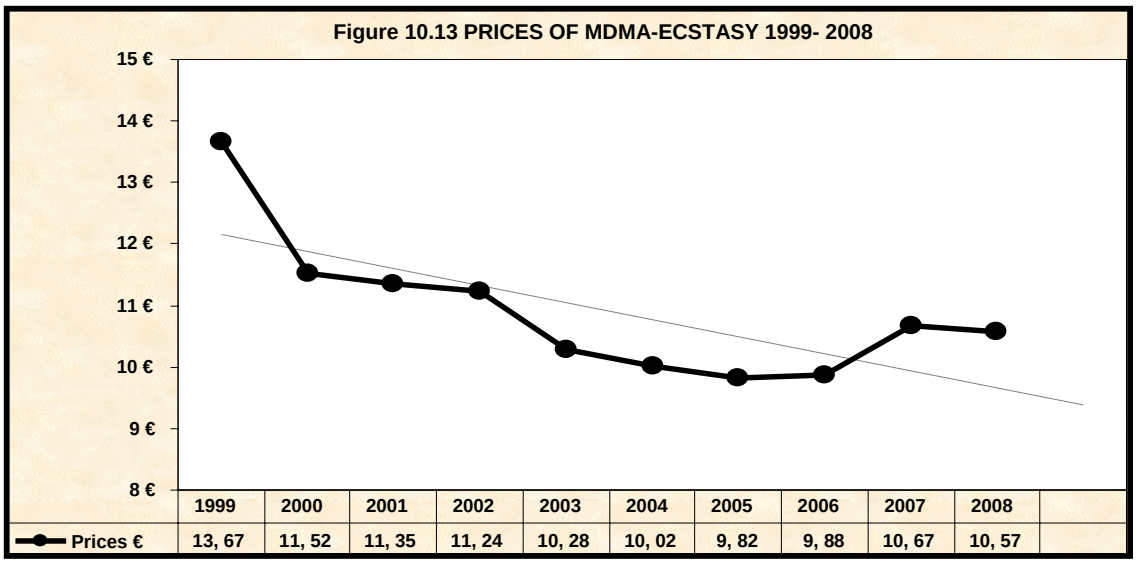
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Purity kilo	75,50%	73,50%	72,50%	71,00%	74,00%	75,00%	74,50%	73,00%	72,50%	72,00%
Purity gram	54,50%	53,00%	52,00%	50,00%	51,00%	50,00%	53,00%	54,00%	50,50%	49,50%
Purity dose	43,50%	44,50%	44,00%	43,00%	40,00%	41,50%	42,50%	46,00%	41,50%	40,50%

In the period of 1999-2008, the degree of the purity of cocaine has dropped in the three scales of trafficking. A descent of 4, 6% in the purity per kilo has occurred, 9, 17% in the purity per gram and 6, 90% in the purity of the dose. In the comparison of the two last years, it is noted that the three variables have experienced drops to a greater or lesser degree. The purity per kilo in 0, 69%, per gram 1, 98% and the dose 2, 41%.

MDMA - ecstasy

The price of ecstasy has shown a sustainable tendency to drop since the counting began in the middle of the 90s. From 1999 until 2005, the price has experienced a descent of 28,16% even if in 2007 it experienced a point of recovery of 8,99% with respect to the previous year, it fell again 0,94% in 2008

Figure 10.13 PRICES OF MDMA-ECSTASY 1999- 2008

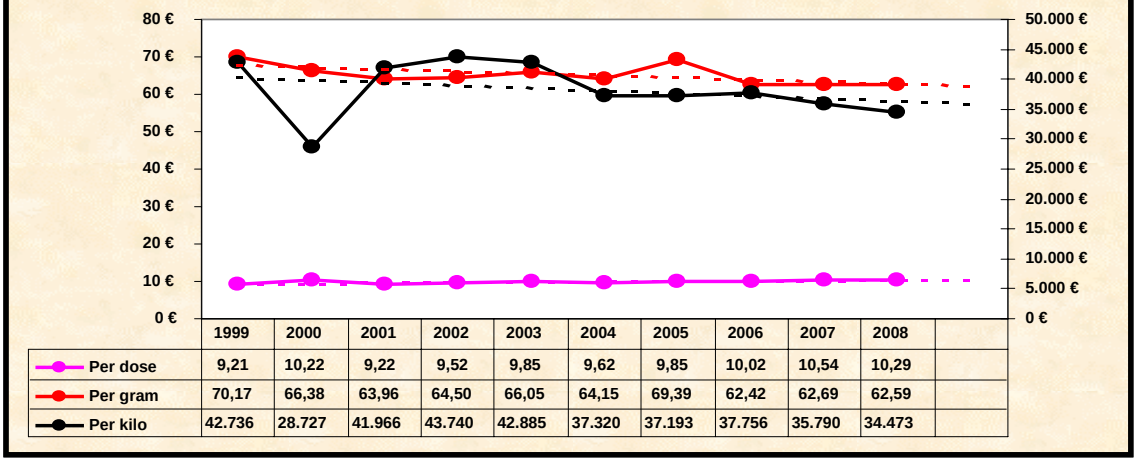


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Prices €	13, 67	11, 52	11, 35	11, 24	10, 28	10, 02	9, 82	9, 88	10, 67	10, 57

HEROIN

Data available shows a tendency of the restraint of prices especially since the year 2004 and with a slight tendency of falling in the price per kilo, a tendency also valid for the drug markets per dose and per gram in the last years.

Figure 10.14 EVOLUTION OF PRICES OF HEROIN PER DOSE, GRAM AND KILO (1999-2008)

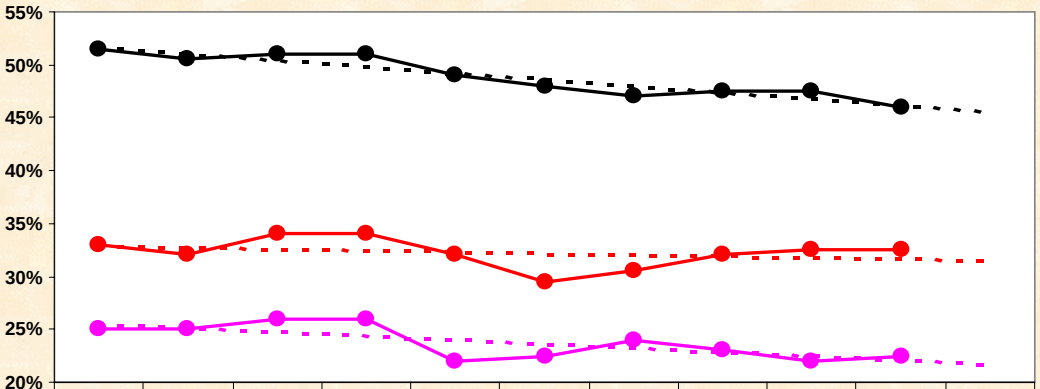


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Per dose	9,21	10,22	9,22	9,52	9,85	9,62	9,85	10,02	10,54	10,29
Per gram	70,17	66,38	63,96	64,50	66,05	64,15	69,39	62,42	62,69	62,59
Per kilo	42.736	28.727	41.966	43.740	42.885	37.320	37.193	37.756	35.790	34.473

Insofar as purity is concerned, the general tonic is a tendency to fall. During the period 1999-2008 the dose had descended by 10% and the kilo 8, 91%, while the gram has increased by 1, 56%

In the comparison of the two last years the purity of the dose augmented 2, 27%, the gram remained stable and the kilogram fell 3, 16%

Figure 10.15. EVOLUTION OF THE PURITY OF HEROIN PER DOSE, GRAM, AND KILO (1999-2008)



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Dose	25, 00%	25, 00%	26, 00%	26, 00%	22, 00%	22, 50%	24, 00%	23, 00%	22, 00%	22, 50%
Gram	33, 00%	32, 00%	34, 00%	34, 00%	32, 00%	29, 50%	30, 50%	32, 00%	32, 50%	32, 50%
Kilo	51, 50%	50, 50%	51, 00%	51, 00%	49, 00%	48, 00%	47, 00%	47, 50%	47, 50%	46, 00%

Methodology of the collection of data (prices and purity)

To determine the prices of drugs and their purity the official organization in charge of this, the Central National Office of Narcotics (OCNE) obtains the data from the Headquarter superiors of each Police Region of the National Body of Police and the Headquarters of each zone from the Civil Guard.

These units, with an established periodical semester, (months of January and July of each year) obtain all the information necessary from the rest of the Sections and Groups of Narcotic Investigation of their demarcation, consulting, if it is necessary, the respective groups or Units of Citizen Safety, that, by their daily contact with petty drug dealers and material actuations of the law 1/92 of Citizen Safety, also know the evolution of the prices of some drug substances in the trafficking on a minor scale.

In as far as the prices are concerned the information is obtained from the investigations and the cited actuations in the material of the Law of Citizen Safety. The information relative to drug purity is obtained from reports emitted by the laboratories of the Director General of Pharmacy or the competent Provincial Organisms after the chemical analysis carried out in each one of the different seizures

Finally the OCNE in view of the reports received, elaborates an official table of prices and purities eliminating extreme values.

11. CANNABIS MARKETS AND PRODUCTION

- MARKETS

Crops

Illegal cultivation of the cannabis plant in Spain is carried out for the extraction of marihuana. It is done in a domestic way and, in the majority of cases for home use or for its financing.

The crop increase that has been detected lately, in the greater part is due to the proliferation of *grow shops* At the beginning of 2008 there were scarcely a hundred of them in the whole of Spain, a number that has grown so much that those who have disposable premises open to the public dedicate sales through internet.

At the same time an increase in the concentration THC found in the samples of intervened marihuana due to the new techniques in the cultivation has been detected. Among those that are favoured by the proliferation of *grow shops* and stand out are those known as the selection of seeds and "seedless."

These establishments offer for sale everything necessary for interior cultivation, including seeds manuals, fertilizers, all types of materials and besides the apology of the domestic cultivation by way of a message that the seeds are not controlled and therefore their buying and selling is legal.

The cultivation for trafficking is an emergent phenomenon detected over the last two years that motivated an intense police actuation during the years 2007 and 2008 that resulted in an increase in the confiscations and a very important drop in the crops. However, the intervened plantations rarely exceeded a hundred plants.

Uses

To estimate the use of any class of drugs principally the universe of possible users and the percentage of them who use them has to be used. For the study of these indicators the data of the National Household Survey on Drug Use (EDADES) are used and which the National Plan on Drugs publishes every two years. The last publications were in 2008 with the data corresponding to 2007 and in the same, insofar as the reference to cannabises is concerned, **the type of substance is not distinguished, including all of them in the cannabis concept.** Neither can the quantities used in each substance be determined because, in the cited surveys, the question asked was the "period of use" not the "quantity used."

In the universe of 31.818,595 people between the ages of 14 and 65 years old, the rate of annual prevalence of users of cannabis was 10, 10% for those who used it over the last twelve months; 7, 20% for those who used in during the last month and 1, 60% of those who used it daily, percentages that would lead one to determine that in Spain in 2007 there were some 6.013,714 people who, in one way or another, had used cannabis.

Distribution of cannabis

The distribution of cannabis at national level depends essentially on the type of substance. The main volume of trafficking according to the confiscations carried out corresponded, in the year 2008, to hashish resin, with a 99,45% of the total cannabis seized.

The cannabis traffic in Spain is estimated to be divided into three scales: wholesale, denominated high scale trafficking, when the quantities of each transaction exceed one

hundred kilograms. Medium trafficking when the quantities are greater than five kilograms and petty drug dealing when the quantities do not exceed five kilograms.

Table 11.1. Number of seizures for substances executed in each trafficking scale and the quantities seized corresponding to the year 2008

Substance	Traffic scale	Number of Seizures	(Quantity Seized Kg.)
Hashish	High Scale traffic	606	643,138
	Medium traffic	1,237	36,468
	Petty dealing and use	191,586	3,066
Marihuana	High Scale traffic	4	2,527
	Medium traffic	49	619
	Petty dealing traffic & Use	59,648	606
Cannabis Plants	High Scale traffic	29	13,343
	Medium Traffic	481	9,911
	Petty dealing & use	594	786

Wholesale prices

In Spain the wholesale prices in the illegal cannabises market are referred to in kilograms. In the following graphs the prices of marihuana and of hashish resin detected between the years 2004 to 2008 are expounded.

Figure 11.1. COMPARATIVE EVOLUTION OF THE AVERAGE PRICES PER KILO OF HASHISH RESIN

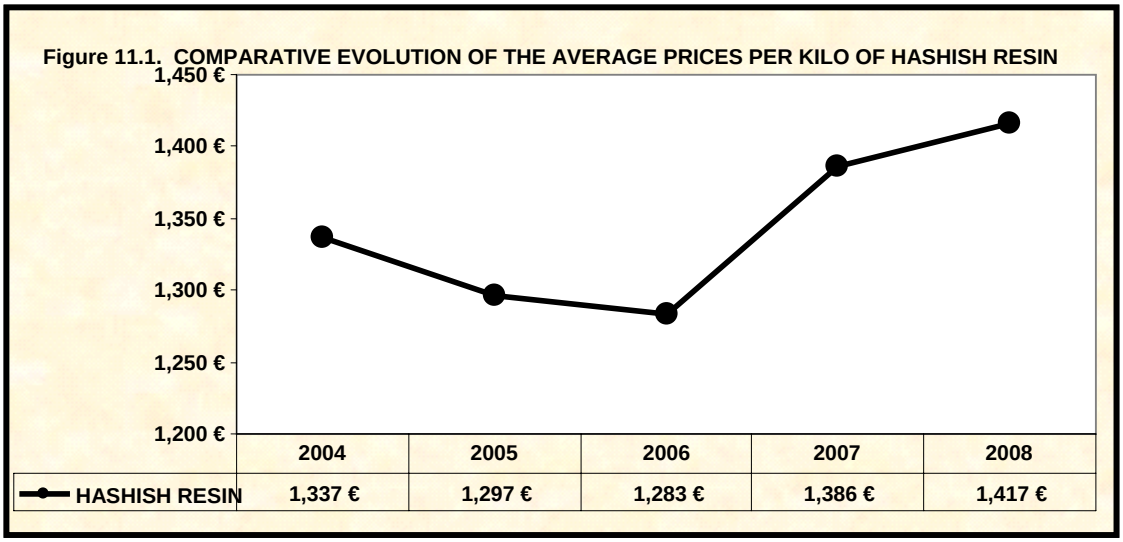
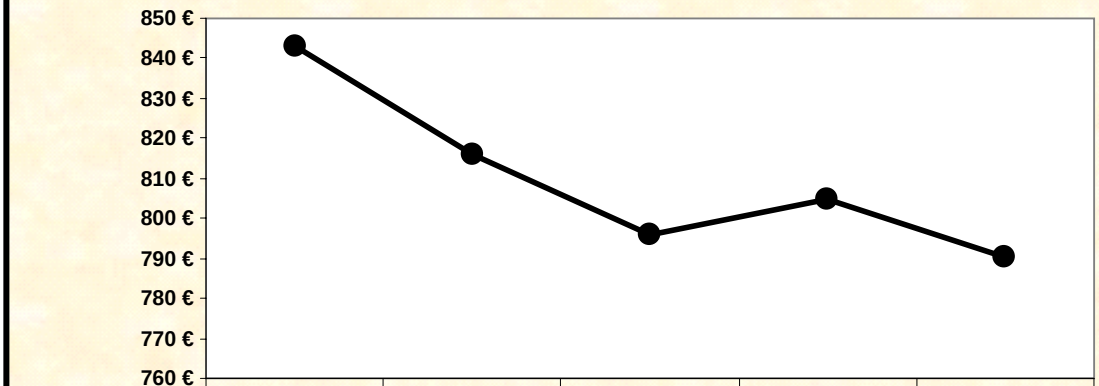


Figure 11.2. COMPARATIVE EVOLUTION OF AVERAGE PRICES PER KILO OF MARIHUANA



	2004	2005	2006	2007	2008
MARIHUANA	843 €	816 €	796 €	805 €	791 €

Methodology of data collection

To determine the prices of cannabis, the official organization in charge of this, the National Central Office of Drugs (OCNE) obtains data from the headquarters of the Regional Police Corps of the National Police and of the Headquarters of each zone of the Civil Guard

These units, with an established six monthly period (months of January and July of each year) obtain the necessary information from the rest of the Sections and Groups of Drug Investigation in their demarcation, consulting, if necessary with the respective Groups or Units of Citizen Security that, by their daily contact with petty drug dealers and actuations in matters of the Law 1/92 of the Citizen Security, also are familiar with the evolution of the prices of some drug substances in trafficking on a minor scale.

Typology of the places of petty drug selling

The types of sales points for petty drug dealing can be classified in fixed and occasional sales points.

Among the former are the homes of the dealers, bars, discotheques, nightclubs, isolated spots where the dealer previously hides the drug divided already into doses and where he goes on supplying as he sells.

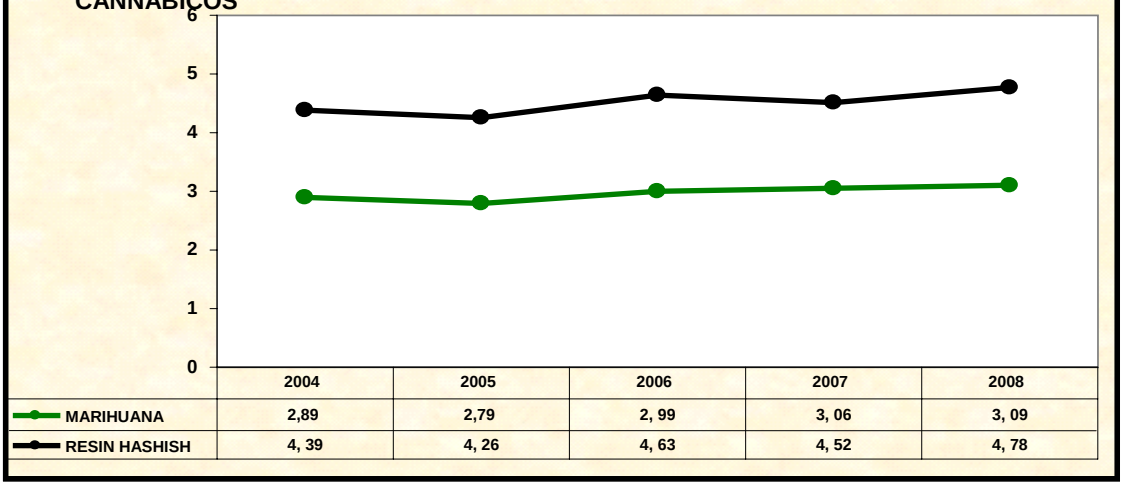
The points of sales, occasional or mobile, are those where the dealer goes, on the occasion of special events like open air concerts, parties etc., and uses a vehicle as the selling point or even his own clothes as a camouflage

Origin and size of the transactions

In the Retail Commerce the transactions are generally in grams and for the quantity requested by the buyer that is handed to him in a little bag if marihuana is required or in pieces of hashish resin tablets. The regular user dose, known as "*porro*" or "*canuto*" contains approximately between 0, 5 and 1 gr. of marihuana and up to 0, 2 gr of resin.

In the following graph the evolution of the average prices are shown of those found in marihuana transactions and hashish resin over the last five years.

Figure 11.3. COMPARATIVE EVOLUTION OF AVERAGE PRICES PER GRAM OF CANNABICOS



	2004	2005	2006	2007	2008
MARIHUANA	2,89	2,79	2, 99	3, 06	3, 09
RESIN HASHISH	4, 39	4, 26	4, 63	4, 52	4, 78

▪ SEIZURES

Given that the cultivation of the cannabis sativa plant is not extensive in Spain, it is the great activity of the smuggler of cannabises products from Morocco into the European Union. On passing through Spain a product already elaborated is offered, ready for consumption with high availability and with relatively reasonable prices

The increase detected in crops, specially in the Mediterranean Zone through which the principal routes pass of the transport of hashish by road, has motivated an intensification in the police activity of investigation and patrolling in the country rural areas for the discovering of these plantations that, due to their small size are easy to hide in forests and properties in the geographic area.

This police activity has managed to increase notably in the seizures of plants whose results are expounded in the following table.

Table 11.2. Seizures of cannabis plants (2006-2008)

SEIZURES OF CANNABIS PLANTS	2006		2007		2008	
	Num. Seizures	Quantity Seized (gr)	Num. Seizures	Quantity Siezed (gr)	Num. Seizures	Quantity Seized (gr)
Inside	327	6.780,270	331	6.353,443	599	11. 083,593
External	331	7.301,816	417	18.801,174	505	12. 956,129
TOTAL	658	14.082,086	748	25.154,616	1,104	24. 039,722

Origin of the cannabises

Practically the entire totality of cannabis seized in Spain comes from Morocco, however occasionally each year, some seizures of hashish are carried out whose origin usually is the Orient (Iran or Paquistan) and also marihuana coming from the Caribbean or Mexico, seizures whose quantities represent percentages very near zero in relation to the totals seized.

Table 11.3. Distribution of the seizures by substance and quantity in 2008

SUBSTANCE	Between 0 and 150 gr.		Between 150 gr. and 1 Kg		Between 1 Kg and 50 Kg		More than 50 Kg.		TOTALS	
	Number seizures	Quantity seized (gr)	Number seizures	Quantity seized (gr)	Number seizures	Quantity seized (gr)	Number seizures	Quantity seized (gr)	Number seizures	Quantity seized (gr)
Hashish	189.545	635.676	1.183	609.212	1.908	25.414.340	793	656.010.439	193.429	682.669.667
Marihuana	58.370	206.367	356	137.504	167	877.755	4	2.526.900	58.897	3.748.526
Cannabis plant	190	3.309	147	97.683	693	7.431.680	74	16.505.900	1.104	24.039.722

- CRIME

The Spanish Ministry of Home Affairs only has data referred to drug-related crimes but not itemized by drug type. Regarding infringements, see Chapter 9. Drug related crime.

12. TREATMENT AND CARE FOR OLDER DRUG USERS

The data of 12090 patients, 40 years old or older, admitted to treatment during 2007 was analysed. The principle results are shown in Tables 12.1.-12.4. Insofar as the social demographical characteristics are concerned those patients of 40 years old or more show a relation to the aggregate of those admitted to treatment during the said year (n=50555) a percentage of women slightly higher (15,5% and 15,3% in all), a percentage of people with an educational level lower than secondary level (45,6% and 46,0%) a percentage of unemployed somewhat similar (33,3% and 33,4%), a lower percentage of those born outside Spain (5,6% and 6,4%), a higher percentage living alone (22,2% and 15,2%) and a higher proportion of homeless (3,5% and 2,4%)

Regarding the principle source of reference to treatment the most frequent was individual initiative (38,6% and 33,3%) specific services of treatments for drug dependency (17,3% and 14,5%) and prisons (9,3% and 8,5%) less frequently were friends or families (9,0% and 14,7%), legal or police services (3,8% and 5,6%), services of primary health care attention or hospitals (17,9 and 18,5%) and social services welfare (1,8% and 2,2%).

Major differences appear insofar as the variables of drug use are concerned. In those patients of 40 years old or more the principle drug for admission to treatment used most frequently was the opoioids (61,1%) above all heroin (57,5%) followed by cocaine (31,6%) and cannabis (3,7%). By contrast in the aggregate of those admitted the principal, most frequently used drug is cocaine (45,6%) followed by opioids (39,3%) and cannabis (11,7%) The proportion of drug injectors ever-in-lifetime was greater in those patients of 40 years old or more (42,2%) than in the aggregate of those admitted to treatment (24,7%) and the same occurs with the injectors during the past 12 months (13,3% and 10,0%)

As was to be expected the proportion of admissions to treatment for the first time ever-in-lifetime was lower in those patients of 40 years old or more than in the whole of those treated (29,8% and 45,6%).

With regard to the principal administration route of heroin the percentage of admitted patients for this drug that was used by parenteral route was somewhat greater among users of 40 years old or more (20,5%) than among the whole of those treated for this drug (19,3%) and something similar occurred with the intranasal administration (7,4% and 6,9%). On the contrary the pulmonary administration was somewhat more frequent in the aggregate of the users (72,2%) than in those of 40 years old or more (70,1%) This is coherent with the evolution of the administration route of heroin over the past years in Spain.

Regarding the principal administration route of cocaine, the intranasal means was more frequent in the whole of those treated (81,3%) than in those of 40 years old or more (73,4%) The contrary occurred with the pulmonary route (15,4% and 20,6%) and the parenteral route (2,2% and 4,4%)

Table 12.1. Sociodemographical characteristics of those of 40 years old or more, admitted for abuse or dependency on psychoactive drugs, according to the existence or not of previous treatment or sex. Spain 2007.

	Total	Treatment previous[1]		Sex[1]	
		Yes	No	Men	Women
Number of cases	12090	7911	3600	10185	1873
Treated for first time for the principal drug (%)	65,4	100,0	0,0	66,6	58,8
Average age (years)	44,7	44,4	45,4	44,7	45,0
Women (%)	15,5	13,9	18,6	0,0	100,0
Maximum level of completed studies (%)		85,8	81,4	100,0	0,0
Without studies	1,8	1,7	1,9	1,6	2,9
Primary Level	43,8	45,4	41,7	45,0	37,5
Secondary Level	44,4	44,9	45,1	44,2	45,5
Universitity studies	4,8	3,8	7,3	4,3	7,6
Others	0,0	0,0	0,0	0,0	0,0
Principal Labour Situation (%)					
Working	39,5	34,6	50,2	41,4	29,6
Unemployed not having worked	6,7	6,9	6,2	6,4	8,5
Unemployed having worked	26,6	29,5	20,7	26,7	25,8
Others	27,2	29,0	22,9	25,6	36,1
Born outside Spain (%)	5,6	5,1	6,8	5,5	6,6
Principal source that had referred treatamento (%)					
Other services for treatment of drug dependency	17,3	20,1	11,5	16,6	21,2
Doctors in general, Primary health care	10,9	7,1	18,2	10,5	13,3
Hospitals or other health services	7,0	7,5	6,0	6,4	10,7
Welfare Services	1,8	1,7	2,2	1,7	2,6
Prisons, centres of closed internment of minors	9,3	10,2	7,5	9,6	7,5
Legal or Police Services	3,8	2,8	5,8	4,0	2,6
Companies, firms or employers	0,2	0,2	0,2	0,2	0,1
Families or friends	9,0	6,4	14,2	9,0	8,8
Own inititiative	38,6	42,2	32,0	40,0	31,0
Others	2,1	2,0	2,3	2,1	2,1
Coexistence prolonged more than 30 days prior to the admission to treatment (%)					
Alone	22,2	23,2	19,9	22,9	18,6
Only with partner	10,7	10,7	10,7	9,4	17,6
Only with sons/daughters	6,0	5,4	7,4	4,4	15,1
With partner and sons/daughters	21,8	18,3	29,2	21,9	21,1
With parents or family of origin	28,4	30,9	24,1	30,5	17,0
With friends	3,7	3,8	3,6	3,7	4,3
Others	7,0	7,8	5,0	7,2	6,4
Principal accommodation during the 30 days prior to the admission to treatment (%)					
Houses, flats, apartments	81,0	78,0	87,5	80,3	85,2
Prisons, centres of closed internment for minors	8,6	10,1	5,2	9,3	4,2
Other institutions	2,0	2,3	1,5	1,9	2,7
Boarding houses,hotels, hostals	1,4	1,5	1,1	1,3	1,6
Unstable or precarious lodgings	3,5	4,0	2,6	3,7	2,8
Other places	3,5	4,1	2,2	3,5	3,5

The number of cases with or without previous treatment or the number of men plus the number of women cannot sum up the total due to the existence of cases with unknown values in these variables.

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

Table 12.2. Characteristics of principal drug use, drug injection and HIV infection among those admitted to treatment for abuse psychoactive of drug dependency 40 years old or more according to the existence or not of previous treatment and according to sex. Spain 2007

	Total	Treatment previous[1]		Sex[1]	
		Yes	No	Men	Women
Number of cases	**12090**	**7911**	**3600**	**10185**	**1873**
Principal drug for admisión to treatment (%)					
Opioids	61,1	74,5	30,8	62,6	52,6
Heroín	57,5	70,6	27,9	59,4	46,7
Methadone	2,1	2,5	1,3	2,0	2,6
Others Opioids	1,5	1,4	1,6	1,2	3,3
Cocaine	31,6	22,3	52,8	31,5	32,4
Cocaine CLH	29,5	20,6	50,1	29,4	30,4
Cocaine base	2,1	1,8	2,8	2,1	2,0
Other stimulants	0,4	0,2	0,9	0,3	1,2
Amphetamines	0,3	0,2	0,6	0,2	0,6
MDMA and deratives	0,0	0,0	0,1	0,0	0,1
Other stimulants	0,1	0,0	0,2	0,0	0,4
Hypnosedatives	2,6	1,1	5,9	1,6	8,4
Barbituates	0,0	0,0	0,0	0,0	0,0
Benzodiazepinas	2,3	1,0	5,3	1,4	7,3
Other hypnosedatives	0,3	0,1	0,7	0,1	1,1
Hallucinogens	0,0	0,0	0,1	0,0	0,1
LSD	0,0	0,0	0,0	0,0	0,0
Other hallucinogens	0,0	0,0	0,1	0,0	0,1
Volatile inhalants	0,0	0,0	0,0	0,0	0,1
Cannabis	3,7	1,5	8,3	3,6	4,1
Other substances	0,6	0,2	1,1	0,5	1,1
Age of commencement of the use of principal drug (years)					
Frequency of use of the principal drug during 30 days previous to admission to treatment (%)					
Every day	0,0	0,0	0,0	0,0	0,0
4-6 days a week	6,2	5,3	8,0	6,4	5,1
2-3 days a week	9,3	7,2	13,9	9,3	9,3
1 day a week	3,6	2,7	5,6	3,5	4,2
Less than 1 day a week	5,4	5,2	5,9	5,5	4,8
No use	25,6	29,7	16,7	25,7	24,8
Most frequent route of principal drug use during the past 30 days (%)					
Oral	6,6	5,3	9,7	5,1	14,9
Pulmonary	45,9	51,8	35,9	46,9	39,8
Intranasal	25,9	18,5	44,2	25,8	27,1
Parenteral	12,1	15,9	4,5	12,5	10,1
Others	0,6	0,7	0,5	0,6	0,5
Injected drugs ever-in-lifetime use (%)	42,2	52,9	19,3	5,6	64,2
Injected drugs over the past 12 months (%)	13,3	16,6	6,3	14,1	9,2
Serological state facing HIV (%)					
Positive	17,6	22,2	7,7	17,1	20,2
Negative (analysis last 6 months)	22,2	22,5	21,8	22,7	19,4
Negative (Without date of analisis)	24,1	26,7	19,4	24,6	21,7
Without analisis or results unknown	36,1	28,6	51,1	35,6	38,6

1. The number of cases with or without previous treatment or the number of men plus the number of women may not sum up the total, due to the existence of cases with unknown values in these variables.
SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

Table 12.3.A Sociodemographical characteristics of cases of 40 years old or more admitted to treatment for abuse or dependency on psychoactive substances according to the principal drug that motivated the treatment

	Opioids	Heroín	Methadone	Other opioids	Cocaíne	Cocaíne CLH	cocaíne base
Number of cases	7386	6949	255	180	3815	3565	250
Treated for the first time for the Principal drug (%)	79,8	80,4	77,3	62,2	46,3	45,6	56,4
Average age (years)	44,5	44,4	44,5	47,3	44,7	44,6	45,2
Women (%)	13,3	12,6	18,8	34,4	15,9	160,0	15,2
Maximum level of studies completed (%)							
Without studies	2,1	2,1	2,2	1,2	1,5	1,4	2,5
Primary level	51,2	51,1	59,6	41,1	37,1	36,0	51,2
Secondary level	43,5	43,9	33,8	44,2	53,4	54,1	42,6
University studies	3,2	2,9	4,4	13,5	8,1	8,5	3,7
Others	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Principal labour situation (%)							
Working	31,1	30,7	29,8	46,0	55,1	56,4	36,0
Unemployed not having worked	7,9	7,6	16,3	7,4	4,7	4,7	4,4
Unemployed having worked	31,6	32,5	18,8	14,8	19,1	17,4	43,2
Others	29,5	29,2	35,1	31,8	21,2	21,6	16,4
Born outside Spain (%)	5,9	5,9	5,0	7,2	5,6	5,7	4,6
Principal source that has recommended treatment (%)							
Other services of drug dependency treatment	19,3	15,7	16,9	24,3	15,7	16,5	6,1
General doctors Primary health care	6,3	15,6	9,1	19,4	15,6	16,3	7,8
Hospitals or other health services d	6,4	6,6	30,5	13,9	6,6	6,9	3,3
Welfare Servicios	1,8	1,7	2,1	1,4	1,7	1,8	0,8
Prisons, closed centres of internment for minors.	10,9	6,6	11,1	10,4	6,6	6,5	6,9
Legal or police Services	2,3	5,4	2,9	4,2	5,4	5,4	5,3
Companies, firms or employers	0,1	0,3	0,0	0,0	0,3	0,2	0,8
Families or friends	6,3	14,2	4,9	6,9	14,2	14,2	14,7
Own initiative	44,4	31,7	20,6	19,4	31,7	30,0	51,8
Others	1,9	2,2	2,1	0,0	2,2	2,1	2,4
Prolonged coexistence in 30 days prior to admission to treatment (%)							
Alone	23,4	19,6	34,3	33,3	33,3	25,0	25,8
Only with partner	11,1	9,7	7,4	14,3	0,0	50,0	12,2
Only with sons and daughters	4,7	7,3	7,8	11,1	0,0	0,0	8,9
With partner and sons and daughters	16,6	29,8	18,6	20,6	0,0	25,0	26,1
With parents of family of origin	31,0	25,5	24,5	15,1	66,7	0,0	22,3
With friends	4,2	3,1	6,4	4,8	0,0	0,0	4,2
Others	9,0	4,9	1,0	0,8	0,0	0,0	0,6
Principal lodging in 30 days prior to the admission to treatment (%)							
Houses, flats, apartments	76,5	87,2	70,6	78,7	100,0	100,0	89,0
Prisons, closed centres of internment of minors	11,1	5,3	10,1	3,9	0,0	0,0	3,7
Other institutions	2,2	1,7	2,3	3,9	0,0	0,0	2,0
Boarding houses, hotels, hostals	1,7	0,8	5,5	3,1	0,0	0,0	0,8
Unstable /precarious lodging	4,4	2,3	5,5	6,3	0,0	0,0	2,5
Other places	4,0	2,7	6,0	3,9	0,0	0,0	2,0

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

Table 12.3B Sociodemographical characteristics of the cases admitted to treatment for abuse or dependency on psychoactive substances of 40 years old or more, according to the principal drug that motivated treatment, Spain 2007.

	Other stimulants	Amphetamines	MDMA and deratives	Hypnosedants	Benzodiazepinas	Hallucinogens	Volatile inhalants	Cannabis
Number of cases	13	35	6	316	282	3	4	445
Treated for the first time for the principal drug (%)	23,1	34,3	50,0	27,5	28,7	33,3	75,0	27,0
Average age (years)	44,9	45,3	47,0	49,0	48,9	48,0	46,8	45,5
Women (%)	61,5	34,3	33,3	50,0	48,6	33,3	50,0	17,3
Maximum level of studies completed (%)								
Without studies	0,0	0,0	0,0	2,1	1,9	0,0	0,0	1,7
Primary level	27,3	29,4	20,0	48,1	47,9	33,3	75,0	44,1
Secondary level	45,5	64,7	40,0	38,8	39,8	66,7	25,0	49,1
University studies	27,3	5,9	40,0	11,0	10,3	0,0	0,0	5,2
Others	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Principal labour situation (%)								
Working	46,2	54,3	50,0	28,9	27,6	0,0	50,0	49,1
Unemployed not having worked	7,7	5,7	0,0	8,0	8,2	0,0	0,0	5,7
Unemployed having worked	7,7	25,7	16,7	19,6	20,4	33,3	0,0	17,5
Others	38,5	14,3	33,3	43,4	43,7	66,7	50,0	27,7
Born outside Spain (%)	0,0	0,0	40,0	3,3	3,1	0,0	0,0	5,0
Principal source for referred treatment (%)								
Other treatment services of drug dependency	25,0	20,0	40,0	8,3	8,8	0,0	0,0	8,8
General doctors of primary health care	16,7	10,0	40,0	35,8	33,7	0,0	25,0	18,2
Hospitals or other health services	41,7	16,7	0,0	17,7	18,4	0,0	0,0	7,4
Welfare Servicios	0,0	0,0	0,0	2,4	1,9	0,0	0,0	2,6
Prisons, closed centres of internment of minors	0,0	0,0	0,0	7,3	7,3	0,0	0,0	10,8
Legal and police services	0,0	6,7	20,0	0,7	0,8	0,0	0,0	15,1
Companies and firms or employers	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

Families or friends	8,3	3,3	0,0	6,6	6,9	0,0	50,0	7,7
Own initiative	8,3	33,3	0,0	18,8	19,5	100,0	25,0	26,4
Others	0,0	10,0	0,0	2,4	2,7	0,0	0,0	3,1
Prolonged coexistence in 30 days prior to the admission to treatment (%)								
Alone	25,0	32,1	75,0	22,4	23,0	33,3	25,0	25,8
Only with partner	8,3	7,1	0,0	9,3	7,7	0,0	50,0	12,2
Only with sons and daughters	25,0	10,7	0,0	14,3	14,9	0,0	0,0	8,9
With partner and sons and daughters	25,0	28,6	0,0	29,0	27,7	0,0	25,0	26,1
With parents or family of origin	16,7	21,4	0,0	22,8	24,7	66,7	0,0	22,3
With friends	0,0	0,0	25,0	1,2	1,3	0,0	0,0	4,2
Others	0,0	0,0	0,0	1,2	0,9	0,0	0,0	0,6
Principal lodging in the 30 days prior to the admission to treatment (%)								
Houses, flats, apartments.	100,0	86,2	100,0	89,6	89,7	100,0	100,0	89,0
Prisons, closed centres of internment of minors	0,0	0,0	0,0	2,2	2,1	0,0	0,0	3,7
Other institutions	0,0	0,0	0,0	2,6	2,5	0,0	0,0	2,0
Boarding house, hotels, hostals	0,0	6,9	0,0	0,7	0,8	0,0	0,0	0,8
Lodging unnstable/ precarious	0,0	3,4	0,0	1,1	1,2	0,0	0,0	2,5
Other places	0,0	3,4	0,0	3,7	3,7	0,0	0,0	2,0

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

Table 12.4 A Use, drug injection and HIV infection among those of 40 years old or more admitted for treatment for abuse or dependency on psychoactive drugs, according to the principal drug that motivated the treatment. Spain 2007.

	Opioids	Heroín	Methadone	Other opioids	Cocaíne	Cocaíne CLH	Cocaíne base
Number of cases	7386	6949	255	180	3815	3565	250
Age at the initiation of principal drug use (years)	24,1	23,6	34,5	30,5	28,7	28,5	30,6
Most frequent route for principal drug use in the past 30 days (%)							
Oral	5,7	1,3	95,3	44,1	1,2	1,2	0,5
Pulmonary	66,7	70,1	3,0	29,8	20,6	16,4	83,7
Intranasal	7,1	7,4	0,4	6,2	73,4	77,3	14,0
Parenteral	19,8	20,5	1,3	18,6	4,4	4,6	1,8
Others	0,7	0,7	0,0	1,2	0,4	0,4	0,0
Frequency of principal drug use in the 30 days prior to the admisión to treatment (%)							
Everyday	57,1	56,6	68,1	59,5	30,4	29,4	41,3
4-6 days a week	3,9	4,0	2,3	4,0	11,2	11,2	11,2
2-3 days a week	4,3	4,4	0,9	3,2	19,5	19,9	14,9
1 day a week	1,5	1,5	1,4	1,6	7,8	8,2	3,3
Less than 1 day a week	3,7	3,1	16,9	2,4	9,2	9,4	6,6
No use	29,5	30,3	10,3	29,4	21,9	21,8	22,7
Other drugs used in the 30 days prior to the admission of treatment (%)							
1. Opioids	**15,0**	**14,1**	**4,2**	**19,7**	**18,6**	**17,9**	**29,2**
11. Heroin	0,0	[redacted]	0,0	0,0	0,0	0,0	0,0
12. Methadone	0,0	0,0	[redacted]	0,0	0,0	0,0	0,0
13. Other opioids	0,0	0,0	0,0	[redacted]	0,0	0,0	0,0
2. Cocaíne	**59,8**	**61,1**	**27,2**	**30,3**	0,3	0,1	3,0
21. Cocaine CIH	0,0	0,0	0,0	0,0	0,0	[redacted]	0,0
22. Base cocaine	0,0	0,0	0,0	0,0	0,0	0,0	[redacted]
3. Stimulants	**2,4**	**2,5**	**2,6**	**1,3**	**3,9**	**4,1**	**0,6**
31. Anmphetamines	0,0	0,0	0,0	0,0	0,0	0,0	0,0
32. MDMA and deratives	0,0	0,0	0,0	0,0	0,0	0,0	0,0
33. Other stimulants	0,0	0,0	0,0	0,0	0,0	0,0	0,0
4. Hypnoticos and sedatives	19,3	19,2	21,9	17,1	7,9	7,5	13,7
41. Barbiturates	0,0	0,0	0,0	0,0	0,0	0,0	0,0
42. Benzodiazepinas	0,0	0,0	0,0	0,0	0,0	0,0	0,0
43. Other hypnosedatives	0,0	0,0	0,0	0,0	0,0	0,0	0,0
5. Halucinogens	**0,9**	**0,9**	**0,0**	**0,0**	**0,6**	**0,6**	**0,6**
51. LSD	0,0	0,0	0,0	0,0	0,0	0,0	0,0
52. Otros halucinogens	0,0	0,0	0,0	0,0	0,0	0,0	0,0
6.Volatile inhalants	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**	**0,0**
7. Cannabis	**37,2**	**37,3**	**35,1**	**34,2**	37,8	37,1	48,2
8. Alcohol	**37,9**	**37,8**	**34,2**	**51,3**	73,5	74,9	53,6
9. Other substances	**2,2**	**2,3**	**0,0**	**1,3**	**1,9**	**2,0**	**0,6**
Injected drugs ever-in-lifetime	59,3	60,1	51,3	42,2	17,7	17,0	26,8
Injected drugs in the past 12 months	18,5	19,0	8,4	14,9	6,5	6,7	4,0
Serological state facing HIV (%)							
Positive	24,3	24,6	27,0	13,1	7,0	6,8	9,9
Negative (analysis last 6 months)	20,7	20,9	13,7	24,4	26,5	26,7	22,7
Negative (without date of analysis)	25,7	26,1	23,8	14,8	22,2	21,8	27,5
Without análisis or unknown results	29,2	28,5	35,5	47,7	44,4	44,7	39,9

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

Table 12.4B. Patterns of drug use and infection by HIV among those of 40 years old or more admitted to treatment for abuse or dependency for psychoactive drugs, according to the principal drug that motivated treatment, Spain, 2007

	Other stimulants	Amphetamines	MDMA and derivatives	Hypnosedatives	Benzodiazepinas	Hallunogens	Volatile inhalants	Cannabis
Number of cases	13	35	6	316	282	3	4	445
Age of initiation of drug use (years)	31,3	26,7	26,3	36,2	35,7	27,0	29,5	20,1
Most frequent route of principal drug use in the past 30 days (%)								
Oral	91,7	48,5	100,0	99,4	99,3	66,7	25,0	3,1
Pulmonary	0,0	3,0	0,0	0,0	0,0	33,3	0,0	95,5
Intranasal	8,3	48,5	0,0	0,3	0,4	0,0	75,0	1,2
Parenteral	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Others	0,0	0,0	0,0	0,3	0,4	0,0	0,0	0,2
Frequency of principal drug use in the 30 days prior to the admission to treatment(%)								
Everyday	70,0	29,6	0,0	91,4	90,4	66,7	100,0	71,6
4-6 days a week	0,0	14,8	0,0	1,5	1,7	0,0	0,0	2,9
2-3 days a week	0,0	18,5	0,0	1,1	1,3	33,3	0,0	7,9
1 day a week	0,0	18,5	40,0	0,8	0,8	0,0	0,0	1,8
Less than 1 day a week	10,0	0,0	40,0	0,8	0,8	0,0	0,0	3,8
Not used	20,0	18,5	20,0	4,5	5,0	0,0	0,0	12,0
Other drugs used in the 30 days prior to the admission to treatment (%)								
1. Opioids	40,0	12,5	50,0	28,7	28,7	0,0	0,0	21,4
11. Heroín	20,0	12,5	0,0	12,0	11,9	0,0	0,0	14,8
12. Methadone	0,0	0,0	0,0	5,6	5,9	0,0	0,0	0,0
13. Other opioids	20,0	4,2	50,0	15,7	15,8	0,0	0,0	7,6
2. Cocaíne	20,0	50,0	50,0	15,7	15,8	100,0	0,0	39,5
21. Cocaine CIH	20,0	50,0	50,0	13,9	13,9	0,0	0,0	38,6
22. Base cocaine	0,0	0,0	0,0	1,9	2,0	100,0	0,0	1,0
3. Stimulants	0,0	8,3	0,0	3,7	4,0	0,0	0,0	3,3
31. Amphetamines	0,0	0,0	0,0	1,9	2,0	0,0	0,0	2,4
32. MDMA and derivatives	0,0	8,3	0,0	0,0	0,0	0,0	0,0	0,5
33. Other stimulants	0,0	0,0	0,0	1,9	2,0	0,0	0,0	0,5

4. Hypnoticos and sedatives	20,0	12,5	0,0	1,9	1,0	100,0	0,0	8,6
41. Barbiturates	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
42. Benzodiazepinas	20,0	12,5	0,0	0,9	0,0	100,0	0,0	8,1
43. Other hyposedatives	0,0	0,0	0,0	0,9	1,0	0,0	0,0	0,5
5. Halucinogens	0,0	4,2	0,0	0,9	1,0	0,0	0,0	1,4
51. LSD	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,5
52. Other halucinogens	0,0	4,2	0,0	0,9	1,0	0,0	0,0	1,0
6. Volatile inhalants	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
7. Cannabis	0,0	54,2	50,0	24,1	22,8	100,0	100,0	0,0
8. Alcohol	40,0	50,0	50,0	62,0	62,4	0,0	100,0	71,4
9. Other substances	0,0	0,0	0,0	1,9	2,0	0,0	0,0	2,4
Injected drugs ever-in-lifetime	25,0	20,7	20,0	14,5	15,1	0,0	0,0	19,0
Injected drugs in the past 12 months	16,7	0,0	0,0	2,1	2,3	0,0	0,0	2,2
Serological state facing HIV (%)								
Positive	9,1	0,0	16,7	7,5	8,5	0,0	0,0	9,0
Negative (analysis past 6 months)	18,2	8,6	16,7	15,4	14,7	0,0	25,0	16,7
Negative (without date of analysis)	27,3	37,1	16,7	16,1	16,2	33,3	25,0	21,3
Without analysis or results unknown	45,5	54,3	50,0	61,0	60,7	66,7	50,0	52,9

SOURCE: DGPNSD. Spanish Observatory of Drugs (OED). Treatment Indicator

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