European Monitoring Centre for Drugs and Drug Addiction

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD, POLÍTICA SOCIAL E IGUALDAD
SECRETARÍA GENERAL DE POLÍTICA SOCIAL Y CONSUMO
DELEGACIÓN DEL GOBIERNO PARA EL PLAN NACIONAL SOBRE DROGAS

2011 NATIONAL REPORT (2010 data) TO THE EMCDDA by the Reitox National Focal Point

"SPAIN"

New Developments, Trends and In-Depth Information on Selected Issues

REITOX

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SUMMARY

The present report on the drug situation in Spain in 2010 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 Monitoring Centre on Drugs and Drug Addiction as part of the REITOX grant agreement.

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 2010 several dispositions of interest were approved and published on diverse aspects referring to the phenomena of drugs.

In the field of criminal law and criminal procedure, special mention must be made of ***Organic Law 5/2010 of June 22nd enacted in amendment of Penal Code Organic Law 10/1995 of November 23rd***, which has been in force since December 2010.

in the field of the new substance control, one must bear in mind the approval of Order SAS/2712/2010 of October 13th, by virtue of which the substance Ketamine is included in Annex I to Royal Decree 2829/1997 of October 6th . This means that the aforesaid substance has gone from being subject to the general control of these psychotropic substances in Spain in compliance with decisions 49/6 of 2006, 50/3 of 2007 and E/CN.7/2010/L.9 of 2010 adopted by the U.N. Economic and Social Council's Narcotics Commission.

In 2010, the National Plan on Drugs marked the 25th Anniversary of its creation, this Plan now having become well-established as the most effective level for administrative coordination and cooperation for combating drugs and drug addiction.

In 2010, the investment on the part of the Central Government Administration (through the Government Delegation for the National Plan on Drugs) allocated to carrying out the 2009-2012 Action Plan, therefore in the second year throughout which this Plan for carrying out the new 2009-2016 Strategy will be in effect, is estimated at around 23,000,000 Euros.

Besides, in 2010, the 2007-2010 Cocaine-Combating Measures Program has finished. The Government Delegation began implementing this Program in the first quarter of 2007.

Also worthy of special note is the presentation of the Clinical Commission Report on Heroin from the Government Delegation for the National Plan on Drugs. This has report has been presented in the last quarter of 2010,; it is the fifth report of the Clinical Commission added to those prepared in 2006, 2007, 2008 and 2009 on cannabis, alcohol, cocaine and a new revised report on cannabis, respectively.

A further "ESTUDES" survey on drug use among secondary school-age youths was conducted in 2010 within the framework of a number of surveys which have been being conducted in Spain for the purpose of ascertaining the current situation and the trends in drug use among the Secondary School students within the 14-18 age range. The overall objective of this survey is to obtain information useful for designing and evaluating policies aimed at preventing drug use and drug problems, focusing especially on the family and/or school environment.

Two innovations of this Survey are:

- The introduction for the first time in the National Survey on Drug Use in Secondary School Students within the 14-18 Age Range in Spain (ESTUDES 2010) of a specific module on new substances. It has made it possible to approximate the prevalence rate of use of these substances and the perceived risk and perceived availability which this population group associates with the use of these drugs.
  The nine substances included in the specific "emerging drugs" module are: ketamine, spice, piperazines, mephedrone, nexus (2CB), methamphetamine, magic mushrooms, research chemicals and legal highs.

- It has also been introduced a module on problem cannabis use: In collaboration with the European Monitoring Centre on Drugs and Drug Addiction, a number of questions have been incorporated for the purpose of evaluating certain study scales regarding cannabis use.

Regarding the results, the survey shows that the drugs used most by the students within the 14-18 age range continue to be alcohol, tobacco and cannabis. Last year prevalence

In the prevention area, it is reported that there is a certain decline in the number of students participating in organized prevention programs in the school environment although the number of **schools** taking part in organized prevention programs remains stable. A great number of **special prevention-related actions** are being carried out at schools and the number of **teachers trained** in prevention is rising considerably.

Regarding selective prevention, the minors experiencing academic failure are one group on which a major degree of attention is placed. Besides, there are selective interventions in leisure entertainment areas, especially in night-time entertainment and at parties and "botellón" street drinking sessions which entails comprehensive programs including the training of bar/restaurant/hotel personnel, street education and harm reduction-related information.

In the field of drug related treatment, as previously mentioned in the 2010 Report, in Spain, the Autonomous Communities and Autonomous Cities have the authority over implementing, carrying out and evaluating the programs for providing care for drug (including alcohol) users. The provision of assistance and counseling to these patients' families also comes under their same authority.

The profile of the admissions to treatment has therefore undergone some major changes over the course of time, the admissions for heroin currently remaining at low levels, and a rise being noted in the admissions for cocaine as well as for cannabis.

With regard to the relative importance of each drug, in 2009, the total number of admissions to treatment for psychoactive substance abuse or dependence shows cocaine as being the illegal drug having given rise to the largest number of admissions to treatment, followed by the opiates and cannabis. Among those admitted to treatments, the pattern of polydrug use is a firmly-established pattern.

Regarding drug related infectious diseases, there is a New HIV Diagnosis Information System for the purpose of contributing to HIV epidemiology surveillance. This system specifically seeks to quantify the new HIV infection diagnoses and their evolution over time and to describe the epidemiological characteristics of the persons recently diagnosed with HIV infections.

The care provided for drug users is provided mostly through public centers or publicly-funded private centers. In the latter of these two cases, these centers are managed by Non-Governmental Organizations (NGOs).

The information provided in following on the number of programs and resources, as well as on those benefitting there from, are for centers, services and programs of a public nature or which, although being managed by some private concern (mostly NGOs, as previously mentioned), are publicly funded.

Regarding social reintegration, it is important to mention the trend noted in previous years toward a rise in the number of those counted as using training and employment resources and programs, probably because social reinsertion is being conceived to a progressively greater degree as based on the grounds of preparation for employment and finding a job in spite of the current situation of employment in Spain.

In the fight against drug related crime, the Spanish police forces are continuing to exert a major degree of pressure on drug dealers. The number of known offenses for drug traffic is showing a slight upward trend, totaling a very low percentage of around 1.3% in relation to the total number of known offenses.

This casuistic is due especially to dealing in drugs containing cannabis, which gives rise in Spain to the majority of those arrested for drug trafficking and the largest number of those reported for possession or use in public.

The Operating Plans against retail drug dealing and drug possession and public use is the preventive police response to the most visible event of the drug phenomenon

In 2010, the Operating Plans for a police response to retail drug dealing and to drug use or possession for such a purpose continued to be in effect, of an **essentially preventive nature** in the areas surrounding schools and leisure time and entertainment establishments.

Regarding drug markets, in 2010, the number of seizures and the amounts confiscated of cannabis, cocaine and heroin declined, that of ecstasy having risen slightly. As far as the prices are concerned, the wholesale markets are found to be stable in 2010 compared to 2009, although a slight rise may be noted in the cannabis derivatives, cocaine and speed, with a moderate decline in heroin. There has been no change in the data collection methodology for determining the prices and purity of the drugs seized.
Also in 2010, two crack cocaine–processing laboratories as well as 33 cocaine adulteration and cutting points were dismantled.

This year the mandatory Selected Issue is on the subject of “Drug related health policies and services in prison”. In this chapter, it is described in detail the organization of prison health policies and the provision of drug-related health services in prisons.

Finally, the report provides some information and data on the voluntary selected issue “Cross border travel, drug use and drug services”.

PART A: NEW DEVELOPMENTS AND TRENDS

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

INTRODUCTION

Firstly, it is necessary to know how Spain's political map is arranged. Spain is divided into 17 Autonomous Communities and two Autonomous Cities. An autonomous community is a territorial entity which, under Spain's constitutional law and in accordance with a sharing of authorities between the Central Government and Autonomous Communities governed under Spain's Constitution, is endowed with legislative autonomy and executive powers, as well as the power to govern itself by means of its own representatives.

This territorial distribution also has a bearing on drug policy, given that the Autonomous Communities and even the smaller Municipal Governments have certain authorities over this matter. This leads to the subject of coordination being indispensable and of utmost importance. The territorial coordination is carried out by way of an administrative organization which includes:

- **Sectorial Conference** (policymaking scope): Office of the Presidency, the Minister of Health, Social Policy and Equality. Composition: members of the State and those responsible for the drug policies of the Autonomous Communities and Autonomous Cities.

- **Interautonomic Commission** (management scope): Office of the Presidency, Government Delegate for the National Plan on Drugs. Composition: those responsible for the Autonomous Community drug plans.

Regarding the purely political and parliamentary scope, there is a Joint Senate-Congress Commission for the Study of the Drug Problem on which members from the political parties represented in Parliament serve.

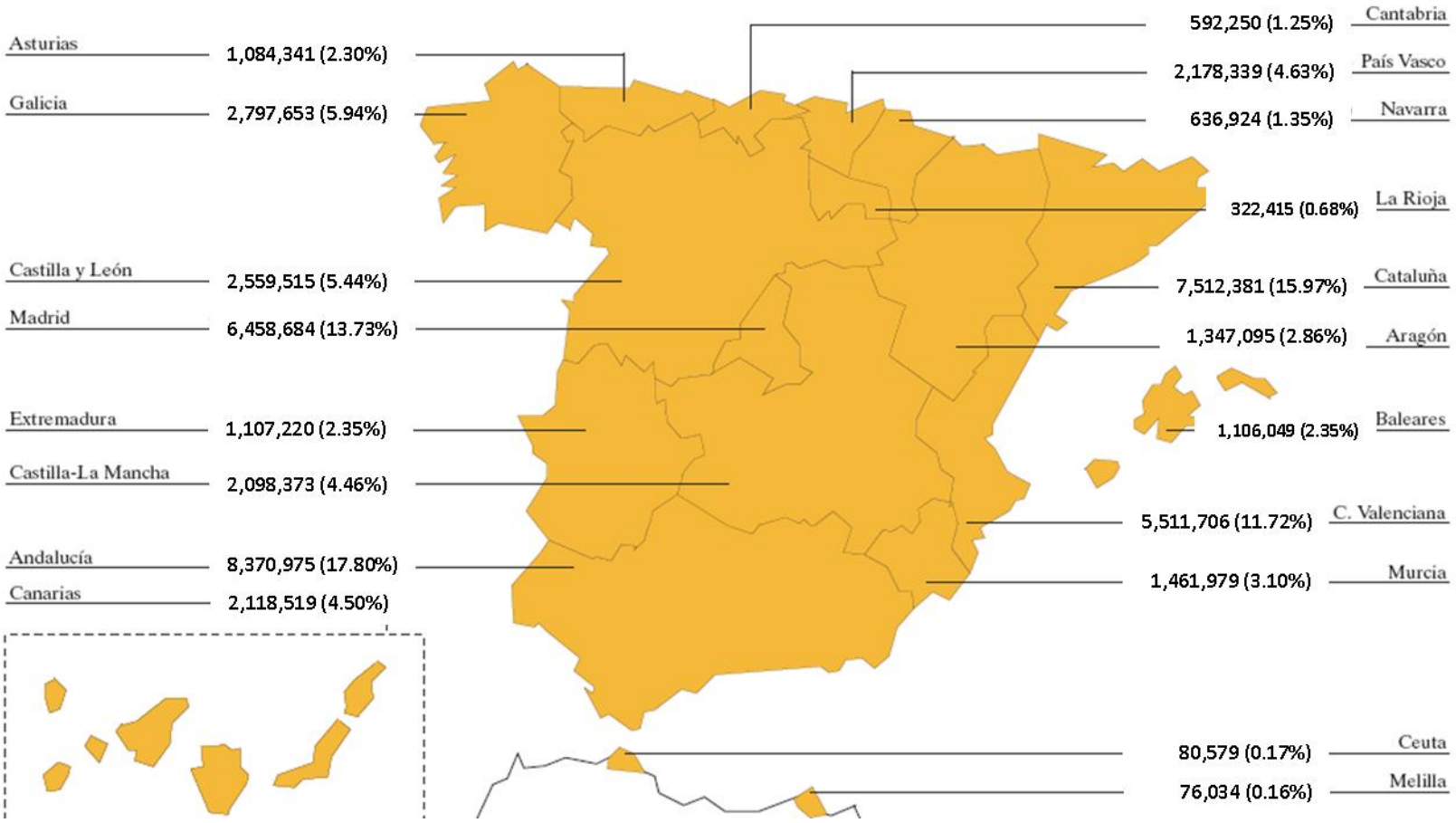
In turn, the year 2010 to which this report refers marks the confirmation and continuation of the 2009-2016 National Strategy on Drugs and its first 2009-2012 Plan for Action remaining in effect. This new Strategy will be gotten under way by means of two Plans for Action, each of which is to last four years.

In 2010, the preparation of the Evaluation of the prior 2000-2008 National Strategy on Drugs, which will be dealt with to a greater extent at a further point herein, was completed and made public. This strategy was evaluated as being mid-term, as has been discussed in previous annual reports.

The general information for the 2000-2008 National Strategy on Drugs, the mid-term evaluation of the 2000-2008 National Strategy and the 2005-2008 Plan for Action, which went out of effect in 2008, is included on Structured Questionnaire 32 submitted to the EMCDDA in 2006.

Also in 2010, the 2009 EDADES Household Drug Survey findings were publicized. This Survey had been carried out nationwide among the population within the 15-64 age range who are residing in households, as part of an ongoing series of surveys which have been being conducted every two years since 1995.

Fig 1.1. Spain: Population by Autonomous Communities and Autonomous Cities and percentage of the total population



Note: Spain's total population in 2010 is estimated at 47,021,031 inhabitants. The map above shows the population by Autonomous Communities and Autonomous Cities, as well as the percentages over the total population.

LEGAL FRAMEWORK

In 2010, several highly important pieces of legislation of major interest were enacted in Spain in the criminal law, criminal procedure and administrative fields concerning the drug phenomenon and other related aspects.

In the fields of criminal law and criminal procedure, special mention must be made of ***Organic Law 5/2010 of June 22nd enacted in amendment of Penal Code Organic Law 10/1995 of November 23rd***, which has been in force since December 2010.

As far as the provisions of law applicable to illicit harmful drug use and trafficking set forth under the aforesaid organic law, the reform introduced by this law has been warranted based essentially on three types of grounds: above all, the need of adapting Spain's current legislation to the *Council Framework Decision 2004/707/JAI of October 25, 2004 regarding laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking* – which is expressly transposed into Spain's body of law by way of the aforesaid law; also on the opportunity of incorporating the suggestion put forth by the Supreme Court Section Two Plenary Session at a non-jurisdictional meeting held on October 25th with regard to the advantageousness of shortening the applicable prison sentences in cases of minor or non-material offenses; and, lastly, to a lesser degree, concerning reasons of a technical nature.

In accordance with the foregoing, this legal reform revolves, first and foremost, around a partial amendment of the minimum and maximum lengths of some of the sentences of deprivation of liberty for the purpose of adapting the same to the European Community legislation. In certain cases, they have been further lengthened, whilst having been shortened in others, having had a bearing on both the defined core offenses and on the secondary offenses. In any case, such legal changes have served to reinforce the principle of proportionality in the prison sentences applicable by taking into consideration the seriousness of the detriment caused to the legally-protected right by way of the different types of conduct covered thereunder and the legal reprimand of which they are worthy.

Thus, in the defined core offenses (set forth under Penal Code Article 368), the recent legal reform has meant that in the unlawful types of conduct already covered thereunder (growing, processing, trafficking and other conduct promoting, encouraging or facilitating illicit use) in which no circumstances aggravating liability are involved, and provided that the material object of the crime is constituted by harmful drugs – narcotics or psychotropic substances – *which cause serious harm to health*, the maximum length of the applicable prison sentence has been shortened on being reduced from 9 to 6 years, the minimum limit in such cases, as well as the minimum and maximum length of the applicable prison sentence – when the material object is that of harmful drugs which *do not cause serious harm to health*- being established, on the other hand, without any change whatsoever (as is also the case for the fines charged and the ancillary penalties) as compared to the regimen previously in effect.

In addition to the above, the newly-defined core offense makes provision for another new highly noteworthy aspect. In fact, according to this new definition, a new paragraph has been inserted into aforementioned Penal Code Article 368 making provision for an attenuated core offense (applicable to both to the cases of the illicit growing, processing, trafficking, etc. of harmful drugs which are seriously harmful to health as well as to those which do not cause serious harm to health, according to which, taking into consideration the minor nature of the event as well as the personal circumstances of the person being charged, the courts may impose a sentence of a lesser degree upon the same. Nevertheless, it must also be pointed out that the law expressly sets forth the

impossibility of making use of such a power when any of the circumstances aggravating the liability set forth under Articles 369 bis and 370 are also involved.

As far as the circumstances aggravating liability related to types of conduct committed within criminal organizations (which are now specifically regulated under newly-worded Penal Code Article 369 bis), the minimum and maximum limits of the lengths of prison sentences for which provision are made under the law have also partially undergone different changes (some of which entail a remarkable quantitative variation), which, in certain cases, entails a longer and, in others, a shorter sentence. These changes have had a bearing both on the sentences applicable to those charged as guilty who are members of the aforementioned organizations but who do not hold the status of leaders, persons in charge or administrators thereof, as well as to the most serious ones, applicable to whomever fulfills the aforesaid conditions, regardless of the type of harmful drugs comprising the object of the offense.

Also worthy of special mention are two further new aspects which have been introduced into the legislation in force by way of Organic Law 5/2010. The first thereof is that of the importing or exporting of drugs being removed as an aggravating circumstance (although such types of conduct will continue to constitute an offense under Spanish law in accordance with the special criminal legislation in force concerning the fight against contraband). And the second, above all the regulation (in keeping with what is accepted, generally speaking, under Penal Code Article 31 bis), also within this new Article 369 bis of the Penal Code regarding the criminal liability of bodies corporate (save some exceptions) for committing the offenses of illegal drug trafficking –and/or other related offenses, not only when these offenses are committed on the account and to the benefit thereof by their agents or administrators, but also when they have been committed by those operating thereunder over whom due control has not be exercised; it also being necessary for it to be taken into account that such liability shall not be extinguished at the death of the guilty natural person, and that penalties (fines and others) may be imposed on the bodies corporate independently of those which may be imposed upon the natural persons.

In short, as far as the offenses of illegal drug trafficking is concerned, the criminal law reform is rounded out with a revision of the seizure regimen (a consequence secondary to the penalties for which provision is made in each case) as a result of Penal Code Article 127 (applicable by remittal of Article 374.1) having also been amended. In accordance therewith, seizure shall now also encompasses the assets, instruments, effects and profits stemming from the unlawful activities committed within the framework of a criminal organization, a presumption of law (admitting proof to the contrary) also being established of the same belonging to the organization when the assets of the persons belonging thereto and sentenced is out of proportion to the income illicitly obtained by each one thereof.

Other new aspects of interest which are introduced by way of Organic Law 5/2010 of June 22nd are not specific to crimes of illegal drug trafficking and other related crimes but are however worthy of being highlighted due to their being particularly subject to being applied under the aforementioned circumstances or under other different circumstances, when – in both cases – they are committed by users of the aforementioned substances: a) Firstly, this is the reform of Penal Code Article 100.3, which has meant the depenalization – as a safety measure violation – of the individual's refusal to undergo medical treatment or to continue a treatment to which the same had originally consented, when such a measure were to have been imposed up the person liable for a crime, even though, in such cases, the Judge or Court may substitute the measure for another one applicable thereto. b) Secondly, a new penalty being added into Penal Code Article 106, known as "*parole*", entailing the convict submitting to judicial control after serving out a sentence of deprivation of liberty by way of the imposing of obligations – and/or prohibitions – of different types, one of those included

thereunder being that of continuing external medical treatment or undergoing regular medical checks.

To conclude the review of the main aspects addressed by the aforementioned reform, mention must also be made of the changes which aforesaid Organic Law 5/2010 has made in the Code of Criminal Procedure as a result of the new Article 367 *septies* being introduced and also the revised wording of Article 796.1.7th, due to the importance thereof with regard to the preparation of this report.

The first of these provisions of law creates what are referred to as "Asset Recovery Offices" (the duties of which in the material field of offenses of illicit drug trafficking and other related offenses will be performed – according to the provision proper – by the Government Delegation for the National Plan on Drugs) are created, to which the Judged and Tribunals may entrust the conservation, administration and even the realization of the assets and earnings confiscated by the Police whenever they are the result of criminal activities carried out by criminal organizations, likewise qualifying the judicial authorities to be able to authorize – during the judicial proceedings – the provisional utilization of those assets and earnings, be it by the aforesaid offices proper or rather by the Judicial Police.

Lastly, with the new wording given to the second of the provisions of law mentioned – applicable to the swift prosecution of road safety offenses – lawmakers have expressly regulated in the procedural regulations the taking of proof of harmful drug use – narcotics and psychotropic substances – and the performance thereof by specially-trained Judicial Police officers, the obligation of facilitating saliva to be analyzed in homologated laboratories which is imposed upon vehicle drivers who were to have tested positive in the preliminary test – which is also compulsory to be taken – as well as the right thereof to request a contrast test – by means of a blood, urine analysis or other similar tests – which is to be conducted by healthcare personnel, who shall furnish the results to the Police Court.

Over and above the penal reform described hereinabove, special mention must also be made (due to the importance is has for international cooperation in the fight against illicit drug trafficking and other crimes related thereto) of the passage during the year in question of ***Law 4/2010 of March 10th for the enforcement in the European Union of court decisions of seizure.*** This law has served to incorporate into Spanish internal law *Council Framework Decision 2006/783/JAI of October 6, 2006* and the amendment made thereof by way of *Council Framework Decision 2009/299/JAI of February 26th*.

The aforesaid law serves to regulate the procedure by way of which the Spanish judicial authorities must convey to other E.U. member States the final, unappealable judgments ordering a seizure, as well as the way in which the Spanish judicial authorities must recognize and enforce such decision when conveyed thereto by another member State; it having to be taken into account that, in the latter of the aforementioned cases, the rule of law does no longer sets forth the prerequisite of control of dual criminality or incrimination when the sentences have to do with events adjudged as some offenses which are listed under the law (these offenses including those of illicit drug trafficking and laundering the proceeds of the offense) provided that they be punished in the issuing State with penalties of deprivation of liberty for a maximum of at least a three-year duration.

In conjunction with such procedural aspects, it must also be taken into account that Law 4/2004 has similarly set forth the regulation of the end use of the money and of other different assets obtained from the enforcement in Spain of decisions for seizure issued in other E. U. member States.

In accordance with this regulation, when sums of money of less than 10,000 € are involved, the full amount seized shall be deposited in full into the Public Treasury as ordered by the Criminal Judge

having province thereover; and in the cases in which the sums seized are of 10,000 € or more, fifty percent (50%) of the total amount shall be transferred to the issuing State, the remaining fifty percent (50%) having to likewise be deposited into Spain's Public Treasury.

In the event in which the assets seized do not consist of money or other bearer instruments of payment, the law proper makes provision for the alienation thereof; the proceeds obtained being disposed of in the manner previously described hereinabove.

Mention must nevertheless be made of the fact that when the assets – regardless of whether or not they be in cash – are the proceeds of crimes resulting from the illicit drug trafficking, the laundering of money resulting from the same or the illegal trafficking of chemical precursors of such substances, the sums deposited into the Public Treasury – which fall to the Spanish State – must mandatorily be transferred to the State Fund of assets seized for such crimes, created and regulated by Law 17/2003 of May 29th, being allocated exclusively to the fulfillment of the end purposes of general interest set forth under the last-mentioned law (prevention of drug dependence; assistance and rehabilitation of drug-dependent individuals; economic support for the Judicial Police and the Special Antidrug Prosecutor's Office in the prosecution of this type of crimes; and international cooperation regarding these issues).

As far as the field of administrative legislation is concerned, the highest-level nationwide rule of law passed is new ***Law 10/2010 of April 28th on the prevention of money laundering and the funding of terrorism***, which has a bearing on the prevention of the laundering of proceeds from illicit drug trafficking and which has been in effect since April 30, 2010. This law was enacted in revocation of Law 19/2003 of December 28th in force until the passage thereof.

This new law has served to fully incorporate into Spanish internal law European Parliament and Council Directive 2005/60/EC of October 26th, 2005 further expanded upon by Commission Directive 2006/70/EC of August 1, 2006, by virtue of which provisions of law are set forth for the application of European Parliament and Council Directive 2005/60/EC with regard to the definition of "*politically exposed persons"* and the technical criteria applicable in the simplified customer due diligence procedures as well as that which has to do with the exemption for reasons of occasional or very limited financial activity.

In addition to carrying out the transposition of the aforesaid EC legislation, which, is additionally completed with a more detailed and more extensive internal regulation (even encompassing more stringent requirements than those included under the legislation transposed), the new provision of law sets fort the penalizing regimen of European Parliament and Council (EC) Regulation No. 1781/2006 of November 15, 2006 concerning the information on the ordering parties furnished in conjunction with the transfers of funds. Regarding all other aspects, the reform in question includes no greatly differing regimen – save in that on which the new EC legislation has had a bearing- with regard to that previously dealt with under revoked Law 19/1993 of December 28th, nevertheless having given status of law to some provisions which had previously been included under the regulations further expanding upon this aforementioned law approved by Royal Decree 925/2005 of June 9th, as a result – from the technical legal standpoint – of being more properly situated within a statutory law.

Apart from the above, in the field of the new substance control, one must bear in mind the approval of Order SAS/2712/2010 of October 13th, by virtue of which the substance Ketamine is included in Annex I to Royal Decree 2829/1997 of October 6th under which the manufacture, distribution, prescription and dispensing of psychotropic substances and preparations is regulation, in accordance with which the aforesaid substance has gone from being subject to the general control of these

psychotropic substances in Spain in compliance with decisions 49/6 of 2006, 50/3 of 2007 and E/CN.7/2010/L.9 of 2010 adopted by the U.N. Economic and Social Council's Narcotics Commission.

In 2010, two new regulatory provisions of interest were passed, applicable in the field of the illicit use of the medicines continuing narcotics or psychotropic substances in their composition.

The first of these two provisions is ***Royal Decree 109/2010 of February 5th, enacted in amendment of different royal decrees on health care for the adaptation thereof to Law 17/2009 of November 23rd on free access to the activities of services and the exercise thereof and to Law 25/2009 of December 22nd in amendment of different laws for the adaptation thereof to the Law on free access to activities of services and the exercise thereof.*** This regulation has amended Article 25 of Royal Decree 1345/2007 of October 11th enacted in regulation of the procedure for the authorization, recordkeeping and condition for dispensing medicines for human use manufactured industrially. That part of this rule of law which is of interest relates to the reproduction of the legal regimen extant at the time of the prohibition of illicitly advertising those medicines including narcotics or psychotropic substances in their composition.

The other provision of law is ***Royal Decree 1718/2010 of December 17th on medical prescription and dispensing orders*** (in revocation of Royal Decree 1910/1984 of September 26th, by virtue of which the criteria are set forth for standardization of medical prescriptions and the model of prescriptions for long-term treatments with medicines containing narcotics or psychotropic substances), by virtue of which the provisions set forth under Law 29/2006 of July 26th on the same subject are further expanded upon.

This new regulation not only sets forth the general, common rules applicable to the prescriptions and orders for dispensing any medicine, but at the same time encompasses – in its first supplementary provision – the existence of some specifically unique aspects – which must be complete by way of a particular regulation – applicable only to the medical prescriptions for medicines containing narcotics or psychotropic substances.

One of the aspects of the regimen in question worthy of special mention is there being no requirement of a record being made in the prescription book for the dispensing of medicines containing psychotropic substances of Annex 2 of Royal Decree 2829/1977 of October 6th; and, similarly, the obligation no longer existing of using official vouchers for the distribution of medicines containing psychotropic substances included under Letter B) of Articles 12, 15 and 16 of the same Royal Decree in their composition.

Due to the major importance thereof for the prevention of drug use – whether legal or not – and serving to update and round out the legislation on advertising already in force regarding this subject, mention must also be made of new ***General Audiovisual Communications Law 7/2010 of March 31st***, revoking Law 25/1994 of July 12th, and which incorporated into Spanish law European Parliament and Council Directive 2001/65/EC of December 11, 2007, issued in amendment of Council Directive 89/552/ECC.

Apart from other new aspects of interest, such as the definition and application of the rule of law to new forms of audiovisual communication differing from the conventional forms, the most important aspect thereof (for the purposes of the aforementioned prevention of drug use) lies in the new regulation – included under Article 18 thereof, which will co-exist with the provisions already set forth under Law 34/1988 of November 11th and under Article 78.1 and 5 of Law 29/2006 of July 26th – of the prohibitions applicable to all audiovisual communications in any of their forms which are for medicines and medical products containing narcotics or psychotropic substances in their

composition, that of cigarettes and other tobacco products as well as that of beverages higher than 40 proof (20% alcohol content) and that of beverages.

In conclusion of this review of the legislative activities at the State level carried out during the year in question, special note must be made of the amendments made to *Law 28/2005 of December 26th on health care measures regarding the smoking habit and regulating the sale, supply, use and advertising of tobacco products* which have come about by way of ***Law 1/2010 of March 1st in amendment of Retail Trade Regulation Law 7/1996 of January 15th*** and that of ***Law 42/2010 of December 30th amending aforementioned Law 28/2005 of December 26th***

The third final provision of the first-mentioned of these laws amends Law 28/2005 for the purpose of allowing – under supervision of the personnel and with some limitations – the installation of automatic vending machines inside newspaper and magazine kiosks located on public thoroughfares and in some premises and establishments open to the public in which it is not prohibited to smoke tobacco.

In turn, Law 42/2010 has introduced numerous changes – additions and deletions – in the provisions in force, some of the most noteworthy being: the broadening of the possibility of installing tobacco vending machines to the convenience stores located at service stations; the prohibition of smoking in outdoor spaces or indoors inside health care establishments; the total prohibition of smoking inside indoor bars and restaurants; the possibility of setting aside – meeting certain requirements – up to 30% of the permanent rooms at hotels for guests who are smokers at hotels and similar establishments, the sole exception being the prohibition of smoking inside the same; the new prohibitions applicable to the media – including those of the information society; and, lastly, the obligation placed upon the Government Agencies of promoting health care programs for kicking the smoking habit in the health care system, as well as for quitting smoking at schools, health care centers, workplaces and in sports and leisure entertainment environments.

A full-scale review of the regulatory activities (in the material field of drugs) carried out in Spain throughout the year can but take into account those which have been carried out by the Autonomous Communities – applicable exclusively to their respective Communities – having an impact on the aforementioned material field – which have been recognized as their under the Constitution and under their Statutes of Autonomy.

Therefore, in conclusion of this report, it is deemed necessary to also make a brief mention at least of both the passage of ***Autonomous Community of Galicia Law 11/2010 of December 17th on the prevention of the drinking of alcoholic beverages on the part of minors***, as well as the partial reform of ***Autonomous Community of Madrid Law 5/2002 of June 27th on Drug Dependence and Other Addictive Disorders*** carried out by way of the **Autonomous Community of Madrid's Law 9/2010 of December 23rd on Administrative and Tax Measures and Rationalization of the Public Sector** regarding both the prohibitions of selling alcoholic beverages during nighttime hours and well as penalty-related aspects.

NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

In 2010, the National Plan on Drugs marked the 25th Anniversary of its creation, this Plan now having become well-established as the most effective level for administrative coordination and cooperation for combating drugs and drug addiction.

Under this heading, special mention must be made firstly of the collaborating and coordinating activity carried out at all levels related to drugs and drug dependence in order to continue the activities planned in the 2009-2012 Action Plan, further expanding upon the National Strategy currently in force, which entered into effect in 2009 and which meant, in turn, a major coordinating effort with all the players and sectors involved. The 2009-2012 Action Plan is a document which the Interautonomic Commission has adopted, setting out the actions which are to be carried out in order to accomplish the objectives set under the Strategy for the year 2016.

This Action Plan highlights the public health dimension as a social component in the drug policies, entailing a firm commitment to improving the interventions and guaranteeing their quality by way of the coordinated activity among all the administrations, which, in turn, may rely upon the indispensable collaboration of the non-governmental organizations for starting up the measures set out therein.

This Plan is designed, as far as its structure is concerned, in keeping with the 2009-2012 European Action Plan and, with regard to its contents, in keeping with the action plans of the Autonomous Communities, the international plans and those of the EU member states. This Plan is additionally the result of the evaluation of the prior 2005-2008 Action Plan.

The main characteristics of this Plan are:

- Unrolls the 2009-2016 National Plan on Drugs
- Representative of all sectors of the National Plan on Drugs
- Respectful of the authorities of all the administrations
- Integrating all of the areas
- Based on the current situation and adaptable to new scenarios
- Possible and continually evaluable
- Result of the evaluation of the prior 2000-2008 Strategy

This Plan is organized into 6 areas: coordination, demand reduction, supply reduction, improvement of knowledge, training and international cooperation. These areas include 14 objectives, which are the same as those included under the 2009-2016 Strategy and which are divided, in turn, into 68 actions. This Plan also includes the description of the players involved in getting it under way and the evaluation indicators of each one of the actions.

The area on which most relative importance is placed is that of “demand reduction”, divided into three sections (prevention, risk and harm reduction plus social assistance and reintegration), thus entailing practically 53% of all the actions, most of the actions within this area being preventive, totaling 25% of all of the actions included under the Plan, followed by the actions related to “social assistance and integration”, totaling 19.11% of all the actions.

In turn, the prior 2000-2008 National Strategy on Drugs included a specific order of putting the Strategy to evaluation. Once the work related to this final evaluation had been fully completed, the results were presented publicly in 2010 by way of a final report, not only for systematically using the research methods for rating the interventions of the Administrations taking part in the National Plan

on Drugs, but rather as a decisive, necessary element on which to base setting out future policies, by providing a legal basis for their being adopted based on evidence. This evaluation is in response to the aspects set out of: rendering accounts, identifying what has been done right, the mistakes made, the shortcomings and serving as a guide for planning.

This is the first time within the framework of the National Plan on Drugs that a large-scale study is being undertaken, the results of which are not set out directly in this Report, given that it would take much more space and an active knowledge of the prior Strategy due to its referring to specific actions included and numbered therein. In any case, the results are public and have been published in CD format.

In 2010, the investment on the part of the Central Government Administration (through the Government Delegation for the National Plan on Drugs) allocated to carrying out the 2009-2012 Action Plan, therefore in the second year throughout which this Plan for carrying out the new 2009-2016 Strategy will be in effect, is estimated at around 23,000,000 euros. This sum has served to fund a total of 320 actions encompassing all of the areas of intervention under the Action Plan: coordination, demand reduction (prevention, risk and harm reduction, social assistance and reintegration), supply reduction, improvement of basic and applied scientific knowledge, training and international cooperation.

As regards the coordinating and collaborating bodies for which a need has previously been stated, the meetings held by the different coordinating bodies, both those of the Sectorial Conference between the Central Government Administration and the Autonomous Communities as well as the Interautonomic Commission, which held three meetings in 2010, have continued to be frequent. The National Commission for the Prevention and Treatment of Drug Dependence at the Workplace also called a meeting, having met three times during 2010.

Apart from the above, the Government Delegation has continued along its line of collaborating and working more closely with the Joint Senate-Congress Commission for the Drug Problem Study. On the part of the Ministry of Health, Social Policy and Equality, in addition to different appearances in 2010 and answers to verbal parliamentary questions on general and timely situation-based drug policy, the Evaluation of the 2000-2008 National Strategy on Drugs was prevented before the aforementioned Commission.

Also in 2010, the 2007-2010 Cocaine-Combating Measures Program has continued. The Government Delegation began implementing this Program in the first quarter of 2007. From the time at which this Program first started up to when it finally ended in 2010, a total of 520 programs have been carried out with the participation of Autonomous Communities, NGOs and Research Divisions (as well as programs carried out by the Government Delegation for the National Plan on Drugs proper). Throughout this four-year period, more than 22.3 million euros have been allocated to starting up and carrying out these programs.

The objective of this Program encompasses several actions aimed at carrying out informative campaigns on cocaine, informing and educating parents, conveying information to young people, furnishing information to society as a whole, bolstering the prevention programs both in the educational as well as the working environments, promoting the active involvement of the companies in the leisure entertainment industry and promoting actions for heightening awareness as to the risks associated with cocaine use.

This Cocaine-Combating Measures Program, regarding which information has been provided in previous years, is organized into four areas of intervention (coordination, demand reduction,

international cooperation and supply control) and sets out 8 operating objectives and 33 specific actions.

In 2010, the results of the latest 2009-2010 Nationwide Survey on Alcohol and Drugs In Spain (Household survey on general population within the 15-64 range). This Survey has been being conducted, with the framework of the National Plan on Drugs, every two years as of 1995, there thus being a major continued series now.

In this edition, a total of 20,109 people were surveyed. The questionnaire has some changes from previous years aimed a converging with the model suggested by the European Monitoring Centre on Drugs and Drug Addictions. The field work was done within the November 2009-March 2010 period. No surveys were done in the month of January so as to avoid the influence of the holidays on the questions concerning drug use in the last 30 days.

The main conclusions reached (which will be dealt with in fuller detail at a further point herein) in the analysis of this Survey are:

- Alcohol is the psychoactive substance most used (79%), and cannabis is the illegal drug most used (11%).
- Polydrug use: Half of those using psychoactive substances use 2 or more substances. In 90%, alcohol is present.
- The use of **alcohol, tobacco and cannabis** remains stable.
- **Intensive drinking:** drunkenness and binge drinking are on the rise.
- The use of **hypnosedatives** is clearly greater among females.
- The use of **cocaine** is on the decline.
- **The use of heroin,** ecstasy, amphetamines, hallucinogens and volatile inhalable drugs without any significant changes and at low levels.

In the area of prevention, special mention must be made of the campaigns carried out both by the Central Government (Government Delegation for the National Plan on Drugs) as well as by the Autonomous Communities. All that which is related to the area of prevention is explained in further detail in the respective section of this report.

The Government Delegation has also continued the Bike Tour started in 2008. In November 2010, a total of 5,000 people took part in this event consisting of touring the city of Madrid riding a bicycle, the main objective of which was to promote healthy living, prevent doping substances being taken and the use of alternative ways of getting around town. “Have fun and go places! …. All you need is your own energy!” is the slogan of this project which major Spanish companies plus the Municipal Government of Madrid joined in to support.

In collaboration with the Autonomous Community of Cantabria Health and Social Services Department, the Government Delegation for the National Plan on Drugs also organized a ten class-hour Symposium on “Research and Know-How Transfer in the Field of Drugs and Addictions” as part of the summer courses of the Menendez Pelayo International University in June 2010.

Also worthy of special note is the presentation of the fifth Clinical Commission Report on Heroin from the Government Delegation for the National Plan on Drugs which was presented in the last quarter of 2010, added to those prepared in 2006, 2007, 2008 and 2009 on cannabis, alcohol, cocaine and a new revised report on cannabis, respectively.

At the Autonomous Community level, these Communities possess regional drug dependency-related strategies. Hence:

Autonomous Community Drug Dependence Strategies and Plans

1. **Andalusia Plan on Drugs and Drug Addictions.** Autonomous Community Government of Andalusia. Social Affairs Department. III Plan currently in the preparation stage.

2. **II Autonomous Community of Aragon Plan on Drug Dependence and Other Addictive Behavior 2010-2016 .Aragon.**

3. **Principality of Asturias Plan on Drugs (2010-2016).** Government of the Principality of Asturias. Health and Healthcare Services Department.

4. **2007-2011 Balearic Island Plan for action on Drug Dependence and Addictions.** Balearic Island Government. Health and Consumer Affairs Department. Directorate-General of Public Health and Participation. Drug Dependence Coordinating Center (2007).

5. **III Canary Island Plan on Drugs 2010-2017**. Canary Island Autonomous Community Government. Health and Consumer Affairs Department. Directorate-General of Drug Dependence Care.

6. **2009-2013 Cantabria Strategy on Drugs.** Government of the Autonomous Community of Cantabria. Health and Social Services Department. Directorate-General of Public Health. Drug Dependence Service.

7. **2006-2010 Castile-La Mancha Plan on Alcoholism and Drug Dependence.** Castile-La Mancha Autonomous Community Government. Health Department. Directorate-General of Health and Welfare Planning and Provision of Care. (2006).

8. **VI Castile and Leon Regional Plan on Drugs 2009-2013.** Castile and Leon Autonomous Community Government. Family and Equal Opportunity Department. Regional Commissioner for Drugs.

9. **White Paper on Prevention in Catalonia: Drug Use and Associated Problems.** Government of the Autonomous Community of Catalonia. Health Department. Directorate-General of Public Health. Sub directorate-General of Drug Dependence (2008).

10. **2006-2010 Strategy Plan on Drug Dependence and other Addictive Disorders in the Autonomous Community of Valencia**. Autonomous Community of Valencia. Health Department. Directorate-General of Drug Dependence.

11. **2008-2012 Integral Plan on Drug Dependence and Other Addictive Behaviors.** Government of the Autonomous Community of Extremadura. Health and Consumer Affairs Department. Office of the Technical Secretary for Drug Dependence.

12. **2007-2009 Autonomous Community of Galicia Plan on Drugs.** Government of the Autonomous Community of Galicia. Health Department. Galician Health Service. Subdirectorate-General of Mental Health and Drug Dependence.

13. **2006-2009 Strategy Plan of the Autonomous Community of Madrid Antidrug Agency**. Autonomous Community of Madrid Health and Consumer Affairs Department.

14. **2007-2010 Regional Plan on Drugs**. Autonomous Community of Murcia. Health Department. Autonomous Community Secretariat for Citizen Assistance, Health Regulation and Drug Dependence.

15. **Autonomous Community of Rioja Plan on Drug Dependence and Other Addictions**. La Rioja (1998, two-year evaluation).

16. **Autonomous Community of Navarre Plan on Drug Dependence**. Government of Navarre, Health Department.

17. **VI Autonomous Community of Basque Country Plan on Drug Dependence 2009-2013.** Basque Government. Department of Housing and Social Affairs. Vitoria-Gasteiz

The requirement of adopting local plans on drug dependence on the part of the Municipal Governments may be reflected in the Regional Drug Dependence Laws. These Municipal Plans must be in keeping with the different Autonomous Community Plans on Drugs, which, in turn, coordinate their objectives with the National Plan on Drugs. There are already more than two hundred Municipal Plans, and a vast majority of Spain's municipalities of over 50,000 inhabitants now have their own Municipal Plans on Drugs.

Lastly, with regard to the initiatives of the civil society regarding drug dependence, special mention must be made of the work of the "Society against Drugs" Forum formed in 2005 and which currently has more than 50 participating entities. This Forum's objective is to create a platform for relations between the Ministry and civil entities representing the family, youth and the media which will make it possible to allow civil society to play a more prominent role and be more able to be actively involved in the commitment of all for reducing drug use.

As of 2005, this Forum has set up three Working Groups: Youth, Family and Media. Worthy of special note is this regard is the unrelenting work being done by these Groups of the Society Against Drugs Forum, who continued their work and scheduled meetings in 2010 in order to be able to present their proposals at the Forum's sixth Plenary Meeting to be held in February 2011, the Forum's fifth Plenary Meeting having been held in February 2010.

Worthy of special mention apart from the above are the frequent contacts and the combined efforts being made with the Non-Governmental Organizations which are doing work in this area. Along this line of coordination, a total of 7 programs carried out by NGOs were funded in 2009 within the action "4. Promote the coordination and cooperation of the Government Delegation for the National Plan on Drugs with civil society".

ECONOMIC ANALYSIS

As has been mentioned in prior Reports, the 17 Autonomous Communities and the two Autonomous Cities (Ceuta and Melilla) which comprise the Spanish State have highly important authorities over the subject of preventing drug dependence, assisting and socially reinserting drug users. These authorities are reflected in the budgets allocated to these matters, such that, in order to ascertain the economic reSOURCEs invested in carrying out the drug policies, it is necessary to make use of both the information offered by the General State Administration (Central Government) as well as that furnished by the Autonomous Community Governments.

In addition to the above, one must rely upon the municipal budgets allocated to carrying out the Municipal Drug Dependence Plans of a local scope, the budget funding of which varies greatly, totaling quite large sums of money in the larger cities (Madrid, Barcelona, etc.). Nevertheless, no figure - not even an approximation - can be provided regarding the total of the municipal budgets.

Nor are the expenses incurred for health care provided to drug users stated in the figures provided in following for reasons other than the treatments for detoxification and rehabilitation, such as the case of care provided for drug use-related disorders (including infectious diseases such as AIDS, hepatitis, etc.), given that as a result of the authorities over health care having been transferred from the Central Government to the Autonomous Communities, it is highly difficult to itemize that part of the health care spending devoted to disorders related directly to drug use within the total spending on general health care. With all of the exceptions detailed above, a series of data is provided in following for **2009**, the last year for which final, complete figures are available.

Through the different ministerial Departments, the Central Government Administration has invested a Budget of 136,911,867 euros, a total of 21,000,000 of which come from the Fund of Assets Seized for Illicit Drug Trafficking and Other Related Offenses. This Fund has been operating since 1996 and is kept up by way of the cash and the assets seized by way of final, unappealable judgments in proceedings for drug dealing and other related offenses.

Of these 136,911,867 euros falling to the different Ministries, the Ministry of Health and Consumer Affairs transferred to the Autonomous Communities and Autonomous Cities the total sum of 28,296,000 euros to be managed directly thereby.

In addition to this amount, the Autonomous Community Governments have invested 295,781,236 euros charged to their own budgets, meaning that, in all, the aforesaid Autonomous Governments have availed of 324,087,236 euros to carry out programs and activities having to do with the prevention, care, rehabilitation and research of drug dependence.

In all, the total amount invested by the Central Government and the Autonomous Communities and Autonomous Cities therefore totaled **432,703,103 euros** in **2009**.

Regarding the distribution of the aforementioned sums of money, an estimate may be made as far as the Budget managed by the Autonomous Communities and Autonomous Cities are concerned, that is to say, the aforementioned 324,087,236 euros, which, is round figures, is as follows:

- Prevention: 53.61 million euros (16.54%)
- Welfare, health care and rehabilitation: 254.64 million euros (78.57%)
- Research, documentation and publications: 6.43 million euros (1.99%)
- Institutional coordination: 9.39 million euros (2.90%).

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

DRUG USE IN THE GENERAL POPULATION

A further "ESTUDES" survey on drug use among secondary school-age youths was conducted in 2010 within the framework of a number of surveys which have been being conducted in Spain for the purpose of ascertaining the current situation and the trends in drug use among the Secondary School students within the 14-18 age range. These surveys have been funded and promoted by the Government Delegation for the National Drug Plan (Government Delegation for the National Plan on Drugs) with the collaboration of the Autonomous Community Governments (Autonomous Community Plans on Drugs and Education Departments) and the Ministry of Education.

OBJECTIVES

The overall objective of this survey is to obtain information useful for designing and evaluating policies aimed at preventing drug use and drug problems, focusing especially on the family and/or school environment. This information rounds out that gathered by way of other surveys and epidemiological indicators.

The following specific objectives are set based on this overall objective:

a) To ascertain the prevalence of use of the different psychoactive drugs

b) To ascertain the most important socio-demographic characteristics of those using these drugs

c) To ascertain some relevant patterns of use

d) To estimate the opinions, knowledge, perceptions and attitudes regarding certain aspects related to drug abuse (perceived availability, perceived risk regarding different use-related types of behavior) and some factors related to drug use.

e) To estimate the degree of exposure and receptiveness to certain interventions on the part of these students.

METHODOLOGY

SUMMARY OF THE 2010 "ESTUDES" SURVEY METHODOLOGY	
SURVEY SCOPE	
Survey Population	Youths within the 14-18 age range who are currently taking 3rd or 4th –Level Compulsory Secondary School studies, 1st or 2nd-Level Higher Secondary School studies or Intermediate-Level Vocational Training studies in Spain.
Survey Location	This survey is taken nationwide.
Survey Period	The information was collected from November 4th to December 19th (2010) and from February 15th to March 23rd.
SAMPLING	Two-stage cluster sampling. Random selection of schools as first-stage units and of classrooms as second-stage units. Inclusion of all students in the classrooms selected.
SAMPLE SIZE	A total of 857 schools and 1,730 classrooms were selected. The final simple totaled 31,967 students.
INFORMATION COLLECCTED	Anonymous self-administered pencil-and-paper questionnaire completed on classroom time (45-60 minutes). Includes the same questions as in previous years (socio-demographic characteristics, drug use, perceived risk regarding different drug use-related types of behavior, leisure time-related aspects, perceived availability of the different psychoactive drugs, some social or health-related problems, information received on drugs, drug use on the part of friends and schoolmates and attitude of parents concerning drug use), two specific modules being added (one on questions concerning "new substances" and another three scales on "problem cannabis use").

Reference population and sample framework

The reference population is comprised of Secondary School-level students within the 14-18 age range in Spain. The percentage of youths within the 14-18 age range who were studying at this level in Spain totaled around 80% throughout the entire series of surveys.

The sample base or framework used for selecting the sample was the population enrolled in schools offering 3rd and 4th-level Compulsory Secondary School Education, 1st and 2nd-level Higher Secondary Education and 1st and 2nd Intermediate-level Vocational Training. The framework conditions the age spread of the sample. In fact, several groups are left out of the sample. For example, those students within the 14-18 age range who were studying at the elementary or university level, those students within the 14-18 age range who did not attend school (were absent) on the day and at the time the questionnaire was answered, those General Regimen Education students included in Social Guarantee Programs and distance learning programs, who were studying in Night School or in Special Education. It is quite likely that the bias resulting from absenteeism or by way of the percentage of youths within the 14-18 age range outside of the survey framework have remained relatively constant over the course of time, the repercussion of these biases on the trends and time-based changes in drug use prevalence and patterns therefore certainly being minor.

Table 2.1 shows the spread of Spanish Secondary School students in Spain, by the Autonomous Communities in which they reside, the tenure of the school in question and the type of studies (1994-2010).

Sample

A two-stage cluster sampling process was used, by selecting at random schools as first-stage units and classrooms at second-stage units. Subsequently, all of the students in the classrooms selected were then included for the purpose of simplifying the sample design as well as the process of taking and analyzing the survey.

The process of selecting the schools was based on lists from the Autonomous Community Education Departments. For selecting these schools, the sample framework was previously layered by Autonomous Communities (17 layers, one layer each for Ceuta and Melilla as of 1996) and legal ownership status (two layers: public and private schools). Beginning as of 2000, all of the schools in each layer had the same probability of being in the sample, regardless of their size.

The classrooms were selected with an equal degree of probability among all of the classrooms in one same school. For logistics-related reasons, the decision was made to select two classrooms in each school.

In the 2010 survey, a sample comprised of 31,967 students, 857 schools and 1,730 classrooms was studied. For the purpose of guaranteeing a minimal degree of accuracy in the estimates by Autonomous Communities, a minimum number of valid surveys in each one of the Autonomous Communities was determined. Some Autonomous Communities, being interested in obtaining specific information for their territory with a smaller statistics-related margin of error, expanded the sample size initially planned. These Autonomous Communities were Aragon, Asturias, Balearic Islands, Cantabria, Autonomous Community of Valencia, Galicia, Madrid, Melilla and Rioja.

The percentage of enrolled students who did not attend school (were absent) on the day and at the time of the survey fell within the 9%-17.1% range for the different surveys. In 2010, there was a 10.9% absentee rate.

Table 2.2 shows the spread of the students within the 14-18 age range in the ESTUDES survey sample by Autonomous Community of residence, legal ownership status of the school in question and type of studies (1996-2010).

Table 2.3 shows the spread of the classrooms and schools included in the ESTUDES survey sample, by Autonomous Community (1994-2010).

Questionnaire and field work

A standardized, anonymous questionnaire similar to that of other surveyed conducted in Europe and in the United States was used.

In 2010, the basic questions module included throughout all previous years was kept the same, two specific modules having been added: one on “new substances” and the other on “problem cannabis use”.

- Basic module: Includes questions on socio-demographic characteristics, drug use, perception of risk regarding different types of drug-related behavior, leisure time-relates aspects, perceived availability of the different psychoactive drugs, some social or health-related problems, information received on drugs, drug use on the part of friends and schoolmates and attitude of their parents regarding drug use.

- Specific module on the use of "New Substances": including question on use, perceived risk and availability of some emerging substances, including Ketamine, Spice, piperazines, mephedrone, Nexus, methamphetamine, magic mushrooms, research chemical and legal highs.

- Module on problem cannabis use: In collaboration with the European Monitoring Centre on Drugs and Drug Addiction, a number of questions have been incorporated for the purpose of evaluating certain study scales regarding cannabis use. A total of 3 scales were included for comparing their efficacy in evaluating problem cannabis use and proceeding to the validation thereof: the Cannabis Abuse Screening Test (CAST) (6 items), the Severity of Dependence Scale (SDS) (5 items) and the Composite International Diagnostic Interview (16 items).

The linguistic aspects unique to each of the different Autonomous Communities are taken into account by using versions of the questionnaire written in Castilian Spanish, Galician, Basque, Catalan and Valencian.

This is a paper-and-pencil questionnaire to be completed during class time (45-60 minutes) by all students in the classrooms selected with the teacher present but remaining at their desk at all times. All of the surveys were conducted in autumn (generally November and December) and in February of the following year at several centers, with the exception of the 2004 survey, which was conducted in the springtime.

The schools collaborate well. In 2010, a total of 14.4% of the schools were substituted, but hardly any schools refused to collaborate, the substitutions being due mostly to the cases of dates conflicting with examinations or vacation time being near. On the other hand, the degree of collaboration of the school principals, academic directors and teachers of these schools was excellent for all of these surveys. The percentage of students who refused to complete the questionnaire was irrelevant, as were the questionnaire ruled out as a result of having been left blank.

Analysis

For conducting the analysis, the results have been weighted by Autonomous Communities, the legal ownership status (public or private) of the school in question and the type of studies (Compulsory Secondary School, higher secondary school, intermediate-level vocational training levels) for the purpose of correcting the disproportionality of the sample with regard to the sample universe. The information on the spread of the sample universe according to the three variable weighted was obtained from the Ministry of Education.

Worthy of special mention is the fact that the sample is designed to obtain results with an acceptable degree of accuracy in order to estimate the prevalence figures for drug use for all of Spain as a whole, but not in the Autonomous Communities. Therefore, except in the case of alcohol, tobacco and cannabis, the prevalence rates estimated for the Autonomous Communities have some confidence intervals which are too broad, especially in the less populated Autonomous Communities, thus meaning that the randomness has a great bearing thereon and that on representing time-series, they may give rise to sawtoothing and misleading trend lines.

A methodology-related note of which mention may be made is that the calculations have been made ruling out the numerator and the denominator of the subjects with unknown values.

Table 2.1 Spread of Spanish Secondary School students, by Autonomous Community of residence, by legal ownership status of the school and by type of studies (absolute figures). Spain, 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
AUTONOMOUS COMMUNITIES									
Andalusia	471,794	462,498	439,486	402,840	361,512	363,862	326,571	304,858	350,592
Aragon	69,699	64,548	58,208	49,597	45,599	44,849	40,860	38,581	44,414
Asturias	73,467	67,094	59,379	48,271	42,232	39,752	33,888	28,534	32,598
Balearic Is.	39,271	37,441	36,613	34,923	34,408	34,804	31,333	30,164	33,985
Canary Is.	113,256	110,955	111,340	96,577	87,248	85,592	74,244	68,929	78,902
Cantabria	36,909	34,734	311,64	26,253	23,666	22,473	19,609	17,583	20,366
Castile and Leon	160,256	151,635	137,270	117,058	105,092	102,177	89,776	78,471	88,990
Castile- La Mancha	90,837	89,425	85,693	79,729	77,727	78,397	73,297	69,538	79,848
Catalonia	384,125	354,024	310,815	262,519	248,490	248,973	236,139	234,395	264,590
C. Valencia	251,506	234,037	215,858	190,873	178,801	177,602	160,648	154,174	176,955
Extremadura	57,224	59,242	58,622	54,160	51,426	50,791	46,757	41,203	45,254
Galicia	182,834	176,703	163,396	134,929	113,916	112,125	94,564	82,464	95,485
Madrid	347,417	322,791	292,702	251,754	229,324	231,045	207,926	191,834	224,210
Murcia	73,929	71,706	66,423	60,005	55,246	56,305	51,755	49,721	57,769
Navarre	32,758	30,589	26,977	22,174	21,103	20,626	19,640	19,061	22,096
Basque C.	151,581	136,827	112,596	90,058	82,048	78,790	67,592	63,000	72,145
Rioja	17,809	16,224	14,249	11,940	10,928	10,723	9,755	9,080	10,567
Ceuta	3,379	3,565	3,724	3,611	3,303	3,433	2,797	2,680	3,224
Melilla	2,961	3,136	3,455	3,197	3,244	2,970	2,791	2,890	6,099
LEGAL OWNERSHIP STATUS OF THE SCHOOL									
Pubic	1,911,828	1,769,080	1,626,084	1,362,588	1,225,988	1,241,521	1,093,906	1,004,590	1,154,668
Private	649,184	658,094	601,886	577,880	549,325	5,237,68	496,036	482,570	553,421
TYPE OF STUDIES									
Compulsory Sec. Ed.	237,115	515,206	886,542	953,021	935,678	937,280	891,860	845,306	828,331
Higher Sec. Ed.	1,510,024	1,261,877	927,249	724,972	614,796	600,389	576,960	520,541	608,428
Vocational Training	813,873	650,091	414,179	262,475	224,839	227,620	121,122	121,313	271,330
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**	**1,708,089**

SOURCE: Ministry of Education

Table 2.2 Spread of students within the 14-18 age range included in the ESTUDES sample, by Autonomous Community of residence, by legal ownership status of the school and by type of studies (absolute figures). Spain, 1996-2010.

	1996	1998	2000	2002	2004	2006	2008	2010
AUTONOMOUS COMMUNITY								
Andalusia	2,075	1,976	2,372	2,552	2,464	2,750	6,143	3724
Aragon*	941	775	671	2,185	1,757	1,764	785	1377
Asturias*	875	765	661	744	584	1,737	627	1155
Balearic Is.*	661	679	602	1,762	1,795	622	599	1203
Canary Is.	859	966	739	960	835	2,079	1,398	1815
Cantabria*	575	722	1,244	1,169	1,478	1,376	352	906
Castile and Leon	1,120	1,093	919	1,140	983	1,107	1,697	1865
Castile- La Mancha	982	943	1,749	2,501	860	984	1,359	1818
Catalonia	1,881	1,681	1,552	1,885	2,831	2,177	4,628	3415
C. Valencia*	1,466	1,395	2,287	1,685	1,362	1,657	3,119	2,727
Extremadura	659	718	443	796	1,693	777	807	1,370
Galicia*	1,436	1,333	1,170	2,108	1,245	2,244	1,799	1,945
Madrid*	1,979	1,853	2,929	3,308	3,033	3,055	3,904	3,056
Murcia	818	813	727	1,394	1,468	1,601	998	1,551
Navarre	659	553	627	530	600	570	361	960
Basque Country	1,104	1,021	852	806	990	884	1,316	1,726
Rioja*	651	570	462	457	975	525	190	647
Ceuta	128	30	323	130	140	289	46	325
Melilla*	97	199	121	464	428	256	57	382
LEGAL OWNERSHIP STATUS OF THE SCHOOL								
Public	13,716	12,766	10,421	14,445	14,889	13,050	20,720	22,081
Private	5,250	5,319	10,029	12,131	10,632	13,404	9,463	9,886
TYPE OF STUDIES								
Compulsory Sec. Ed.	5,129	9,560	13,664	14,400	14,415	15,983	15,671	17816
Higher Sec. Ed.	10,495	7,312	5,869	10,733	9,468	8,468	10,348	11683
Vocational Training	3,342	1,213	917	1,443	1,638	2,003	4,164	2468
TOTAL	**18,966**	**18,085**	**20,450**	**26,576**	**25,521**	**26,454**	**30,183**	**31,967**

* Autonomous Community expanded sample.

SOURCE: National Survey on Drug Use in Secondary School Students (ESTUDES) 1996-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs (DGNSD). Ministry of Health, Social Policy and Equality.

Table 2.3 Spread of classrooms and schools included in the ESTUDES sample, by Autonomous Community of residence (absolute figures). Spain, 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
SCHOOLS									
Andalusia	45	45	45	54	60	64	70	77	62
Aragon*	19	18	18	17	35	32	33	49	63
Asturias*	19	18	18	17	18	16	29	48	63
Balearic Is.*	12	12	13	15	32	32	15	41	77
Canary Is.	22	23	22	21	23	22	33	57	30
Cantabria*	13	12	13	28	29	28	28	39	58
Castile and Leon	18	19	27	25	30	27	32	35	29
Castile- La Mancha	25	24	17	44	58	22	25	31	29
Catalonia	44	38	39	37	43	70	53	56	53
C. Valencia*	33	33	33	56	37	35	40	46	66
Extremadura	16	14	16	10	19	31	19	25	22
Galicia*	23	26	29	25	36	30	39	62	65
Madrid*	40	37	40	66	75	71	71	85	81
Murcia	16	16	16	17	38	25	25	48	25
Navarre	13	13	15	15	14	14	13	16	15
Basque Country	26	24	27	21	22	26	28	30	28
Rioja*	11	12	12	12	12	17	12	25	37
Ceuta	_	5*	1	5	3	5	7	7	6
Melilla*	_	_	3	3	7	6	5	7	48
	395	**389**	**404**	**488**	**591**	**573**	**577**	**784**	**857**
CLASSROOMS									
Andalusia	92	92	90	108	119	128	139	154	125
Aragon*	38	36	38	31	101	95	92	98	128
Asturias*	42	36	36	30	35	32	84	96	125
Balearic Is.*	29	28	27	24	84	93	30	82	153
Canary Is.	44	46	44	41	46	44	98	114	60
Cantabria*	28	28	28	48	58	84	81	78	116
Castile and Leon	38	40	40	47	58	54	64	70	60
Castile- La Mancha	54	55	55	69	116	44	50	62	63
Catalonia	88	78	78	74	87	140	103	112	111
C. Valencia*	68	65	69	90	72	70	80	92	136
Extremadura	34	32	53	19	37	92	38	50	45
Galicia*	56	55	33	43	102	60	116	124	129
Madrid*	85	80	58	119	144	142	142	170	160
Murcia	34	36	79	29	72	74	75	96	51
Navarre	30	28	26	22	26	28	26	32	32
Basque Country	52	52	33	40	44	51	56	60	56
Rioja*	25	29	29	20	22	50	24	50	74
Ceuta	_	10*	2	15	6	10	14	14	12
Melilla*	_	_	8	6	22	24	10	14	94
	837	**826**	**826**	**875**	**1,251**	**1,315**	**1,322**	**1,568**	**1,730**

* Autonomous Community expanded sample.

SOURCE: National Survey on Drug Use in Secondary School Students (ESTUDES). 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

RESULTS

Extension of drug use

In 2010, the drugs used most by the students within the 14-18 age range continue to be alcohol, tobacco and cannabis. A total of 75.1% had used alcohol at some time in their lives, 39.8% having tried tobacco and 33% having tried cannabis.

The percentage of those currently using these substances, in other words, those who have used any of these substances within the 30 days immediately prior to the survey were: 63% in the case of alcohol; 26.2% in the case of tobacco and 17.2% in that of cannabis.

The use of all the other substances (cocaine, ecstasy, hallucinogens, amphetamines, volatile substances, heroin…) is much more in the minority, totaling 1% - 3.9% of the students who have tried them at some time and 0.5%-1.5% who use them more regularly.

Worthy of special mention is the use of tranquilizers. A total of 18.0% of the students have taken tranquilizers at some time, a total of 10.4% having taken over-the-counter tranquilizers. Their current use (within last 30 days) was 5.3% and 3%, respectively.

On comparing these results to those of the previous surveys, a reduction is noted in most of these substances, the sharpest drop being in the case of tobacco, cannabis and cocaine. These latter two substances are, on the other hand, the most widespread illegal drugs which had been showing a growing use over the past few years.

Table 2.4 shows the evolution of the prevalence figures for psychoactive substance use among Secondary School students within the 14-18 age range in Spain (1994-2000).

Table 2.4 Evolution of the prevalence of the psychoactive substance use among Secondary School students within the 14-18 age range (percentages). Spain 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
PREVALENCE OF USE AT SOME TIME IN THEIR LIFETIME									
Tobacco	60.6	64.4	63.4	61.8	59.8	60.4	46.1	44.6	39.8
Alcohol	84.1	84.2	86.0	78.0	76.6	82.0	79.6	81.2	75.1
Tranquilizers*							12.6	17.3	18.0
Tranquilizers, over counter**	6.1	6.1	6.4	6.9	6.5	7.0	7.6	9.4	10.4
Cannabis	20.9	26.4	29.5	33.2	37.5	42.7	36.2	35.2	33.0
Ecstasy	3.6	5.5	3.6	6.2	6.4	5.0	3.3	2.7	2.5
Hallucinogens	5.1	6.8	5.5	5.8	4.4	4.7	4.1	4.1	3.5
Amphetamines	4.2	5.3	4.3	4.5	5.5	4.8	3.4	3.6	2.6
Cocaine	2.5	3.4	5.4	6.5	7.7	9.0	5.7	5.1	3.9
Heroin	0.5	0.5	0.9	0.6	0.5	0.7	1.0	0.9	1.0
Volatile inhalables	3.1	3.3	4.2	4.3	3.7	4.1	3.0	2.7	2.3
GHB								1.1	1.2
PREVALENCE OF USE IN THE LAST 12 MONTHS									
Tobacco							34.0	38.1	32.4
Alcohol	82.7	82.4	83.8	77.3	75.6	81.0	74.9	72.9	73.6
Tranquilizers*							7.4	10.1	9.8
Tranquilizers, over counter**	4.4	4.5	4.7	5.0	4.5	4.7	4.8	5.7	5.6
Cannabis	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4
Ecstasy	3.2	4.1	2.5	5.2	4.3	2.6	2.4	1.9	1.7
Hallucinogens	4.4	5.6	4.0	4.2	3.2	3.1	2.8	2.7	2.1
Amphetamines	3.5	4.4	3.4	3.5	4.1	3.3	2.6	2.5	1.6
Cocaine	1.8	2.7	4.5	4.8	6.2	7.2	4.1	3.6	2.6
Heroin	0.3	0.4	0.6	0.4	0.3	0.4	0.8	0.7	0.6
Volatile inhalables	1.9	2.0	2.6	2.5	2.2	2.2	1.8	1.6	1.2
GHB								0.8	0.7
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	26.2
Alcohol	75.1	66.7	68.1	60.2	56.0	65.6	58.0	58.5	63
Tranquilizers*							3.6	5.1	5.2
Tranquilizers, over counter**	2.6	2.2	2.3	2.5	2.4	2.4	2.4	2.9	3
Cannabis	12.4	15.7	17.2	20.8	22.5	25.1	20.1	20.1	17.2
Ecstasy	2.1	2.3	1.6	2.8	1.9	1.5	1.4	1.1	1.0
Hallucinogens	2.6	2.8	2.0	2.0	1.2	1.5	1.3	1.2	1.0
Amphetamines	2.3	2.6	2.0	2.0	2.0	1.8	1.4	1.2	0.9
Cocaine	1.1	1.6	2.5	2.5	3.2	3.8	2.3	2.0	1.5
Heroin	0.2	0.3	0.4	0.3	0.2	0.4	0.5	0.6	0.5
Volatile inhalables	1.1	1.2	1.8	1.5	1.1	1.1	1.1	0.9	0.8
GHB								0.5	0.5
PREVALENCE OF DAILY TOBACCO SMOKING IN THE LAST 30 DAYS									
	21.6	23.7	23.1	23.0	21.0	21.5	14.8	14.8	12.3

*Tranquilizers or sleeping pills** Over-the-counter tranquilizers or sleeping pills.

SOURCE: National Survey on Drug Use in Secondary School Students (ESTUDES). 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs (DGNSD) Ministry of Health, Social Policy and Equality.

Average age at start of use

Table 2.5 Evolution of average age at start of psychoactive substance use among the Secondary School Students within the 14-18 age range (percentages). Spain 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
Tobacco	13.9	13.3	13.2	13.1	13.1	13.2	13.1	13.3	13.5
Tobacco (daily use)		14.6	14.5	14.4	14.4	14.5	14.2	15.1	14.3
Alcohol	13.5	13.7	13.8	13.6	13.6	13.7	13.8	13.7	13.7
Alcohol (weekly use)		15.0	15.0	14.9	15.0	15.1	15.0	15.6	14.8
Tranquilizers or over-the-counter sleeping pills	14.1	14.5	14.8	14.5	14.6	14.8	14.4	14.3	14.4
Cannabis	15.1	15.1	15.0	14.9	14.7	14.7	14.6	14.6	14.7
Cocaine (powder and/or base)	15.6	15.9	15.8	15.8	15.7	15.8	15.3	15.3	14.9
Cocaine powder							15.4	15.4	15.4
Crack cocaine							15.0	15.0	14.6
Heroin	14.3	14.7	14.4	15.4	14.9	14.4	14.7	14.3	14.4
Amphetamines	15.5	15.7	15.6	15.6	15.6	15.7	15.6	15.4	15.5
Hallucinogens	15.4	15.6	15.4	15.5	15.5	15.8	15.5	15.4	15.4
Volatile inhalables	13.3	13.6	13.4	13.9	14.3	14.0	13.6	13.8	13.2
Ecstasy	15.6	15.7	15.5	15.7	15.4	15.6	15.5	15.2	15.3

SOURCE: Spanish Observatory on Drugs (OED). Government Delegation for the National Plan on Drugs (DGNSD). Ministry of Health, Social Policy and Equality.
ESTUDES Survey on Drug Use In Secondary School Students 1994-2010.

Differences in use, by age

The percentage of users of the different drugs rises progressively with age.

For alcohol, tobacco and cannabis, the greatest rise in use takes place from 14 to 16 years of age. For psychostimulants (cocaine, ecstasy, amphetamines), the greatest increase in use takes place from 16 to 18 years of age.

Table 2.6 shows the percentage (%) of drug users among the Secondary School students within the 14-16 age range IN the last 12 months, by ages.

Table 2.6 Percentage of drug users among the Secondary School students within the 14-16 age range in the last 12 months, by ages. (%). Spain, 2010.

	Age 14	Age 16	Age 18
Alcohol	48	80.3	86.4
Tobacco	17.5	36.9	43.8
Tranquilizers/sleeping pills	8	10.5	14.8
Tranquilizers/sleeping pills, over-the-counter	4.2	6	7.6
Cannabis	10.5	30.6	40.1
Cocaine	1.2	2.6	5
Ecstasy	0.9	1.9	2.9
Amphetamines	0.6	1.6	3.8
Hallucinogens	1	2.2	4.2
Heroin	0.6	0.8	0.9
Volatile inhalables	1.1	1.5	1.2

SOURCE: 2010 ESTUDES Survey on Drug Use Among Secondary Students in Spain. Spanish Observatory on Drugs (OED). Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality

Differences between genders in drug use

Some major differences exist between males and females in the percentage of drug users.

The use of legal drugs, such as tobacco, alcohol or tranquilizers is more widespread among females (with marked differences in the case of tobacco), although the males who drink alcohol or smoke tobacco do so more intensely (frequency or amount) than the females.

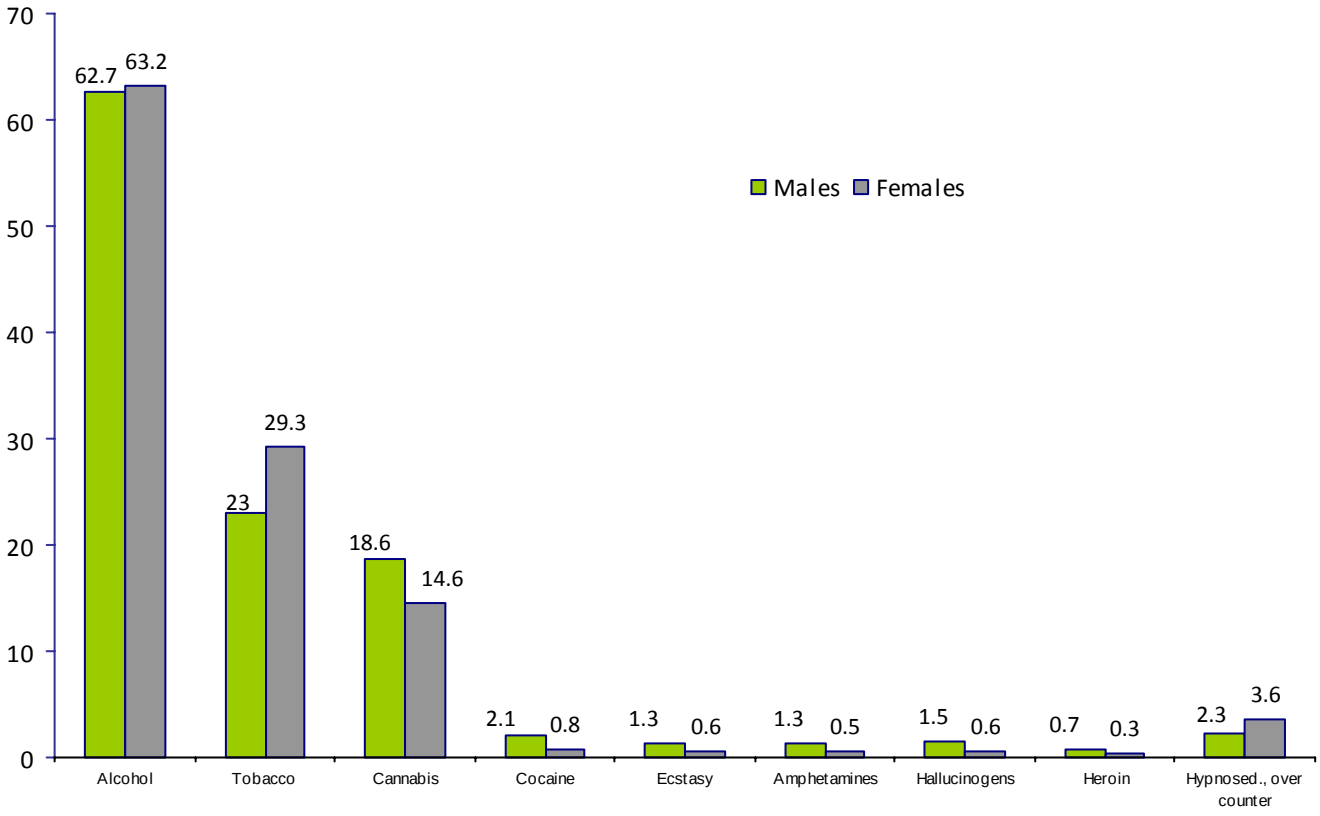
The use of any drug sold illegally is more widespread among males than among females.

Table 2.7. Percentage of drug users among the Secondary School students within the 14-18 age range in the last 30 days, by gender. (%). Spain, 2010.

	MALES	FEMALES
Alcohol	62.7	63.2
Tobacco	23	29.3
Hypnosedatives	3.5	6.2
Hypnosedatives, over the counter	2.3	3.6
Cannabis	18.6	14.6
Cocaine	2.1	0.8
Ecstasy	1.3	0.6
Amphetamines	1.3	0.5
Hallucinogens	1.5	0.6
Heroin	0.7	0.3
Volatile inhalables	1.2	0.5

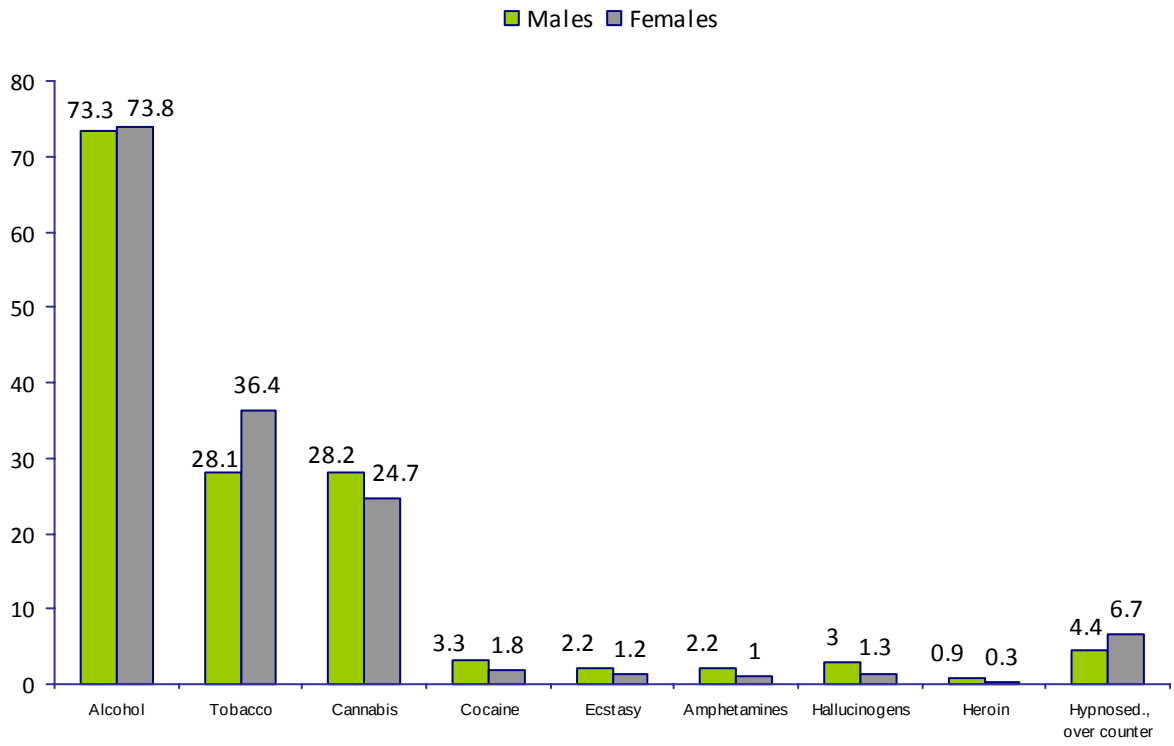
SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.1.a Percentage of drug users among the Secondary School students within the 14-18 age range in the last 30 days, by gender. (%). Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.1.b Percentage of drug users among the Secondary School students within the 14-18 age range within the last year, by gender. (%). Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Tobacco smoking

Second to alcohol, tobacco is the drug most used by the secondary school students in Spain. A total of 39.8% have smoked at some time in their lives, 26.2% having done so in the last 30 days. The daily tobacco smoking prevalence figures have declined among both the females and the males in comparison to those of 2008. Special mention must be made of the fact that these are the lowest tobacco smoking figures since the start of this series in 1994. Smoking in the last 12 months is more prevalent among females (36.4%) than among the males (28.1%), this being a trend which had already begun in previous years, although the males smoke a greater number of cigarettes than the females (11.7% of the males admit smoking more than 10 cigarettes a day, compared to 7.6% of the females).

This is the substance for which the use thereof is started at the earliest age (average age 13.5), surpassed only by the volatile inhalables, and although the age remains rather stabilized, it is now slightly (0.2) later as compared to the previous edition of the 2008 survey.

Tobacco smoking increases significantly with age for both genders, from 12.3% in the consumers 14 years of age to 40.0% in those of age 18 for the indicator related to use in the last 30 days.

The 2010 data indicate a major decline in tobacco smoking which, although having started in 2004, had shown a tendency toward stabilizing in 2008. It is feasible to think that the regulatory measures

which have been adopted in Spain over the past few years have had a positive impact on tobacco smoking in the population.

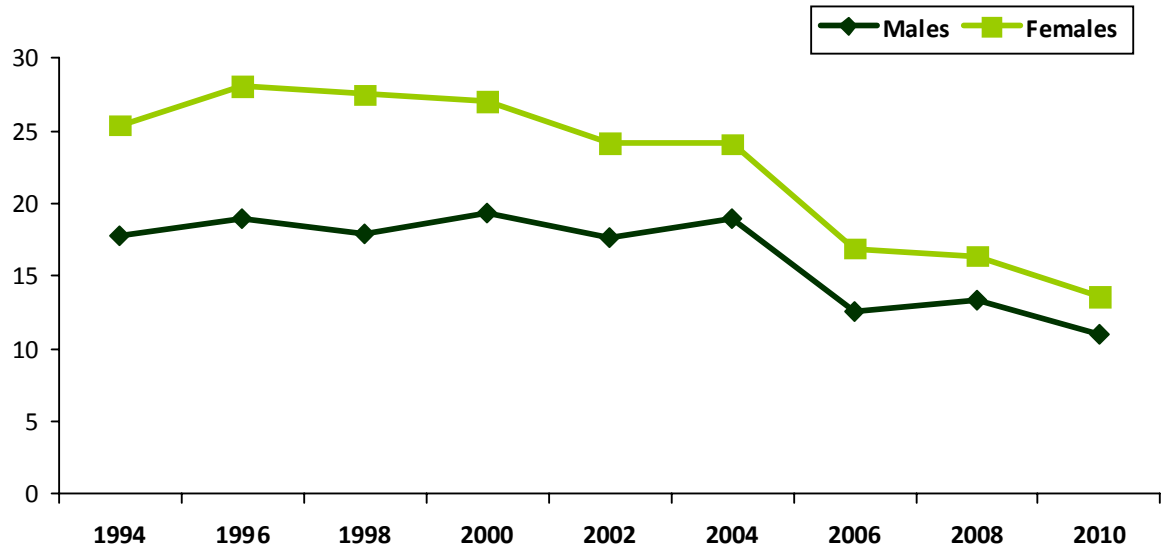
A total of 48.3% of the students surveyed reports having seen teachers smoking inside the school at different times, a total of 72.6% stating having seen other students smoking.

A large majority of the students who smoke had considered quitting smoking at some time in the past (65.9%), although only 22.5% of them admitted having ever tried to quit. The intention of quitting smoking is similar among females (63.4%) and males (63.7%). Nevertheless, the percentage of those who actually tried to quit is higher among females than among males (43.4% compared to 37.8%).

A total of 67.7% of the students who smoke are currently seriously considering quitting (40.1% within the next 30 days and 27.6% within the next 6 months).

Nearly half of the students (48.1%) are bothered to a moderate or great degree when people are smoking in enclosed areas when they are present. Half of the young people surveyed (50%) live with people who smoke daily.

Fig. 2.2. Evolution of the prevalence of daily tobacco smoking among the Secondary School students within the 14-18 age range, by gender (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Males	17.8	19.0	17.9	19.3	17.7	18.9	12.5	13.3	11
Females	25.4	28.1	27.5	27.0	24.2	24.1	16.9	16.4	13.6

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.8 General characteristics of tobacco smoking among the Secondary School students within the 14-18 age range (percentages), by gender. Spain, 1994-2010

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	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	15,595	16,372
PREVALENCE TOBACCO SMOKING AT SOME TIME IN THEIR LIVES																		
	56.0	65.1	58.9	69.4	57.4	68.5	57.1	66.7	54.6	64.7	56.6	54.1	42.0	49.8	42.2	47.0	35.6	43.8
AVERAGE AGE AND START OF TOBACCO SMOKING IN CURRENT SMOKERS AND EX-SMOKERS (YEARS OF AGE)																		
	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	13.5	13.5
PREVALENCE OF TOBACCO SMOKING WITHIN 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	23.0	29.3
PREVALENCE OF DAILY TOBACCO SMOKING																		
	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	11.0	13.6
AVERAGE AGE STARTED DAILY TOBACCO SMOKING IN CURRENT SMOKERS AND EX-SMOKERS (YEARS OF AGE)																		
	--	--	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	14.4	14.3
NO. CIGARETTES SMOKED 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	56.1	58.3	65.0	68.5
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	28.0	30.1	23.3	23.9
>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	15.9	11.6	11.7	7.6
Avg. no.	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	5.7	4.8

Note: The percentages are calculated based on the number of cases for which there is information.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Drinking alcoholic beverages

In 2010, just as in prior editions of the ESTUDES survey, alcohol is the psychoactive substance most widely used among the students within the 14-18 age range. A total of 75.1% had tried alcohol at some time, 73.6% having used alcohol in the last 12 months and 63% in the last 30 days (Table 2.9.) However, compared to 2002, a decline is noted in the prevalence of drinking for the "some time in your life" indicator (6.1 percentage points) and a rise in the prevalence of drinking in the "last 12 months" (0.5 percentage points) and in the "last 30 days" (4.5 percentage points).

This slight rise in the percentage of current alcohol drinkers (some time in the last 30 days) means a slight reversal of the downward trend which has been found to exist for this indicator since 2004, but, along general lines, the overall downward trend of the expanding spread of drinking alcoholic beverages which is fund for the three time-based indicators for this population group since 1994 remains unchanged, and the spread of drinking alcohol can be said to be remaining rather stable (Fig. 2.3).

It is however important to stress that there is also a considerable percentage of students within the 14-18 age range who state being non-drinkers in 2010 (approximately 3 out of every 10), and that their number has been found to have risen over that of previous editions (approximately 2 out of every 10 in 1994).

The prevalence of drinking alcoholic beverages in this population group is slightly higher in females than in males for the three time-based indicators (Table 2.9) and increases with the age of those surveyed. Hence, the percentage of students 14 years of age who admitted having used alcohol in the last 30 days was 38.1%, compared to the 77.1% of those who were age 18 (Table 2.9).

The average age of starting drinking alcoholic beverages in 2010 was 13.7 years of age, this being a figure quite similar to that found to exist in previous ESTUDES editions. No changes were found either with regard to the average age at which weekly drinking begins, which was 14.8 years of age in 2010.

Table 2.9. Prevalence figures for drinking alcoholic beverages among the Secondary School students within the 14-18 age range (percentages), by gender and age. Spain 1994-2010.

SOME TIME IN THEIR LIVES

	1994	1996	1998	2000	2002	2004	2006	2008	2010
Total	84.1	84.2	86.0	78.0	76.6	82.0	79.6	81.2	75.1
Gender									
Male	84.3	84.3	85.5	78.2	75.9	81.5	78.4	80.8	74.9
Female	84.0	84.1	86.4	77.9	77.2	82.5	80.7	81.7	75.2
Age									
14 yrs.	69.6	67.6	71.5	52.4	52.7	59.2	57.1	62.6	49.7
15 yrs.	81.8	81.7	82.5	73.4	70.4	76.6	76.1	78.7	71.5
16 yrs.	88.0	88.7	89.7	83.1	81.7	86.9	86.0	86.2	81.6
17 yrs.	91.9	91.3	92.8	89.6	89.0	91.9	91.2	90.5	87.8
18 yrs.	92.5	93.4	96.2	93.8	92.2	93.8	92.3	92.3	88.6

IN LAST 12 MONTHS

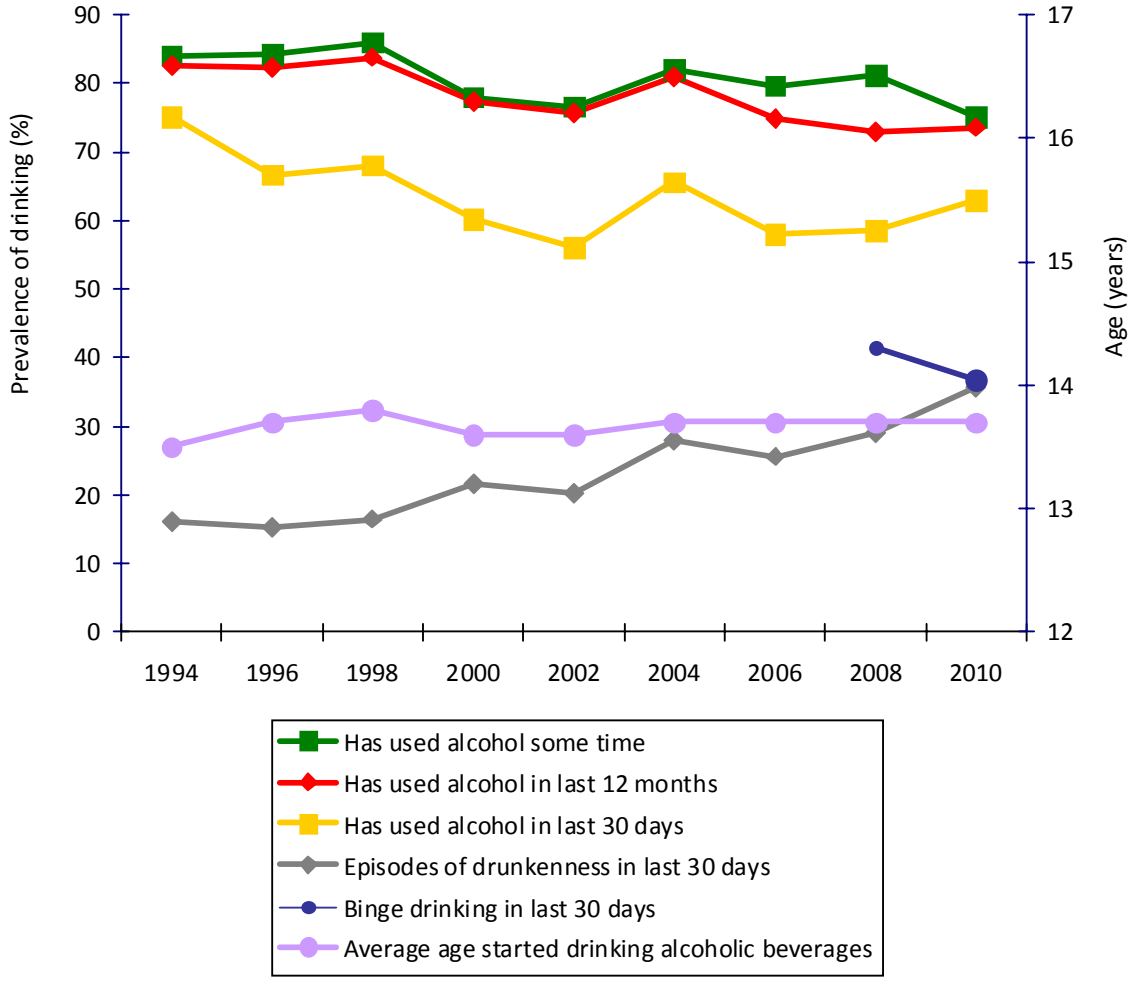
	1994	1996	1998	2000	2002	2004	2006	2008	2010
Total	82.7	82.4	83.8	77.3	75.6	81	74.9	72.9	73.6
Gender									
Males	82.8	82.3	83	77.3	74.9	80.6	73.4	71.5	73.3
Females	82.7	82.5	84.5	77.3	76.3	81.5	76.3	74.2	73.8
Age									
14 yrs.	67.7	64.3	67.9	51.5	52	57.9	50.9	53.1	48.0
15 yrs.	80.4	79.7	80.5	72.7	69.7	75.6	70.9	69.6	70.0
16 yrs.	86.7	87.4	88	82.4	80.9	85.9	82.1	77.6	80.3
17 yrs.	90.7	89.9	90.9	88.7	87.6	91.1	87.4	84.1	86.1
18 yrs.	91.1	92.4	94.1	93.3	91.2	93	88.2	84.2	86.4

IN LAST 30 DAYS

	1994	1996	1998	2000	2002	2004	2006	2008	2010
Total	75.1	66.7	68.1	60.2	56	65.6	58	58.5	63.0
Gender									
Male	75.3	66.8	67.5	60.4	56.7	65.5	58.1	57.7	62.7
Female	74.9	66.7	68.5	59.9	55.4	65.7	58	59.4	63.2
Age									
14 yrs.	56.7	40.1	43.2	32.1	27.7	38	31.7	36.2	38.1
15 yrs.	71.8	60.1	62.2	51.8	47.7	57.7	50.7	52.9	58.9
16 yrs.	80	74.1	73.4	65.7	61.6	71.9	65.3	63.8	70.0
17 yrs.	85.1	79.4	81.1	73.7	71.5	78.2	74.2	71.9	74.8
18 yrs.	86.2	84.1	85	82.7	76.8	81.5	76.5	75.1	77.1

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.3 Evolution of the prevalence of drinking alcoholic beverages, prevalence of episodes of drunkenness (last 30 days), prevalence of binge drinking (last 30 days, average age started drinking and average age started drinking weekly, among the Secondary School students within the 14-18 age range (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Has used alcohol some time	84.1	84.2	86.0	78.0	76.6	82.0	79.6	81.2	75.1
Has used alcohol in last 12 months	82.7	82.4	83.8	77.3	75.6	81.0	74.9	72.9	73.6
Has used alcohol in last 30 days	75.1	66.7	68.1	60.2	56.0	65.6	58.0	58.5	63
Episodes of drunkenness in last 30 days	16.1	15.3	16.5	21.7	20.2	28	25.6	29.1	35.6
Binge drinking in last 30 days	--	--	--	--	--	--	--	41.4	36.7
Average age started drinking alcoholic beverages	13.5	13.7	13.8	13.6	13.6	13.7	13.7	13.7	13.7

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.10. General characteristics of drinking alcohol among Secondary School students with in the 14-18 age range (averages and percentages), by gender. Spain 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF ALCOHOL DRINKING SOME TIME IN THEIR LIVES																		
	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	74.9	75.2
AVERAGE AGE STARTED DRINKING ALCOHOL (YEARS OF AGE)																		
	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	13.7	13.7
AVERAGE AGE STARTED DRINKING ALCOHOL WEEKLY (YEARS OF AGE)																		
	__	__	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	14.8	14.7
PREVALENCE OF ALCOHOL DRINKING IN 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	73.3	73.8
PREVALENCE OF ALCOHOL DRINKING IN 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	62.7	63.3
PREVALENCE OF WEEKEND ALCOHOL DRINKING IN 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	71.3	71.5
PREVALENCE OF WORKDAY ALCOHOL DRINKING IN 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	33.1	21.4

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain 1994-2010. Spanish Observatory on Drugs. Central Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As regard to the intensive drinking patterns, the 2010 ESTUDES survey includes questions concerning the prevalence of episodes of drunkenness and binge drinking, the latter being understood as being drinking five or more glassfuls or mixed drinks within a time span of approximately two hours.

In 2010, 58.8% of the students within the 14-18 age range admitted having gotten drunk at some time in their lives, a total of 52.9% having done so in the last 12 months and 35.6% in the last 30 days. The prevalence of episodes of drunkenness increases in parallel to the age of those surveyed, for the three time-based indicators and hence, whilst 16.0% of the young people who were 14 years of age acknowledged having gotten drunk some time in the last 30 days immediately prior to the date on which the survey was taken, this percentage rose to 52.8% among the young people who were 18 years of age. It is important to stress the fact that, for the time-based indicators "some time in their lives" and "in the last 12 months", the prevalence of episodes of drunkenness are slightly greater in females than in males. This does not hold true for the prevalence of episodes of drunkenness in the last 30 days, which continues to be greater among the males (Table 2.11).

Table 2.11 Prevalence figures for episodes of drunkenness among the Secondary School students within the 14-18 age range (percentage), by gender and age. Spain 2010.

	SOME TIME		LAST 12 MONTHS		LAST 30 DAYS	
	2008	**2010**	**2008**	**2010**	**2008**	**2010**
Total	56.2	58.8	47.1	52.9	29.1	35.6
Gender						
Males	54.8	58.0	46.5	52.2	29.4	36.4
Females	57.5	59.5	47.7	53.5	28.7	34.8
Age						
14 yrs.	30.4	27.8	24.5	24.6	13.4	16.0
15 yrs.	48.5	52.2	41.0	47.3	24.2	32.0
16 yrs.	62.2	66.2	53.0	59.8	31.7	38.8
17 yrs.	72.6	76.8	59.7	69.1	39.0	46.6
18 yrs.	76.9	77.8	65.8	69.8	45.2	52.8

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain 2008-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

When broken down by gender and age, the females show greater prevalence figures at 14, 15 and 16 years of age, it being solely at 17 and 18 years of age that the prevalence figures are somewhat higher among the males (Table 2.12).

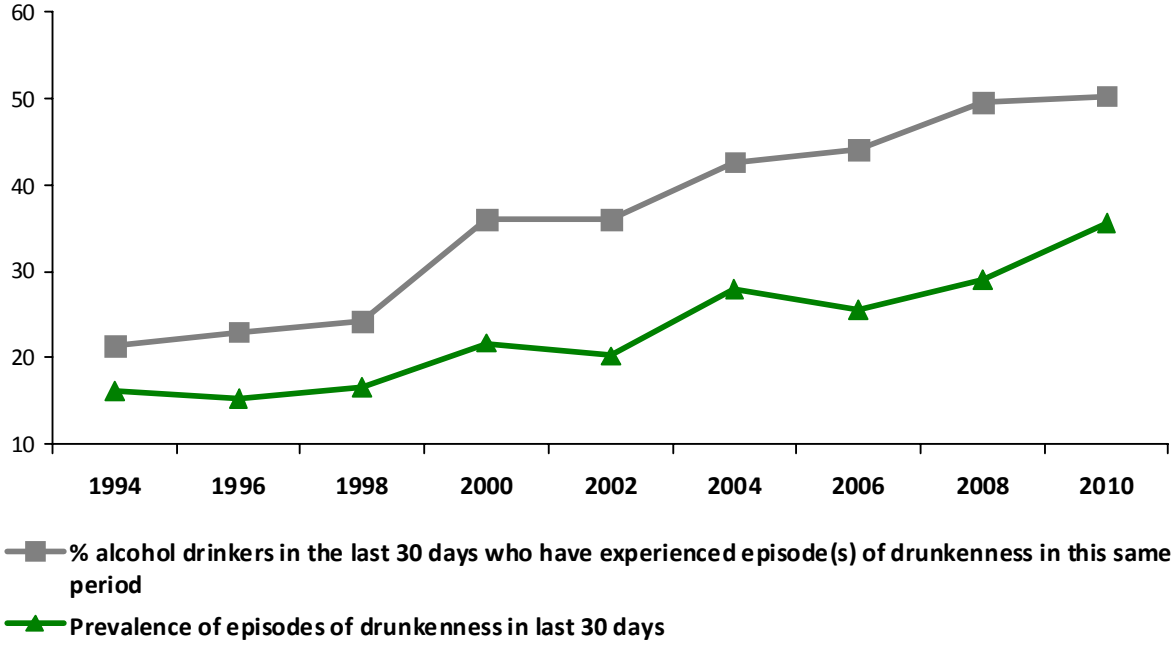
Table 2.12 Prevalence figures for episodes of drunkenness in Secondary School students within the 14-18 age range, by both gender and age together (%). Spain 2010.

	MALES					FEMALES				
	14	**15**	**16**	**17**	**18**	**14**	**15**	**16**	**17**	**18**
Episodes of drunkenness some time	25.8	50.8	63.8	76.6	79.2	29.5	53.5	68.4	77.0	75.9
Episodes of drunkenness in last 12 months	22.3	46.5	57.5	69.2	71.4	26.6	48.0	61.9	69.0	67.8
Episodes of drunkenness in last 30 days	14.5	33.3	38.0	48.6	55.2	17.3	30.7	39.6	44.7	49.3

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

On the other hand, when the group of students within the 14-18 age range who admitted having used alcoholic beverages within the 30 days immediately prior to the date on which the survey was conducted is taken as a reference, the prevalence of episodes of drunkenness rises to 50.3%, thus meaning that nearly one out of every two students within the 14-18 age range who drank alcoholic beverages within this time period experienced an episode of drunkenness at some time during that same period. This figure is similar to that found in 2008 (49.6%) (Fig. 2.4).

Fig. 2.4 Prevalence of episodes of drunkenness in the last 30 days among students within the 14-18 age range and percentage of students within the 14-18 age range of those who have used alcohol in the last 30 days who have experienced an episode of drunkenness. (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
% alcohol drinkers with last 30 days who have experienced episode(s) of drunkenness in this same period	21.4	23.0	24.2	36.1	36.1	42.7	44.1	49.6	50.3
Prevalence of episodes of drunkenness within last 30 days	16.1	15.3	16.5	21.7	20.2	28	25.6	29.1	35.6

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994- 2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As regards binge drinking, in 2010, a total of 36.7% of the students within the 14-18 age range (38.9% males and 34.5% females) acknowledged having drunk 5 or more mixed drinks/glassfuls within an approximate two-hour time span within the 30 days immediately prior to being surveyed. This means that approximately one third of the students within the 14-18 age range have been involved in binge drinking in the last 30 days. The figures for this latest edition mean a 4.7-point percentage drop from the figures of 2008 (41.4%).

Precisely as was detailed for the "episodes of drunkenness in the last 30 days", if those who had used alcohol in the last 30 days immediately prior to taking the survey were taken as a reference, the prevalence of binge drinking in this group totals 66.5% (70.7% of males and 62.6% of females). In this case, the figures are quite similar to those found for 2008 (66.4%; 71.8% of the males and 61.2% of the females) (Table 2.12).

In this last group, just as for the indicator for episodes of drunkenness, the prevalence figures for binge drinking in the last 30 days rise along with the age of the students (57.1% at 14 years of age; 64.9% at 15 years of age; 65.1% at 16 years of age; 70.6% at 17 years of age and 74.9% at 18 years of age. However, for this indicator, higher prevalence figures are found in males, generally speaking.

The fact of the females showing higher prevalence figures for episodes of drunkenness than males and of the females showing higher binge drinking prevalence figures, both of these patterns being of the intensive type, might be due to different causes (subjectivity or less than well-suited questions used for evaluating these indicators, etc.), the discussion of which is beyond the objectives of this report, but which most certainly making a more in-depth analysis of this issue necessary.

A total of 32.8% of the young people who had taken part in binge drinking in the last 30 days immediately prior to the survey in 2010 had done so on 4 or more day in the last 30 days.

Table 2.13 Evolution of the prevalence of binge drinking. (%) ESTUDES 2008-2010.

	2008	2010
Prevalence of binge drinking in the last 30 days in students within the 14-18 age range who had used alcohol within this same period.	64.4	66.5
Prevalence of binge drinking in the last 30 days in the students within the 14-18 age range.	41.4	36.7

SOURCE: ESTUDES 2008- 2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

In 2010, the students drank alcohol especially in bars or pubs (66.3% of the drinkers, in the last 30 days), in open-air areas, such as streets, squares or parks (64.1%) or in discotheques (57.5%). The establishments where the students acquired alcoholic beverages more often were bars or pubs (52.1%), discotheques (43.5%) and supermarkets (49.3%).

As has been the norm in the past, drinking is concentrated on the weekends: 71.4% of the young males and females drank alcoholic beverages some time on Friday, Saturday and/or Sunday (in the last 30 days) compared to the 27.1% who drank alcohol some time on working days, from Monday through Thursday (during this same time period). On weekends, the prevalence of drinking is slightly higher in the females, particularly in the case of mixed drinks and fruit liqueurs. On the other hand, on weekdays, the prevalence of drinking is greater among the males, for all types of beverages considered.

The mixed drinks/rum or gin and coke are the drink preferred by most (76%) of the weekend drinkers, followed by beer (45.36%). On working days, this situation reverses, beer being the alcoholic beverage preferred by 20.7% of the drinkers, following by mixed drinks / rum or gin and coke (15.5%) (Table 2.14).

Table 2.14. Prevalence of drinking alcohol, by type of beverage among those who had used alcohol in the last 30 days. ESTUDES 2010.

	SOME WEEKEND			SOME WORKDAY		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
TOTAL	**71.3**	**71.5**	**71.4**	**33.1**	**21.4**	**27.1**
TYPE OF BEVERAGE						
· Wine / Champagne	28.9	23.5	26.1	9.8	5.9	7.8
· Beer	54	37.1	45.3	26.8	14.9	20.7
· Aperitifs / Vermouth	17.5	11.1	14.2	7.1	3.8	5.4
· Mixed drinks / Rum or gin and coke	74.9	77.1	76	19.7	11.5	15.5
· Fruit liqueurs	26.3	28.9	27.6	9.5	6.6	8
· Hard liquor	38.4	33.3	35.8	10.7	5.6	8.1

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Generalized for the entire population within the 14-18 age range, the results can be calculated as shown in Table 2.15.

Table 2.15 Prevalence of drinking the different types of alcoholic beverages on working days and weekends in the last 30 days immediately prior to the survey among the Secondary Students within the 14-18 age range (%). Spain 1996-2010.

	1996	1998	2000	2002	2004	2006	2008	2010
WEEKDAY DRINKING								
Some day Monday-Thursday in the last 30 days								
Wine	8.1	8.9	8.2	4.9	6.6	5.3	5.8	5.2
Beer	15.3	14.0	16.2	10.5	14.1	12.8	15.0	13.7
Aperitifs	3.0	3.2	2.6	1.7	2.4	3.0	4.1	3.6
Mixed drinks	5.4	6.4	6.8	5.0	6.8	7.4	10.6	10.2
Hard Liquor	3.2	3.6	3.5	2.3	3.2	3.5	5.5	5.3
Fruit liqueurs	6.6	7.5	6.2	3.8	4.2	4.6	6.6	5.3
Every day Monday-Thursday in the last 30 days								
Wine	0.8	1.0	0.9	0.3	0.7	0.2	0.4	0.4
Beer	1.7	1.5	2.2	0.9	1.7	0.8	1.7	1.4
Aperitifs	0.2	0.3	0.3	0.1	0.3	0.2	0.5	0.4
Mixed drinks	0.2	0.3	0.6	0.2	0.6	0.4	1.2	1.1
Hard Liquor	0.1	0.4	0.4	0.1	0.4	0.2	0.7	0.0
Fruit liqueurs	0.3	0.8	0.6	0.2	0.5	0.2	0.6	0.5
DRINKING ON SOME WEEKEND								
A day from Friday-Sunday in the last 30 days								
Wine	32.8	32.8	23.7	21.0	27.7	18.8	17.0	17.3
Beer	46.9	40.7	30.8	27.1	34.1	27.9	28.6	30.0
Aperitifs	12.0	13.6	9.6	8.0	11.0	8.3	8.4	9.4
Mixed drinks	48.8	53.7	49.2	48.2	58.4	51.6	54.0	50.3
Hard Liquor	24.5	26.7	22.4	22.3	27.8	23.0	25.1	18.3
Fruit liqueurs	36.2	37.1	25.6	22.6	26.0	20.6	20.8	23.7
Every day Friday –Sunday in the last 30 days								
Wine	9.6	10.6	8.6	5.9	7.5	3.5	4.6	6.9
Beer	19.9	17.6	14.4	10.7	13.8	8.6	13.4	16.5
Aperitifs	2.9	4.2	3.3	2.1	2.7	1.5	2.9	4.8
Mixed drinks	19.6	23.5	22.2	18.9	22.5	16.8	28.1	25.4
Hard liquor	8.2	10.8	10.1	7.7	9.4	5.5	9.3	8.3
Fruit liqueurs	10.2	12.0	9.0	6.0	6.8	3.8	5.5	5.2

Note: The percentages are calculated based on the number of cases for which information is available.
SOURCE: ESTUDES 1996-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

One of the risk behaviors associated with drinking alcoholic beverages is that of driving under the influence of alcohol. In 2010, 21.3% of the students within the 14-18 age range acknowledged having been passengers in the last 12 months in vehicles driven under the influence of alcohol, a 3.3 percentage point decline having been found to exist as compared to 2008 (24.6%). This figure rises with the age, reaching 31.9% among the male and female students who are 18 years of age (34.5% in 2008).

In addition to the above, in 2010, 7.3% (11.5% males and 3.3% females) of the students within the 14-18 age range stated having driven a vehicle under the influence of alcohol in the last 12 months (compared to 9.5% in 2008), this being a figure which rises to 12.8% in the students 18 years of age (12.5% in 2008).

Use of hypnosedatives (tranquilizers or sleeping pills)

On the questionnaire, a group of medicines including those referred to as "narcotics", "sleeping pills" and "sedatives", which include benzodiazepines and barbiturates, are termed as tranquilizers or sleeping pills.

In 2006, a question was included for the first time regarding the use of these substances without making any specification as to whether or not they were prescription or over-the-counter drugs, this being a question which had not been included on the prior surveys. Nevertheless, so as to maintain comparability, the question which was already included regarding use of over-the-counter hypnosedatives was kept in place. Additionally, a question was asked in another section of the questionnaire about use of prescription drugs some time in their lives and the age at which they began using these drugs.

In 2010, a total of 18.3% of the students who had taken tranquilizers or sleeping pills (prescription or over-the-counter) some time in their lives, 10.2% having done so in the last 12 months and 5.3% in the last 30 days. The prevalence of over-the-counter use was somewhat lower, totaling figures of 10.4%, 5.6% and 3.0%, respectively (Table 2.16). Contrary to the case of illegal drugs, their use (both prescription and over-the-counter) is more widespread among females than among males (Table 2.16).

The average age at which the students start using tranquilizers or sleeping pills (prescription or over-the-counter) was 13.8 years of age (13.3 years of age for males and 14.2 years of age for females). The average age at which the use of over-the-counter tranquilizers or sleeping pills began was slightly older (14.2 years of age) and, here again, somewhat earlier in males (13.7 years of age for males and 14.4 years of age for females). The frequency of use is sporadic, over half of those who had used over-the-counter tranquilizers or sleeping bills some time in the last 30 days having done so on only one or two days during this period.

The prevalence figures for tranquilizer and sleeping pill use (prescription or over-the-counter) rise progressively along with the age in both females and males. Hence, for example, the prevalence of use of tranquilizers or sleeping pills within the last twelve months in females totaled 20.9% at 18 years of age, compared to the 9.5% in the females who were 14 years of age. For the males, these figures were 9.8% at 18 years of age, compared to 6.2% at 14 years of age.

Table 2.16 General characteristics of hypnosedative* use among Secondary School students within the 14-18 age range (percentage), by gender. Spain 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	f
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF PRESCRIPTION/OVER-THE-COUNTER HYPNOSEDATIVES SOME TIME IN THEIR LIVES																		
	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	20.4	14.9	21.5
PREVALENCE OF OVER-THE-COUNTER HYPNOSEDATIVES SOME TIME IN THEIR LIVES																		
	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	8.4	12.3
AVERAGE AGE STARTED TAKING HYPNOSEDATIVES (YEARS OF AGE)																		
	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	13.3	14.2
PREVALENCE OF USE OF OVER-THE-COUNTER HYPNOSEDATIVES 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	4.4	6.7
PREVALENCE OF USE OF OVER-THE-COUNTER HYPNOSEDATIVES IN 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	2.3	3.6
FREQUENCY OF USE OF OVER-THE-COUNTER HYPNOSEDATIVES IN 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	97.7	96.3
1-2 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	1.2	2.2
3-5 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	0.6	0.9
6-9 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	0.1	0.2
10-19 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	0.1	0.1
20-29 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	0.4	0.3

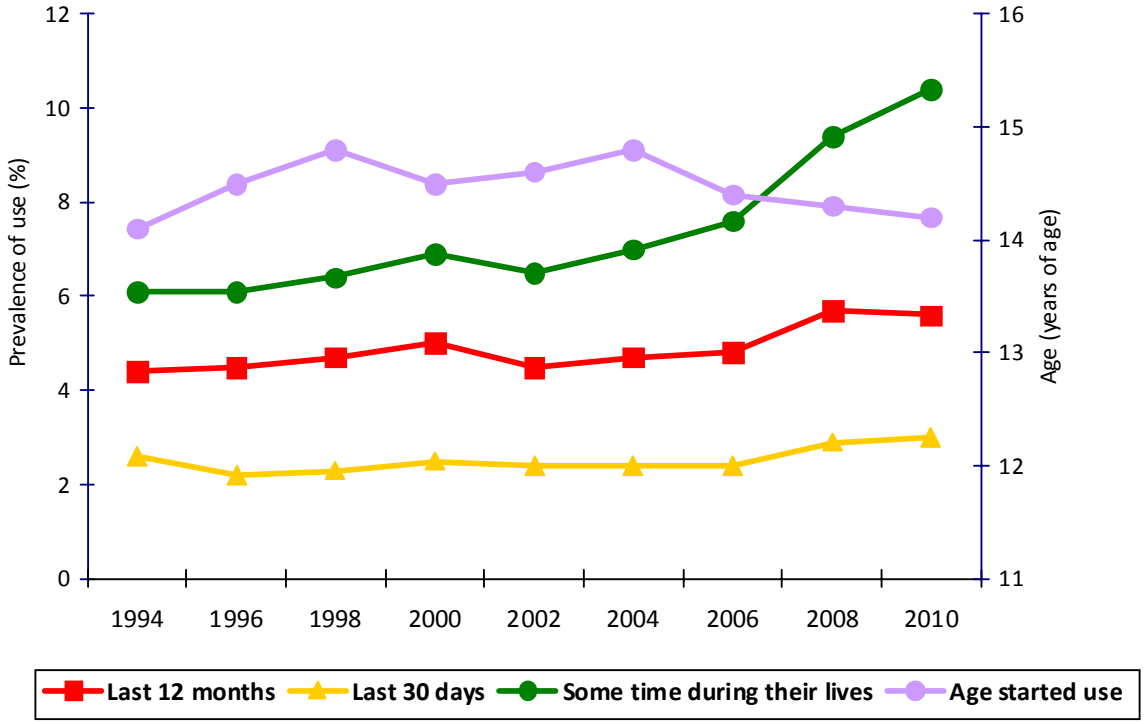
Note: The percentages are calculated based on the number of cases for which information is available.

(*)"Tranquilizers or sleeping pills, prescription/over-the-counter, as specified".

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Regarding the evolution found to exist as compared to previous years, Fig. 2.5 shows a stabilization of the spread of the use of over-the-counter tranquilizers or sleeping pills in 2010, at levels quite similar to those found in ESTUDES 2008. This last year marked the start of an upward trend with regard to the uses for the 1994-2006 period, in which they have remained quite stable. The average age at which use is started continues to be at around 14 years of age, just as in earlier editions. This evolution is similar in both genders (Table 2.16).

Fig. 2.5 Prevalence of use of over-the-counter tranquilizers or sleeping pills (percentages) and average at which started use among the Secondary School students within the 14-18 age range. Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Last 12 months	4.4	4.5	4.7	5	4.5	4.7	4.8	5.7	5.6
Last 30 days	2.6	2.2	2.3	2.5	2.4	2.4	2.4	2.9	3
Age started use	14.1	14.5	14.8	14.5	14.6	14.8	14.4	14.3	14.2
Some time during their lives	6.1	6.1	6.4	6.9	6.5	7.0	7.6	9.4	10.4

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Cannabis use

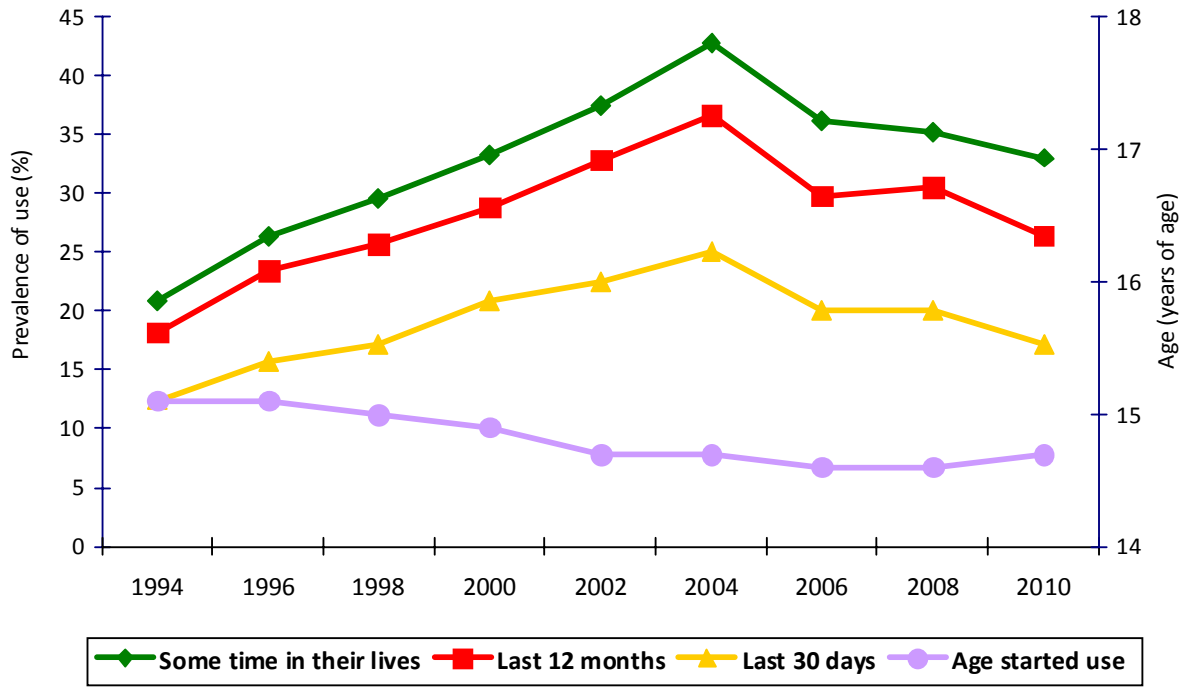
The questions on the ESTUDES 2010 survey questionnaire which refer to the use of cannabis included other names such as “hashish”, “marihuana”, “grass”, “chocolate”, “joint”, “hash” and “hash oil”.

Cannabis is by far the illegal drug most used by the students within the 14-18 age range, far exceeding all others. In 2010, a total of 33% had used cannabis at some time in their lives, 26.4% having used it in the last 12 months and 17.2% in the last 30 days (Table 2.19).

The downward trend of the spread of cannabis use among the students within the 14-18 age range which began as of 2004 is therefore confirmed. Although the figures seemed to stabilize in 2008, in this ESTUDES 2010 edition, the three time-based indicators (some time in their lives, in the last 12 months and in last 30 days) show very low numbers. Over the course of the last 6 years (2004-2010), the prevalence figures for cannabis use have dropped approximately 9 percentage points (from 42.7% to 33% for the “some time in their lives” indicator; from 36.6% to 26.4% for the “in the last 12 months” indicator and from 25.1% to 17.2% for the “in the last 30 days” indicator), these 2010 figures being at levels similar to those found for 1998 (29.5%, 25.7% and 17.6%, respectively) (Fig. 2.6).

The prevalence of daily use is 3% (4.3% in males and 1.8% in females).

Fig. 2.6 Evolution of the prevalence of cannabis use (%) and the average age of start of use among the Secondary Students within the 14-18 age range. Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Some time in their lives	20.9	26.4	29.5	33.2	37.5	42.7	36.2	35.2	33
Last 12 months	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4
Last 30 days	12.4	15.7	17.2	20.8	22.5	25.1	20.1	20.1	17.2
Age started use	15.1	15.1	15	14.9	14.7	14.7	14.6	14.6	14.7

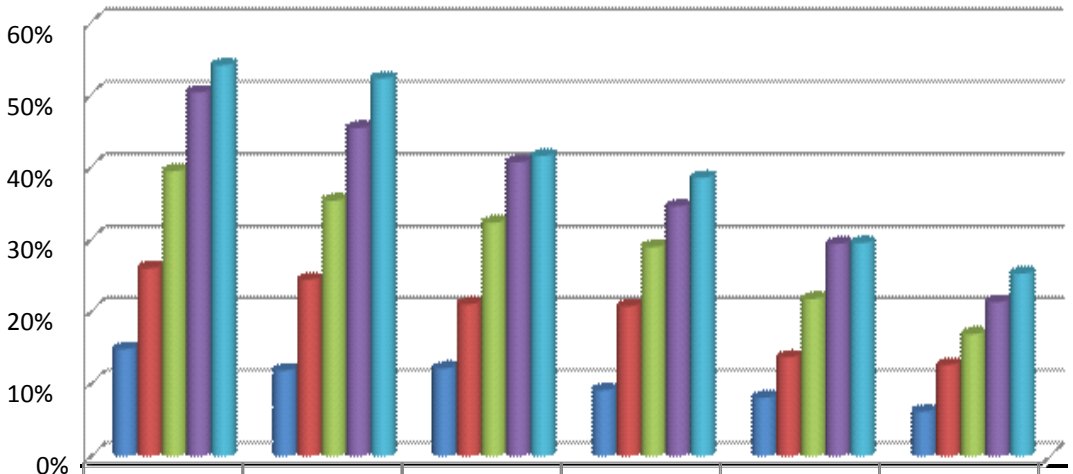
SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As shown in Fig. 2.7, the age at which cannabis use is started in this age range (14-18 years of age) has remained stable (14.7 years of age) over the past few years and is similar in both males and females.

As in previous editions of this survey, this use is showing itself to be more widespread among males than among females for the three time-based indicators considered (some time in their lives, in the last 12 months and in the last 30 days), although this different in favor of the males is not as marked as for the use of other illegal drugs (cocaine, hallucinogens, etc.). In 2010, the gap between the spread of use in males and in females is narrowing with regard to the findings of previous years, which nevertheless continue to be obvious in the more intensive or frequent degrees of use, in which this is considerably more widespread among the males.

For the three indicators considered, the prevalence figures increase along with the age of those surveyed for both males and females. The highest rise occurs among those within the 14-15 age range (Fig. 2.7).

Fig. 2.7 Percentage of cannabis users among the Secondary School students within the 14-18 age range, by gender and age (%). Spain, 2010.



	Prevalence cannabis some time in their lives		Prevalence cannabis within last 12 months		Prevalence cannabis within last 30 days	
	Males	Females	Males	Females	Males	Females
Age 14	14.8%	11.9%	12.1%	9.9%	8.1%	6.2%
Age 15	26.0%	24.4%	21.0%	20.7%	13.7%	12.6%
Age 16	39.4%	35.3%	32.3%	28.9%	21.7%	16.9%
Age 17	50.3%	45.4%	40.7%	34.6%	29.4%	21.3%
Age 18	54.1%	52.2%	41.5%	38.5%	29.5%	25.3%

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

In 2010, at age 18, one third of the students using cannabis had used cannabis in the last 30 days, a total of 38.9% of these same students having done so on more than 10 days during that same period.

Table 2.17 Prevalence of cannabis use in the last 30 days among the Secondary School students within the 14-18 age range, by frequency of use, age and gender (%). Spain, 2010.

	NO DAY	1 DAY	2 DAYS	3 DAYS	4-5 DAYS	6-9 DAYS	10-19 DAYS	20 DAYS OR MORE
TOTAL	**82.5**	**4.3**	**2.5**	**2**	**1.8**	**1.8**	**2**	**3**
GENDER								
· Males	80.3	4.2	2.7	1.9	2	2.2	2.5	4.3
· Females	84.7	4.4	2.4	2	1.7	1.4	1.6	1.8
AGE								
· Age 14	92.8	2.3	1.4	0.7	0.7	0.7	0.5	0.9
· Age 15	86.6	3.8	2.2	1.7	1.2	1.3	1.4	1.7
· Age 16	80.4	5	2.9	2.4	2.2	1.9	2.1	3.1
· Age 17	74.4	5.9	3.1	2.4	2.7	2.8	3.5	5.2
· Age 18	71.9	4.3	3.7	3.1	3.2	2.8	3.8	7.1

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Lastly, in 2010, despite the drops in the prevalence figures for use, no significant changes are noted in the continuity of cannabis use among the students within the 14-18 age range compared to other editions of this survey.

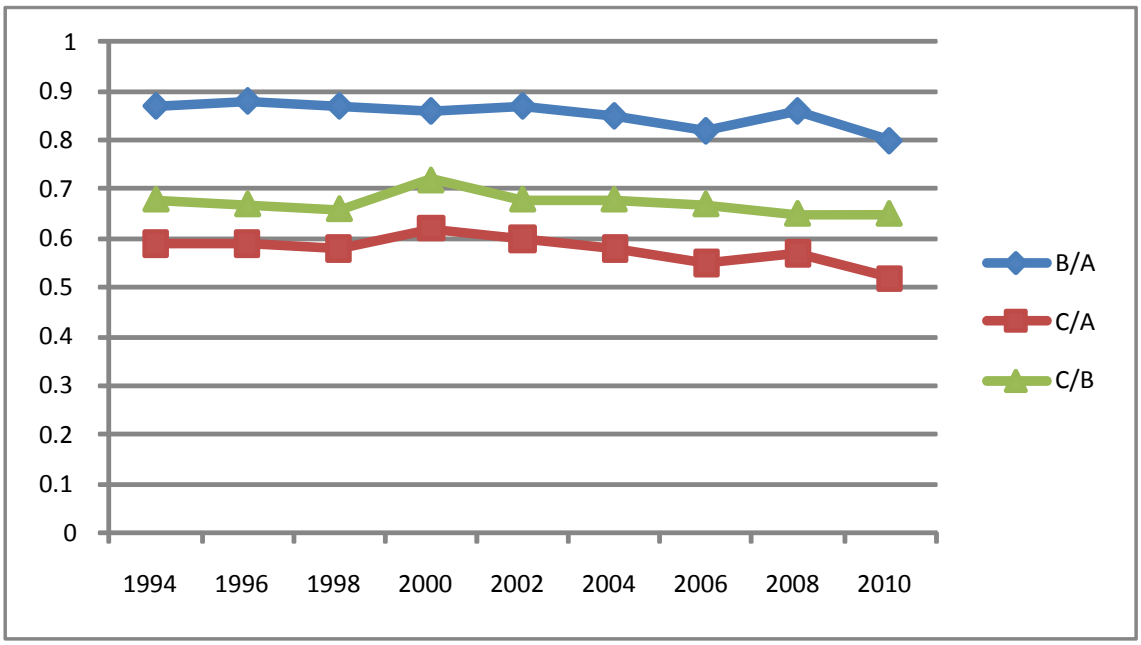
The continuity of cannabis use in this population group is high, especially when compared to the figures found for the general population (15-64 age range) and is due, in part, to the time spans of use (some time in their lives, in the last 12 months, in the last 30 days) being very near or nearly overlapping for this age, in which the past history of use is short. In 2010, a total of 80% of the students within the 14-18 age range had tried this drug some time in their lives, had also used it in the last 12 months (B/A), and approximately half had also used it in the last 30 days (C/A (Table 2.18 and Fig. 2.8).

Table 2.18 Continuity of cannabis use in the population of students within the 14-18 age range. Spain 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
Prevalence some time in their lives (%) A	20.9	26.4	29.5	33.2	37.5	42.7	36.2	35.2	33
Prevalence inlast 12 months (%) B	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4
Prevalence in last 30 days (%) C	12.4	15.7	17.2	20.8	22.5	25.1	20.1	20.1	17.2
B/A	0.87	0.88	0.87	0.86	0.87	0.85	0.82	0.86	0.80
C/A	0.59	0.59	0.58	0.62	0.6	0.58	0.55	0.57	0.52
C/B	0.68	0.67	0.66	0.72	0.68	0.68	0.67	0.65	0.65

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.8 Continuity of cannabis use among the population of students within the 14-18 age range. Spain, 1994-2010.



SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

B/A = The percentage (%) of the students within the 14-18 age range who had tried this drug some time in their lives and had also used it in the last 12 months.
C/A = The percentage (%) of the students within the 14-18 age range who had tried this drug some time in their lives and had also used it in the last 30 days.
C/B = The percentage (%) of the students within the 14-18 age range who had tried this drug in the last 12 months and had also used it n the last 30 days.

A module was included in the 2010 edition of the ESTUDES survey on drug use among secondary school-age youths for exploring the use of new drugs, one of which is related to cannabis. This drug is Spice, which is one of the substances containing synthetic cannabinoids which cause effects similar to those of cannabis. To date, the sale, purchase and use of this type of products is legal. The study of this substance showed that, in Spain, 70.4% of those who had used Spice some time in their lives had also used cannabis in the last 30 days. This percentage is similar to those found by other European countries.

To estimate the percentage of cannabis users whose degree of use, due to the characteristics, frequency or effects on their health or their daily activities thereof might be considered a problem, the 2010 ESTUDES survey on drug use among secondary school students has included several scales for estimating problem use for the purpose of assessing which of these scales most efficiently identifies problem cannabis use and thus be able to validate the same. These scales being included comprises part of a study in different countries in the European Union, promoted and coordinated by the European Observatory on Drugs and Drug Addictions (EMCDDA), the findings of are soon to be published.

Table 2.19. General characteristics of cannabis use among the Secondary Students within the 14-18 age range (%), by gender. ESTUDES Survey on drug use in secondary school students. Spain 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF CANNABIS USE SOME TIME IN THEIR LIVES																		
	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	34.9	31.1
AVERAGE AGE STARTED USING CANNABIS (YEARS OF AGE)																		
	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	14.6	14.8
PREVALENCE OF CANNABIS USE IN THE 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	26.8	23.3
FREQUENCY OF CANNABIS USE IN THE 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	18.6	14.6
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	80.3	84.7
1-2 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	6.9	6.8
3-5 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	3.9	3.7
6-9 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	2.2	1.4
10-19 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	2.5	1.6
20-29 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	4.3	1.8

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Cocaine use

After cannabis and hypnosedatives, cocaine is the illegal drug most widespread among the students within the 14-18 age range.

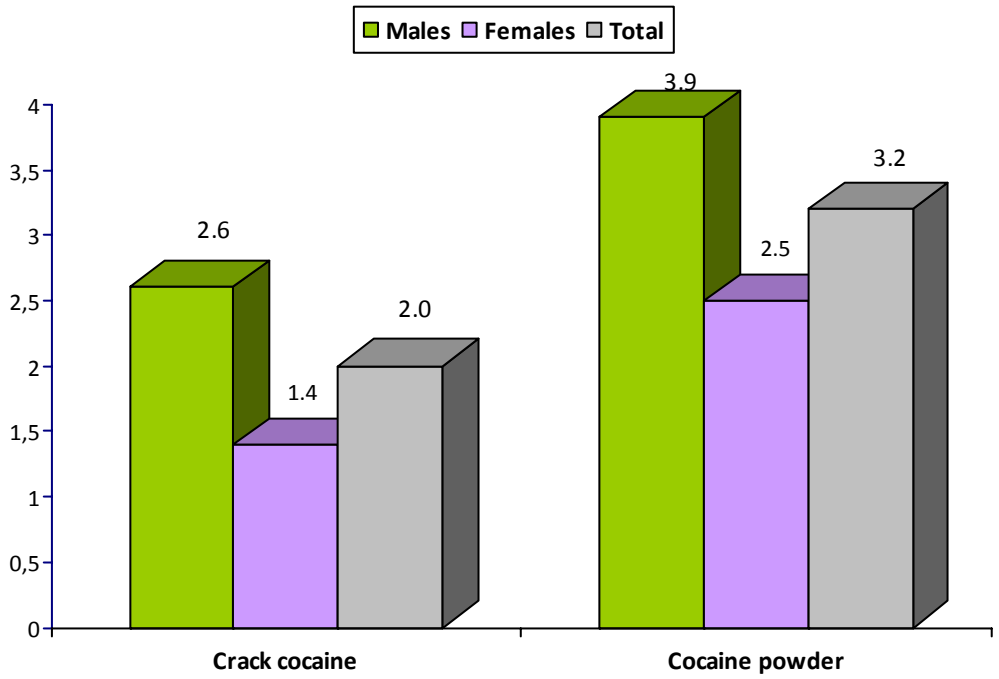
A total of 3.9% have tried cocaine, 2.6% have used cocaine in the last 12 months and 1.5% in the last 30 days. This date is for the entire cocaine hydrochloride group (powder cocaine) and crack cocaine, although the secondary school students in Spain use mostly powder cocaine. 3.2% some time in their lives; 2% in the last 12 months and 1.2% in the last 30 days immediately prior to being surveyed.

Cocaine use is more widespread in males than in females, in regard to both powder cocaine and crack cocaine, for the three time-based indicators of use. Use increases with age in both genders, it being as of 16 years of age that a rise in prevalence of use is recorded, this prevalence reaching its highest values at 17 and 18 years of age.

The average age at which cocaine use is started is 14.9 years of age in 2010, being four tenths of a percentage point earlier than the figure found in 2008. The use of crack is started somewhat earlier (14.6 years of age) than that of powder cocaine (15.4 years of age).

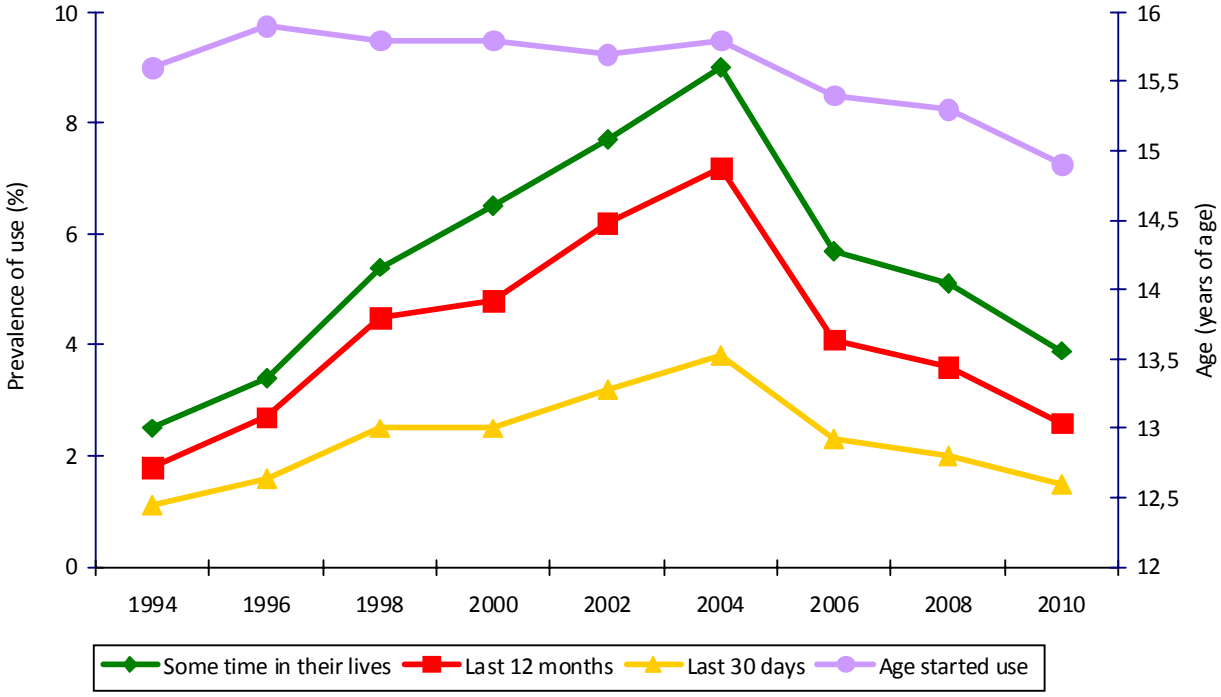
This date reveals a major drop in cocaine use among students in the 14-18 age group in 2010, consolidating the trend which began in 2006. This drop has taken place in both genders and for all of the ages studied, especially in those 17-18 years of age, in whom, on the other hand, the highest degrees of use have been recorded.

Fig. 2.9 Prevalence of cocaine use (crack and powder) some time in their lives among Secondary School students within the 14-18 age range, by gender (%). Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.10 Evolution of the prevalence of overall cocaine use and age at which use started among the Secondary School students within the 14-18 age range (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Some time in their lives	2.5	3.4	5.4	6.5	7.7	9.0	5.7	5.1	3.9
Last 12 months	1.8	2.7	4.5	4.8	6.2	7.2	4.1	3.6	2.6
Last 30 days	1.1	1.6	2.5	2.5	3.2	3.8	2.3	2	1.5
Age started use	15.6	15.9	15.8	15.8	15.7	15.8	15.4	15.3	14.9

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.20 General characteristics of overall cocaine use among the Secondary Schools students within the 14-18 age range (percentages), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF COCAINE USE SOME TIME IN THEIR LIVES																		
	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	4.8	3.0
AVERAGE AGE AT WHICH COCAINE USE STARTED (YEARS OF AGE)																		
	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	14.7	15.0
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	3.3	1.8
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	2.1	0.8
FREQUENCY OF COCAINE 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	98.2	99.3
1-2 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	1.0	1.3	0.6	0.8	0.4
3-5 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	0.3	0.0
6.9 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	0.1	0.1
10-19 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	0.1	0.0
20-29 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	0.5	0.2

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

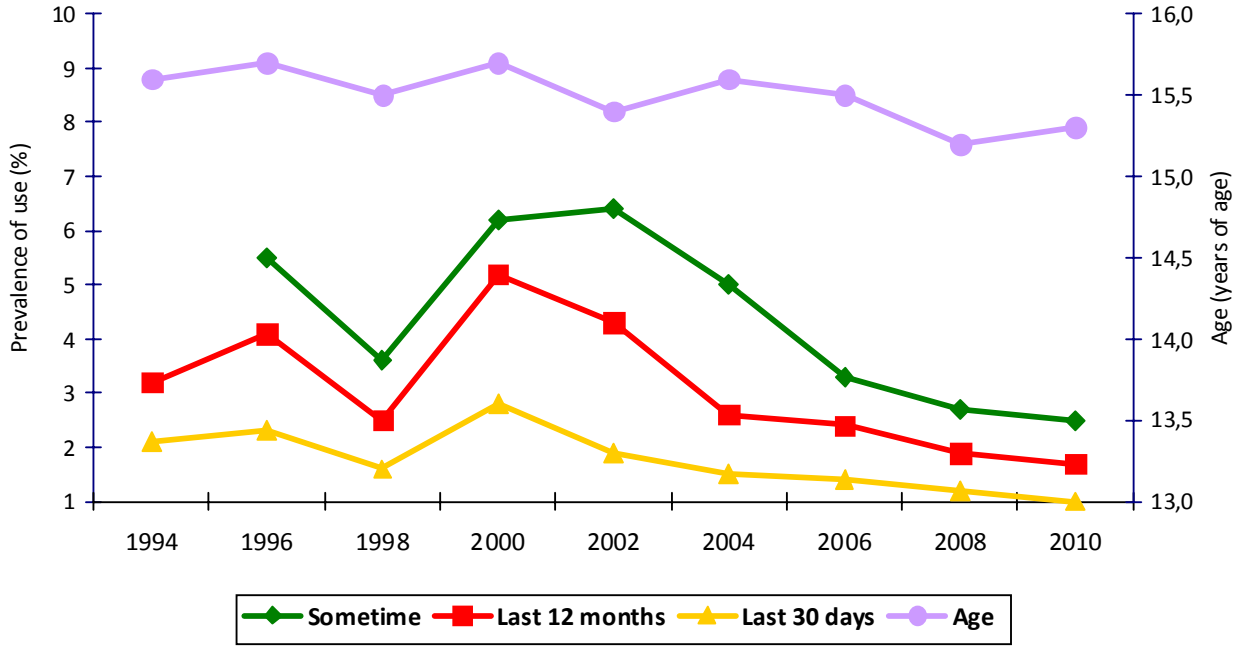
Ecstasy use

The term "ecstasy" is a general term for several drugs which are synthetic derivatives of phenylethylamine. On the survey questionnaire, reference is made to these substances using the names of "ecstasy", "pastisse", "candy" or "glass".

In 2010, a total of 2.5% of the secondary school students had tried this substance some time, 1.7% having used it in the last 12 months and 1.0% in the last 30 days. The downward trend which began in 2002 for all frequencies of use for both males and females is consolidated. The figures this time are the lowest found since these surveys first began.

As for other illegal substances, use is more widespread among males than among females, although the decline in use in 2010 is more marked among males than among females. In the last 30 days, the percentage of males who had taken ecstasy was 1.3% compared to 0.6% of females. As is also the case for other drugs, ecstasy is used mainly on a sporadic basis. Similar to the case of hallucinogens, the use of ecstasy is strongly linked to age, being considerably more prevalent among the students who are 17-18 years of age. The average age for starting use is at approximately 15.3 years of age, quite close to that of amphetamines and hallucinogens.

Fig. 2.11 Prevalence of ecstasy use and age at which use started in Secondary School students within the 14-18 age range. Spain (%) 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Sometimes	3.6	5.5	3.6	6.2	6.4	5.0	3.3	2.7	2.5
Last 12 months	3.2	4.1	2.5	5.2	4.3	2.6	2.4	1.9	1.7
Last 30 days	2.1	2.3	1.6	2.8	1.9	1.5	1.4	1.2	1.0
Age	15.6	15.7	15.5	15.7	15.4	15.6	15.5	15.2	15.3

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.21 General characteristics of ecstasy* use among the Secondary School students within the 14-18 age range (percentages), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF ECSTASY USE SOME TIME IN THEIR LIVES																		
	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	3.2	1.9
AVERAGE AGE WHEN STARTED TAKING ECSTASY (YEARS OF AGE)																		
	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	15.2	15.4
PREVALENCE OF ECSTASY USE WITHIN 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	2.2	1.2
PREVALENCE OF ECSTASY USE WITHIN 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	1.3	0.6
FREQUENCY OF ECSTASY USE WITHIN 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	98.6	99.4
1-2 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	0.8	0.3
3-5 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	0.1	0.1
6-9 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	0.0	0.1	0.0
10-19 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	0.0	0.0	0.0
20-29 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	0.3	0.1

Note: The percentages are calculated based on the number of cases for which information is available.

*Ecstasy or other designer drugs.

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Amphetamine use

On the questionnaire, reference is made to these substances by the name of "speed", "amphetamines", "amphetas", "methamphetamine", "ice" and "glass".

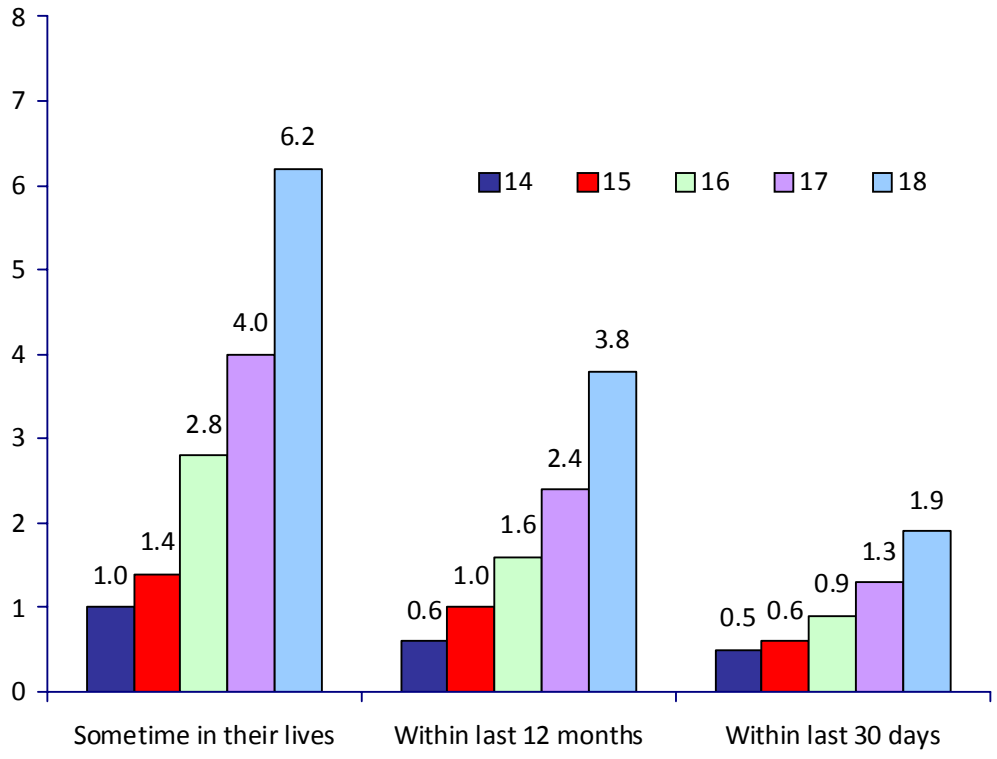
In 2010, the similarities in the use of these pscyhostimulants and the use of ecstasy found to exist in prior editions of this survey remain the same. A total of 2.6% of the students within the 14-18 age range had taken them some time, 1.65 having taken them in the last 12 months and 0.9% having done so in the last 30 days.

The prevalence of use continues to be higher among the males than among the females and is increases with age, the highest figures being reached at 17-18 years of age. This is a rather sporadic type of use (Fig. 2.12).

The age at which use started was 15.5%, similar in both genders and having undergone hardly any variations in comparison to prior editions of this survey.

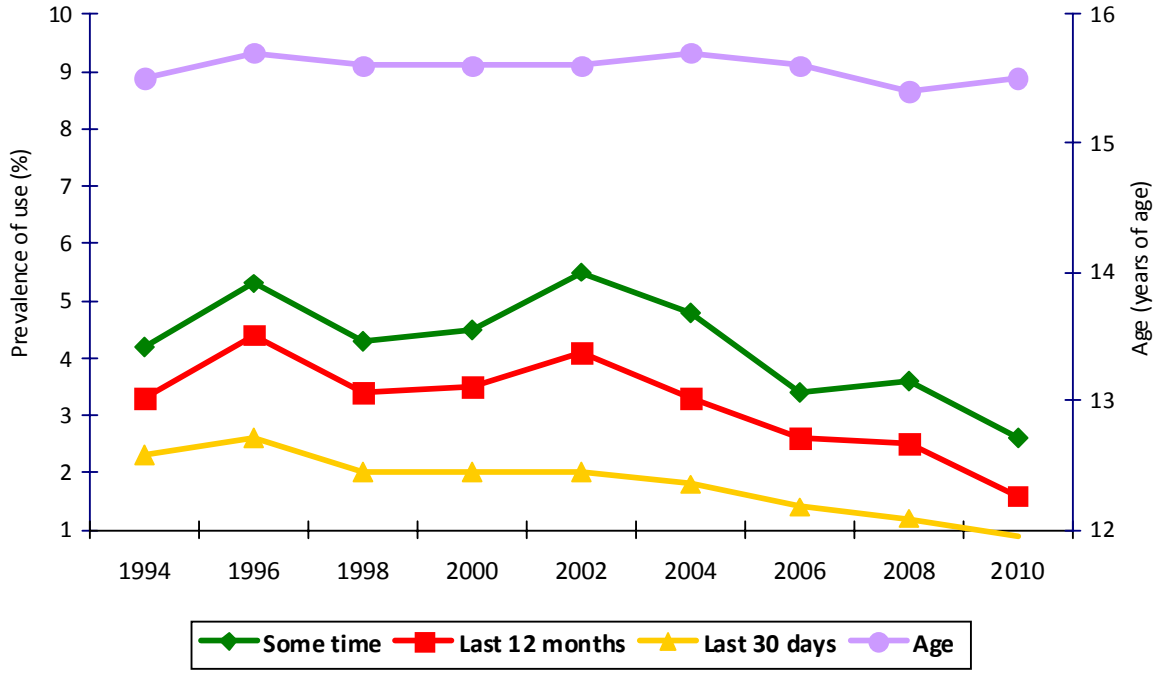
In 2010, the spread of amphetamine continues to show the same downward trend which first began in 2004 (Fig. 2.13). The decline is occurring in all three of the time-based indicators and is more marked among males.

Fig. 2.12 Prevalence of amphetamine use, by age of the Secondary Students within the 14-18 age range. Spain 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.13 Prevalence of use of amphetamines and age started use in the Secondary School students within the 14-18 age range. Spain (%) 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Some time	4.2	5.3	4.3	4.5	5.5	4.8	3.4	3.6	2.6
Last 12 months	3.3	4.4	3.4	3.5	4.1	3.3	2.6	2.5	1.6
Last 30 days	2.3	2.6	2.0	2.0	2.0	1.8	1.4	1.2	0.9
Age	15.5	15.7	15.6	15.6	15.6	15.7	15.6	15.4	15.5

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.22 General characteristics of amphetamine use among the Secondary School students within the 14-18 age range (percentages), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF AMPHETAMINE USE SOME TIME IN THEIR LIVES																		
	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	3.4	1.8
AVERAGE AGE AMPHETAMINE USE STARTED (YEARS OF AGE)																		
	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	15.5	15.6
PREVLANCE OF AMPHETAMINE USE WITHIN 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	2.2	1.0
PREVALENCE OF AMPHETAMINE USE WITHIN 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	1.3	0.5
FREQUENCY OF AMPHETAMINE USE WITHIN 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	98.6	99.5
1-2 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	0.6	0.3
3-5 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	0.3	0.1
6-9 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	0.1	0.0
10-19 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	0.1	0.0
20-29 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	0.3	0.1

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

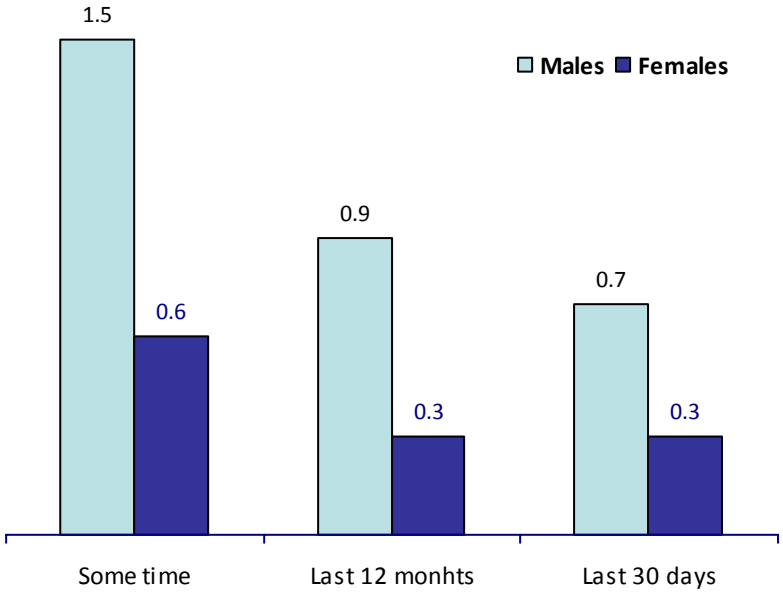
Heroin use

On the questionnaire, reference is made to the use of heroin as such and also by using the terms "horse" and "schmack".

Heroin is the drug used the least by the students within the 14-18 age range (with the exception of several of the substances included in the "new drugs" module mentioned in another section of this report).

In 2010, a total of 1% had tried it some time, 0.6% had used it in the last 12 months and 0.5% had done so within the 30 days immediately prior to the survey. The percentage of users among the males was higher than found in the group of females, very low prevalence figures being found: 0.6% (some time in their lives), 0.3% (in the last 12 months) and 0.3% (in the last 30 days, compared to the 1.5%, 0.9% an d0.7% respectively for males (Fig. 2.14).

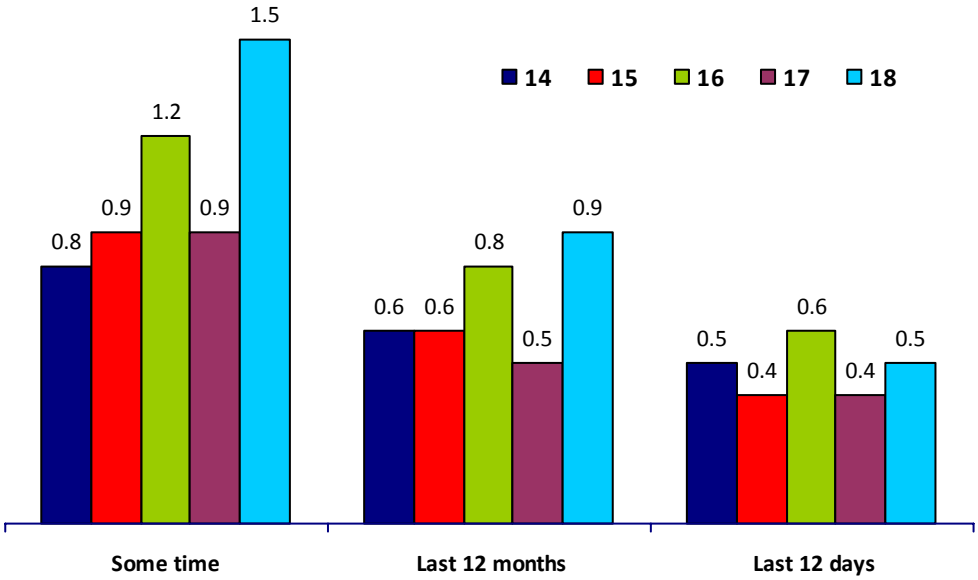
Fig. 2.14 Prevalence of heroin use at some time in their lives, in the last 12 months and in the last 30 days, by gender, in the Secondary School students within the 14-18 age group (%). Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Regarding the differences in use by ages, the students who were 18 years of age showed the most widespread use, although the figures are quite close to those found for the students who were 16 years of age.

Fig. 2.15. Prevalence of heroin use, by age, of the Secondary School students within the 14-18 age range. Spain, 2010.

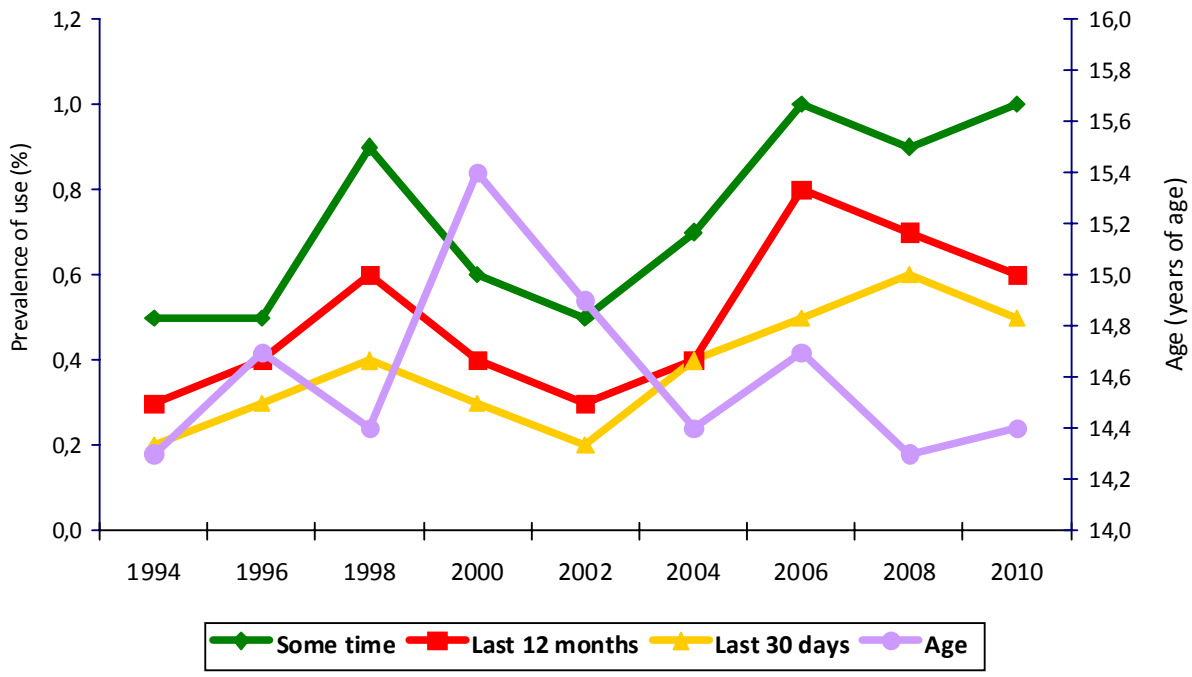


SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

The average age for starting heroin use is 14.4 years of age, slightly later than the age found for 2008 (14.3 years of age). Males start use somewhat earlier (14.2 years of age) than females (14.7 year of age). The age at which heroin use starts continues to be below the ages at which other drugs (cocaine, ecstasy, amphetamines or hallucinogens) start being used and it quite similar to that at which cannabis use starts (14.6 years of age)..

In 2010, a minor rise in the experimental use of heroin is noted in both males and females, the prevalence of use in the last 12 months and in the last 30 days declining among males. The prevalence of use figures for females remains stable (Fig. 2.16).

Fig. 2.16. Prevalence of heroin use and age use started in the Secondary School students within the 14-18 age range (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Some time	0.5	0.5	0.9	0.6	0.5	0.7	1.0	0.9	1.0
last 12 months	0.3	0.4	0.6	0.4	0.3	0.4	0.8	0.7	0.6
Last 30 days	0.2	0.3	0.4	0.3	0.2	0.4	0.5	0.6	0.5
Age	14.3	14.7	14.4	15.4	14.9	14.4	14.7	14.3	14.4

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.23 General characteristics of heroin use among the Secondary School students within the 14-18 age range (percentages), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF HEROIN USE AT SOME TIME IN THEIR LIVES																		
	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	1.5	0.6
AVERAGE AGE OF STARTING HEROIN USE (YEARS OF AGE)																		
	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	14.2	14.7
PREVALENCE OF HERION 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	0.9	0.3
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	0.7	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	99.3	99.7
1-2 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	0.3	0.1
3-5 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	0.1	0.0
6-9 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	0.0	0.0
10-19 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	0.1	0.0
20-29 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	0.2	0.1

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Volatile inhalables use

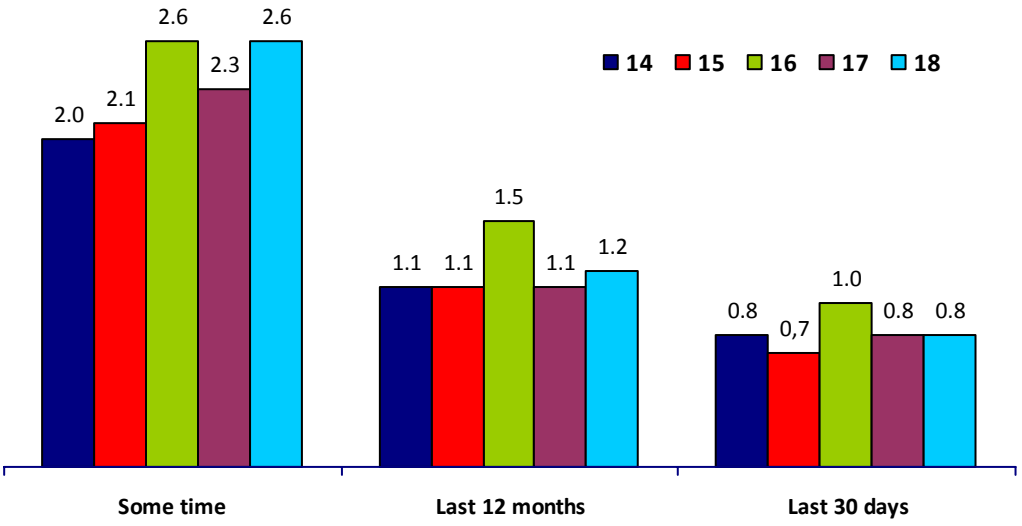
The questionnaire expressly includes under this name the terms “dope” “glue” “solvent”, “poppers”, “nitrites” and “gasoline”.

Among the secondary school students, the downward trend in the use stated in 2002 is continuing. In 2010, 2.3% of the students had tried them some time, 1.2% had used them in the last 12 months and 0.8% had done so in the last 30 days.

Use of volatile inhalable is mostly male, on a sporadic basis, few differences in use being noted according to the age, the students 16 years of age having the highest prevalence of use (Fig. 2.17).

The starting age in 2010 is at 13.2 years of age, this is becoming the drug started the earliest, even earlier than tobacco smoking.

Fig. 2.17 Prevalence of volatile substance use by age in the Secondary School students within the 14-18 age range. Spain (%) 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.24 General characteristics of volatile inhalable use among the Secondary School students within the 14-18 age range (percentages), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF VOLATILE INHABLABE USE SOME TIME IN THEIR LIVES																		
	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	3.0	1.7
AVERAGE AGE STARTED VOLATILE SUBSTANCE USE (YEARS OF AGE)																		
	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	13.1	13.2
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	1.7	0.8
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	1.2	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	98.8	99.5
1-2 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	0.6	0.2
3-5 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	0.2	0.0
6 - 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	0.1	0.0
10-19 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	0.0	0.0
20-29 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	0.3	0.1

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Hallucinogen use

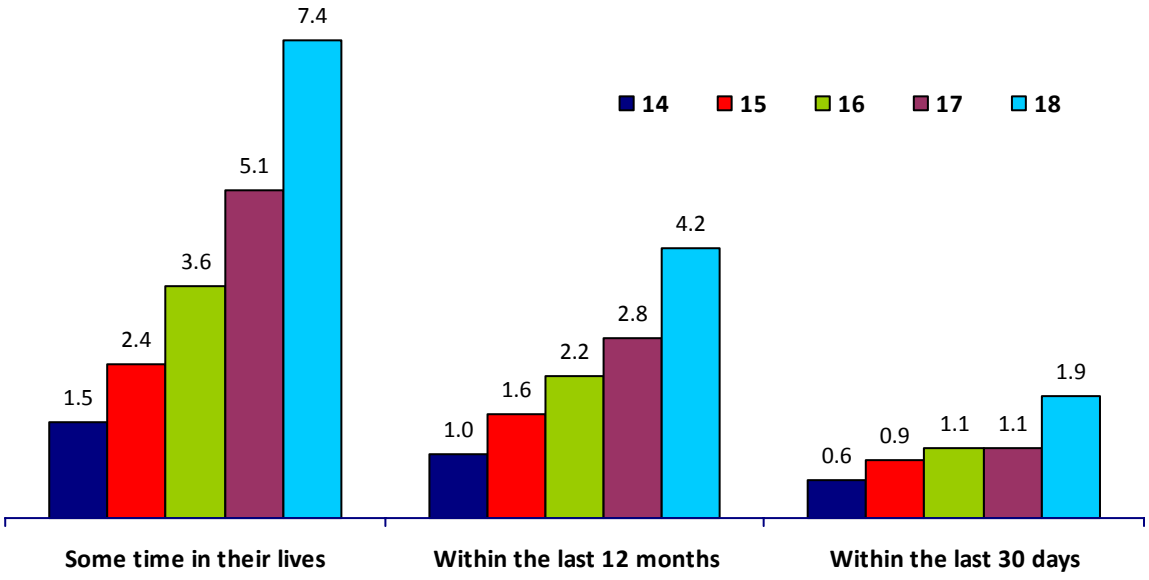
On the questionnaire, reference is made to the use of hallucinogens, including a number of substances such as “LSD”, “acid”, “trip”, “magic mushrooms”, “mescaline”, “ketamine”, Special-K”, “ketolar” and “imalgene”.

In 2010, a total of 3.5% of the secondary school students has tried these substances at some time, a total of 2.1% having done so in the last 12 months and 1% in the last 30 days. The drop in the prevalence figures for use is significant for all frequencies of use, those of this edition of the ESTUDES Survey on Drug Use in Secondary School Students showing the lowest figures found since 1994. The use of hallucinogens is twice as widespread among males as among females.

Age is a determining factor just as for other substances, the prevalence figures differing surprisingly the older the students (Fig. 2.18).

The average for starting to use hallucinogens is at 15.4 years of age, being similar for both males and females. This age has remained stable since 2006.

Fig. 2.18 Prevalence of Hallucinogen use, by age, in the Secondary School students within the 14-18 age range.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.25. General characteristics of hallucinogen use among the Secondary School students within the 14-18 age range (percentage), by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	15,595	16,372
PREVALENCE OF USE OF HALLUCINOGENS AT SOME TIME IN THEIR LIVES																		
	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	4.6	2.4
AVERAGE AGE AT WHICH STARTED USING HALLUCINOGENS (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	15.3	15.4
PREVALENCE OF HALLUCINOGEN USE WITHIN 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	3.0	1.3
PREVALENCE OF HALLUCINOGEN USE WITHIN 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	1.5	0.6
FREQUENCY OF USE OF HALLUCINOGENS WITHIN LAS 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	98.5	99.4
1-2 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	0.4	0.8	0.4
3-5 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	0.3	0.0
6-9 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	0.2	0.0
10-19 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	0.1	0.0
20-29 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	0.3	0.1

Note: The percentages are calculated based on the number of cases for which information is available.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Polydrug use

The polydrug use (legal or illegal) is a progressively more prevalent pattern of use on the psychoactive substance use scenario in Spain, both among the general population within the 15-64 age range as well as among the students within the 14-18 age range.

The World Health Organization defines the term "polydrug use" as the use of more than one substance or type of substance by an individual, whether at the same time or sequentially, which gives rise to dependence on at least one thereof. Defining the type of uses which may be included under the term "polydrug use" is generally complicated, but even more so in a specific population group, such as that of the students within the 14-18 age range, due to the fact that, at this age, the use of these substances takes place mostly during leisure times (holidays and weekends) and are rather much episodic in nature, as a result of which, although the risk of dependence does indeed exist, it is lesser than when more continued use is made of these substances.

In any case, polydrug use seeks to enhance or offset the effects of different drugs or simply to experience new sensations. Regardless of the end purpose sought, polydrug use clearly heightens the risks and the health and social problems associated with drug use and hinder the treatment thereof. Therefore, knowing about polydrug use and identifying specific patterns of use makes it possible to design interventions suited to the actual changing situation of psychoactive substance use.

The analysis of the number of substances used by those surveyed who acknowledged having used any of the substances about which questions were asked on the 2010 ESTUDES survey on drug use among secondary school students reveals that, despite 31.3% of the students within the 14-18 age range using only one substance in the last 12 months immediately prior to taking the survey, a total of 39.4% were polydrug users, having used 2 or more substance. This percentage drops to 29.3% if the use in the last 30 days is taken into account. Considered as legal substances are alcohol, tobacco and hypnosedatives, illegal substances being considered having been cannabis, cocaine, GHB, ecstasy, speed-amphetamines, hallucinogens, heroin, volatile inhalables; "new substances" not being included.

Similarly worthy of special mention is that 2.93% of the young people within the 14-18 age range had not used any substance in the last 12 months.

Table 2.26 Prevalence of use of one or more legal or illegal psychoactive substances (%). ESTUDES 2010 survey on drug use among secondary school students.

	LAST 12 MONTHS	LAST 30 DAYS
One single substance	31.3	33.5
Two substances	16.6	15.3
Three substances	16.4	11.2
Four substances	3.9	1.5
Five or more substances	2.5	1.3

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

If a distinction is made between the use of legal substances (alcohol, tobacco and hypnosedatives) and the use of illegal substances, it is found that:

1. A total of 56% of the students within the 14-18 age range who have used some legal or illegal substance in the last 12 months uses solely legal substances, whilst solely 3.5% of the students within the 14-18 age range who have used some substance within the last 12 month used only illegal substances. Therefore, 40.5% of the students within the 14-18 age range who had used some substance in the last 12 months used both types (legal and illegal) of drugs.

2. In turn, a total of 39.5% of those who had used alcohol in the last 12 months also used one or more illegal substances and, among those who smoke tobacco (within the same time period), a total of 64.3% also uses one or more illegal substances, associated mainly with the use of cannabis. However, it must be taken into account that the prevalence of drinking alcohol is much higher than the prevalence of smoking tobacco and that this makes it seem that drinking alcohol is associated with polydrug use entailing other substances in a much smaller percentage than is tobacco smoking.

3. Among those who use only illegal substances[1], 67.5% use only one single substance, 25.2% using two substances and 4.7% using three substances whilst 2.7% use four or more substances.

The analysis of the combinations of substances used (depending on the use in the last 12 months of a certain substances) makes it possible to obtain interesting information on the different patterns of polydrug use (Table 2.27).

Table 2.27. List of uses of different substances, last 12 months, in students within the 14-18 age range (%) (*).

	Tobacco	Alcohol	Hashish	Ecstasy	Hallucin.	Speed	Crack cocaine	Powder cocaine	Cocaine (B/P)	Heroin	Volat. Sub.	Ghb	Tranq.	Tranq. Over count
Tobacco	100.0	97.5	63.3	4.1	5.0	3.8	3.0	5.6	6.4	1.4	2.3	1.5	13.7	9.0
Alcohol	46.1	100.0	38.5	2.4	3.0	2.3	1.8	3.2	3.7	0.9	1.6	1.0	10.9	6.8
Hashish	77.7	98.7	100.0	5.7	7.1	5.4	4.5	7.8	8.9	2.2	3.3	2.4	15.1	10.1
Ecstasy	79.9	98.5	90.7	100.0	57.3	53.6	37.7	60.8	66.0	26.6	24.0	32.9	36.4	31.6
Hallucinogens	78.1	98.4	88.7	45.5	100.0	41.1	31.3	46.2	49.2	22.5	21.7	23.1	35.4	27.5
Speed	78.7	98.7	89.6	56.6	54.5	100.0	36.0	64.0	67.2	24.1	24.6	28.3	34.9	28.9
Crack cocaine	76.1	97.9	93.2	49.8	52.1	45.1	100.0	73.6	100.0	36.2	29.2	34.2	41.7	38.6
Powder cocaine	83.1	98.5	92.7	45.8	43.8	45.7	41.9	100.0	100.0	21.4	17.6	23.5	34.0	29.1
Cocaine (B/P)	81.9	98.4	92.2	43.2	40.6	41.7	49.5	86.9	100.0	20.1	16.9	21.2	32.9	28.0
Heroin	72.5	97.5	90.3	69.2	73.7	59.4	71.2	73.8	79.9	100.0	50.0	58.8	58.5	51.0
Volatile Subs	61.4	94.7	71.9	32.7	37.2	31.8	30.1	31.8	35.3	26.2	100.0	27.0	42.0	34.7
GHB	69.4	95.9	88.9	78.5	69.4	64.1	61.8	74.6	77.5	54.0	47.4	100.0	55.9	48.2
Tranq.	46.7	82.8	42.0	6.4	7.9	5.8	5.6	8.0	8.9	4.0	5.4	4.1	100.0	51.6
Tranq. Over Counter	52.1	85.9	47.9	9.5	10.4	8.2	8.8	11.6	12.8	5.9	7.6	6.0	87.6	100.0

(*) % of users of this substance [row] who also use this substance [column]

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

1 . Over-the-counter hypnosedatives are not included.

1) Alcohol is present in a majority of those who are polydrug users (figures above 80% in all of the substances).

2) Among those who use three substances, the substances most often involved are alcohol, tobacco and cannabis (in this order of frequencies).

3) Among those who use four substances, the substances most often involved are alcohol, tobacco, cannabis and powder cocaine (in this order of frequencies).

4) The psychostimulant type substances (ecstasy, "amphetas") and also hallucinogens show high percentages of use of other substances, which may lead one to think them to be substances used occasionally, "added" as secondary or supplementary uses to other substances and not as main substances, in other words, that they are used when other substances are already being used.

5) The hypnosedatives are ranked in third place in prevalence of use when independent uses are considered, but are of lesser importance as soon as other substances arise.

In an attempt to analyze the polydrug use phenomenon in somewhat greater depth, some factors are reviewed here which may have a bearing on the greater or lesser expansion of this substance use pattern:

- Gender: The data collected in the 2010 ESTUDES survey on drug use in secondary school students show there to be no difference for polydrug use in terms of gender, the minor variations which are found point to a larger number of legal substances being used by females, whilst males surpass them in the number of illegal substances used starting as of 2 or more illegal substances.

  It is a known fact that the females show a higher prevalence of use of legal drugs than of illegal drugs, which many attribute to the female tendency toward avoiding breaking the law. In fact, the latest editions of the ESTUDES surveys on drug use in secondary school students (14-18 age range) and the EDADES household survey on drug use in Spain (15-64 age range) have revealed a progressive incorporation of females to using drugs, preferably legal drugs, reaching prevalences of use even higher than those of males. What is more, the most recent data shows certain patterns of intensive use or at-risk use (daily episodes of drunkenness or smoking daily) to be higher in females that the figure found for males, when the norm in the past had been for males to use drugs (legal or illegal) in a higher percentage than females, with a greater degree of intensity and a higher rate of frequency. This gap in favor of males is currently maintained in the uses of illegal drugs, and it will be necessary to keep a watch on the results of future editions of these surveys in order to identify possible new trends.

- Age:. Generally speaking, in the 14-18 age range, the uses of psychoactive substances (and also polydrug use) increase with age in both males and females. It seems logical to think that the older students have greater purchasing power, greater social activity and a greater degree of self-dependence (time by which they must be home, etc.) this increasing the chances and possibilities of using one or more substances.

Table 2.28 Spread of the number of legal or illegal substances used among those using them, by age (%). Spain, 2010.

USE IN THE LAST 12 MONTHS	AGE 14	AGE 15	AGE 16	AGE 17	AGE 18
One single substance	58.7	50.3	42.1	37.3	34.1
Two substances	22.1	23	23.7	24.1	24.4
Three substances	14.1	20.2	25.2	27.1	27.4
Four substances	2.8	4.0	5.8	7.3	8
Five or more substances	2.3	2.5	3.2	4.2	6.1

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

- Drinking alcohol: There is a great deal of scientific evidence as to drinking alcohol, especially at early ages and with intensive drinking patterns (binge drinking and drunkenness) being associated with a higher prevalence of use of other drugs. Independently of other co-existing factors such as age, gender, purchasing power, etc., the data gathered in the ESTUDES survey on drug use among secondary school students goes confirm this:

  - In 2010, 41.2% of those who had used alcohol within the 30 days immediately prior to taking the survey had used some illegal drug during the same period, compared to the 9.2% who stated being non-drinkers.

  - The increase in the prevalences of polyrug use among those who were involved in intensive alcohol drinking patterns becomes even more patent:

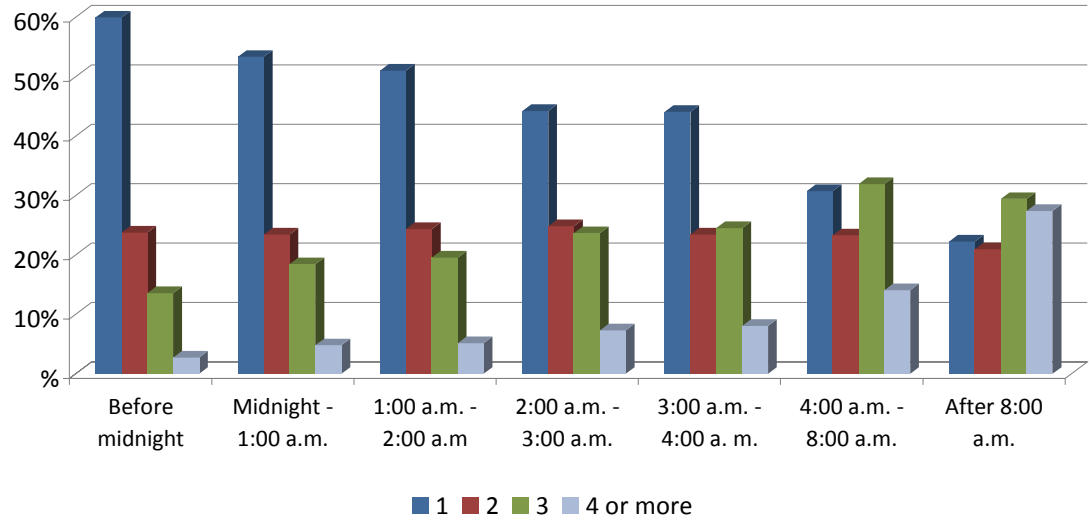
    - Among those who had experienced episodes of drunkenness in the last 12 months, illegal drug use is recorded for 50.9% thereof, solely 6.8% of those who had not experienced any episode of drunkenness acknowledging using illegal substances. If the 30 days immediately prior to being surveyed are taken into account, 56.6% of those who experienced at least one episode of drunkenness used at least one illegal drug, compared to the 15.5% who drank alcohol but who did not experience any episode of drunkenness.

    - A total of 50.1% of those who had been involved in binge drinking in the last 30 days prior to taking the survey had used at least one illegal drug, compared to the 25.5% of those who drank alcohol but who were not involved in binge drinking.

- Time by which returned home: As previously mentioned, although there are other factors to be taken into consideration, the time by which the students return home has a clear relationship to the number and type of substances used and to the intensity of their use. Generally speaking, the use of psychostimulants (cocaine, ecstasy, amphetamines or other substances which have similar effects) are for the purpose of increasing physical stamina, reducing tiredness and drowsiness inherent to keeping such long hours, counteracting the effects of other drugs which have depressant effects (such as alcohol) or being a SOURCE of new activities or sensations during the final stages of partying. IN this regard, the ESTUDES survey on drug use in secondary school students provides the following information:

As can be seen in Fig. 2.19, the later the students return home, the greater the number of young people who use a greater amount of substances.

Fig. 2.19 Number of legal or illegal psychoactive substances used in the last 12 months, according to the time returned home on the last night the students went out. Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Lastly, the results crossing data for multiple psychoactive drug use with other variables included on the ESTUDES survey on drug use in secondary school students, such as school absenteeism, academic failure (measured as the number of school years repeated), the frequency of going out at nighttime, the amount of the weekly allowance, taking part in fights, etc. reveals itself to be an area which has tremendous possibilities for being further expanded upon, although requiring a more thorough study checking other interim variables, which exceeds the bounds of this report.

Alcohol and cannabis use

In the last 12 months, a total of 22.9% of the young people surveyed has used alcohol and used cannabis in combination with one another (within a time span of two hours or less) at some time in their lives, this being 2% fewer than in 2008. This use is highly prevalent among males (24.1%) and among the older students, ranging from 9.1% in those 14 years of age to 35.9% in the students who were 18 years of age.

Table 2.29 Prevalence of combined drinking alcohol and using cannabis, by gender and age (within last 12 months) (%). Spain, 2010

	LAST 12 MONTHS	
	2008	**2010**
TOTAL	**24.9**	**22.9**
GENDER		
· Males	28	24.8
· Females	21.8	21
AGE		
· Age 14	11.4	9.1
- Age 15	21	17.3
· Age 16	27.3	26.2
· Age 17	33.2	33.4
· Age 18	38.1	35.9

SOURCE: ESTUDES 2008-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Alcohol and cocaine use

Within the last twelve months immediately prior to the survey, a total of 3% of the students drank alcohol and used cocaine in combination with one another (within a time span of two hours of less), a 1.1% decline being recorded compared to 2008. The prevalence of use is greater among males and, as in the case of cannabis in combination with alcohol, increases with age.

Table 2.30 Prevalence of drinking alcohol and using cocaine in combination with one another, by gender and age (within last 12 months) (%). Spain, 2010.

	LAST 12 MONTHS	
	2008	**2010**
TOTAL	**4.1**	**3**
GENDER		
· Males	5.1	3.7
· Females	3.1	2.3
AGE		
· Age 14	2.6	1.8
· Age 15	3.4	2
· Age 16	4	2.7
· Age 17	4.9	4.4
· Age 18	8.1	6.1

SOURCE: ESTUDES 2008-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

By analyzing the combined use of these two substances, by gender and age, a rise is found to exist in the use thereof by males and females who are 17 years of age, whilst the used for all other ages is lowered for both genders. The greatest gender gap is at 15 years of age, the point in time when the prevalence of use in males is much greater than in the females, although, generally speaking, it remains rather constant throughout the series of ages analyzed.

Smoking tobacco and using cannabis

The questionnaire for the ESTUDES survey on drug use in secondary school students does not include any questions delving into smoking tobacco and using cannabis in combination with one another as for the case of drinking alcohol and using cannabis and for drinking alcohol and using cocaine, which have been analyzed hereinabove.

However, the analysis of the prevalence of use brings to light some interesting data:

- A total of 63.3% of those who have smoked tobacco within the last twelve months have used cannabis at some time within the same period. Apart from this, a total of 77.7% of those who had used cannabis at some time in the last 12 months had smoked tobacco.

- Similarly, a total of 54.5% of those who had used cannabis in the last 30 days smoke tobacco daily, a total of 62% of those who smoke daily being cannabis users.

This involves some health-related implications due to the fact that the effects of the former of these two substances may heighten the risks associated to the latter substance and vice versa.

This situation and the data regarding the existence of a perception of risk associated to smoking tobacco (smoking daily, I think a pack), which, in the 2010 ESTUDES survey on drug use in secondary school students, exceeded the prevalence of regular cannabis use by more than 20 percentage points, cannabis being an illegal drug, leads one to think whether the effective policies for controlling tobacco smoking in Spain should have been taken advantage of to cause a greater impact on the prevalence of cannabis use.

Perceived risk regarding drug use

The ESTUDES series of surveys on drug use in secondary school students has been including questions related to the problems that the use of different substances can cause in the judgment of these students. These questions afford the possibility of finding out the perceived risk regarding different drug use-related behaviors, which may be an indirect indicator of the present or future evolution of the prevalence of use.

As the perceived risk regarding the use of a drug increases, the spread of the intensity of the use tends to decrease. Inversely, an increase in the spread and/or intensity of the use of a drug usually tallies with a lowered perceived risk regarding this certain type of use in particular.

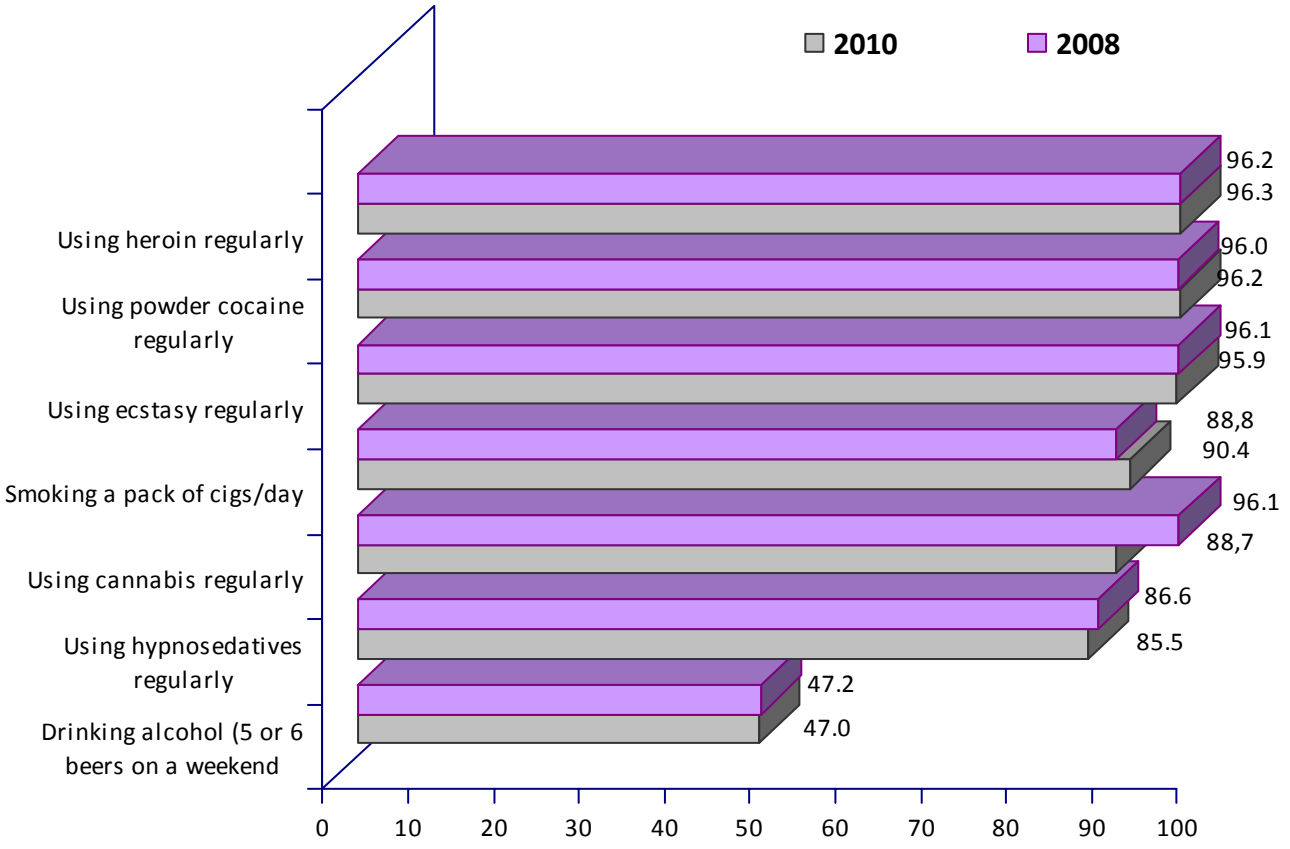
Therefore, an analysis is made of the percentage of students who perceive certain use-related behaviors to be high-risk (% who thinks that a given behavior may cause quite a few or many problems).

In 2010, the drug use-related behaviors which the Secondary School students within the 14-18 age range associated with a lesser risk are: drinking 5 or 6 beers/mixed drinks on a weekend, drinking 1

or 2 beers/mixed drinks daily and taking hypnosedatives (tranquilizers or sleeping pills) sporadically (once a month or less often).

On the contrary, the behaviors associated with a higher risk were regular use (once a week or more often) of heroin, cocaine or ecstasy (Fig. 2.20). Nevertheless, the sporadic use of heroin, cocaine or ecstasy was also associated with a major degree of risk.

Fig 2.20 Percentage of Secondary School students within the 14-18 age range who think that the drug-related behavior in question may cause quite a few or many problems (%). Spain, 2008-2010.



SOURCE: ESTUDES 2008-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.31 Evaluation of the perceived risk associated with using psychoactive substances among the Secondary School Students within the 14-18 age range, by gender. Spain, 1994-2010.

	1994		1996		1998		2000		2002		2004		2006		2008		2010	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
NUMBER OF STUDENTS 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	14,951	15,232	15,595	16,372
PERCENTAGE WHO CONSIDER THE BEHAVIOR IN QUESTION TO CAUSE QUITE A FEW OR MANY PROBLEMS																		
Smoking tobacco daily *	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	88.9	91.7
Drinking alcohol on 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	44.2	49.5
Drinking alcohol daily *	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	56.7	62.6
Smoking hashish 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	85.5	91.6
Taking tranquilizers / sleeping 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	83.8	87.0
Taking 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	94.6	97.1
Using 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	95.0	97.3
Using heroin 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	95.0	97.5

Note: The percentages are calculated based on the number of cases for which information is available.

(*)Smoking a pack of cigarettes / day

(**)Drinking one or two beers / mixed drinks every day

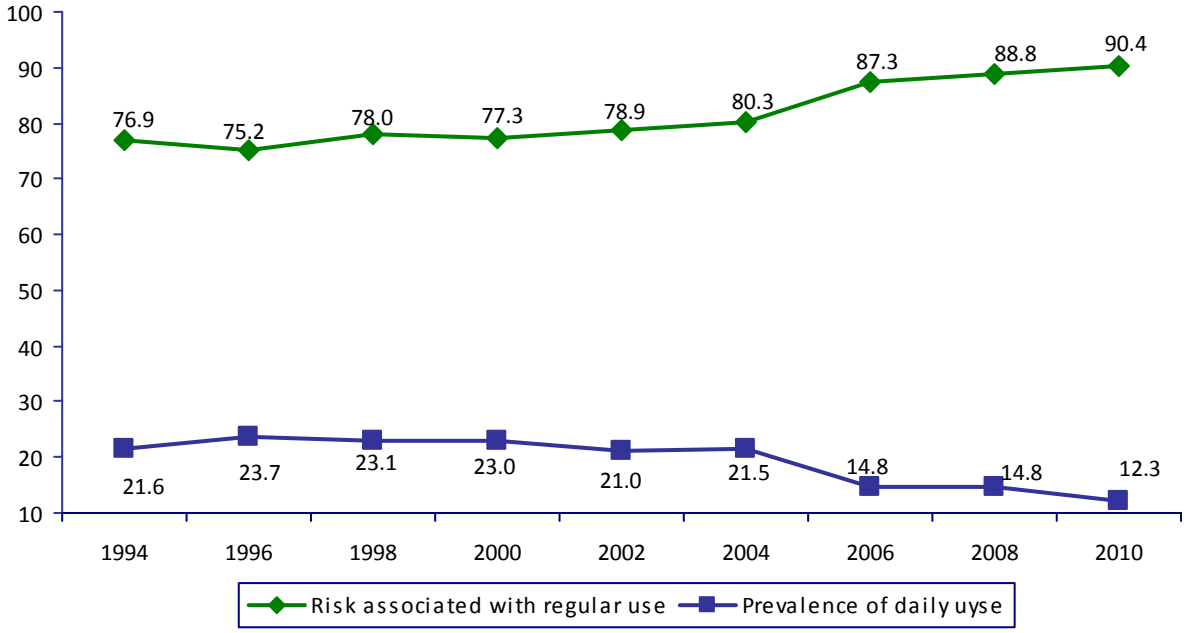
"Regularly" = once a week or more often

SOURCE: 1994-2010 ESTUDES Survey on Drug Use In Secondary School Students. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

The perception of the risk associated with smoking tobacco daily (a pack / day) surpasses the 90% mark (90.4%), for the first time in the historical series initiated in 1994, thus consolidating the risk which began in 2002 and supporting the efficacy of the social awareness-heightening measures carried out (Fig. 2.21).

Fig. 2.21 shows this evolution and that of the prevalence of daily tobacco smoking, giving a clear mirror image in which the highest prevalences of use are for the lowest perception of risk figures.

Fig. 2.21 Evolution of the prevalence of use and risk perceived regarding smoking tobacco daily (a pack / day) among the Secondary School Students within the 14-18 age range. ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spain.



SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

With regard to the gender-related differences, just as for previous years, the females were found to have a greater perception of risk than males for the regular use of any of the substances (Table 2.32). The opposite however is so for the uses of a sporadic type, for which males show a greater perception of risk than females (with the exception of cannabis).

Generally speaking, age is a factor which is inversely proportional to the perception of risk. The older the age, the lesser degree of perceived risk (Table 2.32).

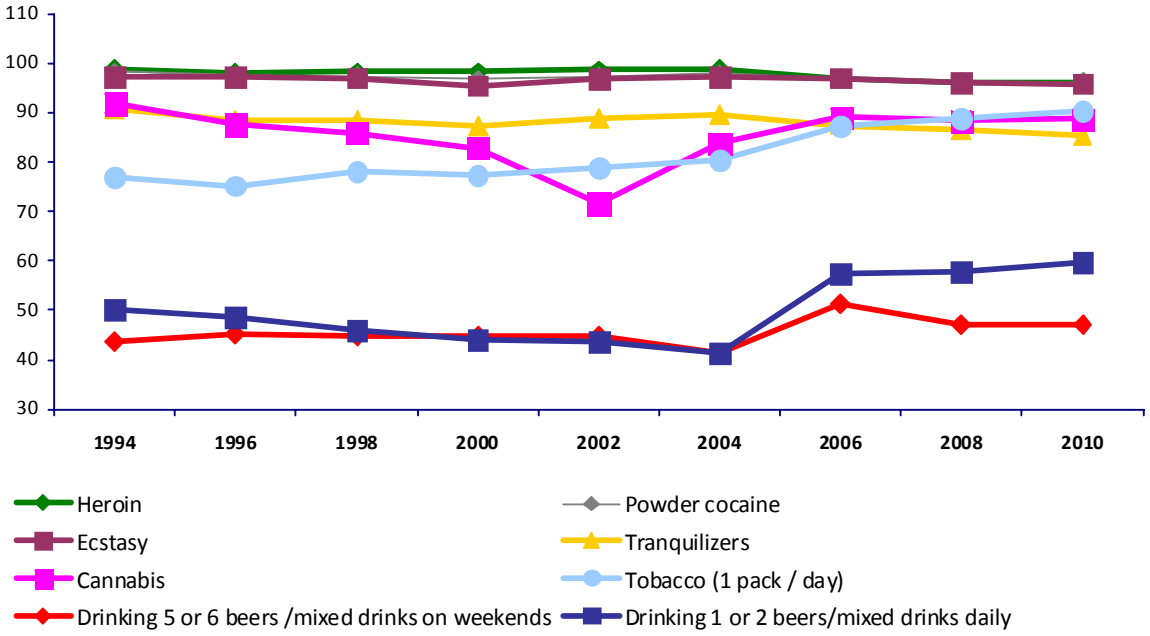
Table 2.32. Risk perceived by the Secondary School students within the 14-18 age range regarding regular drug use (percentage of students who consider this behavior to possibly cause quite a few or many problems), by gender and age (%). Spain, 2010.

	GENDER		AGE					TOTAL
	MALE	FEMALE	14	15	16	17	18	
Tobacco (one pack / day)	88.9	91.7	90.4	90.5	90.3	90.9	88.8	90.4
Alcohol (5 or 6 beers on weekends)	44.2	49.5	57.9	47.5	44.6	41.4	43.4	47
Alcohol (1 or 2 beers / day)	56.7	62.6	61.3	60.8	58.6	58.8	59.9	59.8
Cannabis	85.5	91.6	92.5	90.2	87.6	86.3	85.2	88.7
Tranquilizers	83.8	87	84.6	85	84.3	87.8	87.6	85.5
Ecstasy	94.6	97.1	95.5	95.8	95.7	96.4	96.7	95.9
Cocaine (powder)	95	97.3	95.7	96.2	95.9	96.4	97.5	96.2
Heroin	95	97.5	95.4	96.2	96.4	96.6	97.5	96.3

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As far as the evolution of the trends over the course of time are concerned, a marked increase is noted (Fig. 2.22 and Table 2.33) in the risk perceived regarding smoking tobacco regularly (smoking daily) as previously mentioned hereinabove, and drinking alcohol daily during the 1994-2010 period. The figures for the risk perceived regarding using heroin, cocaine or ecstasy regularly still remain at high levels (over 95% of the students within the 14-18 age range considering regular use thereof as possibly causing quite a few or many problems), although they have declined slightly compared to those found in the mid 1990's, when the use of drugs gave rise, due, above all, to the epidemic of heroin use, a much greater degree of alarm among the society than currently. The perception of risk regarding the regular use of hypnosedatives has dropped slightly within the 1994-2010 period, although it has been remaining quite stable since 2006 at figures of above 85%.

Fig. 2.22 Evolution of the perceived risk regarding the regular use of psychoactive substances (percentage of students who consider the behavior in question to cause quite a few or many problems). (%). Spain, 1994-2010.



SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.33 Evolution of the perceived risk regarding the regular use of psychoactive substances (percentage of students who consider the behavior in question to possibly cause quite a few or many problems) (%). Spain, 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
Tobacco (1 pack / day)	76.9	75.2	78	77.3	78.9	80.3	87.3	88.8	90.4
Alcohol (5 or 6 beers / mixed drinks on weekends	43.8	45.2	44.8	44.9	44.8	41.4	51.3	47.2	47.0
Alcohol (1 or 2 beers /mixed drinks every day)	50.5	48.5	45.9	44	43.6	41.4	57.4	57.9	59.8
Cannabis	91.9	87.7	85.9	82.8	71.7	83.7	89	88.3	88.7
Tranquilizers	90.6	88.6	88.5	87.4	88.7	89.7	87.5	86.6	85.5
Ecstasy	97.2	97.1	97	95.5	96.7	97.2	97	96.1	95.9
Cocaine (powder)	98.5	97.6	97.4	96.9	97.4	97.8	96.8	96	96.2
Heroin	98.9	98.1	98.2	98.2	98.6	98.8	97	96.2	96.3

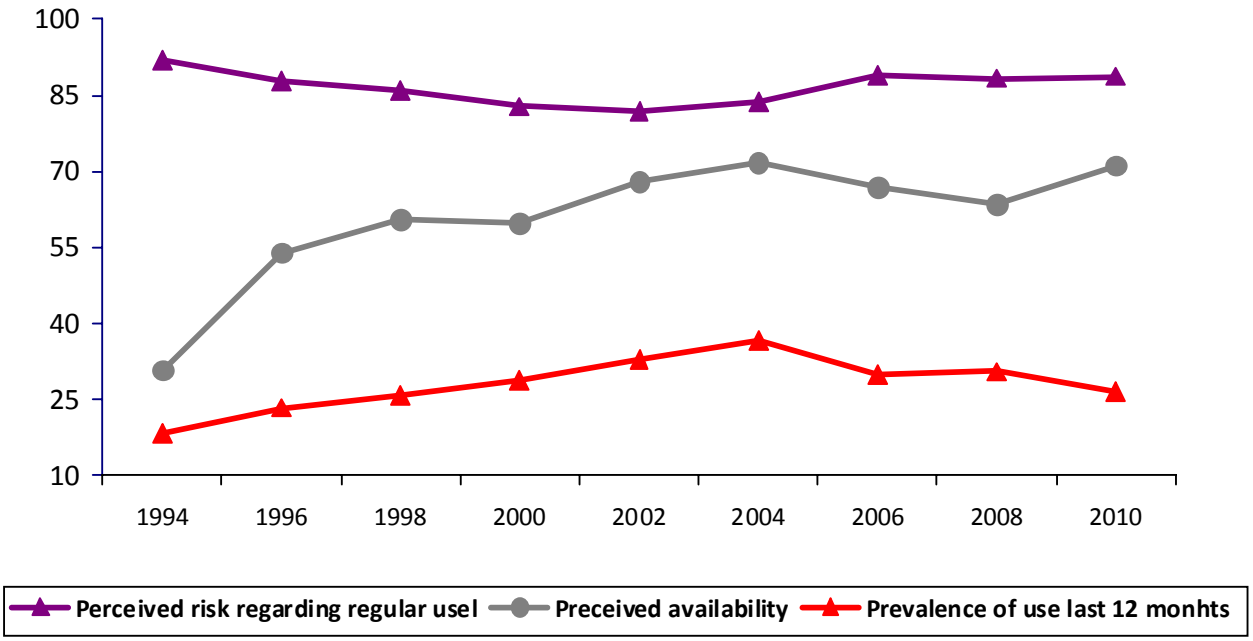
SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

In addition to the above, Fig. 2.23 and Table 2.33 show how lesser degrees of perceived risk are related to behaviors related to drinking alcohol (both daily as well as on weekends), which is the psychoactive substance with higher prevalences of use in both genders and for all of the ages considered.

The perception of risk regarding the regular use of cannabis dropped by twenty (20) percentage points during the 1994-2002 period (91.9% to 71.7%), coinciding with a rise in the prevalences of use up to 2004, as of which, a recovery of this indicator has been noted, up to figures nearing 90% (88.7% in 2010) which however surprising that they be lower than those found for smoking tobacco regularly (90.4%), cannabis being an illegal drug. This means that, in 2010, the percentage of students considering smoking cannabis regularly as possibly entailing problems is lower than that of those who consider smoking tobacco as possibly causing similar problems.

In the case of cannabis, the downward trend in use found recently goes along with a certain degree of stability in the levels of perceived risk, although this decline in the uses may have been modulated by the recorded perceived increased degree of availability (Fig. 2.23).

Fig. 2.23 Evolution of prevalence of use, perceived risk regarding regular use and perceived availability of cannabis (%). Spain, 1994-2010.



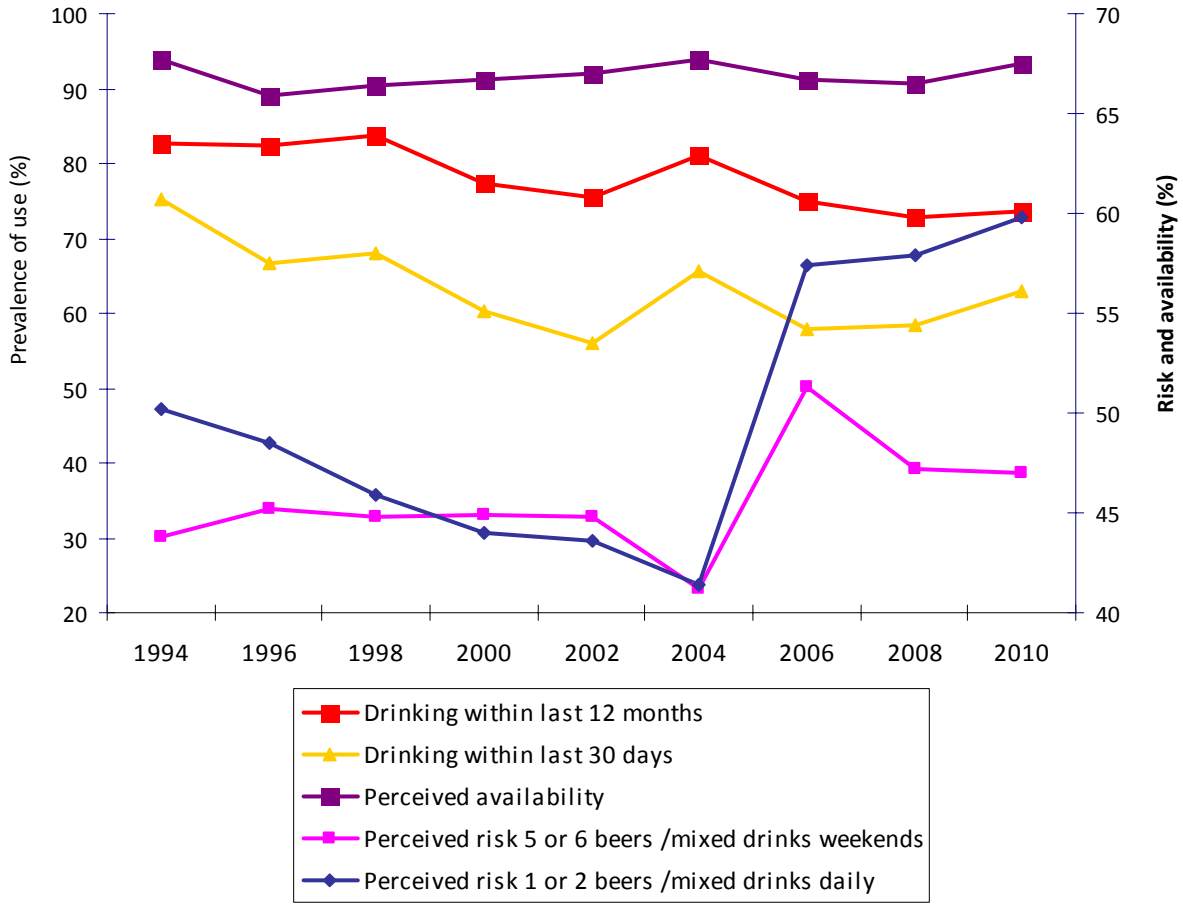
	1994	1996	1998	2000	2002	2004	2006	2008	2010
Perceived risk regarding regular use	91.9	87.7	85.9	82.8	81.7	83.7	89.0	88.3	88.7
Perceived availability	30.8	53.9	60.4	59.7	67.9	71.8	66.8	63.6	71.1
Prevalence of use last 12 months	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Lastly, the perception of risk for drinking alcohol is worthy of special not since alcohol is the substance most widely used among the students within the 14-18 age range. The behaviors related to drinking alcohol, whether daily (1 or 2 beers / mixed drinks) or on weekends (5 or 6 beers / mixed drinks) are those considered least dangerous by this population group, far from the uses of all other

drugs, and although the perceived risk for both has risen by a few point since this series was first begun in 1994, it is remaining relatively stable (weekend drinking) or even showing a slight rise (daily drinking) (Fig. 2.24), the efforts to heighten awareness with regard to drinking alcohol which have targeted this age group do not seem to have managed to counteract, for the time being, those which they are receiving mostly in the opposite regard from the rest of the society in general.

Fig. 2.24 Evolution of prevalence of use, perceived risk regarding regular use and perceived availability of alcohol (%). Spain, 1994-2010.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Perceived risk 5 or 6 beers /mixed drinks weekends	43.8	45.2	44.8	44.9	44.8	41.2	51.3	47.2	47
Perceived risk 1 or 2 beers /mixed drinks daily	50.2	48.5	45.9	44	43.6	41.4	57.4	57.9	59.8
Drinking within last 12 months	82.7	82.4	83.8	77.3	75.6	81	74.9	72.9	73.6
Drinking within last 30 days	75.1	66.7	68.1	60.2	56	65.6	58	58.5	63
Perceived availability	93.8	89	90.5	91.2	92	93.8	91.2	90.8	93.3

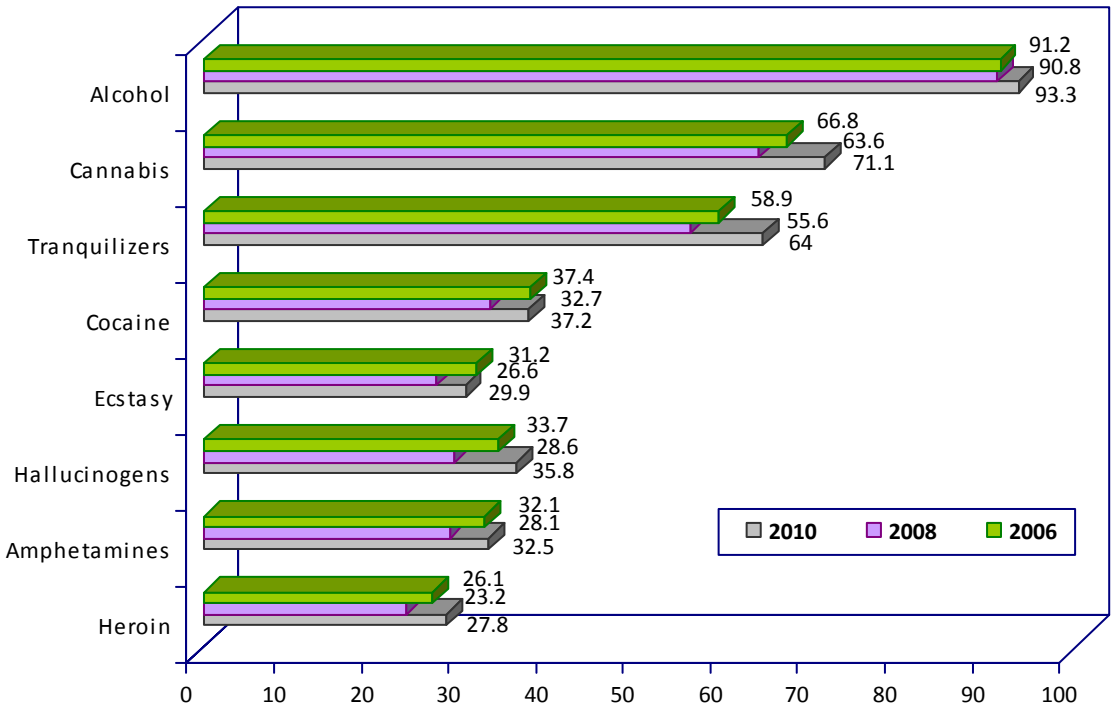
SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Degree of drug availability perceived by those surveyed

The degree to which the students consider it easy / difficult to get or obtain the different drugs is what is known as perceived availability and is another of the factors which is related to the prevalences of use. Those substances which, in the judgment of these students, seem more readily available are usually those used the most, those which are perceived as harder to get usually showing lower prevalences of use. Some examples are alcohol and tobacco, which being legally bought, sold and used by adults, are the substances used by a greater number of students within the 14-18 age range, for which (with the exception of the students who are 18 years of age) would be illegal for these students.

This is actually information related to the perception of the drug supply, which is of major interest. The indicator used for evaluating this information is the percentage of students who consider each drug to be relatively easy or hard to get.

Fig. 2.25 Perceived availability of psychoactive substances among the Secondary School Students within the 14-18 age range who consider each drug to be relatively easy or hard to get). Spain, 2010.



SOURCE: 2006-2010 ESTUDES Survey on Drug Use in Secondary School Students. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

In 2010, the drugs perceived by these students as being the most readily available or accessible continue to be those legally sold and cannabis: 93.3% of the students surveyed having considered that it would be easy or very easy for them to get alcoholic beverages if they wanted to, 71.1% cannabis and 64% hypnosedatives (tranquilizers and sleeping pills). The 2010 ESTUDES Survey on Drug Use in Secondary School Students records a rise for all substances in the percentage of students who consider it to be easy or very easy to get these substances (Fig. 2.25 and Table 2.34).

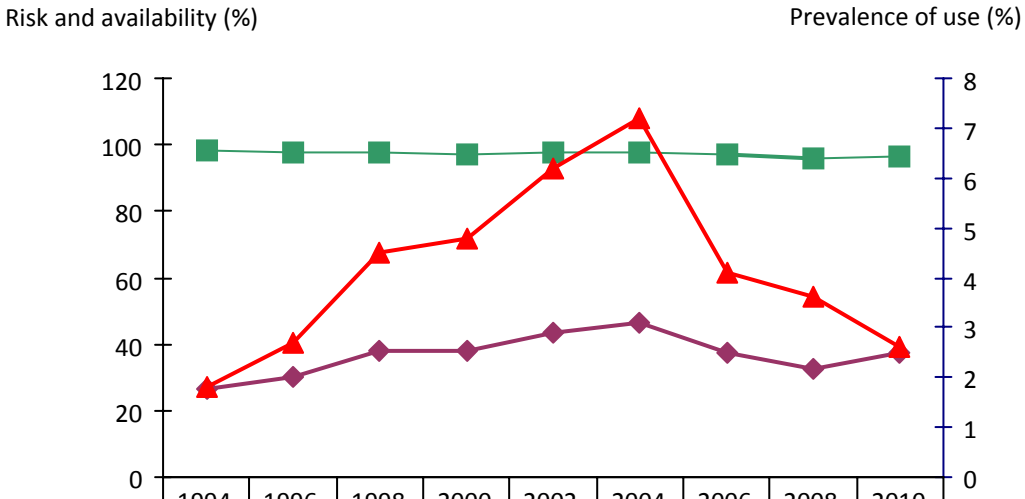
Table 2.34. Evolution of the perceived availability of psychoactive substances among the Secondary School Students within the 14-18 age range (percentage of students who consider it relatively easy or very easy to get each drug). Spain, 1994-2010.

	1994	1996	1998	2000	2002	2004	2006	2008	2010
PERCENTAGE WHO CONSIDER IT EASY / VERY EASY TO GET EACH DRUG									
Alcohol	93.8	89.0	90.5	91.2	92.0	93.8	91.2	90.8	93.3
Tranquilizers	55.9	65.9	65.9	67.2	67.6	67.3	58.9	55.6	64.0
Cannabis	30.8	53.9	60.4	59.7	67.9	71.8	66.8	63.6	71.1
Cocaine (powder)	26.7	30.4	37.9	38.0	43.5	46.7	37.4	32.7	37.2
Heroin	48.0	25.6	29.1	28.1	32.0	30.7	26.1	23.2	27.8
Amphetamines	43.9	40.1	39.7	40.2	45.4	41.7	32.1	28.1	32.5
Ecstasy	46.3	42.6	39.8	43.8	50.0	45.1	31.2	26.6	29.9
Hallucinogens	26.2	40.1	39.2	41.4	45.3	41.9	33.7	28.6	35.8
Volatile Substances	61.4	54.8	54.2	51.6	54.1	51.1	--	--	--

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Graphs are included in following comparing the evolution of the prevalence, perceived risk and perceived availability indicators for cocaine and cannabis.

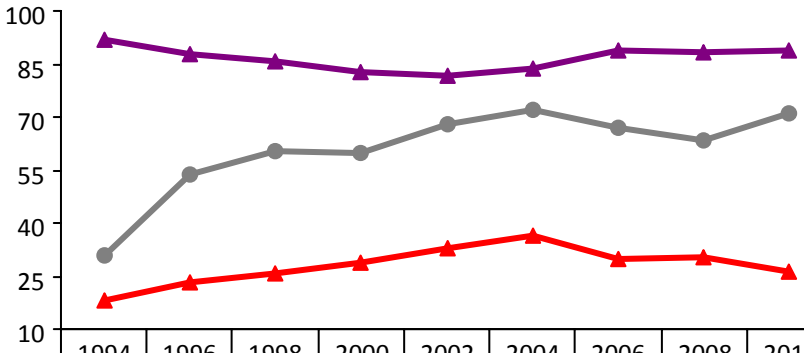
Fig. 2.26. Evolution of the prevalence of cocaine use (last 12 months), perceived risk regarding regular cocaine use and perceived availability of cocaine among the Secondary School Students within the 14-18 age range. (%). ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spain.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Perceived risk regarding regular use	98.5	97.6	97.4	96.9	97.4	97.8	96.8	96.0	96.2
Perceived availability	26.7	30.4	37.9	38.0	43.5	46.7	37.4	32.7	37.2
Prevalence of use in last 12 months	1.8	2.7	4.5	4.8	6.2	7.2	4.1	3.6	2.6

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.27 Evolution of the prevalence of cannabis use (last 12 months), perceived risk regarding regular cannabis use and perceived availability of cannabis among the Secondary School Students within the 14-18 age range. (%).ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spain.



	1994	1996	1998	2000	2002	2004	2006	2008	2010
Perceived risk regarding regular use	91.9	87.7	85.9	82.8	81.7	83.7	89.0	88.3	88.7
Perceived availability	30.8	53.9	60.4	59.7	67.9	71.8	66.8	63.6	71.1
Prevalence of use in last 12 months	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4

SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As far as the evolution over the course of time of the perceived availability throughout the 1994-2010 period, Fig. 2.27 shows:

- Quite stable, high levels as far as alcohol is concerned, although those surveyed are mostly under age and theoretically cannot gain access to this substance.

- Clearly upward trend in the perceived availability of cannabis, which has risen from 30.8% in 1994 to 71.1% in 2010.

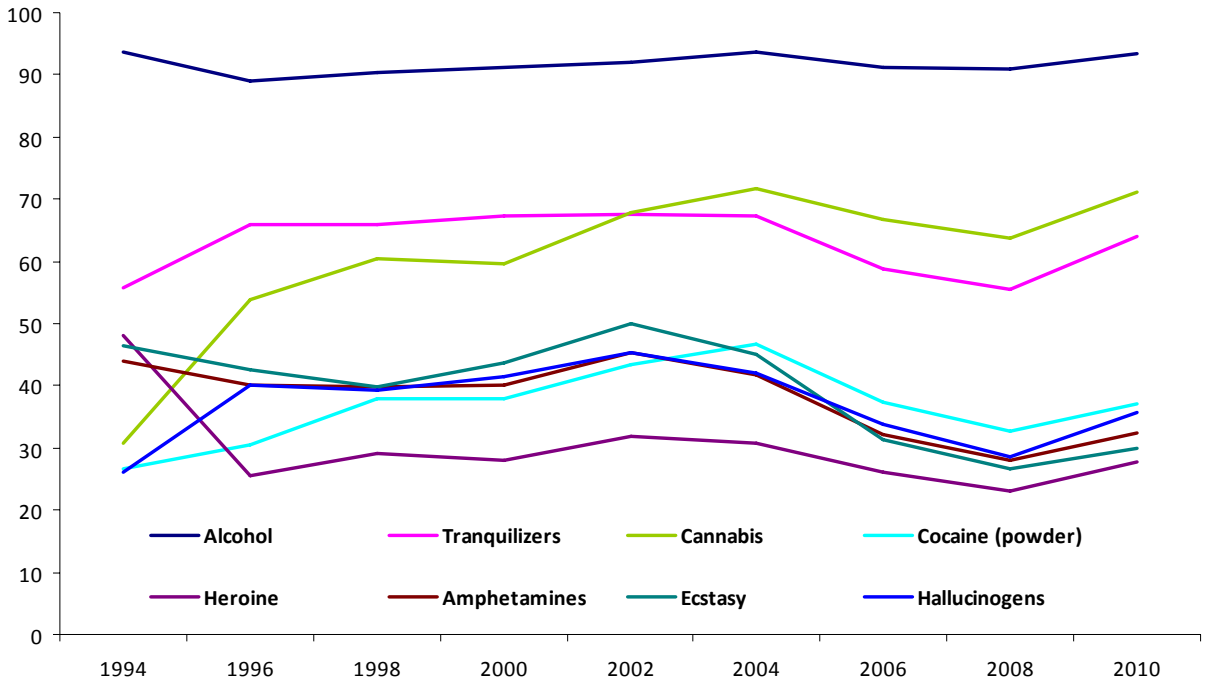
- Upward trend in the perceived availability of powder cocaine from 1994 (26.7%) to 2004 (46.7%) and a drop as of that time down to 37% in 2010, showing levels nearly those of 1998.

- Heroin has remained since 1996 (when the heroin use epidemic having ended) at low levels of availability and shows a stable trend. Heroin is, in the opinion of these students, the least readily accessible drug.

- Ecstasy and amphetamines are showing similar trends. Overall, the perceived availability has decreased for these two groups of drugs by around 10 percentage point, which means that the students are considering them to be less readily available in 2010 than in 194. These drugs totaled top figures for accessibility in 2002, having started downward trends to 2008, although a slight rise in availability has been recorded in 2010.

- The hallucinogens started this series as a group of substances barely accessible (approximately only one out of every four students surveyed considered it to be easy or very easy to get these drugs), but the figures rose over the following years up to the point of a 45.3% perceived availability (nearly one out of every two students surveyed considered it to be easy or very easy to get themselves hallucinogenic substances to use). In 2002, a downward trend started, having declined to the current figures (35.8%).

Fig. 2.28 Evolution of the perceived availability of psychoactive substances among the Secondary School Students within the 14-18 age range. (%). Spain, 1994-2010.



SOURCE: ESTUDES Survey on Drug Use In Secondary School Students 1994-2010. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Frequency of time returning home and going out at night

As previously mentioned, drugs are used among students mainly at leisure time establishments during leisure time. The type of leisure-time activity in which they are involved has a bearing on the higher or lower prevalence of drug use.

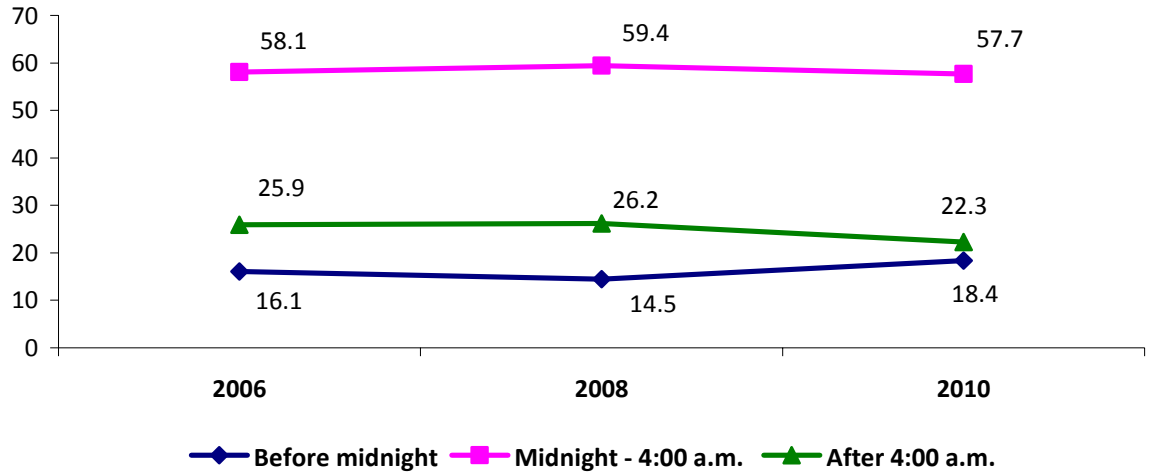
The ESTUDES Survey on Drug Use in Secondary School Students includes questions as to how often they had gone out at night within the 12 months immediately prior to taking the survey and the time by which the students had to be home on the last night of the weekend on which they went out to have a good time. These factors and the perception of use in the peer group of those surveyed seem to be associated, as has also been true for other editions of this survey, with the prevalences of use.

Time returned home when going out at night and drug use

Although there are other factors to be considered, the time by which these students have to be back home is related to the number and type of substances used and to the intensity of their use. Generally speaking, the use of psychostimulants (cocaine, ecstasy, amphetamines or other substances which have similar effects) are for the purpose of increasing physical stamina, reducing tiredness and drowsiness inherent to keeping such long hours, counteracting the effects of other drugs which have depressant effects (such as alcohol) or being a SOURCE of new activities or sensations during the final stages partying.

In 2010, a total of 16.5% of the students returned home before midnight on the last night they went out, a total of 58.8% having returned home within the midnight- 4:00 a.m. time frame, the remaining 24,7% having returned after 4:00 a.m. Compared to the prior editions of the ESTUDES survey, the percentage of males and females returning home before midnight is higher, there being fewer arriving home after midnight (Fig. 2.29).

Fig. 2.29 Evolution of time returned home on the last evening they went out at night among Secondary School students within the 14-18 age range. (%). Spain, 2006-2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

By gender, Table 2.35 shows the females to still be returning home slightly earlier than when the males go out at night, although similar percentages are found for both genders and even higher percentages in females within the 3:00 a.m. – 8 a.m. time frame. Regarding the results broken down by ages, as usual, the older the age, the later they return home (Table 2.35).

Table 2.35 Percentage of Secondary School students who return home the last time they go out on the weekend within each one of the time frames shown, by gender. 2010 ESTUDES Survey on Drug Use in Secondary School Students. Spain.

	MALE	FEMALE	TOTAL
Before midnight	15.6	17.4	16.5
Midnight - 1:00 a.m.	16.2	16.6	16.4
1:00 a.m. - 2:00 a.m.	14.2	13.4	13.8
2:00 a.m. - 3:00 a.m.	13.4	12.7	13.0
3:00 a.m. - 4:00 a.m.	15.5	15.7	15.6
4:00 a.m. - 8:00 a.m.	18.9	20.2	19.6
After 8:00 a.m.	6.1	4.1	5.1

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Table 2.36 Percentage of Secondary School students who return home following the last time they go out at night on the weekend within each one of the time frames shown, by age. 2010 ESTUDES Survey on Drug Use in Secondary School Students. Spain.

	AGE				
	AGE 14	**AGE 15**	**AGE 16**	**AGE 17**	**AGE 18**
Before midnight	36.3	22.4	11.8	5.8	3.0
Midnight - 1:00 a.m.	26.4	21.3	14.9	9.0	6.0
1:00 a.m. - 2:00 a.m.	14.7	16.3	15.3	10.9	6.1
2:00 a.m. - 3:00 a.m.	9.8	12.8	15.6	13.5	9.8
3:00 a.m. - 4:00 a.m.	6.5	14.6	18.2	19.3	18.2
4:00 a.m. - 8:00 a.m.	4.4	9.0	19.4	34.2	45.4
After 8:00 a.m.	1.9	3.6	4.7	7.3	11.5

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

The time by which they return home is directly related to age. Those students who are 14 years of age are those for which a larger percentage returns home before midnight (36.3% compared to 3.0% for those students who are 18 years of age), whilst those 18 years of age are those who return home as of 4:00 a.m. in larger numbers (56.9% compared to 6.3% of those 14 years of age).

The analysis of the date gathered by way of the 2010 ESTUDES Survey on Drug Use in Secondary School Students clearly points to their being a relationship between the time by which students return home, the prevalence of use of each one of the psychoactive substance used by the students and also the number of substances they use (polydrug use) (See the “Polydrug Use” section of the 2011 National Report).

Table 2.37 shows the spread of the prevalence of legal and illegal drug uses in students within the 14-18 age range, broken down by age ranges.

Table 2.37 Prevalence of legal and illegal* drug use in the last 12 months, by time returning home, by age. Spain, 2010.

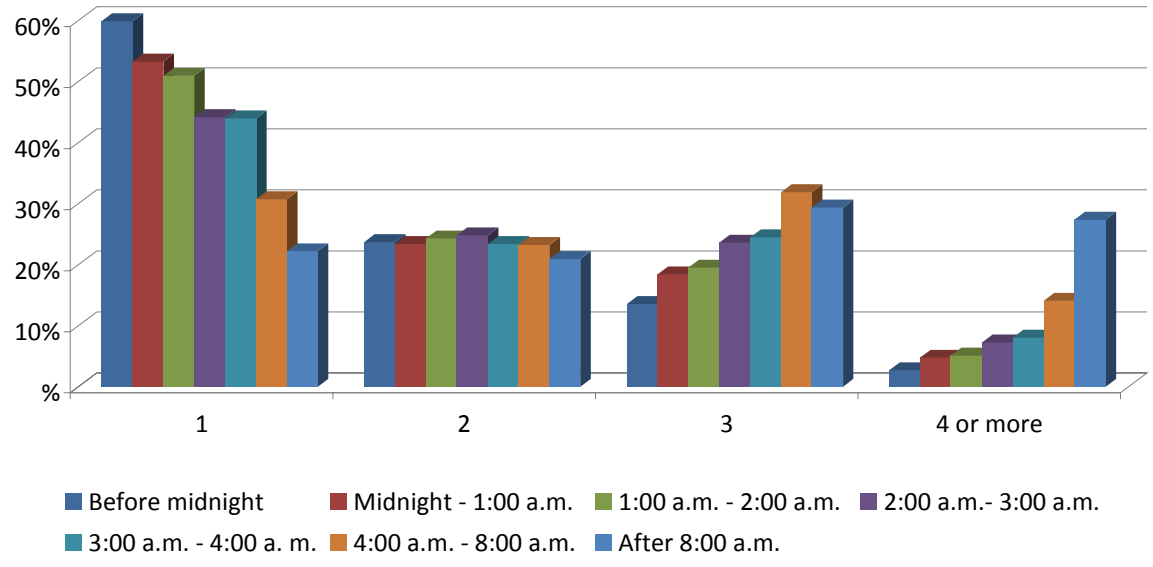
	AGE				
	AGE 14	**AGE 15**	**AGE 16**	**AGE 17**	**AGE 18**
Before midnight	32.7	44.1	44.6	36.6	45.0
Midnight - 1:00 a.m.	43.5	54.7	59.8	58.5	53.2
1:00 a.m. - 2:00 a.m.	53.1	67.1	69.1	66.2	81.6
2:00 a.m. - 3:00 a.m.	57.5	70.7	81.1	78.6	67.3
3:00 a.m. - 4:00 a.m.	66.4	84.6	83.3	81.7	79.5
4:00 a.m. - 8:00 a.m.	72.0	85.4	90.1	91.8	91.3
After 8:00 a.m.	73.1	84.0	85.9	91.5	96.3

* Legal substances. Tobacco, alcohol and hypnosedatives. Illegal substances: cannabis, cocaine, ecstasy, amphetamines, hallucinogens, heroin, volatile substances. The substances evaluated in the 2010 ESTUDES new substances module are not included.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.30 shows how the later the students return home, the higher the percentage of young people who use a larger number of substances.

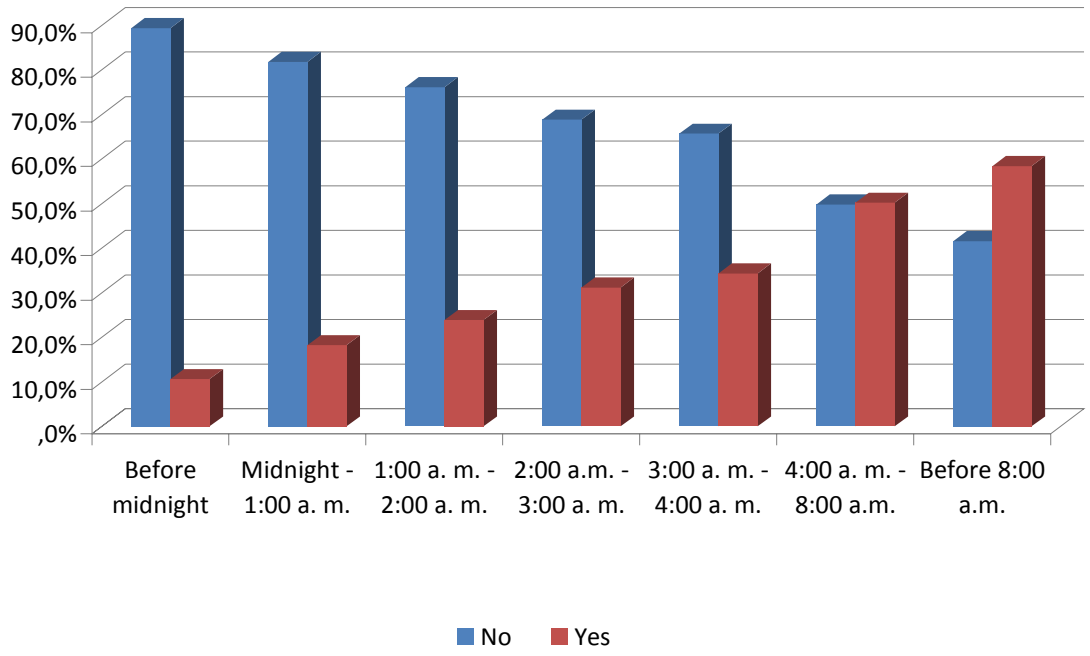
Fig. 2.30. Number of legal and illegal psychoactive substances used in the last 12 months, by the time returned home last time went out. Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Additionally, as shown in Fig. 2.31, the illegal drugs progressively play more of a leading role as the night wears on. Among the young people who return home within each one of the time frames, the presence of illegal drug use is greater among those who return later.

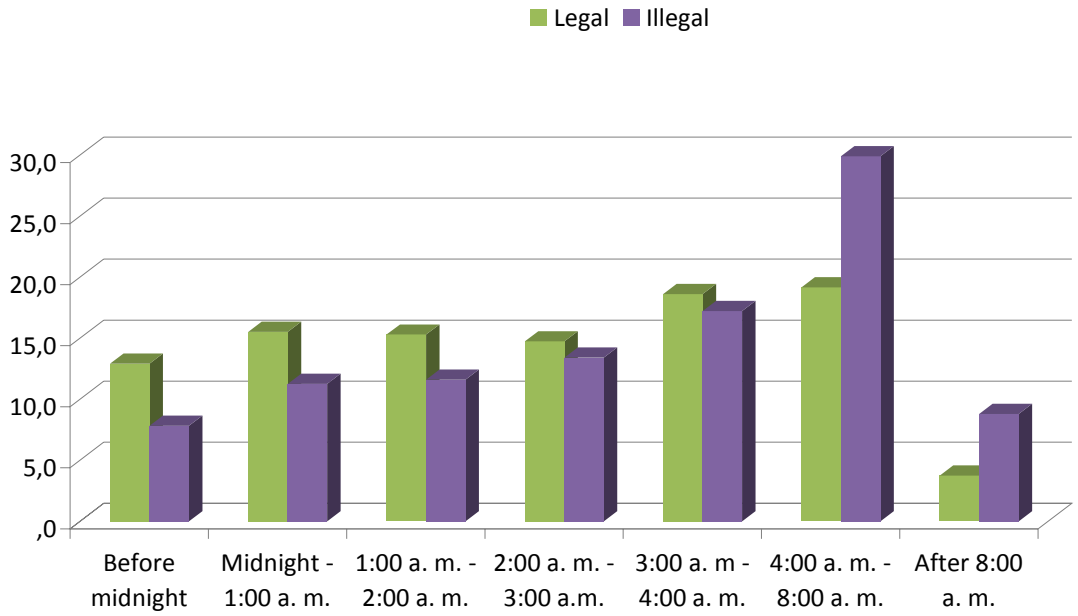
Fig. 2.31. Use of illegal substances (Yes/No) in terms of the time having returned home. Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Similarly, Fig. 2.32 shows that the majority of the students who use only legal drugs return home after partying before 4:00 a.m. (77%), whilst solely 57% of the students who use both legal and illegal drugs return home before then. A total of 76.2% of those who do not use drugs of any type arrive home before 2:00 a.m.

Fig. 2.32 Time returned home in terms of the type of substance used (only legal or only illegal) (%).



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

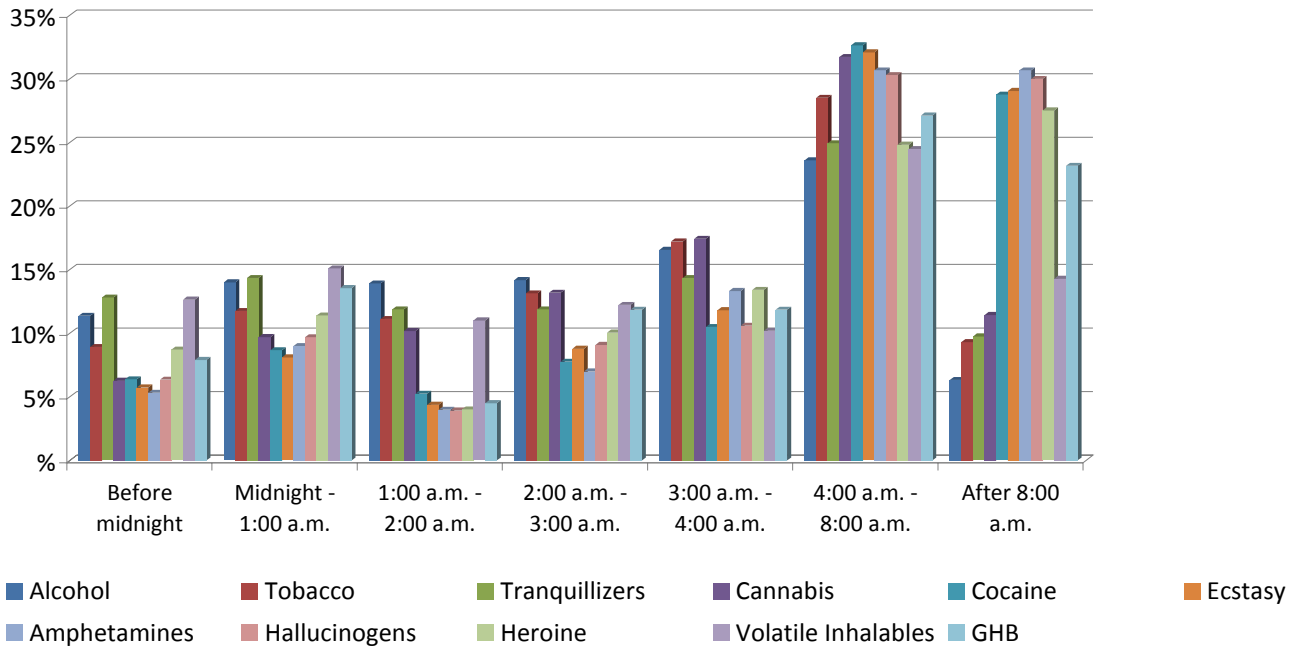
Fig. 2.32 shows 4:00 a.m. as being a key time for the change in the type of substances used. Those who use legal drugs progressively return home at earlier hours than those who use only illegal drugs.

Regarding the influence of the intensive patterns of alcohol use on the use of other drugs, it is interesting to note that the time at which those who were involved in binge drinking most often returned home in the last 30 days was at 4:00 a.m., compared to those who drank alcoholic beverages but who were not involved in binge drinking, the majority of whom returned home within the midnight-1:00 a.m. time frame.

Fig. 2.33 shows the variation in prevalences of use of the different legal and illegal drugs according to whether the males and females return home after going out at night within one time frame or another. Hence, among those who return home within the 4:00 a.m.-8:00 a.m. time frame, there is a higher percentage of cocaine users (32.6%) than among those who return home before midnight (6.4%). However, scarcely any differences are noted between the percentage of users of volatile inhalables among those who return home within the midnight-1:00 a.m. time frame (15.1%) and those who return home within the 3:00 a.m.-4:00 a.m. time frame (10.2%).

It must nevertheless be taken into account that this does not mean that the students who use cocaine and return home within the 4:00 a.m. -8:00 a.m. time frame have used this substance within this time frame nor that they have used cocaine more intensively, but rather that, simply among those who arrive home at those times, there is a higher probability of find cocaine users than in the group of those who return home before 1:00 a.m.

Fig. 2.33 Prevalence of use of the different legal and illegal drugs among the Secondary School students who return home within the different time frames. Spain, 2010.



SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

How often going out at night

In 2010, 49% of the students went out at least once a week. This percentage varied according to the age, being 37.4% for the students who were 14 years of age and 58.8% for those 18 years of age. Generally speaking, the older the students, the higher the percentage of students who go out more at night (Table 2.38).

Table 2.38 Frequency of nights having gone out (within last 12 months) in Secondary School students, by age. (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students. Spain.

	AGE 14	AGE 15	AGE 16	AGE 17	AGE 18	Total
Never	23.1	13.8	8.3	5.9	6.0	11.8
Less than 1 night / month	16.4	14.2	12.4	9.6	8.4	12.7
1-3 nights / month	23.1	25.9	27.8	27.8	26.8	26.3
1 night / week	15.3	16.6	20.3	21.5	18.3	18.5
2 nights / week	15.4	21.8	22.3	26.4	29.8	22.2
3-4 nights / week	3.7	4.5	5.3	5.0	5.4	4.7
More than 4 nights / week	3.1	3.3	3.7	3.9	5.3	3.6

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

As regards the differences between males and females, the males are found to have gone out at night more times per month than the females (Table 2.39). Similarly, the percentage of young people who do not go out at night has remained stable throughout the latest editions of the ESTUDES Survey on Drug Use in Secondary School Students, having totaled 11.8% in 2010.

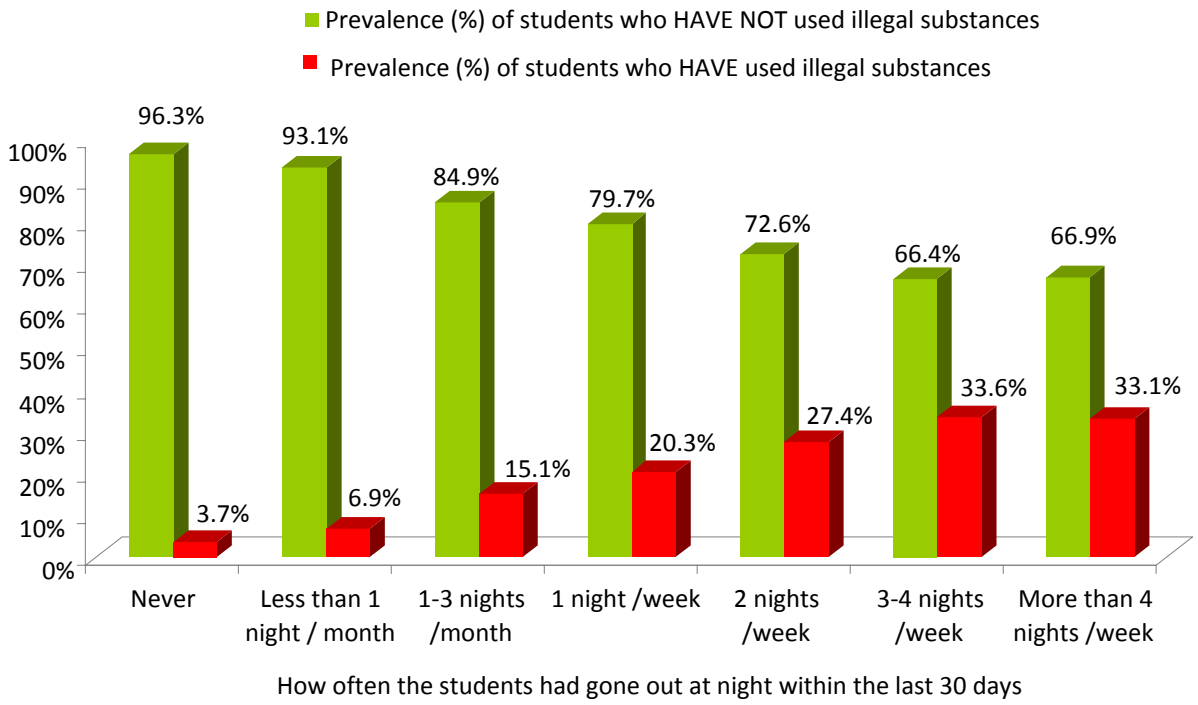
Table 2.39 Frequency of going out at night (in the last 12 months) in Secondary School students, by gender. (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students. Spain.

	MALE	FEMALE	TOTAL
Never	10.9	12.7	11.8
Less than 1 night /month	11.6	13.9	12.7
1-3 nights / month	25.5	27.1	26.3
1 night / week	18.8	18.2	18.5
2 nights / week	24.3	20.3	22.2
3-4 nights / week	5.1	4.4	4.7
More than 4 nights / week	3.8	3.4	3.6

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

The analysis of the data on how often these students had gone out at night and the prevalence of use of the different psychoactive substances clearly shows how the prevalence of illegal drug use increases as the number of nights per month the students go out at night increases (Fig. 2.34, 2.35 and 2.36). In turn, there is also an obvious relationship between how often these students went out at night and the use of legal drugs such as tobacco and alcohol (Fig. 2.37 and 2.38). Fig. 2.38 concerning alcohol patently shows how the prevalence of use of this substance is that which shows fewer differences in relation to how often the students went out at night. Alcohol is the substance most widely used in this population group, and although remarkable differences in prevalence are indeed noted among the students who do not go out at night (15.4%) or those who go out less than 1 night / month (39.9%) and all of the other students who do go out, the range within which the prevalences of those who go out 1, 2, 3, 4 or more nights per month fall is not very broad (67.4% - 75.7% drink alcohol). In other words, for drinking alcohol, no major differences in prevalence are found to exist between those who go out 1 night a month and those who go out 4 or more nights a month.

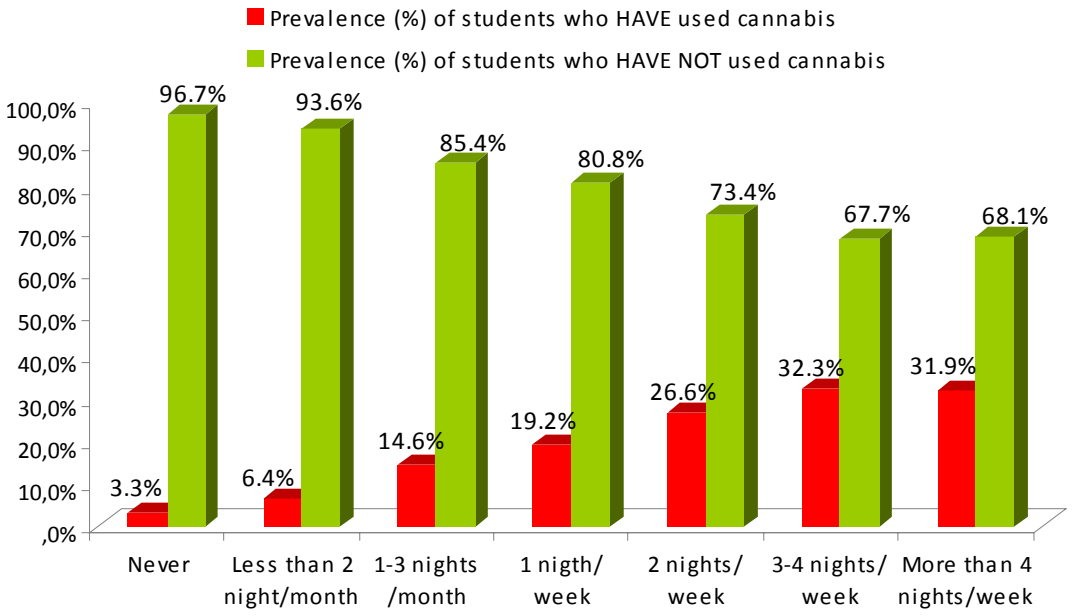
Fig. 2.34 Prevalence of use of illegal* psychoactive substances in Secondary School students within the 14-18 age range, by frequency with which they had gone out at night. Spain, 2010.



*. Illegal substances: cannabis, cocaine, ecstasy, amphetamines, hallucinogens, heroin and volatile substances. Those included in the "new substances" module are not included.

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

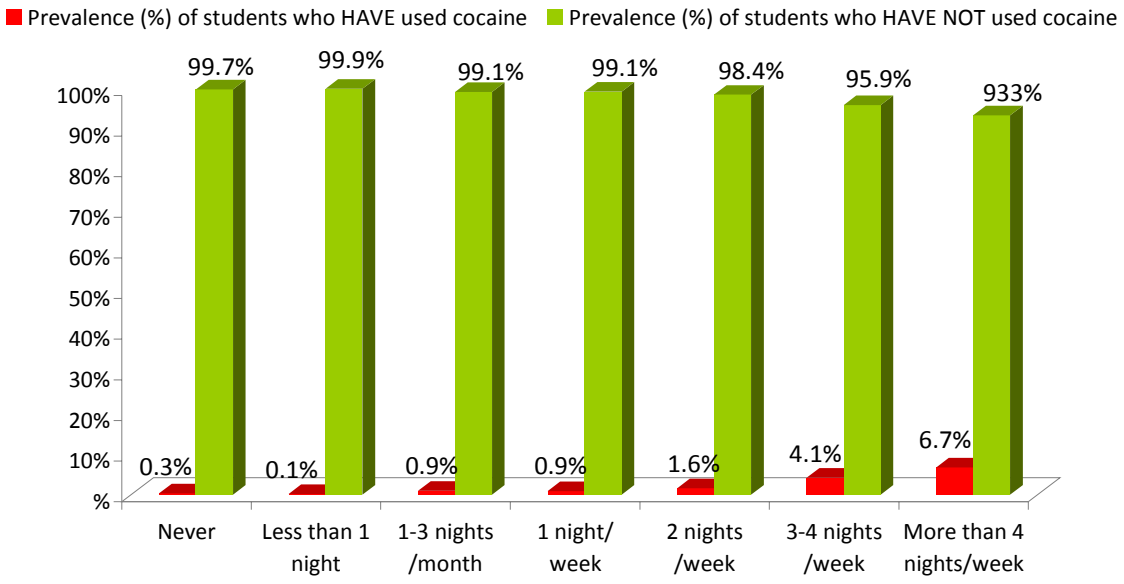
Fig. 2.35 Prevalence of cannabis use in Secondary School students within the 14-18 age range, according to how often they had gone out at night. Spain, 2010.



How often the students gad gone out at night within the last 30 days

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

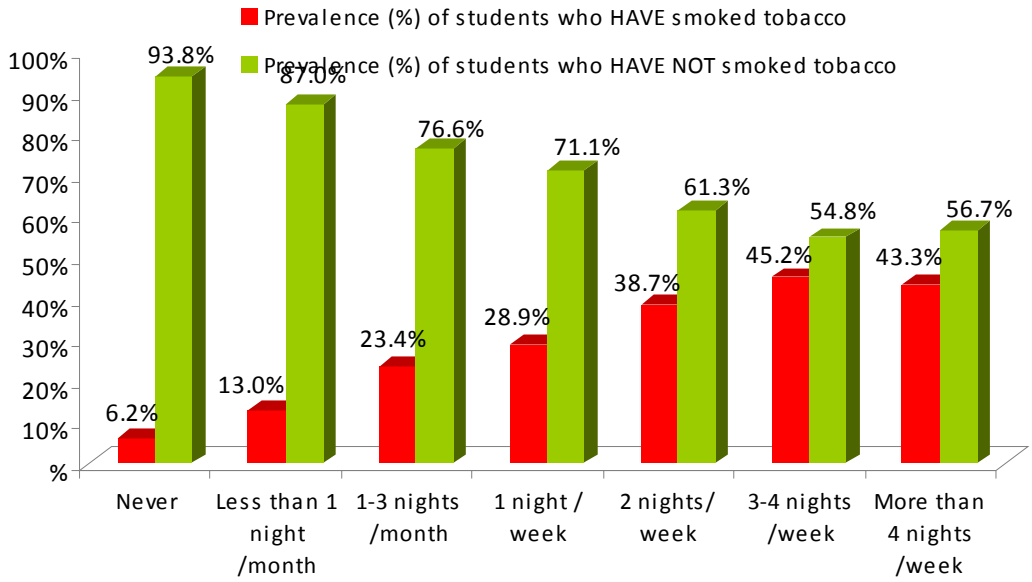
Fig. 2.36 Prevalence of cocaine use in Secondary School students within the 14-19 age range, according to how often they had gone out at night. Spain, 2010.



How often the students had gone out within the last 30 days

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

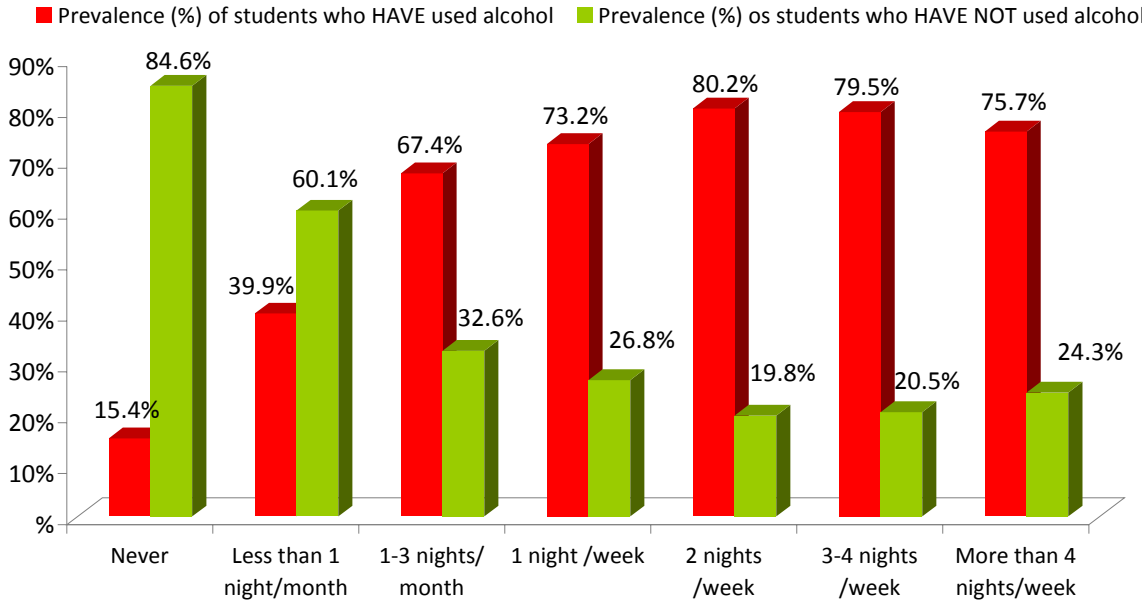
Fig. 2.37 Prevalence of tobacco smoking in Secondary School students within the 14-18 age range according to how often they had gone out at night. Spain, 2010.



How often the studens had gone out within the last 30 days

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Fig. 2.38. Prevalence of drinking alcohol in Secondary School students within the 14-18 age range, according to how often they had gone out at night. Spain, 2010.



How often the students had gone out at night within the last 30 days

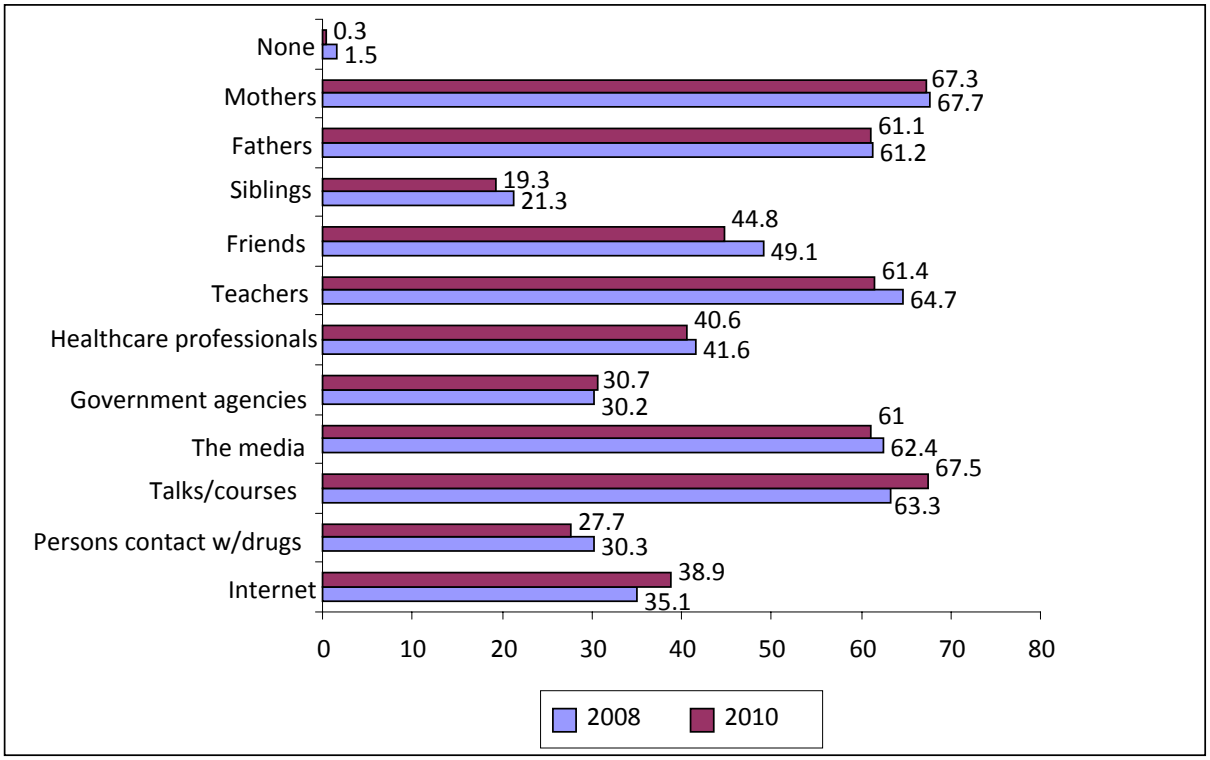
SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

Drug-related information received

In 2010, a vast majority of the students (77.2%) consider themselves to be sufficiently or perfectly well-informed concerning drugs, their effects and the associated problems, compared to the 22.8% who consider themselves to be half-way informed or misinformed. Nevertheless, the percentage of these students who say they feel themselves to be sufficiently or perfectly well-informed has declined slightly compared to 2008 (85.7%) and 2006 (86.5%), the number of those who considered themselves to be inadequately informed having continued to rise since 2006 (13.4% in 2006; 14.4% in 2008 and 22.8% in 2010).

Concerning the gender-related differences, a higher percentage of males state extreme perceptions than females, that is to say, being perfectly well-informed or misinformed. On the other hand, the older those surveyed, the greater the perception of feeling oneself to be "perfectly well-informed".
The channels through which a larger percentage of the students receive information are their mothers and fathers, talks and courses, their teachers and the media (Fig. 2.39). In 2010, the internet and the talks and courses were the only channels which showed an increase, compared to 2008, in the percentage of students who admit to having used these channels for getting information.

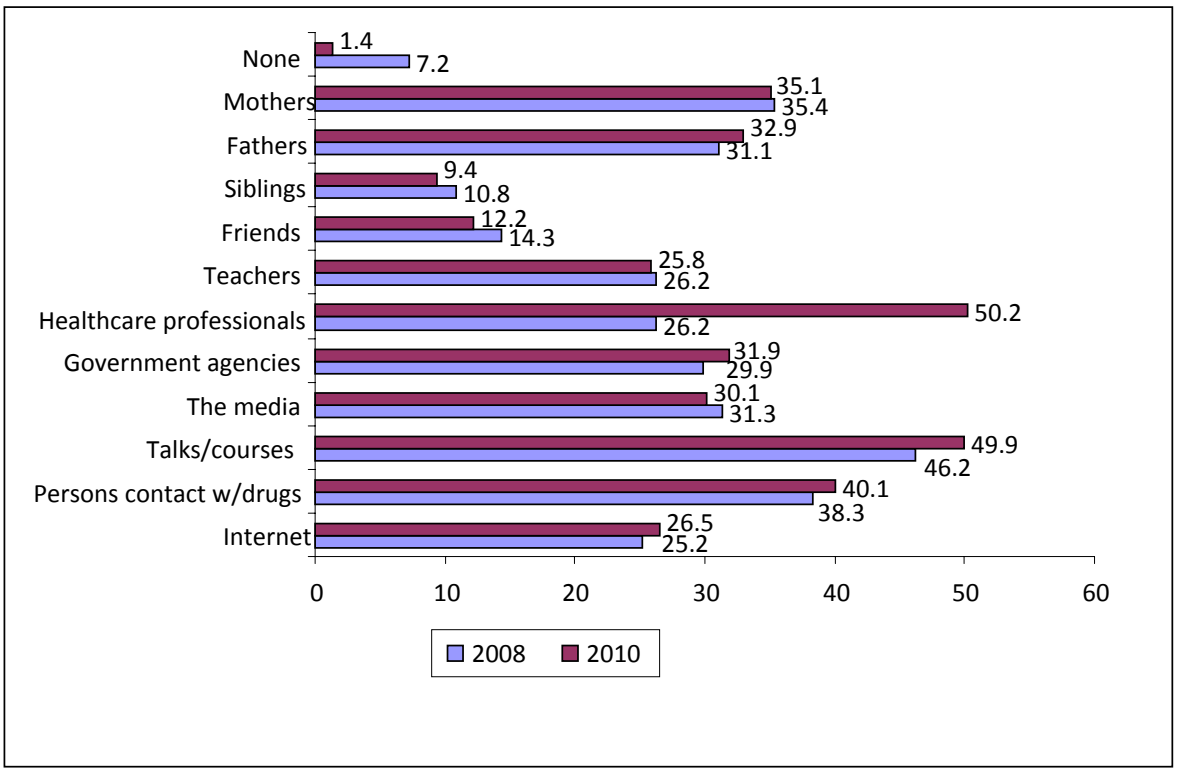
Fig. 2.39 Percentage of Secondary School students who have received information on drugs by and of the channels mentioned (%). 2008-2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.



SOURCE. Spanish Observatory on Drugs (OED). Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2008 & 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

As regards the preferences of these students regarding which of these channels are the most appropriate for receiving information on drugs, the options preferred by a higher percentage of students in 2010 are healthcare professionals (showing a remarkable increase compared to 2008), the talks and courses, persons who have had contact with drugs and Internet. It is certainly surprising that solely 12.2% of the students consider their friends to be a reliable SOURCEs through which they would like to receive information on drugs (although, in fact, a total of 44.8% acknowledged having received information through this channel in 2010), and that solely 1 out of every 4 (26.5%) of the students mentions Internet as a desirable channel through which to inform themselves about drugs (although, in fact, a total of 38.9% of them have used Internet for this purpose in 2010). Similarly, only a minimal percentage (1.4%) of students does not consider any of these suggested information channels appropriate.

Fig. 2.40 Percentage of Secondary School students who consider the following channels to be those most highly indicated for receiving information on drugs (%). 2008-2010 ESTUDES Survey on Drug Use in Secondary Students



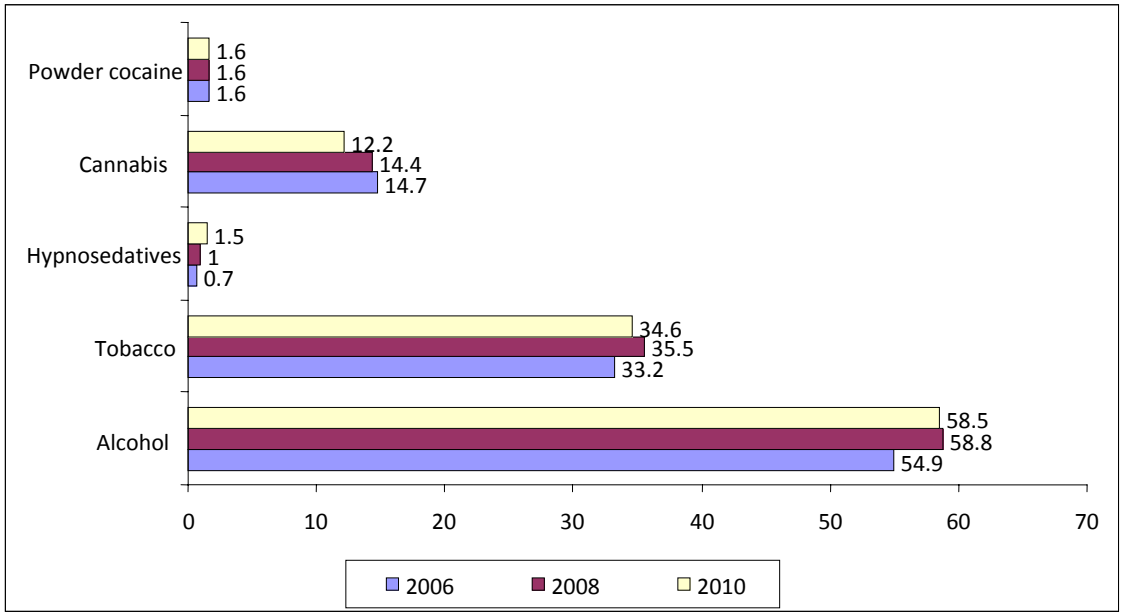
SOURCE. Spanish Observatory on Drugs (OED). Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2008 & 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

Drug use in peer groups

Drugs are normally used among these students within the context of leisure time entertainment in a group setting. The questionnaire of the ESTUDES Survey on Drug Use in Secondary School Students asks the students about what percentages of their male and female friends they go out with and spend their free time with they think have used the different psychoactive substances suggested to them within the 30 days immediately prior to taking the survey. In 2010, a total of 58.5% state that all or most of their friends drank alcohol within the period in question, alcohol having been found to

be the substance used the most; a total of 34.6% for the case of tobacco and 12.2% thinking the same thing for cannabis use.

Fig. 2.41 Evolution of the percentage of Secondary School students who think that ALL or MOST of their friends have used the following drugs in the last 30 days (%). 2006, 2008 and 2010 ESTUDES Survey on Drug Use in Secondary School Students.



SOURCE: Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2006, 2008 and 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

In regard to the gender-related differences, the figures show the females as perceiving a higher percentage of tobacco smokers and drinkers in their environment in comparison to the males for these two substances, whilst the males perceive a higher percentage of illegal drug users in their environment in comparison to the females.

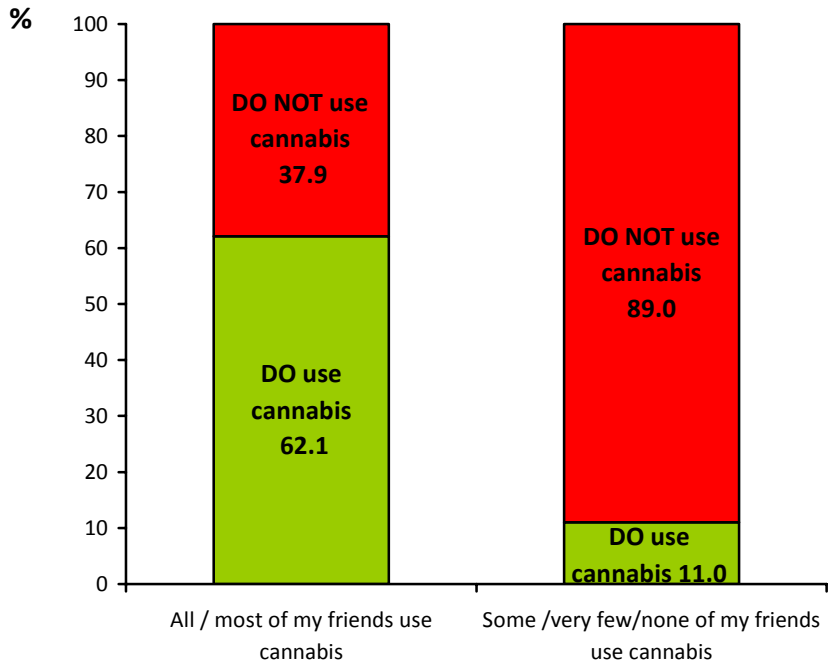
Table 2.41 Percentage of students within the 14-18 age range who are of the opinion that ALL OR MOST of their friends has used the following substances in the last 30 days

	MALE	FEMALE	TOTAL
· Tobacco	32.9	36.2	34.6
· Alcoholic beverages	57.3	59.6	58.5
· Tranquilizers	1.8	1.2	1.5
· Hashish	13.8	10.5	12.2
· Cocaine (powder)	1.9	1.4	1.6
· Heroin	1.6	1.0	1.3
· Speed	2.0	1.2	1.5
· Ecstasy	1.7	1.1	1.4
· Hallucinogens	1.9	1.1	1.5
· Volatile substances	1.5	0.9	1.2

SOURCE. Spanish Observatory on Drugs (OED). Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

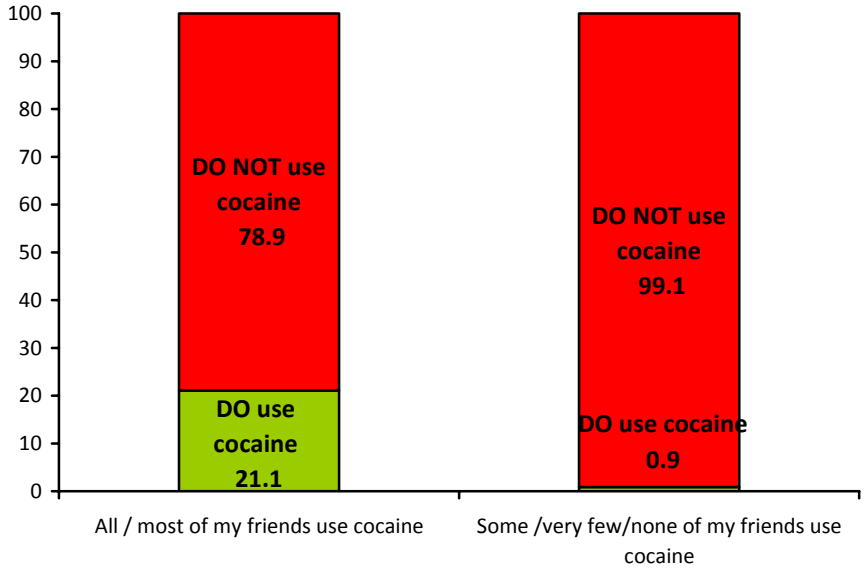
Apart from the above, drug use within the peer group is one of the factors most related to the use of drugs among students. As is shown in Figs 2.42, 2.43, 2.44 and 2.45, the prevalence figures for the use of these different legal as well as illegal substances among those students who perceive all or most of their friends as using those same substance are much higher than those stated among those who perceive only a very few or none of their friends as using them. Nevertheless, the magnitude of the existing relationship is also conditioned by the greater or lesser prevalence of use of each one of the substances considered in this population group.

Fig. 2.42 Prevalence of cannabis use among the students in terms of their perceiving that all or solely a very few of their peers use that same substance (in the last 30 days) (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.



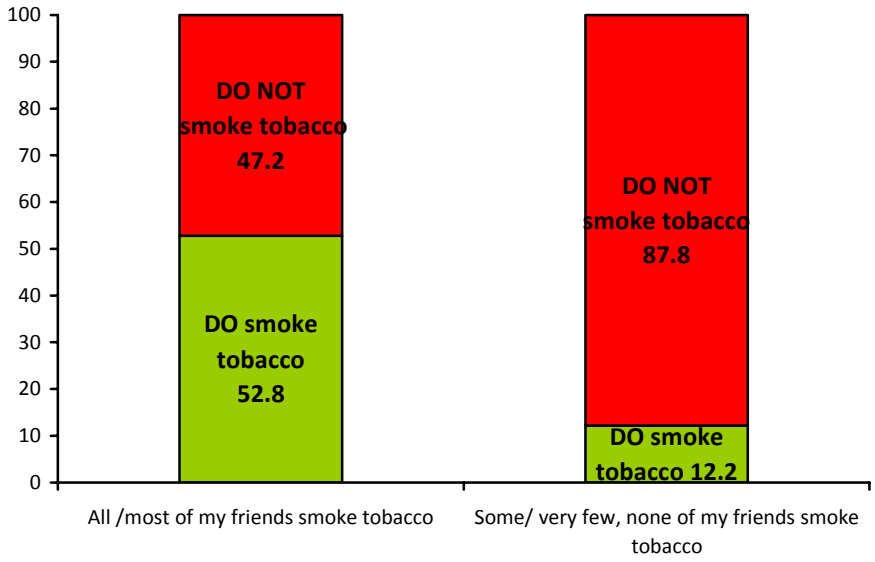
SOURCE. Spanish Observatory on Drugs (OED). Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

Fig. 2.43 Prevalence of cocaine use among the students in terms of whether they perceive all or solely a very few of their peers as using that same substance (in the last 30 days) (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.



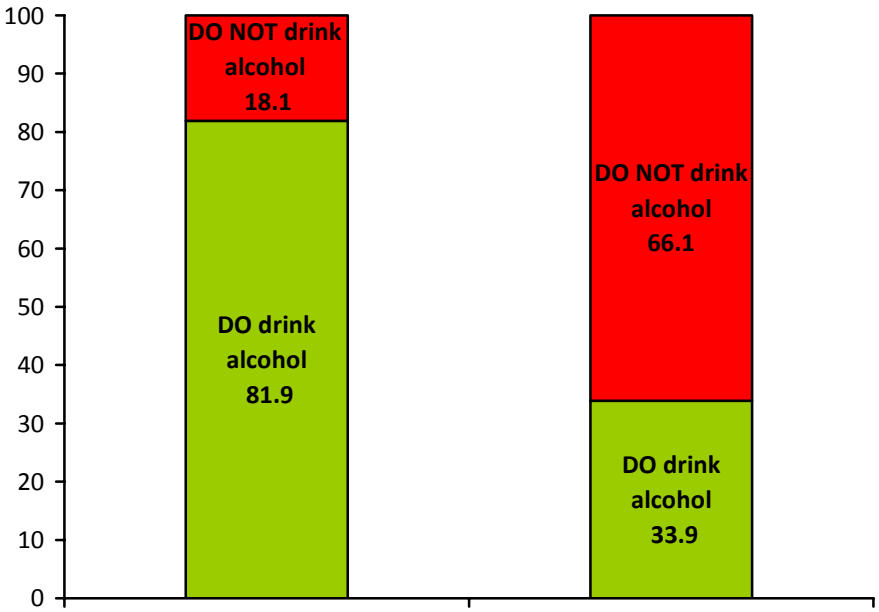
SOURCE. Spanish Observatory on Drugs (OED). Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

Fig. 2.44 Prevalence of tobacco use among the students in terms of whether they perceive that all or solely a very few of their peers use that same substance (in the last 30 days) (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students.



SOURCE: Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

Fig. 2.45 Prevalence of drinking alcohol among the students in terms of whether they perceived all or solely a very few of their peers to use that same substance (in the last 30 days) (%). 2010 ESTUDES Survey on Drug Use in Secondary School Students.



SOURCE: Central Government Delegation for Drugs. Ministry of Health, Social Policy and Equality. 2006, 2008 and 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain.

Emerging drugs

A specific module being on this type of substances having been added for the first time to the National Survey on Drug Use in Secondary School Students Within the 14-18 Age Range in Spain (2010) has made it possible to approximate the prevalences of use of these substances and the perceived risk and perceived availability which this population group associates with the use of these drugs.

The nine substances included in the specific "emerging drugs" module are: ketamine, spice, piperazines, mephedrone, nexus (2CB), methamphetamine, magic mushrooms, research chemicals and legal highs.

Prevalence of use

A total of 3.5% of the students within the 14-18 age range admitted having use, at some time in their lives, one or more of the aforementioned drugs included in the group of "emerging drugs". A total of 2.5% had taken them at some time within the 12 months immediately prior to taking the survey, 1.3% having done so in the last 30 days.

Taking into count that we are referring to young people within the 14-18 age range whose past history of psychoactive substance use should be limited in time, the time-based references (some time in your life, in the last 12 months, in the last 30 days) may coincide with one another, as a result of which the data shown here will be the date for the "at some time in your life" indicator, unless specifically stated otherwise.

By gender, 4.7% of the males and 2.4% of the females had used these substances. The data, broken down by age, showed the highest prevalences of use to be at 18 years of age (6.5% of the students who were 18 years of age had used one or more these substances at some time in their lives), compared to the 5.4% of those who were 17 years of ate; 3.4% of those age 16 and 2.6% of those age 15 and 1.6 % of those age 14. These figures are coherent with what is normally found (for this age group) of showing greater prevalences of use for nearly all of the drugs as the students get older in age.

Table 2.42 Prevalences of use of emerging drugs in the last 12 months among secondary school students (%). Preliminary data. 2010 ESTUDES Survey on Drug Use in Secondary School Students within the 14-15 age range.

EMERGING DRUGS	PREVALENCE OF USE AT SOME TIME IN THEIR LIVES	PREVALENCE OF USE IN THE LAST 12 MONTHS	PREVALENCE OF USE IN THE LAST 30 DAYS
Ketamine	1.1	0.8	0.4
Spice	1.1	0.8	0.5
Piperazines	0.4	0.3	0.2
Mephredrone	0.4	0.3	0.2
Nexus	0.5	0.3	0.2
Methamphetamine	0.8	0.6	0.4
Magic Mushrooms	2.1	1.6	0.7
Research Chemicals	0.4	0.3	0.2
Legal Highs	0.7	0.6	0.5

SOURCE: ESTUDES Survey of Drug Use Among Secondary School Students in Spain. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

The prevalence of use in the last 30 days show very low figures, thus confirming the sporadic, experimental nature of the use of these substance among the students in this age group.

The substances most used, as shown in Table 2.42, are the magic mushrooms, spice and ketamine in all of the time-based references. By gender, some significant differences ($p<0.001$) are found to exist in the use of all of these substances, higher prevalence figures being found for use among the males, for all of the substances and all of the time-based references.

Perceived risk

The data related to the perception of the risk associated with the use of each one of the substances in question show, as is to be expected, that the students surveyed always associated a greater risk with regular uses (once a week or more often) than with sporadic use (once a month or less often) for any of the substances in question. Additionally, the 2010 ESTUDES Survey on Drug Use in Secondary School Students within the 14-18 age range reveals one particularly interesting aspect, which is that 40%-50% of those surveyed acknowledge not being able to attribute a certain risk to the use of the substances about which they are being asked, which quite probably means that they are not familiar with the substance in question or that, although being familiar with it, do not know the effects or consequences of using the same. This information is key to designing and targeting preventive interventions.

Among those who are indeed able to assign a certain risk to the use of these substances, 85% of those surveyed considers regular use of any of the new substances as possibly being able to cause quite a few or many health problems. A total of 70% is of the same opinion regarding sporadic use.

The analysis of the risk perceived depending on whether or not the individual surveyed acknowledges using these substances clearly reveals the perceived risk associated with the use of any substance as always being less among those who use the substance in question than among

those who do not ($p<0.05$). Generally speaking, those who use each one of the substances are those who consider the use thereof to be less dangerous, regardless of whether the use is regular or sporadic. Hence, among those users who assign a certain risk to their use, a total of 75% considers regular use to cause quite a few or many problems (compared to the 85% who consider this to be so in the total group of individuals surveys, whether or not they use these substances), solely 55% thinking the same thing regarding sporadic use (compared to 70% of all those surveyed, whether or not using these substances).

It is however surprising that a high percentage of those who are using these substances do not know the health problems which the substance they are using may cause. For example, nearly one fifth (19.5%) of those who have used ketamine do not know how to assign a certain risk in particular to the sporadic use thereof. Approximately one fourth (23.9%) of those who use spice, more than one third of those who use piperazines (35.3%), 30.3% of those who use mephedrone, 28.7% of those who use nexus, 23.2% of those who use methamphetamines, 22.6% of those who use magic mushrooms, 28.8% of those who use research chemicals and 31.3% of those who use legal highs show a similar situation. The results hardly differ at all when the perception of risk associated to regular use is evaluated among those using these substances.

Perceived availability

With regard to the difficulty perceived by the students within the 14-18 age range for acquiring the different substances which are included in this module (perceived availability), over 50% of the young people surveyed are not capable of expressing how hard or easy it is to obtain these substances, which is something to be expected, taking into account the age of these young people and how new these substances are on the market. Among the young people who did state an opinion regarding the greater or lesser degree to which these substances are available, the drugs which are pointed out as the hardest to obtain are nexus, mephedrone and piperazines. A total of 69.5% of the young people state that it would be difficult or practically impossible for them to get nexus, 69.1% saying that it would be difficult or practically impossible to for them to get mephedrone and 68.5% that it would be difficult or practically impossible for them to get piperazines. The substances more readily accessible for this age group are magic mushrooms (50.3% of those surveyed states that it would be easy or very easy for them to get these mushrooms), followed by ketamine and spice (40.2% of the students considering that they would have few problems getting ketamine and 39.8% considering they would have few problems getting spice).

For all the substances considered, those using these substances state getting them to be easier than do the non-users, significant differences ($p<0.001$) being noted depending or whether or not the individual in question uses the substance involved.

Among those who use each one of the substances evaluated, the piperazines are those assessed as being the hardest to obtain for those who use piperazines (24.5% of those using piperazines state that it would be difficult for them to obtain them). The magic mushrooms are however the substances considered the easiest to obtain for both those who use them as well as for the non-users.

Polydrug use in emerging drug users

The data obtained from the 2010 ESTUDES National Survey on Drug Use in Secondary School Students Within the 14-18 Age Range also makes it possible to obtain information on those who use emerging drugs in relation to the uses of other legal and illegal drugs. Generally speaking, the use of illegal drugs is significantly greater among those who use emerging drugs in comparison to those who do not use these drugs. Hence, a total of 91% of those who use emerging drugs used illegal substances, compared to the 41.7% of the those who do not use emerging drugs ($p<0.001$).

Likewise, among those using emerging drugs, a greater prevalence of involvement in binge drinking was recorded (86.9% of those who had used emerging drugs in the last 30 days had been involved in binge drinking within that same period, compared to the 66.1% of those who did not use emerging drugs ($p<0.001$); greater prevalence of episodes of drunkenness (92.2% of those who had used emerging drugs at some time in their lives had also experienced drunkenness at some time in their lives, compared to the 57.4% among those who did not use emerging drugs) and a great prevalence of drinking alcohol (96.4% of those who used emerging drugs at some time in their lives had at least tried alcohol, compared to the 74.3% among those who had never used emerging drugs).

A total of 90.2% of those who used emerging drugs in the last 12 months also drink alcoholic beverages regularly (at some time in the last 30 days), a total of 19.4% having used ecstasy within the same period (in the last 12 months), and it being possible to consider 23% as being regular users (at some time in the last 30 days) of cocaine (powder). However, only 3.8% of the young people within the 14-18 age range who have used new substances at some time in their lives have not used any other illegal substance or alcohol.

As regards the use of some of the emerging drugs not subject to legal control (Spice, legal highs, etc.), for the purpose of imitating or substituting the effects of the illegal drugs by way of using these emerging ones, in Spain, for example, a total of 70.4% of those who had used spice at some time in their lives has also used cannabis in the last 30 days. This figure seems logical due to the synthetic cannabinoids that spice contains causing effects similar to those of cannabis and the acquisition and use of which are still as yet legal for the time being. A survey conducted on 1,463 students within the 15-18 age range in German found a similar percentage (around 65%) of spice users who also used cannabis regularly (in the last 30 days) in turn.

In 2011, for this age group (14-18 years of age), the emerging drugs do not seem to be a major problem within the scope of drug use in Spain, but rather more of something to be used sporadically to "go along with" the uses of the more traditional drugs for abuse which are more widespread in our country (alcohol, cannabis, cocaine, ecstasy, etc.).

The information obtained by way of other SOURCEs such as websites, forums, chats, etc. point to these emerging drugs possibly being more widespread within a groups of older-aged users who have a past history of more long-term drug abuse who are seeking to experience new sensations and avoid the legal controls to which the conventional illegal drugs are subject.

Despite it not having been possible until just very recently to avail of data on the prevalence of emerging drugs on an international plane (with the exception of the data shown here based on the 2010 ESTUDES Survey on Drug Use in Secondary School Students in Spain and some studies conducted on a sample of a smaller scale, in at-risk groups and environment regarding which mention has previously been made in this same section), the European Commission recently presented the findings of a survey concerning young people and drugs ("Attitudes and Opinions of Young People in the European Union on Drugs") as a continuation to another three surveys of similar

content conducted in 2002, 2002 and 2008i. This last edition (2011) has included some questions related to the experiences and attitudes of young people regarding what are termed as “new substances”.

The sample was comprised of 12,000 young people within the 15-24 age range from the 27 European Union Member States. According to this survey, somewhat less than 5% of those surveyed acknowledges having used “new substances” at some time in their lives. Nevertheless, this figure was higher (by around 10%-15%) in the United Kingdom, Poland, Latvia and Ireland. The figures set out in the findings must however be taken with precaution, given that the “new substances” category encompasses a wide array of substances which varies from one Member State to another, as a result of which the comparability of the data found in the different countries and of this data with that obtained in other studies and surveys such as that set out herein (2010 ESTUDES Survey on Drug Use in Secondary School Students) is clearly affected.

As regards how access is gained to these substances, half of the young people surveyed (54%) stated having started through their friends, one third having been offered these substances at parties or clubs, 30% having acquired them in specialized establishments and solely 7% having obtained them via Internet.

UNIVERSAL PREVENTION

School environment

The following trends are noted in **prevention in the school environment**:

- There is a certain **decline in the number of students** participating in organized prevention programs in the school environment. In 2009, around **1,400,000** students took part in this type of programs, breaking the upward trend of the last ten years (1,600,000 students in 2008). The Autonomous Plans on Drugs mention the main **barriers** when implementing the programs as being the difficulty of getting a school faculty which feels quite overburdened actively involved and the wide-ranging offer of activity which is being carried out by the educational system through different institutions.

- One type of school program which has been becoming more widespread over the past few years is that of the programs in **coordination with health centers** under the "Youth Consultation" format which have increased their coverage within the last year. In 2009, a total of **334,170 students** took part, compared to the 299,117 who did so in 2008. The Autonomous Communities which are using these programs are Andalusia (*En forma joven*), Catalonia (*Salud-Escuela*), Asturias and the Balearic Islands (*Consulta Joven*), the last of these three having incorporated this program as a new program.

- The number of **teachers trained** in prevention is rising considerably this year. According to the data furnished by the Autonomous Community Plans on Drugs, **68,043** teachers have taken training courses on this subject, totaling more than double the number of participants the year before.

- Despite the decline in the number of students, the number of **schools** taking part in organized prevention programs remains at **9,405**, this number being quite similar to the immediately previous year following an upward trend over the years before.

- A great number of **special prevention-related actions** are continuing to be carried out at schools, such as world anti-drugs days, talks on drugs given to the student body, workshops or sporting activities within the framework of theme-based weeks, etc. having been held. In 2009, a total of **435,499 students** took part in this type of activities.

- In addition to the programs promoted by way of the Autonomous Plans on Drugs, the **Ministry of the Interior** has given, in coordination with the Ministry of Education as part of its *Master Plan for the improvement of peaceful living and safety in the school environment*, a total of 9,101 talks to students, has held 13,086 meetings with teaching staff and 1,752 meetings with PTAs at 3,537 schools. Other data of interest in carrying out the same are the 261,547 school surveillances and the 1,779 supplementary activities (exhibitions, exhibits of material, open house sessions, contests, etc.).

- On its part, the Government Delegation for the National Plan on Drugs has implemented the **IX Edition of the school contest titled "The Secret to Living Well"**, in which 17 Autonomous Communities and Autonomous Cities (all except the Basque Country and Rioja), approximately **100,000** students, **12,000 teachers** and **1,400 schools** took part in 2009.

Counting this edition, a total of **658,431 students and 8,696 schools** have now taken part, a gradual increase in the participation having taken place over the years.

Family environment

- The number of parents taking part in family prevention programs continues to gradually rise, little by little. According to the information from the Autonomous Plans on Drugs, a total of **172,923 parents** having taken part in parent schools in 2009, although this figure be underestimated, given that the participation data is not collected in many cases.

- The programs are being shortened: The number of sessions (around 5) is being cut down to encourage participation and to keep parents in these programs.

- Progressively more school programs are including an aspect for families.

Community environment

Most of the Autonomous Communities are promoting or supporting prevention measures in the community environment. Many of them, through the Municipal Drug Plans. In its "Cities Tackling Drugs" program, Andalusia finances projects targeting particularly younger sectors, that at highest social risk. In Aragon, the setting up of a network of non-governmental organizations has been promoted for the purpose of boosting citizen participation in the area of public health. They also have community prevention centers at the municipal level. In Asturias, the intervention with families is being bolstered as a mainstay of the community prevention projects. In the Autonomous Community of the Balearic Islands, a commitment has been made to heightening the awareness of and training community agents. In the Canary Island Autonomous Community, these projects are channeled through a Foundation known as FUNCAPID, which subsidizes and supports local projects by means of creating methodological tools. In Castile-La Mancha, the "Alcazul" program is being continued in collaboration with the municipal governments. In Extremadura, the community prevention program is being continued in collaboration with the municipal governments. In Navarre, a commitment has been made to participation as an indispensable element for prevention, community coordinating spaces being created. In 2009, 285 groups were created, in which association of all types, schools, health centers and municipal drug plans are taking part. The Basque Country has technical community prevention teams in the municipalities which are in charge of preparing the local plans on drugs and boosting the prevention actions within this Autonomous Community.

The Government Delegation for the National Plan on Drugs has financed, as part of its announcements of applications for aid, a total of **66 projects** from 66 municipal governments for a total of **3,829,000 euros** for getting under way **alternative leisure time activities** programs offered for young children, teenagers and young people. These are universal programs having to do with promoting alternative cultural and entertainment activities which are usually held in the evenings and at night on weekends and during the summer months.

Apart from the above, **NGO and Autonomous Community projects** have also been funded by way of the applications for aid announced by the Government Delegation for the National Plan on Drugs for measures of different types. Specifically, 29 projects of a community-related scope have been funded for 29 NGOs, in an amount totaling 599,000 €.

In the case of the Autonomous Communities, 19 programs of a community-related scope have been funded for a total of 1,697,000 €.

SELECTIVE PREVENTION IN AT-RISKS GROUPS AND SETTINGS

According to the data furnished by the Autonomous Community Plans on Drugs, a total of **37,352 minors** have taken part in selective prevention programs, this being a slightly smaller number than in 2008. The persons targeted by these programs, their scope, the strategies and the type of intervention carried out vary greatly. The **minors experiencing academic failure** are one group on which a major degree of attention is placed, there being detection and intervention programs through the school environment targeting this group. One fine example of these interventions is the MOTIBAN (Basque Country) program, revolving around training the faculty in selective prevention and within the framework of which early detection and referral protocols have been prepared. Rioja is also carrying out this type of intervention. In Madrid, there are prevention services indicated for teenagers experiencing academic failure who are lacking parental supervision; and Extremadura is intervening in Secondary Schools in areas preferably at high risk of social exclusion. Street education interventions for juveniles at risk are commonplace and are carried out by the municipal governments with the support of the Autonomous Plans on Drugs or directly through the community prevention units, such as is the case of Valencia and Aragon. Some Autonomous Communities also work with programs for children of drug-dependent individuals (Navarre, Valencia). Much more frequent are the selective interventions in leisure entertainment areas, especially in night-time entertainment and at parties and "botellón" street drinking sessions, in which the intervention entails comprehensive programs including the training of bar/restaurant/hotel personnel, street education and harm reduction-related information. (Basque Country, Ceuta, Asturias, Balearic Islands, Aragon, Galicia). Some of the programs in these areas have been consolidated for years, such as, for example, *Creative* in Galicia, with more than 13,000 participants in 2009 or "*En zona clave*" in Asturias.

In turn, the Government Delegation for the National Plan on Drugs has been maintaining a Working Agreement with the Spanish Federation of Hotels and Catering Trade since 2007 to promote **the prevention of drug dependence and reduction of risks and harm associated with drug use at night-time leisure entertainment areas.**

In 2009, intensive technical work was done among those responsible for the Government Delegation for the National Plan on Drugs in conjunction with the representatives from the Spanish Federation of Hotels and Catering Trade and from the "*Controla Club*" and "*Hazkunde*" associations, as the specialists coordinating the materials and activities for the program.

- A training program was prepared and was included in the Spanish Hotels and Catering Trade Federation training offer nationwide in two modalities: specific courses on preventing and reducing the harm associated with drinking alcohol and the use of other drugs plus other units on responsibly serving customers within other courses offered by the Spanish Hotels and Catering Trade Foundation.

- Training courses have been given for hotel and catering industry professionals.

- Seven Industry Debate Workshops have been held concerning the problems related to drug dependence in the leisure time entertainment industry with the participation of the representatives from the industry for the purpose of validating and setting out the technical objectives and contents of the program so that the successive stages in which the program will be carried out will be able to rely on the support and combined responsibility of the recreational industry.

- Once these workshops had all been held, the teaching materials for carrying out the Training Plan on Quality Leisure Time and Preventing Drug Dependence in the Hotel and Catering Industry were then prepared and published.

- Also as a result of having held these workshops, the protocols comprising part of the Hotel and Catering Industry's Code of Good Professional Practices have been prepared and will serve to define the mechanisms for homologating, joining and setting up Safe Leisure Entertainment Circuits.

NATIONAL AND LOCAL MEDIA CAMPAIGNS

Nationwide campaigns

In 2009, the Government Delegation for the National Plan on Drugs, in collaboration with the Ramón Rubial Foundation / Spaniards Around the World carried out the campaign "Do you honestly think getting into drugs abroad could be a laugh? (March 2009)

This was done in two stages, coinciding with the start of spring break for Easter Week and summer vacation, the times of year when more trips abroad are taken

This campaign had a clear-cut purpose: **to do away with the false myth that there are countries highly tolerant regarding using drugs, and that it is possible to make some easy money by way of small-scale drug dealing in other countries.**

To get the messages across, a total of **2,400 posters and 200,000 postcards** were handed out.

The following advice was written on the back of the postcards:

- If you travel abroad, do not buy, do not deal and do not use drugs.
- If you are leaving our country, avoid any contact with drugs, your trip could be eternal.
- Don't pay any attention to false information saying that other countries are more permissive than Spain about drug trafficking and use.
- Do not agree to take care of baggage or objects when you don't know what's inside.
- In case of arrest, get in touch as soon as possible with the Spanish Consulate or the Consulate of any European Union country.
- Contact the Ramón Rubial-Españoles en el Mundo (Spaniards Around the World) Foundation.

This campaign was physically present **at more than 600 points** throughout the country which are transited frequently by travelers or people intending to travel.

The institutions collaborating in distributing these materials included: the Ministry of the Interior, the Ministry of Foreign Affairs and Cooperation, AENA (Spain's airport operator and air navigation services provider) and ADIF (Spanish Railway Infrastructure Administrator), the Port of Melilla and Melilla's Citizen Participation Offices plus thirteen travel agencies.

The posters were displayed at 10 airports with international departures, train stations in Madrid and Barcelona and at 245 police stations issuing Passports, 378 Spanish consulates abroad, at the Foreign Health vaccination centers and secondary schools. The cost of this campaign totaled 20,000 €, funded thanks to a subsidy from the Delegation for the National Plan on Drugs.

Local campaigns

Solely the **Autonomous Community of Andalusia** carried out a campaign of an Autonomous Community scope, which, in 2009, continued using the same slogan *"JUST SAY NO"*. The objective of this campaign was to encourage youths to adopt a healthy lifestyle by promoting individual responsibility for their health and the environment, freedom to decide for themselves, the changeover to healthy leisure-time activities and an awareness of both the physical and psychological damage of drug use. The target public was Andalusian young people within the 16-24 age range, totaling approximately 1,076,911 Andalusian youths. The campaign was advertised throughout the December 21st- January 6th period using the following means:

1. Outdoor billboards
2. E-mail Marketing
3. SMS messaging
4. Online action in social networks and blogs: TUENTI and FACEBOOK
5. Street Marketing Action
6. Merchandising
7. Printed informative material: Posters, pamphlets and flyers.

In other Autonomous Communities, campaigns of different types are also carried out, but are small campaigns of a local scope generally associated with international days related to drug use or with local holiday festivities.

Prevention-related research studies completed in 2009

In 2009, a project was completed which had previously been presented through the University of Santiago de Compostela's Consumer Psychology Department. "Design of a system for evaluating and improving drug dependence prevention programs and promoting health among Galicia's teenage population". Jesús Varela Mallou (2007-2009).

The project was for the main purpose of developing an objective, practical evaluation methodology to be used systematically in the future, thus availing of a valid indicator of the degree of effectiveness which the prevention programs implemented have on Galicia's teenage population.

The result was that of a system for evaluating drug dependence prevention programs, encompassing everything from detecting needs up to assessing the appropriateness of the responses thereto.

Within the framework of this project, two distinct studies were conducted, in which different types of evaluations are developed.

The first of these two studies consists of an assessment of context by way of the diagnosis of the current situation in relation to drug use among Galicia's teenage population, identifying the possible existing needs and determining to what extent they are well-suited to the objectives of different preventive interventions.

The second of these studies focuses on the evaluation of results, including the evaluation of two distinct preventive programs, each one with its own methodology and development. Two programs were chosen to evaluate: one being a school program **"It's okay. Any problem?"** and then another family program: **"More than a roof over your head"**.

The prevention program "It's okay. Any problem? is a school program for 4th-cycle secondary school students in the Autonomous Community of Galicia. The main objective of this program is to address drug use, mainly alcohol, tobacco and cannabis, seeking a reduction, starting at a later age or even preventing the rise in the frequency of use. To reduce use, this program attempts to make an impact of different variable: information on the effect and the consequence of using the different substances, the attitude toward drugs, the perception of risk associated with drug use or the social skills.

- For the evaluation, a **quasi-experiment design with measures before and after the intervention with a non-equivalent control group** was used, this being one of the designs most employed in educational research and specifically in drug prevention studies (Campbell & Stanley, 1973; Cook and Campbell, 1979). Two experimental conditions are considered: one being a control, in which no intervention was carried out, the other being experimental, in which the intervention *"It's okay. Any problem?*" was implemented.

- The number of participants was as follows: 12 schools and 474 students in the treatment group and 14 schools and 666 students in the control group. In both groups, two measurements were taken: the first prior to starting the program in the intervention group and the second approximately one month after completing the program. For the data analysis, different statistical methods were employed depending upon the purpose pursued and the scale level of the variables involved. The analyses at the descriptive level will allow us to define and graph the characteristics of the subjects taking part in the study for each one of the variables included. The mainly bivariate inferential level affords the possibility of detecting the existence of statistically significant differences between two specific conditions (before and after or control group and intervention group). The bivariate analyses used are the Student's t-test, the ANOVA Variance Analysis and the Chi-Square Test.

- The results evaluation for this program reveals it to be **effective, at least in the short term, for increasing the information the teenagers have regarding drug use** from the standpoint of the teenagers themselves. However, this does not guarantee the program being effectively preventive for two reasons. On one hand, because the information has not been related to the use of drugs, that is to say, that the fact of knowing more about the effects caused by drugs does not imply their being used to a lesser degree. On the other hand, no reduction or slowdown of the use of the three starting drugs (alcohol, tobacco and cannabis) is noted in the subjects participating in the program, despite the degree of perceived information on these and other drugs being greater.

The family program "*More than a roof over your head*" is offered for parents who have school-age children in the Autonomous Community of Galicia. The main objective of this program is to foster the family protection factors with a view to preventing drug dependence and to furnish the participating parents with information on the different drugs, which will be useful for them when educating their children.

To evaluate the results, a quasi-experimental design was also used, measuring before and after the implementation of the program in the intervention group and non-equivalent control group with one single measurement. Following the conventional notation set out by Campbell and Stanley (19739), a total of 92 parents took part in the intervention group and 211 parents in the control group.

- The evaluation of the results of this program leads to the conclusion that **the program reveals itself to be effective at an informative level, as well as in reducing non-cooperative behaviors in parental relations.** Nevertheless, new strategies must be sought for more effectively making an impact on the parents' educating skills, although one must be aware of how difficult it is to modify behavioral variables of this type and even more so within such a short length.

4. PROBLEM DRUG USE

PDU PREVALENCE AND INCIDENCE ESTIMATES

Problem heroin users

As regards the prevalence of problem heroin and cocaine use (adding together the new users and those currently in existence until they cease to be users), the estimates indicate that the total number of problem heroin users (prevalence) peaked in Spain in the early 1990's with more than 150,000 users, this number having then dropped.

Due to the low number of heroin users included in the samples, it is practically impossible to obtain reliable estimates directly from the populational surveys regarding the percentage of users who have started treatment to apply the treatment multiplier method. However, the nominative method, a variation of the multiplier method, was tried on the 2007 Home Survey on Alcohol and Drugs in Spain (EDADES).

For this purpose, those surveyed were asked if they knew any heroin users, and for each one of those known, if they knew whether or not they had started treatment for dependence on this drug within the past year. Valid answers were obtained from only 1,268 users named, a total of 581 (46%) of whom had started treatment for dependence, according to those surveyed. By applying this multiplier to the 16,989 people admitted to treatment for heroin in 2009, the figure of 36,932 problem heroin users was calculated. This figure may seem low, but if one assumes that this figure is for heroin users who are not on opioid maintenance treatment (OMT); and that in 2009 there were 77, 811 people in OMT in Spain according to the National Plan on Drugs Annual Report (it being reasonable to think that 40% of the 31,124 had used heroin sometime in the last 12 months**, the total estimate of the number of problem heroin consumers in Spain in 2009 would then be 68,056** (36,932+31,124).

This figure is likely underestimated, because those surveyed might well have confused "starting treatment" with "being in treatment" and as a result of heroin users in treatment being more readily visible than the rest. Therefore, the multiplier was also applied to the number of heroin users estimated as having undergone some treatment for heroin abuse or dependence in 2009 (93,283 drug users admitted to outpatient clinics in 2009 x 32.3% of cases which can be attributed to heroin use) which is 30,130 individuals**, an estimate of 96,624** [65,500=30,130/0.46 + 31124] problem heroin users, which, compared to the figure for 2008) (93,027) included in the 2010 Spanish National Report, means a 3.72% increase in the estimated number of problem heroin users.

It must however be stressed that the minor increase found in the number of problem heroin users (calculated by way of the estimates made previously) occurs despite the fact that, in 2009, an actual drop in absolute numbers of those admitted to treatment for heroin is found to exist, and also in the relative number (%) which those admitted to treatment for heroin totaled the full number of those admitted to treatment for drug use in Spain in 2009. The increase in the estimate of problem heroin users would therefore be due to a rise in the number of patients treated for drugs at outpatient clinics in Spain.

As far as the estimate of the number of intravenous drug users is concerned, in the 2007 EDADES household survey on drugs, valid answers were obtained from 1,407 nominated drug users, a total of 605 (43%) of whom had started treatment for drug abuse or dependence, according to those interviewed, which, applied to the 3,763 intravenous drug users (intravenous use within the 12

months immediately prior to admission to treatment) who had been admitted to treatment in Spain in 2009 lead to an estimate of (3,763/0.43) 8,751 recent intravenous drug users in 2009, who would not be in OMT. If the 5,291 intravenous drug users who were in OMT in 2009 are added (assuming that 40% of this population has used heroin in the last 12 months, and that 17% of these same people have used the intravenous route), **the estimate would be of at least** (77,811 X 40% who have used heroin in the last 12 months=31,124 and that 17% of them had used the intravenous route 31,124 X 17%= 5291) **14,042 (8,751 + 5,291**) **recent intravenous drug users (in the last 12 months).**

The 40% drop in 2009 (14,042) (*2011 Spanish National Report*) compared to the figure estimated for the data for 2008 (23,594) (*2010 Spanish National Report*) is due, on one hand, to the decrease, in 2009, in the number of those admitted to treatment for drugs who admitted having used the intravenous route in the last 12 months immediately prior to being admitted (4,546 in 2008 to 3,763 in 2009), meaning 17% fewer), also being due, on the other hand, to the fact that, following a revision of the relative importance (%) those admitted to treatment for heroin use totaled, in general and among the group considered *"older"* (users older than 39 years of age who have been using heroin for a long time) in particular, it does not seem appropriate to assume a 40% intravenous use among those who are undergoing opioid maintenance treatment (OMT), which is the percentage which had been being assumed in recent years. Hence, in 2009, it was decided to assume a percentage of intravenous use among those who are undergoing OMT similar to that found both among all those admitted to treatment for heroin as well as among the *"older*" group, which is 17%.

When, instead of taking the number of intravenous users admitted to treatment, the estimated number of intravenous users who underwent some treatment for drug abuse or dependence in 2009 was used (7,369 individuals, taken from number of drug users for which care was provided at outpatient clinics in 2009= 93,283, multiplied by 7.9%, which is the percentage of those admitted to treatment in 2009 who used drugs intravenously in the last 12 months), **an estimate was calculated** (7,639/0.43= 17,765) **of 26,516** (8,751 + 17,765) **recent intravenous drug users.** The figures thus calculated, compared to those found for 2008 (28,335) (2010 Spanish National Report), show a 6.4% decline, which is in line with the lesser number of individuals admitted to treatment for heroin in 2009 and with the overall drop, generally speaking, of the intravenous route being used for drug use.

However, if the number of users treated for drug use at outpatient clinics in Spain had kept to a stable trend over recent years (around 80,000 users), the impact of the drop of 1.6 percentage points in the percentage of intravenous use among those admitted to treatment for drug use (7.9% found in 2009 – *2011 Spanish National Report* – as compared to the 9.5% of 2008 -2010 *Spanish National Report*), this would have been more patently obvious than what it has turned out to be due to a rise in the number of those treated at outpatient clinics in 2009 related to an improvement in the reporting quality.

The difference between the number of intravenous drug users calculated using each one of the estimating methods previously employed would suggest that the relative importance of the intravenous route has been underestimated among the group of those who are undergoing OMT and are continuing to use heroin. The case might also be that the population who comes in to outpatient clinics for treatment for drug use has no pattern which carbon copying that of the population of those admitted to treatment (treatment indicator or Treatment Demand Indicator-TDI), as a result of which it would not be appropriate to assume the same percentage of use of the intravenous route among these two populations.

Problem cocaine users

As regards cocaine, valid answers were obtained from 810 nominated users on the 2007 EDADES household survey on drugs, 25 (3%) of whom had started a treatment for drug abuse or dependence in the last 12 months according to those surveyed, which, applied to the 23,132 individuals admitted to treatment for cocaine abuse or dependence in Spain in 2009, leads to a very large number of problem cocaine users, 771,066 (23,132/0.03), which might be an underestimation of the actual figure. The reason probably lies in the fact that, in the case of cocaine, a long length of time lapses between the start of use and the start of treatment, for which reason it would therefore not be correct to apply 3% annual treatment rate to the 2009 users.

Different estimates may however be made using the direct method based on 2009 EDADES household survey on drugs (direct extrapolation of the figures for the prevalence of use), as a result of which very low figures are calculated, which, although possibly underestimated due to the more intensive degrees of use having been concealed to a certain degree, can at least be considered to represent a minimum.

It is complicated to decide what criteria to use for considering a cocaine use pattern to be problematical solely by virtue of its characteristics, given that it is well known that very different types of combinations between the intensity of use on each occasion, the frequency with which cocaine is used, the age at which is it used, the other psychoactive substances with which it is combined and the different underlying disorders of those who use these drugs may cause the users problems.

As a starting point, within the context of the information available in 2009 EDADES household survey on drugs, we consider a problem user to be that user who says they have used cocaine on 30 days or more within the last year and/or on 10 days or more within the last month. In 2009, according to the EDADES survey, there were 126,522 cocaine users in Spain who had used cocaine on 30 or more days within the last year and 33,406 individuals who had used cocaine on 10 days or more within the last month, a total of 29,519 of whom met both of these requirements (use on 30 days or more within the last year and use on 10 or more days within the last month) must be ruled out so as to avoid counting the same twice. **The total estimated number of problem cocaine consumers would be 130,409.**

The possibility was also considered of adjusting this figure by taking into consideration the greatest or least number of years since each consumer had started using cocaine, but the EDADES survey does not include any information affording the possibility of assuming that the users have used this drug continually throughout this time period, this variable thus not having been of use in the end, nor has it been included in the calculation of the estimate.

In addition to the length of time of continual use and from the Public Health point of view, it also seems important to take into consideration the uses at the youngest ages. Hence, **a parallel estimate was made**, considering a problem consumer to be those age 20 (approximate age by which the CNS has completely matured) or younger who had used cocaine on 10 or more days within the last year and on at least 1-3 days within the last month, which, in EDADES, totaled 14,544 individuals, representing 17.4% of the cocaine users (12 months) within this age range.

One must add to the above those users above 20 years of age who used cocaine on 30 or more days within the last year and/or on 10 or more days within the last month (125,981), theoretically assuming that those who, on being old enough, had fully matured in psychophysical terms, would be less susceptible than the younger individuals to sustain harm as a result of cocaine use at the same

frequencies of use. According to this hypothesis, in 2009, a total of 140,525 (14,544+125,981) were recorded.

Considering the limitations of the methods employed for making prevalence-related estimates and the numerous assumptions which must be made, the results of the previous years must be interpreted and used with great precaution.

PDU DATA FROM NON-TREATMENT SOURCES

The problem drug user data taken from hospital emergency services is described in Chapter 6 (Health Correlates and Consequences).

In 2011, no new data was furnished related to this aspect. The most recent updated data can be found in the 2010 Spanish National Report.

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

In 2006, in the State Survey on Drug Use in Secondary Schools (ESTUDES), targeting secondary school students ages 14-18, a sub-sample was chosen and three scales were introduced to study problem cannabis use. The mainly methodological aim was to evaluate the most appropriate scale for estimating the prevalence of problem cannabis use. The results of this study conducted in collaboration with the EMCDDA are provided in a joint publication by both of these institutions[2].

In 2010, Spain participated in a study in collaboration with the EMCDDA for evaluating the appropriateness and usefulness of different problem cannabis use scales for the age 14-18 adolescent population who had been included in the 2010 ESTUDES survey. This data is currently in the stage of being analyzed and must be pooled with that obtained by all of the other countries having taken part in the study.

[2] 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

STRATEGY/POLICY and TREATMENT SYSTEMS

As previously mentioned in the 2010 Report, in Spain, the Autonomous Communities and Autonomous Cities have the authority over implementing, carrying out and evaluating the programs for providing care for drug (including alcohol) users. The provision of assistance and counseling to these patients' families also comes under their same authority.

These Autonomous Communities have what is generally referred to as "Regional Plans on Drugs" which are the strategic tool for planning, managing and coordinating the drug-related measures which are carried out by the Autonomous Communities.

Within the scope of reducing the harm caused, priority is placed on the strategies aimed at reducing deaths due to adverse drug reactions and strategies aimed at reducing the prevalence of HIV infection among opiate and cocaine users detected at the centers within the care network.

As was also mentioned in the 2010 report, the Autonomous Communities set out both the criteria as well as the tools for monitoring and evaluating the effectiveness of the treatments carried out in the care programs and services.

CHARACTERISTICS OF TREATED CLIENTS (TDI DATA INCLUDED) and TRENDS OF TREATED POPULATION AND TREATMENT PROVISION

In this section, a summary is provided of the working protocol for the "admissions to treatment indicator" for psychoactive substance abuse or dependence", the latest version of which dates from 2003. Said protocol sets out working criteria for including and excluding episodes, criteria for selecting the centers to take part in reporting, definitions and criteria for classifying the different variables as well as details on the tools and the circuit for collecting and conveying the information and regarding the coverage of the indicator.

The "admissions to treatment indicator" is a record which includes individualized data on admissions to outpatient treatment for psychoactive substance abuse or dependence throughout Spain and has been in existence since 1987. This record comprises part of a wider-ranging information subsystem developed within the framework of the National Plan on Drugs in collaboration with the Autonomous Communities which also includes the drug-related hospital emergencies indicator and the acute drug reaction mortality indicator. This information subsystem, which was originally referred to as the State Drug Addiction Information System (SEIT) and which has subsequently gone by different names, came into being for the purpose of monitoring the evolution and the characteristics of problem psychoactive drug use, especially of those drugs which – such as the opiates and cocaine – usually cause problems more often and are difficult to explore by way of other methods.

The "admissions to treatment indicator" is defined, in its current version (2003 Protocol), as the number of persons admitted to outpatient treatment for abuse of or dependence on each one of the psychoactive substances listed in an annex to an Autonomous Community's protocol for a given year. If the person is admitted to treatment more than once within one same year within the same Autonomous Community, solely the first admission for the year in question will be taken into

account, ruling out the repeated episodes within the Autonomous Community scope with the aid of a personal identification code (PIC) comprised of the first two letters of both last names, the date and the province of birth and the gender. The value of this indicator at the nationwide level is determined by means of adding together the admissions to treatment recorded in each one of the Autonomous Communities, but as the PICs are not notified at the nationwide level, the repeated episodes of admissions on the part of one same person during one same year in two or more different Autonomous Communities cannot be set aside. Although the information available indicates that this situation does not often arise, it may give rise to a minor underestimation of the indicator at the nationwide level.

Treatment is considered to be any intervention carried out by qualified professionals for the purpose of eliminating the psychoactive substance abuse or dependence or reducing the intensity thereof. Outpatient treatments are considered to be those treatments in which the patient does not stay overnight at the center or those provided in prison drug dependence treatment services. It must be taken into account that besides providing outpatient treatments, some reporting centers may provide treatments with confinement or combined modalities. However, for the purposes of this indicator, solely the outpatient treatments are reported. The criteria for diagnosing dependence or abuse are those which the professionals making the admission to treatment apply, although the attempt must be made to apply those of the two main international classifications in force (DSM-IV or ICD-10).

Any of the following situations are reported as episodes of admission to treatment:

1) Admission to treatment at a center for the first time, this situation being considered to arise for the first time when care is provided for a patient at a certain reporting center in particular and a clinical record (medical, social or psychological) is first started in the presence of a qualified professional (physician, psychologist, registered nurse, social worker, etc.) for the purpose of starting a treatment process for the psychoactive substance abuse or dependence, although this treatment not be the first which the user in question has undergone within the network of centers reporting the indicator. The admissions to treatment are reported regardless of their modality, including the treatments with opioid substitution treatment substances, whether for the purpose of detoxification or maintenance. In the case of the treatments with substitution treatments, the drug which has been therapeutically used in the maintenance program (i.e. methadone) is not considered a main drug, but rather a substance which the abuse or dependence thereof gave rise to the first treatment (generally heroin). The changeover from a maintenance program with substitution treatments to another “drug-free” program without any break in time in the treatment is considered as being one sole treatment.

2) Readmission to treatment at the same center, *readmission* being considered to be an admission to treatment of a person who has already previously undergone one or more treatments at the same center and who has ended the same by way of being released from, expelled from or having abandoned. The criteria for treatment release, being expelled and abandonment (6 months without the patients contacting the center) are described in the indicator protocol.

3) Continuing a treatment started, for reasons of emergency or for other reasons, at services which are not reporting the indicator, such as hospitals, health care centers or welfare centers and who subsequently go to a reporting center to continue the treatment.

4) Admission to treatment of persons involved in a judicial or administrative situation (conditional remission of sentence, release from prison to serve out sentence at a treatment center, treatment instead of administrative penalty or treatment of a person in Grade Three prison confinement.

The following are not reported as admissions to treatment:

1) The mere personal or telephone contacts to request information or treatment or the requests which are placed on the waiting list.

2) The contacts for the sole purpose of requesting welfare aid or services.

3) The treatments solely for the purpose of treating organic complications related to drug use (i.e. the treatment of an overdose, withdrawal symptoms or an infection.

4) The interventions consisting exclusively of exchanging syringes or other injection material, handing out condoms or furnishing advice concerning safe sex and drug use techniques.

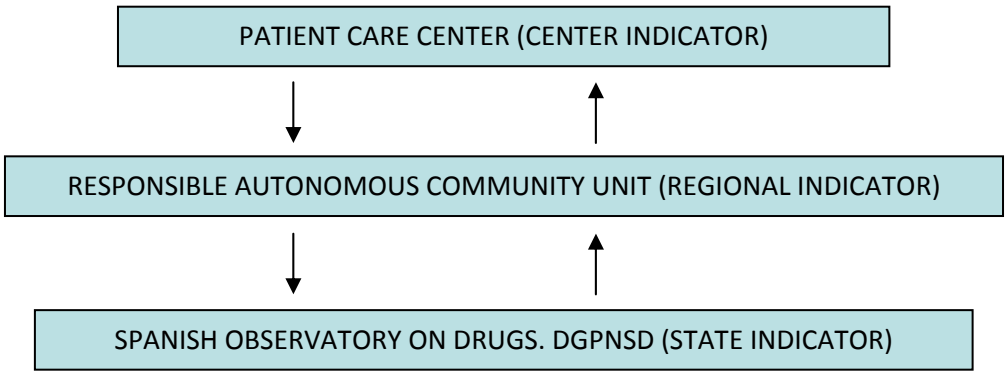
5) The treatments involving an overnight stay in hospital units, psychiatric hospitals, therapeutic communities, residences, etc.

Although it would be desirable for all of the facilities which may potentially carry out treatments for psychoactive substance abuse or dependence in Spain to be reporting, it is very difficult and costly to include all of them (primary health care centers, public or private subsidized or publicly-funded services or programs which are providing outpatient treatments for psychoactive substance abuse or dependence). These may be specific drug dependence centers, mental health centers or services which provide outpatient drug dependence treatments (be they independent centers or centers integrated into general health care centers, hospitals or another type of centers), prison drug dependence treatment programs, centers providing complex treatments including an outpatient stage, or mobile units which provided opioid substitution treatment treatments and are staffed by physicians and nurses. In general, those centers which solely provided treatment under the regimen of admission or confinement (hospital detox units, therapeutic communities, some psychiatric hospitals or services) are not generally included as reporting centers.

The coverage of the treatment indicator with regard to the public or subsidized private centers that provide outpatient treatments for drug abuse or dependence has been practically one hundred percent since the indicator first started being used and, taking into account the characteristics of Spain's health system, it is difficult for a significant part of psychoactive drug treatments to be carried out at exclusively private centers, although the percentage might be greater in the case of cocaine and cannabis than in the case of the opioids.

As far as the information collection and transmission circuit is concerned, the treatment centers select the episodes of admission to treatment and report them with an individualized record to the Autonomous Community units in both hardcopy and computer format. At the Autonomous Community units, the data is validated and cleansed, and the cases which are to be sent to the State unit are extracted, setting aside the episodes repeated within the year in question. This data is sent in as an aggregated electronic file. The information is received by the central unit and the file structure adjusted, as it is not always the same. The data is then once again validated and cleansed and the information tabulated and analyzed (Fig. 5.1).

Fig. 5.1 Information Circuit. Treatment Indicator. Spain



SOURCE: Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs

A computer program is available for this indicator which is being used by most of the Autonomous Communities and which affords the possibility of saving the date with a number of logic and range controls, culling out the repeated episodes and exporting the data in a format suitable for sending to the State unit.

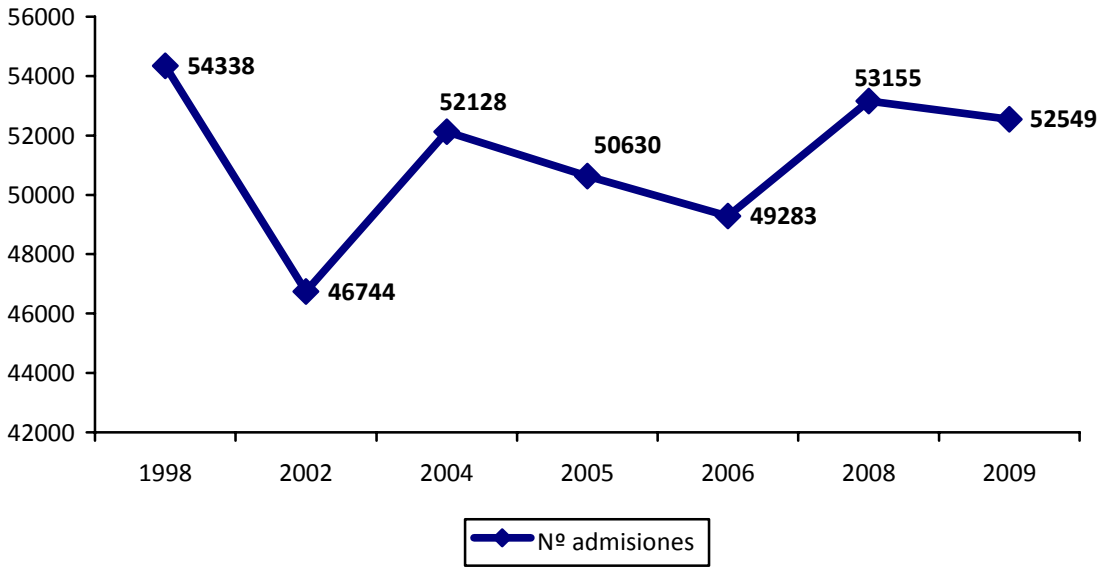
To interpret the indicator data appropriately, one must bear in mind that, although the basic elements of this indicator have remained the same throughout the entire time it has been in use and statistics comparable in time can therefore be processed, this indicator has undergone three changes since 1987. Up to 1990, solely information on opiates or cocaine was being collected. Besides, it was not possible to ascertain whether the person admitted to treatment had been treated previously for the same main drug (the drug for which being treated) or whether it was the first treatment in their life, or what the main route was for administering the drug in question. Therefore, in 1991, some changes were made for the purpose of correcting these last two aforesaid limitations, other changes also entering into effect in 1996 consisting basically of gathering information on the admissions due to any psychoactive substance (not including tobacco) and not only due to opiates or cocaine, and including variables for the first time for the purpose of knowing the educational level, the main employment-related situation in the last 30 days immediately prior to the treatment, the length of time having lapsed since the last intravenous use of a psychoactive substance and the HIV-related serological status. Lastly, in 2003, a new methodological protocol for the treatment admissions indicator entered into effect, having been prepared for the purpose of adapting it to the European Treatment Demand Indicator (TDI) standard promoted by the European Monitoring Center for Drugs and Drug Addiction EMCDDA to correct certain glitches detected.

Results

In 2009, a total of 52,549 admissions to treatment for psychoactive substance abuse or dependence (not including alcohol or tobacco) were recorded in Spain. Within the 1998-2002 period, the number of admissions to treatment dropped from 54,338 in 1998 (the year in which the largest number of admissions was recorded) to 46,744 in 2002. However, within the 2002-2004 period, there was a rise of up to 52,128 admissions in 2004, subsequently dropping back down in 2005 to 50,630 and to 49,238 in 2006. As of 2006, there has been a further rise, bringing admissions to treatment to figures nearing those of 1998.

The drop from 1998 to 2002 may have been due to the effect of the methadone maintenance programs which led to many heroin users no longer rotating through the treatment services. The rise from 2002 to 2004 and from 2006 to 2008 might be explained by the rise in admissions to treatment for cocaine and cannabis (Fig. 5.2).

Fig. 5.2. No. admissions to Treatment. Treatment Indicator. Spain, 1998-2009

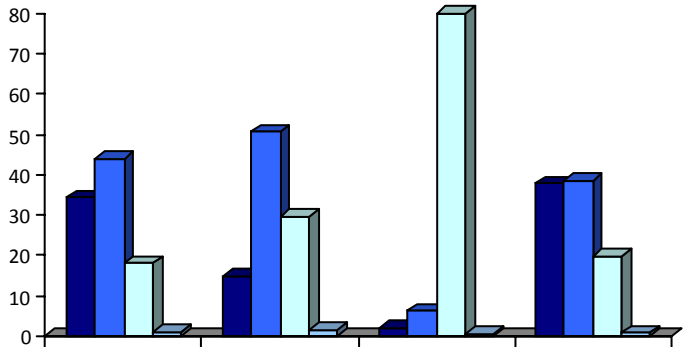


SOURCE: Spanish Observatory on Drugs. DGPNSD. Spain

The profile of the admissions to treatment has therefore undergone some major changes over the course of time, the admissions for heroin currently remaining at low levels, and a rise being noted in the admissions for cocaine as well as for cannabis.

With regard to the relative importance of each drug, in 2009, the total number of admissions to treatment for psychoactive substance abuse or dependence (Fig. 5.3) shows cocaine as being the illegal drug having given rise to the largest number of admissions to treatment (44% of all admissions), followed by the opiates (34.3%) and cannabis (18.1%). If solely the data related to the admissions for the first time in the patient's life (first admissions) are taken into account, the differences in favor of cocaine are even greater. In this case, cocaine is the drug having caused more first admissions (50.6%), followed by cannabis (29.6%) and opioids (15%) (Fig. 5.3).

Fig. 5.3 Percentage of individuals treated for psychoactive substance abuse or dependence in Spain, 2009.



	All admissions	Admitted first time ever in their lives	Those admitted under 18 years of age *	Born outside of Spain
Opiates	34.3	15	1.9	37.8
Cocaine	44	50.6	6.3	38.6
Cannabis	18.1	29.6	86.4	19.7
Other stimulants (amphetamines, ecstasy..)	1.2	1.6	0.5	0.9
All admissions	52,549	24,605	1,743	3,505

All of the cases admitted under 18 years of age.
SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

As has been the case in previous years, cannabis use is responsible for the majority (86.4%) of the admissions to treatment among those under 18 years of age.

For those born outside of Spain, in 2009, cocaine was consolidated as the substance for which there is the largest number of requests for treatment (38.6), following in second place by the opioids (37.8%) as having given rise to the greatest demand for care.

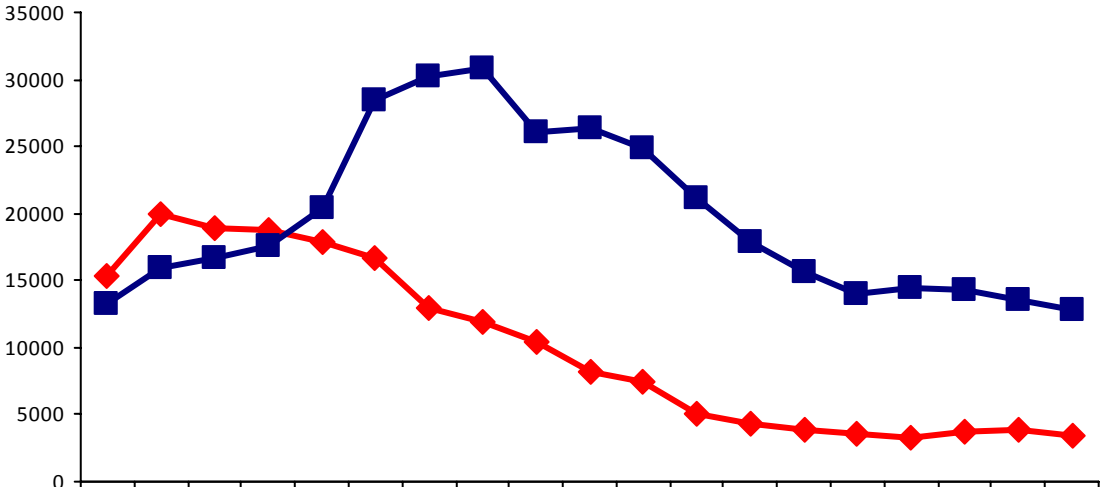
Heroin

The number of persons admitted to treatment for heroin use was 18,032 in 2009, meaning a minimal 2% decline compared to 2008 (18,407) and totaling 34.3% of all admissions to treatment, showing stability as compared to 2008 (34.6%).

The number of persons admitted to treatment for the first time has dropped compared to 2008, nearing the figures for 2006, the year in which the lowest number in the entire historical series was recorded.

The number of persons admitted to treatment who had already been treated previously has also declined, totaling 12,750, for the lowest figure since 1991, hence confirming the drop in the demand for treatment for this substance.

Fig. 5.4 Evolution of the number of individuals treated for heroin abuse or dependence in Spain, 1991-2009



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
First treatments	15277	20017	18977	18770	17878	16647	12993	11867	10473	8151	7461	5051	4337	3836	3604	3318	3672	3840	3412
With previous treatment	13296	15956	16703	17526	20369	28382	30173	30756	26031	26412	24844	21162	17867	15617	14005	14502	14331	13616	12750

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

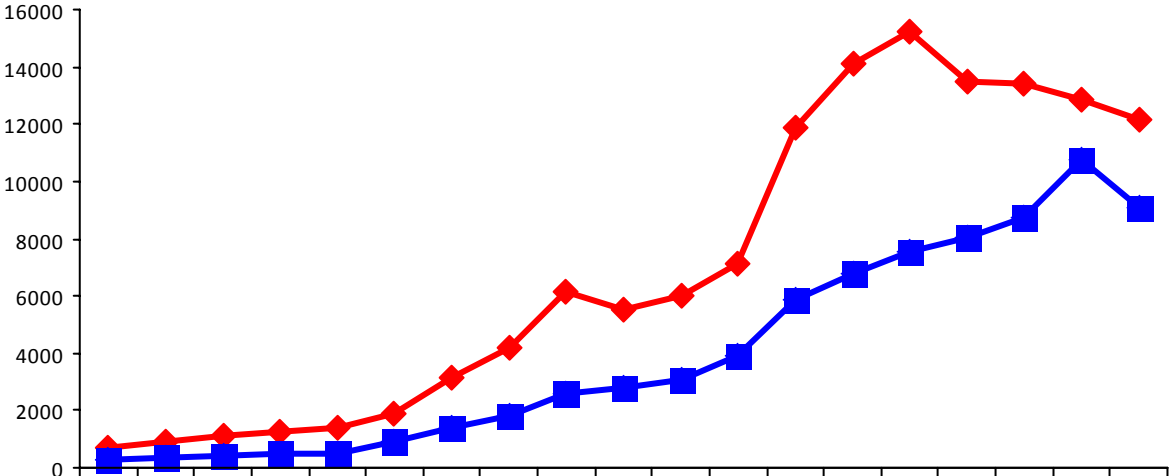
Cocaine

The number of admissions to treatment for cocaine use was 23,132 in 2009, meaning a 2.1% decline compared to 2008 (23,649) and totaling 44% of all admissions recorded for the year.

The number of first admissions to treatment for cocaine rose progressively from 1991 to 2005, from 681 in 1991 to 7,125 in 2002 and then 15,258 in 2005, the year in which the largest number was recorded, coinciding with the higher prevalence figures for habitual use (last 12 months) and recent use (last 30 days) found in the EDADES household survey on drugs among a population within the 15-64 age range. However, within the 2002-2009 period, the number of first admissions to treatment for this drug has dropped from 15,258 in 2005 to 12,142 in 2009, which somehow shows it to be indicative of stabilization, first (2007) and the drop recently recorded in the 2009 EDADES survey (See Chapter 2 of this report).

Apart from the above, the number of admissions for cocaine abuse or dependence with prior treatment for this drug shows a drop for the first time since it has been being recorded, totaling 9,107.

Fig. 5.5 Evolution of the number of patients treated for cocaine abuse or dependence in Spain, 1991-2009



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
First treatments	681	932	1146	1265	1415	1892	3129	4174	6126	5499	5977	7125	1185	1412	1525	1346	1342	1284	1214
With prior treatment	262	367	431	491	516	932	1402	1838	2576	2773	3046	3893	5893	6747	7562	8036	8753	1078	9107

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

Cannabis

The total number of admissions to treatment for cannabis use in 2009 was 9,503, meaning a 20% increase over those recorded in 2008 (7,419) and totaling 18.1% of all admissions to treatment for drug use for the year.

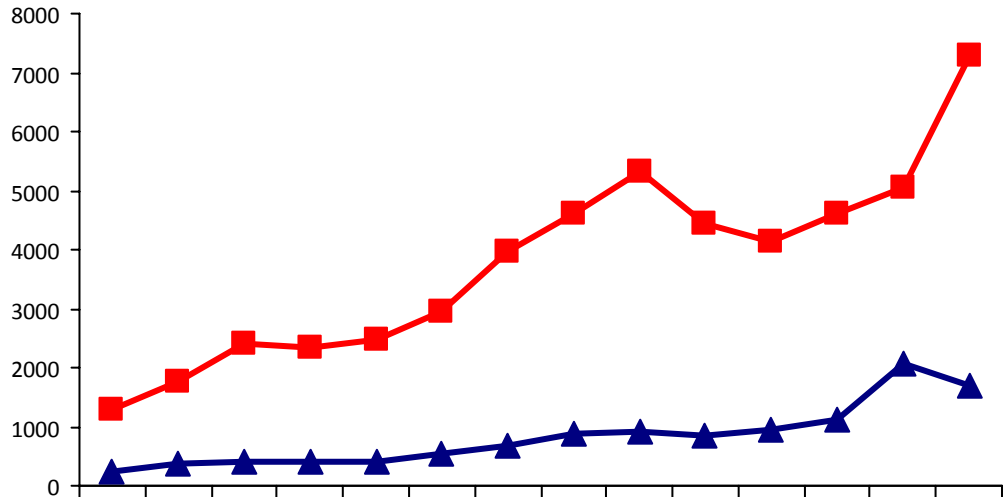
As shown in Fig. 5.6, the number of persons admitted to treatment for cannabis use had been rising by the year up to 2004, as of which time it had been dropping off for the following two years to then haven risen again, this rise being very significant in 2009.

This rise is a direct result of the rise in the number of people who have come in for treatment for the first time, as the percentage of those who had undergone treatment for cannabis use previously has dropped by 17%.

This fits perfectly well with the aforementioned fact of the high percentage of minors who are coming in to be treated for cannabis use. A total of 86.1% of all those under 18 years of age who have been treated for drug use in 2009 in our country have been treated for problems with cannabis use, meaning a 2.9 point increase in the percentage of minors treated for this drug in 2008 (83.8%).

This upward trend falls within the framework of the current context of prevalence figures of cannabis use among both the general population and among secondary school students, taking into account that cannabis is the illegal drug most used by both of these populations in Spain.

Fig. 5.6 Evolution of the number of individuals treated for cannabis abuse or dependence (absolute figures). Spain, 1996-2009



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
First treatments	1300	1768	2412	2335	2487	2966	3972	4613	5319	4426	4125	4619	5058	7273
With previous treatment	230	387	407	418	408	540	665	871	928	844	941	1114	2055	1705

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

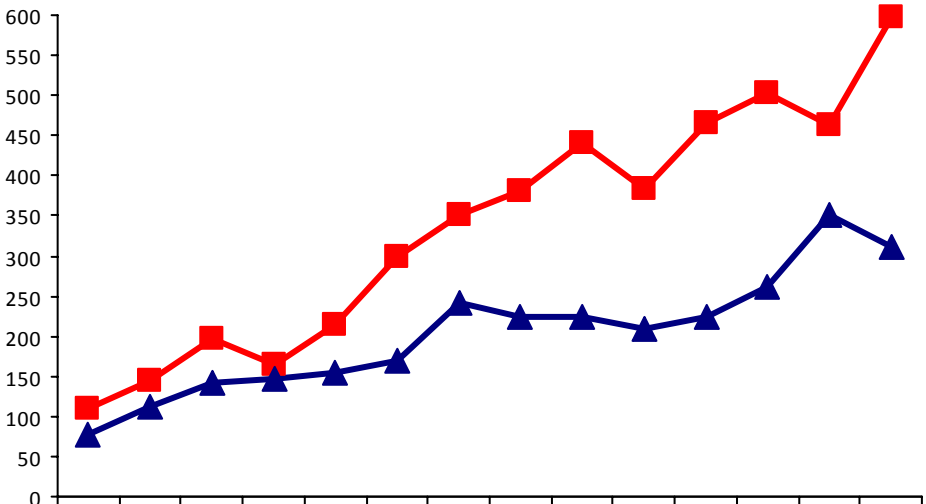
Hypnosedatives

The number of admissions to treatment in 2009 for hypnosedative use was 963 (12% higher than in 2008), totaling 1.8% of all admissions to treatment for drug use recorded in 2009.

The admissions to treatment for hypnosedatives (tranquilizers, sedatives or sleeping pills) show a clearly upward trend from the start of this series, with slight up and down movements from time to time.

The percentage of patients who had previously been treated has dropped by 11.4%. It would be necessary to wait to see future revisions so as to properly interpret this figure.

Fig. 5.7 Evolution of the number of individuals treated for hypnosedative abuse or dependence (absolute figures). Spain, 1996-2009



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
First treatments	109	144	197	165	214	299	350	382	441	383	466	503	463	598
With previous treatments	77	111	143	147	154	170	242	225	224	209	223	261	352	312

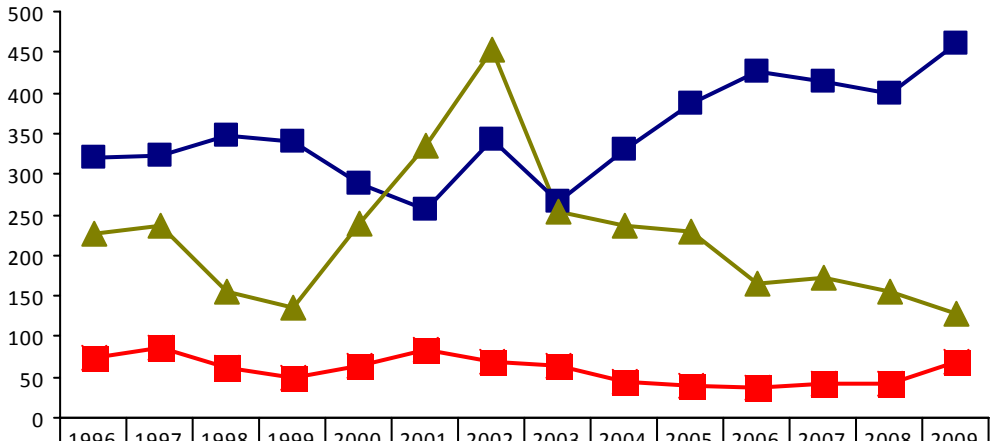
SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

Other drugs

The rest of the drugs are still showing up very little in the treatment services. In fact, the stimulants other than cocaine (amphetamines, ecstasy and others) total only 1.6% of all admissions for all drugs in 2009. If these figures were to be compared with those found for cocaine, heroin and cannabis, the impact of these drugs on the specific drug dependence treatment services is seen to be minimal in Spain.

As shown in Fig. 5.8, the evolution over the course of time reveals a downward trend having continued over recent years in the number of persons treated for ecstasy use whilst there is a rise in the number of persons admitted to treatment for amphetamines and also for hallucinogens.

Fig. 5.8 Evolution of the number of individuals treated for amphetamine, ecstasy and hallucinogen abuse or dependence. Spain, 1996-2009



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Anphetamines	319	323	347	339	288	255	342	266	330	386	426	415	400	461
Ecstasy	226	237	154	135	240	335	452	254	236	229	165	172	155	127
Hallucinogens	74	85	62	50	64	83	68	63	44	39	37	43	43	69

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

Main administration route used for the main drug used among those admitted to treatment

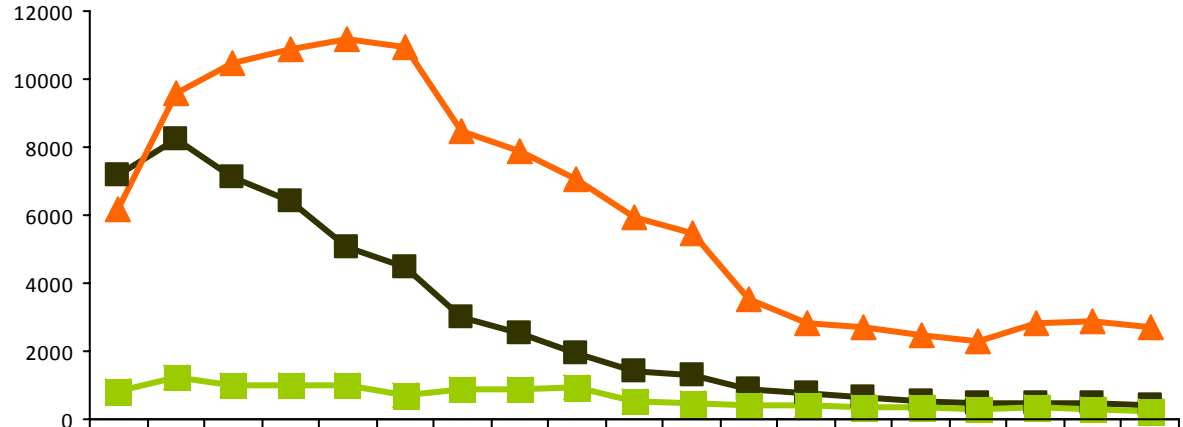
In 2009, the main administration route for the main drug among all of those admitted to treatment for heroin use (within the 30 days immediately prior to the start of treatment) was pulmonary or smoked, totaling the figure of 79.7%, followed by intravenous (11.3%) and intranasal or sniffed (7.5%).

Compared to the 1980's, when, independently of the use of other routes, the use of the intravenous route was the main route for administering heroin, it was practically universal among those using this substance, a radical change has come about in the main administration route, the route currently being used being mainly the pulmonary or smoked route.

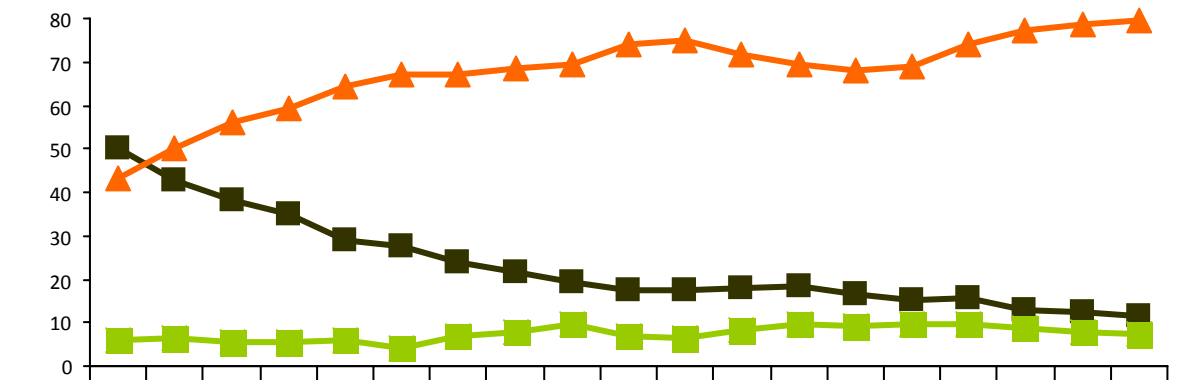
Thus, the number of persons admitted to treatment for the first time in their lives for heroin abuse or dependence who use the intravenous administration route most often (mainly or preferentially) dropped from 8,232 in 1992 (the year the highest number was recorded) to 386 in 2009, and

although it might seems that this is a case solely of the effect of the drop in the absolute number of persons admitted for the first time for heroin use, this change is confirmed on noting how the percentage these persons total of all those admitted for heroin dropped from 42.9% in 1992 to 15.1% in 2005 and then to 11.3% in 2009 (Fig. 5.9).

Fig. 5.9 Spread of the treatments for the first time ever for heroine abuse or dependence, by main route of heroin administration (absolute numbers and percentages). Spain, 1991-2009



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Injected	7164	8232	7129	6435	5033	4488	3011	2518	1969	1414	1276	894	748	648	544	486	470	455	386
Pulmonary	6188	9585	1049	1087	1116	1093	8487	7884	7033	5917	5461	3540	2805	2690	2487	2320	2842	2891	2719
Sniffed	822	1.219	995	978	1.028	696	887	910	968	532	471	399	386	358	350	303	327	285	256



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
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	12.4	11.3
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	78.5	79.7
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	7.7	7.5

Note: The estimates of the number of individuals treated for heroin for all Spain as a whole, by the primary route of administration, has been calculated by multiplying the number of individuals treated for heroin nationwide in Spain by the percentage of individuals admitted using each route of administration. (a percentage which was not available for all of the Autonomous Communities for some of the years within the period in question).

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator.

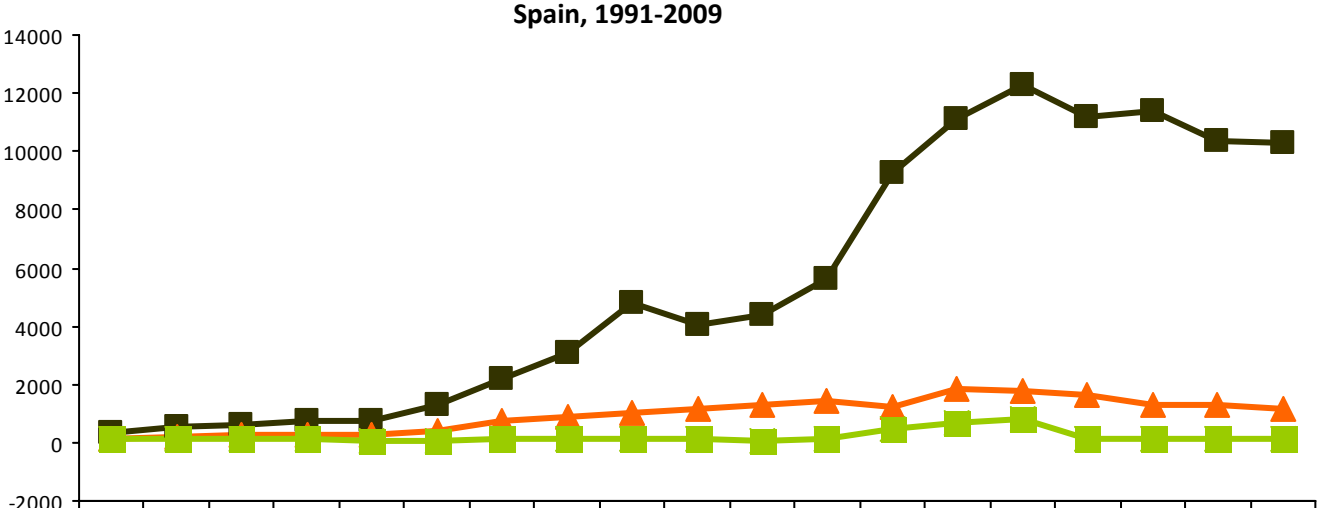
In 2009, the main administration route among all of those admitted to treatment for cocaine is the intranasal or sniffed route (87.7%), followed by the pulmonary or smoked (9.7%) and the injected route (1.2%).

The percentage of those admitted for the first time for cocaine use who mainly use the intravenous route of administration for this drug dropped from 1991 to 2001, as of which time it then rose again to later significantly drop in 2006, the date as of which it has been remaining stable, with slight variations.

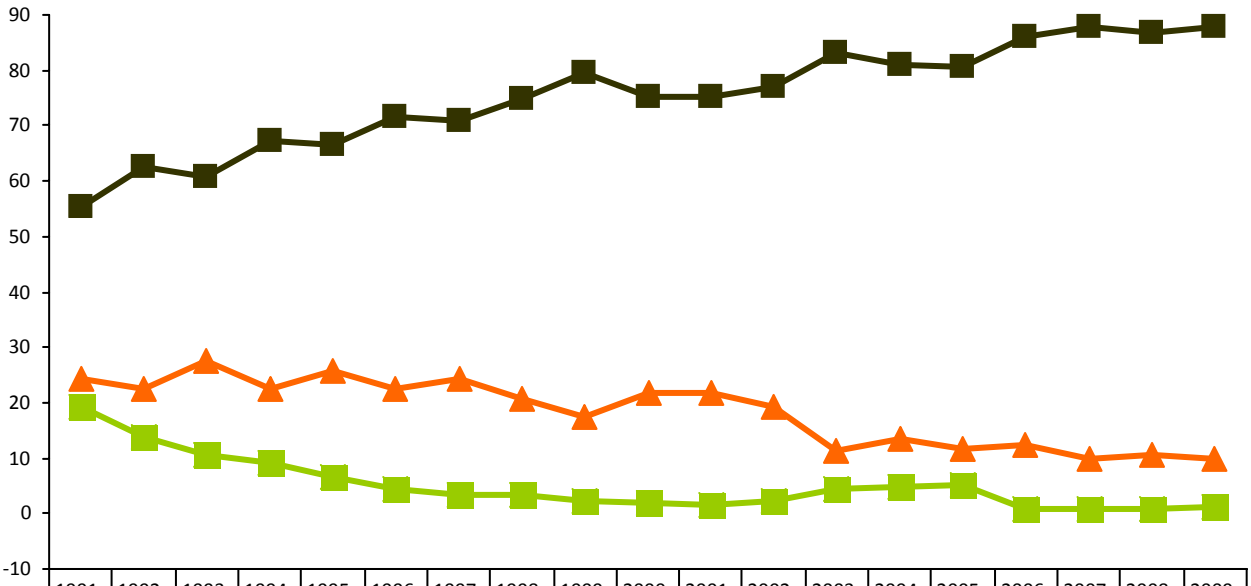
Regarding the number of those admitted to treatment for the first time for cocaine use, the main administration route continues to be, for the most part, the intranasal or sniffed route, followed by the pulmonary and injected routes, although differing considerably (Fig. 5.10).

Taking the intravenous route among all those admitted to treatment as a whole, this route has been being used progressively less by the year, currently showing a prevalence of around 1.2%.

Fig. 5.10 Individuals admitted to treatment for the first time ever in their lives for cocaine abuse or dependence, by primary route of cocaine administration (absolute numbers and percentages). Spain, 1991-2009



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Sniffed	315	547	611	714	739	1307	2172	3073	4777	4067	4413	5613	9228	11140	12298	11155	11393	10391	10272
Pulmonary	139	196	278	238	287	413	741	856	1048	1172	1284	1403	1242	1837	1755	1617	1295	1276	1139
Injected	109	121	108	97	74	82	100	128	128	105	91	156	485	693	793	103	130	117	136



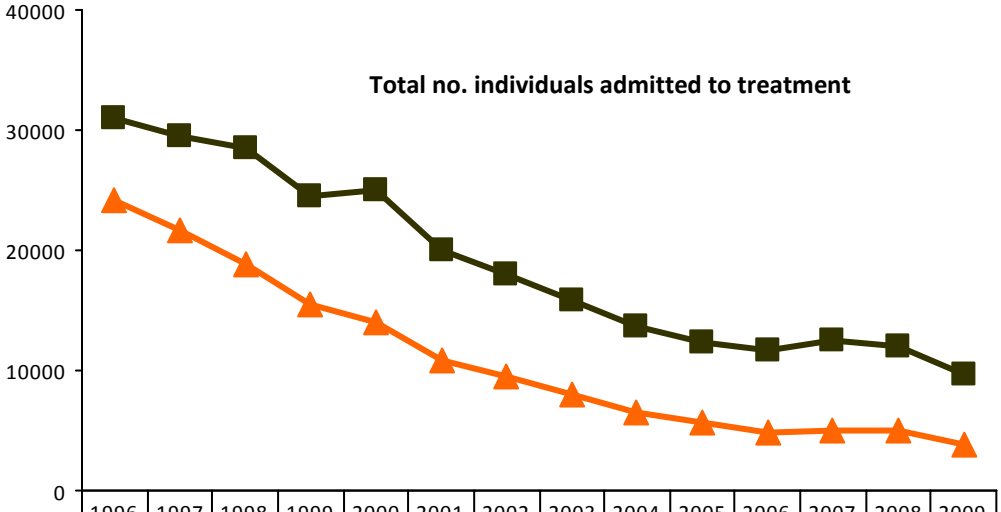
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Sniffed	55.4	62.7	60.8	67.4	66.5	71.7	71	74.8	79.5	75.2	75.2	77	83	80.9	80.6	86	88	86.9	87.7
Pulmonary	24.4	22.5	27.7	22.5	25.8	22.6	24.2	20.8	17.4	21.7	21.9	19.2	11.2	13.3	11.5	12.5	10	10.7	9.7
Injected	19.2	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	1	1.2

Note: The estimates of the number of individuals treated for cocaine for all Spain as a whole, by primary route of administration, have been calculated by multiplying the number of individuals treated for cocaine nationwide in Spain by the percentage of individuals admitted using each type of route of administration (a percentage which was not available for all of the Autonomous Communities for some of the years within the period in question).

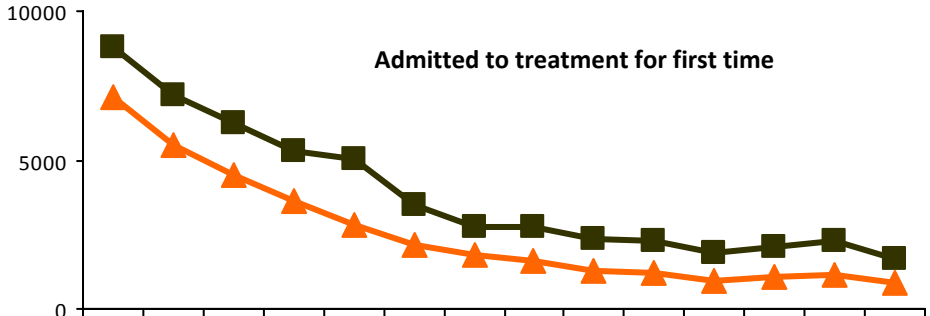
SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

When revising the number of injectors admitted to treatment (Fig 5.11), the number of admitted for any psychoactive substance for the first time in their lives and injected ever in their lifetime, dropped from 8,801 in 1996 to 1,687 in 2009. On the other hand, the number of injectors in the last year dropped from 7,132 in 1996 to 886 in 2009. On the whole, there is a downward trend that seems to be stabilized during the last years.

Fig. 5.11 Evolution of the number of injectors admitted to treatment for drug abuse of dependence. Spain, 1996-2009



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ever in lifetime inyection	31046	29419	28527	24520	24941	19988	17950	15806	13605	12252	11601	12487	12066	9637
Injections during last year previous to admission	24224	21605	18910	15562	13955	10898	9583	7966	6516	5620	4892	5055	5050	3763



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ever in lifetime inyection	8801	7154	6247	5315	5055	3483	2765	2722	2356	2283	1879	2073	2271	1687
Injections during last year previous to admission	7132	5488	4526	3655	2793	2181	1801	1583	1303	1228	928	1060	1124	866

Note: The estimates of the number of injectors admitted to treatment nationwide in Spain has been calculated by multiplying the number of individuals admitted to treatment nationwide in Spain by the percentage of individuals admitted who had ever injected drugs in their lives or within the 12 months immediately prior to the admission (a percentage which was not available for all of the Autonomous Communities for some years within the period in question).

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator

As in previous years, most of the patients admitted to treatment for illicit drug abuse or dependence were males (84.8% of all those admitted). Also as in the past years, females are showing the highest percentage of those treated for hypnosedatives, although there are still a higher number of males admitted to treatment in all substances.

The average age of those admitted to treatment was 33.1 years of age for all of the admissions as a whole (for both males and females), just as in 2008, and 29.8 years of age for the first admissions. A total of 6.9% of all those admitted were born outside of Spain, although special mention must be made of the fact that a higher percentage of females born outside of Spain (7.8%) than males of the same origins (6.8%) have been treated.

The average age of the persons admitted varies in terms of the main drug. Hence, the average age of those admitted for heroin was 37.9 years of age; for hypnosedatives, 36.6 years of age; for cocaine, 32.5 years of age; and for cannabis, 24.7 years of age.

The educational level of the patients admitted to treatment has improved slightly over the course of time but is still showing major variations depending on the main drug which has given rise to the treatment. In 2009, most (56.2%) of the patients admitted to treatment for heroin use had an elementary or lower-level education, whilst solely 53.3% of those admitted for cocaine use and 49.4% of those admitted for cannabis use had finished the Secondary Education. With regard to their employment situation, the percentage of gainfully employed persons was much higher among those treated for cocaine (44.8%) than those who were gainfully employed among the persons treated for heroin (23.2%), and this even being a rather young population, the percentage of those gainfully employed among those treated for cannabis (26%) exceeded the percentage of those gainfully employed among those treated for heroin.

In Spain the large majority (83.1%) of the patients admitted to treatment for illegal drugs live in family homes (houses, flats or apartments). In 2009, the percentage of people admitted to treatment who were living in institutions was 9.4%, a total of 2.9% having precarious or unstable living accommodations (homeless). The most frequent living model is the original family (with their parents) or their own family (with their spouse and/or children). Major differences are also found in the models of living and type of accommodations depending on the main drug for which they have been admitted for treatment. In 2009, living in an institution or having precarious or unstable accommodations was much more frequent among those admitted to treatment for heroin (18.1%) than among those admitted for cannabis (8.2%) or cocaine (9.8%), the opposite being true for the percentage of patients living with their original family or their own family.

With regard to the service or SOURCE which referred the patients to treatment, nearly half (47.2%) of the patients started treatment on their own initiative or were encouraged to do so by their parents or friends, although the public health system referred approximately one third of those admitted to treatment (28.3%).

Among those admitted to treatments, the pattern of polydrug use is a firmly-established pattern. The greatest part (62.7%) of those admitted in 2009 had used other drugs than that which had given rise to the treatment (secondary drugs) within the 30 days immediately prior to the admission. Solely 37.3% had used the drug for which they had been admitted to treatment. A total 36.2% reported using one single drug, 19.8% having used two drugs, 5.5% having admitted using 3 drugs and 1.3% more than three drugs. Among those admitted for heroin, the secondary drugs reported most often were cocaine and cannabis; the secondary drugs used among those admitted for cocaine having been alcohol and cannabis.

For nearly half (49.5%) of those admitted to treatment for psychoactive drugs in Spain in 2009, it was the first time they were undergoing treatment for the same main drug, this percentage having been much lower among those admitted for heroin (21.1%) than among those admitted for cocaine (56.9%), cannabis (81%), amphetamines (65.2%) or ecstasy (79.2%).

Table 5.1 Socio-demographic characteristics of the individuals admitted to treatment for psychoactive drug abuse or dependence, according to whether or not they had undergone prior treatment and by gender. Spain, 2009

	TOTAL	PRIOR TREATMENT [1]		GENDER [1]	
		YES	NO	MALE	FEMALE
NO. CASES	52,549	25,098	24,605	44,317	7,961
TREATED FOR FIRST TIME FOR THE PRIMARY DRUG (%)	49.5			49.0	52.6
AVERAGE AGE (YEARS)	33.1	36.2	29.8	33.1	33.1
FEMALES (%)	15.2	14.3	16.1		
HIGHEST LEVEL OF EDUCATION COMPLETED (%):					
No schooling	1.3	1.4	1.2	1.3	1.2
Elementary education	46.0	47.0	44.4	46.8	41.0
Secondary education	48.2	47.9	49.1	47.9	50.5
University Studies	3.9	3.3	4.6	3.5	6.6
Others	0.6	0.4	0.7	0.5	0.7
PRIMARY EMPLOYMENT STATUS (%):					
Currently gainfully employed	33.5	30.0	37.1	34.7	27.0
Unemployed, not having been employed	5.1	4.9	5.2	4.7	7.0
Unemployed, having been employed	40.0	43.9	35.9	40.1	38.6
Others	21.4	21.1	21.8	20.4	27.4
Individuals born outside of Spain (%)	6.9	5.6	8.5	6.8	7.8
MAIN SOURCE HAVING REFERRED THEM FOR TREATMENT (%):					
Other drug dependence treatment services	12.8	17.5	8.3	12.5	14.5
General practitioners, primary care physicians	9.6	7.0	12.2	9.5	10.5
Hospitals or other health services	5.9	7.0	4.8	5.4	8.8
Social services	4.9	3.3	6.6	4.4	7.7
Prisons, closed juvenile detention centres	7.5	8.8	6.2	7.6	6.5
Legal or police services	8.3	4.5	12.3	8.9	5.1
Companies or employers	1.7	1.7	1.5	1.8	1.1
Family members or friends	14.1	9.0	19.0	14.4	12.9
Own initiative	33.1	39.5	26.4	33.5	30.7
Others	2.2	1.7	2.6	2.2	2.1
LONGEST LIVING STATUS (WITH WHOM) IN THE LAST 30 DAYS IMMEDIATELY PRIOR TO THE ADMISSION TO TREATMENT (%)					
Alone	15.6	17.1	14.3	15.7	15.3
Only with spouse	11.4	11.7	10.9	10.4	16.8
Only with children	4.8	4.6	5.0	3.9	9.7
With spouse and children	14.8	14.5	14.9	14.8	14.4
With parents or original family	40.0	36.2	43.9	41.7	30.7
With friends	3.0	3.1	2.9	2.9	3.8
Others	10.4	12.7	8.1	10.6	9.4
MAIN LIVING STATUS (WHERE) IN THE LAST 30 DAYS IMMEDIATELY PRIOR TO ADMISSION TO TREATMENT (%):					
Single-family homes, apartments	83.1	79.5	86.6	83.0	83.5
Prisons, closed juvenile detention centres	6.2	7.8	4.5	6.7	3.3
Other institutions	3.2	3.6	2.9	3.2	3.6
Boarding houses, hotels, hostals	1.3	1.4	1.2	1.2	1.6
Unstable/precarious accommodations	2.9	3.5	2.3	2.8	3.7
Other places	3.3	4.1	2.5	3.1	4.2

1. The number of cases with or without prior treatment or the number of males plus the number of females may not add up to the total due to there being cases with unknown values for these variables.

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Demand Indicator.

DRUG RELATED INFECTIOUS DISEASES

HIV/AIDS

Over the past 20 years, AIDS and HIV infection have been one of the main health problems associated with drug use in Spain.

Data is available from different information sources which, as a whole, aids toward understanding the evolution of this phenomenon as well as the current situation. In following, a summary is provided of the methodology and the results of some of the main information sources in Spain:

- National AIDS Case Register
- New HIV Diagnosis Information System
- HIV Infection Sentinel Surveillance
- Hospital HIV/AIDS Patient Survey
- Indicator of Admissions to Treatment for drug abuse or dependence

- National AIDS Case Register

In Spain, there is a National AIDS Case Register which gathers information on the new AIDS cases on at the nationwide level. Data is available from 1981 to present. This register provides us with useful information regarding the evolution of this disease and the transmission mechanism.

Main Results:[3]
According to the National Epidemiology Center, since 1981, the year of the outbreak of this epidemic, up to June 30, 2010, a total of 79,363 AIDS cases had been reported in Spain.

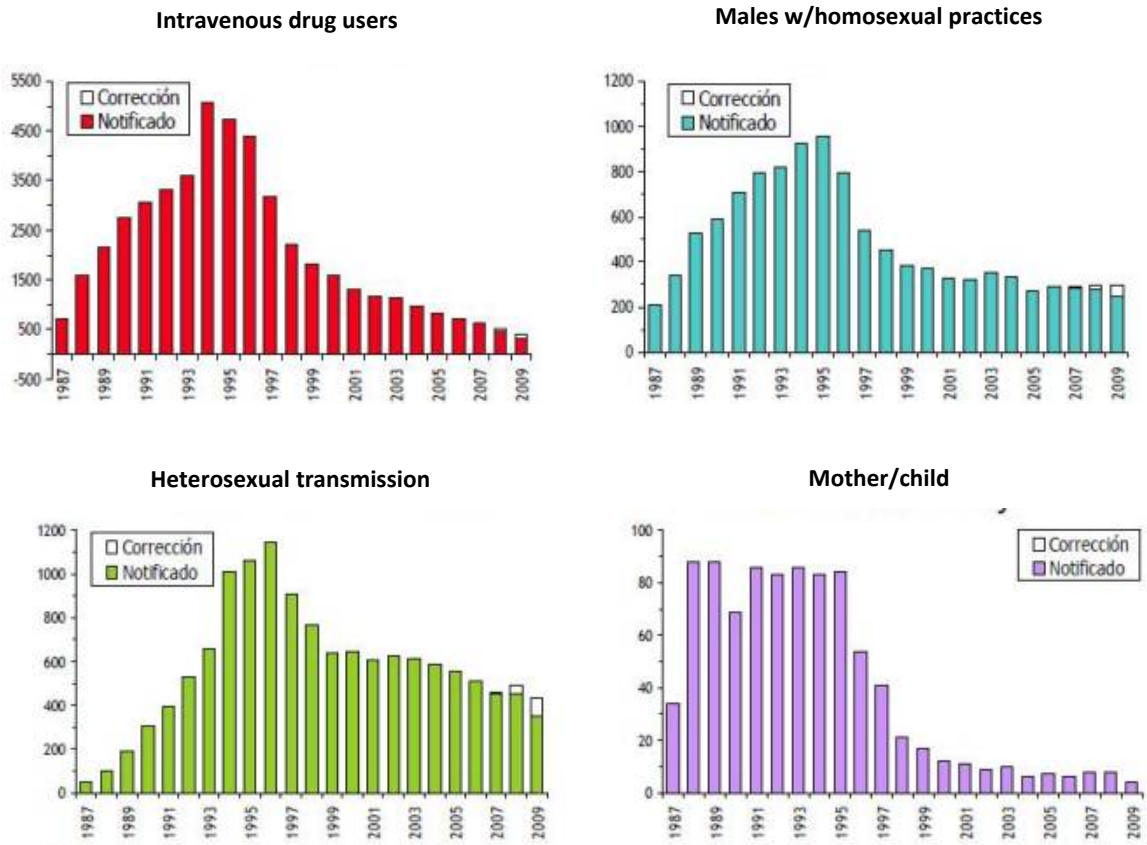
Evolution over the course of time: The percentage of AIDS cases which can be attributed to intravenous drug use has dropped over the last few years following the highpoint recorded in 1990 (69.6%), whilst the percentage of cases in the sexual transmission category has risen. The absolute number of new AIDS cases diagnosed which may be attributed to intravenous drug use has also dropped. This drop may be the result of several factors which have had a bearing of the course of this epidemic in recent years, one of the most noteworthy of which is the high degree to which methadone maintenance treatments are available and the sharp drop in the use of the intravenous route for heroin use.

Current situation: In 2009, 1037 new AIDS cases were reported. The most frequent transmission route is the sexual route (heterosexual relations [34.7%] and homo/bisexual relations [23.3%]). The second most frequent transmission mechanism (32.1%) is due to the fact of sharing injection material for administering drugs intravenously. In 2009, the downward trend for this transmission route which began years ago is now confirmed among the group of intravenous drug users or ex-users, given that a 19% drop has been found to have occurred from 2008 to 2009 in the number of cases diagnosed. Also for the same period, there has also been a decline in the number of the cases attributed to unprotected sexual relations among males (1%) and heterosexual transmission (11%).

[3] Epidemiological AIDS Surveillance in Spain. National AIDS Case Registry. Available at http://www.isciii.es/htdocs/centros/epidemiologia/pdf/SPNS_Informe_semestral.pdf

In Fig. 6.1, the evolution over the course of time, from 1986 to 2009, for the new AIDS cases in relation to the risk factor associated with HIV transmission is provided. The first graph shows the drop in the number of AIDS cases as of 1995.

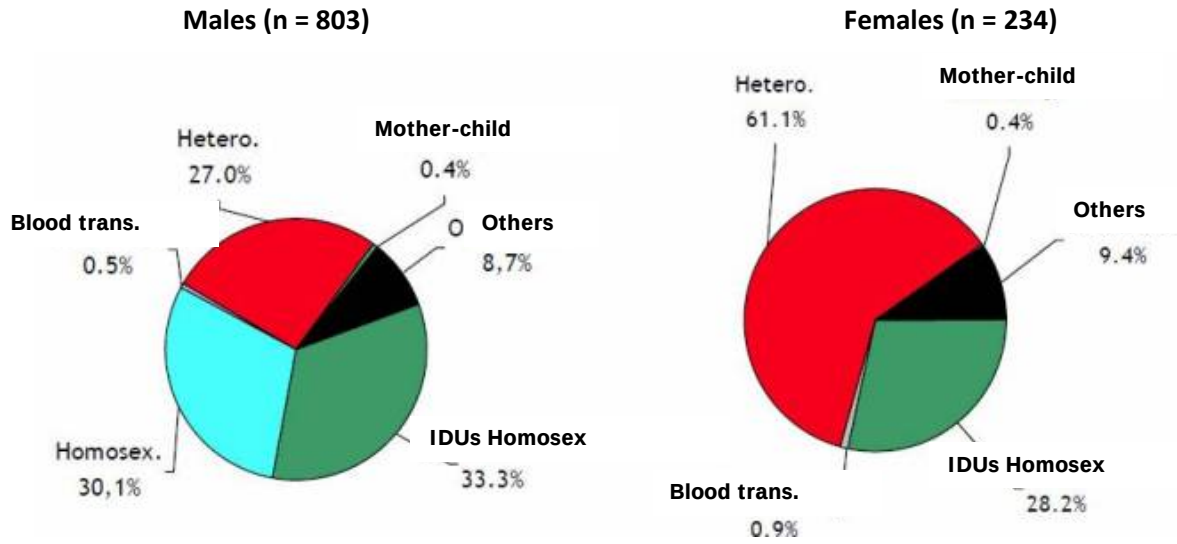
Fig. 6.1 New AIDS cases annually, corrected by delayed notifications. National AIDS Register. Spain, 1987-2009. Update June 30, 2010



SOURCE: National AIDS Register. National Epidemiology Center

In Fig. 6.2, the new AIDS cases are shown in relation to the risk factor associated to HIV transmission (Spain 2009), showing the sexual route as a whole and particular heterosexual relations in females to be predominant.

Fig. 6.2 New AIDS cases by the associated risk factor. Spain, 2009 Update June 30, 2010



SOURCE: National AIDS Register. National Epidemiology Center

- New HIV Diagnosis Information System

Objectives:

This information is for the main purpose of contributing to HIV epidemiology surveillance. This system specifically seeks to quantify the new HIV infection diagnoses and their evolution over time and to describe the epidemiological characteristics of the persons recently diagnosed with HIV infections.

Methodology:

- Study period: this information has been being collected annually since 2003.
- Geographical scope and population: The number of Autonomous Communities reporting has been on the rise since this data began being collected. In 2009, 15 of the 19 Autonomous Communities, equivalent to 28,530,190 inhabitants (64% of Spain's population) were reporting.

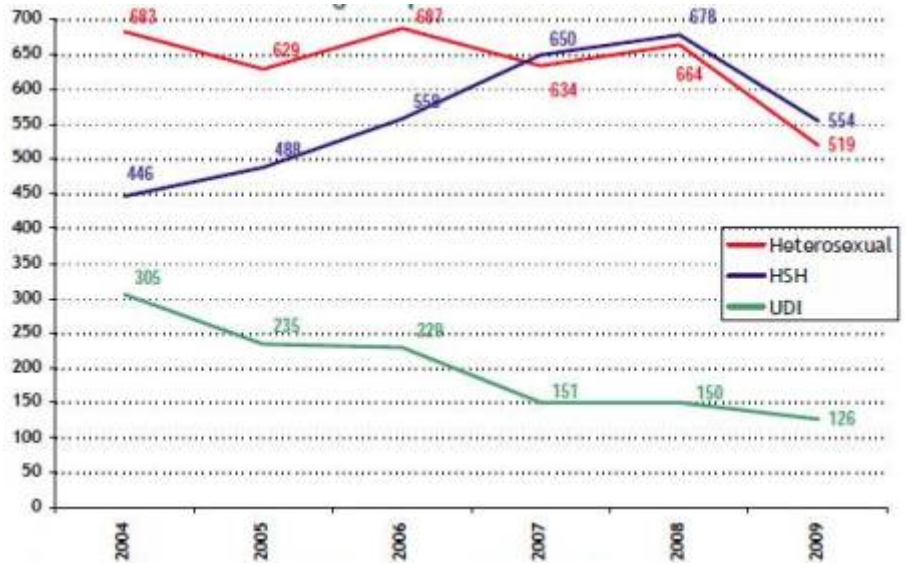
Main Results[4]:

Evolution over the course of time: (2004-2009 Period): Among intravenous drug users, the downward trend in the number of new HIV diagnoses is continuing (18.7 million inhabitants in 2004 compared to 7.4 million in 2009).

[4] HIV Surveillance in Spain. 2003-2009 Period. National Epidemiology Centre. 2010. http://www.isciii.es/htdocs/pdf/nuevos_diagnosticos_ccaa.pdf

In regard to sexual transmission, the upward trend of recent years among males who have sex with other males has slowed (27.3/million in 2004 compared to 39.9/million in 2008 and 30.5/million in 2009). Following a period of stabilization, heterosexual transmission is also starting to decrease (41.8/ million in 2004 compared to 39.2/ million in 2008 and 30.5/ million in 2009). Fig. 6.3 shows the evolution over the course of time of the new HIV diagnoses by transmission category.

Fig. 6.3 New HIV cases diagnosed by transmission category. Data from 9 Autonomous Communities. Spain*, 2004-2009

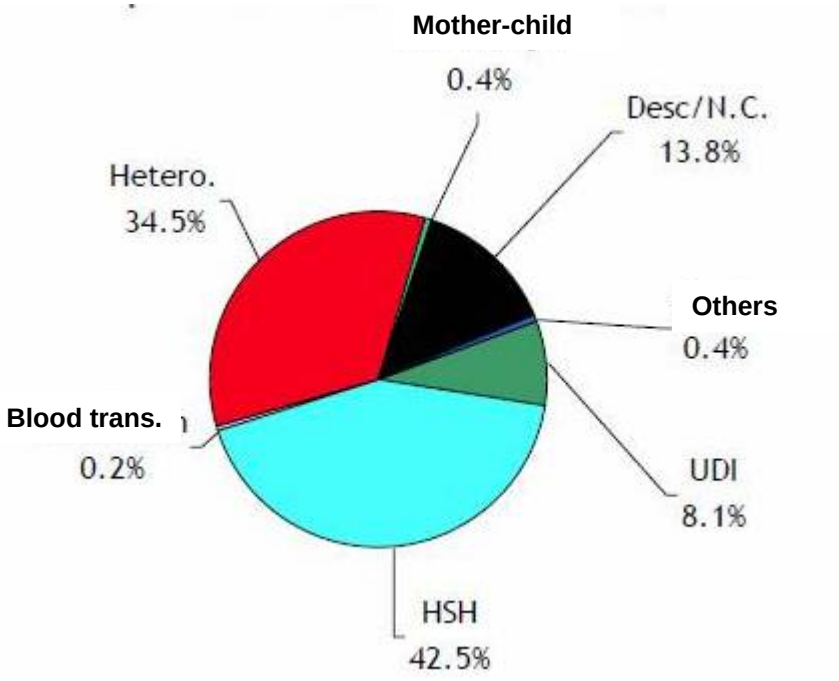


* Balearic Islands, Canary Islands, Catalonia, Ceuta, Extremadura, Galicia, Rioja, Navarre and Basque Country
HSH: Males who practice sex with males
UDI: Intravenous drug users

SOURCE: Information System on new HIV cases diagnosed in Autonomous Communities
National Epidemiology Centre.

Current Situation: In 2009, a total of 2,264 new HIV diagnoses were reported, meaning a rate of 79.3 /million inhabitants. Nearly 80% are males, averaging 37 years of age. The transmission among males who have sexual relations with males was the most frequent (42.5%), following by heterosexual relations (34.5%) and the relations among intravenous drug users (8.1%). Fig. 6.4 shows the new HIV diagnoses data by transmission category. Fig. 6.5 breaks down this data by transmission category and gender, both referring to the last year for which information is available (2009).

Fig. 6.4 New HIV cases diagnosed by transmission category. Data from 15 Autonomous Communities. Spain*, 2009

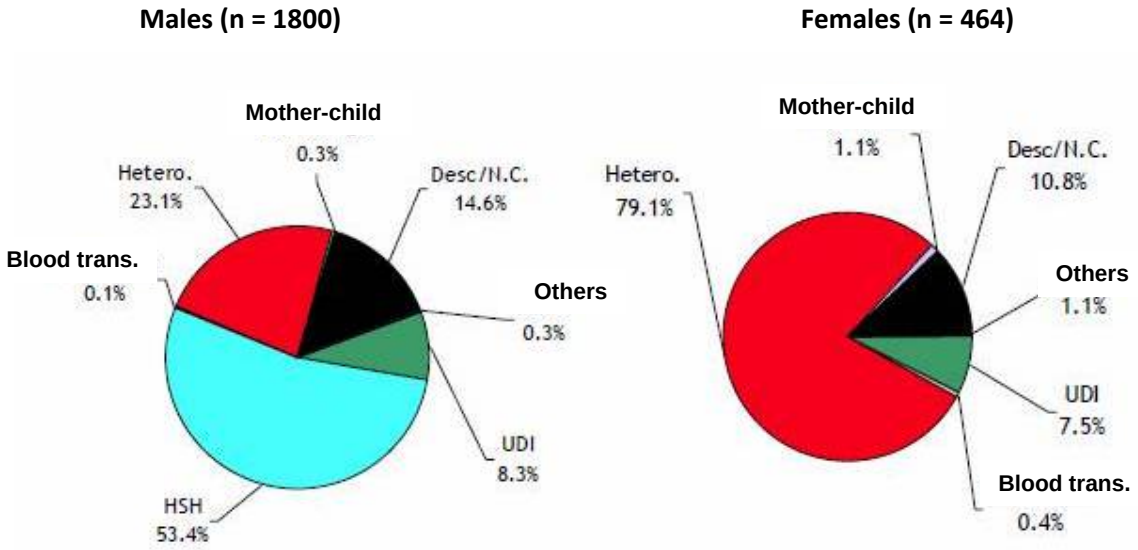


(n = 2264)

* Aragon, Asturias, Balearic Islands, Canary Islands, Cantabria, Castilla-León, Catalonia, Ceuta, Extremadura, Galicia, Rioja, Madrid, Melilla, Navarre and Basque Country
HSH: Males who practice sex with males
UDI: Intravenous drug users

SOURCE: Information System on new HIV cases diagnosed in Autonomous Communities. National Epidemiology Centre.

Fig. 6.5 New HIV cases diagnosed by transmission category and gender. Data from 15 Autonomous Communities. Spain*, 2009



* Aragon, Asturias, Balearic Islands, Canary Islands, Cantabria, Castilla-León, Catalonia, Ceuta, Extremadura, Galicia, Rioja, Madrid, Melilla, Navarre and Basque Country
HSH: Males who practice sex with males
UDI: Intravenous drug users

SOURCE: Information System on new HIV cases diagnosed in Autonomous Communities. National Epidemiology Centre.

- HIV Infection Sentinel Surveillance

Objectives:

The objective of this information system is to describe the frequency and characteristics of the persons who are diagnosed with HIV infection at the centers participating in the EPI-HIV study throughout the 2003-2008 period.

Methodology:

- Study type: Descriptive study
- Period: 2003-2008
- Scope: Twenty centers specialized in HIV diagnosis located in 19 cities in Spain
- Subjects: Patients who took the HIV test voluntarily during the study period at any of the participating centers.
- Study variables and information collection: Socio-demographic variables, existence of prior tests, past history of drug use, at-risk sexual exposures, circumstances to which the infection is attributed, clinical and laboratory information have been collected on a questionnaire designed for this purpose.

Main Results[5]:

Information was collected on 2617 new HIV infection diagnoses. A total of 67% thereof had taken an HIV test previously.

[5] EPIHIV Project. New HIV Infection Diagnoses in Patients in a Network of HIV Diagnosis Centers, 2003-2008. National Epidemiology Centre, 2010.

Socio-demographic characteristics: The majority were males (81%) within the 25-34 age range (47.8%) and had a secondary school or higher education (64.7%). A total 42.1% were from countries other than Spain, the predominant regions being Latin America and Sub-Saharan Africa.
In relation to the transmission mechanism, it is estimated that unprotected sexual relations were responsible for the transmission in 93.3% of the cases (73.3% sexual contacts between males and 20.6% heterosexual contacts) and sharing drug injection material (4.5%).

- HIV/AIDS Hospital Patient Survey

In Spain, a hospital survey of HIV/AIDS patients has been being conducted since 1996. The latest edition was conducted in 2010, a summary being provided in following of the methodology and results for 2010 as well as the evolution from 2000 to 2010[6].

Objectives:

- Describe the clinical and socio-demographic characteristics of the HIV/AIDS patients for whom care was provided through the hospital services.

- Estimate the prevalence of patients undergoing anti-retroviral treatment.

- Study the evolution over the course of time of the characteristics of the patients and the use of reSOURCEs.

- Describe the particular characteristics of the patients diagnosed with HIV infection in the year the survey was taken and of the patients from other countries.

Methodology:

- Type of study: Observational, descriptive, transversal study conducted on a scheduled date.
- Study population: Patients diagnosed with HIV in contact with the National Health System.
- Scope: National Health System hospital network in the Autonomous Communities voluntarily taking part in the study. Period: 1996_2010.
- Inclusion criteria: Patients diagnosed with HIV who are in the hospital, on an external outpatient or day hospital visit.
- Data collection: Questionnaire completed by the physician responsible for the patient.
- Analysis: percentages, measures of centralization. $\chi 2$ for the comparison of percentages and $\chi 2$ for trend in the analysis of the annual evolution of percentages.
-

Main Results[7]:

- Overall, the patients for whom care was provided at the hospitals are mainly males, progressively older in age. They have a low educational level and are gainfully employed.

- The number of persons who were diagnosed that same year in which they were surveyed (new diagnoses) has dropped since 2000. In this group, HIV transmission was due to heterosexual contacts and, to a lesser degree, to homo/bisexual contacts, in addition to condoms having been used to a much lesser degree.

[6] HIV/AIDS In-Hospital Patient Survey. 2010 Results. Analysis of the 2000-2010 Evolution. National Epidemiology Center. July 2011. Available at http://www.isciii.es/htdocs/centros/epidemiologia/epi_encuesta_hospital

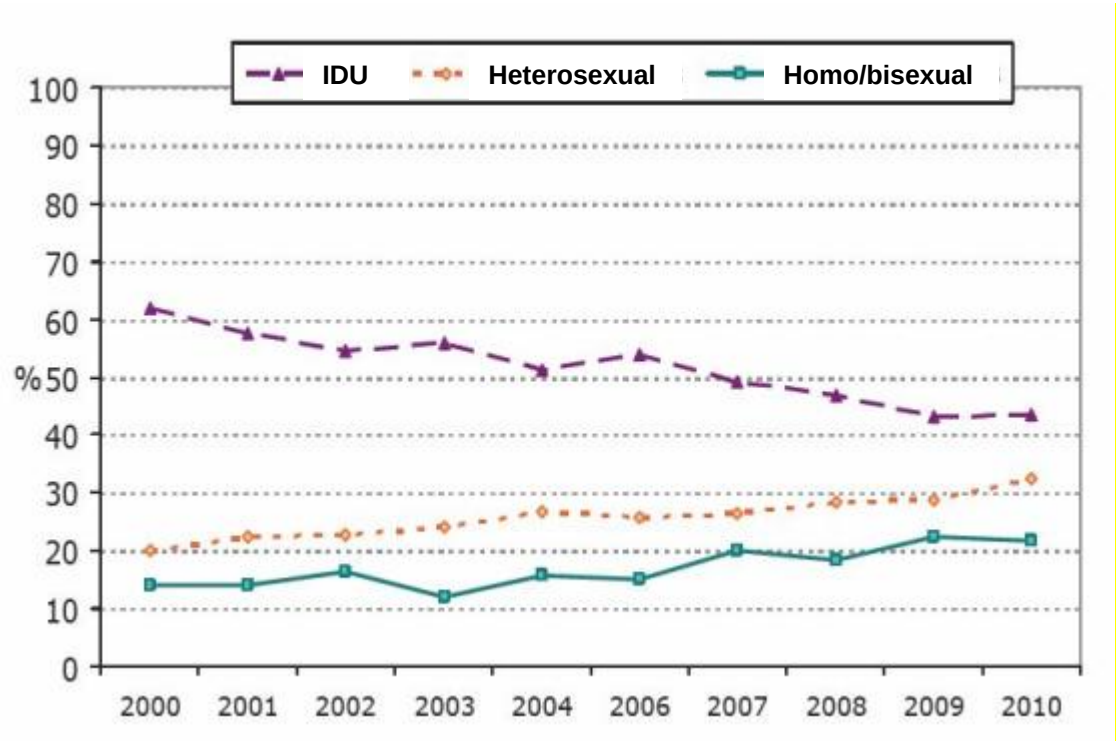
[7] HIV/AIDS In-Hospital Patient Survey. 2010 Results. Analysis of the 2000-2010 Evolution. National Epidemiology Center. http://www.isciii.es/htdocs/pdf/encuesta_hosp.pdf

- As far as the HIV transmission mechanism is concerned, the Injecting Drug Users (IDUs) total less than half, there being a patent rise in the percentage of patients infected by the sexual route. Of the IDUs surveyed in 2010, 13/ reported having injected drugs within the last month, this being a percentage similar to that found in the latest surveys. A total of 44% of the IDU patients had undergone methadone treatment in the last 30 days. A high percentage of patients engaging in at-risk sexual practices is still being detected.
- Most of the patients had been diagnosed more than 10 years ago and are coming into the office regularly. The clinical situation improved to a major degree coinciding with the anti-retroviral treatments being extended.

- The patients from other countries total a higher percentage by the year. The majority contracted this infection due to at-risky heterosexual practices, were diagnosed recently and very often late.

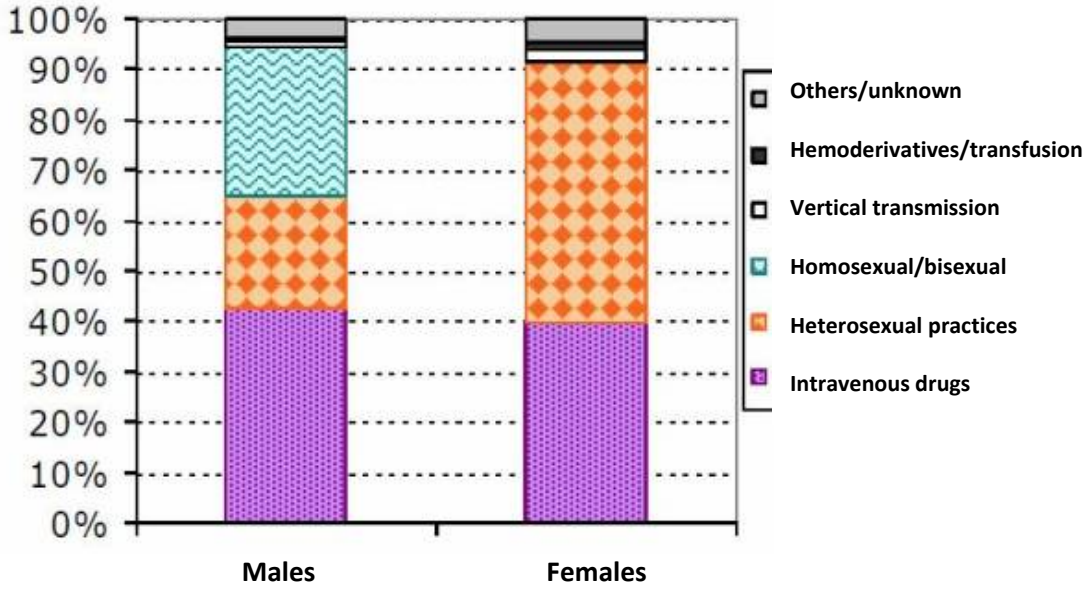
In following, 2 figures are provided showing the evolution of cases from 2000 to 2010 in relation to the transmission mechanism (%) (Fig. 6.6) and the distribution spread of cases by transmission mechanism and gender in 2010 (Fig. 6.7).

Fig. 6.6 Distribution of cases by transmission mechanism (%). Spain, 2000-2010.



SOURCE: In-hospital HIV/AIDS patient survey. Results 2010. National Epidemiology Center

Fig. 6.7 Distribution of cases by transmission mechanism and gender. Spain, 2010



SOURCE: In-hospital HIV/AIDS patient survey. Results 2010. National Epidemiology Center

- Indicator of Admissions to Drug Abuse or Dependency Treatment

Objectives:

This indicator is for the purpose of ascertaining the number of persons admitted to outpatient treatment for abuse or dependence on different psychoactive substances[8]. The information which is collected by means of this indicator is useful for obtaining information on the infections among users.

Methodology:

Coverage:

This indicator's coverage is nationwide. In 2009, a total of 52,549 admissions to treatment were reported from the 19 Autonomous Communities in Spain. This indicator has been functioning systematically since 1987.

Treatment indicator information collection mechanism:

The treatment centers collect the information on an information sheet which they send to the Autonomous Communities, who forward the aggregated data to the State level. For reporting cases, the public or private subsidized or publicly-funded centers, services or programs which are providing outpatient treatments for psychoactive substance abuse or dependence are included. These may be specific drug dependence centers, mental health centers or services which provided outpatient drug dependence treatments (be they independent centers or integrated into general healthcare centers, hospitals or any other type of centers), prison drug dependence treatment programs, centers providing complex treatments which include an outpatient phase or mobile units which provide opioid substitution treatment treatments which are staffed by physicians and nurses.

Variables:

The information sheet is comprised of 23 variables, some of which have several sections. The information collected includes:

[8] Informes periódicos del Observatorio Español Sobre Drogas.
http://www.pnsd.msc.es/Categoria2/observa/oed/home.htm

- Enrollment information (Clinical record number, date admitted to treatment, the center identification number).
- Socio-demographic information (gender, date of birth, country/province/city/town of birth, nationality, employment status, educational level, with whom living in the last 30 days, where has lived).
- Information on health and drug use (treatment referral SOURCE, main drug for which is admitted to treatment, frequency of main drug use, year stated using main drug, prior treatment for the same drug, administration route used most often, other drugs, etc. Information is also collected on the HIV-related serological condition, and it is planned to begin collecting information on hepatitis B and C.

Treatment Indicator Inclusion and Exclusion Criteria:
Those cases which meet any of the following requirements are included:

(a) Admission to treatment at a center for the first time
(b) Re-admission to treatment at the same center
(c) Continuation of a treatment started, for reasons of emergency or for other reasons, at services which do not report to the indicator, such as hospitals, health care centers or welfare centers and who subsequently come to a reporting center to continue the treatment.
(d) Admission to a treatment affected by a judicial or administrative situation.

Those cases which meet any of these characteristics are not reported as admissions to treatment:

(a) The mere personal or telephone contacts to request information or treatment or the demands which are placed on the waiting list.
(b) The contacts for the sole purpose of requesting welfare benefits or aid.
(c) The treatments solely for the purpose of treating organic complications related to drug use (i.e. the treatment of an overdose, withdrawal symptoms or an infection.
(d) The interventions consisting exclusively of exchanging syringes or other injection material, handing out condoms or providing advice concerning safe sex and drug use techniques.
(e)The treatments involving an overnight stay in hospital units, psychiatric hospitals, therapeutic communities, residences, etc.

Main Results:

Some results processed by the Spanish Observatory on Drugs based on the information provided by way of this indicator are provided in following.

Admitted to treatment: Serological condition and the administration route for the main drug. Spain 2009. Table 6.1 shows information on those admitted to treatment in 2009, classified in terms of the main drug for which they were admitted and also detailing whether or not they were injecting users as well as the most frequent administration route and the HIV-related serological condition.

A total of 7.0% of all those admitted to treatment showed HIV-positive serology, many differences being found in terms of the main drug for which they were admitted to treatment. The highest percentage of HIV-positives was found in the group admitted to treatment for opiate use (16.4%). Within this same group, differences exist depending on the specific substance used, 23.4% of those using methadone, 16.3% of heroin users and 11.8% of those using other opiates hence being HIV-positive.

Table 6.1 Persons admitted to treatment. Serological condition and administration route by main drug used. Spain 2009.

MAIN DRUG		Opiates	Heroin	Methadone	Other opiates	Cocaine	CLH Coc.	Coc. base	Estimul.	Amphet.	MDMA /deriv.	Hypno-sedatives	Benzo diacep.	Halluc.	Volatile Subs.	Cannabis
		18032	16989	587	453	23132	22399	723	624	461	127	963	893	69	89	9503
Most frequent main drug admin. route in last 30 days of use	Oral	5.1	1.0	92.1	45.6	1.3	1.3	0.6	38.7	25.0	88.	97.9	98.2	35.4	3.6	2.4
	Pulmonary or smoked	71.1	74.4	5.8	28.5	14.7	12.5	82.4	4.7	5.2	0.8	1.0	0.9	9.2	52.4	96.6
	Intranasal or sniffed	6.0	6.2	0.7	7.6	81.3	83.4	15.8	54.8	68.0	9.2	0.6	0.3	50.8	38.1	0.7
	Parenteral or injected	16.4	16.9	1.3	16.1	2.1	2.1	0.4	1.0	1.1	0.0	0.4	0.5	1.5	0.0	0.0
	Others	1.4	1.5	0.2	2.3	0.7	0.7	0.9	0.8	0.7	1.7	0.1	0.1	3.1	6.0	0.3
Injected at some point in life		48.6	48.8	47.3	42.3	7.1	6.9	14.0	7.0	7.8	4.3	10.2	10.5	6.1	7.5	3.2
Injected in last 12 months		18.3	18.5	11.0	18.0	3.4	3.4	4.1	2.3	2.1	2.6	1.3	1.4	6.1	7.5	1.3
Minimal HIV prevalence	Positive	16.4	16.3	23.4	11.8	2.1	2.1	3.0	1.6	1.3	1.9	5.5	5.4	3.5	1.5	0.8
	Tested negative within last 6 m	27.4	27.5	21.3	29.6	29.6	29.8	21.6	21.1	21.1	22.4	17.1	16.7	28.1	34.8	16.5
	Negative w/no testing date	30.0	30.1	30.5	24.1	23.5	23.3	27.9	25.0	26.6	20.6	26.3	26.9	26.3	10.6	17.2
	Not tested or results unknown	26.2	26.1	24.8	34.5	44.8	44.7	47.5	52.3	51.1	55.1	51.2	51.0	42.1	53.0	65.5

SOURCE: Treatment Demand Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Injecting users admitted to treatment: knowledge of serological condition and HIV prevalence. Spain 2009.

Table 6.2 provides some data as to what is known about the serological condition and HIV prevalence among the injecting users admitted to treatment for psychoactive drug abuse and dependence in Spain in 2009 taking into account their age and gender and whether they had ever injected in their lives or in the last 12 months immediately prior to the admission in question.

In short, in 2009, a total of 9,637 persons who had injected at some time in their lives and 3,763 who had done so in the last 12 months immediately prior to the admission were admitted. A total of 74.1% of the former were aware of their serological condition, a total of 68.7% of the latter being aware thereof.

Focusing on those who had injected in the last 12 months, there are no relevant differences between males (68.8%) and females (68.0%) with regard to their awareness as to their serological condition. A difference does however exist in terms of the age, the degree of awareness having been found to increase with age. Hence, 48.7% of those under 25 years of age are aware of their serological condition, as compared to the 74.1% of those over 34 years of age. It is also advisable to point out the difference between those who had previously undergone treatment (82.4% were aware of their serological condition) and those who were coming in for treatment for the first time (solely 15.4% knew whether or not they were HIV positive), this fact being justifiable as a result of the standard practice of HIV serology testing being conducted on all admissions to treatment

Table 6.2. Prevalence of HIV infection among the injectors admitted to treatment for psychoactive drug abuse or dependence in percentage [1]. Spain, 2009

	INJECTION IN THE LAST 12 MONTHS IMMEDIATELY PRIOR TO THE ADMISSION			INJECTION EVER IN THEIR LIFETIME		
	TOTAL	PRIOR TREATMENT		TOTAL	PRIOR TREATMENT	
		YES	NO		YES	NO
Total injectors (No.)	3763	2777	866	9637	7569	1687
No. injectors aware of their HIV-related serological condition	2585	2131	397	7143	5999	920
Prevalence [(1)] HIV infection (%)	26.9	28.	16.9	32.3	33.3	24.3
Male injectors (No.)	3228	2399	729	8261	6499	1429
Aware of their HIV-related serological condition (No.)	2222	1842	328	6108	5134	776
Prevalence [(1)] HIV infection (%)	26.0	27.2	18	30.8	31.7	24
Female injectors (No.)	525	371	135	1344	1042	255
Aware of their HIV-related serological condition (No.)	357	284	68	1013	845	142
Prevalence [(1)] HIV infection (%)	32.2	37	10.3	41.3	43.6	26.1
Injectors < 25 age (No.)	275	122	144	373	168	191
Aware of their HIV-related serological condition (No.))	134	86	47	188	118	66
Prevalence [(1)] HIV infection (%)	2.2	3.5	0	3.2	4.2	1.5
Injectors 25-34 age (No.)	1095	733	324	1952	1401	486
Aware of their HIV-related serological condition (No.)	712	534	163	1337	1052	257
Prevalence [(1)] HIV infection (%)	15.2	16.1	11	16.7	17.4	12.5
Injectors > 34 age (No.)	1982	1640	289	6233	5151	834
Aware of their HIV-related serological condition (No.)	1469	1287	152	4786	4116	517
Prevalence [(1)] HIV infection (%)	34.7	35	29.6	37.4	37.7	32.9
Injectors < 2 yrs using the main drug	163	63	96	272	112	142
Aware of their HIV-related serological condition (No.)	80	41	39	155	83	62
Prevalence [(1)] HIV infection (%)	15	24.4	5.1	20.6	27.7	11.3
Injectors 2 yr. Or more of using the main drug	3384	2577	706	8739	6988	1431
Aware of their HIV-related serological condition (No.)	2368	1982	337	6536	5541	807
Prevalence [(1)] HIV infection (%)	27	28.4	17.8	32.4	33.2	24.8
Injectors users opiates[2]	3095	2468	536	8139	6797	1053
Aware of their HIV-related serological condition (No.)	2274	1937	288	6255	5438	632
Prevalence [(1)] HIV infection (%)	28.3	29.2	20.1	33.7	34.2	27.5
Injectors non-users opiates	668	309	330	1498	772	634
Aware of their HIV-related serological condition (No.)	311	194	109	888	561	288
Prevalence [(1)] HIV infection (%)	16.4	21.1	8.3	22.3	25	17.4

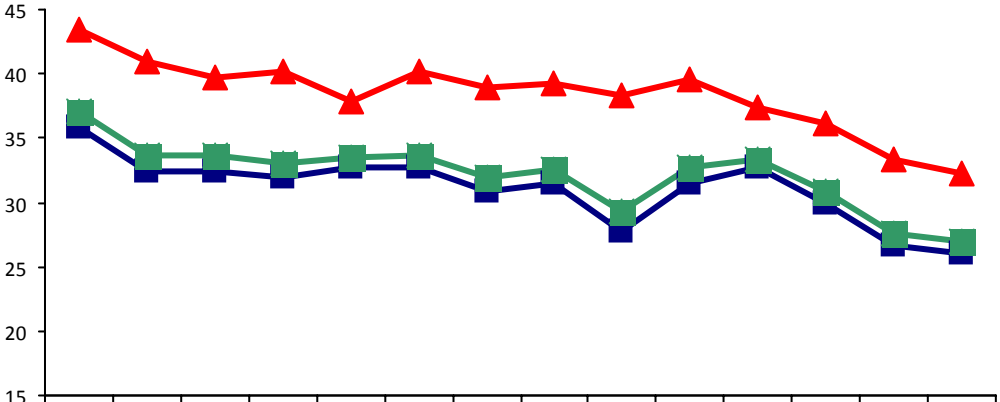
1. The prevalence figures are calculated on the number of cases having information on the HIV serological condition and on the other variables that are crossed.
2. Both those admitted for treatment for opioid dependence as well as those admitted for other psychoactive drugs who have used opioids in the last 30 days immediately prior to the admission are included.

SOURCE: Treatment Demand Indicator. Spanish Observatory on Drugs.
Government Delegation for the National Plan on Drugs

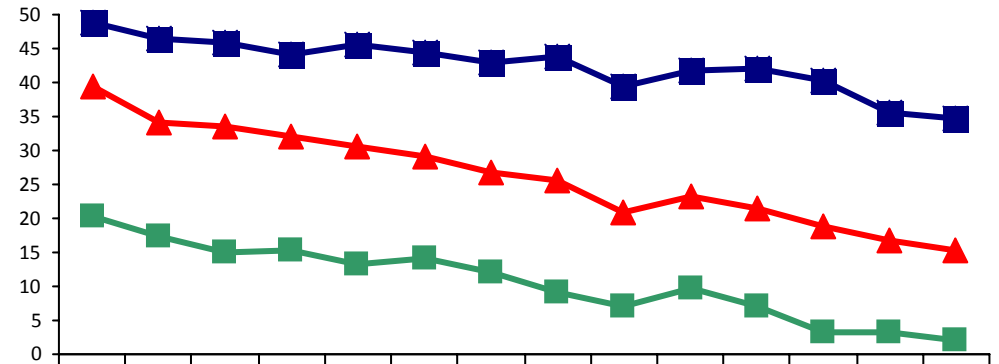
As regards HIV prevalence, 26.9% of those who had injected in the last 12 months were HIV-positive, a somewhat higher percentage being found for females (32.2%) than for males (26.0%). Clear differences were also noted according to their ages (2.2% in those under 25 years of age and 34.7% among those over 34 years of age).

Fig. 6.8 provides the HIV prevalence data, in terms of age and gender, among those admitted to treatment who had injected drugs in the last 12 months immediately prior thereto and who were aware of their serological condition. It is advisable to bear in mind that the percentage of injectors admitted to treatment who were unaware of their HIV-related serological condition was 33.5% in 1997, 29.4% in 1999, 25.5% en 2001, 26.1% en 2003, 27.5% en 2004, 26.7% en 2005, 21.8% en 2006, 23.2% en 2007, 29.5% en 2008 and 16.9% en el 2009. In general, a slight downward trend can be said to exist. As previously mentioned, the prevalence is greater among females than among males and among those over 34 years of age.

Fig. 6.8 Prevalence of HIV among those admitted to treatment who had injected drugs within the 12 months immediately prior thereto who were aware of their serological condition, by gender and by age group. Spain, 1996-2009.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Male	35.9	32.4	32.4	31.9	32.7	32.7	30.9	31.5	27.7	31.5	32.7	30	26.7	26
Female	43.4	41	39.7	40.2	37.9	40.2	38.9	39.3	38.3	39.5	37.4	36.2	33.3	32.2
Total	37.1	33.7	33.6	33	33.5	33.7	32	32.6	29.3	32.7	33.4	30.9	27.6	26.9



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<25	20.3	17.5	15.1	15.2	13.1	14	12.1	9.2	7.1	9.7	7.2	3.2	3.2	2.2
25-34	39.3	34	33.4	32	30.5	29.1	26.7	25.5	20.9	23.1	21.4	18.7	16.9	15.2
>34	48.9	46.4	45.8	44	45.5	44.4	42.8	43.8	39.4	41.9	42.2	40.3	35.6	34.7

SOURCE: Treatment Demand Indicator. Spanish Observatory on Drugs

VIRAL HEPATITIS

For the time being, we do not have any new data available concerning HBV and HCV infections in drug users, as a result of which, one much refer to the respective section of the 2010 National Report. Nevertheless, work is currently being done toward starting the collection and proper reporting of this information among those admitted to treatment for drug us in the different Autonomous Communities by means of an online reporting system.

OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

NON-FATAL OVERDOSES AND DRUG-RELATED EMERGENCIES

Methodology:

Description:
This indicator has been functioning since 1987, the objective thereof being that of monitoring the characteristics of the hospital emergencies related to the non-medical or non-treatment-related use of psychoactive drugs in Spain.

Information collection mechanism:
The personnel responsible in each Autonomous Community collects the information by way of a thorough, systematic, active, retrospective review of the emergency services medical records.

A geographic area is selected, and all of the hospitals located within the area in question (excluding maternity wards, children's hospitals and monographic hospitals) are monitored. Each Autonomous Community can decide whether to collect this information continuously or to do so only throughout one week per month selected at random through the Spanish Observatory on Drugs.

Data collection sheet:
The data collection sheet consists of 20 variables, some of which have several sections. The information collected includes: Enrollment information (Clinical record number, the center identification number, data admitted in emergency services), socio-demographic information (gender, date of birth, country/province/city/town of birth, nationality, the patient's legal status), information on the emergency and drug use (CID-10 diagnosis, emergency treatment outcome, names of the drugs mentioned and administration route and evidence, if any, of relationship between drug use and the emergency in question).

Inclusion and exclusion criteria:
All hospital emergency episodes of persons within the 15-64 age range in which mention is made of non-medical or non-treatment-related psychoactive drug use (exception those in which mention is made exclusively of alcohol, tobacco or xanthines) are included, independently of more than one occurring in one same person.

Therefore, the emergencies caused by infectious complications or external causes in illegal drug users are also collected, even though no evidence is provided on the medical record as to there being a direct relationship with the use of drugs. The emergencies involving persons who

use opiates within the framework of maintenance programs without any other psychoactive drugs being used are also included, provided that the diagnosis is unequivocally related to the use of the opiates in question, as is the case of overdoses or withdrawal.

Excluded are the episodes of emergencies caused by pregnancy and the complications of pregnancy although mention be made of psychoactive substance, the emergencies for adverse reaction to medicines (except in the case of mentions exclusively of opiates prescribed in maintenance programs whose diagnosis is unequivocally related to opiates).

Results:

In 2009, a total of 11,890 emergency episodes in persons who had engaged in non-treatment-related or non-medical psychoactive drug use (illegally sold drugs, opiates other than heroin or volatile inhalable drugs) were collected, whether or not the use of these substances was the reason for seeking medical help on coming into the emergency service, whether or not the actual cause of the emergency or exclusively going along with all of the other personal past history of the user of these services.

Based on this calculation, the episodes in which mention was made solely of alcohol, tobacco, hypnosedatives, antidepressants, antipsychotics or any combination thereof were excluded.

These emergency cases come from 15 Autonomous Communities. In most of the areas monitored, the data collection process was limited to one week a month, selected at random; but in others, such as the city of Barcelona and the island of Ibiza, among others, this data was collected continually. Of the 11,890 emergency episodes collected, 5,567 (46.8%) were directly related to the non-treatment-related use of psychoactive drugs, in other words, evidence was found on the medical records (physician's statements) affording the possibility of relating the emergency in question to the non-treatment-related use of one of these drugs.

Focusing exclusively, as of this point, on those emergencies directly related to drugs (independently of whether or not these drugs played the role of having caused the emergency in question), in 2009, the substances mentioned most often on the medical records as having been used were cocaine (61.3%), alcohol (47.4%), cannabis (38.5%), hypnosedatives (20.8%), heroin (21.8%) and other unspecified opiates (14.0%) (Table 6.3).

In the comparison of the aforementioned substances in males and females, a higher percentage of males were found to have made mention of heroin, cocaine, cannabis and alcohol, whilst the females make greater mention of hypnosedatives. No differences were found between males and females in the percentage of mentions of amphetamines and volatile inhalable drugs.

Table 6.3 General characteristics of the hospital emergency episodes among psychoactive substance users, by type of emergency and gender. Spain, 2009

EMERGENCIES RELATED DIRECTLY TO DRUGS			
	MALES	**FEMALES**	**TOTAL**
NO. EPISODES	4349	1200	5567
AVG. AGE (years)	32.9	32.3	32.7
FEMALES (%)	-	-	21.6
PSYCHOACTIVE SUBSTANCES MENTIONED (%)[1]			
Heroin	22.4	19.4	21.8
Other Opiates	14.2	13.4	14.0
Cocaine	62.1	58.1	61.3
Amphetamines	5.6	5.6	5.6
MDMA and Derv.	3.3	3.0	3.2
Hypnosedatives	20.1	23.4	20.8
Cannabis	38.9	37.0	38.5
Hallucinogens	3.3	2.8	3.2
Volatile Substances	0.6	0.6	0.6
Alcohol	47.9	45.0	47.4
Other substances	2.3	4.0	2.7
RELATED PSYCHOACTIVE SUBSTANCES (%)[2]			
Heroin	17.5	15.8	17.2
Other Opiates	8.0	6.6	7.7
Cocaine	51.8	48.5	51.1
Amphetamines	4.6	4.7	4.6
MDMA and Deriv.	2.4	2.4	2.4
Hypnosedatives	15.9	18.9	16.5
Cannabis	29.9	27.6	29.4
Hallucinogens	2.6	2.5	2.6
Volatile Substances	0.5	0.5	0.5
Alcohol	40.5	38.9	40.2
Other substances	0.9	2.2	1.2
ARRESTED (%)	6.0	2.6	5.2
EMERGENCY OUTCOME IN (%)			
Medical release	81.0	80.7	81.0
Voluntary release	8.2	8.2	8.2
Hospital admission	8.0	7.6	7.9
Exitus in emergency services	0.0	0.0	0.0
Transferred to another centre	2.7	3.5	2.8

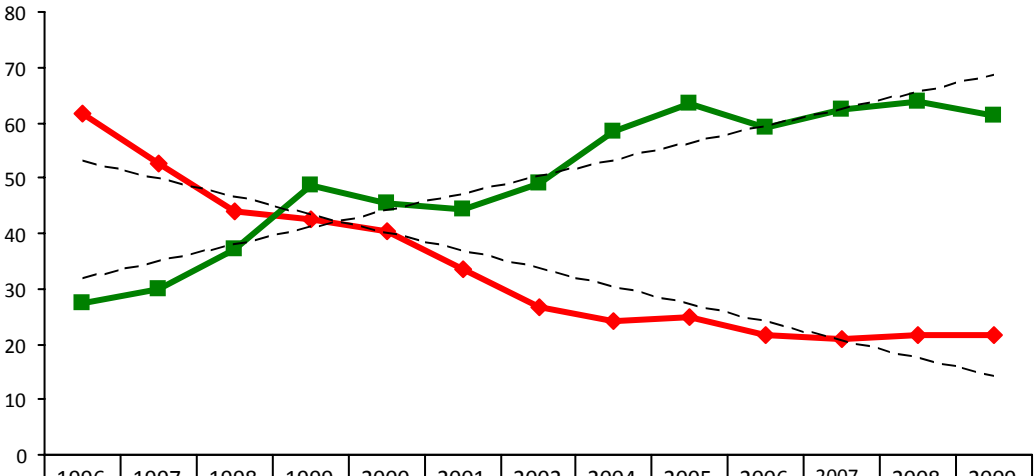
1. Includes the substance regularly or sporadically used and the substances related to the emergency in question.
2. Includes the parallel substances for which the physician states a direct relationship with the emergency on the clinical record.

Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Emergency Indicator.

As compared to previous years, a major drop is found to exist in the percentage of mentions of heroin from 1996 to 2006 (61.4% in 1996, 40.5% in 2000, 26.8% in 2002, 24.2% in 2004, 21.8% in 2006) which seems to have stabilized over the past few years (21.0% in 2007, 21.5% in 2008 and 21.8% in 2009). However, the percentage of mentions of cocaine is showing an opposite trend, these mentions having been on the rise as of 1996 (27.4% in 1996, 48.7% in 1997, 63.4% in 2005, 63.7 in 2008 and 61.3% in 2009), having stabilized at around 60-63% as of 2005 (Table 6.4, Fig. 6.9).

Heroin has progressively been seen less and less starting as of 1999, the year in which cocaine took its place as the drug most often mentioned in emergencies (Table 6.4, Fig. 6.9). Since 2001, even the number of emergencies involving a mention of alcohol exceeds the number of emergencies mentioning heroin, despite alcohol being recorded solely where there is a concomitant use of other drugs.

Fig. 6.9 Evolution of the percentage of emergencies due to acute reaction following psychoactive substance use entailing a mention of heroin or cocaine (%). Spain, 1996-2009

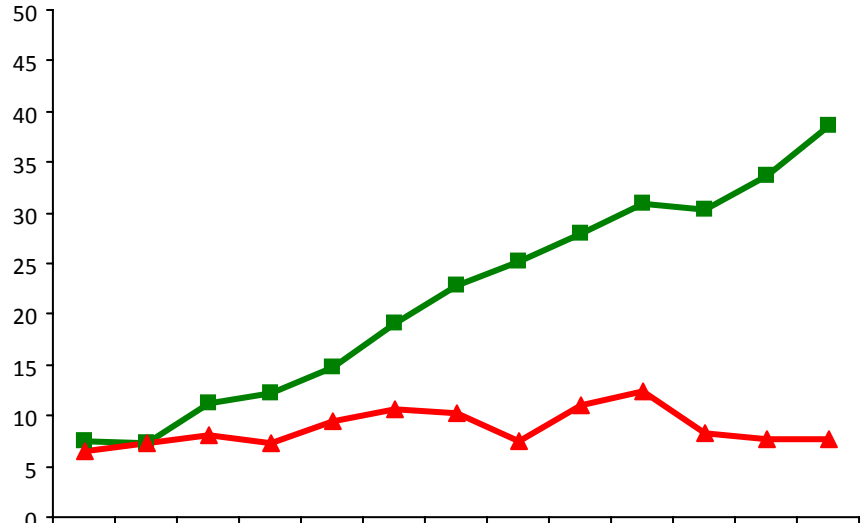


	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009
Heroin	61.5	52.6	43.9	42.5	40.5	33.5	26.8	24.2	24.8	21.8	21	21.5	21.8
Cocaine	27.4	30	37.2	48.7	45.3	44.4	49	58.5	63.4	59.2	62.4	63.7	61.3

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Emergency Indicator.

All of the other substances mentioned have also shown changes over the past few years. Hence, the percentage of mentions of cannabis has risen considerably, from 7.4% in 1996 to 38.5% in 2009 (Fig. 6.10, Table 6.4) and that of alcohol, which has risen from 13.3% in 1996 to 47.4% in 2009. In turn, the mentions of ecstasy increased from 1996 to 2006, having risen from 1.6% to 7.2%, the year when it reached its peak, having dropped down to 3.2% in 2009. The percentage of mentions of amphetamines shows a slightly upward trend throughout the 1996-2009 period, with slight variations but has remained stable at around 5% over the last four years, being 5.6% in 2009. The evolution of the percentage of mentions of hypnosedatives is difficult to assess, especially as of 2002, due to the changes made in this regard in the data-collecting criteria among the different Autonomous Communities and in the analysis of this information.

Fig. 6.10 Evolution of the mentions of different substances in hospital emergencies for acute reaction to psychoactive drugs (%). Spain, 1996-2009.



	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009
Cannabis	7.4	7.3	11.3	12.2	14.8	19.1	22.8	25.1	27.9	30.9	30.3	33.6	38.5
Ecstasy, amphetamines or hallucinogens	6.5	7.3	8.1	7.2	9.5	10.7	10.3	7.5	11	12.4	8,2	7.6	7.7

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Emergency Indicator.

The percentage of mentions of hallucinogens has remained at relatively low, stable levels (at around 2%) since 2005, although a slight upswing has been noted in 2009 (3.2%), which will have to be watched. If amphetamines, ecstasy and hallucinogens are taken into account all together, the percentage of mentions of these three substances reached its highpoint in 2006 (12.4%), as of which time it began dropping, up to the point of having dropped down to 7.7% in 2009 (Fig. 6.10, Table 6.4).

Table 6.4 General characteristics of the episodes of emergencies related directly to psychoactive substance use (absolute numbers, average and percentages). Spain, 1996-2009

	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009
NUMBER EPISODES	2585	1932	2099	2141	2328	2145	2673	5828	7089	7042	7822	6431	5567
AVG. AGE (YEARS)	27.8	28.1	29.1	29.4	30.3	29.8	29.8	31.0	30.7	31.6	32.0	32.4	32.7
GENDER (%)													
Females	21.4%	20.8%	23.1%	23.5%	27.4%	27.1%	27.4%	28.0%	25.0%	26.1%	23.4%	22.7%	21.6%
PSYCHOACTIVE SUBSTANCES MENTIONED (%) (1)													
Heroin	61.4%	52.6%	43.8%	41.9%	40.5%	33.5%	26.8%	24.2%	24.8%	21.8%	21.0%	21.5%	21.8%
Other Opiates	17.3%	26.2%	23.3%	23.4%	20.9%	21.9%	17.7%	14.0%	13.6%	13.7%	15.0%	14.7%	14.0%
Cocaine	27.3%	29.9%	37.2%	48.1%	45.3%	44.4%	49.0%	58.5%	63.4%	59.2%	62.4%	63.7%	61.3%
Amphetamines	3.1%	3.3%	3.4%	2.7%	2.6%	4.6%	3.8%	3.0%	4.8%	5.4%	4.8%	5.2%	5.6%
MDMA and Derivatives	1.6%	2.7%	2.9%	3.1%	4.8%	5.2%	6.3%	4.2%	5.7%	7.2%	5.8%	5.0%	3.2%
Hypnosedatives	25.7%	21.6%	26.1%	25.1%	30.6%	32.0%	34.1%	27.7%	24.6%	28.3%	23.5%	21.3%	20.8%
Cannabis	7.4%	7.3%	11.3%	12.2%	14.8%	19.1%	22.8%	25.1%	27.9%	30.9%	30.3%	33.6%	38.5%
Hallucinogens	2.7%	2.2%	2.9%	2.1%	2.9%	2.4%	1.4%	1.2%	2.0%	2.4%	2.3%	2.0%	3.2%
Volatile Substances	0.3%	0.1%	0.5%	0.1%	0.3%	0.9%	0.3%	0.7%	0.5%	0.4%	0.5%	0.5%	0.6%
Alcohol	13.3%	15.8%	22.9%	22.0%	29.5%	33.8%	39.0%	36.3%	39.0%	42.9%	41.9%	44.6%	47.4%
Other Substances	5.1%	3.6%	6.0%	2.0%	0.8%	2.8%	4.5%	12.5%	4.7%	9.3%	10.5%	3.3%	2.7%
RELATED PSYCHOACTIVE SUBSTANCES (%) (2)													
Heroin	56.1%	50.9%	38.7%	33.0%	35.3%	29.2%	21.4%	17.5%	19.0%	16.9%	16.9%	17.2%	17.2%
Others Opiates	13.5%	17.4%	16.8%	18.9%	18.0%	17.4%	13.1%	9.1%	8.3%	8.5%	8.1%	7.5%	7.7%
Cocaine	19.9%	25.0%	31.6%	39.4%	40.9%	40.5%	44.7%	50.0%	55.5%	51.1%	53.8%	55.1%	51.1%
Amphetamines	2.2%	2.9%	3.0%	9.8%	2.2%	4.2%	3.4%	2.3%	4.2%	4.7%	4.2%	4.4%	4.6%
MDMA and Derivatives	1.3%	2.2%	2.2%	2.4%	4.5%	4.4%	5.3%	3.2%	4.7%	6.4%	5.0%	4.2%	2.4%
Hypnotics and sedatives	23.6%	18.9%	24.3%	23.8%	28.9%	29.2%	30.1%	22.3%	17.0%	21.0%	15.8%	15.6%	16.5%
Cannabis	6.2%	6.6%	8.9%	9.3%	12.8%	16.9%	19.9%	19.3%	21.7%	23.9%	22.9%	24.7%	29.5%
Hallucinogens	2.1%	1.8%	2.4%	1.7%	2.7%	1.9%	1.3%	0.8%	1.7%	1.7%	2.0%	1.6%	2.6%
Volatile Substances	0.2%	0.1%	0.3%	0.1%	0.3%	0.9%	0.2%	0.6%	0.5%	0.4%	0.5%	0.5%	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%	37.3%	40.2%
Other Substances	4.1%	3.2%	4.9%	1.3%	0.8%	1.6%	1.8%	8.7%	3.3%	4.9%	6.0%	1.8%	1.2%
LEGAL STATUS (%)													
Under arrest	14.4%	22.4%	11.7%	9.4%	6.4%	5.7%	5.2%	4.1%	4.9%	3.7%	3.8%	4.4%	5.2%
EMERGENCY OUTCOME (%)													
Medical release	80.5%	82.0%	81.2%	80.9%	78.7%	79.1%	82.1%	81.4%	79.1%	76.2%	79.1%	80.0%	81.0%
Voluntary release	7.0%	6.7%	8.8%	8.6%	8.5%	7.5%	7.4%	5.3%	6.7%	8.6%	7.8%	8.5%	8.2%
Hospital admission	7.6%	7.2%	6.0%	6.5%	8.3%	7.8%	6.3%	8.0%	8.4%	8.8%	9.0%	7.8%	7.9%
Exitus in emergency services	0.1%	0.1%	0.0%	0.2%	0.7%	0.2%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%
Transfer 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%	3.7%	2.8%

1. Includes the substances regularly or sporadically used and the substances related to the emergency in question
2. Includes the substances for which the physician states a direct relationship with the emergency in question on the clinical record

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Emergency Indicator

Up to this point, information has been provided concerning substances mentioned in the cases in which the emergency is considered to have been related to the use of substances. On interpreting the preceding data, one must take into account that these are mentions of use of these drugs taken from the clinical record and not that the emergencies in question have been caused by (or related to) the use thereof.

However, when the exclusively the drugs the physician associates with the emergency are considered, the panorama is quite similar, the substances related most often in 2009 having been: cocaine (55.1% of the emergencies), alcohol (40.2%), cannabis (29.4%), heroin (17.2) and hypnosedatives (16.5%. As one same emergency may be related to the use of more than one substance, the total may be greater than 100%. Considering the evolution throughout the 1996-2009 period, the same trends as previously shown for the percentages of the drugs mentioned on the clinical record are found to exist (Table 6.4).

Table 6.5 General characteristics of the drug emergencies by type of emergency and substances mentioned or related to the emergency (absolute number, average and percentages). Spain, 2009

TOTAL DRUG USER EMERGENCIES

	SUBSTANCES MENTIONED										
	Heroin	Other opiates	Cocaine	Amphet,	MDMA / deriv.	Hypnotics sedatives	Cannabis	Hallucinog.	Volatile Subs.	Alcohol	Others
NUMBER OF EPISODES WITH EACH DRUG	2299	2107	6454	462	319	1542	5122	244	48	4548	198
AVG. AGE (years)	36.5	38.9	33.9	29.4	29.4	34.8	30.7	27.2	24.8	33.5	34.9
FEMALES (%)	19.7	23.1	22.1	22.5	21.7	24.2	20.5	18.9	22.9	20.2	34.3
ARRESTED (%)	7.6	7.8	5.2	4.4	4.1	7.9	3.8	1.6	12.8	3.1	4.0
EMERGENCY OUTCOME (%)											
Medical release	75.3	76.2	79.9	75.6	82.3	75.6	80.5	81.6	83.3	81.3	74.7
Voluntary release	9.7	8.3	7.8	6.5	7.4	10.4	5.9	7.4	4.2	7.1	9.8
Hospital admission	12.4	12.5	9.8	14.5	8.9	8.9	11.1	9.8	8.3	9.2	10.3
Exitus in emergency services	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0
Transfer to another centre	2.7	2.7	2.5	3.4	1.5	5.1	2.4	1.2	4.2	2.3	5.2

EMERGENCY RELATED DIRECTLY TO DRUG USE

	SUBSTANCES MENTIONED[1]										
	Heroin	Other opiates	Cocaine	Amphet,	MDMA / deriv.	Hypnotics sedatives	Cannabis	Hallucinog.	Volatile Subs.	Alcohol	Others
NUMBER OF EPISODES WITH EACH DRUG	1205	773	3392	310	179	1151	2134	176	33	2623	148
AVG. AGE (years)	36.2	37.8	33.4	29.3	28.6	34.8	30.0	27.0	24.6	33.1	35.2
FEMALES (%)	19.1	20.6	20.4	21.3	20.1	24.2	20.7	18.9	21.2	20.5	32.4
ARRESTED (%)	6.5	8.9	5.2	4.6	3.4	6.6	5.0	1.1	9.4	3.2	4.7
EMERGENCY OUTCOME (%)											
Medical release	76.0	76.4	81.2	75.2	83.1	74.4	80.3	82.4	83.3	81.1	74.0
Voluntary release	11.5	9.4	8.7	7.4	8.8	11.0	6.8	8.8	4.2	8.2	9.6
Hospital admission	9.5	9.9	7.5	13.2	5.9	8.6	10.1	8.1	8.3	8.1	9.6
Exitus in emergency services	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0
Transfer to another centre	3.0	4.2	2.5	4.3	2.2	5.8	2.7	0.7	4.2	2.6	6.8

EMERGENCY RELATED DIRECTLY TO DRUG USE

	SUBSTANCES RELATED [2]										
	Heroin	Other opiates	Cocaine	Amphet,	MDMA / deriv.	Hypnotics sedatives	Cannabis	Hallucinog.	Volatile Subs.	Alcohol	Others
NUMBER OF EPISODES WITH EACH DRUG	926	413	2762	248	130	894	1592	140	26	2174	63
AVG. AGE (years)	35.9	37.0	32.9	28.7	27.6	34.7	29.0	26.2	24.5	33.1	35.9
FEMALES (%)	19.9	18.6	20.5	22.2	21.5	24.6	20.2	20.9	23.1	20.9	39.7
ARRESTED (%)	6.6	12.4	5.3	4.1	1.5	6.6	5.6	0.0	12.0	3.0	6.3
EMERGENCY OUTCOME (%)											
Medical release	75.6	79.4	82.1	76.4	85.1	75.0	81.0	85.4	84.2	82.3	79.0
Voluntary release	12.8	7.5	8.6	6.7	11.7	10.7	6.0	10.7	0.0	8.4	8.1
Hospital admission	9.1	8.7	7.2	11.5	1.1	8.4	10.3	3.9	10.5	7.1	4.8
Exitus in emergency services	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Transfer to another centre	2.5	4.5	2.2	5.3	2.1	5.7	2.6	0.0	5.3	2.1	8.1

1. Includes the substances regularly or sporadically used and the substances related to the emergency in question
2. Includes the substances for which the physician states a direct relation to the emergency in question on the clinical record

SOURCE: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Emergency Indicator.

The percentage of females for whom care was provided in emergency services (in relation to the non-medical use of psychoactive substances) rose from 20.8% in 1997 to 28% in 2004, to then have dropped down to 21.6% in 2009 (Table 6.4).

In 2009, the average age of those for whom care was provided was 32.7 years of age (somewhat older among males than females), the youngest average ages being those of the emergencies with mentions of volatile inhalable drugs (24.6 years of age), hallucinogens (27.0 years of age) and ecstasy (28.6 years of age); the oldest ages being those of the emergencies involving mentions of heroin (36.2 years of age) or other opiates (37.8 years of age) (Table 6.5). In general, a trend is noted for the time period studies toward a rise in the average age of those persons for whom care has been provided in emergency services (27.8 years of age in 1996, 30.3 years of age in 2000, 31.0 years of age in 2004 and 32.7 years of age in 2009) (Table 6.4).

As far as the legal status of these patients are concerned, in 2009, a total of 5.2% of the emergencies directly related to drugs involved individuals under arrest, the highest percentages of individuals under arrest in emergencies relate to heroin (6.65) or other opioids (12.2%) (Table 6.5). The legal status of these patients has been progressively evolving, the highest percentage of individuals under arrest having been found in 1997, the year as of which a decline began, having reached its low point in 2006 (3.7%). As of that time, a slight upward trend is being noted (3.8% in 2007, 4.4% in 2008 and 5.2% in 2009) (Table 6.4).

In 2009, a majority of the emergencies directly related to drugs ended in a medical release (81.0%) (Table 6.4). The spread of the emergencies according to the outcome thereof has not varied to a great degree over the years, nor have any major differences been noted according to the drugs mentioned or going by gender (Tables 6.3, 6.4 and 6.5).

As regards the administration route used most often for the drugs mentioned in the emergencies related directly to drugs, one must take into account that there are a major percentage of unknown values, so the results must therefore be assessed with precaution. In 2009, in the emergencies entailing a mention of heroin, the predominant administration route was the injected route (55.0%) followed by the pulmonary route (38.2%) and the intranasal or sniffed route (6.2%). In the emergencies entailing mentions of cocaine, the predominant administration route was the intranasal or sniffed route (58.6%) followed by the injected route (18.1%) and the pulmonary or smoked route (19.6%) (Table 6.6).

An improvement has been made in the classification of the administration routes of the emergency episodes having mentioned “inhaled use”. Up to 2003, they had been being attributed to the pulmonary or smoked route, but the implementation of the new data collection protocol in 2003 made it possible to identify that most of these episodes pertain to the intranasal or sniffed route. This improvement in classification in the case of cocaine means a major change, because the most frequent administration route in emergencies is now no longer the pulmonary route, but rather the intranasal route by far, the same being true for the treatment indicator. In the case of heroin, the relative importance of the injected route is much greater in emergencies than among persons admitted to treatment for the intranasal or sniffed-route abuse of or dependence on this drug, which goes to show the greater risk of some acute problems, such as overdoses, among injecting users.

The data on the administration route for all of the other psychoactive substances tallies with what is known based on other sources. In the case of ecstasy, hypnosedatives, amphetamines and hallucinogens, the administration route is mostly by mouth. The use of other opiates besides heroin is also generally by mouth, although is injected use is involved in approximately 3% of the cases.

Cannabis uses mainly the pulmonary route (95.4%), but a small percentage of users do take cannabis by mouth (4.3%) (Table 6.6).

Comparing the data related to the administration route with the data from previous years must be avoided in principle due to the improvements made in the classification of this variable and to other aspects affecting the same such as the incorporation of all of the emergency episodes on which data was collected in the city of Barcelona as of 2004, which weigh quite heavily on this data as a whole and which, due to the characteristics of its population (mainly urban), Barcelona contributes a large number of cases of injected use.

Table 6.6 Administration route of the drugs mentions and related to the emergency in the emergencies directly related to psychoactive substance use. Spain 2009

	DRUGS MENTIONED		DRUGS RELATED	
	No.	%	No.	%
HEROIN				
Oral	3	0.6	6	1.3
Pulmonary or smoked	205	38.2	150	33.6
Intranasal or sniffed	33	6.2	21	4.7
Injected	295	55.0	270	60.4
Other route	0	0.0	0	0.0
OTHER OPIATES				
Oral	730	95.7	407	94.7
Pulmonary or smoked	15	2.0	8	1.9
Intranasal or sniffed	2	0.3	0	0.0
Injected	14	1.8	14	3.3
Other route	2	0.3	1	0.2
COCAINE				
Oral	39	3.4	38	3.8
Pulmonary or smoked	224	19.6	174	17.4
Intranasal or sniffed	671	58.6	599	60.0
Injected	207	18.1	183	18.3
Other route	4	0.3	4	0.4
AMPHETAMINES				
Oral	125	85.6	101	84.2
Pulmonary or smoked	5	3.4	5	4.2
Intranasal or sniffed	15	10.3	14	11.7
Injected	0	0.0	0	0.0
Other route	1	0.7	0	0.0
MDMA				
Oral	114	98.3	80	97.6
Pulmonary or smoked	1	0.9	1	1.2
Intranasal or sniffed	1	0.9	1	1.2
Injected	0	0.0	0	0.0
Other route	0	0.0	0	0.0
HYPNOSEDATIVES				
Oral	1264	99.5	933	99.6
Pulmonary or smoked	4	0.3	1	0.1
Intranasal or sniffed	0	0.0	0	0.0
Injected	2	0.2	3	0.3
Other route	0	0.0	0	0.0
CANNABIS				
Oral	69	4.3	63	5.1
Pulmonary or smoked	1523	95.4	1162	94.6
Intranasal or sniffed	2	0.1	1	0.1
Injected	3	0.2	2	0.2
Other route	0	0.0	0	0.0
HALLUCINOGENS				
Oral	70	93.3	55	94.8
Pulmonary or smoked	5	6.7	3	5.2
Intranasal or sniffed	0	0.0	0	0.0
Injected	0	0.0	0	0.0
Other route	0	0.0	0	0.0

SOURCE: Government Delegation for the National Plan on Drugs
Spanish Observatory on Drugs. Emergency Indicator.

In short:

- A larger percentage of males seek medical assistance through the emergency services for non-medical use of psychoactive substances than do females.

- The average age of the persons for whom care is provided is showing an upward trend, but some major variations are being found in terms of the substance responsible for the emergency.

- A total of 46.8% (5,567 of the full 11,980 emergency episodes in drug users are found to be caused by the use of some substance.

- The substances most frequently mentioned by the patients for whom care is provided, just as those most frequently related to the episodes of emergencies are, in this order: cocaine, alcohol and cannabis, an obvious rise in the presence of cannabis being noted.

- Heroin is related to less than 20% of the emergencies, although its evolution must be watched.

DRUG RELATED DEATHS AND MORTALITY OF DRUG USERS

SPECIAL REGISTER (SR)

Methodology:

Description:
This is a special mortality register for the purpose of collecting information on deaths with judicial intervention in which the main, direct cause of the death is an acute adverse reaction following the non-medical or intentional use of psychoactive substances (except alcohol and tobacco).

Coverage:
The populational coverage at the geographic level has been progressively increasing. In 2009, 14 of the 19 extant Autonomous Communities in Spain reported date, which would correspond to approximately somewhat over half of Spain's population. The characteristics of the population of these Autonomous Communities can be considered representative of all of Spain. This indicator began functioning systematically in 1990, although partial information is available as of 1983.

Mortality indicator information collection mechanism:
The primary SOURCE of information comes from the Forensic Anatomical Institute of Madrid, Coroners, National Toxicology Institute and University Legal Medicine Departments which report this data to their Autonomous Communities, which forward the same to the database of the Spanish Observatory on Drugs of the Government Delegation for the National Plan on Drugs. This is currently being done in the form of hardcopy information sheets, but, in short, will be done by way of a web specially-designed for this purpose.

A detailed protocol is available setting out a description of the variables to be included, how to do so and the criteria for inclusion and exclusion. The most important aspects thereof are summarized in following.

Variables:
The information collection sheet consists of 26 variables, some of which have several sections. The information collected includes:

- Enrollment information (Coroner's report or autopsy number, toxicological report number, number of prior formalities, institution collecting the information, number of the court processing the case, the court's province and city/town).

- Socio-demographic information (gender, date of birth, province and city/town of birth, nationality, province and city/town where residing, marital status, date of death, province and city/town of death).

- Information on the corpse and the drugs (corpse received from, clinical criteria and signs of the autopsy compatible with acute reaction due to drug use, coroner's diagnosis of cause of death, evidence of suicide, signs of vein puncture and anti-HIV antibodies.

Criteria for inclusion:
The case is selected and is included in the register if it fulfills any of the following four criteria for inclusion:

1. Evidence of recent use of psychoactive drugs. This evidence may be of various types:

    - Clinical evidence of acute intoxication by psychoactive substances immediately prior to death which is recorded on some document (hospital report, medical record, etc.).
    - External physical signs of recent administration of psychoactive drugs (recent vein punctures, present of traces of psychoactive substance in mouth, nasal passages, stomach, etc., hair on head, breath or odor of solvent on clothing, etc.).
    - Presence of psychoactive substances or utensils for using the same at the place of death (syringe or other injecting utensils, tin foil, pipe, empty pill bottles, glue cans or spray cans, lighter fluid refills, plastic bags for inhaling, etc.).
    - Recent use (7 days immediately prior to death) reported by family members or detected by the coroner in a forensic medical examination or assistance concerning the person now deceased.

2. Presence of toxicological analyses testing positive for some substance subject to registry.

3. Anatomopathological findings of autopsy compatible with death due to recent use of some psychoactive substance.

4. Existence of a forensic diagnosis of death due to acute reaction to some psychoactive substance.

Criteria for exclusion:
According to the definition initially set forth, the following types of deaths are excluded:

1. Deaths in which there is no judicial intervention or forensic study as to the causes with a written record of the findings. However, toxicological analyses not being conducted is not a reason for exclusion, although the availability of the results of these analyses is highly recommendable. Deaths not related to the use of psychoactive substances. However, the deaths caused due to disorders which may have been worsened or complicated by the recent use of psychoactive substances are not excluded, provided that they fulfill the criteria for inclusion.

2. Deaths *indirectly* related to the use of psychoactive substances subject to registry. In other words, in those deaths in which the use of a psychoactive drug has been a contributing factor yet not the main or fundamental cause of death.

Hence, the deaths for the following causes are not included:

- Infectious diseases acquired presumably as a result of the use of drugs (AIDS, endocarditis, hepatitis, septicemia, tetanus, etc.).
- Homicides of any type, although the deceased were to be under the influence of psychoactive substances, the homicide were to have occurred in the course of activities related to drug trafficking or drug use or the person having committed the homicide were to have employed psychoactive substances to cause the death.
- Accidents of any type (occupational, household, traffic accidents, etc.) in persons under the effects of psychoactive substances, with the exception of the deaths caused directly by poisoning or acute intoxication with these substances.
- Suicides (hanging, jumping to one's death, drowning, shooting, etc.) in persons under the effects of psychoactive substances. On the other hand, those deaths caused directly by poisoning or acute intoxication which are self-inflicted with psychoactive substances are included. (Would these be overdoses?) Yes.
- Deaths due to involuntary or unintentional exposure or ingestion of psychoactive substances.
- Deaths due to adverse reactions to psychoactive pharmaceutical products or medicines correctly prescribed and administered. Deaths due to an acute reaction to psychoactive substance in persons in methadone maintenance program are included unless it can be proven that all of the psychoactive drugs taken by the deceased have been correctly prescribed and administered.
- Deaths due to a chronic disease related to alcohol and deaths due to exclusively an acute alcohol poisoning (drunkenness).

Results:

The main results from the exploitation of the Special Mortality Register in Spain for the 1983-2009 period are provided in following.

a)General characteristics of those deceased due to an acute reaction following the use of psychoactive substances.

A description is provided of the general characteristics of those deceased due to an acute reaction following the use of psychoactive substances in Spain in 2009 and the evolution thereof as of 2003. The detailed data can be referred to in Table 6.7.A total of 84.5% of the deceased were males, as compared to 15.5% who were females. This male predominance is a constant characteristic from the very start of this series. The average age in 2009 is 38.3 years of age, an upward trend having been detected since 2003.

A total of 24.9% fall within the 40-44 age range, 23.7% being over 45 years of age. A total of 67.3% of the persons on whom information was available were single. In a total of 90.4% of the cases, there was evidence of recent use of some substance, no signs of vein puncture existing in 68.6% of the cases. For a majority of the cases (91.5%), there was no evidence of suicide. In regard to other disorders, in 30.9%, death was due to a prior disorder further worsened by the use of substances, a total of 41.1% being HIV-positive.

Taking into account the limitations of this approximation, it might be said that the most frequent profile of death due to an acute reaction to psychoactive substance is that of a male of over 40 years of age, single, with no prior physical disorder, who has recently used some substance and in whom no signs are suicide are detected.

Table 6.7 General characteristics of the individuals having died due to an acute reaction following psychoactive substance use. Spain, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
NUMBER DECEASED	493	468	455	428	475	424	438
Sex (%)							
Males	85.3	83.9	86.3	84.3	87.4	85.6	84.5
Females	14.7	16.1	13.7	15.7	12.6	14.4	15.5
Avg. age (years)	35.3	37.0	36.1	37.2	38.2	38.1	38.3
AGE GROUP (YEARS)							
15-19	0.8	1.3	1.4	0.9	0.6	1.9	0.7
20-24	6.7	4.1	6.2	4.2	4.3	6.1	6.4
25-29	14.6	11.9	11.2	12.9	9.7	10.6	8.0
30-34	22.6	20.5	20.0	18.0	17.6	16.3	17.4
35-39	28.2	27.9	28.9	23.8	24.1	22.2	18.9
40-44	16.9	19.2	20.7	21.3	22.2	19.8	24.9
>= 45	10.2	15.1	11.6	18.9	21.5	23.1	23.7
MARITAL STATUS (%)							
Single	69.4	68.9	68.7	72.0	62.8	61.4	67.3
Married	19.0	15.6	16.4	12.2	19.1	16.8	15.4
Separated/Divorced	10.5	14.4	13.7	13.6	17.4	18.9	15.0
Widowed	1.0	1.1	1.1	2.2	0.7	2.9	2.3
PROVENANCE OF CORPSE (%)							
Home	54.5	55.2	58.1	52.3	60.6	60.0	61.9
Hotel/Boarding house	5.3	5.1	6.2	5.8	4.6	3.9	5.9
Street	18.5	17.4	13.5	20.1	13.1	15.8	11.8
Public establishment	1.8	1.3	2.5	4.8	2.4	1.7	2.8
Hospital	10.6	9.5	6.4	7.7	5.7	6.8	6.1
Prison	1.1	3.5	4.8	3.9	3.7	4.9	4.0
Other	8.2	8.1	8.5	5.3	9.8	7.0	7.3
EVIDENCE OF RECENT DRUG USE (%)							
Yes	85.6	92.6	94.4	92.4	85.3	89.0	90.4
No	14.4	7.4	5.6	7.6	14.7	11.0	9.6
EVIDENCE OF SUICIDE (%)							
Yes	12.1	8.8	5.7	10.8	8.8	9.0	8.5
No	87.9	91.2	94.3	89.2	91.2	91.0	91.5
SIGNS RECENT VEIN PUNCTURE (%)							
Yes	53.3	43.0	51.7	40.6	35.2	35.4	39.2
No	46.7	57.0	48.3	59.4	64.8	64.6	60.8
DEATH CAUSED BY PREVIOUSLY-EXISTING DISORDER WORSENED BY PSYCHOACTIVE SUBSTANCE USE (%)							
Yes	35.4	32.6	35.5	28.6	20.4	26.6	30.9
No	64.6	67.4	64.5	71.4	79.6	73.4	69.1
ANTI-HIV ANTIBODIES (%)							
Positive	42.7	40.6	42.8	36.9	37.4	40.7	41.1
Negative	57.3	59.4	57.2	63.1	62.6	59.3	58.9

SOURCE: Drug-related Deaths Indicator. Declaring Autonomous Communities. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

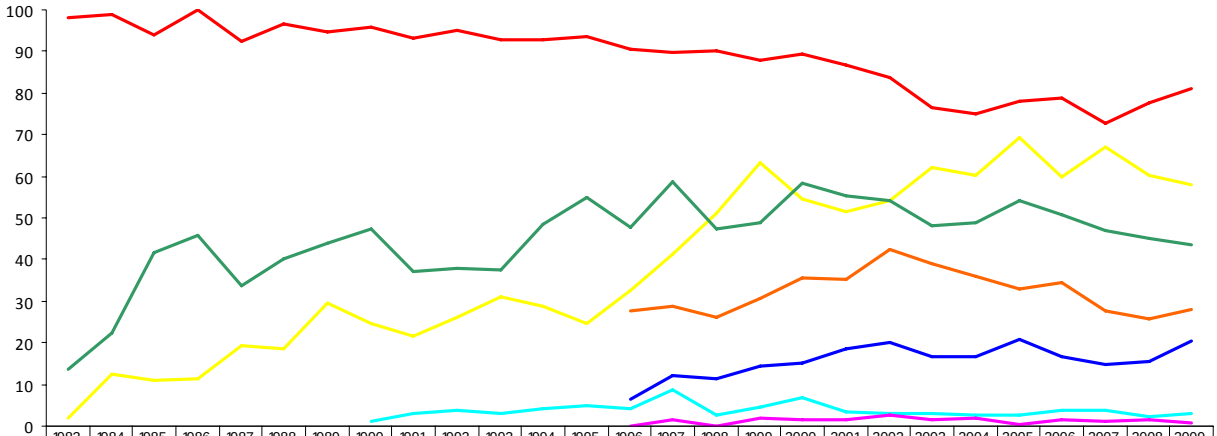
b) Evolution of the deaths due to an acute reaction following use of psychoactive substances, according to the type of substance. Spain 1983-2009.

Fig. 6.11 shows the evolution of the deaths due to an acute reaction following the use of psychoactive substances in Spain within the 1983-2009 period. The data provided is that of the percentage of deceased individuals in whom each one of the substances and metabolites to which reference is made were identified in the toxicological analyses. The sum of all of the percentages for each one of the years studied totals more than 100% due to the identification of various substances or the metabolites thereof simultaneously in one same toxicological analysis.

The use of multiple substances is hence the pattern most often found among those who have died due to an acute reaction to psychoactive substances. In 2009, the opiates continue to be the substance identified in the greatest number of deceased individuals (81.0% of the samples), a slight rise having been noted in 2009 compared to 2008 (77.7%) which seems to confirm an upward trend which began in 2007 (72.8%), making close surveillance of this indicator advisable.

Cocaine continues to be ranked second with regard to the percentage of the total number of deaths in which this substance is identified. However, a slight decline was recorded in 2009 (57.8%) compared to 2008 (60.2%) and 2007 (67%). As in the case of the opiates, it will be necessary to watch the evolution of the figures over the years to come.

Fig. 6.11 Evolution of the percentage of deaths due to an acute reaction following the use of psychoactive substances, by the type of substance detected in the toxicological analysis. Spain, 1983-2009 (%)



	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	2008	2009
Opiates	98	98,8	93,9	100	92,4	96,6	94,8	96	93,1	94,9	92,8	92,9	93,4	90,4	89,8	90,1	88	89,4	86,8	83,8	76,7	74,9	78,20	78,7	72,8	77,7	81
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	60,2	57,8
Hipnosedatives	13,7	22,5	41,5	46	33,8	40,2	43,8	47,4	37,2	37,9	37,4	48,4	54,8	47,7	58,6	47,4	48,8	58,5	55,2	54	48	48,7	54,10	50,7	46,9	45,1	43,6
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	2,2	3
Cannabis														6,5	12,2	11,3	14,3	15,2	18,7	20	16,7	16,7	20,90	16,8	14,6	15,6	20,6
MDMA														0,1	1,5	0	1,8	1,6	1,5	2,5	1,6	1,9	0,40	1,7	1,1	1,4	0,9
Alcohol														27,7	28,6	26,2	30,5	35,5	35,3	42,5	39	35,8	33,00	34,3	27,8	25,9	28,1

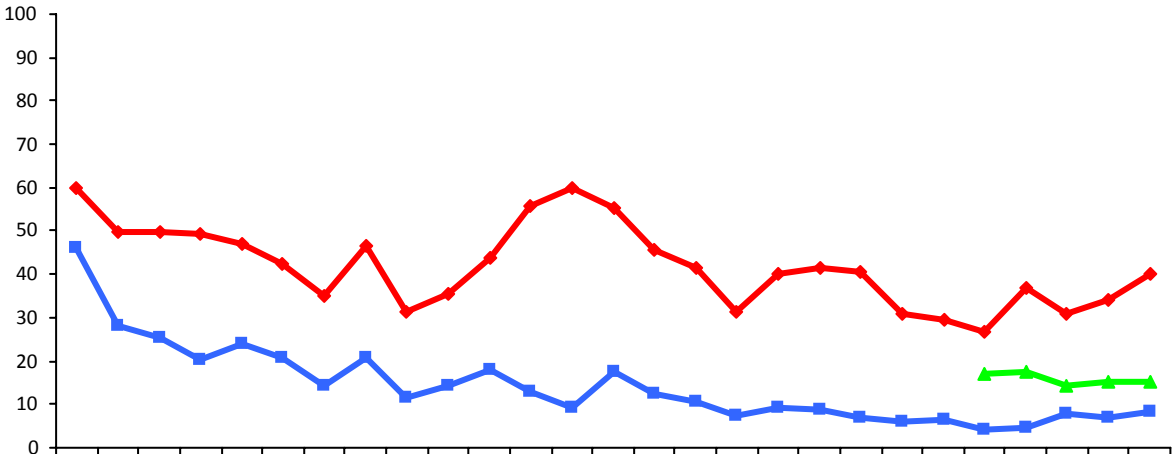
SOURCE: Drug-related Deaths Indicator. Declaring Autonomous Communities. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

In Figs. 6.12 and 6.13, an analysis is provided of the evolution over the course of time of the data for opiates and cocaine in greater detail, individually assessing, in the case of the opiates: “opiates and not cocaine”, “opiates alone” and “opiates plus benzodiazepines”. In the case of cocaine, the presence of “cocaine and not opiates”, “cocaine alone” and “cocaine with alcohol” are assessed.

The evolution over the course of time shows an upward trend to have recently started (2007-2008) in the deaths in which opiates alone or rather opiates with substances other than cocaine are detected, which is coherent with the rise, in 2009, in the percentage of deaths in which opiates were identified.

The data for cocaine shows a drop in the number of deaths in which this substance is identified alone or in combination with other substances (“cocaine alone” and “cocaine and no opiates”). The combination “cocaine alone plus alcohol” has however been increasing considerably since 2007.

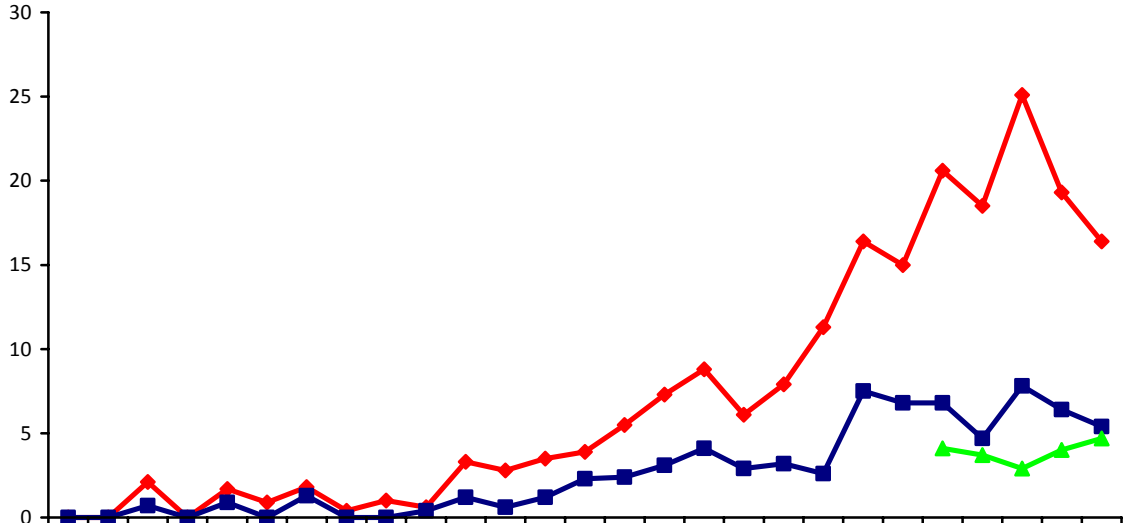
Fig. 6.12 Evolution of the percentage (%) of deaths due to an acute reaction to psychoactive substances in the toxicological analyses of which, the following are detected: opiates and no cocaine, only opiates and opiates plus benzodiazepines. Spain, 1983-2009.



	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	2008	2009
Opiates and no cocaine	59.8	49.6	49.7	49.2	47	42.4	35.2	46.6	31.3	35.4	44	55.8	59.8	55.1	45.4	41.7	31.5	40.3	41.7	40.5	30.8	29.7	26.6	36.8	30.7	34.3	40
Opiates alone	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	7	8.2
Opiates, benz and/or alcohol																							16.9	17.6	14.5	15.3	15

SOURCE: Drug-related Deaths Indicator. Declaring Autonomous Communities. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Fig. 6.13 Evolution of the percentage (%) of deaths due to an acute reaction to psychoactive substances in the toxicological analyses of which the following are detected: cocaine and no opiates, cocaine alone and cocaine with alcohol. Spain, 1983-2009



	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	2008	2009
Cocaine and no opiates	0	0	2,1	0	1,7	0,9	1,8	0,4	1	0,6	3,3	2,8	3,5	3,9	5,5	7,3	8,8	6,1	7,9	11,3	16,4	15	20,6	18,5	25,1	19,3	16,4
Cocaine alone	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	6,4	5,4
Cocaine alone w/alcohol																							4,1	3,7	2,9	4	4,7

SOURCE: Drug-related Deaths Indicator. Declaring Autonomous Communities. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

c) Evolution of the deaths due to acute reaction following psychoactive drug use. Spain 1983-2009.

The evolution over the course of time of the deaths due to an acute reaction following psychoactive drug use in Spain is provided in following.

All of the results presented up to this point include the mortality data taken from the statement from the Autonomous Communities reporting to the Spanish Observatory on Drug's specific mortality register, but one must bear in mind that not all of the Autonomous Communities are reporting to this specific registry, and also that those Autonomous Communities which do report vary from year to year. To address these limitations, a number of estimates are made.

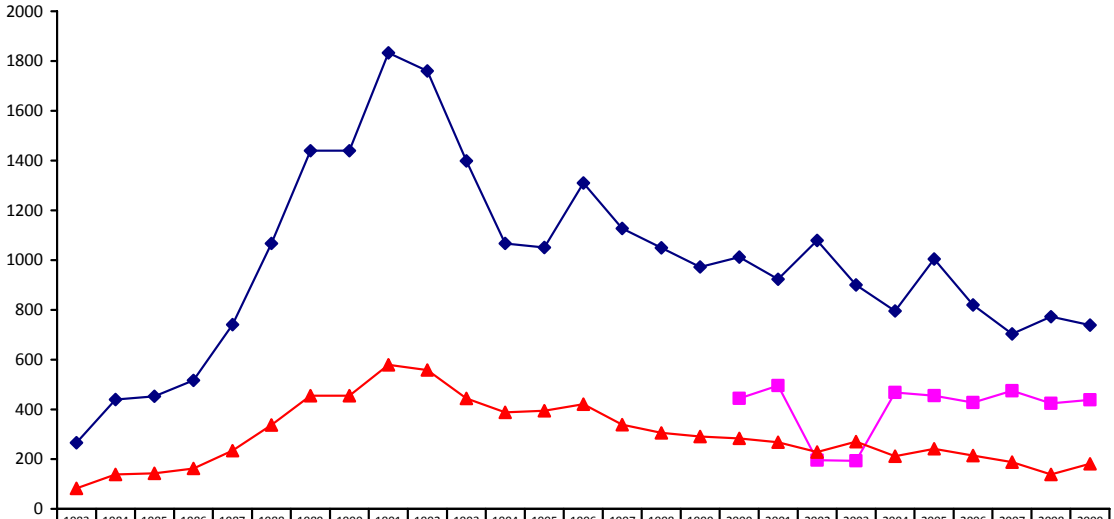
Firstly, to try to make up for the fact that not all of the Autonomous Communities report to the Special Register, the number of deaths nationwide is estimated based on the data from the Spanish National Institute of Statistics General Mortality Register, to which all of the Autonomous Communities report.

Secondly, to assure that the data from one year and another will be comparable, a time series is available with 6 Spanish cities (always the same cities= from 1983 to 2009. This data is taken from the information coming from the deaths in the judicial districts of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza. In the case of Seville, the data is estimated for the 1997-2000 and 2005-2006 periods, also being estimated for the 2003-2004 period for

Zaragoza. It must be pointed out that, up until 1995, data was collected solely on the deaths due to an acute reaction to opioids or cocaine.
In Fig. 6.14, the three lines graph the estimated deaths for all of Spain, the deaths reported by the Autonomous Communities who report to the special mortality register, and the deaths for 6 cities in Spain.

In general, following the swift rise noted throughout the 1980's associated with intravenous heroin use, a downward trend in mortality has been noted and is continuing in 2009.

Fig. 6.14 Evolution of the deaths due to an acute reaction following the use of psychoactive substances. Spain, 1983-2009



	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	2008	2009
Estimate for all Spain (1)	266	440	453	516	741	1067	1440	1440	1833	1760	1399	1067	1051	1310	1127	1049	972	1012	923	1079	900	796	1004	820	703	773	739
Aut. Com.providing data(2)																		444	496	196	193	468	455	428	475	424	438
Six Spanish cities (3)	82	139	143	163	234	337	455	455	579	558	444	388	395	421	339	306	291	284	268	229	270	212	242	214	188	139	181

(1) Estimate of the total number of deaths in Spain: (No. deaths in Autonomous Communities who make declarations to the special register) + (estimate of no. deaths in those Autonomous Communities not declaring to the special register based on the general mortality register data). SOURCE: Spanish Observatory on Drugs. Special Mortality Registers and National Institute of Statistics' General Mortality Register.
(2) Number of deaths from the Autonomous Communities who make declarations to the special mortality register (approximately 50% of Spain's population). SOURCE: Spanish Observatory on Drugs. Special Mortality Register.
(3). Number of deaths in 6 of Spain's cities taken from the judicial reports of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza.
SOURCE: Drug-related Deaths Indicator. Declaring Autonomous Communities. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

GENERAL MORTALITY REGISTER (GMR)

Methodology:

In Spain, the National Institute of Statistics (INE) (http://www.ine.es/) has a general mortality register with the causes of death classified according to the ICD-10. The mortality databases are processed in collaboration with the Autonomous Communities. The main SOURCE of information is the Civil Registries which send the death reports to the National Institute of Statistics monthly. The latest mortality database available at the nationwide level is that of 2009.

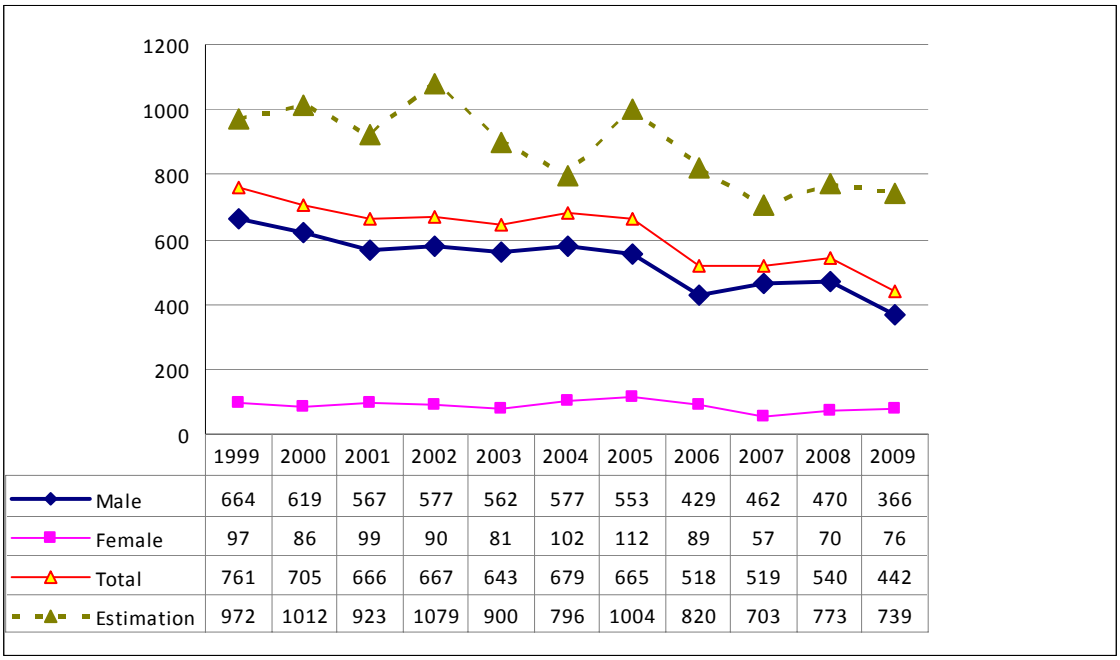
An analysis of mortality is presented in following by selecting the ICD-10 codes suggested by the Spanish Observatory on Drugs (The DRD-Standard, version 3.0 EMCDDA *Scientific Report*. EMCDDA/P1/2002, www.emcdda.eu.int), including ICD-10:F11-F12, F14-F16, F19, X42, X62 and Y12. Added thereto is the X44 for adapting to the context of Spain. The last-mentioned code includes the accidental poisoning for exposure to drugs and is used greatly in Spain for encodings deaths due to an "overdose". This SOURCE of information has its limitations, given that although the mortality register in Spain is of good quality, it is a known fact that illegal drug use heightens the probability of dying due to different causes, and the repercussion on the overall mortality rate of the population is not adequately reflected in the routine mortality statistics. It is estimated that, in Spain, the deaths for drugs taken from the General Mortality Register are underestimated by 40%. Additional studies analyzing the mortality rate which can be attributed thereto would furnish information of interest for the purpose of ascertaining the repercussion of drugs on the population mortality.

Results:

In 2009, a total of 442 deaths were encoded under the aforementioned ICD-10 codes. This number has remained relatively stable over the past few years. Throughout the 1999-2009 period, a male predominance has also been found to exist, a total of 82.8% of the deaths being males in 2009. (Fig. 6.15).

Fig. 6.16 shows the evolution of the deaths taking into account whether they occur in individuals who are below or above 35 years of age. A mirror image is found to exist, where, starting as of 2003, those below 35 years of age are overtaken by those over 35 years of age.

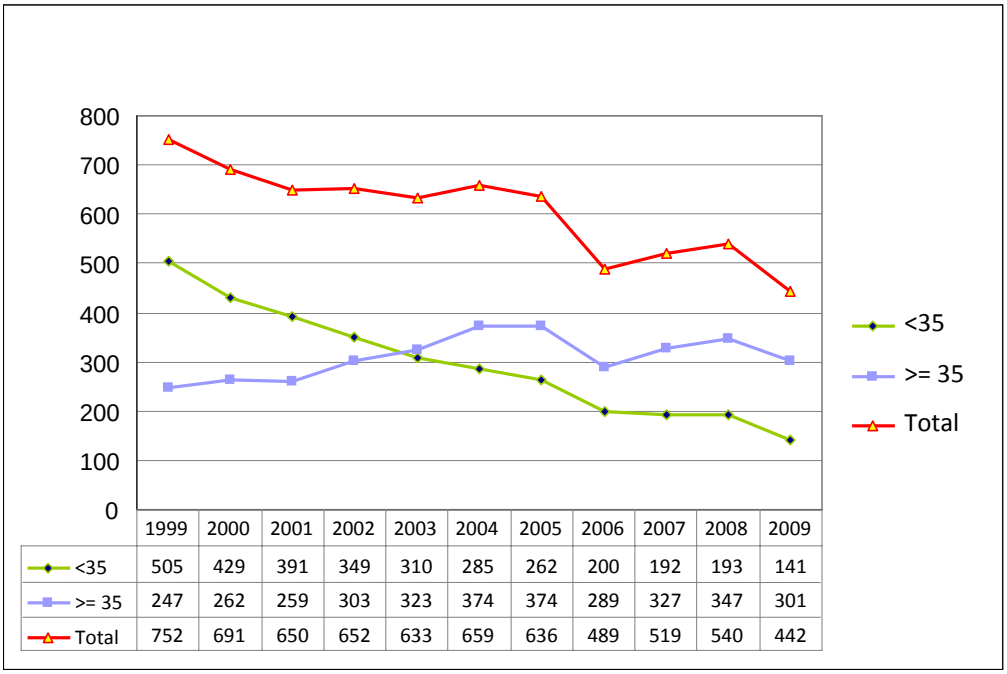
Fig. 6.15 Evolution of the mortality due to the use of psychoactive substances*, by gender. Spain, 1999-2009.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Male	664	619	567	577	562	577	553	429	462	470	366
Female	97	86	99	90	81	102	112	89	57	70	76
Total	761	705	666	667	643	679	665	518	519	540	442
Estimation	972	1012	923	1079	900	796	1004	820	703	773	739

* Codes ICD-10: ICD-10:F11-F12, F14-F16, F19, X42, X44, X62, Y12.
SOURCE: General Mortality Register. National Institute of Statistics.

Fig. 6.16 Evolution of the mortality due to the use of psychoactive substances* by age. Spain, 1999-2009



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<35	505	429	391	349	310	285	262	200	192	193	141
>= 35	247	262	259	303	323	374	374	289	327	347	301
Total	752	691	650	652	633	659	636	489	519	540	442

* Codes ICD-10: ICD-10:F11-F12, F14-F16, F19, X42, X44, X62, Y12.
SOURCE: General Mortality Register. National Institute of Statistics.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

INTRODUCTION

The care provided for drug users is provided mostly through public centers or publicly-funded private ceners. In the latter of these two cases, these centers are managed by Non-Governmental Organizations (NGOs).

In general, these centers serve the main purpose of providing care and treatment to drug users, reducing morbi-mortality and the health and social problems associated with drug abuse.

The priorities of these centers include those of carrying out effective treatment programs, providing care to drug-dependent persons who have special problems and further broadening and diversifying the care offer.

In any of these cases, these centers are required to meet the homologation requirements set forth by the Autonomous Communities.

The information provided in following on the number of programs and reSOURCEs, as well as on those benefitting there from are for centers, services and programs of a public nature or which, although being managed by some private concern (mostly NGOs, as previously mentioned), are publicly funded.

This information is furnished by the seventeen Autonomous Communities, as well as by the Autonomous Cities of Ceuta and Melilla which comprise part of Spain.

Over the course of 2009, care has been provided for a total of 93,283 individuals at 537 outpatient drug dependence care centers. Although this figure means a certain increase compared to the year before (80,397), it must be taken into account that, although the increases have been small in most autonomous areas, the 2008 data had not been collected completely in one case or another, the difference between 2008 and 2009 therefore having been more significant.

There has also been an increase in the number of users for whom care was provided in therapeutic communities (129), having risen from 6,593 in 2008 to 8,134 in 2009. In the case of the hospital detox units (50), care was provided for a total of 3,463 patients, compared to 3,628 in 2008.

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

Emergencies are prevented and the number of drug-related deaths is reduced by way of the harm-reduction programs and reSOURCEs described in following.

The harm reduction programs in 2009 had 40 social emergency centers, 32 mobile units and 1,246 pharmacies with programs of this type.

Apart from the above, eight safe injection or “venipuncture” facilities were operating in Catalonia (6), Madrid (1) and the Basque Country (1), having provided care for a total of 13,124 injecting drug

users. On facilitating a safer use under the supervision of healthcare professionals, these facilities reduce the risks to the health of injecting users.

The users for whom care was provided in the aforementioned programs are shown in the Table below:

Table 7.1 Type, number of facilities and users for whom care has been provided. Spain, 2009

TYPE	No. FACILITIES	No. USERS FOR WHOM CARE WAS PROVIDED
Social emergency centres	40	9,519
Mobile Units	32	9,732
Pharmacies	1,246	49,217
Safe injection rooms	8	13,124
Others	172	1,168

SOURCE: Government Delegation for the National Plan on Drugs. Data from the Drug Plans of Autonomous Communities and Autonomous Cities.

The major increase in those making use of pharmacies in 2009 as compared to 2008 is due to the data collecting having been improved and being more thorough.

On the other hand, one must bear in mind that those making use of harm reduction programs may have gone to more than one of these facilities in the course of 2009, it therefore not being possible to add up the total number of users.

In turn, the syringe exchange programs have handed out around 3,263,324 syringes (although this figure is surely large, given that it is hard to keep a thorough record of this type of programs) by way of 1,222 exchange points.

A brief description is provided in following of the characteristics of these resources:

- Social emergency centers: The main purpose of these centers is to take in the population of drug-dependent individuals who have greater problems of social exclusion, to tend to their basic needs and to put this population in contact with other more demanding resources in the care-providing network.
- Mobile units. Mobile units are generally multi-purpose, open-access vehicles, the main functions of which are: to perform treatments with opiate substitution treatments (methadone), take samples and conduct diagnostic tests and provide first-aid.
- Pharmacies. Given the vast network of pharmacies in Spain, this is a highly useful resource when those affected by drug use can take recourse to a pharmacy.
- Safe injection rooms. Safe injection rooms, as they are also called, provide care and healthcare advice, sterile injection material and areas for self-injection and personal hygiene. In no case is any type of illegal drug facilitated, nor is any illegal drug administered on the part of healthcare personnel manning the room.

PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

Taking into account the importance which HIV infections by way of both heterosexual and homosexual relations have taken on, special attention has been focused on this aspect among both seropositive patients and injecting drug users as well as among their partners. Practically all of the Autonomous Communities and Autonomous Cities are carrying out activities for heightening awareness and providing information, as well as workshops on safe, lower-risk sex in these specific population groups and in other groups, such as those working as prostitutes, as well as inmates at prison facilities.

It is also standard practice for serological testing to be conducted for HIV, HCV, HBV, Mantoux and serology for syphilis and other sexually and/or injection-transmitted diseases

On the other hand, there are numerous syringe exchange and dispensing programs, as well as health kits being dispensed (in addition to a syringe, these kits usually include a disinfecting liquid, condoms, etc.), which are carried out both in outreach programs as well as at more institutionalized centers and reSOURCEs.

These programs target the injecting drug user population for the purpose of reducing the risk, to the extent possible, of transmissible infections associated to the shared or simply non-hygienic use of injection material.

These syringe exchange programs have handed out a number of syringes totaling around 2,600,000 through 1,094 exchange points.

Opiate agonist (methadone and other substances) maintenance programs

In the methadone maintenance programs, the number of persons for whom care was provided in 2009 totaled 77,811, meaning a drop from the 81,390 of 2008.

Mention must also be made of the existing Buprenorphine treatments and the Buprenorphine/naloxone combination treatments, which have become progressively more widespread over the past few years. A total of around 500 patients can be estimated as having undergone these treatments by late 2009 or the beginning of 2010.

RESPONSES TO OTHER HEALTH CORRELATES AMONG DRUG USERS

As far as the alcoholism care programs are concerned, a total of 509 outpatient centers have provided care for 44,460 patients, 68 hospital units having provided care for 2,823 individuals and 71 non-hospital residential centers having provided care for 2,269 people over the course of 2009, operating within the drug dependence care system.

One must bear in mind that care is also provided for patients with alcohol abuse problems in the Mental Health and Primary Care network which are not accounted for in the aforementioned system.

Psychiatric co morbidity

As was reported in the 2010 report, psychiatric comorbidity-related care is provided at both the drug dependence care centers as well as at the mental health centers. In 2009, as far as specifically drug

dependence care centers are concerned, the Autonomous Community Administrations have reported there being 94 programs for providing care for this twofold disorder, said centers having provided care for 9,543 drug-dependent patients with psychiatric co morbidity.

Traffic accidents

All of the Autonomous Communities and Autonomous Cities carry out activities for the purpose of preventing and reducing traffic accidents and their consequences, particularly as far as their relationship with drinking alcohol and using other drugs (campaigns for heightening awareness, media measures, preparation and distribution of educational material, etc.).

Driver blood alcohol content checks has also been stepped up, being performed by the Ministry of the Interior's Civil Guard Traffic Corps officers, who have made more than 4.5 million of these preventive checks in 2010, 1.79% of which tested positive. As shown in the following table, this percentage has undergone a progressive major drop over the past five years.

Table 7.2 Driver blood alcohol content. Civil Guard Traficc Corps. Spain, 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Preventive check tests	2,282,336	2,856,244	3,347,015	3,759,574	4,417,645	5,105,660	4,550,158
Positive	76,560	73,747	82,729	80,155	81,322	90,306	81,390
% positive	3.35%	2.58%	2.47%	2.13%	1.84%	1.77%	1.79%

SOURCE: Government Delegation for the National Plan on Drugs. Data from the Drug Plans of Autonomous Communities and Autonomous Cities.

Worthy of special note is the drop in the percentage of drivers who have died in traffic accidents who had exceeded a blood alcohol level of 0.3g/l. In fact, in 2004, the percentage of drivers who died in traffic accidents who exceeded said blood alcohol level compared to all of the deceased drivers on whom a toxicological analysis was performed was 36.1%, whilst this percentage was reduced to 30.99% in 2010.

As far as illegal drugs are concerned, the results of toxicological analyses conducted on these drivers show a slight rise from 2004 to 2010, having stabilized over the last two years (2009-2010). A rise is however noted within the 2003-2010 period in the percentage of deceased drivers analyzed in whom psychotropic drugs were detected.

The above-mentioned data is detailed in the Table provided in following.

Table 7.3 Deceased drivers on whom an analysis was performed. Spain, 2004-2010

	2004	2005	2006	2007	2008	2009	2010
Deceased drivers on whom an analysis was performed	1,349	1,401	1,360	1,259	975	923	855
Percentage of positives	42.10	41.39	37.20	39.31	39.79	41	42.46
%Tested positive for blood alcohol content (≥0,3g/L)	36.10	34.12	30.44	30.82	30.97	30	30.99
% Tested Positive for illegal drugs	10.75	12.20	11.40	13.02	10.67	12.35	12.51
% Tested positive for psychoactive drugs	3.85	4.28	5.51	5.95	6.97	8.45	8.30

Note: The three rows of positive analysis percentages add up to a higher figure than the "Percentage of positives" row because polydrug use was detected in some deceased drivers analyzed.
SOURCE: Government Delegation for the National Plan on Drugs. Data from the Drug Plans of Autonomous Communities and Autonomous Cities.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

INTRODUCTION

As in prior reports the data provided in this section is furnished by the seventeen Autonomous Communities, as well as by the Autonomous Cities of Ceuta and Melilla which comprise part of the Spanish State.

Very few of the programs and reSOURCEs which are mentioned under the Table under the heading of Education/Training Programs and Employment Programs quantify the users who access the same in their capacity as drug-dependent persons, given that these are social reintegration reSOURCEs for those who are socially excluded or at serious risk thereof, whether or not they may have problems due to drug use.

SOCIAL REINTEGRATION

A description is provided in following of the different types of reSOURCEs and programs available in Spain as far as social reintegration is concerned:

SOCIAL REINTEGRATION FACILITIES

These are physical spaces where activities classified as social reintegration activities are carried out. They may be residential or non-residential.

- Non-residential: Facilities where reintegration activities or programs are carried out on an outpatient basis:

  - Treatment centers having reintegration activities and/or programs. Including care treatment.
  - Centers offering reinsertion activities and/or programs in which care treatment is not provided.

- Residential: Those centers providing housing for drug-dependent persons who are undergoing or who have completed care treatment but who are in need of these reSOURCE prior to starting to live completely on their own. The modalities most often used are:

  - Therapeutic communities: residential centers with therapeutic treatment and reintegration programs or activities.
  - Flats: Supervised or unsupervised flats taking in a small number of drug-dependent persons, the work done by the social worker (educator) usually being quite intensive, above all in the supervised apartments.
  - Residences: Residences differ from the flats mainly in size. Residences are one type of reSOURCE which, according to our data, is used very little in Spain.

EDUCATION AND TRAINING PROGRAMS

Programs and activities for the purpose of providing training, regardless of whatever type it may be: academic, occupational, professional, social skills, etc.

- Officially-recognized courses: Courses which are homologated by the Public Education System: General Equivalency Diploma, High-School Diploma, College Entry, College Degree, etc.
- Non-homologated courses: Course which do not lead to an academic degree but which are for an integrating purpose, both for the learning acquired as well as for acquiring the social skills they provide: Computer, Driver's License, etc.

- Employment information, counseling and job-searching measures: These measures are distinguished from the above-mentioned measures to refer to those programs which are specifically structured for the purpose of finding a job. These measures have been developed greatly over recent years by the Autonomous Communities through the setting up of Services for training drug-dependent persons to search for and get a job whilst at the same time carrying out a major mediating and follow-up activity with a view to possible employers.

- Professional training courses: In no case do these courses entail an employment contract of any kind. Special mention may be made of those courses organized as part of the Employment Plans regulated by the respective Autonomous Community Employment Agencies and those organized by the NGOs from the drug dependence sector or in general for groups in a situation of social exclusion.

EMPLOYMENT PROGRAMS

This section encompasses the programs entailing gainful employment by way of an employment contract of any type (trainee, temporary, etc.) which are a way of individual or group self-employment.

The Employment Programs may be considered to be divided into five groups:

- Trainee workshops. A way of gainful employment by means of a contract, normally a trainee contract (although it may be of another type). The employer may be a self-employed worker, a small company or a NGO, foundation, etc. Generally speaking, these jobs have to do with manual work. This modality would include the Workshop Schools, Vocational Schools and Employment Workshops, the contents and functioning of which are regulated by the Public Employment Agencies.

- Municipal employment programs. These are usually the job placement program used the most when providing openings for drug-dependent persons who are in the rehabilitation process or who have been referred from the Autonomous Community drug dependence care network.

- Subsidized contracts. An activity devoted to managing openings for employing drug-dependent persons in companies or entities and which normally entail an incentive by way of an economic subsidy. Although the name suggests a subsidy, this may also be a regular, ongoing activity of mediating and contacting employers carried out by the aforementioned services under the heading of Training: "Employment information, counseling and job-searching measures".

- Incentives for setting up "insertion companies". The companies of this type are based on an employment quota for socially-excluded persons and are programs usually gotten under way by NGOs with economic support on the part of the Government Agencies (see 2009 Report).

- Self-employment promotion (individual or group self-employment)**.** Programs of help for setting up business as a self-employed worker or for the purpose of forming cooperatives.

Table 8.1 provides the data provided by the Autonomous Community Administrations for the number of social reinsertion programs and courses, as well as the number of those using the same. As has been mentioned in other reports, the number of those making use of the centers where the reinsertion activities are carried out is not counted so as to avoid counting those taking part in the training and employment integration programs over again. Those programs and/or reSOURCEs for which data exists showing care to have been provided for drug-dependent persons who have come from or been referred from the Autonomous Community drug dependence system have been included as being counted.

The number of these drug-dependent persons is what is shown on the Table, given that it is not possible to keep a running check on users who are not registered by the system, given that a good part of the social reintegration programs and reSOURCEs in which the drug-dependent persons enroll are, as stated in the introduction, for individuals who are excluded or at risk of social exclusion.

The types of reSOURCEs and programs available in this field are the same as previously described in prior Reports (See "Introduction" to this same section).

As far as the 2009 data as compared to 2008 is concerned, it must be said that the network of centers has reduced the number of residential centers (therapeutic communities) from 126 in 2008 to 119 in 2009, the availability of centers which do not offer treatments but rather solely occupational and reinsertion activities having remained stable. On the contrary, the number of outpatient centers offering treatment has increased (306 in 2008 compared to 320 in 2009).

The trend noted in previous years toward a rise in the number of those counted as using training and employment reSOURCEs and programs, probably because social reinsertion is being conceived to a progressively greater degree as based on the grounds of preparation for employment and finding a job. In regard to this last-names aspect, special mention may be made of the following, despite the current employment situation in Spain:

- The consolidation of the employment information, counseling and guidance programs, with 6,032 people having made use thereof, totals a figure of approximately 70% of all of the drug-dependent persons who take part in Education and Training Programs (8,506).

- Apart from the above, within the total number of all those who have taken part in Employment Programs (12,729), the number of people hired by insertion companies has doubled (238 in 2009 compared to 101 in 2008). The insertion companies are a type of companies regulated under law in 2007 regarding which information has been provided in previous Reports.

As regards providing for the Housing needs as support for reinsertion, according to the data furnished by the Autonomous Communities, the number of flats has increased considerably, and housing has been provided in the different residential reSOURCEs for 1,284 people more than in 2008 (for a total of 3,489 people in 2009 compared to 2,195 in 2008).

Table 8.1 Social Reintegration Programs. Type, number of programs and centres and number of users. Spain, 2009

	NO. PROGRAMMES AND/OR CENTRES	NO. OF USERS
Treatment centres w/social reintegration activities and/or programs	320	-
Centres of social reintegration activities and/or programs (w/o treatment)	126	-
Residential treatment centres w/social reintegration programs (therapeutic communities)	119	-
Housing facilities	152	3,479
Education and training programs	589	8,506
Employment programs	525	12,729

SOURCE: Government Delegation for the National Plan on Drugs. Data from the Drug Plans of Autonomous Communities and Autonomous Cities.

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

INTRODUCTION

The Spanish police forces are continuing to exert a major degree of pressure on drug dealers. The number of known offenses for drug traffic is showing a slight upward trend, totaling a very low percentage of around 1.3% in relation to the total number of known offenses.

This casuistic is due especially to dealing in drugs containing cannabis, which gives rise in Spain to the majority of those arrested for drug trafficking and the largest number of those reported for possession or use in public.

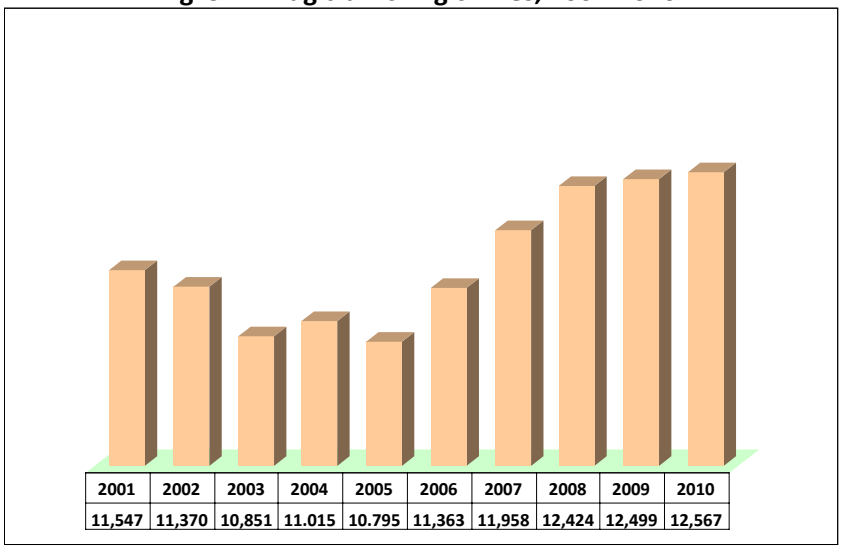
The Operating Plans against retail drug dealing and drug possession and public use is the preventive police response to the most visible event of the drug phenomenon.

DRUG-RELATED CRIME

Evolution of the number of drug trafficking offenses on record

Fig. 9.1 shows how the number of known drug trafficking offenses has evolved over the last ten years, showing an upward trend. In 2010, a total of 8.83% more have been recorded than in 2001, for a 0.54% variation from the immediately previous year. Nevertheless, the percentage in relation to the total number of known offenses is low and has gone from the 1.10% of 2002 to the 1.53% of 2010.

Fig. 9.1 Drug trafficking crimes, 2001-2010



2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
11,547	11,370	10,851	11.015	10.795	11,363	11,958	12,424	12,499	12,567

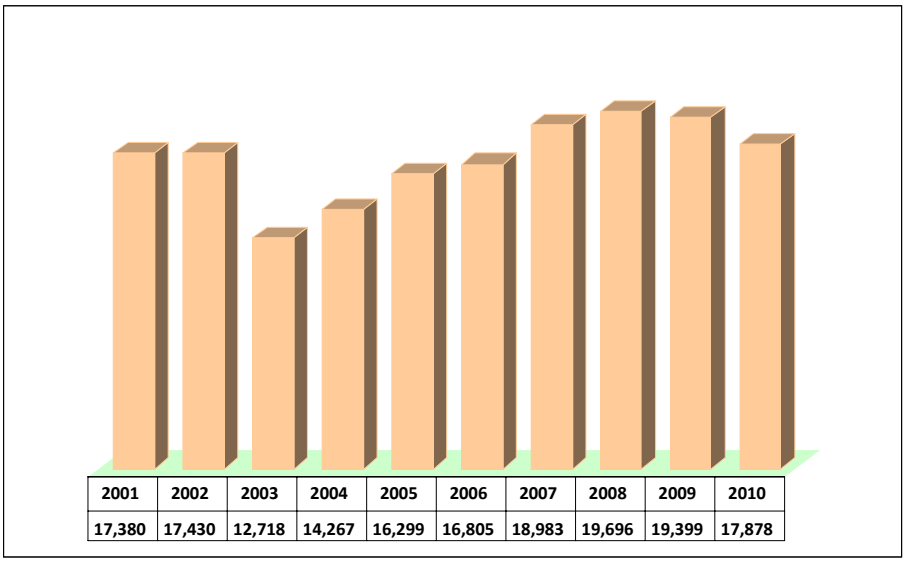
SOURCE: Spain's Homeland Security Studies Department. Ministry of Interior

Evolution of drug trafficking arrests

As shown in FIg. 9.2, the number of arrests related to illicit drug trafficking has been continuing a rising trend since 2003, the year in which the lowest number of arrests for the period compared was recorded.

Drug trafficking arrests have dropped over the last two years. In 2010, a 7.84% drop over the immediately previous year was recorded, nearing the number for 2001 and 2002.

Fig. 9.2 Drug trafficking arrests, 2001-2010



2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
17,380	17,430	12,718	14,267	16,299	16,805	18,983	19,696	19,399	17,878

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Evolution of the arrests by drug families[9]

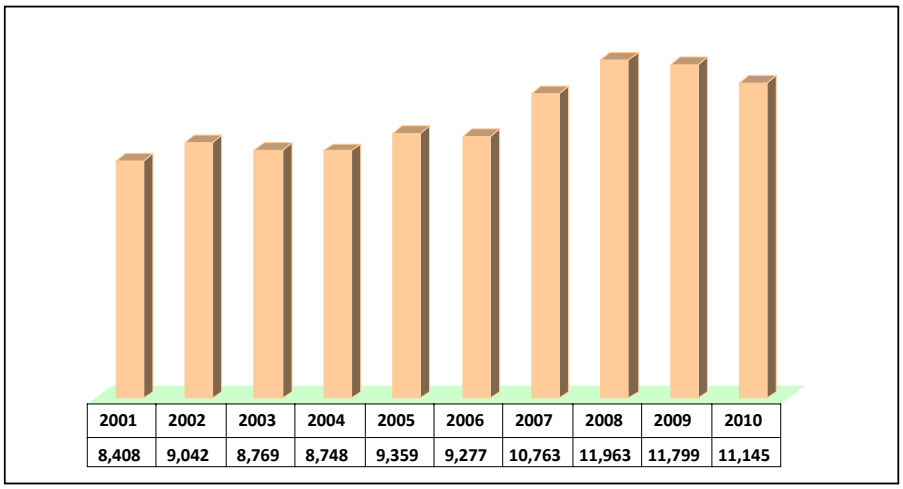
The following graphs providing the figures for the last ten years show 2007 and 2008 to have been critical years, given that the highest figures occurred for the number of arrests in each family of drugs, except for opiates, the highpoint for which was in 2001.

As of these years, a downward trend began in the number of arrests for cannabis derivatives, cocaine derivatives, hallucinogens and psychotropic substances in keeping with the drops which occurred in the amounts of drugs seized and in the total number of arrests.

Cannabis derivative trafficking is that which is leading to the largest number of arrests for drug trafficking and has been remaining at very high numbers over the last ten years (Fig. 9.3). The trend is an upward one, although in 2010, 5.5% fewer arrests occurred than in the immediately preceding year.

[9] The total number of arrests does not equal the number of arrests made for each drug family stated, , all added together, given that the arrest of a person when seizing more than one substance is counted as an arrest for each one of the substances confiscated from one same family.

Fig. 9.3 Number of individuals arrested for cannabis derivatives, 2001-2010

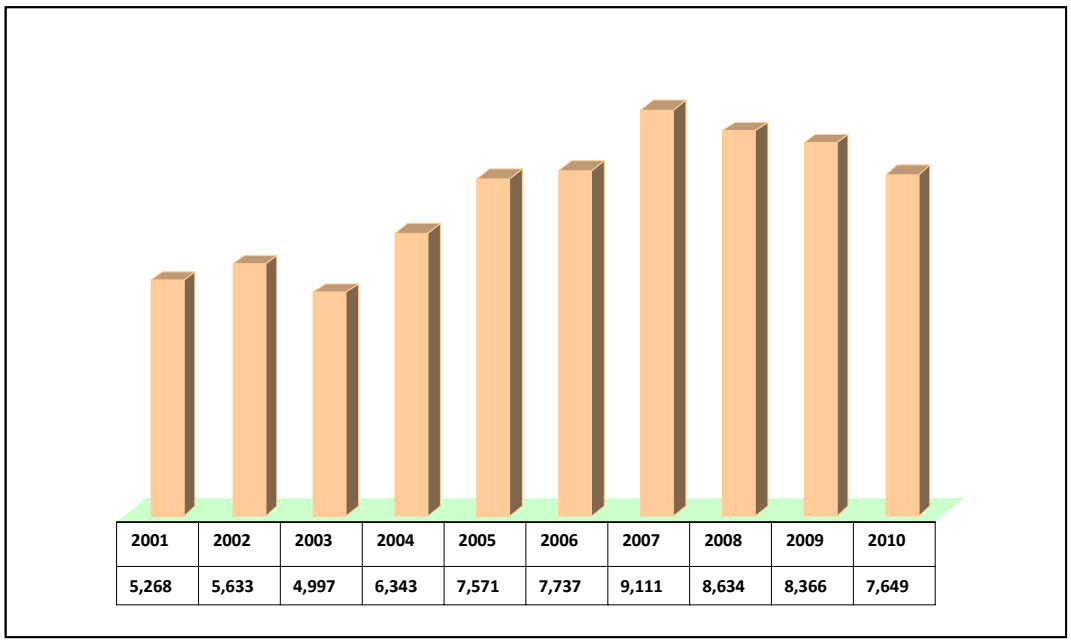


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
8,408	9,042	8,769	8,748	9,359	9,277	10,763	11,963	11,799	11,145

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Smilarly, the graph in Fig. 9.4 shows an overall upward trend in the number of arrests for cocaine derivative trafficking, which reached its highpoint in 2007. As of that year, the arrests for the aforementioned trafficking have been experiencing a downward trend.

Fig. 9.4 Number of individuals arrested for cocaine derivatives, 2001-2010

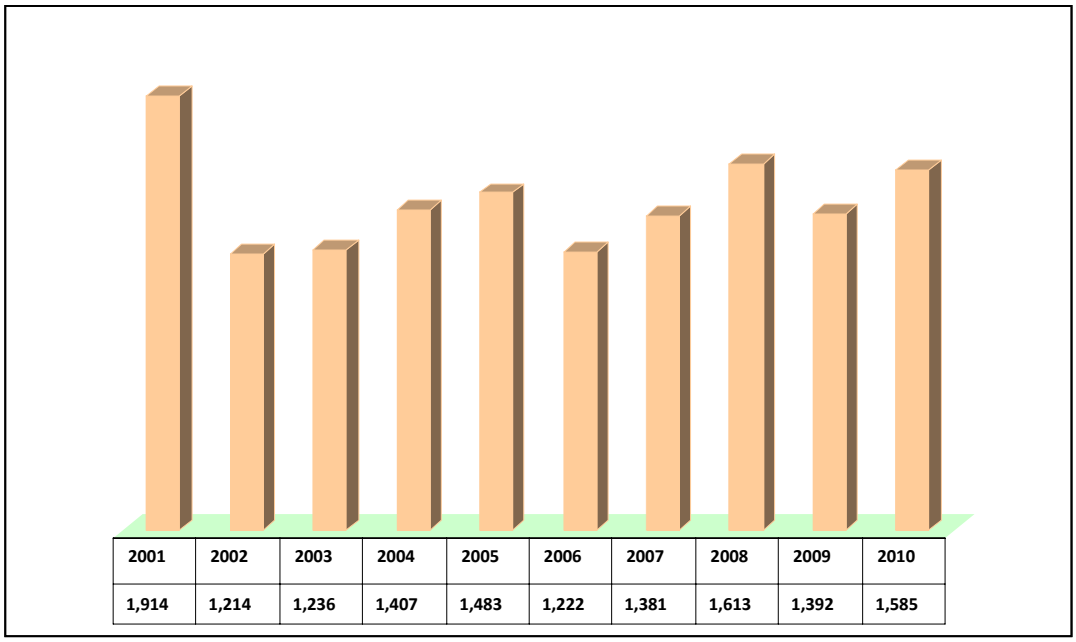


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
5,268	5,633	4,997	6,343	7,571	7,737	9,111	8,634	8,366	7,649

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

As regards opiates, the following graph (Fig. 9.5) shows a 13.8% rise in 2010 in the number of those arrested as compared to 2009, this thus being ranked as the third highest figure for the period compared.

Fig. 9.5 Number of individuals arrested for opiates, 2001-2010

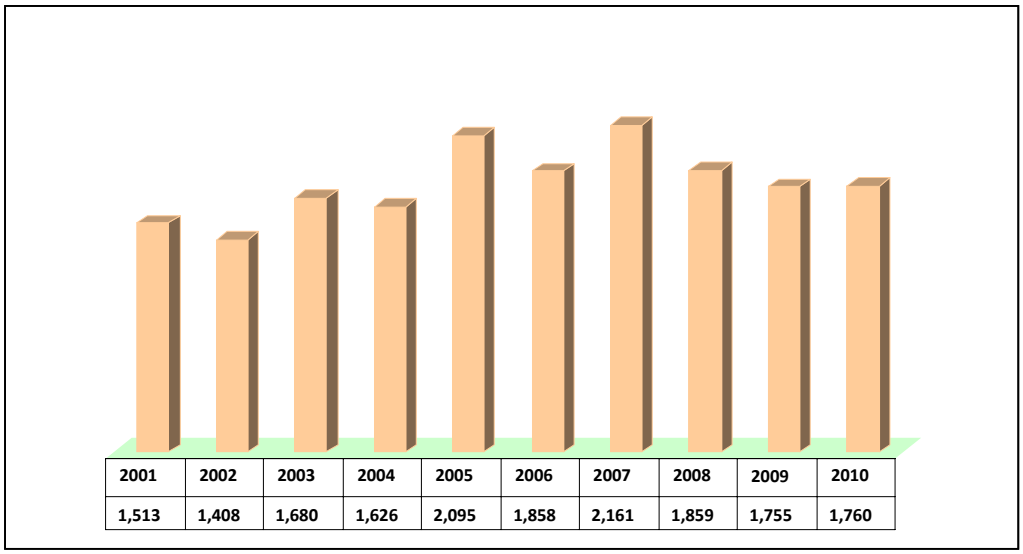


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
1,914	1,214	1,236	1,407	1,483	1,222	1,381	1,613	1,392	1,585

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 9.6 shows the arrests for hallucinogens and psychotropic substances. A trend is noted toward consolidating the number of arrests, which has been showing a slight upward trend over the last ten years.

Fig. 9.6 Number of individuals arrested for hallucinogens and psychotropic drugs, 2001-2010



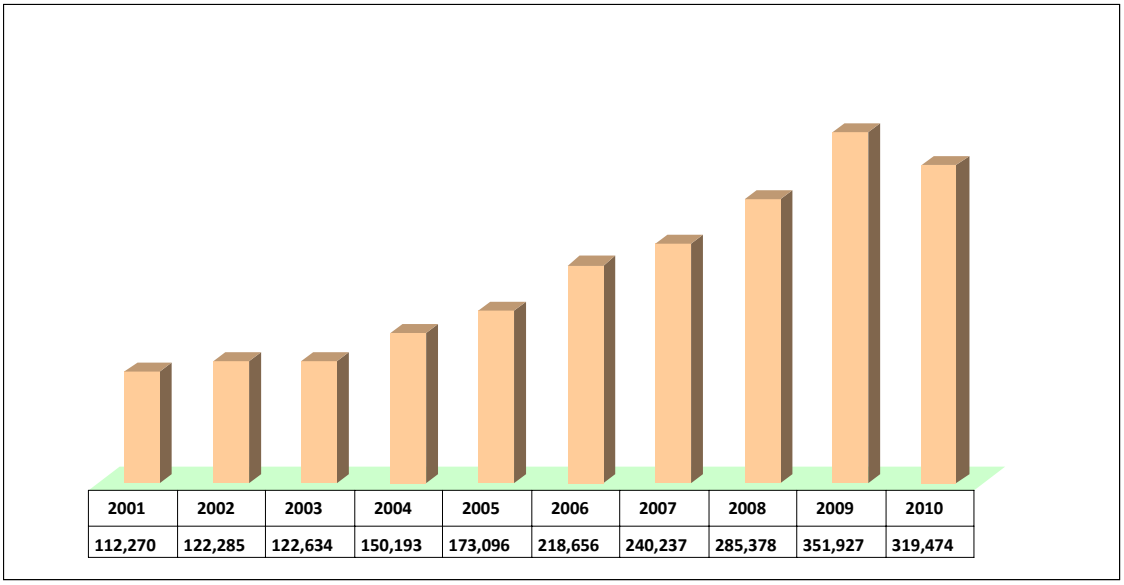
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
1,513	1,408	1,680	1,626	2,095	1,858	2,161	1,859	1,755	1,760

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Overall evolution of offenses reported to Police due to violation of Organic Law 1/1992 (Possession or use of drugs in public)

In 2009, the largest number of reports to police in the last ten years was recorded, although this figure did drop by 9.2% in 2010 compared to the immediately preceding year (Fig. 9.7). Despite this drop, the total 2010 figure is the second highest for the entire period studied. In this figure, it can be seen how the Operating Plans on retail trafficking and drug use in public leisure entertainment establishments and in the areas surrounding schools having been gotten under way has contributed to gradually increasing the number of reports to police.

Fig. 9.7 Individuals reported under Organic Law 1/1992 governing drug possession and use in public, 2001-2010



2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
112,270	122,285	122,634	150,193	173,096	218,656	240,237	285,378	351,927	319,474

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

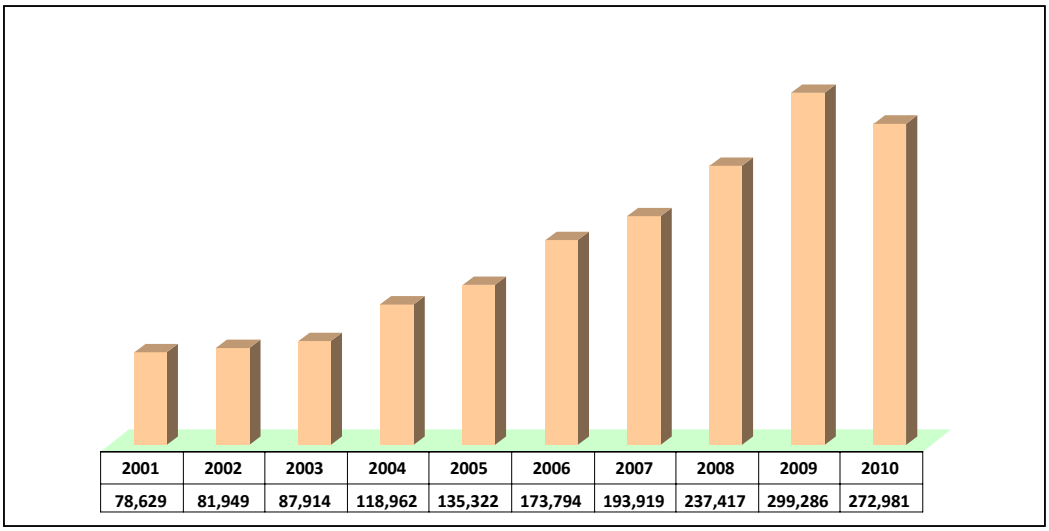
Evolution of the reports to police, by drug families[10]

In 2010, the **number of official reports to the police,** by drug families, has dropped. This item of data tallies with the total number of arrests and official reports filed to the police.

Generally speaking, most of the official reports filed to the police for public use or possession are for cannabis derivatives, Fig. 9.8 showing that this type of reports have declined as of 8.80% compared to the immediately previous year, although remaining at a high figure.

[10] The total number of arrests does not equal the number of arrests made for each drug family stated when all added together, given that the arrest of a person when seizing more than one substance is counted as an arrest for each one of the substances confiscated from one same family.

Fig. 9.8 Number of individuals reported for cannabis derivatives, 2001-2010

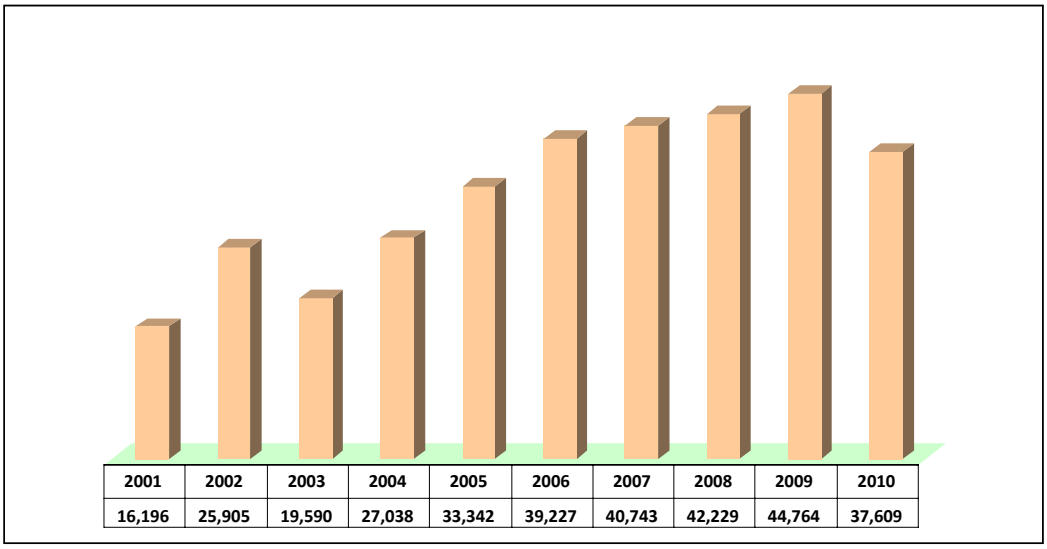


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
78,629	81,949	87,914	118,962	135,322	173,794	193,919	237,417	299,286	272,981

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 9.9 shows how, following a moderate rise over the past few years, the official reports to police for cocaine derivative use declined by 16% in 2010 compared to 2009.

Fig. 9.9 Number of individuals reported for cocaine derivatives, 2001-2010

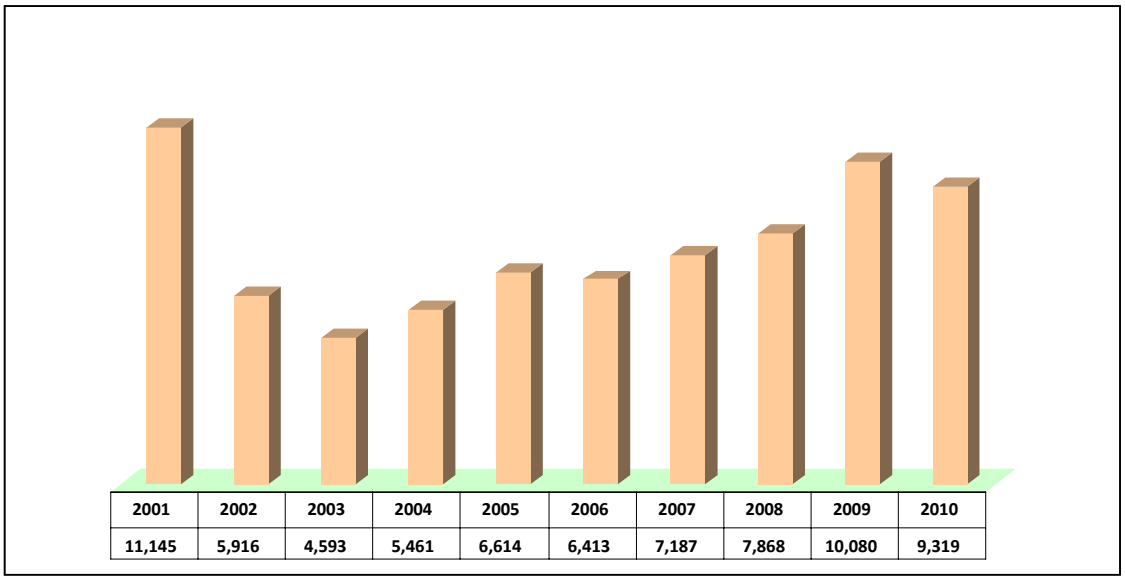


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
16,196	25,905	19,590	27,038	33,342	39,227	40,743	42,229	44,764	37,609

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Similarly, the official reports to police for opiate derivative use dropped by 7.55%, as shown in Fig. 9.10.

Fig. 9.10 Number of individuals reported for opiates, 2001-2010

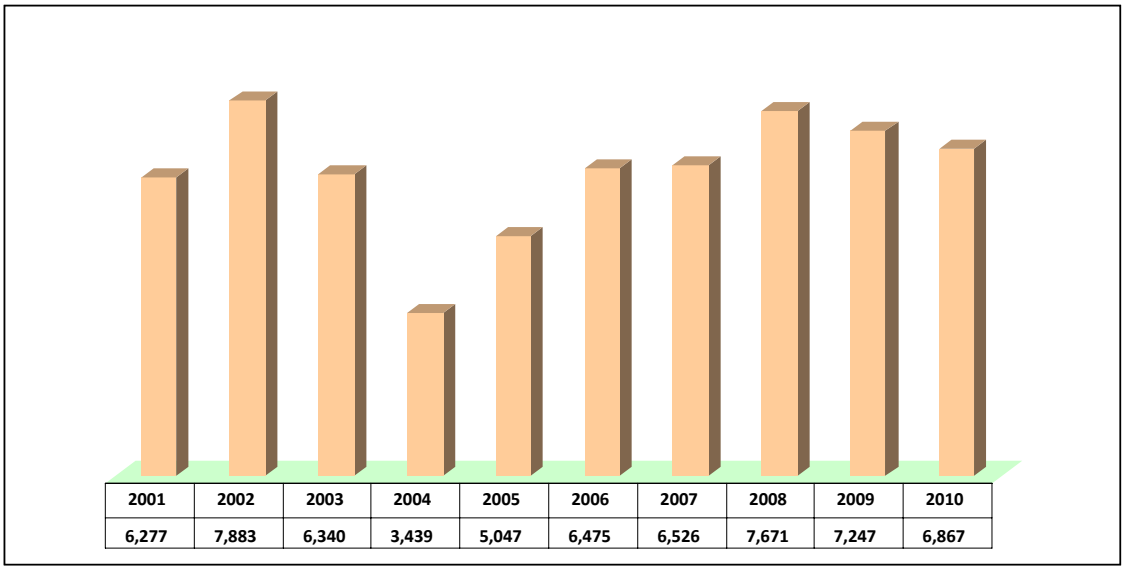


2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
11,145	5,916	4,593	5,461	6,614	6,413	7,187	7,868	10,080	9,319

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Following the drops of 2004 and 2005, the official reports to the police for hallucinogen and psychotropic substance use (Fig. 9.11) are showing a stabilizing trend.

Fig. 9.11 Number of individuals reported for hallucinogens and psychotropic drugs, 2001-2010



2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
6,277	7,883	6,340	3,439	5,047	6,475	6,526	7,671	7,247	6,867

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

In short, for 2010, the official reports to the police for cannabis derivatives added up to 85.45% of all reports, following by cocaine derivatives (11.77%), opiates (2.92%) and, lastly, hallucinogens-psychotropic substances (2.15%).

PREVENTION OF DRUG-RELATED CRIME

In 2010, the Operating Plans for a police response to retail drug dealing and to drug use or possession for such a purpose continued to be in effect, of an **essentially preventive nature** in the areas surrounding schools and leisure time and entertainment establishments. The results achieved in the aforesaid year are provided in the following Tables:

Table 9.1 Prevention plan for retail drug dealing and use "in and around schools". Spain 2010.

Arrests for drug trafficking	32
Points of drug sales rendered inoperative	104
Official reports to police for use/possession	1,935
Drugs seized	2,027
Drugs confiscated	
Heroin (gr)	37
Cocaine (gr)	156
Hashish (gr)	2,832
Marijuana (gr)	1,590
Speed (gr)	22
MDMA (Ecstasy) (pills)	5
Psychoactive drugs (pills)	345

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Table 9.2 Plan for the prevention of retail drug dealing and use in "leisure and entertainment spaces and establishments". Spain, 2010

Arrests for drug trafficking	298
Points of drug sales rendered inoperative	382
Official reports to police for use/possession	32,393
Drugs seized	34,919
Inspections of public establishments	1,046
Official reports to police for allowing sale of drugs	178
Official reports to police for admitting minors	36
Official reports to police for selling alcohol to minors	49
Drugs confiscated	
Heroin (gr)	643
Cocaine (gr)	11,356
Hashish (gr)	66,332
Hashish oil (cc)	4
Marijuana (gr)	66,077
Speed (gr)	979
LSD (single dose	618
MDMA (ecstasy) (pills)	1,791
GHB- Liquid ecstasy (cc)	1
Psychoactive drugs (pills)	1,537

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

INTERVENTIONS IN THE CRIMINAL JUSTICE SYSTEM

The 2009-2016 National Strategy on Drugs highlights as the target population of the preventive interventions and care-providing interventions those populations with penal legal problems including juvenile offenders, and the prison system and the judicial context as intervention scenarios.

In this regard, the 2009-2012 Plan for Action sets forth the following as specific actions to be carried out within this scope:

- Validate and carry out programs targeting juvenile inmates at reformatories.
- Promote prevention strategies being carried out targeting the prison inmate population.
- Support harm-reduction workshops being held at prison institutions.
- Collaborate in specifically developing drug dependence care programs for youths confined at juvenile centers or who have had problems with the law.
- Promote the improvement of the quality and further broadening of the treatment and social rehabilitation programs targeting the prison population, as well as the alternative measures to imprisonment, placing particular emphasis on the follow-up following release from prison.
- Collaborate in carrying out programs, especially at judicial and police offices, which provide legal, administrative and social support for those persons who have committed offenses as a result of their addiction to drugs.

During 2009, the Government Delegation for the National Plan on Drugs transferred funds to the Autonomous Communities for the consolidation and further broadening of the programs for providing care for arrested individuals at police stations and in courts (Andalusia, Canary Islands and Castile-La Mancha), for the implementation and further broadening of the juvenile offender programs (Madrid), for promoting measures for individuals released from prison in serving their sentence in alternative manners (Galicia and Basque Country) and for supporting interventions with drug-dependent prison inmates (all of the Autonomous Communities).

Special mention must also be made of the transfer of funds to the Autonomous Communities of Andalusia, Balearic Islands, Castile and Leon, Catalonia and Galicia for the implementation of programs aimed at combating social exclusion and preventing crime.

Alternatives to prison

A change is noted in the types of offenses which are giving rise to the demand for an alternative measure, the main offense in 2002 for the largest part of the demands having been “crimes against patrimony”. In 2009, the main offense was against public safety, specifically the road safety violations. This data corroborates the findings of the study *“Las drogas en la delincuencia: su tratamiento en la Administración de Justicia”* (Díez Ripollés J, 2002). [“Drugs in Crime: How Dealt with in the Justice Department”]. It is stressed therein that the road safety violations are those which most often wind up being a criminal accusation (60.2% of the sentences), a total of 90% thereof being under the influence of alcoholic beverages. That is to say, the largest number of sentences has nothing to do with illegal drugs, but rather with alcohol.

The incidence which drinking alcohol has on road safety violations, violent crime, sexual assault, domestic violence and others due to the disinhibiting effect which alcohol has must certainly not be underestimated.

In response to this criminological situation, the regulations governing the community service penalty have been amended, Royal Decree 1849/2009 of December 4, amending, in turn, Royal Decree 515/2005 of May 6th, setting forth participating in road safety awareness- heightening workshops as one way of fulfilling the community service penalty.

In this regard, special mention must be made of how the "TASEVAL" Traffic General Directorate is designed, this workshop being the result of the combined efforts of the Road Safety Department, the INTRAS Institute for Traffic and Road Safety Research of the University of Valencia and engineers from the Secretariat General of Prison Institutions. This workshop comprises one way of fulfilling the requirements of certain community service penalties.

Based on data quantifying the situation of these measures in our country, the aim is to describe an overall panorama as per different SOURCEs:

- **Central Government Prison Social Services**. At December 31, 2009, a total of 185,476 sentences of alternative measures had been reported, a total of 65.9% of which were applied to road safety violations:

  - A total of 86.8% consisted of community service work. Special mention must be made of the fact that 76% were applied to road safety violations.
  - A total of 11.17 % consisted of suspensions.
  - A total of 2% consisted of security measures.

- **Catalonian Directorate General of Juvenile Justice Statistics**. In 2009, the courts have reported to this Directorate a total of 16,687 petitions for application of an alternative measure, a figure 43.48% higher than in 2008. These 2009 petitions have to do with a total of 18,215 offenses, a total of 69,89% of the petitions having been placed for roqa safety violations, followed by crimes involving gender violence (16.15%.). It must be taken into account that drinking alcohol was prominent in both of these types of offenses.

  The annual average of alternative measures in follow-up was 6,395. The measure applied to the greatest degree was that of community service work, totaling 61.6% of all measures in follow-up. The following measures most applied were the obligation of taking part in training programs (15.9%) and the obligation of taking part in dependency treatment programs (12.5%).

Lastly, according to the information furnished by the Autonomous Community Plans on Drugs, in 2009, a total of 8,779 individuals were referred to treatment from courts and 1,873 prison inmates to in-community treatment from the prison institutions.

Other interventions in the criminal justice system. Juvenile offenders.

The main response to this problem is focused on carrying out selective/indicated prevention strategies. These strategies place emphasis on the vulnerability of this population, given that the intensive programs which have a social impact are those which have a major effect of vulnerable young people.

In 2009, the Autonomous Communities made a considerable effort to carry out and consolidate

programs targeting this population. Care was provided for a total of 491 juveniles at juvenile treatment centers (Aragon, Asturias, Balearic Islands, Castile and Leon, Ceuta, Extremadura, Murcia, Navarre, Rioja and Melilla).

Special mention must also be made of the following measures having been carried out:

- **Andalusia**: Community prevention program "Cities Tackling Drugs" ("*Ciudades contra las Drogas*") offered for high-risk young people, including interventions with juveniles at protection and reform facilities.

- **Aragon**: "*RECIELLA*" program, including the application of judicial measures to juveniles.

- **Asturias**: Community intervention measures carried out with juveniles with social problems or problems with the law.

- **Balearic Islands:**
  - "*REFORMA*" secondary prevention program offered for young people with judicial measures.
  - "*RESOLT"* for mediation in situations of juvenile conflict.

- **Castile and Leon**, having consolidated the following programs:
  - Selective prevention program offered for the families of adolescents with problem behaviors (committing criminal offenses, violence, etc.)
  - Program for intervention with juveniles at risk of social exclusion, including the intervention program at the Zambrana reformatory.
  - *"Programa Cannabis",* including care provided for juveniles with judicial measures.

- **Catalonia** continues carrying out selective/indicated prevention and care-providing strategies for juvenile offenders. The "*Límites*" program offered for parents of offenders has been consolidated.

- **Extremadura** has gotten under way:
  - The *"PIMICA"* program for intervention with juvenile offenders, juveniles with behavior problems subjected to measures entailing deprivation of liberty at centers.
  - The *"PAMICA"* family education-treatment program with juvenile offenders who have addictive behaviors. Targeting offenders referred by the juvenile court technical teams recommending an educational measure in an open environment.

- **Madrid**. This Autonomous Community's 2006-2009 Plan further boosts the selective/ indicated programs targeting juveniles at risk through the social education program for intervention in an open environment:
  - Indicated Addiction Prevention Service. This is an Alternative Multi-Strategy Prevention Service aimed at reducing the risk factors and increasing the protection and resistance factors of teenagers and the young people who use drugs and have a number of problem behaviors.
  - Indicated Addiction Prevention Program under the protection of the Agreement with the Young People's City Organization. This indicated prevention program targets those students with low academic performance.

- **The Rioja** is continuing to carry out an intervention program for juvenile offenders. Special mention must also be made of the fact that the interventions aimed at combating academic

failure or deficient integration into the educational environment.

- **Murcia** has a program for preventing violent behavior related to drinking alcohol and other drugs in a population upon whom penalties not entailing deprivation of liberty have been imposed.

- **Navarre**: The selective/indicated prevention programs place emphasis on combating academic failure.

- **Basque Countr**y: Selective/indicated prevention programs, one fourth of those making use of these programs being under criminal sanction.

- **Autonomous Community of Valencia**: Maintaining selective programs targeting juvenile offenders.

In conclusion, it may be said that the Autonomous Communities are attempting to provide a response by way of selective/indicated prevention programs for risk situations, given the importance that an educational intervention carried out in time has on preventing recurring offenses. In fact, research goes to show that a large percentage of the juveniles who have gone to reformatories later go to prison.

Police Station and Court Programs

The information on the individuals with judicial problems for whom care was provided by the service for providing care for arrested individuals at police stations and courts is presented in following according to the data furnished by the Autonomous Community Drug Plans.

In 2009, care was provided for a total of 7,998 uses in programs for providing care for drug-dependent persons under arrest. A total of 2.46% of these people were provided with care in police station care programs, a total of 5,537 having been provided with care in courts.

It must be pointed out that these figures mean that the actual number of cases for which care was provided is underestimated, given that not all of the Autonomous Communities have reported data. Most of these reSOURCEs are funded, in full or in part, by the Autonomous Community Plans.

DRUG USE AND PROBLEM DRUG USE IN PRISONS

2009 STATISTICS

Prison Population Statistics. SOURCE: Directorate General of Prison Institutions (Catalonia prison population data is included).

The number of inmates in prison institutions has continued a growing trend. On December 31, 2009, there were 76,079 people incarcerated, as compared to the 73,558 in prison 2008. In fact, Spain has one of the highest incarceration rates in Europe. 162 individuals /100,000 inhabitants are confined in prison institutions. Fig. 9.12 shows the characteristics of the inmate population for the 200-2009 period:

- The prison population is mainly male (92%), with a progressively higher increase among foreigners (35.7%). A total of 37.9% of the females were foreigners, compared to the 35.5%

of the males. An outstanding number of the foreign males are originally from Morocco; an outstanding number of the females being originally from Colombia.

- A total of 66.1% of the prison population serving sentences was within the 31-60 age range, compared to the 65.13% which fell within the age range in 2008.

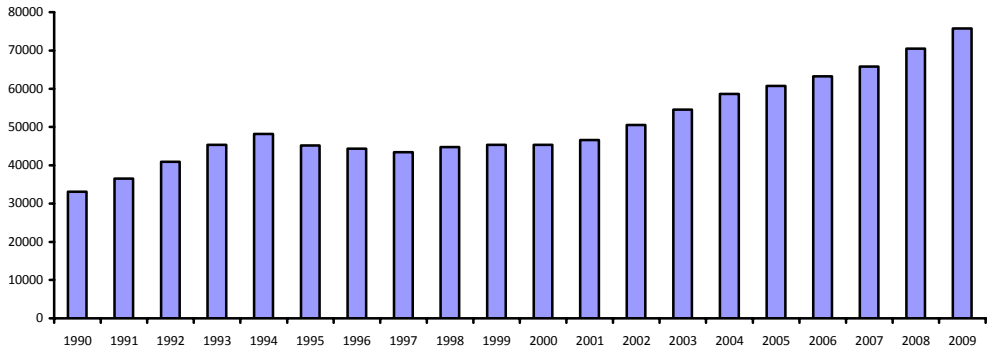
- By types of offenses, for the 200-2009 period, as shown in Fig. 9.12, those sentenced for offenses against the socioeconomic order continue dropping. This fact may be decisively influenced by the age and repeated offenses, given that the studies reveal that the older the individuals committing the offenses become, a change takes place in the type of offense committed. Although, other factors such as the changes which have taken place in the punishment framework may be having a bearing.

- The main types of crimes committed are still, first of all, property offenses (39.24% of the sentenced population), followed by offenses against public health (27.7% of the sentenced population). By the gender variable, a total of 39.96% of the males were incarcerated for property offenses, whilst 51.18% of the females were incarcerated for offenses against public health.

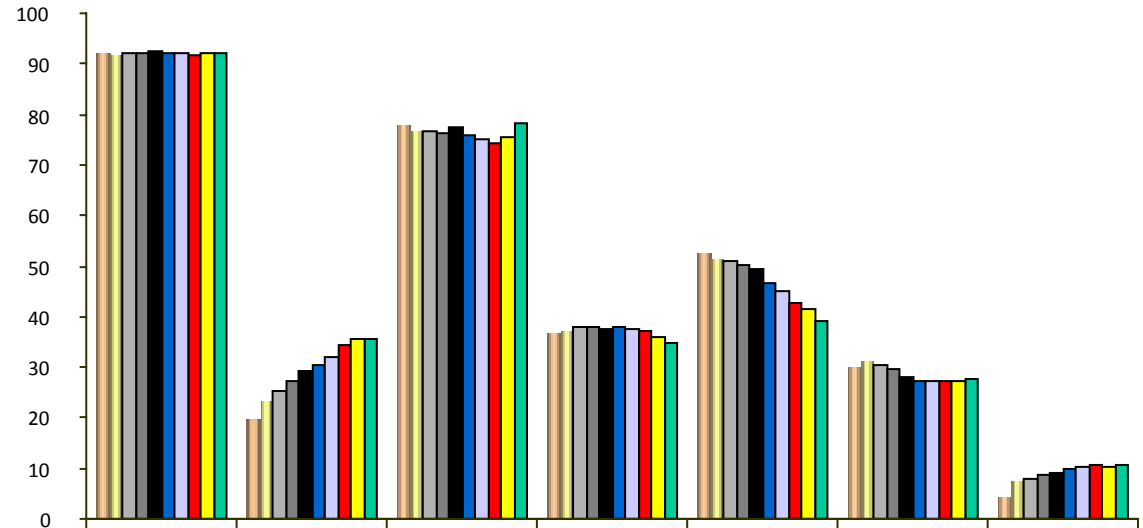
- By whether or not first-time offenders, a total of 48.5% of those sentenced were repeat offenders, the males in a higher percentage than the females (49.1% vs. 41.7%).

- Lastly, the majority of the inmates are socially and economically excluded.

Fig. 9.12 Evolution of the prison population profile. Spain, 2000-2009 (%).



YEAR	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
AVG. INMATES	33,035	36,512	40,950	45,341	48,201	45,198	44,312	43,453	44,747	45,384
YEAR	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
AVG. INMATES	45,309	46,594	50,537	54,497	58,655	60,707	63,248	65,812	70,465	75,774



	Males	Foreigners	Sentenced	Age 31-40*	Property Offense*	Public Health Offense*	Personal Offense*
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
2009	92.0	35.7	78.23	34.88	39.2	27.7	10.7

Note: Personal offenses: homicide and the forms thereof and bodily injuries; property offenses; patrimony offenses and offenses against the socioeconomic order.

(*) Percentages of the population sentenced under Organic Law 10/1995 and the revoked Penal Code.

SOURCE: Government Delegation for the National Plan on Drugs. Based on the Ministry of the Interior prison statistics

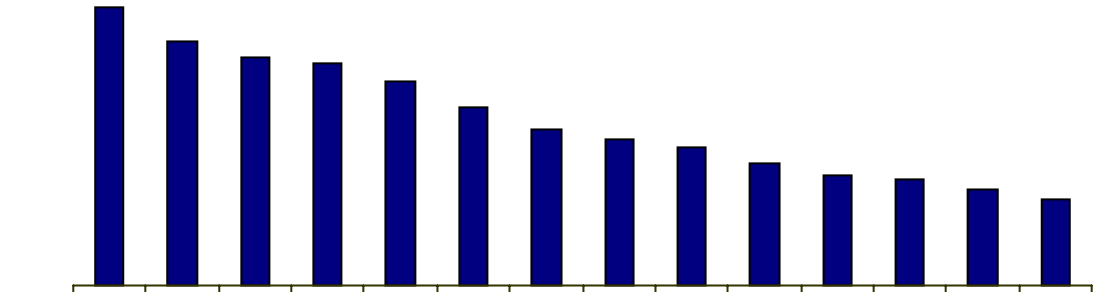
Statistics: Prevalence of diseases associated with drug use in 2009. SOURCE: Prison Health System Records. Not including the Catalonian prison population.

In 2009, the International Conference on Prison Health Protection, organized by the World Health Organization, Spain's Ministry of the Interior and Ministry of Health and Consumer Affairs and the Spanish Prison Health Society, was held in Madrid. As a result of this conference, approval was rendered of the *Madrid Recommendation*, by way of which a call was made for the countries and organization represented at this conference to support and implement measures for protecting health in the prison environment.

In 2009, the prevalence figures for diseases associated with drug use in the prison population as a whole were as follows:

- HIV prevalence: Seven percent (7%) of the entire prison population under the Office of the Secretary General of Prison Institutions and 9.6% of the prison population of Catalonia. The main category of HIV transmission continues to be that of sharing injection material for injected drug use among both genders. According to Fig. 9.13, HIV prevalence within the prison environment is continuing to show a downward trend. The incidence of AIDS has declined among both genders, and the females continue to show lower rates than the males.

Fig. 9.13 Evolution of HIV prevalence in the prison population. Spain, 1996-2009*(%).



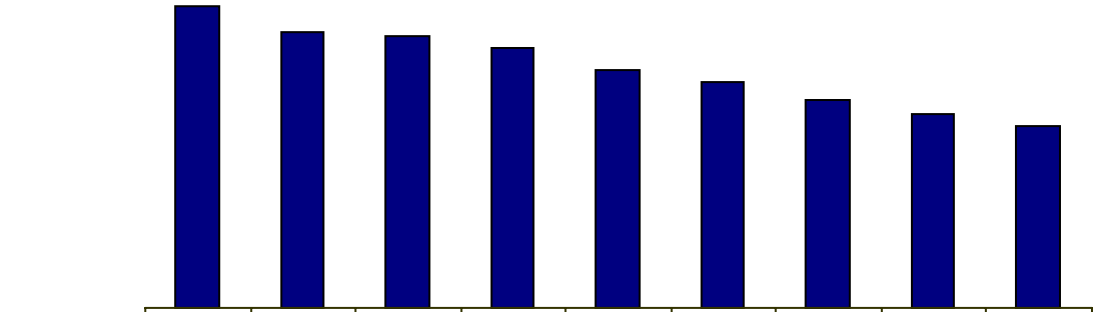
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
HIV	22.7	20.0	18.6	18.2	16.6	14.6	12.8	12.0	11.2	10.0	9.0	8.6	7.8	7.0

* Catalonia not included.
SOURCE: Government Delegation for the National Plan on Drugs.
Data furnished by the Office of the Secretary General of Prison Institutions.

- Hepatitis C prevalence: A total of 25.3% of the entire prison population under the Office of the Secretary General of Prison Institutions and 22.3% of the prison population of Catalonia. The population affected is characterized for having started using drugs at an early age, long-term use, sharing syringes and HIV co-infection. According to studies conducted in the field of prisons, a past history of drug use is the one factor best predicting the possibility of having both of these infections.

  According to Fig. 9.14, the hepatitis C prevalence in the prison environment is continuing a downward trend. There may be several different explanations for this drop, the most outstanding including the increase in the number of foreigners in the prisons, given that they use drugs less often, and there are fewer individuals infected.

Fig. 9.14 Evolution of hepatitis C prevalence in the prison population*. Spain, 2001-2009



	2001	2002	2003	2004	2005	2006	2007	2008	2009
Hepatitis C	41.9	38.2	37.8	36.2	33.0	31.3	29.0	27.0	25.3

* Catalonia not included.

SOURCE: Government Delegation for the National Plan on Drugs. Data furnished by the Office of the Secretary General of Prison Institutions

- Prevalence of inmates undergoing anti-retroviral treatment: A total 4.5% (2008: 4.6%) of the entire prison population under the Office of the Secretary General of Prison Institutions.

  The downward trend is continuing in the percentage of inmates undergoing treatment which had been detected over the past few years. This trend is due to the decline in the prevalence of those infected with HIV among the person incarcerated.

- Tuberculosis prevalence: A total 0.16% of the prison population under the Office of the Secretary General of Prison Institutions was undergoing treatment for tubercular disease. The incidence rate of tuberculosis for 2009 was 1.8/1,000 inmates. Being HIV-positive and shared use of syringes for drug use are the main risk factors for developing this disease.

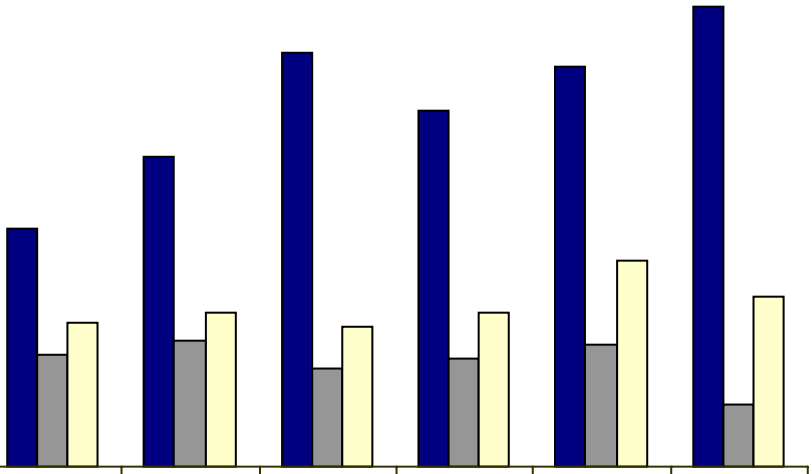
- Deaths due to overdoses at prison institutions. In 2009, a total of 192 deaths having occurred at the prison institutions or in reference hospitals were reported to the Prison Health System mortality registry: 47 inmates died due to an overdose at prison institutions; 17 inmates due the HIV infection and 128 deaths due to natural, non-HIV causes. Fig. 9.15 shows the distribution by the reason for death (not including suicides and accidental or violent deaths).

  The studies conducted by the Prison Health System reveal the death rate to be higher when on leave or on parole than during the prison stay. The death rate due to polydrug use is also higher on leave than during the prison stay.

  The research surely stressed being out of prison as a critical period in relation to the high risk of deaths which occur immediately following release. (De la Fuente L, Brugal MT, Domingo Salvany A, Bravo MJ, Neira-Leon M y Barrio G.M. 2006) Different factors contribute to this outcome. A relative abstinence in prison may lead to a lower tolerance to use, increasing the risk of overdose. But the socioeconomic factors can also have a bearing on the outcome, hence returning to the community may be a stressful situation as a result of trying to find housing and employment.

Therefore, national and international organizations are recommending carrying out protocols to address this critical period entailed in prison release. In this same regard, the "*Madrid Recommendation*" deems it essential to lower the death rate associated to drugs following the release of the inmates.

Fig. 9.15 Causes of death in the prison population*. Spain, 2004-2009



	2004	2005	2006	2007	2008	2009
Natural non-HIV	66	86	115	99	111	128
HIV Infection	31	35	27	30	34	17
Overdose	40	43	39	43	57	47

. * Catalonia not included.
SOURCE: Government Delegation for the National Plan on Drugs. Data furnished by the Office of the Secretary General of Prison Institutions

- Another risk associated to drug use has a bearing on mental health, which is brought on, above all, by the use of injected cocaine. In fact, the psychiatric disorders linked to drug use are on the rise. The research studies conducted underline the major number of heroin users or individuals who are in methadone maintenance programs who use cocaine combined, with the physical, mental and social harm entailed therein.

Statistics: Drug use in prison population.

- **SOURCE: State Survey on Health and Drugs among Prison Inmates (ESDIP) 2006. http://www.pnsd.msc.es/Categoria2/observa/pdf/EncuestaEstatal.pdf**
- **2009 Prison Health System Report. Office of the Secretary General of Prison Institutions.**

The latest Prison Health System Report on intervention with drug-dependent individuals presents a comparison of the results of the surveys conducted on the prison population over the past few years. Some of the changes worthy of special note are (Fig. 9.16):

- The percentage of persons who, on entering prison, are powder cocaine and crack users as the main drug (3.4% in 1994 compared to 19.2% in 2006) has increased considerably.

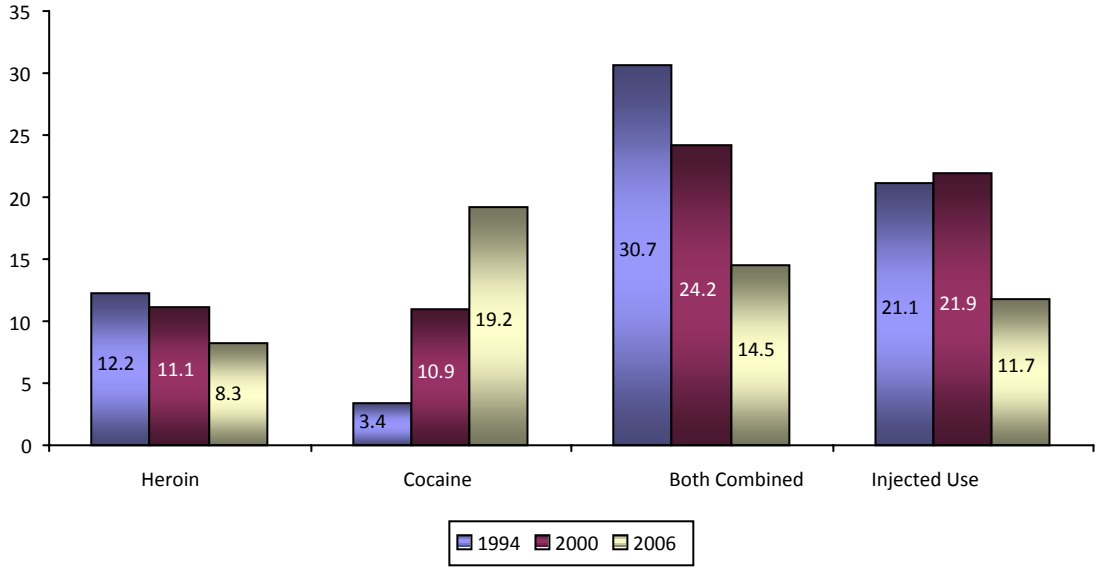
- The number of users combining heroin and cocaine in one same dose has dropped remarkably (30.7% in 1994 to 14.5% in 2006)

- The percentage of users of heroin alone has declined (12.2% in 1994 to 8.3% in 2006).

- The percentage of injectors within the month immediately prior to entering prison has dropped (21.1% in 1994 to 11.7% in 2006).

- The percentage of inmates who were using second-hand syringes when out of prison dropped from 47.9% in 1994 to 27.5% in 2006.

Fig. 9.16 Evolution of the patterns of psychoactive substance use in population entering prison* (%). Spain, 1994, 2000 and 2006.



*. Use declared within the last 30 days immediately prior to entering prison.
SOURCE: Surveys on drug use in prison population 1994, 200 and 2006

RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS

2009 DATA

A total of 34,103 drug-dependent inmates from 90 prison facilities have been provided with care in drug dependence treatment programs. On one hand, a total of 29,772 inmates (2008: 27,140 inmates) from 79 prison institutions operating under the Office of the Secretary General of Prison Institutions have been provided with care in these programs, totaling a prevalence/day of 19.47% (2008: 20.08%), 10.85% in the methadone treatments and 8.6% in the non-methadone rehabilitation programs (2008: 11.7% in the methadone treatments and 8.38% in the non-methadone rehabilitation programs).

On the other hand, 4,331 inmates from 11 prison facilities in Catalonia have been provided with care in these programs, 2,488 inmates undergoing rehabilitation treatment and 1,843 undergoing methadone treatment. The organizational model for intervention in Catalonia differs from the rest of the Spanish State. In fact, the prison health services, including the care provided for drug dependence and mental health, are integrated into the health system operating under the Catalonian Ministry of Health. In 2009, the management of the outpatient care provided for cases of drug dependence at the Brians I and Brians II prison facilities was placed under contract to the "Fundación Salud y Comunidad" [Health and Community Foundation] by way of a competitive tender process.

The programs which are going to be detailed in following must be understood as being permeable programs, in other words, the drug-dependent inmates can go from one program to another depending on how their treatment evolves.

a) Abstinence-oriented treatments (detoxifications, drug free units, therapeutic communities in prisons).

- **Detoxification.** The detoxification programs are offered for all those individuals who are diagnosed, upon entry into prison, as active drug-dependent individuals and who have not been included in methadone treatment. The number of inmates included in scheduled detoxification in 2009 was 2,243 drug-dependent inmates at 66 prison facilities operating under the Central Government (Ministry of the Interior. Office of the Secretary General of Prison Institutions). The prevalence on December 31, 2009 was 0.16% of the prison population.

- **Drug-free programs.** Depending on the characteristics and needs of the inmate population and on the architectural possibilities of the prison facility in question, the detoxification program is carried out on an outpatient basis, at the day patient center and in a treatment unit.

  In 2009, a total of 14,048 inmates (2008: 12,470 inmates) were provided with care employing this modality of treatment (comprised of outpatient care and in treatment units). At facilities operating under the Office of the Secretary of Prison Institutions, a total of 11,560 inmates; and at Catalonian prison centers, a total of 2,488 inmates.

  - Outpatient detoxification programs. The inmates for whom care is being provided live with the rest of the prison population and use the general reSOURCEs at the facility. In 2009, a total of 5,681 inmates from 37 prison facilities operating under the Office of the Secretary General of Prison Institutions have been included, with a prevalence on December 31, 2009 of 4.74% of the prison population; a total of 433 inmates also having

been provided with care at 4 prison facilities in Catalonia.

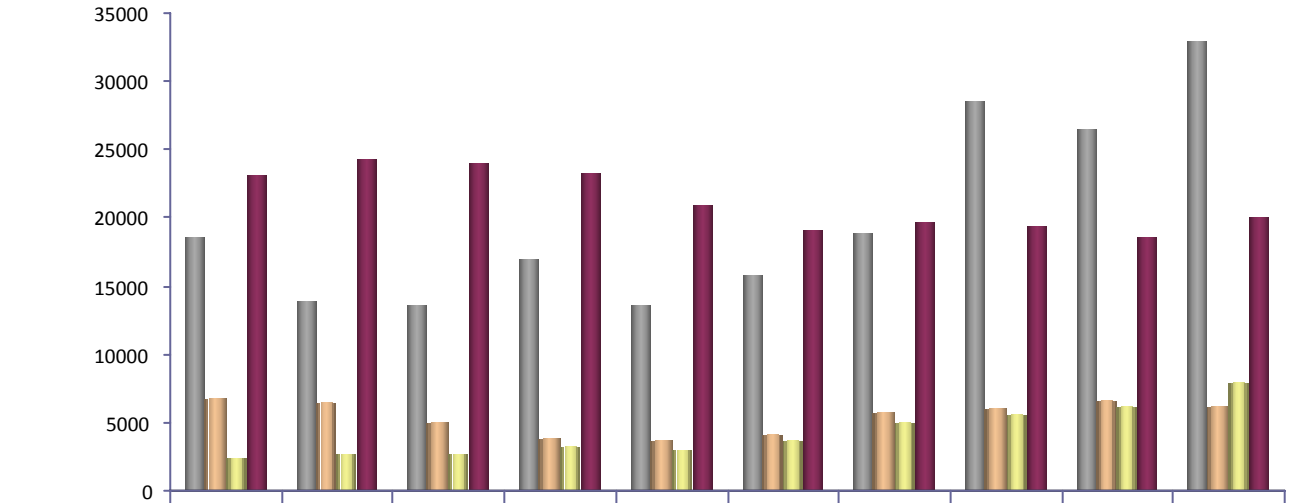
- Specific treatment-area detoxification programs. These measures are carried out at a specific unit at the facility which may be of the day patient center or treatment unit type when they stay overnight in the unit.

In 2009, a total of 4,915 inmates from 33 prison facilities operating under the Office of the Secretary General of Prison Institutions have been provided with care, with a prevalence on December 31, 2009, of 3.29% of the prison population; a total of 2,055 inmates having been provided with care at 11 prison facilities in Catalonia.

In addition to the above, a total of 954 inmates from 11 prison facilities operating under the Office of the Secretary General of Prison Institutions have been provided with care under the day patient center model, with a prevalence of 0.59% of the prison population.

Based on this data, according to Fig. 9.17, the number of those individuals making use of residential programs can be said to have increased.

Fig. 9.17 Evolution of the number of inmates in drug dependence programs. Spain, 2000-2009.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Preventive	18562	13959	13568	16953	13669*	15804*	18831	28521	26454	33003
Outpatient	6680	6386	5019	3804	3727*	4048	5759	6026	6562	6114
Drug-free Units	2304	2631	2651	3213	2973	3661	5012	5577	6166	7934
Methadone	23069	24304	24015	23353	20917*	19010*	19600	19390	18541	20055

*The data related to the prison population in Catalonia is not included..
SOURCE: Government Delegation for the National Plan on Drugs based on data furnished by the Office of the Secretary General of Prison Institutions and the Office of the Secretary of Prison Services of the Autonomous Community Government of Catalonia.

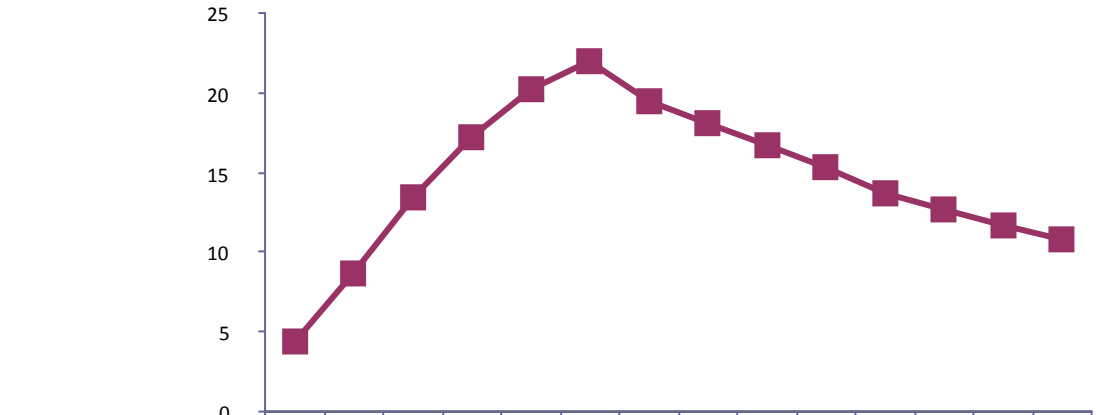
b) Substitution treatment.

- **Methadone Maintenance Programs (MMP).** In 2009, a total of 18,212 inmates from 69 prison facilities operating under the Office of the Secretary General of Prison Institutions have been provided with methadone treatment, with prevalence on December 31, 2009 of 10.85% (Fig. 9.18). In addition thereto, a total of 30.3% of the inmates undergoing methadone treatment were also provided with psychosocial treatment.

  A total of 1,843 inmates confined in 11 prison facilities in Catalonia have been provided with this type of treatment.

  As shown in Fig. 9.18, beginning as of 2004, there is a Sharp drop in the number of inmates on methadone, due to the changes having occurred in the drugs being used over the past few years.

Fig. 9.18 Evolution of prisoners attended in methadone programs. Spain, 1996-2009*.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
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	10.9

(*). Percentage of the dependent prison population from the Office of the Secretary General of Prison Institutions who are undergoing treatment, given as a percentage of the total inmate population on a certain given date.

SOURCE: Government Delegation for the National Plan on Drugs based on data furnished by the

c) Harm reduction measures.

- **Blood screening, vaccinations, provision of disinfectants, provision of condoms**. Preventive health education programs have been being carried out at all of the prison facilities, both through their own facilities as well as in coordination with the community facilities. These programs are offered not only for drug-dependent individuals but also for inmates at risk of starting to use drugs inside the prison, such as would be the first-time inmates and the youngest inmates.

  A total of 33,033 inmates from all of the prison centers throughout the country (See Fig. 9.17) have gone through this type of programs

Special mention must be made of the fact that these programs take on special importance at the Prison Institution in terms of the frequent, serious health problems these individuals have, a major percentage of these people's only contact with the health system being at the point in time of their entering prison.

The health education activities consist of:

- Safe sex workshops
- Lower-risk use workshops
- Workshops on coping with stress, social skills, communicating and problem-solving skills.
- Health mediators

Health care interventions are also carried out:

- Health care education for disease carriers
- Hepatitis vaccination
- Implementation of the program for the prevention and control and HIV infection and hepatitis C infection. These programs are for the main purpose of the early detection and treatment both of the infection as well as this disease among the inmate population.

Training health mediators as a peer education method is one of the most highly efficient and effective modalities at prisons.

d) **Needle and syringe exchange.**

All prisons fulfill the technical and legal conditions to exchange syringes in the event that there is a demand for sterile syringes.

In 2009, there were 31 prison facilities operating under the Office of the Secretary General of Prison Institutions that were dispensing syringes. Additionally, a total of 12,043 syringes were distributed at the central government centers. In Catalonia, a total of 707 syringes were dispensed to 48 inmates at 10 centers (See Table 9.3).

Beginning as of 2006, a decline is noted in the number of syringes given out due to this route being used to a lesser degree among the prison population.

Table 9.3 Evolution of the syringe Exchange programs at prison facilities. Spain, 1997-2009.

YEARS	No. FACILITIES HAVING USERS	No. SYRINGES HANDED OUT
1997	1	2582
1998	2	4943
1999	4	7056
2000	9	8584
2001	11	11,339
2002	27	12,970
2003	39	18,260
2004	37	22,356
2005	40	22,989
2006	43	20,626
2007	37	13,998
2008	44	10,582
2009	41	12,043

* Data from Catalonia lacking

SOURCE: Government Delegation for the National Plan on Drugs.
Data furnished by the Office of the Secretary General of Prison Institutions

REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

THERAPEUTIC COMMUNITIES FOR OFFENDERS OUTSIDE THE PRISONS

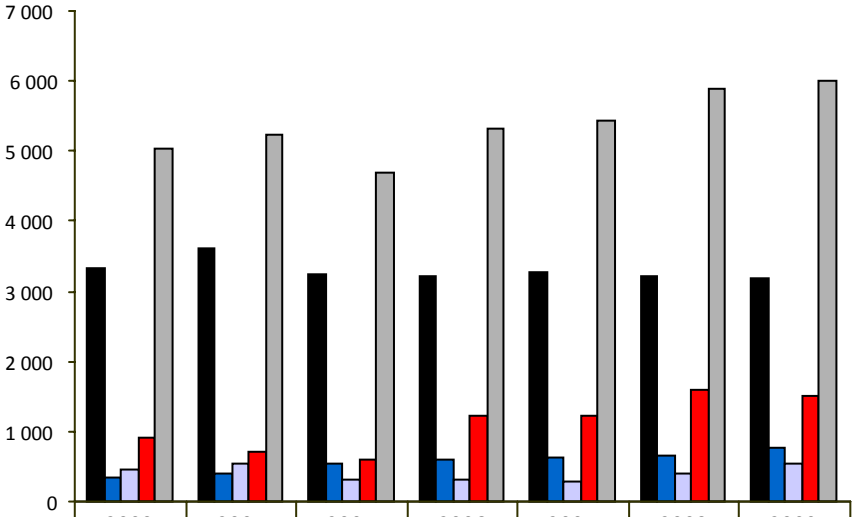
These are interventions which are carried out outside of the prison environment by means of applying the Articles of the Prison Regulations which allow periodic or definitive access to community reSOURCEs on the part of drug-dependent inmates.

In 2009, a total of 6,473 inmates were referred from the prison facilities, 5,998 inmates to treatment from the prison centers operating under the Office of the Secretary General of Prison Institutions (Fig. 9.19):

- A total of 1,508 inmates to external outpatient centers
- A total of 3,184 inmates to external methadone programs
- A total of 760 inmates to external therapeutic communities
- A total of 546 inmates to other detoxification reSOURCEs

A total of 475 inmates were referred to community treatment from the prison facilities in Catalonia.

Fig. 9.19 Referrals of drug-dependent individuals from Prison Institutions to community treatment facilities*. Spain, 2003-2009



	2003	2004	2005	2006	2007	2008	2009
Methadone treatment	3,323	3,600	3,244	3,202	3,277	3,229	3,184
Therapeutic Communities	346	393	531	596	639	665	760
Others - detoxification	460	540	314	307	283	400	546
Outpatient Centers	908	712	604	1,216	1,222	1,587	1,508
Total	5,037	5,245	4,693	5,321	5,421	5,881	5,998

* Data on the prison population of Catalonia not included.

SOURCE: Government Delegation for the National Plan on Drugs. Data furnished by the Office of the Secretary General of Prison Institutions

10. DRUG MARKETS

INTRODUCTION

Spain is not a drug-producing country per se, however, due to its geographical location, hashish and cocaine are routed through Spain to Europe; and, to a much lesser degree, MDMA-Ecstasy being routed through Spain to America and heroin being routed through Spain to Portugal.

In 2010, the number of seizures and the amounts confiscated of hashish, cocaine and heroin declined, that of ecstasy having risen slightly.

On drugs not being manufactured within Spain, the seizures of chemical substances (precursors) confiscated are few in number and in small amounts. Two speed-processing laboratories and thirty-three drug adulteration and cutting points were dismantled, all being of scant importance.

As far as the prices are concerned, the wholesale markets are found to be stable in 2010 compared to 2009, although a slight rise may be noted in the cannabis derivatives, cocaine and speed, with a moderate decline in heroin.

On the per gram market, the most remarkable rise was recorded for marijuana and hashish; cocaine and speed however having practically maintained their priced, heroin dropping slightly. On the by dose retail market, all of the prices rose, especial the speed and cocaine by the dose market.

The variations in cocaine purity in the different trafficking scales were minor, showing a downward trend, whilst on the heroin market, the purity/kilogram has risen, the gram purity is remaining the same, and the dose purity has lowered.

AVAILABILITY AND SUPPLY

COCAINE

Coca leaf cultivation and cocaine production

. All of the cocaine seized in Spain originally comes from the region of the Andes in South America.

Cocaine distribution means and routes in Spain and Europe

Spain continues being used as a transit country for brining cocaine to other countries in Europe.

Cocaine is brought into Spain as contraband by sea or by air, by way of the routes detailed in following:

Conventional routes:

- **North or Sailboat Route:** From the Caribbean to Europe over the Azores, taking advantage of the Gulf current for sailing. The type of craft usually used is sailboats, flying flags of European countries and their crews being comprised of citizens from the countries in question. As regards where the drug in loaded on board, this is usually done in the South Caribbean using speedboats or even in the near vicinity of the Caribbean islands.

  One variation on this route is the route following a broad strip located between the Azores and Cabo Verde. The sailing alternatives include melding into the “Fishing Boat Route”,

rounding Cabo Verde to the north and heading into the Azores-Madeira or Madeira-Canary Island corridor. Just as in the preceding variation, these pleasure crafts fly the flag of some European or even North American country, their crews also being E.U. nationals.

- **Central or Cargo Ship and Fishing Boat Route:** Used by fishing type boats and small-sized cargo ships which load cocaine on board in the close vicinity of the coasts of Venezuela, Guyana, Surinam or even Brazil. They also often transfer the cargo off other ships flying the flags of South American coastal countries in areas out in the middle of the Atlantic. These crafts usually fly flags of the same nationality as the criminal organization in charge of this transportation phase. In principle, the most heavily transited route of these two was the Central route, this route however having currently been almost completely abandoned, having moved from cargo ships and fishing boats to sailboats for transporting the goods.

African route:

The African route first began being detected at the beginning of 2004, Spain being the first country to state its existence. Within the 2004-2007 period, the seizures of cocaine off the coasts of West Africa underwent a rise.

Over the past few years, a decline has been noted in the number of seizures, although the different international Agencies and Organizations are still advising as to the continent of Africa being used as a transit point before sending the cocaine to Europe.

These circumstances lead one to consider a risk situation with regard to the possibility of reaching Europe, although, to date, this is not being found to be true due to operational measures being carried out, except as far as human couriers are concerned.

In 2010, the cocaine seizures made out at sea have declined, the inland seizures however having increased, suggesting that new routes for bringing cocaine into the country are being used.

HASHISH

Cannabis cultivation and hashish production

Practically all of the hashish seized in Spain comes from the Kingdom of Morocco.

The growing of cannabis plants has been found to be proliferating in Spain, normally in greenhouses for obtaining marijuana for one's own use and rarely for trafficking. Nevertheless, the estimated scope of these crops is insignificant compared to the quantities seized, and those used as inferred from the surveys on the use of cannabis.

Hashish distribution means and routes in Spain and Europe

No major changes have been noted in either the use of seaborne, overland and airborne means of transport for transporting and distributing hashish from Morocco to Spain and to the rest of Europe or in the routes used. The decline in cannabis seizures in Spain suggests that new routes are now possibility being used for transporting cannabis to Europe. In fact, the action of the Integrated Foreign Surveillance System (SIVE) deployed in the South Atlantic and along the most part of the Mediterranean coast, has made it possible – as this route was progressively being used to a greater degree – to detect crafts transporting hashish further north.

DESIGNER DRUGS - MDMA

MDMA-ecstasy production

No points of ecstasy production have been detected in Spain. The shipments seized come from Northern-Central Europe.

Ecstasy distribution means and routes in Spain and Europe

No major changes have been noted in the means and routes used for distributing ecstasy in Spain.

HEROIN

Opium poppy and heroin cultivation and production

As far as Spain is concerned, most of the heroin seized is of the "brown sugar" type, produced in Afghanistan and Pakistan, following the route traversing the Islamic Republic of Iran, Turkey and the southeastern European countries along the route known as "the Balkans".

Heroin distribution means and routes in Europe

The different ways of entry, referred to as the "Balkan Route", the "Caucasian Route" and the "South Route", continue to be those used by the drug trafficking organization for distributing heroin from Afghanistan and Pakistan to all of Europe. The main means of transporting the heroin seized in Spain is customarily overland, by road.

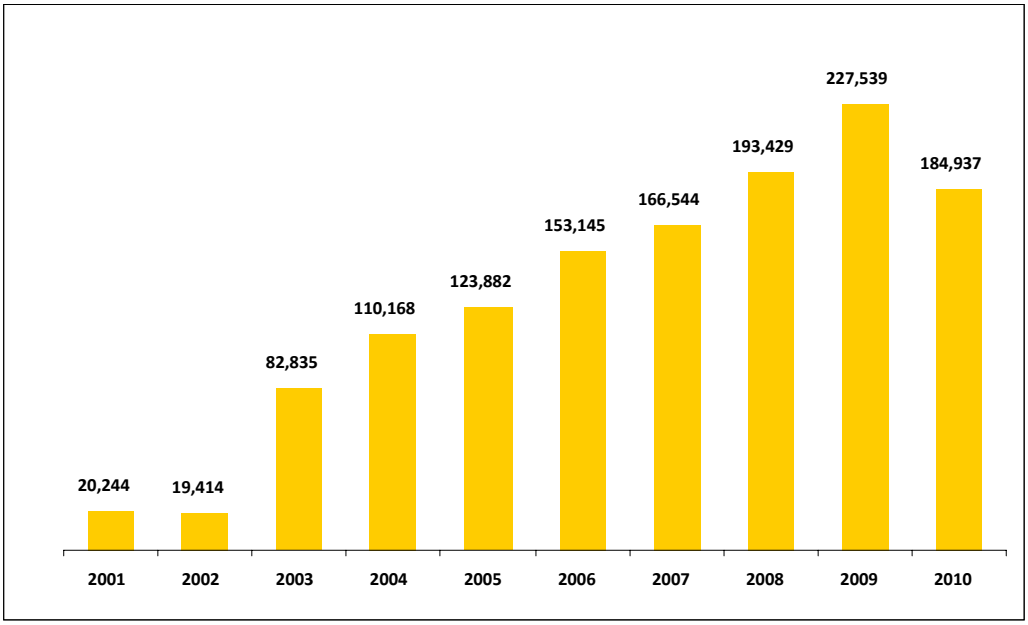
SEIZURES

HASHISH

Number of seizures

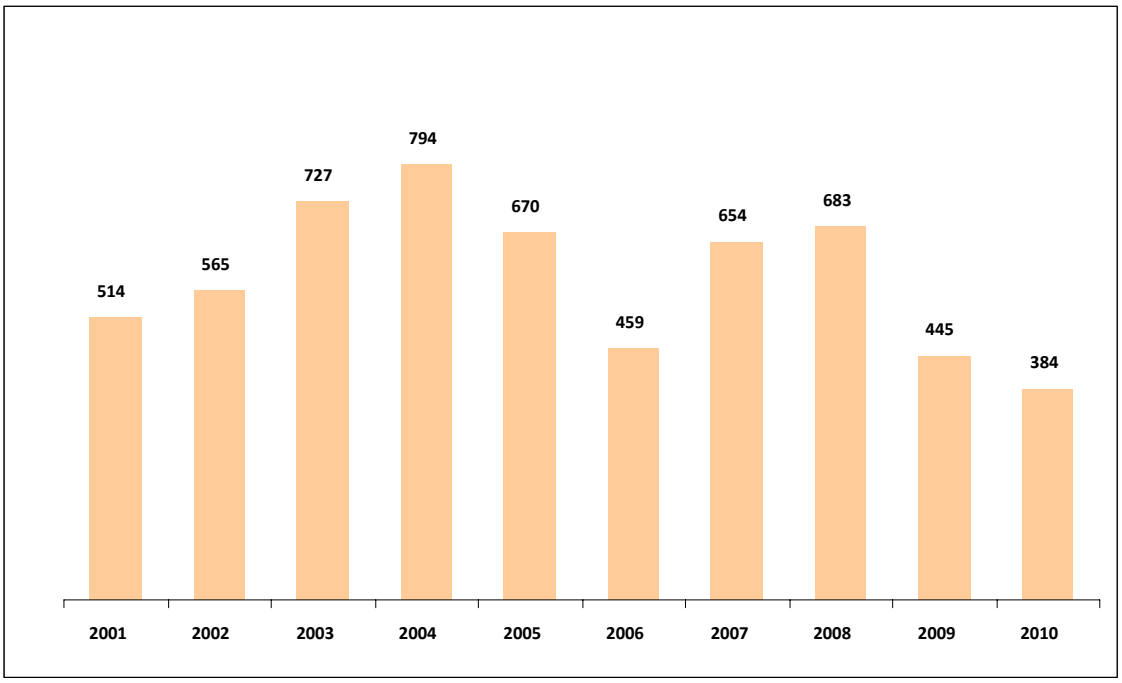
As shown in Fig. 10.1, number of hashish seizures are undergoing a rising trend, this figure however having dropped by 18.72% from 2009 to 2010, although the seizures were of larger quantities.

Fig. 10.1 Hashish seizures, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.2 Amounts of hashish seized, 2001-2010 (Tons)



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

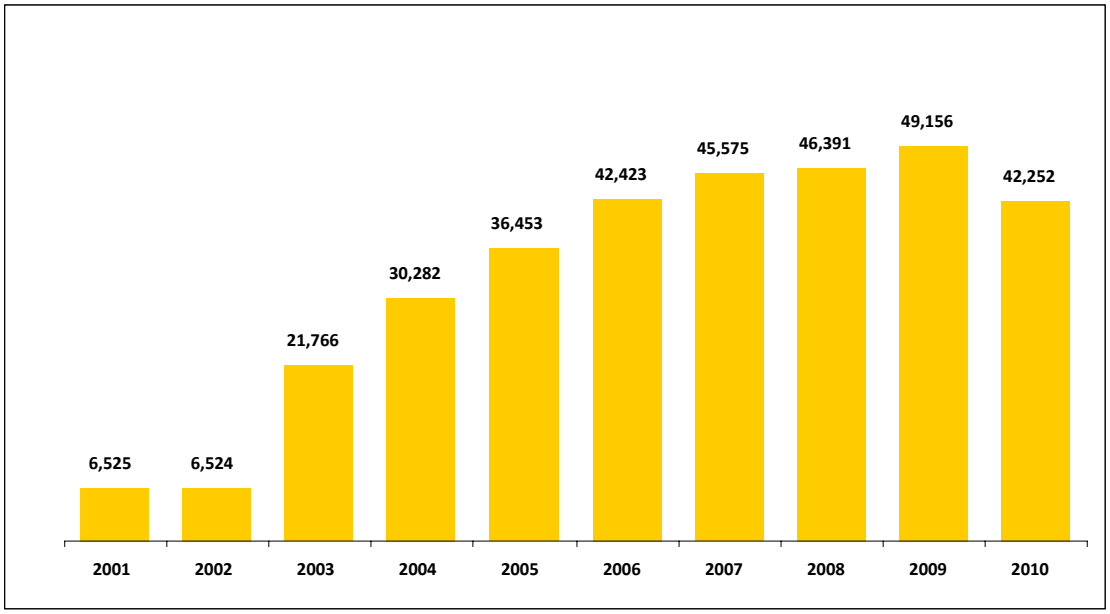
The amount seized was also 13% less than the immediately previous year, which is in keeping with the seizure data (Fig. 10.2)

COCAINE

Number of seizures

Fig. 10.3 below shows how, following a continued rise over the past few years, the number of seizures is dropping back to 2006 values.

Fig. 10.3 Cocaine seizures, 2001-2010



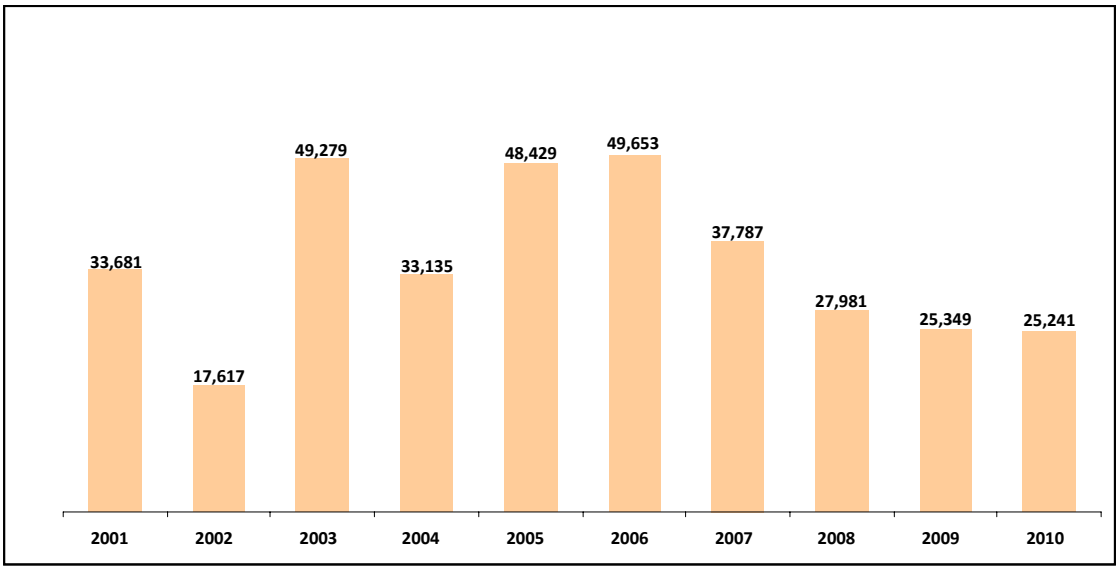
SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Amounts of cocaine seized in Spain

Although the number of seizures has dropped, the amount of cocaine seized remained at figures similar to 2009, as shown in Fig. 10.4.

In 2010, the amounts seized have dropped for the fourth year running, for a thus slightly downward trend.

Fig. 10.4 Amounts of cocaine seized, 2001-2010 (kilograms)



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

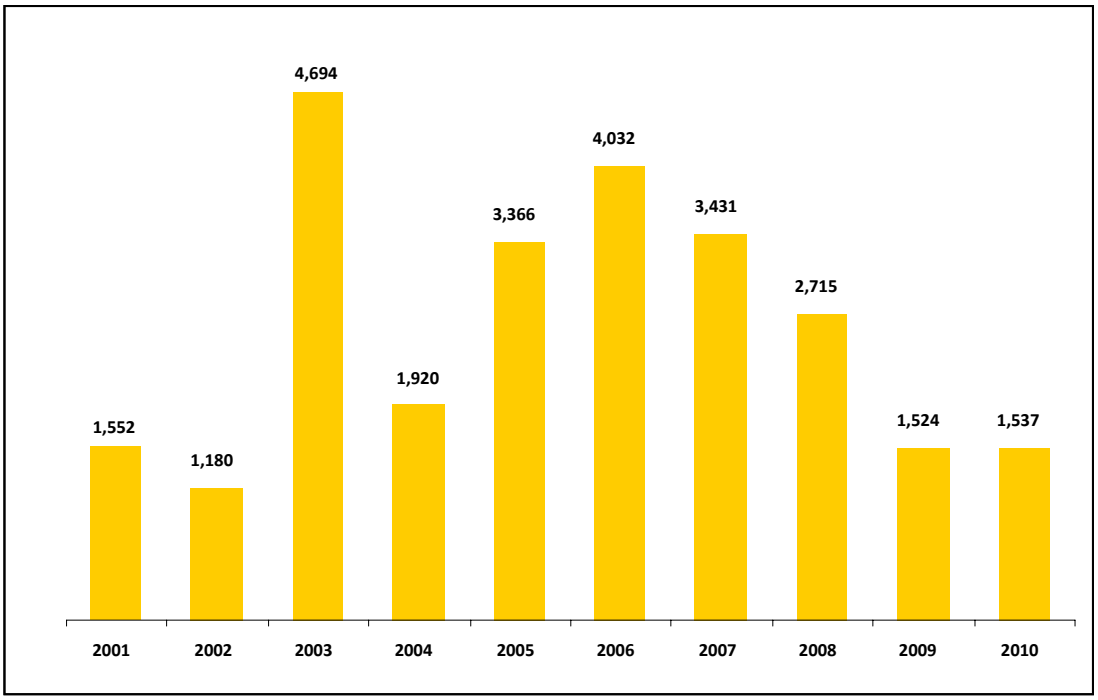
Just as with regard to the hashish traffic, the shipments of cocaine seized are larger.

MDMA-ECSTASY

Number of seizures

Fig. 10.5 shows the number of MDMA-ecstasy seizures in 2010, totaling a number similar to 2009, with a slight rise (0.85%).

Fig. 10.5 MDMA (Ecstasy) seizures, 2001-2010

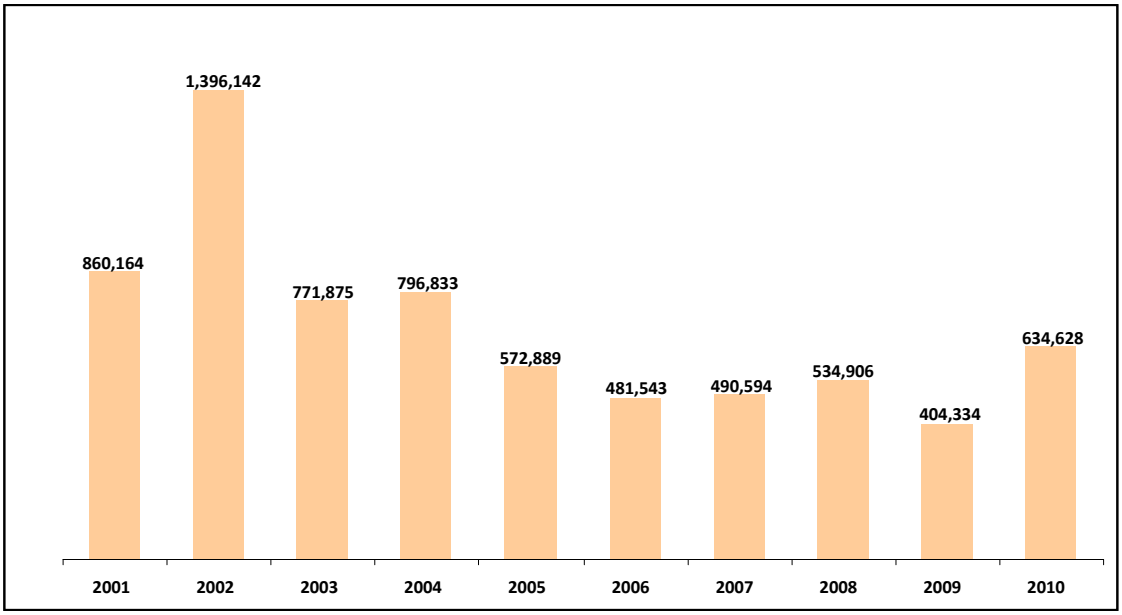


SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Amounts of MDMA-ecstasy seized in Spain

Despite equaling the number of seizures for 2009, the total amount seized in 2010 totals a 56.95% increase, this percentage meaning that the shipments seized were comprised of a larger number of pills. (Fig. 10.6).

Fig. 10.6 Ecstasy tablets seized, 2001-2010



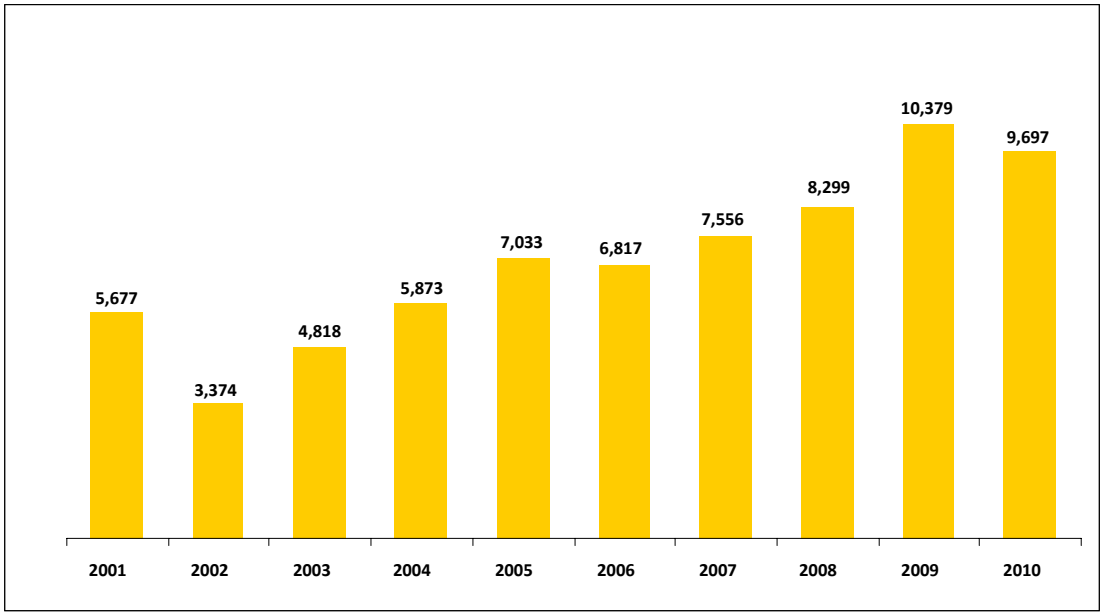
SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

HEROIN

Number of seizure

Fig. 10.7 shows the number of heroin seizures to have been undergoing a sustained rise since 2002, despite having dropped from 2009 to 2010. Although this drop means 6.57% fewer seizures, the second highest number of seizures for the period compared have been made.

Fig. 10.7 Heroin seizures, 2001-2010

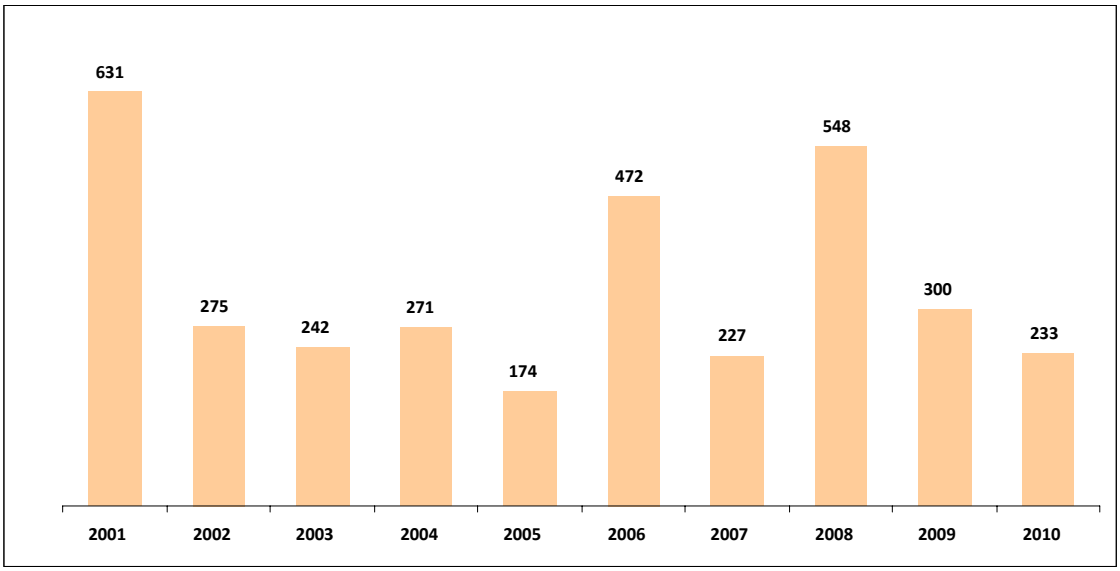


SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Amounts of heroin seized in Spain

The amounts of heroin have also dropped by 22.33% compared to 2009 Fig. 10.8). These amounts evolving continually on a downward trend is compatible with the decline in as shown by the demand indicators.

Fig. 10.8 Amounts of heroin seized, 2001-2010 (kilograms)



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

AMOUNTS OF PRECURSORS SEIZED

In Spain, solely chemical substances cataloged as Category 3 precursors are manufactured, this class including six chemical products very commonly used: solvents such as acetone and toluene plus hydrochloric and sulphuric acids.

As regards the seizures made, a rise has been noted in the quantities of sulphuric and hydrochloric acid, mainly in relation to two cocaine-processing laboratorios which were dismantled.

A drop in also noted in methyl-ethyl-ketone and acetone, probably due to the use of other non-seized substances of similar characteristics

Table 10.1 Substances and amount seized, 2010

CONTROLLED (EU) 2010	
Acetone (c.c.)	498,820
Hydrochloric Acid (c.c.)	54,500
Sulphuric Acid (c.c.)	35,000
Ethyl Ether (c.c.)	69,297
Methyl-Ethyl-Ketone (c.c.)	43,000
Potassium Permanganate (gr.)	1,000
Toluene (c.c.)	4,000
Ephedrine (gr)	33
NON-CONTROLLED (EU) 2010	
Ammonia (cc.cc.)	23,002
Bicarbonate of soda (gr.)	4
Ethanol (cc.cc.)	11,000
Sodium Hydroxide (gr.)	2,000
Hexane	34
Ethyl Acetate	23

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

DISMANTLED LABORATORIES

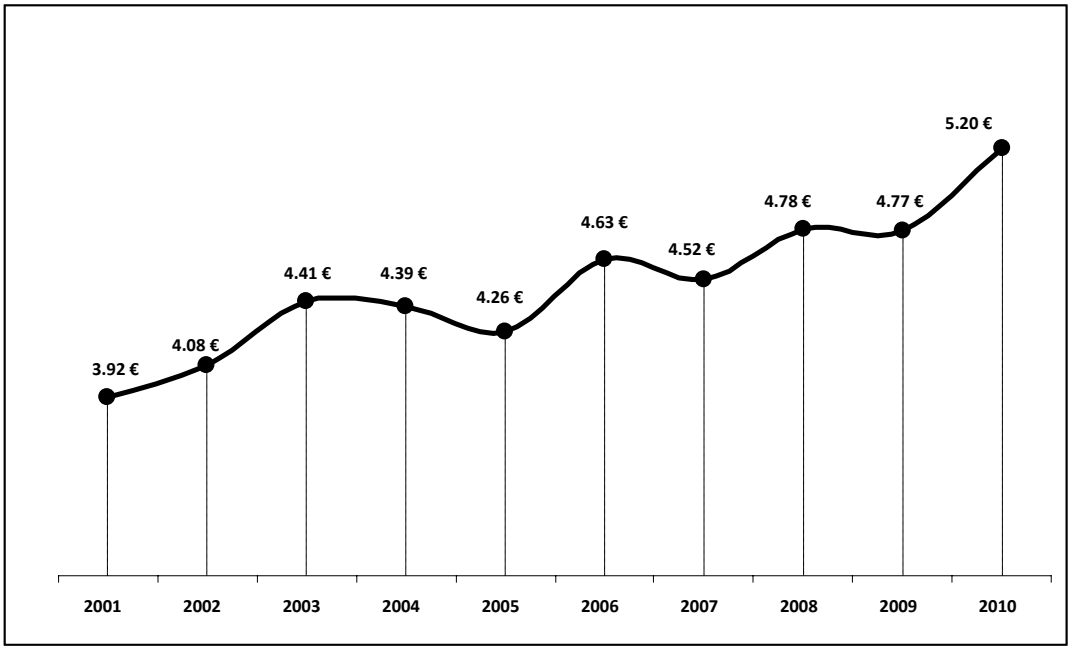
In 2010, two crack cocaine–processing laboratories as well as 33 cocaine adulteration and cutting points were dismantled.

PRICE/PURITY

HASHISH RESIN

Fig. 10.9 shows the trend over the last ten years on the retail market as being an upward trend. In 2010, a gram of hashish is 32.65% higher-priced than in 2001.

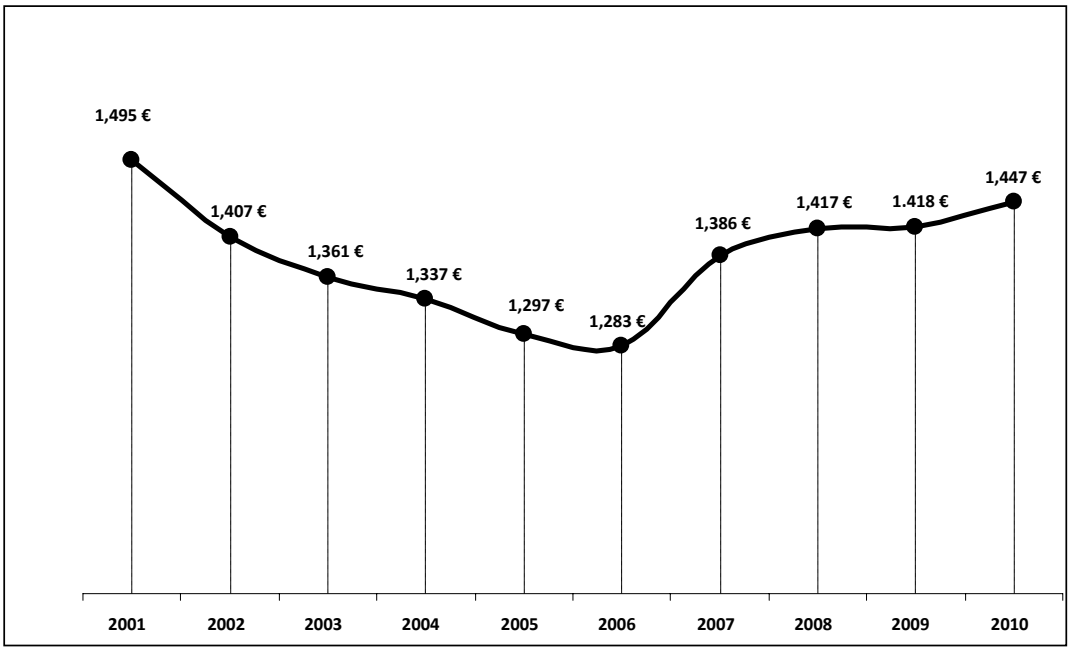
Fig. 10.9 Hashish resin, price/gram, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

In turn, Fig. 10.10 shows the wholesale market to have been undergoing a downward trend for the 2001-2010 period. Nevertheless, the prices have now been rising for four years running, hence suggesting that the market is recovering. The price in 2010 is 2% higher-priced than in 2009.

Fig. 10.10 Hashish resin, price/kilo, 2001-2010

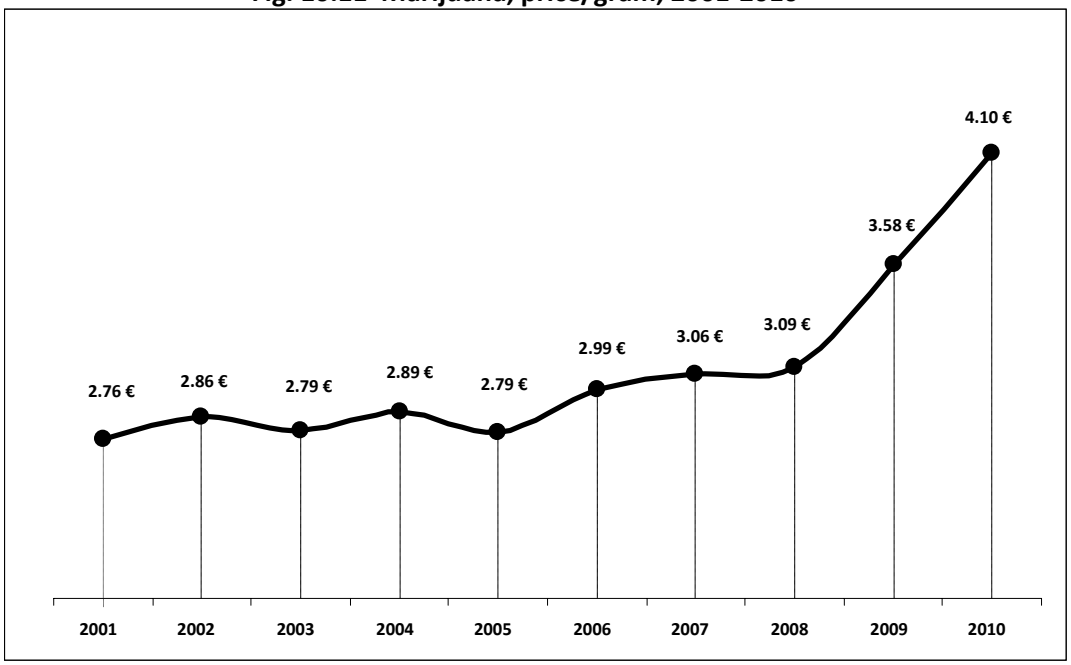


SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

MARIJUANA

Fig. 10.11 shows the average price of a gram of marijuana for the period studied to obviously have risen from 2.76 € in 2001 to 4.10 € in 2010, in other words, becoming 14.52% higher-priced. This price trend is continuing on the rise.

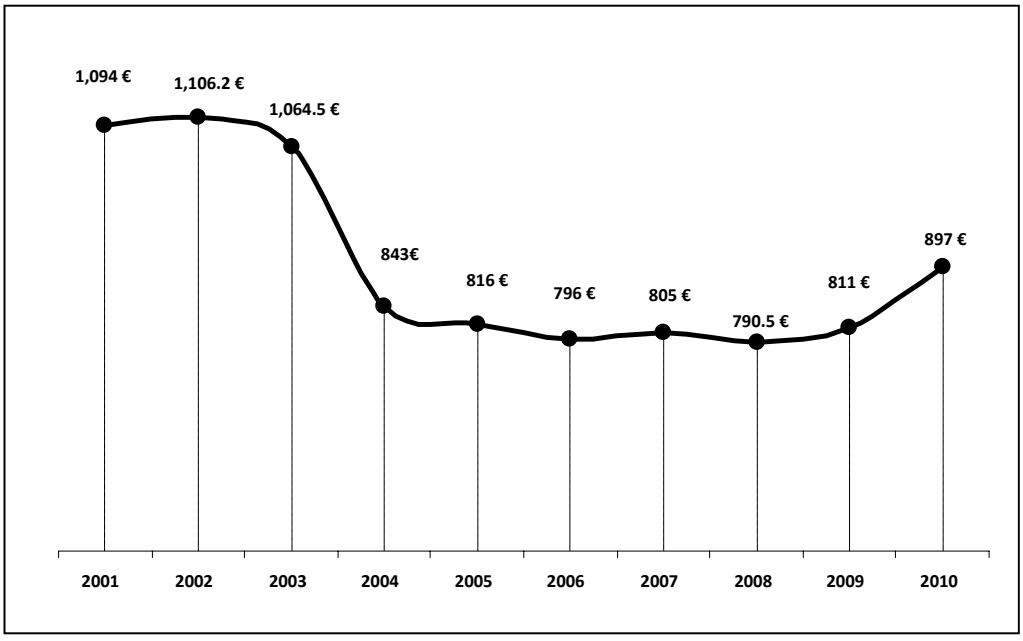
Fig. 10.11 Marijuana, price/gram, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.12 shows marijuana prices to have risen by 10% per kilo in 2010 after having remained stable with moderate wholesale prices.

Fig. 10.12 Marijuana, price/kilo, 2001-2010



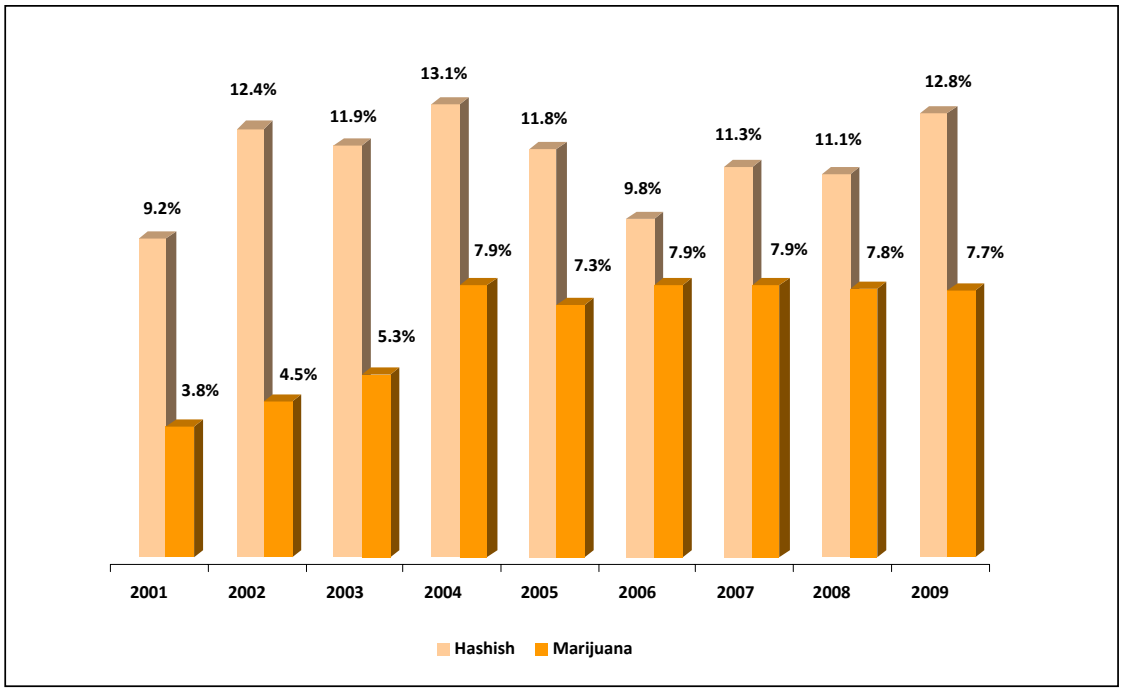
SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

THC Concentration

The Tetrahidrocannabinol (THC) concentration, given in percentage form, varies due to the characteristics of the crop harvests, influenced particularly by the seed selection, weather, soil quality and growing methods employed.

The aforesaid concentration may have a bearing on the prices, a follow-up having been made on the annual averages found in the samples analyzed[11] as shown in the graph in Fig. 10.13, detailing the rise in cannabis potency, especially the potency of hashish.

Fig. 10.13 THC evolution, 2001-2010



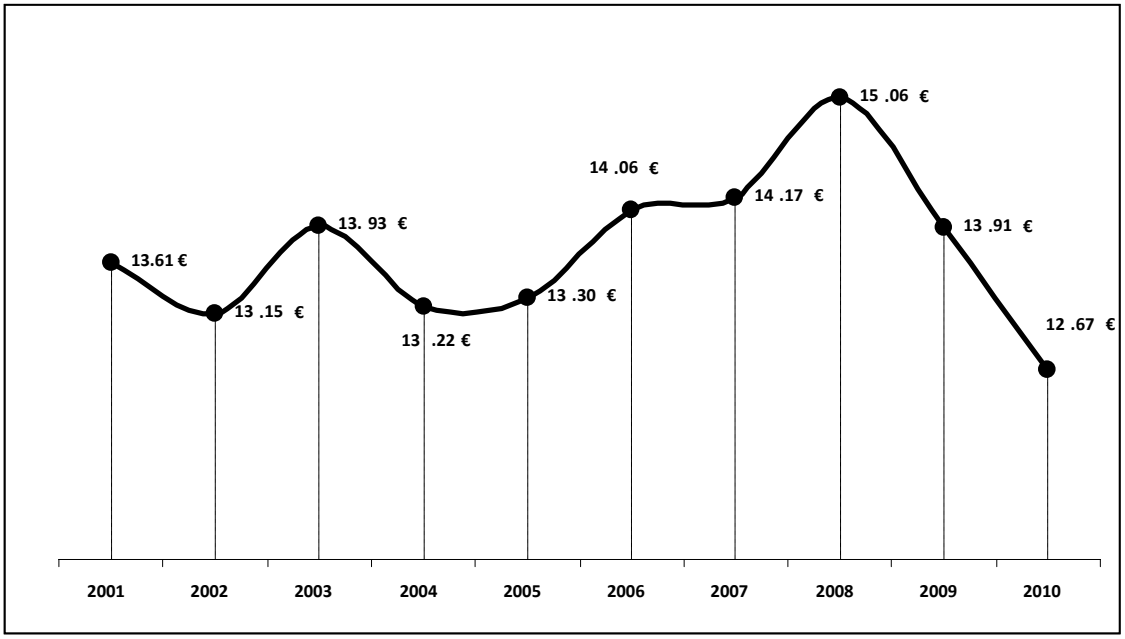
SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

[11] Data furnished by the Drug Service of the National Institute of Toxicology and Forensics. Madrid Department

COCAINE

Fig. 10.4 shows cocaine prices to have started dropping after having first undergone an upward trend until 2008, then having finally dropped down to the lowest price for the period studied, specifically 7% lower-priced than in 2001.

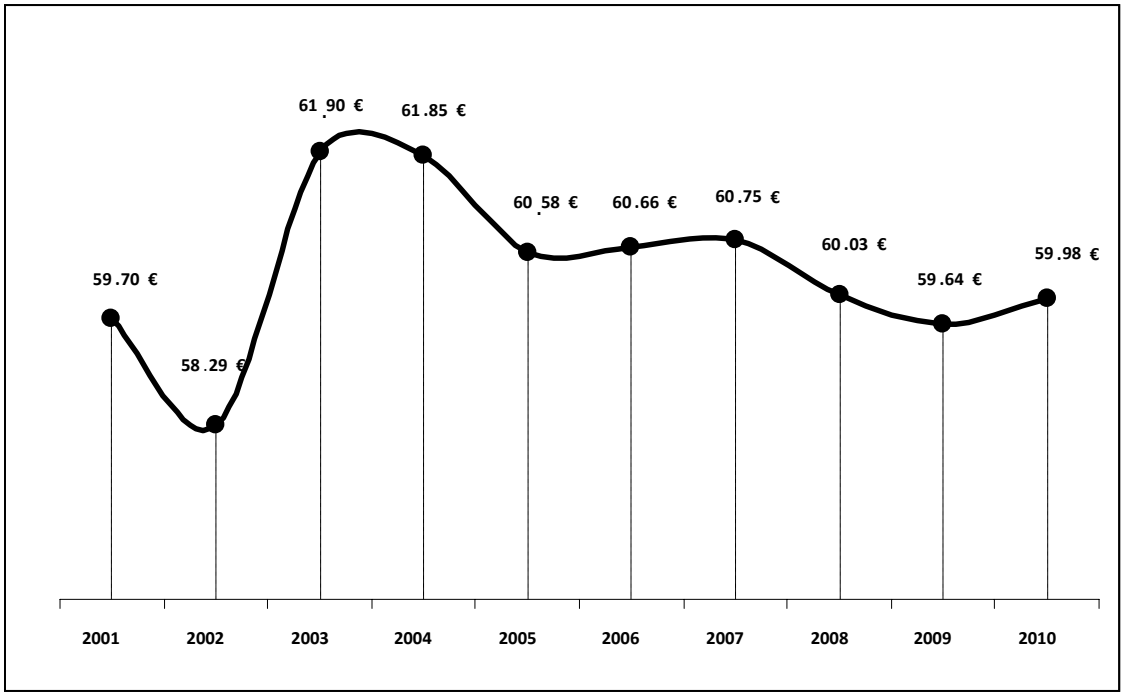
Fig. 10.14 Cocaine, price/dose, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

As far as the average per gram price is concerned (Fig. 10.15), the average per gram price trend is stable at a price of around 60€, meaning this price having changed very little compared to 2001.

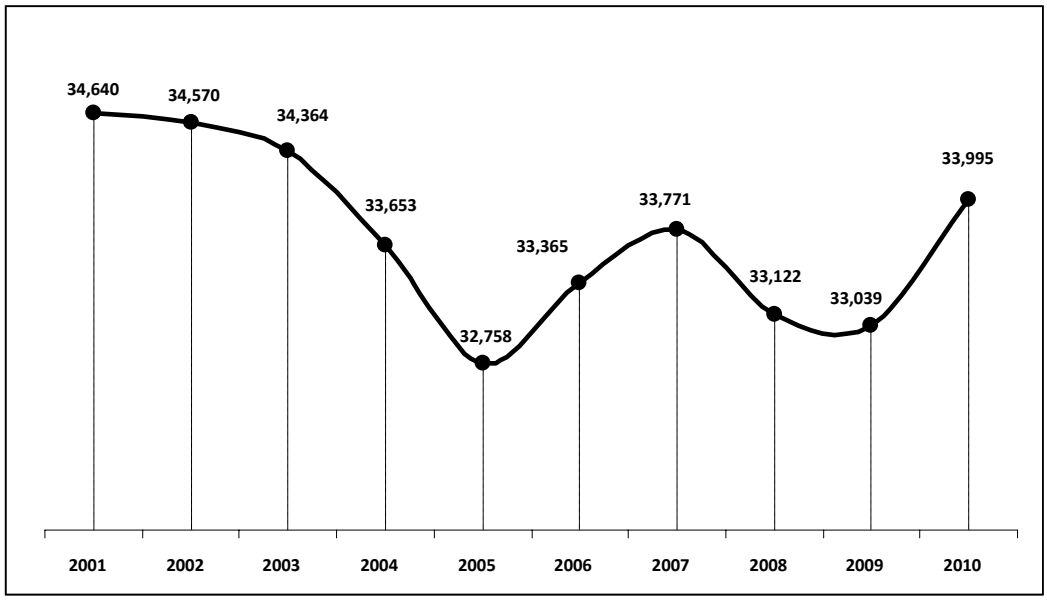
Fig. 10.15 Cocaine, price/grams, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

On the other hand, Fig. 10.16 shows the per kilogram price to have undergone a noticeable 2.90% rise compared to 2009.

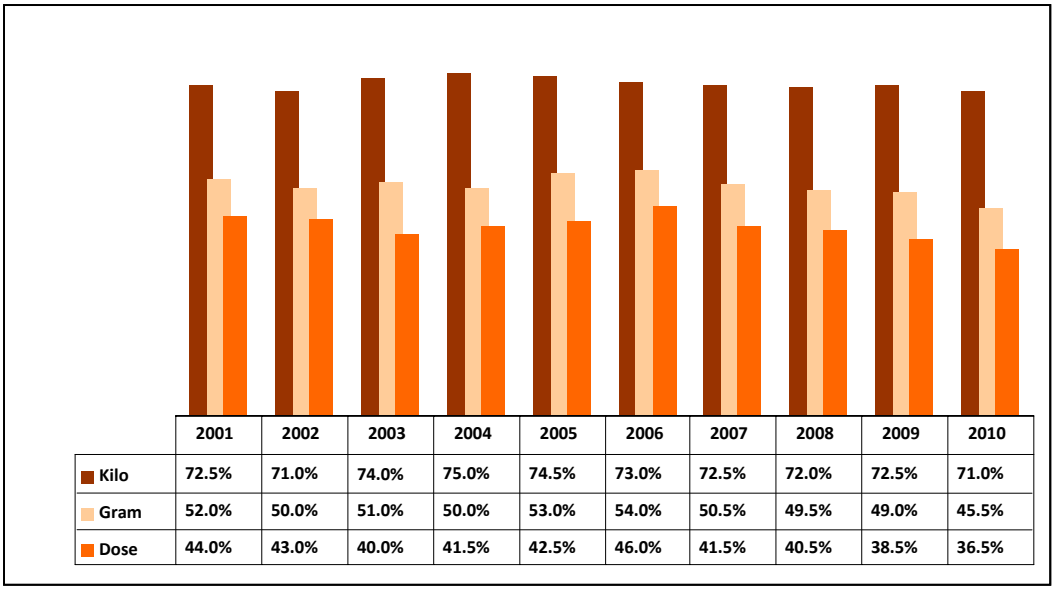
Fig. 10.16 Cocaine, price/kilo, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.17 shows the average purity of a cocaine dose, which have fluctuated from 44% in 2001 to 36.50% in 2010. After having risen to 46% in 2006, cocaine dose purity has been continually on the decline, the lowest degree of purity having been recorded last year.

Fig. 10.17 Evolution of cocaine purity, 2001-2010



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Kilo	72.5%	71.0%	74.0%	75.0%	74.5%	73.0%	72.5%	72.0%	72.5%	71.0%
Gram	52.0%	50.0%	51.0%	50.0%	53.0%	54.0%	50.5%	49.5%	49.0%	45.5%
Dose	44.0%	43.0%	40.0%	41.5%	42.5%	46.0%	41.5%	40.5%	38.5%	36.5%

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

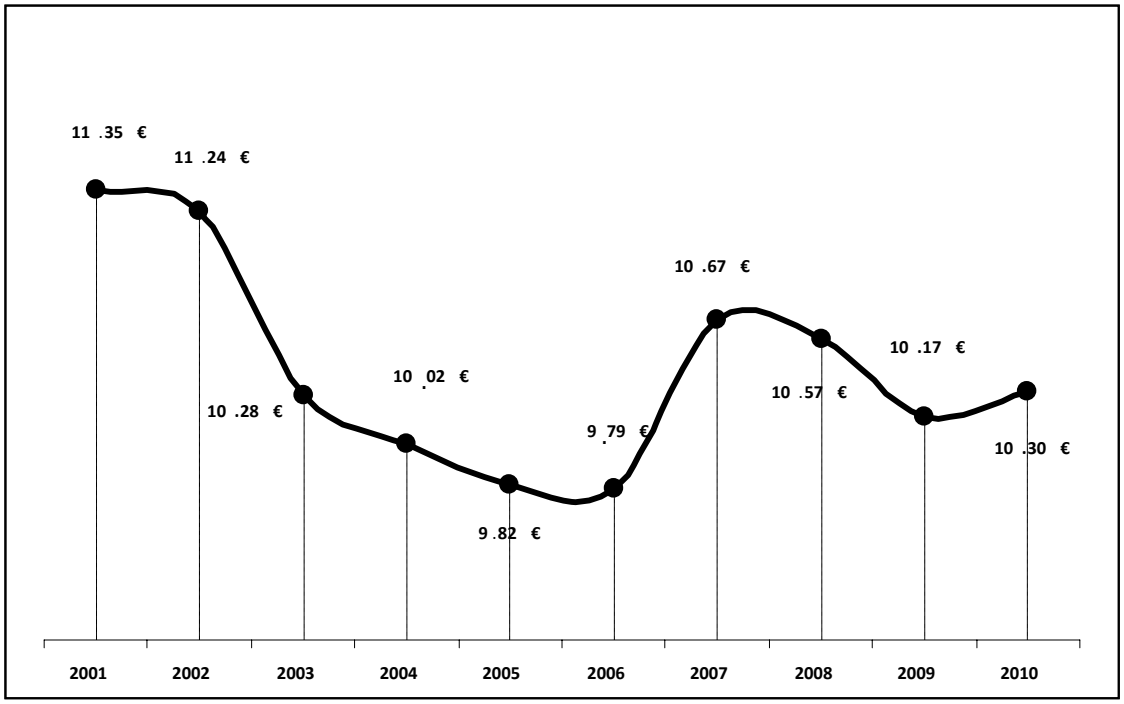
The evolution of the per gram purity found in the seizures is quite similar to that of the doses, showing a clear downward trend.

The per kilo purity is currently 71%, the lowest in the past ten years, 5.32% lower than in 2004, the year in which the highest-purity cocaine was recorded.

MDMA-ECSTASY

Fig. 10.18 clearly shows the average price of ecstasy tables to have been dropping over the last nine years up to 2006. Following the price rises in 2006 and 2007, the prices then began falling again, with a slight hike in 2010.

Fig. 10.18 MDMA-Ecstasy, per-tablet price, 2001-2010

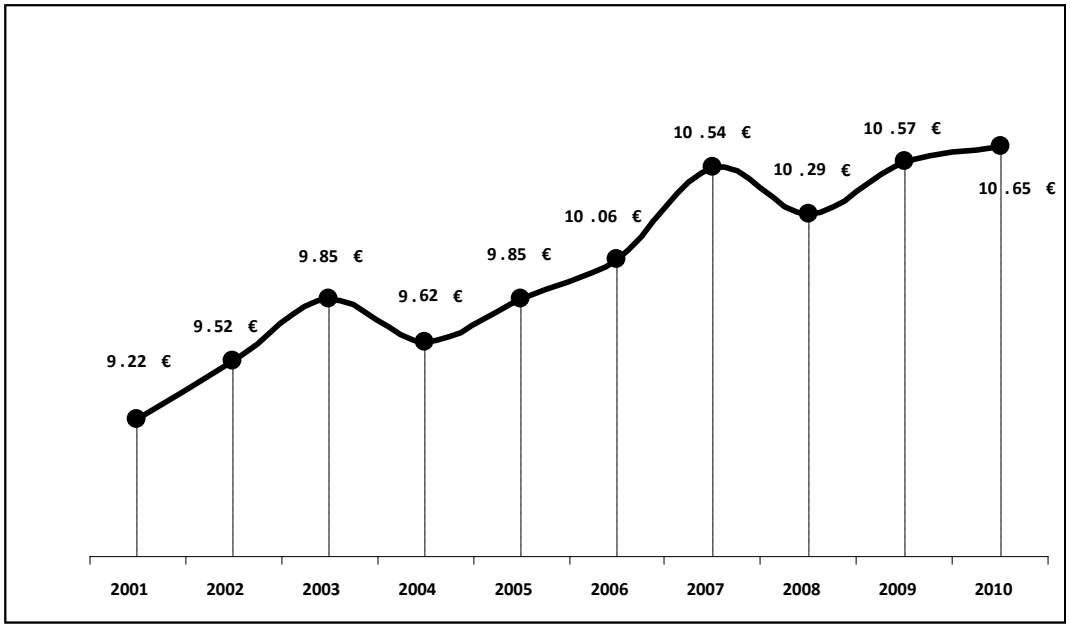


SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

HEROIN

Fig. 10.19 shows the average price of a heroin dose to have been constantly on the rise, which clearly marks an upward trend. In 2010, the price had already been confirmed to have been slightly higher than in 2009.

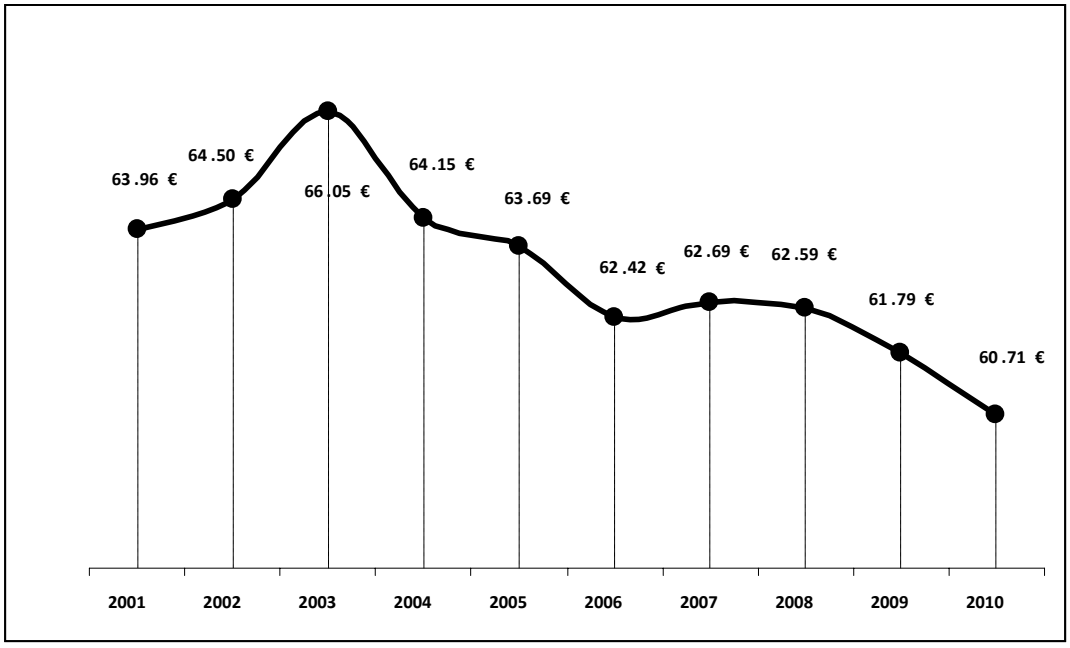
Fig. 10.19 Heroin, price per dose, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

. To the contrary, Fig. 1020 shows the average per gram price to have clearly dropped.

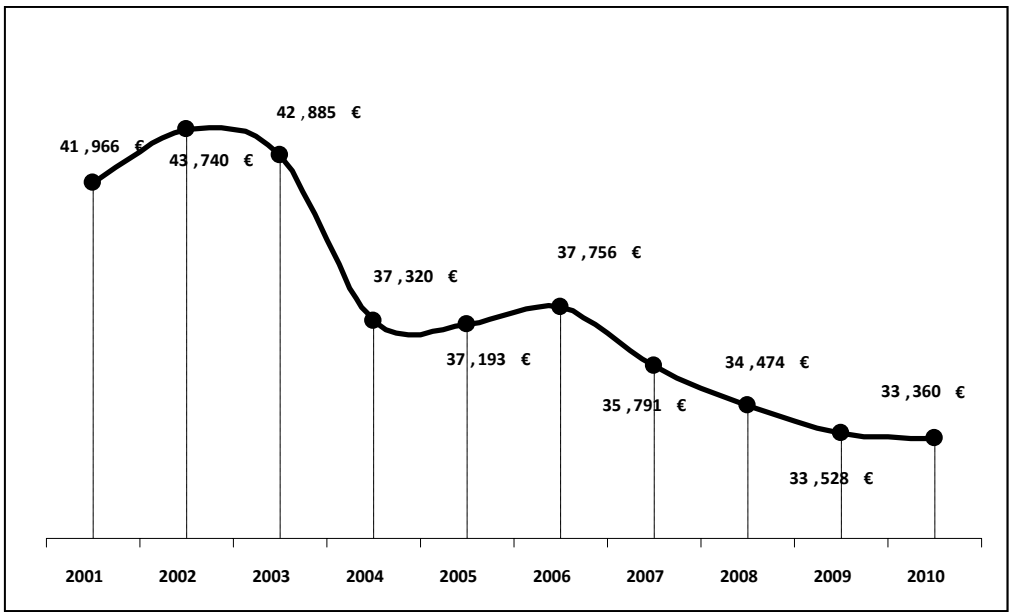
Fig. 10.20 Heroin, price/gram, 2001-2010



SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.21 shows the per kilo price of heroin to have gone down once again too in 2010, further boosting the downward trend which began in 2003. The current price is the lowest for the period studies.

Fig. 10.21 Heroin, price/kilo, 2001-2010

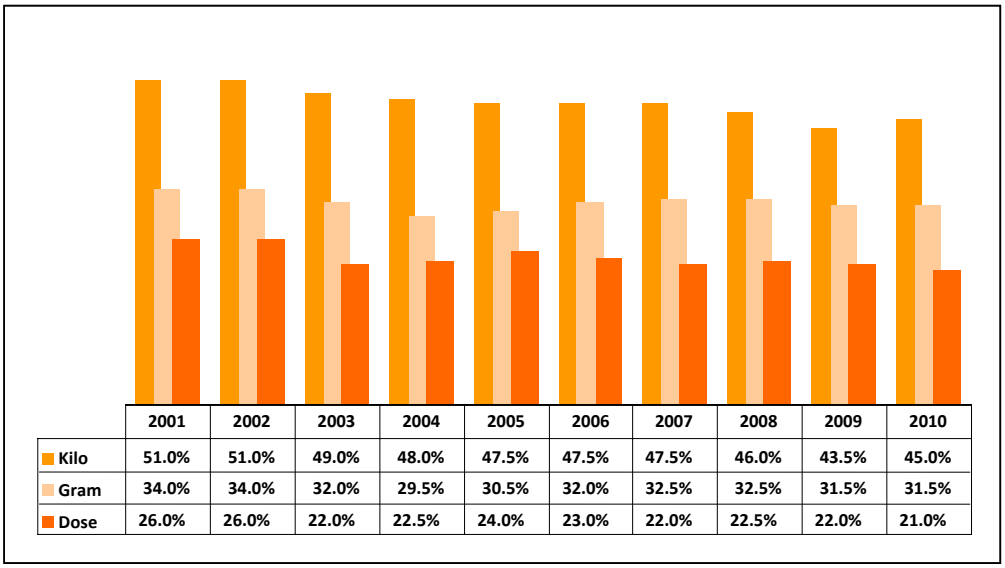


SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

The dose purity shows a downward trend. A 21% purity was found in the 2010 shipments, meaning a 19.23% lower purity than in 2001.

The average purity of a gram of heroin for the same period also dropped, having been found to be 2.5 percentage points lower than in 2001 and currently being 7.35% less pure. In 2004, it reached its lowest point, 29.5%, having climbed back up since then to the 32.5% of 2007 and 2008 to then drop once again to 31.5% in 2009, this being the percentage having remained the same for 2010.

Fig. 10.22 Evolution of heroin purity, 2001-2010



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Kilo	51.0%	51.0%	49.0%	48.0%	47.5%	47.5%	47.5%	46.0%	43.5%	45.0%
Gram	34.0%	34.0%	32.0%	29.5%	30.5%	32.0%	32.5%	32.5%	31.5%	31.5%
Dose	26.0%	26.0%	22.0%	22.5%	24.0%	23.0%	22.0%	22.5%	22.0%	21.0%

SOURCE: Centre of Intelligence against Organized Crime. Ministry of Interior

Regarding per kilo purity, the average purity found in the heroin shipments shows a sustained downward trend, which has been accentuated over the past few years. For the aforementioned period, per kilo purity has gone dropped from 51% in 2001 to 45% in 2010.

Data collection methodology (prices and degrees of purity)

There has been no change in the data collection methodology for determining the prices and purity of the drugs seized.

PART C: BIBLIOGRAPHY AND ANNEXES

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