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DELEGACIÓN DEL GOBIERNO PARA EL PLAN NACIONAL SOBRE DROGAS

2013 NATIONAL REPORT (2012 data) FOR THE EMCDDA
by the Reitox National Focal Point

"SPAIN"

New Development, Trends and In-depth Information on Selected Issues

REITOX

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SUMMARY

The present report on the drug situation in Spain in 2012 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.

Drug policy: legislation, strategies and economic analysis

In December 2013, the Government Delegate for the National Plan on Drugs submitted the 2013-2016 Action Plan, with 32 new actions to reduce the demand for legal and illegal drugs, to reduce risks and to favor the integration of people in the rehabilitation phase. The plan has a transversal gender approach and will be focused on prevention in the case of minors.

Also, the **General Population Survey on Alcohol and Drugs (EDADES) 2011/12** was officially presented as a part of the periodical studies that has been carried out by the Government Delegation for the National Plan on Drugs since 1995. Its methodology and results are available in the Spanish National Report 2012.

And finally the results of the **2011 Survey on Health and Drug Use among Prisoners in Penitentiary Institutions** were presented in 2012.

Drug use in the general population and specific targeted groups

During 2012 a new Survey on Drugs Use among students from 14-18 years old (ESTUDES) was carried out. The objective of ESTUDES is to compile useful information to design and assess policies aimed at preventing drug use and the problems derived from it, which is mainly targeted at the family and/or school environment.

As a novelty, this year's edition introduced a module on emerging drugs and the drugs included in the survey were extended to 21.

The data showed that the **most commonly consumed drugs** are, in this order, **alcohol** (76.6% have consumed it in the last 12 months), **tobacco** (40.2%) and **hypnosedatives** (11.4%). For the first time, the proportion of people using hypnosedatives exceeded cannabis users.

The survey shows a **reduction in the use of all substances** (apart from hypnosedatives), which is more acute in the case of **tobacco, alcohol, cannabis and cocaine**, which dropped between one and two percentage points, with respect to the previous survey. It also shows a consolidation of polydrug use, in which alcohol plays a predominant role.

Based on the results of this survey, the Ministry underlined its commitment to draw up a new regulation to prevent alcohol use in minors and to announce the development of preventative strategies through the social networks with the creation of a **portal of best prevention practices, the development of an accreditation system of preventative programmes** and promoting **research into the best preventative options.**

In ESTUDES 2012, two specific modules were introduced, one to estimate the problematic use of cannabis and the other on emerging drugs.

Prevention

Prevention in Spain continues to focus mainly on the individual and is undertaken largely by means of educational programmes aimed specifically at the school environment.

This year the scope of the majority of programmes declined with respect to previous years, except in the case of selective programmes that were aimed at minors at risk, which have kept to the rising trend of the last few years.

Regarding universal prevention and according to data from the autonomous communities, preventative activity was reduced in 2011, in terms of both the number of schoolchildren who take part in activities, and the number of teachers trained to implement these programmes.

As regards family prevention, there is a significant reduction in the number of participants in these programmes and also the number of participants in alternative leisure programmes continues to descend.

Initiatives of distinct types have been focused on the health sector. On the one hand, the training of health professionals and on the other hand the **cooperation with scientific associations** in awareness and information campaigns aimed at the general population.

Problem Drug Use

Until 2012, estimates for the numbers of problem heroin, cocaine and cannabis users, and injectors of psychoactive substances were carried out in Spain, using, in each case, the methodology and information sources that were considered to be the most appropriate.

However, from 2013, and in order to adapt our work to the new protocol, several changes were introduced, both to the substances, whose problematic use must be reported, and in the methodology used to calculate this use. These changes will be briefly described in this section;

At present the number of problem, high risk users in Spain is related to the use of cannabis and cocaine. However, opioid users and injectors must be considered, while the estimates made appear to confirm a downward trend in the number of high risk opioid users and injectors, noting that in 2012, the estimates made appear to confirm a downturn in the number of high risk opioid users (previously known as "problem drug users") and injected route users (injectors).

Drug-related treatment: treatment demand and treatment availability

Spain has used information on an annual basis from the indicator “Admissions to Treatment due to Psychoactive Substance Abuse” since 1987, 2011 being the most recent year for available figures. This indicator corresponds to the EMCDDA “Treatment Demand Indicator” (TDI).

TDI protocol was updated by the EMCDDA in 2012. The data presented in this chapte follows the previously-used protocol. The Spanish protocol is currently being updated in order to adapt it to the European version and will be used in 2014.

With respect to results from the Treatment Demand Indicator, in 2011 an overall decrease in the number of persons admitted was noted with respect to 2010 (an approximate fall of 6%). No striking changes were observed with respect to 2010, however it is worth noting that the presence of cannabis is steadily increasing, both in the overall admissions as in first admissions An increase in the presence of ketamine as

a substance that motivates treatment demand has been identified, although this still involves only a few cases.

Health correlates and consequences

Regarding HIV/AIDS, Spain has access to data from different sources of information, which when used together help understand the development of both the phenomenon and the current situation:

- The Population Systems as

  - The SINIVIH that compiles information on new HIV diagnoses made throughout the population and offers the best approximation available of HIV figures available. The most recent available report is from 2012 (with data corresponding to 2011).

  - The Aids Registry that compiles information on AIDS cases diagnosed in Spain and covers the entire population of the country. The figures for AIDS are an indicator of the development of advanced states of HIV infection in the population.

- The Sentinel Networks: These compile information on determined population groups that are of particular interest for monitoring the development of the HIV epidemic. There are two large networks of this type in Spain: the EPI-VIH and the Working Group on Sexually Transmitted Diseases (STDs).

- The Hospital Survey of Patients with HIV/AIDS that is a one-day prevalence survey that has been carried out since 1996 and which comprises data on patients who receive attention (in outpatient centers or hospitals) in those centers that participate on a determined day in order to describe patient characteristics and monitor their development.

- Treatment Demand Indicator for Drug Abuse or Dependency: This is the only information system, of those detailed that is specific to drug users. It compiles data on the number and the characteristics of those admitted to outpatient treatment for abuse or dependency of different psychoactive substances, among the variables included are several related to HIV/AIDS.

This chapter presents the most interesting results in this context.

Responses to Health Correlates and Consequences

In general, the data reported here corresponds to 2011, the latest year available to date. When the data given refers to 2012, this is specifically indicated.

As stated in previous reports, the attention and care given to drug users is mainly provided in public or private centers financed with public funds. In the case of private centers, they are mainly managed by Non-Government Organizations (NGOs).

Their nature and typology (outpatient assistance centers, hospitalized detoxification units, therapeutic communities, etc.) have already been described in other reports.

During 2011, the number of patients that received attention and treatment at outpatient centers is slightly lower than that of 2010; instead, the 135 therapeutic communities that there were in Spain in 2011 attended more patients than on the previous year.

In 2011, there were 53 hospital detoxification units operating in Spain where there was a drop in number of patients.

Social correlates and social reintegration

As regards social exclusion among drug users, the most recently-available data comes from the *Proyecto Hombre Observatory on the Profile of Drug Addicts* (2012 Report), which was published in May 2013.

Updated information has been made available in the last year with respect to this group, as a result of different research projects. The most extensive study was undertaken by the national Statistics Institute (INE), which at the end of 2012, publicized data from the Survey on Homelessness

Also it is presented some data provided by the Autonomous Plans on Drugs, which corresponds to the number of social integration programmes and resources, in addition to their users. As with previous years, this section does not account for the number of users of outpatient services or residential housing where reintegration activities are carried out in order to avoid overlapping figures with respect to users of training and work integration programmes.

Drug-related crime, prevention of drug related crime and prison

The Spanish police force continues to apply strong pressure on crime related to drug trafficking offences.

The number of known offences for drug trafficking continued its rising trend since 2005, one which has been more accentuated in recent years. However drug trafficking offences represent a very low percentage with respect to the total number of known offences, at around 1.3%.

The number of arrests made for drug trafficking has noticed an upward trend in cannabis-related substances and psychotropic hallucinogens and a drop in cocaine-related substances and opiates.

Regarding prevention of drug related crime, in 2012 the Operative Plans for Police Responses to minor Drug Trafficking and the Use or Possession of Drugs to this end in school areas and places of leisure and Entertainment were implemented. The chapter presents the results obtained for 2012.

Prison population incarcerated for public health offences normally forms a significant number of all prisoners. In 2012, of the total number of prisoners in Spain, 14,547 were in prison for such offences which represents a 25.93% of the total prison population.

As in previous years, the Government Delegation for the National Plan on Drugs continued to promote and subsidies support programmes for the drug-using population with legal-criminal problems or who were interned in prisons.

After the chapter presents the results of the *2nd State Survey on Health and Drugs in Prison Inmates* (the ESDIP) was undertaken in October and November 2011.

Related to responses to drug-related health issues in prisons, the prison administration service has developed initiatives of several types: prevention, health education, harm reduction, healthcare, treatment with substitute substances, detoxification treatments and programmes for integration into society, all of which are described in the section.

Finally, one of the priority actions undertaken by the Penitentiary Administration Service is that of working to procure and promote the reintegration into society of prison inmates. It aims to provide drug dependent prisoners with the necessary skills to deal with treatment in freedom and integrate into society with possibilities of success. On this matter, the measures and activities implemented are described.

Drug markets

This chapter provides detailed information on the number of seizures with respect to those drugs most used in Spain during 2012 in both terms of offences and for possession or use, in addition to providing details on prices and purity, and where, how and when the aforementioned drugs were seized.

Spain is not a drug-producing country, however due to its geographical situation it is a country of transit for hashish and cocaine, with respect to Europe, while to a lesser extent it is a country of transit for MDMA-ecstasy and heroin trafficking to Portugal.

In general terms, in 2012, the number of drug seizures analyzed in this report dropped. The most pronounced fall, calculated at 22 % in comparison with the previous year, occurred with regard to opioids.

With respect to quantities seized, hashish and heroin fell, while figures for cocaine and MDMA-Ecstasy rose.

In 2012 the seizures of precursor substances increased, especially ephedrine and potassium permanganate.

During the same year, with respect to prices, a rise in distinct cannabis, LSD and MDMA-Ecstasy prices was noted. About purity, the cocaine purity increased as well as cannabis, especially marijuana.

With respect to ketamine, which was analyzed in this report for the first time, indicators reveal that its price and use rose in the second half of 2012.

PART A: NEW DEVELOPMENTS AND TRENDS

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1.Introduction

In Spain, the territory is divided into 17 Autonomous Communities and two Autonomous Cities. An Autonomous Community is a territorial entity which, within Spain's body of constitutional law and in accordance with a sharing out of authorities between the State and Autonomous Communities governed under Spain's Constitution, is vested with legislative autonomy and executive authorities, as well as the power to govern themselves by means of their own representatives.

Therefore, the way in which the territory is set out has a bearing on drug policy, given that the Autonomous Communities and even the smaller Municipal Governments have certain authorities over this matter.

Regarding legislation, in 2012, only three **state legal regulations** were approved and published in Spain affecting the drug phenomenon in various aspects.

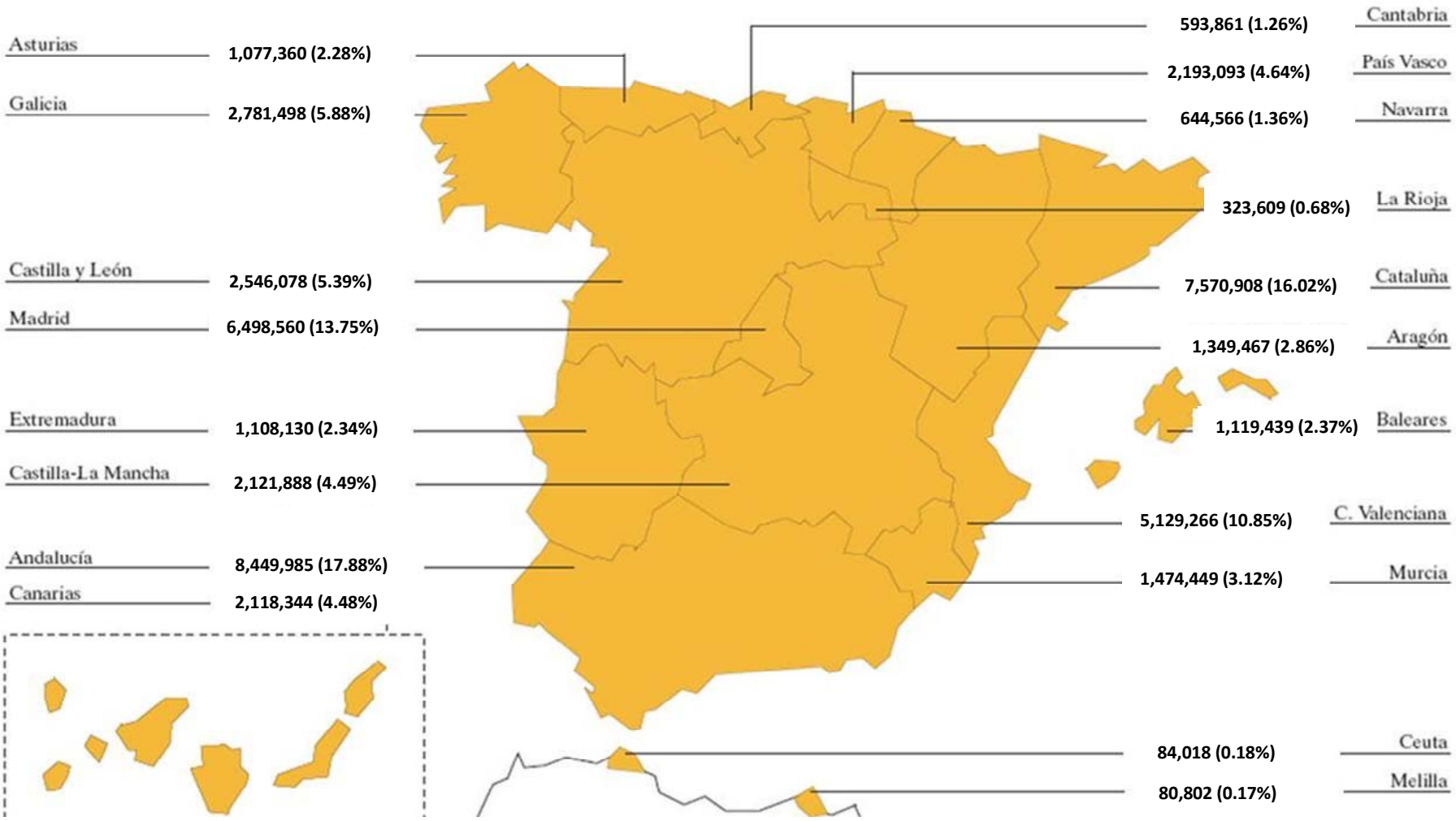
It should be highlighted that in December 2013, the Government Delegate for the National Plan on Drugs submitted the 2013-2016 Action Plan, with 32 new actions to reduce the demand for legal and illegal drugs, to reduce risks and to favor the integration of people in the rehabilitation phase. The plan has a transversal gender approach and will be focused on prevention in the case of minors. An evaluation report on the previous Action Plan 2009-2012 is currently under way.

Also, the **General Population Survey on Alcohol and Drugs (EDADES) 2011/12** was submitted, as parts of the periodical studies that have been carried out by the Government Delegation for the National Plan on Drugs since 1995, in order to find out about the development of psychoactive substance use in our country.

As a novelty, this year's edition introduced a module on emerging drugs and the drugs included in the survey were extended to 21.

Finally, the Government Delegate for the National Plan on Drugs submitted the results of the **2011 Survey on Health and Drug Use among Prisoners in Penitentiary Institutions.** Its results helped with the design and evaluation of actions to prevent drug use in prisons.

Fig 1.1. Population by Autonomous Communities and Cities and Percentage of the Total Population. Spain, 2012



NOTE: Spain's total population in 2012 was estimated at 47,265,321 inhabitants. The map shows the population by Autonomous Communities and Cities, as well as the percentages of the total population.

1.2. Legal Framework

In 2012, only three **state legal regulations** were approved and published in Spain affecting the drug phenomenon in various aspects.

In the first place, we would mention ***Royal Decree 1675/2012, of 14 December, which regulates official prescriptions and the essential requirements for prescribing and dispensing narcotics for human and veterinary use.***

This order repeals the Order from the Ministry of Health and Consumer Affairs, of 25 April 1994, which regulated the same matter.

The novelties that are introduced include the following: the extension of the possibility of prescribing narcotic medication for human use during the treatment period, by allowing the prescription to include the medication required for three months, thus helping in the use of these medications in patients subject to prolonged treatment for pain; the use in the area of application of the prescription, the dispensation and the control of the above-mentioned medications for veterinary use; the updating of the regulation of the narcotic accountancy book, which was contained in a Royal Decree of 8 July 1930; the regulation of the orders for intra-hospital dispensation of narcotics; and finally, it incorporates the regulation of the use of new technologies for prescriptions, which allows the official prescription for narcotics and the medical prescription in the area of public health care to be integrated in a single document.

The other two orders only regulate aspects of the state administrative organisation and are the following: the first, ***Royal Decree 200/2012, of 23 January, which develops the basic organic structure of the Ministry of Health, Social Services and Equality and modifies Royal Decree 1887/2011, of 30 December, which establishes the basic organic structure of the ministerial departments,*** and the second, ***the Order HAP/2803/2012, of 28 December, which modifies Order PRE/3581/2007, of 10 December, which establishes the departments of the Spanish Tax Administration Agency and attributes their functions and responsibilities.***

Regarding Royal Decree 200/2012 mentioned above, we should point out that it attributes the newly created Ministry of Health, Social Services and Equality, and through the State Secretary for Social Services and Equality, responsibilities in matters of drug dependences, and, in particular, that of encouraging policies to reduce the demand for drug use and programmes of prevention, treatment and rehabilitation. In keeping with the regulation, the Government Delegation for the National Plan on Drugs is also assigned to the Ministry of Health, Social Services and Equality, and depends on the State Secretary for Social Services and Equality, and essentially preserves the same functions that it had until the approval of the Royal Decree.

Order HAP/2803/2012 regulates the responsibilities of the Department of Customs and Special Taxes of the Spanish Tax Administration Agency.

We would highlight the following of these responsibilities: carrying out the chemical and technological studies on drug precursors; directing the tasks aimed at the discovery, persecution and repression throughout Spain, its territorial waters and airspace of smuggling crimes -including those of drugs and drug precursors- and the planning and coordination of the functions attributed to the above-mentioned Spanish Agency in matters of smuggling —including that of drugs— precursors and money laundering, as well as mutual help and cooperation with the other member states of the European Union and with third countries in these matters.

To conclude the examination of Spanish regulations, and although it was approved in 2013, we should also take into account, due to its importance, the approval of the ***Royal Decree-Law 3/2013,***

of 22 February, which modifies the regime of fees in the area of the Justice Administration and the system of free legal aid, meaning that it modifies article 365 third of the Spanish Code of Criminal Procedures with the aim of setting up a new regulation for the preservation of narcotic substances and psychotropic substances during the legal proceedings for illegal drug trafficking, to solve any problems that were found in the previous regulation.

We should also point out, in 2012, some legislative novelties of an **exclusively autonomous region scope and application**; although this means, at the same time, that they are partial modifications of orders (in matters of prevention, care and rehabilitation in the area of drug dependence) that already exist and refer to some specific aspects related to alcoholic drinks.

In this respect, we would mention the following legislation: **Law 10/2010, of 27 December, on Tax and Administrative Measures of the Autonomous Community of Aragon**, which modifies article 12 of Law 3/2001 of this community in matters of drug dependence; **Law 10/2012, of 26 December, on Tax and Administrative Measures, of the Autonomous Community of Cantabria**, which modifies article 23 of Law 5/1997 of this community in matters of drug dependence; **Law 1/2012, of 28 February, on Tax, Administrative and Financial Measures, of the Autonomous Community of Castile and León**, which modifies article 23 of Law 3/1994 of this community in matters of drug dependence; and finally **Law 2/2012, of 12 June, on Boosting Commercial Activity in the Community of Madrid**, in which articles 50 and 56 of Law 5/2002 of this Autonomous Community in matters of drug dependence are modified.

1.3. National action plan, strategy, evaluation and coordination

National Action Plan and/or Strategy

The National Strategy on Drugs 2009-2016, approved by a Board Agreement of the Board of Ministers, at their meeting on 23 January 2009, established that, to develop and complement the framework established in it, two consecutive four-year Plans of Action will be prepared, which will cover the entire period of their validity.

In December 2013, the Government Delegate for the National Plan on Drugs submitted the 2013-2016 Action Plan, with 32 new actions to reduce the demand for legal and illegal drugs, to reduce risks and to favour the integration of people in the rehabilitation phase. The plan has a transversal gender approach and will be focused on prevention in the case of minors.

Implementation and evaluation of national action plan and/or strategy

- **Action Plan 2013-2016**

As indicated in the introduction, the Government Delegate for the National Plan on Drugs submitted the general lines of the 2013-2016 Action Plan in 2012. It is a project that will govern actions in matters of drug dependence that the Ministry of Health, Social Services and Equality, on which the Plan depends, will carry out over the next four years.

As well as the ministries involved (Interior, Education), Autonomous Communities and local associations, NGOs, scientific societies and syndicates involved in the problem of addictions participated.

The result is a plan with **32 specific actions based on four principles:**

- The efficiency and optimisation of resources.
- Setting up coordination with participatory leadership.
- Quality.
- The feasibility of the actions suggested.

These principles are complemented with some basic premises. The first "is a transversal vision with a gender approach, incorporating the specific needs of women in all the actions and interventions proposed". The delegate specified that women are "more stigmatised than men in the case of an addictive pathology". Together with this approach, the entire Plan will pay special attention to preventing use by minors.

Actions aimed at minors: A coordinated universal family prevention project will be set up, which will include materials, training modules for its introduction and a system of coordinated evaluation for the participating bodies.

At the same time, another coordinated prevention project will be set up for minors in vulnerable situations, based on available scientific evidence. As far as minors are concerned, one of the objectives of the Plan will be to delay the age at which use starts. To do this, a project will be designed to analyse and improve the regulation on alcohol and minors.

To facilitate the actions, a plan to improve detection and early intervention processes with minors in the school, social and health area will be set up. The results will later be assessed to evaluate its efficacy.

The plan to prevent retail substance trafficking in schools and leisure time areas will also be reviewed.

Prevention in adults: The plan also has actions aimed at adults. In this respect, we would highlight measures such as introducing a plan for the prevention of drug dependence and addictions in the night-time leisure sector with the Autonomous Communities and local councils.

In matters of highway safety, content on drugs and driving will be included in training new drivers.

In the work area, a prevention plan will also be carried out and a framework model of comprehensive intervention in the workplace for prevention, assistance and social integration will be drawn up. The involvement of large companies will be encouraged in this kind of project through their Corporate Social Responsibility programmes.

In a parallel way, and with the aim of facilitating the integration of people into rehabilitation, a protocol will be drawn up to design customised itineraries for drug users, which will be put into practice with these patients in care centres as well as in prisons.

- **Evaluation of the 2009-2012 Action Plan**

An evaluation report on the entire Action Plan is currently under way. This evaluation contemplates 14 strategic objectives and 68 actions for which more than 200 evaluation indicators have been developed, the data for which was compiled in 2009, 2010 and 2012.

- **Advertising campaigns**

Regarding **advertising campaigns**, in June, the Government Delegation for the National Plan on Drugs included all the audiovisual material from the worldwide campaign to combat drug use, promoted by the United Nations Office on Drugs and Crime (UNODC), on its website (http://www.pnsd.msssi.gob.es/).

With this initiative, the Delegation took part in the commemorative events of the International Day Against Drug Abuse and Illicit Trafficking, with the slogan "Make health fashionable, not drugs". The objective of the campaign was to create awareness among the general public about the need to have a proactive attitude against the use and traffic of drugs.

The campaign included a video aimed at young people, information for the general public and specific material for teachers, parents and adolescents with advice on how to prevent drug use, the effects of these substances on the health of adolescents and the symptoms that should alert parents to possible drug use by their children. The information was complemented with different banners.

In July, the Ministry of Health, Social Policy and Equality launched the 2012 campaign to prevent the use and traffic of drugs on trips abroad in collaboration with the *Instituto Ramón Rubial-Fundación Ideas para el Progreso,* to alert about the risks of drug use or trafficking when travelling abroad.

The slogan of the campaign, which used the same material as the year before, was ***If you believe that passing drugs on is the solution to your problems, you'll believe everything else.***

Four out of every five Spanish people locked up in foreign prisons are condemned for crimes related to drug use or trafficking.

On **30 June** 2012, **2,009** Spanish people were held in foreign prisons for drugs, representing 83.4% of all the Spanish people imprisoned in other countries (2,426).

In order to spread the messages of this campaign, **1,000 posters** and **80,000 postcards** were distributed.

Other drug policy developments

In July 2012, the Ministry of Health, Social Services and Equality signed a **collaboration agreement with the Spanish Federation of Hotels and Restaurants** (FEHR), to prevent the abuse of alcohol and the use of drugs in night-time leisure premises.

The agreement was part of the ***"National Programme on the Prevention of Drug Use in the Hospitality Sector"*** and was a clear commitment by the government to prevention, as its social and economic feasibility has been proven.

This agreement included the training of professionals in the sector and a Code of Best Practices, by means of which the hospitality sector agrees to the responsible dispensing of alcoholic drinks, to promote alternative transport for drivers who have drunk alcohol and to reject drug use and trafficking in leisure time premises.

Also worthy of a mention is the **collaboration agreement between the Ministry of Interior and the Ministry of Health, Social Services and Equality** which was signed in December 2012 to set up and evaluate activities for prevention, care and rehabilitation in matters of drug use in prisons dependent on the General Secretariat of Penitentiary Institutions.

This collaboration dates back to 2005, when both Ministries combined their efforts to develop overall interventions in matters of drug abuse, aimed at improving the comprehensive care given to people with this problem who were locked up in prison.

Among the measures agreed, we would mention the organisation of conferences aimed at staff of the Autonomous Region Plans on Drugs and of Penitentiary Institutions. A Follow-up and Control Committee for the programming, supervising and evaluation of the actions envisaged in this plan was also constituted.

After signing the Agreement, the Government Delegate for the National Plan on Drugs, submitted the results of the **2011 Survey on Health and Drug Use among Prisoners in Penitentiary Institutions.** Its results helped with the design and evaluation of actions to prevent drug use in prisons. The sample representing the population of inmates included 4,980 personal interviews carried out in prisons throughout Spain, between 10 October and 30 November 2011. Of those interviewed, 93.2% (4,640) were men and the other 6.8% (340) were women, aged between 18 and 65. Of this group, 34% were over 40 and 2% were under 21. By nationality, 63.2% were Spanish and the other 36.3% were foreigners.

The main data that came out of this survey was:

- **Drug use prevalence and comparison with the general population:** The data showed high consumption of all drugs among inmates 12 months before entering prison.

- **HIV and hepatitis C virus infections and knowledge about transmission channels:**
  One out of every three drug injectors is HIV-positive.
  Three out of every four drug injectors are hepatitis C virus (HCV) positive.
  One out of every five inmates believes that sharing needles and syringes is not contagious.

- **Risk practices:**
  6.8% of all the inmates said that at some time in their life they had felt obliged to have sexual relations. 22.1% of these were women.
  Four out of every ten inmates use a condom, but only half of them always use one.
  37.6% of HIV-positive inmates said that they do not use condoms. Of those who do use them, 23.3% only do so occasionally. Of those who have used condoms, 97.9% feel that it is easy to obtain them in the centre.
  One out of every five inmates feels that they can obtain sterile syringes free of charge at their centre.

- **Treatment for addictions:**
  Three out of every four people interviewed who are undergoing treatment considered that they have improved with their latest treatment in prison.
  83.1% of the foreigners stated greater impact on their state of health as a result of these latest treatments than the Spanish inmates.

Finally, the **National Survey on Alcohol and Drugs (EDADES) 2011/12** was submitted, as part of the periodical studies that have been carried out by the Government Delegation for the National Plan on Drugs since 1995, in order to find out about the development of psychoactive substance use in our country.

This edition included 22,128 people interviewed among the general population of between 15 and 64 years of age. It is one of the surveys with the largest sample of adults in Europe.

As a novelty, this year's edition introduced a module on emerging drugs and the drugs included in the survey were extended to 21.

The data showed that the **most commonly consumed drugs** are, in this order, **alcohol** (76.6% have consumed it in the last 12 months), **tobacco** (40.2%) and **hypnosedatives** (11.4%). For the first time, the proportion of people using hypnosedatives exceeded cannabis users.

The survey shows a **reduction in the use of all substances** (apart from hypnosedatives), which is more acute in the case of **tobacco, alcohol, cannabis and cocaine**, which dropped between one and two percentage points, with respect to the previous survey. It also shows a consolidation of polydrug use, in which alcohol plays a predominant role.

Based on the results of this survey, the Ministry underlined its commitment to draw up a new regulation to prevent alcohol use in minors and to announce the development of preventative strategies through the social networks with the creation of a **portal of best prevention practices, the development of an accreditation system of preventative programmes** and promoting **research into the best preventative options.**

Also, and in view of the fact that cannabis use in minors is greater than in the rest of those interviewed, the Action Plan 2013-2016 includes measures to intensify prevention and to favour research into cannabis.

Coordination arrangements

Regarding the activities of the coordination and collaboration bodies, we would point out that the Inter-Autonomous Region Committee held two sessions in 2012.

A meeting of the Sectorial Conference was held in July 2012. At this meeting, among other things, the agreement for the creation of a workgroup of the Autonomous Communities and Government Delegation for the National Plan on Drugs was formalised for writing up the 2012-2016 Four-Year Action Plan, based on the current 2009-2016 National Strategy, at the proposal of the Inter-Autonomous Region Committee.

The Government Delegation has continued with its line of collaboration and approach to the Congress-Senate Mixed Committee for the Study on the Drug Problem.

Specifically, the Government Delegate appeared before this Committee twice in 2012.

1.4. Economic analysis

As indicated in the 2012 Spanish Report to the EMCDDA and in previous reports, the 17 Autonomous Communities and the two Autonomous Cities (Ceuta and Melilla) of which Spain is made up have very important responsibilities in everything that affects the development of drug policies in Spain.

To develop the programmes and activities for which they are responsible, these Autonomous Communities and Cities have economic resources that come from their own budgets as well as amounts transferred to them from the Central Administration. In this part, we inform about the resources invested by the Central Administration as well as by the governments of the Autonomous Communities (whether charged against their own budgets or amounts transferred from the Central Administration).

As far as the local entities is concerned, the budgets that the different local bodies assign to introducing their Local Plans on Drug Dependences, or, at a more general level, to carrying out the municipal activities and programmes related to drug dependence should be taken into consideration. In some cases, such as those of the most populated cities (Madrid, Barcelona, etc.), significant amounts are allocated, as stated in the Selected Issue of the 2010 report on "Drug policies of large European cities". Unfortunately, we are unable to offer even an approximate figure at this time regarding the amount invested (charged against their own budgets) by local Spanish entities in their drug policies.

Nor are the expenses produced by providing health care to drug users for reasons other than active treatment and rehabilitation included in the figures given below, such as the case of attending pathologies associated to use (which include different infectious diseases such as AIDS, hepatitis, etc.).This is due to the fact that, as the responsibilities in matters of health care have been transferred from the Central Government to the Autonomous Communities, it is very difficult to break down the part of health expenses applied to pathologies directly related to drug use from the total expense invested in general healthcare.

With all the explanations and qualifications given above, below we offer a series of data, referring to **2011**, the last year for which we have definitive, comprehensive figures.

The General State Administration (the Central Government), through the various ministerial departments, invested a budget of €147,960,939, of which €31,317,735 came from the Fund of Confiscated Proceeds from the Illegal Trafficking of Drugs and other Related Crimes. This Fund has been operating since 1996 and is sustained by the cash and the proceeds confiscated through final legal judgements in proceedings for drug trafficking and other related crimes.

Of these €147,960,939, corresponding to the various ministries, the Ministry of Health, Social Services and Equality transferred the sum of €26,222,460 to the Autonomous Communities and Cities for them to manage directly themselves.

In addition to this amount, the Autonomous Administrations invested, from their own budgets, €272,652,370 meaning that, in all, the Autonomous Administrations handled €298,874,830 (272,652,370 + 26,222,460) to carry out programmes and activities related to prevention, assistance, social rehabilitation and research into drug dependence. This was done in keeping with the responsibilities that the Constitution and the state and autonomous legislation assign to Autonomous Communities and Cities in relation to drug dependence.

So, altogether, the total amount invested by the General State Administration (Central Government) and the Autonomous Communities and Cities to implement drug policies came to **420,613,309 euros** in **2011**. This amount represents a drop of 1.20% on the amount invested in 2010 (€425,678,904) which, in turn, had shown a decrease of 1.62% on the figure for 2009 (432,703,103 euros).

The breakdown of the figure of **420,613,309 euros** is as follows:

- Budget provided by the Central Government: 147,960,939 euros (this amount includes 26,222,460 euros which the Central Government transferred to the Autonomous Communities and Cities).
- Budget contributed from the budgets of the Autonomous Communities and Cities themselves. 272,652,370 euros.

Regarding the distribution of the above-mentioned figures, a calculation can be made regarding the budget directly managed by the Autonomous Communities and Cities, in other words, the amount of their own budget plus the amount transferred by the Ministry of Health, Social Services and Equality,

which, altogether, and as stated above, came to the sum of 298,874,830 euros. In round numbers, this distribution is as follows:

- Prevention: 44.13 million euros (14.77%).
- Social and health care and social rehabilitation: 243.35 million euros (81.41%).
- Research, documentation and publications: 3.99 million euros (1.34%).
- Institutional coordination: 7.40 million euros (2.48%).

2 DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

2.1. Introduction

Spain has an extensive record of periodical series of surveys on the general population and on students, as well as of carrying out surveys on groups or specific subgroups with the purpose of offering a response to their needs[1].

We would highlight two series of periodical surveys: (1) National Household Survey on Alcohol and Drugs in Spain, (EDADES) and (2) State Survey on Drug Use in Secondary Schools (ESTUDES). The information regarding them is discussed in points 2.2 and 2.3 respectively.

2.2. Drug Use in the General Population (based on probabilistic samples)

The Programme of National Household Surveys on Alcohol and Drugs in Spain (EDADES) is a biennial programme of household surveys on drug use carried out on the general population aged between 15 and 64, promoted by the Government Delegation for the National Plan on Drugs and in collaboration with the Governments of the Autonomous Communities, which started in 1995.

It currently has the results of nine surveys (1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009 and 2011) meaning that it has a growing record over time which enables it to analyse the development of the prevalence of use of alcohol, tobacco, hypnosedatives and illegal psychoactive drugs, as well as the guides of predominant use, the profile of users, social perceptions of the problem and the measures that the people of Spain consider to be most effective to solve them.

The survey and the methodology are fairly similar to those used in other countries of the European Union, meaning that international comparisons can be made.

The last survey on the general population available (EDADES 2011) is the one that corresponds to 2011 and the methodology and results are available in the Spanish National Report 2012[2].

2.3. Drug Use in School and Youth Populations (based on probabilistic samples)

The Programme of State Surveys on Drug Use in Secondary Schools (ESTUDES) is a biennial programme carried out on secondary school students aged between 14 and 18, on drug use, promoted by the Government Delegation for the National Plan on Drugs and in collaboration with the Governments of the Autonomous Communities (Autonomous Region Plans on Drugs and Regional Ministries of Education) and the Spanish Ministry of Education, which started in 1994.

It currently has the results of ten surveys (1994, 1996, 1998, 2000, 2002, 2004, 2006, 2008, 2010 and 2012) meaning that it has a growing record over time which enables it to analyse the development of prevalence of use of alcohol, tobacco, hypnosedatives and illegal psychoactive drugs, as well as the

1 Periodical reports from the Spanish Observatory on Drugs http://www.pnsd.msssi.gob.es/Categoria2/observa/oed/home.htm and the Spanish National Report http://www.emcdda.europa.eu/countries/spain

2 http://www.emcdda.europa.eu/html.cfm/index214091EN.html

patterns of predominant use, the profile of users, social perceptions of the problem and the measures that students consider to be most effective to solve them.

The survey and the methodology are fairly similar to those used in other countries of the European Union (such as ESPAD[3]), and the United States, meaning that international comparisons can be made. The last survey that was carried out was in 2012. Below you will find the objectives of the survey as well as the main methodological aspects and results, with the following outline

OBJECTIVES

METHOD

RESULTS

1. General characteristics
- 1.1) Extension of drug use
- 1.2) Starting age and differences by age
- 1.3) Differences by gender

2. Characteristics by drug type
- 2.1) Tobacco
- 2.2) Alcoholic drinks
- 2.3) Hypnosedatives (tranquilizers or sleeping pills)
- 2. 4) Cannabis
- 2. 5) Cocaine
- 2. 6) Ecstasy
- 2. 7) Amphetamines
- 2.8) Heroin
- 2.9) Volatile inhalants
- 2.10) Hallucinogens

3. Polydrug use
- 3.1) According to whether they are legal or illegal drugs
- 3.2) By age and gender
- 3.3) By number of substances used and substances used in the last year
- 3.4) Polydrug use and alcohol
- 3.5) Alcohol and cannabis use
- 3.6) Alcohol and cocaine use
- 3.7) Tobacco and cannabis use

4. Perceived risk regarding drug use and perceived availability

5. Information received about drugs and the valuation of actions to solve the problem of illegal drugs

6. Specific ESTUDES 2012 Modules.
- 6.1) Problematic cannabis use
- 6.2) Emerging drugs

3 ESPAD: www.**espad**.org/

OBJECTIVES

The objective of ESTUDES is to compile useful information to design and assess policies aimed at preventing drug use and the problems derived from it, which is mainly targeted at the family and/or school environment. This information complements that which is obtained from other surveys and epidemiological indicators.

Starting with this general objective, the following specific objectives are established:

- Ascertaining the prevalence of use of the various psychoactive drugs.
- Ascertaining the most significant sociodemographic characteristics of users.
- Ascertaining other relevant patterns of use.
- Estimating the opinions, knowledge, perceptions and attitudes towards certain aspects related to drug use (perceived availability, perceived risk regarding diverse user behaviour) and some factors related to use.
- Estimating the degree of exposure and students' receptiveness to certain interventions.

METHOD

The main methodological aspects are summarised below. Detailed information can be consulted in the periodical reports from the Spanish Observatory on Drugs[4] or in previous Spanish National Reports[5].

Description of the survey: Survey carried out on 14- to 18-year-old students in schools representative of a national level and comparable with European data.

Target population: Universe: Young people aged between 14 and 18 studying 3rd and 4th years of compulsory secondary school education, 1st and 2nd years of Sixth Form and Medium Grade Vocational Training Courses in Spain.

Geographical area: The survey was carried out throughout Spain and the results are representative at a national level.

Timescale: The period during which information was compiled was 14 February to 30 April 2013.

Sampling procedure: Two-stage sample by clusters. Random selection of schools as first stage units and classrooms as second stage units. Inclusion of all the students in the selected classrooms in the sample.

Weighting: The weighting for the analysis of the results was done by the Autonomous Community, ownership of the school (state or private) and type of studies (secondary school education, sixth form, medium grade vocational training courses), to correct the disproportionality of the sample with respect to the universe. The information about the distribution of the universe by the three weighting variables was obtained from the Ministry of Education (2010-2011 academic year). This information about the universe was also used to create the sample expansion factor, which allowed the results to be obtained at a population unit level (thousands of people). It should be mentioned that the calculations were made excluding subjects with unknown values from the numerator and from the denominator.

4 4 http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm)
5 5 http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Sample size: Results were obtained from 747 schools and 1,523 classrooms, with a final valid sample of 27,503 students.

Compiling the information: The fieldworker went to the school and explained the rules. He remained in the classroom throughout the entire process and collected in the survey once it had been completed. The survey was self-administered and anonymous. It was filled in by hand (pencil and paper) by all the students in the classroom selected during a lesson (45-60 minutes).

Questionnaire: The questionnaire contained a module of basic questions, included in all the previous years and two specific modules about "problematic cannabis use" and "new substances" to offer a response to current needs.

- Basic module: This includes questions about sociodemographic characteristics, drug use, perception of risk regarding various drug use behaviour, aspects regarding leisure time (a series of questions about free time activities were added, as well as others concerning collaboration with housework), perceived availability of the various psychoactive drugs, some social or health problems, information received about drugs, drug use by friends and classmates and attitude of their parents with respect to drug use. In 2012, a series of questions were also included concerning the importance of certain actions to solve the problem of illegal drugs, as well as a question concerning the student's academic performance.

- Specific modules: (1) Module on problematic cannabis use: the CAST (Cannabis Abuse Screening Test) was applied; it is a test to assess problematic cannabis use among students aged between 14 and 18 (6 items). (2) Module on the use of "emerging substances": it includes questions on use, the perception of risk and availability of some emerging substances, which include Ketamine, Spice, Piperazine, Mephedrone, Nexus, Methamphetamine, magic mushrooms, Research Chemicals and Legal Highs. Two new substances were included in this list: Seer's Sage *(Salvia divinorum)* and Anabolic steroids, as well as a question regarding how these substances are purchased.

Non-response rates: 13.5% of the schools selected were replaced, mainly due to refusal to collaborate or a high presence of students aged over 18. No relevant incidents were recorded with respect to collaboration by heads, heads of study, teaching staff or students. The percentage of students who were absent at the time of the survey was 15.7%. 0.3% of students refuse to fill in the questionnaire.

RESULTS

1. General characteristics

1.1. The extension of drug use

In 2012, the substances most used by students aged between 14 and 18 were, as in previous years, alcohol, tobacco and cannabis. 83.9% of the students consulted stated they had used alcohol on at least one occasion during their life, 43.8% had tried tobacco and 33.6% cannabis. If we look at most recent use, in the last 30 days, the proportion of users was 74% in the case of alcohol, 29.7% in the case of tobacco and 16.1% with respect to cannabis. (Table 2.1).

With respect to the rest of substances studied, the use of hypnosedatives (tranquillisers and/or sleeping pills) was notable, which had been taken by 18.5% of the students at some time during their life (8.9% dealing exclusively with non-prescribed hypnosedatives). These prevalences were found at

6.6% and 3.4% respectively if we consider the last 30 days before the survey, making it the fourth most popular substance among young people.

The use of the rest of substances studied was less widespread, with there being prevalence for ever-in-lifetime use among 1% who admitted heroin use and 3.6% for cocaine (considering both powder and base).

In terms of evolution, it was seen that the most popular psychoactive substance, alcohol, was more generally used among young people than in previous years. Although a certain volatility has been noticed in the prevalence of this substance over the years, in 2012, it again exceeded 80%, as had been the case in 2008 or 2004 (ever-in-lifetime use). When looking at use in the last month, the growing trend of ingesting alcohol that started to be observed in 2010, was confirmed.

Regarding the ever-in-lifetime use of tobacco, in 2012 the second lowest level of the series was observed, after a historic minimum that was found in 2010. With respect to the last 30 days, the data also backs that of last year, which also showed a minimum in the series, but did not exceed the level of 30% that had been registered in other years.

Cannabis also broke away from the downward trend that had started in 2006 and the ever-in-lifetime use level stabilised. However, with respect to the last month, the drop in use that had been observed continued and 2012 showed the lowest level in the last decade.

1.2. Starting age and differences by age

Starting Age

The average age (Table 2.2) for starting to use the most popular psychoactive substances among young people is earlier than for the rest of substances. In the case of alcohol and tobacco, use starts before the age of 14 (13.9 and 13.6 years of age respectively) as we had been seeing in previous years.

Substances that were started later were, as in previous years, ecstasy, cocaine, amphetamines and hallucinogens, the use of which started after the age of 15.

Table 2.1. Evolution of prevalences in ever-in-lifetime pyschoactive substance use in the last 12 months and in the last 30 days among Secondary School students aged between 14 and 18 (%). Spain 1994-2012.

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Prevalence of ever-in-lifetime use										
Tobacco	60.6	64.4	63.4	61.8	59.8	60.4	46.1	44.6	39.8	43.8
Alcohol	84.1	84.2	86.0	78.0	76.6	82.0	79.6	81.2	75.1	83.9
Hypnosedatives*	6.9	7.7	7.7	8.8	8.5	10.0	12.1	17.3	18.0	18.5
Non-prescription hypnosedatives*	6.1	6.1	6.4	6.9	6.5	7.0	7.6	9.4	10.4	8.9
Cannabis	20.9	26.4	29.5	33.2	37.5	42.7	36.2	35.2	33.0	33.6
Ecstasy	3.6	5.5	3.6	6.2	6.4	5.0	3.3	2.7	2.5	3.0
Hallucinogens	5.1	6.8	5.5	5.8	4.4	4.7	4.1	4.1	3.5	3.1
Amphetamines	4.2	5.3	4.3	4.5	5.5	4.8	3.4	3.6	2.6	2.4
Cocaine (powder and/or base)	2.5	3.4	5.4	6.5	7.7	9.0	5.7	5.1	3.9	3.6
Heroin	0.5	0.5	0.9	0.6	0.5	0.7	1.0	0.9	1.0	1.0
Volatile inhalants	3.1	3.3	4.2	4.3	3.7	4.1	3.0	2.7	2.3	1.9
GHB	-	-	-	-	-	-	1.2	1.1	1.2	1.3
Prevalence of use in the last 12 months										
Tobacco	-	-	-	-	-	-	34.0	38.1	32.4	35.3
Alcohol	82.7	82.4	83.8	77.3	75.6	81.0	74.9	72.9	73.6	81.9
Hypnosedatives*	-	-	-	-	-	-	7.4	10.1	9.8	11.6
Non-prescription hypnosedatives*	4.4	4.5	4.7	5.0	4.5	4.7	4.8	5.7	5.6	5.8
Cannabis	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4	26.6
Ecstasy	3.2	4.1	2.5	5.2	4.3	2.6	2.4	1.9	1.7	2.2
Hallucinogens	4.4	5.6	4.0	4.2	3.2	3.1	2.8	2.7	2.1	2.0
Amphetamines	3.5	4.4	3.4	3.5	4.1	3.3	2.6	2.5	1.6	1.7
Cocaine (powder and/or base)	1.8	2.7	4.5	4.8	6.2	7.2	4.1	3.6	2.6	2.5
Heroin	0.3	0.4	0.6	0.4	0.3	0.4	0.8	0.7	0.6	0.7
Volatile inhalants	1.9	2.0	2.6	2.5	2.2	2.2	1.8	1.6	1.2	1.2
GHB	-	-	-	-	-	-	0.8	0.8	0.7	1.0
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	29.7
Alcohol	75.1	66.7	68.1	60.2	56.0	65.6	58.0	58.5	63.0	74.0
Hypnosedatives*	-	-	-	-	-	-	3.6	5.1	5.2	6.6
Non-prescription hypnosedatives*	2.6	2.2	2.3	2.5	2.4	2.4	2.4	2.9	3.0	3.4
Cannabis	12.4	15.7	17.2	20.8	22.5	25.1	20.1	20.1	17.2	16.1
Ecstasy	2.1	2.3	1.6	2.8	1.9	1.5	1.4	1.2	1.0	1.2
Hallucinogens	2.6	2.8	2.0	2.0	1.2	1.5	1.3	1.2	1.0	1.0
Amphetamines	2.3	2.6	2.0	2.0	2.0	1.8	1.4	1.1	0.9	1.0
Cocaine (powder and/or base)	1.1	1.6	2.5	2.5	3.2	3.8	2.3	2.0	1.5	1.5
Heroin	0.2	0.3	0.4	0.3	0.2	0.4	0.5	0.6	0.5	0.6
Volatile inhalants	1.1	1.2	1.8	1.5	1.1	1.1	1.1	0.9	0.8	0.8
GHB	-	-	-	-	-	-	0.5	0.5	0.5	0.7
Prevalence of daily use in the last 30 days										
	21.6	23.7	23.1	23.0	21.0	21.5	14.8	14.8	12.3	12.5

* Tranquilizers and/or sleeping pills

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.2. Evolution of the average age for starting psychoactive substance use in Secondary School sudents aged between 14 and 18 (%). Spain 1994-2012.

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Tobacco	13.9	13.3	13.2	13.1	13.1	13.2	13.1	13.3	13.5	13.6
Tobacco (daily use)	-	14.6	14.5	14.4	14.4	14.5	14.2	15.1	14.3	14.5
Alcohol	13.5	13.7	13.8	13.6	13.6	13.7	13.8	13.7	13.7	13.9
Alcohol (weekly use)		15.0	15.0	14.9	15.0	15.1	15.0	15.6	14.8	15.1
Hypnosedatives*	-	-	-	-	-	-	13.8	14.0	13.9	14.3
Hypnosedatives without prescription*	14.1	14.5	14.8	14.5	14.6	14.8	14.2	14.3	14.2	14.6
Cannabis	15.1	15.1	15.0	14.9	14.7	14.7	14.6	14.6	14.7	14.9
Cocaine (powder and base)	15.6	15.9	15.8	15.8	15.7	15.8	15.3	15.3	14.9	15.5
Cocaine powder							15.4	15.4	15.4	15.6
Cocaine base							15.0	15.0	14.6	15.2
Heroin	14.3	14.7	14.4	15.4	14.9	14.4	14.7	14.3	14.4	14.4
Amphetamines	15.5	15.7	15.6	15.6	15.6	15.7	15.6	15.4	15.5	15.5
Hallucinogens	15.4	15.6	15.4	15.5	15.5	15.8	15.5	15.4	15.4	15.4
Volatile inhalants	13.3	13.6	13.4	13.9	14.3	14.0	13.6	13.8	13.2	13.4
Ecstasy	15.6	15.7	15.5	15.7	15.4	15.6	15.5	15.2	15.3	15.8
GHB	-	-	-	-	-	-	15.0	15.0	14.6	15.1

* Tranquilizers and/or sleeping pills

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Differences by age

The use of different psychoactive substances increases in keeping with the age of the interviewee (Table 2.3). In the case of the most commonly used substances among young people (alcohol, tobacco and cannabis) the greatest increase in prevalence occurs between 14 and 15 years of age, although in the case of tobacco we would also highlight the rise that appears between the ages of 17 and 18.

Table 2.3. Proportion of drug users in the last 12 months in Secondary School students aged between 14 and 18, by age (%). Spain 2012.

	14	15	16	17	18
Tobacco	20.6	28.6	34.7	40.9	48.6
Alcohol	63.1	75.3	84.2	89.2	91.3
Hypnosedatives*	7.8	9.9	11.6	12.9	15.0
Hypnosedatives without	3.7	4.5	6.0	6.4	7.9
Cannabis	10.5	18.9	26.4	34.1	38.4
Ecstasy	0.9	1.0	2.1	2.8	3.8
Hallucinogens	0.9	1.4	1.9	2.2	3.5
Amphetamines/speed	0.7	0.9	1.5	2.4	2.8
Cocaine in powder	0.7	1.0	1.8	2.3	4.3
Cocaine base	0.9	1.2	1.4	1.8	2.8
Cocaine (powder and base)	1.0	1.5	2.2	2.9	4.8
Heroin	0.5	0.8	0.8	0.8	0.5
Volatile inhalants	1.1	0.9	1.4	1.3	1.1
GHB	0.5	0.7	1.1	1.1	1.7

* Tranquilizers and/or sleeping pills

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

1.3 Differences by gender

Regarding the use of different psychoactive substances by gender, it was perceived that for all the time lines considered, alcohol, tobacco and hypnosedatives are more widespread among women, especially in the case of hypnosedatives. (Table 2.4 and Figure 1.1).

However, for the rest of substances, men show higher use, highlighting the difference between genders shown in the use of cannabis, a gap that has become greater with respect to the previous edition due to the decrease in use by women (a reduction that was recorded in all the time lines).

It should be pointed out, that for the different time lines considered, men show more pronounced growth in the use of tobacco, while in the case of alcohol, the increase is slightly greater among women.

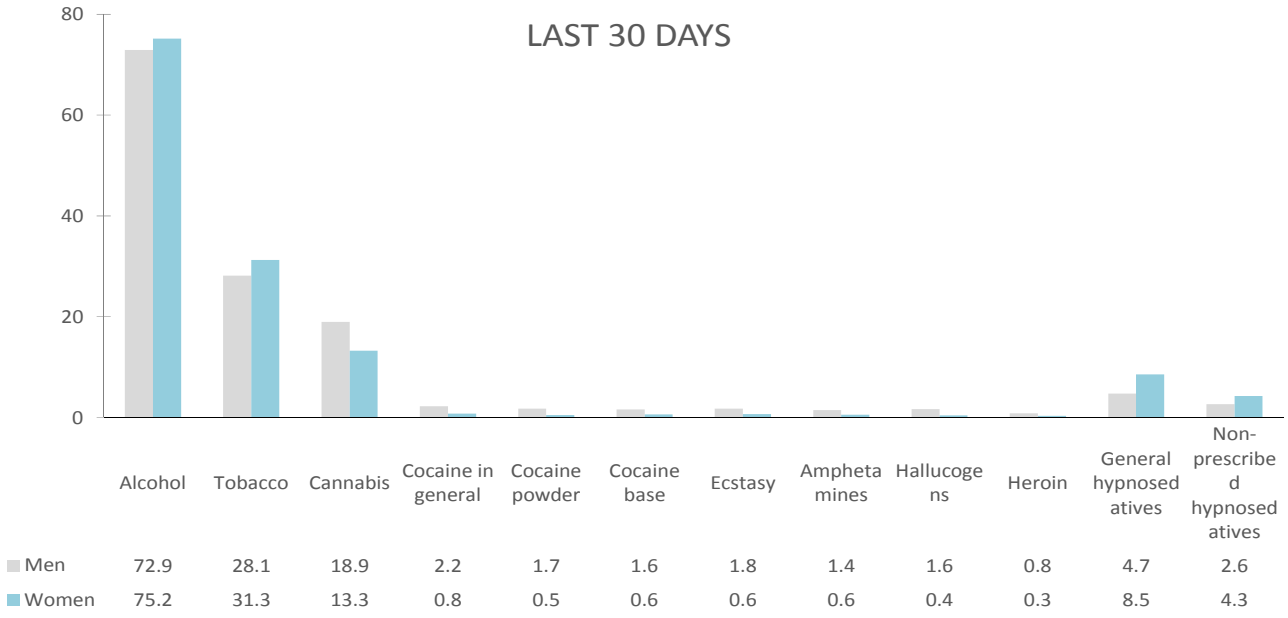
Table 2.4. Evolution of ever-in-lifetime use of psychoactive substances in the last 12 months and in the last 30 days in Secondary School students aged between 14 and 18, by gender (%). Spain 1994-2012.

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Ever-in-lifetime use																				
Tobacco	56.6	65.1	58.9	69.4	57.4	68.5	57.1	66.7	54.6	64.7	56.6	64.1	42	49.8	42.2	47.0	35.6	43.8	41.6	46.1
Alcohol	84.3	84.0	84.3	84.1	85.5	86.4	78.2	77.9	75.9	77.2	81.5	82.5	78.4	80.7	80.8	81.7	74.9	75.2	82.9	84.9
Hypnosedatives *	5.8	8.1	6.6	9.1	6.4	9.3	7.3	10.2	6.8	9.9	8.1	12.3	12.0	18.8	14.2	20.4	14.9	21.5	14.1	23.0
Hypnosedatives without prescription*	4.8	7.4	4.5	7.6	4.4	8.2	5.2	8.6	5.0	7.9	5.8	8.1	5.8	9.2	7.7	11.0	8.4	12.3	6.9	11.0
Cannabis	23.8	18.0	28.8	24.2	31.6	27.6	36.2	30.1	40.6	34.6	45.3	40.2	38.0	34.6	37.8	32.8	34.9	31.1	36.3	30.7
Ecstasy	4.7	2.5	6.1	4.8	4.0	3.2	7.6	4.8	7.0	5.8	6.0	3.9	4.2	2.5	3.5	2.0	3.2	1.9	3.9	2.0
Hallucinogens	6.7	3.6	8.0	5.6	6.1	5.0	7.2	4.4	5.6	3.4	6.2	3.3	5.7	2.7	5.6	2.6	4.6	2.4	4.1	2.1
Amphetamines	5.3	3.1	6.6	4.1	5.5	3.2	5.7	3.3	6.2	4.9	6.0	3.6	4.2	2.7	4.5	2.7	3.4	1.8	3.2	1.5
Cocaine (powder and base)	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	4.8	2.5
Heroin	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	1.4	0.5
Volatile inhalants	4.1	2.1	4.2	2.5	5.1	3.4	5.7	3.0	4.8	2.7	5.2	2.9	4.1	2.0	3.6	1.8	3.0	1.7	2.4	1.3
GHB	-	-	-	-	-	-	-	-	-	-	-	-	1.8	0.6	1.6	0.7	1.5	0.8	1.9	0.8
Use in the last 12 months																				
Tobacco	-	-	-	-	-	-	-	-	-	-	-	-	30.2	37.5	36.0	40.1	28.1	36.4	33.1	37.5
Alcohol	82.8	82.7	82.3	82.5	83.0	84.5	77.3	77.3	74.9	76.3	80.6	81.5	73.4	76.3	71.5	74.2	73.3	73.8	80.9	82.9
Hypnosedatives *	-	-	-	-	-	-	-	-	-	-	-	-	7.3	11.1	8.1	12.1	7.7	12.5	8.4	14.9
Hypnosedatives without prescription*	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	4.4	7.3
Cannabis	21.2	15.2	25.9	21.1	28.2	23.5	32.2	25.2	36.2	29.8	39.4	33.7	31.6	28.2	33.5	27.5	28.2	24.7	29.7	23.3
Ecstasy	4.2	2.2	4.8	3.5	2.9	2.1	6.4	3.9	4.7	3.8	3.3	1.9	3.3	1.6	2.6	1.3	2.2	1.2	3.0	1.4
Hallucinogens	5.7	3.1	6.9	4.5	4.8	3.2	5.5	2.9	4.4	2.0	4.4	1.8	4.1	1.6	3.9	1.7	3.0	1.3	2.9	1.1
Amphetamines	4.4	2.5	5.5	3.4	4.5	2.5	4.6	2.4	4.8	3.4	4.3	2.3	3.3	2.0	3.2	1.8	2.2	1.0	2.4	1.1
Cocaine (powder and base)	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	3.4	1.6
Heroin	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	1.1	0.4
Volatile inhalants	2.5	1.3	2.4	1.7	3.3	2.0	3.3	1.8	3.0	1.5	3.0	1.4	2.6	1.1	2.3	1.0	1.7	0.8	1.6	0.8
GHB	-	-	-	-	-	-	-	-	-	-	-	-	1.3	0.4	1.2	0.4	1.0	0.5	1.5	0.5
Use in the last 30 days																				
Tobacco	26.0	36.3	26.2	38.1	25.5	37.6	27.3	37.1	25.0	33.4	32.9	41.9	24.8	30.6	30.9	33.8	23.0	29.3	28.1	31.3
Alcohol	75.3	74.9	66.8	66.7	67.5	68.5	60.4	59.9	56.7	55.4	65.5	65.7	58.1	58	57.7	59.4	62.7	63.2	72.9	75.2
Hypnosedatives *	-	-	-	-	-	-	-	-	-	-	-	-	3.5	5.5	4.0	6.1	4.0	6.6	4.7	8.5
Hypnosedatives without prescription*	1.9	3.3	1.5	2.9	1.5	3.0	1.7	3.4	1.7	3.1	1.8	3.0	2.0	2.8	2.4	3.3	2.3	3.6	2.6	4.3
Cannabis	15.1	9.8	18.4	13.2	20.3	14.5	24.5	16.9	28.5	19.6	28.3	22	22.3	18.0	23.0	17.2	19.3	15.2	18.9	13.3
Ecstasy	2.9	1.4	2.8	1.9	1.9	1.3	3.8	1.7	2.1	1.6	1.9	1.0	2.1	0.7	1.5	0.6	1.3	0.6	1.8	0.6
Hallucinogens	3.6	1.7	3.8	1.9	2.6	1.5	2.6	1.3	1.8	0.7	2.3	0.7	2.0	0.7	1.7	0.7	1.5	0.6	1.6	0.4
Amphetamines	2.9	1.6	3.2	2.0	2.7	1.5	2.6	1.4	2.5	1.5	2.7	1.0	2.0	1.0	1.5	0.8	1.3	0.5	1.4	0.6
Cocaine (powder and base)	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	2.2	0.8
Heroin	0.4	0.1	0.4	0.1	0.6	0.2	0.5	0.1	0.3	0.2	0.7	0.1	0.9	0.2	0.8	0.3	0.7	0.3	0.8	0.3
Volatile inhalants	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	1.0	0.6
GHB	-	-	-	-	-	-	-	-	-	-	-	-	0.9	0.2	0.8	0.3	0.8	0.3	1.0	0.3

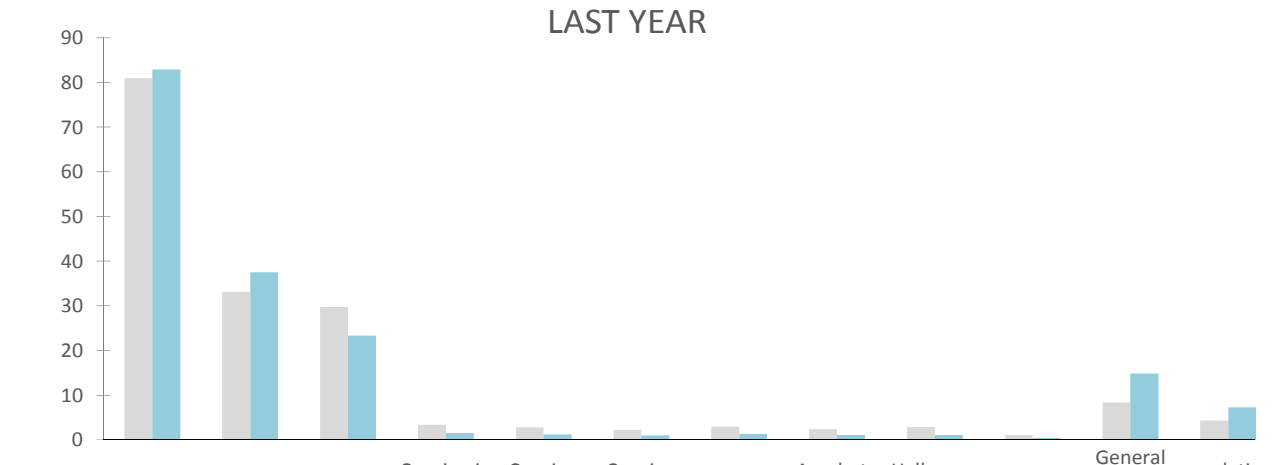
* Tranquilizers and/or sleeping pills.

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.1. Proportion of drug users in Secondary School students aged between 14 and 18, in the last 30 days and in the last year, by gender. (%). Spain, 2012.



	Alcohol	Tobacco	Cannabis	Cocaine in general	Cocaine powder	Cocaine base	Ecstasy	Amphetamines	Hallucogens	Heroin	General hypnosedatives	Non-prescribed hypnosedatives
Men	72.9	28.1	18.9	2.2	1.7	1.6	1.8	1.4	1.6	0.8	4.7	2.6
Women	75.2	31.3	13.3	0.8	0.5	0.6	0.6	0.6	0.4	0.3	8.5	4.3



	Alcohol	Tobacco	Cannabis	Cocaine in general	Cocaine powder	Cocaine base	Ecstasy	Amphetamines	Hallucogens	Heroin	General hypnosedatives	osedativ s
Men	80.9	33.1	29.7	3.4	2.8	2.2	3.0	2.4	2.9	1.1	8.4	4.4
Women	82.9	37.5	23.3	1.6	1.2	1.0	1.4	1.1	1.1	0.4	14.9	7.3

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2. Characteristics by drug type

2.1. Tobacco.

Tobacco is the most generally used psychoactive substance among young students, after alcohol, with 43.8% of secondary school students aged between 14 and 18 admitting that they have smoked on some occasion during their life. This is a use that had been on the decrease since 2006, having marked a historic minimum in the last edition of the study. Therefore, after the rise in 2012, the current level is the second lowest of the series.

Following with the ever-in-lifetime use of this drug, the prevalence among women is notably higher and reaches 46.1% as opposed to 41.6% among men, starting use at an average age of 13.6 (the earliest starting age of a substance after volatile inhalants). The average starting age among males stayed at 13.5 and among women, it is slightly delayed (0.2) until the age of 13.7 (Table 2.5).

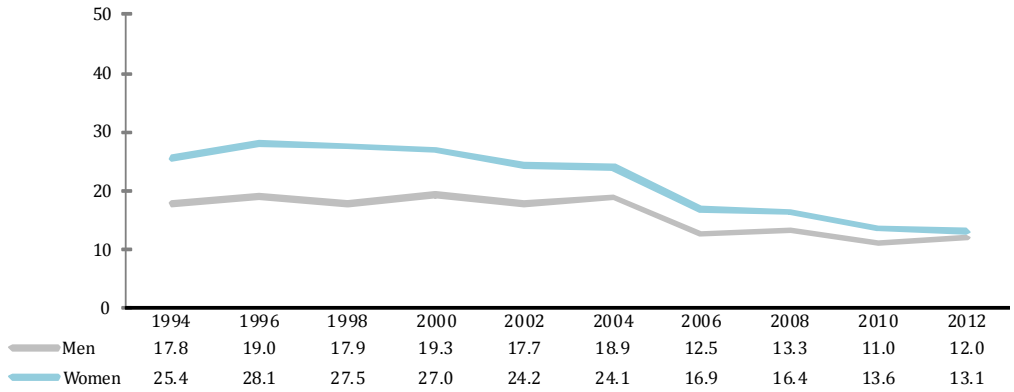
As far as tobacco use over the last 12 months is concerned, the proportion of smokers among students aged between 14 and 18 is 35.3%, while if we consider just the last month, the figure drops to 29.7%. These are higher user levels than those of 2010, but they continue to be lower than those recorded in 2008. Nevertheless, we would highlight the fact that the increase in use over the last 30 days in comparison with the previous measurement is more notable among men.

Daily tobacco use remains relatively stable in comparison with the previous year; 12.5% of the interviewees state that they smoke every day. The last two editions of the study showed the most discrete values recorded. In the case of women, this habit is slightly less widespread than in 2010, corresponding to the most reduced prevalence of all the editions (13.1%). The proportion of males who smoke every day increases one point (up to 12%) meaning that the difference between genders for 2012 is the smallest of all those that had been recorded up until this year (Figure 2.2). The starting age of daily use was 14.6 and 14.5 years of age (men and women respectively).

Although smoking is more widely spread among women, men are more intensive with respect to the number of cigarettes they smoke a day (6.4 cigarettes on average a day) than women smokers (6 cigarettes a day). These amounts have increased with respect to 2008 (by 0.7 and by 1.2 cigarettes respectively).

Considering the age of the young students, it can be seen how tobacco use increases in keeping with age, in such a way that with respect to the last 30 days, the prevalence of use among 14-year-old students was 15.6% and of 18-year-olds was 43.2%. The greatest increase in general of this substance takes place going from 17 to 18 and from 14 to 15 years of age. 54% of secondary school students say they have seen teachers smoking at school and 73.6% have seen other students smoking, despite the fact that it is not legally permitted to smoke in schools.

Fig. 2.2. Evolution of the prevalence of daily use of tobacco among secondary school students aged between 14 and 18 , by gender (%). Spain 1994-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.5. General characteristics of tobacco use among secondary school students aged between 14 and 18, by gender (%). Spain 1994-2012

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Ever-in-lifetime prevalence of tobacco use																				
	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	41.6	46.1
Last month prevalence of tobacco use																				
	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	28.1	31.3
Prevalence of daily tobacco use																				
	17.8	25.4	19.0	28.1	17.9	27.5	19.3	27.0	17.7	24.2	18.9	24.1	12.5	16.9	13.3	16.4	11.0	13.6	12.0	13.1
Average starting age of tobacco use in current smokers and ex-smokers (years)																				
	13.7	14.1	13.1	13.5	13	13.4	12.9	13.2	13	13.1	13.1	13.2	13.0	13.1	13.2	13.4	13.5	13.5	13.5	13.7
Average starting age of daily tobacco use in current smokers and ex-smokers (years)																				
	-	-	14.5	14.6	14.6	14.5	14.4	14.3	14.4	14.3	14.5	14.4	14.3	14.2	14.3	14.3	14.4	14.3	14.6	14.5
No. of cigarettes smoked a day																				
1-5	37.7	47.3	41.8	50.3	43.8	49.5	44.4	49	44.7	46.5	41.6	44.5	61.9	63.0	56.1	58.3	65.0	68.5	54.7	57.0
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	32.4	32.9
>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	12.9	10.1
Average no. of cigarettes per day																				
	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	6.4	6.0

M= men. W = women. Note: The percentages are calculated on the number of cases with information given.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Of the students who smoke, three out of every four confess that they have, on some occasion, proposed giving up. This intention is more widespread among women. 42.8% of smokers (44% of the women and 41.6% of the men) have tried to give it up. When asked about this moment in time, 56.9% were seriously thinking about giving up smoking (22.7% in the next 30 days and 34.2% in the next six months). In comparison with 2010, there is a greater level of smokers who have at some time thought about giving up (76.3% versus 65.9%), nevertheless, there was a lower proportion of smokers who were currently seriously thinking about giving up this habit (56.9% versus 67.7%).

Half of the young students aged between 14 and 18 who were consulted live with people who smoke on a daily basis. We would also point out that almost half (49.1%) say that other people smoking in a closed place when they are present annoys them a lot or quite a lot. In this respect, there were no differences by gender, although there were by age, as the older the interviewee was, the lower their repudiation of this action (55.2% of cases of 14-year-olds who are annoyed by people smoking in enclosed places as opposed to 42.5% of 18-year-olds).

Of the people who stated this repudiation, it was noticed that 73% of them have never smoked (a proportion which is substantially lower among the total number of students, 56.2%). Of the students who are annoyed by other people smoking in a closed place when they are present, only 13.4% of them declared having smoked in the last month (when this proportion among all those interviewed comes to 29.7%).

If we analyse students who state that they are annoyed by other people smoking in a closed place when they are present whose mothers or fathers are smokers, 30.3% have a mother who smokes and 32.1% a father who smokes (among those who are not annoyed by it, the proportions are higher, at 34.9% and 39% respectively).

Finally, it is more usual to find that students who smoke on a daily basis live with parents who smoke. The difference can be seen by observing that 21% of those who live with a father or mother who smokes smoke on a daily basis as opposed to those who live with non-smoking parents, in which case 7.5% smoke on a daily basis (Table 2.6).

Table 2.6. Proportion of students who smoke on a daily basis by whether or not they live with fathers/mothers who smoke (%). Spain.

		Live with a mother who smokes	Live with a mother who does not smoke	Live with a father who smokes	Live with a father who does not smoke	Live with mother and father who smoke	Live with mother and father who do not smoke
Total who smoke on a daily basis		18.6	9.1	17.8	8.9	21.0	7.5
Smoke on a daily basis	**Men**	17.6	8.8	18.0	8.2	21.7	7.3
	Women	19.6	9.4	17.5	9.7	20.3	7.8
	14	4.2	1.4	4.1	1.3	5.1	1.0
	15	11.0	4.5	9.8	4.4	12.9	3.8
	16	16.9	8.5	16.8	8.1	20.2	7.1
	17	24.2	13.0	24.8	11.8	27.7	10.3
	18	34.1	17.4	30.6	19.1	36.2	15.5

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.2. Alcoholic drinks

Alcohol is the most generally used psychoactive substance among young students aged between 14 and 18. In 2012, 83.9% of the adolescents consulted admitted ever-in-lifetime use; 81.9% stated they had done so in the 12 months before the survey and 74% within 30 days before the survey.

In comparison with 2010, a general increase in use was verified among this population group for all the time lines. Therefore, the proportion of ever-in-lifetime alcohol users increases 8.8%; 8.3% the proportion of those who have used it at some stage during the year before the survey and 11% those who state they have used it in the last month. This generalised increase, the greatest recorded throughout the series of ESTUDES surveys since 1994, must be interpreted with caution (Figure 2.3).

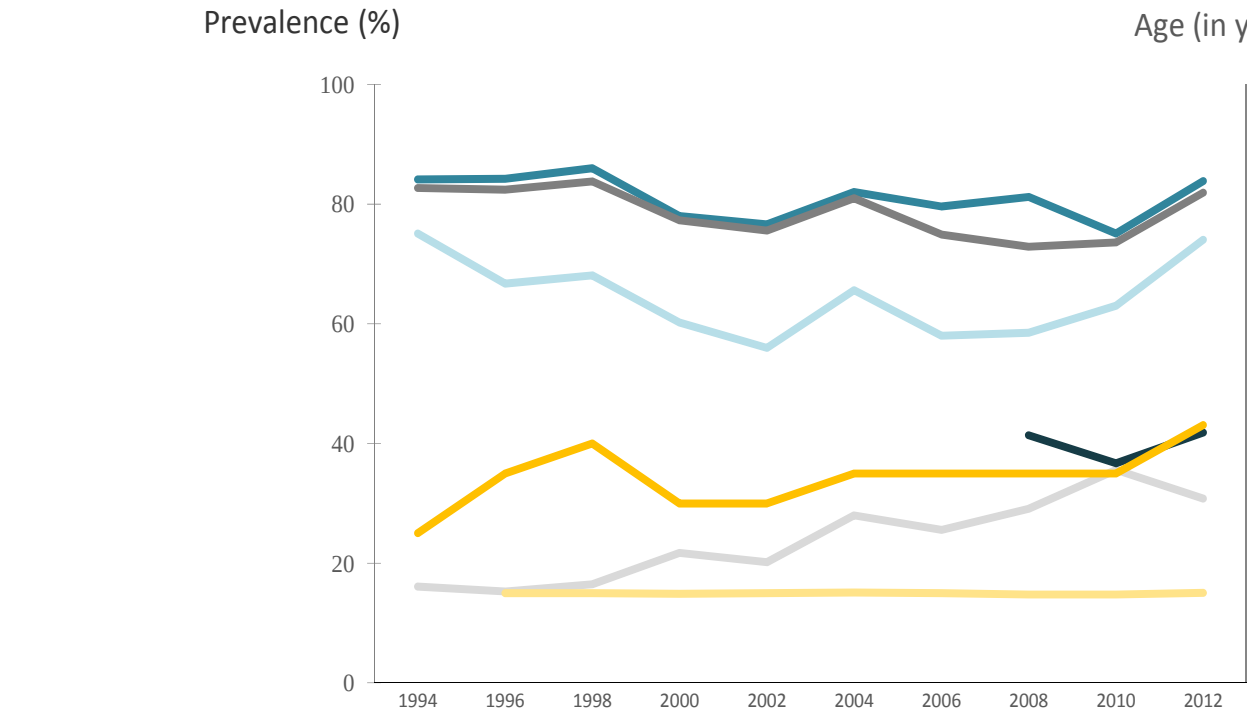
In fact, everything would indicate that in 2012, there was a generalisation of drinking among students, reaching similar levels to the maximums recorded in 2004 and in 1994. However, some methodological changes in the 2012 edition of the ESTUDES survey should be taken into account which could have influenced the size of the increase of the prevalence. In 2012, the fieldwork was carried out in a single batch during the spring of 2012, unlike the previous editions and it is possible that this had something to do with the results obtained. We should also add, however, that unlike the increase recorded for alcohol use, no noticeable variations were recorded for the rest of the psychoactive substances, which supports the reliability of the data obtained and allows us to consider as a hypothesis that the changes there have been in the fieldwork have mainly affected the substance whose use is more widespread and is more influenced by diverse factors such as the weather, the time of the academic year, the increase in age (in months) of the interviewees, etc.

Nevertheless, despite the fluctuations recorded in the different editions of ESTUDES, Figure 2.3 allows us to conclude, initially, that the trend in alcohol use among students aged between 14 and

18 has remained relatively stable over the last 18 years; however, at levels that are considerably high for the population group in question, due to their young age (physical and psychic aspects and incomplete maturity) and because alcohol continues to be an illegal substance among people aged under 18 in Spain. Over almost two decades (1994-2012), we have never obtained prevalence figures under 75% for ever-in-lifetime use in the last year or lower than 56% for use in the last month. In 2012, only two out of every ten students aged between 14 and 18 had not tried alcoholic drinks (30.4% were abstemious at the age of 14, 18.2% at the age of 15, 12% at 16, 8.1% at 17 and 7.5% at 18 years of age).

The second conclusion is that there is a significant proportion among alcohol users aged between 14 and 18 who do not only drink, but who also drink in an intensive pattern that is associated to an increase in the effects and consequences that drinking alcohol means on their life development. The widespread nature of this pattern of use among young people shows a clearly increasing trend throughout the 1994-2012 period, although a drop was registered in the 2012 edition.

Fig. 2.3. Evolution of the prevalence of use of alcoholic drinks, prevalence of drunkenness (last 30 days), prevalence of binge drinking* (last 30 days), average starting age of drinking and average starting age of weekly drinking, among secondary school students aged between 14 and 18 (%). Spain 1994-2012.



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime use of alcohol	84.1	84.2	86	78	76.6	82	79.6	81.2	75.1	83.9
Alcohol use in the last 12 months	82.7	82.4	83.8	77.3	75.6	81	74.9	72.9	73.6	81.9
Alcohol use in the last 30 days	75.1	66.7	68.1	60.2	56	65.6	58	58.5	63	74.0
Drunkenness in the last 30 days	16.1	15.3	16.5	21.7	20.2	28	25.6	29.1	35.6	30.8
Binge drinking in the last 30 days								41.4	36.7	41.8
Average starting age for alcohol use		15	15	14.9	15	15.1	15	14.8	14.8	15.1
Average age for weekly alcohol use	13.5	13.7	13.8	13.6	13.6	13.7	13.7	13.7	13.7	13.9

*Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

The average age at which people start to drink alcohol continues to be less than 14 (13.9 years of age), and weekly drinking is established at 15.1 years of age (similar ages between men and women).

The analysis of results, by age of the students, clearly shows that the prevalence of use increases with the age of the interviewees. However, students start to drink alcohol to a greater extent between 14 and 15 years of age, with there being slower rises in the prevalence as they get older. In 2012, more than half (53%) of 14-year-old students declared that they had drunk alcohol in the last month (Table 2.7 and Table 2.8).

Although drinking alcohol has, for a long time, been shown to be similarly widespread in both genders, greater percentages of drinkers were found among girls than among boys, in the lower age brackets. This difference, in favour of girls, starts to reduce up until the age of 18, in which the figures for prevalence of use are greater among boys.

Table 2.7. Prevalence of alcohol drinking among secondary school students aged between 14 and 18 (%), by gender and age. Spain 1994-2012.

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime										
Total	84.1	84.2	86	78	76.6	82	79.6	81.2	75.1	83.9
Gender										
Men	84.3	84.3	85.5	78.2	75.9	81.5	78.4	80.8	74.9	82.9
Women	84	84.1	86.4	77.9	77.2	82.5	80.7	81.7	75.2	84.9
Age										
14	69.6	67.6	71.5	52.4	52.7	59.2	57.1	62.6	49.7	65.9
15	81.8	81.7	82.5	73.4	70.4	76.6	76.1	78.7	71.5	77.7
16	88	88.7	89.7	83.1	81.7	86.9	86	86.2	81.6	86.2
17	91.9	91.3	92.8	89.6	89	91.9	91.2	90.5	87.8	90.8
18	92.5	93.4	96.2	93.8	92.2	93.8	92.3	92.3	88.6	92.6
Last 12 months										
Total	82.7	82.4	83.8	77.3	75.6	81	74.9	72.9	73.6	81.9
Gender										
Men	82.8	82.3	83	77.3	74.9	80.6	73.4	71.5	73.3	80.9
Women	82.7	82.5	84.5	77.3	76.3	81.5	76.3	74.2	73.8	82.9
Age										
14	67.7	64.3	67.9	51.5	52	57.9	50.9	53.1	48	63.1
15	80.4	79.7	80.5	72.7	69.7	75.6	70.9	69.6	70	75.3
16	86.7	87.4	88	82.4	80.9	85.9	82.1	77.6	80.3	84.2
17	90.7	89.9	90.9	88.7	87.6	91.1	87.4	84.1	86.1	89.2
18	91.1	92.4	94.1	93.3	91.2	93	88.2	84.2	86.4	91.3
Last 30 days										
Total	75.1	66.7	68.1	60.2	56	65.6	58	58.5	63	74
Gender										
Men	75.3	66.8	67.5	60.4	56.7	65.5	58.1	57.7	62.7	72.9
Women	74.9	66.7	68.5	59.9	55.4	65.7	58	59.4	63.2	75.2
Age										
14	56.7	40.1	43.2	32.1	27.7	38	31.7	36.2	38.1	53.2
15	71.8	60.1	62.2	51.8	47.7	57.7	50.7	52.9	58.9	66
16	80	74.1	73.4	65.7	61.6	71.9	65.3	63.8	70	75.6
17	85.1	79.4	81.1	73.7	71.5	78.2	74.2	71.9	74.8	82.4
18	86.2	84.1	85	82.7	76.8	81.5	76.5	75.1	77.1	86.4

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.8. General characteristics of alcohol use among secondary school students aged between 14 and 18 (averages and percentages), by gender. Spain 1994-2012.

1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age of use (years)																			
13.1	13.8	13.5	14	13.5	14	13.4	13.8	13.4	13.8	13.6	13.9	13.7	13.8	13.6	13.8	13.7	13.7	13.8	13.9
Average starting age of weekly use of alcohol (years)																			
-	-	15	15	15	15.1	14.8	14.9	15	14.9	15.2	15.1	15	14.9	14.9	14.8	14.8	14.7	15.1	15.0
Ever-in-lifetime prevalence of alcohol use																			
84.3	84	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	82.9	84.9
Last year prevalence of alcohol use																			
82.8	82.7	82.3	82.5	83	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	80.9	82.9
Last month prevalence of alcohol use																			
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	57.7	59.4	62.7	63.2	72.9	75.2
Last month prevalence of alcohol use at the weekend																			
-	-	66	66.4	67	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	70.1	72.8
Last month prevalence of alcohol use on weekdays																			
-	-	26.8	14.9	26	16.1	30	16.8	20.8	10.6	26.5	14.1	24.2	13.9	28.4	17.8	33.1	21.4	35.3	25.6

M = men. W = women.
Note: The percentages are calculated on the number of cases with information given.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Regarding the patterns of intensive use, the 2012 ESTUDES survey includes questions about the prevalence of drunkenness and binge drinking, understood to be "binge drinking" five or more glasses of alcoholic drink in approximately a two-hour period.

In 2012, 60.7% of students aged between 14 and 18 admitted having got drunk at least once in their life. 52% had done so in the last 12 months and 30.8% in the last 30 days. Although there were no noteworthy changes recorded in comparison with 2010 in the ever-in-lifetime use indicators and last year, we would highlight the decrease of almost 5% of the proportion of students who got drunk in the last month, in 2012.

With respect to difference by gender, it should be pointed out that for the ever-in-lifetime and in the last year indicators, the prevalences of drunkenness are slightly greater among girls than among boys. However, over the last 30 days, the prevalence of drunkenness continued to be greater among boys. (Table 2.9).

The proportion of students who get drunk is greater among 17- to 18-year-old boys than among girls. While the girls show greater prevalence than boys in the lower age groups (14 and 15), independently of the time line (Table 2.10).

Table 2.9. Prevalence of figures for episodes of drunkenness among Secondary School students aged between 14 and 18 (%), by gender and age. Spain, 2012.

	Ever-in-lifetime			Last 12 months			Last 30 days		
	2008	2010	2012	2008	2010	2012	2008	2010	2012
Total	56.2	58.8	60.7	47.1	52.9	52.0	29.1	35.6	30.8
Gender									
Men	54.8	58	59.9	46.5	52.2	51.7	29.4	36.4	31.3
Women	57.5	59.5	61.5	47.7	53.5	52.3	28.7	34.8	30.3
Age									
14	30.4	27.8	31.5	24.5	24.6	26.1	13.4	16	12.7
15	48.5	52.2	47.4	41	47.3	40.2	24.2	32	21.3
16	62.2	66.2	62.3	53	59.8	53.4	31.7	38.8	30.9
17	72.6	76.8	73.1	59.7	69.1	62.6	39	46.6	38.8
18	76.9	77.8	80.4	65.8	69.8	70.5	45.2	52.8	46.5

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

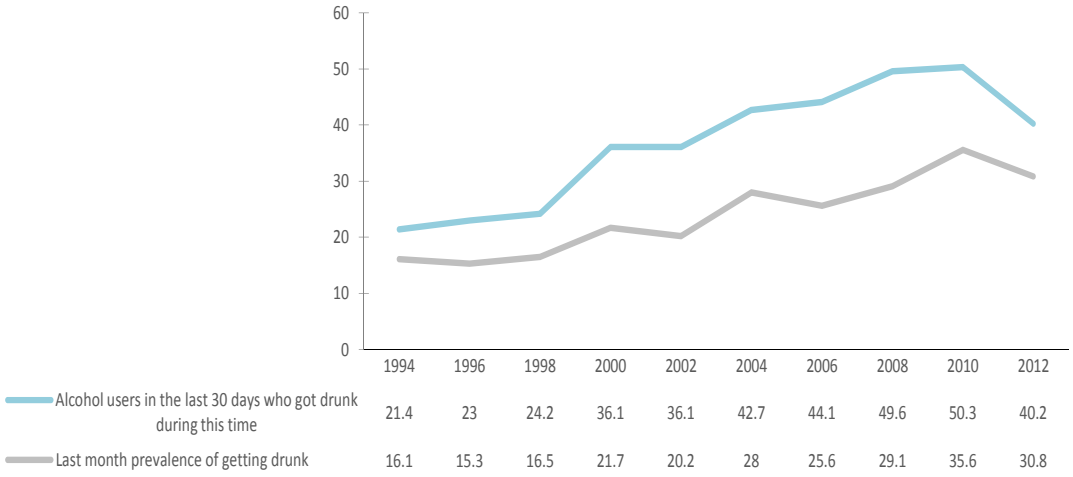
Table 2.10. Prevalence of figures for episodes of drunkenness among Secondary School students aged between 14 and 18 (%), by gender and age. Spain, 2012.

	MEN					WOMEN				
	14	15	16	17	18	14	15	16	17	18
Ever-in-lifetime getting drunk	29.2	42.6	61.5	74.1	81.3	33.8	52.0	63.1	72.1	79.4
Getting drunk during the last 12 months	23.1	35.5	52.6	65.1	73.1	29.2	44.6	54.1	60.1	67.6
Getting drunk in the last 30 days	10.8	17.8	32.2	41.5	48.4	14.6	24.6	29.7	36.0	44.4

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Taking into consideration only students who admit to having drunk alcohol in the last 30 days, the proportion of students aged between 14 and 18 who claim they got drunk during this period came to 40.2% in 2012 (50.3% in 2010). Therefore, in this last edition, despite there being an increase in the last month prevalence of use in comparison with 2010, the proportion of students who got drunk is lower (Figure 2.4).

Fig. 2.4. Prevalence of figures of drunkenness among Secondary School students aged between 14 and 18 and proportion of those who got drunk out of all those who drank alcohol in the last month (%). Spain 1994-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Regarding binge drinking, the drinking of five or more glasses of alcohol in approximately a two-hour period, in the last month the ESTUDES 2012 analysis offers the following information (Table 2.11).

41.8% (four out of every ten) of students aged 14 to 18 had gone binge drinking in the last month, a figure very similar to that of 2008, although somewhat higher than that of 2010 (36.7% coinciding with a lower rate of alcohol drinkers).

Nevertheless, if we only take into account the cases that recognised having drunk alcohol in the last 30 days, almost six out of every ten had been binge drinking. This proportion is substantially lower than the figures recorded in 2008 and 2010, which confirms what has already been mentioned in the part on drunkenness; in 2012, there would seem to be an increase in the proportion of students who drink alcohol however, there is a lower proportion of them who drink heavily (getting drunk and binge drinking). This means a change in the upward trend that had been observed among students aged between 14 and 18 regarding intensive drinking patterns since the beginning of the ESTUDES series. Obviously, forthcoming editions of the survey will be able to confirm whether there is a lasting change in the pattern over time or whether it is a one-off inflection.

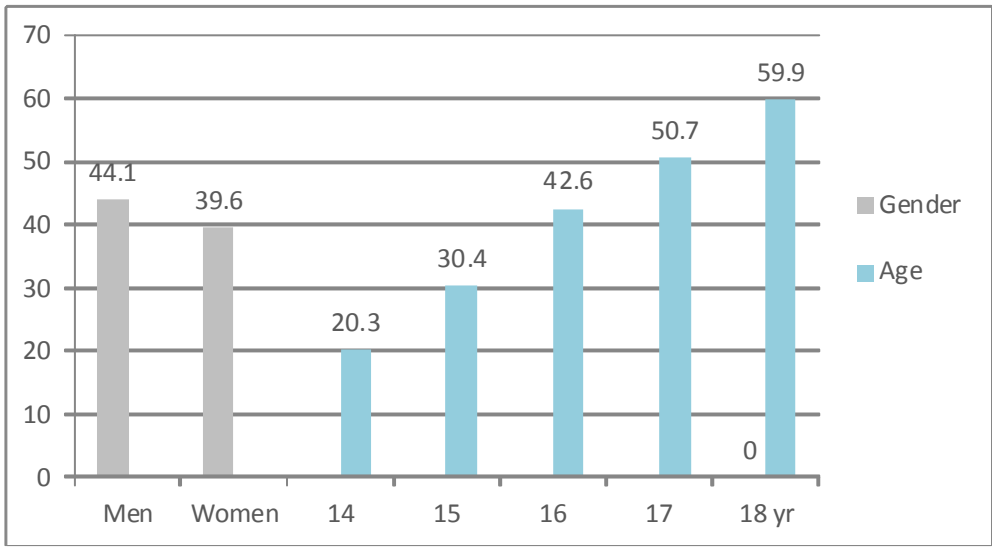
Table 2.11. Evolution of the prevalence of binge drinking* (%). Spain 2008-2012.

	2008	2010	2012
Last month prevalence of binge drinking among students aged between 14 and 18 who have used drink during the same period.	64.4	66.5	56.8
Last month prevalence of binge drinking among all students aged between 14 and 18.	41.4	36.7	41.8

Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Men tend to binge drink more than women and, analysing the age, we can observe this in the last 30 days, increasing as the student gets older (Figure 2.5).

Fig. 2.5. Last month prevalence of binge drinking* among students aged between 14 and 18, by gender and age (%). Spain, 2012.



*Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

By breaking down the data regarding binge drinking (last month) among all the students aged between 14 and 18, by gender and age, we can observe that girls show greater prevalence at the ages of 14 and 15. Thus, 18.4% of 14-year-old boys have been binge drinking in the last month (22.1% of the girls) while among 18-year-old boys, the percentage goes up to 65.1% (54.3% among girls) (Table 2.12).

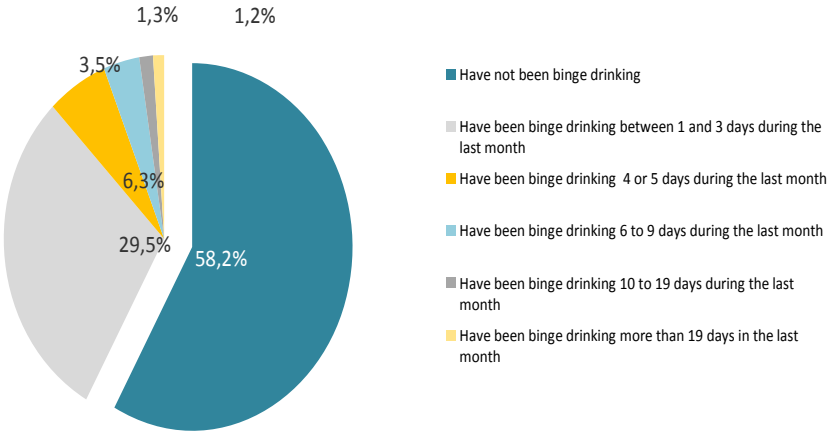
Table 2.12. Last month prevalence of binge drinking* among students aged between 14 and 18, by gender and age (%). Spain, 2012.

	MEN					WOMEN				
	Age in years									
	14	15	16	17	18	14	15	16	17	18
Prevalence (%) of binge drinking	18.4	28.2	44.8	55.8	65.1	22.1	32.6	40.4	45.3	54.3

*Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Analysing the frequency of binge drinking in the last month, we can see that the great majority of those who have done it only did so between one and three days of the last month (Figure 2.6)

Fig 2.6. Frequency of binge drinking in the last month. Spain, 2012



Binge drinking: Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

The places chosen by the greatest percentage of students aged between 14 and 18 for drinking alcohol were, in 2012, bars and pubs (41.6%) followed by drinking in the streets, squares, parks, beaches or open public spaces (36.3%) and discotheques (35.4%).

The places in which most students obtained alcoholic drinks were supermarkets (39.1%), bars or pubs (37%) and discotheques (30.7%).

Regarding the ways in which students managed to get access to alcoholic drinks (Table 2.13), we would point out that in 41.8% of the cases it was the students themselves who acquired the drinks directly, and doing so through people aged over 18 was the second most used channel for obtaining drinks (28.5%). In this channel we observe the greatest differences between genders, being used mainly by girls rather than boys (32.8% and 24.3% respectively). At the ages of 16 and 17, girls use this channel of obtaining alcohol most (37% and 44.2% respectively).

Table 2.13. Ways in which secondary school students aged between 14 and 18 have bought or obtained alcoholic drinks in the last 30 days, by gender and age (%). Spain, 2012

	TOTAL			BY AGE AND GENDER													
	Total	H	M	14T	14H	14M	15T	15H	15M	16T	16H	16M	17T	17H	17M	18T	18H	18M
You yourself	41.8	43.9	38.7	13.6	12.1	15.2	25.6	24.2	27.0	40.3	42.8	37.9	52.5	56.5	48.3	72.5	76.4	68.2
Through family members aged 18 or more	11.4	10.1	12.7	6.5	6.0	7.0	9.9	8.3	11.4	13.0	11.9	14.2	16.0	14.8	17.2	7.2	5.3	9.3
Through other people aged 18 or more	28.5	24.3	32.8	17.2	13.4	21.1	25.0	20.0	29.8	32.7	28.2	37.0	39.2	34.5	44.2	18.4	16.0	21.0
Through family members under the age of 18	1.4	1.4	1.4	1.0	0.9	1.2	1.3	1.0	1.6	1.5	1.7	1.3	2.0	2.2	1.8	0.7	0.6	0.7
Through other people under the age of 18	9.8	8.0	11.0	9.8	7.3	12.4	12.0	9.4	14.5	12.1	11.8	12.5	9.6	9.5	9.6	3.9	3.3	4.6
In other ways	4.9	5.6	4.2	4.7	4.9	4.5	5.9	6.9	4.9	5.4	6.5	4.3	5.0	5.7	4.1	3.1	3.1	3.1

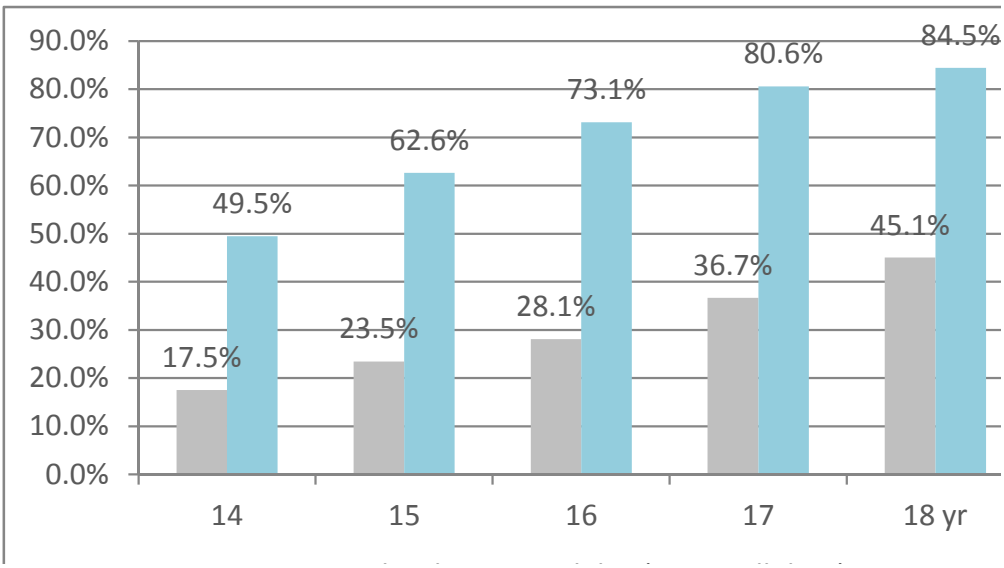
M = men. W = women.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Regarding preference for use according to the day of the week, as one would expect, the greatest percentage of users of alcohol drink at the weekend (Fridays, Saturdays and Sundays). In 2012, 70.1% of boys and 72.8% of girls drank alcohol on Fridays, Saturdays or Sundays during the last 30 days. Nevertheless, the proportion of students who drink alcohol on working days has been increasing since 2008, showing proportions of 35.3% (boys) and 25.6% (girls) who drink from Monday to Thursday, representing an increase of 2.2 and 4.2 points respectively on 2010.

As has been mentioned in other editions of the EDADES and ESTUDES survey[6], the increase in the percentage of consumers on weekdays could be related to the inclusion, in recent years, of Thursday to the "weekend", which would mean an increase in the percentage of students who drink on Thursdays, although it cannot strictly be considered as a "workday" for the purpose of alcohol use. However, this hypothesis should not affect younger students (aged 14 to 17) in the same way as, in theory, they should respect school days and timetables and in their case Thursday would be considered a "weekday" (Figure 2.7).

6 EDADES: National Household Survey on Alcohol and Drugs in Spain. ESTUDES: State Survey on Drug Use in Secondary Schools. http://www.pnsd.msssi.gob.es/Categoria2/observa/oed/home.htm

Fig. 2.7. Alcohol use in the last 30 days by age and type of day on which it was drunk (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

From Mondays to Thursdays, the most popular drink among adolescents is beer (17.5% of all students consulted had drunk beer on weekdays during the last month) while, at the weekend, the most popular drinks are highballs (58%). (Table 2.14).

Table 2. 14. Evolution of the last month prevalence of use of the different kinds of alcoholic drinks on weekdays and at weekends, among secondary school students aged between 14 and 18 (%). Spain 1996-2012.

	1996	1998	2000	2002	2004	2006	2008	2010	2012
Use on weekdays									
Any day from Monday to Thursday during the last 30 days (any day or every day)									
Wine	8.1	8.9	8.2	4.9	6.6	5.3	5.8	5.2	6.3
Beer	15.3	14	16.2	10.5	14.1	12.8	15	13.7	17.5
Aperitifs	3	3.2	2.6	1.7	2.4	3	4.1	3.6	5.6
Highballs	5.4	6.4	6.8	5	6.8	7.4	10.6	10.2	10.8
Strong liqueurs	3.2	3.6	3.5	2.3	3.2	3.5	5.5	5.3	5.7
Fruit liqueurs	6.6	7.5	6.2	3.8	4.2	4.6	6.6	5.3	6.5
Every day from Monday to Thursday during the last 30 days									
Wine	0.8	1	0.9	0.3	0.7	0.2	0.2	0.2	0.3
Beer	1.7	1.5	2.2	0.9	1.7	0.8	1.1	0.7	1.2
Aperitifs	0.2	0.3	0.3	0.1	0.3	0.2	0.3	0.2	0.5
Highballs	0.2	0.3	0.6	0.2	0.6	0.4	0.7	0.6	0.7
Strong liqueurs	0.1	0.4	0.4	0.1	0.4	0.2	0.5	0.3	0.5
Fruit liqueurs	0.3	0.8	0.6	0.2	0.5	0.2	0.4	0.3	0.5
Weekend drinking									
Any day from Friday to Sunday during the last 30 days (any day or every day)									
Wine	32.8	32.8	23.7	21	27.7	18.8	17	17.3	21.1
Beer	46.9	40.7	30.8	27.1	34.1	27.9	28.6	30	37.5
Aperitifs	12	13.6	9.6	8	11	8.3	8.4	9.4	11.8
Highballs	48.8	53.7	49.2	48.2	58.4	51.6	54	50.3	58.0
Strong liqueurs	24.5	26.7	22.4	22.3	27.8	23	25	23.7	25.8
Fruit liqueurs	36.2	37.1	25.6	22.6	26	20.6	20.8	18.3	23.6
Every Friday to Sunday during the last 30 days									
Wine	9.6	10.6	8.6	5.9	7.5	3.5	2.9	3.3	1.7
Beer	19.9	17.6	14.4	10.7	13.8	8.6	8.5	8.2	8.9
Aperitifs	2.9	4.2	3.3	2.1	2.7	1.5	1.9	2.2	1.8
Highballs	19.6	23.5	22.2	18.9	22.5	16.8	17.9	13.8	10.9
Strong liqueurs	8.2	10.8	10.1	7.7	9.4	5.5	5.9	4.1	3.6
Fruit liqueurs	10.2	12	9	6	6.8	3.8	3.5	2.5	2.2

Note: % calculated on the total of the sample

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

If we analyse the differences in the prevalence of alcohol use by gender (Table 2.15), we will see that among those who drank alcohol in the last 30 days, boys drank all kinds of alcoholic drinks on weekdays to a greater degree than girls, with an overall prevalence of 35.3% in boys as opposed to 25.6% in girls.

At weekends, the average prevalence in drinking alcohol reaches 71.5% (70.1% in boys as opposed to 72.8% in girls), showing slightly higher use among boys with respect to wine or champagne, beer, aperitifs or vermouth and strong liqueurs; while the girls showed high levels of highballs and fruit liqueurs.

Table 2.15. Prevalence of alcohol by kind of drink among those who drank alcohol in the last 30 days (%). Spain, 2012

	Any weekend			Any weekday		
	Men	Women	Total	Men	Women	Total
Total	70.1	72.8	71.5	35.3	25.6	30.6
Type of drink						
Wine/Champagne	26.6	25.6	26.1	8.6	5.8	7.2
Beer	49.1	39.7	44.5	24.%	14.8	19.9
Aperitifs/Vermouth	16.7	13.4	15.1	8.4	4.7	6.6
Highballs	60.3	64.5	62.4	15.8	10.0	12.9
Fruit liqueurs	27.2	31.0	29.1	8.6	6.3	7.5
Strong liqueurs	33.1	30.0	31.6	8.6	4.4	6.5

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

This year, as a novelty, the questionnaire included the phenomenon of open-air drinking sessions[7], and it was observed that half of all students aged between 14 and 18 stated they had attended an open-air drinking session in the last month. In this respect, one can see a direct relationship between age and attending open-air drinking sessions: the older both boys and girls are, the more likely they are to attend an open-air drinking session.

Table 2.16. Prevalence of open-air drinking sessions among secondary school students aged between 14 and 18, by gender and age (%). Spain, 2012.

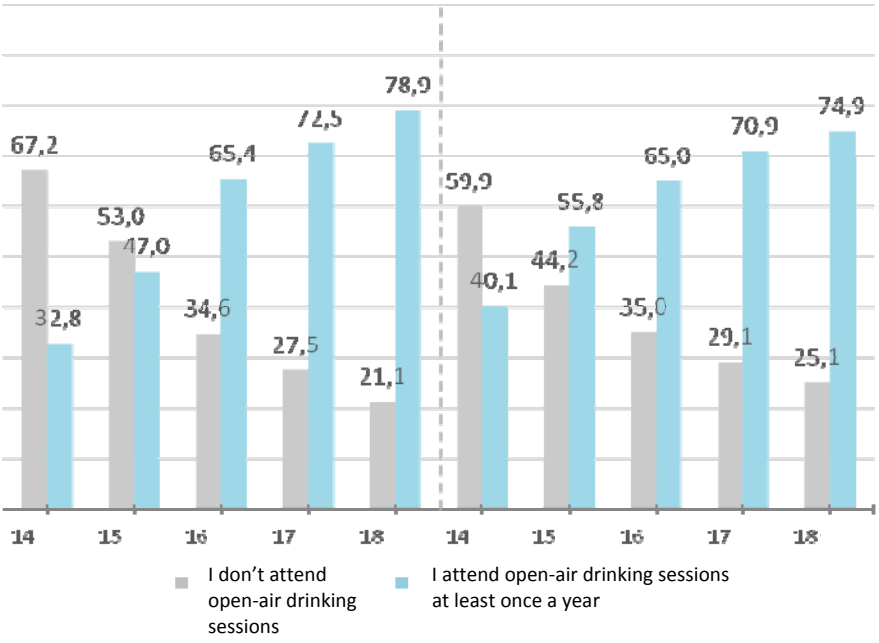
	Last 12 months	Last 30 days
Total	62.0	53.3
Gender		
Men	61.3	52.5
Women	62.7	54.2
Age		
14	36.4	24.5
15	51.5	40.3
16	65.2	56.6
17	71.7	65.2
18	77.0	71.9

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

In general terms, a greater percentage of girls than boys attend open-air drinking sessions, however this changes if we break it down by age (Table 2.16 and Figure 2.8).

[7] In Spain, an open-air drinking session is understood to be a leisure time activity in which young people get together in public places, such as parks or squares, and drink alcohol that they have purchased in shops or supermarkets.

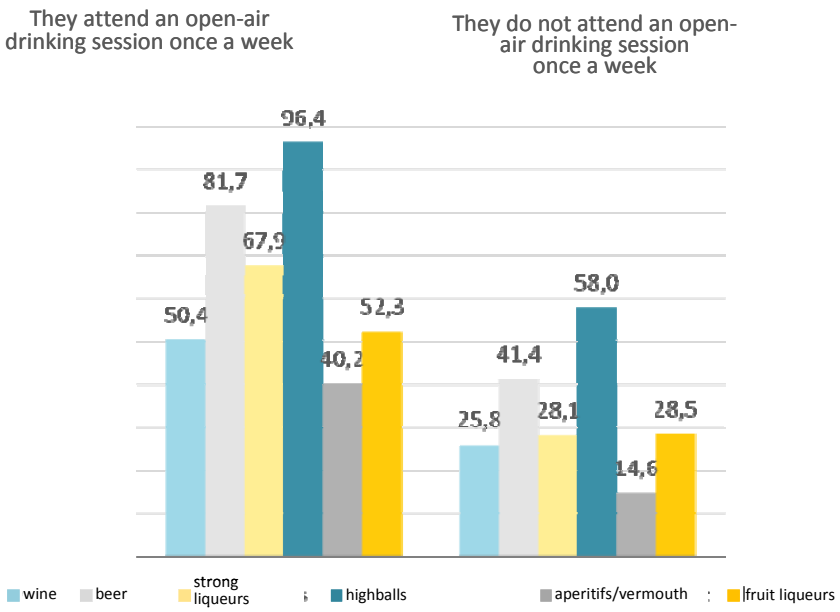
Fig. 2.8. Prevalence of open-air drinking sessions*, at least once a year, by gender and age among secondary school students aged between 14 and 18 (%). Spain, 2012



Note: In this graph "," means decimal.
* In Spain, an open-air drinking session is understood to be a leisure time activity in which young people get together in public places, such as parks or squares, and drink alcohol that they have purchased in shops or supermarkets.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

When we analyse the phenomenon of open-air drinking sessions with alcohol in the month before the survey was carried out, we observe a greater use of all kinds of drinks used by those who attend open-air drinking sessions once a week than among those who do not attend open-air drinking sessions, with the greatest differences found in the use of beer, strong liqueurs and highballs (Figure 2.9).

Figure 2.9. Prevalence of alcoholic drinks in the last 30 days, among secondary school students aged between 14 and 18, according to whether or not they attend an open air drinking session* at least once a week (%). Spain, 2012.



Note: In this graph "," means decimal.
* In Spain, an open-air drinking session is understood to be a leisure time activity in which young people get together in public places, such as parks or squares, and drink alcohol that they have purchased in shops or supermarkets.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Analysing the phenomenon of open-air drinking sessions with the use of other substances (Table 2.17), we can observe that the use of psychoactive substances in the last 30 days is higher among people who attend open-air drinking sessions (both with respect to ever-in-lifetime alcohol use as well as in the last 12 months) than among those who do not attend them.

We would particularly mention a greater prevalence of binge drinking and drunkenness among those who attend open-air drinking sessions than those who do not and, in second place, regarding the use of illegal drugs, we would highlight above the rest (although there are also notable differences in the rest of substances taking into account their nature and their overall level of prevalence) the use of hashish or marijuana.

Table 2.17. Prevalence of use of psychoactive substances in the last 30 days, according to alcohol use among students aged between 14 and 18 (%). Spain, 2012.

	Ever-in-lifetime alcohol use		Alcohol use in the last year	
	Have attended an open-air drinking session* in the last year		Have attended an open-air drinking session*in the last year	
	No	Yes	No	Yes
Have used hashish or marijuana in the last month	4.9	24.5	5.3	24.6
Have used cocaine in the last month	0.4	2.2	0.4	2.2
Have used amphetamines or speed in the last month	0.3	1.5	0.3	1.5
Have used hallucinogens in the last month	0.3	1.5	0.3	1.5
Have used ecstasy in the last month	0.4	1.8	0.4	1.8
Have gone binge drinking in the last month**	15.8	63.0	17.4	63.4
Have got drunk in the last month	7.9	48.3	8.7	48.6

* In Spain, an open-air drinking session is understood to be a leisure time activity in which young people get together in public places, such as parks or squares, and drink alcohol that they have purchased in shops or supermarkets

**Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.3. Hypnosedatives (tranquillisers or sleeping pills)

Talking about hypnosedatives is the same as talking about tranquillisers/sedatives and sleeping pills, drugs which, in keeping with current Spanish legislation, should be provided under a doctor's prescription. Nevertheless, the reference to "hypnosedatives" in general, in our context, does not distinguish between whether they have been prescribed or not, unless specifically stated otherwise.

Tranquillisers are identified in the questionnaire from the survey as "medications for calming nerves or anxiety" and sleeping pills as "medications for sleeping" (although products such as Valerian, Passiflora or Dormidina are not included in this group).

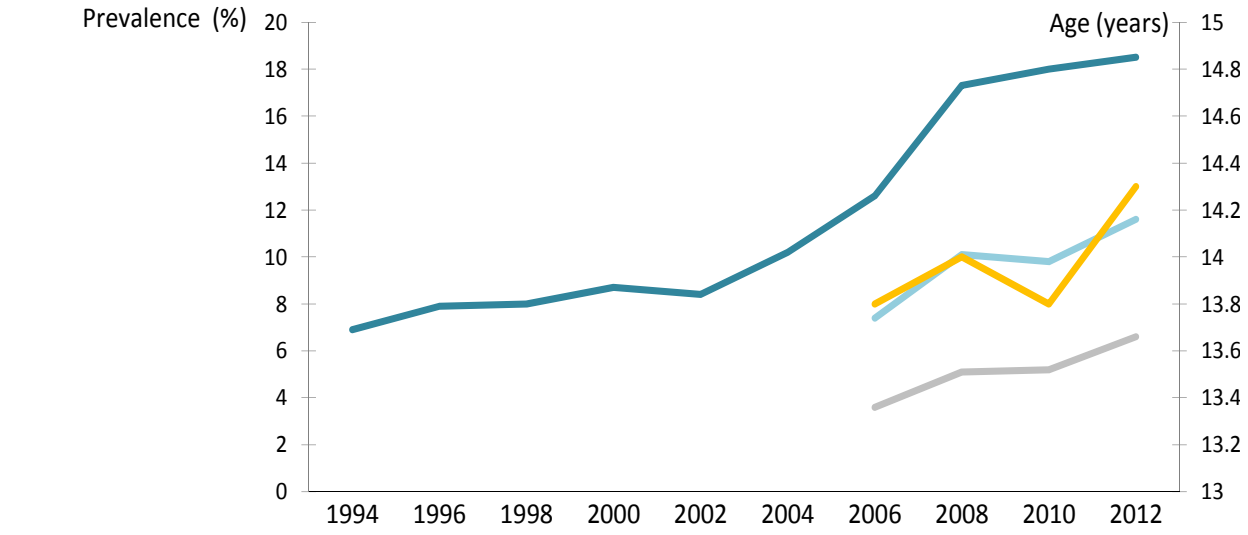
Hypnosedatives (with or without a doctor's prescription)

Together with alcohol and tobacco, hypnosedatives are the psychoactive substances that have shown an increased prevalence of use in the latest edition of ESTUDES.

In 2012, 18.5% of secondary school students aged between 14 and 18 stated an ever-in-lifetime use of hypnosedatives, a figure very close to that of 2010 (18%) which indicates a slowdown in the growth, along the lines of that which had been observed in recent years. However, this growing trend was maintained for all the other time indicators, registering an increase of more than 1.4% on 2010, both with respect to use during the last year, as well as during the last month (Figure 2.10).

The average starting age for the use of hypnosedatives is 14.3; showing a very slight but maintained increase and it is the highest in the records corresponding to these substances.

Fig. 2.10. Evolution of prevalence of use of hypnosedatives with or without prescription and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	6.9	7.9	8.0	8.7	8.4	10.2	12.6	17.3	18.0	18.5
Last 12 months							7.4	10.1	9.8	11.6
Last 30 days							3.6	5.1	5.2	6.6
Average starting age							13.8	14.0	13.8	14.3

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Historically, hypnosedatives have shown higher use among girls than boys. For the ever-in-lifetime use indicator, 23% of girls state they have used them, as opposed to 14.1% of boys. This is a very relevant difference, the largest difference in this series, and must be interpreted as a result of the stabilisation of the proportion of users among boys as opposed to the sustained growth of the proportion of use among girls, which has almost tripled since 1994 (8.1%) to 23% in 2012 (Table 2.19). This is a very similar trend to what was seen among the general population aged between 15 and 64.

Table 2.19. General characteristics of the use of hypnosedatives among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012

1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for use of nonprescribed hypnosedatives (in years)																			
13.6	14.4	13.9	14.8	14.4	15.0	14.3	14.7	14.4	14.8	14.7	14.9	13.8	14.4	13.9	14.5	13.7	14.4	14.3	14.8
Ever-in-lifetime prevalence of use of hypnosedatives with or without a prescription																			
5.8	8.1	6.6	9.1	6.4	9.543	7.3	10.2	6.8	9.9	8.1	12.3	9.3	13.6	14.2	20.4	14.9	21.5	14.1	23.0
Ever-in-lifetime prevalence of use of nonprescribed hypnosedatives																			
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	6.9	11.0
Last year prevalence of use of nonprescribed hypnosedatives																			
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	4.4	7.3
Last month prevalence of use of nonprescribed hypnosedatives																			
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	2.6	4.3
Frequency of use of nonprescribed hypnosedatives in the last 30 days																			
Never																			
98.1	96.7	98.5	97.1	98.5	97.0	98.3	96.6	98.3	96.9	98.2	97.0	98.0	97.1	97.6	96.6	97.7	96.3	97.4	95.7
1 to 2 days																			
1.3	2.1	1.1	1.9	1.0	2.1	1.0	2.2	1.1	2.0	1.0	2.0	1.2	2.0	1.4	2.2	1.2	2.2	1.5	2.3
3 to 5 days																			
0.3	0.7	0.2	0.7	0.3	0.5	0.4	0.7	0.3	0.6	0.4	0.5	0.5	0.5	0.4	0.7	0.6	0.8	0.4	1.4
6 to 9 days																			
0.1	0.3	0.1	0.1	0.1	0.2	0.1	0.2	0.1	0.3	0.1	0.2	0.1	0.2	0.2	0.2	0.1	0.2	0.3	0.2
10 to 19 days																			
0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2
20 to 29 days																			
0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.3	0.1	0.4	0.3	0.3	0.2

M = men. W = women.

Note: The percentages are calculated on the number of cases with information given.

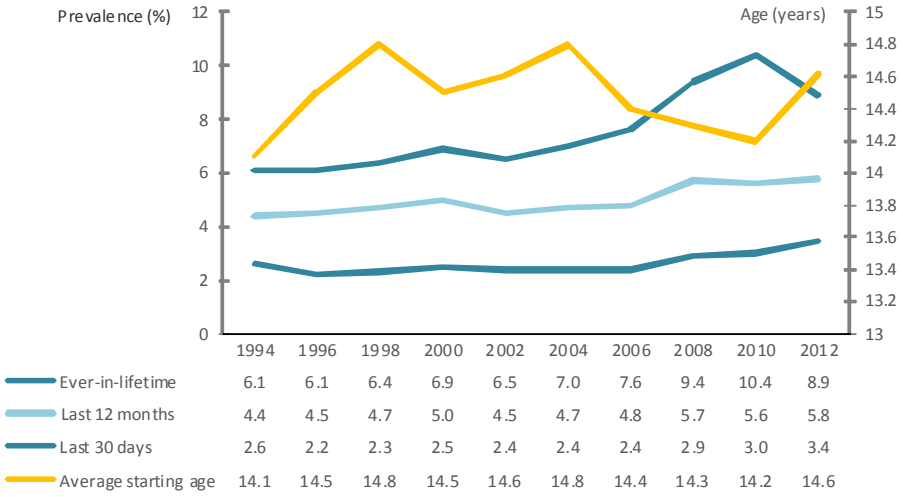
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Hypnosedatives (nonprescribed)

The development of nonprescribed hypnosedatives, in other words, without legal backing, is characterised by a drop in the percentage of ever-in-lifetime use that halts the upward trend that started in 2006, also coinciding with the delay in the starting age.

However, as we can see in Figure 2.11, this reduction in use does not occur with respect to the last year (with levels on a par with the last editions), or to the last month, which even shows a slight increase (reaching 3.4%). Therefore we see a reduction in new users or occasional users, but cases of maintained use over time grow in significance.

Fig. 2.11. Evolution of prevalence of use of nonprescribed hypnosedatives and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	6.1	6.1	6.4	6.9	6.5	7.0	7.6	9.4	10.4	8.9
Last 12 months	4.4	4.5	4.7	5.0	4.5	4.7	4.8	5.7	5.6	5.8
Last 30 days	2.6	2.2	2.3	2.5	2.4	2.4	2.4	2.9	3.0	3.4
Average starting age	14.1	14.5	14.8	14.5	14.6	14.8	14.4	14.3	14.2	14.6

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

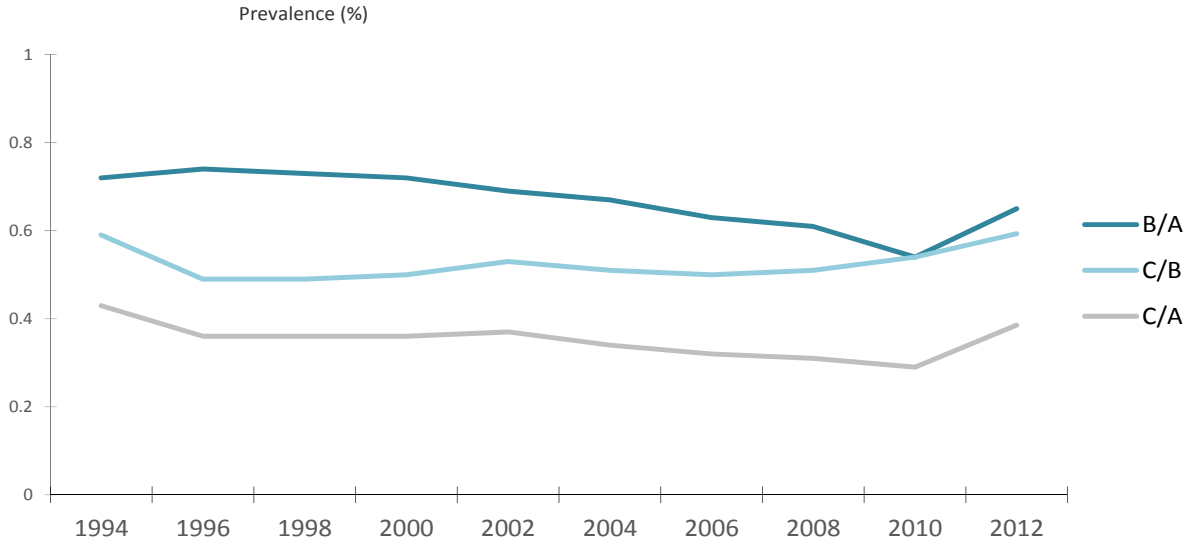
The continuity of use allows us to match three time indicators with each other. How many of those included in experimental use continue with more frequent use? This edition of EDSTUDES would seem to indicate that, despite the drop in the number of ever-in-lifetime users, those who already started maintain a certain level of use of hypnosedatives, with continuity having increased in the last 12 months and in the last 30 days in comparison to the last surveys (Table 2.20 and Figure 2.12).

Table 2.20. Continuity in the use of nonprescribed hypnosedatives among secondary school students aged between 14 and 18. Spain 1994-2012.

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
B/A	0.72	0.74	0.73	0.72	0.69	0.67	0.63	0.61	0.54	0.65
C/B	0.59	0.49	0.49	0.5	0.53	0.51	0.5	0.51	0.54	0.59
C/A	0.43	0.36	0.36	0.36	0.37	0.34	0.32	0.31	0.29	0.39

A= Ever-in-lifetime prevalence of use. B= Last year prevalence of use. C= Last month prevalence of use.
B/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last year.
C/B = % of students (aged 14 to 18) who have tried this substance in the last year and have also used it in the last month.
C/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last month.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.12. Continuity in the use of nonprescribed hypnosedatives among secondary school students aged between 14 and 18. Spain 1994-2012.



A= Ever-in-lifetime prevalence of use. B= Last year prevalence of use. C= Last month prevalence of use.
B/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last year.
C/B = % of students (aged 14 to 18) who have tried this substance in the last year and have also used it in the last month.
C/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last month.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Use is more prevalent among secondary school girls than among their male classmates, in figures that, for the three time indicators, show 40% more in girls than boys (Table 2.21).

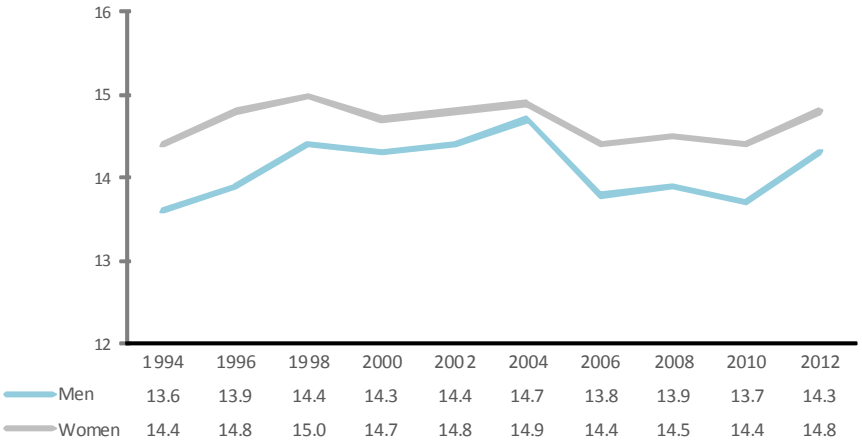
Table 2.21. Prevalence of use of nonprescribed hypnosedatives in the three time indicators among the population of secondary school students aged between 14 and 18, by gender (%). Spain, 2012.

Time indicator	Men	Women
Ever-in-lifetime	6.9	11.0
Last 12 months	4.4	7.3
Last 30 days	2.6	4.3

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

The average starting age for the use of nonprescribed hypnosedatives is 14.6 years of age, slightly later than for hypnosedatives in general (14.3). At the same time, it starts later in girls than in boys (Figure 2.13), halting the downward trend observed since 2006.

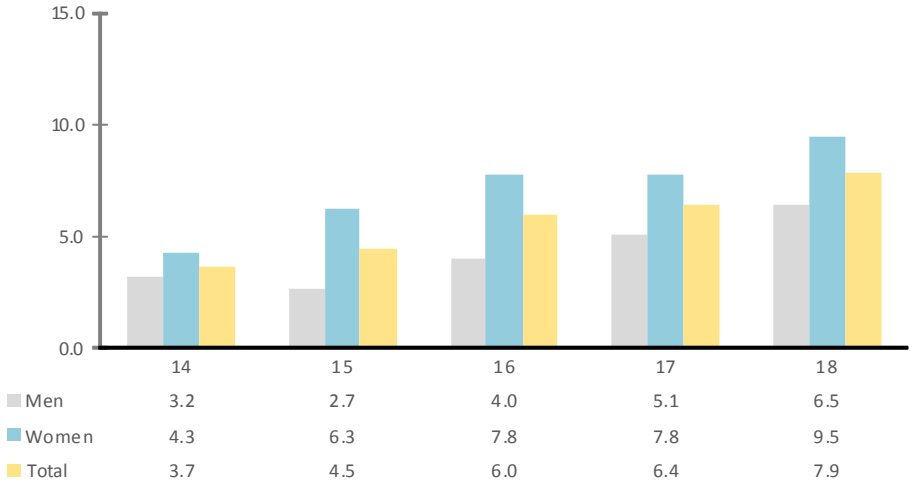
Fig. 2.13. Development of the starting age in the use of nonprescribed hypnosedatives among secondary school students aged between 14 and 18, by gender (%). Spain, 2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

The differences in use by age are in keeping with what one would intuitively expect in a directly proportional way: the older the student, the greater the use. It develops from 3.7% in 14-year-old students up to 7.9% among 18-year-old students, with respect to use in the last 12 months. The differences by gender in favour of boys (less prevalence of use for them) are maintained for all the age groups (Figure 2.14).

Fig. 2.14. Prevalence of use of nonprescribed hypnosedatives in the last 12 months in the population of secondary school students aged between 14 and 18, by age and gender (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

As far as this is concerned, we should point out:

- Lower prevalence of use among boys aged 15 (2.7%) than among those aged 14 (3.2%).
- The greatest distance in prevalence of use between boys and girls can be seen in the group of 16-year-olds.
- The greater increase in the use among girls occurs between 14 and 15 years of age, while among boys this is found at between 17 and 18 years of age.

The use of hypnosedatives (with or without a prescription) is usually associated to the use of other substances (mainly stimulants) in order to compensate for or neutralise their particularly unpleasant side effects (tachycardia, anxiety, hyperventilation, excessive sweating, etc.).

They are substances that are easily obtained, the most easily found after alcohol and cannabis which, among students, do not have a particularly high perception of risk associated to their use.

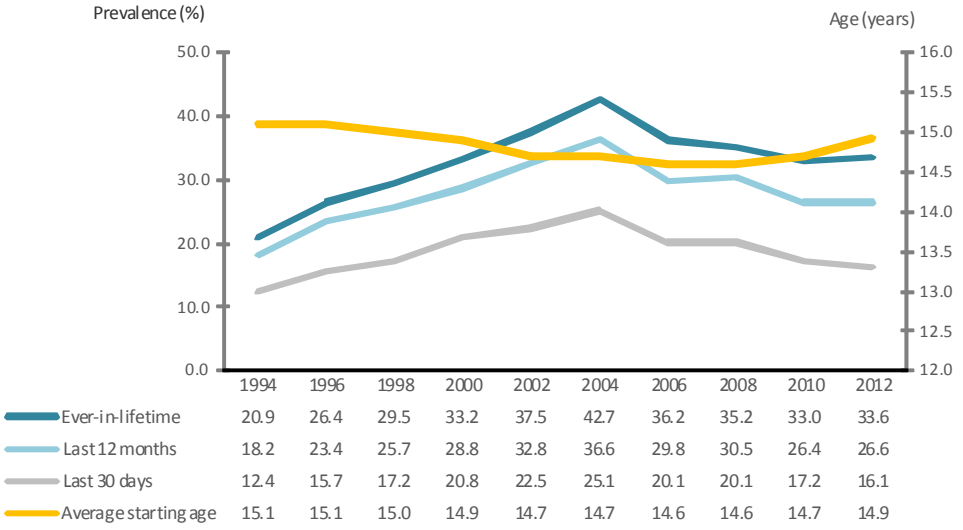
2.4. Cannabis

Cannabis, in any of its forms, continues to be the illegal drug that is most widespread among young students aged between 14 and 18. In 2012, 33.6% of these students admitted ever-in-lifetime use, a proportion that is only six decimal points higher than those who admitted to it in 2010 (Figure 2.15). This allows us to talk about a stabilisation, over the last two years, of the number of experimental users of this substance, which had been on the decrease since 2006. The use of cannabis in the last year among the student population of the survey shows a similar trend to that of experimental use, recording an insignificant variation in its prevalence (26.4% in 2010 and 26.6% in 2012). On the other hand, if we consider the use made in the month before the survey, it can be seen that the downward trend that started in 2010 (17.2% as opposed to 20.1% in 2006 and 2008) was consolidated and even intensified in 2012, by dropping to 16.1%, making it the lowest value obtained for this prevalence since 1996.

All this allows us to understand that, although young students aged between 14 and 18 try cannabis, or use it occasionally, in numbers similar to those of 2010, the proportion of those who use it more or less habitually is tending to decrease. And the fact that the prevalence of daily use over the last 30 days in 2012 (2.7%) is, statistically speaking, practically identical to that of 2010 (3%) reinforces this statement.

In 2012, the average starting age for cannabis use among the student population in question was 14.9. Figure 2.15 shows how all the values obtained throughout the series of surveys are found at around 15 years of age, meaning that we could confirm that the starting age for using cannabis, among students aged between 14 and 18, has been stable since 1994. Nevertheless, cannabis is one of the illegal substances with the earliest starting age.

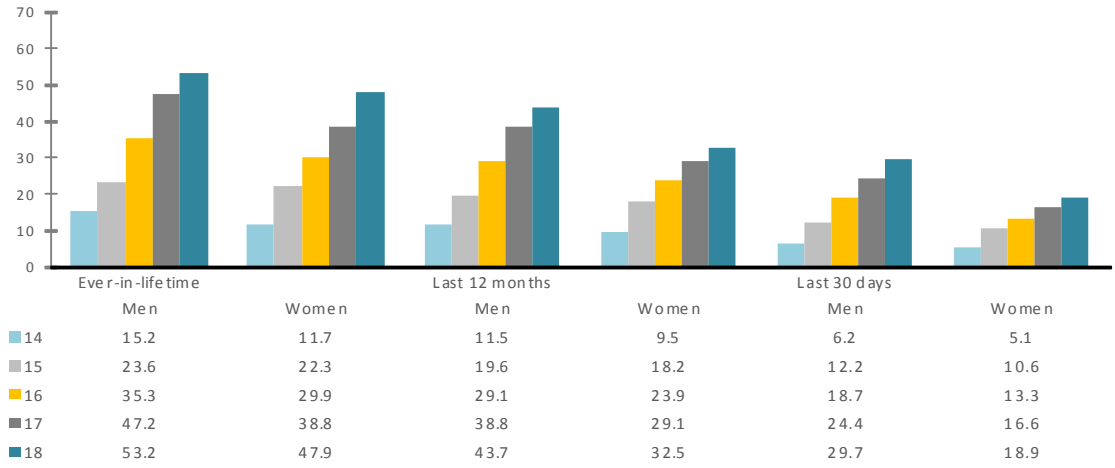
Fig. 2.15. Evolution of prevalence of cannabis use among secondary school students aged between 14 and 18 (%) and average starting age. Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	20.9	26.4	29.5	33.2	37.5	42.7	36.2	35.2	33.0	33.6
Last 12 months	18.2	23.4	25.7	28.8	32.8	36.6	29.8	30.5	26.4	26.6
Last 30 days	12.4	15.7	17.2	20.8	22.5	25.1	20.1	20.1	17.2	16.1
Average starting age	15.1	15.1	15.0	14.9	14.7	14.7	14.6	14.6	14.7	14.9

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.16. Prevalence of cannabis use among Secondary School students aged between 14 and 18, by gender and age (%). Spain, 2012.



	Ever-in-lifetime		Last 12 months		Last 30 days	
	Men	Women	Men	Women	Men	Women
14	15.2	11.7	11.5	9.5	6.2	5.1
15	23.6	22.3	19.6	18.2	12.2	10.6
16	35.3	29.9	29.1	23.9	18.7	13.3
17	47.2	38.8	38.8	29.1	24.4	16.6
18	53.2	47.9	43.7	32.5	29.7	18.9

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Cannabis is a substance with greater prevalence among boys than girls, independently of the time line considered (Fig. 2.16). The difference between genders has become more evident in 2012 in comparison to 2010 and it can also be observed that, overall, this gap grows with age, reaching maximum use among 18-year-old students in the last year (43.7% of men confessed to having used cannabis as opposed to 32.5% of women).

Among the girls, the greatest increase in the proportion of users occurs between 14 and 15 years of age (the prevalence of use in the last year almost doubled, going from 9.5% at 14 to 18.2% at 15 years of age). Among the boys, the greatest use is recorded between 15 (19.6%) and 17 years of age (38.8%).

The analysis of use in the last month among students of 18, the group with the highest prevalence, shows that one out of every four (24.5%) used cannabis during this period. Although 8.6% of them only used it on one or two days, a significant proportion of 7.8% admitted having used it on ten or more days (Table 2.22).

Regarding the continuity of use, we should point out that as they are adolescents aged between 14 and 18, the experience of use is less extensive and the use in the ever-in-lifetime, the last 12 month and the last 30 day time lines may overlap. In other words, it could be referring to the same occasion to a greater degree than if we refer to the population in general.
In 2012, eight out of every ten students surveyed who stated ever-in-lifetime use of cannabis, had also used it in the last year and five had done so in the last month. Restricting the analysis to students who stated they had used this substance in the last year, six out of every ten of them said they had also done so in the last month.

If we look at Figure 2.17 and Table 2.23 and the one which shows the record of values of the continuity of cannabis use, we can notice the stability of this indicator since 1994, though with a slight downward trend.

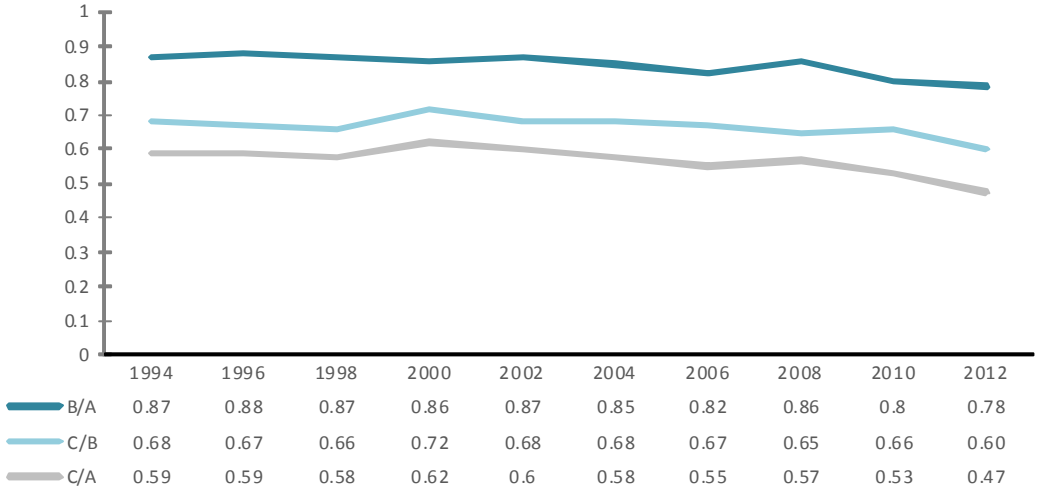
In all cases, the continuity of use shows the lowest values in the records.

Table 2.22. Prevalence of cannabis use in the last 30 days among secondary school students aged between 14 and 18, by frequency of use, gender and age (%). Spain, 2012.

	No days	1 day	2 days	3 days	4-5 days	6-9 days	10-19 days	20 days or more
Total	83.9	4.3	2.4	1.7	1.7	1.7	1.7	2.7
Gender								
Men	81.1	4.4	2.7	1.9	2.0	2.1	2.0	3.8
Women	86.7	4.2	2.0	1.5	1.5	1.3	1.3	1.5
Age								
14	94.4	1.9	0.9	0.8	0.7	0.4	0.5	0.3
15	88.6	3.4	1.9	1.3	1.2	1.1	1.2	1.2
16	84.1	4.7	2.4	1.8	1.7	1.5	1.8	2.0
17	79.4	5.3	2.9	2.0	1.9	2.4	2.1	4.1
18	75.5	5.2	3.4	2.2	3.2	2.7	2.4	5.4

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.17. Continuity of cannabis use among secondary school students aged between 14 and 18. Spain 1994-2012



A= Ever-in-lifetime prevalence of use. B= Last year prevalence of use. C= Last month prevalence of use.
B/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last year.
C/B = % of students (aged 14 to 18) who have tried this substance in the last year and have also used it in the last month.
C/A = % of students (aged 14 to 18) who have tried this substance at some time in their life and have also used it in the last month.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.24. General characteristics of cannabis use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012.

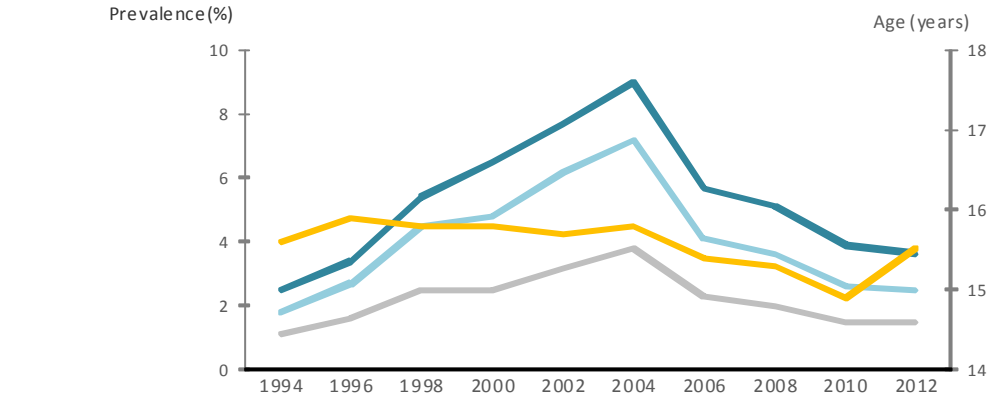
	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age of cannabis use (years)																				
	15.1	15.2	15.1	15.2	14.9	15.1	14.8	15.0	14.6	14.8	14.6	14.8	14.5	14.6	14.6	14.7	14.6	14.8	14.8	15.0
Ever-in-lifetime prevalence of cannabis use																				
	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	36.3	30.7
Last year prevalence of cannabis use																				
	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	29.7	23.3
Last month prevalence of cannabis use																				
	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	18.9	13.3
Frequency of cannabis use in the last 30 days																				
Never	84.9	90.2	81.6	86.8	79.7	85.5	75.5	83.1	74.2	80.4	71.7	78	77.7	82	74.7	82.5	80.3	84.7	81.1	86.7
1 to 2 days	6.9	5.1	7.3	7.2	8.4	7.4	8.6	8.8	8.6	9.1	9.4	9.8	7.4	7.4	7.9	7.1	6.9	6.8	7.1	6.2
3 to 5 days	3.0	2.1	4.1	2.7	3.8	3.0	4.7	3.5	4.8	3.8	4.4	4.5	5.3	4.8	5.0	4.6	3.9	3.7	3.9	3.0
6 to 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	2.1	1.3
10 to 19 days	1.5	0.6	2.0	1.0	2.1	1.3	3.5	1.3	3.0	1.8	3.5	2.3	2.9	1.8	3.6	2.0	2.5	1.6	2.0	1.3
20 to 29 days	1.5	0.6	2.2	0.9	2.8	1.0	4.7	1.4	5.5	2.1	7.4	2.8	4.2	2.2	4.5	1.9	4.3	1.8	3.8	1.5

M = men. W = women. Note: The percentages are calculated on the number of cases with information given.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.5. Cocaine

In 2012, 3.6% of the students consulted admitted ever-in-lifetime use of cocaine (powder or base), 2.5% used it at least once during the year before the survey and 1.5% during the last month (Figure 2.18).

Fig. 2.18. Evolution of prevalence of cocaine use (powder or base) and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	2.5	3.4	5.4	6.5	7.7	9	5.7	5.1	3.9	3.6
Last 12 months	1.8	2.7	4.5	4.8	6.2	7.2	4.1	3.6	2.6	2.5
Last 30 days	1.1	1.6	2.5	2.5	3.2	3.8	2.3	2	1.5	1.5
Average starting age	15.6	15.9	15.8	15.8	15.7	15.8	15.4	15.3	14.9	15.5

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

In 2012, the difference between genders, in favour of men, increased in comparison with 2010 due to the drop in use among women (ever-in-lifetime and last 12 month use). 4.8% of boys admitted occasional or experimental use (ever-in-lifetime), representing a proportion that means almost double that recorded among girls (Table 2.25).

The average starting age was delayed with respect to 2010 and went from 14.9 years of age up to 15.5. Cocaine increases its prevalence in keeping with age. However, in particular, when going from 17 to 18 years of age.

The most prevalent form continues to be cocaine powder, and the proportions of use are found at 2.9%, 2% and 1.1% (respectively for ever-in-lifetime, last year and last month use).
Since 2004, we have been observing a downward trend in cocaine use among students in this age group (14 to 18) and we can confirm that in 2012, this trend shows a clear stabilisation, above all for users who are not purely experimental (in other words, those corresponding to the last year and the last month) (Figure 2.18), which are very similar to those recorded in 1996, before the upward trend in the prevalence of cocaine started. Experimental use (ever-in-lifetime) continues decreasing slightly and mainly, as we have already pointed out, in the number of women who try this substance.

Table 2.25. General characteristics of cocaine use (powder and/or base) among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012.

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for cocaine (years)																				
	15.7	15.5	15.9	15.9	15.9	15.7	16	15.6	15.8	15.6	15.9	15.7	15.4	15.4	15.3	15.2	14.7	15	15.5	15.5
Ever-in-lifetime prevalence of cocaine use																				
	3.1	1.9	4	2.8	6.5	4.4	8.4	4.5	9	6.4	11.3	6.8	6.8	4.7	6.3	3.8	4.8	3	4.8	2.5
Last year prevalence of cocaine use																				
	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	3.4	1.6
Last month prevalence of cocaine use																				
	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	2.2	0.8
Last month frequency of cocaine use																				
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	97.8	99.2
1 to 2 days	0.9	0.4	1.5	0.8	1.8	1	2.5	1.1	2.3	2.1	3.1	1.7	1.6	1	1.3	0.6	0.8	0.4	1.0	0.4
3 to 5 days	0.2	0.2	0.3	0.2	0.6	0.5	0.5	0.2	0.9	0.5	1.0	0.5	0.7	0.3	0.7	0.3	0.3	0.0	0.4	0.1
6 to 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	0.2	0.1
10 to 19 days	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2	0.1	0.2	0.1	0.2	0.0	0.1	0.1	0.1	0.0	0.1	0.0
20 to 29 days	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.3	0.1	0.4	0.1	0.5	0.2	0.5	0.1

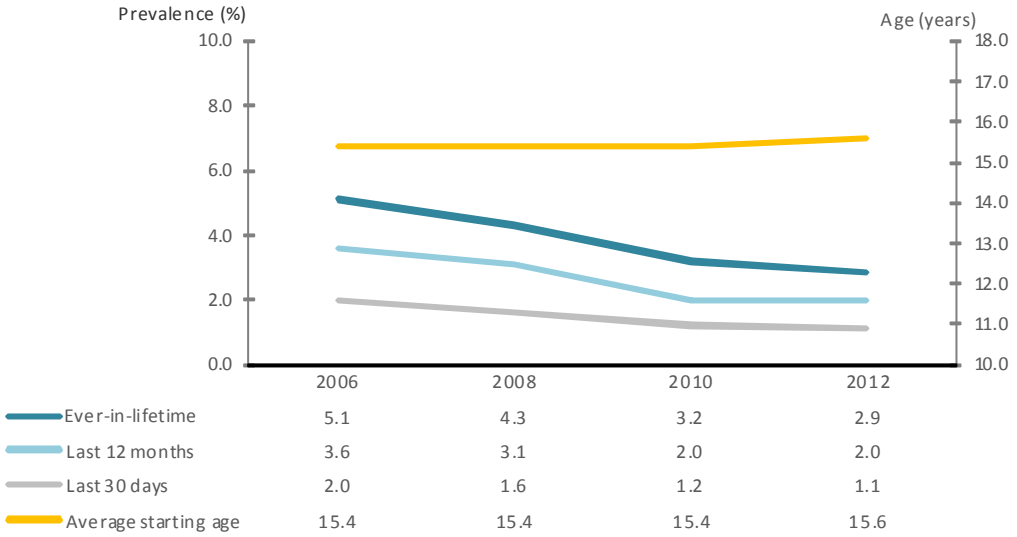
M = men. W = women

Note: The percentages are calculated on the number of cases with information given.

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

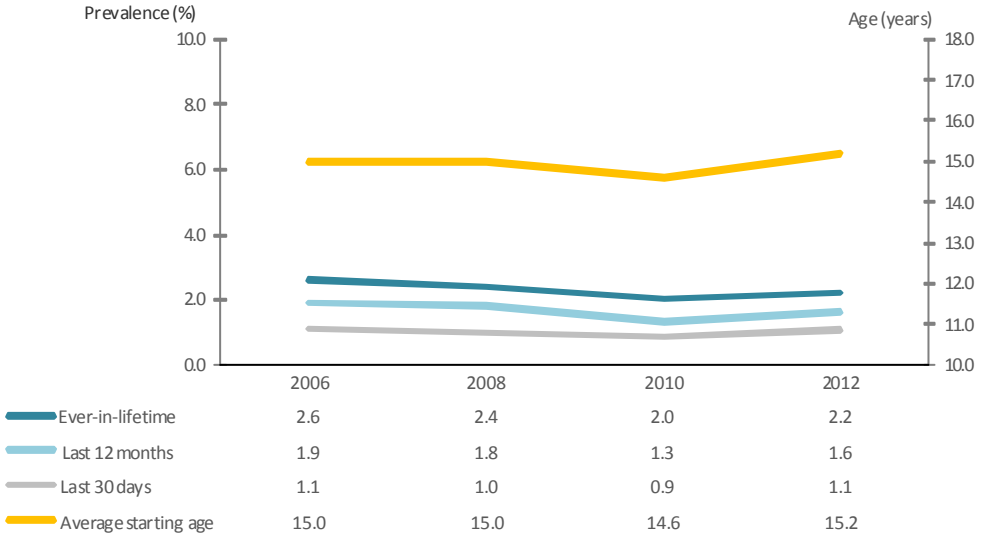
Figures 2.19 and 2.20 show, for cocaine powder and cocaine base respectively, the average starting age and the ever-in-lifetime, last year and last month prevalence of use since 2006. In general terms, the use of cocaine powder is more widespread in Spain than the use of cocaine base.

Fig. 2.19. Evolution of the prevalence of cocaine powder use and average starting age among secondary school students aged between 14 and 18 (%). Spain 2006-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

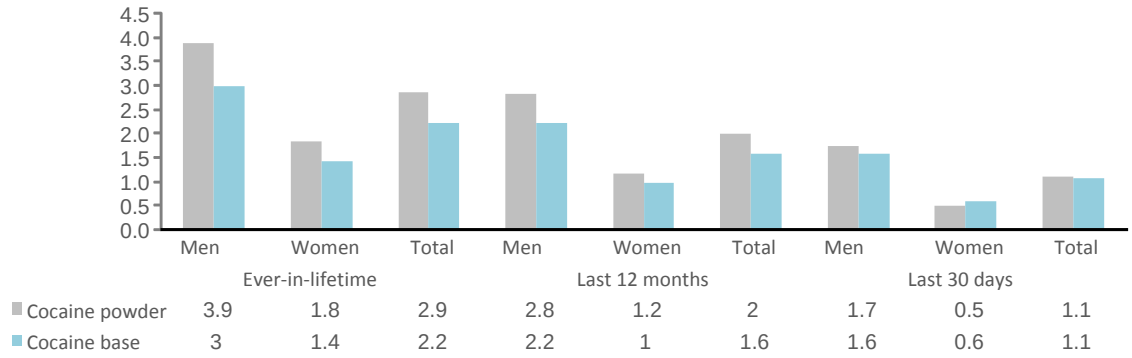
Fig. 2.20. Evolution of the prevalence of cocaine base use and average starting age among secondary school students aged between 14 and 18 (%). Spain 2006-2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

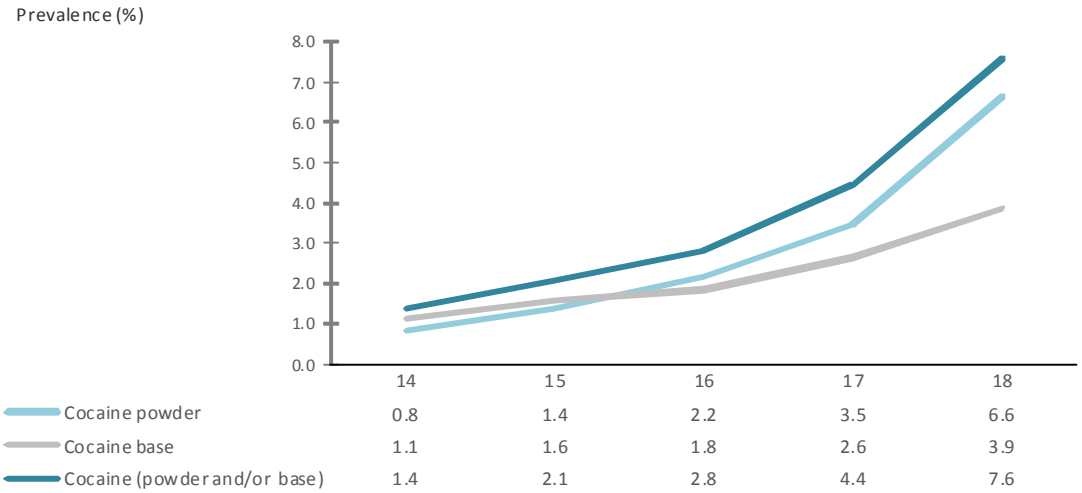
The breakdown by gender confirms that the extension of cocaine use, both powder as well as base, is greater among boys than girls for all the timelines, showing proportions among boys that more than double those of girls, particularly with respect to the most recent use (last 30 days) (Figure 2.21).

Fig. 2.21. Prevalence of cocaine use (powder and base) among secondary school students aged between 14 and 18, by gender (%). Spain, 2012



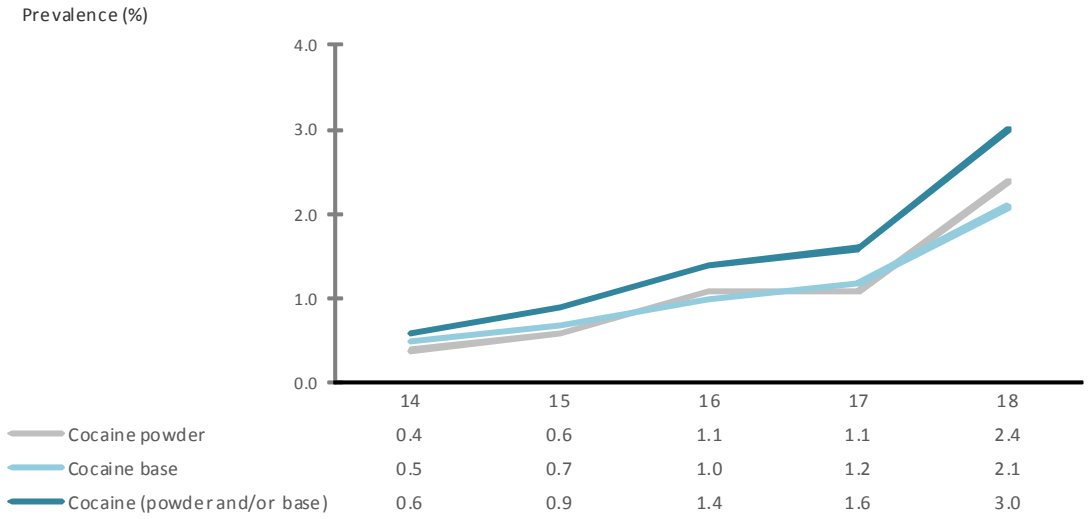
With respect to the use of cocaine powder and base, according to age, Figures 2.22 and 2.23 show the different prevalences recorded, for both forms of the substance, as the age of the interviewees increases. The indicator corresponding to experimental (ever-in-lifetime) and current or recent use (last month) is taken as a reference in order to explore differences in the trends of use for the two forms, by age.

Fig. 2.22. Ever-in-lifetime prevalence of use of cocaine base and cocaine powder among secondary school students aged between 14 and 18, by age (%). Spain.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.23. Last month prevalence of use of cocaine base and cocaine powder among secondary school students aged between 14 and 18, by age (%). Spain



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Among users of cocaine base, we find more intensive use of more residual illegal substances, such as heroin or GHB (Table 2.26). It was also noticed that among cocaine base users, there is a greater proportion of cases of those who use both kinds of cocaine. Thus, 66.7% of ever-in-lifetime base users also used cocaine powder during the same period; a percentage which reaches 71.3% for use during the last year.

Table 2.26. Last year prevalence of illegal drug use among secondary school students aged 14 to 18, depending on whether they used cocaine powder or cocaine base (%). Spain

	Have used cocaine powder in the last year	Have used cocaine base in the last year
Cocaine powder	100	71.3
Cocaine base	58.0	100.0
Hashish or Marijuana	93.9	93.6
Heroin	25.8	33.4
Amphetamines or Speed	55.7	51.1
Ecstasy	60.0	60.1
Hallucinogens	50.5	54.4
GHB	36.9	45.2

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Regarding the continuity of cocaine use, no particularly relevant changes were noticed regarding data from previous years. Approximately seven out of every ten students who have used the substance at some time during their life, say they had used it during the last year. In the same way, four out of every ten ever-in-lifetime users had also taken it in the last month and six out of every ten users in the last year had also used it in the last month. Nevertheless, it should be remembered that when looking at the continuity of use in young students, we should take into account the limited records regarding this population (as far as the number of years of use is concerned) (Figure 2.24).

Fig. 2.24. Evolution of cocaine use (powder and base) among secondary school students aged between 14 and 18. Spain 1994-2012

A= Ever-in-lifetime prevalence of use. B= Last year prevalence of use. C= Last month prevalence of use.
B/A = % of students (aged 14 to 18) who have tried cocaine at some time in their life and have also used it in the last year
C/B = % of students (aged 14 to 18) who have tried cocaine in the last year and have also used it in the last month
C/A = % of students (aged 14 to 18) who have tried cocaine at some time in their life and have also used it in the last month
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

People who use cocaine do not usually take it, in any of its forms, on its own, but they are usually polydrug users of legal and illegal drugs (see chapter on polydrug use and Table 2.27). Therefore, regarding the user pattern associated to cocaine, no noticeable differences are observed in the area of poly psychotropic substance use among those who have used cocaine powder and cocaine base during the last year (Table 2.27).

Table 2.27. Polydrug use of legal and illegal drugs*, during the last year, among cocaine users.

Number of substances used	% that used cocaine powder in the last year	% that used cocaine base in the last year
One	0.6%	0.0%
Two	0.3%	1.4%
Three	4.1%	4.6%
Four	8.6%	9.9%
Five	17.2%	12.5%
Six	18.3%	13.7%
Seven	12.7%	11.0%
Eight	9.0%	9.6%
Nine	7.4%	9.0%
Ten	7.3%	10.1%
Eleven	6.6%	8.2%
Twelve	7.9%	9.9%

*alcohol, tobacco, hypnosedatives, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants and GHB.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.6. Ecstasy

The ESTUDES questionnaire asks about the use of ecstasy, also referring to it as "Molly", "XTC" or "lover's speed" and generically includes diverse synthetic stimulant drugs that are derived from phenethylamine.

In 2012, 3% of students aged between 14 and 18 were ever-in-lifetime users of ecstasy, representing an increase of 0.5% on 2010, the year in which the minimum historic value corresponding to this substance was recorded (Figure 2.25). This increase is mainly found among men (Table 2.28), whose prevalence of use doubles that of women.

2.2% of the interviewees used it in the last year and 1.2% in the last month, which also reflects a slight increase in the prevalence for these timelines in comparison with 2010, which also occurs among men. In any case, the use of this substance shows a sporadic pattern, as found by the fact that the greatest proportion of users in the last 30 days concentrated their use into one or two days during this period.

The average starting age for ecstasy is 15.8 (15.9 in men and 15.6 in women), showing a delay with respect to previous editions. Nevertheless, adhesion to use occurs mainly at later ages (3.9% of 17-year-old students and 5.6 of 18-year-old students have used ecstasy at some time).

Table 2.28. General characteristics of ecstasy use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012.

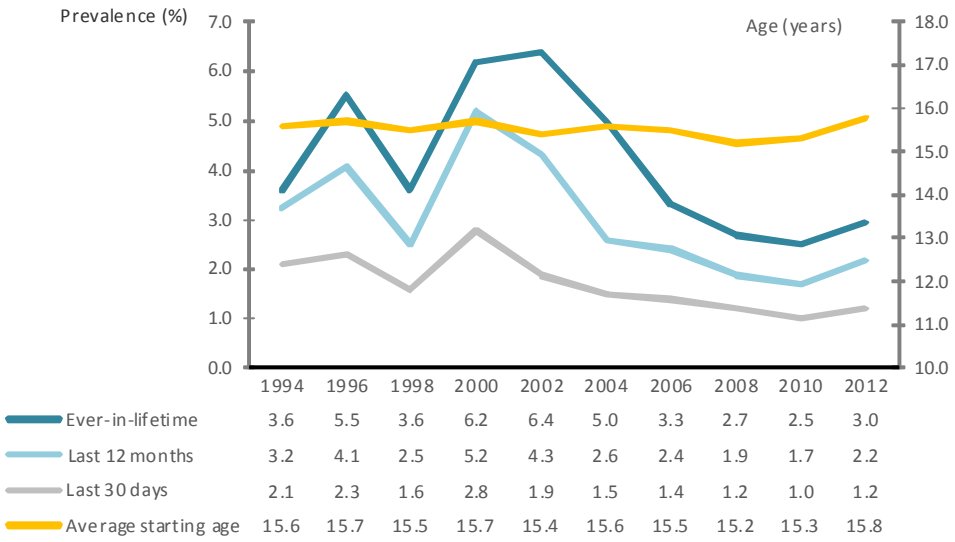
	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for ecstasy (years)																				
	15.7	15.5	15.6	15.7	15.5	15.5	15.9	15.4	15.4	15.3	15.7	15.4	15.4	15.5	15.2	15.2	15.2	15.4	15.9	15.6
Ever-in-lifetime prevalence of ecstasy use																				
	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	3.9	2.0
Last year prevalence of ecstasy use																				
	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	3.0	1.4
Last month prevalence of ecstasy use																				
	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	1.8	0.6
Last month frequency of ecstasy use																				
Never	97.1	98.6	97.2	98.1	98.1	98.7	96.2	98.3	97.9	98.4	98.1	99	97.8	99.3	98.4	99.4	98.6	99.4	98.2	99.4
1 to 2 days	1.6	1.0	1.3	1.2	1.0	0.6	2.2	1.3	1.6	1.1	1.0	0.7	1.4	0.4	0.8	0.4	0.8	0.3	1.1	0.3
3 to 5 days	0.6	0.2	0.7	0.4	0.3	0.3	1.1	0.4	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.1	0.1	0.1	0.2	0.2
6 to 9 days	0.4	0.1	0.5	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.4	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
10 to 19 days	0.2	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0
20 to 29 days	0.1	0.1	0.2	0.1	0.2	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.2	0.1	0.3	0.1	0.3	0.1	0.2	0.1

M = men. W = women

Note: The percentages are calculated on the number of cases with information given

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.25. Evolution of prevalence of ecstasy and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	3.6	5.5	3.6	6.2	6.4	5.0	3.3	2.7	2.5	3.0
Last 12 months	3.2	4.1	2.5	5.2	4.3	2.6	2.4	1.9	1.7	2.2
Last 30 days	2.1	2.3	1.6	2.8	1.9	1.5	1.4	1.2	1.0	1.2
Average starting age	15.6	15.7	15.5	15.7	15.4	15.6	15.5	15.2	15.3	15.8

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

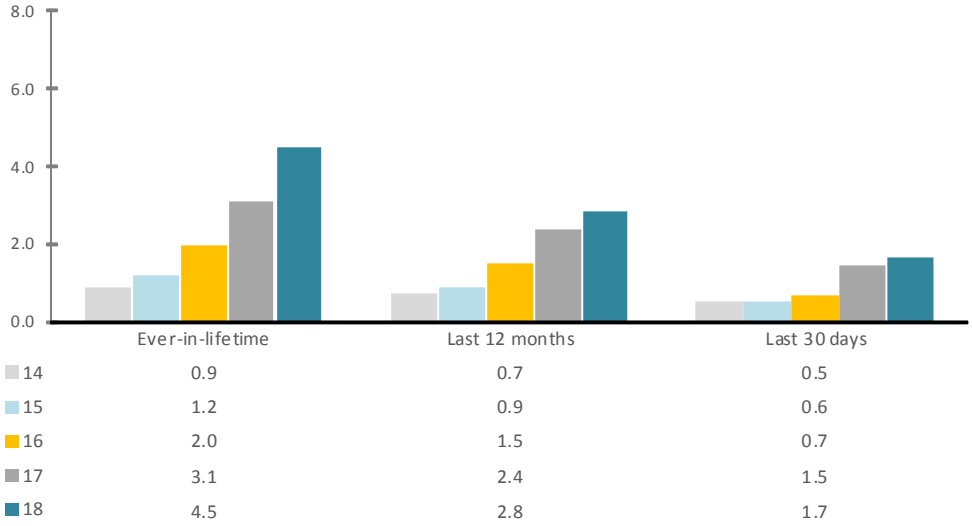
2.7. Amphetamines

The ESTUDES questionnaire asks about the use of “amphetamines” or “speed”, also referring to it as “chalk”, “meth” or “ice”. However, there were additional questions about methamphetamine, in an isolated way, in the section corresponding to emerging drugs, the analysis of which is included in another part of this report.

In 2012, 2.4% of students aged between 14 and 18 said they had used amphetamines at some time in their life, 1.7% had used this kind of substance in the last year and 1.0% in the last month (Figure 2.27). The prevalence is higher as age increases (Figure 2.26) and clearly greater among men than among women for all the timelines (men/women ratio is greater than two). (Table 2.29).

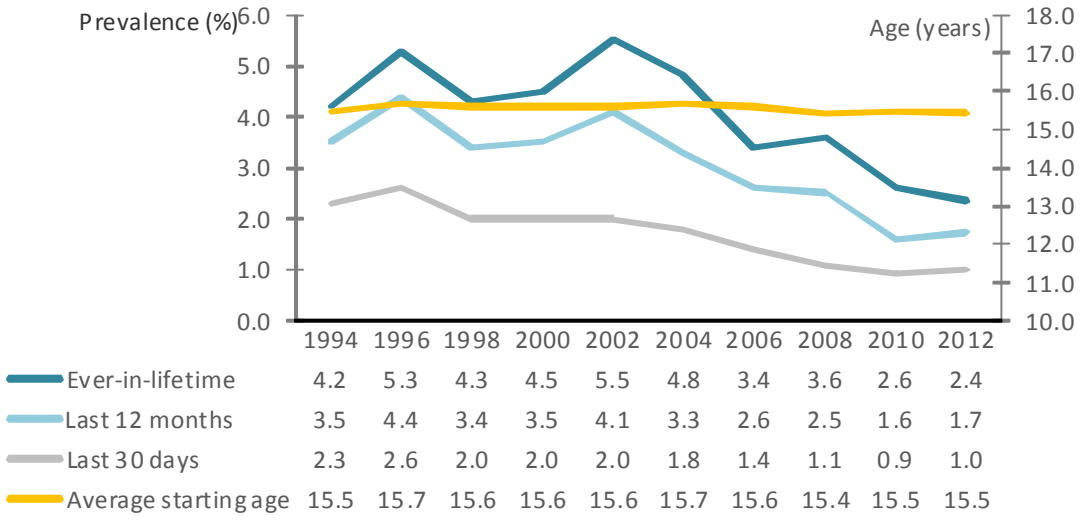
As you can see in Figure 2.27, in 2002, a downward trend in the use of amphetamines started, which reached its minimum values in 2010, and which hardly shows any changes in 2012. Neither was there a variation in the average starting age, which stayed at 15.5 (the same as in 2010).

Fig. 2.26. Prevalence of amphetamine or speed use among secondary school students aged between 14 and 18, by age (%). Spain, 2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.27. Evolution of prevalence of amphetamines or speed and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.29. General characteristics of amphetamine use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for amphetamines (years)																				
	15.5	15.4	15.7	15.7	15.7	15.5	15.7	15.3	15.6	15.5	15.8	15.6	15.6	15.5	15.4	15.4	15.5	15.6	15.6	15.2
Ever-in-lifetime prevalence of amphetamine use																				
	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	3.2	1.5
Last year prevalence of amphetamine use																				
	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	2.4	1.1
Last month prevalence of amphetamine use																				
	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	1.4	0.6
Last month frequency of amphetamine use																				
Never	44.8	49.8	51.8	52	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	98.6	99.4
1 to 2 days	32.7	33.6	31.5	29	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	0.7	0.4
3 to 5 days	10.6	8.9	8.8	12.5	8.4	8.9	7.0	9.7	5.9	6.1	0.6	0.2	0.4	0.2	0.4	0.1	0.3	0.1	0.3	0.1
6 to 9 days	7.0	3.7	5.5	4.5	5.3	3.9	0.9	1.9	3.7	2.1	0.4	0.1	0.2	0.0	0.1	0.1	0.1	0.0	0.1	0.0
10 to 19 days	3.1	2.3	0.7	0.7	2.8	1.8	4.3	0.5	1.3	1.0	0.2	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
20 to 29 days	1.8	1.6	1.8	1.3	2.9	2.4	1.1	1.3	1.0	0.4	0.1	0.1	0.3	0.1	0.3	0.1	0.3	0.1	0.2	0.1

M = men. W = women

Note: The percentages are calculated on the number of cases with information given

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.8. Heroin

In comparison with the rest of the drugs, heroin (also known as "horse" or "smack" in the questionnaire) is, unlike the group of substances considered to be "emerging drugs", the substance with the least widespread use among students aged between 14 and 18. Nevertheless, we should take into account the difficulty involved in detecting the use of substances such as heroin in this kind of survey.

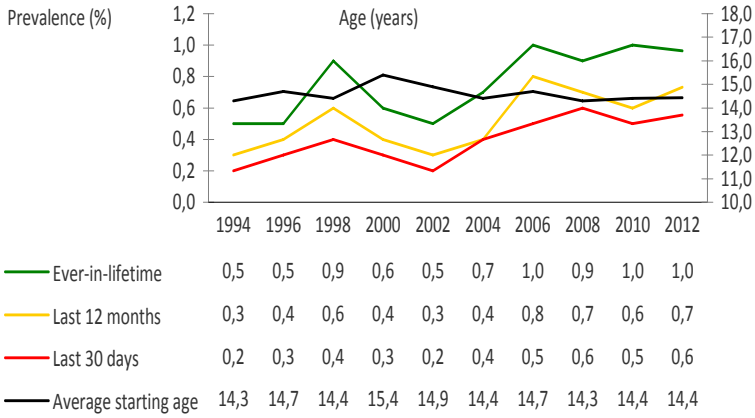
In 2012, 1% of students aged between 14 and 18 had used heroin at least once in their life, 0.7% in the last 12 months and 0.6% in the last 30 days. These figures, like the average starting age recorded in this edition (14.4 years) confirmed the absence of changes with respect to the results obtained in ESTUDES 2010 (Figure 2.28).

The prevalence of use is higher among boys (Figure 2.29) (0.5% of girls report ever-in-lifetime use as opposed to 1.4% of boys) (Table 2.30).

Taking experimental (ever-in-lifetime) use as a reference, the greatest increase in the extension of use appears between 14 and 15 years of age and, unlike what has been found for other substances, the prevalence does not increase proportionally with the age of the interviewee (Figure 2.30). This

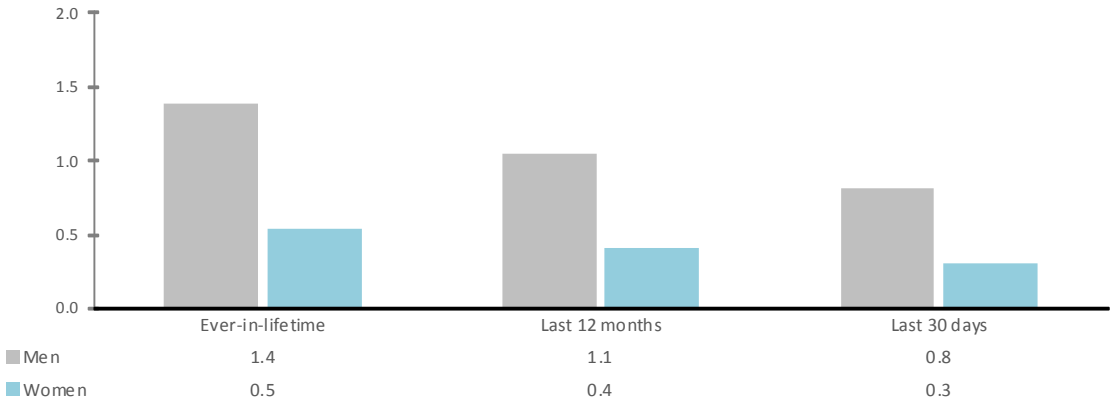
data should be viewed with caution, in view of the low number of young people who state they use this substance.

Fig. 2.28. Evolution of heroin use among secondary school students aged between 14 and 18 (%). Spain 1994-2012.



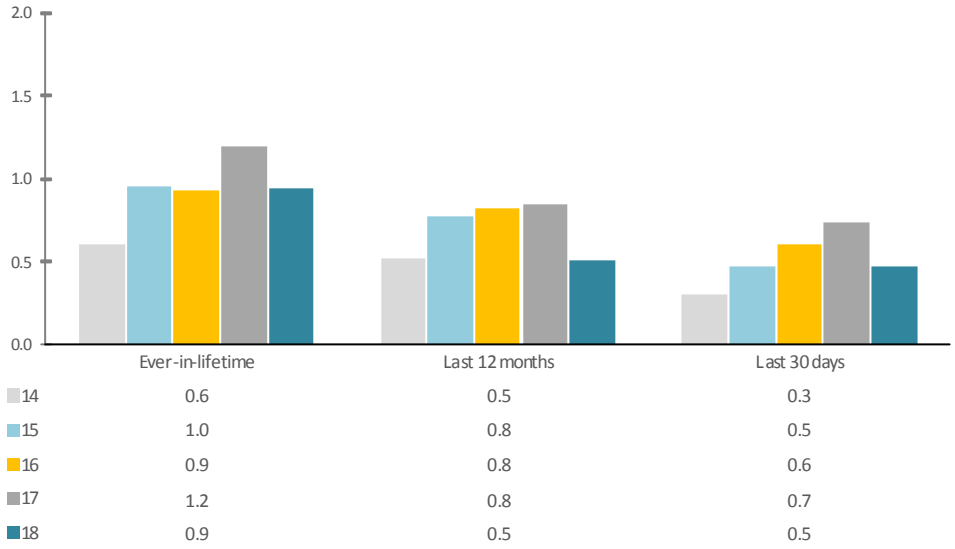
Note: In this graph "," means decimal.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.29. Prevalence of heroin use among secondary school students aged between 14 and 18, by gender (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.30. Prevalence of heroin use among secondary school students aged between 14 and 18, by age (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.30. General characteristics of heroin use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for heroin (years)																				
	14.4	14.1	14.6	15.1	14.0	15.1	15.5	15.1	14.9	14.8	14.2	15.0	14.5	14.7	14.3	14.2	14.2	14.7	14.7	13.8
Ever-in-lifetime prevalence of heroin use																				
	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	1.4	0.5
Last year prevalence of heroin use																				
	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	1.1	0.4
Last month prevalence of heroin use																				
	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	0.8	0.3
Last month frequency of heroin use																				
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	99.8	98.4	99.5	99.3	99.7	99.2	99.7
1 to 2 days	0.2	0.0	0.2	0.1	0.2	0.1	0.3	0.1	0.2	0.1	0.2	0.1	0.5	0.1	0.4	0.1	0.3	0.1	0.3	0.1
3 to 5 days	0.0	0.0	0.1	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.2	0.0	0.2	0.0	0.1	0.0	0.1	0.1
6 to 9 days	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
10 to 19 days	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
20 to 29 days	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.0

M = men. W = women

Note: The percentages are calculated on the number of cases with information given

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.9. Volatile inhalants

The ESTUDES questionnaire asks about the use of volatile inhalants, also referring to them as “glue”, “solvents”, “poppers”, “nitrites” or “gasoline”.

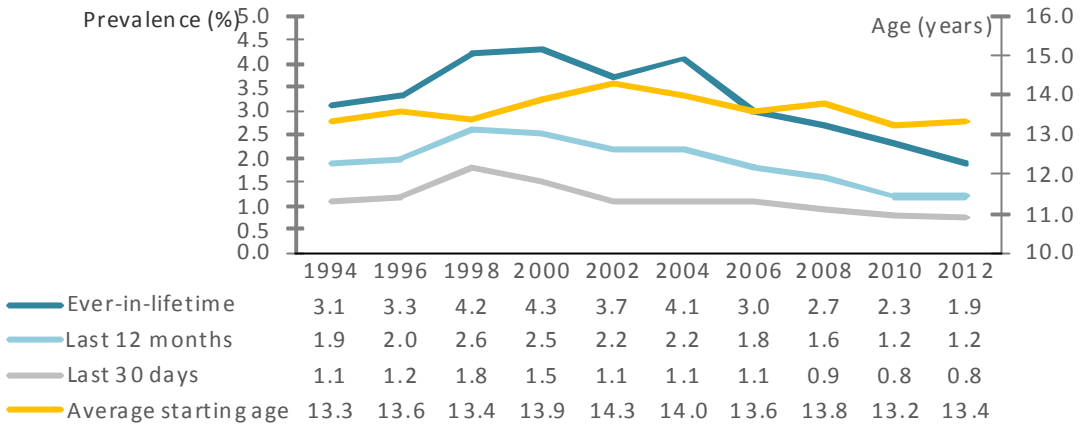
In 2012, 1.9% of secondary school students had used volatile inhalants at some time in their life, 1.2% during the last 12 months and 0.8% in the 30 days before being interviewed.

Experimental (ever-in-lifetime) use continued with the downward trend which started in 2006, showing a decrease of almost half a percent, with a drop among women as well as among men, who showed a higher prevalence of use. In the last year and in the last month, use remained stable and the lowest figures of prevalence in the entire records corresponding to this substance were given. (Figure 2.31).

The starting age for volatile inhalants is the lowest of all the substances studied (13.4) being notably lower in the case of girls (12.6 years of age) than in boys (13.8) (Table 2.31).

As in the case of heroin, the prevalence of use of volatile inhalants does not increase proportionally with the age of the interviewees, as was the case for other substances. Taking last year use as a reference, the highest figures were recorded at 16 (1.4%) and 17 (1.3%) and not at 18 years of age (1.1%). (Figure 2.32), probably due to the fact that they are substances that are legally accessible and therefore easier for young people to find.

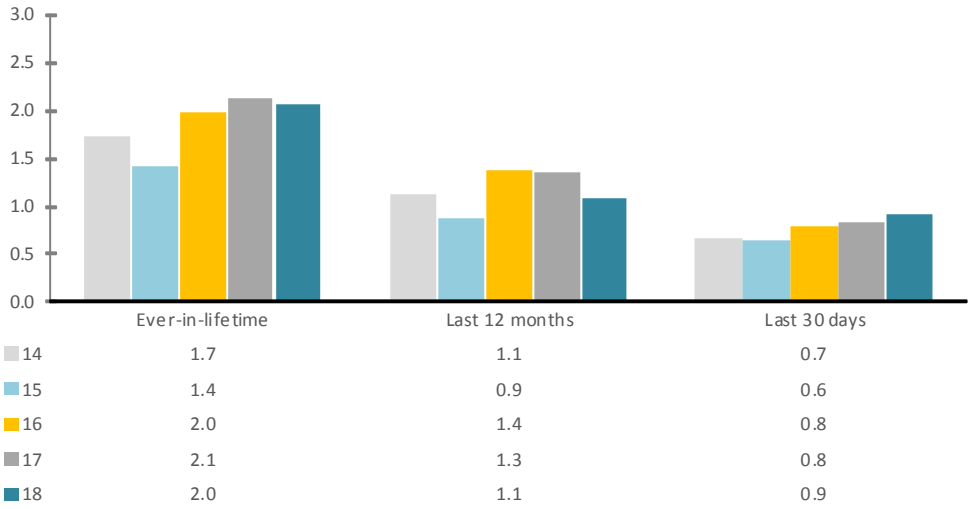
Fig. 2.31. Evolution of volatile inhalant use among secondary school students aged between 14 and 18 (%). Spain 1994-2012.



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Ever-in-lifetime	3.1	3.3	4.2	4.3	3.7	4.1	3.0	2.7	2.3	1.9
Last 12 months	1.9	2.0	2.6	2.5	2.2	2.2	1.8	1.6	1.2	1.2
Last 30 days	1.1	1.2	1.8	1.5	1.1	1.1	1.1	0.9	0.8	0.8
Average starting age	13.3	13.6	13.4	13.9	14.3	14.0	13.6	13.8	13.2	13.4

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.32. Prevalence of volatile inhalant use among secondary school students aged between 14 and 18, by age (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.31. General characteristics of volatile inhalant use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for volatile inhalants (years)																				
	13.8	12.4	13.9	13.3	13.7	13	14	13.7	14.3	14.2	13.9	14.1	13.8	13.4	13.6	14.2	13.1	13.2	13.8	12.6
Ever-in-lifetime prevalence of volatile inhalant use																				
	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	2.4	1.3
Last year prevalence of volatile inhalant use																				
	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	1.6	0.8
Last month prevalence of volatile inhalant use																				
	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	1.0	0.6
Last month frequency of volatile inhalant use																				
Never	98.5	99.2	98.5	99	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	99.0	99.4
1 to 2 days	0.8	0.5	0.9	0.8	1.1	1.0	1.3	0.7	1.0	0.5	0.8	0.4	0.8	0.3	0.8	0.3	0.6	0.2	0.4	0.4
3 to 5 days	0.2	0.1	0.3	0.1	0.5	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.0	0.2	0.0	0.2	0.1
6 to 9 days	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.0	0.2	0.0	0.1	0.0	0.1	0.0	0.1	0.0
10 to 19 days	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20 to 29 days	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.2	0.0	0.3	0.0	0.3	0.1	0.3	0.1	0.3	0.1	0.2	0.1

M = men. W = women

Note: The percentages are calculated on the number of cases with information given

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

2.10. Hallucinogens

The ESTUDES questionnaire asks about the use of hallucinogens, also referring to substances such as "LSD", "acid", "fix", "magic mushrooms", "mescaline", "ketamine", "special K", "vitamin K" or "cat valium". However, there were additional questions about "ketamine" and "magic mushrooms" in an isolated way in the section corresponding to emerging drugs, the analysis of which is included in another part of this report.

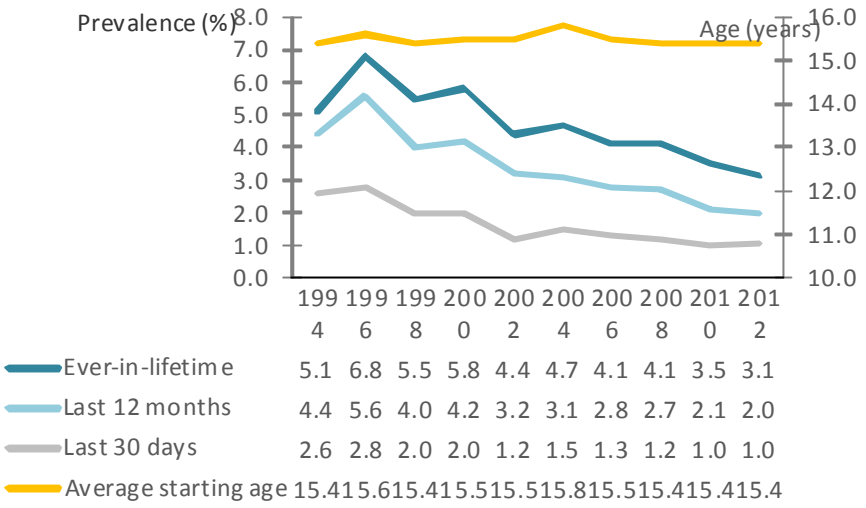
3.1% of the interviewees stated they had used hallucinogens at some time during their life, 2% in the last 12 months and 1% in the last 30 days. The figures recorded in 2012 for this variable show the lowest prevalence in all the records (Figure 2.33).

However, we should clarify that the introduction of additional questions in the survey on certain substances, considered to be emerging drugs, such as the case of ketamine and magic mushrooms, made it possible to detect that part of the interviewees have difficulties in identifying some of the substances that they use when they are asked about the generic group to which they belong, even if the specific substances are given in brackets. This means that in 2012, higher prevalence was obtained for the use of magic mushrooms or ketamine, in an isolated way, than for the group of hallucinogens in general. It is clear that a detailed analysis of the different variables involved is necessary, although, in order to maintain the comparability of the records corresponding to hallucinogens, this part does not include figures that do not correspond to those obtained from the question referring to hallucinogens (P52_1) in the ESTUDES 2012 survey.

The use of hallucinogens is notably more popular among men. The greatest increase in the prevalence occurs between the ages of 17 and 18 (moving from 3.7% at 17 to 6% at 18, for ever-in-lifetime users (Figure 2.34).

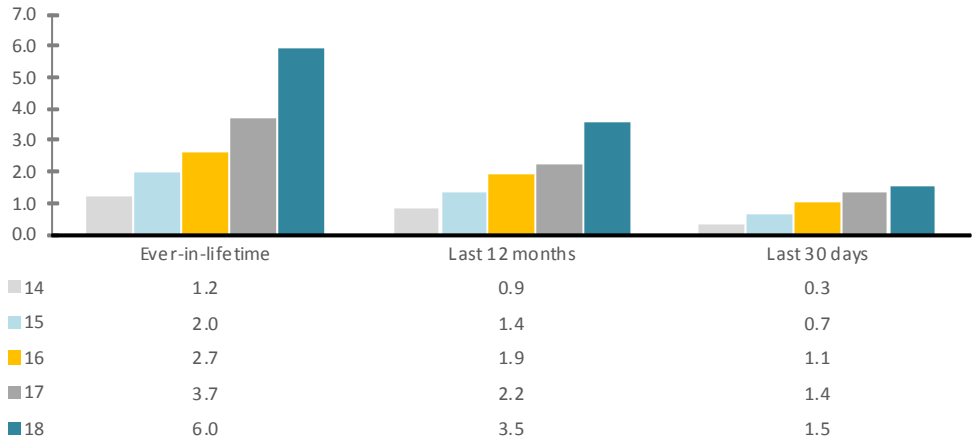
The starting age remains stable in comparison with previous editions (15.4 years of age).

Fig. 2.33. Evolution of prevalence of hallucinogens and average starting age among secondary school students aged between 14 and 18 (%). Spain 1994-2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.34. Prevalence of hallucinogen use among secondary school students aged between 14 and 18, by age (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.32. General characteristics of hallucinogen use among secondary school students aged between 14 and 18 (%), by gender. Spain 1994-2012.

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Average starting age for 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	15.5	15.2
Ever-in-lifetime prevalence of hallucinogen use																				
	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	4.1	2.1
Last year prevalence of hallucinogen use																				
	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	2.9	1.1
Last month prevalence of hallucinogen use																				
	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	1.6	0.4
Last month frequency of hallucinogen use																				
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	98.4	99.6
1 to 2 days	2.4	1.2	2.3	1.4	1.7	1.1	1.7	1.1	1.3	0.6	1.5	0.5	1.2	0.5	1.0	0.4	0.8	0.4	0.9	0.2
3 to 5 days	0.7	0.3	0.9	0.2	0.5	0.2	0.6	0.1	0.2	0.1	0.3	0.1	0.3	0.1	0.3	0.1	0.3	0.0	0.3	0.1
6 to 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	0.1	0.0
10 to 19 days	0.1	0.1	0.2	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0
20 to 29 days	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.3	0.1	0.3	0.1	0.3	0.1	0.3	0.1

M = men. W = women

Note: The percentages are calculated on the number of cases with information given

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

3. Polydrug use

Polydrug use is the name given to the combined use of diverse drugs (legal or illegal) during the same period of time. Polydrug use, which mainly occurs during leisure time, increases the risks of use of psychoactive substances as it boosts the effects of them on each other, reinforces addiction, interferes with diagnosis and makes treatment difficult, casting a shadow over the prognosis.

According to ESTUDES 2012 data, in the last year, 16.8% of secondary school students did not use any substance, 38.9% used a single substance and 44.3% took two or more (Table 2.33).

By using the last month as a reference, it can be seen that 23.8% do not use psychoactive substances, 41.8% use a single substance and 34.4% two or more substances. Therefore, it can be confirmed that polydrug use is a frequent pattern of use among students.

Table 2.33. Prevalence of use of one or more legal and illegal* psychoactive substances among secondary school students aged between 14 and 18 (%). Spain, 2012.

	Ever-in-lifetime	Last 12 months	Last 30 days
No substance	13.9	16.8	23.8
A single substance	32.6	38.9	41.8
Two substances	20.4	20.1	19.8
Three substances	21.3	17.5	11.6
Four substances	7.4	3.9	1.6
Five or more substances	4.3	2.8	1.4

* Alcohol, tobacco, hypnosedatives in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants and GHB.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

3.1. Polydrug use, according to whether they are legal or illegal drugs

The use of illegal psychoactive substances, according to the EMCDDA (European Monitoring Centre for Drugs and Drugs Addiction) refers to the following drugs: cannabis, cocaine (powder and base), heroin, amphetamines, ecstasy, hallucinogens and GHB. From here on, when referring to “illegal drugs” we will be talking about these substances.

By analysing the results, taking this consideration into account, we can see that 13.9% of students have not used any drugs, 52.3% of all those interviewed have only used legal drugs in their life (alcohol, tobacco, hypnosedatives or volatile inhalants) and 33.8% have used an illegal drug (27.9% have used one kind of illegal substance while 5.9% have taken two or more). (Table 2.34).

If we only consider students who declare the use of some kind of drug and exclude those who have never used them, we find that 60.7% have only used legal drugs, while 39.3% have used some kind of illegal substance.

Table 2.34. Prevalence of use of one or more illegal* psychoactive substances among secondary school students aged between 14 and 18 (%). Spain, 2012.

	Ever-in-lifetime	Last 12 months	Last 30 days
Only alcohol and/or tobacco and/or hypnosedatives and/or volatile inhalants	52.3	56.5	59.9
No substance	13.9	16.8	23.8
A single substance	27.9	22.7	14.2
Two substances	2.5	1.6	0.8
Three substances	1.1	0.8	0.4
Four substances	0.8	0.5	0.2
Five or more substances	1.5	1.1	0.7

*Based on the EMCDDA criteria, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin and GHB are included.
Alcohol, tobacco, hypnosedatives and volatile inhalants are not included.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Regarding the exclusive use of "alcohol and/or tobacco", substances which society usually refers to as "legal drugs", in the last year, they were used by almost half (49.5%) of all students aged between 14 and 18. In the last month, this percentage represented 55.1% of this population.

When referring to the use of "legal drugs" as the exclusive use of "alcohol and/or tobacco and/or hypnosedatives in general", the percentages go up to 56.2% in the last year and 59.7% in the last month. With this assumption, the exclusive polydrug use of illegal drugs (two or more substances other than alcohol, tobacco and hypnosedatives) was found in 4.3% of students aged between 14 and 18 in the last year (2.3% in the last month).

3.2. Polydrug use, by age and gender

Polydrug use by age

A direct relationship is observed between both factors, in other words polydrug use increases with age, showing the highest prevalence at the age of 18 (Table 2.35).

Table 2.35. Distribution of the number of legal and illegal *psychoactive substances used in the last year among users, by age (%). Spain, 2012.

	Age in years				
	14	15	16	17	18
No substance	35.4	23.2	14.5	10.0	7.1
A single substance	39.3	41.9	41.2	38.1	32.4
Two substances	14.4	17.2	20.6	21.8	25.6
Three substances	8.6	13.4	17.1	21.9	23.9
Four substances	1.4	2.7	4.0	4.7	6.0
Five or more substances	1.0	1.7	2.5	3.5	4.9

*Alcohol, tobacco, hypnosedatives in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants and GHB
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

As far as this is concerned, we should mention some particularly significant points:

- In the case of students who are legally underage (under 18), there is a greater proportion of users than of non-users.

- In all the ages, the number of users of a substance is greater than the number of non-users, even among 14-year-olds. Specifically, at the age of 14, three out of every ten students at secondary school do not use any psychoactive substance, at the age of 15, this proportion drops to two out of every ten students, at 16 and 17 only one in every ten students does not use any psychoactive substance (14.5% and 10.0% respectively), while at the age of 18, only 7.1% of students state that they do not use any psychoactive substance.

- For the group of 18-year-olds, the polydrug use of three or more substances represents the highest percentage of all the options, and is five times greater than the percentage of non-users. We could also observe that the proportion of 14-year-old non-users gradually reduces with age, representing a fifth by the age of 18.

Polydrug use, by gender

For legal and illegal drugs together, in the three timelines, it can be seen that girls show greater prevalence of use for the polydrug use of two, three and four substances while, among boys, the options of non-use, the use of just one substance and of five or more is more widespread (Table 2.36).

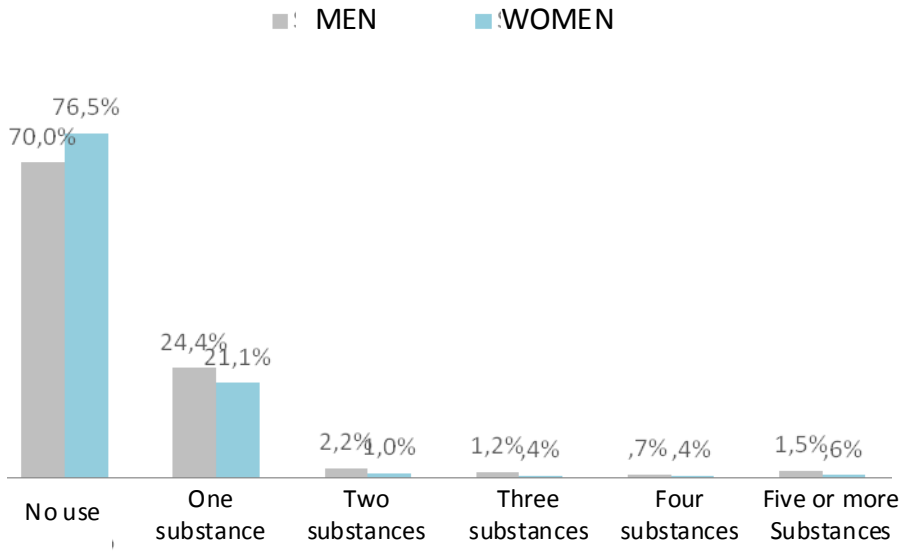
Table 2.36. Prevalence of polydrug use of legal and illegal* psychoactive substances, by gender, among secondary school students aged between 14 and 18 (%). Spain, 2012.

	Ever-in-lifetime		Last 12 months		Last 30 days	
	Men	Women	Men	Women	Men	Women
No use	15.0%	12.8%	17.9%	15.7%	25.1%	22.4%
A single substance	33.9%	31.3%	39.8%	38.0%	41.7%	41.9%
Two substances	18.3%	22.5%	17.6%	22.8%	17.1%	22.5%
Three substances	20.5%	22.1%	17.3%	17.7%	12.4%	10.8%
Four substances	6.8%	8.1%	3.6%	4.1%	1.7%	1.6%
Five substances or more	3.0%	2.0%	2.1%	1.0%	1.0%	0.4%

*Alcohol, tobacco, hypnosedatives in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants and GHB.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

If this analysis is carried out independently for legal and illegal drugs, the results are substantially different; boys show higher figures for any of the polydrug use options for illegal drugs (except for none of them), due to the fact that girls obtain the highest prevalence of use of legal drugs (alcohol, tobacco and hypnosedatives) (Figure 2.35).

Fig. 2.35. Last year prevalence of polydrug use of illegal substances among secondary school students aged 14 to 18 by gender. Spain, 2012



Note: In this graph "," means decimal.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

3.3. Last year polydrug use, according to the number of substances used and the substances.

Polydrug use, according to the number of substances used.

- Among users of any two different substances, those that are shown, in the greatest proportion, are those with the greatest prevalence of use among the population (alcohol 98.6%, tobacco 59.7%, cannabis 21.9% and hypnosedatives 19.9%).

- Among those who used three different substances during the last year, the use of alcohol and tobacco was practically universal (99.7% and 94.7% of the cases, respectively) and the use of cannabis was recorded in 88.3% of the cases.

- Among those who used four different substances during the last year, alcohol, tobacco and cannabis were common to almost all of them (prevalence of 99.9%, 96.5% and 97.7% respectively), hypnosedatives were recorded in 69.4% of the cases, ecstasy in 9.4%, hallucinogens in 8.5% and cocaine in 8.4% (Table 2.37).

Table 2.37. Last year prevalence of polydrug use of two or more psychoactive substances according to substance used among secondary school students aged between 14 and 18 (percentages of column). Spain, 2012.

Substances used	Two substances	Three substances	Four substances	Five or more substances
Alcohol	98.6	99.7	99.9	98.7
Tobacco	59.7	94.7	96.5	89.6
Cannabis	21.9	88.3	97.7	97.4
Nonprescribed hypnosedatives	9.8	7.0	34.0	36.2
Hypnosedatives	19.9	14.9	69.4	48.4
Cocaine powder	0.0	0.5	4.5	63.0
Cocaine base	0.1	0.4	4.1	49.3
Cocaine powder and/or base	0.1	0.9	8.4	71.1
Ecstasy	0.1	0.4	9.4	63.0
Amphetamines/speed	0.0	0.3	4.1	55.7
Hallucinogens	0.1	0.5	8.5	56.1
Heroin	0.1	0.0	1.5	23.7
Volatile inhalants	0.7	0.8	5.7	23.7
GHB	0.0	0.2	0.7	35.2

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Last year polydrug use, according to the substances used

- Among those who drank alcohol in the last year, 46% only used alcohol, almost one out of every four (24.5%) used two substances (alcohol and another substance), 21.5% used three substances and 8.1% used four or more substances.

- Taking into account only those who have smoked tobacco in the last year, it was found that 1.4% only smoke tobacco, while 34% used two substances (tobacco and another), 47% used three substances and 17.6% used four or more substances.

- Among those who used cannabis in the last year, the majority (58.8%) use three substances during the same period, 16.3% used two substances and 24.5% used four or more substances.

- Finally, among users of psychoactive substances with a prevalence of low use, the most frequently found was the use of five or more substances: among users of cocaine (powder or base), ecstasy and hallucinogens, the proportions of those who used five or more substances was 79.3%, 79.7% and 77.5% respectively.

Table 2.38 shows the percentages of use of other drugs among users of a determined substance, taking last year use as the reference.

Table 2.38. Proportion of users of other drugs among secondary school students aged between 14 and 18 who used alcohol, tobacco, cannabis, ecstasy, nonprescribed hypnosedatives, hypnosedatives, cocaine powder, cocaine base, cocaine (powder and/or base), amphetamines, hallucinogens, heroin, volatile inhalants or GHB in the last 12 months (percentages of row*). Spain, 2012.

	Alcohol	Tobacco	Cannabis	Nonprescribed hypnosedatives	Hypnosedatives	Cocaine powder	Cocaine base	Cocaine powder and/or base	Amphetamines/ speed	Hallucinogens	Ecstasy	Heroin	Volatile inhalants	GHB
Alcohol	100	42.5	32.3	6.6	12.8	2.4	1.9	2.9	2.1	2.4	2.6	0.9	1.3	1.2
Tobacco	98.2	100	60.0	8.6	16.3	4.9	3.7	5.9	4.1	4.7	5.0	1.6	2.2	2.5
Cannabis	98.8	79.4	100	9.6	17.5	7.0	5.6	8.6	6.1	7.0	7.6	2.5	3.2	3.6
Nonprescribed hypnosedatives	92.8	52.2	43.8	100	100	10.2	9.9	12.4	10.4	10.7	11.3	5.8	7.5	7.8
Hypnosedatives	90.5	49.4	40.0	50.8	100	6.3	5.9	7.6	6.3	6.9	7.2	3.5	4.6	4.5
Cocaine powder	97.9	86.6	94.0	30.3	37.2	100	58.0	100	56.0	50.5	60.0	25.8	21.2	36.9
Cocaine base	97.5	81.3	93.6	37.6	44.0	71.3	100	100	51.1	54.4	60.0	33.4	27.7	45.2
Cocaine powder and/or base	97.1	83.9	92.2	30.2	36.6	81.6	66.3	100	49.0	44.5	54.4	23.4	19.4	33.1
Amphetamines/speed	98.0	85.0	93.5	35.3	43.1	63.8	46.7	69.8	100	54.7	64.0	30.0	26.8	39.7
Hallucinogens	97.9	82.6	93.7	31.4	40.4	50.5	43.0	54.8	48.2	100	52.6	29.4	25.5	36.8
Ecstasy	97.8	85.1	93.7	31.0	39.0	55.9	45.2	62.3	51.5	48.2	100	26.0	20.5	38.5
Heroin	96.3	76.3	91.0	47.6	58.0	71.0	70.0	78.8	71.4	78.9	76.1	100	52.7	66.8
Volatile inhalants	93.5	66.4	72.0	37.3	45.9	35.3	36.7	40.2	39.1	42.1	37.1	32.7	100	32.5
GHB	97.2	84.5	93.2	44.1	50.1	71.2	68.9	78.3	67.3	70.7	80.4	48.1	38.1	100

*Percentage of users of the substance (row) who also use the substance (column)
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

We would point out some relevant data regarding the association of different substances (Table 2.38):

- Tobacco and cannabis: almost 80% of cannabis smokers also smoked tobacco and 60% of tobacco smokers used cannabis. Approximately 56.4% of students who smoke on a daily basis used cannabis in the last 30 days.
- Cocaine, cannabis and ecstasy: 92.2% of cocaine users (powder and/or base) also took cannabis and 54.4%, in addition to cocaine, used ecstasy.
- Amphetamines, cannabis and cocaine: 93.5% of amphetamine users also smoked cannabis and 69.8%, in addition to amphetamines, used cocaine.
- Hallucinogens and cannabis: 93.7% of hallucinogen users also used cannabis. The same figure was found among ecstasy users associated with cannabis.

- Approximately 80% of heroin users also took cocaine and hallucinogens.

The ESTUDES 2012 survey informs us that, during the year before the survey was carried out, the most used substances among polydrug users were alcohol, tobacco and cannabis. Hypnosedatives occupied fourth place, after which the combination with illegal drugs is found.

The presence of less generalised substances in polydrug use patterns is more frequent after the use of four or more substances. Of the illegal psychoactive substances, cannabis is the most prevalent one in this context.

3.4. Polydrug use and alcohol

In this chapter we have already mentioned that alcohol is the psychoactive substance which is most widely found among polydrug users, both with respect to the number of substances used (98.6% of those who used two substances in the last year, 99.7% of those who use three and 99.9% of those who use four used alcohol, during the same period) as well as if we analyse in which proportion by which the use of the rest of psychoactive substances "accompanies" it (Table 2.39).

Table 2.39. Proportion of users of other drugs who used alcohol in the last year among secondary school students aged between 14 and 18 (%). Spain, 2012

	% of users of different substances, in the last year, who also drank alcohol
Cannabis	98.8
Cocaine (powder and base)	97.1
Amphetamines	98.0
Hallucinogens	97.9
Ecstasy	97.8
Heroin	96.3

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Thus it was found that more than 95% of users of the different substances considered also drank alcohol during the same period (98.2% of tobacco smokers, 98.8% of cannabis users, 97.1% of cocaine users and 96.3% of heroin users).

Among alcohol drinkers, the proportion of illegal drug users is greater than among those who do not drink alcohol. 22% of those who drank alcohol during the last month, also used an illegal substance during the same period (as opposed to the 2% who did not drink alcohol).

This association between alcohol and polydrug use is found in particular in high risk patterns of alcohol drinking: binge drinking (five or more glasses of alcoholic drink on a single occasion, with "occasion" being understood to mean drinking one after another or within an approximate two hour period) and getting drunk.

31.6% of students who had been binge drinking in the last month also used at least one illegal drug during this same period (as opposed to 9% of those who drank alcohol in the last 30 days but who did not go binge drinking). Table 2.40 shows the differences of prevalence in illegal drug use according to whether the students went binge drinking or not.

Table 2.40. Last month prevalence of use among secondary school students aged between 14 and 18, according to whether they went binge drinking* or not during the same period. Spain, 2012

Substance used in the last month:	Have been binge drinking in the last month	
	Yes	No
Cannabis	31.2	5.5
Cocaine powder and/or base	3.1	0.3
Ecstasy	2.5	0.2
Amphetamines or speed	2.0	0.2
Hallucinogens	2.1	0.2
Heroin	1.1	0.1
Volatile inhalants	1.4	0.3
GHB	1.4	0.1

Binge drinking; drinking five or more glasses of alcoholic drink in approximately a two-hour period.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Between 80% and 90% of students who used some illegal drug in the month before the survey admitted having been binge drinking during the same period.

As far as getting drunk is concerned, 37.7% of the students who got drunk during the last month also used at least one illegal drug (as opposed to the 10.9% of those who drank alcohol during this period but did not get drunk). Table 2.41 shows the differences in prevalence of use of illegal drugs according to whether the students got drunk or not.

Table 2.41. Last month prevalence of use among secondary school students aged between 14 and 18, according to whether they got drunk or not during the same period. Spain, 2012

Substance used in the last month:	Have got drunk in the last month	
	Yes	No
Cannabis	37.0	6.7
Cocaine powder and/or base	3.8	0.3
Ecstasy	3.1	0.3
Amphetamines or speed	2.6	0.2
Hallucinogens	2.7	0.3
Heroin	1.3	0.1
Volatile inhalants	1.6	0.4
GHB	1.8	0.1

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

69.9% of students who had used an illegal drug in the month before the survey was carried out and who drank alcohol during the same period, admitted having got drunk during this period.

3.5. Alcohol and cannabis use

By joint use of alcohol and cannabis we understand the drinking of alcohol and use of cannabis within two hours of each other (Table 2.42). In 2012, 19.6% of the students interviewed admitted having used these two substances jointly during the last year, a lower prevalence to that found in 2008 and 2010 (24.9% and 22.9% respectively).

This use is more habitual among boys (22.7% versus 16.5% stated by girls) and increases with age, in such a way that the proportion of 18-year-olds interviewed was found at 29.7%.

Table 2.42. Last year prevalence of joint alcohol and cannabis use, by gender and age (%). 2008 – 2012.

	2008	2010	2012
Total	24.9	22.9	19.6
Gender			
Men	28.0	24.8	22.7
Women	21.8	21.0	16.5
Age			
14	11.4	9.1	6.8
15	21.0	17.3	12.9
16	27.3	26.2	19.6
17	33.2	33.4	25.8
18	38.1	35.9	29.7

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

3. 6. Alcohol and cocaine use

Focusing the analysis on the use of alcohol and cocaine within two hours of each other, 1.6% of the students interviewed admitted to this kind of polydrug use in the last 12 months. It should be pointed out that this concerned approximately half the prevalence registered in 2010 and that we can see a drop of 2.5% on figures for 2008 (Table 2.43).

The proportion of boys who carry out this kind of polydrug use (2.2%) doubles that found among girls (1%) and reaches the highest figure in the group of those who are 18 years of age (3.5%).

Table 2.43. Last year prevalence of joint alcohol and cocaine use, by gender and age (%). Spain 2008-2012

	2008	2010	2012
Total	4.1	3.0	1.6
Gender			
Men	5.1	3.7	2.2
Women	3.1	2.3	1.0
Age			
14	2.6	1.8	0.5
15	3.4	2.0	0.8
16	4.0	2.7	1.4
17	4.9	4.4	1.9
18	8.1	6.1	3.5

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

3.7. Tobacco and cannabis use

20.9% of students used tobacco and cannabis at least once during the last year.

Of those who smoked during the last year, 60.1% also used cannabis during this period. Inversely, 79.4% of those who used cannabis during the last year also smoked tobacco.

42.5% of students who used cannabis during the last month smoked tobacco on a daily basis during this time and, of those who smoked daily, it was found that 56.4% used cannabis.

70.7% of young people who used cannabis in the last 30 days and smoke on a daily basis, used cannabis on a daily basis.

4. Perceived risk regarding drug use and perceived availability

Perceived risk of drug use

The series of ESTUDES survey have been including questions related to problems which, in students' opinion, can be caused by using the various substances.

The following results were obtained from the question asked in ESTUDES 2012 “what is your opinion about the problems (of health or any other kind) that can be associated to each of the following behaviours”, which includes a list of different options of use for psychoactive substances (legal or illegal) studied by the questionnaire.

In 2012, the behaviours valued by secondary school students as posing the lowest risk are those related to drinking alcohol. Less than half the students (47.5%) believe that having five or six beers or alcoholic drinks at the weekend can cause a lot of or quite a lot of problems, while having one or two beers or alcoholic drinks every day can cause a lot of or quite a lot of problems for 59.7% of students.

Both percentages are similar to those of previous years. At the other extreme, behaviours felt to be the most risky are using heroin, cocaine and ecstasy habitually; more than 96% of boys and girls aged between 14 and 18 understand that this kind of use for these substances can involve quite a lot of or a lot of problems regarding health as well as those of another kind (Table 2.44, Figure 2.37).

The evaluation of risk associated to the use of psychoactive substances shows differences according to gender (Table 2.46). Overall, girls see a greater risk in their use than boys.

As they get older (Table 2.46), we observe a decrease in the perception of risk, the younger the student, the greater perception and the older the student, the lower perception, therefore, overall, students aged under 14 consider that the use of all kinds of drugs causes quite a lot of or a lot of problems, and this gradually decreases.

Regarding timeline trends, it can be seen (Table 2.44, Figure 2.37) that there is a marked increase in the perceived risk of the habitual use of tobacco (smoking daily) and the daily use of alcohol (stable over recent years). The figures of the perceived risk of habitual use of heroin, cocaine and ecstasy are maintained at high levels (more than 96% of students aged between 14 and 18 consider that their habitual use can cause quite a lot or a lot of problems) although this has slightly decreased in comparison with the results obtained in the mid-1990s, when the use of drugs, above all due to the epidemic of heroin use, produced far greater social alarm than at present. The perceived risk of the habitual use of hypnosedatives maintains a stable trend.

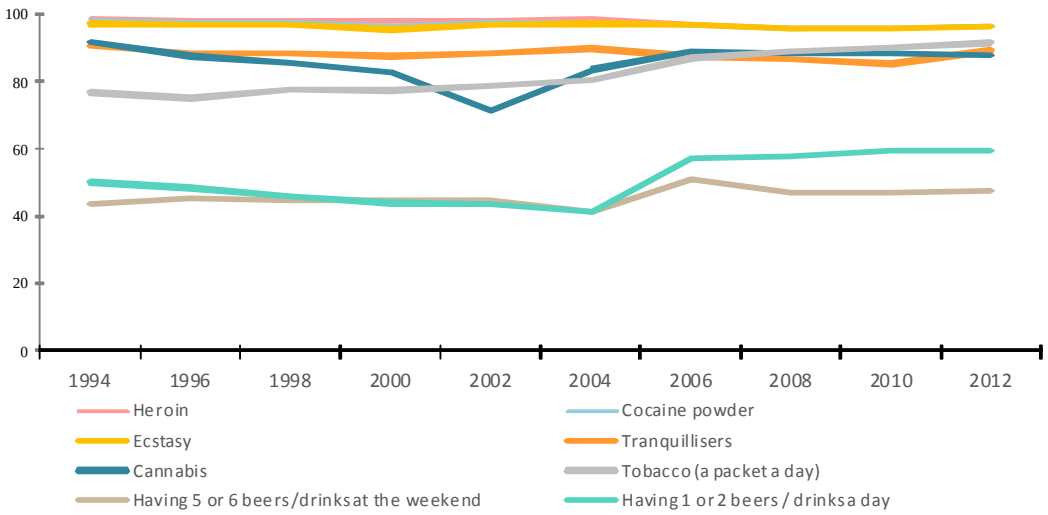
Table 2.44. Evolution of perceived risk by secondary school students aged between 14 and 18 of the habitual use of psychoactive substances (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems) (%). Spain 1994-2012

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Smoking a packet of cigarettes a day	76.9	75.2	78	77.3	78.9	80.3	87.3	88.8	90.4	91.4
Drinking five or six beers/alcoholic drinks at the weekend	43.8	45.2	44.8	44.9	44.8	41.4	51.3	47.2	47	47.5
Drinking one or two beers/alcoholic drinks a day	50.5	48.5	45.9	44	43.6	41.4	57.4	57.9	59.8	59.7
Smoking cannabis regularly	91.9	87.7	85.9	82.8	71.7	83.7	89	88.3	88.7	88.1
Taking hypnosedatives regularly	90.6	88.6	88.5	87.4	88.7	89.7	87.5	86.6	85.5	89.5
Using ecstasy regularly	97.2	97.1	97	95.5	96.7	97.2	97	96.1	95.9	96.5
Using cocaine powder regularly	98.5	97.6	97.4	96.9	97.4	97.8	96.8	96	96.2	96.6
Using heroin regularly	98.9	98.1	98.2	98.2	98.6	98.8	97	96.2	96.3	96.9

Regularly: Once a week or more often

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.37. Evolution of perceived risk by secondary school students aged between 14 and 18 of the habitual use of psychoactive substances (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems) (%). Spain 1994-2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.45. Evolution of perceived risk of using psychoactive substances by secondary school students aged between 14 and 18, by gender. (Proportion of students who believe that this behaviour can cause quite a lot of or a lot of problems) (%). Spain 1994-2012

	1994		1996		1998		2000		2002		2004		2006		2008		2010		2012	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Smoking a packet of cigarettes a day																				
	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	88.9	91.7	89.6	93.1
Drinking five or six beers/alcoholic drinks at the weekend																				
	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	44.7	50.3
Drinking one or two beers/alcoholic drinks a day																				
	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	55.1	64.1
Smoking cannabis regularly																				
	89.8	93.9	84.9	90.2	82.4	88.8	79.4	86.1	77.5	85.4	81.1	86.2	85.7	91.7	84.5	91.8	85.5	91.6	84.3	91.7
Taking hypnosedatives 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	88.7	90.3
Using ecstasy regularly																				
	96.6	97.9	96.2	97.9	96.3	97.5	95	95.9	96.4	97.1	97.1	97.3	95.8	98	94.1	97.8	94.6	97.1	95.2	97.8
Using cocaine powder regularly																				
	98.1	99	96.9	98.3	96.7	98	96.3	97.5	96.9	97.8	97.5	98.1	95.6	97.9	94	97.8	95	97.3	95.4	97.9
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	95	97.5	95.7	98.0

M = men. W = women.

Regularly: Once a week or more often

Note: The percentages are calculated on the number of cases with information given. Cases of people who did not know or did not answer have been excluded

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.46. Perceived risk by secondary school students aged between 14 and 18 of the habitual use of drugs (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems) (%). Spain, 2012.

	Total	Gender		Age				
		M	W	14	15	16	17	18
Smoking a packet of cigarettes a day	91.4	89.6	93.1	90.8	91.5	91.4	91.5	91.7
Drinking five or six beers/alcoholic drinks at the weekend	47.5	44.7	50.3	56.2	51.9	46.7	42.6	44.4
Drinking one or two beers/alcoholic drinks a day	59.7	55.1	64.1	61.6	61.1	59.5	59.1	57.4
Smoking cannabis regularly	88.1	84.3	91.7	91.4	89.7	88.6	86.2	85.8
Taking hypnosedatives regularly	89.5	88.7	90.3	89.1	90.3	88.5	90.3	89.0
Using ecstasy regularly	96.5	95.2	97.8	95.3	96.6	96.2	97.2	96.6
Using cocaine powder regularly	96.6	95.4	97.9	95.9	96.6	96.6	97.2	96.4
Using heroin regularly	96.9	95.7	98.0	95.9	96.8	96.8	97.5	97.0

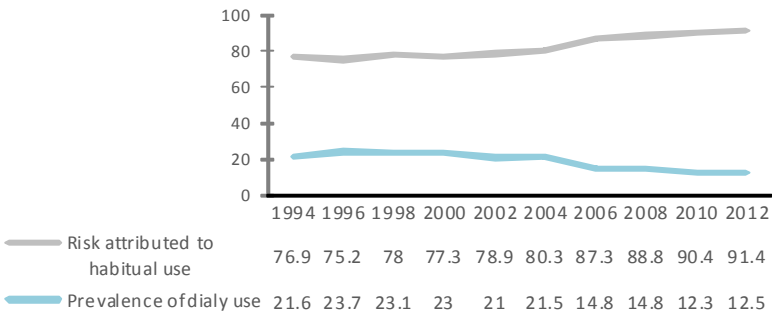
Regularly: Once a week or more often

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

In Figure 2.38, we show the perceived risk of smoking tobacco, in which a clear upward trend can be seen as well as a mirror image in which the greatest prevalence of use corresponds to the lowest figures of perception of risk. The regulations set by Spain in recent years for preventing smoking, as well as the social debate that arose as a result of them on the consequences of smoking tobacco on health have led to an increase in the perception of risk by the general public in particular regarding the smoking of a packet of cigarettes a day and a decrease, in parallel, in the prevalence of smoking. The trends among the general population (15 to 64 years of age) are similar to those observed among students.

This debate has penetrated into society in such a way that at the moment, smoking a packet of cigarettes a day is considered three points more dangerous than smoking cannabis regularly (understood as using it once a week or more often). In addition, the perception of risk of smoking cigarettes is growing and that of using cannabis is in regression. (Table 2.44).

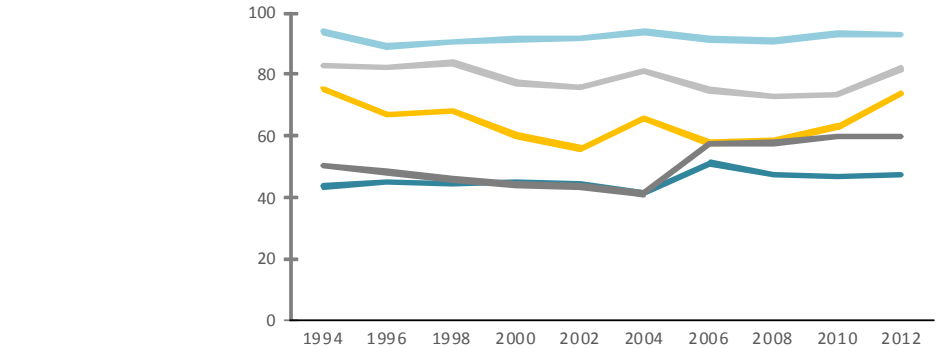
Fig. 2.38. Evolution of perceived risk (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems) (%) and of the prevalence of smoking daily (%). Spain 1994-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Finally, the perception of risk for drinking alcohol (Figure 2.39) is worthy of special consideration inasmuch as it is the substance with the most widespread use among students aged between 14 and 18. The behaviours referring to the use of alcohol, whether daily (one or two beers/alcoholic drinks) or at the weekend (five or six beers/alcoholic drinks) are those that are considered to be least dangerous by this group of population, far removed from the use of the rest of drugs and, although the perception of risk of both has increased several points since the beginning of the series in 1994 and stays relatively stable, it would not seem that the effort to create awareness about the use of alcohol aimed at this age group has, so far, managed to counteract the efforts that the rest of society in general receives, mainly in an opposite sense.

Fig. 2.39. Evolution of the prevalence of drinking alcohol, perceived risk and availability of alcohol among secondary school students aged between 14 and 18 (%). Spain 1994-2012



	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Alcohol drunk in last year	82.7	82.4	83.8	77.3	75.6	81	74.9	72.9	73.6	81.9
Alcohol drunk in last month	75.1	66.7	68.1	60.2	56	65.6	58	58.5	63	74.0
Perceived avaialbility	93.8	89	90.5	91.2	92	93.8	91.2	90.8	93.3	92.9
Perceived risk of 5 or 6 beers/drinks at the weekend	43.8	45.2	44.8	44.9	44.8	41.2	51.3	47.2	47	47.5
Perceived risk of 1 or 2 beers/drinks a day	50.2	48.5	45.9	44	43.6	41.4	57.4	57.9	59.8	59.7

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).
Note: perceived risk: proportion of students who believe that this behaviour can cause quite a lot or a lot of problems

Perceived availability of drugs

By perceived availability we understand the degree of ease/difficulty that students perceive for achieving or obtaining the various drugs. Therefore, this is information related to the perception of the offer of drugs. The indicator used to assess it is the percentage of students who think that obtaining each drug considered is relatively easy or very easy.

In 2012, drugs perceived by students as the most available or accessible were those that are legally available (nine out of every ten students believe that it is easy to obtain tobacco or alcoholic drinks), followed by cannabis (69.4% believe that it is easy or very easy) and hypnosedatives (53.3%). As far as the rest of the substances are concerned, the perception of availability is between 22.3% who believe that obtaining GHB is easy or very easy and 33.8% who believe the same about cocaine powder. (Table 2.47 and Figure 2.40)

Regarding the evolution over time of the perceived availability during the 1994-2012 period, we would highlight: (Table 2.47 and Figure 2.40)

- The existence of a percentage of students, high and stable over time, who believe that it is easy or very easy to get hold of alcohol, despite the fact that the interviewees are mainly under age and therefore, in theory, cannot obtain this substance.

- The upward trend in the perceived availability of cannabis that went from 30.8% in 1994 to 69.4% in 2012, although over the last five years it seems to have stabilised.

- The upward trend in the perceived availability of cocaine powder from 1994 (26.7%) to 2004 (46.7%) and a downward trend since then to 33.8% in 2012.

- Since 1996, (at the end of the epidemic of use) heroin has maintained low levels of availability and shows a stable tendency. In students' opinion, it is the least accessible drug, together with GHB.

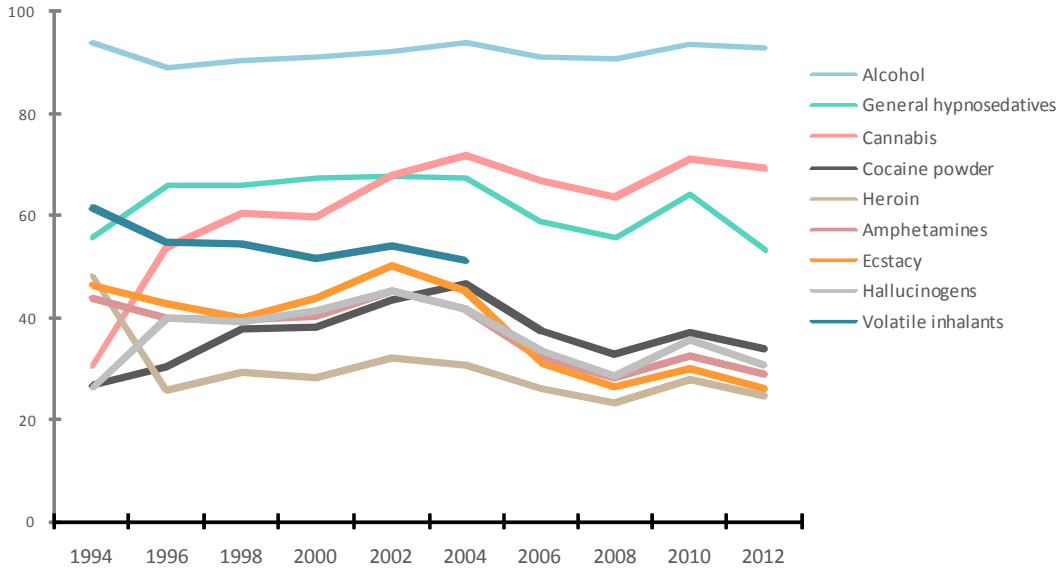
- Ecstasy and amphetamines show similar trends. Overall, the perceived availability has decreased for both groups of drugs (20 and 15 points respectively from 1994 to 2012), which means that students consider them to be less accessible now than in the middle of the 1990s. They reached maximum figures of accessibility in 2002, when a downward trend started.

Table 2.47. Evolution of the perceived availability of psychoactive substances among secondary school students aged between 14 and 18 (proportion of students who believe that it would be easy or very easy to obtain each drug) (%). Spain 1994-2012.

	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Tobacco	-	-	-	-	-	-	91.7	90.9	93.6	92.8
Alcoholic drinks	93.8	89	90.5	91.2	92	93.8	91.2	90.8	93.3	92.9
Hypnosedatives	55.9	65.9	65.9	67.2	67.6	67.3	58.9	55.6	64	53.3
Cannabis	30.8	53.9	60.4	59.7	67.9	71.8	66.8	63.6	71.1	69.4
Cocaine powder	26.7	30.4	37.9	38	43.5	46.7	37.4	32.7	37.2	33.8
Heroin	48	25.6	29.1	28.1	32	30.7	26.1	23.2	27.8	24.8
Amphetamines	43.9	40.1	39.7	40.2	45.4	41.7	32.1	28.1	32.5	28.7
Ecstasy	46.3	42.6	39.8	43.8	50	45.1	31.2	26.6	29.9	26.2
Hallucinogens	26.2	40.1	39.2	41.4	45.3	41.9	33.7	28.6	35.8	30.9
GHB	-	-	-	-	-	-	25.5	22.4	25.8	22.3
Volatile inhalants	61.4	54.8	54.2	51.6	54.1	51.1	-	-	-	-

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.40. Evolution of the perceived availability of psychoactive substances among secondary school students aged between 14 and 18 (proportion of students who believe that it would be easy or very easy to obtain each drug) (%). Spain 1994-2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Relationship between the perceived risk, the perception of availability and the prevalence of use

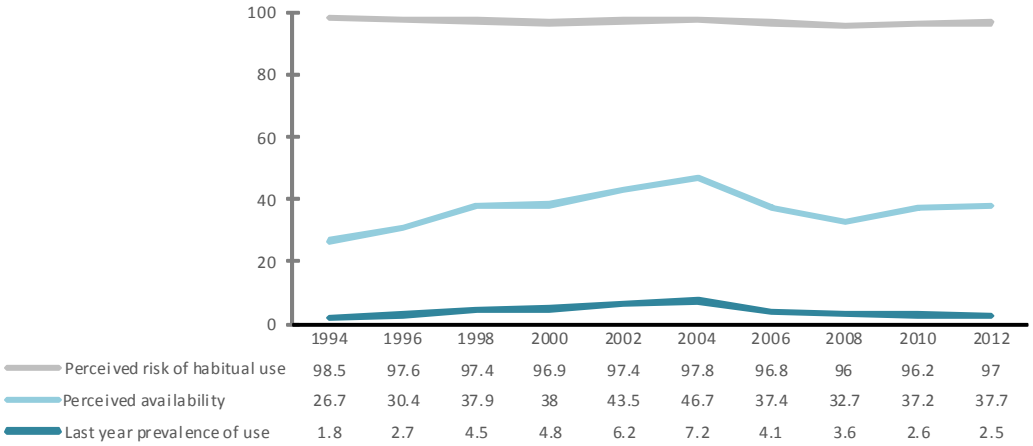
Both the perceived availability of the different substances, as well as the perception of risk associated to taking them are factors related to the prevalence of use. The substances which, in students' opinion, seem to be more available are usually those that are more used and those that are perceived as more difficult to obtain usually show lower prevalence of use. In the same way, substances that are perceived to be less dangerous are used by the greatest number of students.

In Figures 2.41 and 2.42, you can see the development over time of these three indicators for cannabis and cocaine respectively. Focusing on the case of cannabis, it can be seen from 1994 to 2004 that there is an upward trend in the perceived availability and in the prevalence that accompanies the downward trend in the perception of risk. From 2004, the trend in the three indicators is inverted, with the perception of risk increasing and the perception of availability decreasing (or a certain stabilisation) accompanied by a decrease in the prevalence of use.
In the case of cocaine, this relationship can also be observed. Looking at these three indicators together can be extremely useful when designing actions.

Figure 2.41. Evolution of the prevalence of use of cannabis in the last 12 months, of the perceived risk of its habitual use and of the perceived availability of cannabis among secondary school students aged between 14 and 18 (%). Spain 1994-2012

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.42. Evolution of the prevalence of use of cocaine in the last 12 months, of the perceived risk of its habitual use and of the perceived availability of cocaine among secondary school students aged between 14 and 18 (%). Spain 1994-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

5. Information received about drugs and valuation of actions to solve the problem of illegal drugs

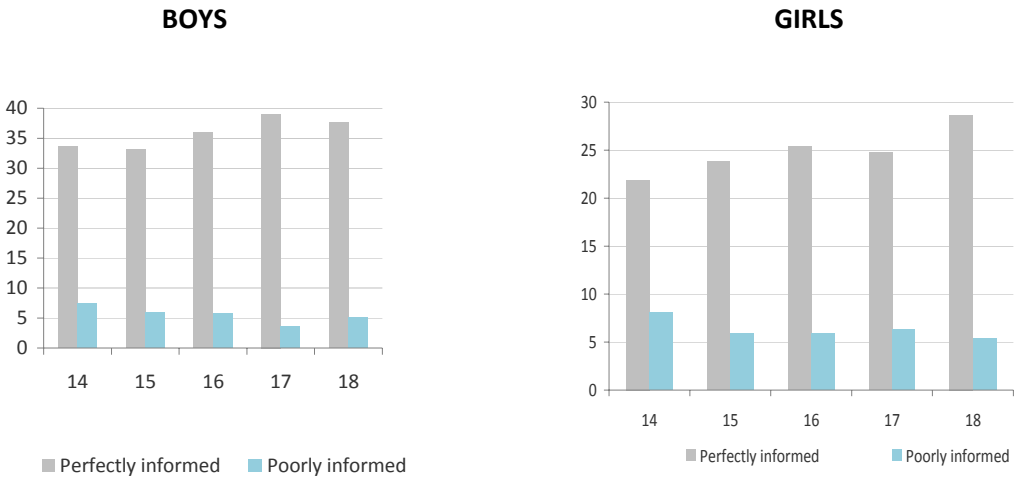
Information received about drugs

Most secondary school students aged between 14 and 18 consider that they are informed regarding drugs. 72.8% say that they feel perfectly or sufficiently well informed while 21.4% say that they are only partially informed and 5.8% say that they are poorly informed.

However, the decrease year after year in the number of students who consider themselves to be well or very well informed is attention catching (86.5% in 2006; 85.7% in 2008; 77.2% in 2010 and 72.8% in 2012).

The percentage of students who consider themselves to be perfectly informed grows with age, both among girls as well as boys, although it is lower among girls, around 10 points below that of boys, at the same time that a greater proportion of girls feel that they are more poorly informed than of boys (Figure 2.43). This data is certainly notable, taking into account the fact that among girls, perceived risk is usually greater than among boys.

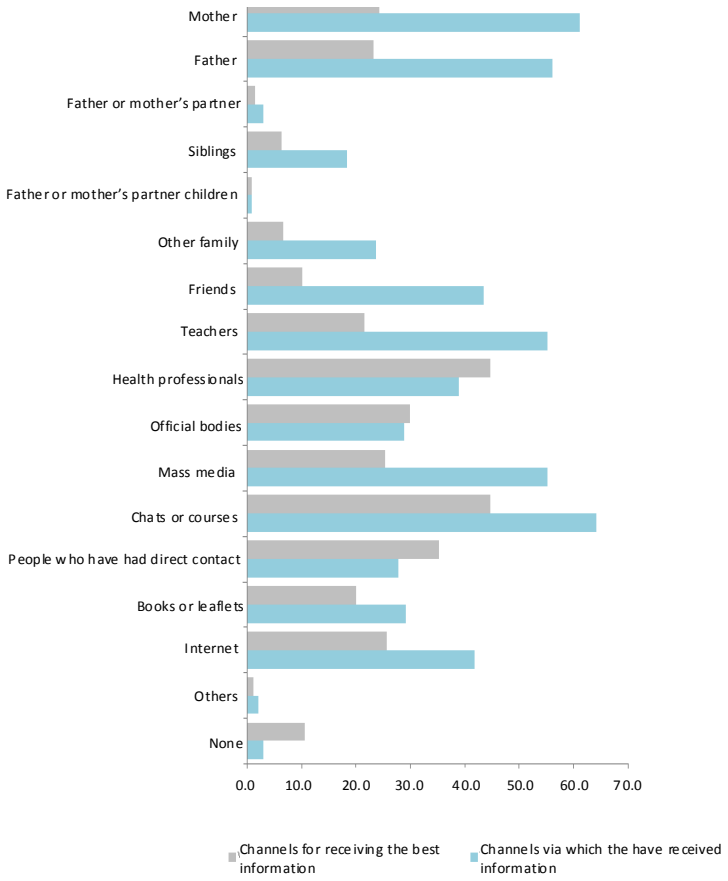
Fig. 2.43. Percentage of secondary school students aged between 14 and 18 who feel perfectly well informed or poorly informed in matters of drugs, by gender and by age (%). Spain, 2012



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

In 2012, the main channels by means of which they received information were chats or courses; mother; father; teachers and the mass media. Nevertheless, the channels that they consider to be more suitable for receiving the best information are health professionals at the same time as chats and courses, followed by people who have had contact with drugs and official organisations and the Internet (Figure 2.44).

Fig. 2.44. Percentage of secondary school students aged between 14 and 18 who have received information about drugs by any of the following channels/who consider that the following channels are the most suitable for receiving information. (%). Spain, 2012.



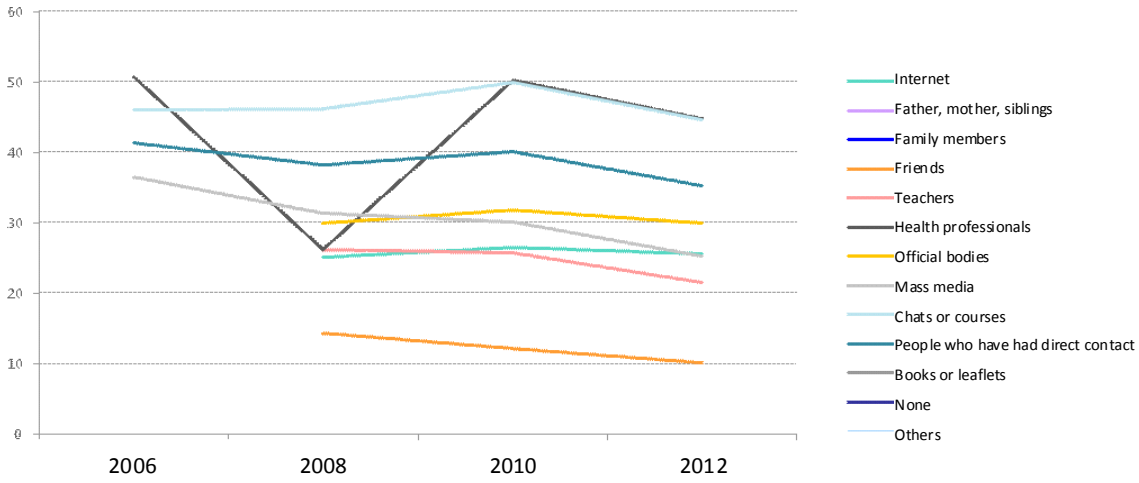
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Health professionals are, together with people who have been in contact with drugs, the only channels that students value more than what both of them currently provide, in other words, they claim greater involvement from the health sector in disseminating and training about drugs and from people who have directly experimented with drugs.

On the other hand, one notices the lack of reliability that, in this regard, is given to siblings —as only 6.3% of 14- to 18-year-old students considered them to be a good source of information, to friends (10.1%) and to teaching staff (21.5%), taking into account that 64.2% of students state that they have received information about drugs, their effects and associated social problems at their school.

Figure 2.45 shows the development over time of the percentage of students aged between 14 and 18 who consider the following channels of information to be the most suitable for informing themselves and finding out about drug matters.

Fig. 2.45. Percentage of secondary school students aged between 14 and 18 who consider the following channels of information to be the most suitable ones for receiving information about drugs (%). Spain 2006-2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Overall, since the last edition of ESTUDES, in 2010, all the channels of information mentioned in this survey have lost popularity as desirable channels for receiving information about drugs. In particular, the percentage of students who feel that friends are a suitable channel for obtaining information for this purpose has dropped, despite the influence that friends/peers have in the area of perception of peer use. We can also observe drops in the categories of family and teaching staff who had been considered basic, classic elements in transmitting information.

The percentage of students who value chats and courses and the information provided by official bodies were seen to be relatively stable.

Finally, year after year, the health professionals are considered to be a highly desirable channel of information about drugs by the greatest proportion of students.

Valuation of diverse actions for solving the problem of illegal drugs

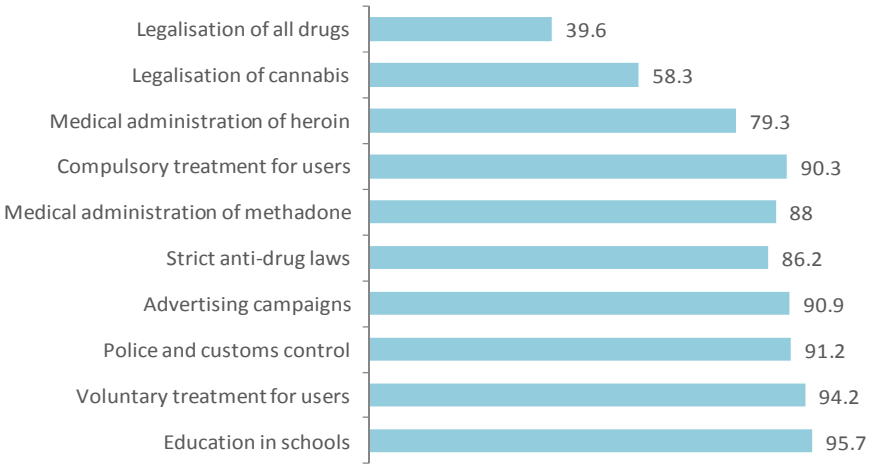
Having information available about the consideration that secondary school students in Spain have about the greater or lesser efficiency of diverse actions for containing the problem of drugs is important, because this perception, although subjective, allows us to direct actions aimed at dealing with psychoactive substances on an unarguable target population for prevention policies with greater opportunities for success.

In the ESTUDES 2012 survey, students were asked what value they gave to actions aimed at informing/training; at therapeutic control; at legal aspects and at corrective/punitive profiles. (Figure 2.46).

The educational and health measures are those that are best valued. More than 90% of students consider them to be important to solve the problem of drugs. The best valued of them all is education in schools. The high consideration of health measures, fundamentally those aimed at therapeutic support to users, indicates that the population of young people aged between 14 and 18 consider that drug addicts are people who are ill, thus reinforcing dealing with addictions from the public health area.

The least valued actions are those concerned with normalisation. Two out of every five young people consider that legalising all drugs could be important for solving the problem and slightly more than half consider that legalising cannabis, in particular, is an action to be valued.

Fig. 2.46. Valuation of diverse actions seen as important for solving the problem of drugs among secondary school students aged between 14 and 18 (%)*. Spain, 2012.



6. Specific ESTUDES 2012 modules.

One of the objectives of the surveys carried out in Spain is to have useful information adapted to the real situation in keeping with the changes that are occurring in society in the area of drugs. For this purpose, in the surveys, as well as a basic module that allows us to have information that is comparable throughout the records, each year specific modules are introduced to offer a response to the detected needs. In ESTUDES 2012, two modules of this kind were introduced, one to estimate the problematic use of cannabis and the other on emerging drugs.

6.1. Problematic cannabis use

Justification for introducing this module

Most cannabis users are experimental or occasional users. Nevertheless, in a considerable portion of cases, the pattern of use of this substance increases the risk of suffering from health side-effects, obtaining poor academic or work performance and/or developing dependence, etc. [8,9,10,11,12,13]. This

[8] Hall W, Solowij N. Adverse effects of Cannabis. Lancet 1998;352:1611-6.

[9] Laumon B, Gadegbeku B, Martin JL, Biecheler MB. Cannabis intoxication and fatal road crashes in France: population based case-control study. BMJ 2005; 331: 1371.

[10] Macleod J, Oakes R, Copello A, Crome I, Egger M, Hickman M et al. Psychological and social sequelae of Cannabis and other illicit drug use by young people: A systematic review of longitudinal, general population studies. Lancet 2004; 363: 1579-88.

[11] Moore TH, Zammit S, Lingford-Hughes A, Barnes TR, Jones PB, Burke M et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. Lancet 2007; 370: 319-28.

[12] Zammit S, Moore TH, Lingford-Hughes A, Barnes TR, Jones PB, Burke M et al. Effects of Cannabis use on outcomes of psychotic disorders: Systematic review. Br. J. Psychiatry 2008; 193: 357-63.

type of use is shown as a short- and medium-term challenge, in terms of providing services and public health, meaning that it is worthwhile trying to identify its characteristics and the most vulnerable groups of population to its possible side effects and consequences.

Up until now, cannabis had not been included among the classic substances in which it was a priority to estimate the prevalence of problematic use at a European level. However, it was introduced in the new protocol[14] approved at the end of 2012 by the EMCDDA and the EU countries that report to it.

Therefore, as a result of this, we justify the need to have information that informs us about the problematic use of cannabis, and allows us to design and offer a suitable response to the problem of the use of cannabis throughout Europe, in general, and in some countries in the area in particular, such as the case of Spain.

Preliminary information about the problem use of cannabis in surveys

In Spain, since 2006 different psychometric scales have been periodically included[15] in student surveys in order to find out about problematic use of cannabis and to be able to evaluate the psychometric properties of these scales. In 2006, CAST, SDS and DSM-IV were used; in 2008 CAST, in 2010 CAST, SDS M-CIDI and in 2012 CAST.

Methodology and results

The methodology given and the results can be consulted in chapter 4 (Problem Drug Use) of this report. They have been included in this chapter as they were considered more appropriate and coherent with the criteria established by the new protocol of problem use, approved by the EMCDDA in November 2012[22].

6.2. Emerging drugs

Justification for introducing this module

Without a doubt, the phenomenon of drugs is changing in our country as well as in the rest of the world, with the appearance of new drugs and new patterns of use. Aware of this situation, efforts to deal with this process are being made from the DGPND.

On the one hand, work is being done to encourage and strengthen the Spanish Early Warning System[16,17] dealt with in resolution 2005/587/JAI of the EU Council, which requires each member state of the European Union to have a national system of information exchange and a system for compiling data on new substances to send reports to the EMCDDA and to Europol and to thus comply with the objectives of the resolution.

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[13] Aldington S, Williams M, Nowitz M, Weatherall M, Pritchard A, McNaughton A et al. Effects of Cannabis on pulmonary structure, function and symptoms. Thorax 2007; 62: 1058-63.

[14] http://www.emcdda.europa.eu/themes/key-indicators/pdu

[15] CAST: Cannabis Abuse Screening Test. SDS: Severity of Dependence Scale. DSM-IV: American Psychiatric Association. M-CIDI: Munich Composite International Diagnostic Interview.

[16] Early Warning System. National Profiles. Spain (Page 147).
http://www.emcdda.europa.eu/attachements.cfm/att_157279_EN_EWS%20profiles.pdf

[17] Report of the Spanish Observatory on Drugs, 2011. The Spanish Warning System (Page 192).
http://www.pnsd.msc.es/Categoria2/observa/pdf/oed2011.pdf

Another action that has been set up is the publication of the "emerging drugs[18]" report, written by the experts of the Clinical Committee of the DGPND. This provides professionals with a practical manual that puts together current knowledge about emerging drugs and their effects on health, provides updated information about the situation of use of these substances in Spain and reviews some of the legal and social aspects that are related.

Another of the lines of action consists of adapting the Information Systems to obtain data about the "new drugs" or "emerging drugs", to do this, the substances that are declared in the "Admissions to Treatment Indicator" or the "Hospital Emergencies Indicator" are reviewed and specific modules have been introduced on new drugs in the periodical surveys.

The EMCDDA is also encouraging information being obtained in this field from the Early Warning System, as well as the systems for compiling information. It specifically insists on the need for and use of introducing modules on "new psychoactive substances" in the population surveys and it is working to develop a common module that can be used by the various countries.

All the above justify the need to have data available about the "new drugs" or "emerging drugs" and the student survey is a robust tool which enables us to obtain this information.

Preliminary information about emerging drugs in surveys.

In Spain, a module was introduced about new substances in the survey on the general population (15-64 years of age) in 2011 (EDADES 2011) and in the student survey (14 to 18 years of age) in 2010 and 2012. (ESTUDES-2010, ESTUDES-2012). The modules introduced in these three surveys are similar, although they were adapted to the needs, adding substances and including new questions.

Methodology

The "new drugs" module in ESTUDES 2012 includes 97 items that compile information about prevalence of use, perception of risk, availability and forms of purchasing these substances. The substances that are asked about are Ketamine, Spice, Piperazine, Mephedrone, Nexus, Methamphetamine, magic mushrooms, Research Chemicals, Legal highs, Seer's Sage and Anabolic steroids.

Results

Prevalence of use of emerging drugs

3.9% of secondary school students aged between 14 and 18 admitted that they had used some kind of emerging substance at some time in their life; 2.7% in the last 12 months and 1.4% in the last 30 days.

In view of the fact that the target population of the study is aged between 14 and 18, the records of use are limited and the prevalence of ever-in-lifetime, last year and last month use can overlap. Therefore, throughout the chapter on emerging drugs, it refers to ever-in-lifetime use.

Comparing the results by gender, the proportion of boys who use emerging drugs doubles that of girls (5.2% versus 2.6%) and, by age, the prevalence increases along with the age of the students, although the most significant increase is recorded after the age of 16 (17- and 18-year-old students

[18]Emerging Drugs (in English)
http://www.pnsd.msc.es/Categoria2/publica/pdf/DROGAS_EMERGENTES_ingles_WEB.pdf

show a prevalence of 5.1% and 7.3% respectively). In the rest of the age groups, the percentages of use are found at 1.4%, 2.4% and 3.3% respectively, for 14, 15 and 16-year-olds.

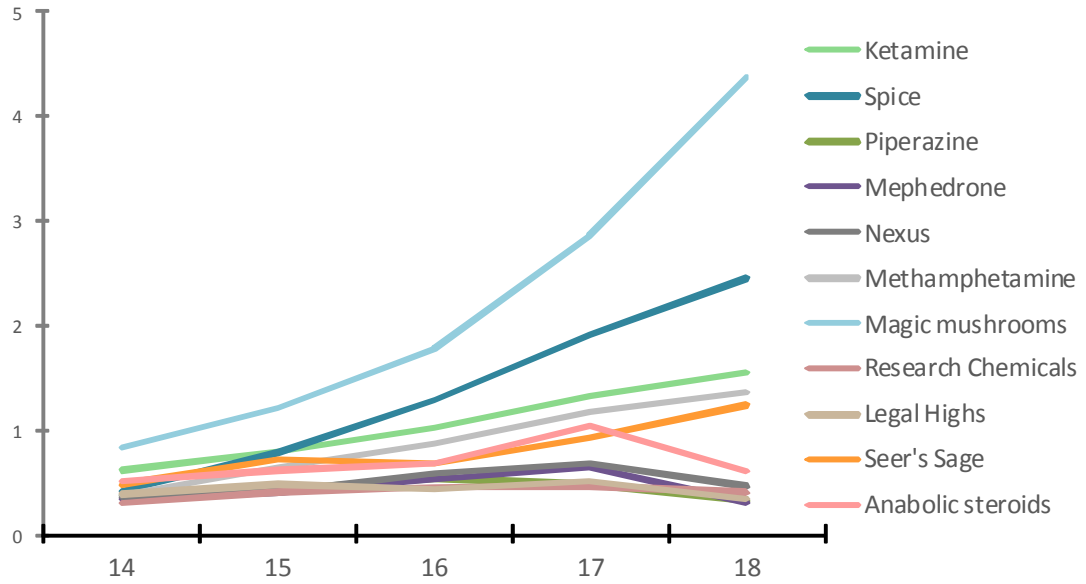
Depending on the emerging drug being considered, the proportion of users is found between 0.4% and 2.2% of the young people questioned (Table 2.48 and (Figure 2.47).

Table 2.48. Prevalence of ever-in-lifetime drug use among secondary school students aged between 14 and 18, by age and gender (%). Spain, 2012

	TOTAL			BY AGE AND GENDER														
	T	M	W	14 T	14 M	14 W	15 T	15 M	15 W	16 T	16 M	16 W	17 T	17 M	17 W	18 T	18 M	18 W
Ketamine	1.1	1.5	0.7	0.6	0.8	0.5	0.8	0.9	0.7	1.0	1.5	0.6	1.3	1.8	0.8	1.6	2.3	0.7
Spice	1.4	1.9	1.0	0.4	0.6	0.2	0.8	0.8	0.8	1.3	2.2	0.4	1.9	2.5	1.3	2.5	2.7	2.1
Piperazine	0.4	0.6	0.3	0.4	0.6	0.1	0.4	0.4	0.5	0.5	0.9	0.2	0.5	0.7	0.3	0.3	0.3	0.4
Mephedrone	0.5	0.7	0.2	0.3	0.5	0.1	0.4	0.4	0.4	0.5	1.0	0.1	0.6	1.0	0.3	0.3	0.2	0.4
Nexus	0.5	0.8	0.3	0.4	0.5	0.2	0.4	0.4	0.4	0.6	1.0	0.1	0.7	1.1	0.3	0.5	0.5	0.4
Methamphetamine	0.9	1.3	0.6	0.4	0.5	0.2	0.6	0.7	0.6	0.9	1.3	0.5	1.2	1.7	0.7	1.4	1.9	0.8
Magic mushrooms	2.2	3.0	1.4	0.8	1.4	0.3	1.2	1.2	1.2	1.8	2.8	0.8	2.9	3.7	1.9	4.4	6.0	2.7
Research chemicals	0.4	0.6	0.2	0.3	0.5	0.1	0.4	0.4	0.4	0.5	0.8	0.1	0.5	0.7	0.2	0.4	0.4	0.5
Legal highs	0.4	0.6	0.3	0.4	0.6	0.1	0.5	0.4	0.6	0.4	0.8	0.1	0.5	0.7	0.3	0.3	0.4	0.3
Seer's Sage	0.8	1.2	0.4	0.5	0.7	0.2	0.7	0.8	0.7	0.7	1.2	0.2	0.9	1.3	0.5	1.2	2.0	0.4
Anabolic steroids	0.7	1.1	0.3	0.5	0.9	0.2	0.6	0.8	0.5	0.7	1.3	0.1	1.0	1.6	0.4	0.6	0.8	0.4

M = men. W = women. T= total (men plus women) .
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.47. Proportion of ever-in-lifetime emerging drug users among secondary school students aged between 14 and 18, by age. (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

The most popular emerging drugs are magic mushrooms (2.2%), Spice (1.4%) and Ketamine (1.1%) closely followed by Methamphetamine (0.9%) and Seer's Sage (0.8%), while Piperazine, Legal highs and Research chemicals are found considerably less widespread among this group of population (0.4%) (Figure 2.48).

Among boys, as we have already mentioned, there are greater proportions of users for all the emerging drugs, although the differences between genders are more appreciable (approximate ratio of 2:1) in the case of the most prevalent drugs: Magic mushrooms (3% versus 1.4%), Spice (1.9% versus 1%) and Ketamine (1.5% versus 0.7%).

In terms of evolution, the prevalence of use of this group of substances is very similar to that of the previous edition (Table 2.49) in all the substances considered, although the use of Spice underwent an increase in 2012 (1.1% in 2010 to 1.4% in 2012) and the proportion of users of Legal highs has considerably dropped (from 0.7% in 2010 to 0.4% in 2012).

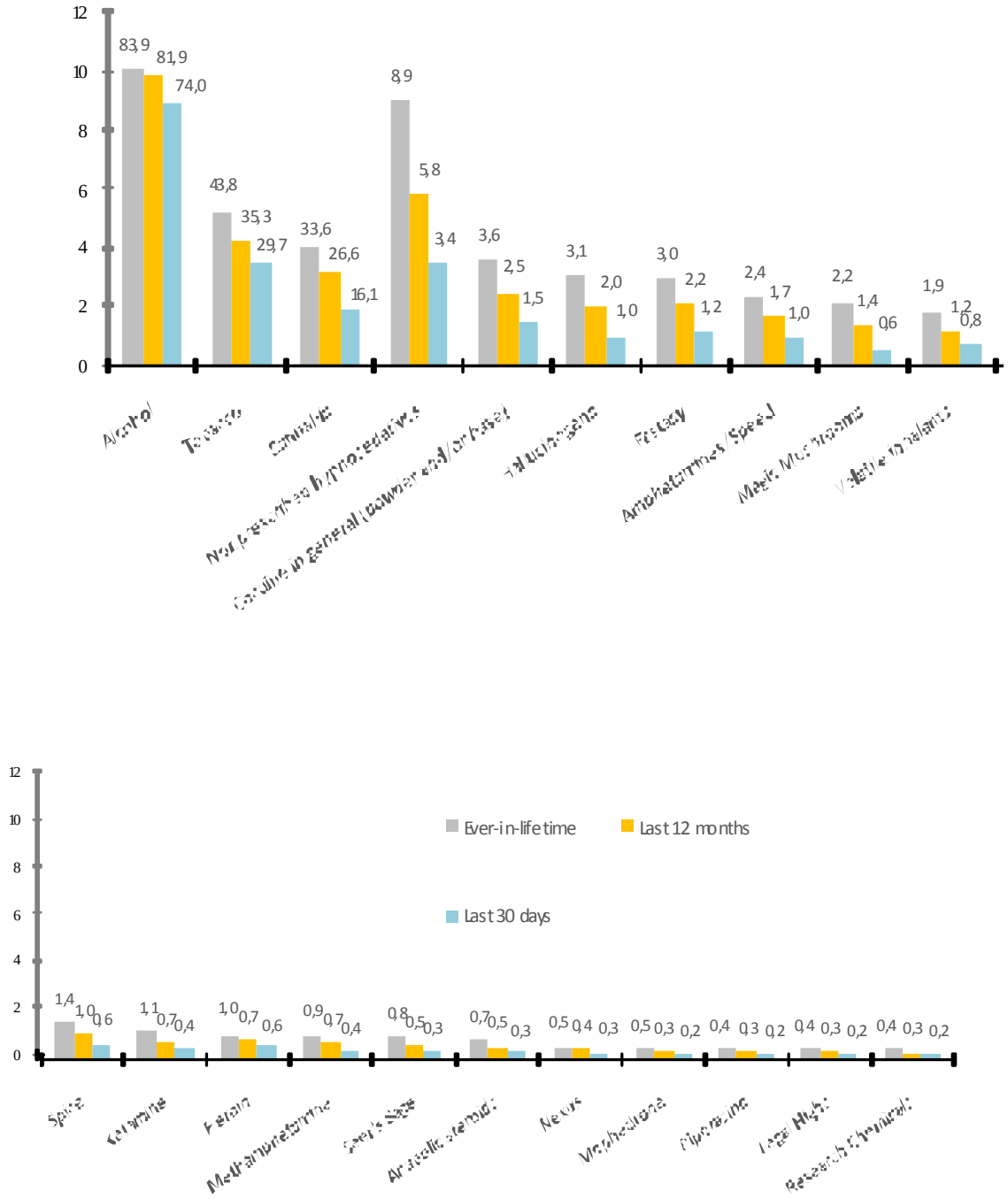
Table 2.49. Evolution of the prevalence of emerging drug use among secondary school students aged between 14 and 18 (%). Spain 2010-2012

	Ever-in-lifetime prevalence of use		Last year prevalence of use		Last month prevalence of use	
	2010	2012	2010	2012	2010	2012
Ketamine	1.1	1.1	0.8	0.7	0.4	0.4
Spice	1.1	1.4	0.8	1.0	0.5	0.6
Piperazine	0.4	0.4	0.3	0.3	0.2	0.2
Mephedrone	0.4	0.5	0.3	0.3	0.2	0.2
Nexus	0.5	0.5	0.3	0.4	0.2	0.3
Methamphetamine	0.8	0.9	0.6	0.7	0.4	0.4
Magic mushrooms	2.1	2.2	1.6	1.4	0.7	0.6
Research chemicals	0.4	0.4	0.3	0.3	0.2	0.2
Legal highs	0.7	0.4	0.6	0.3	0.5	0.2
Seer's Sage	-	0.8	-	0.5	-	0.3
Anabolic steroids	-	0.7	-	0.5	-	0.3

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Despite the fact that, for the moment, the prevalence of emerging drug use does not reach such high figures in Spain as it does for some other countries in the EU, Australia, etc., and that the difficulty in proving or ruling out their role in intoxications or deaths have prevented the existence of social alarm, it is interesting to observe the magnitude of use of some of these substances in the context of the rest of psychoactive substances to which attention has classically been paid.

Fig. 2.48. Prevalence of ever-in-lifetime, last year and last month drug use among secondary school students aged between 14 and 18 (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Perception of risk of emerging drugs

The perception of risk associated to using emerging drugs is greater when compared to habitual users (once a week or more) rather than sporadic users (once a month or less). In any case, considering students who are able to assign a determined risk, as well as those who do not do so (because they have never heard of the substance), it can be seen that the proportion of students who are unaware of the emerging drugs is very noticeable. The least known substances by students are Legal highs (72.4% had never heard of them) followed by Research chemicals (71.3%), while these proportions of unawareness are more reduced in the case of Anabolic steroids (42.1%) and magic mushrooms (42.6%) (Table 2.50).

Table 2.50. Percentage of secondary school students aged between 14 and 18 who are unaware of the health problems that some of these substances may involve because they have never heard of them. Spain, 2012.

	Have never heard of this drug
Ketamine	55.5
Spice	59.2
Piperazine	69.1
Mephedrone	69.4
Nexus	68.9
Methamphetamine	46.2
Magic mushrooms	42.6
Research chemicals	71.3
Legal highs	72.4
Seer's Sage	69.2
Anabolic steroids	42.1

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).
Cases of people who did not know or did not answer have been excluded

If we only consider the students able to link a determined risk to the use of emerging drugs, the perception of risk associated to its habitual use is fairly general among the students who are familiar with the substance (more than 80% of students who state they have heard of the different drugs about which they were asked, believe that their habitual use can involve a lot of or quite a lot of problems regarding health or of another kind).

Nevertheless, when it comes to sporadic use, the perception of risk decreases, and magic mushrooms and anabolic steroids become the substances which, among a lower proportion of students who are aware of their existence, are attributed with risk when used once a month or less (65.3%). To the contrary, the substance which most students consider could produce problems, even if taken sporadically, is Research Chemicals (76.7%) (Table 2.51) .

For all the substances analysed in this part, the percentage of women who perceive their use as potentially dangerous is higher than that which is registered among men. By age, we observe a greater perception of risk among the older students, initially justified because among the younger students there are high percentages who are unaware of the problems.

Table 2.51. Perceived risk by secondary school students aged between 14 and 18 of the ever-in-lifetime use of emerging drugs (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems), by gender and age (%). Spain, 2012.

	Total	Gender		Age				
		M	W	14	15	16	17	18
Taking Ketamine	**68.2**	66.0	70.5	63.4	64.2	65.4	69.8	74.9
Taking Spice	**72.4**	70.1	74.9	70.0	67.9	70.8	74.0	77.4
Taking Piperazine	**74.4**	71.3	78.2	69.3	70.5	72.6	76.2	80.8
Taking Mephedrone	**74.8**	72.2	78.0	70.5	71.7	71.4	77.2	81.3
Taking Nexus	**75.3**	72.4	78.8	70.8	70.9	73.1	77.3	82.2
Taking Methamphetamine	**75.4**	73.1	78.2	72.4	72.7	74.3	76.2	80.7
Taking Magic mushrooms	**65.3**	62.4	68.5	67.3	65.9	64.5	63.6	67.6
Taking Research chemicals	**76.7**	73.3	81.2	70.9	72.5	75.1	79.2	82.5
Taking Legal highs	**74.0**	71.3	77.4	69.8	69.5	71.9	77.0	79.3
Taking Seer's Sage	**71.2**	67.8	75.5	67.4	68.8	70.2	72.2	75.3
Taking Anabolic steroids	**65.3**	61.4	70.3	62.3	62.6	63.5	65.6	72.3

M = men. W = women.
Cases of people who did not know or did not answer have been excluded
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Differences were also perceived depending on whether the interviewee had used the substance in question or not, as, among users, there is a lower association of the risk.

Analysing whether those who have ever used each substance are aware of the problems related to occasional use, the highest levels of lack of knowledge appear among users of Research chemicals, Mephedrone and Nexus. Thus, even if they are users of these substances, 22.3%, 19% and 18.6% of users of these substances, respectively, were not able to decide whether their use could cause problems or not.

In 2012, a considerable increase was recorded in the proportion of students who are aware of the problems, regarding health and other kinds, that can come with the use of emerging drugs. This increase is found both among users and those who have not used them. (Table 2.52).

Table 2.52. Evolution of the percentage of secondary school students aged between 14 and 18 who are unaware of the health problems that can come with the ever-in-lifetime use of any of the following emerging drugs, according to whether or not they use the substance (%). Spain 2010-2012

	They are not aware of the health problems that they can cause					
	Everyone		Those who use this substance		Those who do NOT use this substance	
	2010	2012	2010	2012	2010	2012
Taking Ketamine	42.8	32.8	19.5	15.0	43.1	33.1
Taking Spice	45.2	34.1	23.9	9.9	45.5	34.6
Taking Piperazine	49.3	40.9	35.3	17.8	49.4	41.1
Taking Mephedrone	49.7	41.4	30.3	19.0	49.8	41.6
Taking Nexus	50.3	42.2	28.7	18.6	50.4	42.4
Taking Methamphetamine	45.7	34.0	23.2	10.9	45.9	34.3
Taking Magic mushrooms	42.1	28.5	17.5	11.0	42.7	29.1
Taking Research chemicals	51.1	41.2	28.8	22.3	51.2	41.4
Taking Legal highs	51.2	38.7	31.3	8.2	51.3	39.0
Taking Seer's Sage	-	41.9	-	8.5	-	42.5
Taking Anabolic steroids	-	34.0	-	15.5	-	34.1

Ever-in-lifetime: Once a month or less frequently
Note: We consider users to be those who have used each of the substances at some time.
Cases of people who did not answer or who have never heard of the substance were excluded
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Table 2.53 shows how the users of the substances analysed give a lower perception of risk than non-users, there also being important differences depending on the substance. It should be taken into account that the sub sample of users is small, but it could be seen how more than half the users of the various substances did not consider them to be dangerous. We would especially highlight the reduced association of risk shown by users of magic mushrooms (28.7%).

Table 2.53. Perceived risk by secondary school students aged between 14 and 18 of the ever-in-lifetime use of emerging drugs (proportion of students who believe that this behaviour can cause quite a lot or a lot of problems), according to whether or not they use the substance (%). Spain, 2012.

	Perceived risk Using it at all can cause rather a lot of or a lot of problems	
	Those who use this substance	Those who do NOT use this substance
Taking Ketamine	37.2	68.9
Taking Spice	42.9	73.4
Taking Piperazine	37.1	75.0
Taking Mephedrone	42.3	75.4
Taking Nexus	41.1	75.9
Taking Methamphetamine	43.4	76.2
Taking Magic mushrooms	28.7	66.9
Taking Research chemicals	44.9	77.2
Taking Legal highs	39.5	74.7
Taking Seer's Sage	32.1	72.4
Taking Anabolic steroids	37.8	65.7

Ever-in-lifetime: Once a month or less frequently
Cases of people who did not know or did not answer have been excluded
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).
We consider users to be those who have used each of the substances at some time.

Perceived availability of emerging drugs

As far as the perceived availability is concerned, in other words, the ease with which those interviewed believe that they can obtain each of the substances studied within 24 hours, data obtained based on those who said they know the substances is shown. Depending on the substance, between 30.4% and 55.4% of the interviewees did not know them and around 20% did not answer, this means that, depending on the type of substance, between 54% and 74% of the interviewees did not give a response to the perceived availability.

Among those who gave an answer, anabolic steroids are the substances that are considered to be easily available by a greater percentage of the population (53.9%) as, approximately one out of every two people who are familiar with this substance feel that they could easily/very easily obtain it within 24 hours. The same is the case of the 52% who are familiar with magic mushrooms and the 43.6% who know methamphetamine. The rest of the substances studied show figures that also surpassed 30%. (Table 2.54), Piperazine and Mephedrone are the substances considered to be the most difficult to acquire.

Table 2.54. Evolution of the perceived availability of psychoactive substances among secondary school students aged between 14 and 18 (proportion of students who believe that it would be easy or very easy to obtain each drug) depending on ever-in-lifetime use or not of the substance (%). Spain 2010-2012

	Perceived availability It is relatively easy or very easy to obtain it					
	Everyone		Those who use this substance		Those who do NOT use this substance	
	2010	2012	2010	2012	2010	2012
Ketamine	40.2	41.8	83.6	74.4	39.4	41.0
Spice	39.8	42.5	79.1	73.4	39.0	41.4
Piperazine	31.5	34.2	75.6	66.2	31.2	33.8
Mephedrone	30.9	34.2	78.2	66.2	30.5	33.8
Nexus	30.5	34.6	73.4	66.2	30.1	34.1
Methamphetamine	39.8	43.6	80.5	74.7	39.2	43.0
Magic mushrooms	50.3	52.0	84.7	84.2	48.9	50.4
Research chemicals	30.6	34.2	67.0	75.6	30.3	33.8
Legal highs	32.8	35.1	79.3	73.9	32.2	34.7
Seer's Sage	-	37.3	-	75.4	-	36.4
Anabolic steroids	-	53.9	-	72.7	-	53.7

Cases of people who did not know or did not answer have been excluded

Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

As is the case for the perception of risk, the perceived availability also varies according to whether or not the interviewee is or has been a real user of the substance to which the question refers. Among users, the proportion of those who consider that the different substances are easily accessible is usually greater, which is confirmed in view of the results.

The data for 2012 indicates that among students in general, the perceived availability of these substances is greater than that shown in the data for 2010, as occurs among young people who have never used the substances. Nevertheless, among real users, the perceived availability in 2012 is lower than that which was given for 2010.

Polydrug use in users of emerging drugs

In this part, we aim to study the relationship between the use of emerging drugs and that of other psychoactive substances (legal and illegal).

Among users of emerging drugs, the prevalence of use of other substances is high. The data obtained in ESTUDES 2010 and EDADES 2011 show us that it is very infrequent to find emerging drug users who only take this kind of substance and not any other. In this respect and confirming this data, the results of ESTUDES 2012 show that practically all students who have at some time in their life used some kind of emerging drug also used some legal substance in the last 12 months (98.4%) and in the last 30 days (97.7%).

The use of an illegal substance (cannabis, cocaine, ecstasy, amphetamines, hallucinogens, heroin or GHB, according to EMCDDA) is also usual among this population, in such a way that 85.8% of users of emerging substances also took some illegal substance during the last year, 73.1% in the last month, with the prevalence being notably lower among students who have never used emerging drugs (24.5% for the last year and 14.3% for the last month).

These differences in the prevalence of use of other psychoactive substances among users of emerging drugs and those who have never used this type of substance are clear in all the substances taken into consideration: 68.2% of ever-in-lifetime users of any emerging substance smoked cannabis in the last month (as opposed to 13.9% of non-users of emerging drugs), 23.2% took cocaine in the last month (as opposed to 0.5% of non-users of emerging drugs), 20.8% used ecstasy in the last month (as opposed to 0.4%) and 20.6% took hallucinogens (as opposed to 0.2%).

There are also significant differences regarding the intensive drinking of alcohol among users of emerging drugs and those who do not take them. Thus, among the people who admit to having taken emerging drugs, 80.9% went binge drinking in the last month and 69.9% got drunk during the same period. Of those who have never used emerging drugs, the proportions of binge drinkers and students who got drunk in the last month dropped by half, 40.2% and 29.2%, respectively).

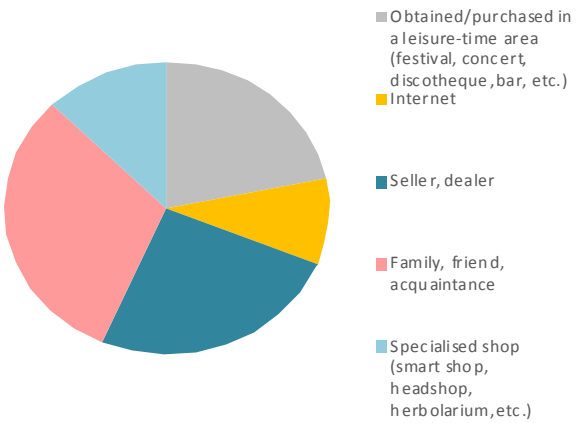
As far as habits of going out in the evening are concerned, of the students who took one or more emerging drugs at any time in their life, 32.2% state that during the last year they went out two nights a week and 22% stated three or more nights a week. Among the young people who have never taken these substances, the proportion of students who go out at night is lower: 20% went out two nights a week and 7.6% three or more nights a week.

Analysing the time they got home after their last night out before the survey, the proportion of users of emerging substances did not reach 4% in any case, among the students who got home before 4 o'clock in the morning. However, 5.9% of those who got home between 4 and 8 o'clock had taken emerging drugs on some occasion, with the proportion increasing up to 14.1% when we look at those who got home after 8 in the morning.

Channels for obtaining emerging drugs

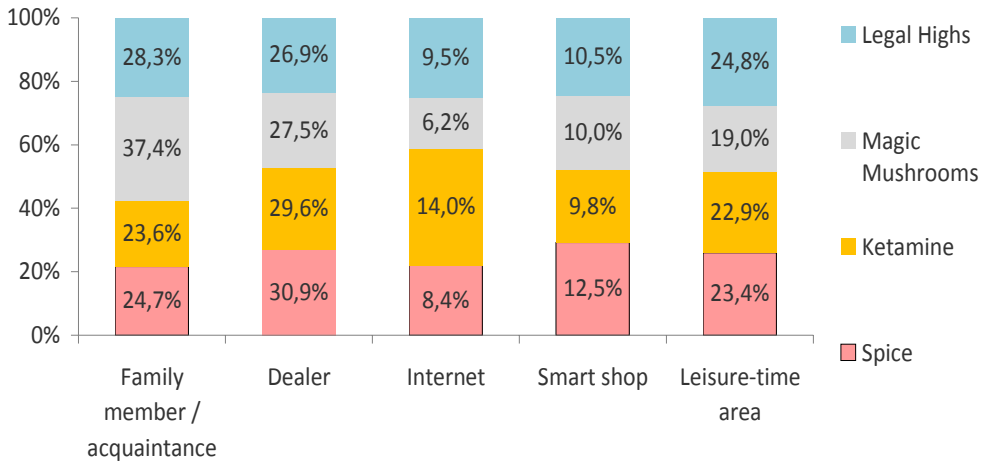
On analysing the different channels by means of which users of emerging drugs (one or more substances) managed to obtain them, it can be seen that the most commonly used channel by the greatest proportion of them was through a friend or acquaintance (31%), followed by sellers or dealers (25%), in leisure time areas (21.8%) and smart shops/headshops (12%) (Figure 2.49). Finding differences depending on the substance (Figure 2.50).

Fig. 2.49. Channels for obtaining emerging drugs among those who have obtained them at any time, in 14 to 18-year-old students (%). Spain, 2012.



Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

Fig. 2.50. Channels for obtaining different emerging drugs among those who have obtained them at any time, in 14 to 18-year-old students (%). Spain, 2012.



Note: In this graph "," means decimal.
Source: Spanish Observatory on Drugs. Survey on drug use among Secondary School Students in Spain (ESTUDES).

It is particularly worthwhile mentioning the use of the Internet as a channel of access for emerging drugs, as this channel has played a fundamental role in the rest of the European countries in the dissemination of information about many of these substances, particularly those that have appeared most recently (Spice, Mephedrone, Legal highs, Research chemicals, etc.) and have also allowed easy

access to them on websites with fairly affordable prices and minimum requirements for personal identification of the purchasers. It should not be forgotten that the Internet is, for the younger population, a commonly used tool which enables and increases recreational options with very little effort. However, in Spain this does not seem to have been the case. Figure 2.49 shows that only 9.4% of those who said they had had access to/purchased any of the emerging drugs did so through the Internet, representing 0.6% of the entire population of 14- to 18-year-old students. It is very surprising that the Internet should have such little importance in acquiring substances, however we need to make a follow-up on this channel to prevent it becoming an “easy” entrance for certain substances, as occurs in other countries.

3. PREVENTION

3.1. Introduction

Prevention in Spain continues to focus mainly on the individual and is undertaken largely by means of educational programmes aimed specifically at the school environment.

This year the scope of the majority of programmes declined with respect to previous years, except in the case of selective programmes that were aimed at minors at risk, which have kept to the rising trend of the last few years. The descent in the number of participants in programmes of alternative leisure is especially significant, this figure has dropped over the years, although a significant downturn was recorded in 2011, as was a drop in the number of parents in prevention programmes, an event which has interrupted the rising trend of recent years.

Table 3.1. Number of participants in prevention programmes 2008-2011

	2008	2009	2010	2011
Nº of schoolchildren in structured programmes	1,602,821	1, 394,755	1,512,735	1,296,106
Nº of schoolchildren in specific activities	400,000	435,499	994,739	438,612
Nº of trained teachers	30,180	68,043	67,078	55,986
Nº of family members	152,822	172,923	219,260	131,332
Nº of minors at risk	41,489	37,352	45,861	74,388
Nº of participants in alternative leisure programmes	565,650	495,857	404,692	296,049

3.3. Universal Prevention

Prevention at School

In all autonomous communities, prevention at school is organised in coordination with the regional ministries of education, which jointly produce the offer of those programmes available to schools.

According to data from the autonomous communities, preventative activity was reduced in 2011, in terms of both the number of schoolchildren who take part in activities, and the number of teachers trained to implement these programmes. **1,296,106 pupils took part in structured programmes**, compared to the 1,512,735 in the previous year. **The number of teachers dropped, from 67,078** to **55.986**, i.e. by 11,000 teachers. It must be remembered that this data does not reflect all school prevention activities, as it only includes that information facilitated by the Autonomous Plans on Drugs.

Fig. 3.1. The Number Schoolchildren in Structured Prevention Programmes (2011 Autonomous Plan on Drugs Report)

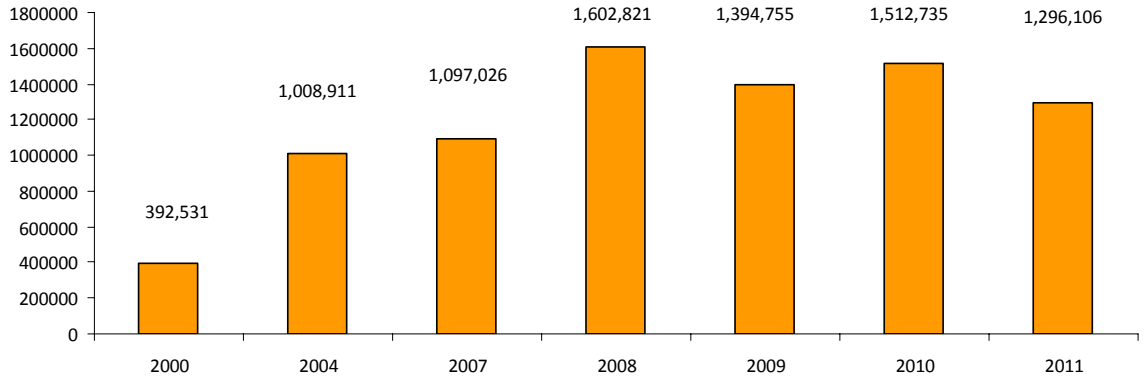
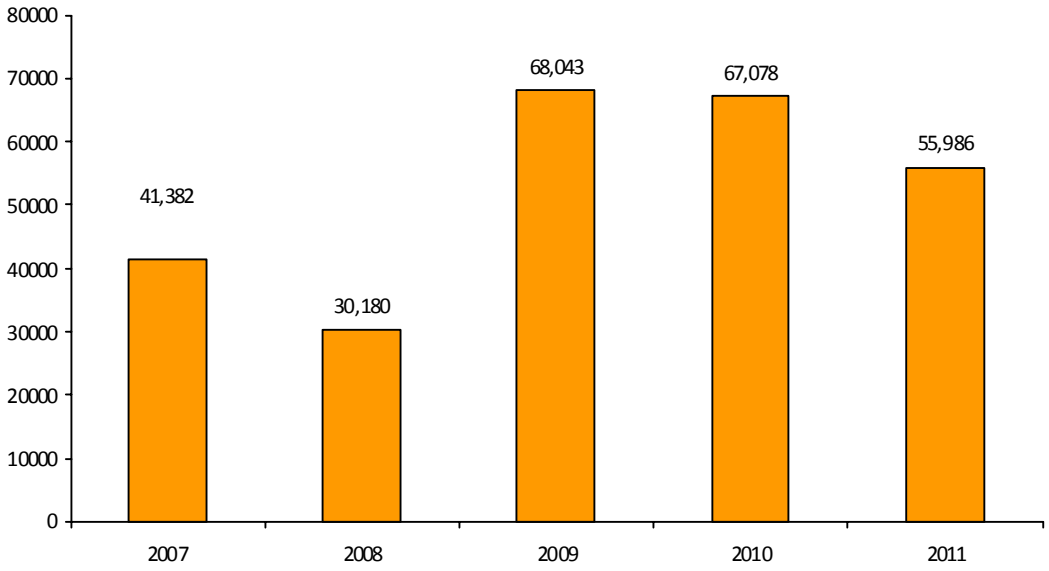
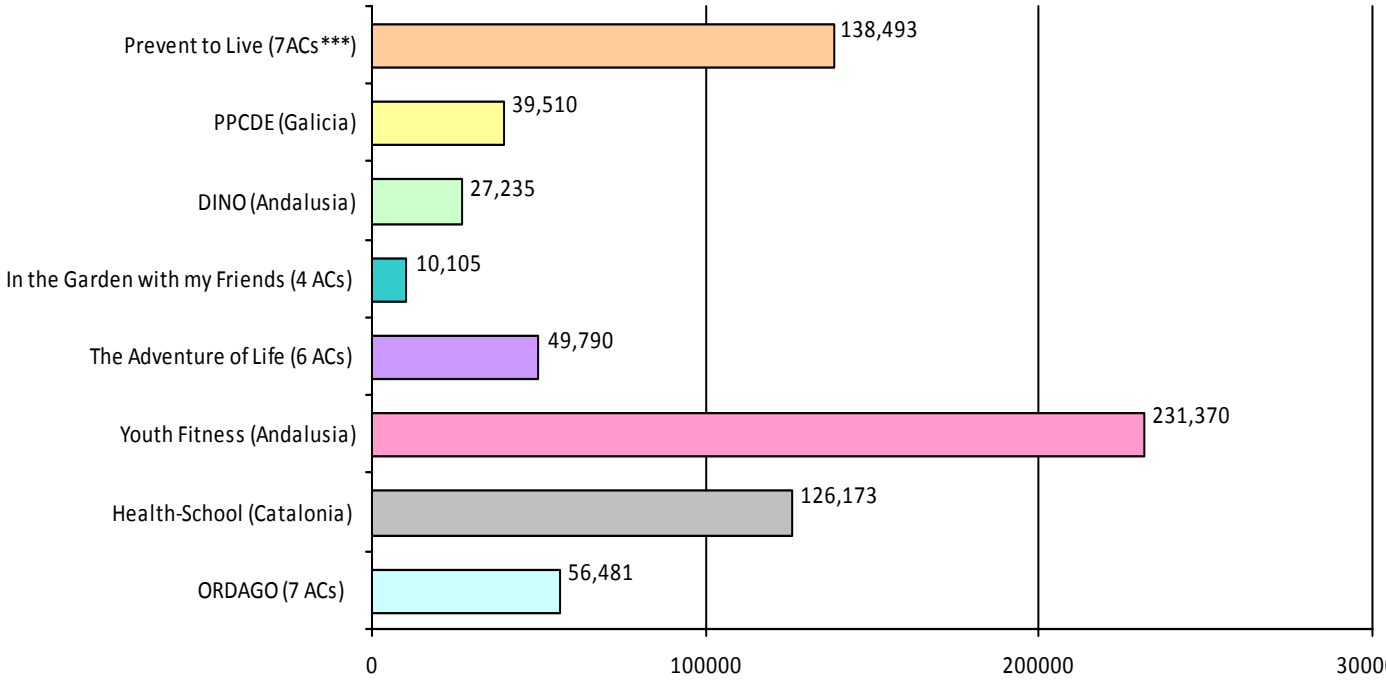


Fig. 3.2. The Number of Teachers trained in Prevention 2007-2011



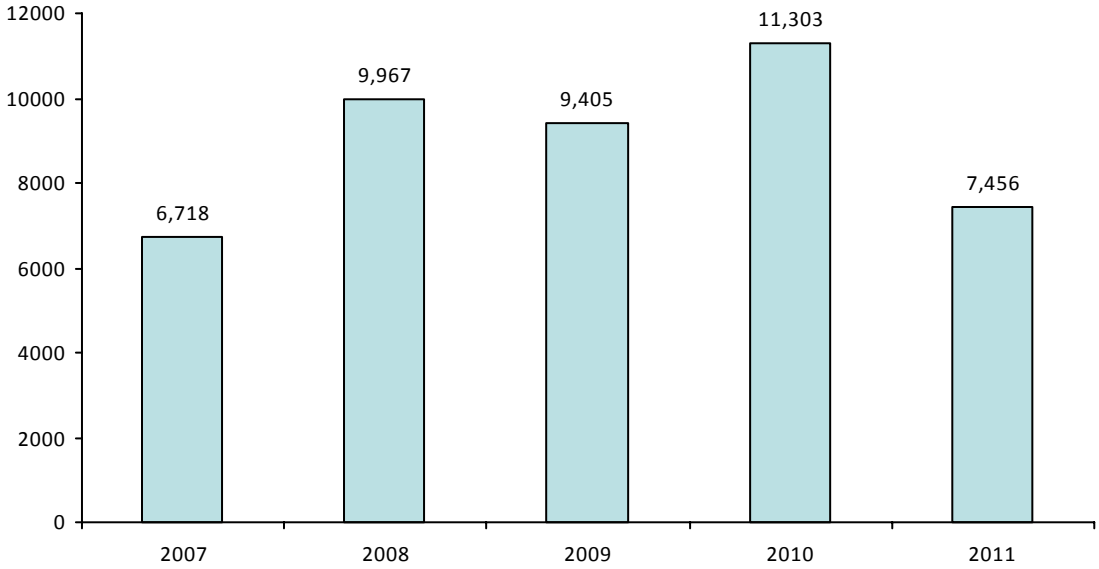
With respect to those programmes that have been most implemented in Spain, and according to the information provided by the Autonomous Plans on Drugs, these are the same as during previous years: the FAD (Foundation Against Drug Addiction) 'Prevent to Live Programme', with a scope of 138,000 schoolchildren in 2011, compared to 243,000 in 2010 in the 'Youth Fitness Programme' of Andalusia (231,000), the 'Ordago Programme' of the Edex Foundation (56,000), and the PPCDE of Galicia, with 39,510 participants, compared to over 73,000 with respect to the previous year. There are still over 100 different models of programmes implemented in Spain, even though very few of them have been evaluated. It must be noted that in Extremadura, which is one of the autonomous communities implementing the 'Prevent to Live Programme', the University of Extremadura is evaluating its results.

Fig. 3.3. The Most Widespread School Programmes in Spain, 2011



The **descent in the number of schools involved in implementing prevention programmes** is of significant concern, this fact clearly explains reductions in the scope of these programmes. Almost 4,000 schools involved in prevention programmes now no longer participate in the latter.

Fig. 3.4. The Number of Schools participating in Prevention Programmes, 2007-2011



With respect to initiatives in universities, work is continuing with information and awareness programmes with respect to alcohol abuse and the use of other drugs. Many of these programmes foster the participation of university students, who are trained beforehand in order to communicate health promotion and drug use prevention messages. In Andalusia programmes have been launched

in 9 of its public universities, with training, awareness and investigation activities and, as an interesting new feature, the initiation of subjects relating to drugs in three universities have been initiated.

In the region of Castilla and Leon different awareness and training initiatives were undertaken for mediators that were directed at public university students as part of an agreement undertaken in 2009. The work carried out in this autonomous community for the *Promotion of the Fulfilment of Current Legislation on Drugs in Universities* is of special interest, and opens up a process of reflection and debate with the participation of all those sectors involved in the university sector, with tangible results, such as the increase of requirements for university parties on the Leon campus, or the elimination of parties where alcohol is present on the Campus of the University of Valladolid. The universities of Burgos and Salamanca have kept to their policy of not permitting university parties where alcohol is consumed, which in the case of Burgos has been supported by an alternative proposal ('Play in the UBU') where different sports and leisure activities that promote healthy leisure time activities is being undertaken.

Catalonia has continued to apply two awareness programmes in its universities: 'With all Faculties' and 'Xiringu'. Murcia has continued its 'Universan@s Programme' (winner of the Reina Sofia Award against Drug Addiction" for Social Work in 2010), and which, through the use of new technological innovations, is easily available to university students and which includes the offer of online queries for university drug users.

Family Prevention

According to information from the Autonomous Plans on Drugs, in 2011 **131,332 parents took part in family prevention programmes**, which is the lowest figure attained in the last five years and is a significant reduction in the number of participants in these programmes. It must also be taken into account that until this year the trend had been a rising one and that at the moment this is changing. If the scope of family programmes was low to date, it is now at worrying levels, as the investigation shows that family programmes are those that demonstrate the highest preventative capacity in the educational programmes section.

Not all is bad news however, as beside this situation we find ourselves with new initiatives that may give results in coming years, such as the FAD or Proyecto Hombre online training programmes for families that attempt to improve the ever-difficult participation of parents in these programmes, or initiatives - such as that undertaken by Irefrea, whose aim is community mobilisation and the involvement of families in environmental prevention. The two largest Spanish parent associations CEAPA and CONCAPA are working with this initiative.

In addition to those programmes aimed at parents, the participation of parents in school prevention programmes must also be taken into account, either in specific modules directed at parents or through the inclusion of activities for the home in the abovementioned school programmes.

Community Prevention

Programmes in Leisure Areas

The number of participants in alternative leisure programmes continues to descend. In 2011, according to autonomous community data, there were 296,049 participants (404,692 in 2010**),** which comes to a total of some 100,000 less than for the previous year. Another type of intervention in a leisure context is that carried out in nocturnal leisure areas. In this type of context, actions aimed at the hospitality industry are increasing. The majority of these initiatives involve providing information, awareness campaigns and risk reduction in these contexts, however working with the hospitality

sector for the promotion of healthy leisure activities is being developed at an increasing rate. One noteworthy example is that of the Balearic Islands, where the 'Platform for Quality Leisure in the Balearic Islands' has been created; a measure involving 30 representatives from different organisations and administrative bodies (the nocturnal leisure industry, hotel proprietors, the, CAEB, PIMEM (local business associations), social organisations (federations, associations, local residents, parents and young people), government bodies (at autonomous, island and council levels).

Catalonia is continuing with the propagation of the 'Q for Quality' label in health, which is aimed at leisure businesses that follow those recommendations of the General Department for Drug Addiction aimed at the creation of healthy, safe environments for their clients and in the same vein, local participatory platforms have been created with key actors in order to implement preventative coordinated strategies with consensus.

In the region of Castilla and Leon the 'Responsible Serving of Alcoholic Beverages' or DRA programme is being implemented, which consists of short modules lasting between 3 to 4 hours to motivate companies in addition to workshops that last between 4 to 8 hours for professionals and hospitality sector students on the responsible serving of alcoholic drinks. 17 workshops of this kind were carried out in 2011. In addition to the above is the National Programme on the Prevention of Drug Use in the Hospitality Centre, which is run by the Government Delegation of the National Plan on Drugs and the Spanish Hospitality Federation (see Chapter 3 in the Prevention section).

The Government Delegation of the National Plan on Drugs is continuing with its national prevention plan in the hospitality sector in cooperation with the Spanish Hospitality Federation. As part of this strategy materials have been published (a code of good practices and a 10-point item list, in addition to training manuals and signs for establishments). Two web pages have been launched, with a training platform for hospitality professionals and another support platform for healthy leisure circuits.

The health sector

Initiatives of distinct types have been focused on the health sector. On the one hand, the training of health professionals, which is undertaken in some autonomous communities; Valencia has a short-term training programme for alcohol-related first aid problems in which 141 employees in this sector took part in 2011, in addition to another prevention programme to counter alcohol consumption during pregnancy and breastfeeding, with online awareness and training initiatives in which 547 primary care centres participated.

Murcia implemented the 'ARGOS Programme' (Alcohol Consumption Prevention from Primary Care Centres), which was also funded by the Fund of Seized Assets, with the secondary-programmes *ARGOS-Murcia, ARGOS-Nato* and *ARGOS-Comunitario,* which were given a special mention in the 2011 Reina Sofia Awards against Drug Addiction for Social Work, of the Red Cross CREFAT Foundation.

In Madrid, the Drug Enforcement Agency launched the 'ACTUA Programme' in 2010, on the universal prevention of drug dependency. This measure aims to provide medical personnel and other workers with the know-how and skills to enhance the preventative actions they carry out with different groups so as to increase the effectiveness and efficiency of preventive actions.

The region of Asturias has continued its close cooperation with healthcare sectors (health centres, primary care and hospital management bodies) in order to develop actions in the area of prevention, with involvement in the training of healthcare staff and the prevention of drug dependency from the primary care network, especially with respect to tobacco use.

Another line of action involves **cooperation with scientific associations** in awareness and information campaigns aimed at the general population. This is the case of La Rioja, which holds its Week without Smoke together with the La Rioja Society for Family and Community Medicine, with the distribution of leaflets and posters in health centres, and with 'paseos saludables' (the promotion of health walking activities) or in Castilla la Mancha, which celebrated the 13th 'Week without Smoke' for healthcare professionals.

Finally, information and awareness activities run by healthcare professionals were also undertaken in schools. Catalonia has adopted these activities, in which nursing staff have been trained to carry out these tasks as part of the region's Health and School Programme, while the regions of Cantabria and Asturias, launched the 'Youth Consultation Programme' in different regional health centres and secondary schools, while Andalusia, launched its 'Youth Fitness Programme', with 781 information points located in secondary schools in the region.

The region of Castilla la Mancha has also followed suit, where the Primary Care Management Staff association (SESCAM) of Toledo implemented another year of their school programme, which involved talks and health workshops for schoolchildren aged between 12 and 14 in 15 secondary schools (227 sessions in which 2,760 pupils took part) in addition to a healthy message competition.

In the work sector

The most generalised actions in this sector continued to involve awareness (via campaigns and the training of professional mediators and professionals in risk prevention services), which were carried out in many autonomous communities in preventative campaigns that focused on awareness promotion and the provision of information.

Company participation has also been promoted in programmes of work prevention through specific services of guidance and support, such as the 'Hand to Hand' programme in the La Rioja region that offers guidance to health workers, health insurance and prevention agencies, human resources teams, unions and other organisations in the employment sector, on the web page http://manoamano.riojasalud.es/ or in the case of Galicia, with the 'In your Reach' programme which includes a manual and a guide for companies interested in promoting prevention against drug dependency and another informative guide for employees; 'Workers, Alcohol and Other Drugs'. A total of 3,025 workers and/or businessmen benefited from operations undertaken in this area, with training sessions and awareness campaigns in companies, with the support of occupational health services and the members of company health and safety committees.

The Castilla and Leon region also followed this line of work, with measures implemented by the main trade union bodies, the CCOO and UGT, which in 2011 maintained contact and continued negotiations with 24 companies and local corporations with respect to the implementation of action plans, while also starting intervention phases in 6 companies.

Also noteworthy is the proposal of the UGT in the abovementioned autonomous community to recommend the inclusion of drug dependence prevention in collective bargaining in order to eliminate drug addiction from the disciplinary area of agreements while Article 54.2.f. remains valid as part of the Workers' Statute, thus minimising those disciplinary effects deriving from drug dependence and proposing alternative strategies of prevention.

3.4. Selective Prevention in At-risk Groups and Settings

The number of minors in selective or indicated prevention programmes increased notably in 2011, rising from 45,861 to 74,388 participants. This is the only area of prevention in which an extension of range was observed.

These programmes focus on the same population profile: minors in disadvantaged neighbourhoods or social situations, minors who are drug consumers, ethnic minorities and those in specific educational or residential centres.

The type of intervention undertaken is variable, some programmes only include the provision of basic information and awareness for minors, or the promotion of healthy leisure activities; while others enter more into the development of skills and abilities so as to reduce risk and vulnerability.

In Andalusia, education and training programmes are implemented in vocational schools and trade schools. In Castilla and Leon the 'Galilei Programme' in Social Guarantee centres continues, while in the Balearic Islands work is being undertaken with programmes aimed at minors in social guarantee programmes or with residents in specific centres. The region of Aragon has specific prevention programmes for minors at school with disciplinary records.

La Rioja has a selective prevention training programme for professionals who work in all those organisations that deal with the population at risk, in addition to teachers from the General Directorate of Education and other social educators.

Navarra has programmes and social-educational support groups for the most vulnerable groups and which are implemented by local government bodies.

Extremadura has continued its prevention programme for addictive behaviour in priority action areas, these include intervention programmes in secondary and primary schools, together with parents' and local residents' associations in those neighbourhoods concerned, and which involves the selective and indicated prevention of alcohol and other substances in minors and young people in those areas with a high risk of social exclusion.

Another group served is that of minors with substance use records. Some examples of programmes that target this group are the 'OH.com Workshop' in Castilla and Leon, which centres on young offenders with alcohol-related problems, or the 'Pandora Programme' in Extremadura; an initiative that focuses on minors punished for the illegal possession of drugs.

Street education was another frequently-used strategy, one example of which is the 'Reciella' indicated prevention programme in the region of Asturias, which is aimed at teenagers aged between 14 and 18 and young adults of between 18 and 20, with incipient or problematic drug use. The CESPA - Proyecto Hombre and the Regional Ministries for Health, Social Welfare and Justice participated in this programme. Another example is the 'Risk Antenna' programme in Castilla la Mancha.

Finally, one should also note the road accident prevention programmes related to the use of alcohol and other drugs that are being implemented in various autonomous communities, and in many cases with the participation of driving schools. One example of this was the 2011 'Change Direction' programme in Galicia, in which 9,865 young people and new drivers took part.

3.5. Indicated Prevention

The autonomous communities usually integrate selective and indicated prevention services and programmes, and therefore a large amount of information on this point is detailed in the previous section. Only one autonomous community reports on these programmes in a separate manner; Madrid, which runs its 'Indicated Multicomponent' indicated prevention service for minors who use drugs. This programme includes activities with respect to attraction, evaluation, personalised treatment plan, group intervention, family intervention and re-education by means of workshops, academic support, support in job seeking and cultural and leisure activities.

3.6. National and Local Media Campaigns

A reduction has taken place in the number of campaigns made. Nine of the autonomous cities and communities reported on the undertaking of preventative campaigns in the media and which were carried out to coincide with 'world day' celebrations (on tobacco, alcohol, drugs or addictive gambling). Economic data is not available on the costs of these campaigns. At a national level, the delegation, as with every year, has developed a campaign aimed at drug trafficking abroad under the slogan *"At customs hiding the truth is harder than hiding drugs*". This campaign was implemented in airports, train stations, ports and bus stations and cost €15,000.

4. PROBLEM DRUG USE

4.1. Introduction

Until 2012, estimates for the numbers of problem heroin, cocaine and cannabis users, and injectors of psychoactive substances were carried out in Spain, using, in each case, the methodology and information sources that were considered to be the most appropriate. However, from 2013, and in order to adapt our work to the new protocol, several changes were introduced, both to the substances, whose problematic use must be reported, and in the methodology used to calculate this use. These changes will be briefly described below; the details of the method used in previous years may be found in the 2011 Report of the Spanish Observatory on Drugs[19] and the 2012 Spanish National Report[20].

At present the number of problem, high risk users in Spain is related to the use of cannabis and cocaine. However, opioid users and injectors must be considered, while the estimates made appear to confirm a downward trend in the number of high risk opioid users and injectors, noting that in 2012, the estimates made appear to confirm a downturn in the number of high risk opioid users (previously known as "problem drug users") and injected route users (injectors).

This chapter presents the results of problem heroin, cocaine and cannabis use as well as of injectors in Spain, based on the following outline:

4.2. Prevalence and incidence estimates of PDU

4.2.1) High risk opioid use: methodology and results

4.2.2) Injected drug use: methodology and results

4.2.3) High risk cocaine use: methodology and results

4.2.4) Frequent and high risk cannabis use: methodology and results

4.3. Data on PDUs from non-treatment sources

4.4. Intensive, frequent, long-term and other problematic forms of use

4.2. Prevalence and Incidence Estimates of PDU

In 2013 estimates were made of high risk opioid users and users of injected-route drugs (injectors) based on an indirect estimate using the multiplier method. The number of high risk cocaine users was also estimated (previously "problem drug users"), through the results obtained in the EDADES 2011 General Population Survey (National Household Surveys on Alcohol and Drugs in Spain), the number of "frequent cannabis users" based on the EDADES 2011 General Population Survey, and the number of "problem cannabis users" through the application of the CAST scale (Cannabis Abuse

19 http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm)
20 http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Screening Test) in different publications of the ESTUDES school survey (National Survey on Drug Use among Secondary School Students in Spain).

4.2.1) High Risk Opioid Use

Methodology

In Spain the number of problem heroin users has been calculated by using indirect estimates. The methodology and information sources used have been adapted in order to use those that reflect reality in a more accurate manner. Table 4.1. summarises the methodology used until 2011, which may be consulted in earlier reports[21].

Table 4.1. A summary of the methodology used until 2011 in order to estimate the number of problem heroin users in Spain.

Type of Estimate	Source of Information	Estimate Years
Indirect Estimate. Multiplier Method	EDADES 2007. National Household Surveys on Alcohol and Drugs in Spain. A survey of the general population aged between 15 and 64. TDI. Treatment Demand Indicator for drug addiction. (Number of people who begin treatment for heroin addiction in this year).	2007 2008 2009 2010
Indirect Estimate. Multiplier Method (updating the multiplier value)	EDADES 2011. National Household Surveys on Alcohol and Drugs in Spain. A survey of the general population aged between 15 and 64. TDI. Treatment Demand Indicator for drug addiction. (Number of people who begin treatment for heroin addiction in this year).	2011

From 2011 the calculations were adapted in order to improve estimates and new sources of information were included. Table 4.2 summarises the calculations made for 2011 (a similar estimate was made for 2009 and 2010).

In the EDADES 2011 survey, questions were included that were necessary for applying the nominative method, as such the value of the multiplier was updated. To this end, those interviewed were asked if they knew heroin users and for each of those persons known the respondents had to indicate if they know if those named had begun treatment for heroin dependency over the last year. The value of the multiplier for 2011 was obtained in this manner (45%).

[21] Periodical reports from the 2011 Spanish Observatory on Drugs http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htmy Spanish National Report http://www.emcdda.europa.eu/html.cfm/index214091EN.html

By applying this multiplier to those "admitted for heroin treatment" (13,898) in the Treatment Demand Indicator (TDI) the figures for problem heroin users for 2011, which came to 30,884, were obtained.

However, as this figure may be an underestimate, among other reasons, because it is likely that respondents may confuse "begin treatment this year" with " currently being in treatment although having begun treatment in previous years", a parallel estimate was made by applying the multiplier to the number of heroin users who during the year were in Treatment in Outpatient Assistance Centres (OACs) in Spain. Assuming the distribution of 27.6% registered in the TDI for the percentage of heroin users in treatment, figures reveal that 25,346 people were in treatment for heroin in 2011 (91,832 in treatment for any type of drug) and by applying the multiplier, the figure of 56,324 problem heroin users was obtained.

In all events, previous estimates (30,884 and 56,324) would correspond, in general terms, to those heroin users who are not in opioid maintenance treatment (OMT). Available data shows 76,263 people in OMT (74,199 using methadone and 2,064 using buprenorphine). Taking into account that approximately 40% of those in OMT continued to use heroin, we have considered that 30,505 were also problem drug users. This figure must be added to each one of the previous estimates.

One can therefore conclude that the number of problem heroin users in Spain ranged between 61,389 and 86,829 people in 2011.

Table 4.2. An outline of the estimated number of problem heroin users. Spain, 2011.

Estimated Minimum Number of Problem Heroin Users	
1. The value of the multiplier using the 2011 EDADES survey (of 1,427 named heroin users, 643 had initiated treatment for abuse or dependency; i.e. 45%).	45%
2. The number of persons admitted to treatment for heroin from TDI. (Persons who began heroin treatment during this year).	13,898
3. The number of problem users from TDI (Part 1) (The value of the multiplier obtained in EDADES is applied to the number of those admitted to treatment for heroin from the TDI).	30,884 (13,898/0.45)
4. The number of problem users in OMT (Part 2). Persons in OMT (opioid maintenance treatment) who were consuming heroin. (There are 76,263 people in OMT, of which el 40% use heroin and were therefore considered problematic).	30,505 (76,263*0.4)
5. The minimum number of problem heroin users (sum of Part 1 and Part 2)	61,389 (30,884+30,505)
Estimated Maximum Number of Problem Heroin Users	
1. The value of the multiplier using the 2011 EDADES survey (of 1,427 named heroin users, 643 had initiated treatment for abuse or dependency; i.e. 45%).	45%
2. The number of people in treatment for drug use in outpatient assistance centres (OACs).	91,832
3. The number of persons in treatment for heroin use in outpatient centres. (It is assumed that the same percentage is treated for heroin in outpatient centres as in the TDI; 27.6% of treatments in TDI are for heroin).	25,346 (91,832*0.276)
4. The number of problem users from TCA (Part 1) (The value of the multiplier obtained in EDADES is applied to the number of people in treatment for heroin in outpatient centres.	56,324 (25,346/0.45)
5. The number of problem users in OMT (Part 2). Persons in OMT, (opioid maintenance treatment) who are consuming heroin. (There were 76,263 people in OMT, of which el 40% use heroin and who were therefore considered problematic).	30,505 (76,263*0.4)
6. Maximum number of problem heroin users. (Add Part 1 and Part 2).	86,829 (56,324+30,505)

Sources of information: EDADES: National Household Survey on Alcohol and Drugs in Spain, 2007 and 2011. (General population survey from ages 15 to 64). Spanish Observatory on Drugs; **TDI**: Treatment Demand Indicator for Drug Addiction 2009, 2010, 2011. (People who began treatment for heroin in this year). Spanish Observatory on Drugs; **OMT**: Opioid Maintenance Treatment. Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011; **TCA**: Treatment for Drugs in Outpatient Centres (people who are in treatment that year). Information from the 19 autonomous areas and cities of Spain's autonomous communities, the Annual Report of the Government Delegation for the National Plan on Drugs, 2010 and 2011.

Results

The estimates of problem drug use show that the total number of problem heroin users (prevalence) reached its maximum level in Spain in the early 1990's and with over 150,000 users and that this later descended.

The results presented are from the most recent estimates made for the years 2009, 2010 and 2011 (method explained in Table 2).

In 2011 the number of problem heroin users in Spain stood between 61,389 and 86,829 people. These figures show an average downturn of approximately 13.3% with respect to the estimated figures for 2010 (70,908 - 99,895 people) and they appear to be coherent with the drop in the importance of heroin as the primary drug for which users begin treatment for drug addiction. (Table 4.3)

Table 4.3. Problem Heroin Users. Spain, 2009-2011.

Estimate	2009	2010	2011
Average number of problem heroin users (minimum and maximum values)	82,340 (68,056- 96,624)	85,401 (70,908- 99,895)	74,109 (61,389- 86,829)
Percentage of problem users in the population. Average (minimum and maximum values)	0.25 (0.21-0.30)	0.26 (0.22-0.31)	0.23 (0.19-0.27)
Proportion of problem users per 1,000 inhabitants. Average (minimum and maximum values)	2.6 (2.1-3.0)	2.6 (2.2-3.1)	2.3 (1.9-2.7)

Source: Estimate from the Spanish Observatory on Drugs, from: EDADES: National Household Survey on Alcohol and Drugs in Spain, 2007 and 2011. Spanish Observatory on Drugs. TDI: Treatment Demand Indicator for drug addiction 2009, 2010, 2011. Spanish Observatory on Drugs. OMT: Opioid Maintenance Treatment. The Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011. TCA: Treatment for Drugs in Outpatient Centres. Information from 19 regions and cities of Spain's autonomous communities, Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011. INE: National Statistics Institute, population aged 15 to 64 in 2007 and 2001.

4.2.2. Injecting Drug Use

Methodology

The method used to estimate the number of injectors is similar to that used to estimate the problematic use of heroin and is based on indirect estimates, applying the multiplier method. As in the case of the problem heroin use, the methodology and sources of information used have been adapted in order to improve the estimates obtained.
Table 4.4 summarises the methodology used until 2011 and which may be consulted in earlier reports[22].

[22] Periodical reports from the Spanish Observatory on Drugs 2011
http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htmy Spanish National Report
http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Table 4.4. A summary of the methodology used up to 2011, to estimate the number of injectors in Spain

Type of Estimate	Source of information	Estimate Years
Indirect estimate. Multiplier method	EDADES 2007. National Household Survey on Alcohol and Drugs in Spain. A survey of the general population aged between 15 and 64. TDI. Treatment Demand Indicator for drug addiction. (Number of people who began treatment for heroin addiction in the subject year).	2007 2008 2009 2010
Indirect estimate. Multiplier method (updating of the multiplier value)	EDADES 2011. National Household Survey on Alcohol and Drugs in Spain. A survey of the general population aged between 15 and 64. TDI. Treatment Demand Indicator for drug addiction. (Number of people who began treatment for heroin addiction in the subject year).	2011

From 2011 on, the calculations were adapted in order to improve estimates and new sources of information were included. Table 4.5 summarises the calculations made for 2011 (similar estimates were made for 2009 and 2010).

The 2011 EDADES Survey allowed, through the use of the nominative method, the updating of the treatment multiplier in order to estimate the number of injectors, resulting in figures showing that 48% of named injectors had begun treatment for drug abuse or dependency.

By applying this multiplier to the 3,010 injectors admitted to TDI treatment (Treatment Demand Indicator), we obtained 6271 recent drug injectors (final year).

As has been explained in the case of problem heroin use, it is likely that this figure is an underestimate and a parallel estimate was therefore made by applying the multiplier to the number of recent injectors who underwent Treatment for Drugs in Outpatient Centres (TAC), obtaining the number of 11,863 injectors. In order to obtain this figure, the same percentage of injectors was adopted for the TAC as in the TDI (6.2%).

In all events, the previous estimates (6,271 and 11,863) would correspond, in general terms to injectors that are not in Opioid Maintenance Treatment (OMT). One would have to add the 5,796 injectors in OMT to these figures. This figure has been reached by assuming that 40% of this population used heroin during the last year and that of these users, 19% used injected routes in 2011.

One can therefore conclude that the number of recent heroin injectors (final year) in Spain ranged between 12,067 and 17,659 people in 2011.

Table 4.5. Outline of the estimated number of recent injectors (final year). Spain, 2011.

Estimated Minimum Number of Recent Injectors (final year)	
1. The value of the multiplier from the 2011 EDADES survey, (of 1551 named injectors, 741 had begun treatment for abuse or dependence 741, i.e. 48%).	48%
2. The number of recent injectors (in the last year of admission for treatment) admitted to treatment using TDI.	3,010
3. The number of recent injectors using TDI (Part 1). (The multiplier value obtained in EDADES is applied to the number of recent injectors admitted to treatment from the TDI)	6,271 (3,010/0.48)
4. The number of injectors in OMT (Part 2). (There are 76,263 people in OMT, 40% of this population has used heroin in the last year and of these 19% have injected).	5,796 (76,263*0.4=30,505 and 30,505*0.19= 5,796)
5. The minimum number of recent injectors (sum of Part 1 and Part 2)	12,067 (6,271 + 5,796)
Estimated Maximum Number of Recent Injectors (final year)	
1. Value of the multiplier from the 2011 EDADES survey, (of 1,551 named injectors, 741 had begun treatment for abuse or dependence 741, i.e. 48%).	48%
2. The number of people in Treatment for Drugs in Outpatient Centres (TCA).	91,832
3. The number of injectors in Treatment for Drugs in Outpatient Centres (It is assumed that the same percentage has injected over the last 12 months in outpatients centres as in TDI; 6.2% of those admitted to treatment injected drugs over the last year).	5,694 (91,832*0.062)
4. The number of recent injectors using the TCA (Part 1). (The multiplier value obtained in EDADES is applied to the number of recent injectors who have undergone treatment in outpatients centres).	11,863 (5,694/0.48)
5. The number of injectors in OMT (Part 2). (There are 76,263 people in OMT, 40% of this population has used heroin in the last year and of these 19% have injected).	5,796 (76,263*0.4=30,505 y 30,505*0.19= 5,796)
6. The maximum number of recent injectors (sum of Part 1 and Part 2).	17,659 (11,863+5,796)

Sources of information: **EDADES**: National Household Survey on Alcohol and Drugs in Spain, 2007 and 2011. (General Population Survey from ages 15 to 64). Spanish Observatory on Drugs: **TDI**: Treatment Demand Indicator for Drug Addiction 2009, 2010, 2011. (People who began treatment for heroin that year). Spanish Observatory on Drugs: **OMT**: Opioid Maintenance Treatment. The Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011; **TCA**: Treatment for Drugs in Outpatient Centres. (People in treatment that year). Information from 19 regions and cities of Spain's autonomous communities. The Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011.

Results

The results presented are from the most recent estimates made, for 2009, 2010 and 2011 (method explained in Table 4.5).

In Spain in 2011, the estimated number of recent injectors (over the last year) ranged between 12,067 and 17,659 people. A descent was observed in the number of injectors with respect to the estimated figures for 2009 and 2010. This fall is coherent with other sources of information that reveal a downturn of the use of this route among drug users (Table 4.6).

Table 4.6. Recent users (last year) of drugs by injection. Spain 2009-2011.

Estimate	2009	2010	2011
Number of recent injectors Average (minimum and maximum values)	18,549 (14,042- 23,056)	15,649 (12,902- 18,397)	14,863 (12,067- 17,659)
Percentage of injectors in the population. Average (minimum and maximum values)	0.043 (0.057-0.071)	0.048 (0.040-0.057)	0.046 (0.038-0.055)
Number of injectors per 1,000 inhabitants. Average (minimum and maximum values)	0.43 (0.57-0.71)	0.48 (0.40-0.57)	0.46 (0.38-0.55)

Source: Estimate from the Spanish Observatory on Drugs from: EDADES: National Household Survey on Alcohol and Drugs in Spain 2007 and 2011. Spanish Observatory on Drugs. TDI: Treatment Demand Indicator for Drug Addiction 2009, 2010, 2011. Spanish Observatory on Drugs. OMT: Opioid Maintenance Treatment. Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011. TCA: Treatment for Drugs in Outpatient Centres. Information from 19 regions and cities of Spain's autonomous communities. Annual Report of the Government Delegation for the National Plan on Drugs 2010 and 2011. INE: National Statistics Institute, population from ages 15 to 64 in 2007 and 2001.

4.2.3 High Risk Cocaine Use

It is not easy to decide what criteria to use in order consider a pattern of problematic cocaine use by virtue solely of its characteristics, as it is well know that the highly different types of combinations between the intensity of use on each occasion, the frequency of use, the age at which it is used, the other psychoactive substances that it is mixed with and the different pathological substrates of those who use it, may cause problems for users.

Methodology

A direct method based on the prevalence and frequency of use using data from the general population survey was used for the estimate for the problematic use of cocaine.

The Spanish Observatory on Drugs established criteria based on the frequency of use and vulnerability associated with age in order to define problematic cocaine users[23] and so make estimates using data from the National Household Survey on Alcohol and Drugs in Spain (EDADES) for 2009 and 2011 (Table 4.7).

However the new protocol of the "Problematic Use" indicator (currently named "High Risk Drug Use - HRDU") makes the adaptation of these criteria necessary. This protocol considers problem users to be those who have used cocaine 26 days or more over the last year. In Spain this data is not available and those who have used cocaine for 30 or more days during the last year are selected. In 2013 a new estimate was undertaken based on these criteria and using the most recent survey available (2011).

[23] Spanish National Report 2012 (http://www.emcdda.europa.eu/html.cfm/index214091EN.html)

Table 4.7. A summary of the method used for calculating problematic cocaine use in Spain.

	Type of Estimate	Source of information	Estimate Years
Up to 2012	Direct Estimate Estimate 1 (based on frequency of use). Problem users: People aged 15-64 who have used cocaine for 30 or more days over the last year and/or 10 or more days over the last month. Estimate 2 (based on user frequency and vulnerability): Problem users: People aged 15-20 who have used cocaine for 10 or more days over the last year and who have used cocaine from 1 to 3 days in the last month PLUS people aged between 21 to 64 who have used cocaine for 30 or more days over the last year and/or 10 or more days over the last month.	National Household Survey on Alcohol and Drugs in Spain (EDADES) General population survey for people aged 15 to 64. 2009 and 2011.	2009 2011
From 2013	Direct Estimate According to criteria established by the EMCDDA HRDU protocol (2012) Estimate based on user frequency. Problem users: People who have used cocaine for 30 or more days over the last year.	National Household Survey on Alcohol and Drugs in Spain (EDADES) General population survey for people aged 15 to 64 - 2011.	2011

Results

This document shows the results regarding problem drug users, which was made in 2013 (data from 2011) based on the new EMCDDA criteria. The results of previous years may be seen in the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html). It must be noted that the methodological changes made in order to adapt the criteria to the new EMCDDA protocol do not allow direct comparisons to be made, although the results with previous criteria have ranges close to those obtained using the new protocol.

According to data from the 2011 General Population Survey from 15 to 64 (EDADES) 2011 and applying the new EMCDDA protocol for the notification of problem use of psychoactive substances, 2.2% (705,821) had used cocaine at some time in the last year and 1.1% (352,910) during the last month. By applying the new criteria on problematic use (having used cocaine 30 or more days during the last year) the number of problem cocaine users in Spain for 2011 was estimated at 118,889 (93,204-144,575).

It could therefore be said that of those who used cocaine in the last month (352,910) 37.06% (118,889) were problematic, which corresponds to a figure of 4 per 1,000 inhabitants (3 per 1,000-5 per 1,000).

The EDADES Survey reveals some of the characteristics of this risk population (Table 4.8). This data shows that the problem cocaine user profile (Spain 2011) is that of a single, employed young male, of approximately 34 years of age, with a secondary school education. All used legal drugs in the last 30 days, 68.7% used another illegal substance during the same period and almost half had ever-in-lifetime experience of emerging drugs.

Table 4.8. The characteristics of problem cocaine users *. Spain 2011

	Percentage
Average age (years)	34.7
Women (%)	20.1
Highest level of education completed (%)	
No education	6.1
Primary education	20.5
Secondary education	66.8
University education	6.6
Main professional situation (%)	
Working	45.8
Unemployed not having worked	4.1
Unemployed having worked	36.0
Others	14.1
Born outside of Spain (%)	0.2
Marital status	
Single	71.1
Married	16.5
Separated/Divorced	11.2
Widow/er	1.1
Age groups	
15 to 24	16.6
25 to 34	38.1
35 to 44	27.0
45 to 54	17.3
55 to 64	0.9
Ever-in-lifetime use of emerging drugs	41.8
Use of illegal drugs in the last 30 days	68.7
Use of legal drugs in the last 30 days	100.0

* According to criteria established by the 2012 EMCDDA HRDU protocol.
Source: National Household Survey on Alcohol and Drugs in Spain (EDADES) 2011.
The Spanish Observatory on Drugs. Government Delegation for the National Plan of Drugs.

4.2.4) Frequent and High Risk Cannabis Users

In recent years greater importance has been given to the possible implications of cannabis use with respect to public health, and for numerous reasons, among which is the extension of its use among the Spanish and European population in general, the increase in demand for treatments for cannabis abuse or dependency, and the increase in pathologies associated with its use.

The vast majority of cannabis users are experimental or occasional users. However, in a considerable proportion of cases, the pattern of cannabis use increases the risk of adverse health effects; lower academic or professional performance and/or developing dependence, etc.[24,25,26,27,28,29].

These types of use are a challenge in the short and mid term in terms of service provision and public health, which means that it is important to identify their characteristics and the population groups that are most vulnerable to their effects and consequences.

Methodology

Estimate based on Psychometric Scales

Since 2006 different psychometric scales[30] have been periodically included in Spanish student surveys in order to evaluate the problematic use of cannabis and in order to evaluate the psychometric properties of these scales.

In 2006 CAST, SDS and DSM-IV were used. In 2008 CAST, in 2010 CAST, SDS M-CIDI and in 2012 CAST. This chapter will present the results obtained using the CAST scale, which, from a psychometric viewpoint, produced the most[31] reliable results.

In order to interpret these results it is necessary to note that based on the cut off point used (2 and 4), three groups of users have been distinguished: Non problematic users (score from 0-1), low risk problem users (score from 2-3) and user with a high risk of suffering problems (score of 4 or more). A problem drug user is considered to be one who has a score of 4 or more on the CAST scale.

Direct Estimate based on Frequency of Use

From 2013, after the introduction of the new EMCDDA protocol, problem cannabis users have also been entered into estimates using information from the general population survey (2011), defining them as those persons who used cannabis on a daily basis (or almost) in the last month.

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[24] Hall W,.Solowij N. Adverse effects of Cannabis. Lancet 1998;352:1611-6.

[25] Laumon B, Gadegbeku B, Martin JL, Biecheler MB. Cannabis intoxication and fatal road crashes in France: population based case-control study. BMJ 2005; 331: 1371.

[26] Macleod J, Oakes R, Copello A, Crome I, Egger M, Hickman M et al. Psychological and social sequelae of Cannabis and other illicit drug use by young people: A systematic review of longitudinal, general population studies. Lancet 2004; 363: 1579-88.

[27] Moore TH, Zammit S, Lingford-Hughes A, Barnes TR, Jones PB, Burke M et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. Lancet 2007; 370: 319-28.

[28] Zammit S, Moore TH, Lingford-Hughes A, Barnes TR, Jones PB, Burke M et al. Effects of Cannabis use on outcomes of psychotic disorders: Systematic review. Br. J. Psychiatry 2008; 193: 357-63.

[29] Aldington S, Williams M, Nowitz M, Weatherall M, Pritchard A, McNaughton A et al. Effects of Cannabis on pulmonary structure, function and symptoms. Thorax 2007; 62: 1058-63.

[30] CAST: Cannabis Abuse Screening Test. SDS: Severity of Dependence Scale. DSM-IV: American Psychiatric Association. M-CIDI: Munich Composite International Diagnostic Interview.

31 http://www.pnsd.msc.es/Categoria2/publica/pdf/ConsProblematico_cannabis.pdf

Table 4.9. A summary of the method used for calculating the problematic use of cannabis in Spain

	Type of Estimate	Source of Information	Estimate Years
To 2012	Scale of problematic use in student surveys: CAST (Cannabis Abuse Screening Test).	Survey in secondary education students (14 to 18). ESTUDES.	2006 2008 2010
Since 2013	Scale of problematic use in student surveys: CAST (Cannabis Abuse Screening Test).	Survey in secondary education students (14 to 18). ESTUDES.	2012
	Direct estimate based on frequency of use. Problem users: those who have used 20 or more times in the last month.	National Household Survey on Alcohol and Drugs in Spain (EDADES) General population survey: ages 15 to 64.	2012

*CAST: Cannabis Abuse Screening Test

Results

Estimate based on Psychometric Scales. The CAST Scale.

As can be seen in Table 4.10, in 2012, 3.8% of Spanish students aged from 14 to 18 may have been problem cannabis users. The prevalence of this type of use, calculated by the CAST scale shows a slight upward trend in the 2006-2010 period in Spain, when the highest value was given. Data from ESTUDES 2012 seems to indicate a break in this trend; however future publications of the survey will be needed in order to confirm this trend.

Table 4.10. The prevalence (%) of problem cannabis users (CAST ≥ 4) and the estimated number of problem users in the spanish population aged from 14 to 18. Spain 2006, 2008, 2010 and 2012.

	2006	2008	2010	2012
% of problem cannabis users (CAST ≥ 4) in the population aged 14 to 18 (1)	3.3	3.7	4.6	3.8
Absolute number of problem cannabis users (2)	73,534	81,080	100,340	83,208

CAST= Cannabis Abuse Screening Test
Source: (1) National Survey on Drug Use among Secondary School Students (ESTUDES) 2006, 2008, 2010 and 2012. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. (2) Estimated from population data (ages 14-18) in 2006, 2008, 2010 and 2012. National Statistics Institute.

In order to help in the detection of groups and populations at risk it is also interesting to mention the percentages that these problematic uses involve, not in the total population of students of this age but among those with recognised use over the last year (Table 4. 11).

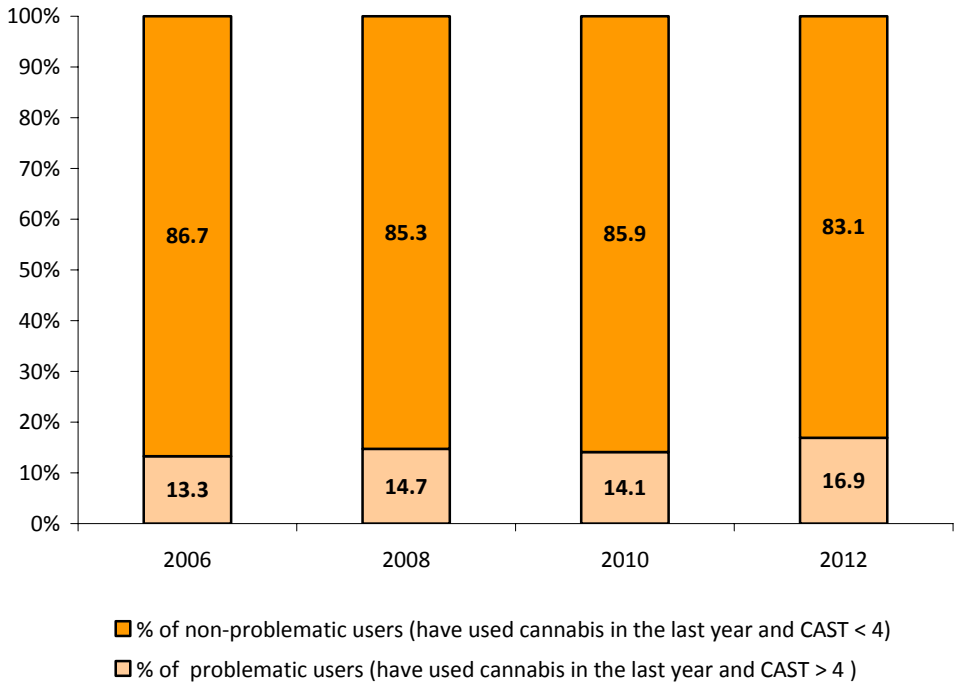
Table 4.11. The prevalence (%) of problem cannabis users (CAST ≥ 4) among cannabis users over the last year and the absolute number of cannabis users in the last year.

	2006	2008	2010	2012
% of problem cannabis users (CAST ≥ 4) among those who used cannabis in the last year. (1)	13.3	14.7	14.1	16.9
Absolute number of cannabis users in the last year. (2)	3,569*	7,173	6,303	5,792

CAST= Cannabis Abuse Screening Test *CAST: applied to 50% of those surveyed.
Source: (1) National Survey on Drug Use among Secondary School Students (ESTUDES) 2006, 2008, 2010 and 2012. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. (2) Estimated from population data (ages 14-18) in 2006, 2008, 2010 and 2012. National Statistics Institute.

Figure 4.1 shows that based on the CAST criteria of students aged 14 to 18 who used cannabis in the last year, the majority (over 80%) do not have problem use criteria. In 2012 17% of those persons who had used cannabis in the last year were problem users, a figure that has maintained an upward trend since 2006.

Fig 4.1. Evolution of problem cannabis user (14-18 years). Spain 2006-2012.



Source: National Survey on Drug Use among Secondary School Students (ESTUDES). Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Following the same line, it must be mentioned that the percentage of treatment admissions for cannabis use in minors has also shown an upward trend, rising from 69.7% of total admissions in 2005 in this group to 92.5% in 2010. However the data from the last year available (2011) points to a stabilisation of this trend (93%).

A Direct Estimate based on Frequency of Use

By applying new criteria of problematic use (having used cannabis on a daily basis or almost daily during the last month) by using data from the EDADES survey, a figure for problem users of 803,229 (737,069-869,147) was obtained for Spain in 2011, which is a ratio of 25 out of every 1,000 inhabitants (20 per 1,000-30 per 1,000).

Furthermore, the EDADES survey reveals some of the characteristics of this population at risk (Table 4.12). This data shows that the problem cannabis user profile is that of a single, actively employed young male, approximately 31 years old, who has completed his secondary school education. 97.4% have used legal drugs over the last 30 days, close to 20% have consumed other illegal substances during the same time period and 34.9% have had ever-in-lifetime experience of emerging drugs.

Table 4.12. Characteristics of problem cannabis users *. Spain 2011.

	Percentage
Average age (years)	31.1
Women (%)	23.7
Highest level of education completed (%)	
No education	6.2
Primary education	18.4
Secondary education	67.6
University education	7.8
Main professional situation (%)	
Working	45.0
Unemployed not having worked	4.3
Unemployed having worked	33.3
Others	17.4
Born outside of Spain (%)	5.0
Marital status	
Single	70.5
Married	22.1
Separated/Divorced	7.3
Widow/er	0.2
Age groups	
15 to 24	31.4
25 to 34	35.5
35 to 44	22.5
45 to 54	7.3
55 to 64	3.3
Ever-in-lifetime use of emerging drugs	34.9
Use of illegal drugs in the last 30 days	19.7
Use of legal drugs in the last 30 days	97.4

* According to criteria established by the 2012 EMCDDA HRDU protocol.
Source: National Household Survey on Alcohol and Drugs in Spain (EDADES) 2011.
The Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs

4.4. Intensive, Frequent, Long-term and other Problematic Forms of Use

The data corresponding to this section (estimates of frequent cannabis users and high risk cocaine users) have been included in Section 4.2 of this chapter, as this seems more appropriate and coherent with the criteria established by the new protocol for problematic use, as approved by the EMCDDA in November 2012.

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

5.1. Introduction

Spain has used information on an annual basis from the indicator "Admissions to Treatment due to Psychoactive Substance Abuse" since 1987, 2011 being the most recent year for available figures. This indicator corresponds to the EMCDDA "Treatment Demand Indicator" (TDI).

TDI protocol was updated by the EMCDDA in 2012. The data presented below follows the previously-used protocol. The Spanish protocol is currently being updated in order to adapt it to the European version and will be used in 2014.

With respect to results from the Treatment Demand Indicator, in 2011 an overall decrease in the number of persons admitted was noted with respect to 2010 (an approximate fall of 6%). A little over half of those admitted are ever-in-lifetime admissions (for this substance in particular). No striking changes were observed with respect to 2010, however it is worth noting that the presence of cannabis is steadily increasing, both in the overall admissions (third place, after cocaine and heroin) as in first admissions (second place, after cocaine and with only four percentage points of difference). An increase in the presence of ketamine as a substance that motivates treatment demand has been identified, although this still involves only a few cases.

5.2. General Description, Availability & Quality Assurance

During 2012 the 2009-2016 National Strategy on Drugs, which was approved by the Council of Ministers on January 23rd, 2009 remained in force.

As mentioned in the previous report, the strategy includes, among its aims:

1. To guarantee quality assistance adapted to the needs of all those persons, who are directly or indirectly affected by drug use.

2. To reduce or limit health problems caused by drugs.

Similarly, one must recall that in order to promote the implementation of the strategy, the Government Delegation for the National Plan on Drugs promoted the development of an Action Plan for the 2009-2012 period.

In an attempt to avoid repetition, it must be mentioned that the actions of this plan included: the normalisation of health care for drug users, the reduction or limitation of health problems caused by drugs, the promotion of the extension and accessibility to substitution treatment programmes and the promotion of the development of specific programmes to reduce health problems (See the 2012 report).

As stated in previous reports, in Spain the 17 Autonomous Communities and the 2 Autonomous Cities of Ceuta and Melilla, through their respective Autonomous Plan on Drugs are responsible for planning, organising and coordinating the treatment systems undertaken in their respective autonomous areas.

As such, these Cities and Autonomous Communities have continued to evaluate the state of the situation and the development of drug use; the implementation of appropriate resources for the care of drug users, the establishment of the criteria for admission to treatment centres, etc.

Care networks possess centres and provide general services in order to attend to drug users, which are both specialised and specific and are adequately supported and managed from the public or private sectors (in the latter case finance derives from the public sector).

The therapeutic circuit comprising the care system for drug users was described in the 2012 report and has not undergone significant changes. The data related to these programmes and centres is detailed in Chapter 7 of this report.

5.3. Access to Treatment

5.3.1) Characteristics of treated clients (TDI data included)

The methodology and main results of the "Treatment Demands due to Psychoactive Substance Abuse" follows the outline below:

5.3.1 a) Methodology

5.3.1 b) Results:

- General Results: Tendency in the number of treatments, proportions of treatment per drug in 2011, socio-demographic characteristics and predominant administration route.

- Results by drug type: heroin, cocaine, cannabis, hypnosedatives, other drugs (amphetamines, ecstasy and hallucinogens).

5.3.1 a) Methodology

The treatment admission indicator is a registry that gathers individualised data regarding admissions to outpatient treatment for abuse or dependence on psychoactive substance throughout Spain, and which has existed since 1987. This registry forms part of a more extensive subsystem of information that is implemented in the framework of the National Plan on Drugs in cooperation with the Autonomous Communities and which also includes the indicator for drug-related hospital emergencies related and the mortality indicator for severe reactions to drugs.

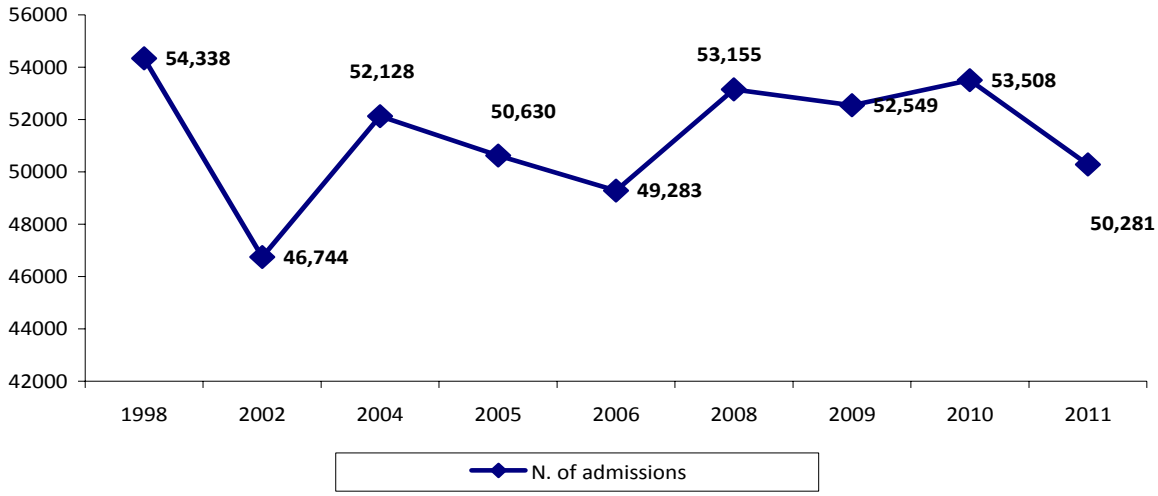
The scope of the Treatment Demand Indicator in its current version (Protocol 2003- Spain) is defined as the number of people admitted to outpatient treatment for abuse or dependence with respect to each of the psychoactive substances listed in an annex of the protocol in any Autonomous Community and in any given year. It provides a detailed protocol in which the variables to be included are described, in addition to the procedure to follow and inclusion and exclusion criteria. This information is available at http://www.pnsd.msssi.gob.es/Categoria2/observa/seipad/home.htm

5.3.1 b) Results

Trends in the number of treatments

In 2011, 50,281 admissions to treatment for abuse or dependence on psychoactive substance were registered in Spain (excluding alcohol and tobacco) (Figure 5.1.).

Fig. 5.1. Evolution of Treatment Demands. Treatment Indicator. Spain, 1998-2011.



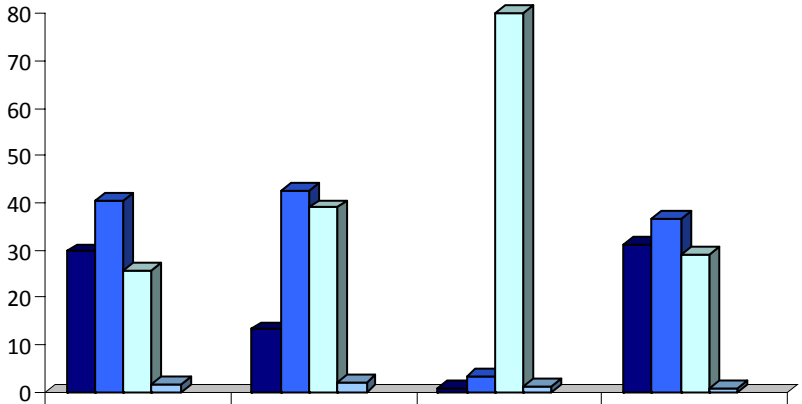
Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.

The profile of treatment demands has undergone notable changes over time, although in recent years it has maintained a low level of admissions for heroin, while an increase in admissions for cocaine and cannabis has been observed.

Proportion of treatments per drug in 2011

Despite the impact of each drug in the total number of treatment demands for abuse or dependence on psychoactive substances in 2011, Figure 5.2 shows that cocaine was the illegal drug that caused the largest number of treatment demands (40.4% of the total), followed by opioids (29.7%) and cannabis (25.6%). If only the data relating to first use in lifetime admissions (first admissions) are used, the differences with respect to cocaine are even greater. In this case cocaine is the drug that caused the largest number of first admissions (42.5%), followed by cannabis (38.9%) and opioids (13.2%) (Figure 5.2).

Fig 5.2. Proportion of treated for abuse or dependence on psychoactive substances in Spain, 2011.



	All admissions	First time ever admission	Admitted under 18	Born outside Spain
Opioids	29,7	13,2	0,7	31
Cocaine	40,4	42,5	3,3	36,5
Cannabis	25,6	38,9	93	28,9
Other stimulants (amphetamines, ecstasy, etc)	1,5	1,9	1	0,8
Number of admissions	50 281	24 999	2 274	4 128

Note: In this graph "," means decimal.
Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.

As it has occurred in previous years, the cannabis use is responsible for the majority (93%) of admissions to treatment for minors (under 18).

For those born outside of Spain, in 2011 cocaine was the substance with the highest number of demands for treatment (36.5%), followed by opioids (31%).

Socio-demographic characteristics

In 2011, as in previous years, the majority of patients admitted to treatment for abuse or dependence on illegal drugs were males; 84.2% of all those admitted. Also in other years, the presence of women was higher among those admitted for hyponosedative abuse or dependence rather than for other drugs, however a larger number of males were still admitted for all substances (Table 5.1.)

8% of all those admitted were born outside Spain, while a gender difference was not found.

The average age of all those people admitted to treatment was 33 (equally, for both sexes), which is similar to that of previous years, while the average age was 30.3 for first admissions.

The average age of persons admitted varies with respect to the primary drug used. The average age of those admitted for heroin use was 39.3, for hypnosedatives 38.6, for cocaine 33.9 and for cannabis use, 25.3.

The level of education of those patients admitted to treatment has improved slightly over time, although it continues to show significant variations with respect to the primary drug motivating treatment. In 2011 the majority of those patients admitted for heroin treatment (52.3%) had only

completed primary school education, while 53.1% of those admitted to treatment for cocaine use and 48.4% of those admitted for cannabis had completed their secondary education.

With respect to professional status, the proportion of employees treated for cocaine use (41.16%) was much higher that the proportion of those employees treated for heroin (19.7%) and although involving a much younger population, the proportion of employees treated for cannabis use (21.7%) exceeded the proportion of employees treated for heroin use.

In Spain the vast majority (84.9%) of those patients admitted to treatment for illegal drugs lived in family homes (houses, flats or apartments). In 2011 the proportion of people admitted to treatment who lived in institutions was 9.1% and the figure for those in insecure or unstable (homeless) accommodation, was 2%. The most frequent model of cohabitation was the family of origin (with parents) or with the person's own family (with spouse and/or children). Important differences were also observed in cohabitation models and type of accommodation with respect to the primary drug that motivated admission to treatment. In 2011, living in an institution or in insecure or unstable accommodation was much more frequent among those admitted to treatment for heroin (23.2%) than for those admitted for cannabis (7.1%) or cocaine (8.9%) while the opposite occurred with those patients living with their family of origin or their own families.

With respect to the service or the source reason that motivated patients to seek treatment, almost half (44%) of patients began treatment on their own initiative or were motivated by their relations or friends, although the public health system motivated approximately one third of those admitted (27%) to undertake treatment.

The pattern of polydrug use was firmly established among those admitted to treatment. Most (62.3%) of those admitted in 2011 had used other, distinct drugs that had motivated treatment (secondary drugs) during the 30 days before admission. Only 37.7% had used only the drug they were admitted to treatment for. 34.4% preferred to use, in addition to the primary drug they were admitted to treatment for, a single drug, while 19.4% used two drugs, 6.5% admitted using 3 drugs and 2% more than three drugs. Among those admitted for heroin, those secondary drugs noted with most frequency were cocaine and cannabis, while alcohol and cannabis featured for those admitted for cocaine use.

In 2011, almost half (51.8%) of those admitted to treatment for psychoactive drug use in Spain received first use in lifetime treatment for this substance: a proportion that was much lower among those admitted for heroin use (22.2%) than among those admitted for cocaine (54.6%), cannabis (78.9%), amphetamines (61.9%) or ecstasy (80.4%).

Table 5.1. The socio-demographic characteristics of users admitted to treatment for psychoactive substance abuse or dependency with respect to the existence of previous treatment and according to gender. Spain, 2011.

	Total	Previous Treatment		Gender	
		Yes	No	Men	Women
Nº of cases	50,281	23,232	24,999	42,143	7,887
1st time treatment for the primary drug (%)	51.8	-	-	51.4	54.2
Average age (years)	33.0	36.0	30.3	33.0	33.0
Women (%)	15.8	15.0	16.5	-	-
Highest level of education completed (%)					
No education	1.0	1.0	1.0	1.0	1.0
Primary education	45.0	46.0	44.0	46.0	40.0
Secondary education	48.0	48.0	48.0	48.0	50.0
University education	4.0	3.0	4.0	3.0	6.0
Others	0.4	0.4	0.5	0.4	0.6
Main professional situation (%)					
Working	29.0	27.0	31.0	30.0	24.0
Unemployed not having worked	6.0	5.0	6.0	5.0	7.0
Unemployed having worked	40.0	45.0	36.0	41.0	38.0
Others	23.0	22.0	25.0	22.0	29.0
Born outside of Spain (%) 8.07.09.08.0					
Primary source of treatment referral (%)					
Other drug use treatment services	12.0	17.0	7.0	11.0	14.0
General practitioners, primary health care	9.0	6.0	11.0	8.0	10.0
Hospitals and other health services	6.0	7.0	4.0	5.0	9.0
Social services	5.0	3.0	6.0	4.0	8.0
Prisons, detention centres for minors	8.0	10.0	7.0	9.0	5.0
Legal or police services	8.0	5.0	11.0	9.0	5.0
Companies or employers	1.0	1.0	1.0	2.0	1.0
Family members or friends	12.0	8.0	16.0	13.0	11.0
Own initiative	32.0	37.0	28.0	33.0	29.0
Others	2.0	1.0	3.0	2.0	2.0
Longest cohabitation in the 30 days before admission to treatment (%)					
Alone	12.0	14.0	9.0	12.0	11.0
Solely with partner	10.0	10.0	9.0	9.0	15.5
Solely with children	6.0	5.0	6.0	4.0	11.0
With partner and children	15.0	14.0	15.0	15.0	14.0
With parents or own family	40.0	36.0	45.0	42.0	32.0
With friends	2.0	3.0	2.0	2.0	3.8
Others	12.0	15.0	10.0	13.0	10.0
Main accommodation in the 30 days before admission to treatment (%)					
Houses, flats, apartments	84.9	80.0	89.3	84.3	87.9
Prisons, detention centres for minors	7.1	8.6	5.8	7.9	2.9
Other institutions	2.0	3.1	1.6	2.0	2.6
Guesthouses, hotels, hostels	0.6	0.8	0.5	0.6	0.9
Unstable/insecure accommodation	2.0	3.9	1.5	2.6	3.2
Other places	2.4	3.3	1.3	2.4	2.5

1. The number of cases, with or without previous treatment or the number of men plus the number of women may not add up to the total due to the existence of cases with unknown values in these variables.
Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs (OED). Treatment Indicator.

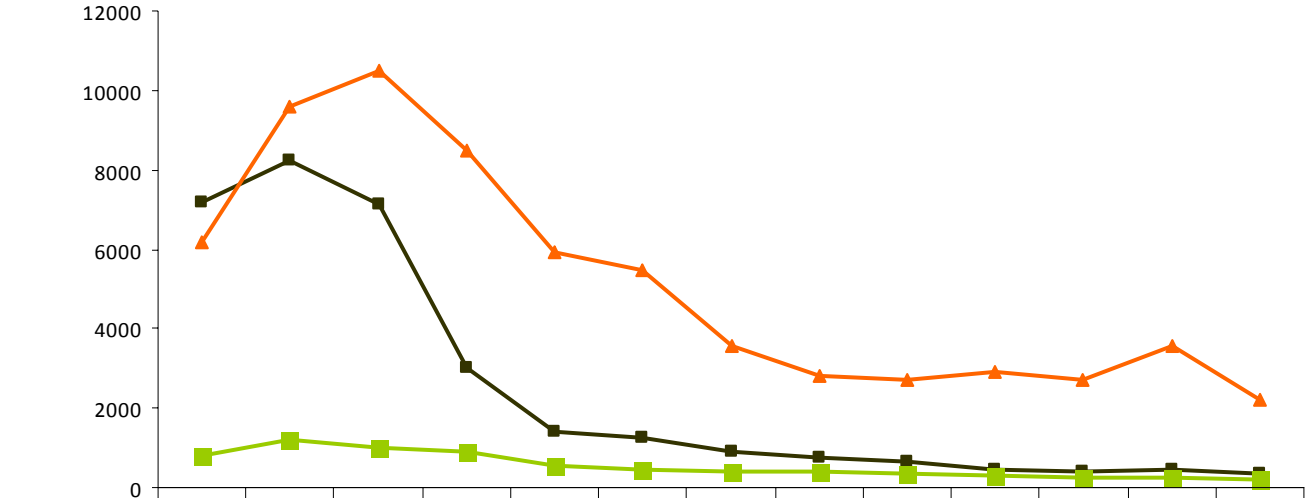
Main route of administration

In 2011, the main route of administration of the primary drug among the total of those admitted to treatment for heroin use (during the 30 days before starting treatment) was inhalation or smoking, which reached 72.3%, followed by injection (18.9%) and intranasal or sniffing (5.9%).

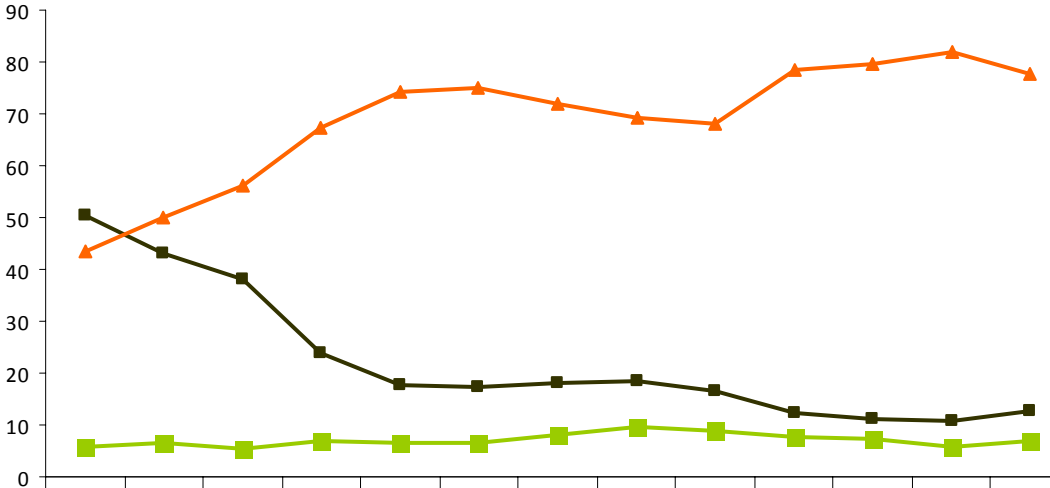
In comparison with the 1980s, during which, regardless of the use of other routes, the use of injections as a predominant route of heroin administrations was practically universal among the users of this substance, a radical change occurred in the main route of administration and currently predominant use is through inhalation or smoking.

As such, the number of those admitted to treatment for first in lifetime heroin abuse or dependence, who used injection as the most frequent route (or main or preferred route) of administration, went from 8,232 in 1992 (the year when the highest figure was registered) to 365 in 2011 and although it may seem that this is solely the effect of a drop in the total number of those admitted for first in lifetime heroin use, this change is confirmed when the proportion representing these users is compared to the total number of those admitted for heroin use, which dropped from 42.9% in 1992 to 12.8% in 2011 (Figure 5.3.).

Fig. 5.3. The distribution of users undergoing first in lifetime treatment for heroin abuse or dependency, according to the main route of administration (Total numbers and percentages). Spain, 1991-2011.



	1991	1992	1993	1997	2000	2001	2002	2003	2004	2008	2009	2010	2011
Injected	7164	8232	7129	3011	1414	1276	894	748	648	455	386	465	365
Inhaled	6188	9585	10493	8487	5917	5461	3540	2805	2690	2891	2719	3589	2211
Sniffed	822	1219	995	887	532	471	399	386	358	285	256	258	201



	1991	1992	1993	1997	2000	2001	2002	2003	2004	2008	2009	2010	2011
Injected	50,3	42,9	38,1	23,8	17,7	17,5	18,1	18,5	16,4	12,4	11,3	10,6	12,8
Inhaled	43,4	50	56,1	67,2	74,1	74,9	71,8	69,3	68	78,5	79,7	82	77,7
Sniffed	5,8	6,4	5,3	7	6,7	6,5	8,1	9,5	9	7,7	7,5	5,9	7,1

Note: In this graph "," means decimal.

Note: Estimates of the number of those treated for heroin use for all of Spain, according to the main route of administration were obtained by multiplying the number of those treated for heroin use in the whole of Spain by the proportion of those admitted from each route of administration (a proportion that was not available for all the Autonomous Communities in some years of the period considered).

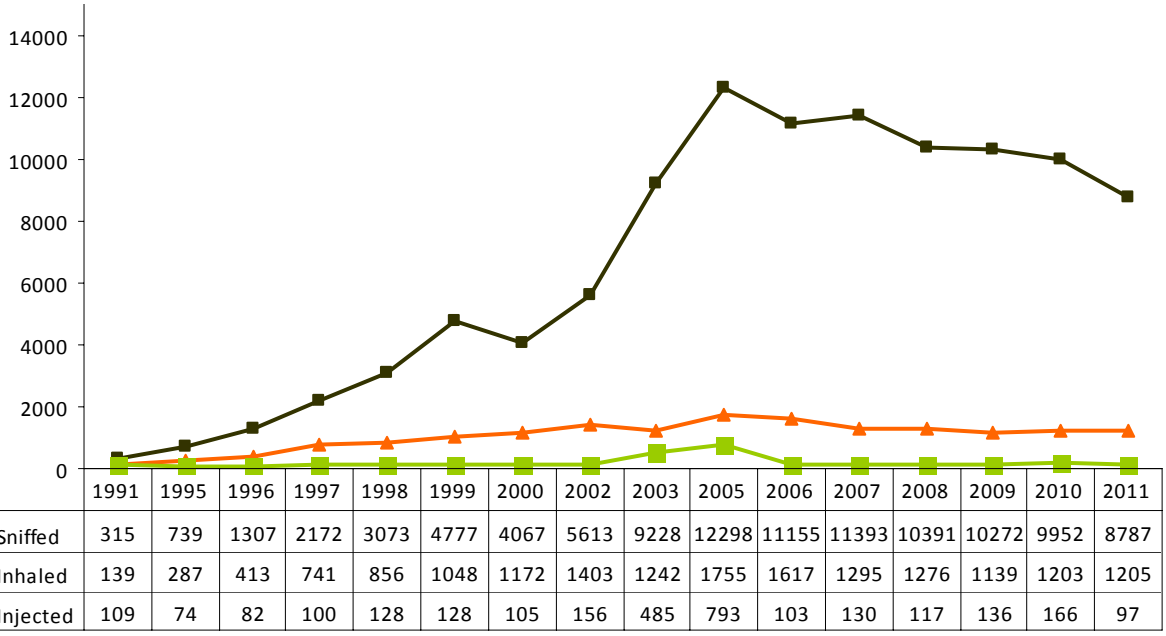
Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or in the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

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

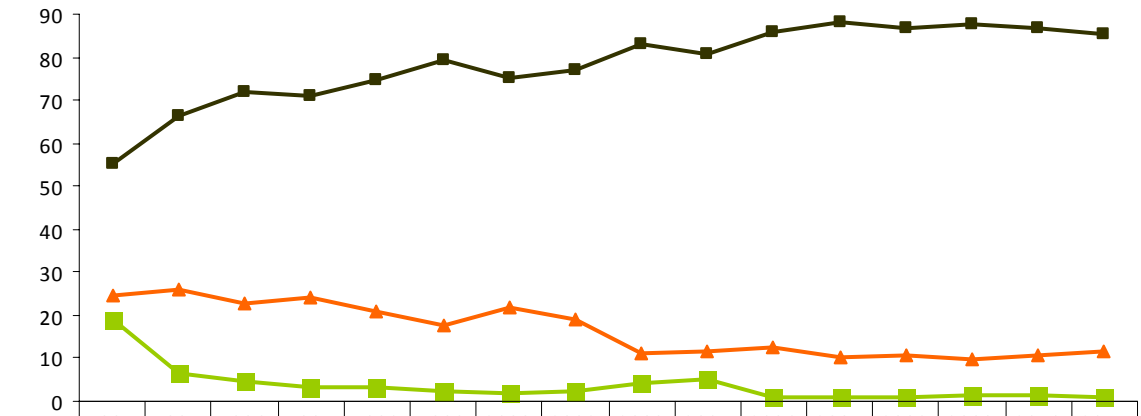
Among the total number of those persons admitted to treatment for cocaine powder use in 2011, the predominant route of administration was intranasal or sniffed (83.3%), followed by inhalation or smoked (12.2%) and injected (2.0%), maintaining a stable distribution with respect to previous years.

With respect to the number of those admitted to treatment for the first time for using cocaine powder, the main route of administration continued, in the majority of cases, to be intranasal or sniffed, followed by inhalation and injection, although at a considerable distance (Figure 5.4.).

Fig. 5.4. Users admitted to first in lifetime cocaine abuse or dependence treatment, according to the main route of administration (Total numbers and percentages). Spain, 1991-2011.



	1991	1995	1996	1997	1998	1999	2000	2002	2003	2005	2006	2007	2008	2009	2010	2011
Sniffed	315	739	1307	2172	3073	4777	4067	5613	9228	12298	11155	11393	10391	10272	9952	8787
Inhaled	139	287	413	741	856	1048	1172	1403	1242	1755	1617	1295	1276	1139	1203	1205
Injected	109	74	82	100	128	128	105	156	485	793	103	130	117	136	166	97



	1991	1995	1996	1997	1998	1999	2000	2002	2003	2005	2006	2007	2008	2009	2010	2011
Sniffed	55,4	66,5	71,7	71	74,8	79,5	75,2	77	83	80,6	86	88	86,9	87,7	86,8	85,5
Inhaled	24,4	25,8	22,6	24,2	20,8	17,4	21,7	19,2	11,2	11,5	12,5	10	10,7	9,7	10,5	11,7
Injected	19,2	6,7	4,5	3,3	3,3	2,1	1,9	2,1	4,4	5,2	0,8	1	1	1,2	1,4	0,9

Note: In this graph "," means decimal.

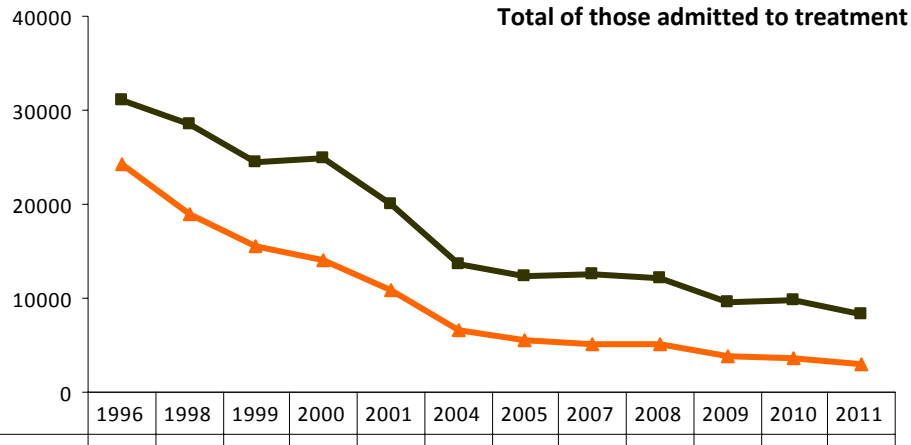
Note: Estimates of the number of those treated for cocaine use for all of Spain, according to the main route of administration were obtained by multiplying the number of those treated for cocaine use in the whole of Spain by the proportion of those admitted from each route of administration (a proportion that was not available for all the Autonomous Communities in some years of the period considered).

Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs. (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

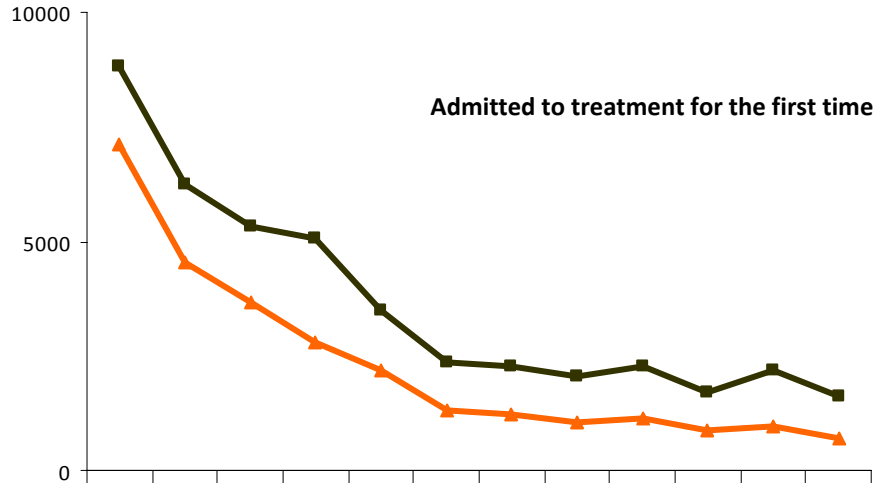
Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.

With respect to injectors admitted to treatment for any of the substances considered), Figure 5.5 clearly reflects how the number of injectors has continued falling since the registry was started in the 1990's and how it has stabilised around the figure of 9,000 (for ever-in-lifetime injection) and around 3,000 (for injection over the last 12 months). In 2011 a slight drop was detected; this will have to be confirmed in the coming years and collated with other information sources.

Fig 5.5. Evolution of the number of injectors admitted to treatment for drug abuse or dependence in Spain. 1996-2011.



	1996	1998	1999	2000	2001	2004	2005	2007	2008	2009	2010	2011
Ever in lifetime injection	31046	28527	24520	24941	19988	13605	12252	12487	12066	9637	9697	8195
Injection in the 12 months before admission	24224	18910	15562	13955	10898	6516	5620	5055	5050	3763	3549	3010



	1996	1998	1999	2000	2001	2004	2005	2007	2008	2009	2010	2011
Ever in lifetime injection	8801	6247	5315	5055	3483	2356	2283	2073	2271	1687	2196	1635
Injection in the 12 montsh before admission	7132	4526	3655	2793	2181	1303	1228	1060	1124	866	979	702

Note: Estimates of the number of injectors admitted to treatment for all of Spain were obtained by multiplying the number of those admitted to treatment in the whole of Spain by the proportion of those admitted who had injected drugs ever-in-lifetime or in the 12 months before admission, (a proportion that was not available for all the Autonomous Communities in some years of the period considered).

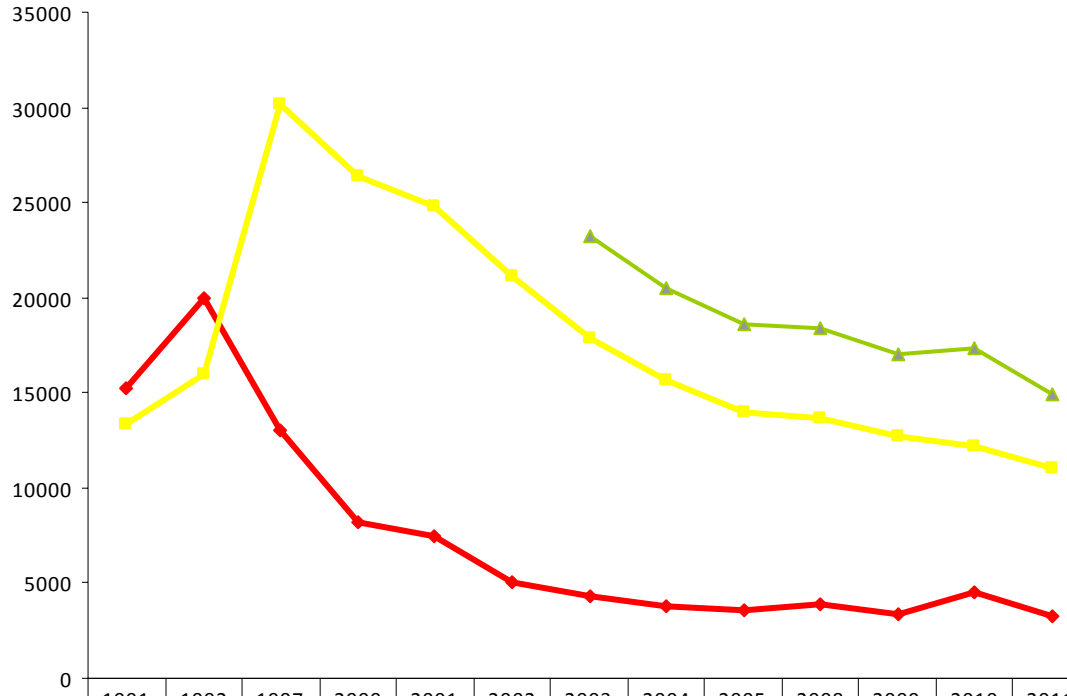
Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs. (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

RESULTS BY TYPE OF DRUG

Heroin

The number of those admitted to treatment for heroin use was 14,925 in 2011, which is the lowest value since the registration of this indicator was started. This drop is justified by both the reduction in the number of people admitted to treatment who had already been treated for this substance (11,021 people), and by the downturn in the number of first admissions for the same motive. In both cases these are the lowest figures since 1991.

Fig 5.6. Evolution of the number of persons treated for heroin abuse or dependency in Spain, 1991-2011.



	1991	1992	1997	2000	2001	2002	2003	2004	2005	2008	2009	2010	2011
First treatment	15277	20017	12993	8151	7461	5051	4337	3836	3604	3840	3412	4518	3289
With previous treatment	13296	15956	30173	26412	24844	21162	17867	15617	14005	13616	12750	12140	11021
Total							23225	20532	18653	18409	16989	17290	14925

Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.
Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs. (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Cocaine

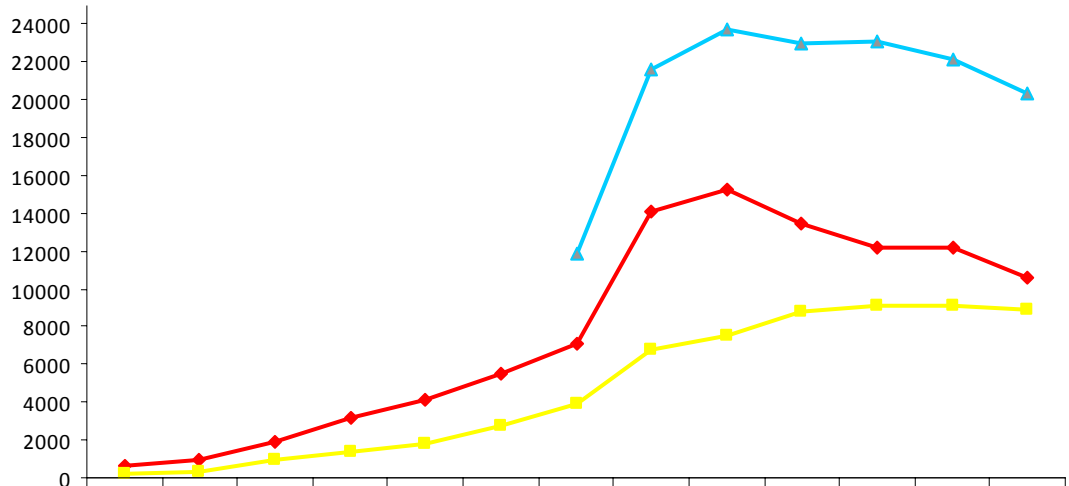
The number of treatment demands for cocaine use was 20,335 in 2011, which represented 40.4% of the total number of admissions registered in this year.

The number of first demands for treatment due to cocaine use increased progressively between 1991 and 2005, going from 681 in 1991 to 15,258 in 2005, the year when the highest registered figure was reached and which coincides with the largest prevalence for habitual use (last 12 months) and recent use (last 30 days), obtained from the EDADES Survey (population aged between 15 and 64). However, from 2005 to 2011, the number of first demands for treatment due to this drug declined, dropping from 15,258 in 2005 to 10,637 in 2011 (Figure 5.7).

This data shows a certain level of correspondence with the phase of user stabilisation that took place in 2007 and with the drop of recently registered prevalence in the 2012 ESTUDES survey (ages 14 to 18) and the 2011 EDADES Survey (ages 15 to 64). (See Chapter 2 of the Spanish National Report for 2013 and 2012).

Furthermore, the number of treatment demands for cocaine abuse or dependence with previous treatment of this drug also shows a slight downward trend, which began recently, in 2011, after having remained stable in 2009 and 2010. However time is needed before judgment can be made as to whether this decline is relevant.

Fig 5.7. Evolution of the number of persons treated for cocaine abuse or dependency in Spain, 1991-2011.



	1991	1992	1996	1997	1998	2000	2002	2004	2005	2007	2009	2010	2011
First treatment	681	932	1892	3129	4174	5499	7125	14126	15258	13429	12142	12130	10637
With previous treatment	262	367	932	1402	1838	2773	3893	6747	7562	8753	9107	9095	8889
Total							11904	21646	23746	23037	23132	22087	20335

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

Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs.

(http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Cannabis

The total number of treatment demands for cannabis use in 2011 was 12,873, which results in 25.6% of all treatment demands for drug use in this year.

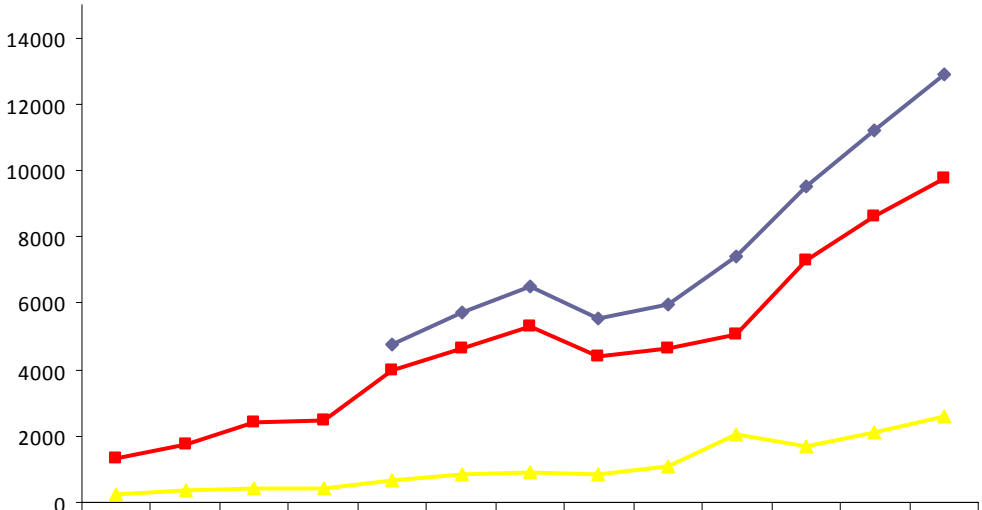
As can be seen in Figure 5.8., the number of those treatment demands for cannabis use followed an upward trend that, in recent years, has been quite pronounced, and which rose from 10.9% of all treatment demands in 2005 to 25.6% in 2010.

This increase is mainly due to the number of first in lifetime treatment demands (Figure 5.8.) although to a lesser extent, an increase in the number of treatment demands has been registered among those who have already received treatment for this substance before.

These figures are compatible with the high impact resulting from demands for treatment of cannabis use among minors who attended treatment for substance abuse or dependency in Spain. 93% of all those minors aged below 18 who were treated for drug use in 2011 in Spain, did so due to problems deriving from cannabis use.

This rise is perfectly compatible with the current context of cannabis use prevalence in both the general population and among secondary school students. It must be recalled that, although having shown to have stabilised in the 2011 and 2012 surveys, cannabis is the illegal drug most used by both population groups in Spain.

Fig 5.8. Admissions to treatment for cannabis abuse or dependency (Total numbers). Spain, 1996-2011.



	1996	1997	1998	2000	2002	2003	2004	2005	2007	2008	2009	2010	2011
First treatment	1300	1768	2412	2487	3972	4613	5319	4426	4619	5058	7273	8639	9736
With previous treatment	230	387	407	408	665	871	928	844	1114	2055	1705	2101	2603
Total					4772	5711	6500	5524	5936	7419	9503	11192	12873

Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.
Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs.

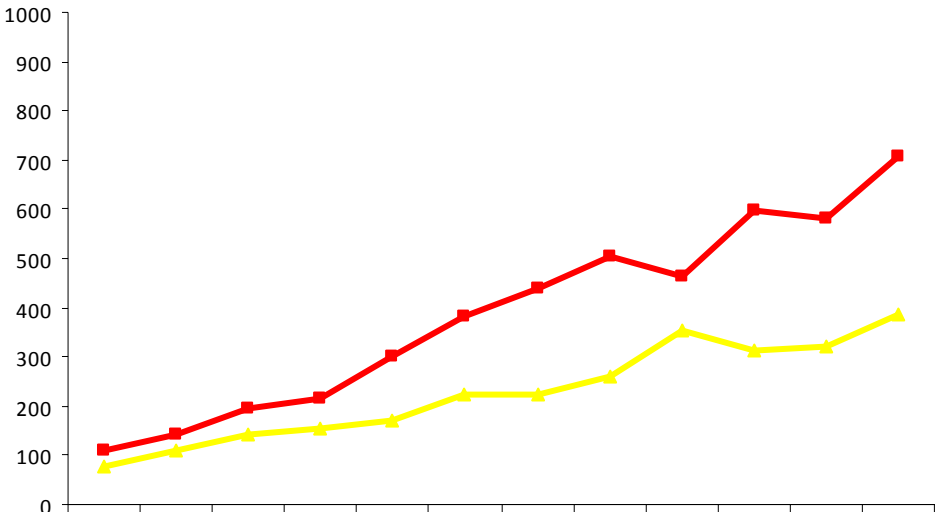
(http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Hypnosedatives

In 2011, the number of admissions to treatment for hypnosedative use was 1,143, a figure above that of 2010 and which represents 2.3% of those total treatment demands for drug consumption recorded in 2011.

Treatment demands for hypnosedatives (tranquilisers, sedatives or sleeping pills) show a clear upward trend from the start of the records, with slight ups and downs at specific times (Figure 5.9). As such these figures are coherent with the increase in user prevalence registered in the 2011 EDADES General Population Survey and in other indicators (death, emergencies, etc.).

Fig 5.9. Admissions to treatment for hypnosedative abuse or dependency (Total numbers). Spain, 1996-2011.



	1996	1997	1998	2000	2001	2003	2004	2007	2008	2009	2010	2011
First treatment	109	144	197	214	299	382	441	503	463	598	580	709
With previous treatment	77	111	143	154	170	225	224	261	352	312	323	386

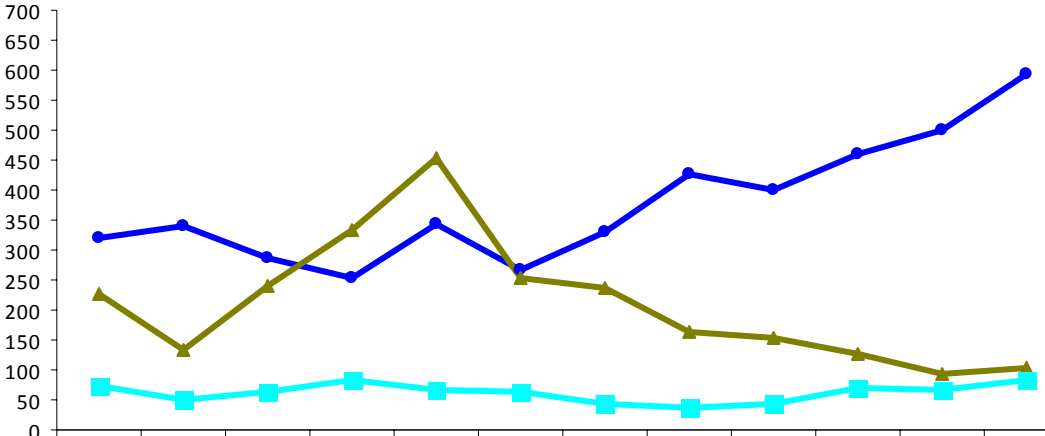
Source: Government Delegation for the National Plan on Drugs. Spanish Observatory on Drugs. Treatment Indicator.

Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

Other drugs (Amphetamines, Ecstasy and Hallucinogens)

Other drugs continue their scant representation in treatment services. In 2011 stimulants other than cocaine (amphetamines, ecstasy and others) represented 1.5% of total treatment demands for all drugs. If these figures are compared to those for cocaine, heroin and cannabis, it can be seen that in Spain, the impact of these drugs on specific treatment services for drug use is minimal. Figure 5.10 shows the development over time of those admitted to treatment for the use of amphetamines, ecstasy and hallucinogens (total numbers).

Fig 5.10. Evolution of the number of injectors admitted to treatment for amphetamine, ecstasy and hallucinogen abuse or dependence. Spain, 1996-2011.



	1996	1999	2000	2001	2002	2003	2004	2006	2008	2009	2010	2011
Ampehtamine	319	339	288	255	342	266	330	426	400	461	501	595
Ecstasy	226	135	240	335	452	254	236	165	155	127	93	102
Hallucinogen	74	50	64	83	68	63	44	37	43	69	66	83

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

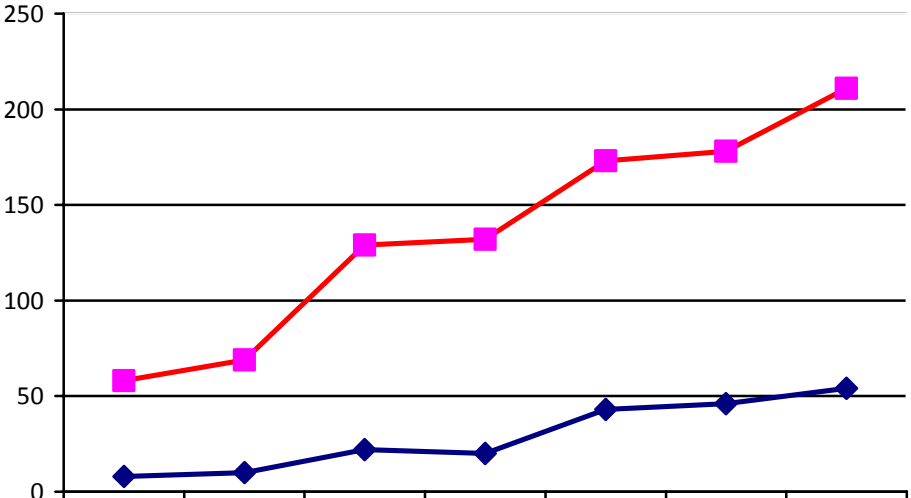
Note: The graph shows the data corresponding to those years that allowed an overall view of trends. The complete data set is available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or the 2012 Spanish National Report (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

As can be seen in Figure 5.10, the number of treatment demands for ecstasy use has followed a clear downward trend since 2002 and appeared to show signs of stabilisation in 2010 and 2011, showing the lowest figures for those admitted registered during the entire history of the indicator.

Treatment demands for amphetamine use in 2011 maintained the upward trend of recent years (since 2008), attaining the highest number of admissions for this substance in the official records. The profile of those admitted to treatment for amphetamine use corresponds to a 31-year old seeking treatment for the first time (20% are women), with secondary school education, unemployed and living with their own family. These people attested, during the last 30 days, to having consumed cannabis (62.6%), alcohol (57.4) and cocaine (36.9%).

Admissions to treatment for hallucinogen use has maintained stable, low levels over the years (less than 100 cases throughout Spain). However, in 2011 a rise was detected of 25% more with respect to 2010 and which may be related to the increase in the number of those admitted to treatment for ketamine abuse or dependency - practices which in 2011 were responsible for over 65% of all admissions for hallucinogen use (Figure 5.11).

Fig 5.11 Evolution of the presence of ketamine in the Treatment Demand Indicator (%). Spain, 2005-2011.



	2005	2006	2007	2008	2009	2010	2011
Treatment Demand (secondary drug)	50	59	107	112	130	132	157
Treatment Demand (primary drug)	8	10	22	20	43	46	54

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

5.3.2) Treated Population and Treatment Provision Trends (incl. numbers)

Section 5.3.1 includes data and comments relating to trends of people treated for drug use in Spain.

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. Introduction

The methodology and the main results with respect to the consequences of drug use for health are presented below. The different sources of information available at the time were used for this purpose and the following outline is provided:

6.2 Drug-related Infectious Diseases

6.2.1) HIV/AIDS
6.2.1. a) Population information systems: SINIVIH and the AIDS registry.
6.2.1. b) Sentinel networks: The EPI-VIH study and the working group on STDs
6.2.1. c) Hospital Survey for Patients with HIV/AIDS
6.2.1. d) Treatment Demand Indicator for drug abuse or dependency

6.2.2) VIRAL HEPATITIS

6.3 Other Drug-related Health Correlates and Consequences

6.3.1) Indicator of hospital emergencies in psychoactive substance users.
Methodology and results.

6.4 Drug related Deaths and Drug User Mortality Rates.

6.4.1) SPECIFIC REGISTRY of mortality for severe reaction to drugs:
Methodology and results.
6.4.2) GENERAL MORTALITY REGISTRY: Methodology and results.
6.4.3) ESTIMATE using the Specific Mortality Registry and the General Mortality Registry:
Methodology and results.

6.2. Drug related Infectious Diseases

Over the last 20 year AIDS and HIV infection have been one of the main health problems associated with drug use in Spain. However, since the end of the 1990s, a significant downturn has been observed in HIV infection associated with injecting drug users. This descent may be related to various factors, among which is the high availability of maintenance treatments using methadone and/or buprenorphine and the reduction in the use of injected routes for heroin use.

At present it is also necessary to consider infections by the Hepatitis virus, especially HCV and HBV, which, due to their clinical and developmental characteristics, have gone largely undetected when compared to HIV infection, and which constitute a fundamental issue for drug users, especially those who inject or who have injected.

6.2.1 HIV/AIDS

Spain has access to data from different sources of information, which when used together help understand the development of both the phenomenon and the current situation. A summary is given

below of the methodology and the results obtained using some of the main systems that comprise epidemiological monitoring of HIV in Spain.

6.2.1.a) Population information systems: These comprise the Information System on New Diagnoses of HIV Infections (SINIVIH, Information System on New HIV Diagnoses) and the National Aids Registry.

The SINIVIH compiles information on new HIV diagnoses made throughout the population and offers the best approximation available of HIV figures available. The most recent available report is from 2012 (with data corresponding to 2011).

The Aids Registry compiles information on AIDS cases diagnosed in Spain and it covers the entire population of the country. The figures for AIDS are an indicator of the development of advanced states of HIV infection in the population.

6.2.1 b) Sentinel Networks: These compile information on determined population groups that are of particular interest for monitoring the development of the HIV epidemic. There are two large networks of this type in Spain: the EPI-VIH and the Working Group on Sexually Transmitted Diseases (STDs).

The EPI-VIH study (HIV Prevalence Study in Clients of a Network of HIV and STI Centres) includes 19 HIV/STD diagnosis centres and provides information on HIV testing, the prevalence and rates of HIV in those who visit these centres, and as such their results may be extrapolated to this population.

The Working Group on STDs is formed by a network of 15 specific STD centres and compiles clinical epidemiological information on patients diagnosed with different types of STDs. As in the case above, the results are only extrapolated with respect to the population where the data originated from.

6.2.1.c) Hospital Survey of Patients with HIV/AIDS. This is a one-day prevalence survey that has been carried out since 1996 and which comprises data on patients who receive attention (in outpatient centres or hospitals) in those centres that participate on a determined day in order to describe patient characteristics and monitor their development.

6.2.1.d) Treatment Demand Indicator for Drug Abuse or Dependency: This is the only information system, of those detailed that is specific to drug users. It compiles data on the number and the characteristics of those admitted to outpatient treatment for abuse or dependency of different psychoactive substances, among the variables included are several related to HIV/AIDS. Additional information on this indicator is available in Chapter 5.

This chapter presents the most interesting aspects in this context, although it is possible to access complete and detailed information at:

The website of the Ministry of Health, Social Services and Equality, Epidemiological Monitoring:
http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/

The website of the National Epidemiological Centre:
http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/fd-vigilancias-alertas/fd-enfermedades/sida.shtml

The website of the Spanish Observatory on Drugs, the National Plan on Drugs:
http://www.pnsd.msc.es/Categoria2/observa/home.htm

SINIVIH. THE INFORMATION SYSTEM ON NEW HIV DIAGNOSES[32,33]

Aims

The main aim of this information system is to help the epidemiological monitoring of HIV: specifically it is used to quantify new HIV infection diagnoses and the development of infection over time, as well as to describe the epidemiological character of persons recently diagnosed with HIV.

Methodology

- Investigation period: the information has been compiled annually since 2003.

- Geographical area and population: The number of autonomous communities providing information has increased since data compilation began. In 17 of the 19 autonomous communities provided data in 2011, on a total of 32,853,439 inhabitants (71% of the total national population).

Main Results

Since 2003 reports have been made on a total of 21,089 diagnoses of HIV infection, with 2,763 in 2011. The annual figures for new diagnoses per million of inhabitants varied from 97.5 in 2003 to 99.5 in 2010 and 84.1 in 2011; this data may undergo some modifications due to corrections made on delayed notifications.

The Situation according to Transmission Category (year 2011):

Transmission in men who have sex with men (MSM) was the most frequent activity (54%), followed by heterosexual transmission, which accounts for 31%, while injected drug users (IDUs) total 5% (Figure 6.1). Therefore 85% of new HIV diagnoses in 2011 originated in sexual transmission.

In a breakdown of transmission figures according to gender, among men MSM transmission accounted for 64% of new HIV diagnoses in 2011, while heterosexual transmission was responsible for 20%. Among women, heterosexual transmission accounted for most infections, with 83% of the new diagnoses (Figure 6.2).

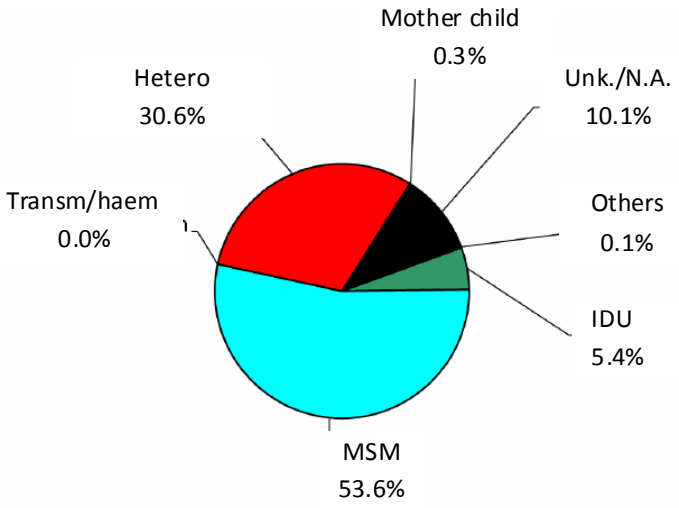
Development over time (2007-2011):

The trend of new HIV diagnosis rates varies according to the transmission mechanism: in the IDU group a progressive reduction was observed during this period in the figures per million inhabitants (10.2/ million inhabitants in 2007 and 4.5/million inhabitants in 2011). In the case of heterosexual transmission, a drop in new diagnoses was noted as well as in the corresponding figures. New MSM diagnoses declined with respect to 2010 but together, the rising tendency that has occurred since 2007 has continued. Figure 6.3 shows the periodic development of new HIV diagnoses in terms of transmission category.

[32] Epidemiological monitoring of HIV/AIDS in Spain. Regional Systems of Epidemiological Monitoring. National Centre of Epidemiology. June 2012. Available at : http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/InformeVIHsida_Junio2012.pdf

[33] Epidemiological monitoring of HIV/AIDS in Spain. Regional Systems of Epidemiological Monitoring. National Centre of Epidemiology. June 2012. Available at: http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/fd-vigilancias-alertas/fd-enfermedades/fd-sida/Graficos-VIH-sida-Junio-2012.pdf

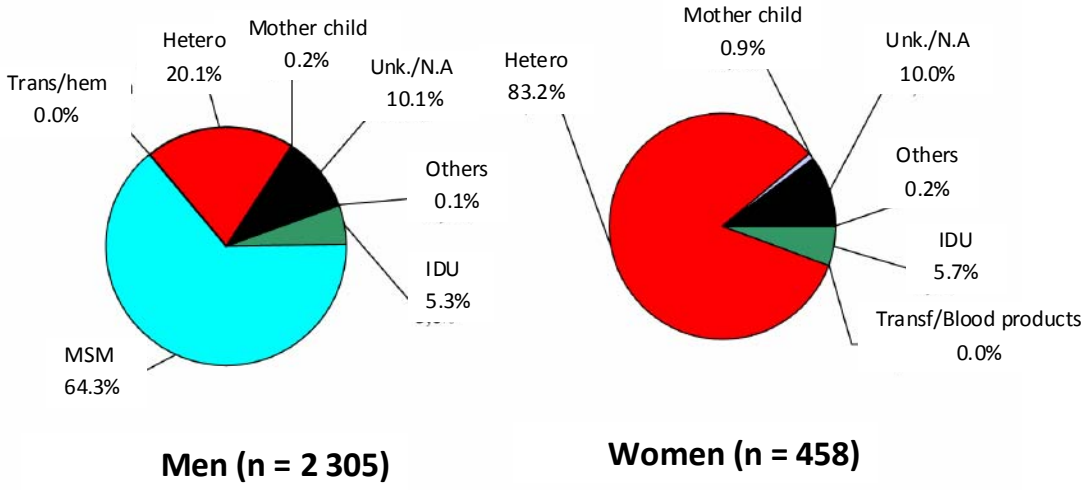
Fig. 6.1. New HIV Diagnoses by Transmission Category. Spain* 2011.



(*) Aragon, Asturias, Balearic Islands Canaries, Cantabria, Castilla La Mancha, Castilla Leon, Catalonia, Ceuta, Extremadura, Galicia, La Rioja, Madrid, Melilla, Murcia, Navarra and the Basque Country

MSM: Men who have sex with men. IDU: intravenous drug users.
Source: Information System on New HIV Diagnoses. Ministry of Health, Social Services and Equality.

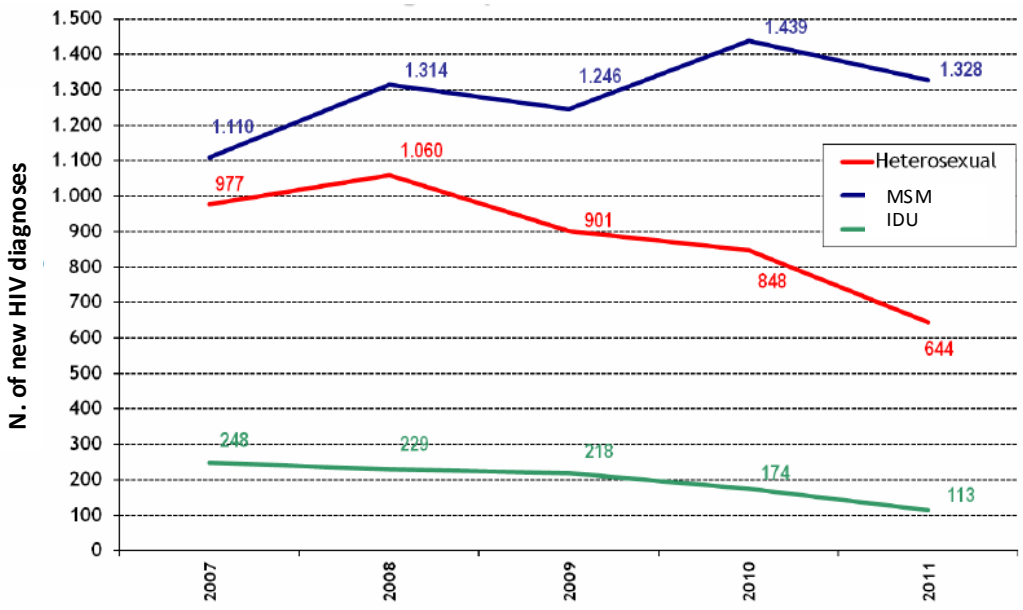
Fig. 6.2. New HIV Diagnoses in terms of Transmission and Gender Category. Spain* 2011.



(*)Aragon, Asturias, Balearic Islands Canaries, Cantabria, Castilla La Mancha, Castilla Leon, Catalonia, Ceuta, Extremadura, Galicia, La Rioja, Madrid, Melilla, Murcia, Navarra and the Basque Country

MSM: Men who have sex with men. IDU: intravenous drug users.
Source: Information System on New HIV Diagnoses. Ministry of Health, Social Services and Equality.

Fig. 6.3. New Annual HIV Diagnoses by Transmission Category. Spain* 2007-2011



(*)Aragon, Asturias, Balearic Islands Canaries, Cantabria, Castilla La Mancha, Castilla Leon, Catalonia, Ceuta, Extremadura, Galicia, La Rioja, Madrid, Melilla, Murcia, Navarra and the Basque Country

Note: In this graph "." means thousands.
MSM: Men who have sex with men. IDU: intravenous drug users.
Source: Information System on New HIV Diagnoses. Ministry of Health, Social Services and Equality.

THE NATIONAL REGISTRY OF AIDS CASES[32,33]

A National Registry of AIDS Cases is available in Spain that compiles information on new cases of AIDS at a national level. Data from 1981 to the present day is available. This registry provides useful information with respect to the development of the disease and its transmission mechanisms.

Main Results

According to the National Centre of Epidemiology, since 1981, the first year of the epidemic, to 30 June, 2012 a total of 82,009 cases of AIDS had been notified in Spain.

The Current Situation: In 2011 (data from 30 June, 2012) 844 cases have been notified. After correction, due to delayed notification, it has been estimated that 1,038 cases of AIDS were diagnosed in that year.

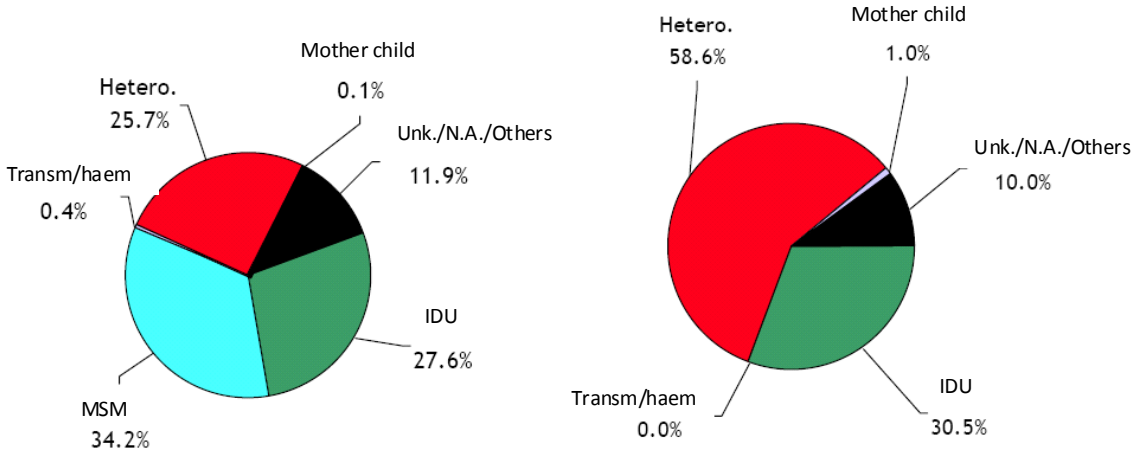
79% of those diagnosed were men. The average age was 42, with men being slightly older than women. 25% (a lower percentage than in 2010) of those diagnosed with AIDS in 2012 caught the infection from sharing injection material for injecting drugs, 32% were infected through unprotected heterosexual relationships, although, among women, this figure comes to 65% of diagnoses. Secondary transmission from sexual relations between men involved 30% of all cases and 39% if only men are considered.

Development over time: The diagnosis of AIDS cases, which reached its peak in the 1990s, has continued a downward trend since then, which has totalled 85% since 1996 (the year before the generalisation of the HAART) to 2011. In 2011, with respect to 2010, cases among men dropped by 13% and by 18% among women. With respect to the transmission mechanism, IDU infections fell by

22%. This reduction may be related to various factors, among which is the wide availability of maintenance treatments with methadone and a fall in the use of injected routes for heroin use. The drop in figures for heterosexuals was 16%, while the decline in MSM numbers was only 1%.

Figure 6.4 shows the new AIDS cases in relation to the associated risk factor (Spain 2011) with the transmission of HIV in which the importance of sexual transmission can be seen. In women heterosexual transmission prevails, while in men homosexual transmission is prevalent.

Fig. 6.4 Cases of AIDS diagnosed in Spain in 2011, Distribution according to Transmission Categories.



Men (n = 720) Women (n = 210)

MSM: Men who have sex with men. IDU: intravenous drug users.
Source: Information System on New HIV Diagnoses. Ministry of Health, Social Services and Equality.

HIV. EPI-HIV[34] PREVALENCE STUDY

This is a longitudinal descriptive study for the 2000-2010 period, its methodology and main results are detailed and may be consulted in the 2012 Spanish National Report.

HOSPITAL SURVEY OF HIV/AIDS PATIENTS[35]

The last published survey was produced in 2012. A summary of the methodology and the most recently updated results are given below, in addition to details on development from 2000 to 2012.

Aims

[34] EPI-HIV Group. Prospective study of prevalence of HIV in people attended to in a network of HIV/STD diagnosis centres de 2000-2010. Madrid: National Epidemiology Centre; 2012. Available at http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/InformeEPI_VIH2000_2010.pdf

[35] Hospital Survey of HIV/AIDS patients. 2012 Results. Analysis of development for 2000-2012. Secretariat of the National Plan on AIDS. National Epidemiology Centre. Madrid, May 2013. Ministry of Health, Social Services and Equality. Ministry of Economy and Competitiveness. Available at http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/EncuestaHospitalaria2012.pdf

- To describe the clinical and socio-demographic characteristics of people with HIV/AIDS, who were attended in hospital services and their progression over time.
- To estimate the prevalence of risk behaviour for HIV in the surveyed population.
- To estimate the prevalence of those patients following antiretroviral treatment and to define their characteristics.
- To estimate the normal effectiveness indicators for antiretroviral treatment and define their characteristics.
- To identify the most important co-morbidities in patients with HIV and their progression.

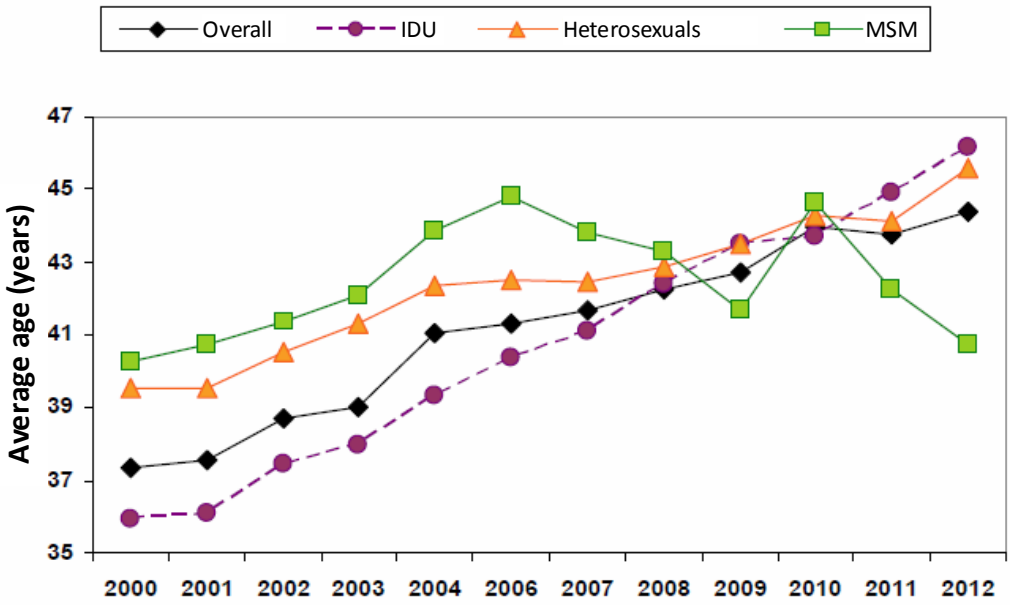
Methodology

- Type of investigation: observational study, cross-cutting and descriptive, undertaken on a pre-established day.
- Study population: patients diagnosed with HIV in contact with the National Health System.
- Area: the hospital network of the National Health System in those autonomous communities that participated in the study voluntarily.
- Period: 2000-2012.
- Inclusion criteria: patients diagnosed with HIV who were in the hospital on the day of the survey in inpatient or outpatient care.
- Data collection: questionnaire completed by the attending doctor.

Main Results

In overall terms, the clinical situation of HIV/AIDS infected patients has improved significantly by extending treatments using anti-retroviral drugs, a continued trend has been observed towards improvement over the last 12 years. An increased number of patients from other countries has been observed (13% in 2012), the majority of whom contracted HIV through unsafe heterosexual sex. The patients attended in the hospitals are mainly men, who are increasingly older (average age 44.4, while 29.9% were aged 50 or over in 2012); this fact is observed in all transmission categories, except among those men who have sexual relations with men (Figure 6.5).

Fig. 6.5 Evolution of the Average Age of Development for Patients according to Transmission Category and Year of Survey, 2000-2012.

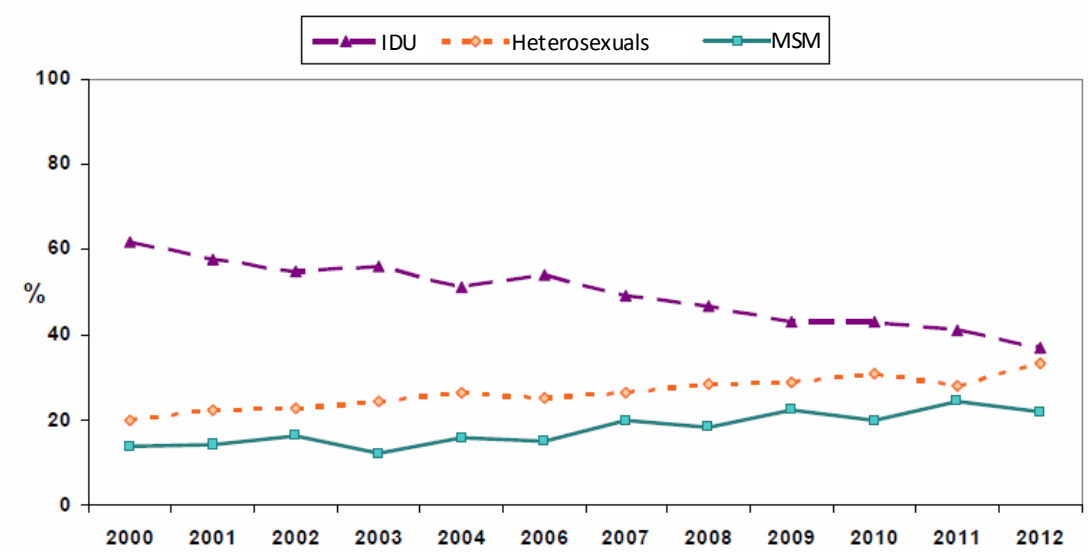


IDU: Intravenous Drug Users. MSM: Men who have sex with men.
Source: Hospital Survey of HIV/AIDS patients. 2012 Results. Analysis of development for 2000-2012. Secretariat of the National Plan on AIDS. National Epidemiology Centre. Madrid, May 2013. Ministry of Health, Social Services and Equality. Ministry of Economy and Competitiveness.

Two figures are shown below; the first shows the development of cases from 2000 to 2012 with respect to transmission mechanism (%) (Figure 6.6) and the second, the distribution of cases in relation to transmission mechanism and gender, in 2012 (Figure 6.7).

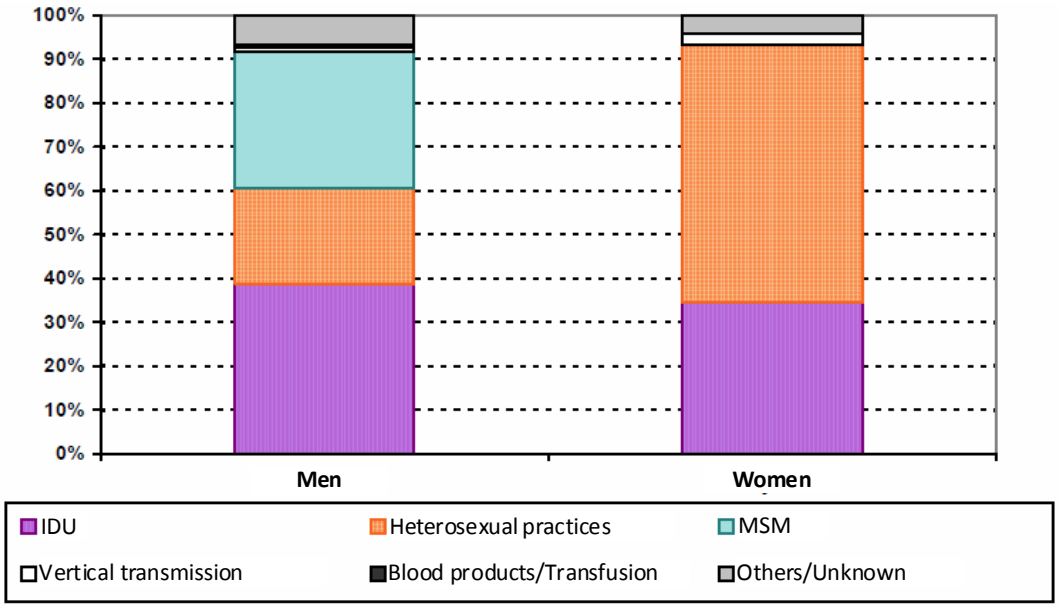
In 2012, the most common transmission mechanism continued to be the shared use of injection material among users of injected drugs. However, during the 2000-2012 period, a progressive drop in the number of patients who contracted the infection by this route fell from 61.9% in 2000 to 36.9% in 2012. The proportion of those infected through heterosexual contact rose (20% in 2000 to 33.2% in 2012) and the proportion of cases attributed to homosexual male relations also rose (14% in 2000 to 22% in 2012).

Fig. 6.6. Evolution of Transmission Mechanisms (%). Spain 2000-2012.



IDU: intravenous drug users. MSM: Men who have sex with men.
Source: Hospital Survey of HIV/AIDS patients. 2012 Results. Analysis of development for 2000-2012. Secretariat of the National Plan on AIDS. National Epidemiology Centre. Ministry of Health, Social Services and Equality. Ministry of Economy and Competitiveness.

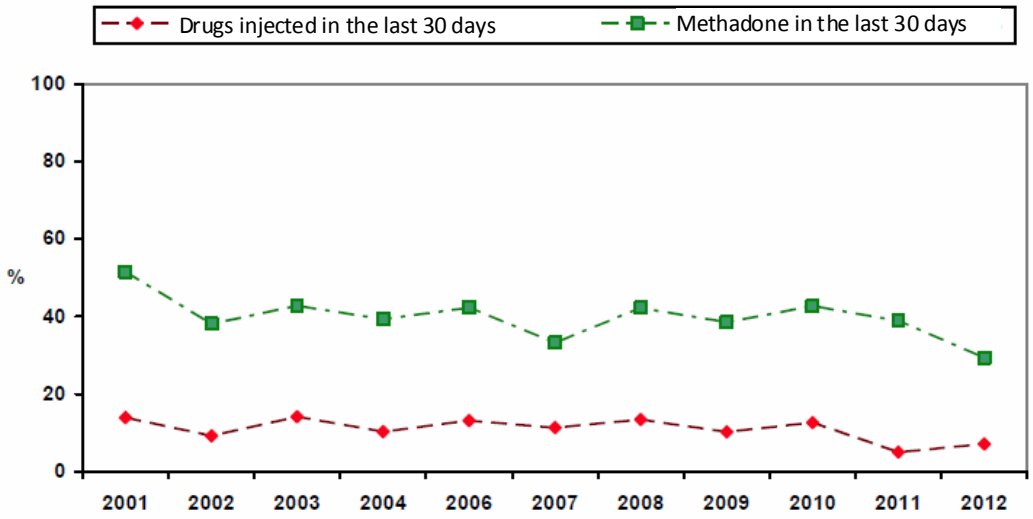
Fig. 6.7. The Distribution of Cases by Transmission Mechanism and Gender. Spain 2012.



IDU: intravenous drug users. MSM: Men who have sex with men.
Source: Hospital Survey of HIV/AIDS patients. 2012 Results. Analysis of development for 2000-2012. National Plan on AIDS. National Epidemiology Centre. Ministry of Health, Social Services and Equality. Ministry of Economy and Competitiveness.

In 2012, 767 patients were interviewed, of whom 283 were infected after having shared injection material. 7.1% of this group stated that they had used injected drugs during the previous month and 37% received treatment with methadone. In this group of patients, a significant reduction was observed between 2001 and 2012 in the proportion of users who reported having maintained their user habits during the previous month (13.9% in 2001 to 7.1% in 2012). The proportion of those who continued their treatment with methadone remained stable (Figure 6.8).

Fig. 6.8 Evolution of Patients (%) IDU/ex-IDU who injected Illegal Drugs or who received Treatment with Methadone in the 30 Days Previous to the Interview, 2001-2012.



IDU: intravenous drug users. MSM: Men who have sex with men.
Source: Hospital Survey of HIV/AIDS patients. 2012 Results. Analysis of development for 2000-2012. National Plan on AIDS. National Epidemiology Centre. Ministry of Health, Social Services and Equality. Ministry of Economy and Competitiveness.

Data obtained with respect to infection through HBV and HCV among those interviewed is shown in the final section of this chapter.

6.2.1 d) TREATMENT DEMAND INDICATOR FOR DRUG ABUSE OR DEPENDENCY[36]

Aims

This indicator is used to discover the number of persons admitted to outpatient treatment due to abuse or dependency on different psychoactive substances. The variables collected in the treatment centres may be used to obtain information on serological status with respect to HIV. Plans are also underway to collect data on the HBV and HCV Hepatitis virus, once the collection of data for this indicator begins, in 2014, applying the new TDI protocol of the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

This section does not include information on methodology and the main results obtained in Spain using the Treatment Demand Indicator (TDI), given that this information has already been detailed in Chapter 5 of this 2013 report.

Main Results

Several results are detailed below with respect to HIV infection; these have been drawn up by the Spanish Observatory on Drugs using information from the Treatment Demand Indicator. Table 6.1 shows information on those admitted to treatment in 2011, which is classified according to the primary drug these people were admitted for and which details whether they injected or not as well as the most frequent route of administration and their serological status with respect to HIV.

[36] Periodical reports from the Spanish Observatory on Drugs of the Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality. Available at http://www.pnsd.msc.es/Categoria2/observa/oed/home.htm

Table 6.1. Treatment Admissions: Serological Status and User Route according to Primary Drug. Spain 2011.

	Opioids	Heroin	Methadone	Other opioids	Cocaine	Cocaine CLH	Cocaine base	Other stimulants	Amphetamines	MDMA & derivatives	Hypnosedatives	Benzodia-zepines	Hallucinogens	Volatile inhalants	Cannabis
Nº of cases	14 925	13 898	587	440	20 335	19 724	605	745	595	103	1 143	1 000	83	56	12 873
Age on starting primary drug use	21.2	20.8	29.3	25.4	20.7	20.6	22.1	19.7	19.5	18.5	25.8	26.0	19.7	16.1	15.5
Most frequent route of using primary drug in the last 30 days (%)															
Oral	6.0	1.3	91.1	42.5	1.8	1.8	.9	32.3	22.8	83.0	96.7	96.5	37.7	3.7	2.6
Inhalation	68.6	72.3	6.9	32.8	14.5	12.2	89.1	5.3	5.3	4.3	1.8	2.0	14.3	50.0	96.5
Intranasal	5.7	5.9	.2	7.5	81.0	83.3	8.4	61.4	71.0	10.6	0.6	.6	45.5	42.6	.5
Injection	18.1	18.9	1.6	14.2	1.9	2.0	0.5	0.4	.3	1.1	0.3	.3	2.6	0.0	0.0
Others	1.6	1.7	0.2	3.0	0.8	0.8	1.2	0.6	.5	1.1	0.5	.6	.0	3.7	.3
Ever-in-lifetime drug injection	44.0	44.5	41.4	33.2	6.2	6.0	11.4	4.0	3.9	2.9	10.1	10.9	8.4	1.8	3.0
Drug injection in last 12 months	**16.0**	**16.3**	**10.1**	**12.3**	**2.7**	**2.7**	**2.5**	**1.3**	**1.2**	**1.0**	**2.2**	**2.3**	**7.2**	**0.0**	**1.0**
Serological status with respect to HIV (%)															
Positive	**15.7**	**15.9**	**14.3**	**9.5**	**2.0**	**1.9**	**4.0**	**1.1**	**.8**	**.0**	**5.7**	**5.7**	**2.4**	**0.0**	**.8**
Negative (analysis in the last 6 months)	24.4	24.8	17.7	21.1	25.2	25.4	15.5	20.5	20.5	19.4	15.8	16.2	19.3	26.8	14.1
Negative (no analysis date)	26.6	26.8	26.4	19.8	20.8	20.7	22.3	20.5	22.0	15.7	18.1	18.6	15.7	12.5	13.5
No analysis or unknown result	33.3	32.5	41.6	49.5	52.1	51.9	58.2	57.9	56.6	64.7	60.5	59.6	62.7	60.7	71.6

Source: Treatment Demand Indicator 2011. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality.

Table 6.2 shows data on serological status and the prevalence of HIV among injectors admitted to treatment for abuse or dependency on psychoactive drugs in Spain in 2011, taking age and gender into account as well as information as to if they had injected – either ever-in-lifetime or in the 12 months before admission.

In short, 8,385 people who were ever-in-lifetime injectors were admitted to treatment in 2011 and 3,094 were admitted who had injected in the 12 months before admission. In the first group, 78.1% knew their serological status and in the second this figure totalled 73%. In both cases an increase was recorded of the percentage of injectors who were aware of their serological status compared to 2010.

Among those who had injected in the past 12 months, there are hardly any differences between the percentage of women who were aware of their serological status (73.5%) and the percentage of men who were aware of it (72.9%). The difference was greater in terms of age, with greater awareness as age increases: 45.6% of those under 25 were aware of their serological status, compared to 78.7% of those aged over 34. Also worth noting is the difference between whether they had received prior treatment or not: among those injectors who had received previous treatment, 79% knew their serological status, compared to 55.2% of those injectors who attended treatment for the first time on this occasion. This is due to the fact that HIV serological tests are common practice in all admissions to treatment. However work should continue in order to increase this percentage as much as possible.

Table 6.2. The Prevalence of HIV Infection among Injectors admitted to Treatment for Psychoactive Drug Abuse or Dependency (%)1. Spain, 2011

	Injection in the 12 months prior to admission			Ever-in-lifetime Injection		
	Total	Prior treatment		Total	Prior Treatment	
		Yes	No		Yes	No
Total injectors (nº)[2]	**3 094**	**2 308**	**702**	**8 385**	**6 560**	**1 635**
Nº of injectors aware of their serological status with respect to HIV	2 259	1 825	388	6 546	5 413	1007
Prevalence of HIV infection (%)	28.7	30.4	19.1	33.0	34.4	24.9
Injectors – Men (nº)	**2609**	**1 945**	**590**	**7 140**	**5 570**	**1 406**
Aware of serological status regarding HIV (nº)	1 903	1 540	321	5 550	4578	861
Prevalence of HIV infection (%)	28.5	30	19.3	32.1	33.3	24.9
Injectors –Women (nº)	**476**	**356**	**111**	**1217**	**969**	**223**
Aware of serological status regarding HIV (nº)	350	280	66	976	819	142
Prevalence of HIV infection (%)	30	32.5	18.2	38.2	40.2	26.1
Injectors < age 25 (nº)	**217**	**90**	**111**	**276**	**113**	**146**
Aware of serological status regarding HIV (nº)	99	49	48	127	64	61
Prevalence of HIV infection (%)	9.9	12.2	4.2	10.2	14.1	4.9
Injectors - age 25-34 (nº)	**919**	**629**	**269**	**1 585**	**1 144**	**406**
Aware of serological status regarding HIV (nº)	619	472	137	1124	887	217
Prevalence of HIV infection (%)	14.5	16.5	5.8	14.4	15.9	6.9
Injectors > age 34 (nº)	**1 952**	**1 585**	**320**	**6 507**	**5 292**	**1 077**
Aware of serological status regarding HIV (nº)	1 537	1301	202	5284	4454	726
Prevalence of HIV infection (%)	35.6	36	31.7	37.5	38.3	32
Injectors < 2 years of primary drug use	**80**	**27**	**51**	**109**	**43**	**64**
Aware of serological status regarding HIV (nº)	54	21	32	80	37	42
Prevalence of HIV infection (%)	16.6	14.3	15.6	21.2	18.9	21.4
Injectors: 2 years of primary drug use	**2 422**	**1 930**	**445**	**5 993**	**5 009**	**885**
Aware of serological status regarding HIV (nº)	1 908	1 600	275	4987	4310	605
Prevalence of HIV infection (%)	28.7	30.1	18.9	32.1	33.5	21.0
Injectors - opioid users[3]	**2 555**	**2 022**	**474**	**7 034**	**5 812**	**1 080**
Aware of serological status regarding HIV (nº)	1958	1626	293	5653	4846	705
Prevalence of HIV infection (%)	30.6	31.8	22.2	35.1	35.9	28.7
Injectors – non-opioid users	**539**	**286**	**228**	**1 351**	**748**	**555**
Aware of serological status regarding HIV (nº)	301	199	95	893	567	302
Prevalence of HIV infection (%)	15.9	18.6	9.5	19.6	21.2	16.2

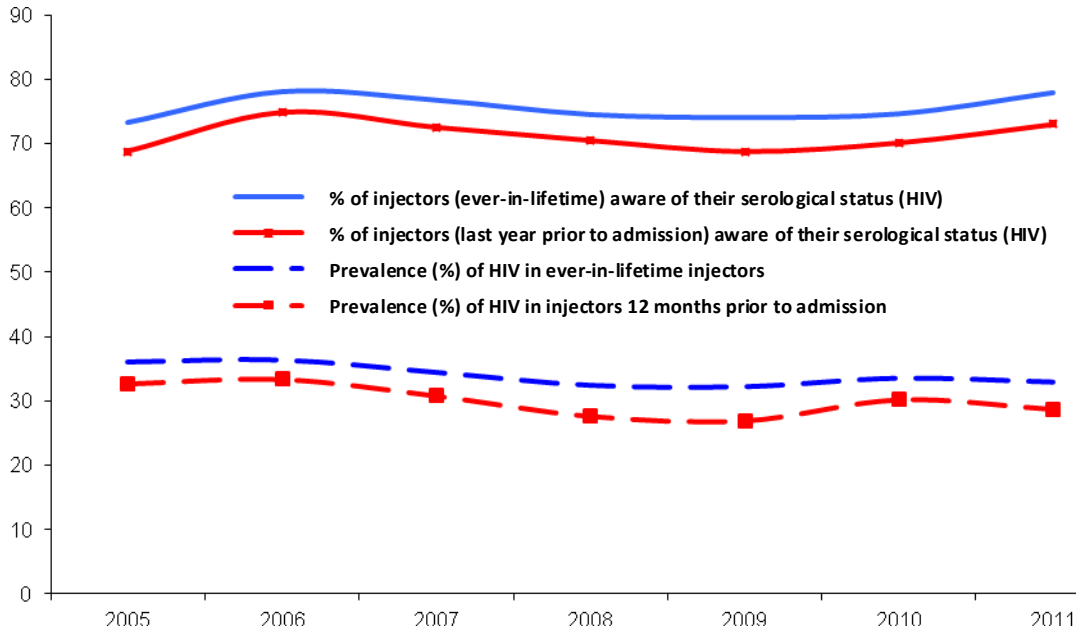
[1]. The prevalences are calculated with respect to the nº of cases with information on the HIV serological status and on other intersecting variables.
[2]. Data has not been included from other autonomous communities due to problems pertaining to the quality of the variable "time from the last injection of any psychoactive substance ".
[3]Inclusion of both those admitted for opioid dependence treatment and those admitted for use of other psychoactive drugs who used opioids in the 30 days prior to admission.
Source: Treatment Demand Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality.

With respect to HIV prevalence, 28.7% of those who had injected during the last 12 months were HIV positive, a somewhat larger proportion was observed for women (30%) than for men (28.5%). Clear differences with respect to age group were also noted (9.9% in those under 25 and 35.6% in those over 34). No variation was observed among those under 25 with respect to 2010.

Figure 6.9 and Table 6.3 show the date for those injectors who are aware of their serological status and the prevalence of HIV in those people with ever-in-lifetime injection experience and those who injected in the year prior to treatment. Since 2005 the following has been observed among those admitted for pyschoactive substance abuse or dependency:

1. A reduction in the number of users who report having injected both in the last 12 months and ever-in-lifetime.
2. The prevalence of HIV infection showed a slight downturn for the two periodic indicators after the subtle increase observed in 2010, without however reaching the officially-recorded minimal figures of 2009.
3. The percentage of those admitted to treatment who are aware of their serological status (either habitual injectors – from the last 12 months, or a former, ever-in-lifetime injector) increased in 2011.

Fig. 6.9 The Prevalence of HIV and the Percentage of People Aware of their Serological Status among Last Year and Ever-in-Lifetime Injectors. Spain, 2005-2011.



Source: Treatment Demand Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality.

Table 6.3. Prevalence of HIV, Number of Injectors and Number of Injectors Aware of their Serological Status (Last Year and Ever-in-lifetime Injectors). Spain, 2005-2011.

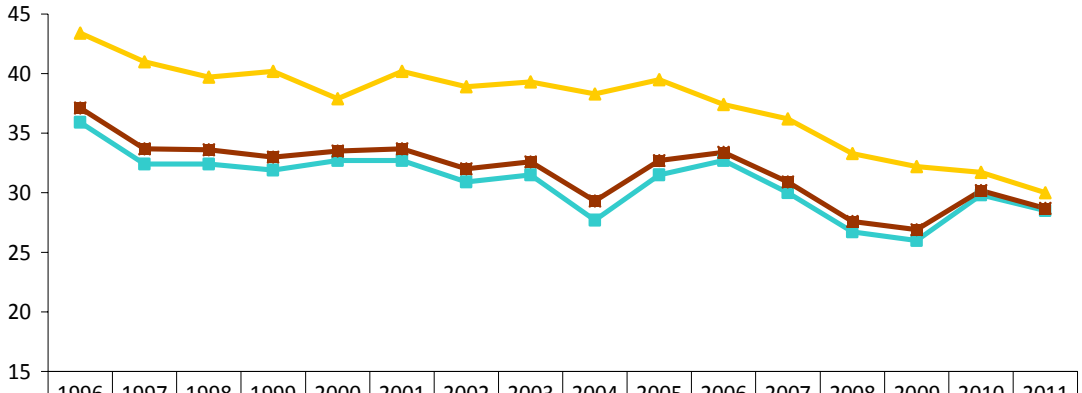
	2005	2006	2007	2008	2009	2010	2011
Injectors – year prior to admission							
Total nº of injectors	4 358	4 892	4 575	4 546	3 763	3 549	3 094
Nº of injectors aware of their serological status (HIV)	2 996	3 665	3 319	3 203	2 585	2 487	2 259
Prevalence of infection by HIV (%).	32.7	33.4	30.8	27.6	26.9	30.2	28.7
Ever-in-lifetime injectors							
Total nº of injectors	9 533	11 601	11 249	10 895	9 637	9 697	8 385
Nº of injectors aware of their serological status (HIV)	6 991	9 068	8 643	8 126	7 143	7 243	6 546
Prevalence of infection by HIV (%).	36.1	36.4	34.5	32.5	32.3	33.6	33.0

Source: Treatment Demand Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality.

Figure 6.10 shows, with respect to age and gender, the data for HIV prevalence among those admitted for treatment who had injected drugs in the last 12 months and who knew of their serological status.

In general terms, the data for 2011 shows a slight downward trend. In 2010 a slight increase in the number of men was seen, which descended once more in 2011, without reaching the values attained in 2010. It will therefore be necessary to follow this development closely. Abrupt changes to this data may be justified by changes in the number of total cases in each category and by the increase in the number of persons who are aware of their serological status.

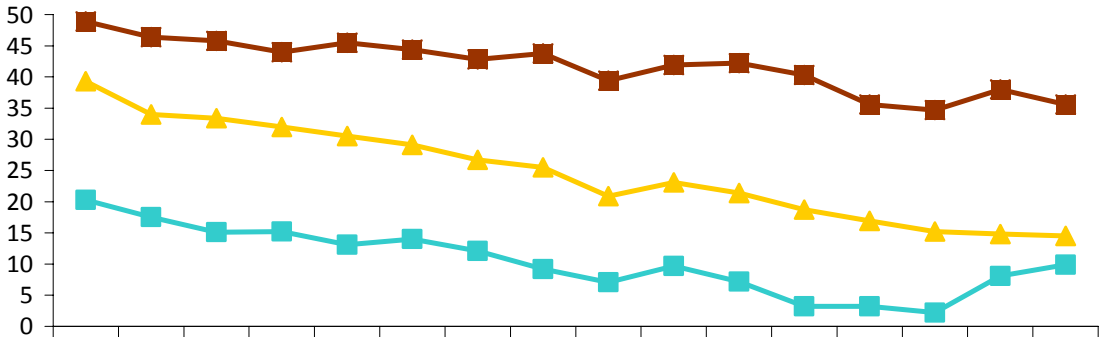
Fig. 6.10 The Prevalence of HIV among Persons admitted to Treatment who injected Drugs over the Last 12 Months and Aware of their Serological Status: according to Gender and Age Group. Spain, 1996-2011.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Men	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	29,8	28,5
Women	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	31,7	30
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	30,2	28,7

Note: In this graph "," means decimal.

A stable overall trend is noted according to age, except for the younger ages, where an ascending trend is observed, and which must be monitored – this however may be justified by the very low number of cases in this age range.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<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	8,1	9,9
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	14,8	14,5
>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	38	35,6

Note: In this graph "," means decimal

Source: Treatment Demand Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality.

6.2.2) VIRAL HEPATITIS

The Spanish Observatory on Drugs is working in order to systematise the collection of data for Hepatitis B and C in drug users, this information will not however be available until the start, in 2014 of data collection for the Treatment Demand Indicator, in accordance with the new TDI protocol of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

In order to discover the prevalence of Hepatitis B and C in drug users, specific investigations must be referred to. In 2011 the Lancet[37] published a systematic revision of the Hepatitis B and C epidemic in drug users, where the most recent data available from different countries, including Spain, has been compiled.

The main results cited in this revision stated that:

1. The average figure for the prevalence antibody presence with respect to Hepatitis C (anti-HCV+) in injected drug users was 79.6% (data from 1999 to 2001 and from 2003), with a maximum of 85.9% and a minimum of 73.3%.

2. The prevalence of core antibodies with respect to Hepatitis B (anti-HBc) in injected drug users stood at 22.5% (data from 2003).

3. The prevalence of the surface antigen with respect to Hepatitis B (HBsAg) in injected drug users stood at an average figure of 3.6%, (data from 2006), with a minimum of 1.8% and a maximum of 5.3%.

Furthermore, the Hospital Survey for HIV/AIDS patients in Spain[35] (n=767) (referred to previously in this chapter), reveals interesting data related to HBC and HCV infections:

1. In 2012, 327 (42.6%) of patients possessed antibodies for the Hepatitis C virus (HCV), 76.1% of these being IDUs or ex-UDIs. Therefore, 249 IDU or ex-IDU patients showed infection through HIV and HCV, which gives a ration of 249/283 IDUs, and provides an approximate idea of the prevalence of HIV+HCV coinfection in IDUs (87.9%).

2. The percentage of patients (n=767) chronic viral Hepatitis C increased significantly (from 63.5% in 2004 to 68.5% in 2012), as in cases of cirrhosis (from 12.4% in 2004 to 17.7% in 2012).

Finally, it must be noted that in Spain, vaccination is carried out systematically for Hepatitis B, and that according to the latest available data from the Ministry of Health[38] immunisation coverage (3 doses), in adolescents aged between 11 and 14 in Spain in 2011 stood at 79.4%.

[37] Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. The Lancet, Volume 378, Issue 9791, Pages 571 - 583, 13 August 2011

[38] http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/coberturas.htm#oc

6.3. Other Drug-related Health Correlates and Consequences

Monitoring the non-mortal health consequences of psychoactive substances may be complex, however it does provide interesting information regarding the characteristics and the development of drug use and it is useful for taking the appropriate steps. In Spain one of the indicators used to this purpose is the monitoring of hospital emergencies in users of psychoactive substances. The methodology and main results of this indicator are detailed below.

INDICATOR OF HOSPITAL EMERGENCIES IN PSYCHOACTIVE SUBSTANCE USERS.

Methodology

Description

This indicator has been operative since 1987 and its aim is to monitor the characteristics of hospital emergencies related to the non-medical or non-therapeutic use of pyschoactive substances in Spain.

Information gathering Mechanism

The staff responsible in each regional authority gather the information in a revision of clinical emergency records in an active, systematic, detailed and retrospective manner.

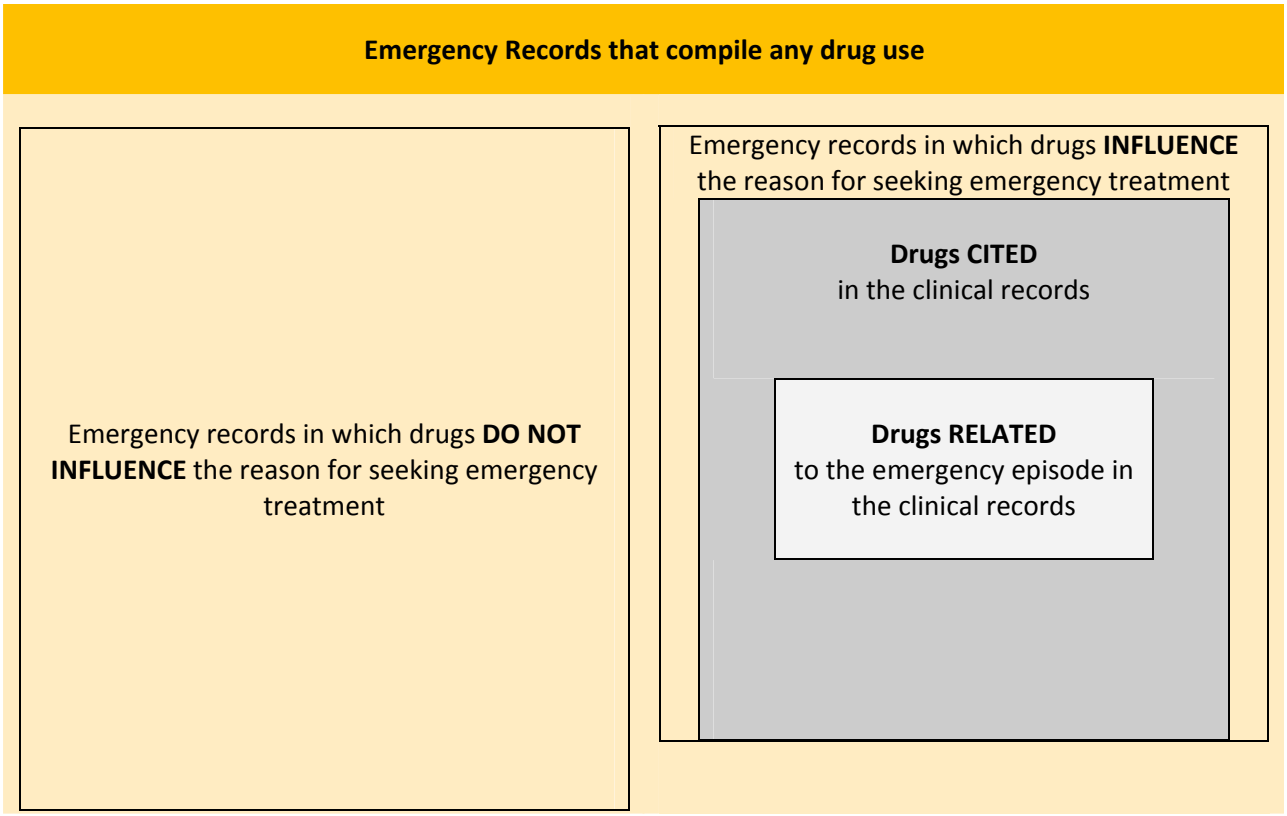
A geographical area is selected and the hospitals in this area are monitored (excluding maternity wards, paediatric hospitals and monographic hospitals). Each regional authority, decides whether to collect information in a continual manner or only for one week every month, this week is selected randomly from the Spanish Observatory on Drugs. In 2011 the emergency information came from 15 autonomous communities (from a total of 19). The data collection in most of those areas monitored was limited to 1 week per month, however in others, such as in the city of Barcelona and the island of Ibiza, the collection was continuous.

Inclusion and exclusion criteria, in addition to the data collection file may be consulted in the 2011 Spanish National Report 2011 or in the web page of the National Plan on Drugs:
http://www.pnsd.msc.es/Categoria2/observa/seipad/home.htm

The Classification of Episodes and Drugs (Figure 6.11)

Emergency episodes (ER records) detailing the use of any drug are classified into two groups: records in which the drugs are not related to the reason for the visit to the emergency ward and records that are related. The analysis centres mainly on the latter and all pyschoactive substances mentioned in the record are analysed, as well as those substances with a direct relation to the emergency occurrence (selected from among those mentioned). A drug is considered to be directly related to the emergency occurrence when opinions of the doctor are found in the clinical record that allow the episode to be linked with the non-medical or non-therapeutic use of the drug.

Fig. 6.11 The Classification of ER Reports and Drugs according to their Relation with the Non-medical or Non-therapeutic Use of Drugs.



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

A. Results: RELATED DRUGS

In 2011 9,649 emergency occurrences were observed in which the clinical record detailed the non-therapeutic or non-medical use of a substance. In 54.7% of these 9,649 emergency occurrences (5,279), drugs influenced the reason for seeking emergency treatment. In the remaining 45.3% (4,370), the clinical record did not reveal evidence (doctor's opinions) that affirmed the non-therapeutic use of any drug that had influenced visits to the emergency department.

The analysis made below refers exclusively to those emergency episodes in which drug use influenced the reason for visiting emergency departments (5,279). Firstly, the characteristics of those episodes corresponding to 2011 are presented and next, the development of the indicator during the 1996 -2011 period.

General characteristics (2011) of emergency episodes in which drugs influenced the reason for visiting emergency departments, in terms of drug users.

The general characteristics of emergency occurrences recorded in 2011 show that in 2011: there was a male predominance, the average age of users stood at around 32.7, which was a little less than the average age of the women. The most usual event was that the ER episode was resolved with a medical discharge (75.4%) and that no death was recorded. The percentage of those detained descended with respect to previous years, reaching 3.7% (Table 6.4).

Table 6.4. Characteristics of Hospital Emergency Episodes*, in Terms of Drug Users, disaggregated by Gender. Spain^, 2011.

	MEN	WOMEN	TOTAL
NUMBER OF EPISODES	3 959	1 281	5 279
AVERAGE AGE (years)	33.1	31.4	32.7
WOMEN (%)	-	-	24.4
DETAINED (%)	4.5	1.2	3.7
EMERGENCY RESOLUTION (%)			
Medical discharge	74.5	78.4	75.4
Voluntary discharge	8.8	7.5	8.5
Hospital admission	13.2	10.5	12.5
Death in emergency department	0.0	0.0	0.0
Transfer to another centre	3.6	3.6	3.6

Emergency episodes in which drugs influence the reasons for visiting emergency departments (5,279).
^ Autonomous communities reporting to the emergency indicator.
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

The substances shown that are mostly **related to reasons for visiting emergency departments** (Table 6.5) are in the following order: cocaine, alcohol and cannabis, with an evident rise in the presence of the latter, this is coherent with the increase registered by the treatment demand indicator of recent years.

Heroin appears to have begun a downward trend, as it related to less than 15% of all emergencies, and coherence with the progressive decline of this substance is also shown in the treatment demand indicator.

In general terms no differences have been observed in the substances used with respect to gender, however, in the case of hypnosedatives, the percentage of emergencies related to reasons for visiting emergency departments is higher in women than in men.

Table 6.5. The Distribution (%) of Substances Related to Hospital Emergency Episodes* in Drug Users, disaggregated by Gender. Spain^, 2011.

RELATED PSYCHOACTIVE SUBSTANCES (%)[a]			
	MEN	WOMEN	TOTAL
Heroin	14.4	12.9	14.1
Other opioids	6.0	6.8	6.2
Cocaine	46.1	41.7	45.1
Amphetamines	9.1	9.6	9.2
MDMA and derivatives	3.7	4.4	3.8
Hypnosedatives	18.5	20.6	19.0
Cannabis	34.3	29.8	33.3
Hallucinogens	2.2	1.8	2.1
Volatile substances	0.2	0.4	0.3
Alcohol	41.2	38.1	40.4
Other substances	1.6	4.0	2.1
TOTAL OF ABSOLUTE NUMBERS	3959	1281	5279

*Emergency episodes in which drugs influence the reasons for visiting the emergency ward (5,279).
^ Autonomous communities that report to the emergency indicator.
a) Related substances: among the drugs mentioned those **related to the emergency** are selected (in the clinical record doctors' opinions appear the help relate the emergency with drug use).
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

The characteristics of the emergency episodes vary with respect to the substance causing the emergency (Table 6.6). It can be observed that the lowest average ages correspond to emergencies related to MDMA (27.1) and hallucinogens (27.9), which are usually used by the younger members of the population and the highest ages for emergencies respond to heroin (36.3) and other opioids (37.5). These same substances are those mostly related to the reason for emergencies among detained users.

Table 6.6. The Characteristics of Hospital Emergency Episodes* in Drug Users, disaggregated by Substance. Spain^, 2011.

	RELATED SUBSTANCES[a]										
	Heroin	Other Opioids	Cocaine	Amphetamines	MDMA & deriv.	Hypnotics & sedatives	Cannabis	Hallucinogens	Volatile Substances	Alcohol	Others
Nº OF EPISODES RELATED TO EACH DRUG	678	299	2,165	441	185	906	1,597	99	13	1,937	104
AVERAGE AGE (years)	36.3	37.5	33.0	29.3	27.1	34.5	29.1	27.9	29.8	33.1	34.2
WOMEN (%)	25.8	27.4	25.5	29.6	28.7	27.8	23.9	24.2	13.0	24.1	40.2
DETAINED (%)	6.4	9.6	3.9	2.7	3.2	6.5	3.0	0.0	0.0	2.7	5.2
EMERGENCY RESOLUTION (%)											
Medical discharge	75.2	78.6	79.8	80.4	80.0	74.0	81.6	79.7	100.0	78.7	63.8
Voluntary discharge	7.7	6.6	7.2	5.7	10.5	7.9	4.9	7.2	0.0	7.4	6.4
Hospital admission	13.5	11.4	9.9	10.6	6.7	12.8	10.5	11.6	0.0	10.6	19.1
Death in emergency ward	0.0	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Transfer to other centre	3.7	3.3	3.2	2.9	2.9	5.2	3.0	1.4	0.0	3.3	10.6

* Emergency episodes in which drugs influence the reasons for visiting emergency departments (5,279).
^ Autonomous communities that report to the emergency indicator.
a) Related substances: among the drugs mentioned those related to the emergency are selected (in the clinical record doctors' opinions appear the help relate the emergency with drug use).
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Table 6.7 shows data related to the route of administration. On interpreting the data, it must be taken into account that a considerable proportion of unknown values exist, which means that results must be valued carefully. In 2011, in those emergencies related to heroin, the predominant route of administration for this substance was by injected drug use (65.8%), followed by inhalation (25.2%), and intranasal or sniffed administration (5.8%) and in those emergencies related to cocaine, the predominant route of administration was intranasal or sniffed (66.2%), followed by injection (14.9%) and inhaled or smoked (16.6%) (Table 6.7).

The impact of the injected route is much greater among heroin users who visit emergency departments than for those admitted to treatment for abuse or dependence on this drug, among whom there is a predominance of inhaled use. This reveals the greater risk derived from some important problems (overdose and others) among injectors.

With respect to other psychoactive substances, data on the route of administration agrees with that already learned from other sources. In the case of ecstasy, hypnosedatives, amphetamines and hallucinogens, the route of administration in mainly oral. The use of opioids other than heroin generally occurs orally, although injected use does exist in approximately 4% of cases. Cannabis is predominantly used via inhalation (94.6%), although a small proportion of oral users do exist (4.2%).

Table 6.7 The Administration of Different Drugs Related to Hospital Emergency Episodes *. Spain^, 2011.

	RELATED DRUGS (a)	
	No.	%
HEROIN		
Oral	12	3.2
Inhaled or smoked	95	25.2
Intranasal or sniffed	22	5.8
Injected	248	65.8
Other route	0	0.0
OTHER OPIOIDS		
Oral	300	92.0
Inhaled or smoked	7	2.1
Intranasal or sniffed	2	0.6
Injected	13	4.0
Other route	4	1.2
COCAINE		
Oral	21	2.2
Inhaled or smoked	155	16.6
Intranasal or sniffed	619	66.2
Injected	139	14.9
Other route	1	0.1
AMPHETAMINES		
Oral	164	82.0
Inhaled or smoked	11	5.5
Intranasal or sniffed	24	12.0
Injected	0	0.0
Other route	1	0.5
MDMA		
Oral	119	97.5
Inhaled or smoked	0	0.0
Intranasal or sniffed	2	1.6
Injected	0	0.0
Other route	1	0.8

	RELATED DRUGS (a)	
	No.	%
HYPNOSEDATIVES		
Oral	970	99.4
Inhaled or smoked	2	0.2
Intranasal or sniffed	2	0.2
Injected	2	0.2
Other route	0	0.0
CANNABIS	976	
Oral		
Inhaled or smoked	63	5.9
Intranasal or sniffed	998	93.0
Injected	8	0.7
Other route	1	0.1
HALLUCINOGENS	3	0.3
Oral		
Inhaled or smoked	28	80.0
Intranasal or sniffed	4	11.4
Injected	3	8.6
Other route	0	0.0

* Emergency episodes in which drugs influence the reasons for visiting emergency departments (5,279).
^ Autonomous communities that report to the emergency indicator.
a) Related substances: among the drugs mentioned those related to the emergency are selected (in the clinical record doctors' opinions appear the help relate the emergency with drug use).
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Evolution (1996-2011) of the general characteristics of emergency episodes in which drugs influence the reason for drug users visiting emergency.

When developmental trends since 1996 are observed (Table 6.8), it may be affirmed that the proportion of women attended in emergency departments (with respect to the non-medical use of psychoactive substances) is shown to be reasonably stable, at between 20% and 30% of the total. In general terms, during the period studied, a rising tendency was observed in terms of the average age of those persons attended to; rising from an average age of 27.8 years in 1996 to 32.7 in 2011, which could be related to the high number of emergencies related to cocaine.

The legal condition of patients has continued to evolve, as observed in the higher percentage of those detained in 1997, and from when numbers began to drop, reaching their lowest figures in 2006 (3.7%), an event that was repeated in 2011.

The distribution of the emergencies, according to the professional resolutions detailed in the ER reports themselves, has not varied greatly over the years, and "medical discharges" are the most frequent event, neither have vast differences been appreciated with respect to drugs related to emergencies or according to gender.

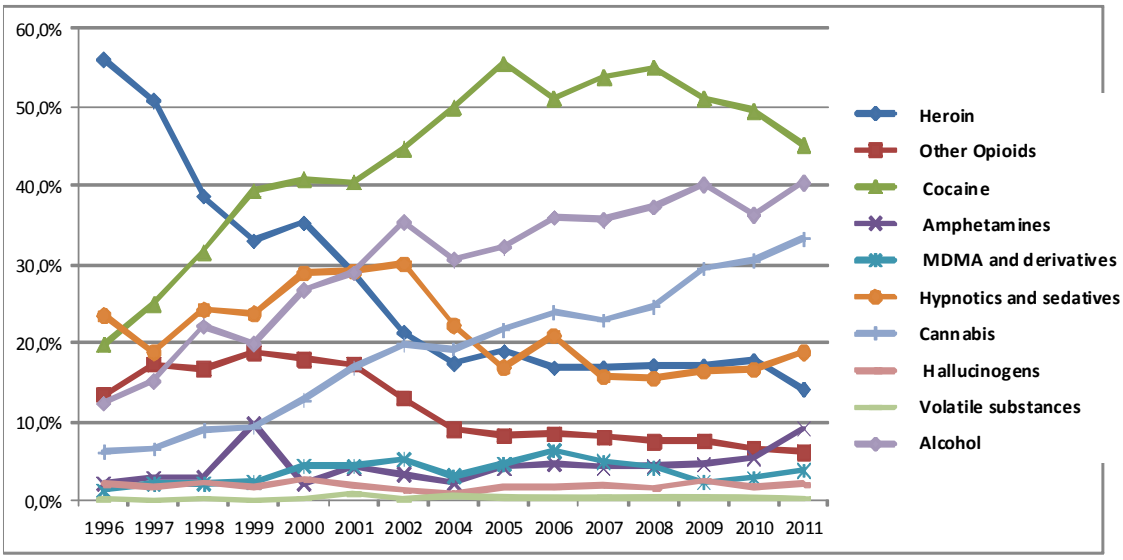
Table 6.8 Characteristics of Emergency Hospital Episodes * in Drug Users. Spain^, 1996-2011**

	1996	1998	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011
NUMBER OF EPISODES	2585	2099	2145	2673	5828	7089	7042	7822	6431	5567	5626	5279
AVERAGE AGE (years)	27.8	29.1	29.8	29.8	31.0	30.7	31.6	32.0	32.4	32.7	32.6	32.7
GENDER. (% of women)	21.4%	23.1%	27.1%	27.4%	28.0%	25.0%	26.1%	23.4%	22.7%	21.6%	26.3%	24.7%
DETAINED (%)	14.4%	11.7%	5.7%	5.2%	4.1%	4.9%	3.7%	3.8%	4.4%	5.2%	4.2%	3.7%
EMERGENCY RESOLUTION (%)												
Medical discharge	80.5%	81.2%	79.1%	82.1%	81.4%	79.1%	76.2%	79.1%	80.0%	81.0%	79.6%	75.4%
Voluntary discharge	7.0%	8.8%	7.5%	7.4%	5.3%	6.7%	8.6%	7.8%	8.5%	8.2%	7.0%	8.5%
Hospital admission	7.6%	6.0%	7.8%	6.3%	8.0%	8.4%	8.8%	9.0%	7.8%	7.9%	10.2%	12.5%
Death in Emergency Department	0.1%	0.0%	0.2%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
Transfer to another centre	4.8%	3.9%	5.4%	4.0%	5.3%	5.7%	6.3%	4.1%	3.7%	2.8%	3.2%	3.6%

* Emergency episodes in which drugs influence the reason for visiting emergency departments (5,279).
^ Autonomous communities that report to the emergency indicator.
**Complete records in the 2011 Spanish Observatory on Drugs.
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

With respect to the development over time of substances related with emergency episodes (Figure 6.12), the significant presence of cocaine, alcohol and cannabis has been recorded. Heroin has progressively lost impact and shows the lowest data since the start of the official records. The remaining substances (ecstasy, amphetamines, hallucinogens, etc.) are scarcely present in emergency departments, however monitoring of these substances should continue in order to detect any increase in use.

Fig. 6.12. The Distribution (%) of Substances related to Emergency Hospital Episodes* in Drug Users. Spain^, 1996-2011.



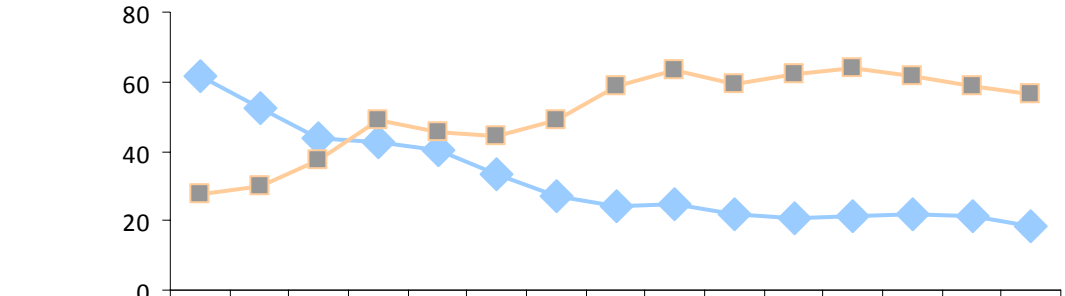
* Emergency episodes in which drugs influence the reason for visiting emergency departments (5,279).
^ Autonomous communities that report to the emergency indicator.
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

B. Results DRUGS CITED

In addition to the information provided above, the monitoring of emergency episodes in which a psychoactive substance is involved allows, for example the analysis of the "mentions" or citations that are made of these substances by users visiting emergency departments, although they are not directly related with the reason for visiting the emergency departments. This analysis facilitates the confirmation of trends and the detection of changes in use.

In 2011, and focusing solely on the psychoactive substances "mentioned", or cited - it may be observed that, although heroin appears to have stabilised, it has followed a descending trend. Citations of cocaine, since then, which have continued to increase since 1996, had their highest value in 2007 and since then, they have begun a slow descent, registering, in 2011, figures lower than those of 2004 (Figure 6.13).

Fig. 6.13. Evolution of the Proportion of Emergencies according to Severe Reaction after the Use of Psychoactive Substances with Citations of Heroin or Cocaine (%).Spain, 1996-2011



	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011
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	21,5	18,2
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	58,6	56,2

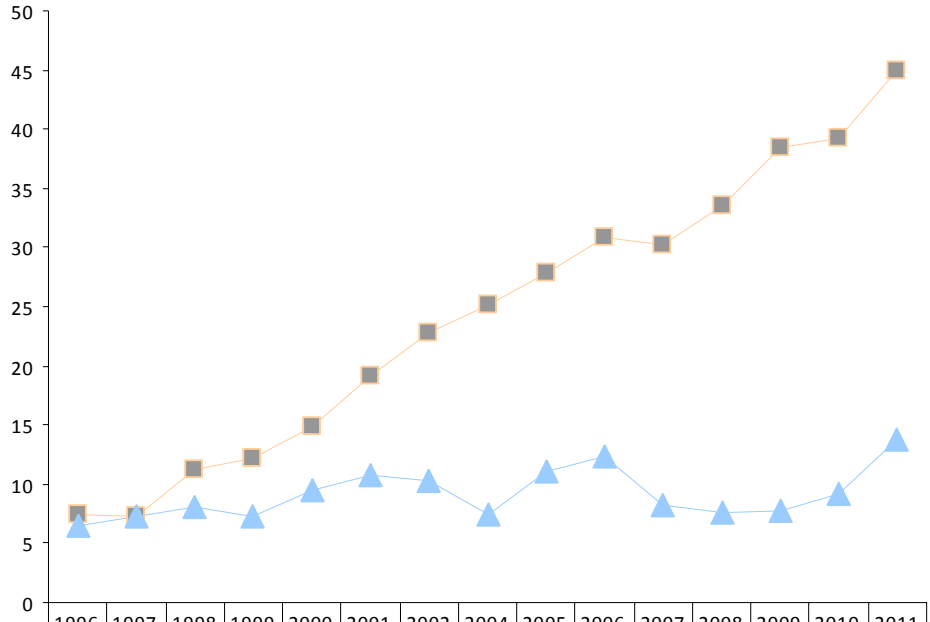
Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

The proportion of emergency episodes in which cannabis was cited rose considerably, rising from 7.4% in 1996 to 44.9% in 2011.

As may be seen in the data from other indicators and from national surveys, cannabis has an important place in the area of drug use in Spain and its presence has consolidated in the last few years; it occupies third place, after cocaine and heroin with respect to those primary drugs that drug users demand treatment for in the country, and its presence has surpassed that of heroin in the indicator of hospital emergencies.

The percentage of citations for ecstasy, amphetamines and hallucinogens (together) reached their highest value in 2006 (12.4%), and began their drop the same year, rising again in 2011 (13.8%) basically due to amphetamine use (Figure 6.14).

Fig. 6.14. Evolution of the Proportion of Emergencies according to Severe Reaction after the Use of Psychoactive Substances, with Citations of Cannabis or Ecstasy/Amphetamines/Hallucinogens (%). Spain, 1996-2011.



	1996	1997	1998	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011
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	39,3	44,9
Ecstasy, anphetamines 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	9,2	13,8

Source: Emergency Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

If analysed separately, the proportion of citations for amphetamines showed a slightly upward trend during the 1996-2011 period, with slight variations, remaining stable at around 5% during the 2005-2009 period and increasing in 2010, which continued in 2011 (11.6%).

Ecstasy use has experienced ups and downs during the period of the official records, reaching 7.2% in 2006. Since then it has experienced a downward trend, with a figure of 4.7% in 2011. The proportion of citations for hallucinogens has remained relatively low and stable, at around 3%.

The development of the percentage in citations for hypnosedatives is difficult to evaluate, especially after 2002, due to the modifications introduced in data gathering criteria by different autonomous communities in the analysis of information.

6.4. Drug related Deaths and User Mortality

Mortality related to the use of psychoactive substances is relevant as it is an important reflection of the impact of psychoactive substance use in social and health terms. Spain currently possesses two sources of information that allow data on secondary mortality from drug use: A specific register of deaths due to severe reactions to drugs and the General Mortality Registry.

In terms of in general terms, in 2011, no significant changes were observed in terms of death from drug use in Spain, with respect to previous years, except that of a larger presence of hypnosedatives in the toxicological analyses of the deceased.

The main results from the two registries on drug related deaths in Spain are detailed below, in addition to the resulting estimate after having combined both. The methodology has not undergone changes with respect to 2012 and only a brief summary has been included here (the complete text is available in the 2012 Spanish National Report).

6.4.1. THE SPECIFIC REGISTRY

Methodology

Description

This is a specific mortality registry that aims to gather information on deaths that involved judicial intervention in which the direct and fundamental cause of death was a severe, adverse reaction after the non-medical and intentional use of pyschoactive substances (except alcohol and tobacco).

Scope

This indicator began systematic operation in 1990, although partial information has been available since 1983. Population coverage at a geographical level has progressively increased. In 2011 17 of Spain's 19 autonomous communities provided data. This report does not detail the total figures from each autonomous community, as each community only provides information on a determined number of judicial areas. The population characteristics of these autonomous communities may be considered to be representative of the totals for Spain.

The mechanism for gathering information using the mortality indicator

The main source of our information is derived from the Coroner's Office, coroners, the Spanish National Institute of Toxicology and Forensic Science and Legal medical university departments who provide data to their autonomous communities and these send their databases to the Spanish Observatory on Drugs of the Government Delegation for the National Plan on Drugs.

A detailed protocol is available in which those variables that require inclusion are described, in addition to how to proceed and inclusion and exclusion criteria.

Results (Specific Mortality Registry: Spain 1983-2011)

1. The general characteristics of the deceased due to severe reactions on the use of psychoactive substances.

82.1% of the deceased were males, compared to 17.9%, who were women. This male predominance is a constant feature throughout the records, although in recent years a rising trend has been observed in the number of deceased female users. The average age in 2011 was 40.2 years, maintaining the rise that began in 2003. In 2011, more than half those who died were aged over 40. With respect to marital status, numbers for single people were predominant (63.6%).

The majority of cadavers showed evidence of recent drug use (89.9%), however only 16.3% of those who died showed signs of venipuncture. Most of the cases (87.6%) did not show signs of suicide. In 37.2% of those who died, death was due to a former pathology that had been aggravated by substance use. HIV serology was positive in 39.2% of all cases (Table 6.9).

Taking into account the limitations of this approach, it may be said that the most frequent profile from death due to a severe reaction to psychoactive substances is that of a single male aged over 40, with no previous pathology who had recently used a substance and who showed no signs of suicide.

Table 6.9. The General Characteristics of the Deaths from Severe Reactions after Psychoactive – Substance Use. Spain, 2003-2011.

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Number of deaths	493	468	455	428	475	424	438	517	453
Gender (%)									
Men	85.3	83.9	86.3	84.3	87.4	85.6	84.5	83.9	82.1
Women	14.7	16.1	13.7	15.7	12.6	14.4	15.5	16.1	17.9
Average age (years)	35.3	37.0	36.1	37.2	38.2	38.1	38.3	39.8	40.2
Age group (years)									
15-19	0.8	1.3	1.4	0.9	0.6	1.9	0.7	0.4	1.2
20-24	6.7	4.1	6.2	4.2	4.3	6.1	6.4	2.5	5.0
25-29	14.6	11.9	11.2	12.9	9.7	10.6	8.0	7.9	6.0
30-34	22.6	20.5	20.0	18.0	17.6	16.3	17.4	12.4	12.2
35-39	28.2	27.9	28.9	23.8	24.1	22.2	18.9	25.5	19.9
40-44	16.9	19.2	20.7	21.3	22.2	19.8	24.9	24.8	21.4
>= 45	10.2	15.1	11.6	18.9	21.5	23.1	23.7	26.5	34.0
Marital status (%)									
Single	69.4	68.9	68.7	72.0	62.8	61.4	67.3	61.0	63.6
Married	19.0	15.6	16.4	12.2	19.1	16.8	15.4	21.6	18.2
Separated/Divorced	10.5	14.4	13.7	13.6	17.4	18.9	15.0	15.9	16.2
Widow/er	1.0	1.1	1.1	2.2	0.7	2.9	2.3	1.5	2.0
Origin of cadaver (%)									
Home	54.5	55.2	58.1	52.3	60.6	60.0	61.9	64.3	68.6
Hotel-guest house	5.3	5.1	6.2	5.8	4.6	3.9	5.9	4.3	2.8
Street	18.5	17.4	13.5	20.1	13.1	15.8	11.8	14.0	11.1
Public area	1.8	1.3	2.5	4.8	2.4	1.7	2.8	2.6	2.6
Hospital	10.6	9.5	6.4	7.7	5.7	6.8	6.1	3.9	5.1
Prison	1.1	3.5	4.8	3.9	3.7	4.9	4.0	3.7	4.9
Other	8.2	8.1	8.5	5.3	9.8	7.0	7.3	7.1	4.9
Evidence of recent use (%)									
Yes	85.6	92.6	94.4	92.4	85.3	89.0	90.4	77.4	89.9
No	14.4	7.4	5.6	7.6	14.7	11.0	9.6	22.6	10.1
Evidence of suicide (%)									
Yes	12.1	8.8	5.7	10.8	8.8	9.0	8.5	9.7	12.4
No	87.9	91.2	94.3	89.2	91.2	91.0	91.5	90.3	87.6
Recent signs of venipuncture (%)									
Yes	53.3	43.0	51.7	40.6	35.2	35.4	39.2	29.6	16.3
No	46.7	57.0	48.3	59.4	64.8	64.6	60.8	70.4	83.7
Death caused by prior pathology, aggravated by psychoactive-substance use (%)									
Yes	35.4	32.6	35.5	28.6	20.4	26.6	30.9	31.4	37.2
No	64.6	67.4	64.5	71.4	79.6	73.4	69.1	68.6	62.8
Anti-HIV antibodies (%)									
Positive	42.7	40.6	42.8	36.9	37.4	40.7	41.1	34.4	39.2
Negative	57.3	59.4	57.2	63.1	62.6	59.3	58.9	65.6	60.8

Source: Drug Related Deaths Indicator. Reporting Autonomous Communities (Spain). Period: 2003-2011. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

2- Evolution of Deaths by Severe Reaction after Psychoactive-substance Use, according to Substance Type. Spain, 1983-2011.

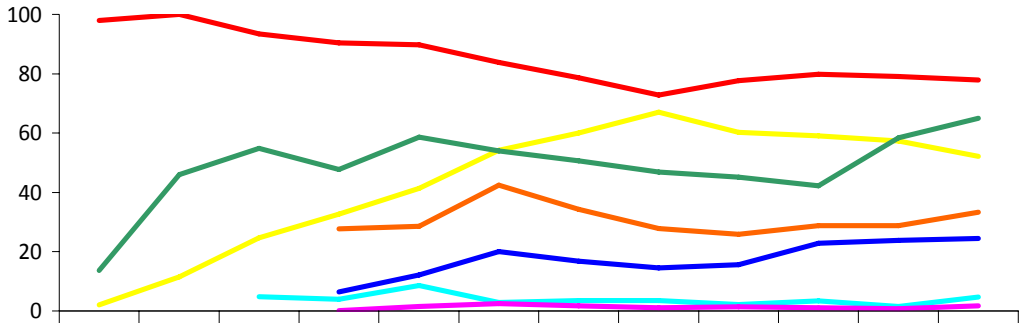
Figure 6.15 shows the developments of deaths due to severe reactions after the use of psychoactive substances in Spain, from 1983 to 2011. The data presented corresponds to the percentage of deaths in which each of the substances or metabolites referred to were identified in toxicological analyses.

Polydrug use is the most frequent pattern for these deaths due to a severe reaction to psychoactive substances.

Opioids were the substance identified in most deaths (77.9%), hypnosedatives remained as the second most prevalent substance (65%), breaking with the downward trend that began in 2005, with a sudden increase and exceeding the figures for cocaine, which occupied second place during the 2002-2009 period.

Cocaine has retained the downward trend that began in 2007 (67%), and was present in 52.2% of deaths in 2011.

Fig. 6.15. Evolution of the Proportion of Deaths after Psychoactive Substance Use, according to the Type of Substance detected in Toxocological Analyses. Spain* 1983-2011 (%)



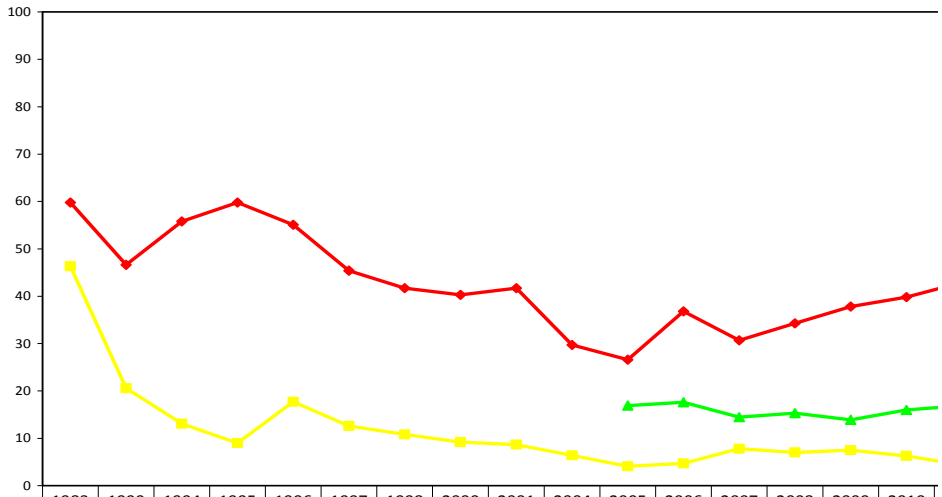
	1983	1986	1995	1996	1997	2002	2006	2007	2008	2009	2010	2011
Opioids	98	100	93,4	90,4	89,8	83,8	78,7	72,8	77,7	79,8	79,1	77,9
Cocaine	2	11,5	24,7	32,7	41,4	54,2	60	67	60,2	59,1	57,3	52,2
Hypnosedatives	13,7	46	54,8	47,7	58,6	54	50,7	46,9	45,1	42,2	58,4	65
Amphetamines			4,9	4	8,6	2,9	3,6	3,6	2,2	3,5	1,5	4,7
Cannabis				6,5	12,2	20	16,8	14,6	15,6	22,8	23,8	24,5
MDMA				0,1	1,5	2,5	1,7	1,1	1,4	1,1	0,8	1,7

Note: In this graph "," means decimal
(*) Including data from all the geographical areas monitored by the indicator.
Note: The graph shows the data corresponding to those years that allow an overall view of trends. The complete data records are available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or Spanish National Report 2012 (http://www.emcdda.europa.eu/html.cfm/index214091EN.html
Source: Drug Related Deaths Indicator. Reporting autonomous communities (Spain). Period: 1983-2011. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

Figures 6.16 and 6.17 show the development over time of data corresponding to opioid and cocaine use in more detail, with the evaluation of certain specific combinations that have been of interest, due to their high prevalence over the years.

A rising trend may be observed in those deaths in which opioids or opioids with substances other than cocaine were detected which was recently initiated (2007-2008). This is coherent with the drop, in 2011 of the percentage of deaths in which cocaine use was identified (reduction of over 5 percentage points with respect to 2010).

Fig. 6.16. Evolution of the Proportion (%) of Deaths from Severe Reaction to Psychoactive Substances and in which Toxicological Analyses detected: Opioids and not Cocaine, only Opioids and Opioids and Benzodiazepines. Spain 1983-2011.

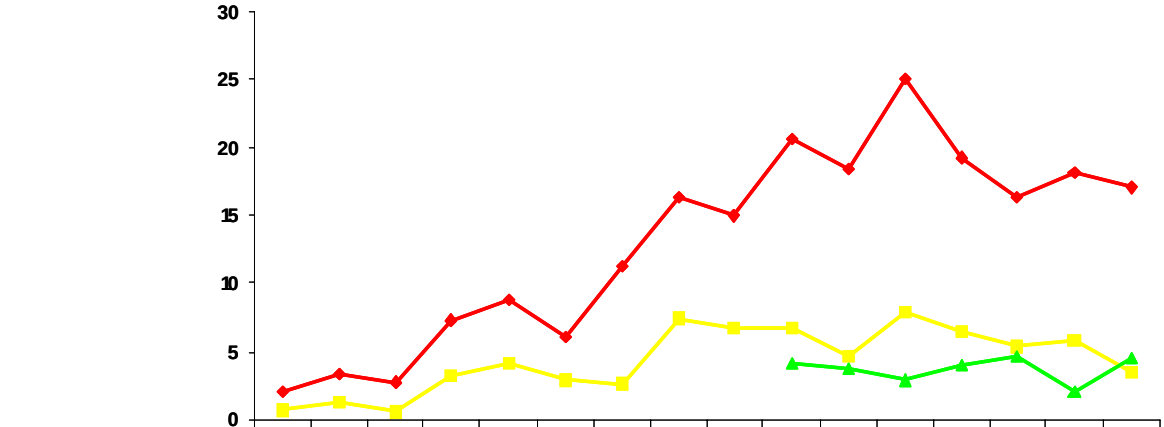


	1983	1990	1994	1995	1996	1997	1998	2000	2001	2004	2005	2006	2007	2008	2009	2010
Opioids and not cocaine	59,8	46,6	55,8	59,8	55,1	45,4	41,7	40,3	41,7	29,7	26,6	36,8	30,7	34,3	37,8	39,8
Only opioids	46,3	20,6	13,1	9	17,7	12,6	10,8	9,2	8,7	6,4	4,1	4,7	7,8	7	7,5	6,3
Opioids and benzodiazepines											16,9	17,6	14,5	15,3	13,9	16

(*) Including data from all the geographical areas monitored by the indicator.
Note: The graph shows the data corresponding to those years that allow an overall view of trends. The complete data records are available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or Spanish National Report 2012 (http://www.emcdda.europa.eu/html.cfm/index214091EN.html
Source: Drug Related Deaths Indicator. Reporting autonomous communities (Spain). Period: 1983-2011. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

The development of cocaine use in the total numbers for the deceased reveals a clear decline, reaching a prevalence below that of 2002. However, a certain stabilisation is seen in the usual combinations, while a clear drop is shown in others. The proportion of deaths in which "only cocaine and alcohol" are detected increased, while the proportion in which only cocaine or cocaine combined with substances other than opioids were detected decreased.

Fig. 6.17. Evolution of the Proportion (%) of Deaths from Severe Reaction to Psychoactive Substances and in which Toxicological Analyses detected: Cocaine and not Opioids, only Cocaine and Cocaine and Alcohol. Spain 1985-2011.



	1985	1993	1994	1998	1999	2000	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Cocaine and not opioids	2,1	3,3	2,8	7,3	8,8	6,1	11,3	16,4	15	20,6	18,5	25,1	19,3	16,4	18,2	17,1
Only cocaine	0,7	1,2	0,6	3,1	4,1	2,9	2,6	7,5	6,8	6,8	4,7	7,8	6,4	5,4	5,8	3,4
Only cocaine and alcohol										4,1	3,7	2,9	4	4,7	2,1	4,6

Note: In this graph "," means decimal.
(*) Including data from all the geographical areas monitored by the indicator.
Note: The graph shows the data corresponding to those years that allow an overall view of trends. The complete data records are available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or Spanish National Report 2012 (http://www.emcdda.europa.eu/html.cfm/index214091EN.html
Source: Drug Related Deaths Indicator. Reporting autonomous communities (Spain). Period: 1985-2011. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

3. Evolution of Deaths from Severe Reaction after the Use of Psychoactive Substances. Spain 1983-2011.

The results show that in a general manner, after the rapid rise observed during eighties, which was associated with intravenous heroin use, a downward trend in deaths was seen and which continued in 2011.

From a methodological viewpoint, it must be made clear the regional authorities who provide data to the Drug Related Deaths Indicator are not the same every year. As such, Figure 4 shows in line 1, data from those regional authorities that provide data to the indicator (which vary according to year), while in line 2, shows data from the six Spanish cities that provide constant data; this provides homogeneity to the information. These six cities correspond to the judicial areas of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza.

In the same manner, variations in the reports of some autonomous communities, improvements to the registry or modifications in judicial areas could justify some of the changes observed in the number of national deaths (Figure 6.18).

Fig. 6.18. Evolution of Deaths from Severe Reaction after the Use of Psychoactive Substances. Spain [1, 2] 1983-2011*.

	1983	1987	1988	1989	1991	1992	1993	1994	1995	1996	1997	2000	2001	2004	2005	2008	2009	2010	2011
1. Regional DRD Indicator												444	496	468	455	424	438	517	453
2. 6 Spanish cities	82	234	337	455	579	558	444	388	395	421	339	284	268	212	242	139	181	182	181

(1) Autonomous Communities that report to the Drug Related Deaths Indicator (50% of the Spanish population). Source: Drug Related Deaths Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs

(2) Selection of six cities corresponding to the judicial areas of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza. Drug Related Deaths Indicator. Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs.

(*) Until 1995 only data on deaths due to severe reaction to opioids or cocaine was compiled.

Note: The graph shows the data corresponding to those years that allow an overall view of trends. The complete data records are available in the 2011 report of the Spanish Observatory on Drugs (http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm) or Spanish National Report 2012 (http://www.emcdda.europa.eu/html.cfm/index214091EN.html

6.4.2. GENERAL MORTALITY REGISTRY

Methodology

In Spain the National Statistics Institute[39] (INE) possesses a general mortality registry in which the causes of death are classified according to CIE-10. Mortality databases are drawn up with the autonomous communities. The main information source is that of the civil registries, which send monthly reports on deaths to INE branches. The most recent database on mortality figures at a national level dates from 2011.

An analysis is shown below of mortality using the CIE-10 codes proposed by the European Monitoring Centre for Drugs and Drug Addiction[40], which includes the codes CIE-10: F11-F12, F14-F16, F19, X42, X62 and Y12. Code X44 was also added in order to adapt to the Spanish system; this code includes accidental poisoning due to exposure to drugs and is widely used in Spain[41] in order to reference deaths by 'overdose'.

[39] National Institute of Statistics. http://www.ine.es/

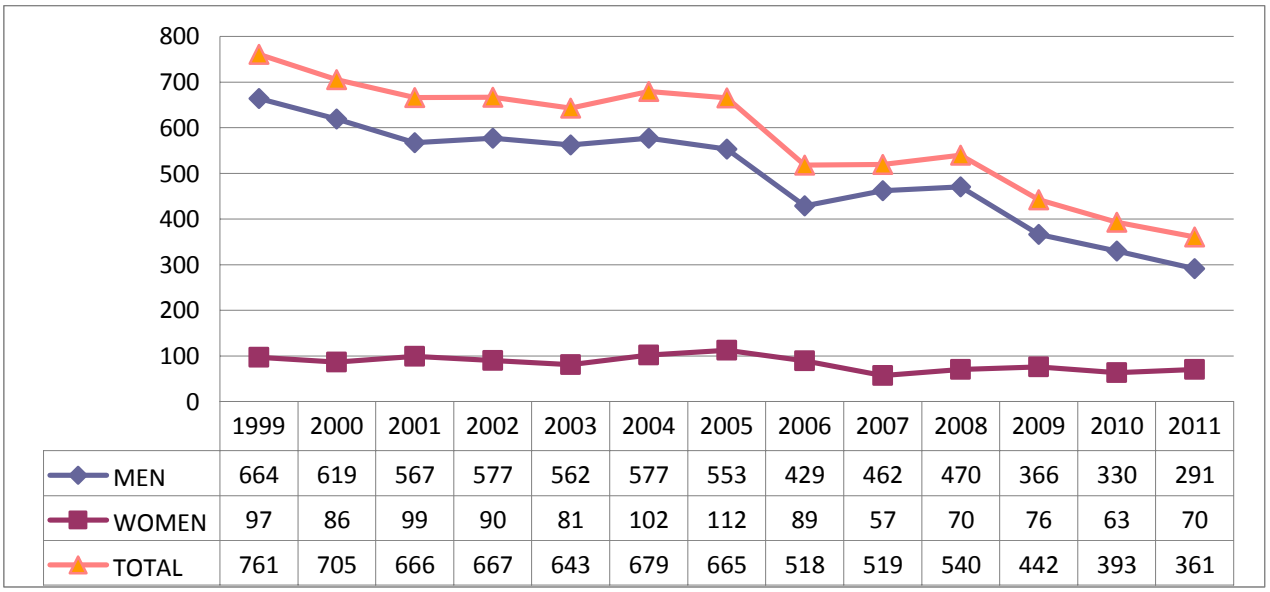
[40] The DRD-Standard Version 3.0 EMCDDA *Scientific Report*. EMCDDA/P1/2002. http://www.emcdda.eu.int.

Results (General Mortality Registry)

In 2011 361 deaths were registered using the CIE-10 codes detailed above. This figure continued the downward trend observed since 1999, when data from the General Mortality Registry was first used

With respect to the characteristics of the deceased during the 1999-2011 period, a male predominance is also appreciated, one that has continued throughout the duration of the official records and which in 2011, accounted for 82.8% of deaths. (Figure 6.19).

Fig. 6.19. Evolution of Mortality* due to Psychoactive Substance Use according to Gender. Spain 1999-2011.

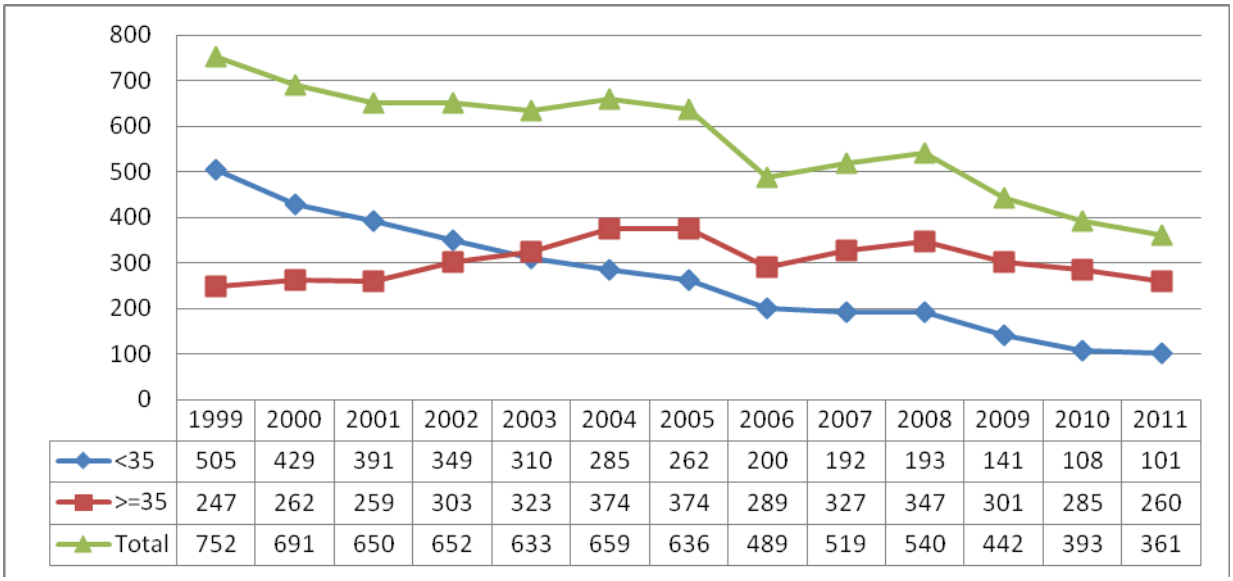


	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MEN	664	619	567	577	562	577	553	429	462	470	366	330	291
WOMEN	97	86	99	90	81	102	112	89	57	70	76	63	70
TOTAL	761	705	666	667	643	679	665	518	519	540	442	393	361

* Codes CIE-10: F11-F12, F14-F16, F19, X42, X44, X62, Y12.
Source: Graph: The Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs using data from the General Mortality Registry. National Statistics Institute.

If one reviews the distribution of the deceased with respect to age during the period of the official records (Figure 6.23), an upward trend is seen in the average age of the deceased. In the nineties the majority of those who died were young people aged below 35 years, however in 2003, for the first time, figures for the deaths of users aged over 34 exceeded those for deaths or users under 35 and these trends have continued since then.

Fig. 6.20. Evolution in the Number of Deaths* due to Psychoactive substance Use; disaggregated by Age. Spain, 1999-2011.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<35	505	429	391	349	310	285	262	200	192	193	141	108	101
>=35	247	262	259	303	323	374	374	289	327	347	301	285	260
Total	752	691	650	652	633	659	636	489	519	540	442	393	361

Codes CIE-10: F11-F12, F14-F16, F19, X42, X44, X62, Y12.
Source: Graph: The Spanish Observatory on Drugs. Government Delegation for the National Plan on Drugs using data from the General Mortality Registry. National Statistics Institute.

6.4.3). Mortality Estimates using the Specific Registry and the General Mortality Registry.

Methodology

The two sources of information used to date (the Specific Mortality Registry and the General Mortality registry) are subject to certain limitations, which mean that, in order to minimise these, an estimate of deaths is made using the information available.

The Specific Mortality registry provides data on deaths using data from the autonomous communities, however not all regional authorities report to this registry and furthermore, some of them do not declare data from all the judicial areas, but from cities or areas, which vary from year to year. This is therefore, a specific registry without scope at a national level and with variations in those autonomous communities that provide information, with yearly variations.

The General Mortality Registry does have national-level scope and although the quality of this registry is good, under-reporting with respect to secondary deaths from drugs is known to exist.

Therefore, in order to estimate the number of deaths from drugs at a national level, the detailed results of the Specific Registry are combined with the wider, national scope of the General Registry. A coefficient of under-reporting is calculated from the coefficient of deaths notified by the Specific Registry and those of the General Registry (selecting only those deaths in the cities or provinces[42] that are reported periodically in both registries). The diagram in Figure 6.21 shows how this estimate is undertaken.

[42] Province of Alava, Province of Guipuzcoa, Province of Vizcaya, Bilbao City, Province of La Coruña, Province of Lugo, Province of Orense, Province of Pontevedra. Community of Murcia. Province of Ávila, Province of Burgos, Province of Leon, Ponferrada City, Province of Palencia, Province of Salamanca, Province of Segovia, Province of Soria, Province of Valladolid, City of Valladolid, Province of Zamora, Province of Seville, City of Seville, Province of Malaga, City of Malaga, Province of Granada, City of Granada, City of Palma de Mallorca, City of Madrid, City of Getafe, City of Leganés, City of Majadahonda, City of Barcelona, City of Valencia, City of Zaragoza, City of Pamplona, City of Las Palmas de GC , City of Santa Cruz Tenerife, City of Badajoz, City of Cáceres.

Fig. 6.21. Calculating the Estimated Deaths from Illegal Drugs in Spain.

Estimate of number of deaths by = **Deaths by Illegal Drugs General Mortality Registry** * **Coefficient for under-reporting**

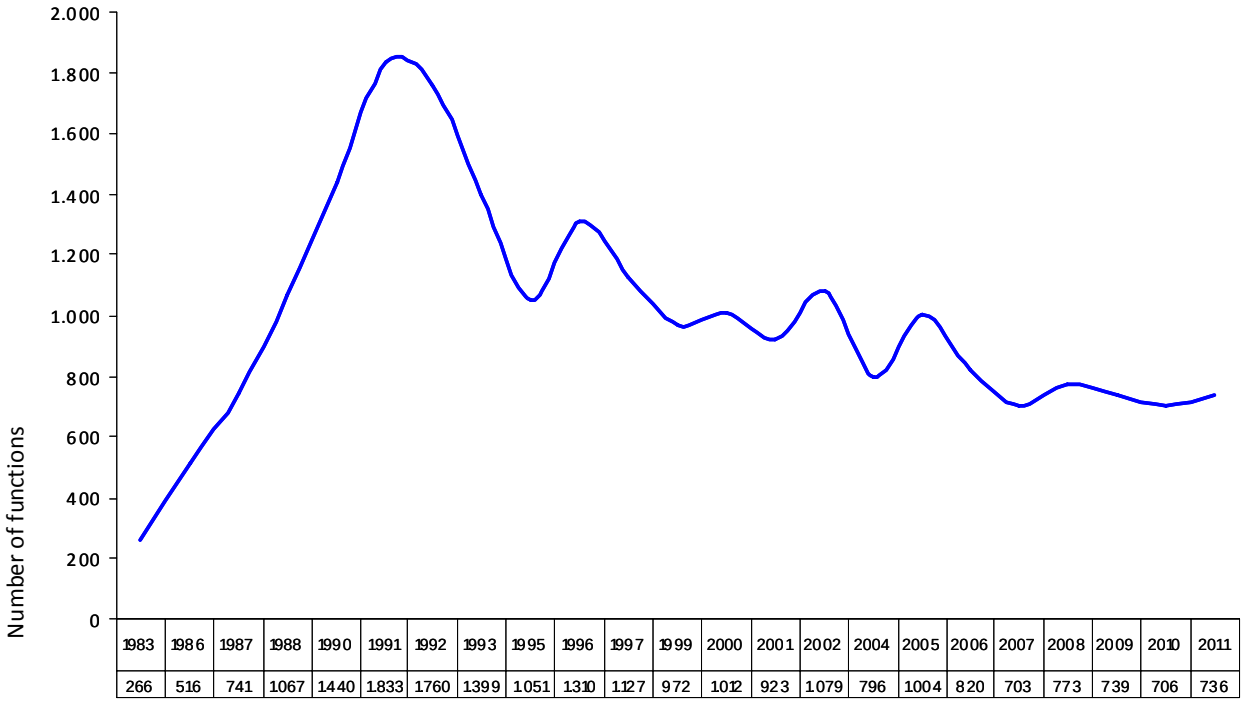
Coefficients for under-reporting = **Definitions: Specific Mortality Registry (selection of cities/provinces)** / **Deaths: General Mortality Registry (selection of cities/provinces)**

By applying this coefficient, some of the under-reporting is corrected, however it is known that the use of illegal drugs increases the probability of death through dying from various causes and that the consequences of this situation are not adequately reflected in the general mortality figures. This estimate therefore refers to the minimum number of secondary deaths with respect to the use of illegal drugs, although it may be higher. More specific studies (on cohorts, proportional mortality, etc.) could provide additional information of much interest.

Results (estimate using the Specific Registry and the General Registry)

Figure 6.22 shows data from the estimate for deaths from illegal drug use at a national level from 1983 to 2011. It may be seen that, after the peak at in the early 1990s, a downward trend has continued that appears to have stabilised. In 2011 a total of 387,911 deaths occurred in Spain, of which it has been calculated that 736 were caused by the non-medical use of illegal substances.

Fig. 6.22. Estimate of the Total Number of Deaths due to Illegal Drugs. Spain 1983- 2011.



1983	1986	1987	1988	1990	1991	1992	1993	1995	1996	1997	1999	2000	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011
266	516	741	1067	1440	1833	1760	1399	1051	1310	1127	972	1012	923	1079	796	1004	820	703	773	739	706	736

Source : Estimate of the Spanish Observatory on Drugs (Government Delegation for the National Plan on Drugs) using data from the Specific Mortality Registry of the Spanish Observatory on Drugs (Government Delegation for the National Plan on Drugs) and the General Mortality Registry of the National Statistics Institute.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Introduction

In general, the data reported here corresponds to 2011, the latest year available to date. When the data given refers to 2012, this is specifically indicated.

As stated in previous reports, the attention and care given to drug users is mainly provided in public or private centres financed with public funds. In the case of private centres, the centres are mainly managed by Non-Government Organisations (NGOs).

The nature and the type of these centres (outpatient assistance centres, hospitalised detoxification units, therapeutic communities, etc.) have already been described in other reports.

During 2011, 91,996 people received attention and treatment at outpatient centres, a figure that is slightly lower than that of 2010, which was 93,294. These patients were treated at 554 outpatient centres.
The 135 therapeutic communities that there were in Spain in 2011 attended 8,026 people, representing an increase of 5.66% on the previous year.

In the case of hospital detoxification units, in 2011, 3,420 patients were attended, which is a drop of 14.15% on 2010, when the figure was 3,984. In Spain, 53 hospital detoxification units were operating in 2011 (the same figure as for 2010).

7.2. Prevention od drug related emergencies and reduction of drug-related deaths

Among its main objectives, the 2009-2016 National Strategy on Drugs contemplates lowering the risk and reducing the damage.

The beneficiary groups of these programmes, which are also aimed at preventing drug-related emergencies and deaths, are:

- Drug users who are unlikely to be included in programmes aimed at abstaining from use.
- Long-term heroin users.
- Groups of population at risk of being marginalised or of social exclusion.
- Groups that frequent places and are involved in situations in which use is particularly easy.

In Spain, there are various kinds of centres and resources for this purpose. These include mobile units. In 2011, 29 of these facilities were operating and they attended 7,689 patients.
The aims of the supervised drug consumption facilities were given in the previous report. In this respect, we should repeat that although being able to offer drug consumption in a safe environment is important, it is not the main objective or the only reason for their existence. In the Autonomous Communities of Catalonia, Madrid and the Basque Country, eight centres of this kind were operating in 2011 (six, one and one respectively), and they attended 6,918 patients in all, representing a drop of 15.80% on the 8,217 who were attended in 2010.

43 social emergency centres, the basic purpose of which is to take in drug users with greatest problems of marginalisation, were operating in Spain throughout 2011, and attended 17,690 users.

The role played by the 1,424 chemists with programmes of this nature was also important. These chemists, in some cases, participate in handing out methadone and, in others, in needle and syringe exchange programmes.

As stated in the previous report, throughout 2011, users of these programmes were able to have access to several of these facilities, meaning that it is not possible to add up their total number of users.

7.3. Prevention and treatment of drug-related infectious diseases

It is clear that people who inject drugs modify their risk practices if they are given educational advice, as well as the necessary tools to put more hygienic behaviour into practice. Therefore, in Spain, interventions that enable contacting injecting drug users are boosted to try and modify the behaviour that offers the greatest risk for their health and of those around them.

Programmes to reduce the damage mentioned in the previous part intervene in the prevention and treatment of infectious diseases through attention to active users who attend them.

Needle and syringe exchange programmes are of particular interest in this respect. These programmes are carried out in outreach activities as well as in more institutionalised centres and facilities, and are aimed at the population of intravenous drug users.

Their objectives contemplate reducing, in as far as possible, the risk of transmissible infections that are associated to the shared or simply unhygienic use of injection material.

At the same time, early HBV and HCV detection, HAV and HBV vaccinations and activities aimed at preventing overdoses are carried out.

In 2011, needle and syringe exchange programmes distributed 1,990,136 syringes through 1,287 exchange points.

We should also point out that the supervised drug consumption facilities mentioned in the previous part participate in the prevention and treatment of infectious diseases related to drug use.

Maintenance programmes with opioid agonists (methadone and other substances)

In Spain, the legal framework of methadone maintenance programmes (MMP) is regulated by Royal Decree of 19 January 1990 and Royal Decree 5/1996.

In our country, as we have mentioned in other reports, a growing number of heroin users have been joining substitution programmes since 1990.

In the methadone maintenance programmes, the number of people attended in 2011 was 74,199, representing a drop of 8.42% on the 81,022 of 2010.

In addition to patients in methadone programmes, it should be pointed out that during 2011, and according to information provided by the Autonomous Communities and Cities, 2,064 patients were treated in Spain with buprenorphine/nalaxone (Suboxone), representing a significant growth (52.88%) on the 1,350 people treated with this medicine in 2010.

It is important to remember that recently Buprenorphine+Nalaxone (Suboxone®) has been included among the medications offered by the National Health Service, making it easier to use them in patients who are stabilised on methadone, with low doses and good development.

7.4. Responses to other health correlates among drug users

Regarding programmes to help alcoholism, in 2011, 434 outpatient centres were operating, which attended 48,938 patients; 73 in-patient units which attended 2,769 people and 72 non-hospital residential centres which attended a further 2,154 people. In the three types of centre, the number of patients attended dropped in comparison with 2010, when 61,231, 3,162 and 3,133 patients were attended, respectively.

However, the mental health network also offers this kind of care to people with alcohol use problems.

Throughout 2011, the Autonomous Region Plans on Drugs attended people affected by drug use through other programmes: 84 specific programmes attending women with 6,630 users; 101 programmes attending children, with 2,772 users; 83 dual pathology care programmes (dual diagnosis) with 11,256 patients and 94 psychostimulant user attention programmes, with 3,555 users. With respect to attention offered to women, as well as children and patients with dual pathology, the figure of those attended increased in comparison with 2010.

As far as psychiatric co-morbidity is concerned, we should point out, as we did in previous reports, that attention to patients is offered in drug use attention centres as well as in mental health centres. Therefore, the figure given in the previous paragraph of 11,256 patients attended in dual pathology programmes is an underestimation, as it only counted people attended in specific drug user centres.

Traffic accidents

As mentioned in other reports, all the Autonomous Communities and Cities offer prevention and training programmes with the aim of preventing and reducing traffic accidents and their consequences, particularly with regard to alcohol use and that of other drugs.

In 2012, breathalyser controls on drivers were intensified, carried out by agents of the Civil Guard Traffic Group (Ministry of the Interior), who did more than five and a half million preventative breathalysers, of which 1.71% gave positive results. As you can see in the following table, this percentage has undergone a significant, progressive decrease in recent years.

Table 7.1. 2004-2012 breathalyser tests. Preventative controls. Civil Guard Traffic Group.

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Tests in preventative controls	2,282,336	2,856,244	3,347,015	3,759,574	4,417,645	5,105,660	4,550,158	5,561,269	5,680,158
Positive	76,560	73,747	82,729	80,155	81,322	90,306	81,390	99,641	97,132
% positive	3.35%	2.58%	2.47%	2.13%	1.84%	1.77%	1.79%	1.79%	1.71%

Source: Civil Guard Traffic Group. Ministry of the Interior

As far as drivers who died in traffic accidents and who had exceeded 0.3 g/L of BAC are concerned, we should point out the drop in the percentage that was observed up until 2011. In 2004, the percentage of drivers who died in traffic accidents who exceeded this blood alcohol content out of all the deceased drivers on whom toxicological analysis were carried out, was 36.1%, while in 2011, this percentage had dropped to 32.76%. Nevertheless, in 2012, this percentage rose again to 35.12%, just over two points more than that of the previous year.

With respect to illegal drugs, the results of toxicological analyses carried out on these drivers showed a slight increase between 2004 and 2011, with a stabilisation in 2009 and 2010. In 2012, the percentage of deceased drivers analysed in whom psychotropic drugs were detected decreased just over two points in comparison with the previous year, reaching similar levels to those recorded in 2009 and 2010.

The above-mentioned data is shown in detail in the following table.

Table 7.2. Drivers who died in traffic accidents who were analysed. Spain: 2004-2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Drivers who died who were analysed	1,349	1,401	1,360	1,259	975	923	855	702	615
Percentage positive	42.1	41.39	37.2	39.31	39.79	41	42.46	45.01	47.32
% Positive breathalyser tests (breathalyser>0.3g/L)	36.1	34.12	30.44	30.82	30.97	30	30.99	32.76	35.12
% positive in illegal drugs	10.75	12.2	11.4	13.02	10.67	12.35	12.51	15.10	12.68
% positive in psychotropic drugs	3.85	4.28	5.51	5.95	6.97	8.45	8.3	9.54	13.49

Source: Spanish National Institute of Toxicology and Forensic Sciences
Note: The sum of the three lower rows of percentages of positive analyses (alcohol, illegal drugs and psychotropic drugs) is greater than the "Percentage of positives" row because polydrug use was detected in some of the drivers analysed.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. Introduction

In addition to the data provided by the autonomous communities and cities with respect to the social reintegration of drug users, and which is presented in Section 8.3 of this chapter, in this year's 2013 report, information has been gathered from numerous sources (The National Statistical Institute of Spain, NGOs and various research projects) on social exclusion and drug use, which is detailed in Section 8.2.

With respect to the information given in Section 8.3, it must be noted that the type and definition of the resources and programmes available in Spain, which were presented in the 2012 Report have not changed.

8.2. Social exclusion and drug use

8.2.1 Social exclusion among drug users

The most recently-available data on social exclusion indicators among drug users comes from the *Proyecto Hombre Observatory on the Profile of Drug Addicts* (2012 Report), which was published in May 2013. The main aim of this study, which was carried out by the Proyecto Hombre Association (an organisation linked to the management of 26 centres that attend people with addiction problems and their families), is that of improving understanding regarding user profiles and the current situation of drug dependency in Spain. On presenting the characteristics of those people who use the treatment facilities of this association and taking into account those biases that may result, this study provides interesting data on the social exclusion experienced by this group.

The study applied the Spanish-language version of EuropASI (Bobes, González, Sáiz and Bousoño, 1996), the European version of the 5th version of the Addiction Severity Index (Mc-Llelan, 1990), a standardised instrument that allows the compilation of relevant information for the clinical evaluation of patients with substance abuse problems. The sample comprised 2,910 people with addiction problems (2,636 men and 264 women), who were attended in different Proyecto Hombre centres in 2012.

With respect to the educational levels of those persons attended for addiction problems, 79.2% of the sample total solely possessed a basic educational level or had no type of education at all, there being no appreciable differences of importance between men and women.

However, with respect to the economic and employment situation of these people, in general terms, 35.3% had paid employment and 10.5% received unemployment benefits. Other sources of income were also noted, such as help from colleagues or family members (30.7%) and social provisions, such as pensions or social security payments (9.6%) and to a lesser extent, income from illegal activities (3.8%) and prostitution (0.2%).
However, as the report details, differences were found in the economic and employment situation of those participating with respect to gender and the substance motivating their treatment.

In terms of sources of income, the percentage of males who stated that their income during the month prior to beginning treatment came mainly from their professional activities was greater than the percentage for women (35.9% of men, compared to 29.1% of women).

It appears that the use of some substances could be associated with greater difficulties in the professional environment, as for 48.3% of those who used cocaine and 35% of those who used alcohol their main source of income was their job, while this case was only true for 19.6% of heroin addicts and for 14.1% of polydrug users.

This data follows a similar line to that detailed in Chapter 5 (Section 5.3.1 b) of this 2013 National Report, which compiled details for 2011. This section shows that among those treated for cocaine, the proportion of people who had a job (41.16%) was much higher than the proportion of employees among those treated for heroin use (19.70%). It also revealed that, even though a much younger population was being dealt with, the proportion of employees treated for cannabis use (21.7%) was higher than the proportion of those employees treated for heroin use.

The Proyecto Hombre Observatory also gathered information on the housing situation of those attended. Although the majority of these people lived in standard housing conditions, 4.8% stated that they lived in some form of protected housing (supervised or semi-supervised, hostels, etc.) and 3.3% had no stable accommodation (homeless, occasional lodgings). Once again, this data is similar to that in the data included in this 2013 National Report (Section 5.3.1 b), which shows that the vast majority (84.9%) of those patients admitted to treatment for illegal drug use lived in family homes, 9.1% in supervised institutions and 2% in insecure or unstable housing conditions.

Returning to the data provided by the Proyecto Hombre Observatory, the percentages for men and women without stable housing were highly similar (3.21% and 3.45% respectively), although differences were found with respect to protected housing (supervised or semi-supervised, hostels, etc.). 5.17% of men were in this situation, compared to 0.38% of women.

Differences were also found with respect to housing situations in terms of the main substance used: heroin users and polydrug users lived in supervised or unstable housing (24.6% and 20.1% respectively), when compared to users of drugs such as cocaine and cannabis (approximately 6%). Data compiled in the 2013 National Report agrees with this (Section 5.3.1 b), which states that "*in 2011, living in an institution or in insecure or unstable accommodation was much more frequent among those admitted to treatment for heroin (23.2%) than among those admitted for cannabis (7.1%) or cocaine (8.9%)".*

However, with respect to the legal situation of those participating, 34.5% of those using some kind of accommodation facility provided by the Proyecto Hombre, stated that they had committed offences ever in life.

8.2.2 Drug use in socially excluded groups

The homeless are one of the most paradigmatic groups in social exclusion groups. These people not only find themselves in a situation of extreme poverty, they also suffer pronounced family and social disengagement and find social and professional reintegration extremely difficult, alongside important health problems.

Updated information has been made available in the last year with respect to this group, as a result of different research projects. The most extensive study was undertaken by the national Statistics Institute (INE), which at the end of 2012, publicised data from the Survey on Homelessness that was designed to obtain information on the socio-demographic profiles, the living conditions and the difficulties of access to housing faced by the homeless in Spain (INE, 2013). This survey analysed homeless people aged 18 and above who attended centres that offered accommodation facilities and/or meals and which were located in municipal areas of over 20,000 inhabitants. The sample comprised 3,433 homeless people.

This survey included data on the use of alcohol and other substances, and its results differed significantly with other surveys previously undertaken in Spain. With respect to alcohol consumption, according to the results of this survey, approximately 4% of homeless people had a high or excessive use. This percentage is less than that found by the INE in a similar project undertaken in 2005 (INE, 2005), which showed that 10% of all homeless people tended to have a high or excessive use of alcohol.

However, as has been stated, it is important to note that these results are different from those found by other projects that used standardised specific instruments. In different projects undertaken in the 1990s in Spain, it was observed that alcohol abuse or dependency affected between 21% and 48% of the homeless (Rico, Vega and Aranguren, 1994; Lucas et al, 1995; Muñoz, Vázquez and Cruzado, 1995; Vega, 1996). These vast differences, compared to the results found by the INE could be explained - in addition to the time difference and the methodology used - by the different definition of what constitutes a homeless situation: the INE survey did not compile information on homeless people who literally sleep in the street and who do not make use of those resources available.

The data from the last research project recently undertaken in Madrid (Panadero and Vázquez, 2013) follows this line. This project obtained a representative sample of the homeless population in the city of Madrid. Different strategies were used in order to guarantee the accuracy of this representation: the prior determination of sample size (188 people) with respect to the number of homeless people in the city, determining the number of interviews to be held in each of the housing areas, by taking into consideration the number of places available in each and a random selection of participants.

This project also included those persons who were literally living on the street, as a homeless person is considered to be anyone who has passed the previous night in a hostel, on the street or in any place not designed for human life (cars, cash dispenser booths, etc.).

This project, although not forming part of its main aims, also gathered information on the use of alcohol and other substances by homeless people. One interesting piece of noteworthy information is that 54% of those homeless people had experienced ever in lifetime problems related to alcohol use, which is higher than the figure of 36% for those who had experienced problems using other substances.

However the number of people who had received treatment for problems related to alcohol use was much lower than those who had received treatment for problems relating to the use of other substances. Of those who stated that they had experienced problems relating to alcohol use, 28% had received treatment at some time, less than the 61% with problems for the use of other substances made similar affirmations.

On the undertaking of the investigation, 28.9% of homeless people interviewed stated that they drank alcoholic beverages at least four days a week, average daily alcohol consumption among participants being 5.7 glasses. However this use doubled among those who literally slept in the street and who had not entered a hostel during the previous month. Furthermore, 8.5% of homeless people interviewed were receiving treatment for alcohol-related problems.

On the other hand, with respect to the use of other substances, 6.5% of homeless people had used cocaine in the last 6 months, 2.7% had used heroin, 19.5% cannabis, 30.3% sedatives and 10.0% other drugs. In this respect the INE report (2013) included data on use during the last month; 15.2% of participants said that they had used cannabis during the last month, 4.3% cocaine, 2.2% heroin and 2.4% other substances.

10% of homeless people were in treatment for problems relating to the use of other substances.

More detailed, additional information with respect to that provided in this section is available in Chapter 5, Section 5.3 of this report.

8.3 Social reintegration

Table 8.1 contains data provided by the Autonomous Plans on Drugs, which corresponds to the number of social integration programmes and resources, in addition to their users. As with previous years, this section does not account for the number of users of outpatient services or residential housing where reintegration activities are carried out in order to avoid overlapping figures with respect to users of training and work integration programmes.

The centre network has led to a small reduction in the number of outpatient centres with therapeutic treatment and those of residential character (therapeutic communities) in addition to a sudden drop in the number of those centres that, without offering treatment, undertake work-orientated and social reintegration activities.

A reduction also occurred with residential support resources, training programmes and work integration programmes.

An increase in the number of resources and professional integration programmes has been confirmed, probably because these are viewed as essential elements in the preparation for employment, gaining employment and keeping a job, in a situation where there has been a sharp rise unemployment in Spain, due to the economic crisis that began in 2008.

In this regard, some of the additional difficulties encountered by drug users in their social-professional integration must be noted:

- A reduction in social protection facilities implemented by different public administration bodies as a consequence of the austerity policies aimed at reducing public deficit.

- A concurrence with other people at risk of exclusion (former prisoners, female victims of gender violence, prostitutes, long-term unemployed, minimum wage earners, the homeless, young, unemployed people, immigrants, etc) and the disabled.

- A deterioration in the labour market, with unemployment rates at around 25% and underemployment situations in which workers without specific training or without experience compete at a clear disadvantage for positions which they could occupy with other better qualified or even 'over-qualified' job seekers".

With respect to housing facilities as a means to support reintegration in accordance with data provided by the Autonomous Plans on Drugs, a decline has occurred in both the number of flats and in the number of users who benefit from these resources (154 users less than in 2010).

Table 8.1 Social Integration Programmes. Type, number of programmes, resources and number of users. Spain 2011.

	N. of programmes and/or centres	N. of Users
Therapeutic centres with activities and/or social integration programmes	185	
Activity centres and/or social integration programmes (without treatment)	51	
Residential treatment centres with social integration programmes (therapeutic communities)	94	
Residential support courses	115	2,776
Training Programmes	597	8,162
Integration Programmes Professional Integration	591	13,412

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

References

Bobes J, González MP, Sáiz PA, Bousoño M. (1996) *Índice europeo de severidad de la adicción: EuropASI*. Versión española. Actas de la IV Reunión Interregional de Psiquiatría; 201-218.

National Statistics Institute (2005) Homeless People Survey.

National Statistics Institute (2013) Homeless People Survey.

Lucas, R; Batista, G; Borras, V; Caterineu, S. Sánchez Sahis I. y Valls, E. (1995). Prevalencia de sintomatología psicótica y hábitos tóxicos en una muestra de "homeless". *Revista psiquiátrica de la Facultad de Medicina de Barcelona*, 22 (1), 18-24.

Muñoz, M., Vázquez, C. y Cruzado, J.A. (1995). *Personas sin hogar en la Comunidad de Madrid. Informe psicosocial y epidemiológico*. Madrid: Autonomous Community of Madrid.

Panadero, S. y Vázquez, J.J. (2013) *La investigación sobre las personas sin hogar y los recursos de atención al colectivo en España*. C. Zuñiga (Ed) Psicología, Sociedad y Equidad. Santiago de Chile: University of Chile.

Proyecto Hombre (2013) *Proyecto Hombre Observatory on the Profile of Drug Addicts. Report 2012*.

Rico, P; Vega, L.S. y Aranguren, L. (1994) Trastornos psiquiátricos en transeúntes: un estudio epidemiológico en Aranjuez. *Revista de la Asociación Española de Neuropsiquiatría,* 14, 633-649.

Vega, L.S. (1996). *Salud mental en población sin hogar: Estudio epidemiológico en albergues para transeúntes de Gijón (Asturias).* Oviedo: Sespa.

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

9.1. Introduction

The Spanish police force continues to exert strong pressure on crime related to drug trafficking offences.

The number of known offences for drug trafficking continued its rising trend in 2005, one which has been more accentuated in recent years. However drug trafficking offences represent a very low percentage with respect to the total number of known offences, at around 1.3%.

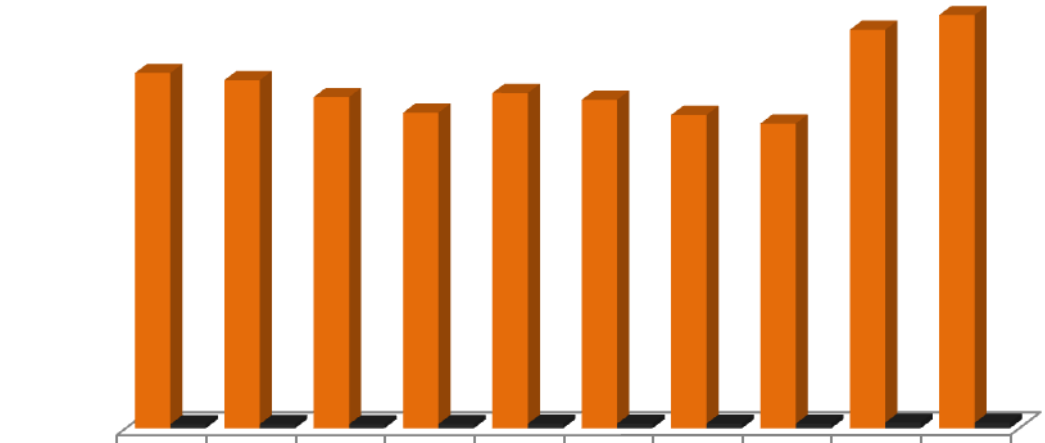
It should be noted that the operational plans against minor drug trafficking, possession and public use involve a preventative police response to the most visible aspect substance trafficking.

Practically all those cases involving drugs involve the actions of the security forces, given that reports by individuals regarding drug trafficking offences are almost non-existent and, as the police generally have consistent evidence from the early stages of their investigations, this means that while arrests are on the increase, the number of cases being resolved is rising, which is why the proportion of arrests made for each known drug offence is greater than the proportion of arrests made for each known general crime.

9. 2. Drug-related Crime

The total number of offences[43] committed in Spain in 2012 totalled 1,111,695 of which 14,509 were for drug trafficking (Fig. 9.1). This represents 1.31 percent of total figures. This percentage is low when compared with the social concern these offences cause, not to mention the attention given to them by the media.

Fig. 9.1. Evolution of total number of offences. Spain, 2003-2012



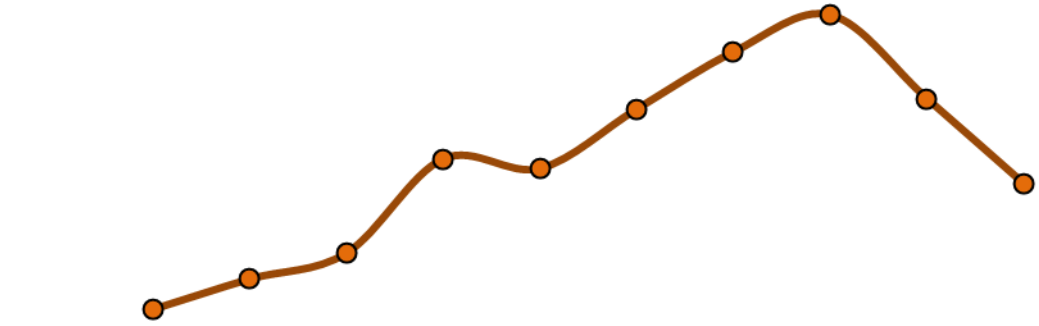
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	955.802	936.457	891.116	848.881	902.058	883.789	842.884	819.835	1.071.969	1.111.695
For Drugs	10.851	11.015	10.795	11.363	11.958	12.424	12.499	12.567	15.220	14.509

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The figure below, (Fig.9.2), shows the percentage values of drug-related offences in total calculations. Over the last ten years, this percentage has varied between 1.14 percent in 2003 and 1.53 percent in 2010.

[43]The number of known total offences and the number of known public health offences are those provided in the General Statistics of the Ministry of the Interior, which have been drawn up by the Office of Coordination and Investigation. The other indicators: those arrested, deported, seizures and the quantities of drugs seized, are available in the Annual Statistics on Drugs, which is published by Centre of Intelligence against Organised Crime (CICO).

Fig. 9.2. Percentage of drug related offences. Spain, 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
%	1,14%	1,18%	1,21%	1,34%	1,33%	1,41%	1,48%	1,53%	1,42%	1,31%

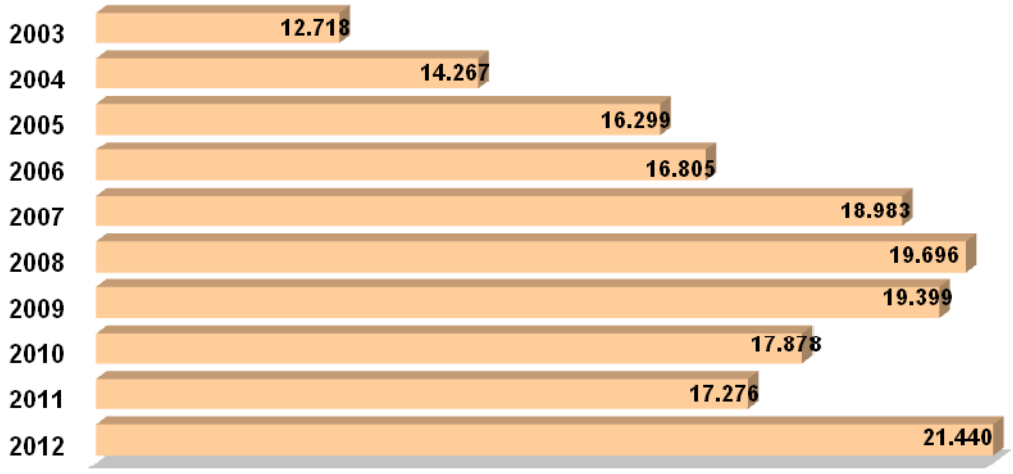
Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The Development of Arrests for Drug Trafficking[44]

a) Overall Development

The number of arrests for drug trafficking (Fig.9.3) over the last decade shows a rising trend with a turning point in 2003. From this year an increase occurred, until 2008 when maximum figures were reached, before falling once again.

Fig. 9.3. Evolution of the number or arrests for drug trafficking. Spain, 2003-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

During the last decade, the number of arrests for drug trafficking remained in a range between 12,718 in 2003 and 21,440 in 2012, which was a variation of 68.5 percent.

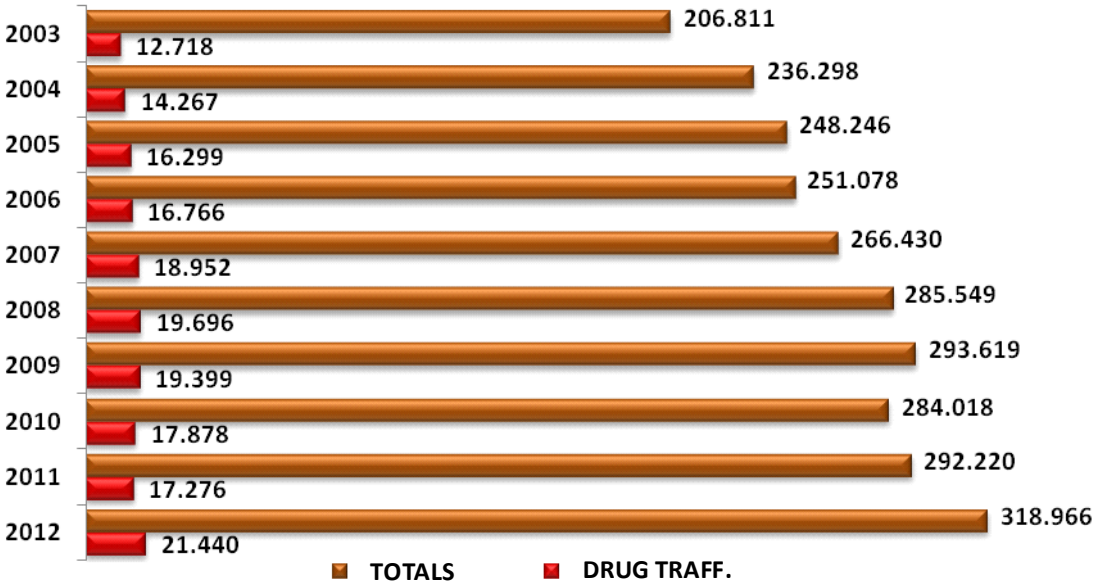
[44]The data provided in this point, relating to arrests corresponds to Standard Table 11 of the REITOX FONTE System.

Over the last year the number of drug-related arrests increased by 24 percent, a fact partially motivated by a variation in the calculation methods used by the National Police Force.

b) A Comparison between the Total Number of Arrests due to Drug Trafficking

The percentage of arrests for drug trafficking, with respect to the total for offences of all types, has varied in recent years, between a maximum total in 2007, (7.11 percent of the total) and a minimum, in 2011 of 5.91 percent).

Fig. 9.4. Evolution of number of arrests for drug trafficking and number of total offences. Spain, 2003-2012



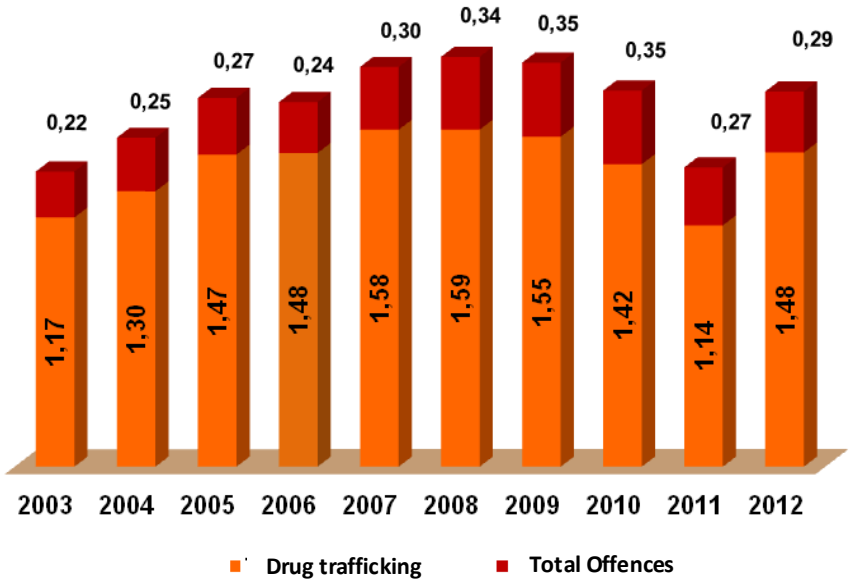
Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In 2012 a total of 318,966 arrests were made in Spain for all offences listed (Fig.9.4), of which 21,440, (6.72 percent), were for drug trafficking. This year a slightly higher percentage than the average for the decade (6.49), was attained after recovering from the drop recorded in 2011, when the lowest figures registered were obtained, due to the negative variation obtained in that year (3.78 percent) with respect for arrests made for drug trafficking.

The number of arrests for every known offence was 0.29% in 2012, while with respect to every drug trafficking offence known, 1.48 arrests were made.

According to the data shown in the graph below, (Fig.9.5) 0.22 and 0.34 arrests were made during the last decade for every known offence, while in the same period, between 1.14 and 1.59 arrests were made for every known drug trafficking offence.

Fig. 9.5. Evolution of ratio of arrests/offences. Spain, 2003-2012

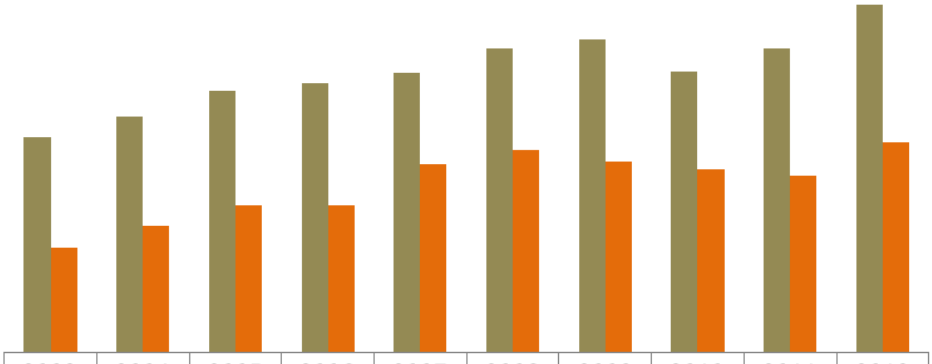


Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

c) A Comparison between Arrests: Spanish Citizens and Foreigners

The number of foreigners arrested (Fig.9.6) shows a progressive and significant increase in importance with respect to total figures, rising from 31.77 percent in 2003, to 37.56 percent in 2012. The highest figure was recorded in 2008 (39.53). These percentages show that over a third of drug-related arrests involved foreigners.

Fig. 9.6. Evolution of number of drug-related arrests in Spanish citizens and foreigners. Spain, 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Spanish	8.284	9.071	10.039	10.346	10.709	11.641	11.984	10.759	11.641	13.356
Foreigners	4.040	4.838	5.642	5.632	7.228	7.786	7.322	7.044	6.797	8.052

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The increased importance with respect to foreigners arrested is not an isolated phenomenon, but a rising and continuing trend. Data analysis shows that variations of this percentage may not be significant in the near future and it is foreseeable that they will tend to stabilise.

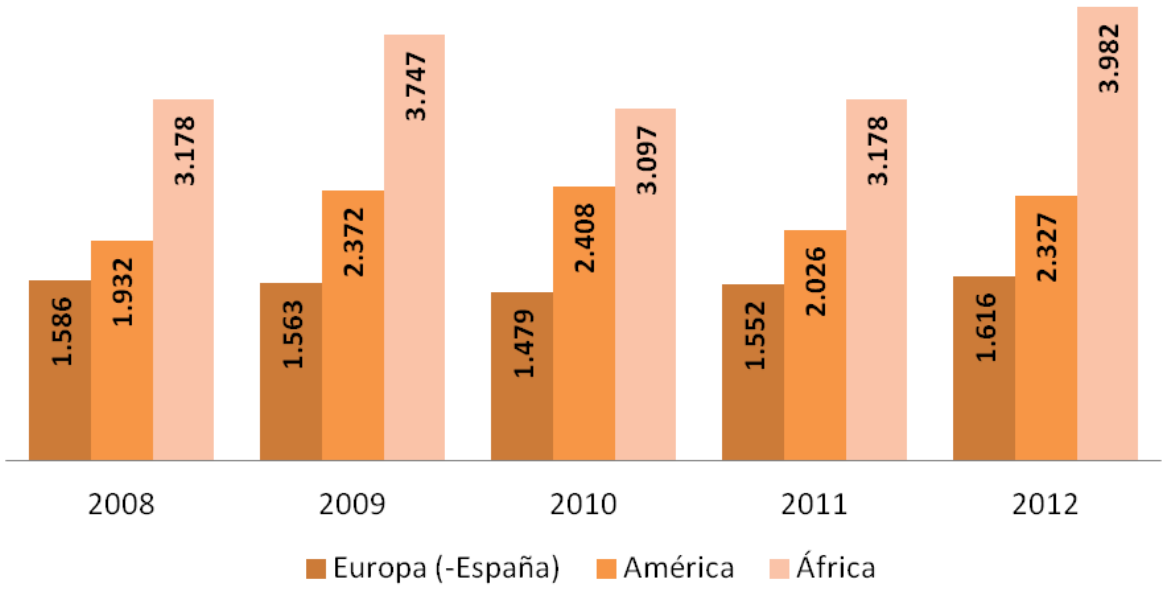
The correlation between the indicators for the *Number of Arrested Spanish Citizens* and *Arrested Foreigners* is consistent with a scenario in which, with respect to public health offences, nationality is not a determining factor in the arrest.

d) Arrests of Foreigners

Comparison according to Continent

During the last five years, most of the arrests made of foreigners have involved people from the African continent, and it may be said that one out of every two foreigners arrested were from Africa, while one out of three was American and one out of every five was from a European country (Fig.9.7).

Fig. 9.7. Evolution of number of arrests according to continent. Spain, 2008-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

49.4 percent of foreigners arrested in 2012 were from Africa, 28.9 percent were from America and 20 percent were non-Spanish Europeans.

However, with respect to the previous year, the percentage of people from the American continent arrested has dropped and the number of people from the African continent and Europeans has increased.

Comparison by Country

Morocco and Colombia appear in over 51.22 percent of cases for foreigners arrested, which gives an idea of their importance in the composition of the final figures. The two most frequent nationalities that figure in arrests for drug trafficking coincide with the largest producers of those substances with the highest demand in Spain (hashish and cocaine) and which are therefore responsible for most of the drug trafficking that occurs.

The following table (9.1) shows the number of arrests made with respect to the ten most frequently arrested nationalities.

Table 9.1. Number of arrests made with respect to the ten most frequently arrested nationalities

COUNTRIES	2008	2009	2010	2011	2012
Morocco	2 930	2 518	2 410	2 561	3 112
Colombia	1 037	1 206	1 136	908	1 012
Dominican Republic	286	381	340	322	417
Rumania	331	254	287	284	367
France	219	224	211	244	206
Portugal	146	167	168	116	191
Italy	90	70	107	143	189
Ecuador	223	195	227	206	185
Senegal	215	186	157	142	176
Nigeria	110	107	97	173	151

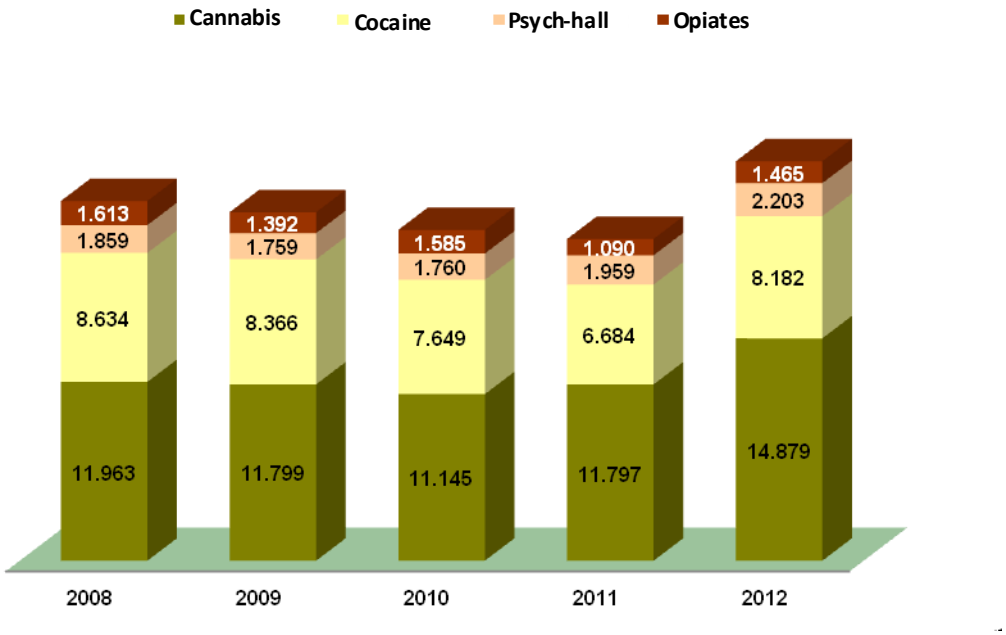
Note: The order of the countries corresponds to the number of arrests of national citizens made in 2012
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

e) The Development of Arrests according to Groups of Drugs

The number of arrests made for drug trafficking in recent year has seen an upward trend in cannabis-related substances and psychotropic hallucinogens and a drop in cocaine-related substances and opiates.

With respect to the previous year, those detained for the traffic of cocaine-related substances (22.41 percent), for opiates (34.40 percent), for cannabis-related substances (26.13 percent) and for psychotropic hallucinogens (12.46 percent) have increased.

Fig. 9.8. Evolution of arrests according to groups of drugs. Spain, 2008-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The largest number of those arrested for drug trafficking (Fig.9.8) were related to cases of cannabis trafficking, for which 14,879 arrests were made, or 69.4 percent of those arrested for drug trafficking.

This was followed in order of importance by those arrested for cocaine-related offences (8,182), or 38.16 percent of those arrested. Far beyond these percentages came arrests for opiates (6.6 percent) while the remainder - 10.28 percent - were for cases related to hallucinogens and psychotropic substances[45].

9. 3. Drug law offences

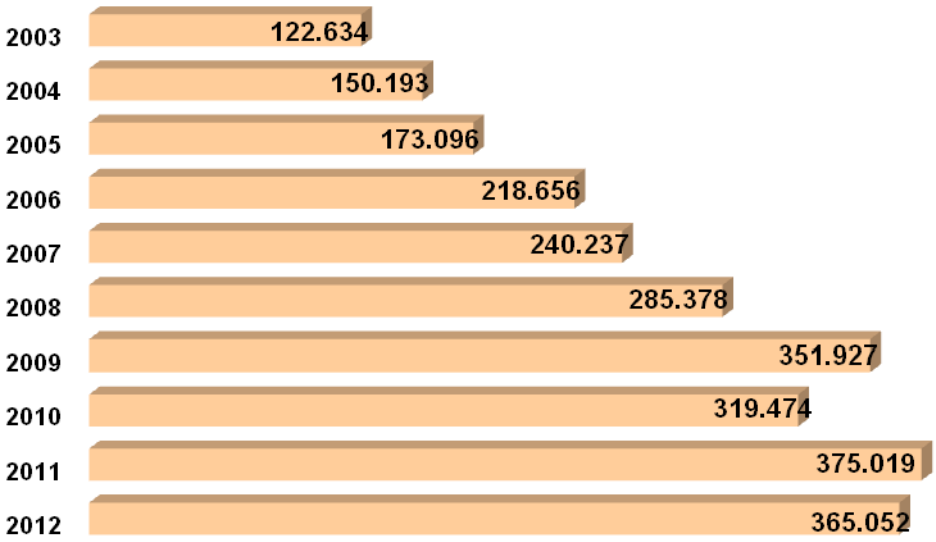
VIOLATIONS OF LAW 1/92, ON DRUGS[46]

During the investigation period, the number of those arrested for contravening Organic Law 1/1992 continued to rise (except in 2010 and 2012, when a slight drop was recorded), with figures that have seen a new record year after year. The variation from the start to the end of this period is almost 200 percent (Fig.9.9).

[45] The arrest of a person with various substances is counted as an arrest for each substance encountered. It is also possible that arrests were made for substances that did not belong to any of the aforementioned groups. The sum of the detentions in terms of groups of drugs makes no sense as the figure obtained is NOT the total number of arrests made and as a result it does not constitute information of interest.

[46] The data provided in this point, relating to arrests, corresponds to Standard Table 11 of the REITOX FONTE System.

Fig. 9.9. Contraventions of Organic Law 1/1992, 2002-2012 for possession and use of drugs in a public place. Spain, 2003-2012



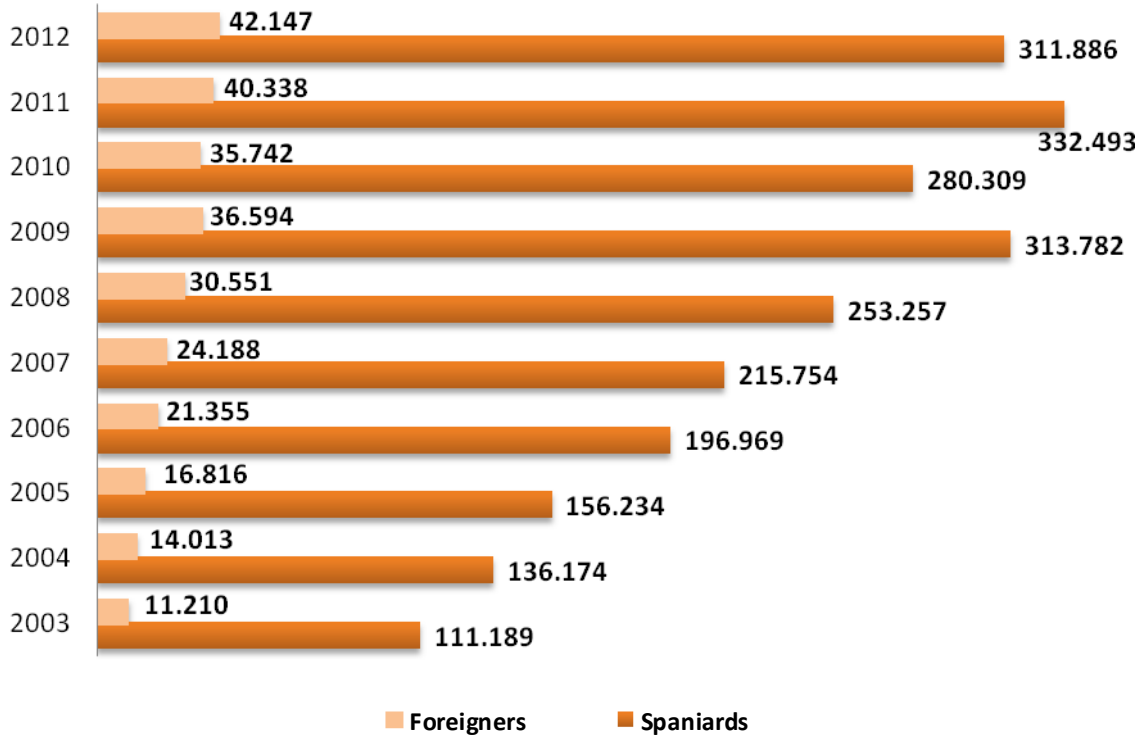
Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The implementation of the Operative Plans for Police Response to Drug Use and Trafficking in Areas, Zones, and Premises of Leisure and Entertainment, in addition to the Comprehensive Plan for the Prevention and Response to the Use and Trafficking of Drugs in Educational Centres and their Surroundings, which are part of the current Instructions of the Secretary of State for Security, numbers 3/2011 and 10/2011, respectively, has led to a significant increase in the number of offences reported. In 2012 twice as many reports were made as in 2005, the last year in which the abovementioned plans were not implemented.

a) A Comparison between the Number of Foreigners and Spanish Citizens Reported

The number of reports of foreigners made in the application of O.L. 1/1992 remained typically within limited margins, although developments over the last five years show a progressive increase of their relative importance in the total number of reports, rising from 9.14 percent in 2003 to 11.55 percent in 2012, which means that one out of every ten reports for possession or use of drugs in a public place involved a foreigner (Fig.9.10).

Fig. 9.10. Evolution of number of reports of Spaniards and Foreigners. Spain, 2003-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The increase in the relative importance in terms of reported foreigners is not an isolated incident; it is a consistent trend that to date has not acquired large proportions. However, it is significant that while the number of reports made of Spanish citizens has multiplied by three, the number of foreigners reported has multiplied by four.

In 2012 the upward trend in the number of foreigners reported with respect to the total number of reports made was confirmed, at 11.55 percent. However the current situation, in which the number of foreigners in Spain is falling, may put a stop to this trend.

b) Foreigners Reported

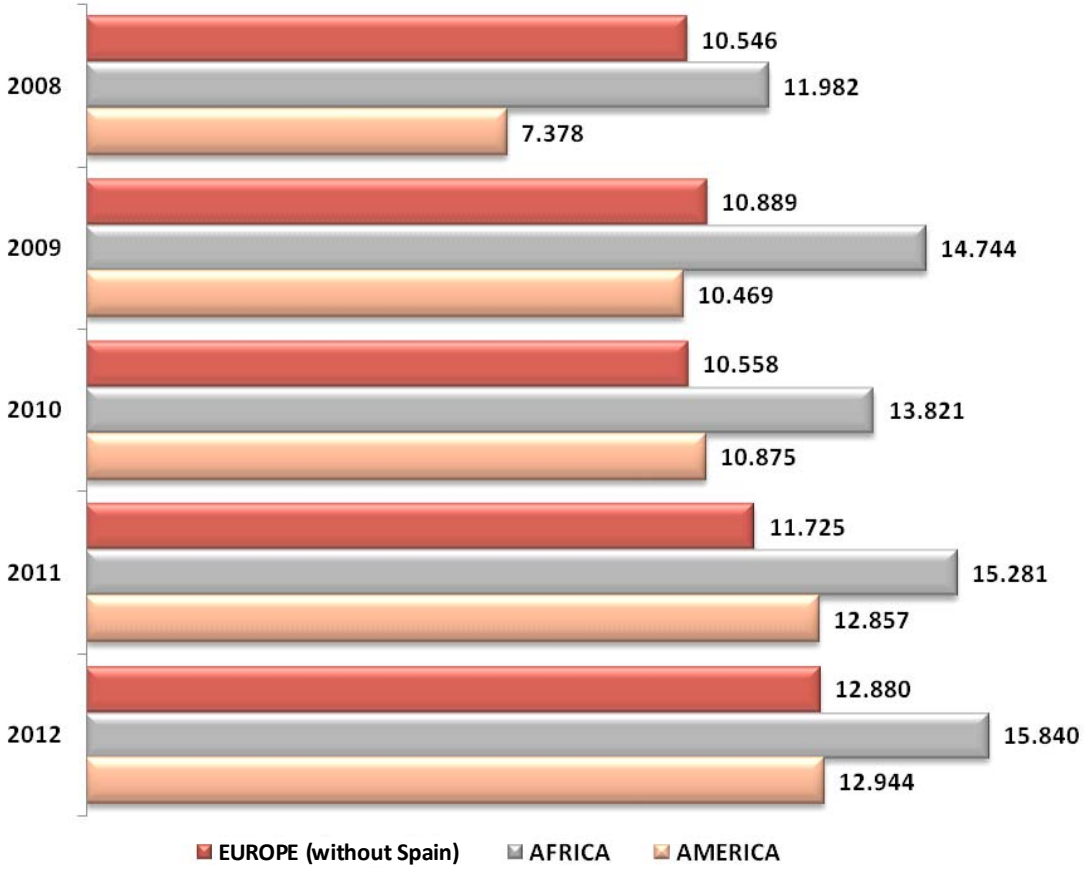
Comparison according to Continents

Until 2005 more European citizens were reported (non-Spanish citizens) than people from the African continent, however, since 2006 this trend has reversed, and since then the number of people from the African continent reported exceeds that of reports made with respect to Europeans.

In the same manner, until 2009 more reports were made of Europeans than of people from the American continent, and from 2010, this trend also changed, with more reports being made of people from the American continent than of non-Spanish Europeans (Fig.9.11).

In short, in 2012 37.58 percent of reports corresponded to people from the African continent, 30.71 percent to people from the American continent, 30.56 to Non-Spanish Europeans and 1.15 percent to the other continents.

Fig. 9.11. Evolution of number of reports according to continent. Spain, 2008-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Comparison according to Countries

The statistical analysis of the number of reports made according to country can only be understood in the sense of the possible social interrelation between distinct communities of foreigners who are either habitual or sporadic residents in Spain and those from the country itself.

Arrests for drug trafficking are always related to offences in which the culprits may interrelate in some manner, for reasons such as the affinity of their countries of origin or due to their concurrence in trafficking as some are from a producer country while others are from shipment transit points.

By contrast, reports resulting from the contravention of Organic Law 1/92 on Public Safety, for the Possession and Use of Drugs in Public Places are more related to questions of a personal nature, such as geographical areas of settlement or a concentration of foreign residents, ways of enjoying leisure time, the customs of their countries of origin, addictions, etc. Traditionally speaking, those foreigners most reported correspond to the nationalities most represented in Spain: Morocco, Colombia, Ecuador and Rumania.
In line with the number of those arrested, over the last few years Rumanian nationals have risen in the classification of those countries with the most reported foreign citizens.

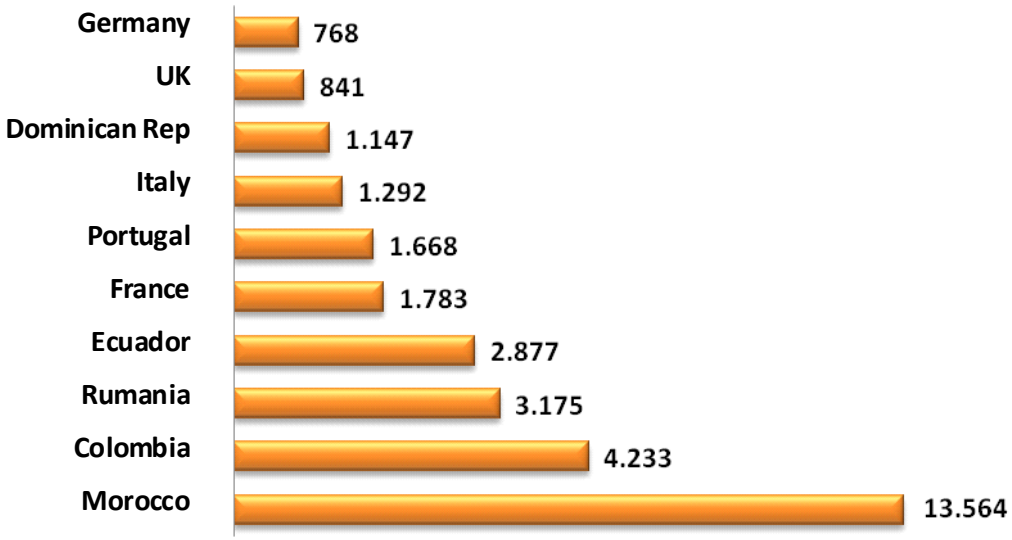
The table 9.2 and graph below (Fig.9.12,) details those countries with a large numbers of reported citizens.

Table 9.2. Countries with a large numbers of reported citizens, 2008-2012

COUNTRIES	2008	2009	2010	2011	2012	% of foreigners TOTAL
Morocco	10 399	12 520	11 608	12 965	13 564	32.18
Colombia	2 316	3 459	3 542	4 196	4 233	10.04
Rumania	1 081	1 711	1 958	2 883	3 175	7.53
Ecuador	1 242	1 843	2 286	2 871	2 877	6.83
France	1 771	1 765	1 754	1 703	1 783	4.23
Portugal	2 724	2 255	1 832	1 671	1 668	3.96
Dominican Republican	656	1 101	1 142	1 293	1 147	2.72
Italy	1 238	1 035	1 108	1 259	1 292	3.07
United Kingdom	874	645	711	671	841	2.00
Germany	776	828	701	725	768	1.82

Note: The order of countries corresponds to the number of reports made of their citizens in 2012
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 9.12. Evolution of number of reports by nationalities in Spain, 2012.



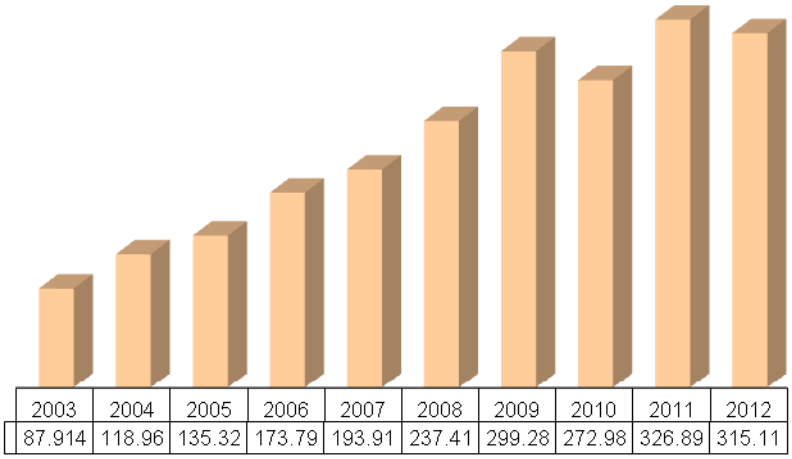
Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

c) The Development of Reports by Groups of Drugs

Consequently, with the total number of reports made, reports for groups of drugs have also dropped for each one of the groups.

In 2012, cannabis-related substances made up 86.32 percent of all reports, followed by cocaine-related substances, with 9.14 percent, opiates, with 1.5 percent and finally psychotropic hallucinogens with 2.22 percent (Fig.9.13).

Fig. 9.13. Evolution of number of reports for cannabis-related substances. Spain, 2003-2012



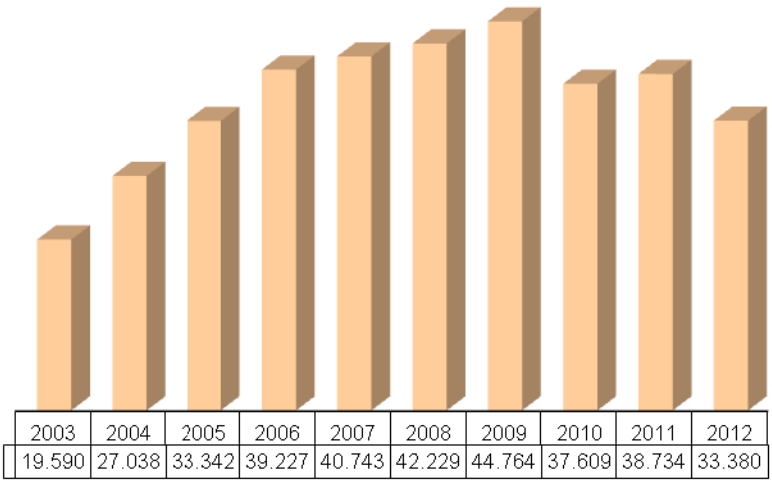
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
87.914	118.96	135.32	173.79	193.91	237.41	299.28	272.98	326.89	315.11

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The graph above shows the notable upward trend in the number of reports made for the use or possession of cannabis-related substances, which has a slope similar to that shown for the seizures of this substance for majority of these reports, and which were made on the implementation of Organic Law 1/92. Variation with respect to the previous year was 3.60 percent.

The number of reports for cocaine (Fig.9.14) also showed a rising trend, with sustained increases between 2003 and 2009 and a significant drop of around 25 percent, in recent years, with respect to 2009.

Fig. 9.14. Evolution of number of reports for cocaine-related substances. Spain, 2003-2012

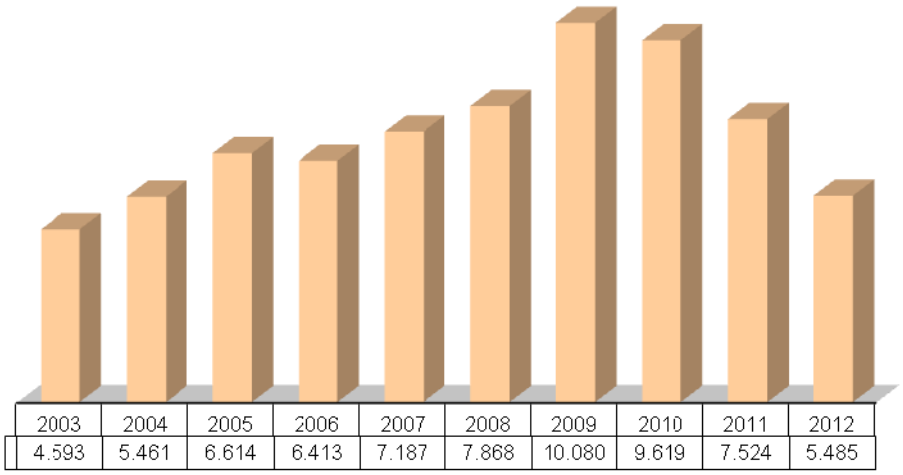


2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
19.590	27.038	33.342	39.227	40.743	42.229	44.764	37.609	38.734	33.380

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The reports made for opiates (Fig.9.15) rose by 20 percent in the investigation period, however in 2012, 50 percent less reports were made than in 2009 and 27 percent less than in 2011.

Fig. 9.15. Evolution of number of reports for opiate use. Spain, 2003-2012

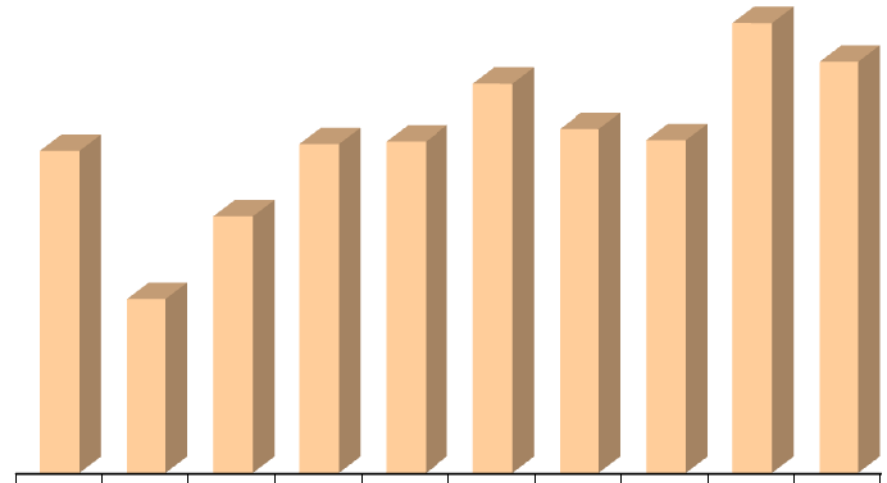


2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
4.593	5.461	6.614	6.413	7.187	7.868	10.080	9.619	7.524	5.485

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Reports made for the use or possession in public places of hallucinogens or psychotropic substances (Fig.9.16), dropped with respect to the previous year; 8.6 percent in 2012.

Fig. 9.16. Evolution of number of reports for hallucinogens and psychotropic substances. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
6.340	3.439	5.047	6.475	6.526	7.671	6.771	6.552	8.869	8.103

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

9. 5. Prevention of drug-related crime

2012 saw the implementation of the Operative Plans for Police Responses to minor Drug Trafficking and the Use or Possession of Drugs to this end in school areas and places of leisure and entertainment.

These plans are essentially preventative and are of a permanent character, i.e. they are operational throughout the year, although there are four time periods when they are given priority and applied with intensity, in "phases of intensification" in which the police reinforce and direct preventative services to places of leisure and schools and their surroundings, in order to dissuade use and minor trafficking.

The results obtained for all of 2012, i.e. those obtained during the phases of intensification and the periods between these phases, are detailed in the tables below:

Table 9.3. Activities within the plan for minor drug trafficking and use prevention in schools and surrounding areas. Spain, 2012

Arrested for drug trafficking	51
Deactivated drug sales points	113
Reports: possession/use	6,285
Drug seizures	6,475
Drug Seizures	
Heroin (g.)	70
Cocaine (g.)	256
Hashish (g.)	4,218
Marijuana (g.)	8,532
Amphetamine Sulphate -Speed (g.)	13
MDMA (Ecstasy) (units)	3
Psychotropic drugs (units)	103

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Table 9.4. Activities within the plan for minor drug trafficking and use prevention in "places and businesses of leisure and entertainment". Spain, 2012

Arrested for drug trafficking	820
Deactivated drug sales points	280
Reports: possession/use	100,217
Drug seizures	106,422
Inspections of Public Premises	**17,439**
Reports made for allowing sale of drugs	264
Reports made for allowing entry to minors	63
Reports made for selling alcohol to minors	147
Drug Seizures	
Heroin (g.)	1,309
Cocaine (g.)	20,242
Hashish (g.)	302,213
Hashish Oil (cc)	
Marijuana (g.)	254,149
Amphetamine Sulphate –Speed (g.)	
LSD (doses)	
MDMA (Ecstasy) (units.)	4,898
GHB- Liquid ecstasy (cc)	
Psychotropic drugs (units.)	3,280

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

THE DEVELOPMENT OF THE PRISON POPULATION

The prison population incarcerated for public health offences[47] normally forms a significant number of all prisoners[48]. In 2012, of the total number of prisoners in Spain, 14,547 were in prison for such offences; 25.93 percent of the total prison population.

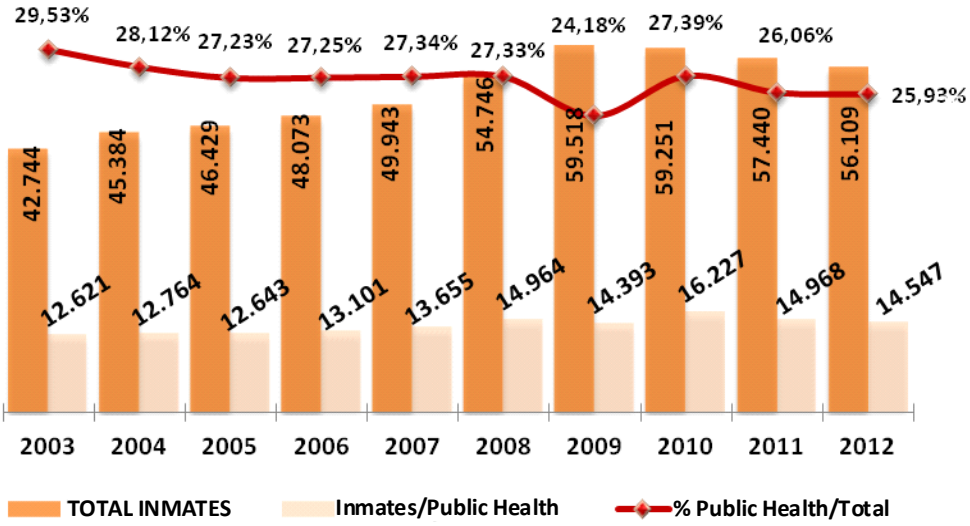
The number of inmates, (Fig.9.17), imprisoned for public health offences continued a sustained trend at around 27 percent throughout the period analysed, despite the significant drop registered in 2009 which,

[47] It must be noted that the statistical system of state prisons makes no distinction between public health offences and drug trafficking offences, which means that the number of inmates for the latter offence may be less than the total quantity shown in the tables.

[48] The data provided in the table refers exclusively to penalised inmates as prisons do not make classifications according to preventative offences to inmates awaiting trail or in custody.

as can be seen, was due to the total increase of inmates and the reduction of those prisoners incarcerated for public health offences, which meant that the percentage number of this population dropped.

Fig. 9.17. Inmates dependent on the Central Administration of the State

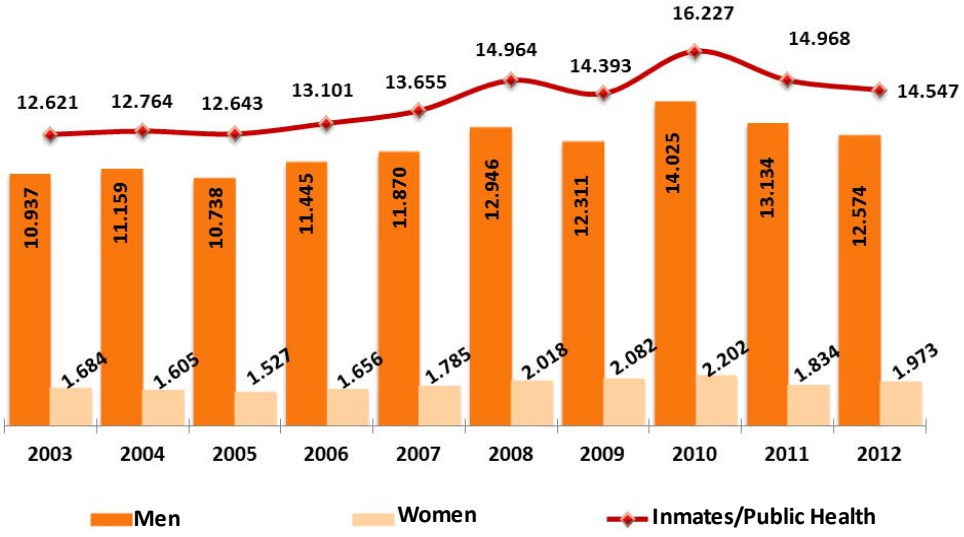


Note: In this graph "." means thousand and "," means decimal
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Of those imprisoned for public health offences, 86.44 percent were men and 13.56 percent were women. The table below (Fig.9.18) shows these results. This investigation shows that the general trend in both genders is rising.

With respect to 2012, it was seen that the number of men dropped, by 4.26 percent and that of women rose by 7.58 percent, both with respect to the previous year.

Fig. 9.18 Inmates imprisoned for public health offences by gender



Note: In this graph "." means thousand and "," means decimal
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

9. 6. Interventions in the criminal justice system

The 2009-2016 Spanish Strategy on Drugs refers to people with legal-criminal problems in terms of demand reduction.

Firstly, and with respect to prevention, this group is referred to by outlining its special situation of vulnerability, both with respect to its integration in society and as to how this situation could affect its members with respect to drug use. All of the above makes this group one of the priority population sectors with whom to act.

Secondly, and in reference to the reduction of risk and harm, the 2009-206 Spanish Strategy on Drugs outlines the need to improve coverage and accessibility for those interned in prisons with respect to specific harm reduction programmes (needle and syringe exchange programmes, treatment with methadone, etc.), in addition to improving programmes for alternative measures in prison.

Finally, with respect to assistance and social integration, the strategy establishes, in a general manner, that the characteristics of health care for drug users must consider the individualisation of treatment, standardised care from different health care resources, and the chance to present a series of diversified and flexible programmes that are adapted to the user's reality. And in this regard it again mentions prisoners or those following alternative programmes with respect to prison sentences, and young drug users (minors) interned in protection or reform centres as target populations.

Having stated the above, it must be said that the General Secretariat of Penitentiary Institutions (Ministry of the Interior) is responsible for prison administration in Spain, except in the case of those prisons located in Catalonia, which have been under the responsibility of this autonomous community since 1984.

68 ordinary institutions currently depend on the General Secretariat of Penitentiary Institutions (Ministry of the Interior) in addition to other assistance, health care or social reintegration centres, while 14 prisons and a prison hospital are under the administration of the Autonomous Community of Catalonia. On 31 December 2012, the total number of persons interned in prisons totalled 68,597, of whom 85.33% were in centres managed by the General Secretariat of Penitentiary Institutions, while the rest were in centres administered by the Autonomous Community of Catalonia.

The data shown below refers to those centres and prisoners under the administration of the Penitentiary Institutions (Ministry of the Interior), unless otherwise indicated.

The Services for Sentence Management and Alternative Measures (General Secretariat of Penitentiary Institutions) administered 148,284 sentences for alternative measures in 2012:

- 82% (121,614) correspond to community work sentences, of which 25% were for gender violence offences, 50% for road traffic offences and 25% for other offences.
- 17% (24,987) corresponded to suspensions, and commutation.
- 1% (1,683) were safety measures.

On 17 June, 2011, the Spanish Government approved Royal Decree 840/2011, which establishes the circumstances for enforcing community service working sentences and traceability in prisons; certain security measures; and the suspension of custodial sentences and the commutation of sentences.

This Royal Decree establishes the possibility of serving a sentence by undertaking community service work, with those sentenced taking part in workshops or intervention programmes, in addition to serving pre-existing sentences, by performing tasks of public usefulness.

Also specified in this royal decree are the responsibilities of the penitentiary administration in: the enforcement of community work sentences, suspended sentences and commutations of penal enforcement when these involve the undertaking of therapeutic programmes, those security measures that involve internment in a psychiatric prison and sentences requiring traceability that involve internment in a prison for their fulfilment.

In 2012, the Justice Department of the Autonomous Community of Catalonia administered 10,705 sentences for alternative measures to prison that were distributed in the following manner: 8,523 community service tasks, 1,867 suspension or commutations of sentences for prison incarceration and 315 security measures. Of these 10,705 sentences, 2,453 corresponded to drug trafficking offences.

9.6.2 Other interventions in the criminal justice system

The figures given in this section are for 2011, the last year for which comprehensive data was available.

As in previous years, the Government Delegation for the National Plan on Drugs (Ministry of Health, Social Services and Equality) continued to promote and subsidise support programmes for the drug-using population with legal-criminal problems or who were interned in prisons.

First, and as part of the state budget, the delegation transferred the quantity of 2,233,060 euros to all autonomous communities and cities for "all those expenses arising from rehabilitation and reintegration programmes for drug addicts with legal-criminal problems".

In addition to the above figure, the delegation, under the "Fund of Assets seized from Illicit Drug Trafficking and other Related Offences", subsidised the implementation of determined programmes in distinct Autonomous Region Drug Plans, all of which were focused on this group and which took into account those requests presented by these autonomous community plans.

For legal assessment programmes related to drug addiction, the delegation also financed the autonomous communities of Andalusia, the Canary Islands, Castilla-La Mancha and Castilla and Leon with 736,000 euros.

With respect to programmes aimed at avoiding social exclusion and drug-related crime, the delegation financed the autonomous communities of Andalusia, Aragon, Asturias, the Balearic Islands, Galicia and Madrid, and the autonomous cities of Ceuta and Melilla with 1,182,000 euros.

Finally, with regard to the development of programmes aimed at a) prison inmates, b) released inmates and c) persons serving alternative measures to the privation of liberty, the delegation financed the autonomous communities of the Canary Islands, Cantabria, Castilla-La Mancha, Catalonia, Galicia, Murcia and the Basque Country with 832,000 euros.

Programmes in police stations and courts

Throughout 2011, and in accordance with the data provided by the different Autonomous Plans on Drugs, 8,550 people affected by drug use were attended and received assessment of a legal character in courts, while another 1,537 were aided in the same manner in police stations.

The real figure regarding those attended is probably larger, as not all autonomous plans provided data in this regard.

Young offenders

With respect to the application of those measures established in Organic Law 5/2000, of 12 January, which regulated the criminal responsibilities of minors, it must be stated that, according to data provided by the

Autonomous Plans on Drugs, 837 minors benefited from these measures during 2011, although, as in the case of programmes in police stations and courts, the real figures may be higher, as information is lacking from some of these plans.

9. 7. Drug use and problem drug use in prisons

On 31 December 2012 there were 68,597 people in prison (including figures for the Spanish State Administration and the Autonomous Community of Catalonia), while in 2011 the figure stood at 70,472 people. The characteristics of the prisoners were as follows:

- Prisoners were predominantly male (92.4%) and of Spanish nationality (66.6%). Among foreign inmates, approximately 50% were from Morocco, Rumania and Colombia, while 50% of female inmates were from Colombia, the Dominican Republic, Rumania, Morocco, Bolivia and Ecuador.

- Prisoners were young: 61.9% were aged between 18 and 40.

- 15.9% of inmates were remanded in custody and 84.1% were sanctioned prisoners, among the latter 55.5% had been admitted for the first time and 44.5% were repeat offenders.

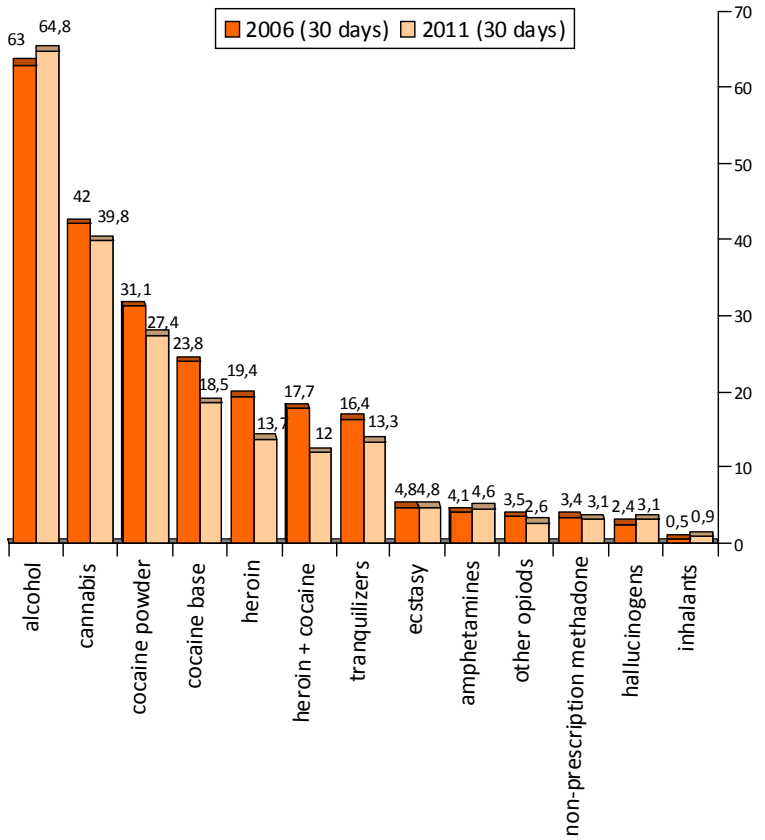
- According to the category of offence, 37.8% of men were in prison for crimes against assets (fraud, etc), 24.2% for public health offences (a category that includes offences for the growing, production and trafficking of drugs), 12.1% for crimes against people, 7.5% for gender violence, 5.8% for sexual freedom offences and 2.3% for traffic offences. With respect to women, 47.8% were in prison for public health offences, 29.6% for crimes against assets, 9.2% for crimes against people, 1.5% for sexual freedom offences, 0.6% for traffic offences and 0.5% for gender violence.

9.7.1 Drug use prior to prison internment

The *2nd State Survey on Health and Drugs in Prison Inmates* (the (ESDIP) was undertaken in October and November 2011 *(*http://www.pnsd.msssi.es/Categoria2/observa/estudios/home.htm). It must be noted that a previous survey, using a similar methodology was carried out in 2006. The 2011 survey was conducted with a sample of 4,980 inmates in 72 prisons in the country, 61 of which were under the administration of the General Secretariat of Penitentiary Institutions of the Ministry of the Interior, and 11 of which were under the Department of Justice of the Catalan Government.

Figure 9.19 shows the percentages of inmates who used different substances during the 30 days before their prison internment: 64.8% used alcohol, 39.8% cannabis, 27.4% cocaine powder, 18.5% cocaine base, 13.7% heroin, 13.3% tranquilizers, 12% heroin and cocaine in the same dose, 4.8% ecstasy, 4.6% amphetamines, 3.1% hallucinogens, 3.1% non-prescription methadone, 2.6% other opioids and 0.9% inhalants.

Figure 9.19. Drug use in the 30 days before prison internment. Surveys, 2006-2011.



Note: In this graph "," means decimal
Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior

A comparison of the 2011 survey with that of 2006 shows a drop in the use of cocaine, heroin, cannabis and tranquilisers, while figures for alcohol stay the same.

With respect to routes of administrations, according to the 2011 survey, 5% of inmates used injected route drugs in the 30 days before entering prison, which is a highly significant reduction with respect to the 2006 proportion of 11.4%.

On entering prison, drug use is one of the most important problems, due to the number of persons affected and by the serious nature of the issues related to them, i.e. biological, psychological and social issues involving significant deterioration, in addition to legal and penal problems. The problems deriving from injected drug use may become highly serious and even life-threatening, such as infection from the Human Immunodeficiency Virus (HIV) and by the Hepatitis C Virus (HCV).

Other infection problems related to environment and lifestyle are also frequent, such as tuberculosis, sexually transmitted diseases and skin, dental and vitamin deficiency problems. Psychological problems induced by drug use frequently arise (psychotic attacks, mood swings, etc), or previously existing disorders become aggravated, forming a psychiatric co-morbidity or dual disorder.

At social, educational, work, family, cohabitation levels, marginalisation, prostitution and drug trafficking are frequent problems, in addition to legal issues. The use of heroin, cocaine and alcohol cause high levels of personal instability and are closely linked to criminal offences. A lack of cleanliness and bodily hygiene is habitual, as is knowledge regarding risks from illness in addition to a lack of prior contact with community health services (health centres, hospitals, etc.) and drug addiction treatment centres. Educational levels are extremely low, with an early school leaving age. Employment is not taken on and work skills are deficient.

9. 8 Responses to drug-related health issues in prisons

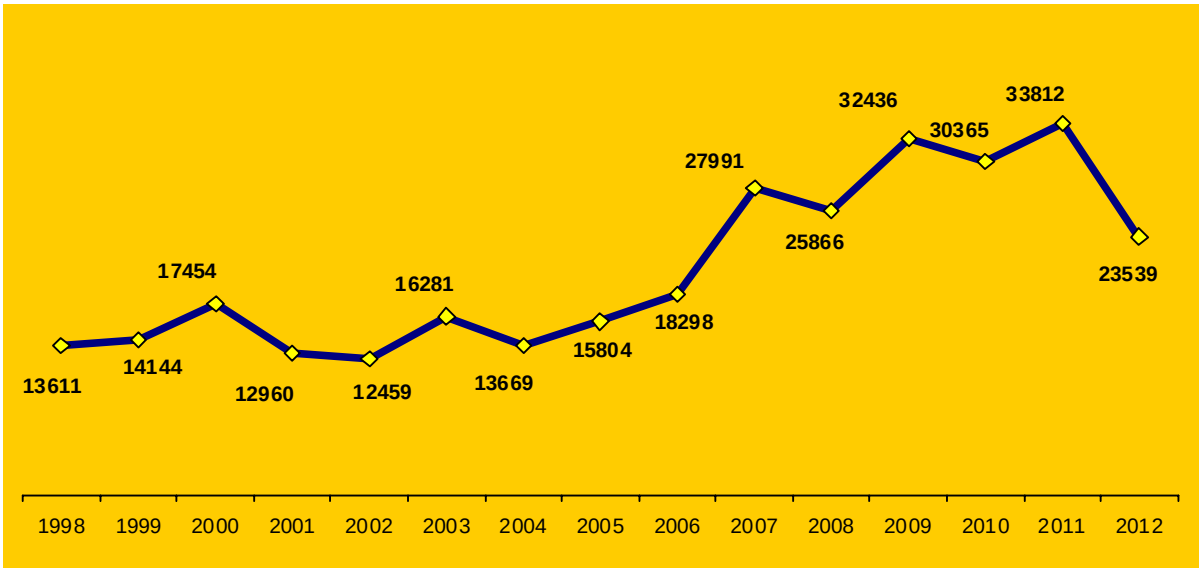
In order to tackle the situation described above, the prison administration service has developed initiatives of several types: prevention, health education, harm reduction, healthcare, treatment with substitute substances, detoxification treatments and programmes for integration into society, all of which are described below.

9.8.1 Prevention, health education and harm reduction

All penitentiary centres have developed preventative and health education programmes. In 2012, 23,539 inmates took part in programmes of this type in centres under the administration of the General Secretariat of Penitentiary Institutions (Figure 9.20). Diverse forms of methodology were used: safe sex workshops, low risk use workshop, informative talks for large groups, individual interviews, written information in magazines, on posters, in leaflets and messages on prison television and radio programmes, etc.

The training of health mediators as a means of education among equals has been one of the most effective and efficient means of communication in prisons. The aim sought is to enable groups of inmates to act as health mediators and promote healthy lifestyles, by efficiently and effectively carrying out the role of agents for health. These agents work using a diverse range of contents with the rest of prisoners, including personal hygiene, safe sex, and sexually transmitted diseases, low risk use, sleeping habits, diet and physical exercise and continuing treatment, etc.

Figure 9.20. Inmates participating in prevention and health education activities, 2012.



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Preventing overdoses

Despite those measures adopted to prevent drugs entering penitentiary centres and the extension throughout all prisons of drug dependency treatment programmes (which range from detoxification to methadone treatment), some inmates still use drugs in prison. It has been proven that relapses in heroin consumption after a period of abstinence, especially after detoxification treatment or leaving prison (parole, release, etc), involve high risks of overdose.

The General Secretariat of Penitentiary Institutions analysed those deaths due to severe reactions to psychoactive substances in prisons in order to promote new initiatives capable of reducing this occurrence. Data on deaths in penitentiary centres between 2007 and 2009 was compiled; the majority involved sentenced polydrug-using inmates who had completed over 6 years in prison and who had continued use once incarcerated.

Those substances that cause poisoning, except benzodiazepines in some cases, had not been prescribed by the medical services, or they were illegal and obtained after face to face visits or while on parole leave. The profile of inmates who die of poisoning after using psychoactive substances is that of polydrug users aged between 26 and 40, with an average history of addiction spanning more than 10 years, who use various substances together and not necessarily by injected route.

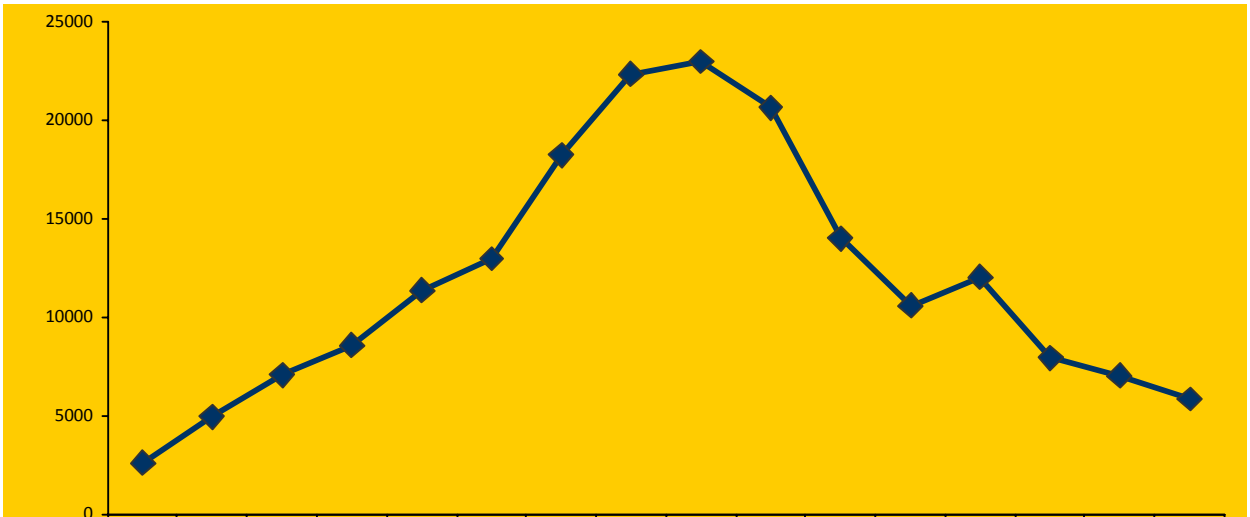
One possible cause of death by poisoning is due to the recent abandonment of a methadone maintenance programme, a practice that leads to the reduced tolerance of depressant substances by the central nervous system. Treatment programmes that use methadone or detoxification programmes protect users from these incidents. One of the most efficient measures for avoiding overdoses and its consequences are health education initiatives and the work of health mediators. To this end several DVD-format videos were produced and distributed in penitentiary centres as a support for these preventative workshops, and which provided information on the risk factors involved in overdoses and those measures of urgent support required to prevent death.

The exchange of needles and syringes, the distribution of condoms, disinfectant and aluminium foil.

All prisons give out condoms and bleach in the form of hygienic kits. Condoms can also be obtained freely in surgeries with prison health services. With respect to the distribution and exchange of sterile needles and syringes, all those prisons under the General Secretariat of Penitentiary Institutions possess the technical and legal conditions required for the exchange of needles and syringes in the event that injected route drug users are detected and a demand for sterile needles and syringes exists. The programme involves an exchangeable kit that comprises a plastic bag, which contains a needle and a syringe inside a transparent box, a disinfecting towel, distilled water and a condom.

In 2012 needles and syringes were exchanged in 23 prisons and 5,848 needles and syringes were distributed (Figure 9.21). The first needle and syringe exchange programme in Spain took place in the prison of Bilbao in 1997 and since then there have been users of this programme in 47 different prisons and over 189,000 needles and syringes have been given out. A drop in the number of needles and syringes distributed occurred after 2006, a fact motivated by a reduction in the use of injected route drugs.

Figure 9.21. Needles and syringes distributed and prisons with users in the programme



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Syringes	2582	4943	7056	8584	11339	12970	18260	22356	22989	20626	13998	10582	12043	7931	7016	5848
Prisons	1	2	4	9	11	27	38	35	34	37	31	34	31	30	27	23

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

The needle and syringe exchange programme undertaken in penitentiary centres received the "European Award for Good Health Practices in Prisons", which was awarded by the European Network of Prison and Health of the World Health Organisation (WHO).

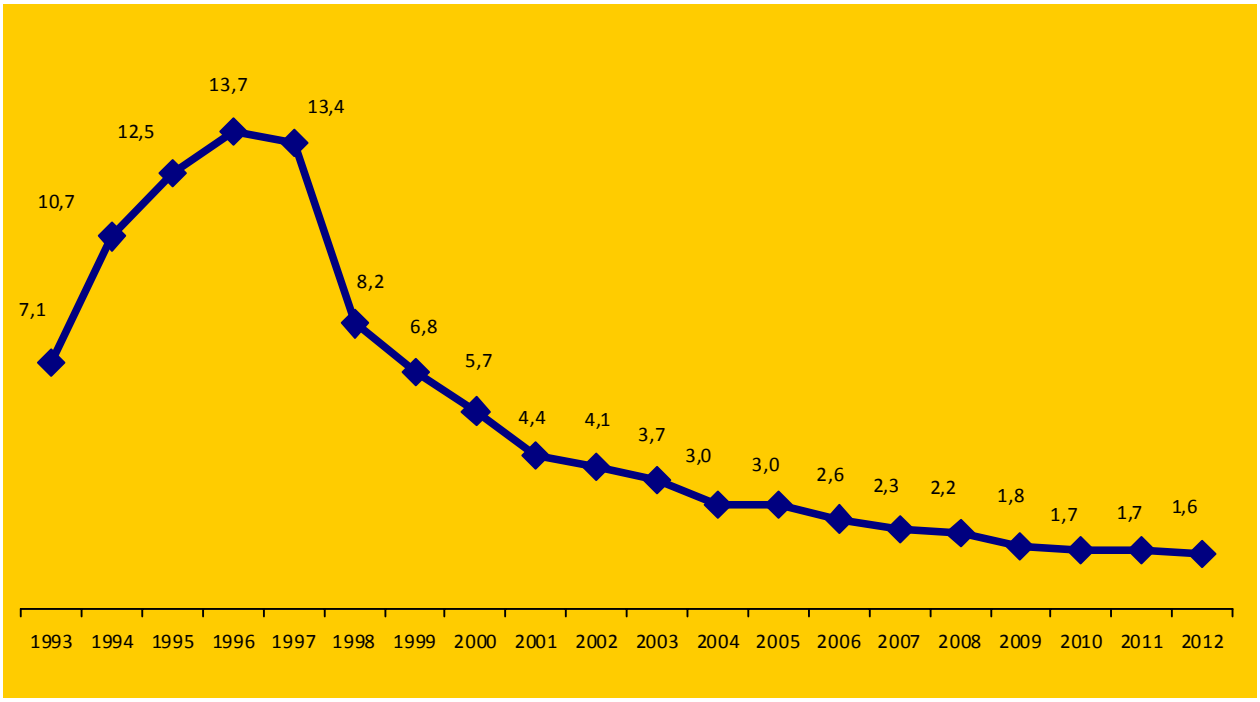
In addition to that detailed above, some penitentiary centres have given out over 16,000 pieces of aluminium foil ("silver paper"), cigarette filters, etc, in 2012, in order to reduce risks from the transmission of illnesses and as a priority initiative to reduce risks and harm, promoting injected-route administration for inhaled-route use.

9.8.2 Health programmes

Taking the situation described in the above sections into account, the health programmes undertaken in Spanish penitentiary centres are of immense importance in terms of inmate health. Several of the most important initiatives implemented are detailed below.

The "Tuberculosis Prevention and Control Programme" comprises the diagnosis and active search of cases, the investigation of contacts, chemoprophylaxis and chemotherapy. The incident rate for tuberculosis during 2012 was 1.6 cases for every one thousand inmates (Figure 9.22). Being HIV positive and using shared needles and syringes for drug use are the main risk factors in developing tuberculosis.

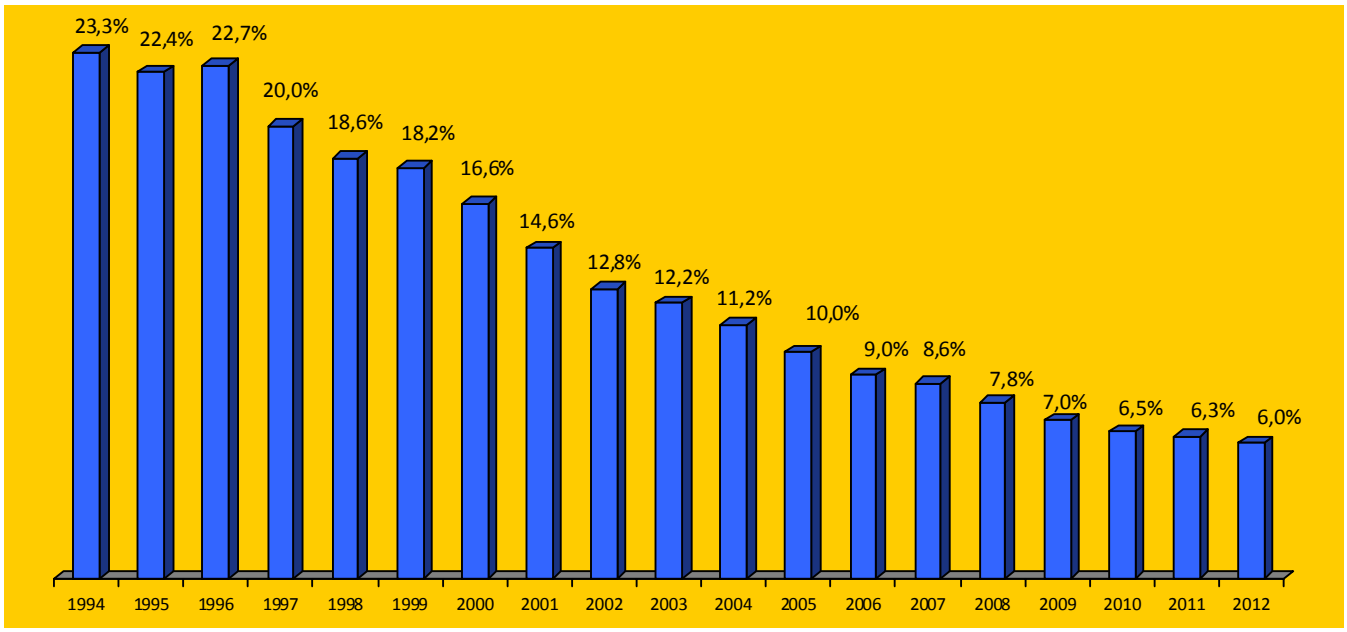
Figure 9.22 Number of cases of tuberculosis per 1,000 inmates.



Note: In this graph "," means decimal
Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

The "Programme for the Prevention and Control of HIV Infection" involves prevention and health education activities, diagnosis, treatment, vaccinations and the prophylaxis of opportunistic infections. During 2012, 6% of the entire inmate population was infected with HIV (Figure 9.23). The shared use of injection material for drug use is the main risk factor. In the prison sector, over 90% of those inmates infected with HIV are also infected by the Hepatitis C Virus, which complicates the treatment and development of those infected. 4.5% of the total inmate population has undergone treatment with anti-retroviral drugs.

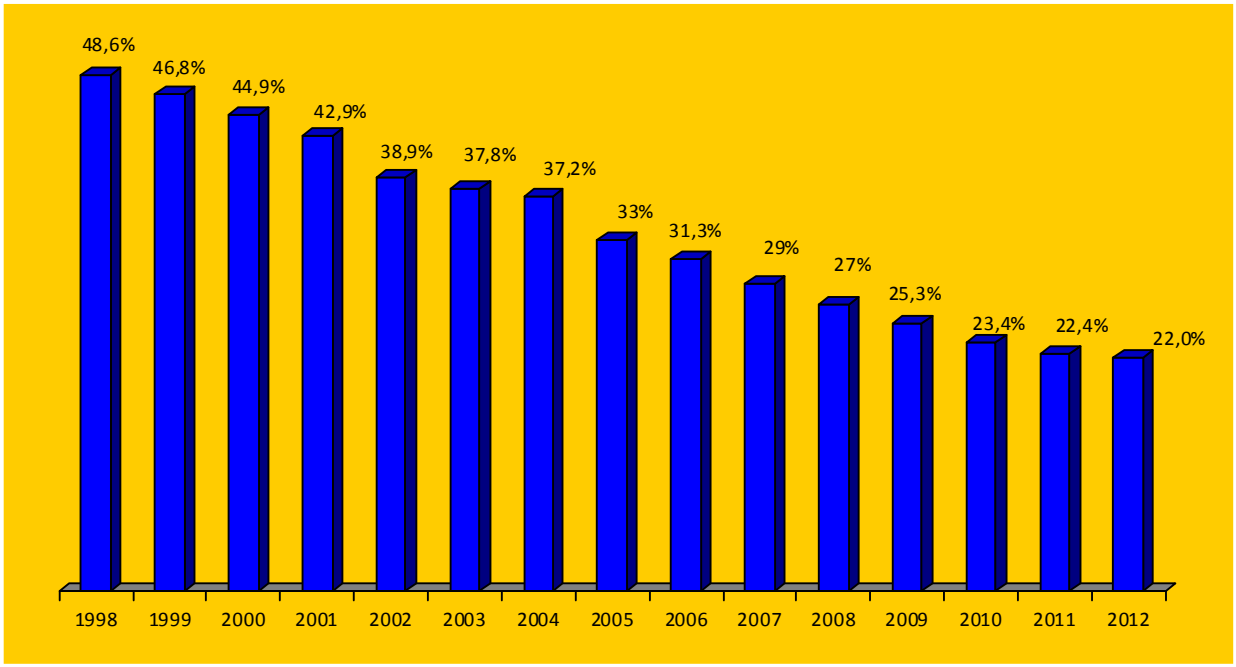
Figure 9.23. Prevalence of inmates infected with HIV.



Note: In this graph "," means decimal
Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior

The "Programme for the Prevention and Control of Infection by the Hepatitis C Virus (HCV)" is also a priority action, and one motivated by the high number of infected inmates. In 2012, 22% of the inmate population was infected by HCV (Figure 9.24). The shared use of needles and syringes for drug use was the main risk factor. Approximately one in every three of those infected with HCV was also infected by HIV.

Figure 9.24. Prevalence of inmates infected with the hepatitis C virus.



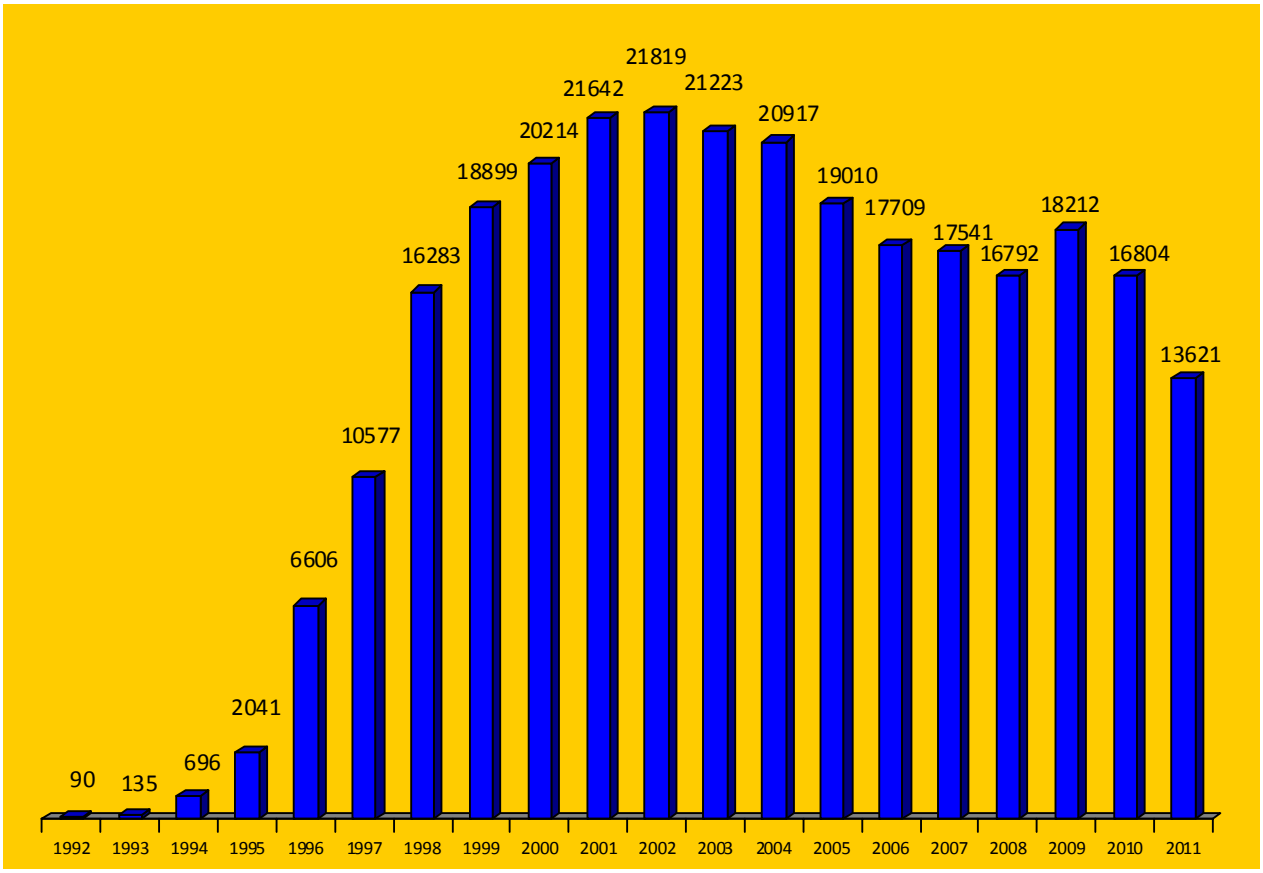
Note: In this graph "," means decimal
Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Other health interventions include the "Vaccination Programme for Hepatitis, Flu, Tetanus and Meningitis", and dealing with dual pathological disorders. According to the Investigations on Mental Health carried out by the Penitentiary Administration Service in 2006 and the PRECA Study of 2009, the prevalence of mental disorders induced by substance use stood at between 8.8% and 12.1% for inmates, noting anxiety disorders, emotional disorders (mood swings) and psychotic disorders.

9.8.3 The methadone treatment programme

Treatments with methadone are one of the most effective intervention programmes in terms of the reduction of risks and harm and in the treatment of drug dependency in prison. A high number of users benefit from these treatments, and who manage to lower their drug use thanks to them, or to avoid use by injected route. An improvement in their mental and physical states is also appreciable, as is a reduction of conflict-related behaviour. In 2012 11,637 inmates received methadone treatment in centres under the administration of the General Secretariat of Penitentiary Institutions (Figure 9.25).

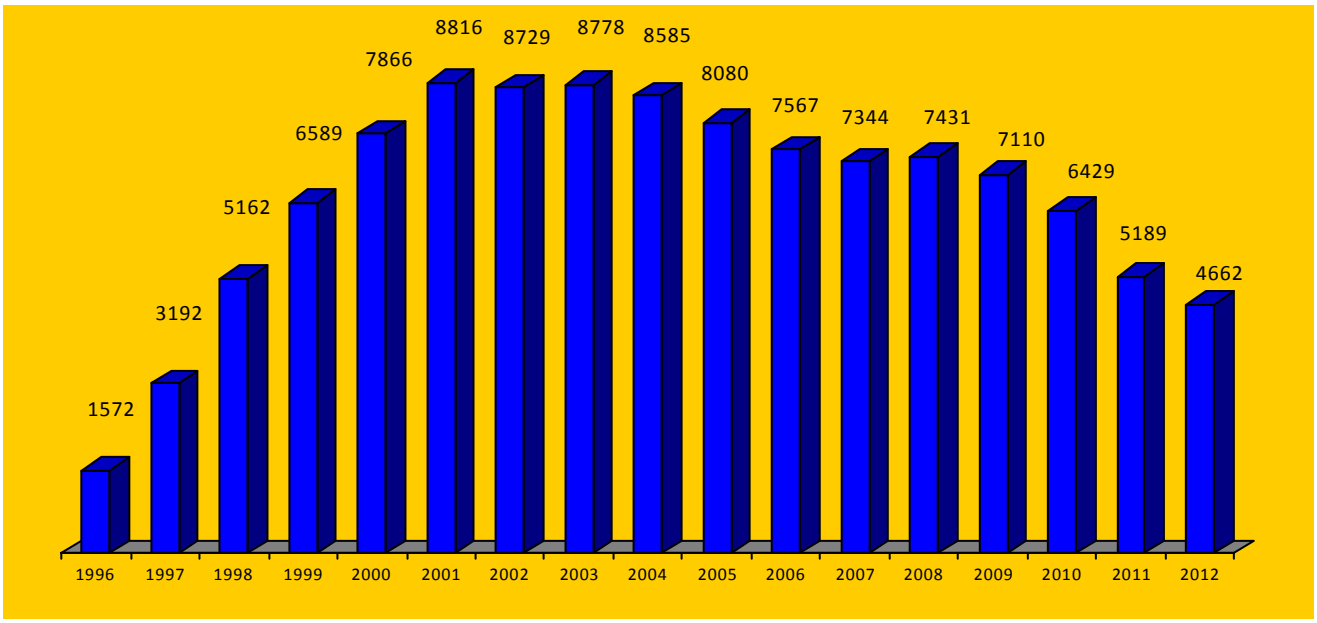
Figure 9.25. Total Number of Inmates in Methadone Treatment



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

In December 2012 4,662 inmates were receiving methadone treatment, which means that the prevalence for prisoners in treatment with methadone comprised 8% of all those incarcerated (Figure 9.26).

Figure 9.26. Number of inmates in daily methadone treatment from 31 December.



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

After the 2002-2004 period, a drop occurred in the number of inmates in methadone treatment. This fall is due to the changes in drug use that have occurred in recent years, with an increase in the number of inmates, who on entering prison were mainly cocaine users, while the numbers of those using mixed heroin and cocaine and heroin alone have declined.

9.8.4 Detoxification programmes

Detoxification

As part of the detoxification programme, physical detoxification is undertaken with respect different dependency-causing drugs in order to intervene in the physical and mental signs of withdrawal symptoms, as a consequence of the abrupt interruption of active use. The gradual detoxification of 1,488 drug-using inmates was undertaken in 2012.

With respect to the characteristics and need of inmates and the architectural possibilities of a prison, detoxification programmes may be undertaken on an outpatient basis, in a day care centre or in a therapeutic module.

Outpatient day care centre detoxification

Intervention of an 'outpatient' type provides individual/group attention in each prison gallery or module. In 'day care' centre type detoxification, programme activities take place with inmates from different galleries or modules in a centralised unit, with several classes and offices in a half-day schedule, returning the inmates to their respective departments. Inmates may attend the outpatient/ day care centre as a prior phase to the programme in therapeutic mode.

In 2012, outpatient or day care centre detoxification treatment was received by 7,968 drug-using inmates (Figure 9.27). In December 2012, 4,234 inmates were in treatment every day in these therapeutic modes (Figure 9.28); 7.2% of all inmates.

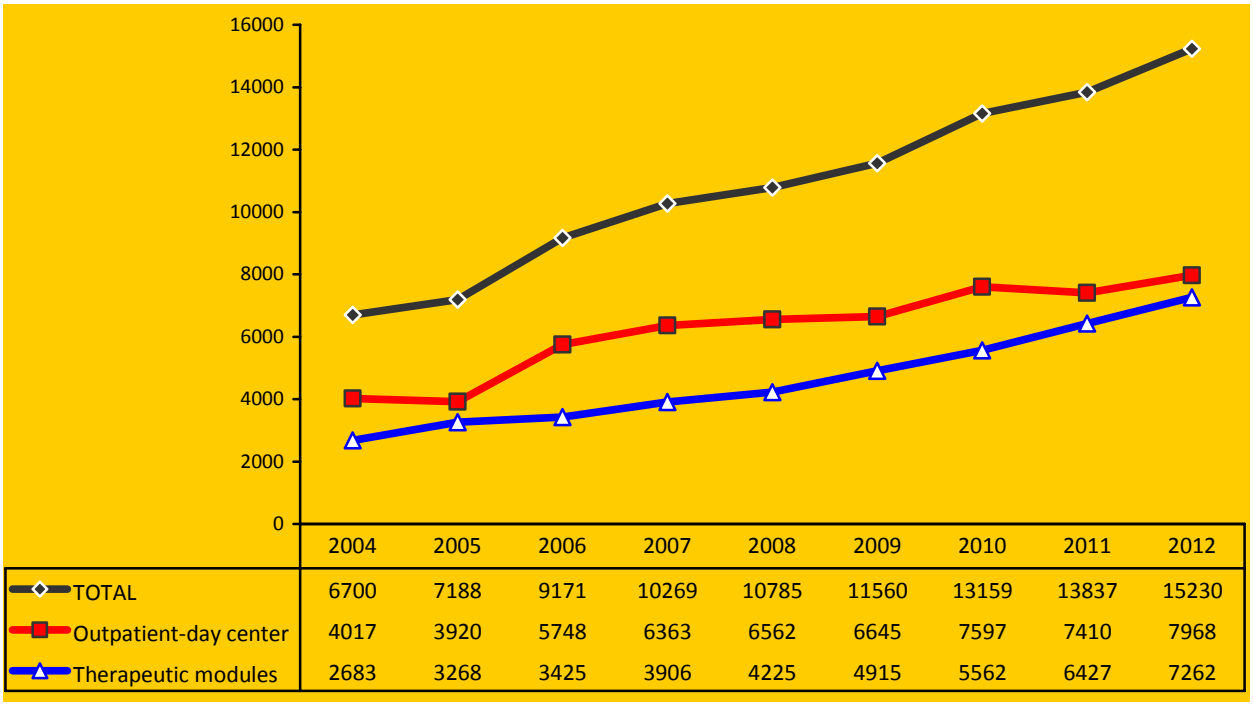
Detoxification in therapeutic modules

The detoxification model in therapeutic module was undertaken in penitentiary centres with a modular structure, which allows the allocation of at least one module for the housing of drug dependent inmates. An intense educational practice is carried out in the therapeutic module so that inmates can attain self control, self-confidence, responsibility, motivation and the use of free time in order to achieve personal satisfaction and abandon addictive behaviour patterns. The development of areas aimed at motivation to change and social learning are considered to be essential, while emphasis is mainly placed on relapse prevention, learning social skills, education for health and training and social-professional guidance.

During 2012 7,262 drug-dependent inmates received detoxification treatment in 39 prisons (Figure 9.27). In December of this year, 2,968 inmates were in daily treatment (Figure 9.28), 5,1% of the total inmate population.

In brief, as can be seen in Figure 9.27, 15,230 drug dependent inmates received detoxification treatment (outpatient, in day care centres and in therapeutic modules) in 2012. In December of this year there were 7,202 inmates in daily treatment; 12.3% of all prisoners.

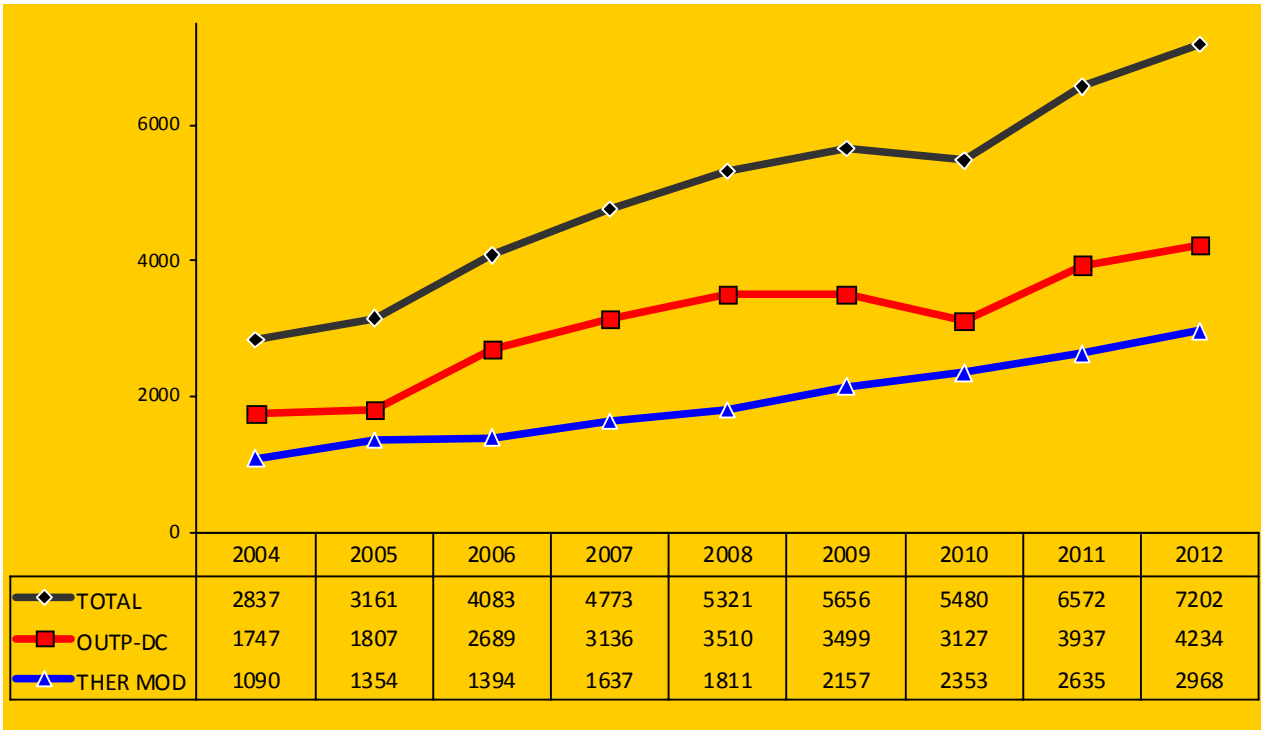
Figure 9.27. Total nº of inmates in detoxification treatment



	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL	6700	7188	9171	10269	10785	11560	13159	13837	15230
Outpatient-day center	4017	3920	5748	6363	6562	6645	7597	7410	7968
Therapeutic modules	2683	3268	3425	3906	4225	4915	5562	6427	7262

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior

Figure 9.28. Inmates in daily detoxification treatment.



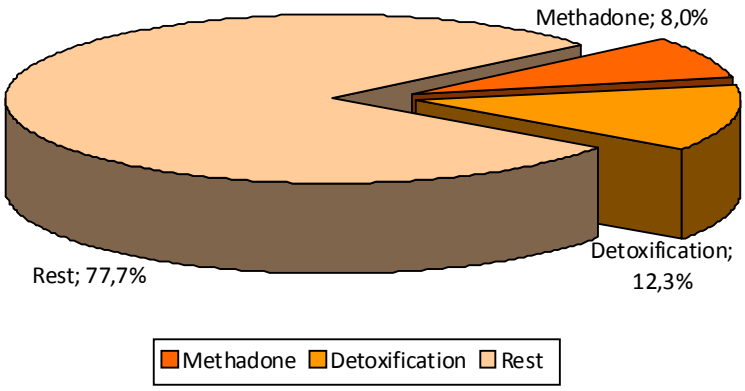
	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL	2837	3161	4083	4773	5321	5656	5480	6572	7202
OUTP-DC	1747	1807	2689	3136	3510	3499	3127	3937	4234
THER MOD	1090	1354	1394	1637	1811	2157	2353	2635	2968

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

9.8.5 The total population in daily treatment for drug dependence

In December 2012, 11,864 inmates were receiving daily treatment for drug dependency (20.3% of prisoners (Figure 9.29). Treatment was carried out either with the methadone programme (4.662 inmates per day - 8% of all prisoners) or the detoxification programme (7,202 inmates per day, 12.3% of all prisoners).

Figure 9.29. Prevalence of inmates in daily drug dependence treatment



Note: In this graph "," means decimal
Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

9. 9 Reintegration of drug users after release from prison

One of the priority actions undertaken by the Penitentiary Administration Service is that of working to procure and promote the reintegration into society of prison inmates. It aims to provide drug dependent prisoners with the necessary skills to deal with treatment in freedom and integrate into society with possibilities of success. In accordance with these aims, the following measures and activities are implemented:

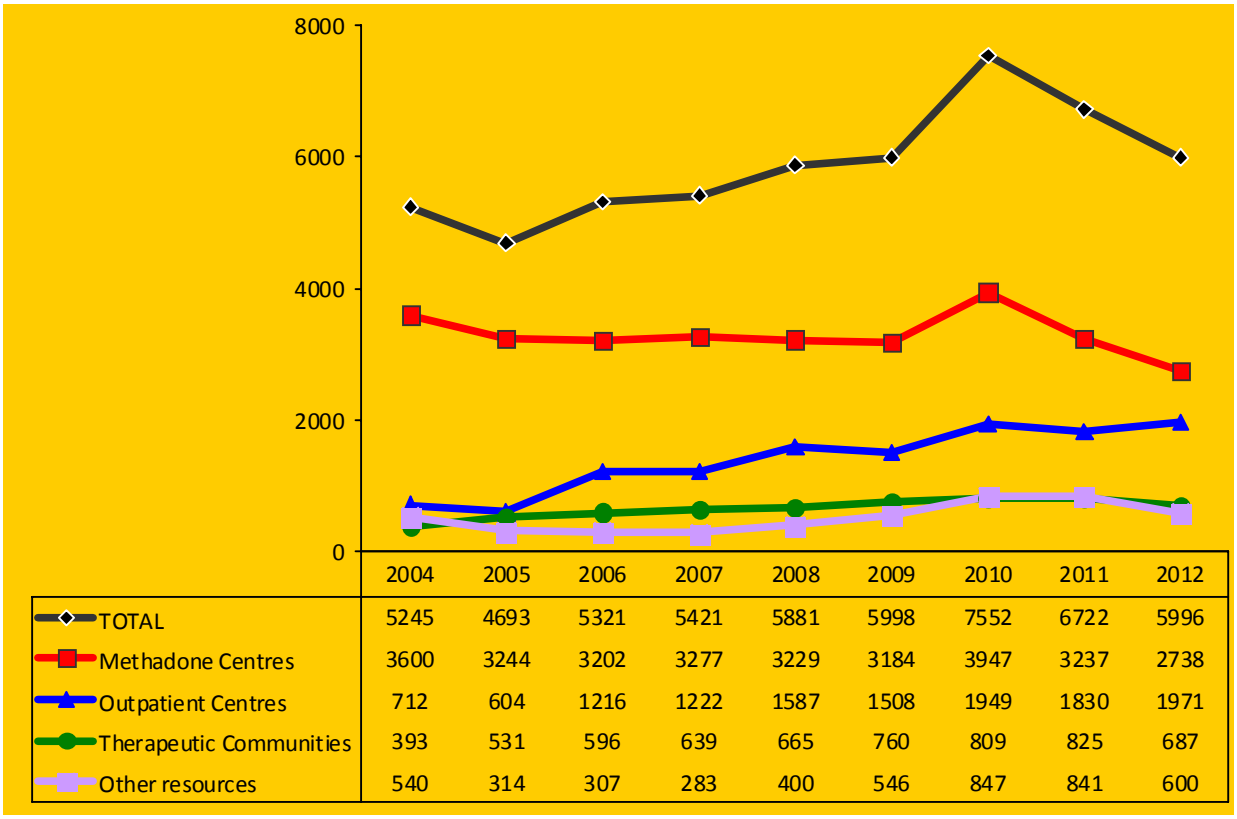
- Workshops on preparing for prison release and social reintegration.
- Pre-employment and employment training.
- Programmed releases.
- Daily releases for work or treatment.
- Furloughs.
- Day release classification and fulfilment in non-prison therapeutic communities.
- Referral to community centres for specialised attention for drug users on release from prison.

In order to continue the therapeutic process on leaving prison, the Penitentiary Administration Service contacts and works in a coordinated manner with associations and organisations in the sector, as well as with the social and assistential resources of the Autonomous Health Services, the Autonomous Plans and the Municipal Plans on Drugs. In 2012, a total of 5,996 people who entered penitentiary centres were referred to community treatment centres in order to continue treatment (Figure 9.30). These referrals took place as a result of release (conditional, final or provisional), and day release (referral to non-prison therapeutic community).

The details of centres and resources are given below:

- 2,738 were referred to methadone treatment centres
- 1,971 were referred to outpatient centres
- 687 were referred to therapeutic communities
- 600 were referred to other resources (day centres, halfway homes, job insertion programmes, etc.)

Figure 9.30. Inmates referred for continued treatment in Community Centres on Release or Day release.



	2004	2005	2006	2007	2008	2009	2010	2011	2012
TOTAL	5245	4693	5321	5421	5881	5998	7552	6722	5996
Methadone Centres	3600	3244	3202	3277	3229	3184	3947	3237	2738
Outpatient Centres	712	604	1216	1222	1587	1508	1949	1830	1971
Therapeutic Communities	393	531	596	639	665	760	809	825	687
Other resources	540	314	307	283	400	546	847	841	600

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

10. DRUG MARKETS

10.1. Introduction

This chapter provides detailed information on the number of seizures with respect to those drugs most used in Spain during 2012 in both terms of offences and for possession or use, in addition to providing details on prices and purity, and where, how and when the aforementioned drugs were seized.

Spain is not a drug-producing country, however due to its geographical situation it is a country of transit for hashish and cocaine, with respect to Europe, while to a lesser extent it is a country of transit for MDMA-ecstasy and heroin trafficking to Portugal.

In general terms, in 2012, the number of drug seizures analysed in this report dropped. The most pronounced fall, calculated at 22 % in comparison with the previous year, occurred with regard to opioids.

With respect to quantities seized, hashish and heroin fell, while figures for cocaine and MDMA-Ecstasy rose.

In 2012 the seizures of precursor substances increased, especially ephedrine and potassium permanganate. During the same year, with respect to prices, a rise in distinct cannabis, LSD and MDMA-Ecstasy prices was noted.

Cocaine, heroin and amphetamine sulphate reveal price differences in their markets. In terms of cocaine the price per dose and per gram rose, while it dropped with respect to the price per kilo. The price per dose rose for heroin while the cost per gram and kilogram dropped. For amphetamine sulphate, the price for both gram and kilo rose and the price per dose fell.

The purity of cocaine increased while that of heroin decreased.

Cannabis became stronger, especially marijuana.

With respect to ketamine, which was analysed in this report for the first time, indicators reveal that its price and use rose in the second half of 2012.

10.2 Availability and supply

The drugs most seized in Spain continue, by way of tradition, to be hashish resin and cocaine, as they are the drugs used the most and above all because Spain is the main route for these substances from their countries of origin to other countries in Europe.

The following table shows the quantities of drugs seized in 2012 in Spain in the most important trafficking modalities used by smugglers.

Table 10.1. Drug seizures quantities (kilograms). Spain, 2012

MODALITIES	QUANTITIES (KG)	
	COCAINE	HASHISH RESIN
Mules (human couriers)	2,768	1,060
Containers	4,268	8,200
Postal deliveries	300	5
Marine operations	6,806	55,539
Caches on beaches	401	111,578
In vehicles	2,600	5,881
Other modalities	3,610	143,299
TOTALS	**20,753**	**325,562**

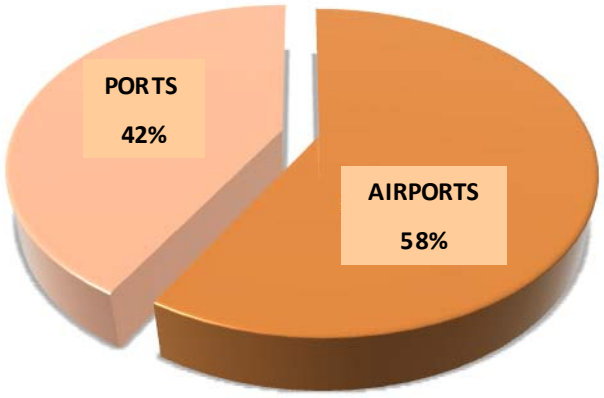
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

An analysis is given below of the actions carried out to counter each one of the modalities detailed above.

HUMAN COURIERS

Almost 58 % of human drug couriers, otherwise known as 'mules' are detained at airports. Proportions vary depending on the type of drug transported (Fig.10.1).

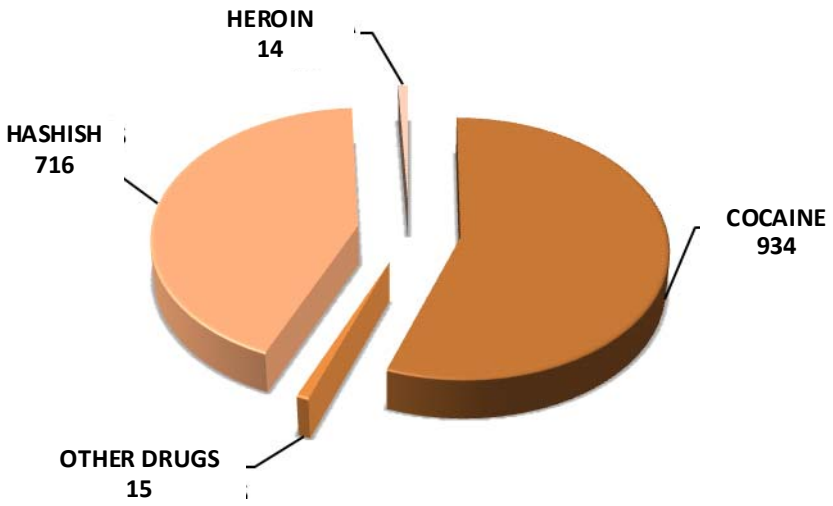
Fig. 10.1. Percentage of human drug couriers detained at airports and ports. Spain, 2012.



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Practically all human couriers transport cocaine or hashish and less than 2 % carry other drugs (Fig.10.2)

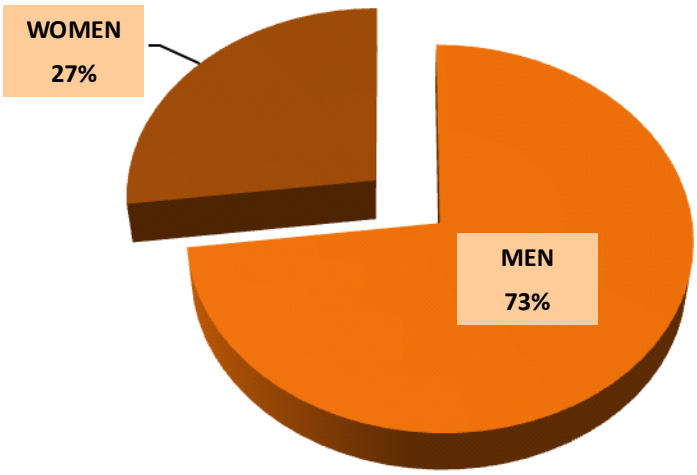
Fig. 10.2. Type of drug carried by human couriers. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Practically one in every four couriers is a woman (Fig.10.3.

Fig 10.3. Gender of human couriers. Spain, 2012

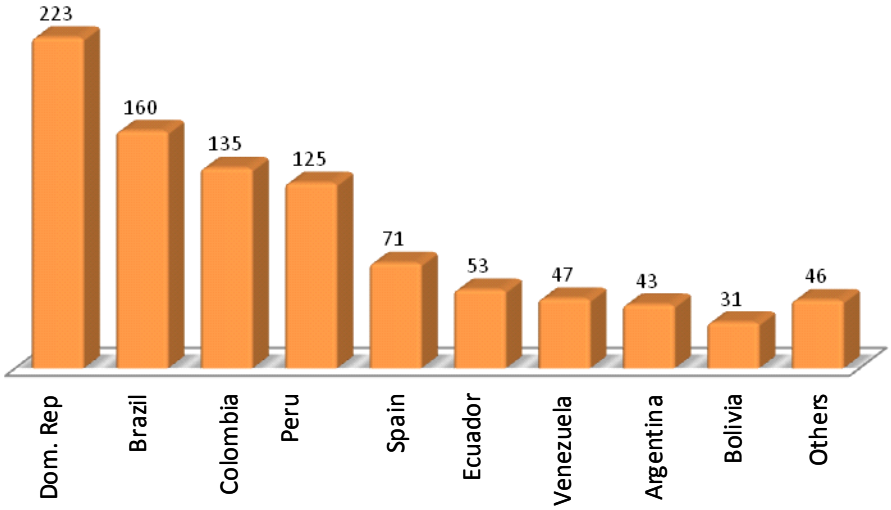


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Couriers with cocaine: 934 arrested and 2,768 kilos seized

Cocaine mules or couriers encounter their retaining barrier at airports, where they arrive - mainly from the Dominican Republic, Brazil and Colombia. Seventy-one of those couriers detained began their journey in some part of Spain (Fig.10.4).

Fig. 10.4. Boarding Point of cocaine human couriers. Spain, 2012

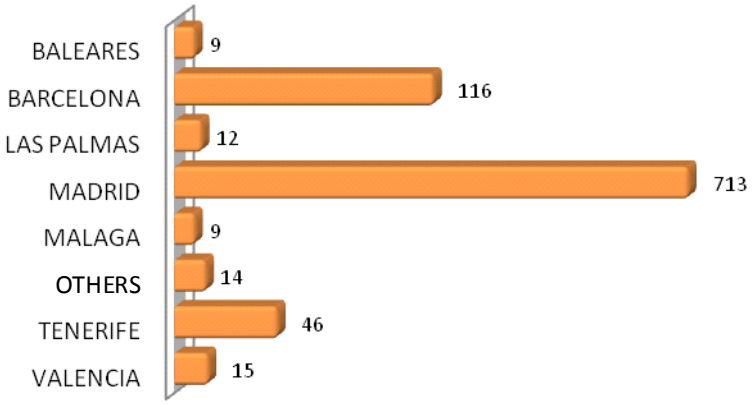


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

a) In arrivals in Spain

One in four couriers detained was arrested at Madrid-Barajas, this airport was followed by those of El Prat de Llobregat (Barcelona) and Tenerife Sur, with 12 and 5 % respectively (Fig.10.5).

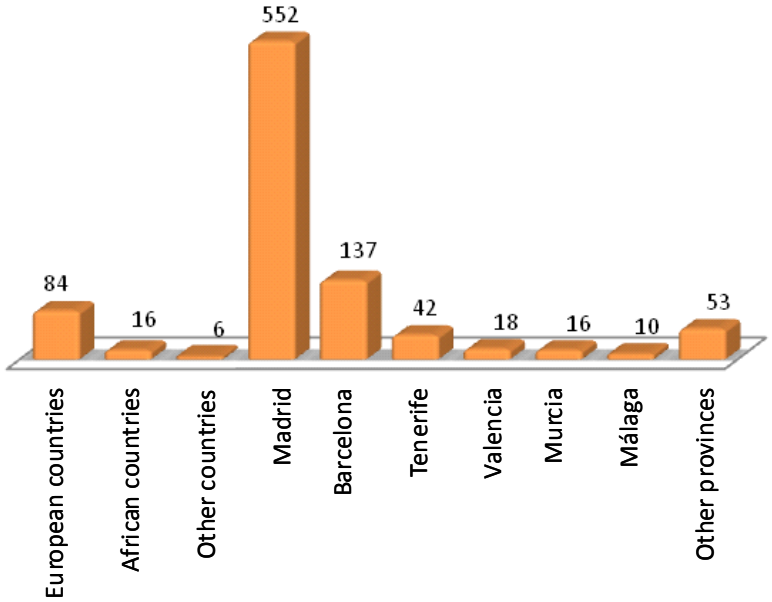
Fig. 10.5. Contention points of cocaine human couriers. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

On 84 occasions (9%) the couriers were on their way to other countries. On 60 % of these occasions cocaine was destined for Madrid and 15 % for Barcelona (Fig.10.6).

Fig. 10.6. Destination of cocaine carried by human couriers. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

One third were women; 287 of the 934 travellers detained (Fig.10.7). Over 53 % of couriers hid cocaine in their luggage (Fig.10.8).

Fig. 10.7. Gender of cocaine human couriers. Spain, 2012

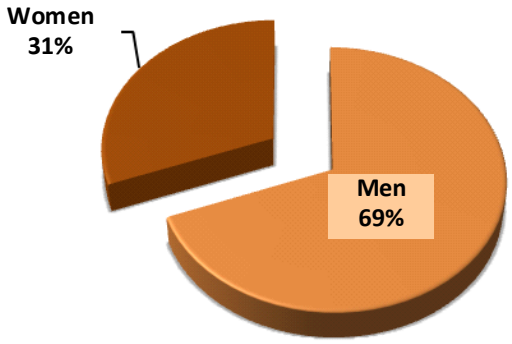
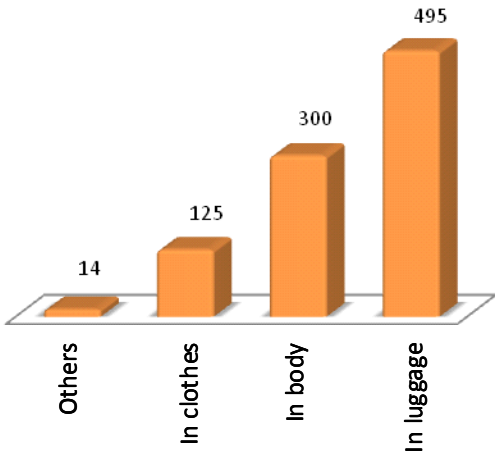


Fig.10.8 Hiding methods of cocaine human couriers. Spain, 2012



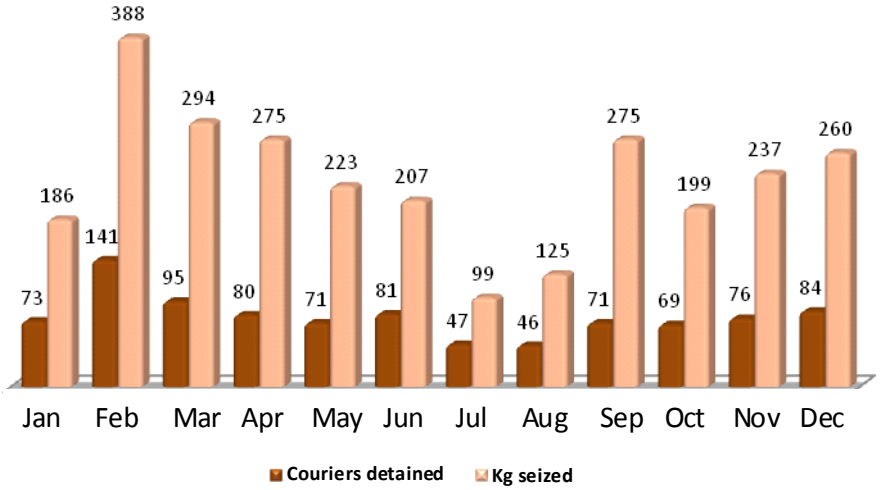
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In 2012, the month with the most detentions of couriers was February, followed by March, May and September (Fig.10.9).

With respect to larger quantities of cocaine seized, February, followed by April and December, were also notable.

The largest averages for cocaine seized per courier detained were registered during the months of September, April and May.

Fig. 10.9. Evolution in months of cocaine couriers detained and cocaine kilograms seized. Spain, 2012

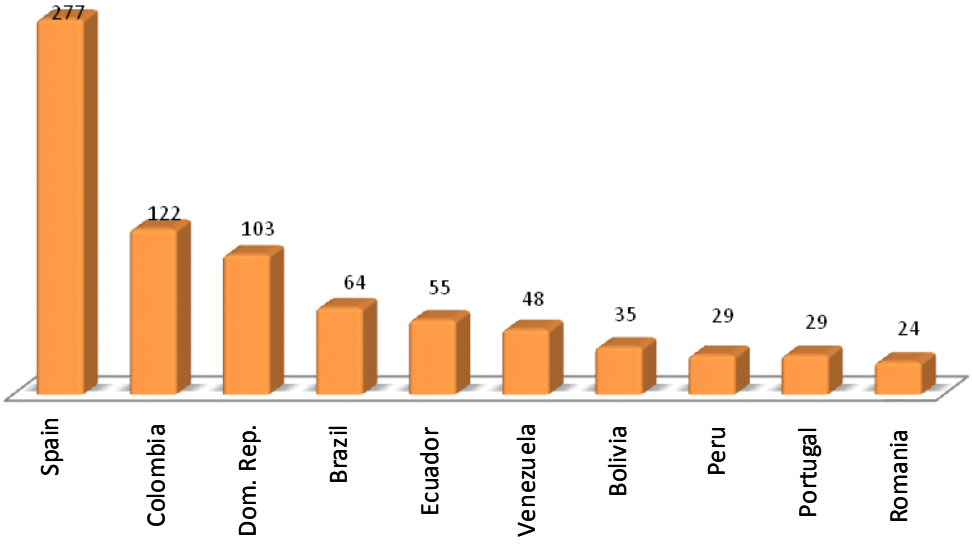


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Data for the months of July and August is striking, as this is when most journeys are made and yet it is precisely when the lowest number of couriers and drugs are detected.

30 % of couriers were Spanish; 13 % Colombian and 11 % Dominican. The graph in Figure 10.10 shows the ten countries where most of those detained are from.

Fig. 10.10 Top ten countries in cocaine human couriers detained. Spain, 2012



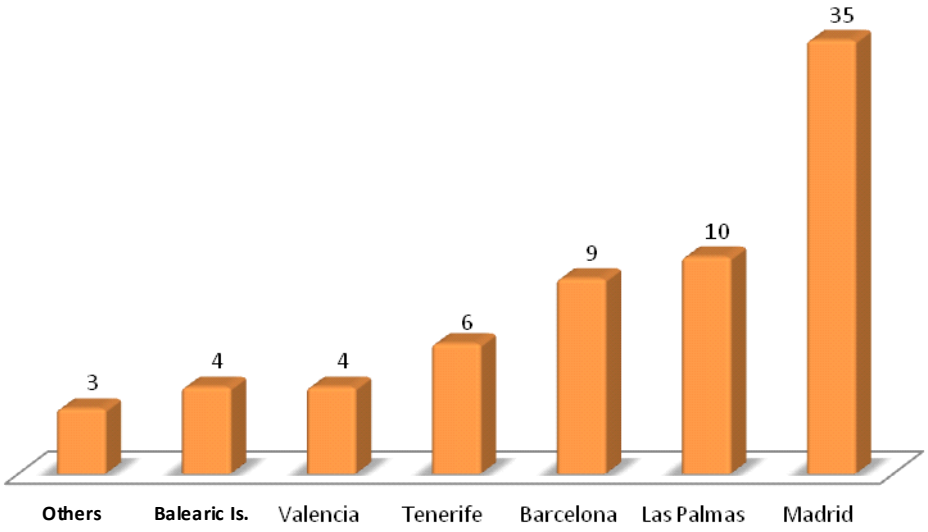
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

b) In departures from Spain

One difference between the couriers who arrive and those who leave is that the first group are monitored and detected by specialised agents at customs and immigration and the second by security agents, searching for weapons and explosives.

Seventy-one couriers began their journeys in Spanish airports: 50% from Madrid (Fig.10.11).

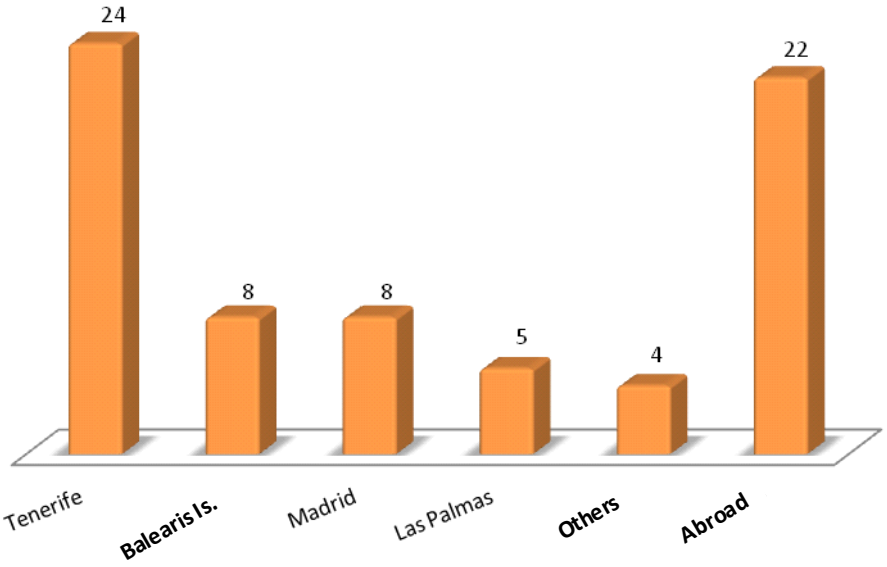
Fig. 10.11 National origin of couriers / cocaine. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

One in every three couriers who began their journey from a Spanish airport did so en route to Tenerife and almost another third were en route to a foreign country. (Fig.10.12).

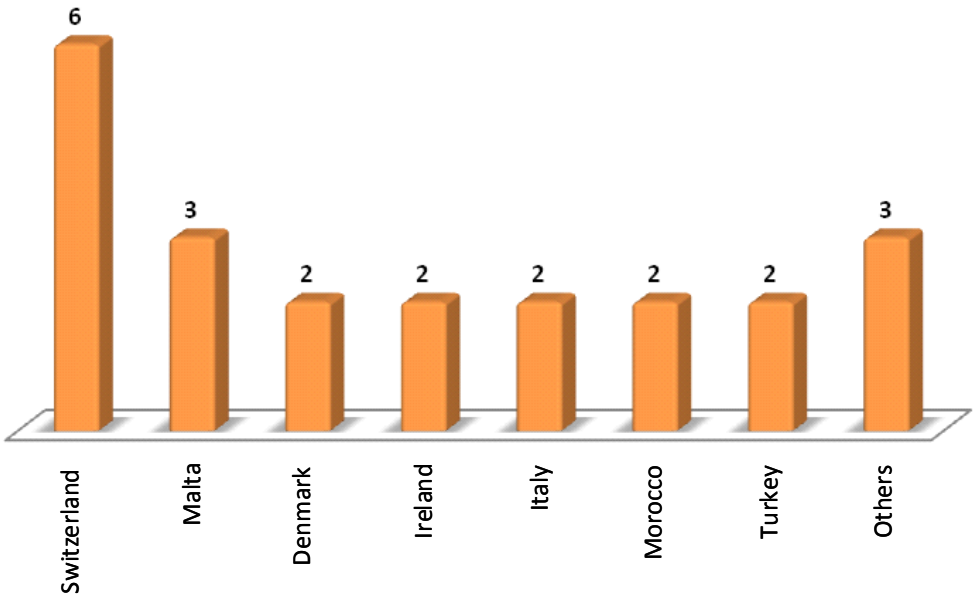
Fig. 10.12 Destination of couriers / cocaine of Spanish origin. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Within the meager case series considered, Switzerland was the most repeated foreign destination for drug couriers travelling from Spain (Fig.10.13).

Fig. 10.13 Foreign destination of couriers / cocaine of Spanish origin. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

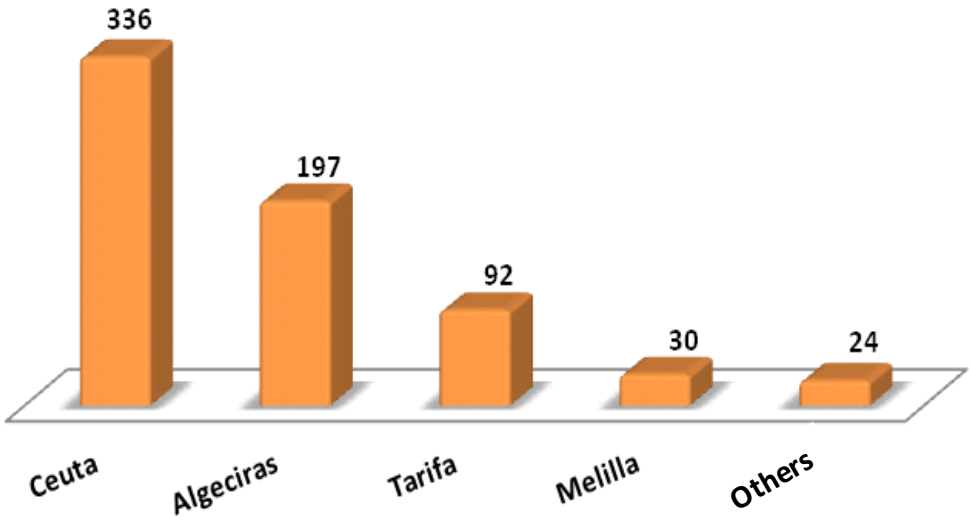
The profile of a cocaine courier is that of a Spanish male aged between 31 and 35 who travels in February from the Dominican Republic to Spain, arriving at Madrid-Barajas airport on a Tuesday, with drugs hidden inside his luggage.

Couriers with hashish: 716 couriers detained and 1,060 kilos seized

Fig. 10.14. Percentage of hashish human couriers detained at aerports and ports. Spain, 2012

Most couriers with hashish were detained at ports (Fig.10.14). Almost 50% were detained in the port of Ceuta (Fig.10.15).

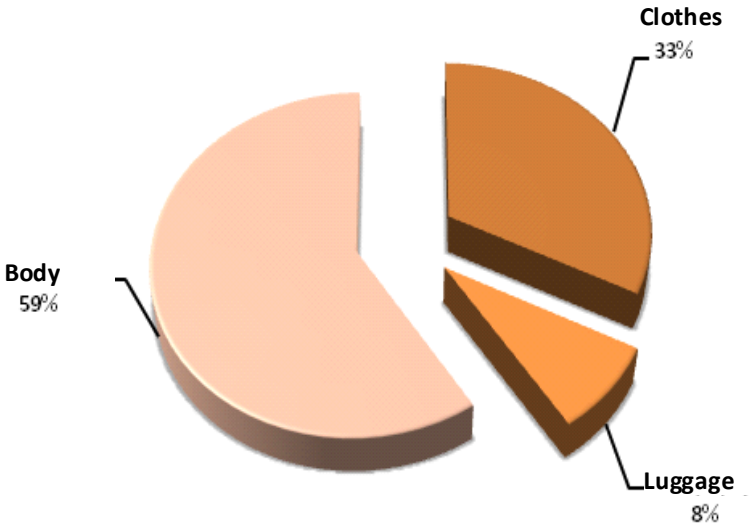
Fig. 10.15. Number of hashish human couriers detentions in ports. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The drugs were hidden next to or inside the body on 59 % of seizures - inside clothes (33 %) - and only 8% inside luggage (Fig.10.16).

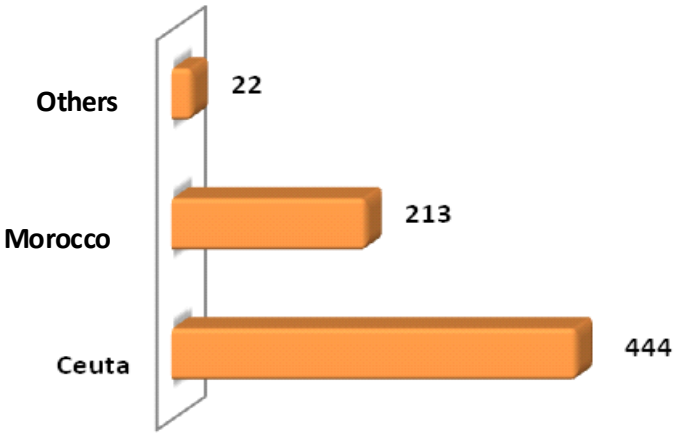
Fig. 10.16. Percentage of hiding methods of hashish human couriers. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

62 % of couriers were from Ceuta and 30 % came directly from Morocco (Fig.10.16).

Fig. 10.17. Origin of hashish human couriers. Spain, 2012

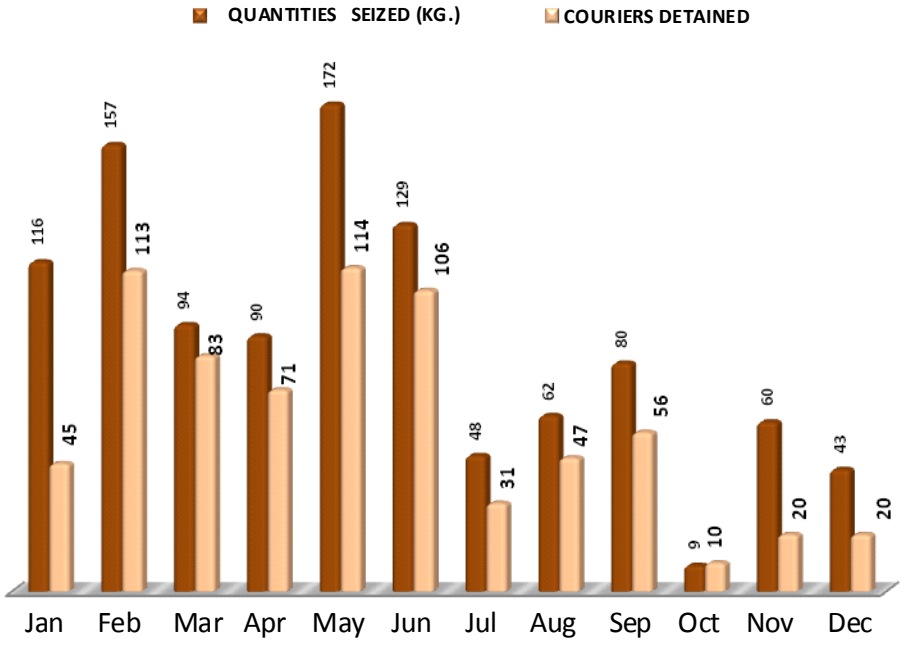


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The analysis of development in terms of months shows that actions against couriers fell ostensibly in the second half of the year. The drop was more dramatic in the fourth quarter, with only 7 % of all couriers detained and 10.5 % of all drugs seized (Fig.10.18).

There were more seizures and arrests in May, February and June, amounting to almost three quarters of total amounts. The dismantling in July, in Seville of a 'mule' hiring network, which managed over one hundred couriers a month may have been the cause.

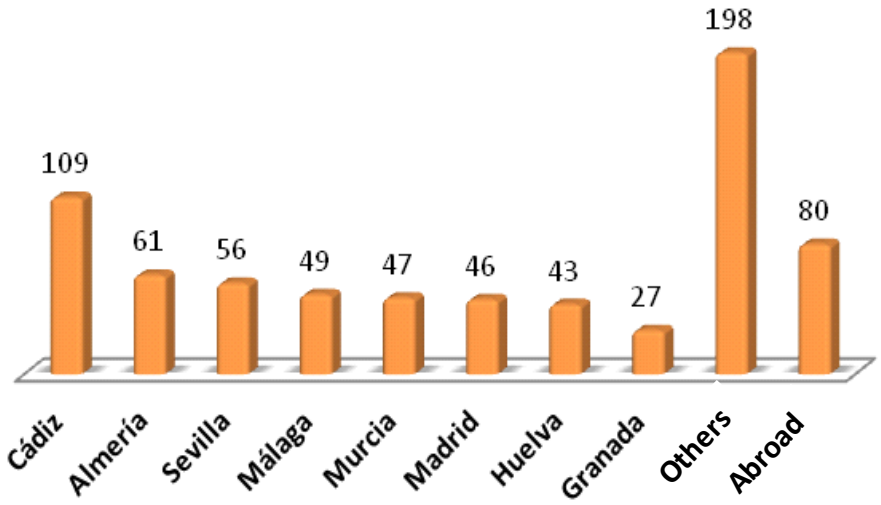
Fig. 10.18. Evolution in months of hashish quantities seized (kilograms) and number of couriers detained. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

While 80 % of couriers were Spanish or Moroccan, their destination included almost all Spanish provinces. Cadiz was notable for hashish couriers, with figures reaching 109.

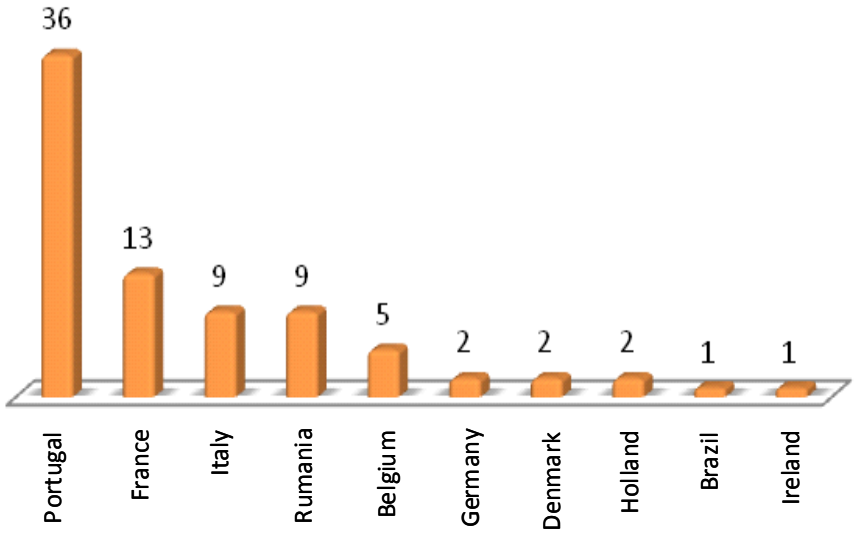
Fig. 10.19. Destinations of hashish human couriers. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Foreign countries were visited on 80 occasions, 36 of which were visits to Portugal (Fig.10.20).

Fig. 10.20. International destinations of hashish human couriers. Spain, 2012

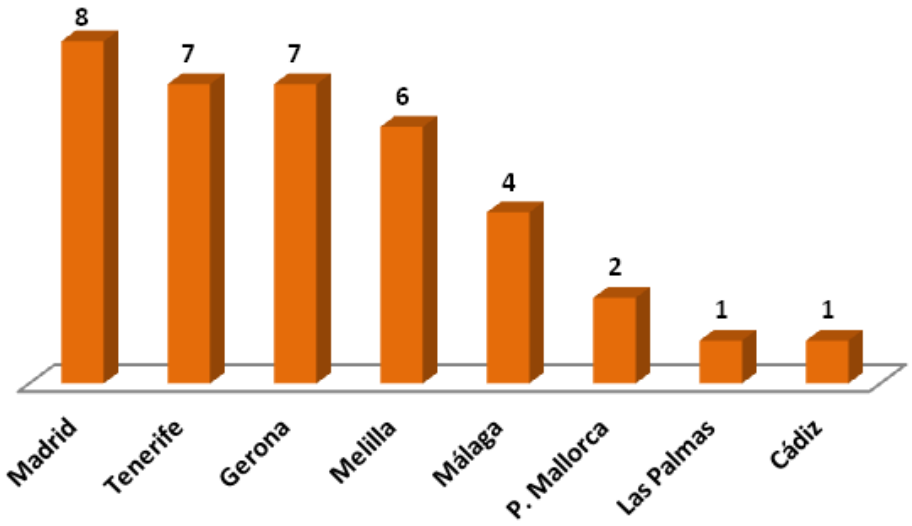


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Hashish couriers were detained at airports on only 36 occasions (Fig.10.21). The airport of Madrid-Barajas with 8 detentions and the airports of Tenerife and Gerona, were notable, with 7.

The profile of a hashish courier is that of a Moroccan male aged between 31 and 35 travelling by ferry on a Wednesday or a Thursday in May between the cities of Ceuta and Algeciras, with the drug next to or inside his body.

Fig. 10.21. Number of hashish human couriers detained at airports. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

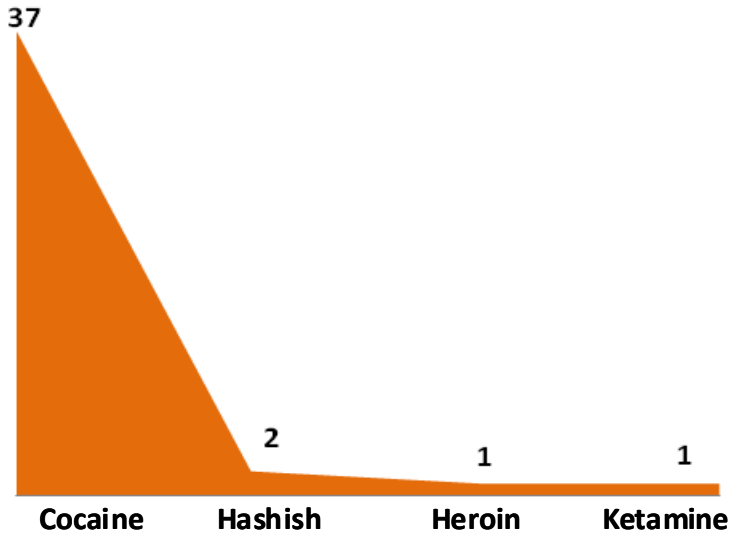
TRAFFICKING IN CONTAINERS

In 2012 in Spain 41 containers used to transport narcotics were seized (Fig. 10.22).

One container from Pakistan en route to the airport of El Prat de Llobregat (Barcelona) contained 57.7 kg of heroin.

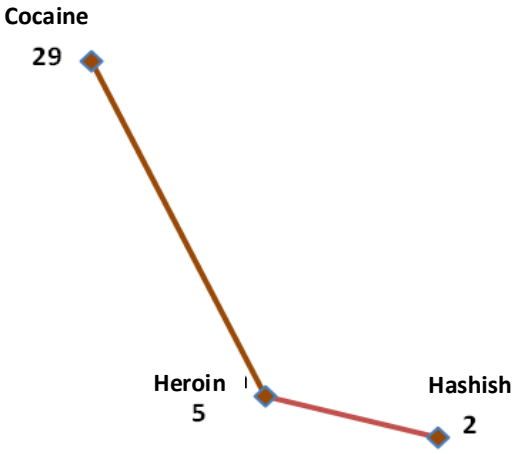
Another, from Mexico, was seized in Valencia, with 26,000 c.c. of ketamine

Fig. 10.22. Number of containers seized by type of drug. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.23. Type of drug. Spain, 2012



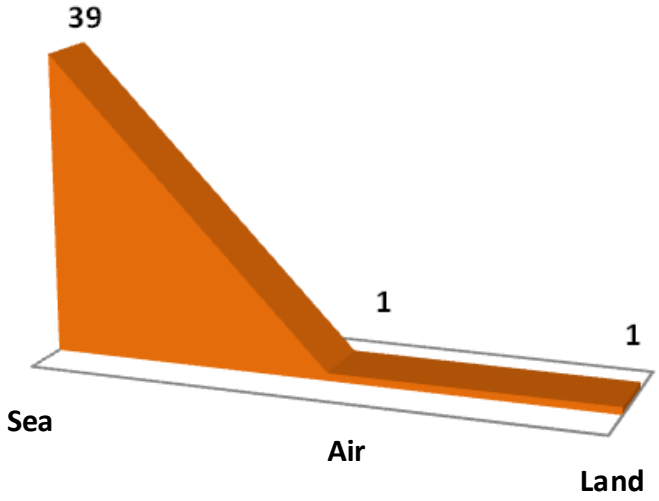
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

With respect to the two hashish-carrying containers, both came from Morocco. One of them, with 7.7 tonnes, was intercepted in Níjar (Almeria) and the second, with almost half a tonne, in Algeciras (Fig. 10.23).

The remaining containers were used to hide different quantities of cocaine, totalling 4,268 kilograms. 36 people involved in this illegal activity were detained during the same year, 29 for cocaine trafficking, 5 for heroin trafficking and 2 for hashish trafficking.

Practically all those containers seized arrived in Spain by sea. Those containers seized that carried cocaine all arrived by sea (Fig. 10.24).

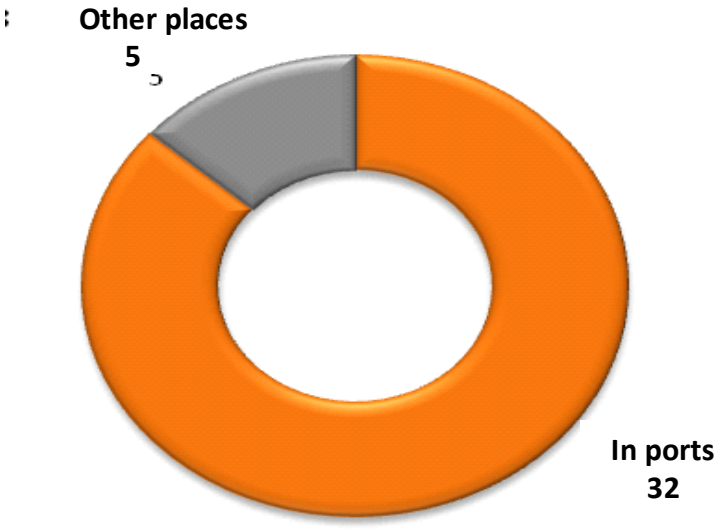
Fig. 10.24. Number of cocaine containers seized by origin. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Cocaine-transporting containers were mainly detected and seized in ports where, in 2012, 32 of a total of 37 were intercepted (Fig. 10.25).

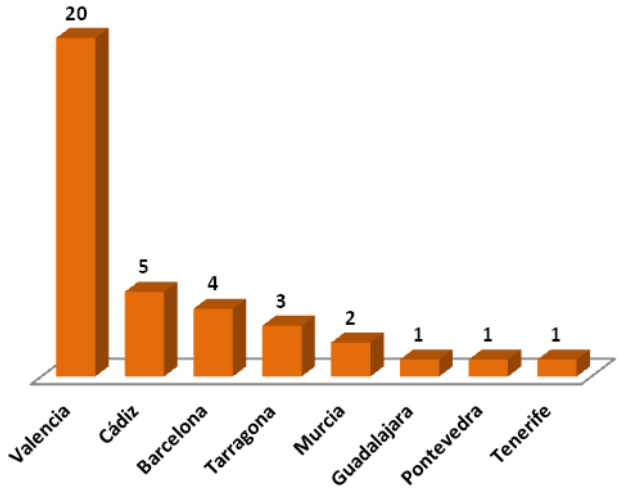
Fig. 10.25. Cocaine-transporting containers by place of seizure. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The Spanish port with the largest container cocaine trafficking figures for Spain was Valencia (Fig 10.26).

Fig. 10.26. Number of cocaine container seizures. Spain, 2012

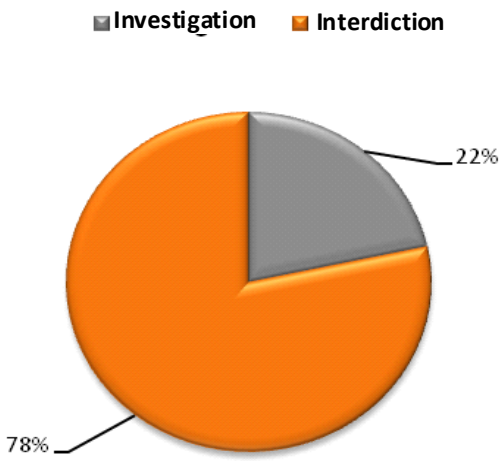


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The ports of Algeciras (Cadiz), with 5, Barcelona, with 4 and Tarragona, with 3, follow in terms of importance.

Approximately 22 % of the containers were seized due to prior investigations and the remainders from interdiction, deriving from risk analysis (Fig. 10.27).

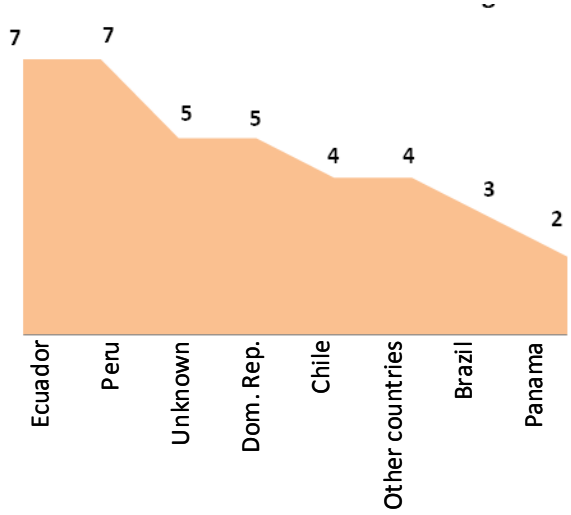
Fig. 10.27. Percentage of containers seized due to investigation and interdiction. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In 2012, Ecuador and Peru were the countries of origin from which most of the seized cocaine-carrying containers originated.

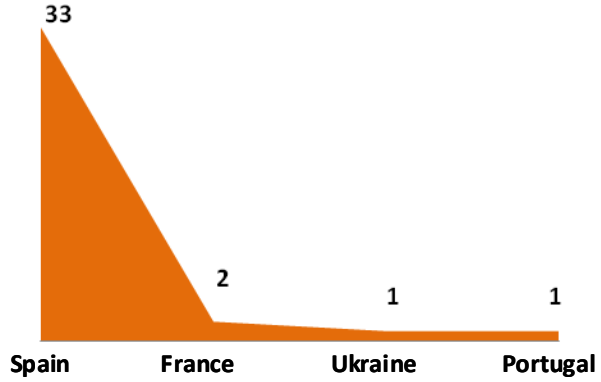
Fig. 10.28. Number of cocaine containers seized by country of origin. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Two were en route to France and another two to Portugal and the Ukraine respectively. All the rest were en route to Spain (Fig. 10.29).

Fig. 10.29. Number of cocaine containers seized by country of destination. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

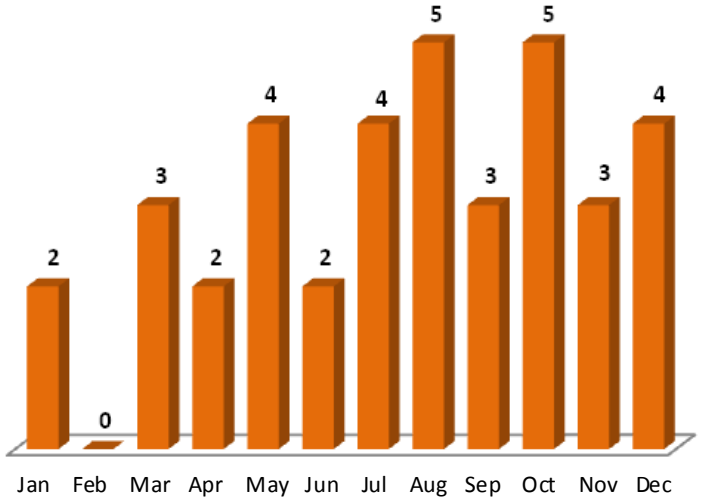
With the exception of February, for which there is no record; cases for container seizure were distributed over an average of three per month (Fig. 10.30).

August and October, with 5 containers seized, showed the highest figures.

In February no containers were seized, while in January, April and June there were two, which were the lowest figures.

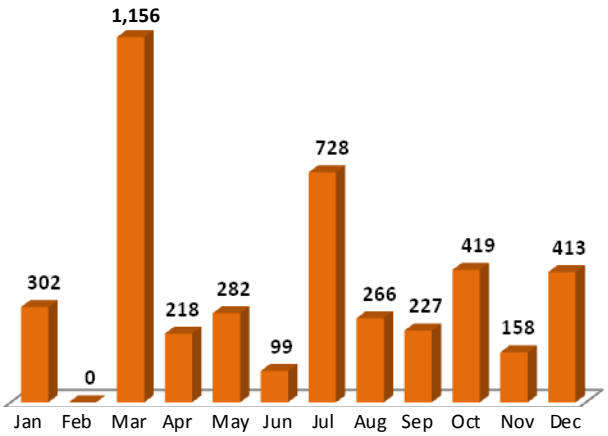
The kilogramme-based survey, establishes that March was when most cocaine was seized in containers. The average amount was 385 kg per container (Fig. 10.31).

Fig. 10.30. Evolution in months of number of cocaine containers seized. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.31 Evolution in months of quantities (kilograms) of cocaine seized in containers. Spain, 2012

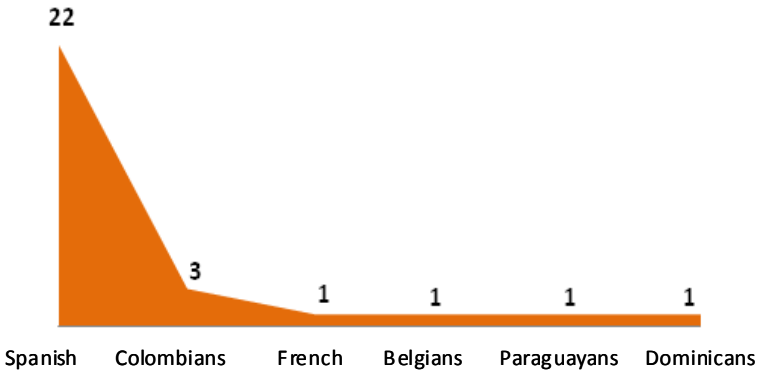


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The second highest month was July, with four containers and an average of 182kg for each container. The traffic of cocaine in containers during 2012 resulted in only 29 detentions.

Three out of every four detainees were Spanish (Fig 10.32).

Fig. 10.32. Number of people arrested by nationality. Spain, 2012

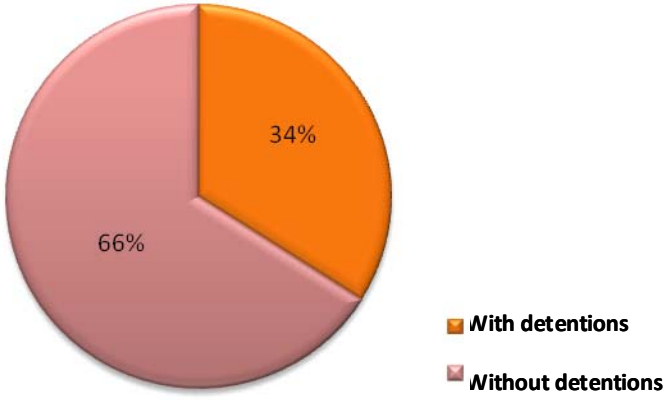


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

POSTAL DELIVERY

In 2012 a total of 391 postal deliveries containing psychoactive substances were intercepted. On 258 of these occasions - 66 % - interceptions did not result in any detentions being made (Fig10.33).

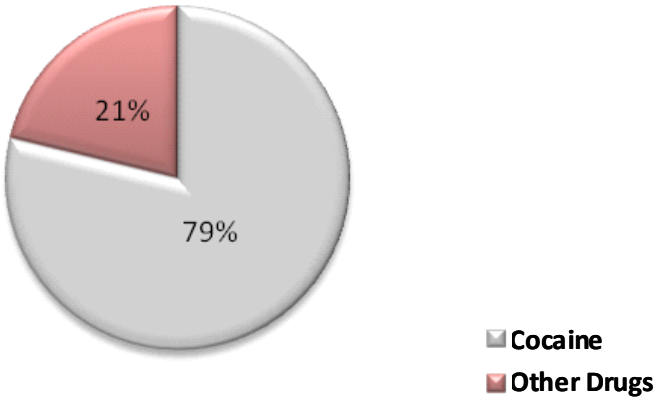
Fig. 10.33. Percentage of postal deliveries with and without detentions. Spain, 2012.



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

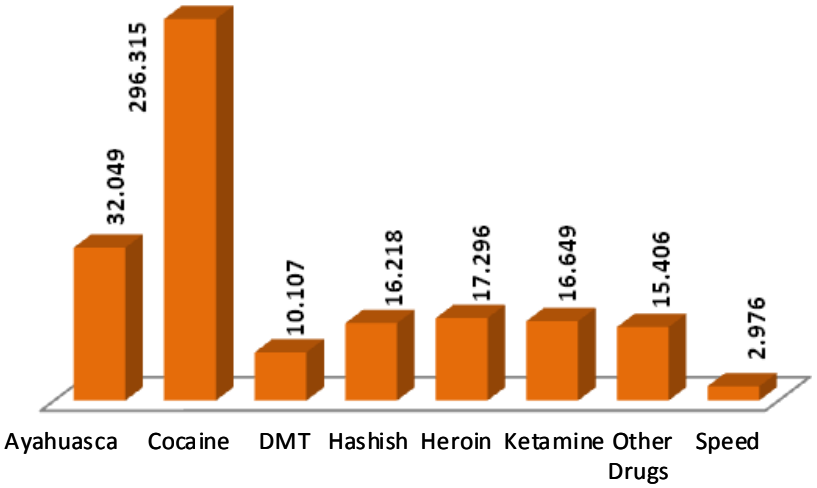
On 308 of the occasions (almost 80 %), the drug sent was cocaine (Fig. 10.34), which resulted in the seizure of over 296 kilograms. Figure 10.35 shows the rest of deliveries for other substances that follow cocaine, for the hallucinogen ayahuasca (22) and heroin (21).

Fig. 10.34. Percentage of postal deliveries by type of drug. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.35. Number of postal deliveries by type of drug. Spain, 2012

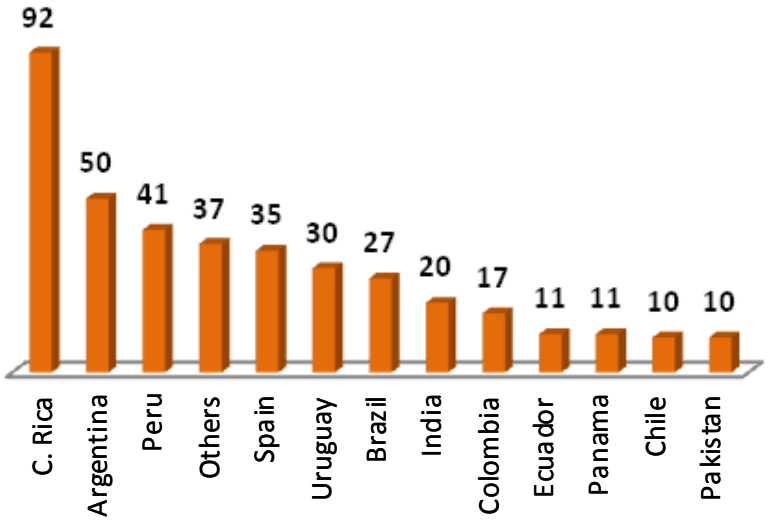


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Figure 10.36 shows those countries where the postal deliveries of drugs originated; noteworthy are Costa Rica (92), Argentina (50) and Peru (41).

On 35 occasions, Spain was the origin of the postal deliveries, which were addressed to other points in the country.

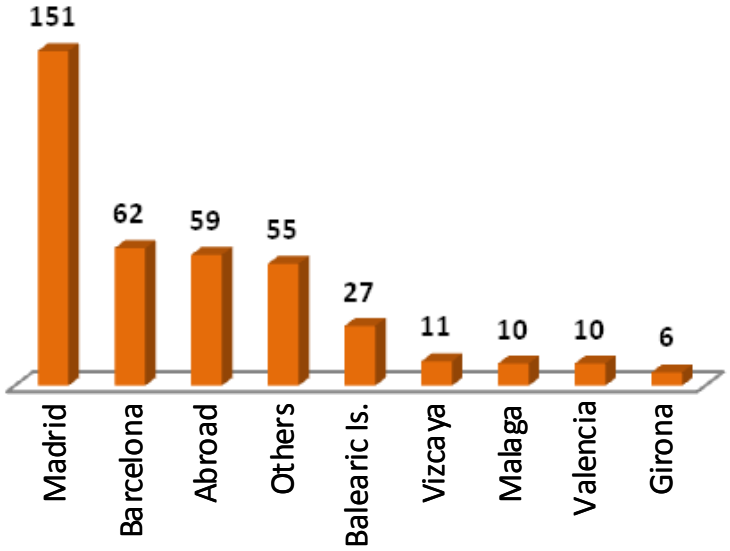
Fig. 10.36. Number of postal deliveries by country origin. Spain,2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The mail packages intercepted were mainly sent to Madrid, on 39 % of occasions. 16 % were addressed to Barcelona and 7 % to the Balearic Islands (Fig.10.37).

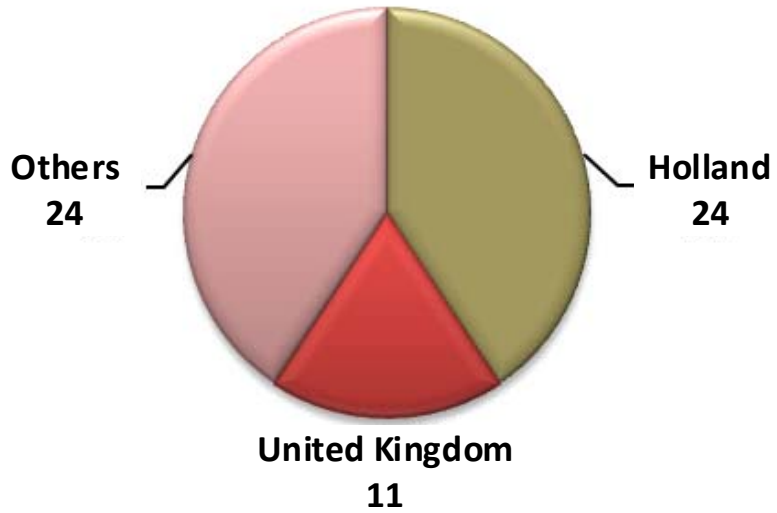
Fig. 10.37. Number of of postal deliveries by destination. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

59 were sent to European countries (mainly Holland and the United Kingdom), which accounted for 15 % of all deliveries (Fig. 10.38).

Fig. 10.38. Number of of postal deliveries by international destination. Spain, 2012



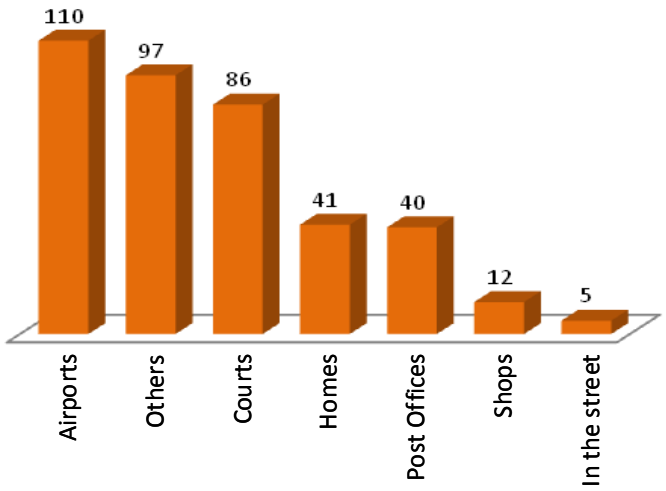
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The seizure of postal deliveries was carried out in various locations and under diverse circumstances.

Judges and customs officials are responsible for taking the decision to open letters or packages, once the drugs have been detected, in addition to following up controlled delivery, where applicable.

After seizure, all packages must be opened under legally-prescribed conditions in court.

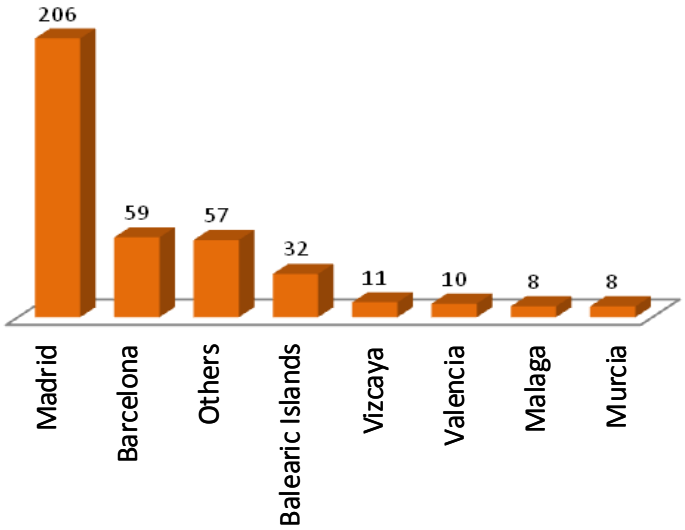
Fig. 10.39. Number of of postal deliveries by location of seizure. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The largest number of interceptions occurred at airports (Fig. 10.39), especially that of Madrid-Barajas, as it is an important entry point to the European Union for goods from South America.

Fig. 10.40. Number of of postal deliveries by airport. Spain, 2012



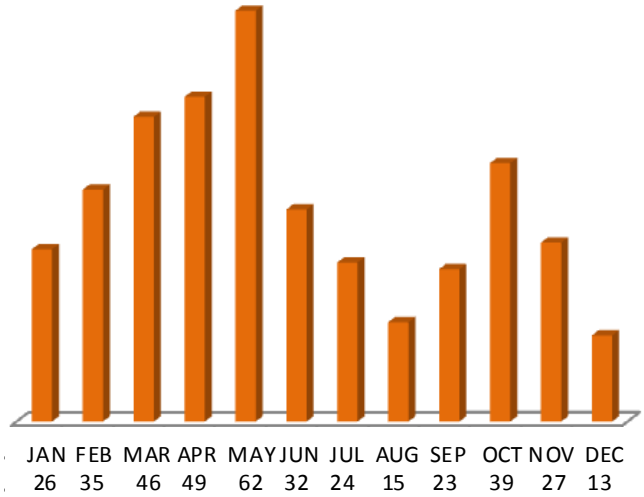
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Postal deliveries were intercepted mainly in Madrid, Barcelona and the Balearic Islands on 53, 15 and 8 % of all occasions respectively (Fig.10.40).

May, April and March were the months when most postal packages containing drugs were intercepted, while December and August were the months when less packages were seized (Fig.10.41).

80 % of postal packages with drugs intercepted in Spain in 2012 contained cocaine.

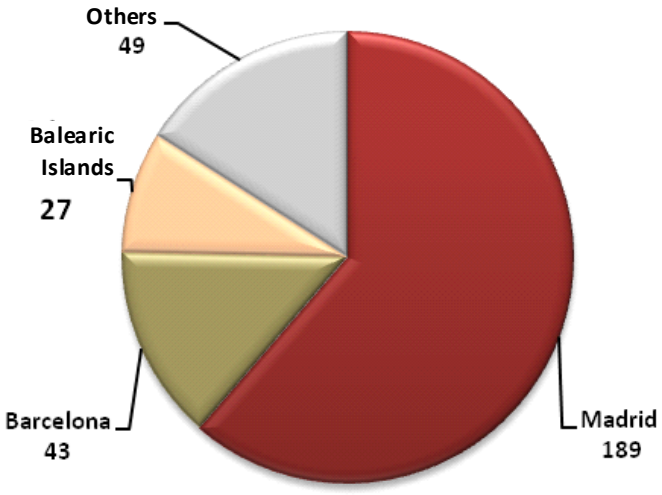
Fig. 10.41. Evolution in months of postal deliveries. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

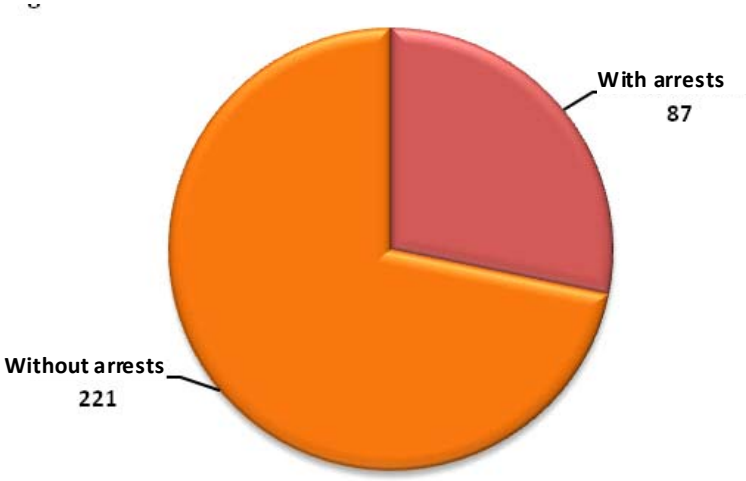
Over 60% of the abovementioned deliveries (Fig. 10.42) were intercepted in Madrid (189), 14 % in Barcelona (43) and 8 % (27) in the Balearic Islands. Almost 30 % of the deliveries cited resulted in arrests for drug trafficking (Fig. 10.43)

Fig. 10.42. Percentage of postal deliveries intercepted by location. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.43. Number of postal deliveries that resulted in arrest or not arrest. Spain, 2012

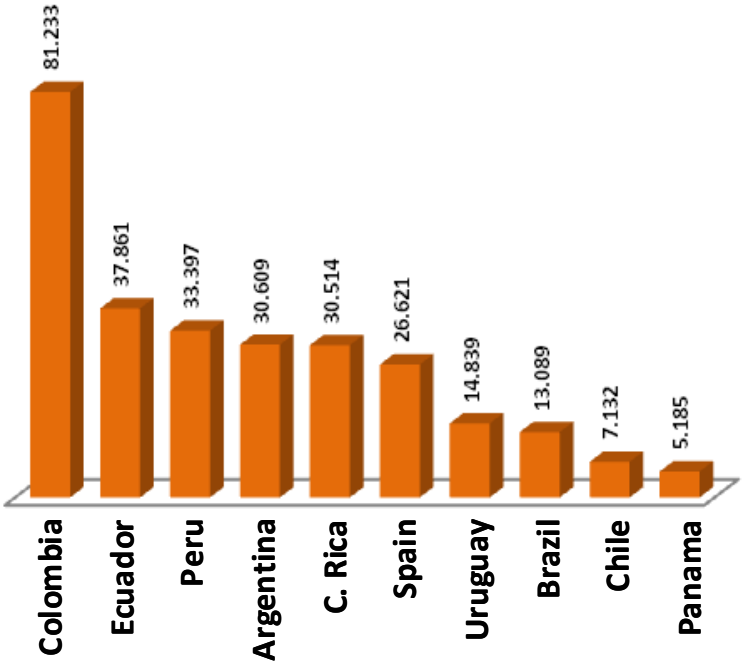


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In terms of the total amount of cocaine sent in postal packages, the following are noteworthy in this order; Colombia with 81.23 kg, Ecuador con 37.86 kg and Peru with 33.39 kg (Fig. 10.44).

In terms of the average quantity sent by package, the countries followed the same order; Colombia with 4.7 kg, Ecuador with 3.4 kg and Peru with almost 1.6 kg.

Fig. 10.44. Total amount of cocaine sent in postal packages (kilograms). Spain, 2012.



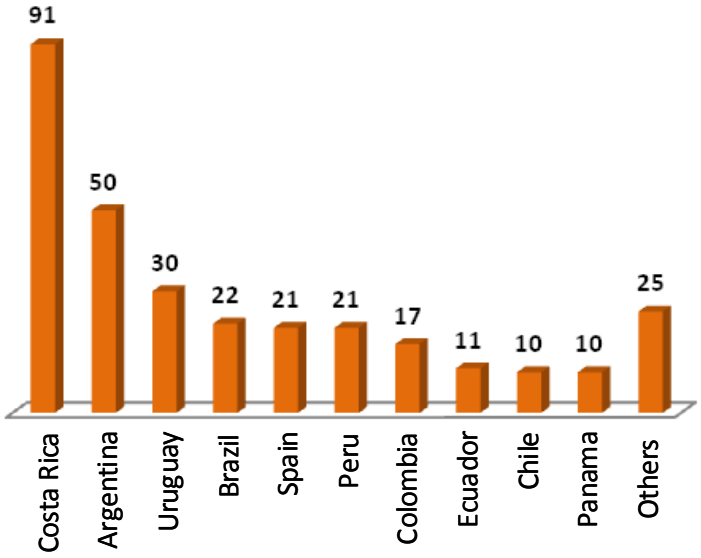
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

However, for those from Costa Rica, where the majority of packages came from, the average was 335 grams of cocaine per delivery (Fig.10.45).

Over half of all cocaine deliveries came from three countries, none of them a cocaine producer.

Costa Rica, Argentina and Uruguay accounted for over 50 % of deliveries.

Fig.10.45. Number of packages containing cocaine by origin. Spain, 2012



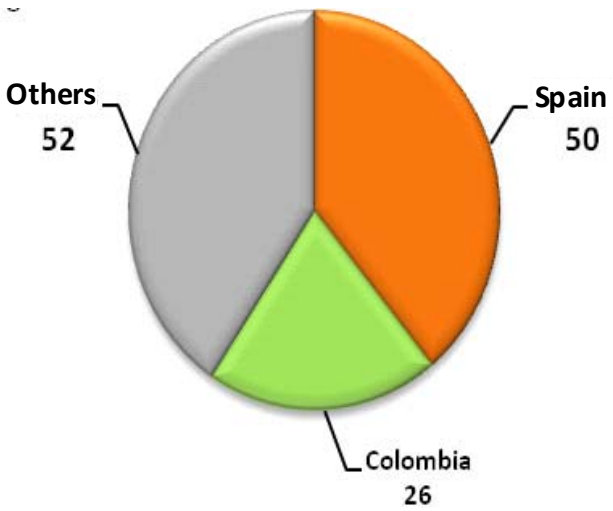
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

There were 21 domestic deliveries intercepted, all of them with a destination in Spain.

128 people were arrested as a consequence of the interception of these 87 postal deliveries.

Of those detained, fifty were Spanish, twenty-six Colombians and another fifty-two from various other nationalities (Fig.10.46)

Fig. 10.46. Number of people arrested as a consequence of postal deliveries by origin. Spain, 2012

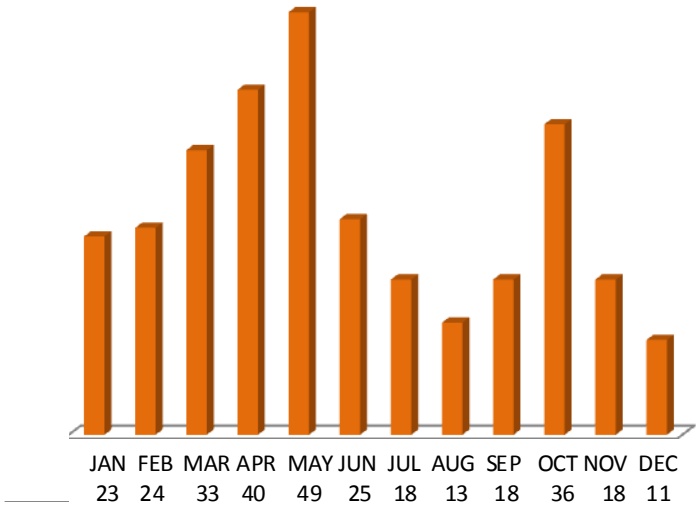


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The monthly case studies recorded for the interception of postal deliveries with cocaine are similar to the total figures for the interception of postal deliveries with drugs.

The months of May, April and March are those when most interceptions took place and those of December and August, when less took place (Fig. 10.47).

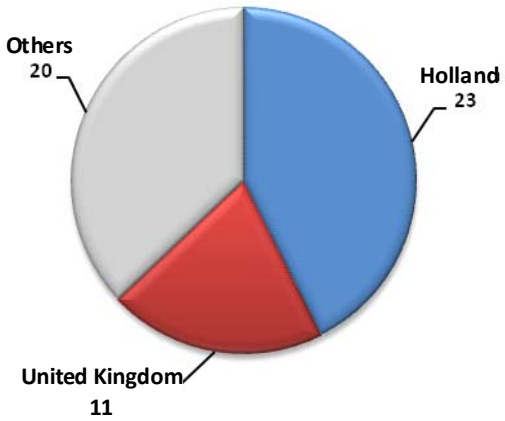
Fig. 10.47. Evolution in months of number of interceptions of postal deliveries. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

17 were en route to other European countries. Among the main destinations abroad were Holland and the United Kingdom, which were destinations on 23 and 11 occasions respectively, while all deliveries to these countries came from Costa Rica (Fig. 10.48).

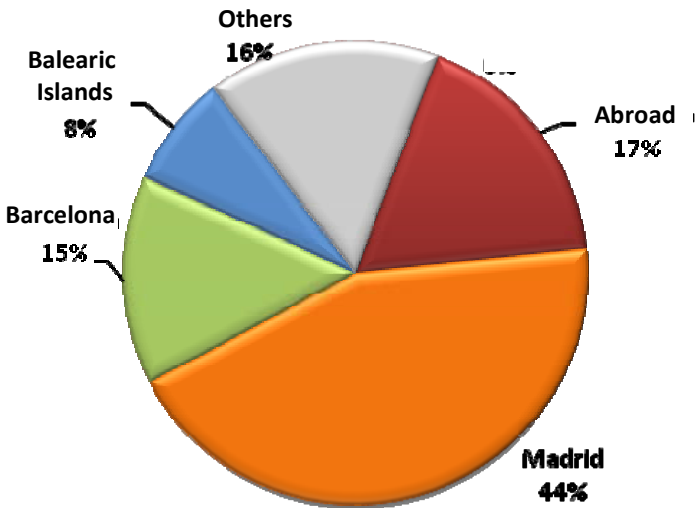
Fig. 10.48. Number of cocaine interceptions by international destination. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Madrid was the destination for 44 % of postal deliveries containing cocaine, while Barcelona accounted for 15 % of these deliveries (Fig. 10.49).

Fig. 10.49. Percentage of cocaine interceptions by national destination. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

MARITIME OPERATIONS

Against cocaine trafficking

In 2012 four operations against cocaine trafficking at sea were carried out with successful results. Three were in international waters and one in Spanish territorial waters.

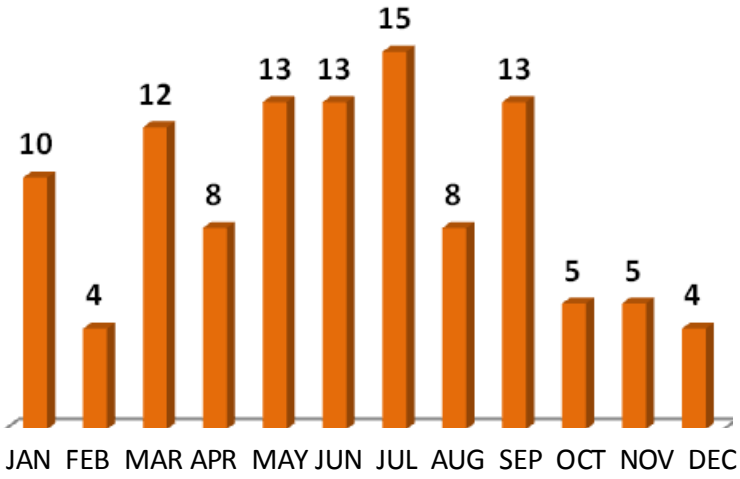
The resulting total was 6,806 kilos of cocaine seized and 31 arrests.

Against Hashish Trafficking

During 2012 a total of 110 maritime operations of all kinds took place; boarding operations, discoveries, dropping points, etc., which led to overall results of 174 arrests and the seizure of over 55 tones of hashish resin.

July was the month during which most interventions took place (15). May, June and September saw 13 operations respectively, while February, December, November and October had the lowest figures (Fig. 10.50).

Fig. 10.50 Maritime hashish operations per month. Spain, 2012



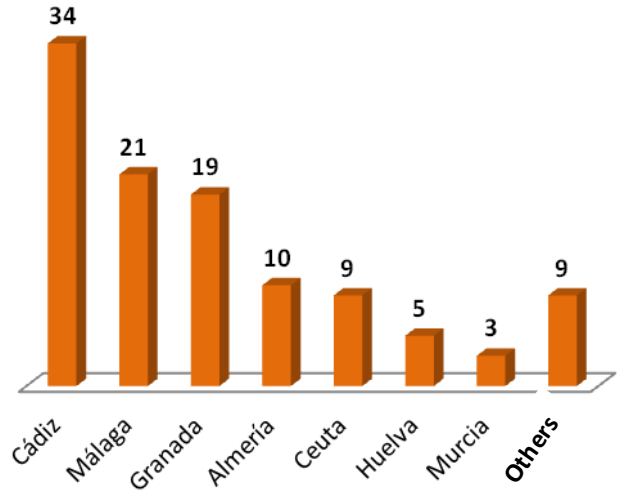
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The monthly average was 4,628 kilos. May, January and June were the months with the most hashish seized. In August, only 698 kilos were seized.

During the first half of the year, more than 60 % of all arrests took place. The monthly average was 14.5.

The provinces of Cadiz and Malaga, with 34 and 21 maritime operations respectively, account for 50 % of all naval interventions carried out against hashish. The close proximity of Morocco results in the largest number of trafficking attempts (Fig.10.51). An operation was also carried out in Seville, in the the River Guadalquivir.

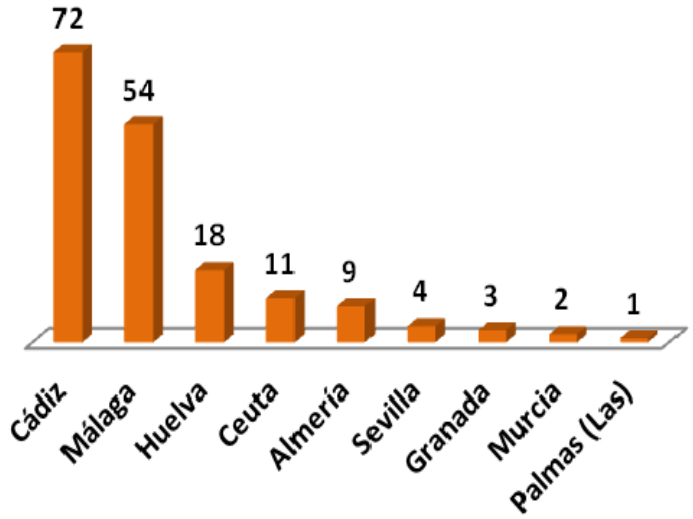
Fig. 10.51. Maritime hashish operations / provinces. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

As a consequence, the operations in the abovementioned provinces accounted for 41.3 and 31 % of all arrests (Fig. 10.52).

Fig. 10.52 Maritime hashish arrests / provinces. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The provinces of Gerona, Castellón and Alicante carried out operations without arrests.

The largest number of arrests per operation, in order were; Seville (4), Huelva (3.6), Malaga (2.6), Cadiz (2.1), Ceuta (1.2) and Almeria (1).

In Las Palmas one in every two operations resulted in an arrest and in Granada, one arrest for every five operations.

The largest number of operations generally brings with it larger amounts of drugs seized.

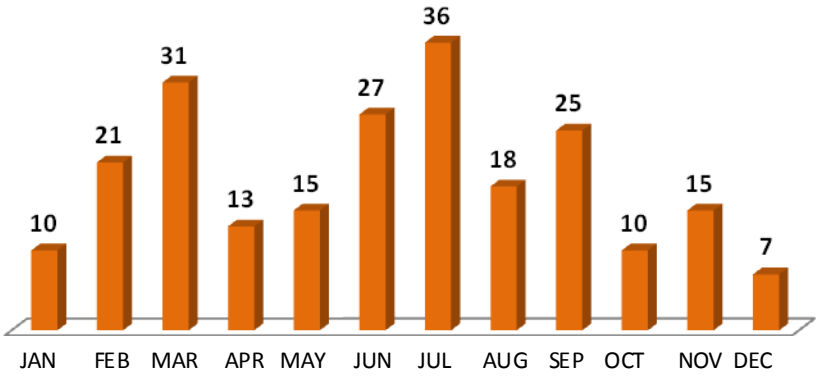
Cadiz, with 17.6 tonnes and Malaga, with almost 16, led the list of provinces with the most hashish seized at sea.

OPERATIONS ON BEACHES

Many hashish caches that arrived by sea were seized on beaches. In 2012 228 caches were seized, leading to a total of over 111 tonnes of hashish. These operations resulted in 344 arrests.

An average of 19 seizures were carried out each month, and were distributed almost equally in six-month periods. In June there were 36 operations, while in September, only 7 were implemented (Fig. 10.53).

Fig. 10.53. Hashish operations on beaches per month. Spain, 2012

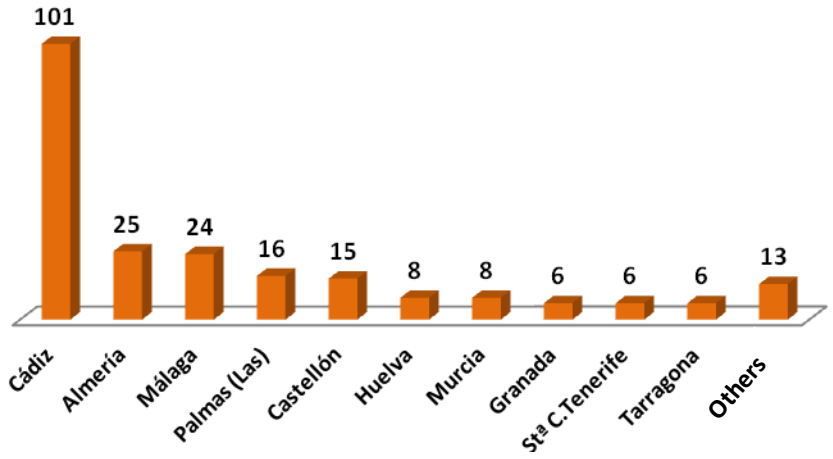


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

43.3 % of hashish caches found on beaches were encountered in the province of Cadiz (Fig. 10.54).

Almeria and Malaga, with 11 % and 10.5 % respectively were the provinces with the second and third highest number of caches seized.

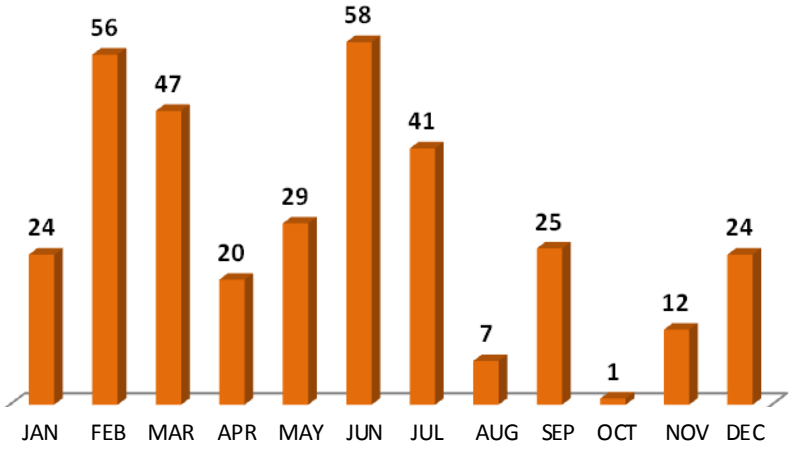
Fig. 10.54. Hashish operations on beaches / provinces. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

June and February, with 58 and 56 arrests respectively, accounted for 50 % of the annual total. The monthly average was some 29 arrests. August and especially October with 7 and 1 arrest respectively, were significantly below the average (Fig. 10.55).

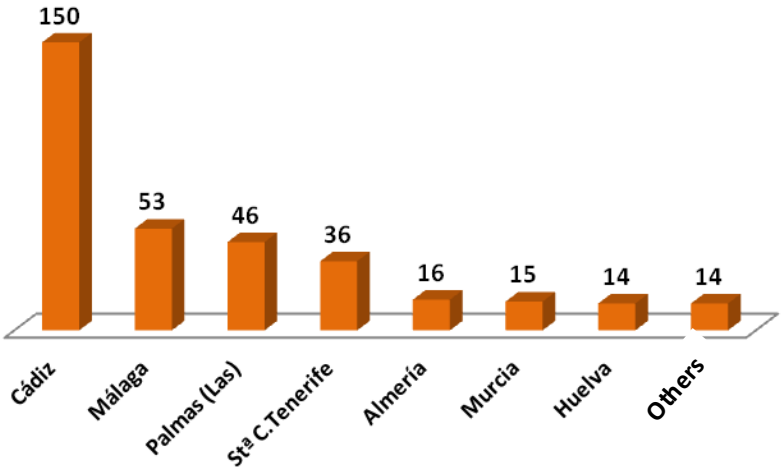
Fig. 10.55. Hashish arrests on beaches per month. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The number of arrests in the province of Cadiz accounted for 44 % of all arrests made on beaches and those in the Canary Islands accounted for 24 %, (Fig. 10.56). The average monthly amount of hashish seized on beaches in 2012 was 9,300 kilos.

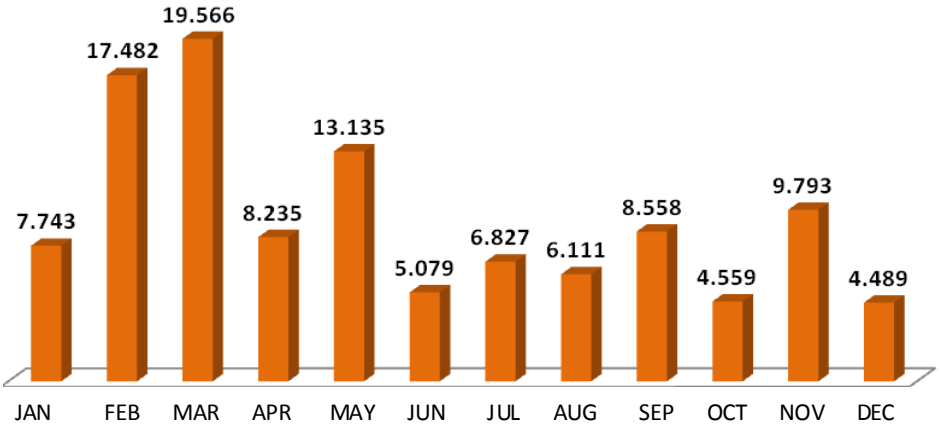
Fig. 10.56. Hashish arrests on beaches / provinces. Spain, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The months when the largest amounts were seized were, in the following order; March, February and May. In October and December amounts did not reach 5,000 kilos. 64 % of all hashish seized on beaches was from the first half of the year.

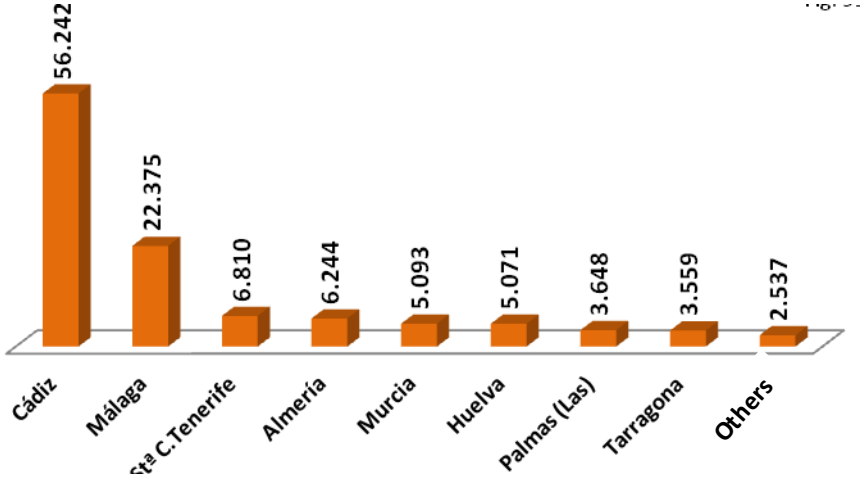
Fig. 10.57. Hashish seizure on beaches (Kilos per month). Spain, 2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Half of this was seized in the province of Cadiz and 20 % in Malaga. The average amount of hashish per cache was 325 kilograms (Fig.10.58).

Fig. 10.58. Hashish seizures on beaches (Kilos per province). Spain, 2012



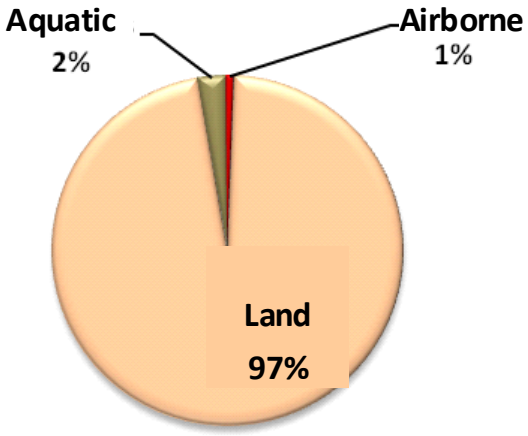
Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

SEIZURES IN VEHICLES

Another of the pressure points applied by the police against drug trafficking is that of vehicle control, which is mainly undertaken at those national entry or departure points that are more likely to be used by vehicles containing drugs, either hidden in cars or in false compartments manufactured specifically for drug transportation.

In 2012 there were positive actions on 1,022 vehicles, of which 7 were airborne, 26 aquatic and the remaining 989 (97 %) were land vehicles (Fig.10.59).

Fig. 10.59. Drug operations on vehicles (percentage). Spain, 2012

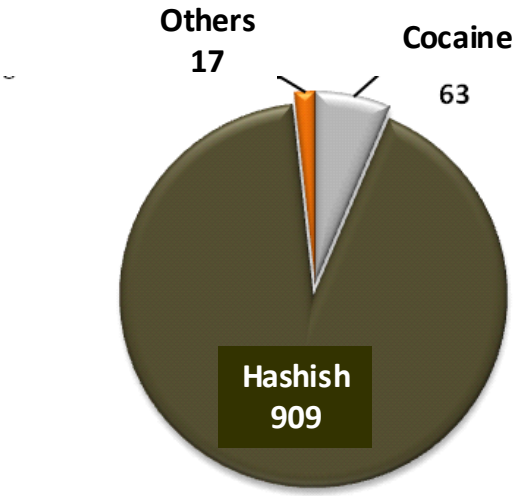


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Operations against land vehicles resulted in a total of 1,598 arrests. An analysis of this trafficking modality is detailed below, which was the largest in operations involving vehicles of any kind.

On 909 of these occasions the drug found was hashish, on 63 occasions cocaine and on 17, other drugs[49]. This information is shown in the graph in Figure 10.60.

Fig. 10.60. Number of drug seizures on vehicles. Spain, 2012

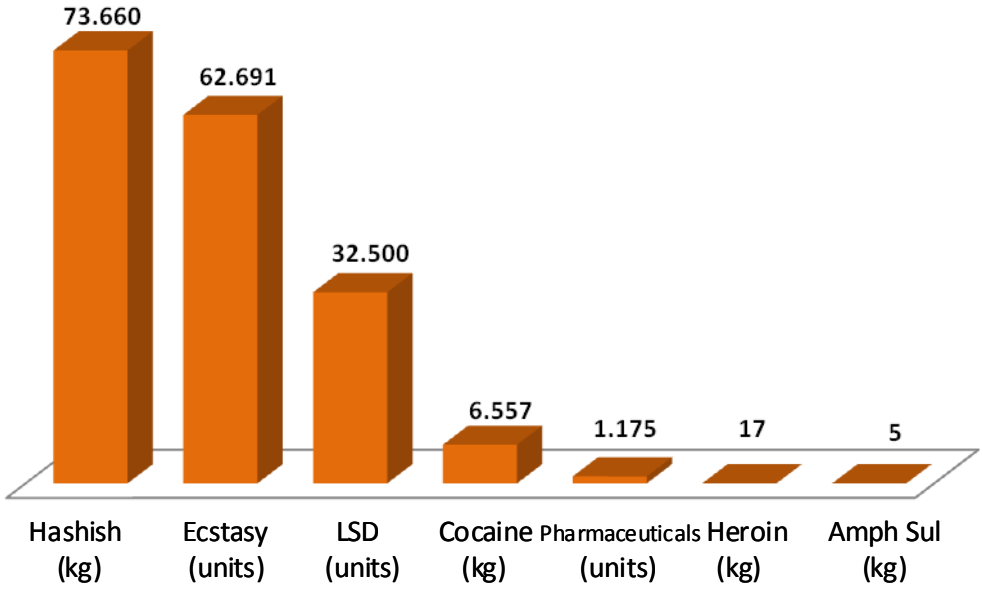


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

[49] Other drugs: 7 of heroin, 4 of ecstasy, 4 of amphetamine sulphate, 1 of LSD and another of prescription drugs.

The following graph (Fig.10.61) shows the quantities of drugs seized that were transported in vehicles.

Fig. 10.61. Quantities of drugs seized in vehicles. Spain, 2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

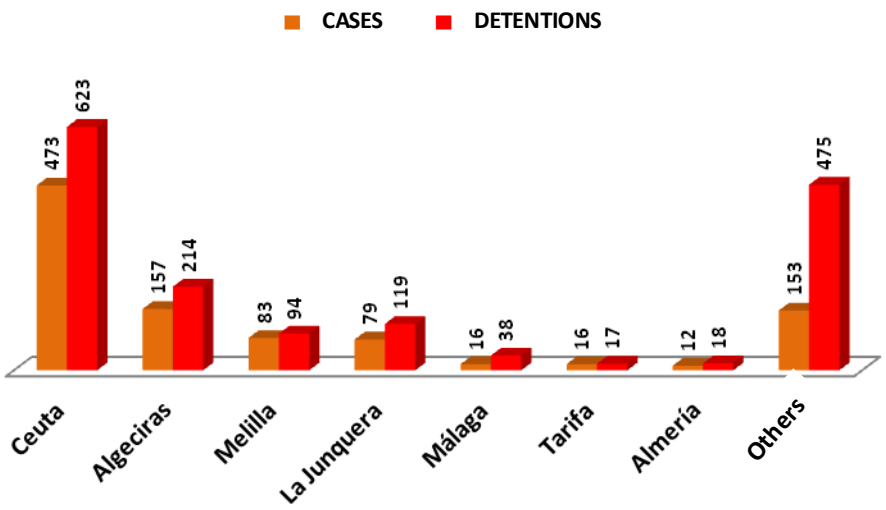
Inside vehicles, on 13 % of all occasions the drug was found in false compartments specifically made for this purpose. On 87 % of these occasions it was simply found in any part inside the vehicle.

Cocaine was found on 14 occasions in false compartments (totalling 637 kilos), while hashish was found on 114 occasions (14,773 kilos) and heroin once (4.5 kilos).

Three out of every four vehicles intercepted with drugs were in ports, which in order of importance were Ceuta, Algeciras and Melilla. One in every ten vehicles was intercepted in customs areas and others were halted while travelling on the road.

The following graph (Fig.10.62) shows the cited cases, in addition to the number of arrests resulting from drug seizures.

Fig. 10.62. Cases and detentions by intervention areas. Spain, 2012

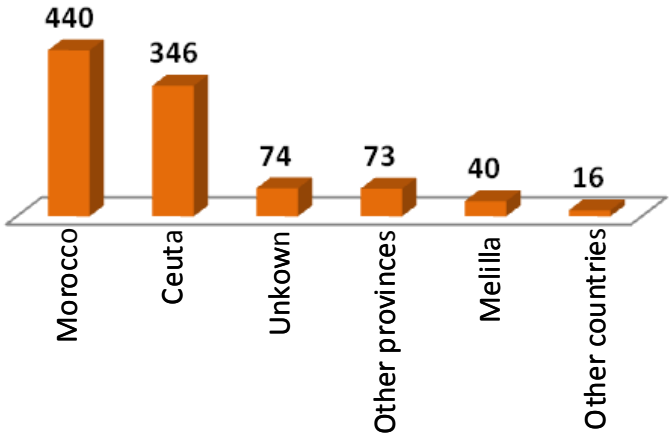


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In all the operations during the last year, a total of 178 distinct routes were detected.

44.5 % of drug-transporting vehicles came from Morocco and another 35 % from the Autonomous City of Ceuta (Fig.10.63).

Fig. 10.63. Vehicle origin transporting drugs, 2012

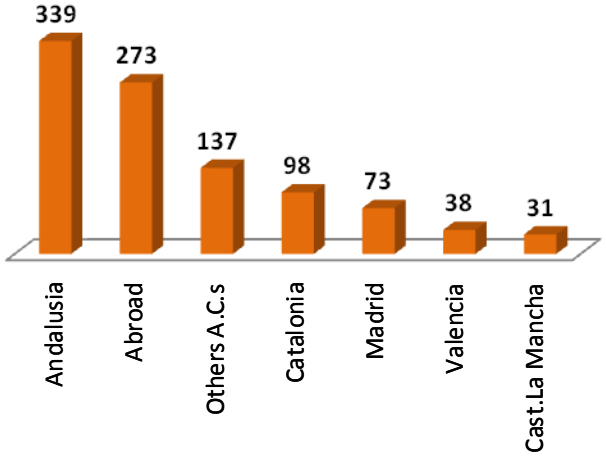


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The known destination of 34 vehicles was a province in the Autonomous Community of Andalusia and for 27 % of vehicles, a foreign country. The remaining destinations were different points in Spain (Fig.10.64).

Other Autonomous Communities that were notable as destinations were Catalonia, on 9.91 % of all occasions, Madrid on 7.3 % and Valencia and Castilla la Mancha on 4 and 3 % of all occasions respectively.

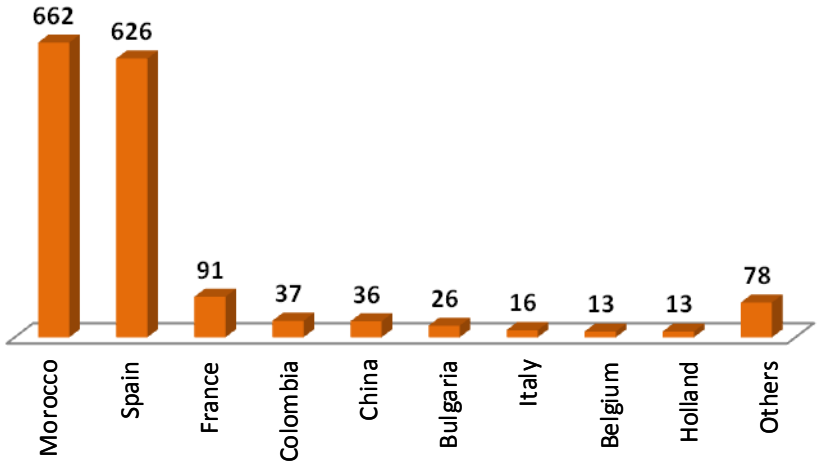
Fig. 10.64. Destination of drugs, 2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

With respect to the nationality of those detained, seventy % of detentions were of foreigners, notably Moroccan and French nationals (Fig.10.65).

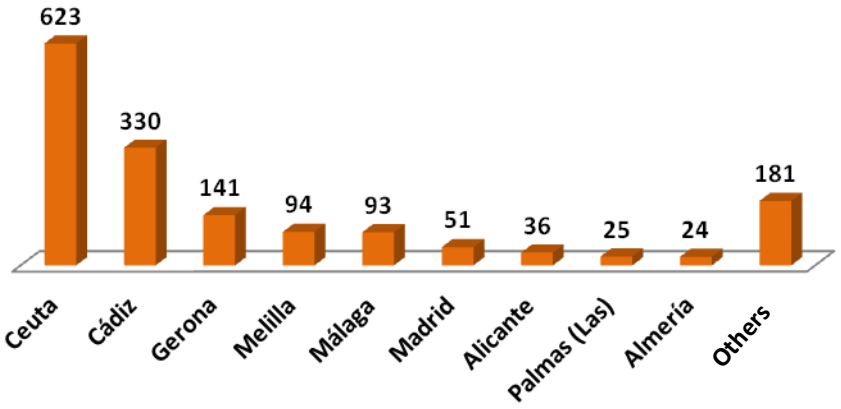
Fig, 10.65. Nationality of detained people by country of origin.



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

With respect to arrests, the most occurred in Ceuta, followed by Cadiz, Gerona and the Autonomous City of Melilla, (Fig. 10.66).

Fig. 10.66. People arrested per province. Spain, 2012

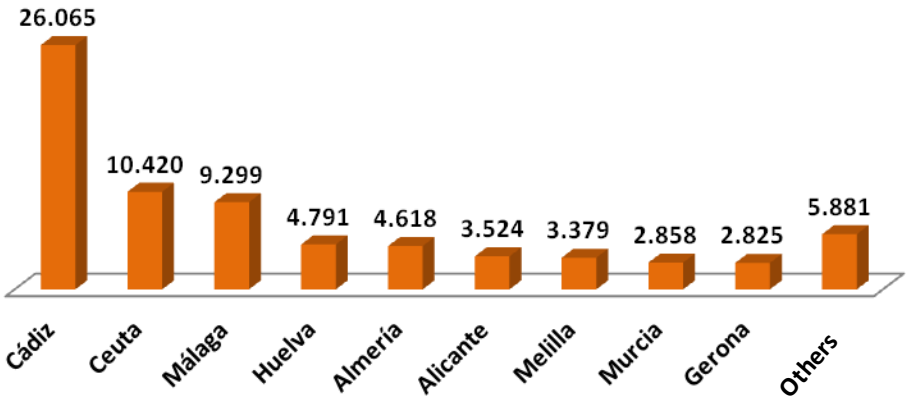


Source: Centre of Intelligence against Organized Crime. Ministry of Interior

As noted previously, hashish was seized in the majority of positive actions in vehicles.

The province of Cadiz and the Autonomous City of Ceuta were the areas where most hashish was seized, followed by Malaga and Huelva (Fig.10.67).

Fig. 10.67. Hashish seizures (grams) by provinces. Spain, 2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

10.3 Seizures

a) Number of seizures for drugs.

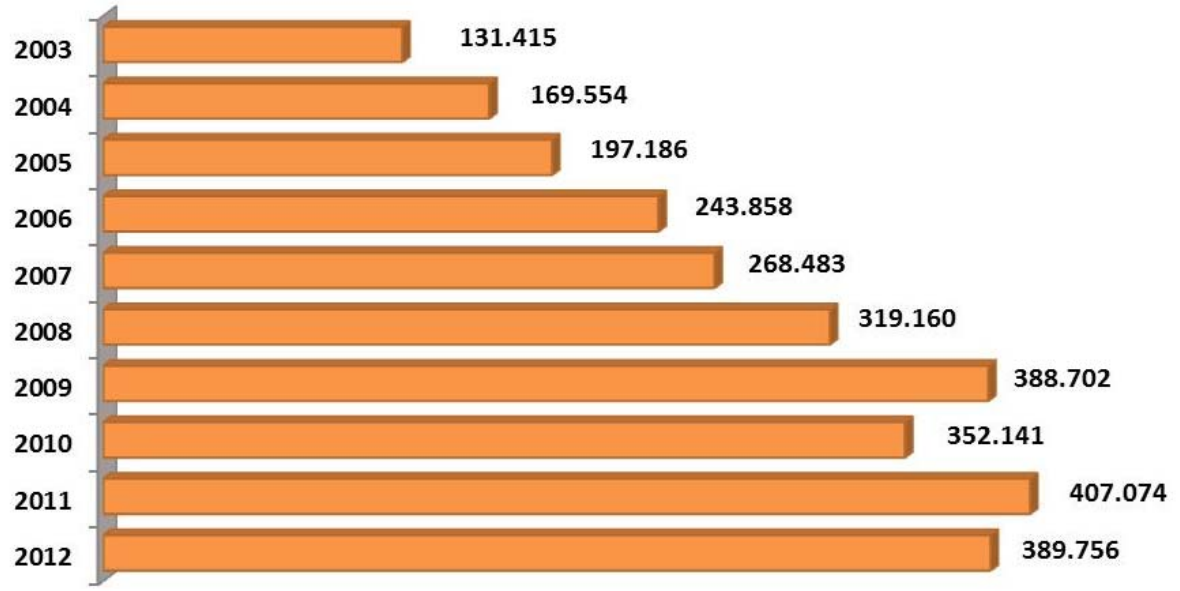
The development (Fig.10.68) in the number of seizures made during the last ten years shows a constant increase, which reflects both the sustained effort of the security forces in the fight against illegal drugs and the availability of these drugs.

The majority of drug seizures (95 %) are made for possession and use in public places and are made pursuant to the application of Organic Law 1/92, resulting in numerous seizures although of small quantities.

By way of contrast, actions taken against trafficking networks often result in a small number of seizures (4.3 %) that lead to the confiscation of large amounts of drugs. These seizures result in the possession of various tons of a single substance in a single action, especially in the case of hashish and cocaine.

In 2012, 389,756 seizures were made; this was a downturn of 4.25 %. The second highest number of drug seizures made took place in the period analysed.

Fig. 10.68. Drug seizures. Spain, 2003-2012

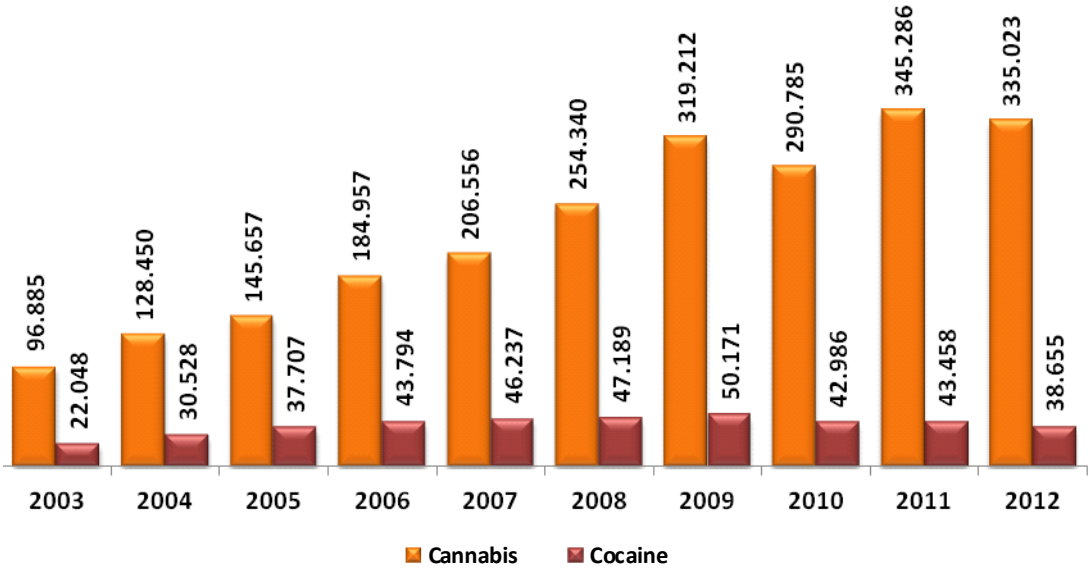


Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In terms of substance groups (Fig.10.69), it can be seen that the majority of seizures in 2012 were made for cannabis-related products (86 %) and cocaine-related substances (10 %), which was associated, either directly or indirectly, with greater levels of use or greater social permissiveness. These were followed, at some distance, by opioids, amphetamine-barbiturates, hallucinogens and other substances (Fig.10.70).

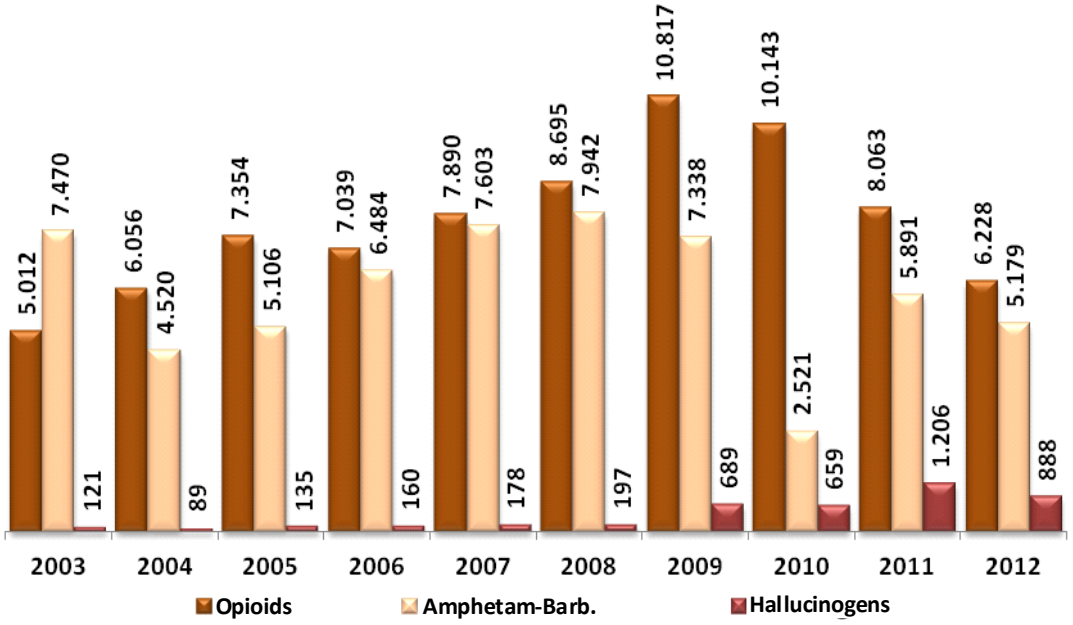
The drop in cannabis-related substances stood at 2.97 %, that of cocaine at 11 %, opioids 22 %, amphetamines and barbiturates 12 % and hallucinogens at 13 % (all with respect to 2011).

Fig. 10.69. Seizures. Evolution according to groups of drugs (I). Spain, 2003-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Fig. 10.70. Seizures. Evolution according to groups of drugs (II). Spain, 2003-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

b) Quantities of drugs seized.

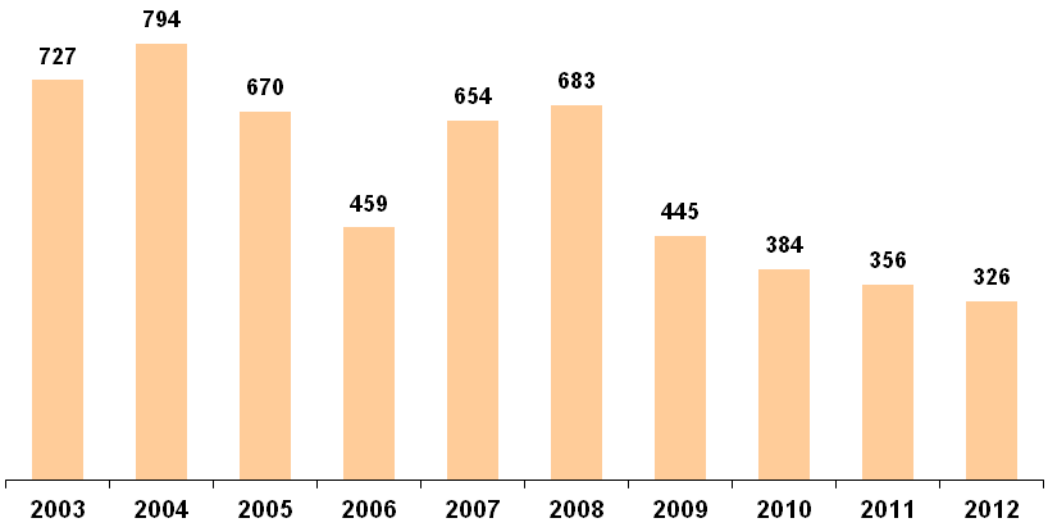
The drop registered in the number of seizures is reflected in the quantities of drugs seized, which in the case of hashish, cocaine, MMDA-ecstasy and heroin has fallen, while in the case of cocaine an increase has been noted.

The development of seizures with respect to each of these drugs is detailed below:

HASHISH

As shown in the graph (Fig.10.71), in 2012, 325,562 kilograms were seized, which continues the downward trend that began in 2009.

Fig. 10.71. Evolution of hashish seizures (Tones). Spain, 2003-2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In the following table, the quantities seized corresponding to crimes and offences with respect to Law 1/92 have been shown, in addition to the large number of seizures for each item. As is evident, a major difference can be seen between the offences and the crimes. While the former account for 99 % of total seizures and only 9.69 % of the quantity seized, the second category, with far fewer seizures, accounts for 90.31 % of all drugs seized.

Table 10.2. Number of seizures and quantity of hashish. Spain, 2012

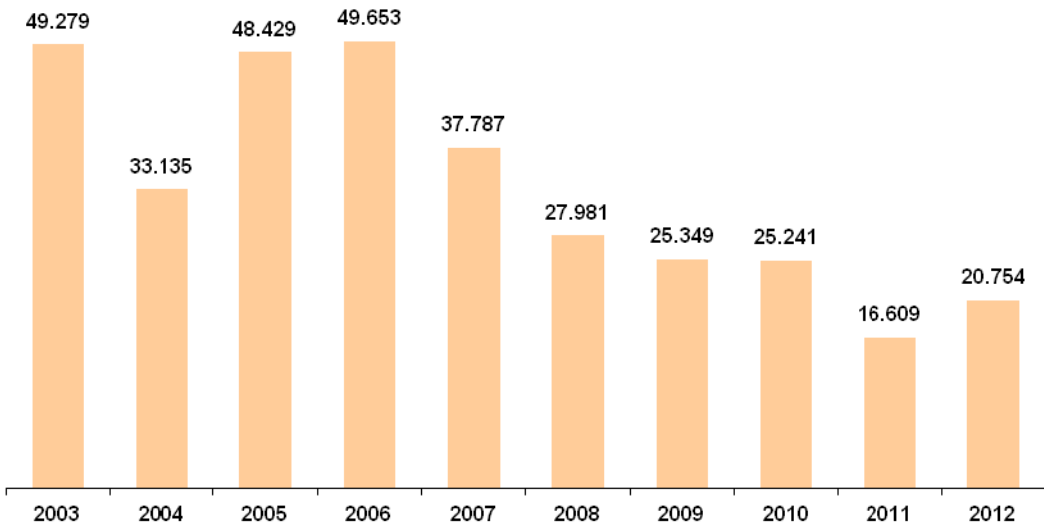
HASHISH	Nº of seizures	Quantity of drug (kg)
Offences	179,577	31,536.12
Crimes	416	294,026.11
Total	**179,993**	**325,562.23**

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

COCAINE

Figure 10.72 shows the figures for the quantities of cocaine seized, which in 2012 increased by 25 % with respect to 2011.

Fig. 10.72. Evolution of cocaine seizures (kg). Spain, 2003-2012



Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Differentiating the quantities seized with reference to crime or offence (according to Law 1/92), offences can be seen to account for 99.21 % of seizures and 9.9 of the cocaine seized.

Table 10.3. Number of seizures and quantity of cocaine. Spain, 2012

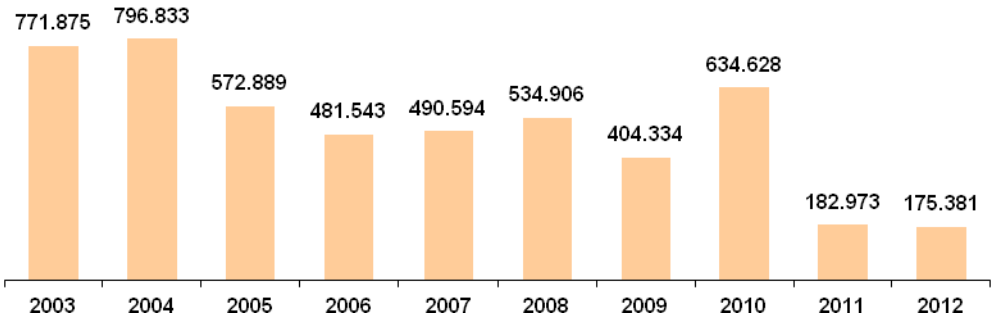
COCAINE	Nº of seizures	Quantity of drug (kg)
Offences	37,581	2,054.85
Crimes	299	18,698.83
Total	**37,880**	**20,753.68**

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

MDMA-ECSTASY

With respect to MDMA-Ecstasy tablets (Fig. 10.73) seizures dropped slightly with respect to the previous year, by 4 %. In the period analysed the general trend was a downturn.

Fig. 10.73. Evolution of MDMA-Ecstasy (units). Spain, 2003-2012



Note: In this graph "." means thousand
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

As shown in the table below, practically all seizures were offences with respect to Law 1/92, and accounted for only 15 % of quantities seized.

Table 10.4. Number of seizures and quantity of MDMA-Ecstasy. Spain, 2012

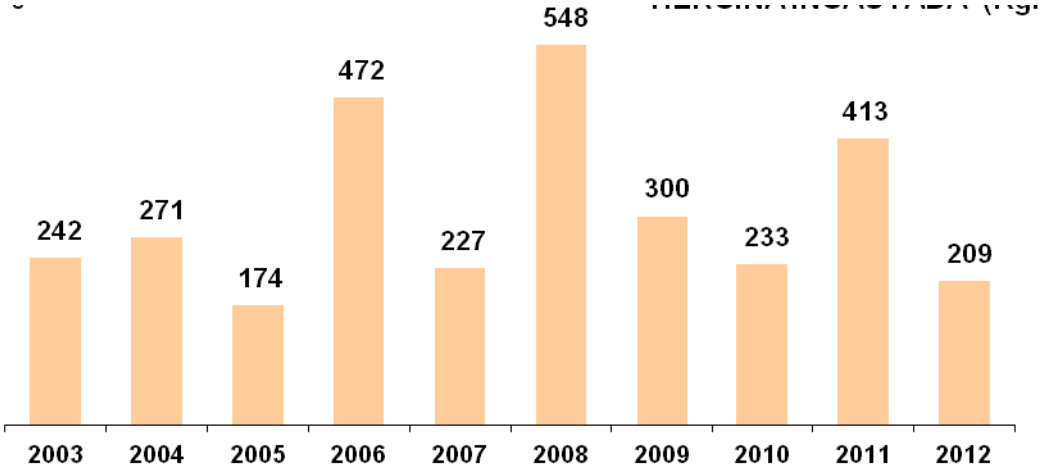
MDMA-Ecstasy	Nº of seizures	Quantity of drugs (kg)
Offences	2,110	23,621
Crimes	18	151,760
Total	**2,128**	**175,381**

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

HEROIN

With respect to heroin seizures, as shown in Figure 10.74, numbers dropped by 49 % with respect to 2011.

Fig. 10.74. Evolution of heroin seizures (kilograms). Spain, 2003-2012



Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Differentiated quantities of drugs seized due to crimes or offences in accordance with Law 1/92.

Table 10.5. Number of seizures and quantity of heroin. Spain, 2012

HEROIN	Nº of seizures	Quantity of drug (kg.)
Offences	5,789	45,55
Crimes	33	183,14
Total	**5,822**	**228,69**

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Quantities of precursors seized

The following table shows the quantities of precursors seized in 2012 and the %age variation with respect to 2011. The notable rise of ephedrine, followed by potassium permanganate must be noted.

Table 10.6. Precursors seizures in 2012 and variation with respect to 2011

PRODUCTS	2011	2012	% Variation 2011 – 2012
Acetone (cc.)	264,215	253,033	**-4.23**
Ethyl Acetate (cc.)	0	3,800	
Polyvinyl Acetate (g.)	0	750	
Acetic Acid (cc.)	0	69,000	
Boric Acid (g.)	0	3,903	
Citric Acid (cc.)	0	100,000	
Hydrochloric Acid (cc.)	237,451	22,506	**-90.52**
Formic Acid (g.)	0	1,000	
Sulphuric Acid (cc.)	473,100	32,000	**-93.24**
Tartaric Acid (cc.)	0	11,000	
Isopropyl Alcohol (cc.)	0	1,000	
Ammonia (cc.)	765,000	37,300	**-95.12**
Acetic Anhydride (cc.)	0	11,000	
Benzene (cc.)	0	6,000	
Sodium Bicarbonate (g.)	225,000	9,775	**-95.66**
Activated Carbon (g.)	0	64	
Chloroform (cc.)	0	58,000	
Calcium Chloride (g.)	0	11,500	
Dimethoxytetrahydrofuran (cc.)	0	31,000	
Titanium Dioxide (g.)	0	750	
Ephedrine (g.)	23	1,500,193	**6,667,424.44**
Ethanol (Alcohol) (cc.)	3,000	25,000	**733.33**
Ethyl Ether (cc.)	37,885	44,550	**17.59**
Gasoline (cc.)	0	2,000	
Silica Gel (g.)	0	1,000	
Hexane (cc.cc)	0	1,000	
Sodium Hydroxide (Caustic Soda) (g.)	6,000	26,500	**341.67**
Lithium Aluminium Hydride (g.)	0	3,000	
Methanol (Methyl Alcohol) (cc.)	0	60,000	
Methyl-Ethyl-Ketone (cc.)	55,000	48,000	**-12.73**
Sodium Nitrate (g.)	0	500	
Potassium Permanganate (g.)	50	4,800	**9,500.00**
Hydrogen Peroxide (cc.)	0	500	
Magnesium Sulphate (g.)	0	1,000	
Sodium Sulphate (g.)	0	500	
Toluene (cc.)	2,000	3,000	**50.00**

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

10.4 Price / purity[50]

The analysis of the statistical behaviour of the prices and the purity of those drugs whose use has been predominant in Spain over the last decade is as follows:

Cannabis. Is the drug most used in Spain. Both large scale and minor drug trafficking prices followed an upward trend. Prices in both trafficking categories rose in 2012.

Cocaine. Cocaine demand has remained unchanged as a consequence of stabilisation with respect to use. Prices were maintained in relative terms, with variations of around 5 % on the average market and large scale market prices showed practically no changes. In minor trafficking, prices rose by 18 %. With respect to the previous year, the price per kilo fell while the price per dose rose in 2012.

With respect to purity, data shows a reduction in the different distribution levels. However levels over the last year showed a slight improvement of purity at low distribution levels.

Heroin. Use continued to be stable. Prices per dose increased while those per gram and per kilo fell.

Purity in different markets also showed a downturn.

Amphetamine sulphate (Amphetamine powder). Showed an increase in use until half way through the last decade, the data from recent surveys shows no change. In 2012 prices per gram and per kilo rose, while the cost per dose fell.

MDMA-Ecstasy. Use of this drug is falling every year, while the price per tablet rose, although only slightly. Recent data confirms both trends.

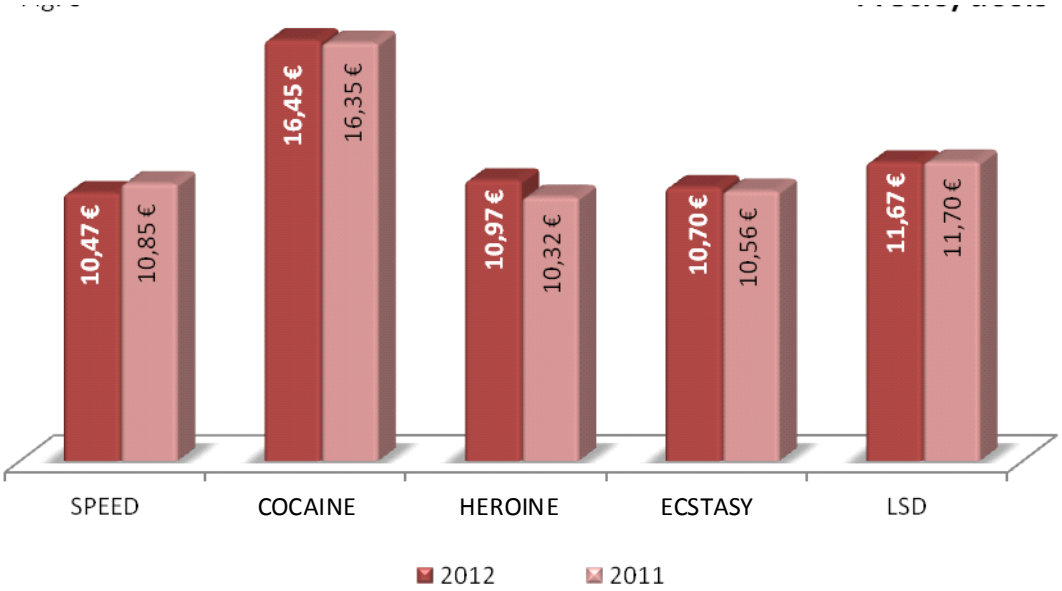
LSD. In recent years LSD use has been replaced by that of other substances, especially amphetamine derivatives. Prices showed a clear increase, although they did fall slightly in 2012.

Ketamine. Prices were analysed for the first time in 2012, indicators show that prices increased in the second half of the year.

[50] The data provided in this section corresponds to that of “Standard Table 14” and “Standard Table 16”, both of which are from the REITOX FONTE system.

In retail trafficking, prices per dose of amphetamine sulphate (speed) and LSD rose while those of cocaine, heroin and ecstasy fell (Fig.10.75).

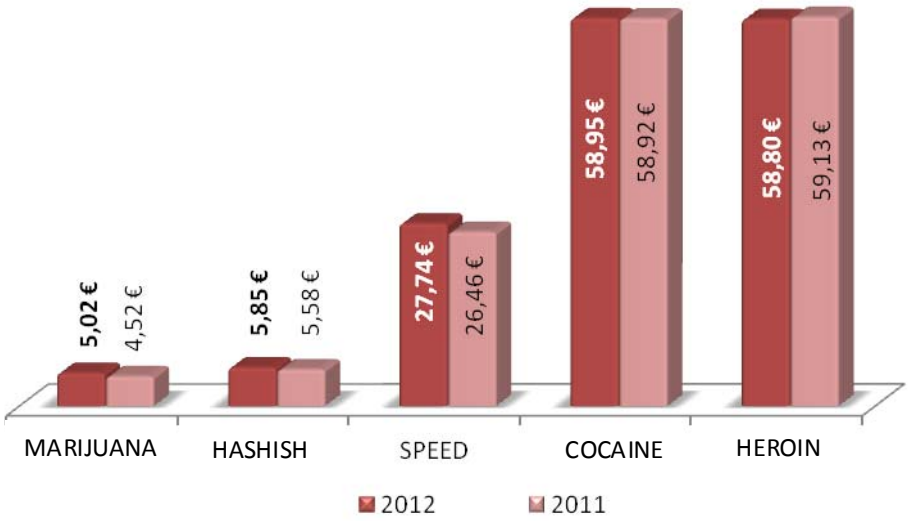
Fig. 10.75. Price per dose. Spain, 2011-2012



Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In the gram market, and with respect to the previous year, the most notable rise was recorded for marijuana, at 11.06 %. Hashish and amphetamine sulphate rose by 4.84 %. The cocaine price per gram stayed almost level, with a rise of 0.05 %, however heroin prices fell, although only by 0.56 % (Fig. 10.76).

Fig. 10.76. Price per gram. Spain, 2011-2012



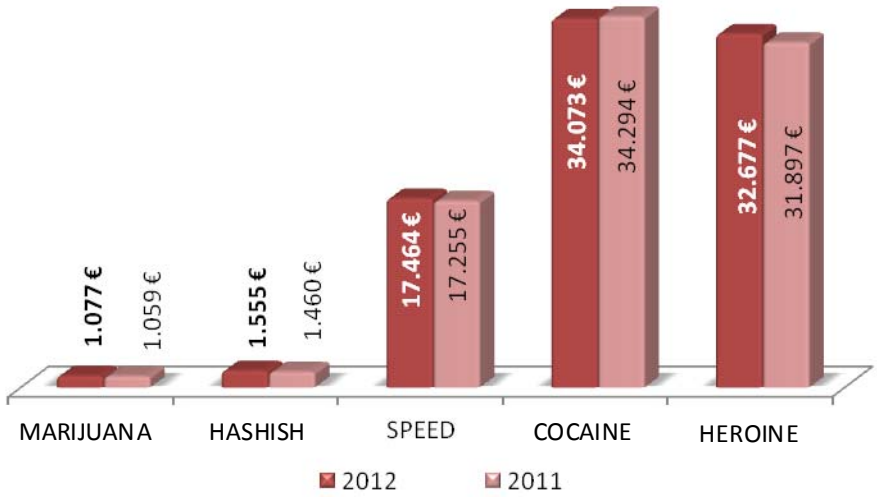
Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In general terms, stability with **an upward trend in wholesale markets** was seen with respect to 2011 (Fig.10.77).

Apart from the price per kilo of cocaine, which fell in 2012 by 0.64 %, prices in other markets went up. The price of hashish rose by 6.16 % as did heroin, although less so, by 2.45 %.

The per-kilo price of marijuana rose by almost 2 % and that of amphetamine sulphate rose by 1.21 %.

Fig. 10.77. Price per kilo. Spain, 2011-2012



Note: In this graph "." means thousand
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

DRUG PURITY

The following graphs show the %age variations for purity at the different traffic scales for cocaine and heroin (Fig.10.78 and 10.79).Values rose slightly in small scale traffic and retail, except in terms of heroin doses, which remained the same.

Fig. 10.78. Purity / dose. Spain, 2011-2012

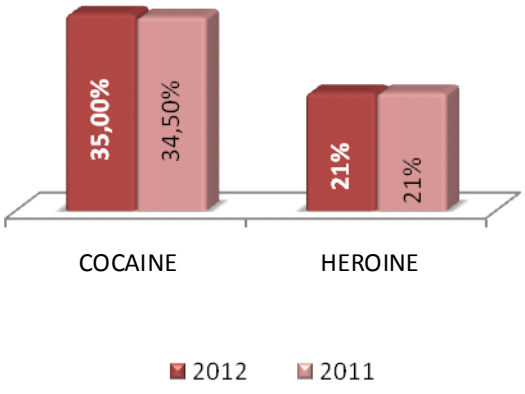
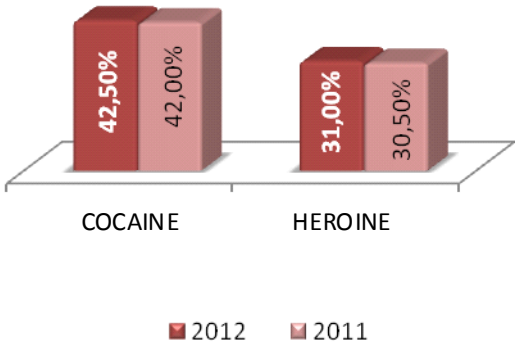


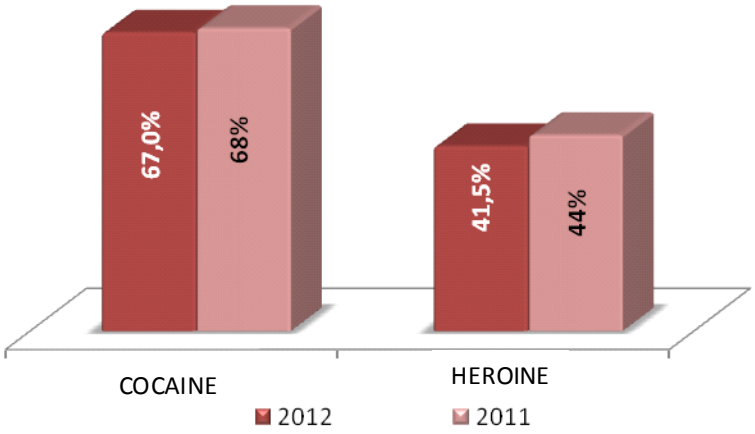
Fig. 10.79. Purity / gram. Spain, 2011-2012



Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Purity in the wholesale market however showed a drop, with the per-kilo purity of heroin dropping by 5.68 % and the purity of cocaine by almost 1.50 % (Fig. 10.80).

Fig. 10.80. Purity / Kilo. Spain, 2011-2012



Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

CANNABIS

Cannabis is the most used drug in Spain and in the light of the most recent surveys published[51], non-experimental use figures total over five and a half million people. The existence of clubs or associations of cannabis users (approximately 300 in the entire country according to some web pages) suggests the existence of plantations that are used for supply purposes, given that personal use and growing the plant for personal use are not considered an offence.

Data on seizures suggests that **cannabis-plant (marijuana) production is increasingly generalised,** however, due to the nature of the crops, which are extremely widespread on a much reduced scale, total production is highly difficult to evaluate.

Cannabis plants can be easily grown, both indoors and outdoors. The relatively simple production of marijuana has meant that it may be grown anywhere, and as such a large proportion of demand is covered by local production.

In Spain illegal cannabis farming is focused on domestic marijuana production, largely for personal use or to finance personal use. The increase in indoor farming is often related to an increase in drug strength.

THC concentrations have increased over recent years, especially those found in marijuana seizures. In the last decade market prices in Spain have shown an upward trend.

Prices in distinct cannabis market categories are directly related to each other, which means that if prices per kilo go up, so do those per gram. The most direct correlation of the last decade corresponds to prices per gram and kilogram for cannabis resin.

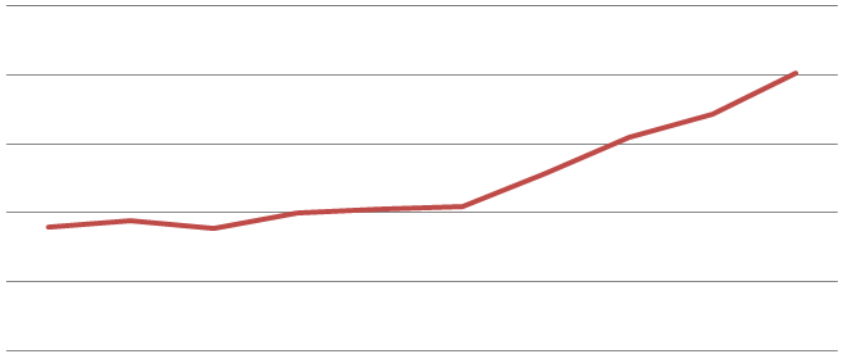
In the marijuana market, THC concentrations have a direct influence on the minor trafficking market and have only a slight influence of the wholesale market. In the hashish market the correlation is also direct, although more moderately so. Seizures of hashish have a negative impact on prices in both the retail and wholesale markets. The price of cannabis in distinct trafficking categories rose in 2012.

[51] EDADES Survey of the National Plan on Drugs 2011.

THE EVOLUTION OF MARIJUANA PRICES

The average price per gram of marijuana, during the contrasted period was 79.93 % more expensive. This is a clear upward trend, which was especially apparent after 2008 (Fig. 10.81).

Fig. 10.81. Evolution of marijuana price (€) per gram. Spain, 2003-2012

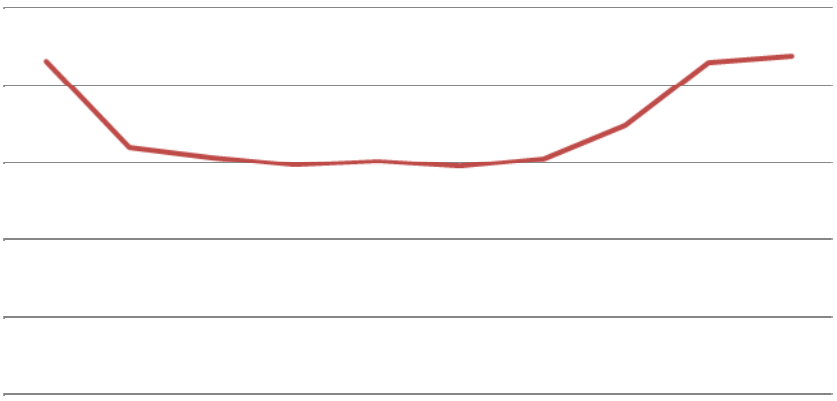


2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
2,79 €	2,89 €	2,79 €	2,99 €	3,06 €	3,09 €	3,58 €	4,10 €	4,42 €	5,02 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

After having remained below €1,000.00 between 2004 and 2010, the price per kilo of marijuana showed a certain stability and an overall, slightly upward trend. In 2012 the price was only 1.13 % more expensive than ten years beforehand (Fig.10.82).

Fig. 10.82. Evolution of marijuana price (€) per kilogram. Spain, 2003-2012



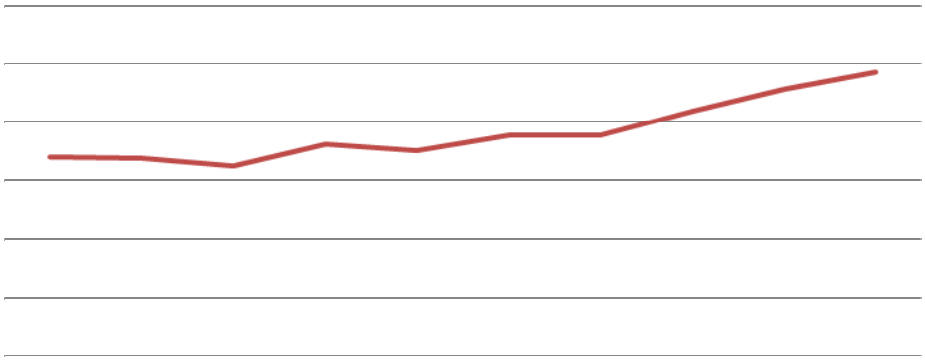
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1.065 €	843 €	816 €	796 €	805 €	791 €	811 €	897 €	1.060 €	1.077 €

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

THE EVOLUTION OF THE PRICE OF HASHISH

The trend over the last ten years in the retail market has been a rising one, such that in 2012 one gram of hashish was 32.65 % more expensive than in 2003 (Fig.10.83).

Fig. 10.83. Evolution of hashish: price per gram. Spain, 2003-2012



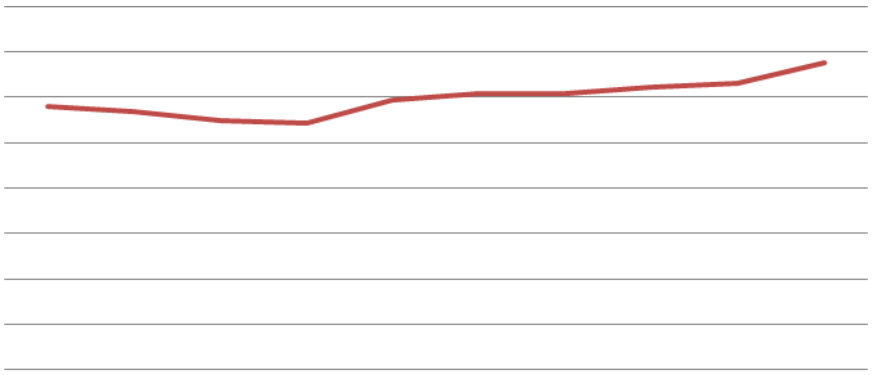
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
4,41 €	4,39 €	4,26 €	4,63 €	4,52 €	4,78 €	4,77 €	5,20 €	5,58 €	5,85 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

After six consecutive years of rising prices in the wholesale market, the trend is an upward one, which shows the market recovery that has been forecast in reports from previous years.

In 1999 one kilo of hashish cost € 1,517. This price was not surpassed until 2012 (Fig.10.84).

Fig. 10.84. Evolution of hashish price per kilogram. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1.361 €	1.337 €	1.297 €	1.283 €	1.386 €	1.417 €	1.418 €	1.447 €	1.460 €	1.555 €

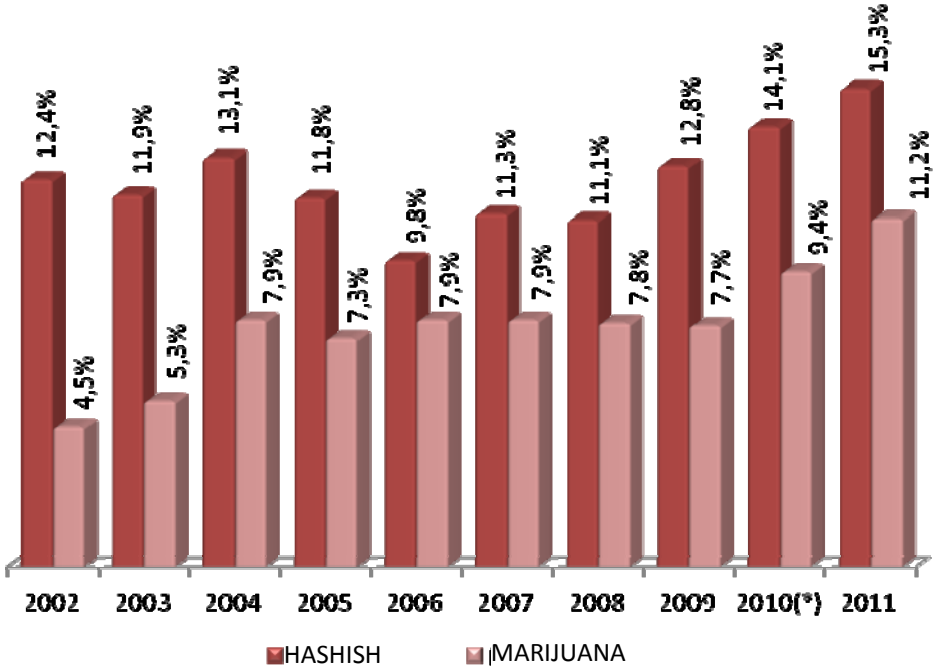
Note: In this graph "." means thousand
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

THE EVOLUTION OF THC CONCENTRATIONS

The property that enables hashish to produce effects in those who use it mainly derives from tetrahydrocannabinol (THC). Concentration levels of this substance vary with the characteristics of crops, which are specifically influenced by seed selection, climate, soil quality and the growing techniques used.

As the abovementioned concentrations do not depend on the trafficker and in itself may influence prices, average annual THC concentrations in the samples analysed[52] were monitored and results are shown in the graph below (Fig.10.85).

Fig. 10.85. Average annual THC concentrations. Spain, 2002-2011



Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In 2011, 75 % of hashish resin samples analysed had a THC content of between 10 and 25 %, while 86.4 of marijuana samples had a tetrahydrocannabinol content of between 5 and 20 %[53].

In the marijuana market, THC concentrations have a direct influence on retail sale and have a slight effect, this is also true for the wholesale market, although in the reverse sense.

In the hashish resin market this correlation is also direct, although more moderate.

[52] Data provided by the Drug Service of the Spanish National Institute of Toxicology and Forensic Sciences. Department of Madrid.
[53] 2010 percentages were not made available, and so the values given correspond to averages for 2009/2011.

COCAINE

Cocaine prices in Spain remained stable in relative terms, with variations of around 5 % on the average market, and were practically invariable in wholesale. However in the retail sector, prices rose by 18 %. With respect to purity, data shows a decline at different distribution levels. However in last year's levels, a slight upward trend has been seen with respect to the purity of both doses and grams.

There is not much relationship at all between average prices in the distinct scales of cocaine trafficking. The only appreciable relationship, in an inverse correlation, is between dose and kilo prices, as the higher the price of the dose, the lower the price of the kilo.

However, the relationship between price and purity was of an average category in the different market types, although it was direct in average traffic (g.) and inverse in retail transaction (dose) and wholesale traffic (kg.).

Cocaine seizures only have a certain influence with respect to gram price and purity and directly influence purity on the different markets.

THE EVOLUTION OF AVERAGE COCAINE PRICES

After a certain period of stability in average dose prices over the last two years (which ranged between €13.93€ in 2003 and €13.91€ in 2009, with a 9 % drop in 2010) prices recovered, and with a slightly upward trend (Fig.10.86).

Fig. 10.86. Evolution of cocaine price (€) per dose. Spain, 2003-2012

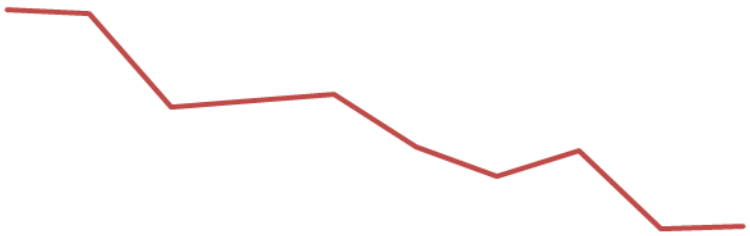
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
13,93 €	13,22 €	13,30 €	14,06 €	14,17 €	15,06 €	13,91 €	12,67 €	16,35 €	16,45 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Price per gram, after reaching its highest level in the last 15 years in 2003, at almost

€ 62.00 has slowly been dropping (Fig.10.87).

Fig. 10.87. Evolution of cocaine price (€) per gram. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
61,90 €	61,85 €	60,58 €	60,66 €	60,75 €	60,03 €	59,64 €	59,98 €	58,92 €	58,95 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

One kilo of cocaine is the basic purchasing unit in wholesale traffic. Over the last decade this price dropped, from €34,634 per kilo in 2003, to €32,758 per kilo in 2005, i.e. by 5.42 %.

After recovering by some one thousand euros per kilo in 2007, the price dropped once more to € 33,039 in 2009 when the market underwent a strong recovery, that later slowed in 2012. The trend is still a downward one, with 1.62 % less than in 2003 (Fig.10.88).

Fig. 10.88. Evolution of cocaine price (€) per kilogram. Spain, 2003-2012

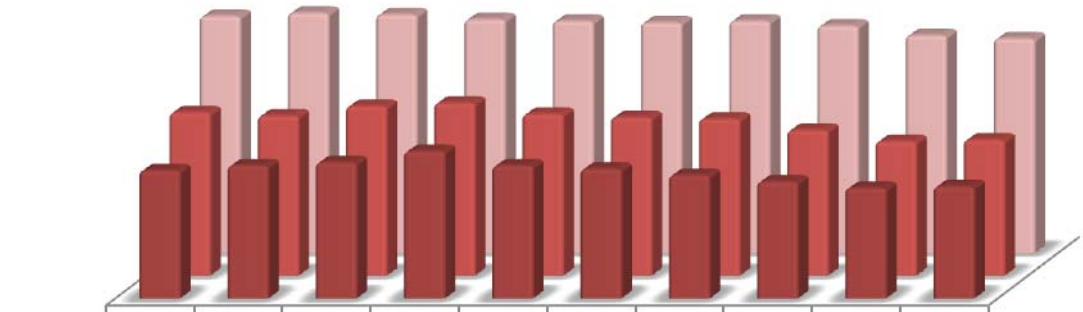
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
34.364 €	33.653 €	32.758 €	33.365 €	33.771 €	33.122 €	33.039 €	33.995 €	34.294 €	34.073 €

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

THE EVOLUTION OF PURITY

The average purity of a cocaine dose varied from 40 % in 2003 to 35 % in 2012. After having reached 46 % in 2006, the decrease since then has continued and the lowest level of purity of the last ten years was recorded in 2011 (Fig.10.89).

Fig. 10.89. Evolution of cocaine purity (percentage). Spain, 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Dose	40,0%	41,5%	42,5%	46,0%	41,5%	40,5%	38,5%	36,5%	34,5%	35,0%
Gram	51,0%	50,0%	53,0%	54,0%	50,5%	49,5%	49,0%	45,5%	42,0%	42,5%
Kilo	74,0%	75,0%	74,5%	73,0%	72,5%	72,0%	72,5%	71,0%	68,0%	67,0%

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The development of purity found in drug seizures in terms of grams remained stable until 2009 at between 49 and 51 %, with the exception of 2005 and 2006. In 2010, purity dropped to 45.5 % and between 2011 and 2012 it dropped again to around 42 %. The level of purity in the average market dropped by 21.3 % with respect to 2007 and 17 % with respect to 2003.

The purity of a kilo of cocaine currently stands at merely 67 %, the lowest figure of the decade. It is 10.67 % less pure than in 2004, when the purest cocaine was recorded.

HEROIN

Levels of use in Spain have stabilised during the last decade. In the light of recently-published surveys on use, between 30,000 and 35,000 people are estimated to be habitual heroin users[54].

Data available shows disparate behaviour in those trends that follow prices. While prices to users continue rising, the market, in terms of grams and kilos, shows a continued descent.

In the different trafficking scales, heroin markets show distinct behaviour. While in medium-scale trafficking (g) there is practically no relationship between price and purity, in wholesale trafficking (kg.) the relationship is extremely high and direct (higher price, greater purity) and in low-scale trafficking (doses) the relationship between both variables, although it is also high, is inverse (the higher the price the lower the purity) In 2012 the price per dose and per kilo rose, while the price per gram fell slightly.

The development of purity levels found in heroin caches over the last ten years shows a downward trend at distinct levels of trafficking.

[54] 2012 Annual Report on Drugs. Centre of Intelligence against Organised Crime

Drug seizures influence, although only slightly, both price and purity in distinct market categories. The average %age of purity found in distinct scales of trafficking has a direct relationship, which is more significant between purity per dose than with respect to purity per kilo.

THE EVOLUTION OF AVERAGE PRICES OF HEROIN

The development of the average price of a dose, with specific drops, such as that of 2011, has been one of constant increase, clearly marking an upward trend. In ten years the price has increased by 11.4 % (Fig.10.90).

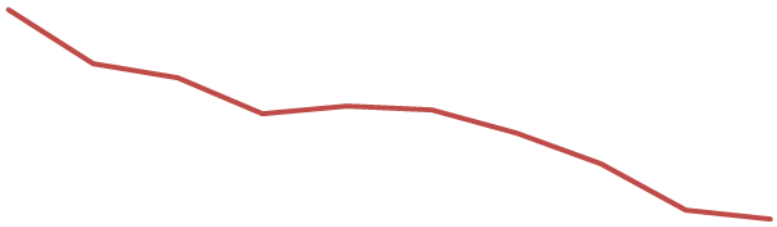
Fig. 10.90. Evolution of heroin price (€) per dose. Spain, 2003-2012

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
9,85 €	9,62 €	9,85 €	10,06 €	10,54 €	10,29 €	10,57 €	10,65 €	10,32 €	10,97 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

However in the same period, the price per gram for heroin showed a divergent trend in comparison with price per dose, and in 2012 was 11 % cheaper than in 2003 (Fig.10.91).

Fig. 10.91. Evolution of heroin price (€) per gram. Spain, 2003-2012

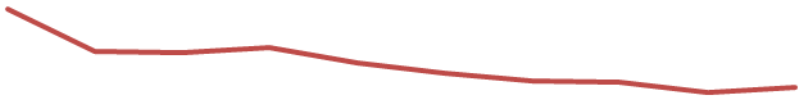


2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
66,05 €	64,15 €	63,69 €	62,42 €	62,69 €	62,59 €	61,79 €	60,71 €	59,13 €	58,80 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Heroin sold by the kilo (Fig.10.92) began the period analysed with a price of €42,885 per kg, which then slowly dropped to €32,677 in 2012, 25.6 % less, which is a per- kilo difference of over ten thousand euros.

Fig. 10.92. Evolution of heroin price (€) per kilogram. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
42.885 €	37.320 €	37.193 €	37.756 €	35.791 €	34.474 €	33.528 €	33.360 €	31.897 €	32.677 €

Note: In this graph "." means thousand
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

THE EVOLUTION OF PURITY

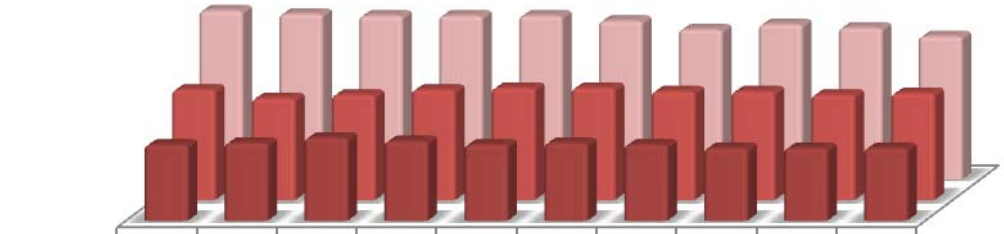
Although the average level of purity found in heroin doses has not varied over the last three years, the trend over the last decade is a downward one. The purity found in the caches of 2012 was 21 %, i.e. a %age point less than in 2003 (Fig.10.93).

In the same period, the average purity of a gram of heroin also dropped, and stood at one %age point less than in 2003. It is now 3.13 % less pure.

In 2004 it reached its lowest level; 29.5 %, recovering from this point to 32.5 % in 2007 and 2008, to drop again to 31 % in 2012.

In the wholesale market, the purity of heroin per kilo maintained a continued downward trend, one which accentuated in the final year, dropping from 49 % in 2003 to 41.5 % in 2012.

Fig. 10.93. Evolution of heroin purity (percentage). Spain, 2003-2012



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Dose	22,0%	22,5%	24,0%	23,0%	22,0%	22,5%	22,0%	21,0%	21,0%	21,0%
Gram	32,0%	29,5%	30,5%	32,0%	32,5%	32,5%	31,5%	31,5%	30,5%	31,0%
Kilo	49,0%	48,0%	47,5%	47,5%	47,5%	46,0%	43,5%	45,0%	44,0%	41,5%

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

AMPHETAMINES

Data from the most recent surveys on use published by the Government Delegation for the National Plan on Drugs show that in Spain some 600,000 people use amphetamines[55].

The amphetamines most used in Europe and Spain are MDMA-Ecstasy, which are calculated to have some 96,000 habitual users in Spain, in addition to amphetamine sulphate (speed), with numerous other users of the same category.

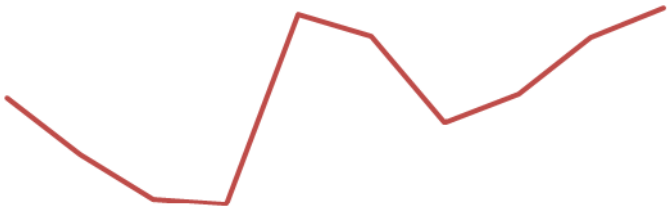
MDMA-ECSTASY PRICES

The development of the average price for an ecstasy tablet over the last ten years went down until 2006. After rising by 9 % in 2007 – with respect to the previous year, price per tablet fell again in 2009, for the second year in a row (Fig.10.94).

The increase in ecstasy tablet prices recorded over the last three years show an overall, gently rising trend during the decade. On average tablets were 4 % more expensive.

[55]Annual Report on Drug Trafficking 2012. Centre of Intelligence against Organised Crime

Fig. 10.94. Evolution of MDMA-Ecstasy price (€) per tablet. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
10,28 €	10,02 €	9,82 €	9,79 €	10,67 €	10,57 €	10,17 €	10,30 €	10,56 €	10,70 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The few purity analyses made of MDMA-Ecstasy tablets did not permit their evaluation. The range spanned by the different %ages found was between 5 and 50 %.

Both the use of this substance and its price showed a slight upward trend. Data recorded in 2012 confirmed these trends.

Seizures of ecstasy have little influence on prices and when they do, the effect is inverse.

PRICES OF AMPHETAMINE SULPHATE (Speed)

The average price for a dose of speed continually increased. In 2012 it cost almost 2 euros more than ten years previously, a rise of almost 21 %. The trend for price per dose is a rising one (Fig.10.95).

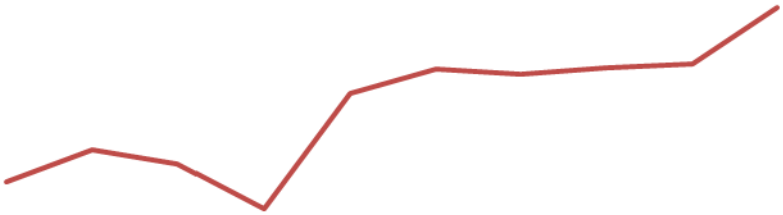
Fig. 10.95. Evolution of speed pice (€) per dose. Spain, 2003-2012

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
8,67 €	8,80 €	9,14 €	8,79 €	9,59 €	9,17 €	9,59 €	10,53 €	10,85 €	10,47 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The average price for a gram was 16.5 % more expensive than in 2003. Since 2006 prices have only risen, showing a clear upward trend (Fig.10.96).

Fig. 10.96. Evolution of speed price (€) per gram. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
23,82 €	24,55 €	24,23 €	23,23 €	25,81 €	26,35 €	26,23 €	26,38 €	26,46 €	27,74 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

The per-kilo price for speed varies greatly, with consecutive rises and falls. Except in 2006, when prices reached €16,859, the range has kept within the limits of €17,464€ (2012) and €17,780 (2005), showing an overall downward trend. In 2012 speed was 0.87 % cheaper than in 2003 (Fig.10.97).

Fig. 10.97. Evolution of speed price (€) per kilogram. Spain, 2003-2012

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
17.617 €	17.389 €	17.780 €	16.859 €	17.689 €	17.516 €	17.318 €	17.692 €	17.255 €	17.464 €

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

In overall terms, there is not much of a relationship between the average prices for distinct amphetamine sulphate trafficking scales. The relationship is high and direct for prices per dose and per gram; an average relationship, although inverse, applies to the relation between market prices per gram and per kilo, while there is practically no relation between prices per dose and per kilo.

The quantities of seizures especially affect prices per dose and per gram, while hardly affecting wholesale trafficking. In 2012 prices per gram and kilo rose, while prices per dose fell.

LSD

LSD is the best known synthetic hallucinogenic drug in Europe, its habitual use in Spain has remained both low and stable, and has done for a long period of time. However its use exceeds that of heroin. Almost seventy % of hallucinogen units seized in Spain are LSD[56].

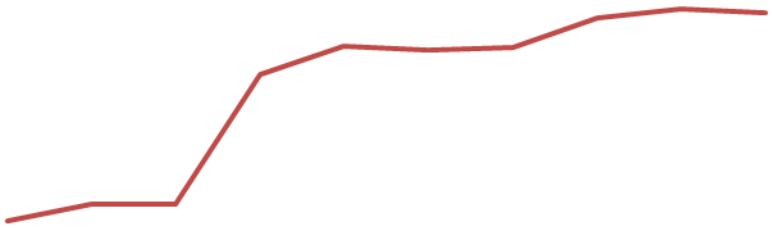
The most recent user surveys published in Spain show that during 2011, some 192,000 people used some kind of hallucinogen at least once. LSD abuse is more frequently associated with the use of amphetamines, cocaine, marijuana and other hallucinogens[57].

LSD PRICES

The average price of LSD per dose, with the exception of slight falls in 2008 and 2012, followed an upward trend, and in 2012, was 15.20 % more expensive than in 2003.

Over the last few years, LSD use has been replaced by that of ecstasy and other amphetamine derivatives. Prices show a marked upward trend, although use is clearly dropping (Fig.10.98)

Fig. 10.98. Ecolution of LSD price (€) per dose. Spain, 2003-2012



2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
10,13 €	10,26 €	10,26 €	11,22 €	11,43 €	11,40 €	11,42 €	11,64 €	11,70 €	11,67 €

Note: In this graph "," means decimal.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

LSD seizures have an inverse influence on prices, although in a moderate form.

KETAMINE

Spain began controlling ketamine as a result of Resolution 49/06, which was approved by the Commission on Narcotic Drugs of the Economic and Social Council of the United Nations in its 49th period of sessions in March 2006. On 13 October 2010 Order SAS/2712/2010 was published by the Ministry of Health and Social Policy, leading to the inclusion of ketamine in Annexe I of Royal Decree 2829/1977 of October 6, establishing it as a controlled substance.

Although neither the numbers nor quantities seized prove it to be a widely-used drug, figures are rising. In ten years quantities have risen from 73 cc in 2003 to 93,255 cc in 2012, although figures for this last year may be considered to be exceptional.

[56]Annual Report on Drug Trafficking 2012. Centre of Intelligence against Organised Crime
[57]Annual Report on Drug Trafficking 2012. Centre of Intelligence against Organised Crime

Last year, the National Central Narcotics Bureau included the price of this substance, although not its purity, in their six-monthly reports for the first time and analysed in terms of grams and kilograms (Fig.10.99).

Fig. 10.99. Ketamine price (€) per gram in 2012.

1st 6 months	2nd 6 months
46 €	47 €

Source: Centre of Intelligence against Organized Crime. Ministry of Interior

Data from the first year of the records clearly show that prices are on the increase, by 2.17 % for price per gram and 6.81 % for price per kilo (Fig.10.100).

Fig. 10.100. Ketamine price (€) per kg in 2012

1st 6 months	2nd 6 months
24.750 €	26.436 €

Note: In this graph "." means thousand.
Source: Centre of Intelligence against Organized Crime. Ministry of Interior

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