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DE SERVICIOS SOCIALES
E IGUALDAD

DELEGACIÓN DEL GOBIERNO
PARA EL PLAN NACIONAL SOBRE DROGAS

2014 NATIONAL REPORT (2013 data) TO THE EMCDDA by the Reitox National Focal Point

SPAIN New Development, Trends

Reitox

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The present report on the drug situation in Spain in 2013 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 is a country with a decentralized structure, for this reason in this report the activities carried out by the different institutions that compose the National Plan on Drugs (Central Government, 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 relation with the most important legislative measures introduced recently, it can be singled out the modification of the legislation governing the destruction of seized drugs and the modification of the legislation on the security mechanisms for dispensing with narcotic substances.

The Government Delegation for the National Plan on Drugs has designed the implementation of the 2013-2016 Action Plan by means of the creation of working groups which promote each one of the 36 actions in which this plan is executed in a participatory manner. The creation and start-up of most of these groups is being carried out throughout the year 2014.

At the national level there exist two fundamental structures of coordination between the Central Administration and the Autonomous Communities and Cities: the Sectorial Conference (political level) and the Inter-Autonomous Region Committee (technical level). In the year 2013, the Inter-Autonomous Region Committee held two meetings and the Sectorial Conference one.

The Government Delegation has continued in its line of collaboration and proximity to the Congress-Senate Mixed Committee for the Study of the Drug Problem, with an appearance by the Government Delegate for the National Plan on Drugs in 2013. The Delegate also appeared on one occasion before the Health and Social Services Committee of the Congress of Deputies (the lower house of the Spanish Parliament).

The total amount invested by the General State Administration (Central Government) and the Autonomous Communities and Cities in the execution of drug policies amounted in the year 2012 (the last year for which there are information) to 363,208,005 euros.

The breakdown of this figure of 363,208,005 euros is as follows:

- Budget provided by the Central Government: 139,899,526 euros (including 14,721,340 euros which the Central Government transferred to the Autonomous Communities and Cities).
- Budget provided by the Autonomous Communities and Cities and charged to their own budgets: 223,308,479 euros.

Drug use in the general population and specific targeted groups

During 2013 a new Survey on a general population of 15 to 64 years of age (EDADES) was carried out. The objective of EDADES is to compile useful information to design and assess policies aimed at preventing drug use and the problems derived from it in the general population.

The data showed that the drugs with the highest prevalence of consumption in the last 12 months were alcohol (78.6%), tobacco (40.7%) and hypnotosedatives (12.2%), followed by cannabis (9.2%) and cocaine (2.2%). Compared with 2011, the use of most drugs decreased, there was an increase in the consumption of hypnotosedatives and alcohol and a slight rise in tobacco

consumption, and the consumption of ecstasy and amphetamines remained stable. Polydrug use was consolidated, with alcohol playing a predominant role.

The starting age in drugs consumption remains stable. The earliest starting age is for alcoholic drinks (16.7 years), followed by cannabis (18.6 years). The latest continues to be that of hypnotosedatives (35.2 years). The prevalences of consumption are greatest in the group of 15 to 34 years, except in the case of hypnotosedatives, the use of which increases after 35 years. With regard to differences of gender, the data (use in last 12 months), confirm greater consumption among men (except for hypnotosedatives): these differences are accentuated in the case of cocaine, in which the proportion of men is triple that of women, and in the case of cannabis there is a difference of almost 8 percentage points.

Alcohol continues to be the most consumed psychoactive substance. 78.3% of the subjects have consumed alcohol in the last 12 months (76.6% in 2011), 64.4% in the last 30 days (62.3% in 2011) and 9.8% daily in the last 30 days (10.2% in 2011). In relation with intensive consumptions, 19.1% of Spanish people aged 15 to 64 years have become inebriated in the last year, a tendency which has remained stable in recent years but continues to be at very high levels. Episodes of inebriation occur in particular among young adults of 15 to 34 years: in this age bracket, 2 of every 5 males and 1 of every 5 females have been inebriated at some time in the last 12 months. "Binge drinking" has gained in popularity over the years, and although in 2013 the prevalence remains stable with respect to 2011, it has tripled in a decade. 15.5% have "binged" alcohol in the last 30 days: this form of risk consumption is concentrated in the group of young adults aged 20 to 29 years.

The consumption of hypnotosedatives has gradually increased since 2005. The percentage of women who consume this type of substances almost doubles that of men: in the last 12 months, 16% of women aged from 15 to 64 years have consumed them compared with 8.5% of men.

The use of cannabis has descended slightly among the general population. 9.2% have used cannabis in the last 12 months, 6.6% in the last 30 days and 1.9% every day in the last month. (This reduction of prevalence must be interpreted with caution: Chapters 4 and 6 of this Report provide complementary information in relation with the increase of the health consequences of its use and of risk use in Spain). By ages, the prevalence of consumption in the last 30 days is concentrated in the 15 to 34 age group, with a maximum peak between 15 and 24 years: of every 10 people in this group, 2 have consumed cannabis in the last year (27.2% of males and 14.5% of females).

The prevalence of cocaine continues to fall, confirming the downward trend commenced in 2007. 2.2% of the population have consumed cocaine in the last 12 months and 1% in the last month. Men and young people present the greatest prevalence. With regard to consumption in the last 12 months, the highest levels are found in males aged 25 to 34 (6%) and in females aged 15 to 24 (2.2%). The average starting age of use is 21.3 years.

The consumption of heroin has stabilised: in 2013, 0.7% of the population had tried it at some time in their life and 0.1% in the last year. The average starting age is 21.5 years.

The consumptions of ecstasy and amphetamines remain stable and with low prevalences. In the population aged 15 to 64 years, 0.7% have consumed ecstasy in the last 12 months and 0.2% in the last 30 days. For amphetamines, the values are 0.6% and 0.3%, respectively. It is advisable to monitor the evolution of consumption of ecstasy "at some time in life" (4.3%). Hallucinogens show a slight downward trend (0.3% in the last 12 months and 0.1% in the last 30 days).

"New psychoactive substances" have been included in the periodical surveys since 2010. In 2013, 3 out of every 4 respondents had not heard of them. 3% (15-64 years) have tried them occasionally, 0.7% have consumed them in the last 12 months and 0.2% in the last month. Consumption is more frequent among males and persons aged 25 to 34. The prevalence remains

stable in relation with 2011. Most consumers of this type of substances use them in a situation of experimental polydrug use.

Regarding polydrug use, 13.6% of respondents have not consumed any psychoactive substance in the last 12 months. Of the rest, of those who have consumed a psychoactive substance in the last 12 months, 1 of every 3 stated that they had consumed two substances and almost 1 of every 10 had taken three. A mixture of four substances occurs in approximately 2%, and rather less than 1% consume five or more drugs. Alcohol is present in at least 95% of polydrug uses, and cannabis in almost 60%. The consumption of alcoholic drinks, especially if done intensely (binge drinking), is associated with a greater prevalence of consumption of other drugs. Polydrug use is more prevalent in men than in women.

As has been seen in previous surveys, the perception of risk is greater for frequent consumptions, in women and for substances like heroin, cocaine, ecstasy or hallucinogens. In 2013 a slight decrease in the perception of risk in practically all the substances is observed with respect to 2011. There is a notable decrease in the perception of risk of cannabis: in 2013, 82.4% (85.5% in 2011) believe that it can cause some/many problems if it is used once a week or more and 61.2% (69.4% in 2011) if used once a month or more. There persists the consideration that tobacco is more dangerous than cannabis.

Along with the loss of visibility of drug-related situations, the sensation of availability of illegal drugs that exists among the population has also diminished a scenario which in general began to be observed in the 2011 survey, after the upturn registered in 2009. Among illegal substances, cannabis is seen as the most accessible (64.6% believe they can obtain it easily).

The population show an interest in receiving information via the communications media (45.1%) and healthcare professionals (23.3%). Internet plays an important role: Spanish people are interested in obtaining information from websites (13.7%), social networks (10.9%) and forums (5.4%). In 2013, information was received particularly through the communications media.

The citizens consider that the most effective measures for solving the drug problem are education (90.4%), treatment (83.2%), police control (81.2%) and legal restriction (76.6%). Among the least popular measures are the legalisation of drugs (only 19.6% consider this an effective measure) and the legalisation of cannabis (33.1%).

Prevention

This Report is structured into two sections: one reflects the activities of the Drugs Plans implemented by the various Autonomous Communities, and the other describes the activities of the Government Delegation for the National Drugs Plan as the coordinating body of drugs policies in Spain.

Regarding activities implemented by Autonomous Communities, in general, preventive activity seems to have decreased in comparison with previous years: the coverage of most of the universal prevention programmes has fallen, especially those targeted to families; the interventions addressed to the most vulnerable sectors have increased, confirming the rising tendency of the indicated and selective prevention programmes observed in recent years; and the alternative leisure programmes are maintained their coverage having decreased considerably in previous years.

The Government Delegation for the National Drugs Plan has subsidised, by way of budget item 458 of the year 2012, 38 preventive programmes of the Autonomous Community Drug Plans. 20 of the 38 programmes are universal, implemented particularly in the spheres of school or leisure or by way of communications media, and to a lesser extent in the community and healthcare settings. The action strategies most commonly used in these universal programmes are information and awareness-raising, followed by education. Only three of these programmes are addressed to the training of professionals.

In regard to selective and indicated programmes, they are implemented particularly in the community and healthcare settings. The most frequent addressees are minors at risk, young people in consumption environments and pregnant women, with a focus centred on the reduction of the risks and harm related with alcohol.

The Government Delegation for the National Drugs Plan has also financed 86 prevention projects to NGOs by way of its two channels (General Budgets and Fund of Assets Seized from Drug Trafficking). In relation with the level of intervention, the principal orientation of the programmes is towards universal programmes, implemented mainly in the community and school settings, although mention must be made of an increase in the number of selective and indicated programmes, which now represent almost 20% (11% in 2011). This seems to indicate a growing orientation towards the most vulnerable groups and individuals, although it is not as clear as in the case of the programmes of the Autonomous Communities.

Problem Drug Use

The data show how, at this moment, the number of frequent and high-risk users in Spain is related with the use of cocaine and cannabis (especially the latter). However, opiate users and injecting users must be taken into consideration.

The methodology and sources of information have been progressively updated with the aim of using those which most faithfully reflect the existing reality. In 2013 the system was adapted to the new protocol of the EMCDDA indicator (High-Risk Drug Use, HRDU), centred on high-risk use of drugs.

High-risk heroin users (Multiplier method): in 2012 there were 69,998 (0.21% of the population). The trend is downward.

High-risk injecting drug users (Multiplier method): in 2012 there were 11,865 recent injecting users (0.038% of the population). The trend is downward.

Frequent and high-risk cocaine users (use on 30 or more days in the last year): in 2013 there were 92,406 users from 15 to 64 years of age (0.3% of the population and 13.2% of the users of the last year). The trend is downward.. The profile of a high-risk cocaine user is a male (37 years), with secondary studies completed, single and in active occupational situation (working). All have consumed legal drugs and the use of other illegal drugs and new psychoactive substances is frequent.

Frequent cannabis users (use on 20 or more days in the last month): in 2013, there were 817,859 users of 15 to 64 years of age (2.5% of the population and 27.4% of the users of the last year). The trend is upward. The profile is a male (32 years), with secondary studies completed, single and in active occupational situation (working or unemployed but having worked). Polydrug use of legal and illegal substances is habitual.

Drug-related treatment: treatment demand and treatment availability

See Workbook on treatment.

Health correlates and consequences

In Spain there are multiple sources which report on infections in drug users. The Spanish National Focal Point contributes with data of the Treatment Demand Indicator for drug use. There is now information on HIV and work is being done to obtain data on hepatitis.

In 2012 7,580 persons were admitted to treatment who had injected at some time in their life (78.5% knew their serological state and 33.1% were HIV-positive) and 2,562 who had injected in the last month (74.5% knew their serological state and 28.4% were HIV-positive). Among the

injectors following treatment: upward trend of serological awareness and a certain stabilisation of the prevalence of HIV.

In 2012, 12,356 emergency episodes were notified in which the clinical history included non-therapeutic or non-medical use of some drug. Of these, in 5,999 cases (48.5%) a relationship was found between the drug and the emergency. The trend is stable.

Among the illegal drugs related with hospital emergencies in 2012, in the first place is cocaine (40% of drug emergencies), with a slightly downward or stable trend, followed by cannabis (30%), with a clearly upward trend, and heroin (2012, 13%), which maintains its downward trend.

According to the register of mortality due to acute reaction following drug use, in 2012 there were 519 deaths. The trend is stable. In 2012, in 76.6% of these deaths opioids are found (downward trend), in 58.6% cocaine (a certain stabilisation) and in 22.4% cannabis (stable).

According to the data of the Mortality Register of the National Statistics Institute, at least 0.18% of all the deaths in 2012 can be attributed to illegal drugs: of these deaths, 85% were in males and 73% in persons of 35 or more years of age.

According to our estimations, the number of deaths due to drug use, which showed a decrease from the 1990s onwards, has maintained a stable trend in recent years.

Responses to Health Correlates and Consequences

The data set out below correspond, in general, to the year 2012, and are the latest available to date.

During the year 2012, a total of 98,247 persons received attention and treatment for illicit drug use in 527 outpatient centres. 129 therapeutic communities attended to 7,632 persons. The hospitalized detoxification units attended 3,280 clients, a very similar figure to that of the year 2011. In Spain, 60 hospitalised detoxification units were in operation.

In the year 2012, the syringe exchange programmes distributed 1,945,510 syringes by way of 1,281 exchange points, figures very similar to those of 2011.

The number of persons attended in methadone treatment programmes in the year 2012 was 66,945, with a decrease of 9.80% from the 74,199 of 2011, representing the lowest figure since the year 2000.

In addition to the clients in methadone programmes, it must be pointed out that in Spain, in 2012, a total of 2,166 clients were treated with buprenorphine/naloxone (Suboxone®), a figure very similar to that of the year 2011 (2,064). In this respect, it must be highlighted that between 2010 and 2011 the number of clients treated with this new substance displayed a significant increase (52.88%), rising from 1,350 persons attended to in 2010 to the 2,064 clients mentioned in 2011.

Social correlates and social reintegration

The most recently available data on social exclusion indicators among drug users comes from the second report of the Proyecto Hombre Observatory on the Profile of Drug Addicts (2013 Report), published in 2014. The 2013 report applied the Spanish-language version of EuropASI, the European version of the 5th version of the Addiction Severity Index (McLellan, 1990), a standardised instrument that allows the compilation of relevant information for the clinical evaluation of patients with substance abuse problems. On this occasion, the sample comprised 2,242 people with addiction problems (2,010 men and 232 women), who were attended in different Proyecto Hombre centres in 2013.

Some of the findings of the study are: 74.7% of the sample total had only a basic educational level or no type of education at all. 30.34% were in paid employment and 10.7% received unemployment benefits. Other sources of income were also noted, such as help from colleagues or relatives (34%) and social or healthcare provisions (11.62%), social assistance (6.2%), and, to a lesser extent, income from illegal activities (2.6%) and prostitution (0.4%). It appears that the use of certain specific substances could be associated with greater difficulties in the occupational sphere. In line with what was recorded in the previous report, only for those persons who requested treatment for alcohol and other drugs (35.1%) and those who did so due to problems with cocaine (42.0%) was their job their main source of income, while this was only the case for 16.7% of heroin addicts and 12.5% of polydrug users. Although most of them lived in normal housing situations, 3.3% said that they lived in some form of protected housing (supervised or semi-supervised, hostels, etc.) and 3.2% had no stable accommodation (homeless, occasional lodgings), percentages very similar to those registered in the previous report. Differences were also found with respect to the housing situation in terms of the main substance used: heroin users and polydrug users showed the highest percentages of living in supervised or unstable housing. With respect to the legal situation of the participants, 25.8% of those living in some kind of accommodation facility provided by the Proyecto Hombre stated that they had committed offences at some time in their life. In regard to imprisonment, 33.6% of users had been in this situation at some moment of their lives

On the basis of the data provided by the Autonomous Community Drugs Plans (Table 8.1), it should be noted that in the network of centres in 2012 there occurred an increase in the number of support programmes for social integration in outpatient assistance facilities with therapeutic treatment and in centres which, without offering treatment, carry out occupational and social integration activities. In contrast, in the inpatient centres (therapeutic communities) there has been a decrease, and similarly there has been a significant decrease in inpatient support facilities and training programmes (mostly actions, regulated or otherwise, such as obtainment of the primary education qualification, information technology or languages), and of the number of users attended.

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 total number of offences committed in Spain during the year 2013 was 1,056,445, of which 14,296 were for drug trafficking, representing 1.35% of the total. This percentage is low compared with the social alarm caused by these offences and the attention given to them by the social communications media.

In 2013, a total of 374,807 arrests in Spain were made for all types of offences, of which 22,878 (6.10%) were for drug trafficking, less than the percentage of the previous year, which was over 7%. The proportion of arrests for each known offence in 2013 was 0.35, while for each known drug trafficking offence 1.6 arrests were made.

With respect to the previous year, there was a decrease in the number of arrests for trafficking opiates (1.5%), cocaine substances (7.3%) and cannabis substances (2.4%), while there was an increase in arrests for trafficking hallucinogens-psychoactives (2.2%).

In 2013, cannabis substances represented 87.26% of the total of criminal charges, followed by cocaine substances with 8.85%, hallucinogens-psychoactives with 2.3% and opiates with 1.6%. The number of criminal charges for cocaine shows a downward trend in spite of the increase in the last year (3.2% more than 2012). Criminal charges for opiates within the study period also show a downward trend, but more marked, in spite of the fact that in 2013 13.75% more criminal charges were brought than in 2012.

The number of prisoners incarcerated for public health offences has traditionally represented a significant proportion of the total number of convicts. In the year 2013, of the total number of inmates in Spain, only 13,839 were in prison for such offences, representing 24.6% of the total, and this year marked the minimum figure of the series studied.

Drug markets

Spain is not a drug-producing country, but due to its geographical situation it is a country of transit to Europe for hashish and cocaine. For the same reason, it also acts as a retaining wall against the traffic of these substances.

In 2013, the most significant increases and reductions in drug seizures were seen in amphetamines, in which the increase over the previous year reached 122%, and in LSD, in which the reduction was 95%. However, moderate increases also occurred in seizures of cocaine (28.65%) and heroin (3.19%) and decreases in MDMA-ecstasy (44.67%) and hashish (2.43%).

In this year, the precursor chemical substances of drugs which have shown the largest increases in seizures were ethyl acetate, hexane, toluene and methyl ethyl ketone.

In general terms, prices in medium- and large-scale traffic fell with respect to 2012, while those of minor traffic remained stable. The same evolution was seen in the purity of cocaine and heroin, which descended in all three modalities of traffic. The concentration of tetrahydrocannabinol (THC) in cannabis substances stabilised during the year.

1. DRUG POLICY: LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. INTRODUCTION

As has been explained in previous reports, the structure of the Spanish State means that the Autonomous Communities and the municipalities have substantial competences in the development of public policies related with drugs. The National Plan on Drugs continues to be the framework for the coordination of the various agents involved in responding to the drug problem in Spain.

In relation with the most important legislative measures introduced recently, we can single out the modification of the legislation governing the destruction of seized drugs and the modification of the legislation on the security mechanisms for dispensing with narcotic substances.

The Government Delegation for the National Plan on Drugs has designed the implementation of the 2013-2016 Action Plan by means of the creation of working groups which promote each one of the 36 actions in which this plan is executed in a participatory manner. The creation and start-up of most of these groups is being carried out throughout the year 2014.

In 2014 the Government Delegate has publicised the results of the State Survey on Drug Use in Secondary Schools (ESTUDES) 2012-2013, conducted with young people from 14 to 18 years, and again emphasised the Government's commitment to preventing alcohol consumption among minors. The Delegate has also warned of the consolidation among minors of the "botellón" phenomenon (group drinking in public places) and of the high frequency of episodes of inebriation and ethylic intoxications due to an increase in alcohol abuse.

The principal results of this Survey are:

- Alcohol and tobacco, followed by cannabis, continue to be the drugs most consumed by Spanish students.
- 81.9% of students say they have consumed alcohol in the last year: in addition, 35.3% have consumed tobacco in the last year, 26.6% cannabis, 11.6% hypnotosedatives, 2.5% cocaine, 2% hallucinogens, 1.7% amphetamines and 0.7 % heroin.
- The data of this survey show that the consumption of tobacco, alcohol and hypnotosedatives is most frequent among women, but men who consume alcohol or tobacco do so with more intensity than women. In contrast, the use of the other substances (cannabis, cocaine, hallucinogens, amphetamines or heroin) is more common among males.
- By age groups, a considerable rise is observed among young people aged 14 to 16 in the use of the three most prevalent drugs (alcohol, tobacco and cannabis).
- The average starting age remains stable in all the drugs, varying between 13 and 16 years, according to the substance.
- Polydrug use is increasingly frequent among young people, both in Spain and in Europe. Of every 10 school students, 4 are polydrug users (consuming two or more substances).
- These students perceive alcohol as the least dangerous substance and believe that tobacco is more harmful than cannabis.

Since it is a priority for the Government to fight against alcohol use by minors, in July 2014 the Ministries of Health, Social Services and Equality and Agriculture, Foodstuffs and the Environment met to finalise a regulatory text to halt alcohol use by young people, especially those aged between

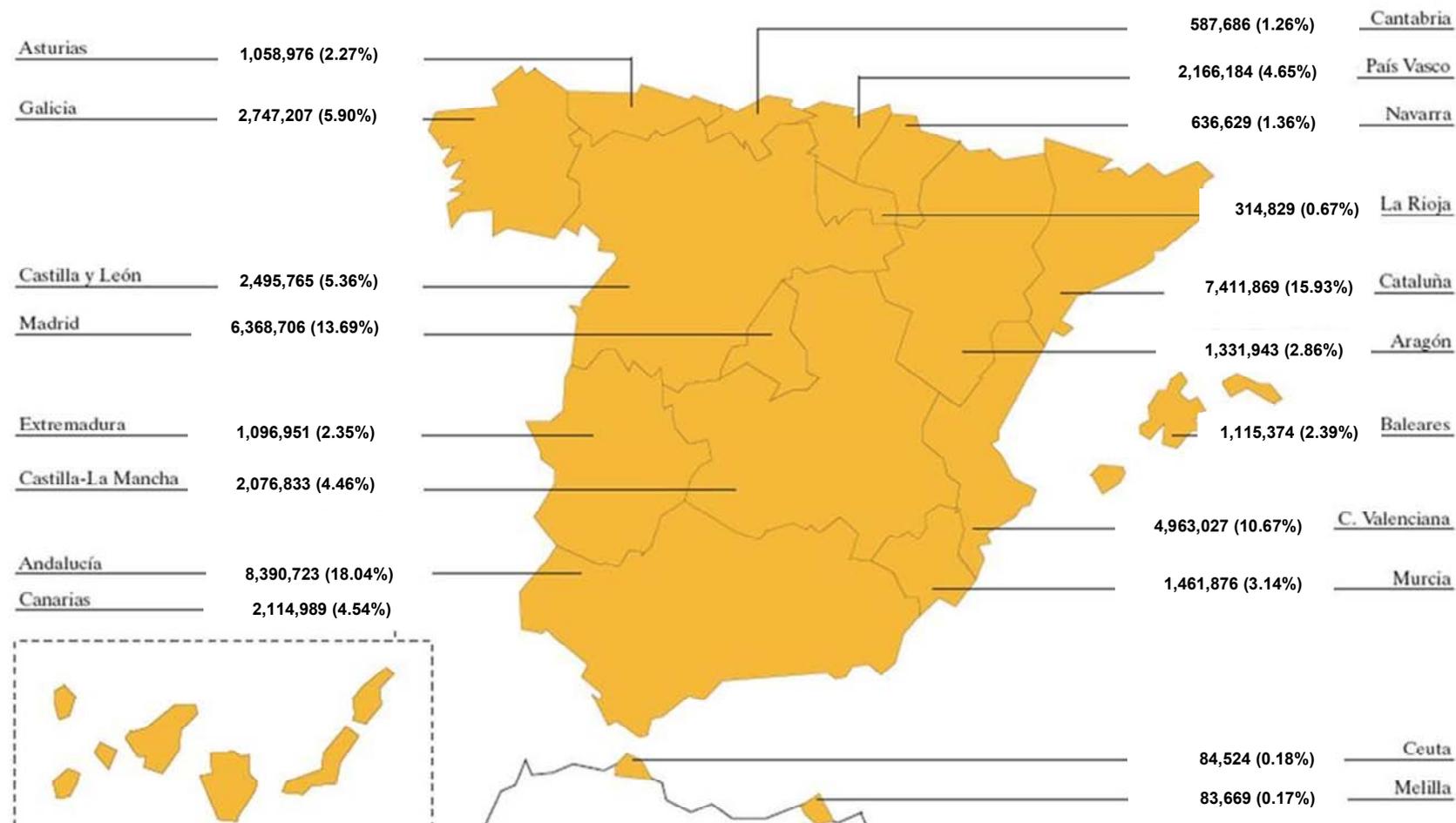
14 and 16 years. The two Ministries have made it clear that a consensus with the alcohol producing industry will be the motor of negotiations with the aim of drawing up a text which will achieve the agreement of all the sector and the entities associated with it.

In regard to adults, according to the results of EDADES 2013 (a survey on the general population from 15 to 64 years), the drugs most used in the last 12 months were alcohol (78.6%), tobacco (40.7%) and hypnotosedatives (12.2%), followed by cannabis (9.2%) and cocaine (2.2%). Compared with 2011, the use of most drugs had declined, but there was an increase in the consumption of hypnotosedatives, alcohol and (slightly) tobacco, with the use of ecstasy and amphetamines remaining stable. Polydrug use was consolidated, with alcohol playing a predominant role.

In relation with treatments, during the second half of the decade of 2000 the number of treatment demands due to cocaine decreased, the fall in entries for heroin was consolidated and there was a progressive and significant increase in treatment demands due to cannabis, which in 2012 exceeded the demands due to heroin.

The distribution of new treatment entrants by primary drug is very similar to that described previously for the total number of treatment entrants. However, it must be pointed out that in the period 2002-2012 cocaine was responsible for the largest proportion of first-time entries, with the exception of the year 2012, when it was exceeded by cannabis. The number of first-time entries for heroin, for its part, continues its slow, gradual descent.

Fig. 1.1. Resident Population by Autonomous Communities and Cities and percentage of total population. Spain, 1 January 2014.



Source: National Statistical Institute.

NOTE: Spain's total population at 1 January 2014 was estimated at 46,507,760 inhabitants. The map shows the population by Autonomous Communities and Cities and the percentages of the total population.

1.2. LEGAL FRAMEWORK

In 2013, only two state-wide legal regulations were passed and published in Spain affecting the drug phenomenon.

The first is ***Royal Decree-Law nº 3/20013 of 22 February modifying the fees regime in the sphere of the Administration of Justice and the system of free legal aid.*** Article 4 of this RDL has expressly modified the legal regime regulated in Article 367.3.1 of the Code of Criminal Procedure in matters of destruction of toxic drugs and narcotic and psychotropic substances in the sphere of criminal legal proceedings.

The main goal of the reform was to provide an urgent solution to the serious problems of high economic costs and security entailed by the obligatory conservation of such substances – particularly in large quantities – when they are seized by the police, for which it was necessary to introduce a flexible regime that would facilitate rapid destruction once the pertinent analytical reports had been made and the conservation of sufficient samples to guarantee subsequent verifications had been ensured, in order to overcome the difficulties that derived from the previous regulations.

To this purpose, following the said legal modification, the legislator permits the administrative authority under whose custody the drugs are held to destroy them, once the pertinent analytical reports have been made, having ensured the conservation of only minimal and indispensable samples of those which, in accordance with scientific criteria, prove to be necessary to guarantee subsequent verifications or investigations and, following notification to the examining judge, if, once one month has elapsed since this notification was made, the said judicial authority has not ordered total conservation by means of a motivated ruling.

Finally, the second new regulation of interest is the ***Order PRE/2436/2013 of 26 December modifying Annexes I, II, III and IV of Royal Decree nº 1675/2012 of 14 December regulating the official prescriptions and the special requirements of prescription and dispensation of narcotic substances for use in human and veterinary medicine.***

This regulatory provision has, for its part, the goal of improving the security systems of the official vouchers of narcotic substances for pharmacies, warehouses and laboratories, and also the official prescriptions of narcotic substances (for use in both human and veterinary medicine), incorporating to this purpose more efficient measures to prevent their falsification and, additionally, to reduce the printing costs of the various types of books containing these documents. In addition, the Order updates the specific technical requirements which they must fulfil and modifies the data printed on the form which the pharmacy establishments and service have to send to the corresponding Autonomous Community with the list of all the movements of narcotic substances occurring each year.

1.3. NATIONAL ACTION PLAN, STRATEGY, EVALUATION AND COORDINATION

National Strategy

As has been commented in previous reports, the 2009-2016 National Strategy on Drugs was approved by an Agreement of the Council of Ministers on 23 January 2009. This Strategy established the drafting of two consecutive four-year Action Plans during its period of life.

In addition, each Autonomous Community and Autonomous City has an organisational structure (Agency) which acts as an Autonomous Community Drugs Plan to implement drug policies, including treatment, in their respective territories.

These Autonomous Community Plans have been endowed with Strategies or Action Plans which are periodically updated and are the strategic instruments for planning, ordering and evaluating the actions carried out in drug-related matters in the respective autonomous territories.

National Action Plan

The 2013-2016 Action Plan is the project which governs the actions in matters of drug dependences which will be carried out by the Ministry of Health, Social Services and Equality within the said period. It is the second Action Plan of the current Strategy. In addition to the other ministries involved (Interior and Education) of the Autonomous Communities and the local entities, other bodies which participated in drafting the Plan are NGOs, scientific societies and trade unions concerned with the problem of addictions.

The result is a plan with 36 specific actions grouped under four principles:

- Efficiency and optimisation of resources.
- Establishment of coordination with participatory leadership.
- Quality.
- Feasibility of the projected actions.

The distribution of these actions is as follows:

- 13 are related with reduction of demand.
- 8 are related with reduction of supply.
- 6 are related with information systems.
- 4 are of a transversal nature.
- 3 are related with coordination at the international level.

The Government Delegation for the National Plan on Drugs has designed the coordination of working groups to promote each one of these 36 actions. These working groups are composed of institutional representatives (of the General State Administration and the Autonomous Communities), representatives of involved organisations (scientific societies and NGOs) and experts, in such a manner that the work in each of the actions is led and implemented by the agents who are truly knowledgeable and active in the matter, thereby providing a platform for real democratic participation in the Action Plan.

This form of working is very appropriate to the current situation of economic crisis, since it places special emphasis on quality and the selection of the best available practices for guaranteeing

efficiency. In the same way, it is based on the coordination of efforts in order to avoid duplications and inefficiencies in relation with the use of resources between the various agents involved. The Action Plan also incorporates monitoring and evaluation into each one of its actions.

Other drug policies

In January 2013 the results of the 2011-2012 Household Survey on Alcohol and Other Drugs were made public. The principal data resulting from this survey are:

- Tobacco consumption is now at its lowest level since these types of surveys were commenced.
- Cocaine use continues to decrease and to reduce its prevalence in the new consultations in assistance centres. Cannabis use is also falling, although among minors this use is greater than in the rest of the population.
- Alcohol is present in 90% of cases of polydrug use.
- The citizens believe that it is now more difficult to obtain drugs and that there is a greater perception of risk.
- 47% of the citizens have never heard of the emerging drugs, the use of which is residual.

It must be pointed out that on 2 April 2013 the Minister of Health, Social Services and Equality, along with the Government Delegate for the National Plan on Drugs, received the visit of the Executive Director of the United Nations Office against Drugs and Crime (UNODC), Mr. Yuri Fedotov. During the meeting, the Minister stated that the Spanish Government will advocate an international fight against drugs which combines the defence of human rights and help for addicts, and promised Mr. Fedotov her full collaboration and disposition to develop any debate on the channels for directing the struggle against the trafficking and use of drugs. In this meeting, the Gold Medal of the Order of Merit of the National Plan on Drugs was presented to the UNODC.

In 2013 the Government Delegation for the National Plan on Drugs signed a collaboration agreement with the Spanish Federation of Municipalities and Provinces (FEMP) to promote local drug policies.

Also in 2013, as a reiteration by the Government of its commitment to prevent drug use, especially among minors, a new application for mobile devices was presented which provides information on prevention of drug use to young people, their families and the professionals involved.

In December 2013 the Spanish Spirit Beverages Federation (FEBE) presented its campaign to prevent alcohol consumption by minors, appealing to society's responsibility to prevent minors from drinking alcohol and emphasising the essential role of families as a factor of protection against this consumption.

Coordination

At the national level there exist two fundamental structures of coordination between the Central Administration and the Autonomous Communities and Cities: the Sectorial Conference (political level) and the Inter-Autonomous Region Committee (technical level). In the year 2013, the Inter-Autonomous Region Committee held two meetings and the Sectorial Conference one.

The Government Delegation has continued in its line of collaboration and proximity to the Congress-Senate Mixed Committee for the Study on the Drug Problem, with an appearance by the Government Delegate for the National Plan on Drugs in 2013. The Delegate also appeared on one occasion before the Health and Social Services Committee of the Congress of Deputies (the lower house of the Spanish Parliament).

1.4. ECONOMIC ANALYSIS

As was stated in the 2013 Report (2013 Spanish Report to the EMCDDA) and in previous Reports, the seventeen Autonomous Communities and the two Autonomous Cities (Ceuta and Melilla) which make up the Spanish State have very important competences in all matters affecting the development and execution of drug policies in Spain.

In order to develop the programmes and activities which come under their competence, these Autonomous Communities and Cities have economic resources originating both from their own budgets and from amounts transferred by the General State Administration (Central Administration). This section reports on the resources invested both by the Central Administration and the Autonomous Administrations (either charged to their own budgets or to amounts transferred by the Central Administration).

In relation with the local sphere (municipalities), consideration should be given to the budgets which the various local entities allocate to the implementation of their Local Drug Dependence Plans or, at a more general level, to the performance of municipal activities and programmes related with drug dependences. In some cases, as in those of the most populated cities (Madrid, Barcelona, etc.), these budgets reach very significant amounts, as is manifested in the Selected Issue of the 2012 Report on "Drug Policies of Large European Cities." Unfortunately, at the present time, not even an approximate figure can be offered on the amounts invested by Spanish local entities in their drug policies.

Neither do the figures set out below include the costs generated by sanitary assistance to drug users for reasons other than detoxification treatments, social assistance and reintegration, as is the case of the treatment of pathologies associated with drug use (including infectious diseases like AIDS, hepatitis, etc.) This is because, as the competences in sanitary assistance matters are transferred from the Central Administration to the Autonomous Administrations, it is very difficult to separate out the part of the sanitary expenditure applied in the treatment of these pathologies from the total expenditure invested in general healthcare assistance.

Following all the explanations and reservations expressed above, we offer below a series of data referring to the year 2012, the last for which definitive and complete figures are available.

The General State Administration, by way of the various ministerial departments, has invested a budget of 139,899,526 euros, of which 27,050,680 euros proceed from the Fund of Assets Seized for Drug Trafficking Offences and Other Related Offences. This Fund has been operative since the year 1996 and is endowed by the cash and assets confiscated by definitive judgment in proceedings on drug trafficking and other related offences.

Of these 139,899,526 euros, the Ministry of Health, Social Services and Equality transferred the sum of 14,721,340 euros to the Autonomous Administrations to be managed directly by them.

In addition to this amount of 14,721,340 euros, the Autonomous Administrations have invested, charged to their own budgets, 223,308,479 euros, which means that, in total, the said Autonomous Administrations have managed 238,029,819 euros (223,308,479 + 14,721,340) to carry out programmes and activities related with the various areas of action on drug dependences – all in alignment with the competences which the Constitution and the State and Autonomous Community legislations attribute to the Autonomous Communities and Cities in relation with drug dependences.

Altogether, therefore, the total amount invested by the General State Administration (Central Government) and the Autonomous Communities and Cities in the execution of drug policies **amounted in the year 2012 to 363,208,005 euros.**

The breakdown of this figure of **363,208,005 euros** is as follows:

- Budget provided by the Central Government: 139,899,526 euros (including 14,721,340 euros which the Central Government transferred to the Autonomous Communities and Cities).
- Budget provided by the Autonomous Communities and Cities and charged to their own budgets: 223,308,479 euros.

With regard to the distribution of the above-mentioned economic amounts by areas of action, figures can only be offered in relation with the budgets directly managed by the Autonomous Communities and Cities (238,029,819 euros), that is to say, the sum total of their own budgets plus the amount transferred by the Ministry of Health, Social Services and Equality. This distribution is as follows:

- Prevention: 30.63 million euros (12.87%).
- Social and sanitary assistance and social rehabilitation: 200.95 million euros (84.42%).
- Research, documentation and publications: 1.4 million euros (0.59%).
- Institutional coordination: 5.04 million euros (2.12%).

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

CONTENTS OF THE CHAPTER

2.1. INTRODUCTION

2.2. DRUG USE IN THE GENERAL POPULATION (BASED ON A PROBABILISTIC SAMPLE)

2.3. DRUG USE IN THE SCHOOL AND YOUTH POPULATION (BASED ON A PROBABILISTIC SAMPLE)

2.4. DRUG USE AMONG TARGET GROUPS/SETTINGS AT NATIONAL AND LOCAL LEVEL

KEY ASPECTS OF THE CHAPTER

- **Spain periodically conducts** a Survey on Drug Use in Secondary Schools (14-18 years) (every two years since 1994) and a Home Survey on Alcohol and Other Drugs (every two years since 1995). In addition, every 5 years since 2006 it has performed a Survey on Health and Drug Use in Inmates in Penitentiary Institutions. Other specific studies or surveys are also carried out according to requirements.
- The **aim** is to obtain information which will help to design and evaluate policies addressed to preventing drug use and its related problems. Data are obtained related with both legal and illegal drugs: alcohol, tobacco, cannabis, cocaine, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants, hypnotosedatives and “new drugs.”
- In the **EDADES 2013** Survey (on a general population of 15 to 64 years of age), the drugs with the highest prevalence of consumption in the last 12 months were alcohol (78.6%), tobacco (40.7%) and hypnotosedatives (12.2%), followed by cannabis (9.2%) and cocaine (2.2%). Compared with 2011, the use of most drugs decreased, there was an increase in the consumption of hypnotosedatives and alcohol and a slight rise in tobacco consumption, and the consumption of ecstasy and amphetamines remained stable. Polydrug use was consolidated, with alcohol playing a predominant role.
- **Distribution by age and gender** (EDADES 2013). The starting age in consumption remains stable. The earliest starting age is for alcoholic drinks (16.7 years), followed by cannabis (18.6 years). The latest continues to be that of hypnotosedatives (35.2 years). The prevalences of consumption are greatest in the group of 15 to 34 years, except in the case of hypnotosedatives, the use of which increases after 35 years. With regard to differences of gender, the data (use in last 12 months), confirm greater consumption among men (except for hypnotosedatives): these differences are accentuated in the case of cocaine, in which the proportion of men is triple that of women, and in the case of cannabis there is a difference of almost 8 percentage points.
- **Alcohol** (EDADES 2013). This continues to be the most consumed psychoactive substance. 78.3% of the subjects have consumed alcohol in the last 12 months (76.6% in 2011), 64.4% in the last 30 days (62.3% in 2011) and 9.8% daily in the last 30 days (10.2% in 2011). In relation with intensive consumptions, 19.1% of Spanish people aged 15 to 64 years have become inebriated in the last year, a tendency which has remained stable in recent years but continues to be at very high levels. Episodes of inebriation occur in particular among young adults of 15 to 34 years: in this age bracket, 2 of every 5 males and 1 of every 5 females have been inebriated at some time in the last 12 months. “Binge drinking” has gained in popularity over the years, and although in 2013 the prevalence remains stable with respect to 2011, it has tripled in a decade. 15.5% have “binged” alcohol in the last 30 days: this form of risk consumption is concentrated in the group of young adults aged 20 to 29 years.
- **Hypnotosedatives** (EDADES 2013). The consumption of these drugs has gradually increased since 2005. The percentage of women who consume this type of substances almost doubles that of men: in the last 12 months, 16% of women aged from 15 to 64 years have consumed them compared with 8.5% of men.
- **Cannabis** (EDADES 2013). The use of cannabis has descended slightly among the general population. 9.2% have used cannabis in the last 12 months, 6.6% in the last 30 days and 1.9% every day in the last month. (This reduction of prevalence must be interpreted with caution: Chapters 4 and 6 of this Report provide complementary information in relation with the increase of the health consequences of its use and of risk use in Spain). By ages, the prevalence of consumption in the last 30 days is concentrated in the 15 to 34 age group, with a maximum peak between 15 and 24 years: of every 10 people in this group, 2 have

consumed cannabis in the last year (27.2% of males and 14.5% of females).

- **Cocaine** (EDADES 2013). The prevalence of cocaine continues to fall, confirming the downward trend commenced in 2007. 2.2% of the population have consumed cocaine in the last 12 months and 1% in the last month. Men and young people present the greatest prevalence. With regard to consumption in the last 12 months, the highest levels are found in males aged 25 to 34 (6%) and in females aged 15 to 24 (2.2%). The average starting age of use is 21.3 years.
- **Heroin** (EDADES 2013). The consumption of heroin has stabilised: in 2013, 0.7% of the population had tried it at some time in their life and 0.1% in the last year. The average starting age is 21.5 years.
- **Ecstasy, amphetamines and hallucinogens** (EDADES 2013). The consumptions of ecstasy and amphetamines remain stable and with low prevalences. In the population aged 15 to 64 years, 0.7% have consumed ecstasy in the last 12 months and 0.2% in the last 30 days. For amphetamines, the values are 0.6% and 0.3%, respectively. It is advisable to monitor the evolution of consumption of ecstasy “at some time in life” (4.3%). Hallucinogens show a slight downward trend (0.3% in the last 12 months and 0.1% in the last 30 days).
- **“New psychoactive substances”** (EDADES 2013). These substances have been included in the periodical surveys since 2010. In 2013, 3 out of every 4 respondents had not heard of them. 3% (15-64 years) have tried them occasionally, 0.7% have consumed them in the last 12 months and 0.2% in the last month. Consumption is more frequent among males and persons aged 25 to 34. The prevalence remains stable in relation with 2011. Most consumers of this type of substances use them in a situation of experimental polydrug use.
- **Polydrug use** (EDADES 2013). 13.6% of respondents have not consumed any psychoactive substance in the last 12 months. Of the rest, of those who have consumed a psychoactive substance in the last 12 months, 1 of every 3 stated that they had consumed two substances and almost 1 of every 10 had taken three. A mixture of four substances occurs in approximately 2%, and rather less than 1% consume five or more drugs. Alcohol is present in at least 95% of polydrug uses, and cannabis in almost 60%. The consumption of alcoholic drinks, especially if done intensely (binge drinking), is associated with a greater prevalence of consumption of other drugs. Polydrug use is more prevalent in men than in women.
- **Perceived risk** (EDADES 2013). As has been seen in previous surveys, the perception of risk is greater for frequent consumptions, in women and for substances like heroin, cocaine, ecstasy or hallucinogens. In 2013 a slight decrease in the perception of risk in practically all the substances is observed with respect to 2011. There is a notable decrease in the perception of risk of cannabis: in 2013, 82.4% (85.5% in 2011) believe that it can cause some/many problems if it is used once a week or more and 61.2% (69.4% in 2011) if used once a month or more. There persists the consideration that tobacco is more dangerous than cannabis.
- **Perceived availability** (EDADES 2013). Along with the loss of visibility of drug-related situations, the sensation of availability of illegal drugs that exists among the population has also diminished, a scenario which in general began to be observed in the 2011 survey, after the upturn registered in 2009. Among illegal substances, cannabis is seen as the most accessible (64.6% believe they can obtain it easily).
- **Preferred channels of information** (EDADES 2013). The population show an interest in receiving information via the communications media (45.1%) and healthcare professionals (23.3%). Internet plays an important role: Spanish people are interested in obtaining information from websites (13.7%), social networks (10.9%) and forums (5.4%). In 2013, information was received particularly through the communications media.
- **Actions for solving the drug problem** (EDADES 2013). The citizens consider that the most effective measures are education (90.4%), treatment (83.2%), police control (81.2%) and legal restriction (76.6%). Among the least popular measures are the legalisation of drugs (only 19.6% consider this an effective measure) and the legalisation of cannabis (33.1%).

2.1. INTRODUCTION

Spain has a long historical series of periodical surveys on the general population and students. In addition, surveys are conducted on specific groups or sub-groups with the aim of adapting the sources of information to the reality and dynamism of the world of drugs¹.

The information relating to the Surveys on Alcohol and Drugs in the General Population in Spain (EDADES) will be set out in point 2.2. of the present chapter, and reference will be made to the Surveys on Drug Use in Secondary Schools in Spain (ESTUDES) and the Survey on Health and Drug Use in Inmates in Penitentiary Institutions (ESDIP) in points 2.3 and 2.4, respectively.

2.2. DRUG USE IN THE GENERAL POPULATION (BASED ON A PROBABILISTIC SAMPLE)

This section is structured into various points, as set out below.

1. Introduction
2. Objectives
3. Methodology
4. Results
 - 4.1. Socio-demographic characterisation of the study population
 - 4.2. Prevalence of drug use
 - 4.2.1. Evolution over time
 - 4.2.2. Average starting age of use and differences in use by age
 - 4.2.3. Differences in use by gender
 - 4.3. Use by type of drug
 - 4.3.1. Alcoholic drinks
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 - 4.3.3. Hypnotosedatives
 - 4.3.4. Cannabis
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 - 4.3.6. Ecstasy
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 - 4.3.8. Hallucinogens
 - 4.3.9. Heroin and volatile inhalants
 - 4.4. Patterns of drug use
 - 4.4.1. Polydrug use
 - 4.4.2. Injected use
 - 4.5. Perceptions and opinions of the population concerning drugs
 - 4.5.1. Perception of risk
 - 4.5.2. Perception of availability
 - 4.5.3. Perception of the importance of the problem of drug use and visibility of the problem
 - 4.5.4. Channels of information on drugs
 - 4.5.5. Evaluation of the importance of various actions to attempt to solve the drug problem
 - 4.5.6. Perception of the state of health
 - 4.6. New substances

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

1. INTRODUCTION

The Programme of “Surveys on Alcohol and Drugs in the General Population in Spain” (EDADES) is a two-yearly programme of home surveys on drug use in the general population aged between 15 and 64 years, promoted by the Government Delegation for the National Plan on Drugs and in collaboration with the Governments of the Autonomous Communities, which was commenced in 1995.

The Programme now has results from ten surveys (1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, 2011 and 2013), providing an increasingly extensive time series which makes it possible to analyse the evolution of the use prevalences of alcohol, tobacco, hypnotosedatives and illegal drugs, and in the last two editions the “new psychoactive substances” have been introduced. In addition, it provides information on predominant use patterns, user profiles, social perceptions of the problem and the measures which the Spanish public considers most effective for solving it.

It should be pointed out that both the questionnaire and the methodology used for this Programme are relatively similar to those used in other countries of the European Union, which enables international comparisons to be made.

The last survey carried out is from the year 2013. Below we present its objectives, along with the main methodological aspects and results.

2. OBJECTIVES

The main goal of these surveys is to obtain information which will make it possible to design and evaluate policies addressed to preventing drug use and its related problems.

The specific objectives common to all the series of surveys have been the following:

- a) To ascertain the prevalence of use of the various psychoactive drugs.
- b) To ascertain the socio-demographic characteristics of the users.
- c) To ascertain the use patterns of psychoactive substances.
- d) To ascertain the availability of drugs perceived by the population and the perceived risk of various use behaviours.
- e) To ascertain the visibility of drug problems in the places where the survey respondents live.
- f) To ascertain the population’s opinion on the importance of drug problems and the measures for reducing them.
- g) To ascertain the time evolution (since 1995) of the aspects set out above.
- h) To ascertain the prevalences, associations and relationships between variables on which the DGPNSD needs to enlarge knowledge or carry out specific studies.

3. METHODOLOGY

Below we present a summary of the principal methodological aspects of the Survey on Alcohol and Drugs in Spain 2013 (EDADES 2013) (Table 2.1).

Table 2.1. Basic methodological aspects of the Survey on Alcohol and Drugs in Spain 2013 (EDADES 2013)

GENERAL ASPECTS	
Name	EDADES. Survey on Alcohol and Drugs in Spain.
Description of the survey	Home survey in general population resident in family homes (15-64 years).
Bodies responsible for the survey	Spanish Observatory of Drugs and Drug Addictions (OEDT). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Social Services and Equality (MSSSI).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted throughout the national territory. The results are representative at the nationwide level.
Population scope	Universe: Population resident in Spain aged 15 to 64 years, both inclusive.
Time scope. Periodicity.	EDADES has been carried out every 2 years since 1995. In 2013-14 the data gathering period extended from 2 November to 15 December 2013 and from 7 February to 8 April 2014 (the period following the Christmas and New Year festivities is excluded).
DESIGN AND CHARACTERISTICS OF THE SAMPLE: WEIGHTING	
Sample framework	Urban and rural population (municipalities of fewer than 2,000 inhabitants) of all the Autonomous Communities and the Autonomous Cities of Ceuta and Melilla, resident in family homes.
Sampling procedure	Two-stage cluster sampling without substitution. The first-stage units are the census sections (2,348 in 2013), corresponding to 987 municipalities in 2013. The second-stage units are family homes. In the third stage, one individual was selected in each home.
Weighting	The weighting for the analysis of results is carried out according to the Autonomous Community (19 groups), size of the municipality (7 groups), age (7 groups) and gender (2 groups) in order to correct the disproportionality of the sample with respect to the universe.
Sample size	23,136 valid questionnaires.
Sampling error	Maximum sampling error (level of confidence of 95% for $p=0.5$) of 0.6%, oscillating between 2% in the Valencian Community and 6.6% in Ceuta.
FIELDWORK: DATA GATHERING	
Data gathering method. Questionnaires	Personal interview in the home. The interviewer remains present throughout the process and collects the questionnaire once it is completed. The questionnaire consists of two parts: Interviewer's questionnaire and self-administered questionnaire. The questionnaire is completed in writing (pen and paper). Questionnaire available in the official languages of the Spanish State.
Response rate	The effective response rate in 2013 was 50.3%.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). Government Delegation for the National Plan on Drugs. Ministry of Health, Social Services and Equality

4. RESULTS

4.1. Socio-demographic characterisation of the study population

The study population, which embraces persons resident in Spain aged between 15 and 64 years, displays a distribution between sexes close to 50%. In terms of age, 35.8% are between 15 and 35, 46.9% between 35 and 54, while the segment of greatest age, from 55 to 64 years, accounts for 17.3% of the persons consulted.

As for marital status, approximately one of every two respondents is married, with single persons representing 38.7% of the population. The majority, two out of three, have secondary studies, while those with university studies represent 18.6%.

Six of every 10 individuals live with their partner or spouse and 42.6% have children. In 23% of cases the interviewee lives with the mother, in 17.5% of cases with the father and in 12.6% with one or more siblings. Finally, one person in 10 lives alone.

4.2. Prevalence of drug use

4.2.1. Evolution over time

Alcohol is the most widely used psychoactive substance in the population of 15 to 64, to the extent that 93.1% have had an alcoholic drink at some time in their life, a proportion which has increased slightly over 2011, the largest increases being in the years 2005 and 2009 (Table 2.2).

Tobacco is the second most frequently used drug in Spain, with 73.1% of the population having smoked at some time; in this case, the barrier of 70% was exceeded for the first time in 2009, meaning that the values of the last three surveys are the highest of the series.

The EDADES 2011 survey found that the consumption of hypnotics had risen in the population, with 19.5% saying they had consumed tranquillisers or sleeping pills at some time in life. At the present time this consumption continues to rise, although with less intensity, with an increase in the prevalence of 2.7 percentage points (to 22.2%) which is not as pronounced as the rise of 6.1 percentage points in 2011.

Cannabis is the most prevalent illegal substance in Spain. From the year 2001 onwards, the population who have consumed it at some time began to be close to 30%, and in 2009 it reached a maximum level in the series, recording a prevalence of 32.1%. In 2011, a fall in consumption to 27.4% was observed, but this has now revived, with an increase of 3 points which sets the indicator at 30.4%.

The consumption of cocaine powder, the second most popular illegal substance, has progressively increased since the 1990s, to the point of registering in 2013 that one of every 10 citizens has tried it at some time in their life.

Ecstasy, amphetamines and hallucinogens show a minority prevalence, below 5%, while heroin or volatile inhalants have a residual presence in the population.

The use of the most prevalent substances in the category "some time in life" has shown in general a slight increase with respect to 2011 which in no case exceeds three points. However, this increase has not derived in general into a pronounced increase in use in the more recent time sections.

Table 2.2. Prevalence of drug consumption at some time in life in the Spanish population of 15-64 years (percentages), Spain 1995-2013

	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Tobacco	-	69.7	64.9	68.4	68.9	69.5	68.5	75	71.7	73.1
Alcohol	-	90.6	87.3	89	88.6	93.7	88	94.2	90.9	93.1
Cannabis	14.5	22.9	19.6	23.8	29	28.6	27.3	32.1	27.4	30.4
Ecstasy	2	2.5	2.4	4	4.6	4.4	4.3	4.9	3.6	4.3
Hallucinogens	2.1	2.9	1.9	2.8	3	3.4	3.8	3.7	2.9	3.8
Amphetamines/speed	2.3	2.7	2.2	2.9	3.2	3.4	3.8	3.7	3.3	3.8
Cocaine powder	3.4	3.4	3.1	4.8	5.9	7	8	10.2	8.8	10.2
Cocaine base	0.3	0.4	0.4	0.5	0.5	0.6	1.8	0.9	0.9	1.0
Cocaine (powder and/or base)	-	-	-	-	-	-	8.3	10.2	8.8	10.3
Heroin	0.8	0.6	0.5	0.6	0.9	0.7	0.8	0.6	0.6	0.7
Volatile inhalants	0.7	0.8	0.6	0.8	1	0.8	1.1	0.6	0.8	0.6
Tranquillisers	-	-	-	-	-	7	13	11	17.1	20.1
Sleeping pills	-	-	-	-	-	4.6	6	6.3	7.9	9.6
Hypnotosedatives	-	-	-	-	-	8.7	15.4	13.4	19.5	22.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

With respect to the consumption of legal drugs in the last year (Table 2.3), 78.3% of citizens consumed alcoholic drinks and 40.7% smoked tobacco. Alcohol consumption is slightly higher than in the previous edition of the survey, while the value related to tobacco maintains a certain stability.

It can be mentioned, in the case of tobacco, that comparing the results with those observed a decade ago, consumption in the last 12 months has fallen notably, although there is now a larger number of people who have smoked at some time.

In another respect, since the year 2009 the fall in the use of cannabis for this time section, and especially the rise in hypnotosedatives, make the latter the third most consumed substance in the last year in Spain, when historically it had been cannabis.

Table 2.3. Prevalence of drug use in the last 12 months in the Spanish population of 15-64 years (percentages), Spain 1995-2013

	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Tobacco	-	46.8	44.7	46	47.8	42.4	41.7	42.8	40.2	40.7
Alcohol	68.5	78.5	75.2	78.1	76.6	76.7	72.9	78.7	76.6	78.3
Cannabis	7.5	7.7	7	9.2	11.3	11.2	10.1	10.6	9.6	9.2
Ecstasy	1.3	0.9	0.8	1.8	1.4	1.2	1.1	0.8	0.7	0.7
Hallucinogens	0.8	0.9	0.6	0.7	0.6	0.7	0.6	0.5	0.4	0.3
Amphetamines/speed	1	0.9	0.7	1.1	0.8	1	0.9	0.6	0.6	0.6
Cocaine powder	1.8	1.6	1.6	2.5	2.7	3	3	2.6	2.2	2.1
Cocaine base	0.1	0.1	0.2	0.1	0.1	0.2	0.5	0.1	0.2	0.1
Cocaine (powder and/or base)	-	-	-	-	-	-	3.1	2.7	2.3	2.2
Heroin	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Volatile inhalants	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0	0.1	0.1
Tranquillisers	-	-	-	-	-	3.9	6.9	5.5	9.8	10.6
Tranquillisers (without prescription)	-	-	-	-	-	0.9	0.9	1.6	0.9	0.9
Sleeping pills	-	-	-	-	-	2.7	3.8	3.6	4.4	5.5
Sleeping pills (without prescription)	-	-	-	-	-	0.8	0.8	1.1	0.6	0.6
Hypnotosedatives	-	-	-	-	-	5.1	8.6	7.1	11.4	12.2
Hypnotosedatives (without prescription)	12.3	2.3	2.3	2.8	3.1	1.2	1.3	1.9	1.2	1.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

The prevalence of alcohol consumption in the last 30 days shows a slight upturn from 2011 but remains in the same interval which it has historically occupied, that is, between 60% and 65%. The prevalence of tobacco consumption in the last month, for its part, barely differs from the previous survey and remains below 40%, a scenario which began to be observed from the year 2003 onwards (Table 2.4).

Again, the third most prevalent category of substances in Spain in the last month is that of hypnotosedatives (8.9%), a fact which was first observed in the 2011 survey. Although among hypnotosedatives the consumption of tranquillisers predominates over sleeping pills, both substances are more present among the population.

The consumption of cannabis in the last month displays a certain stability in relation with the 2011 EDADES Survey; comparing it with previous measurements, the highest prevalence was recorded

in 2005, when 8.7% of the population admitted having used it in the last month, while the 2013 survey shows the lowest value of the last decade (6.6%).

Table 2.4. Prevalence of drug use in the last 30 days in the Spanish population of 15-64 years (percentages), Spain 1997-2013

	1997	1999	2001	2003	2005	2007	2009	2011	2013
Tobacco	42.9	40.1	41.4	42.9	38.4	38.8	39.4	37.6	38.3
Alcohol	64	61.8	63.7	64.1	64.6	60	63.3	62.3	64.4
Cannabis	4.6	4.5	6.4	7.6	8.7	7.2	7.6	7	6.6
Ecstasy	0.3	0.2	0.8	0.4	0.6	0.6	0.4	0.3	0.2
Hallucinogens	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1
Amphetamines/ speed	0.2	0.3	0.6	0.2	0.4	0.3	0.3	0.3	0.3
Cocaine powder	0.9	0.9	1.3	1.1	1.6	1.6	1.2	1.1	1.0
Cocaine base	0	0.1	0	0	0.1	0.3	0.1	0.1	0.0
Cocaine (powder and/or base)	-	-	-	-	-	-	1.3	1.1	1.0
Heroin	0.1	0	0	0	0.1	0	0.1	0.1	0.0
Volatile inhalants	0.1	0	0.1	0	0.1	0	-	0	0.0
Tranquillisers	-	-	-	-	2.7	4.7	4	6.9	7.7
Sleeping pills	-	-	-	-	2	2.5	2.7	3.4	4.0
Hypnosedatives	-	-	-	-	3.7	5.9	5.2	8.3	8.9

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

As for the daily consumption of psychoactive substances, tobacco displays the highest prevalence, with 30.8% of the interviewees recognising that they smoke every day. This proportion, which barely differs from the previous measurement, consolidates the advance shown in the reduction of consumption with respect to the early years of the past decade (Table 2.5).

In the case of alcohol, the prevalence of daily drinking now marks the lowest level of all the series (9.8%), declining from the higher prevalences recorded between 2001 and 2005, when over 14% of the population said they drank alcohol every day. The characteristics of the consumers with this pattern will be set out later in the corresponding section.

However, studying the figures for hypnosedatives, a certain growth is observed in their daily consumption, accounted for by both sleeping pills and tranquilisers. Specifically, the current proportion of consumption of hypnosedatives is 2.5 times higher than 4 years ago.

Table 2.5. Prevalence of daily drug use in the Spanish population aged 15-64 years (percentages), Spain 1997-2013

	1997	1999	2001	2003	2005	2007	2009	2011	2013
Tobacco	34.9	33.6	35.7	36.7	32.8	29.6	31.8	30.4	30.8
Alcohol	12.7	13.7	15.7	14.1	14.9	10.2	11	10.2	9.8
Cannabis	0.7	0.8	1.5	1.5	2	1.6	2	1.7	1.9
Tranquillisers	-	-	-	-	-	2.6	2.3	4	5.9
Sleeping pills	-	-	-	-	-	1.1	1.4	1.7	3.1
Hypnotosedatives	-	-	-	-	-	3.1	2.7	4.6	6.8

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

4.2.2. Average starting age of use and differences in use by age

Average starting age

Alcohol and tobacco are the substances that begin to be consumed at the earliest ages (16.7 and 16.4 years, respectively), followed by cannabis (18.6 years), values which throughout the historical series have maintained a certain stability (Table 2.6). The latest start in use is observed in the case of hypnotosedatives, beginning on average at 35.2 years.

Table 2.6. Average starting age of use of the different substances among the population of 15-64 years, Spain 1995-2013

	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Tobacco	15.9	16.6	16.7	16.5	16.5	16.4	16.5	16.5	16.5	16.4
Alcoholic drinks	-	16.8	16.9	16.9	16.7	16.7	16.8	16.7	16.7	16.7
Cannabis	18.3	18.9	18.7	18.5	18.5	18.3	18.6	18.6	18.7	18.6
Cocaine powder	21.4	21.3	21.8	20.4	20.9	20.6	20.9	20.9	21.0	21.3
Heroin	20.3	20.1	19	20.7	22	20.2	21.7	22.9	20.7	21.5
Amphetamines	19.2	19.4	19.2	18.8	19.6	19.2	19.7	20.1	20.2	20.8
Hallucinogens	19.3	19	19.3	18.9	19.9	19	19.9	19.7	20.5	20.9
Volatile inhalants	17.7	19	18.1	17.5	17.5	17.8	19.7	19.2	19.7	19.4
Cocaine base	21.8	20.6	20.1	19.6	20.1	20.8	21.4	23.1	22.4	23.2
Cocaine (powder and/or base)	-	-	-	-	-	-	-	20.9	21.0	21.3
Ecstasy	21.1	20	20.7	20.2	20.3	20.1	20.8	20.5	20.8	21.1
Hypnotosedatives	-	-	-	-	-	-	33.8	34.5	34.5	35.2
Hypnotosedatives (without prescription)	35.2	28.7	29.2	29.5	30	-	29.1	29.5	27.8	31.3

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Differences in consumption by age

In general, the consumption of legally sold substances displays a greater dimension in the older population (35 to 64 years), while illegal substances have a greater impact in the younger age groups (Table 2.7).

The most notable differential is seen in the case of cannabis, in which 40.2% of persons aged up to 34 confirm that they have used it at some time in life, while among those aged over 34 this percentage is reduced to 25%, which demonstrates that among today's youth population, trying cannabis is more habitual than in previous generations.

With respect to the 1990s, the prevalence of consumption at some time in life, in addition to having extended in the youngest population group, has increased in the population of over 34 years, persons who probably began their consumption previously.

An important differential is also observed in the consumption of tranquillisers, since the prevalence in the oldest age segment doubles that of the youngest group. In addition, the growth of their consumption among the population occurs mainly in persons aged over 34.

Among illegal drugs, cocaine base and especially heroin must be singled out as those in which the proportion of persons who have used them at some time in life is greatest in those over 34, which could indicate a greater rejection of this type of substances among young people at the present time in comparison with the young people of previous generations. In fact, in the mid-1990s, at the start of the historical series, 1.4% of persons under 35 had consumed heroin at some time, a percentage which has now fallen to 0.3%.

The use of drugs in the last year is more generalised in the 15-34 age group, except in the case of hypnotosedatives, a scenario which is also seen in the time section of the last 30 days (Tables 2.8 and 2.9).

The gap between the 15-34 group and that of 35-64 years is especially evident when the use levels of cannabis in the last month are observed, since 12.2% of young people have used it compared with only 3.5% in the older group.

Attention should be drawn to the evolution shown by recent tobacco consumption in persons under 34. The proportion of those who have smoked in the last month is stable with respect to that recorded in 2011, and is the lowest of the series (40.2%), which consolidates the fall in tobacco consumption among young people and marks a notable difference with the result obtained a decade ago, when its prevalence was 7 points higher.

A downward trend is likewise observed in the recent use of cocaine powder among persons aged up to 34. In the year 2007, 2.9% stated that they had consumed it in the last 30 days, but this prevalence has progressively fallen to 1.2% at present.

Table 2.7. Prevalences of drug use at some time in life in the population of 15-64 years according to age group (percentages), Spain 1995-2013

	1995		1997		1999		2001		2003		2005		2007		2009		2011		2013	
	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64
Tobacco	-	-	72.7	66.9	65.2	64.7	69.4	67.6	69.2	68.7	67.9	70.7	66.6	69.8	70.1	78.3	67.8	74.2	68.5	75.6
Alcohol	-	-	91.4	89.9	87.4	87.2	89.3	88.8	88.9	88.3	93.2	94.1	87.7	88.3	92.2	95.5	89.5	91.7	92.2	93.7
Cannabis	22.9	6.1	32.4	14.4	28.1	12.3	34.3	15.3	39	21	39.4	20.4	37.5	20.2	42.4	25.2	36.9	21.6	40.2	25.0
Ecstasy	3.5	0.5	4.8	0.4	4.4	0.7	7.7	1	8.3	1.6	7.6	1.9	7.2	2.2	8.4	2.6	5.7	2.3	6.2	3.2
Hallucinogens	3.3	0.9	4.7	1.3	2.9	1	4.6	1.3	4.7	1.6	5.4	1.9	5.9	2.3	5.7	2.4	4.4	2.0	5.0	3.1
Amphetamines/speed	3.7	1	4.2	1.3	3.1	1.3	4.6	1.5	4.7	1.9	5.2	2	5.6	2.6	5.7	2.4	4.6	2.4	4.9	3.2
Cocaine powder	5.4	1.4	5.5	1.6	4.7	1.8	7.7	2.4	8.9	3.6	10.4	4.4	11.4	5.5	13.5	7.9	11.0	7.4	11.6	9.4
Cocaine base	0.5	0.1	0.7	0.2	0.6	0.2	0.7	0.3	0.7	0.3	0.7	0.6	2.3	1.5	0.9	0.9	0.8	1.0	0.9	1.1
Heroin	1.4	0.2	0.9	0.3	0.6	0.3	0.7	0.5	0.8	0.9	0.6	0.7	0.6	1	0.4	0.6	0.4	0.6	0.3	0.9
Inhalable substances	1.1	0.3	1.3	0.3	0.9	0.4	1.5	0.2	1.7	0.5	1.2	0.5	1.7	0.8	1	0.4	1.1	0.6	0.7	0.5
Tranquillisers	-	-	-	-	-	-	-	-	-	-	5.1	8.4	8.8	16	7.1	13.8	10.7	21.0	12.3	24.5
Sleeping pills	-	-	-	-	-	-	-	-	-	-	2.9	5.8	3.7	7.6	4	8	3.9	10.3	5.1	12.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Table 2.8. Prevalences of drug use in the last 12 months in the population of 15-64 years according to age group (percentages), Spain 1995-2013

	1995		1997		1999		2001		2003		2005		2007		2009		2011		2013	
	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64
Tobacco	-	-	54.5	39.9	49.5	40.6	52	41.2	52.8	43.8	47.3	38.8	46.2	38.8	45.3	41.1	43.8	37.9	43.4	39.2
Alcohol	72.9	64.1	82.5	74.9	79	71.8	81.5	75.2	79.5	74.2	79.4	74.7	76.9	71.1	80.1	77.7	79.1	75.1	81.3	76.7
Cannabis	12.7	2.3	14.2	1.8	12.6	2.2	16.7	3.3	20.1	4.2	19.8	4.7	18.9	3.9	19.4	4.6	17	5.1	17.0	4.8
Ecstasy	2.4	0.1	1.8	0	1.6	0.1	3.7	0.2	2.9	0.1	2.4	0.4	2.4	0.4	1.8	0.2	1.4	0.2	1.5	0.2
Hallucinogens	1.3	0.2	1.8	0.1	1.2	0.2	1.3	0.2	1.1	0.2	1.5	0.1	1.4	0.1	1.1	0.1	0.9	0.1	0.8	0.1
Amphetamines/speed	1.8	0.2	1.8	0.1	1.3	0.2	2.2	0.2	1.6	0.2	1.9	0.3	1.7	0.2	1.4	0.1	1.1	0.3	1.2	0.3
Cocaine powder	3.1	0.5	2.9	0.5	2.8	0.5	4.5	0.9	4.8	0.9	5.2	1.3	5.3	1.3	4.3	1.5	3.5	1.4	3.2	1.5
Cocaine base	0.1	0.1	0.2	0.1	0.4	0	0.2	0	0.2	0	0.2	0.1	0.6	0.2	0.2	0.1	0.2	0.2	0.2	0.0
Heroin	0.9	0.1	0.4	0.1	0.2	0	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0	0.1	0.1	0.1	0.1	0.1	0.0
Inhalable substances	0.2	0.1	0.4	0	0.1	0.1	0.3	0	0.2	0	0.2	0.1	0.2	0	0.1	0	0.1	0.1	0.1	0.0
Tranquillisers	-	-	-	-	-	-	-	-	-	-	2.7	4.8	4.4	8.4	3.1	7.1	5.5	12.4	5.6	13.4
Sleeping pills	-	-	-	-	-	-	-	-	-	-	1.5	3.6	1.8	4.6	1.9	4.7	2	5.9	2.4	7.1
Tranquillisers (without prescription)	-	-	-	-	-	-	-	-	-	-	0.7	0.9	1.1	0.8	1.6	1.5	1	0.9	0.8	1.0
Sleeping pills (without prescription)	-	-	-	-	-	-	-	-	-	-	0.6	0.9	0.7	0.7	1	1.1	0.5	0.7	0.5	0.7

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Table 2.9. Prevalences of drug use in the last 30 days in the population of 15-64 years according to age group (percentages), Spain 1997-2013

	1997		1999		2001		2003		2005		2007		2009		2011		2013	
	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64	15-34	35-64
Tobacco	49.6	36.9	43.7	36.9	46.3	37.5	47.2	39.5	42.3	35.5	42.2	36.3	40.9	38.4	40.4	35.9	40.2	37.2
Alcohol	66.7	61.6	64.4	59.4	65.7	62.1	65.8	62.7	66.3	63.4	61.7	59.4	63.1	63.3	63.7	61.5	65.4	63.9
Cannabis	8.5	1.1	7.9	1.5	11.5	2.3	13.4	2.9	15.4	3.6	13.5	2.8	14.1	3.2	12.5	3.7	12.2	3.5
Ecstasy	0.6	0	0.5	0	1.5	0.2	0.7	0	1.1	0.2	0.8	0.2	0.8	0.1	0.6	0.1	0.4	0.1
Hallucinogens	0.4	0	0.3	0.1	0.4	0.1	0.4	0	0.5	0.1	0.2	0	0.4	0	0.3	0.1	0.2	0.0
Amphetamines/speed	0.5	0	0.5	0.1	1.1	0.1	0.4	0.1	0.8	0.1	0.5	0.1	0.7	0.1	0.5	0.1	0.5	0.1
Cocaine powder	1.6	0.2	1.5	0.3	2.4	0.5	1.9	0.4	2.8	0.7	2.9	0.7	2	0.7	1.7	0.8	1.2	0.9
Cocaine base	0.1	0	0.1	0	0	0	0	0	0.1	0.1	0.4	0.2	0.1	0.1	0.1	0.1	0.0	0.0
Heroin	0.2	0.1	0.1	0	0	0	0.1	0	0.1	0.1	0.1	0	0	0.1	0.1	0.1	0.0	0.0
Inhalable substances	0.1	0	0	0	0.1	0	0	0	0.1	0	0	0	0	0	0	0	0.1	0.0
Tranquillisers	--	--	--	--	--	--	--	--	1.6	3.5	2.5	6.2	1.8	5.5	2.8	9.5	2.9	10.4
Sleeping pills	--	--	--	--	--	--	--	--	0.8	2.9	1	3.6	1.2	3.7	1.3	4.7	1.4	5.5

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

4.2.3. Differences in use by gender

Analysing the prevalences of consumption of psychoactive substances in the last 12 months according to gender, it is observed that women only exceed men in the case of hypnotosedatives, and specifically in the use of tranquillisers, where females practically double males (Table 2.10).

As for alcohol and tobacco, although there still exists a significant difference between the levels of consumption of men and women, the gap between the two is the smallest of the series. With respect to 2011, men have maintained the prevalence in both substances, while the proportion of consumption among women has grown slightly. Cannabis use, for its part, is notably greater among males (12.9%), exceeding females by 7.5 points in consumption in the last 12 months.

In the same way, in relation with the last 30 days before the performance of the survey, the consumption of the different substances is greater among men, with the exception of hypnotosedatives, in which the female prevalence doubles the male in both tranquillisers and sleeping pills (Table 2.11).

In addition, in recent consumption of alcohol and tobacco, the difference between sexes is the smallest of the series, with a certain stability being found with EDADES 2011 in the prevalence of men, against an increase in female consumption, which is more pronounced in the case of alcohol. The slight upturn in the prevalence of alcohol consumption in the last 30 days is accounted for by the female population.

The evolution of the use of cannabis with respect to the previous measurement is similar between men and women, with both contributing to making the prevalence of use in the last 30 days the lowest of the last decade. At present, 2.9 men are registered for each woman who has consumed cannabis in the last month.

Table 2.10. Prevalences of drug use in the last 12 months in the population of 15-64 years according to gender (percentages), Spain 1995-2013

	1995		1997		1999		2001		2003		2005		2007		2009		2011		2013	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Tobacco	-	-	55	38.7	50.3	39.2	51.5	40.5	53	42.6	47.2	37.5	46	37.6	48.4	37	44.2	36	44.2	37.2
Alcohol	79.3	58	86.4	70.5	83.2	67.2	85.2	70.9	84.5	68.4	84	69.2	80.4	66.4	84.4	72.7	83.2	69.9	83.2	73.4
Cannabis	10.7	4.4	10.7	4.7	9.6	4.3	13	5.5	16.2	6.3	15.7	6.6	13.6	6.6	14.8	6.2	13.6	5.5	12.9	5.4
Ecstasy	1.9	0.7	1.2	0.5	1.2	0.5	2.8	0.7	2	0.8	1.8	0.6	1.6	0.5	1.4	0.3	1	0.4	1.0	0.3
Hallucinogens	1.1	0.4	1.4	0.4	0.8	0.4	1.2	0.2	0.9	0.3	1.1	0.4	0.9	0.3	0.7	0.2	0.6	0.2	0.5	0.1
Amphetamines/speed	1.3	0.7	1.4	0.4	1	0.4	1.6	0.6	1.1	0.5	1.4	0.5	1.3	0.3	1	0.3	0.9	0.3	0.8	0.4
Cocaine powder	2.7	1	2.6	0.6	2.3	0.8	3.8	1.3	4.1	1.2	4.6	1.3	4.4	1.5	4.2	1	3.6	0.9	3.3	0.9
Cocaine base	0.2	0	0.2	0	0.4	0	0.2	0	0.2	0	0.3	0	0.7	0.1	0.2	0.1	0.2	0.1	0.1	0.1
Cocaine (powder and/or base)	-	-	-	-	-	-	-	-	-	-	-	-	4.7	1.6	4.2	1	3.6	0.9	3.3	1.0
Heroin	0.8	0.3	0.4	0.1	0.2	0	0.2	0	0.2	0.1	0.2	0.1	0.1	0	0.1	0	0.2	0	0.1	0.0
Inhalable substances	0.2	0.1	0.3	0	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.3	0.1	0	0	0.1	0.1	0.1	0.0
Tranquillisers	-	-	-	-	-	-	-	-	-	-	2.6	5.2	4.7	9.1	3.4	7.6	6.4	13.2	7.3	14.0
Tranquillisers (without prescription)	-	-	-	-	-	-	-	-	-	-	0.8	1	0.9	0.9	1.5	1.7	0.9	1	0.8	1.0
Sleeping pills	-	-	-	-	-	-	-	-	-	-	2	3.5	2.8	4.3	2.6	4.6	3.1	5.9	3.7	7.3
Sleeping pills (without prescription)	-	-	-	-	-	-	-	-	-	-	0.7	0.9	0.6	0.8	1.1	1	0.5	0.7	0.6	0.7
Hypnosedatives	-	-	-	-	-	-	-	-	-	-	3.5	6.7	6.8	11.5	4.6	9.3	7.6	15.3	8.5	16.0
Hypnosedatives (without prescription)	8.2	1.6	2.3	2.4	2.3	2.4	2.5	3.1	2.9	3.3	1.1	1.3	1.2	1.4	1.9	1.9	1.1	1.2	1.1	1.3

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Table 2.11. Prevalences of drug use in the last 30 days in the population of 15-64 years according to gender (percentages), Spain 1997-2013

	1997		1999		2001		2003		2005		2007		2009		2011		2013	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Tobacco	51.4	34.4	45	35.2	46.5	36.3	47.9	37.9	43.1	33.6	42.6	34.7	44.7	34	41.4	33.7	41.7	34.8
Alcohol	75.8	52.1	74.4	49.1	76.4	50.9	75.8	52.1	76	52.9	71.4	49	74	52.2	73.2	51.2	73.4	55.3
Cannabis	6.7	2.5	6.2	2.8	9.4	3.4	11.3	3.9	12.5	4.7	10	4.2	11	4	10.2	3.8	9.8	3.4
Ecstasy	0.5	0.1	0.3	0.2	1.3	0.3	0.5	0.2	0.9	0.3	0.6	0.2	0.5	0.2	0.4	0.2	0.3	0.1
Hallucinogens	0.3	0.1	0.3	0.1	0.4	0.1	0.3	0.1	0.4	0.1	0.1	0	0.2	0.1	0.2	0.1	0.1	0.0
Amphetamines/speed	0.4	0.1	0.4	0.2	0.9	0.2	0.4	0.1	0.6	0.2	0.4	0.1	0.4	0.2	0.4	0.1	0.4	0.1
Cocaine powder	1.5	0.2	1.3	0.4	2.2	0.5	1.6	0.5	2.5	0.7	2.5	0.8	2	0.4	1.8	0.5	1.7	0.4
Cocaine base	0.1	0	0.1	0	0	0	0	0	0.1	0	0.5	0.1	0.1	0	0.1	0.1	0.1	0.0
Cocaine (powder and/or base)	-	-	-	-	-	-	-	-	-	-	2.5	0.8	2	0.4	1.8	0.5	1.7	0.4
Heroin	0.2	0.1	0.1	0	0.1	0	0	0.1	0.1	0	0.1	0	0.1	0	0.1	0	0.0	0.0
Inhalable substances	0.1	0	0	0	0.1	0	0	0	0.1	0	0.1	0	0	0	0	0	0.1	0.0
Tranquillisers	-	-	-	-	-	-	-	-	1.7	3.7	3.3	6.3	2.4	5.7	4.4	9.6	5.1	10.4
Sleeping pills	-	-	-	-	-	-	-	-	1.3	2.8	2	3	1.9	3.5	2.1	4.7	2.6	5.5
Hypnosedatives	-	-	-	-	-	-	-	-	2.3	5.1	4.3	7.6	3.2	7	5.2	11.4	5.8	12.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

4.3. Use by type of drug

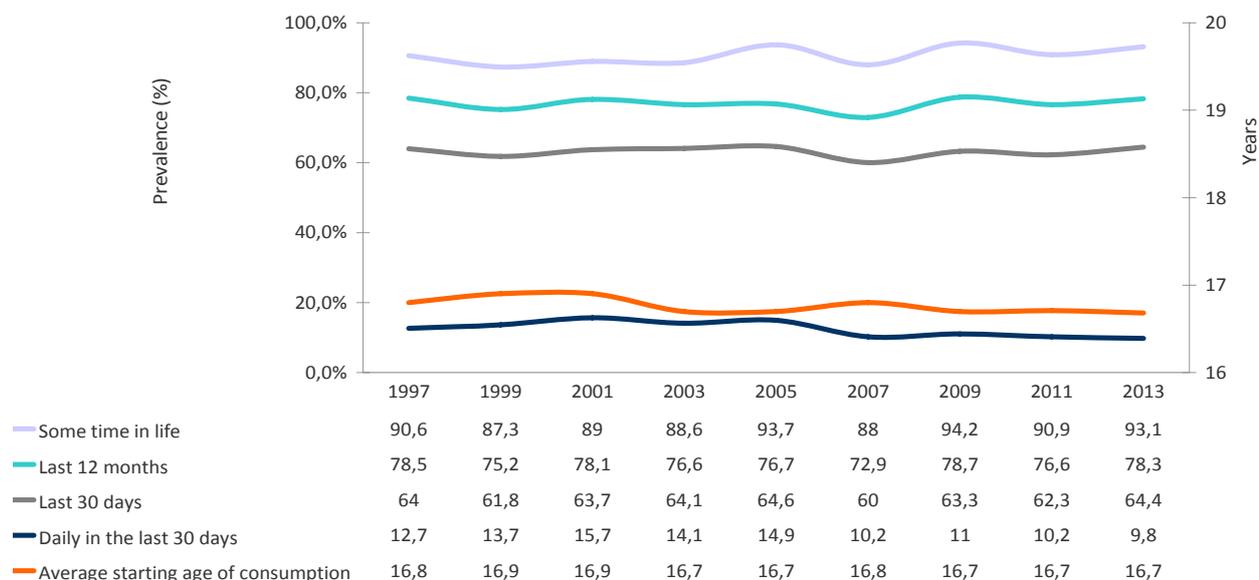
4.3.1. Alcoholic drinks

Alcohol is clearly the most generalised psychoactive substance among the population; in 2013, 93.1% of persons aged from 15 to 64 had consumed alcoholic drinks on some occasion, the average starting age of consumption being 16.7 years, similar to that recorded in previous years. Observing the evolution of consumption, this proportion represents a slight upturn compared with 2011, the most notable increases having occurred in 2005 and 2009 (Figure 2.1).

Although alcohol consumption in the last month (64.4%) has increased slightly over 2011, it remains within the band it has occupied throughout the historical series for this indicator, between 60% and 65%.

One out of every 10 persons between 15 and 64 years of age drinks alcohol every day, which represents the lowest level of the entire series, differing especially from the levels recorded between 2001 and 2005, when over 14% of the population said they drank alcohol every day.

Figure 2.1. Evolution of the prevalence and average starting age of alcohol consumption in the population of 15-64 years (percentages), Spain 1997-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

In relation with the differences in consumption according to gender, alcohol is more present among men, independently of the age group or the time section considered, although the difference with female consumption is smaller among the young population.

Analysing alcohol consumption among women in the last month, the highest prevalence is found among young women aged 15 to 24, six of every ten of whom have drunk alcohol recently. From this age group upwards, alcohol consumption has gradually less presence, which does not occur among males. From the age of 24 upwards, approximately three of every four men record consumption in the last month, a proportion which, far from decreasing with age as in the case of women, remains relatively stable. This scenario means that the difference in degree of consumption between men and women increases with age (Table 2.12).

The profile which shows the greatest daily alcohol consumption is that of men aged over 44, this habit being present in practically one of every four 4 men aged between 45 and 54 years in 29.7% of men over 55. Daily alcohol consumption is also more frequent among older than younger women, being therefore a habit that is acquired with age. In any case, these prevalences could be seen in persons who drink wine or beer with meals.

Taking as reference the population of 15 to 64 years who have consumed alcohol in the last 30 days and analysing the prevalence of the different types of alcoholic drinks, in Spain the most commonly consumed drink is beer, on both working days and weekends (Table 2.13).

Table 2.12. Prevalences of alcohol consumption among the population of 15-64 years, according to gender and age (percentages), Spain 2013

	15 - 24		25 - 34		35 - 44		45 - 54		55 - 64	
	M	W	M	W	M	W	M	W	M	W
Some time in life	91.0	88.8	95.2	92.3	94.1	92.7	96.2	92.3	97.8	88.7
Last year	83.1	79.4	86.5	75.9	82.3	73.5	82.5	72.5	81.1	66.6
Last month	68.0	60.8	74.8	57.0	72.9	55.2	75.2	54.5	74.5	49.8
Daily in the last month	1.3	0.5	7.2	1.7	11.9	3.8	23.9	7.3	29.7	8.7
Never	9.0	11.2	4.8	7.7	5.9	7.3	3.8	7.7	2.2	11.3

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Table 2.13. Prevalence of consumption of alcoholic drinks on working days and weekends in the last 30 days among those who have consumed alcoholic drinks in the last 30 days, according to age group and type of drink (percentages), Spain 2013

	15-64 years			15-34 years			35-64 years		
	Working days	Thursday	Weekend	Working days	Thursday	Weekend	Working days	Thursday	Weekend
Wine/champagne	20.7	20.3	39.0	6.9	6.8	20.0	27.9	27.5	49.8
Beer/cider	32.3	34.5	69.5	25.5	29.6	68.3	35.9	37.0	70.3
Aperitifs/vermouth	0.5	0.5	3.3	0.4	0.4	2.1	0.5	0.6	4.0
Cocktails/highballs	1.2	2.7	35.7	1.4	4.6	59.9	1.2	1.7	21.9
Fruit liqueurs	0.3	0.4	2.7	0.3	0.6	3.2	0.2	0.2	2.3
Strong liquors	0.9	1.0	5.9	0.4	0.7	6.5	1.1	1.2	5.6
Any alcoholic drink	45.7	47.9	99.1	29.9	34.6	99.3	53.9	54.9	99.0

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Ethylic intoxications (inebriation)

The prevalence of ethylic intoxications in the last year in the population of 15 to 64 years is 19.1%; the rest (80.9%) have either not consumed alcohol in this period or have not consumed enough to reach a state of inebriation. Specifically, 4.4% of the population have become inebriated more than once a month in the last year, while 14.7% have done so less frequently (Figure 2.2).

In comparison with the last survey, no significant change is observed with respect to the proportion of the general population who have become inebriated in the last 12 months, although the frequency is reduced, since the prevalence of ethylic intoxications more than once a month has diminished by one point.

As for ethylic intoxications in the last year, both men and women from 15 to 34 years record prevalences slightly higher than those obtained in 2011, a phenomenon which is not seen in persons over 35.

Although historically the prevalence of inebriation in males under 35 has been close to 40%, the last three surveys have revealed higher levels. Among women aged 15 to 34, ethylic intoxications have shown an upward trend from 2001 (18.1%) to the present (25.5%), with 1 in 4 women of this age group now recognising that they have been inebriated one or more times during the year prior to the survey. In contrast, men and women over 34 now display more moderate values in relation with their historical levels.

Figure 2.2. Prevalence of acute ethylic intoxications (inebriation) in the last 12 months in the population of 15-64 years (percentages), Spain 1997-2013

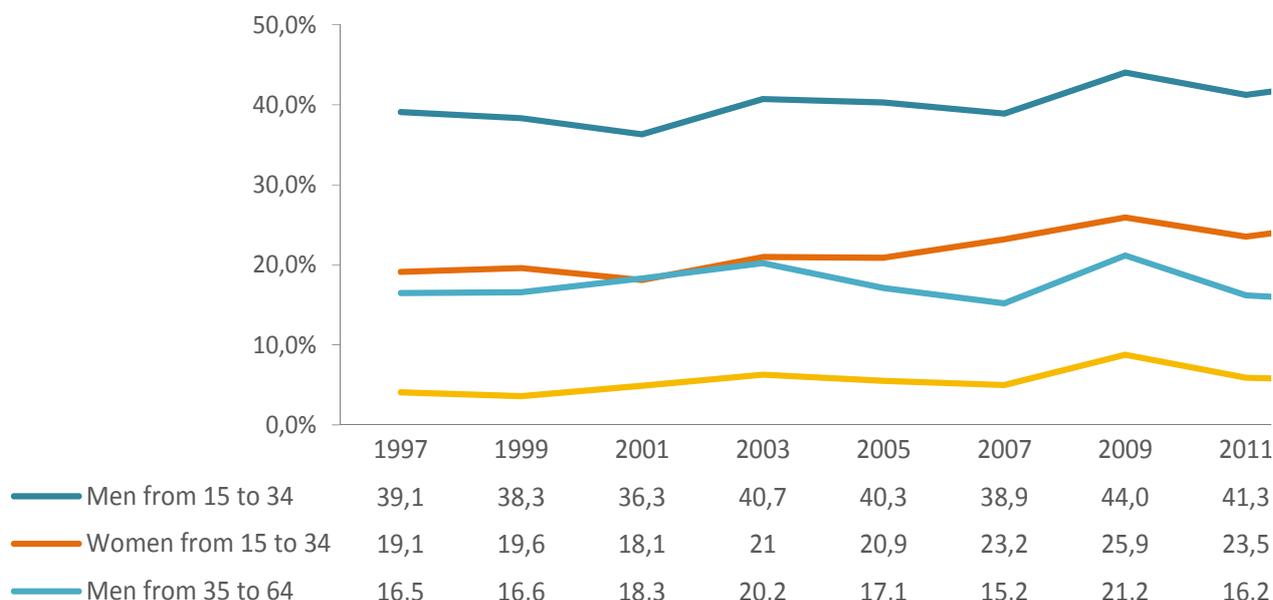


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

As an innovation, EDADES 2013 analysed the perception of having been inebriated in the last 30 days, with 7% of the population from 15 to 64 saying they had been inebriated in the last month (the rest had not consumed alcohol in this period or had consumed alcohol without becoming inebriated).

Considering only the population group that has consumed alcohol in the last month, 10.9% suffered an ethylic intoxication in the period, while the remaining 89.1% consumed alcohol without reaching a state of inebriation, notable differences being found in this respect according to gender or age. Thus, the level of intoxications is lower among women and as age increases, while it reaches the maximum level among young men: of every 3 males from 15 to 24 years who consumed alcohol in the last month, 1 become inebriated (Table 2.14).

Figure 2.3. Evolution of the prevalence of acute ethylic intoxications (inebriation) in the last 12 months in the population of 15-64 years, according to age group and gender (percentages), Spain 1997-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

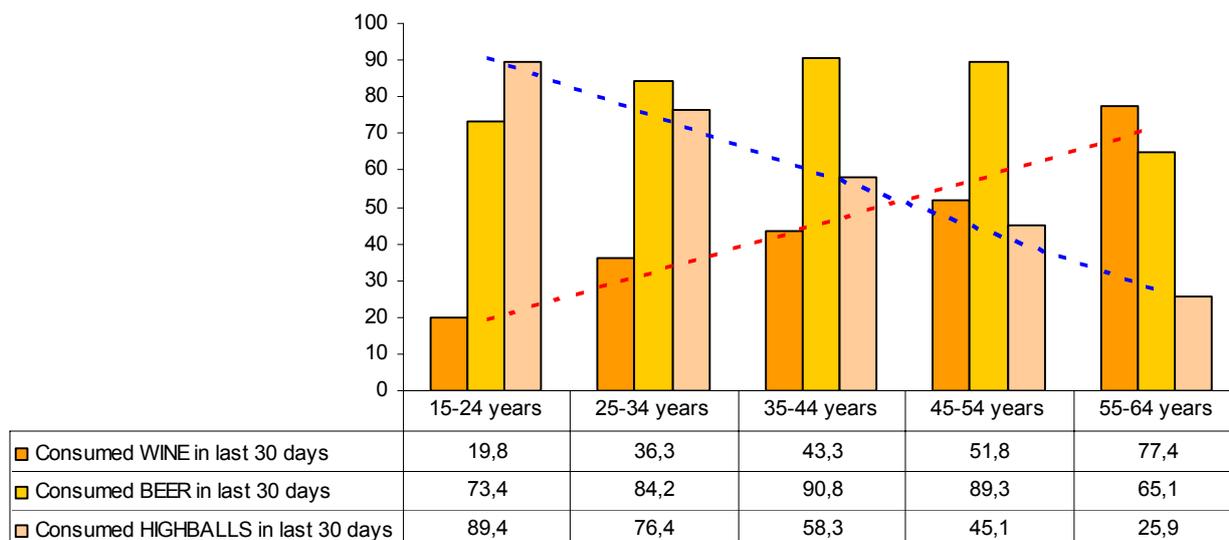
Table 2.14. Prevalence of inebriation in the last 30 days in the Spanish population of 15-64 years who have consumed alcohol in the last 30 days (percentages), Spain 2013

	15-64			15-24			25-34			35-44			45-54			55-64		
	Total	M	W	Total	M	W	Total	M	W	Total	M	W	Total	M	W	Total	M	W
Episodes of inebriation in last 30 days	10.9	13.0	8.1	28.2	32.6	23.0	16.9	21.0	11.4	7.6	9.1	5.4	4.1	5.6	2.3	2.1	2.7	1.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

In reference to the type of drink consumed by those who became inebriated in the last month, highballs (combined drinks) are the most frequent among young people from 15 to 24 years (9 of every 10), followed by beer (73.4%). Among persons aged 24 to 54, beer is the predominant drink, while among the over-55s it is wine (Figure 2.4).

Figure 2.4. Prevalence of consumption of wine, beer and highballs in the last 30 days among those who have been inebriated in the last 30 days, in the population of 15-64, years according to age (percentages), Spain 2013



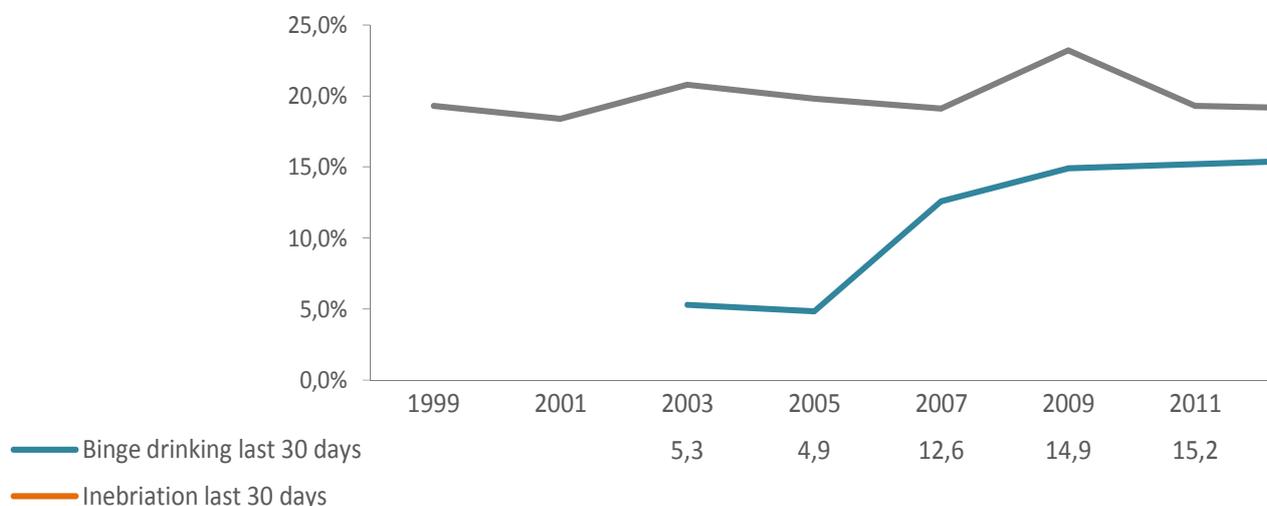
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Binge drinking

Binge drinking is considered to be the consumption of 5 or more alcoholic drinks (for a male) or four or more (for a female) on the same occasion, that is, in succession or within an interval of two hours (Figure 2.5).

Binge drinking has gained in popularity over the years, and although in 2013 the prevalence remains stable in comparison with 2011, it is substantially higher than a decade ago, having practically tripled. At present, 15.5% of the population aged 15 to 64 have indulged in binge drinking in the last month (the rest either have not drunk alcohol in the last month or have done so with less intensity).

Figure 2.5. Evolution of the prevalence of “binge drinking” and inebriation in the population of 15-64 years in the last 30 days and in the last 12 months (percentages), Spain 1999-2013.



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1999-2013)

The prevalence of binge drinking increases from the age of 19, reaching its highest level between 20 and 24 years. It can be mentioned that among women, the prevalence diminishes in the next age group (25-29), while in men it remains constant.

In fact, the greatest difference between sexes in regard to this behaviour is observed in the 25 to 29 age group, since men (33.5%) exceed women by 17.5 percentage points. In contrast, among young people between 15 and 19, the difference between males and females is the smallest of all those recorded (Figure 2.6).

Figure 2.6. Prevalence of “binge drinking” in the last 30 days according to gender and age in the population of 15-64 years (percentages), Spain 2013

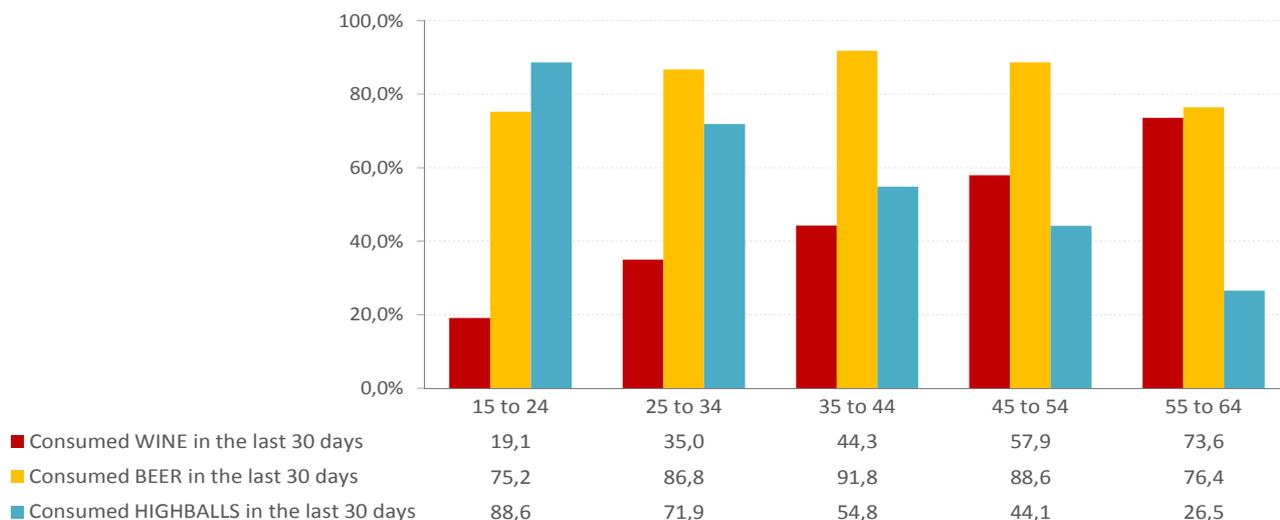


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

In reference to the type of drink consumed in the last month by those who have indulged in binge drinking, it is observed that the consumption of combined drinks predominates in the youngest population of 15 to 24 years, to the extent that 9 out of 10 who admitted to binge drinking in the last month had drunk highballs in that period, although the consumption of beer is also frequent in this age group (75.2%).

It is from this age group upwards when beer becomes the main alcoholic drink consumed among persons who indulge in binge drinking. In addition, with age, the consumption of highballs becomes less frequent and wine gains presence until among over-55s it is practically as prevalent as beer (Figure 2.7).

Figure 2.7. Prevalence of consumption of wine, beer and highballs in the last 30 days among those who have indulged in “binge drinking” in the last 30 days, in the population of 15-64, years according to age (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.3.2. Tobacco

The prevalence of tobacco consumption at some time in life remains above 70%, as began to be observed from 2009 onwards, which reflects that in recent years it is more frequent that the population have smoked at least one cigarette at some time (Figure 2.8).

In 2013, 73.1% of the population of 15 to 64 had smoked on some occasion, which represents a slight upturn in comparison with the previous survey (+1.4 percentage points), although not reaching the value recorded in 2009, the year which represented the maximum in the series (75%). The average age of starting to smoke is 16.4 years, similar to that found in previous years, the average starting age of daily consumption being 18.6 years.

Studying the last year and the last month before the performance of the survey, the results do not differ from those obtained in 2011, and they confirm the significant advance registered with respect to the results of ten years ago, when tobacco consumption was more widespread. In this respect, taking as reference the year 2003, the prevalence for the last year has been reduced by 7.1 points and for the last month by 4.6 points.

The level of incidence of tobacco is an indicator which is obtained considering jointly the persons who have never smoked and those who have started in the last 12 months. In this sphere, the percentage of individuals who began smoking in the last year is 1.6% (incidence of tobacco), although, as could be expected, it is notably higher among young people. Thus, in the population aged 15 to 24 the incidence of tobacco is 6.7%, and restricting this analysis to youngsters of 15 to 17 it rises to 13.2%. The relative incidence of starting in the last month is 3.1% in this latter age group.

In reference to daily consumption, in Spain the percentage of population of 15 to 64 who smoke every day remains stable at 30.8%, similar to 2011, continuing to be below the levels of consumption observed in the early years of the last decade, when this prevalence exceeded 35%. In another respect, on average two and a half years elapse between the first consumption of

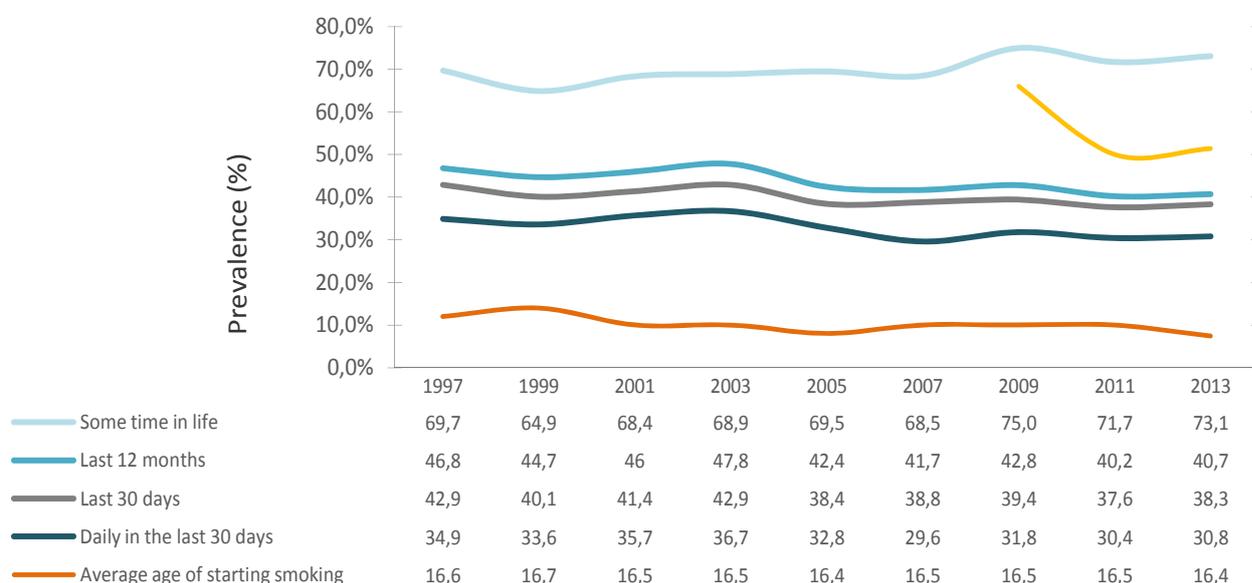
tobacco and the acquisition of a daily smoking habit (taking as reference the starting age in consumption and the starting age in daily consumption of persons who have smoked every day in the last month).

Analysing the results according to gender and age, daily tobacco consumption has the same impact between males and females in the 15 to 24 age group, in which, in both cases, 1 of every 4 smokers maintain this habit. It is from the age of 25 onwards when there begin to be more men smokers than women (Figure 2.9).

The segment which shows the highest percentage of smokers is men from 25 to 34 years (37.9% smoke every day), while among women the maximum level of consumption occurs at a later age, in the group of 45 to 54 years, in which 1 out of 3 women are smokers.

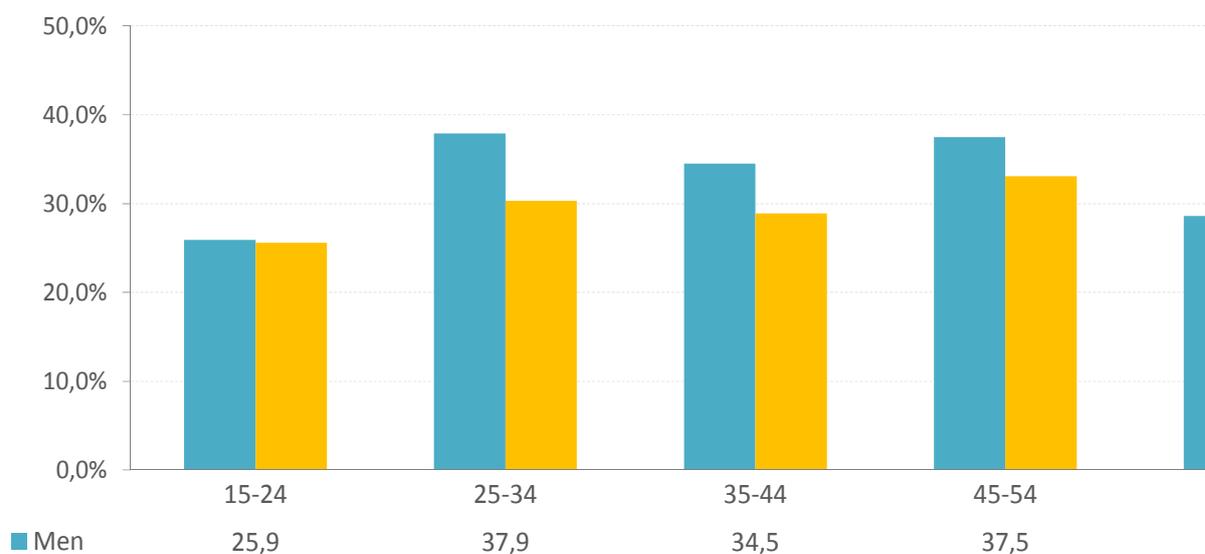
The greatest increase in daily consumption occurs between the age groups of 15 to 24 and 25 to 34, particularly among men, with a growth in prevalence between these two segments of 12 points (4.7 points in the case of women).

Figure 2.8. Evolution of the prevalence of tobacco consumption in the population of 15-64 years (percentages), Spain 1997-2013.



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

Figure 2.9. Prevalence of daily tobacco consumption in the last 30 days in the population of 15-64 years, according to age group and gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

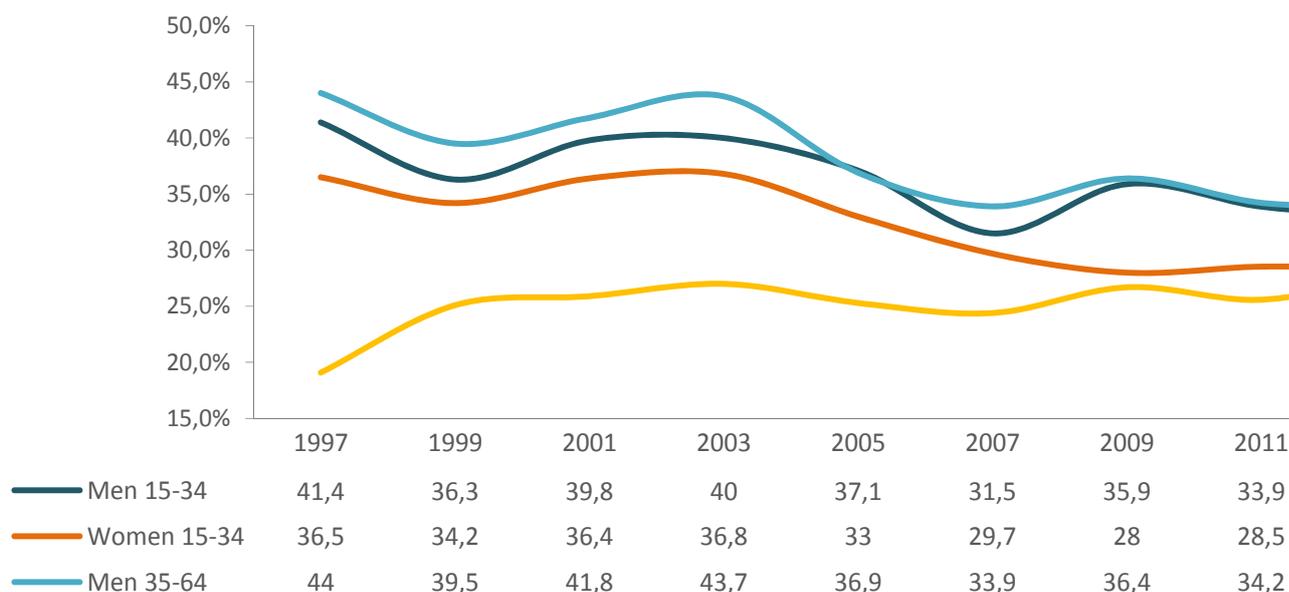
Taking a historical perspective, the proportion of younger daily smokers aged up to 34 years has reduced considerably with respect to the late 1990s and the early years of this century. In this respect, in comparison with 2003, the prevalence in men has decreased by 7 points and in women by 8.4 points. Although the percentage of young male smokers showed an upturn in 2009, this has been corrected in 2011 and 2013 (Figure 2.10).

Taking into consideration the population over 34, there is a differentiated evolution in consumption between men and women. Among men over 34 years, the smoking habit has diminished by 9.8 points compared with the results of a decade ago. As with young males, the downward trend was interrupted in 2009 but has continued since then.

In contrast, in women over 34 the level of consumption has not fallen but has been maintained over the years between 24% and 28%. In this way, if historically the proportion of female smokers of up to 34 years has always exceeded that registered among women over 34, at present the two are similar.

Finally, smokers consume on average 12.6 cigarettes a day, one less than in 2011. Men in general smoke more (13.4 cigarettes), and in terms of age the intensity of consumption increases progressively with the years, with persons over 45 smoking between 14 and 15 cigarettes a day.

Figure 2.10. Evolution of the prevalence of daily tobacco consumption in the population of 15-64 years, according to age group and gender (percentages), Spain 1997-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

4.3.3. Hypnosedatives

Hypnosedatives (with and without prescription)

In the year 2011 it was observed that the consumption of hypnosedatives (tranquillisers and/or sleeping pills) had extended notably among the population of 15 to 64 years, with 2 of every 10 persons (19.5%) having consumed this type of substances at some time; this result meant that the prevalence had grown by 6.1 points from 2009 (Figure 2.11).

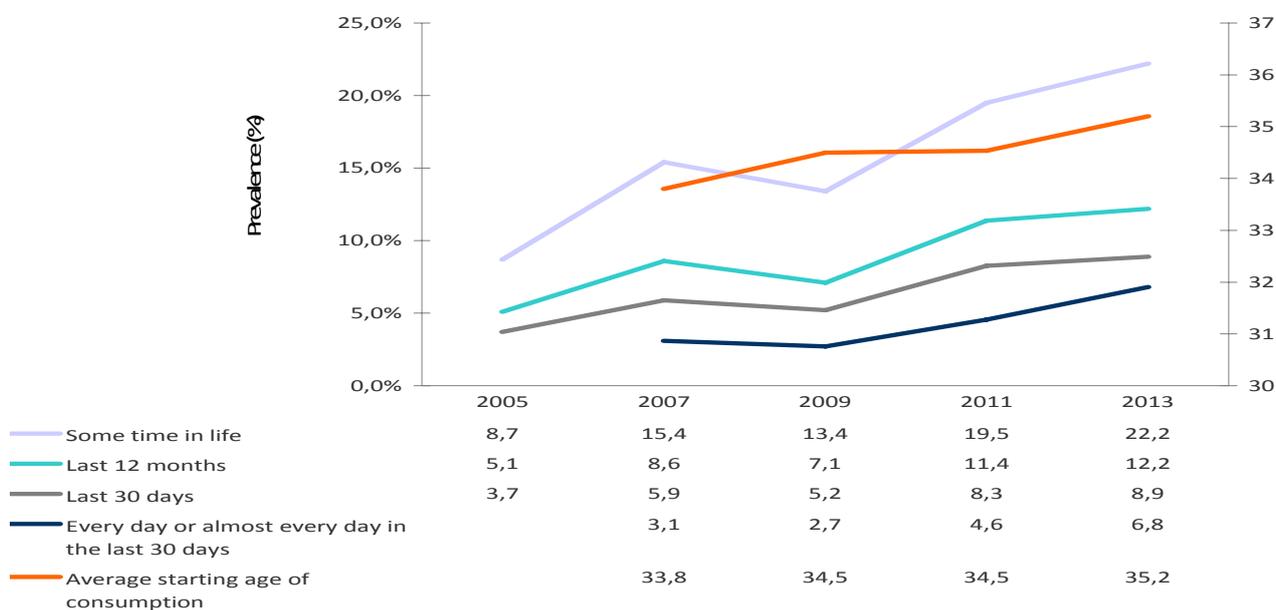
The variation in the prevalence of consumption from 2011 to 2013 is more discreet, having increased by 2.7 points to 22.2%, which means that the percentage of the population who have consumed hypnosedatives on some occasion has multiplied by 2.6 with respect to the level recorded 8 years ago (when the prevalence of these substances began to be analysed).

The levels of consumption in the last 12 months and in the last 30 days present a certain stability following the increase observed in 2011. However, the dimension of daily use is growing among the population and its prevalence has risen by 2.2 points. In this way, 6.8% of the population have taken hypnosedatives every day or almost every day in the last month, a proportion which is 2.2 higher than the level recorded in 2007 when this type of consumption began to be studied.

In addition, it is observed that most people who have taken hypnosedatives (tranquillisers and/or sleeping pills) in the last 30 days have done so on a daily basis (of every 4 individuals who have taken them, 3 did so every day or almost every day).

Hypnosedatives are the psychoactive substances whose consumption begins at the latest age, on average 35.2 years.

Figure 2.11. Evolution of the prevalence of consumption of hypnotosedatives with and without prescription and average starting age of consumption of hypnotosedatives with and without prescription in the Spanish population of 15-64 years (percentages), Spain 2005-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2005-2013)

In the sphere of consumption of hypnotosedatives there is a predominance of tranquillisers/sedatives; two of every 10 persons of 15 to 64 years have taken them at some time, approximately twice the proportion who take sleeping pills (Table 2.15).

In terms of gender, the consumption of hypnotosedatives has a greater impact in women, independently of the time section or age group considered. 27.6% of females aged 15 to 64 have taken hypnotosedatives at some time in their life, 10.8 percentage points more than males, the difference between the sexes being greater from the age of 35 onwards.

Table 2.15. Prevalences of consumption of hypnotosedatives with and/or without prescription in the Spanish population of 15-64 years, according to gender and age (percentages), Spain 2013

		15 to 64			15 to 34			35 to 64		
		Total	Men	Women	Total	Men	Women	Total	Men	Women
Hypnotosedatives with or without prescription	Some time	22.2	16.8	27.6	13.4	11.0	15.9	27.0	20.0	34.1
	Last year	12.2	8.5	16.0	6.4	4.8	8.0	15.5	10.6	20.5
	Last month	8.9	5.8	12.1	3.4	2.6	4.2	12.0	7.6	16.4
	Daily	6.8	4.3	9.4	2.1	1.5	2.8	9.4	5.8	13.0
Tranquillisers/sedatives with or without prescription	Some time	20.1	15.1	25.3	12.3	10.1	14.7	24.5	17.9	31.1
	Last year	10.6	7.3	14.0	5.6	4.2	7.1	13.4	9.0	17.9
	Last month	7.7	5.1	10.4	2.9	2.3	3.5	10.4	6.6	14.2
	Daily	5.9	3.7	8.1	1.9	1.3	2.4	8.1	5.1	11.2
Sleeping pills with or without prescription	Some time	9.6	7.1	12.3	5.1	3.8	6.3	12.2	8.9	15.6
	Last year	5.5	3.7	7.3	2.4	1.8	3.1	7.1	4.8	9.5
	Last month	4.0	2.6	5.5	1.4	1.0	1.8	5.5	3.4	7.5
	Daily	3.1	1.9	4.3	0.9	0.7	1.1	4.3	2.6	6.0

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

As the age of the population increases, the prevalence of hypnotosedatives gains in importance, although there are differences between men and women in this respect (Figure 2.12).

In relation with the time section of the last 12 months, the proportion of men who have taken hypnotosedatives increases progressively with age until 54 years, when it stabilises. In the case of women, the evolution of consumption with age shows a sharper increase from 45 years onwards. In this respect, the prevalence rises by 8 points between the 35 to 44 group and the 45 to 54 group, and increases by 7.6 points between the 45 to 54 group and the 55 to 64 group.

Given the trend of growing consumption with age, the highest prevalences are found among older people of between 55 and 64 years.

Analysing how the consumption of tranquillisers in the last year is distributed between age segments, it is seen that of every three women consumers approximately one is between 55 and 64 years old (when among men the percentage of consumers of that age is notably lower, 22.7%). In contrast, the percentage represented by men of 34 to 44 years (27.2%) is higher than the level found among women in the same age group (20.1%) (Figure 2.13).

With respect to sleeping pills, as was observed with tranquillisers, women of 55 to 64 represent one-third of the total number of women who have taken them in the last year. In this case, the proportion of men of this age among consumers (27.3%) is higher than that observed with tranquillisers.

Figure 2.12. Prevalence of consumption of hypnosedatives with and without prescription in the last 12 months in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013

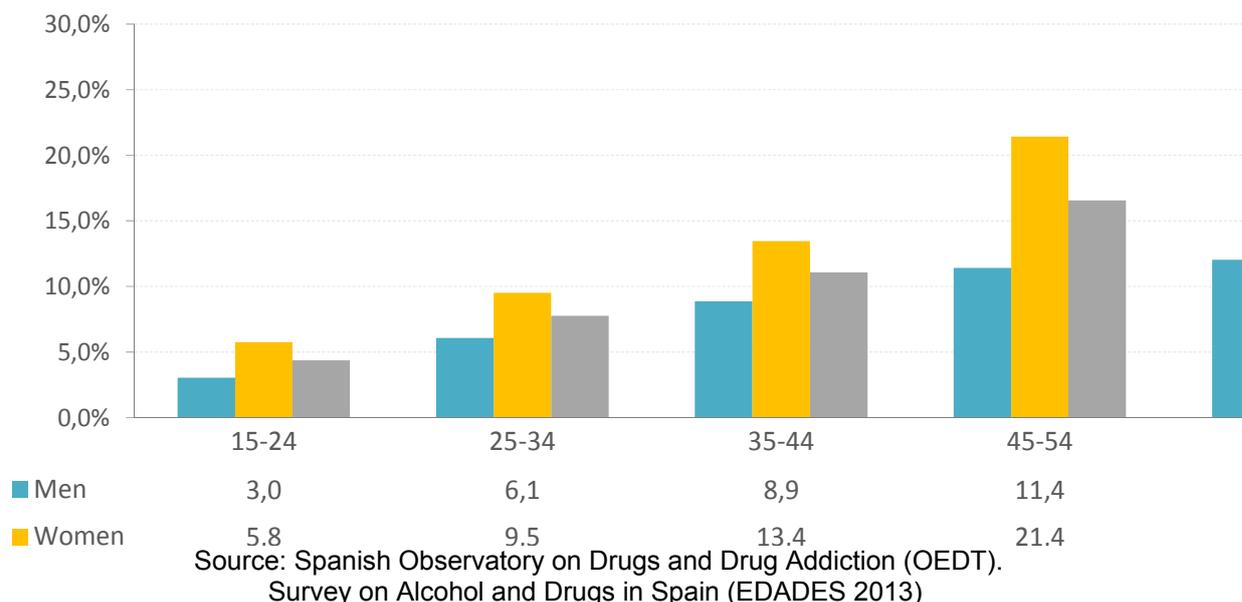
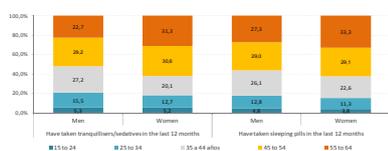


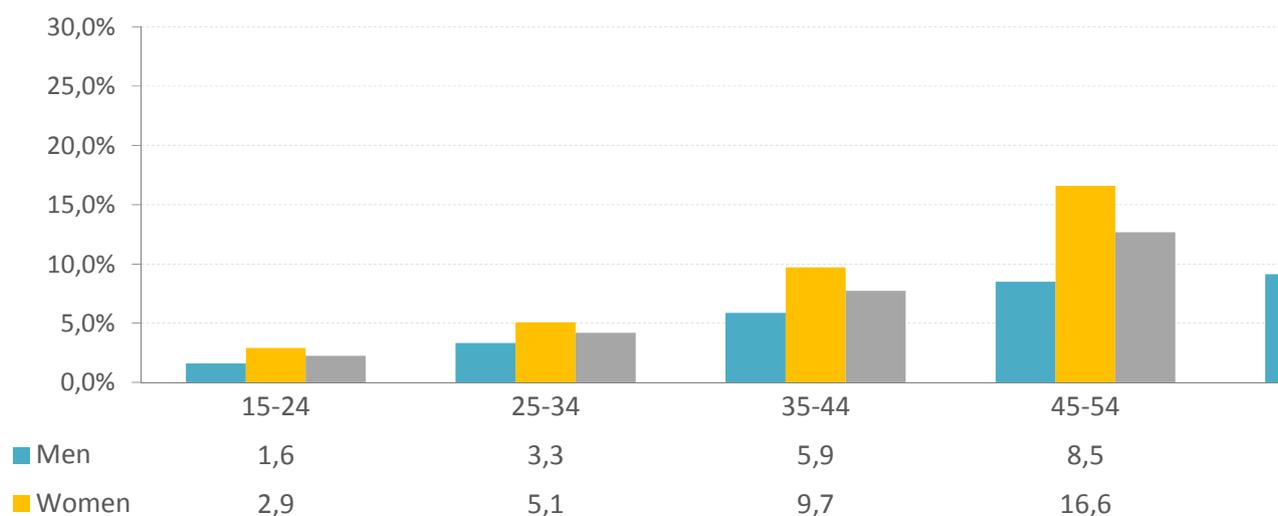
Figure 2.13. Distribution by age of the population of 15-64 years who have consumed tranquillisers and sleeping pills in the last 12 months, according to gender (%), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). Survey on Alcohol and Drugs in Spain (EDADES 2013)

On restricting the analysis to consumption in the last 30 days, it is seen that one of every four women of 55 to 64 years has taken hypnotosedatives in the last month, this segment showing the greatest growth in consumption and the greatest dimension. In addition, the gap with the male prevalence becomes especially evident in this age group, to the extent that for each man who has taken hypnotosedatives approximately three women are recorded. This difference derives from the fact that among women the increase in consumption is accentuated with age while among men the increase in prevalence is notably more discreet and even slows down from 54 years onwards (Figure 2.14).

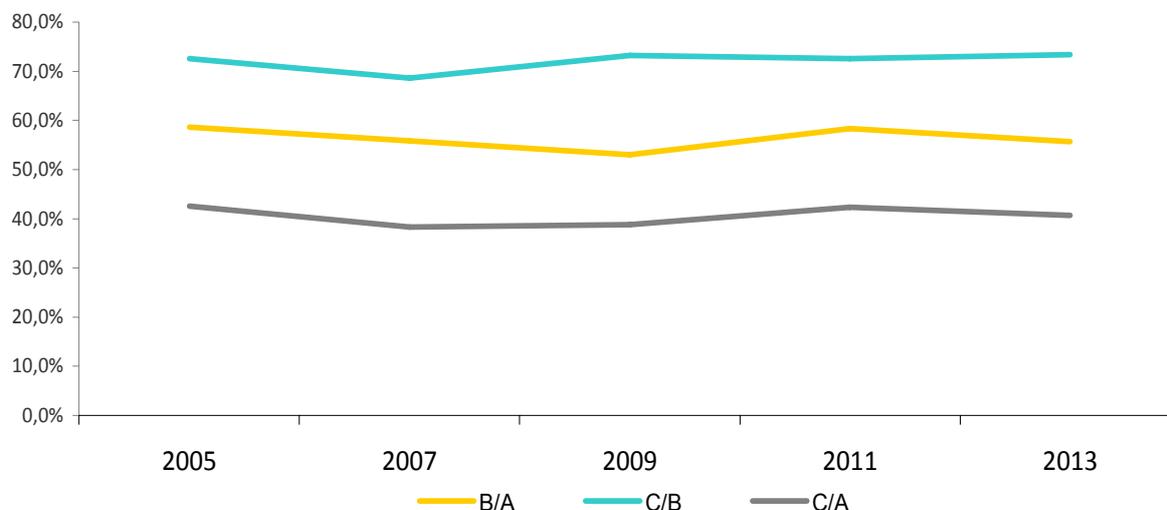
Figure 2.14. Prevalence of consumption of hypnotosedatives with and without prescription in the last 30 days in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Analysing to what extent the consumption of hypnotosedatives continues in time, of every 100 individuals who have taken them at some time in their life, 56 did so in the last year and 41 in the last month, with no significant change in this respect compared with other years. Most of the people who took hypnotosedatives in the last year also took them in the last month, specifically 73%, a similar proportion to that obtained in previous measurements. (Figure 2.15).

Figure 2.15. Continuity in consumption of hypnotosedatives with and without prescription in the Spanish population of 15-64 years (percentages), Spain 2005-2013



B/A = The % of persons of 15 to 64 years who had taken hypnotosedatives at some time in life and had also taken them in the last 12 months.

C/B = The % of persons of 15 to 64 years who had taken hypnotosedatives in the last 12 months and had also taken them in the last 30 days.

C/A = The % of persons of 15 to 64 years who had taken hypnotosedatives at some time in life and had also taken them in the last 30 days.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2005-2013)

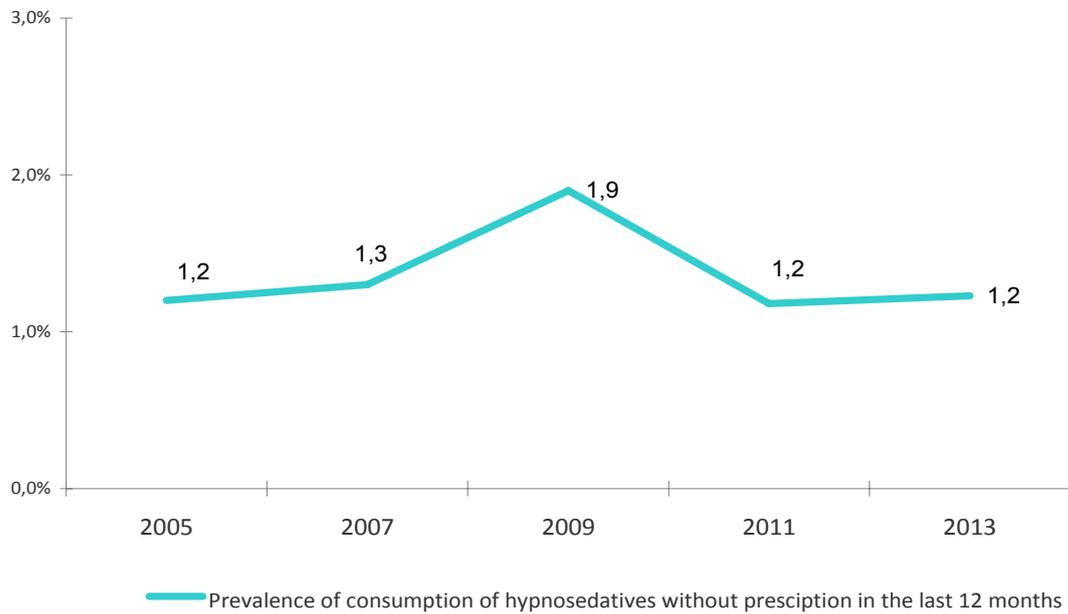
Hypnotosedatives without medical prescription (OTC)

The consumption of hypnotosedatives without medical prescription (OTC) has displayed a certain stability throughout the historical series, and in 2013 it continued to have a low impact among the population; at present, the proportion of people aged 15 to 64 who have taken OTC hypnotosedatives at some time in their life is 2.7%, and 1.2% in reference to the 12 months prior to the survey, maintaining a stable tendency in recent years (Figure 2.16).

In regard to OTC hypnotosedatives, the percentage of tranquillisers slightly exceeds that of sleeping pills. Specifically, 0.9% of the population took OTC tranquillisers in the last year and 0.6% took OTC sleeping pills.

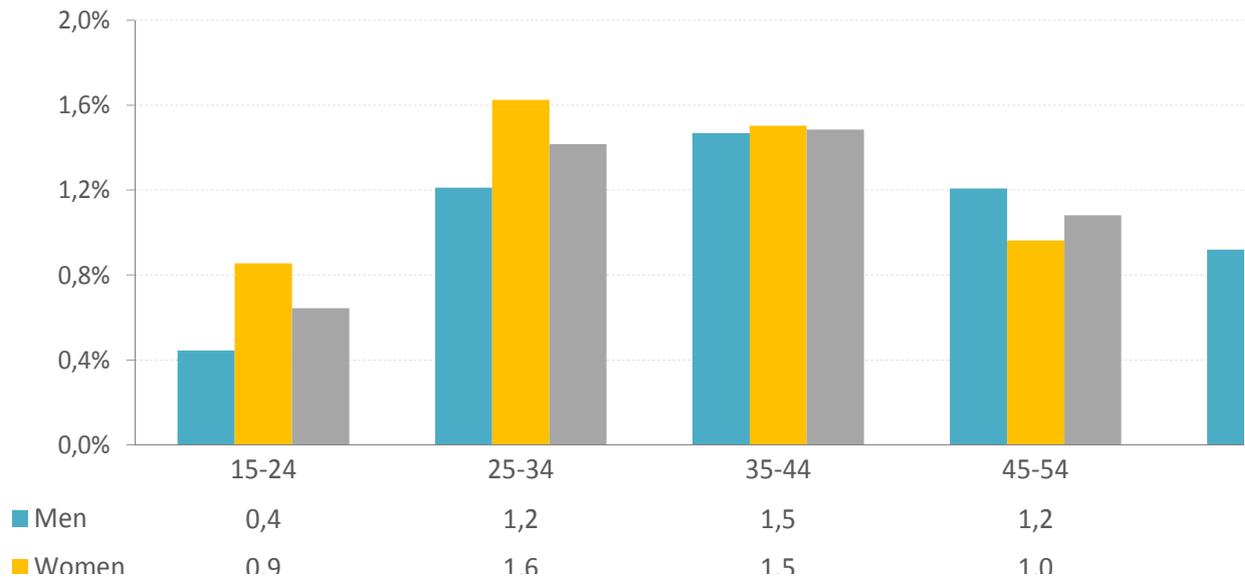
It is also observed that the difference between sexes is not as pronounced as that recorded for hypnotosedatives in general, this consumption being more homogeneous between men and women. The consumption of OTC hypnotosedatives shows no correspondence with the variations according to age which were observed for hypnotosedatives in general (with and without prescription). Analysing consumption in the last year, the highest prevalence among men is between 35 and 44 years and among women between 25 and 44 years and in the highest age group (55 to 64), although the prevalence does not reach 2% in any case (Figure 2.17).

Figure 2.16. Evolution of the prevalence of consumption of non-prescribed (OTC) hypnotosedatives in the last 12 months in the Spanish population of 15-64 years (percentages), Spain 2005-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2005-2013)

Figure 2.17. Prevalence of consumption of non-prescribed (OTC) hypnotosedatives in the last 12 months in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

It can be mentioned that the consumption of OTC hypnotosedatives is more prevalent among consumers of other drugs such as cocaine or ecstasy.

In addition, the population segment who took OTC hypnotosedatives in the last 12 months showed a greater prevalence of polydrug use than the population who did not take OTC hypnotosedatives in that period (Table 2.16). In this respect, it is seen that one-half (50.9%) of the persons who have taken OTC hypnotosedatives consumed at least 3 different substances in the last year.

Table 2.16. Prevalence of consumption of one or more psychoactive substances* in the last 12 months among the population of 15 to 64 years according to whether or not they have taken non-prescribed (OTC) hypnotosedatives in the last 12 months (percentages), Spain 2013.

	Have taken non-prescribed (OTC) hypnotosedatives	Have not taken non-prescribed (OTC) hypnotosedatives
No other substances	0.0	13.8
One substance	11.0	44.8
Two substances	38.1	30.1
Three substances	27.8	9.0
Four substances	13.8	1.6
Five or more substances	9.3	0.7

* (alcohol, tobacco, hypnotosedatives, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Finally, in regard to the state of health, 72.8% of the individuals who took OTC hypnotosedatives in the last year believe they are in good or very good health, while this percentage rises to 83.8% among those persons who did not record consumption of OTC hypnotosedatives.

4.3.4. Cannabis

Cannabis is the most commonly consumed illegal substance in Spain: since the beginning of the series of the EDADES survey, in 1995, when a prevalence of 14.5% was recorded for the consumption of cannabis at some time in life, an upward trend has been observed until reaching 32.1% in 2009 (Figure 2.18). Although in 2011 a descent was recorded (27.4%), the figures have again exceeded the barrier of 30% in 2013 (30.4%).

As was commented at the beginning of this Report, the fact that 40.2% of persons between 15 and 34 have consumed cannabis at some time against 25% of those aged between 35 and 64 leads to the inference that, among young adults, there is a greater proportion of persons who have consumed cannabis (experimental consumption) in comparison with previous generations.

Although it is becoming more frequent to find that people have consumed cannabis at some time in their life, it is not observed that its use is maintained in time to a greater degree. In this respect, the prevalence relating to the last 12 months and the last 30 days remains stable with respect to the

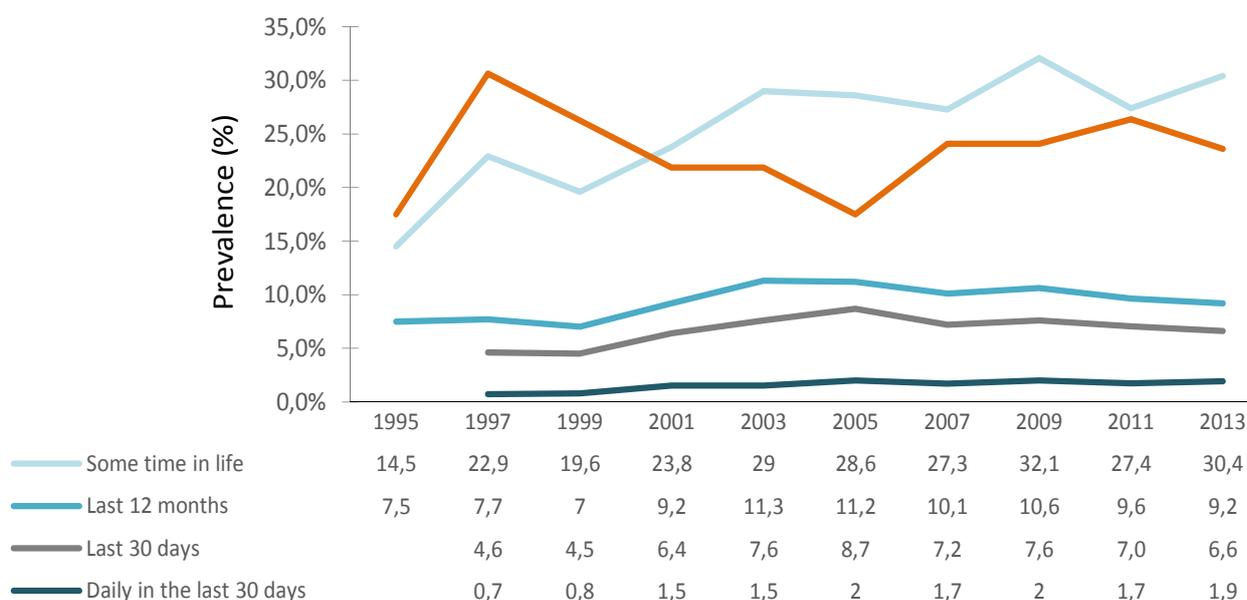
last survey and presents discreet values compared with those obtained in the last decade. Thus, although experimental consumption of cannabis is becoming more habitual, it does not become incorporated prominently into people’s use habits of psychoactive substances and therefore does not have an impact on the levels of recent consumption.

The incidence of daily consumption of cannabis remains stable, as does the age at which it is consumed for the first time, being the illegal drug with the earliest starting age (18.6 years).

The EDADES 2013 survey includes for the first time certain questions addressed to measuring the incidence of consumption of a number of psychoactive substances: that is to say, the percentage of people who, without having previously consumed a particular substance, have begun to use it within a specific period (the last 12 months or the last month). This information is useful for identifying new tendencies more quickly and for characterising, as far as possible, those persons who bring new consumptions, although it does not permit prospective monitoring.

The level of incidence of cannabis is determined by considering jointly the persons who have never consumed cannabis and those who have begun to use it in the last 12 months. In this respect, the incidence is 0.8% (persons who have begun in the last year), although, as could be expected, it is notably higher among young people. In the 15 to 24 age group the incidence of cannabis is 4.7%, and restricting the analysis to persons from 15 to 17 years it rises to 7.6%. The incidence relating to starting use in the last month is 1.4% for this last age segment.

Figure 2.18. Evolution of the prevalence of cannabis consumption and average starting age of cannabis use in the population of 15-64 years (percentages), Spain 1995-2013.



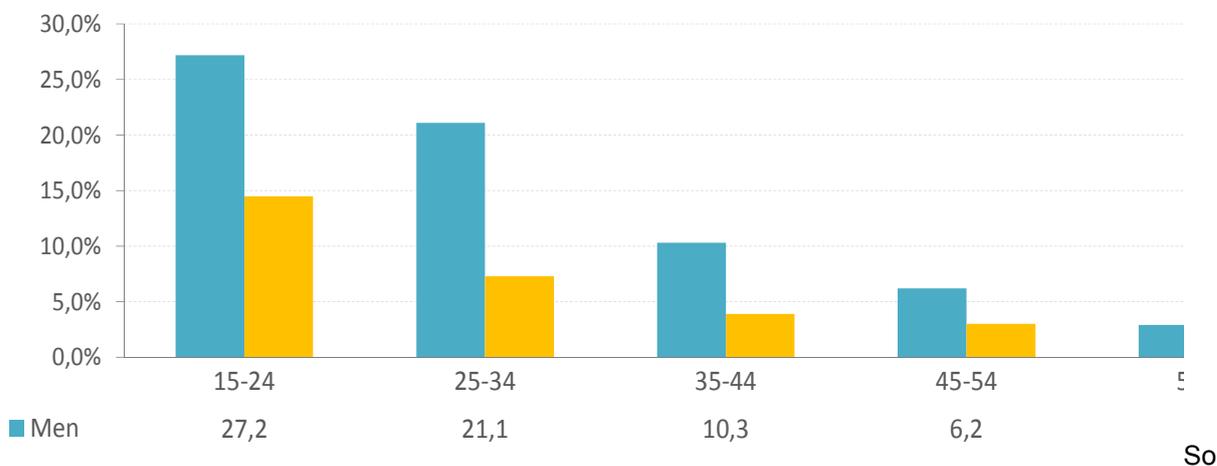
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Cannabis consumption is notably more common among young people and, in terms of gender, among young males (Figure 2.19).

Of every 10 young persons aged from 15 to 24, two consumed cannabis in the last year (21%), although the difference according to gender must be pointed out, since in this case the male prevalence (27.2%) approximately doubles the female (14.5%).

However, the most marked gender difference appears in the segment of 25 to 34 years, where the level among men (21.1%) practically triples that among women (7.3%). In any case, the level of consumption decreases with age.

Figure 2.19. Prevalence of cannabis consumption in the last 12 months in the population of 15-64 years according to age group and gender (percentages), Spain 2013.

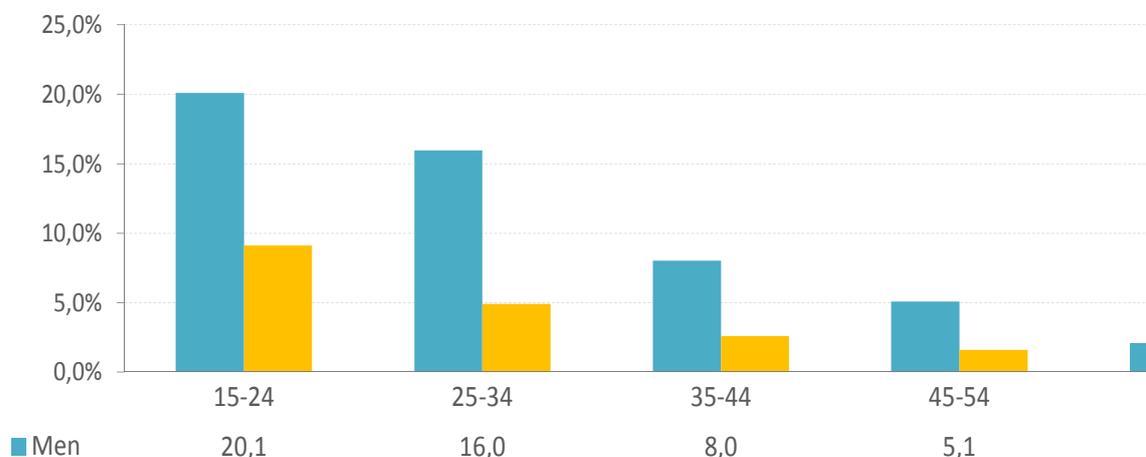


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

In regard to recent use (Figure 2.20), two of every 10 males (20.1%) of 15 to 24 consumed cannabis in the last 30 days, approximately double the percentage of females of this age (9.1%), although in the following age segment, 25 to 34, the difference between sexes is larger (16% for men against 4.9% for women).

As age increases, recent use of cannabis is less prevalent, although this fall in prevalence with age is later among men. In this line, in women the most pronounced reduction in use is recorded in the age segments of 15 to 24 and 25 to 34, when the prevalence diminishes by 4.2 points. In the case of men, the most notable reduction appears among the groups of 25 to 34 and 35 to 44, when the indicator falls by 8 points.

Figure 2.20. Prevalence of cannabis consumption in the last 30 days in the population of 15-64 years, according to age group and gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

The greatest prevalence of cannabis among the population coincides with more experimental or one-off consumption. In 2013, continued use displays the lowest levels of the series, indicating that at present the use of cannabis is maintained for less time. Specifically, 30% of those who have consumed at some time in life declare consumption in the last year, and 22% in the last month (Table 2.17).

Table 2.17. Prevalence and continuity in cannabis consumption in the population of 15-64 years, Spain 1995-2013

	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Prevalence at some time in life (%) (A)	14.5	22.9	19.6	23.8	29	28.6	27.3	32.1	27.4	30.4
Prevalence last 12 months (%) (B)	7.5	7.7	7	9.2	11.3	11.2	10.1	10.6	9.6	9.2
Prevalence last 30 days (%) (C)		4.6	4.5	6.4	7.6	8.7	7.1	7.6	7	6.6
B/A	0.52	0.34	0.36	0.39	0.39	0.39	0.37	0.33	0.35	0.30
C/A		0.20	0.23	0.27	0.26	0.3	0.26	0.24	0.26	0.22

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

The use of tobacco is closely linked to that of cannabis, with the result that most of the people who declare they have consumed cannabis have also smoked tobacco (in the time sections of the last year and the last month).

On restricting the analysis to the last 12 months, it is found that 7.8% of people from 15 to 64 years have consumed cannabis and have smoked tobacco in this period (Table 2.18). It is in the group of young males from 15 to 24 that the proportion of users of cannabis and tobacco (although not simultaneously) in the last 12 months is highest (21.9%), descending with age.

In relation with the prevalence recorded in the last month, in the age segment of 15 to 24, the proportion of persons who have consumed both cannabis and tobacco in this period is 12.5%, although if we restrict the analysis to males, the percentage rises to 17.1% (Table 2.19).

Table 2.18. Prevalence of joint consumption of tobacco and cannabis in the last 12 months according to gender and age in the Spanish population of 15 to 64 years (%), Spain 2013.

15-64			15-24			25-34			35-44			45-54			55-64			15-17		
T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
7.8	11.0	4.6	17.0	21.9	11.9	12.4	18.3	6.4	6.2	9.1	3.2	4.1	5.5	2.8	1.5	2.5	0.5	11.5	14.2	8.6

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Table 2.19. Prevalence of joint consumption of tobacco and cannabis in the last 30 days according to gender and age in the Spanish population of 15 to 64 years (%), Spain 2013

15-64			15-24			25-34			35-44			45-54			55-64			15-17		
T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
5.8	8.7	2.9	12.5	17.1	7.7	9.3	14.2	4.3	4.8	7.2	2.1	2.9	4.5	1.5	1.0	1.8	0.2	6.6	9.4	3.6

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Taking as reference the population of 15 to 64 years, 15.2% of the people who smoked tobacco in the last month also consumed cannabis in this period. In contrast, only 12.4% of the people who consumed cannabis in the last 30 days did not smoke tobacco in that period, which reflects a certain link between the two substances.

4.3.5. Cocaine

Cocaine powder

Since the late 1990s, the number of people who have consumed cocaine powder at some time in their life has not ceased to grow, with the exception of 2011, when the indicator fell slightly (Figure 2.21).

The year 2013 saw a recovery of the level registered in 2009, which marked a maximum in the series, finding that one of every ten persons aged between 15 and 64 in Spain has consumed cocaine powder on some occasion. However, the uses in the last 12 months show prevalence figures much lower than the experimental use levels. At the end of the 1990s a growing tendency was observed which halted in 2009, when this prevalence began a discreet fall to the present (2.1%). In 2009 the decrease in consumption occurred mainly in women, and from that year onwards in men (Figure 2.22).

In regard to recent consumption, in the last 30 days, the indicator has shown a relatively linear evolution throughout the historical series, with no large oscillations. In 2005 and 2007 the highest level was recorded (1.6%), and it is now 1%.

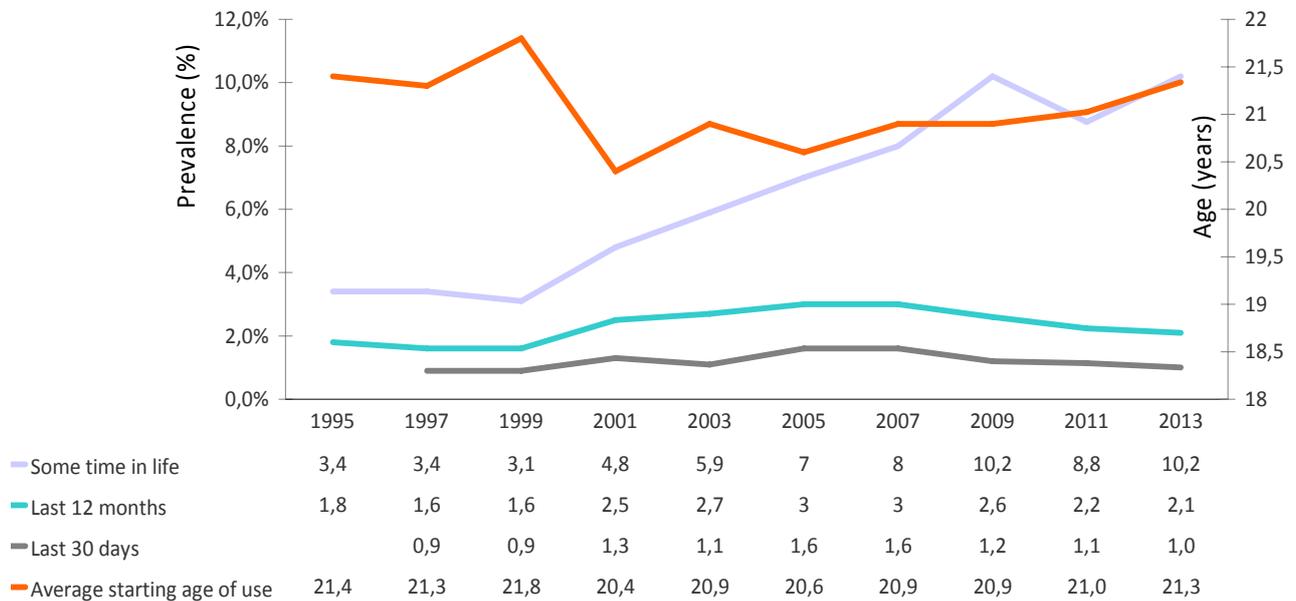
The average age at which cocaine powder is consumed for the first time is now 21.3 years, somewhat later than in the last few years.

The ratio between persons who have begun to use in the last year and those who have never used is 0.1% (0.8% in the 17 to 24 age group).

In relation with the continuity of use of cocaine powder, approximately two of every ten persons who have consumed it at some time in life recognise some use in the last year and one of every ten in the last month, which appears to indicate that the continuity of use consumption is less than in previous editions, particularly if compared with the years 1997-2003 (Table 2.20).

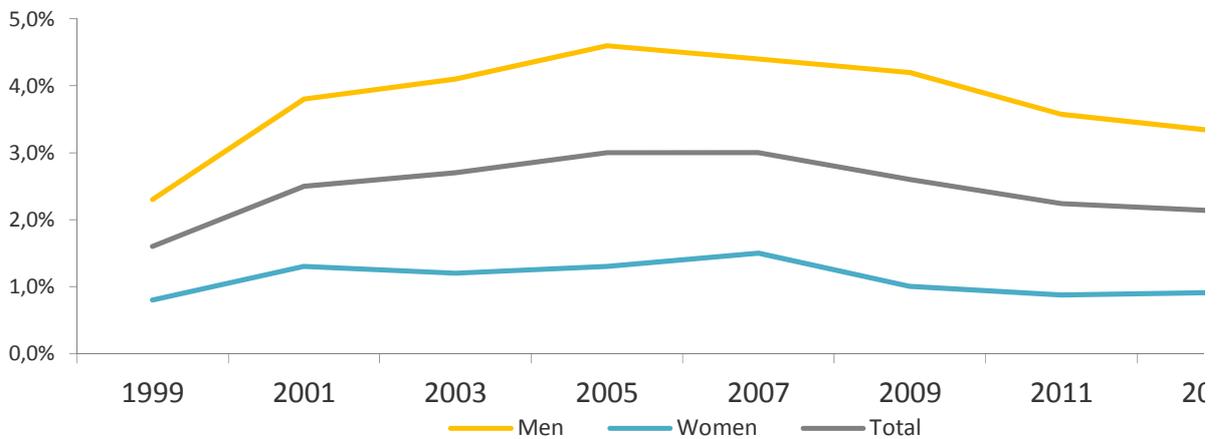
Attention can be drawn to the evolution in this context in comparison with the years 1997-2003, when the use was less experimental and approximately one-half of the individuals who had consumed at some time in life also declared consumption in the last year.

Figure 2.21. Evolution of the prevalence of consumption of cocaine powder and average starting age of use of cocaine powder in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Figure 2.22. Evolution of the prevalence of consumption of cocaine powder in the last 12 months in the population of 15-64 years according to gender (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1999-2013)

Table 2.20. Prevalence and continuity in the use of cocaine powder in the population of 15-64 years, Spain, 1997-2013.

	1997	1999	2001	2003	2005	2007	2009	2011	2013
Prevalence at some time in life (%) (A)	3.4	3.1	4.8	5.9	7	8	10.2	8.8	10.2
Prevalence last 12 months (%) (B)	1.6	1.6	2.5	2.7	3	3	2.6	2.2	2.1
Prevalence last 30 days (%) (C)	0.9	0.9	1.3	1.1	1.6	1.6	1.2	1.1	1.0
B/A	0.47	0.52	0.52	0.46	0.43	0.37	0.26	0.26	0.21
C/A	0.29	0.27	0.19	0.23	0.2	0.15	0.13	0.13	0.10

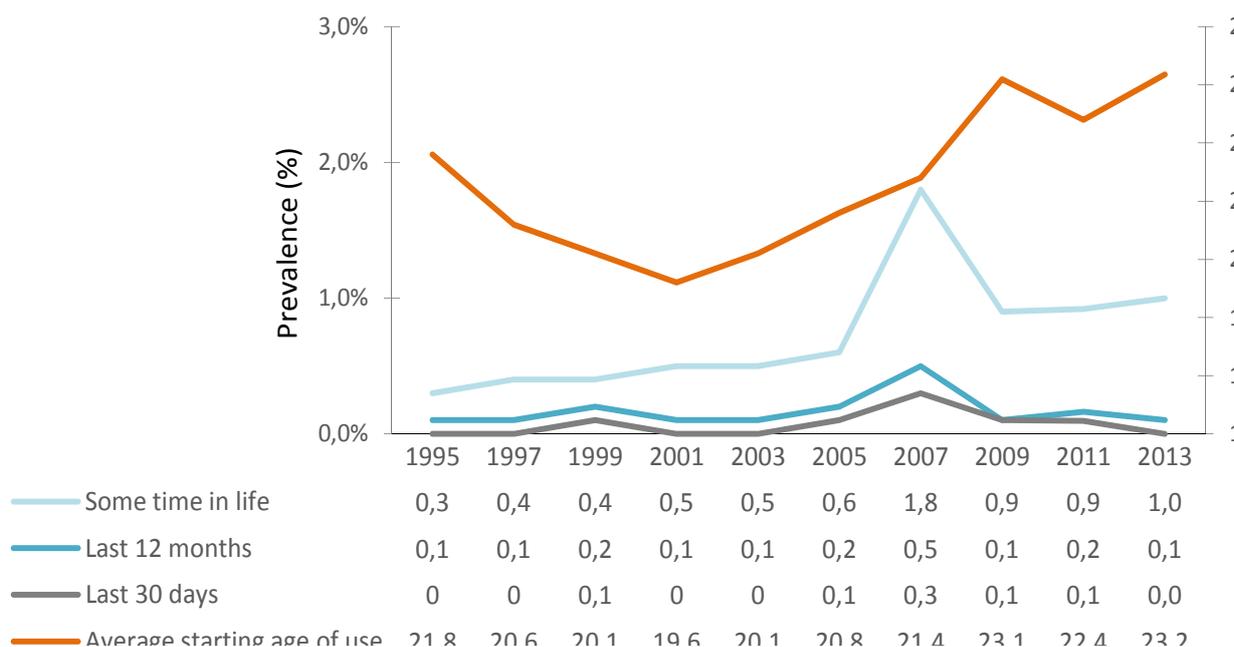
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

Cocaine base

The extension of the use of cocaine base in the Spanish population is much lower than the use of cocaine powder. The prevalence of consumption at some time in life has shown no changes with respect to the last surveys and remains at 1%, the maximum of the series being recorded in 2007 (1.8%). The consumption registered for the last year and the last month is residual (Figure 2.23).

The average starting age of use is 23.2 years, higher than that registered for cocaine powder and slightly higher than that observed in 2011 (22.4 years).

Figure 2.23. Evolution of the prevalence of consumption of cocaine base and average starting age of use of cocaine base in the Spanish population of 15-64 years (percentages), Spain 1995-2013.

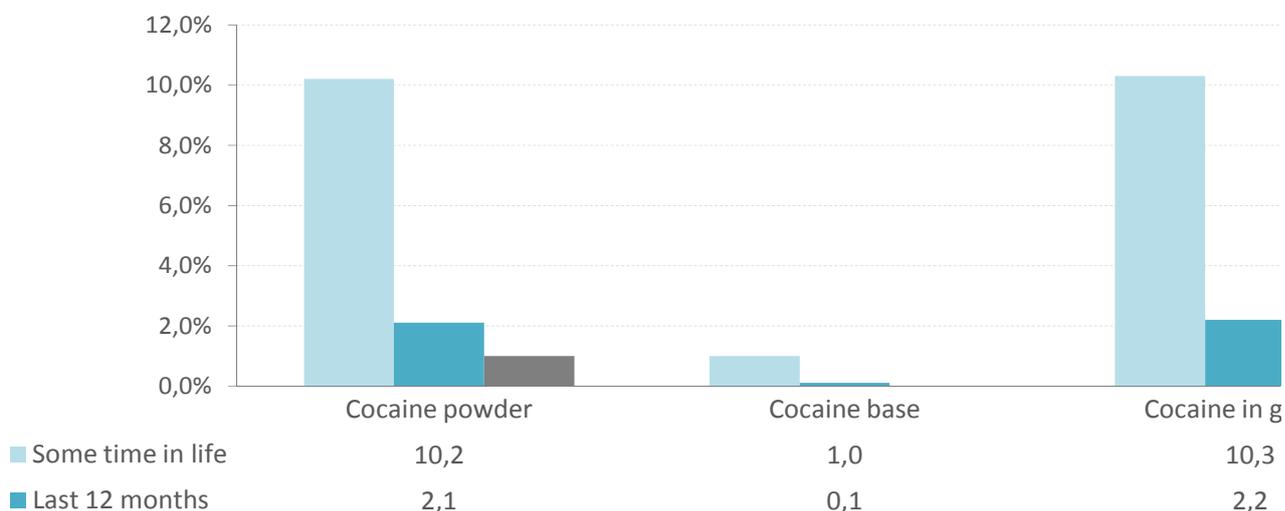


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Cocaine in general (powder and/or base)

In regard to the use of cocaine in general, which includes both cocaine powder and cocaine base, 10.3% of the population aged 15 to 64 in Spain have consumed this type of substances at some time in their life, with powder predominating over base in all cases (Figure 2.24).

Figure 2.24. Prevalence of cocaine use according to form of presentation (base and powder) in the Spanish population of 15-64 years (percentages), Spain 2013

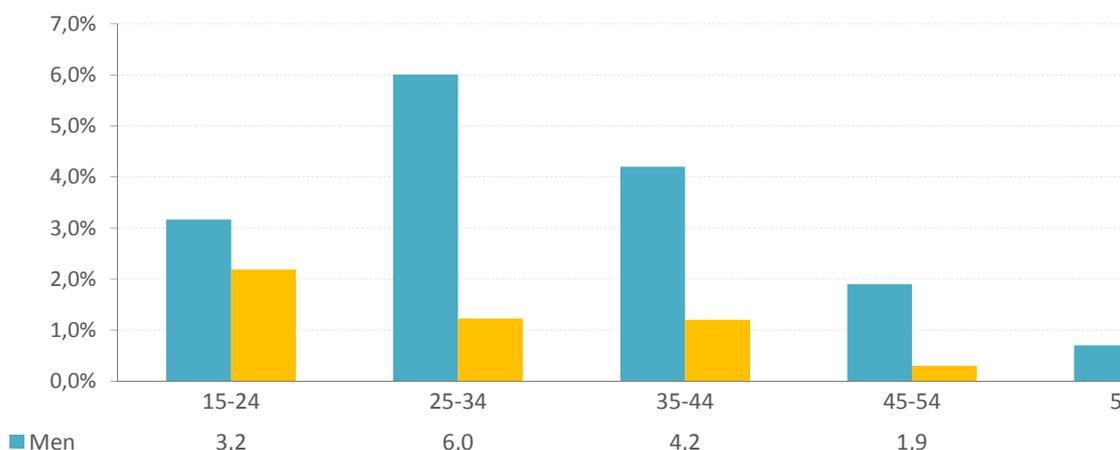


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

The use of cocaine (base and/or powder) is more prevalent among men. If we take as reference use in the last 12 months, the male prevalence shows the highest values in the age groups of 15 to 24 and 25 to 34, the maximum level being in the latter (6%). In contrast, the greatest prevalence of use among women is found in the youngest segment (2.2%), decreasing in the following age group (Figure 2.25).

This differentiated evolution of use according to gender allows us to state that the percentage of the male population aged between 25 and 34 who have consumed cocaine in the last year is 5 times higher than the percentage of female consumers in this age group.

Figure 2.25. Prevalence of cocaine use (base and/or powder) in the last 12 months, according to age group and gender (percentages), Spain 2013.



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

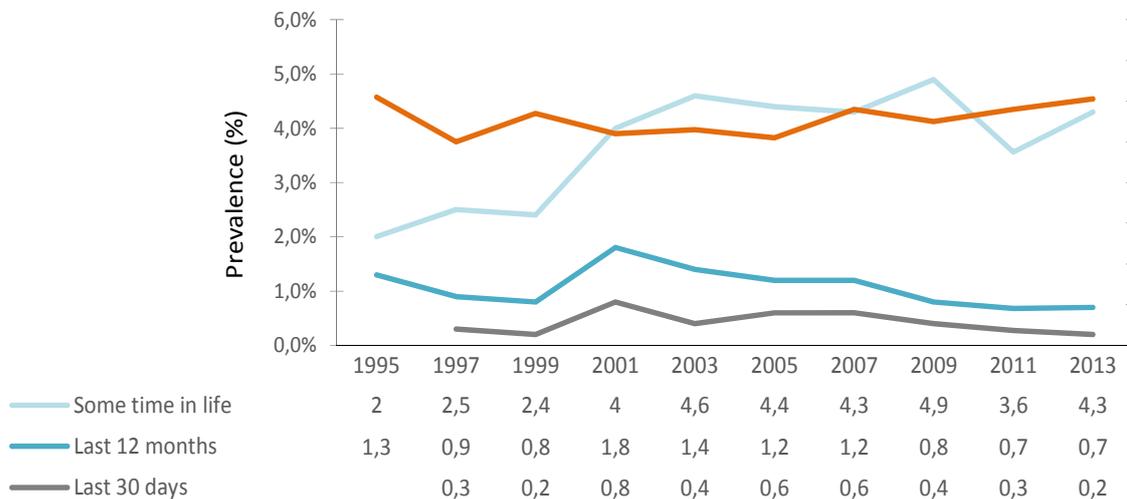
4.3.6. Ecstasy

The experimental consumption of ecstasy increased from the year 2001 onwards with respect to the 1990s, and since then it has maintained a prevalence between 4% and 5% (with the sole exception of the year 2011, when it fell to 3.6%).

In 2013 it was registered that 4.3% of the population aged 15 to 64 have consumed ecstasy at some time, the level of consumption in the last year being below 1% and that relative to the last month below 0.5%, as in the last three editions of the survey. The average starting age of use is 21.1 years (Figure 2.26).

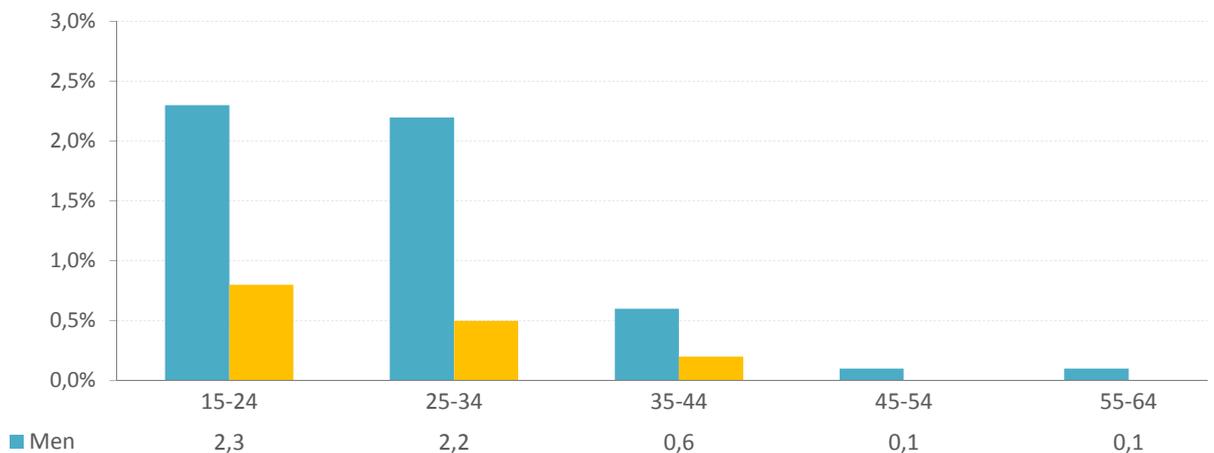
In relation with the time section of the last year, it is observed that the substance is used mainly by males, especially among those under 35. Among females, the highest prevalence is seen in the youngest age group (15 to 24 years) while among males it remains constant until the age of 34 (Figure 2.27).

Figure 2.26. Evolution of the prevalence of ecstasy consumption and average starting age in ecstasy use in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Figure 2.27. Prevalence of ecstasy consumption in the last 12 months in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

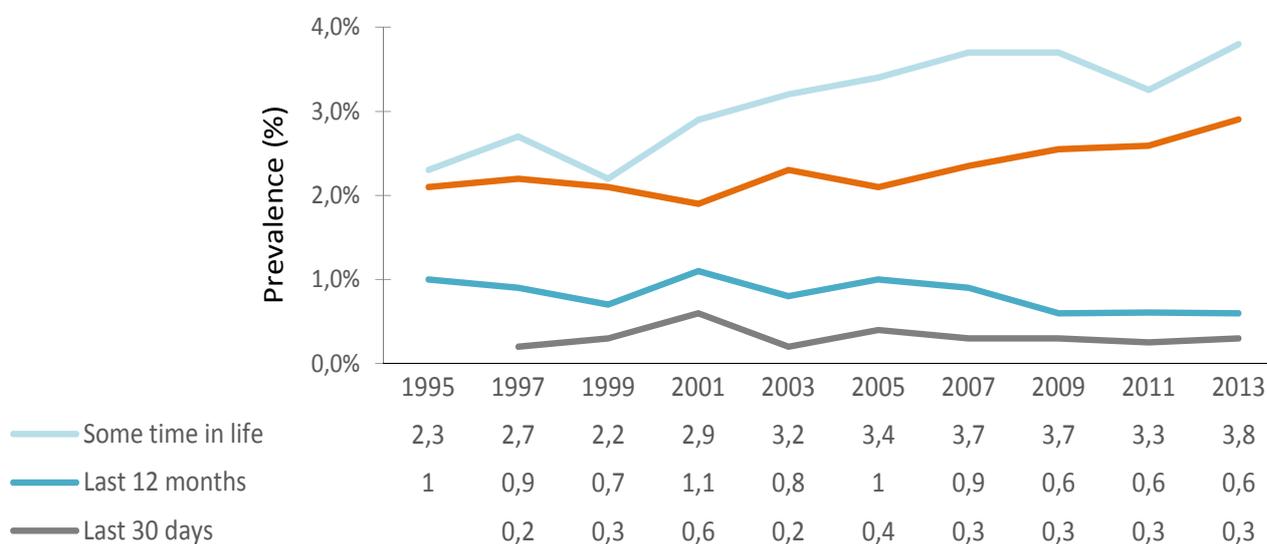
4.3.7. Amphetamines

Amphetamines have progressively increased in popularity since the late 1990s, as occurred with ecstasy, although in no case has the prevalence of consumption at some time in life reached 4%, standing now at 3.8% (Figure 2.28).

The results obtained for consumptions in the last 12 months and in the last month are similar to those registered for ecstasy. No significant variation is observed from the values of the historical series, remaining below 1% and 0.5%, respectively. The starting age of use, which is now 20.8 years, is slightly later than in the previous data of the series.

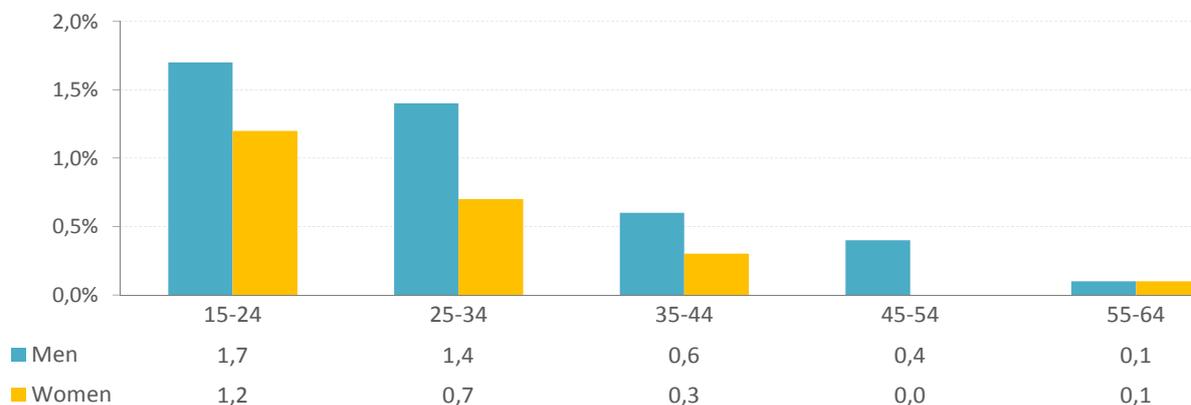
In regard to the last 12 months, the consumption of amphetamines is more popular in the youngest age group (15-24) and particularly among males (Figure 2.29). However, the difference between sexes is narrower than that observed in the consumption of ecstasy or hallucinogens.

Figure 2.28. Evolution of the prevalence of amphetamine consumption and average starting age of amphetamine use in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Figure 2.29. Prevalence of amphetamine consumption in the last 12 months in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013



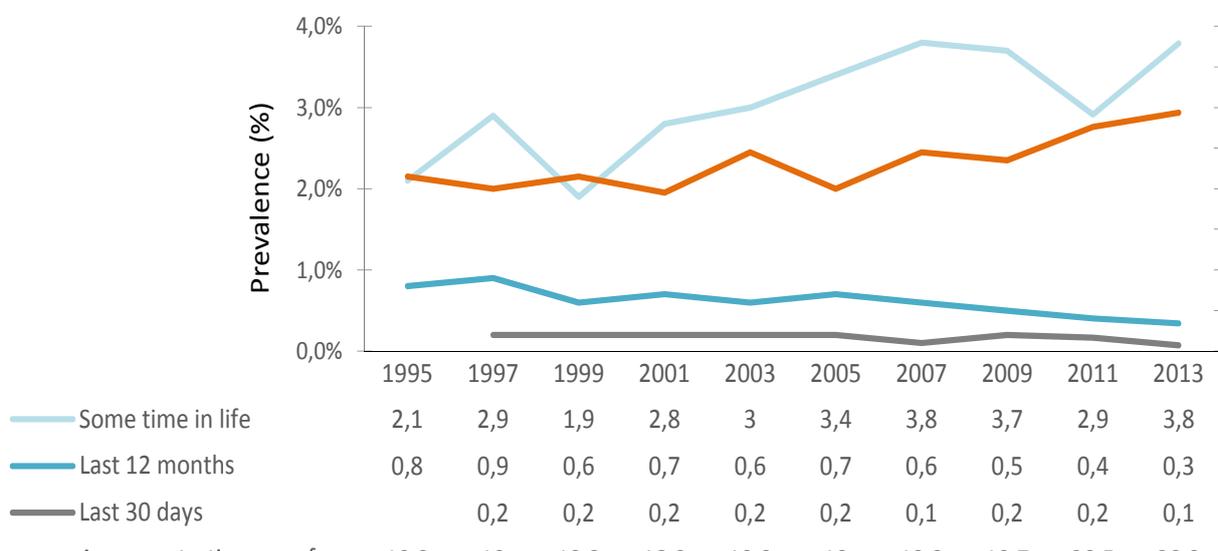
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.3.8. Hallucinogens

The consumption of hallucinogens, although historically it has been a minority use, has shown a slightly growing trend from 1999 onwards. In 2007 the highest prevalence was recorded of all the levels obtained until then (3.8%): this was maintained in 2009 and fell to 2.9% in 2011. At present, the upturn of 0.9 points returns the indicator to 3.8%. Consumptions in the last year and in the last month remain below 0.5%, and throughout the historical series these values have never reached 1% (Figure 2.30).

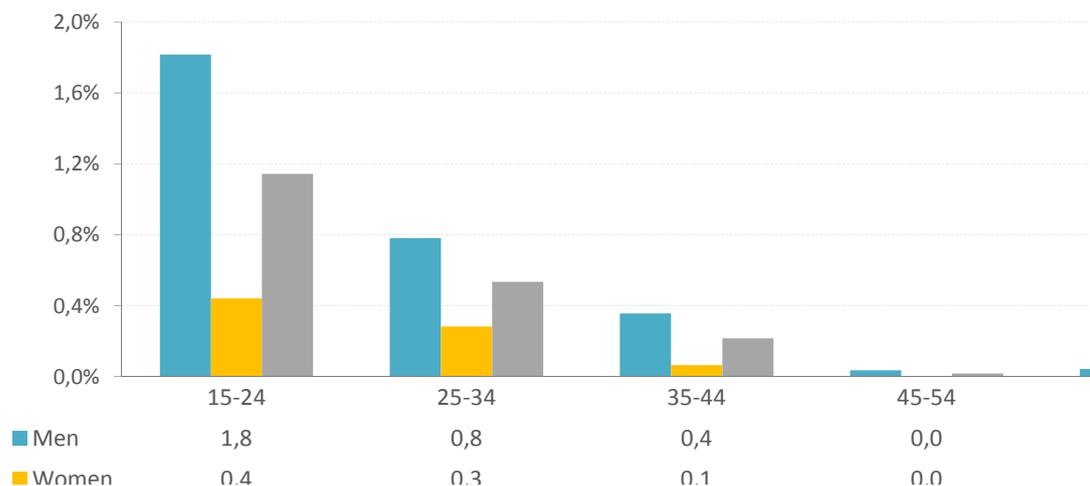
The average starting age of use is 20.9 years, later than those recorded to date. If we study consumptions in the last 12 months, the most common profile is a male in the 15 to 24 age group (Figure 2.31), with a difference between sexes similar to that observed in the case of ecstasy (1.5 percentage points).

Figure 2.30. Evolution of the prevalence of hallucinogen consumption and average starting age in hallucinogen use in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Figure 2.31. Prevalence of hallucinogen consumption in the last 12 months in the Spanish population of 15-64 years, according to age group and gender (percentages), Spain 2013.

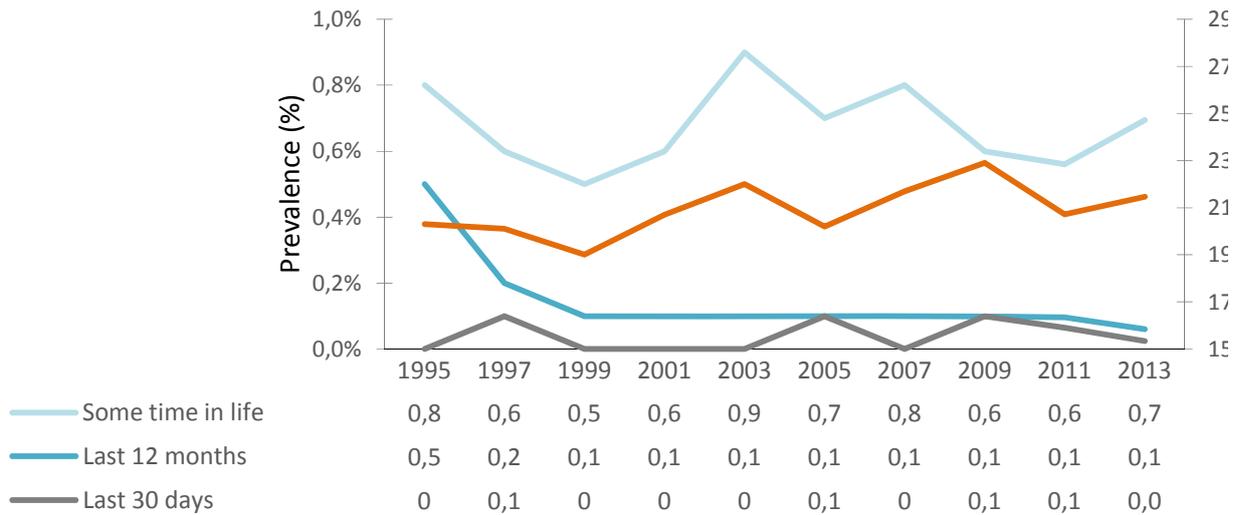


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.3.9. Heroin and volatile inhalants

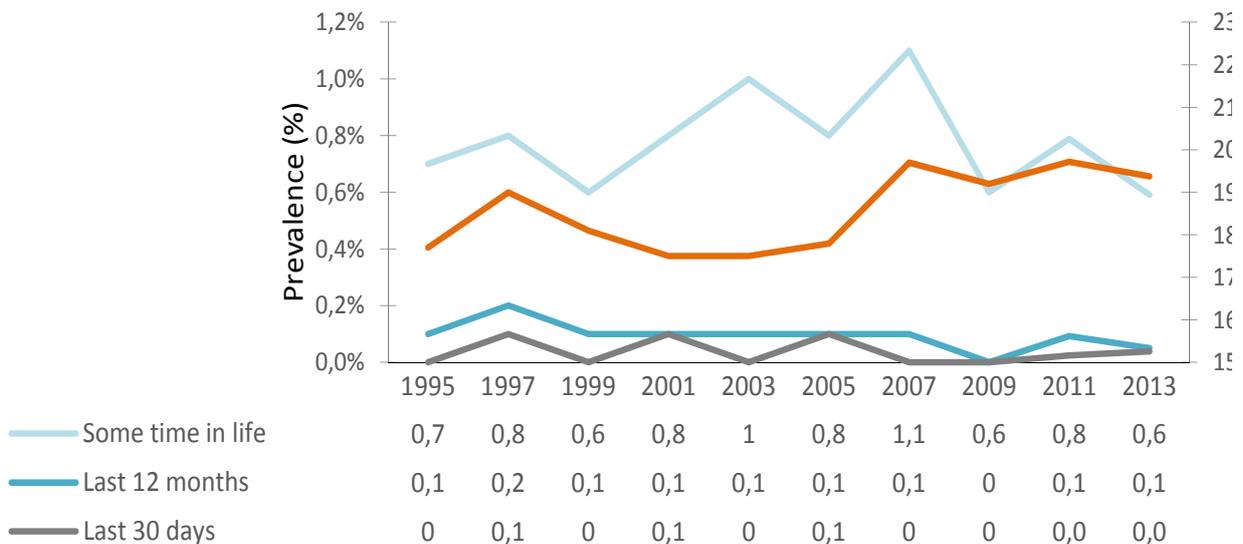
The consumption of heroin or volatile inhalants has a very residual presence among the population of 15 to 64 years in Spain (Figures 2.32 and 2.33). In both cases, the proportion of people who have consumed them at some time in life does not reach one percentage point, as has been observed in the last measurements, which prevents a more profound analysis being made of the use of these substances in this type of studies addressed to a general population, and it requires precaution when interpreting the results.

Figure 2.32. Evolution of the prevalence of heroin consumption and average starting age of heroin use in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Figure 2.33. Evolution of the prevalence of use of volatile inhalants and average starting age in the use of volatile inhalants in the Spanish population of 15-64 years (percentages), Spain 1995-2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

4.4. Patterns of drug use

4.4.1. Polydrug use

This is the name given to the combined use of various drugs (legal or illegal) throughout the same period of time. Polydrug use, which occurs predominantly in leisure moments, increases the risks of consumption of psychoactive substances, since it augments the effects of substances on each other, reinforces addiction, interferes with diagnoses and impedes treatment, aggravating the prognosis.

According to the data of EDADES 2013, in the last 12 months 13.6% of the population aged 15 to 64 has not consumed any substance, 44.3% have consumed one single substance and 42.2% two or more (Table 2.21).

Table 2.21. Prevalence of consumption of one or more psychoactive substances* (legal and illegal) in the last year (percentages) in the Spanish population of 15-64 years, Spain 2013.

	Last 12 months	Last 30 days
No substance	13.6	23.0
One single substance	44.3	43.3
Two substances	30.2	26.2
Three substances	9.3	6.2
Four substances	1.8	1.0
Five or more substances	0.9	0.3

*LEGAL AND ILLEGAL DRUGS (alcohol, tobacco, hypnotosedatives, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Survey on Alcohol and Drugs in Spain (EDADES 2013)

Continuing with the time section of the last 12 months, the consumption of illegal drugs barely has an impact among the persons who have consumed one single substance, with alcohol being predominant among them, followed at some distance by tobacco and hypnotosedatives (Table 2.22).

Analysing the persons who have consumed two substances in the last year, in practically all the cases one of those substances was alcohol, followed in importance by tobacco (82.3% of these persons) and hypnotosedatives, while the weight of illegal drugs in this group is minor; the proportion of people who have consumed some illegal substance does not exceed 5%: in most cases it is cannabis.

When the polydrug use registered in the last year is of three substances, practically all the persons in this group declare consumption of both alcohol and tobacco. The most frequent third substance consumed by this group is cannabis (58.5% of these persons consumed marijuana or hashish in the last year) or hypnotosedatives.

The least prevalent substances among the general population begin to have a certain impact among individuals who have consumed four or more substances in the last year.

The use of cocaine powder begins to have a considerable presence among persons who declare use of four different substances in the last year. In fact, approximately one-half of this group admit that they have consumed cocaine, with alcohol, tobacco and cannabis being totally generalised within the group.

Most of the individuals who admit use of five or more different substances in the last 12 months declare use of cocaine powder (84.4%), with an important prevalence also of amphetamines/speed (57.2%) or ecstasy (48.1%). It is in this population group where hallucinogens begin to have a considerable presence (25.4%).

Table 2.22. Prevalence of psychoactive substances* according to the number of substances consumed in the last 12 months (percentages of column), Spain 2013

	One substance	Two substances	Three substances	Four substances	Five or more substances
Alcohol	85.6	95.0	98.6	99.5	98.6
Tobacco	9.8	82.3	96.7	97.1	94.3
Cannabis	0.2	4.2	58.5	92.8	94.1
Ecstasy	0.0	0.1	0.9	7.2	48.1
Hypnosedatives	4.5	17.9	40.6	41.0	42.5
Cocaine powder	0.0	0.3	4.1	52.7	84.4
Cocaine base	0.0	0.0	0.2	0.9	6.5
Amphetamines /speed	0.0	0.1	0.3	4.2	57.2
Hallucinogens	0.0	0.1	0.3	4.5	25.4
Heroin	0.0	0.0	0.0	0.1	5.3
Volatile inhalants	0.0	0.0	0.0	0.0	4.5

*LEGAL AND ILLEGAL DRUGS (alcohol, tobacco, cannabis, ecstasy, hypnosedatives, cocaine powder, cocaine base, amphetamines/speed, hallucinogens, heroin, volatile inhalants).

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Survey on Alcohol and Drugs in Spain (EDADES 2013)

A study has also been made of the prevalence of the various substances analysed among the consumers of each drug (in the time section of the last 12 months). Of the persons who consumed alcohol, 44% consumed tobacco and 11.1% cannabis: of those who used cannabis, 94.3% consumed alcohol and 85.3% tobacco (Table 2.23).

Alcohol is present in most of the consumers of all the substances. A lesser prevalence is only observed among those who have consumed hypnosedatives (approximately 1 of every 4 has not drunk alcohol in the last year).

The relationship between tobacco and cannabis is reflected on observing that 85.3% of those who used cannabis in the last year also smoked tobacco in this period, when the proportion is notably lower among the group who have consumed alcohol or hypnosedatives.

The persons who declare use of ecstasy, cocaine powder or amphetamines display a comparatively higher prevalence of hypnosedatives.

Cannabis is especially present among those who used amphetamines or hallucinogens, to the extent that of every 10 people approximately 8 consumed marijuana or hashish.

A certain relationship is also seen between hallucinogens and amphetamines, since half of the people who declared use of the former also admit consumption of amphetamines/speed.

Finally, cocaine powder has its greatest impact among users of amphetamines.

Table 2.23. Proportion (% in column) of users of other drugs among persons of 15-64 years who have consumed alcohol, tobacco, cannabis, ecstasy, tranquillisers, sleeping pills, cocaine powder, amphetamines/speed and hallucinogens (time reference: last 12 months), Spain 2013

	Alcohol	Tobacco	Cannabis	Ecstasy	Tranquillisers	Sleeping pills	Cocaine powder	Amphetamines / speed	Hallucinogens
Alcohol	100.0	85.4	94.3	95.8	71.6	73.8	96.8	94.2	98.2
Tobacco	44.4	100.0	85.3	81.3	47.0	47.6	85.0	84.0	82.9
Cannabis	11.1	19.3	100.0	74.7	9.6	10.8	76.0	81.2	82.3
Ecstasy	0.8	1.3	5.3	100.0	1.0	1.5	16.0	46.4	45.1
Hypnosedatives	11.5	14.2	12.8	21.3	100.0	100.0	20.8	21.6	12.5
Tranquillisers	9.7	12.3	11.1	15.9	100.0	71.1	17.4	18.4	10.8
Sleeping pills	5.1	6.4	6.4	12.9	36.5	100.0	12.2	12.6	4.5
Cocaine	2.7	4.5	17.7	51.6	3.5	4.8	100.0	66.3	46.5
Cocaine powder	2.6	4.5	17.6	51.3	3.5	4.8	100.0	65.4	46.5
Cocaine base	0.1	0.2	0.7	2.3	0.4	0.3	3.0	2.6	0.0
Amphetamines/speed	0.7	1.3	5.5	43.8	1.1	1.4	19.2	100.0	53.4
Hallucinogens	0.4	0.7	3.1	23.1	0.3	0.3	7.5	29.5	100.0
Volatile inhalants	0.0	0.1	0.3	3.2	0.1	0.0	1.5	2.4	2.3
Heroin	0.1	0.1	0.5	4.5	0.2	0.3	1.5	2.8	1.8

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

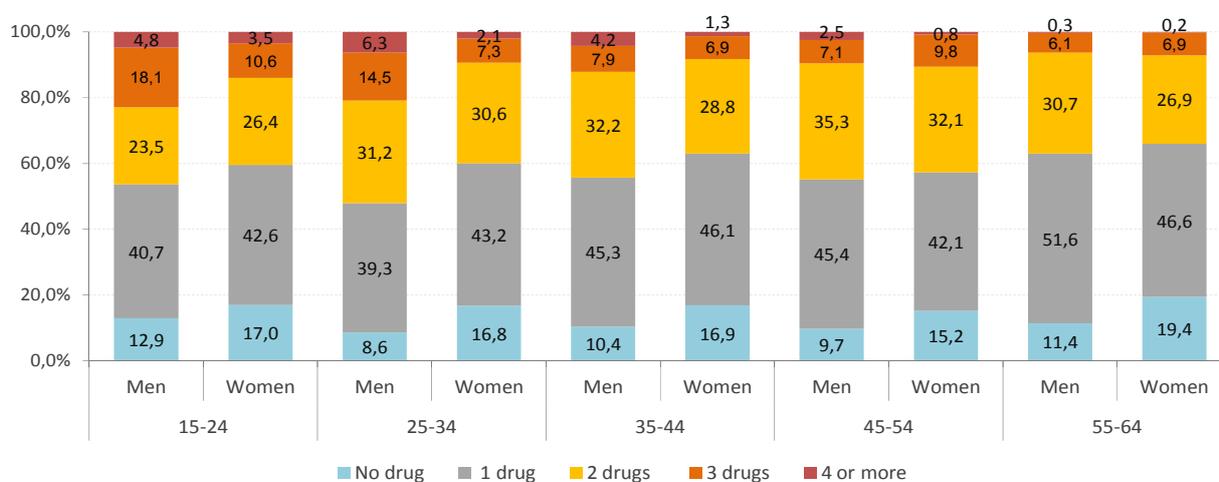
In terms of gender, polydrug use is more prevalent among men, independently of the age group (Figure 2.34).

In relation with the time section of the last year, among women under 54 years of age, the prevalence of polydrug use remains between 37% and 43%, falling from the age of 55 onwards. It should be pointed out that the highest percentages of polydrug use occur in the 45 to 54 age group, this also being the segment in which an increase in consumption of hypnotosedatives is observed.

Among men, the proportion who have consumed at least two substances reaches the maximum level between 25 and 34 years, specifically 52%, 12 points more than women in that age group. The prevalence of using three different substances in the last year reaches its highest level among young males of 15 to 24 years (18.1%) and descends progressively with age. Among women, this type of polydrug use also reaches its highest level among the youngest group (10.6%) and descends with age but then rises in the 45 to 54 segment (9.8%), coinciding with the increase in consumption of hypnotosedatives, as has been said.

In regard to the most extreme polydrug use (four or more different substances) in the last year, in the female segment it is more frequent among the youngest (15 to 24 years), then descending with age. In contrast, among men the indicator increases between 25 and 34 years to reach its maximum level in this segment (6.3%).

Figure 2.34. Prevalence of consumption of one or more psychoactive substances* in the last 12 months, according to age and gender (percentages) in the Spanish population of 15-64 years, Spain 2013



LEGAL AND ILLEGAL DRUGS (alcohol, tobacco, hypnotosedatives, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Survey on Alcohol and Drugs in Spain (EDADES 2013)

If the marital status of the individuals is observed, in relation with the number of different psychoactive substances they have consumed in the last year, it is found that the proportion of single people is higher among those who have indulged in polydrug use in this period: in contrast, there is a larger percentage of married persons among the group who have consumed one single substance or none. In fact, as the number of drugs consumed increases, the percentage of married persons decreases (Table 2.24).

Analysing the level of studies of the persons in relation with the number of substances consumed in the last year, the proportion of those with university studies is lower among those who have consumed two or more substances (in comparison with those who consumed one or none), while the presence of individuals with secondary studies gains in importance as the number of substances consumed increases.

In regard to the perceived state of health, the percentage of persons who feel they are in good or very good health is lower in the group who have made polydrug use in the last year, and it also decreases as the number of substances consumed increases.

Table 2.24. Marital status, level of studies and perception of state of health among the population of 15 to 64 years in relation with the number of psychoactive substances* consumed in the last 12 months (percentages), Spain 2013

	Number of substances consumed in the last year			
	None or one substance (no polydrug use)	Two substances	Three substances	Four or more substances
Marital status				
Single	35.1	37.8	53.6	74.0
Married	57.0	51.7	35.5	16.1
Separated – Divorced – Widowed	7.9	10.5	10.9	9.9
Level of studies				
Primary	16.6	15.2	14.9	13.1
Secondary	62.7	68.6	70.6	72.8
University	20.7	16.2	14.5	14.1
Perception of state of health				
Good/very good	85.4	82.1	79.4	77.7
Average	12.4	14.8	16.9	17.3
Bad/very bad	2.2	3.0	3.7	5.1

*(alcohol, tobacco, hypnotosedatives in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

In regard to the perceived risk of drug use (Table 2.25), among the persons who have consumed two or more substances in the last year, the perceived risk is lower than among those who consumed one single substance or none at all. It is also observed that the perception of risk diminishes as the number of drugs consumed increases, revealing a certain inverse relationship between the two variables.

In this context, there is a notable difference in perception before experimental consumption (once or twice in life) of substances like ecstasy or cocaine. Thus, the percentage of people who believe that trying cocaine can cause problems is 78.2% of the persons who have made no polydrug use in the last year; it descends to 70.4% of those who consumed two substances, to 55.1% of those who consumed three substances, and finally to 27.6% of those who consumed four or more substances.

There is also a notable difference of opinion regarding the occasional and regular use of cannabis, with an important decrease in the perception of risk when the number of substances consumed increases. While 89.4% of the population who have consumed one or no substance in the last year

believe that using cannabis once a week or more can entail problems, this percentage descends to 34.3% among those who consumed four or more different substances in the same period.

Similarly, attention should be drawn to the lower perception of risk recorded among the persons who have made greater polydrug use (at least four different substances in the last year) regarding the occasional use of cocaine (only 6 of every 10 perceive a risk), ecstasy (73.2% anticipate a risk), magic mushrooms (74.3%), hallucinogens (77.6%) or amphetamines (78.9%).

Table 2.25. Perception of risk (percentage who believe that each use behaviour can cause some or many problems*) among the population of 15 to 64 years according to the number of psychoactive substances consumed in the last 12 months (percentages), Spain 2013.**

	Number of substances consumed in the last year			
	None or one substance (no polydrug use)	Two substances	Three substances	Four or more substances
Smoking one packet of cigarettes a day	92.1	85.0	81.3	82.1
Having 5 or 6 alcoholic drinks at the weekend	51.3	36.0	26.5	20.4
Having 5 or 6 alcoholic drinks every day	92.7	89.0	86.4	82.2
Smoking hashish or marijuana once a month or less	70.8	56.3	31.5	12.8
Smoking hashish or marijuana once a week or more	89.4	80.7	58.5	34.3
Taking tranquillisers / sedatives or sleeping pills once a month or less	63.0	53.1	43.2	40.2
Taking tranquillisers / sedatives or sleeping pills once a week or more	82.2	75.5	68.1	67.9
Trying ecstasy once or twice in life	80.2	72.4	59.1	37.6
Consuming ecstasy once a month or less	96.9	95.1	90.2	73.2
Consuming ecstasy once a week or more	99.5	99.0	97.9	92.9
Trying cocaine once or twice in life	78.2	70.4	55.1	27.6
Consuming cocaine once a month or less	96.2	94.4	86.6	61.6
Consuming cocaine once a week or more	99.6	99.0	97.6	92.9
Consuming heroin once a month or less	97.7	97.4	95.5	91.1
Consuming heroin once a week or more	99.8	99.5	99.3	98.0
Consuming hallucinogens (acids, LSD) once a month or less	95.6	95.0	89.9	77.6
Trying cocaine base or crack once or twice in life	91.1	89.4	85.3	72.1
Consuming GHB or liquid ecstasy once a month or less	97.7	97.8	94.9	85.8
Consuming GHB or liquid ecstasy once a week or more	99.8	99.5	99.1	96.8
Consuming amphetamines or speed once a month or less	97.5	96.8	92.3	78.9
Consuming amphetamines or speed once a week or more	99.2	99.0	97.8	94.2
Consuming magic mushrooms once a month or less	96.4	95.3	88.3	74.3
Consuming magic mushrooms once a week or more	99.4	98.8	97.3	92.2
Consuming ketamine once a month or less	97.9	97.8	95.5	88.1
Consuming ketamine once a week or more	99.8	99.6	99.2	96.9

** (alcohol, tobacco, hypnotosedatives in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

* % valid, calculated on informed cases, eliminating cases of NR/DK.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Survey on Alcohol and Drugs in Spain (EDADES 2013)

The persons who have made polydrug use in the last year declare a greater accessibility to the various psychoactive substances than those who consumed only one substance or none.

Specifically, as the number of drugs consumed increases, the perception of availability of this type of substances rises (Table 2.26). In four of every ten cases, the persons who did not consume any substance in the last year or who consumed only one consider that they could obtain cocaine easily in 24 hours, while this proportion doubles among those who consumed four or more substances (it is “easily accessible” for eight out of ten). There is also a substantial difference in the perceived availability of substances like cannabis or amphetamines.

Table 2.26. Perception of availability of illegal drugs (obtaining them in 24 hours is relatively/very easy*) among the population of 15 to 64 years, according to the number of psychoactive substances consumed in the last 12 months (percentages), Spain 2013**

	Number of substances consumed in the last year			
	None or one substance (no polydrug use)	Two substances	Three substances	Four or more substances
Hashish, cannabis, marijuana	58.3	68.2	82.5	91.4
Heroin	29.0	33.3	38.7	40.9
Cocaine	40.6	50.0	64.0	79.2
Hallucinogens (LSD, acid, ...)	28.8	34.8	45.6	53.2
Ecstasy or other synthetic drugs	28.2	34.6	45.7	58.5
GHB or liquid ecstasy	24.6	29.0	36.0	40.6
Amphetamines or speed	28.0	33.9	46.5	61.2
Magic mushrooms	24.4	28.5	38.8	44.6
Ketamine	23.4	27.3	35.2	40.0

** (alcohol, tobacco, hypnotics in general, cannabis, cocaine powder, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).

*% valid, calculated on informed cases, eliminating cases of NR/DK.

SOURCE: OEDT, Survey on Alcohol and Drugs in Spain (EDADES 2013).

4.4.2. Injected use

The results of the survey indicate that in 2013, 0.4% of the population of 15 to 64 years in Spain (0.6% of men and 0.2% of women) have injected heroin, cocaine or other illegal drugs at some time in life (Table 2.27). In terms of age, the highest percentage is recorded among persons aged 35 to 44 (0.8%).

Table 2.27. Prevalences of injected use at some time in life of heroin, cocaine or other illegal drugs in the population of 15-64 years, according to age group and gender (percentages), Spain 2013

	Total	Men	Women	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Have injected heroin, cocaine or other illegal drugs at some time	0.4	0.6	0.2	0.1	0.2	0.5	0.8	0.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5. Perceptions and opinions of the population towards drugs

4.5.1. Perception of risk

The population have been consulted on the problems that may be caused by different patterns of drug use, with the aim of determining what uses people associate with most risk (Table 2.28 and Figure 2.35).

As has been observed throughout the historical series, the perception of risk is highest in regard to substances such as heroin, cocaine, ecstasy, GHB or hallucinogens. The degree of agreement is greatest in stating that the use of these drugs can cause some or many problems, whether in regard to frequent use (once a week or more) or occasional use (once a month or less).

In contrast, the perception of risk associated with trying cocaine or ecstasy has diminished. 72.4% now believe that trying cocaine once or twice in life can cause problems, and 74.8% believe the same in the case of trying ecstasy: these percentages have fallen by 4.1 and 3.4 points respectively in comparison with 2011.

In regard to hypnotosedatives, while their consumption continues to increase, the degree of association with risk descends and now presents the lowest level of the historical series. In relation with the occasional consumption of hypnotosedatives, 57.6% of respondents recognise a certain risk, which represents a decrease of 4.9 points from the last value recorded, situating the indicator below 60% for the first time in the series.

The percentage of people who perceive a risk in the regular use of hypnotosedatives (once a week or more) is also the lowest in the series (78.5%), with a slight decrease of 1.4 points from the previous survey.

In relation with cannabis, the most common illegal substance, the belief that its consumption can cause problems is less extensive among the population. Especially, this idea has diminished in reference to occasional consumption, which registers the lowest level of association with risk in the historical series, with 61.2% of the population believing that consuming cannabis once a month or less can entail problems.

Intensive daily intake of alcohol is often closely related with the appearance of problems (90.7%). However, when asked about the consumption of 5 or 6 alcoholic drinks at the weekend, only 43.5% perceive a risk, a percentage which is 6 points lower than in 2011.

The perception of risk associated with the habit of smoking one packet of cigarettes a day shows no significant changes with respect to the last two editions, although mention should be made of

the increase (9 percentage points) registered in this respect compared with the late 1990s, when it generated less aversion (Figure 2.36).

In general, on the issue of drug use, women perceive risk in a greater proportion than men (Figure 2.37). Hypnotosedatives, which are more consumed by women, constitute an exception in this respect in registering a similar level of association with risk in both sexes.

There is a greater difference of opinion between men and women in reference to the occasional consumption of cannabis or the habit of consuming 5 or 6 alcoholic drinks at the weekend: in both cases, the percentage of men who anticipate problems is around 10 points lower than the figure for women.

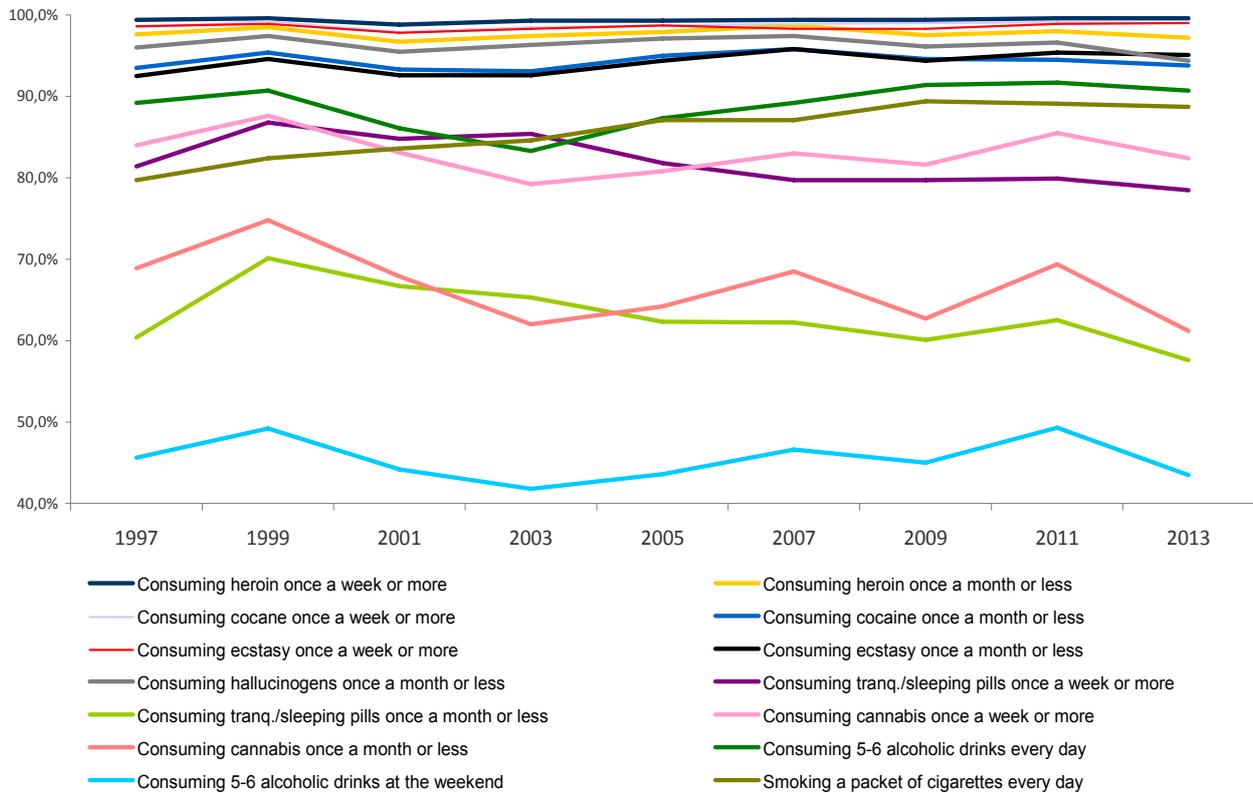
In an analysis of the association with risk in terms of age, certain divergences are found in the case of hypnotosedatives and cannabis (Figure 2.38). When reference is made to the regular use of tranquillisers/sleeping pills, the degree of perception of association with risk diminishes from age 34 onwards. In contrast, the indicator relating to cannabis, although it is high among the 15 to 17 age group, diminishes when the 15 to 34 group is analysed overall, and then shows an upturn above this age.

Table 2.28. Evolution of the perceived risk of various drug use behaviours (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems)*, Spain 1997-2013

	1997	1999	2001	2003	2005	2007	2009	2011	2013	Difference 2013-2011	Difference 2013-1997
Consuming heroin once a week or more	99.4	99.6	98.8	99.3	99.3	99.4	99.4	99.6	99.6	0.0	0.2
Consuming heroin once a month or less	97.6	98.5	96.7	97.4	97.9	98.7	97.5	98	97.2	-0.8	-0.4
Consuming cocaine once a week or more	98.5	99.2	97.9	98.5	98.7	98.9	99	99.1	99.0	-0.1	0.5
Consuming cocaine once a month or less	93.5	95.4	93.3	93.1	95	95.8	94.6	94.5	93.8	-0.7	0.3
Trying cocaine once or twice in life	-	-	-	-	-	-	77.4	76.5	72.4	-4.1	-
Consuming ecstasy once a week or more	98.6	98.9	97.8	98.3	98.7	98.3	98.3	98.9	99.0	0.1	0.4
Consuming ecstasy once a month or less	92.5	94.6	92.6	92.6	94.4	95.8	94.4	95.4	95.1	-0.3	2.6
Trying ecstasy once or twice in life	-	-	-	-	-	-	76.7	78.2	74.8	-3.4	-
Consuming hallucinogens once a week or more	99.1	99.4	98.5	99.1	99.2	-	-	-	-	-	-
Consuming hallucinogens once a month or less	96	97.4	95.5	96.3	97.1	97.4	96.1	96.6	94.4	-2.2	-1.6
Consuming tranq./sleeping pills once a week or more	81.4	86.8	84.8	85.4	81.8	79.7	79.7	79.9	78.5	-1.4	-2.9
Consuming tranq./sleeping pills once a month or less	60.4	70.1	66.7	65.3	62.3	62.2	60.1	62.5	57.6	-4.9	-2.8
Consuming cannabis once a week or more	84	87.6	83.1	79.2	80.8	83	81.6	85.5	82.4	-3.1	-1.6
Consuming cannabis once a month or less	68.9	74.8	67.9	62	64.2	68.5	62.7	69.4	61.2	-8.2	-7.7
Trying cocaine base once or twice in life	-	-	-	-	-	-	95.7	91.8	89.5	-2.3	-
Consuming 5-6 alcoholic drinks every day	89.2	90.7	86.1	83.3	87.3	89.2	91.4	91.7	90.7	-1.0	1.5
Consuming 5-6 alcoholic drinks at the weekend	45.6	49.2	44.2	41.8	43.6	46.6	45	49.3	43.5	-5.8	-2.1
Smoking a packet of cigarettes every day	79.7	82.4	83.6	84.6	87.1	87.1	89.4	89.1	88.7	-0.4	9.0
Consuming GHB or liquid ecstasy once a week or more	-	-	-	-	-	-	-	99.4	99.5	0.1	-
Consuming GHB or liquid ecstasy once a month or less	-	-	-	-	-	-	-	97.8	97.2	-0.6	-

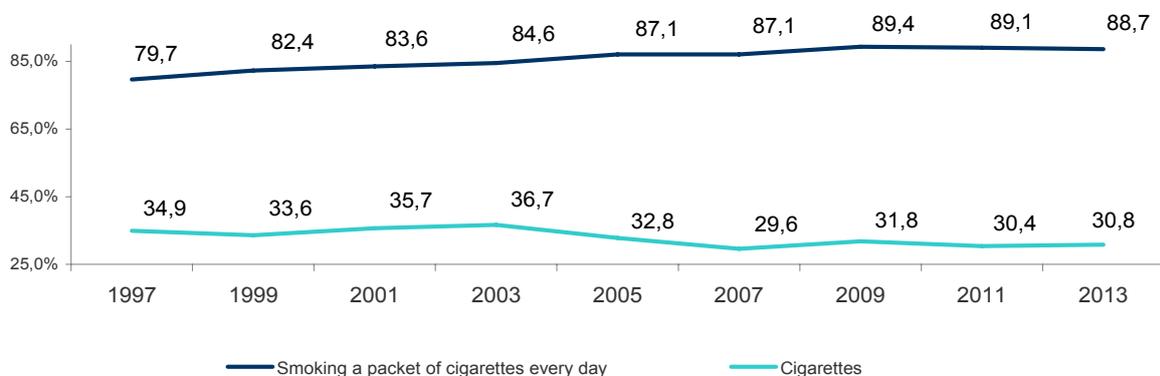
* % valid calculated on informed cases, eliminating cases of NR/DK
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

Figure 2.35. Evolution of the perceived risk of various drug use behaviours (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems)*, Spain 1997-2013



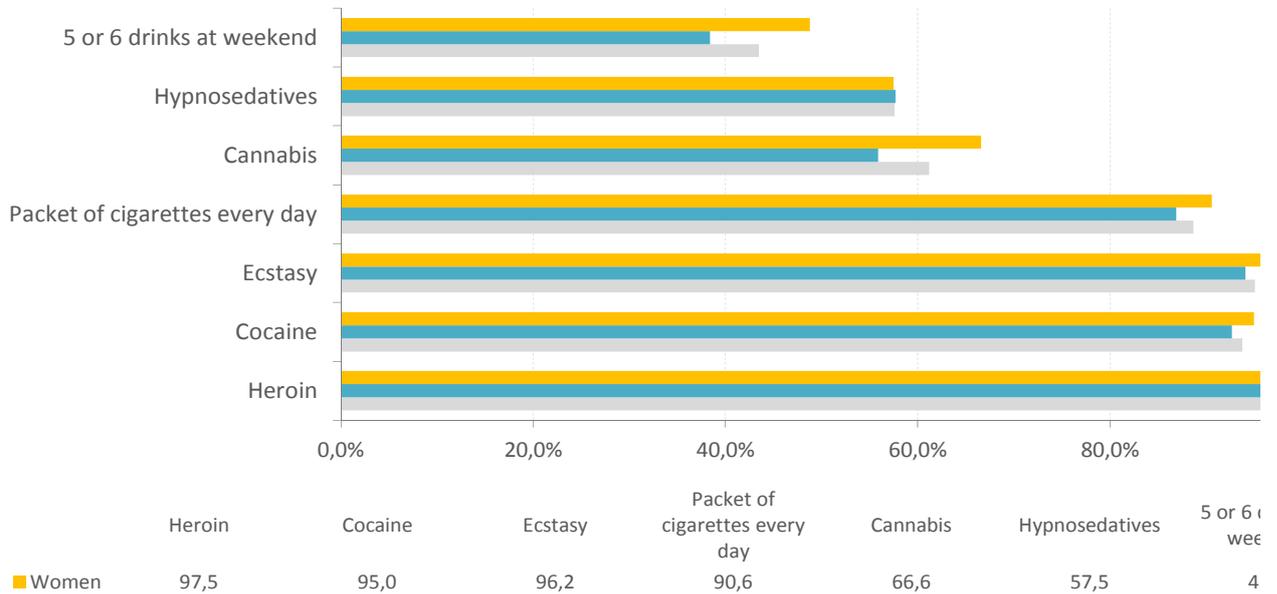
* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

Figure 2.36. Evolution of the prevalence of daily tobacco consumption and the perceived risk of smoking a packet of cigarettes every day (percentage of population of 15-64 years who believe this can cause some or many problems)*, Spain 1997-2013



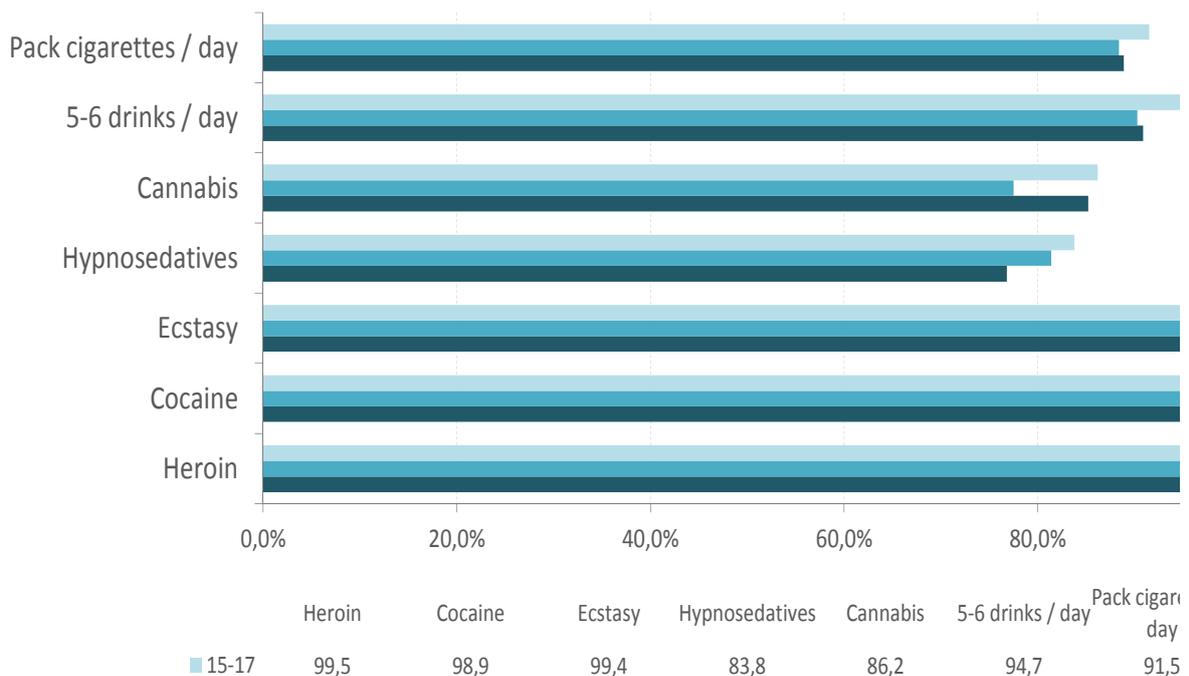
* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

Figure 2.37. Perception of the risk associated with the occasional consumption of psychoactive substances (once a month or less), (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems) according to gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.38. Perception of the risk associated with the regular use of psychoactive substances (once a week or more), (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems) according to age (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5.2. Perception of availability

In parallel with the loss of visibility of drug-related situations, the population's sensation of availability of illegal drugs has also diminished, a scenario which in general began to be observed in the 2011 survey after the upturn recorded in 2009.

Among illegal substances, cannabis is the most accessible, with 64.6% of respondents saying that they could easily acquire this substance, a perception which has increased in comparison with the data of the historical series (Table 2.29). Specifically, in 2013, 3 of every 4 young people aged up to 34 believed that it could be obtained easily within 24 hours.

Cocaine is the next illegal drug considered to be easily obtainable, although the perception of availability has descended to the levels recorded in 2001-2003. In the youngest age group, up to 34 years, 53.7% believe it is easy to obtain, and 58.1% if we restrict this group to males in this group.

For approximately one of every three persons it is easy to obtain amphetamines, ecstasy, heroin or hallucinogens, while the perception of availability of GHB, magic mushrooms or ketamine show the lowest figures.

Table 2.29. Evolution of the perception of availability of illegal drugs (obtaining them in 24 hours is relatively/very easy)*, among the population of 15-64 years of age (percentages), Spain 1995-2013.

	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Cannabis	50.3	52.1	51.8	59.5	59.2	66.2	59.8	69.6	67.0	64.6
Ecstasy	41.1	40.9	39.9	48.2	46.1	49.7	43.8	51.9	45.6	32.7
Cocaine	39.5	39.2	39.9	46.7	46.5	53.3	43.8	56.7	54.4	46.9
Heroin	37	36.2	37.2	41.2	39.2	43.4	39.5	44.7	44.9	31.6
Hallucinogens (LSD)	37.1	37	37.2	42.7	40	44.8	40.2	48.7	45.4	33.0
GHB or liquid ecstasy										27.5
Amphetamines or speed										32.6
Magic mushrooms										27.7
Ketamine										26.2

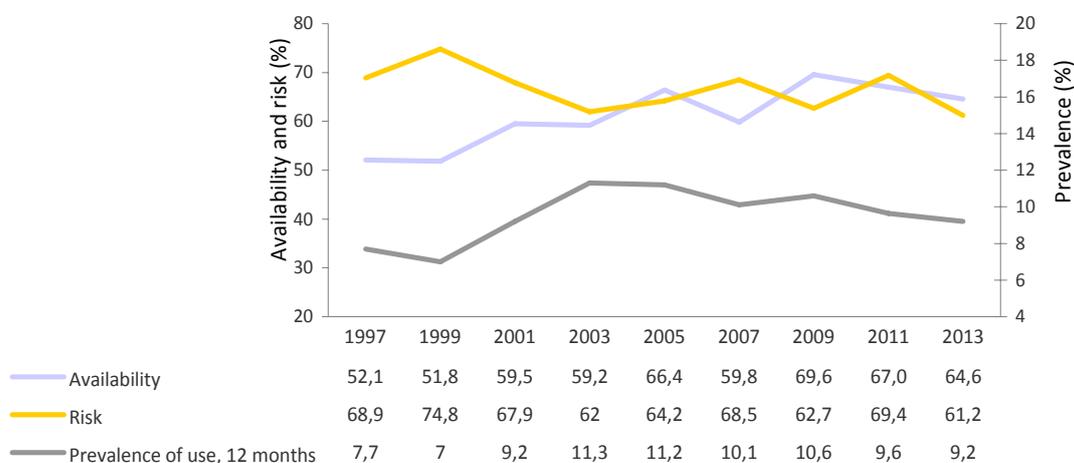
*% valid calculated on informed cases, eliminating cases of NR/DK.
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Analysing jointly the perception of risk of occasional use, the perception of availability and the prevalence in the last year presented by cannabis, the indicator which varies most in comparison with the previous survey is the perception of risk, which diminishes by 8.2 points. However, the perception of availability is slightly lower, although this reduction is more discreet than that observed for other illegal substances (Figure 2.39).

In regard to cocaine powder, the indicator which has shown most movement is that of perception of availability, since the substance is seen to be substantially less accessible than in 2011. In addition, in 2013 the prevalence of use in the last year is barely differentiated from that recorded in the last survey, and it continues to decrease slightly from the highest levels observed between 2003 and 2005. The perception of risk of occasional use continues to be generalised among the population (Figure 2.40).

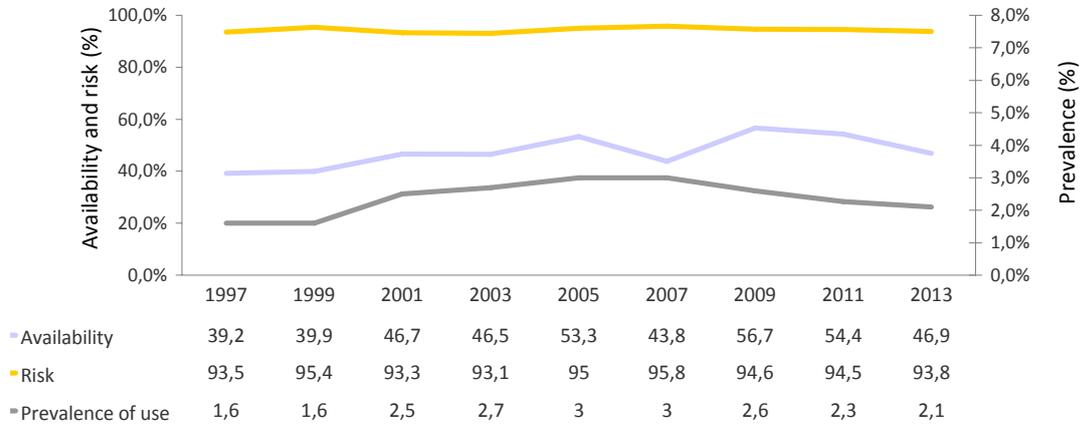
In regard to ecstasy, the perception of availability has notably diminished, while the prevalence in the last 12 months (0.7%) remains stable and there continues to be a majority who believe that its consumption causes problems (95.1%) (Figure 2.41).

Figure 2.39. Evolution of the prevalence of cannabis use in the last 12 months, perceived availability (obtaining it in 24 hours is easy or very easy) and perception of risk (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems) against occasional use (once a month or less)*, Spain, 1997-2013



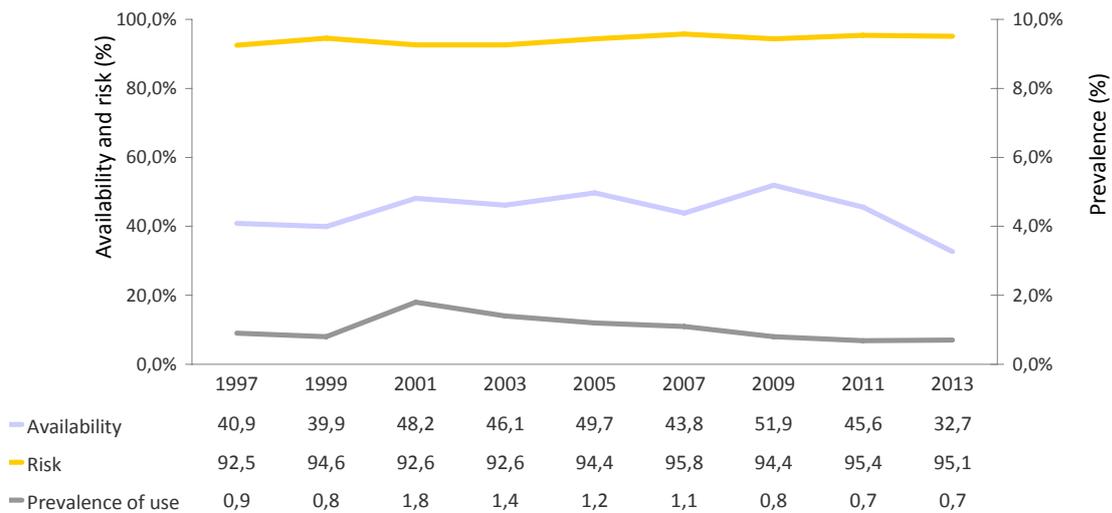
* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.40. Evolution of the prevalence of use of cocaine powder in the last 12 months, perceived availability (obtaining it in 24 hours is easy or very easy), and perception of the risk (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems)* against occasional use (once a month or less). Spain, 1997-2013



* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.41. Evolution of the prevalence of use of ecstasy in the last 12 months, perceived availability (obtaining it in 24 hours is easy or very easy) and perception of risk (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems)* against occasional use (once a month or less), Spain 1997-2013



* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5.3. Perception of the importance of the problem of drug use and visibility of the problem

Analysing the importance of the problem of illegal drugs for the general population in their place of residence, the most common opinion continues to be that the problem is “very important” (39.2%), although this percentage is notably lower than that observed in the years 2005-2009, when this was the opinion of around a half of the population (Table 2.30).

In 2013 the proportion of people who say that the problem is “unimportant” has fallen in favour of the belief that the problem is “rather important.”

Table 2.30. Evolution of the importance given by the population of 15-64 years to the problem of illegal drugs in their place of residence (percentages)*, Spain 1997-2013

	1997	1999	2001	2003	2005	2007	2009	2011	2013	Difference 2011- 2013
Unimportant	19.6	22.3	19.1	20.9	14.8	20.5	20.4	27.5	23.0	-4.5
Rather important	28.1	32.1	34.3	34.3	27.9	29.7	30.7	32.5	37.8	5.3
Very important	46.4	37.3	39.3	36.3	52	49.8	48.9	40	39.2	-0.8

% valid calculated on informed cases, eliminating cases of NR/DK.
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 1997-2013)

The citizens were also consulted on the degree of visibility of certain situations related with drug use in their place of residence. Since the end of the 1990s, the exposure to drug-related situations has gradually lost prominence, and in general 2013 displays the lowest levels of the indicator for most of the scenarios presented (Figure 2.42).

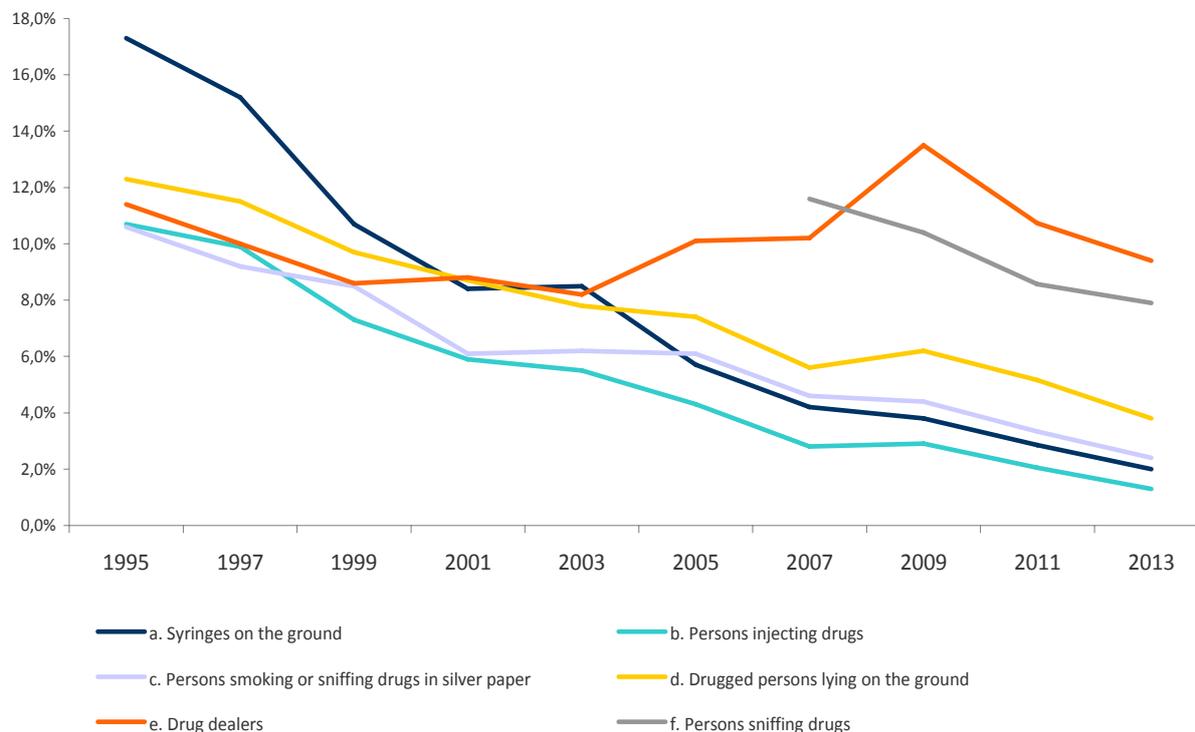
The situations which have more residual visibility are: coming across persons injecting drugs, syringes on the ground, persons inhaling drugs or drugged individuals lying on the ground (less than 5% of the population find themselves in these situations). The frequency of these scenarios has descended substantially in comparison with the first data of the series, which were considerably higher.

Coinciding with drug dealers, however, is seen to be an exception to this tendency, since it showed the highest levels of visibility in the measurements of recent years, although diminishing slightly in 2013. The age group who find themselves in this situation most often is that of 15 to 24 years (14.5%).

Exposure to persons sniffing drugs is less habitual than in previous years. In terms of age, 12.7% of young people aged between 15 and 24 find themselves in this situation with a certain frequency, a proportion which decreases with age.

This year the citizens have been asked for the first time how often they come across persons smoking joints or drinking in public places; these are the situations that are most visible for the population, with the result that 52.9% of respondents say they frequently see individuals smoking joints and 42.4% see persons drinking in public places.

Figure 2.42. Evolution of the visibility in the local setting of certain situations related with the use of illegal drugs (percentage of the population of 15-64 years who often or very often witness each situation in the place where they live)*, Spain 1995-2013



*% valid calculated on informed cases, eliminating cases of NR/DK).
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5.4. Channels of information on drugs

The communications media appear to be the population's first and most trusted source of information on drugs in Spain (Figure 2.43).

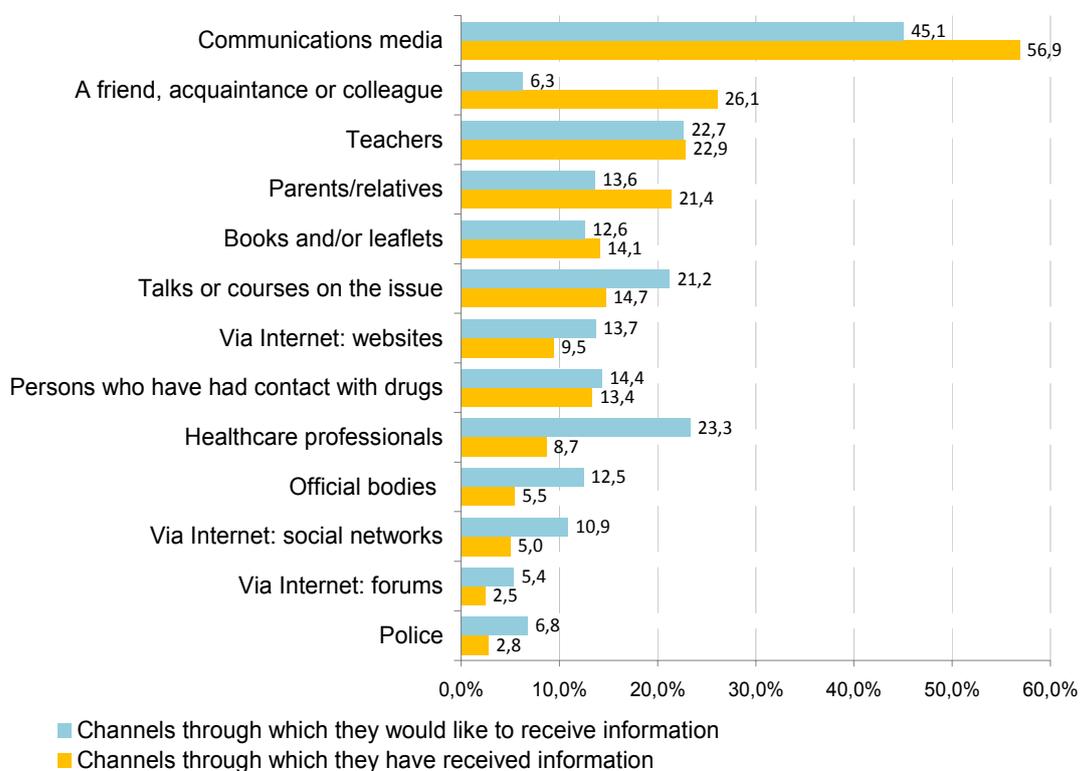
The following channels of information in preference are the personal environment (relatives, friends, colleagues) and also teachers, who are one of the preferred sources for receiving better and more objective information.

Following the communications media, the channel which warrants most confidence and favour for receiving information is that constituted by healthcare professionals, although the percentage of people who actually use this channel is a minority.

The police and official bodies play a residual role in the provision of information, and are not among the channels which the majority of the population would choose to obtain information.

According to the data of the survey, Internet is not perceived as a relevant channel of information on drugs (only 17% of people have received information via websites, social networks or forums), nor does it merit the population's confidence as an information medium.

Figure 2.43. Principal information channels through which the population of 15-64 years have received information on drugs and through which they would like to receive better and more objective information on drug use and the effects and problems associated with drugs and their forms of consumption, Spain 2013



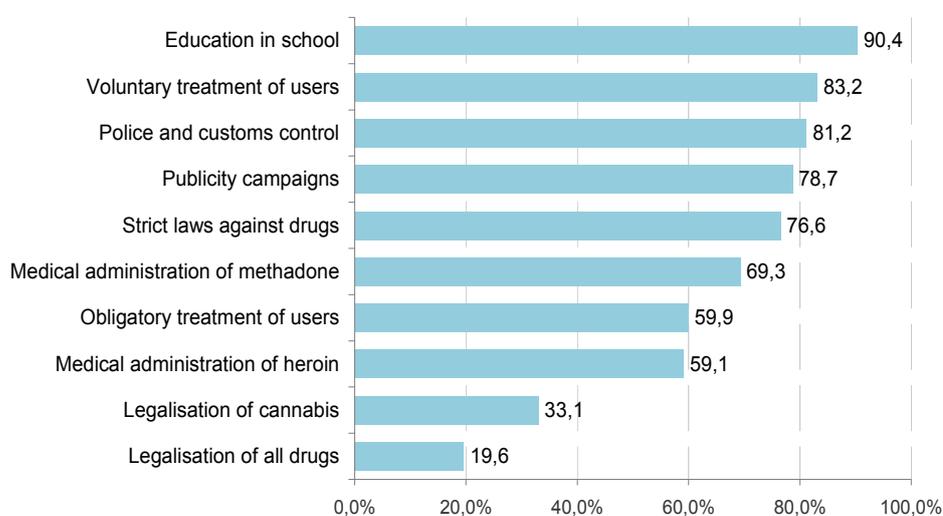
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5.5. Evaluation of the importance of various actions to attempt to solve the drug problem

As has been registered throughout the historical series, practically all of the population agree that it is of great importance to tackle the drug problem on the basis of education in school (Figures 2.44 and 2.45).

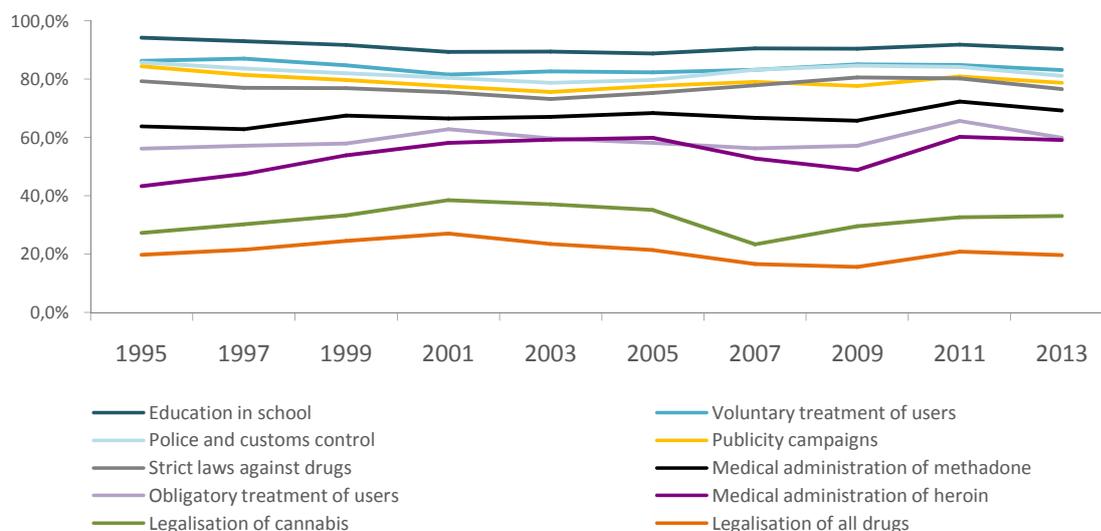
Other measures which are also considered of special relevance are voluntary treatment of drug users and police and customs control, which in all the surveys have been referred to by an ample majority. In contrast, the efficacy of the measures addressed to the legalisation of drugs is questioned.

Figure 2.44. Evaluation among the population of 15-64 years of various actions as “Very important” for solving the drug problem (percentages)*, Spain 2013



* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.45. Evolution among the population of 15-64 years of the evaluation as “very important” of various actions to solve the drug problem (percentages)*, Spain 1995-2013



* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 1995-2013)

Analysing in more depth the segment of population who consider very important the legalisation of cannabis to solve the drug problem, it is observed that the proportion they represent (33.1%) remains stable with respect to 2011 (32.7%). This opinion is more widespread among men and in the 25 to 44 age group (Table 2.44). In addition, the people who support the legalisation of cannabis are characterised by registering a greater prevalence of use of this substance in the last 12 months: 17.6% of those who declare that this measure is very important consumed cannabis in the last year, against 5.7% of those who do not support the measure. Similarly, the prevalence of risk consumption of cannabis (CAST_{≥4}) is greater among the group who advocate the legalisation of hashish or marijuana (5.2%) than among those who are not of this opinion (0.9%).

Table 2.44. Evaluation of the legalisation of hashish and marijuana as “Very important” to solve the drug problem among the population of 15-64 years, according to gender and age (percentages), Spain 2013

		Men	Women	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Degree of importance of the legalisation of hashish and marijuana	Very important	35.5	30.5	32.5	35.1	35.5	33.0	27.4
	Rather important	22.9	19.7	22.3	23.8	21.7	19.6	19.1
	Unimportant	41.5	49.8	45.2	41.1	42.8	47.4	53.5

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.5.6. Perception of state of health

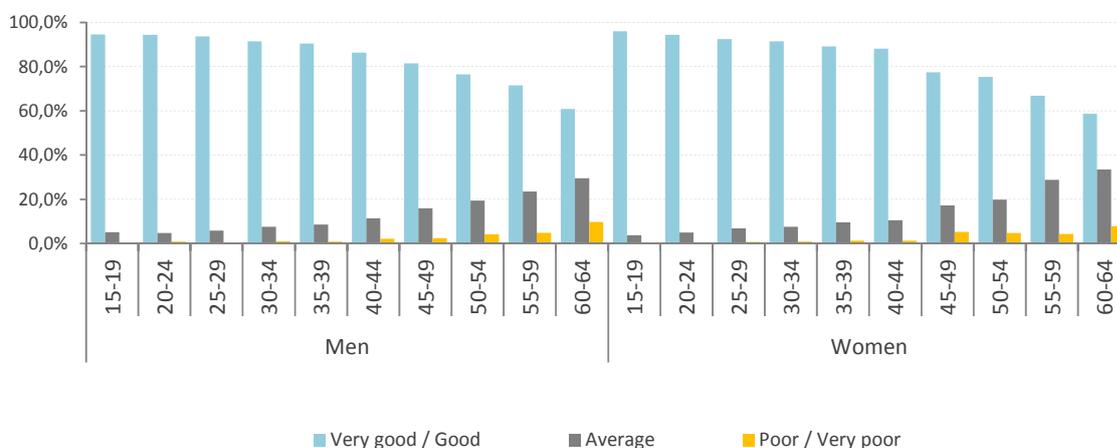
The population of 15 to 64 years in Spain have been consulted on their perception of their state of health, with the result that until age 39, approximately 9 of every 10 persons believe that their health is good or very good; progressively with age there is an increase in the proportion who feel their health to be average or poor, although in general men are more optimistic than women over the age of 45 (Figure 2.46).

Among women, the proportion who say they are in good health decreases more quickly between 40 and 49 years. However, among men, the sharpest fall in the perception of health occurs later, after age 60.

Considering the persons who have consumed alcohol in the last year, the perception of health of those who display risk consumption (according to the AUDIT indicator commented on in the chapter on consumption of alcohol) varies according to gender: men who show a pattern of risk have a more negative perception of their health than the rest, a situation which is not observed in the case of women (Figure 2.47).

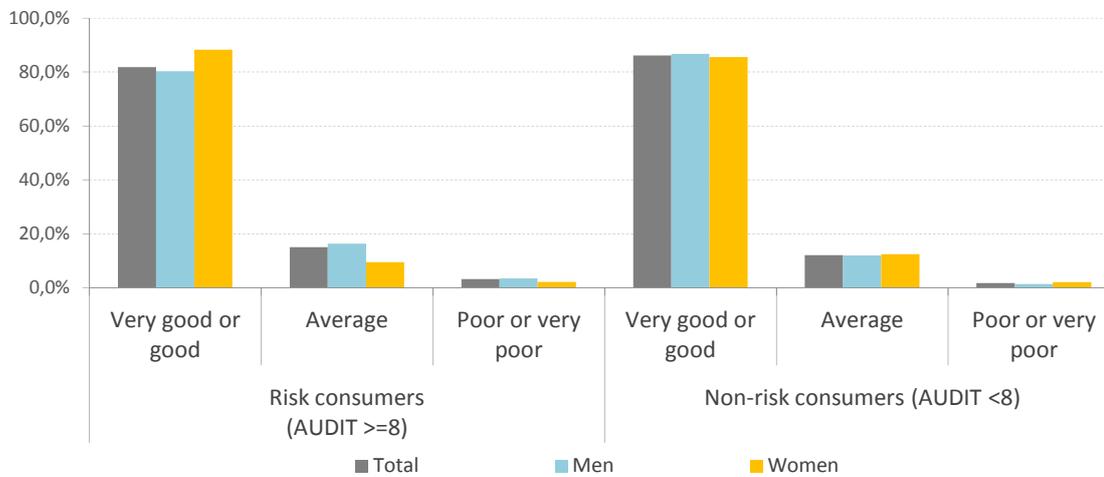
With respect to the perceived state of health in the youngest age group (15 to 34 years), the perception is more positive among those who do not register risk consumption (93.8% against 89.5%). However, in the collective of 35 to 64 years, the difference of perception is more marked (Figure 2.48). Thus, in the case of people over 34, while 72.7% of risk consumers say they are in good health, this proportion rises to 81.8% among consumers who do not display risk.

Figure 2.46. Perception of state of health among the population of 15-64 years (percentages)*, according to gender and age, Spain 2013



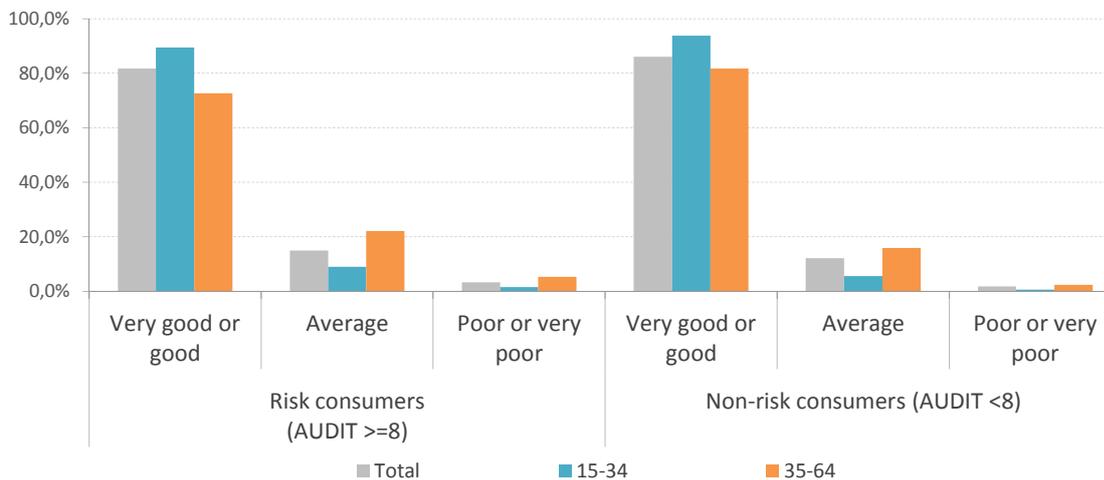
* % valid calculated on informed cases, eliminating cases of NR/DK.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.47. Perception of state of health among the population of 15-64 years who have consumed alcohol in the last year and have a score of ≥ 8 in AUDIT*, according to gender, Spain 2013



* Alcohol Use Disorders Identification Test.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.48. Perception of state of health among the population of 15-64 years who have consumed alcohol in the last year and have a score of ≥ 8 in AUDIT*, according to age, Spain 2013



* Alcohol Use Disorders Identification Test.
 Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
 Survey on Alcohol and Drugs in Spain (EDADES 2013)

Analysing the segment of population who have consumed cannabis in the last 12 months, the perception of health is notably more negative among those who display risk use compared with those who have consumed in the last year but are not classified as risk users (according to the CAST indicator commented on in the chapter on cannabis).

In this way, the group who do not display risk use consider that their health is poor or average in 11.7% of the cases, while among those who do present risk use, this percentage climbs to 26.3%. Although the fact that risk users observe a worse state of health occurs in both sexes, women with problematic use of cannabis are more optimistic than men who also display this use pattern (Figure 2.49).

In terms of age, the most negative perception of the state of health held by risk users is observed independently of age segments. However, the difference in perception is wider in the 35 to 64 group (Figure 2.50).

Studying the perception of health of persons who have consumed cocaine in the last year (powder and/or base), 4.7% believe that their state of health is poor or very poor, against 2.6% of those who have not consumed in this period (Figure 2.51).

In this respect, there is a certain differential within the collective of cocaine users in terms of gender, since 86.3% of women consider that they are in good health, while this percentage among men users is 6.4 points lower (more of them believe their health is only average).

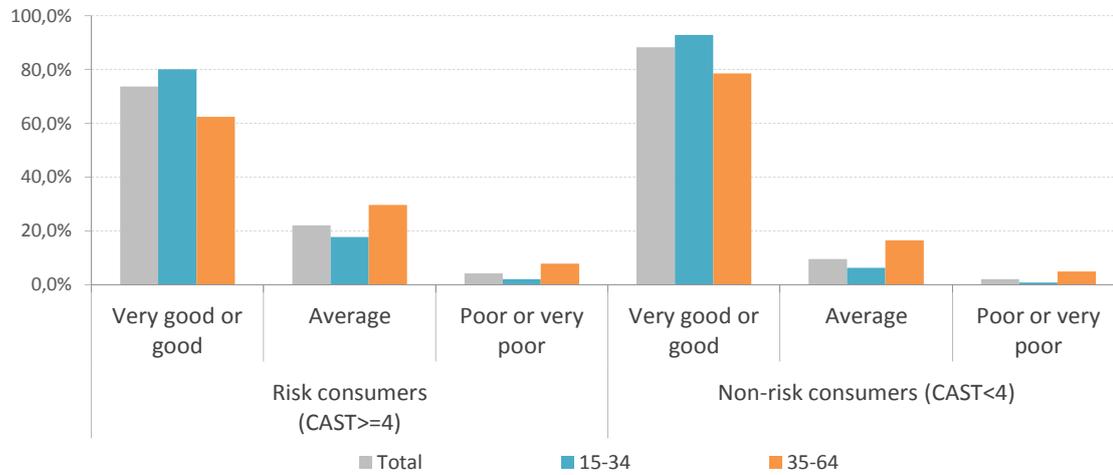
Figure 2.49. Perception of state of health among the population of 15-64 years who have consumed cannabis in the last year and have a score of ≥ 4 in CAST*, according to gender (%), Spain 2013



*Cannabis Abuse Screening Test.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.50. Perception of state of health among the population of 15-64 years who have consumed cannabis in the last year and have a score of >4 in CAST*, according to age (%), Spain 2013

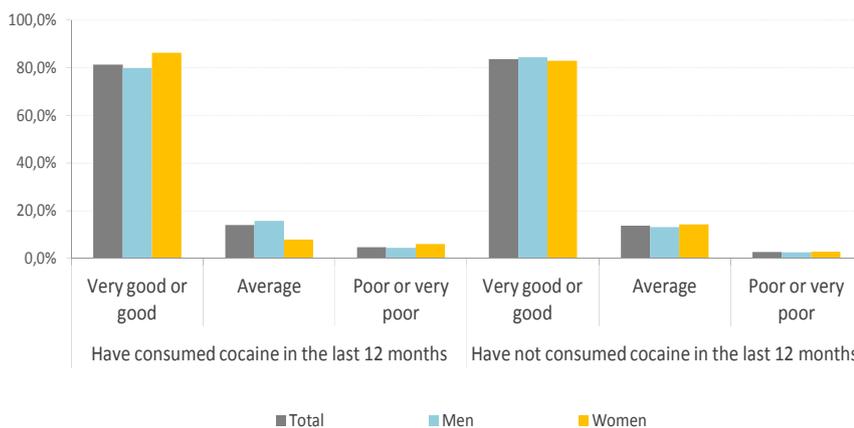


*Cannabis Abuse Screening Test.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

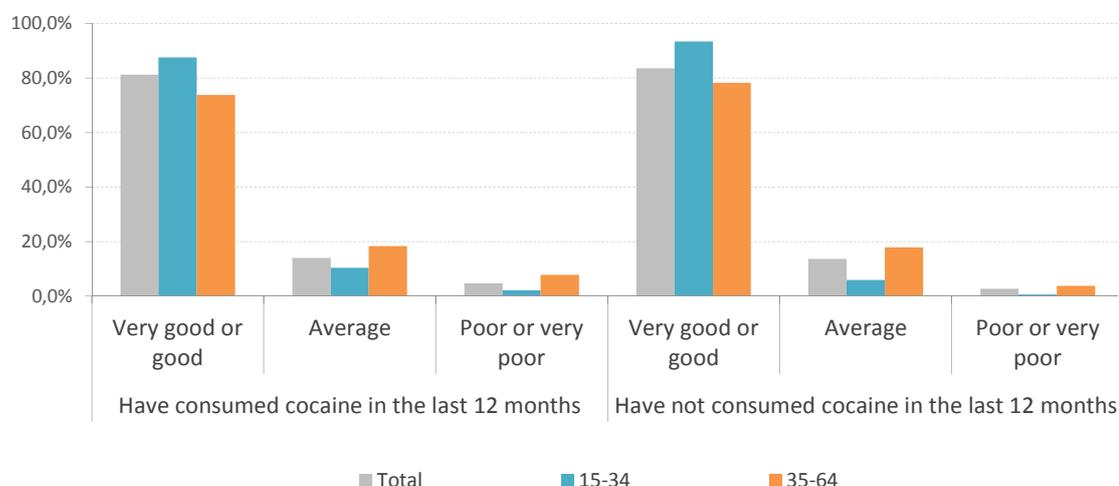
The perception of state of health is more negative among persons who consumed cocaine in the last 12 months, in both the 15 to 34 and 35 to 64 age group (Figure 2.52). In addition, in both age segments it is observed that the proportion of consumers of cocaine in the last year who consider that they are in good health is higher than in those who displayed risk use of cannabis.

Figure 2.51. Perception of state of health among the population of 15-64 years according to whether or not they have consumed cocaine (powder and/or base) in the last year, according to gender (%), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Figure 2.52. Perception of state of health among the population of 15-64 years according to whether or not they have consumed cocaine (powder and/or base) in the last year, according to age (%), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

4.6. New substances

This section reviews the results obtained from the introduction into the EDADES 2013 questionnaire of a module addressed to determining various aspects of a group of psychoactive substances which are named “new substances,” either because they have appeared on the market recently or because, while being substances that have been known and used for some time, their use has been resumed or reinvented by a large proportion or certain groups of the population. The substances considered are ketamine, GHB (liquid ecstasy), spice, piperazines, mephedrone, nexus, methamphetamine, magic mushrooms, research chemicals, legal highs, salvia and anabolic steroids.

Previously, a module relating to new substances was introduced into the 2011 edition of EDADES and the ESTUDES survey (Survey on Drug Use in Secondary Schools in Spain) in 2010 and 2012. When it is mentioned to the population that new substances are now available which imitate the effect of illegal drugs and are presented in various formats (without specifying the exact name of any of these drugs), most people display a lack of knowledge of the phenomenon. Specifically, 3 of every 4 persons say they have never heard of them: this lack of knowledge increase with age and is greater among women.

In regard to the prevalence of these drugs, their scope in the population aged 15 to 64 is stable at 3% for consumption at some time in life, although their consumers are mainly young men (Table 2.32). In this respect, 7.2% of males from 15 to 34 have consumed “new substances” at some time, practically tripling the result recorded for females of this age group. Magic mushrooms are the most popular of the new substances, followed by ketamine, GHB (liquid ecstasy), spice, methamphetamine (ice) and salvia. The rest of the drugs studied display residual prevalences in the population (Table 2.33).

Table 2.32. Prevalence of consumption of new substances in the Spanish population of 15-64 years, according to gender and age (percentages), Spain 2013

	15-64			15-17			18-24			15-34			35-64		
	Total	M	W												
Some time in life	3.0	4.6	1.3	1.3	2.1	0.4	4.1	5.9	2.3	4.9	7.2	2.5	1.9	3.1	0.7
Last 12 months	0.7	1.1	0.3	0.9	1.6	0.2	1.8	2.5	1.2	1.4	2.1	0.7	0.3	0.4	0.1
Last 30 days	0.3	0.5	0.2	0.2	0.3	0.2	1.0	1.3	0.6	0.6	0.9	0.3	0.2	0.2	0.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

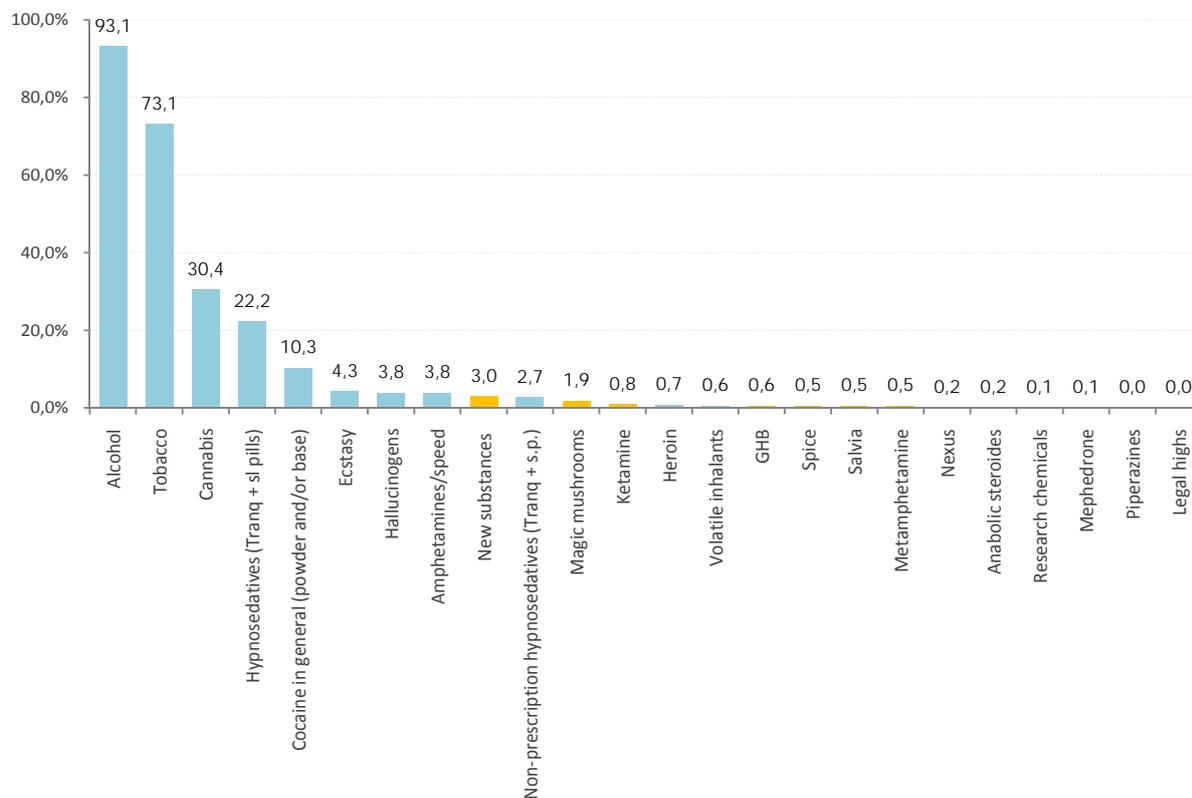
Table 2.33. Prevalence of consumption of new substances in the Spanish population of 15-64 years (percentages), Spain 2013

	Some time in life	Last 12 months	Last 30 days
New substances	3.0	0.7	0.3
Ketamine	0.8	0.1	0.0
Ghb	0.6	0.1	0.0
Spice	0.5	0.1	0.0
Piperazines	0.0	0.0	0.0
Mephedrone	0.1	0.0	0.0
Nexus	0.2	0.0	0.0
Metamphetamine	0.5	0.1	0.0
Magic mushrooms	1.9	0.2	0.1
Research chemicals	0.1	0.0	0.0
Legal highs	0.0	0.0	0.0
Salvia	0.5	0.1	0.0
Anabolic steroids	0.2	0.0	0.0

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

These prevalences must be interpreted within the context of consumption of other drugs in Spain (Figure 2.53):

Figure 2.53. Prevalence of consumption of drugs at some time in life in the Spanish population of 15-64 years (percentages), Spain 2013

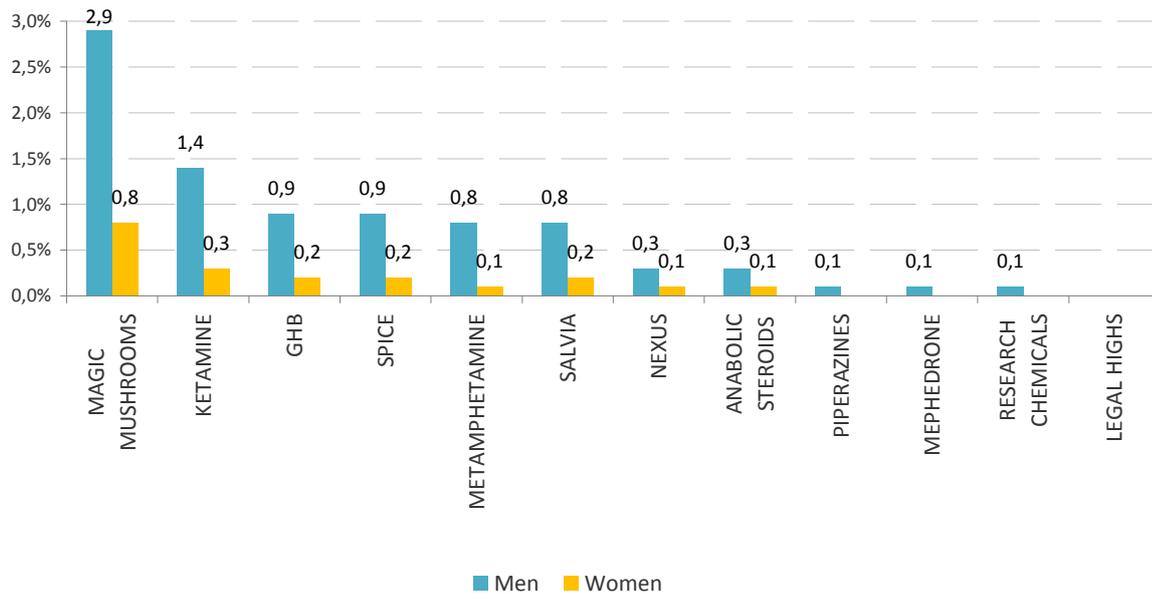


Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Independently of the substance considered, each one is more prevalent in males than in females (Figure 2.54). In the case of the most consumed, magic mushrooms, this gender difference is reflected to the extent that 2.9% of males have consumed them at some time compared with 0.8% of females.

The starting age of consumption of new substances is notably later than with alcohol, tobacco or cannabis, being between 21.2 years (spice) and 24.4 years (research chemicals). In this respect, it is observed that for the various drugs studied the prevalence among the 25 to 34 age group exceeds that of the youngest group (15 to 24).

Figure 2.54. Prevalences of consumption of new substances at some time in life in the Spanish population of 15-64 years according to gender (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

The consumption of “new substances” has not extended with respect to 2011 (Tables 2.34 and 2.35): a certain stability is perceived for most of the substances and a slight loss of prevalence in the case of magic mushrooms or salvia.

Table 2.34. Prevalences of consumption of new substances at some time in life in the Spanish population of 15-64 years according to age (percentages), Spain 2011-2013

	2011								2013							
	15-64	15-24	25-34	35-44	45-54	55-64	15-34	35-64	15-64	15-24	25-34	35-44	45-54	55-64	15-34	35-64
Ketamine	1.0	1.4	2.0	1.0	0.4	0.0	1.8	0.5	0.8	1.0	1.6	1.2	0.2	0.2	1.3	0.6
Ghb	-	-	-	-	-	-	-	-	0.6	0.2	1.0	0.9	0.3	0.1	0.7	0.5
Spice	0.8	1.0	1.4	0.9	0.4	0.1	1.2	0.5	0.5	0.4	1.0	0.8	0.3	0.1	0.7	0.4
Piperazines	0.1	0.1	0.2	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0
Mephedrone	0.1	0.3	0.2	0.2	0.0	0.0	0.3	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0
Nexus	0.2	0.2	0.5	0.1	0.0	0.0	0.4	0.1	0.2	0.3	0.4	0.2	0.0	0.0	0.3	0.1
Metamphetamine	0.8	0.9	1.2	1.0	0.3	0.1	1.1	0.5	0.5	0.5	0.9	0.7	0.2	0.1	0.7	0.4
Magic mushrooms	2.4	3.3	4.9	2.1	1.0	0.1	4.3	1.2	1.9	2.2	3.8	2.1	0.7	0.3	3.2	1.1
Research chemicals	0.1	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.1
Legal highs	0.1	0.0	0.2	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0
Salvia	0.9	1.1	1.8	0.8	0.3	0.1	1.5	0.5	0.5	0.4	1.1	0.6	0.2	0.1	0.8	0.3
Anabolic steroids	0.3	0.3	0.6	0.4	0.0	0.1	0.4	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Table 2.35 Prevalences of consumption of new substances at some time in life in the Spanish population of 15-64 years according to gender (percentages), Spain 2011-2013

	2011		2013	
	Men	Women	Men	Women
Ketamine	1.5	0.5	1.4	0.3
Ghb	-	-	0.9	0.2
Spice	1.2	0.3	0.9	0.2
Piperazines	0.2	0.0	0.1	0.0
Mephedrone	0.2	0.0	0.1	0.0
Nexus	0.3	0.1	0.3	0.1
Metamphetamine	1.2	0.3	0.8	0.1
Magic mushrooms	3.5	1.2	2.9	0.8
Research chemicals	0.1	0.0	0.1	0.0
Legal highs	0.1	0.1	0.0	0.0
Salvia	1.3	0.4	0.8	0.2
Anabolic steroids	0.5	0.1	0.3	0.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

If we study the results referring to new substances for 15 to 18 age group and compare them with the data of 2011, in a context of stability of prevalences, we only observe a slight increase in ketamine and a slight decrease in magic mushrooms (Table 2.36).

Table 2.36. Prevalences of consumption of new substances at some time in life in the Spanish population of 15-18 years*, according to (percentages), Spain 2010-2013

	2010*	2011**	2012*	2013**
New substances	0.0	0.0	0.0	2.2
Ketamine	1.1	0.5	1.1	0.9
Ghb	0.0	0.0	0.0	0.0
Spice	1.1	0.2	1.4	0.5
Piperazines	0.4	0.1	0.4	0.0
Mephedrone	0.4	0.3	0.5	0.0
Nexus	0.5	0.1	0.5	0.3
Metamphetamine	0.8	0.2	0.9	0.2
Magic mushrooms	2.1	1.7	2.2	1.1
Research chemicals	0.4	0.0	0.4	0.2
Legal highs	0.7	0.0	0.4	0.0
Salvia	0.0	0.6	0.8	0.3
Anabolic steroids	0.0	0.1	0.7	0.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

* Survey on Drug Use in Secondary Schools in Spain (ESTUDES 2010-2013). In 2010 and 2012 the population is of 14-18 years.

**Survey on Alcohol and Drugs in Spain (EDADES). In 2011 and 2013 the population is of 15-18 years.

Perception of risk of new substances

Among those who are capable of attributing greater or lesser risk to the consumption of new substances, the proportion who believe such consumption can cause problems is always over 90%, regardless of gender or age group (Table 2.37).

Magic mushrooms are the substance that are most consumed and that comparatively register a lesser association with risk, particularly in reference to occasional consumption. The group of males aged 25 to 34 shows the lowest perception of risk in the occasional consumption of magic mushrooms (91.6%), also being the group that shows the highest level of consumption (5.6% have consumed them at some time in life).

Table 2.37. Perceived risk of various behaviours of consumption of new substances (percentage of population of 15-64 years who believe that each use behaviour can cause some or many problems)*, according to gender and age, Spain 2013

	15-64			15-24			25-34			35-44			45-54			55-64		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
CONSUMING GHB once a month or less	97.2	96.8	97.6	96.3	95.9	96.6	96.5	96.0	97.0	97.0	96.3	97.7	97.5	97.5	97.5	98.7	98.6	98.9
CONSUMING GHB once a week or more	99.5	99.4	99.7	99.4	99.4	99.5	99.5	99.3	99.7	99.3	99.1	99.5	99.8	99.7	99.8	99.9	99.9	99.9
CONSUMING MAGIC MUSHROOMS once a month or less	94.8	93.8	95.7	93.2	92.4	94.1	93.4	91.6	95.2	94.2	92.8	95.8	95.7	95.8	95.6	97.5	97.1	97.9
CONSUMING MAGIC MUSHROOMS once a week or more	98.8	98.4	99.2	98.4	98.2	98.7	98.3	97.5	99.2	98.7	98.3	99.2	99.4	99.3	99.4	99.2	99.0	99.5
CONSUMING KETAMINE once a month or less	97.4	97.0	97.8	96.8	96.8	96.8	96.8	96.2	97.5	97.2	96.4	98.1	97.6	97.6	97.6	98.5	98.2	98.9
CONSUMING KETAMINE once a week or more	99.6	99.5	99.7	99.6	99.6	99.6	99.6	99.4	99.8	99.4	99.1	99.8	99.6	99.6	99.7	99.8	99.9	99.6

* Eliminating cases of NR/DK.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Perceived availability of new substances

Continuing with the analysis of the most prevalent “new substances,” namely magic mushrooms, GHB and ketamine, approximately 1 of every 4 persons believe that they could easily acquire these substances within 24 hours (Table 2.38), a perception of availability which increases among men aged 25 to 34 (36.5%). In any case, the degree of perceived accessibility recorded is notably lower than that obtained for other substances such as cannabis, cocaine, hallucinogens, amphetamines or ecstasy.

Table 2.38. Perceived availability of new substances (obtaining them in 24 hours is relatively/very easy), among the population of 15-64 years according to gender and age (percentages)*, Spain 2013

	15-64			15-24			25-34			35-44			45-54			55-64		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
GHB	27.5	29.8	25.1	28.1	29.5	26.7	31.2	34.1	28.2	29.8	33.0	26.3	26.4	27.8	25.0	19.7	21.7	17.8
MAGIC MUSHROOMS	27.7	30.3	24.9	30.4	32.1	28.5	32.3	36.5	28.0	28.7	31.6	25.4	25.9	27.3	24.5	19.3	21.3	17.3
KETAMINE	26.2	28.3	24.0	27.1	28.6	25.4	29.8	33.0	26.4	28.1	30.7	25.2	25.2	26.4	24.1	18.9	20.3	17.6

* Eliminating cases of NR/DK.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Friends are the principal route for obtaining “new substances,” specifically for 6 of every 10 individuals who have consumed some drug of this type in the last year, followed by buying from a dealer or accepting an offer at a party, in a pub, etc. Consequently, for the moment, it appears that acquisition “in person” is more frequent than buying on Internet (Table 2.39).

Table 2.39. Place of acquisition of new substances among the population of 15-64 years in the last 12 months (percentages)*, Spain 2013

	Where did you obtain these drugs?
I was offered them by a friend	59.0
I bought them in a specialised shop (smart shop or head shop)	2.2
From a seller (dealer)	17.0
On Internet	4.6
I was offered them at a party, in a pub or a bar	18.0
Other places	15.4

* Among persons who have consumed new substances in the last 12 months, and eliminating cases of NR/DK.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Polydrug use among consumers of new substances

People who have consumed “new substances” at some time tend to be users of other psychoactive substances. The most common illegal drug is cannabis, and practically all drug users acknowledge that they have consumed it at some time (Table 2.40). The level of consumption of cocaine, for its part, is eight times higher than that observed in the population in general and is close to 95% among individuals who have taken ketamine, GHB or methamphetamine at some time. Hallucinogens are the third most frequent illegal substance among this group: 66.9% of them have taken them at some time, which, if compared with the value for the general population (3.8%) or that obtained for the young population in general (5% of young people from 15 to 34 have consumed it at some time), manifests the high prevalence of polydrug use among consumers of new substances.

Following the more residual drugs like heroin or volatile inhalants, hypnotosedatives are the substances with the smallest presence among consumers of “new substances” and in which the difference with the general population is narrowest.

Practically all the individuals who have consumed new substances at some time, 9 out of 10, have consumed at least four other different psychoactive substances in their lives (Table 2.41). In the specific case of persons who have taken ketamine, GHB or methamphetamines, the prevalence of the consumption of five different substances or more reaches almost 100%.

Table 2.40. Prevalence of consumption of psychoactive substances at some time in life among persons of 15-64 years who have consumed ketamine, GHB, spice, methamphetamine, magic mushrooms and salvia at some time in life (percentage of column), Spain 2013

	New substances	Ketamine	GHB	Spice	Metamphetamine	Magic mushrooms	Salvia
Alcohol	99.8	99.7	100.0	100.0	100.0	100.0	100.0
Tobacco	96.9	97.5	99.0	97.2	97.2	97.0	98.4
Volatile inhalants	13.3	24.1	24.5	21.7	25.2	16.4	21.3
Amphetamines/speed	58.4	82.7	79.8	70.3	87.3	63.3	65.7
Hallucinogens	66.9	84.2	80.3	71.2	78.9	82.0	69.4
Heroin	12.8	20.0	26.1	28.5	25.8	13.5	9.7
Tranquillisers	34.0	37.5	46.4	43.0	49.6	33.8	33.5
Sleeping pills	23.6	28.4	38.8	30.9	37.7	24.4	26.8
Hypnotosedatives	37.6	39.2	49.2	43.5	51.1	38.6	34.2
Cannabis	96.1	96.3	95.1	97.1	96.5	98.5	97.1
Ecstasy	60.5	86.9	89.0	74.4	81.4	63.4	68.0
Cocaine powder	78.1	95.5	93.8	91.4	94.7	80.9	78.5
Cocaine base	18.4	28.0	34.0	33.6	40.0	19.2	17.9
Cocaine general	78.6	95.5	93.8	91.4	95.2	81.7	79.1

Interpretation: X% of the persons who have consumed ketamine at some time in life have also consumed alcohol.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Table 2.41. Prevalence of consumption of a single one or more psychoactive substances* among consumers of new substances at some time in life (percentages), Spain 2013

	New substances	Ketamine	GHB	Spice	Metamphetamine	Magic mushrooms	Salvia
One single substance	0.2	0.0	0.0	0.8	0.0	0.0	0.4
Two substances	0.9	0.0	0.0	0.0	0.6	0.3	0.0
Three substances	8.0	1.4	0.8	0.4	0.0	4.0	13.7
Four substances	12.4	3.7	3.9	10.0	5.3	12.2	7.5
Five or more substances	78.4	94.9	95.3	88.8	94.1	83.5	78.4

*Alcohol, tobacco, hypnotosedatives, cannabis, cocaine powder, base, ecstasy, amphetamines, hallucinogens, heroin and volatile inhalants.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

The population who have consumed “new substances” at some time display a larger intake of alcohol, with prevalences of binge drinking in the last month or inebriations in the last year which triple those of the collectives who have never consumed these substances. If we consider prevalence in the last 12 months, the consumption of drugs is notably more widespread among persons who have consumed “new substances” at some time, although there is an especially high presence of legal substances (alcohol and tobacco) along with cannabis and cocaine. In this time section, the use of cannabis is eight times higher than what is found among those who have never consumed “new substances,” while in the case of cocaine the prevalence climbs to 29.9% against the 1.3% registered by the other collective (Table 2.42).

Table 2.42. Prevalence of consumption of drugs in the last 12 months among persons of 15-64 years who have consumed “new substances” at some time in life compared with those who have not consumed new substances. (percentages of row), Spain 2013

	Alcohol	Binge drinking*	Inebriations	Street drinking	Tobacco	Hypnotosedatives	prescription hypnotosedatives	Cannabis	Cocaine powder and/or base	Ecstasy	Amphetamines	Hallucinogens	Heroin	Volatile Inhalants
Have consumed NEW SUBSTANCES at some time in life	91.9	48.2	59.7	30.2	77.0	18.6	4.5	60.5	29.9	13.1	13.5	9.3	1.2	1.0
Have not consumed NEW SUBSTANCES at any time in life	77.9	14.5	17.8	12.0	39.6	12.0	1.1	7.6	1.3	0.3	0.2	0.1	0.0	0.0

*Last 30 days.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Socio-demographic variables: marital status and level of studies among consumers of new substances

Focussing on the age group of 25 to 34 years, which shows the highest prevalence of use of the various new substances, and observing the socio-demographic variables of marital status and level of studies, it is found that those who have consumed this type of substances at some time include a lower proportion of people who are married and/or have university studies (against the individuals of this age who have never consumed them). The representation of individuals with secondary studies is notably higher in the group of people who have consumed new substances on some occasion (Table 2.43).

Table 2.43. Marital status and level of studies of the population of 25 to 34 years according to whether or not they have consumed “new substances” at some time in life (percentages), Spain 2013

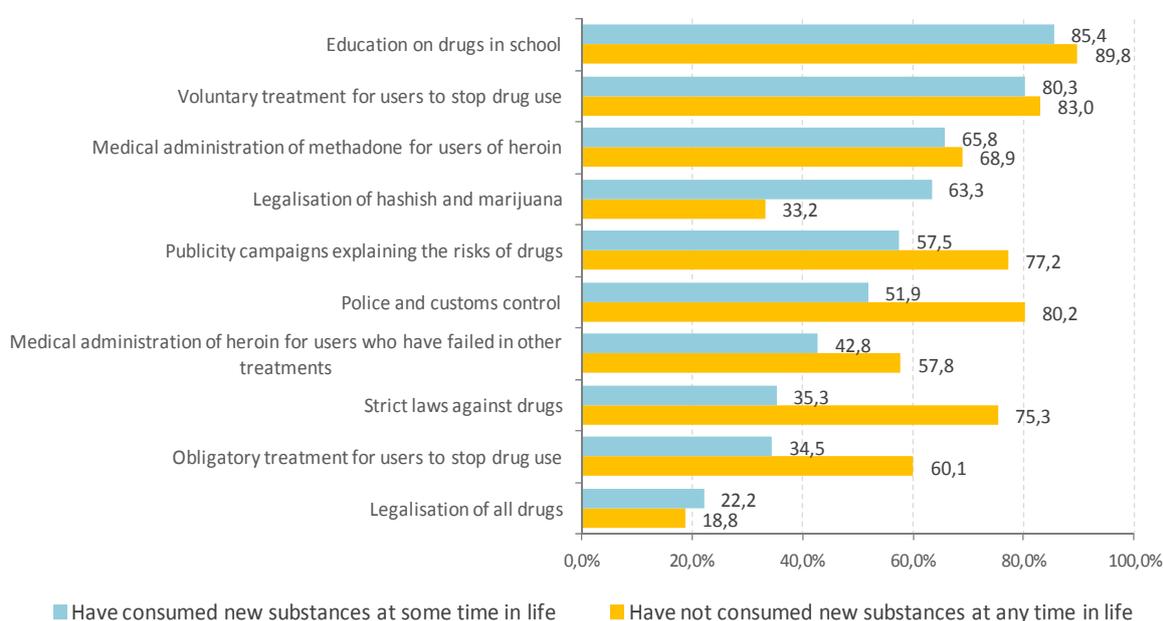
	Have consumed new substances at some time in life	Have not consumed new substances at any time in life
Marital status		
Single	80.1	61.1
Married	16.6	36.3
Separated – Divorced - Widowed	3.3	2.6
Level of studies		
Primary	7.0	7.7
Secondary	74.1	66.5
University	18.8	25.7

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

Opinions on actions to solve the drug problem among consumers of new substances

Continuing with the analysis of young people aged 25 to 34, and considering their opinion on actions to solve the drug problem according to whether or not they have consumed new substances at some time, it is found that those who declared some consumption have less confidence in publicity campaigns, police control, strict laws against drugs or obligatory treatments for users (in comparison with the support recorded for these measures among those who have not consumed). For their part, the people who have consumed new substances at some time show greater support for the proposition that it is very important to legalise hashish and marijuana (Figure 2.55).

Figure 2.55. Evaluation of various actions as “Very important” to solve the drug problem among the population of 25-34 years according to whether or not they have consumed new substances at some time in life (percentages), Spain 2013



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Alcohol and Drugs in Spain (EDADES 2013)

2.3. DRUG USE IN THE SCHOOL AND YOUTH POPULATION (BASED ON A PROBABILISTIC SAMPLE)

The Programme of “Surveys on Drug Use in Secondary Schools in Spain” (ESTUDES) is a two-yearly programme of surveys on drug use in secondary education students of 14 to 18 years, promoted by the Delegation of the Government for the National Plan on Drugs and in collaboration with the Governments of the Autonomous Communities (Autonomous Community and Education Department Plans on Drugs) and of the Ministry of Education, which was initiated in 1994.

It currently has the results from ten surveys (1994, 1996, 1998, 2000, 2002, 2004, 2006, 2008, 2010 and 2012), providing an increasingly extensive time series which makes it possible to analyse the evolution of the prevalences of consumption of alcohol, tobacco, hypnotosedatives and illegal drugs, and in the last two editions the “new psychoactive substances” have been introduced. In addition, it provides information on predominant use patterns, user profiles, social perceptions of the problem and what measures the students consider most effective to solve it. The questionnaire and the methodology are similar to those used in other countries of the European Union (such as ESPAD²), which enables international comparisons to be made.

The last survey is that corresponding to the year 2012, and the methodology and results are available in the Spanish National Report 2013. The new edition of ESTUDES 2014 is now under way.

2.4. DRUG USE AMONG TARGET GROUPS/SETTING AT NATIONAL AND LOCAL LEVEL.

In Spain, it is planned to carry out on a five-yearly basis a “Survey on Health and Drug Use in Inmates in Penitentiary Institutions” (ESDIP). To date, one edition was conducted in 2006 and another in 2011, and a new survey is planned for 2016.

These surveys are promoted by the Delegation of the Government for the National Plan on Drugs and are carried out in collaboration with the General Secretariat of Penitentiary Institutions of the Ministry of the Interior and the Justice Department of the Government of Catalonia.

The overall goal of the Survey is to obtain data on health, drug use, risk practices and drug-related treatments with inmates in Spain, with the aim of obtaining useful information to design and evaluate policies addressed to preventing drug use and its related problems in penitentiary centres.

More detailed information on objectives, methodology and results can be consulted on the website of the DGPNSD^{4,5}. In addition, chapter 9 (point 9.7.9.) of the present report, “Drug-related crime, prevention of drug-related crime and imprisonment,” includes the principal results of ESDIP 2011.

² ESPAD: www.espad.org/ý

³ <http://www.emcdda.europa.eu/html.cfm/index228519EN.html>

⁴ ESDIP 2006 http://www.pnsd.msc.es/Categoria2/observa/pdf/ESDIP_2016.pdf

⁵ ESDIP 2011 http://www.pnsd.msc.es/Categoria2/observa/pdf/ESDIP_2011.pdf

3. PREVENTION

3.1. INTRODUCTION

This Report is structured into two sections: one reflects the activities of the Drugs Plans implemented by the various Autonomous Communities, and the other describes the activities of the Government Delegation for the National Drugs Plan as the coordinating body of drugs policies in Spain.

ACTIVITIES OF THE AUTONOMOUS COMMUNITIES

For the compilation of the data of the Autonomous Community Drug Plans, since 2008 a system of indicators has been used which contains the principal figures of participation in various types of programmes (school, family, leisure and addressed to minors at risk) and their principal characteristics. However, these data must be treated with caution, because there may be some disparity in the methodology of collection of data from one year to another and also between Autonomous Communities.

According to these indicators, the main changes in the last year are the following:

In general, preventive activity seems to have decreased in comparison with previous years: the coverage of most of the universal prevention programmes has fallen, especially those targeted to families; the interventions addressed to the most vulnerable sectors have increased, confirming the rising tendency of the indicated and selective prevention programmes observed in recent years; and the alternative leisure programmes are maintained their coverage having decreased considerably in previous years.

Table 3.1. Number of participants in prevention programmes. Spain, 2008-2012

	2008	2009	2010	2011	2012	Tendency
N° of school students in structured programmes	1,602,821	1,394,755	1,512,735	1,296,106	1,162,476	
N° of school students in one-off activities	400,000	435,499	994,739	438,612	500,163	
N° of trained teachers	30,180	68,043	67,078	55,986	46,589	
N° of family members	152,822	172,923	219,260	131,332	72,122*	
N° of minors at risk	41,489	37,352	45,861	74,388	82,610	
N° of participants in alternative leisure programmes	565,650	495,857	404,692	296,049	293,365	

*55,476 parents participate in structured programmes; 16,646 in one-off activities
Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

3.3 UNIVERSAL PREVENTION

Schools

The lines of work in the Autonomous Communities to promote prevention in schools are the following:

- **Coordination with the educational system:** All the Autonomous Community Drug Plans are coordinated with the Autonomous Community education departments to structure the offer of prevention programmes targeted to schools.
- Inclusion of the prevention of drug dependences in the **educational projects** of school centres.
- **Offer of structured prevention programmes:** All the Autonomous Communities have a more or less broad offer of structured programmes with manuals for application in the classroom. In total, more than 120 different programmes exist in the Spanish State as a whole.

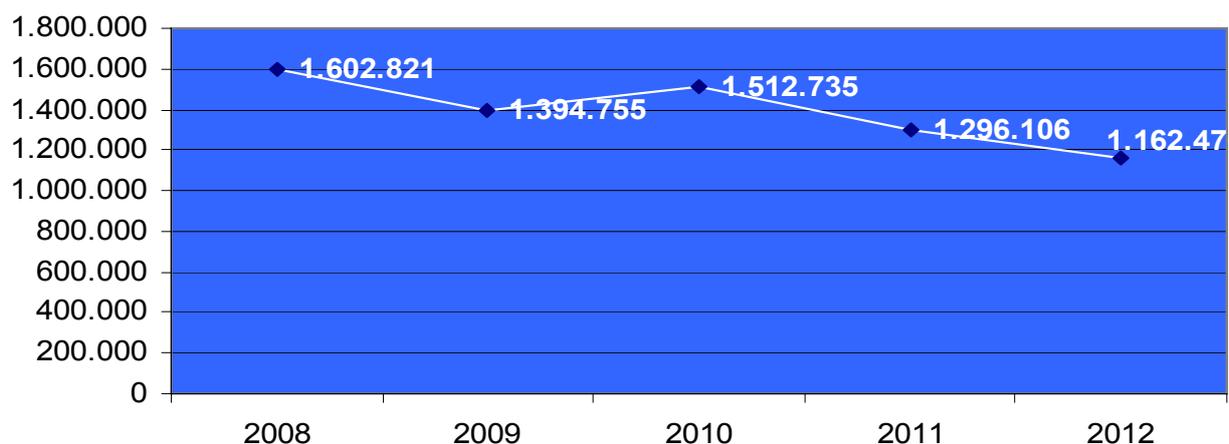
This type of programmes had the participation of **1,162,476 students**, 133,630 fewer than the previous year, which consolidates the decreasing tendency since 2010 (Figure 3.1).

There was also a reduction in the number of teachers participating in these programmes: **46,589 teachers**, almost 10,000 less than the previous year (Figure 3.2).

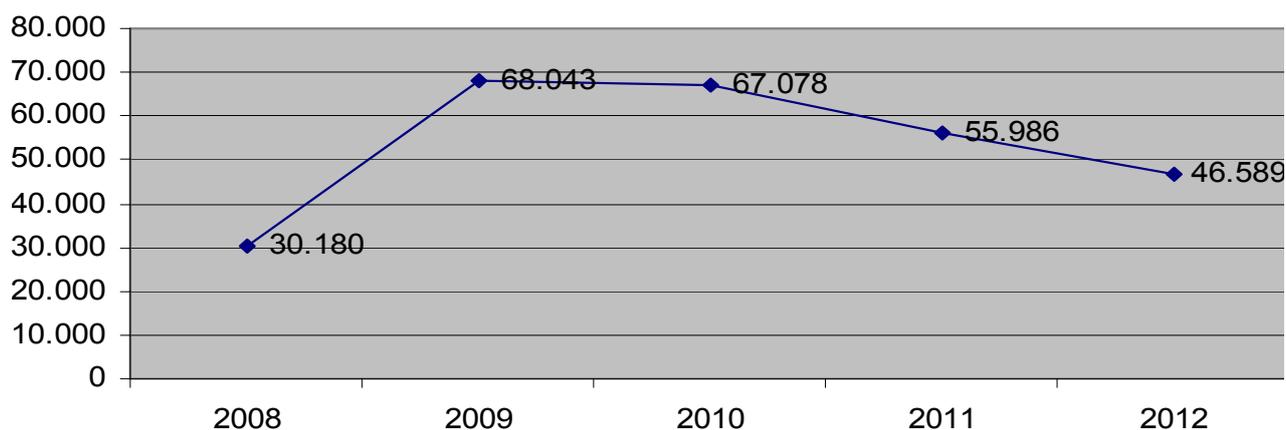
Some of these programmes are applied in various Autonomous Communities, such as the “Prevenir para Vivir” (FAD), the “Órdago” programme or the “Aventura de la Vida” programme of Edex, or “En la Huerta con mis amigos”. For this reason, they are the most extensively implemented programmes in Spain.

Finally, emphasis must be placed on the existence of a supra-community programme also applied in several Autonomous Communities but with the peculiarity that it operates in network format: this is the **Smoke-Free Classrooms** programme, aimed at preventing tobacco addiction and promoted by the European Union. In the last year, six Spanish Autonomous Communities (Andalusia, Cataluña, Galicia, La Rioja, Madrid and the Balearic Islands) have participated in it, reaching a total of 26,582 pupils in 374 schools.

- **One-off awareness-raising activities in school centres and out-of-school activities:** Along with the structured programmes, more “one-off” and less ambitious activities are conducted which help to raise awareness in the educational community on this issue. They tend to be talks, workshops, seminars, campaigns, competitions, etc. According to the data provided by the PAD, the number of participants in 2012 was **500,163 students** in 2012, a figure very similar to that of the previous year.
- **Permanent teacher training:** in the last year, according to the information provided by the PAD, a total of **4,323 teachers** have participated in specific prevention courses, although only nine Autonomous Communities have supplied concrete data on this point.
- **Evaluation of the programmes:** only the Drugs Plans of Andalusia, La Rioja and Galicia report any new developments in regard to the evaluation of their programmes; Andalusia has a computer application (“Seneca”) which uses a questionnaire completed by teachers to carry out a qualitative evaluation of the school programmes. La Rioja has carried out an evaluation of its alternative leisure programmes. In a more generic manner, but also related with evaluation, Galicia has set in motion a Programme Evaluation Manual, drawn up within the framework of the Logical Planning Model followed by this Community; Murcia has a programme accreditation system.

Figure 3.1. Number of pupils in structured school prevention programmes. Spain, 2008-2012

Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

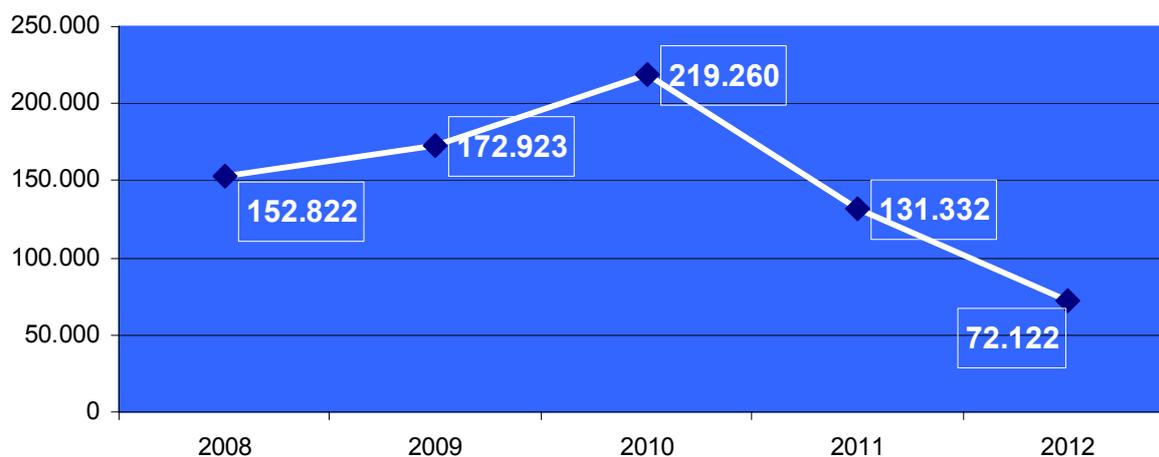
Figure 3.2. Number of teachers involved in prevention programmes in the classroom. Spain, 2008-2012

Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

With regard to interventions in **university centres**, work continues with information and awareness-raising programmes on the risks of alcohol abuse and the consumption of other drugs. Some examples are: “*Universan@s*” in Murcia, “*Tu punto de mira*”, applied in 32 universities of 10 Autonomous Communities, or “*En Plenas Facultades*,” applied in 10 universities of Catalonia, Madrid and the Valencian Community.

Family

According to information from the Autonomous Community Drug Plans, during 2012 **72,122*** parents have participated in family prevention programmes (Figure 3.3), the coverage of these programmes being reduced in comparison with previous years.

Figure 3.3. Number of families participating in prevention actions. Spain, 2008-2012

Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

In regard to the type of activity carried out, 55,476 parents participate in **structured programmes** (with manuals and more than five work sessions with parents) and 16,646 in **one-off activities**. In relation with structured programmes, the dispersion of programmes is even greater than in the case of prevention in schools (there are more than 150 different programmes). In addition, very few of them are applied in more than one Autonomous Community. Their contents focus on the improvement of communication and the development of educational skills in the family environment. More than one-third of the programmes include interventions with children.

Community

In the community sphere, the Autonomous Communities include various types of actions, ranging from the design and implementation of local Drugs Plans to programmes conducted in a more local setting and closer to the community, which tend to consist in awareness-raising actions, training of mediators, alternative leisure programmes, nocturnal leisure, and work with vulnerable sectors of population (the last item being included in the section of indicated and selective prevention of the present Report).

Many Autonomous Communities base all this type of interventions on the work of teams of technicians reporting to the local corporations, which sometimes operate in isolation, other times organised into local prevention teams, and in other cases forming part of an organised network in which information is shared at the Autonomous Community level.

In Andalusia, for example, 358 municipalities have participated (20 municipal groupings and 212 municipal councils) with 243 technicians, representing 46.5% of the total of municipalities of the community and covering 81.23% of the population. The activities are financed by way of the “Ciudades Saludables” programme.

In Asturias, actions are carried out addressed primarily to vulnerable families and young people; its report highlights two of them: the youth day centre of Ribadedeva and the street education programme carried out in six of the Municipal Drugs Plans.

In Aragón there exist Community Prevention Centres which coordinate the local actions, along with a network of entities that work in coordination with those centres.

The Balearic Islands authorities implement the “Policía Tutor” programme in 43 municipalities: this is a community programme for prevention of conflicts in the school environment which is carried out by the local police along with other social agents.

Castile-La Mancha continues to apply the “Alcazul” programme, implemented in 13 municipalities with financing from the Autonomous Community. This is a flexible, universal and selective prevention programme which includes various types of activities and establishes channels of collaboration with the services of the community. The programme has a computerised management tool for control and evaluation.

In Castile and León, the prevention of the consumption of alcohol among minors continues to be the central theme of actions in this sphere. This Autonomous Community implements the “OH” workshop aimed at consumers of alcohol aged between 16 and 22 who have had problems deriving from abuse of this substance (reports to the authorities, aggressions, attention in emergency services, etc.) It had the participation of 240 young people in 2012, which signifies an increase of 52% over the previous year. In the local sphere, various types of actions are carried out: awareness-raising, dissemination of the current regulations, passing of municipal bye-laws and training activities to combat the sale and consumption of alcohol to and by underage children.

Murcia maintains and extends its “Argos-Murcia” programme addressed to preventing the problems associated with the consumption of alcohol, which uses a strategy of community intervention in which the personnel of the healthcare sector, especially primary attention, form the central axis of the action.

Catalonia continues to implement its programmes, such as “El Pep i la Clara,” in the virtual environment, and other informative and awareness-raising actions, such as exhibitions and campaigns. It also gives technical and institutional support to the “Peripherals Network,” which is a platform of coordination of professionals who work in the municipal sphere in drug prevention programmes.

In La Rioja, of special interest is its campaign for the prevention of tobacco addiction, with specific materials for the immigrant population. Madrid continues to operate two programmes set in motion in 2010: the community prevention programme “Actúa” and the travelling service “Drogas o tu” which visits municipalities with the most modest prevention resources. Ceuta and Melilla concentrate the development of their awareness-raising activities in participating in the World Days Against Tobacco and Alcohol. In the Basque Country, in addition to its awareness-raising campaigns, 120 community universal prevention programmes have been set in motion, run by the municipal prevention technicians.

In regard to alternative leisure programmes, the number of participants is similar to that of the previous year. According to the Autonomous Communities, in 2012 they had the participation of **293,365 children and young people** (296,049 in 2011). The type of programmes applied is also similar to previous years, ranging from more or less one-off activities – normally in holiday periods or at weekends – to consolidated programmes which maintain a preventive leisure offer for children in the municipalities. The initiatives tend to be coordinated by zonal teams or local prevention technicians and implemented in many cases by NGOs. These types of interventions do not tend to be evaluated: only La Rioja has conducted a survey on school students to assess the utility of its alternative leisure programmes.

3.4 SELECTIVE PREVENTION IN AT-RISK GROUPS AND SETTINGS

The selective and indicated prevention programmes are carried out primarily:

- With students of Secondary and Pre-University Education, Social Guarantee and Initial Professional Qualification and their families.
- With young people and families who contact community social services concerning various problems or risk situations.
- With drug addicts who are in treatment centres and their families.
- In centres for unaccompanied minors (MENA) and underage offenders.
- With minors and young people penalised for possession of drugs.
- With young people who are preparing to obtain their driving licence or who already drive vehicles.
- With young people who participate in Workshop Schools.
- With collectives of immigrants and ethnic minorities.

The number of **minors and young people** in selective or indicated prevention programmes has risen from 74,388 participants in 2011 to **82,610** in 2012. These programmes maintain a **growing tendency in recent years**, in both number and coverage. This is a common tendency in Europe and is in line with the recommendations of scientific bodies and societies to increase this type of programmes.

The spheres in which these programmes operate are education, the family and the community, by way of various strategies:

- training (workshops, training sessions);
- individualised and group attention and consultation, with or without families;
- learning of competences and skills for facing risks of consumption, particularly against the transfer of consumptions;
- work in the street and in contexts of consumption.

In the context of **nocturnal leisure**, the initiatives addressed to the **catering** sector continue to expand. Most of them are actions of information, awareness-raising and risk reduction. Asturias conducts a programme with the catering sector in 15 establishments selling alcoholic drinks, with awareness-raising and training actions. The Balearic authorities maintain active the "Platform for Quality Leisure in the Balearic Islands," with the intervention of 30 representatives of various entities and administrations. Cantabria has carried out a campaign for the promotion of healthy nightlife addressed to young people who attend music festivals. Catalonia continues to disseminate the seal "Q for Quality in Health" addressed to leisure establishments for the promotion of healthy and safe environments for the clientele and with local participatory platforms for the implementation of coordinated, consensus-based preventive strategies.

3.5 INDICATED PREVENTION

The Psychology Faculty of the University of Santiago de Compostela (principal researcher: Estrella Romero Triñanes) has carried out the study “*Early predictors of abuse of alcohol and other drugs: longitudinal study and monitoring of an indicated prevention programme.*” This project, the continuation of a previous one which originated the “*EmPeCemos*” programme, proposes to advance in the early identification of high-risk markers for abuse of alcohol and other drugs and indicated prevention, aimed at children who show early signs of social maladjustment. It includes monitoring of participants in a longitudinal study and of the effects of the programme itself.

ACTIVITIES OF THE GOVERNMENT DELEGATION FOR THE NATIONAL DRUGS PLAN

Subsidies to Autonomous Communities:

The Government Delegation for the National Drugs Plan has subsidised, by way of **budget item 458** of the year 2012, **38** preventive programmes of the Autonomous Community Drug Plans, for an amount of **€3,841,430**, which represents 45% of the budget associated with this item and an increase of €500,000 over the previous year.

There has been an increase in expenditure in selective and indicated programmes, the percentage of which is doubled in comparison with the previous year (40% against 20% in 2011), which suggests an ever greater tendency to concentrate on the most vulnerable populations (Figure 3.4).

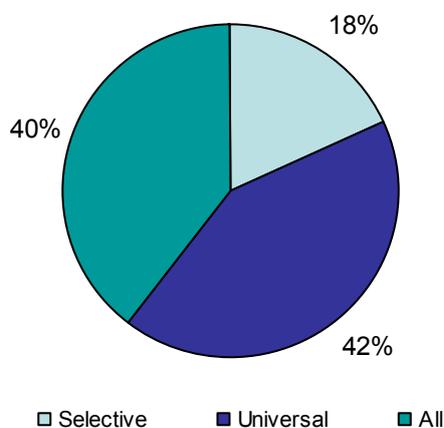
20 of the 38 programmes are *universal*, implemented particularly in the spheres of school or leisure or by way of communications media, and to a lesser extent in the community and healthcare settings. The action strategies most commonly used in these universal programmes are information and awareness-raising, followed by education. Only three of these programmes are addressed to the training of professionals.

In regard to *selective and indicated programmes*, they are implemented particularly in the community and healthcare settings.*⁶ The most frequent addressees are minors at risk, young people in consumption environments and pregnant women, with a focus centred on the reduction of the risks and harm related with alcohol.

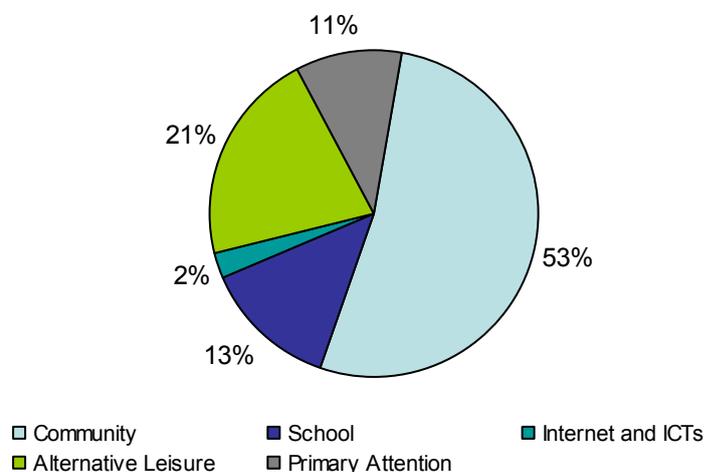
⁶ The healthcare sector appears as Primary Attention in the graphs.

Figure 3.4. Percentage of budget allocated to programmes financed under budget item 458 to the Autonomous Communities, according to level and sphere of intervention. Spain, 2012

Subsidies to Autonomous Communities 2012 (458)
by LEVEL OF INTERVENTION
TOTAL €3,841,430



Subsidies to Autonomous Communities 2012 (458)
by SPHERE OF INTERVENTION
TOTAL: €3,841,430



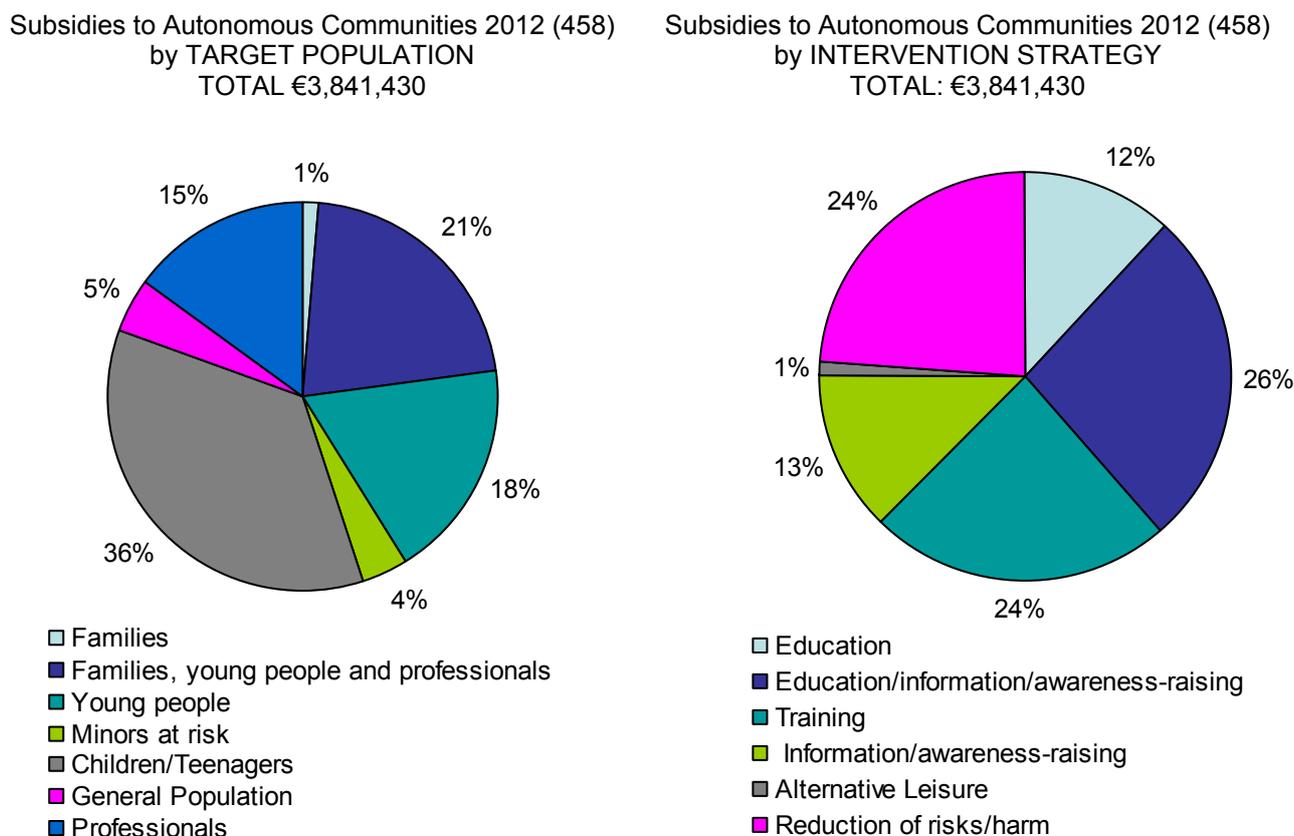
Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

If we analyse the programmes according to the **sphere of intervention** (Figure 3.4), there was a reduction in *school programmes*, from 44% in 2011 to 12% in 2012, and a doubling of the percentage of *community programmes* over the previous year. In addition, there was a significant increase in the number of programmes in the *healthcare sector*, 11% in 2012 compared with 6% in 2011.

In regard to **target populations** (Figure 3.5), the investment in programmes addressed to minors and families was reduced to one-half (from 70% to 36%), while there was an increase in those addressed to young people and professionals oriented to training and the reduction of risks and harm.

Finally, in relation with **intervention strategies**, there was an increase in the programmes oriented to the reduction of the risks and harm, and also a significant increase in the investment in training addressed to professionals of various sectors.

Figure 3.5. Percentage of budget allocated to programmes financed under budget item 458 to the Autonomous Communities, according to target population and intervention strategy. Spain, 2012



Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

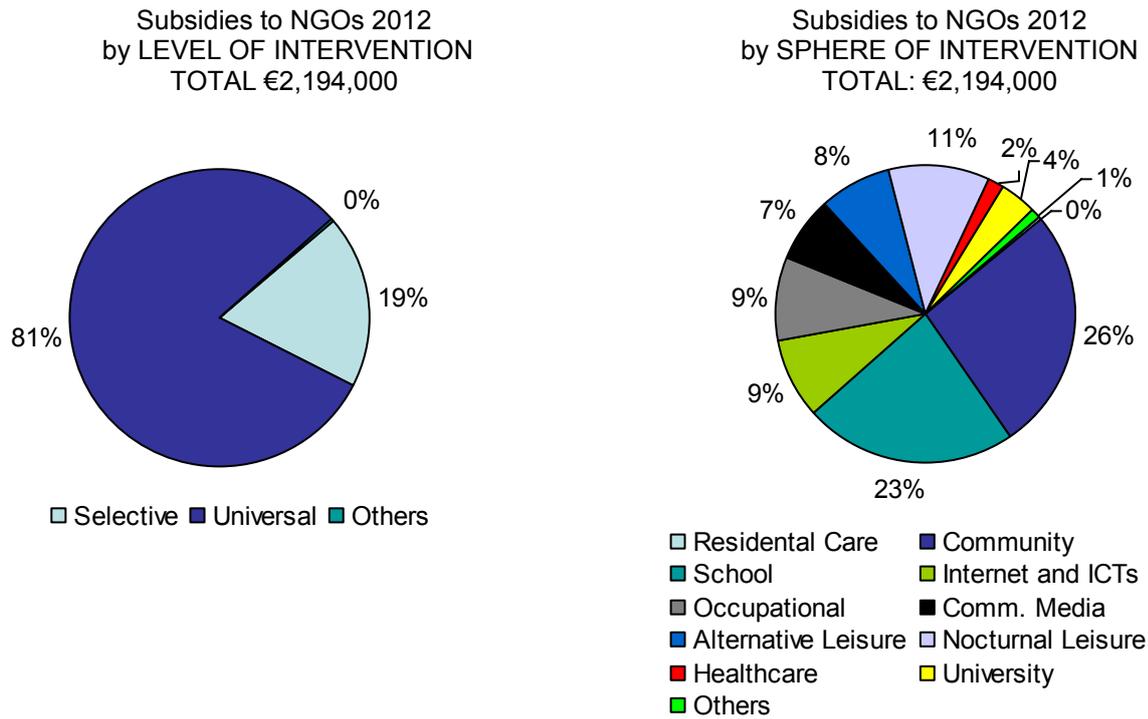
Subsidies to NGOs

The Government Delegation for the National Drugs Plan has financed 86 prevention projects to NGOs by way of its two channels (General Budgets and Fund of Assets Seized from Drug Trafficking) for a total amount of **€2,194,000**, representing 60% of the total of the budget allocated to projects through these channels. The profile of the subsidised projects changes slightly, following the same tendencies that have been observed in the other sections of this Report.

In relation with the level of intervention (Figure 3.6., the principal orientation of the programmes is towards universal programmes, implemented mainly in the community and school settings, although mention must be made of an increase in the number of selective and indicated programmes, which now represent almost 20% (11% in 2011). This seems to indicate a growing orientation towards the most vulnerable groups and individuals, although it is not as clear as in the case of the programmes of the Autonomous Communities.

In relation with the sphere of intervention (Figure 3.6), there was a slight reduction in the number of interventions in school centres and an increase in those conducted in leisure and community settings: almost 20% of the interventions are carried out in leisure spaces, either as programmes of promotion of alternatives for minors or as harm reduction programmes in the context of nocturnal leisure. Other, more reduced, spheres of intervention are employment, communications media or healthcare, which together represent around 20% of the total budget.

Figure 3.6. Percentage of budget allocated to programmes financed to NGOs, according to level and sphere of intervention. Spain, 2012

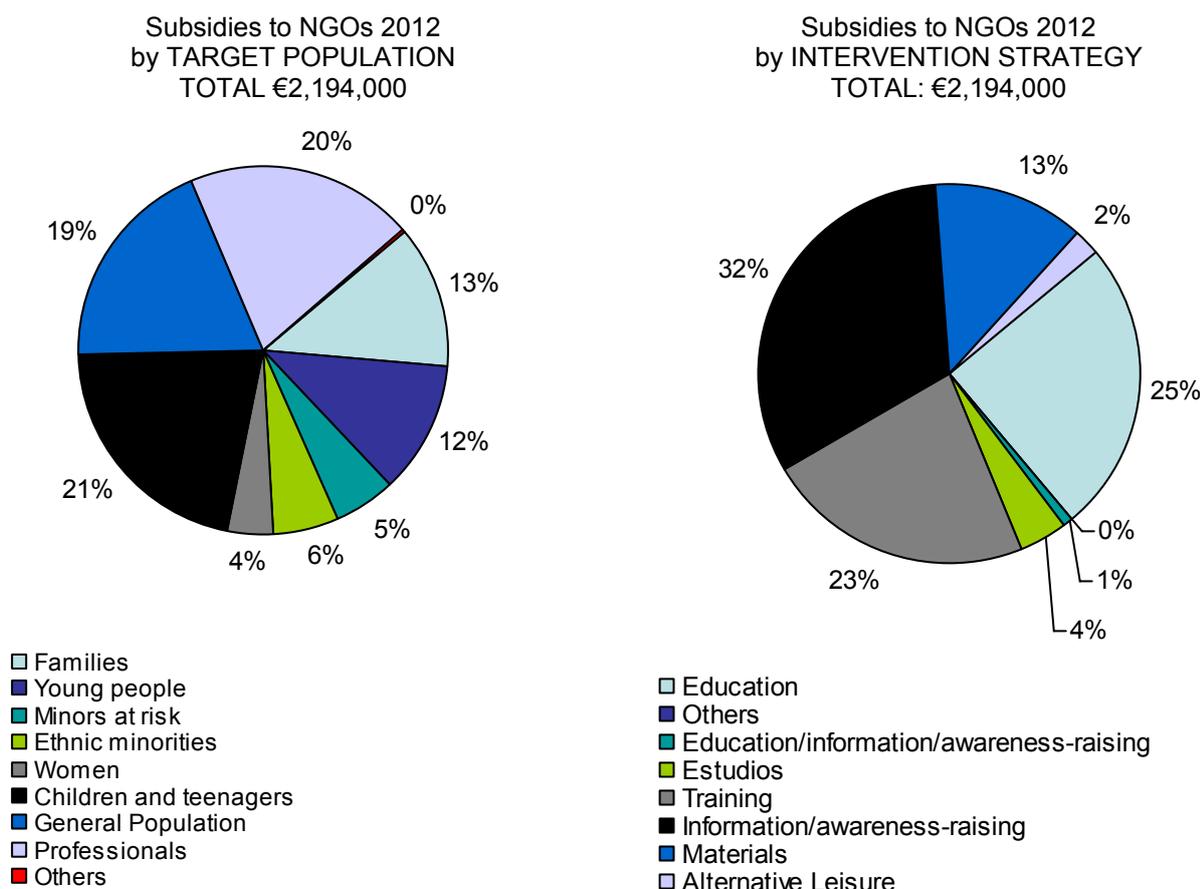


Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

In regard to the addressees of the actions (Figure 3.7), there is a reduction in the interventions addressed to professionals (32% in 2011), minors (except in the case of minors at risk) and families, and an increase in those addressed to the general population, rising from 9% in 2011 to almost 20% in 2012.

The most habitual intervention strategies are centred on information and awareness-raising addressed to all the collectives. The training of professionals from different sectors, especially the community sphere, also occupies a significant role in this scenario.

Figure 3.7. Percentage of budget allocated to programmes financed to NGOs, according to target population and intervention strategy. Spain, 2012



Source: Government Delegation for the National Plan on Drugs 2012 Annual Report

Start-up of the Action Plan on Drugs 2013-2016

During the second half of 2013 the Work Groups of the Actions of the Action Plan were set in motion. This Plan is structured into 36 actions, of which ten are specific to the sphere of Prevention.

- 2. Communication Plan
- 4. Universal Family Prevention
- 5. Prevention with vulnerable minors
- 6. Regulations on alcohol and minors
- 7. Prevention in the local setting
- 8. Protocols of early detection and intervention on consumption of alcohol
- 9. Programme of Responsible Service in the catering sector
- 10. Prevention in the road safety sphere
- 11. Prevention in the occupational world
- 12. Prevention in Risk Zones

The basic aim of each of these actions is to improve the actions in their respective fields of work, on the basis of the knowledge of the programmes which are being carried out in the Spanish territory, the establishment of criteria of quality for those interventions and support for models of good practices, all based on consensus between the Administration, experts and NGOs of the sector. Eight of these actions are led by the Autonomous Communities.

4. HIGH-RISK DRUG USE (HRDU)

OUTLINE OF THE CHAPTER

4.1. INTRODUCTION

4.2. PREVALENCE OF AND TRENDS IN HIGH-RISK DRUG USE (HRDU)

4.2.a) High-risk heroin users.

Estimation based on the multiplier method: methodology and results

4.2.b) High-risk injecting drug users.

Estimation based on the multiplier method: methodology and results

4.2.c) Frequent and high-risk cocaine users.

Estimation based on frequency of use and vulnerability: methodology and results.

4.2.d) Frequent and high-risk cannabis users.

Estimation with psychometric scales: methodology and results

Estimation based on frequency of use: methodology and results

4.3. CHARACTERISTICS OF HIGH-RISK DRUG USERS (HRDU)

KEY POINTS OF THE CHAPTER

- The data show how, at this moment, the number of frequent and high-risk users in Spain is related with the use of cocaine and cannabis (especially the latter). However, opiate users and injecting users must be taken into consideration.
- The methodology and sources of information have been progressively updated with the aim of using those which most faithfully reflect the existing reality. In 2013 the system was adapted to the new protocol of the EMCDDA indicator (High-Risk Drug Use, HRDU), centred on high-risk use of drugs.
- High-risk heroin users (Multiplier method): in 2012 there were 69,998 (0.21% of the population). Downward trend.
- High-risk injecting drug users (Multiplier method): in 2012 there were 11,865 recent injecting users (0.038% of the population). Downward trend.
- Frequent and high-risk cocaine users (use on 30 or more days in the last year): in 2013 there were 92,406 users from 15 to 64 years of age (0.3% of the population and 13.2% of the users of the last year). Downward trend.
- Frequent cannabis users (use on 20 or more days in the last month): in 2013, there were 817,859 users of 15 to 64 years of age (2.5% of the population and 27.4% of the users of the last year). Upward trend.
- High-risk cannabis users (CAST ≥ 4): In 2013 there were 687,233 users of 15 to 64 years of age (2.2% of the population aged 15 to 64 and 25% of the users of the last year). Upward trend.
- Profile of high-risk cocaine users: male (37 years), with secondary studies completed, single and in active occupational situation (working). All have consumed legal drugs and the use of other illegal drugs and new psychoactive substances is frequent.
- Profile of frequent cannabis users: male (32 years), with secondary studies completed, single and in active occupational situation (working or unemployed but having worked). Polyuse of legal and illegal drugs is habitual.

4.1. INTRODUCTION

The EMCDDA and all the countries of the EU zone which report to it passed a new protocol of collection of data on problematic drug use which is based on terms and definitions somewhat different from those used previously. Accordingly, from 2013 onwards, the indicator of problematic use will centre on High-Risk Drug Use (HRDU), understanding this to be use which causes evident harm or has negative consequences for the user, whether it is dependence or any medical, psychological or social problem, or one which entails probability or high risk of suffering these forms of harm.

In practice, high-risk use will be considered to be the use of psychoactive substances (excluding alcohol, tobacco and caffeine) with a “pattern” of high risk (e.g. in an intensive manner, a consideration which may vary according to the substance in question) and/or by a high-risk “administration route” (e.g. intravenous), during the 12 months prior to the user being surveyed/interviewed.

In Spain, until 2012, estimations were made of problematic heroin users, of frequent and high-risk cocaine and cannabis users, and also of injecting users of psychoactive substances, using in each case the methodology and sources of information considered most appropriate. However, from 2013 onwards, and with the purpose of adapting to the new protocol, certain changes have been introduced into the methodology used to make these estimations. These changes will be described briefly below; the details on the method used in previous years can be consulted on the website of the National Plan on Drugs⁷.

In 2013, estimations were made of problematic heroin users and frequent injecting users (last year) on the basis of an indirect estimation using the multiplier method. In addition, estimations have been made, on the basis of the information provided by the Survey on Alcohol and Drugs in the General Population of 15 to 64 Years of Age in Spain (EDADES 2013), of the numbers of “high-risk cocaine users” (based on frequency of use), “frequent cannabis users” (also based on frequency of use) and “high-risk cannabis users” (on the basis of the CAST [Cannabis Abuse Screening Test] scale).

The data show how, at this moment, the number of frequent and high-risk users in Spain is related to the use of cocaine and cannabis (especially the latter). However, opiate users and injecting users must be taken into consideration.

⁷ <http://www.pnsd.msssi.gob.es/Categoria2/observa/home.htm>

4.2. PREVALENCE OF AND TRENDS IN HIGH-RISK DRUG USE (HRDU)

4.2.a) High-risk heroin users

Problematic heroin users: methodology

The method used to estimate the number of problematic heroin users is based on indirect estimations applying the multiplier method. Table 4.2.1 presents the years for which these estimations have been made, along with the sources of information used.

Table 4.2.1. Summary of the method used for calculating the number of problematic heroin users in Spain

Method	Source of information	Year of estimation
Indirect estimation. Multiplier method	- EDADES Survey on Alcohol and Drugs in the General Population (15-64 years)	2007
		2008
	- TDI. Treatment Demand Indicator	2009
	- OMT. Opioid Maintenance Treatment	2010
	- OCT. Outpatient Centre Treatment	2011
		2012

EDADES: this survey gives the value of the multiplier. For the estimations of 2007 to 2010, the value of the multiplier obtained in EDADES 2007 is used: for the year 2011 a value of the multiplier of EDADES 2011 is used, and for 2012 a value of the multiplier of EDADES 2013 is used.

TDI: this indicator is used to select the persons who began heroin treatment that year.

OMT: The data on the persons in opioid treatment are obtained from the annual report of the DGPNSD.

OCT: The data on the persons in outpatient drug treatment are obtained from the information available in the annual report of the DGPNSD.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). High-Risk Drug Use Indicator.

Table 4.2.2 summarises the calculations carried out in 2012 (a similar estimation was made for 2009 and 2010), which are explained below:

The EDADES 2013 survey included the necessary questions for applying the nominative method, thus updating the value of the multiplier. To do this, the interviewees were asked if they knew any heroin users, and for each one of the known users the interviewees had to say if they knew whether or not the person named had started any treatment for dependence on this drug in the last year. In this way, the value of the multiplier for 2013 was obtained (43%). By applying this multiplier to the number of persons “admitted to heroin treatment” (12,238) of the Treatment Demand Indicator (TDI), the figure of problematic heroin users is obtained, which was 28,460 for the year 2012.

However, as this figure may be underestimated, among other reasons because it is probable that the interviewees confuse “starting treatment this year” with “being at present in treatment that was started in a previous year,” a parallel estimation has been made by applying the multiplier to the number of heroin users who are in Outpatient Centre Treatment (OCT) in Spain in that year. Assuming the distribution of 24.6% registered in the TDI indicator for the percentage of heroin users in treatment, we find that 24,169 persons were in heroin treatment in the year 2012 (98,247 were in treatment for any drug) and, applying the multiplier, we obtain 56,207 problematic heroin users.

In any case, the above estimations (28,460 and 56,207) would correspond, in general terms, to heroin users who are not in opioid maintenance treatment (OMT). The available data report 69,111 persons in OMT (66,945 with methadone and 2,166 with buprenorphine + naloxone). Taking into

account that approximately 40% of those who are in OMT continue to use heroin, we will consider that 27,644 are also problematic users, a figure which will have to be added to each one of the above estimations. Consequently, we can conclude that the number of high-risk heroin users in Spain in 2012 is between 56,104 and 83,851.

Table 4.2.2. Outline of the estimation of the number of problematic heroin users, Spain 2012

Estimation of the minimum number of problematic heroin users	
1. Value of the multiplier based on the EDADES 2013 survey (of 1,131 named heroin users, 491, that is, 43%, had started treatment for abuse or dependence).	43%
2. Number of persons admitted to heroin treatment based on TDI (persons who started heroin treatment in that year).	12,238
3. Number of problematic users based on TDI (part 1). (The value of the multiplier, obtained in EDADES, is applied to the number of persons admitted to heroin treatment of the TDI.)	28,460 (12,238/0.43)
4. Number of problematic users in OMT (part 2): persons in OMT (opioid maintenance treatment) who are using heroin. (There are 69,111 persons in OMT, of whom 40% use heroin and are therefore considered problematic.)	27,644 (69,111 x 0.4)
5. Minimum number of problematic heroin users (sum of part 1 and part 2).	56,104 (28,460 + 27,644)
Estimation of the maximum number of problematic heroin users	
1. Value of the multiplier based on the EDADES 2013 survey (of 1,131 named heroin users, 491, that is, 43%, had started treatment for abuse or dependence).	43%
2. Number of persons in Outpatient Centre Treatment (OCT).	98,247
3. Number of persons in heroin treatment in outpatient centres. (It is assumed that the same percentage of users are treated for heroin as in outpatient centres in TDI: 24.6% of treatments in TDI are for heroin.)	24,169 (98.47 x 0.246)
4. Number of problematic users based on OCT (part 1). (The value of the multiplier, obtained in EDADES, is applied to the number of persons in heroin treatment in outpatient centres.)	56,207 (24,169/0.43)
5. Number of problematic users in OMT (part 2): persons in OMT (opioid maintenance treatment) who are using heroin. (There are 69,111 persons in OMT, of whom 40% use heroin and are therefore considered problematic.)	27,644 (69,111 x 0.4)
6. Maximum number of problematic heroin users (sum of part 1 and part 2).	83,851 (27,644 + 56,207)
<p>EDADES 2013: the value of the multiplier is obtained from this survey. TDI 2012: the persons who start heroin treatment that year are selected from this indicator. OMT: The data on the persons who are in opioid treatment are obtained from the DGPNSD report for 2011. OCT: The data on the persons who are in Outpatient Centre Treatment are obtained from the information available in the DGPNSD report for 2011.</p>	

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) High-Risk Drug Use Indicator.

Problematic heroin users: results

The historical data indicate that the total number of problematic heroin users (prevalence) reached its maximum in Spain in the early 1990s, with over 150,000 users, and has subsequently decreased.

The number of problematic heroin users in Spain in 2012 is between 56,104 and 83,851. These figures represent an average approximate decrease of 6% with respect to the estimated figures for 2011 (61,389 to 86,829 persons) and are coherent with the descent of the importance of heroin in other indicators, such as the number of persons admitted to treatment or of drug-related hospital emergencies (table 4.2.3).

Table 4.2.3. Problematic heroin users, Spain 2009-2012

	Number of problematic heroin users. Average value (minimum and maximum value)	% of problematic heroin users in the population aged 15 to 64 years. Average value (minimum and maximum value)
2009	82,340 (68,056 - 96,624)	0.25 (0.21-0.30)
2010	85,401 (70,908- 99,895)	0.26 (0.22-0.31)
2011	74,109 (61,389- 86,829)	0.23 (0.19-0.27)
2012	69,998 (56,104-83851)	0.21 (0.17-0.26)

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). High-Risk Drug Use Indicator.

4.2.b) High-risk injecting drug users

Recent injecting drug users (last year): methodology

The method used to estimate the number of frequent injecting drug users (last year) is similar to that used to estimate the problematic use of heroin and is based on indirect estimations applying the multiplier method. Table 4.2.4 shows the years for which the estimations have been made and the sources of information used.

Table 4.2.4. Summary of the method used for calculating recent injecting drug users (last year) in Spain

Method	Source of information	Year of estimation
Multiplier method	<ul style="list-style-type: none"> ▪ EDADES Survey on Alcohol and Drugs (15-64 years) ▪ TDI. Treatment Demand Indicator ▪ OMT. Opioid Maintenance Treatment ▪ OCT. Outpatient Centre Treatment 	2007
		2008
		2009
		2010
		2011
		2012

EDADES: the value of the multiplier is obtained from this survey. For the estimations of 2007 to 2010, the value of the multiplier obtained in EDADES 2007 is used; for the year 2011, a value of the multiplier obtained in EDADES 2011 is used; and for 2012, a value of the multiplier of EDADES 2013 is used.

TDI: the persons who start heroin treatment that year are selected from this indicator.

OMT: The data on the persons who are in opioid treatment are obtained from the annual report of the DGPNSD.

OCT: The data of the persons who are in Outpatient Centre Treatment are obtained from the information available in the annual report of the DGPNSD.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) High-Risk Drug Use Indicator.

Table 4.2.5 summarises the calculations made for 2012 (a similar estimation was made for 2009 and 2010), with the following explanation:

The EDADES 2013 survey also made it possible, by using the nominative method described above, to update the treatment multiplier in order to estimate the number of injecting drug users in the Spanish population. Valid responses were obtained from 1,213 named injecting users, of whom according to the interviewees 708 (58%) had started treatment for drug abuse or dependence, which, applied to the 2,562 injecting users (injection in the 12 months prior to admission to treatment) admitted to treatment in Spain in 2012, led to an estimation of 4,417 (2,562/0.58) recent injecting drug users in 2012, who would not be in OMT. As has been explained in the case of the problematic use of heroin, this figure is probably underestimated, and consequently a parallel estimation was made, applying the multiplier to the number of recent injecting users who followed Outpatient Centre Treatment (OCT), obtaining 8,809 injecting users. To obtain this figure, it is assumed that the same percentage of users have injected in the OCT as in the TDI (5.2%).

In any case, the above estimations (4,417 and 8,809) would correspond, in general terms, to injecting users who are not in Opioid Maintenance Treatment (OMT). To each one of these figures, 5,252 injecting users who are in OMT would have to be added. This figure is estimated assuming that 40% of this population have used heroin in the last year and that 19% of these used the injection route in 2012.

Consequently, we can conclude that the number of recent injecting users (last year) of heroin in Spain in 2012 is between 9,669 and 14,061 persons.

Table 4.2.5. Outline of the estimation of the number of recent injecting drug users (last year), Spain 2012.

Estimation of the minimum number of recent injecting users (last year)	
1. Value of the multiplier based on the EDADES 2013 survey, (of 1,213 named injecting users, 708, that is, 58%, had started treatment for abuse or dependence).	58%
2. Number of recent injecting users (in the last year prior to admission to treatment) admitted to treatment based on the TDI.	2,562
3. Number of recent injecting users based on TDI (part 1). (The value of the multiplier, obtained in EDADES, is applied to the number of recent injecting users of the TDI admitted to treatment).	4,417 (2,562/0.58)
4. Number of injecting users in OMT (part 2). (There are 67,558 persons in OMT, 40% of whom have used heroin in the last year, and 19% of these have used the injection route.)	5,252 (69,111 x 0.4 = 27,644 and 27,644 x 0.19 = 5,252)
5. Minimum number of recent injecting users (sum of part 1 and part 2).	9,669 (4,417 + 5,252)
Estimation of the maximum number of recent injecting users (last year)	
1. Value of the multiplier based on the EDADES 2013 survey (of 1213 named injecting users, 708, that is, 58%, had started treatment for abuse or dependence).	58%
2. Number of persons in Outpatient Centre Treatment (OCT).	98,247
3. Number of injecting users in Outpatient Centre Treatment. (It is assumed that the same percentage of users have injected in outpatient centres in the last 12 months as in TDI. 5.2% of the persons admitted to treatment injected drugs in the last year.)	5,109 (98,247 x 0.052)
4. Number of injecting users based on OCT (part 1). (The value of the multiplier, obtained in EDADES, is applied to the number of recent injecting users who have followed Outpatient Centre Treatment)	8,809 (5,109 / 0.58)
5. Number of injecting users in OMT (part 2). (There are 67,558 persons in OMT, 40% of whom have used heroin in the last year, and 19% of these have used the injection route.)	5,252 (69,111 x 0.4 = 27,644 and 27,644 x 0.19 = 5,252)
6. Maximum number of recent injecting users (sum of part 1 and part 2).	14,061 (8,809 + 5,252)
<p>EDADES 2013: the value of the multiplier is obtained from this survey. TDI 2012: the persons who start heroin treatment that year are selected from this indicator. OMT: The data on the persons who are in opioid treatment are obtained from the DGPNSD report for 2011. OCT: The data on the persons who are in Outpatient Centre Treatment are obtained from the information available in the DGPNSD report for 2011.</p>	

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) High-Risk Drug Use Indicator.

Recent injecting drug users (last year): results

In Spain in 2012, the estimated figure of recent injecting users (last year) would be between 9,551 and 13,042 persons. A decrease is observed in the number of injecting users compared with the estimated figures for 2011. This reduction is coherent with the other sources of information which show the decrease in the use of this route among drug users. (Table 4.2.6).

Table 4.2.6. Recent injecting drug users (last year), Spain, 2009-2012

	Number of recent injecting users Average value (minimum and maximum value)	% of recent injecting users in the population aged 15 to 64. Average value (minimum and maximum value)
2009	18,549 (14,042 - 23,056)	0.043 (0.057-0.071)
2010	15,649 (12,902 - 18,397)	0.048 (0.040-0.057)
2011	14,863 (12,067 - 17,659)	0.046 (0.038-0.055)
2012	11,865 (9,669 - 14,061)	0.038 (0.030-0.044)

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).High-Risk Drug Use Indicator.

4.2.c) Frequent and high-risk cocaine users

Frequent and high-risk cocaine users: methodology

It is not simple to decide what criteria to use to consider high-risk a use pattern of cocaine, since there is an influence, among other factors, of the intensity of use on each occasion, the frequency of use, the age at which the drug is used, other psychoactive substances it is mixed with and the different pathological substrates of the users which can cause them problems.

In Spain, to estimate the high-risk use of cocaine, a direct method is used which is based on the prevalence, use frequency and vulnerability associated with age, based on data of the Survey on Alcohol and Drugs in the General Population (EDADES).

In 2009 a series of criteria⁸ were established to define high-risk cocaine users and so to be able to make estimations based on the EDADES data. These criteria were used to make the estimations for 2009, 2011 and 2013. However, the new protocol of the indicator (HRDU) makes it necessary to modify them, and therefore for 2011 and 2013 the calculations are also made with the new criteria. (Table 4.2.7).

The new protocol of the EMCDDA considers high-risk users to be those who have consumed cocaine on 26 or more days in the last year. In Spain this data item is not available, and therefore those who have consumed it on 30 or more days in the last year are selected.

It must be taken into account that the methodological changes introduced with the aim of adapting the criteria to the new EMCDDA protocol do not permit direct comparisons to be made, although the results with the previous criteria are situated in ranges close to those obtained with the new protocol.

⁸ Spanish National Report 2012 (<http://www.emcdda.europa.eu/html.cfm/index214091EN.html>). For this estimation, "cocaine" is considered to be both cocaine chlorhydrate (cocaine powder) and cocaine base (crack).

Table 4.2.7. Summary of the method used for calculating the number of high-risk cocaine users in Spain

Method	Source of information	Year of estimation
<ul style="list-style-type: none"> ▪ Estimation based on frequency of use and vulnerability. Inclusion criteria: persons of 15-20 years who have consumed cocaine on 10 or more days in the last year and from 1 to 3 days in the last month PLUS persons of 21-64 years who have consumed cocaine on 30 or more days in the last year AND/OR on 10 or more days in the last month. 	EDADES Survey on Alcohol and Drugs in the General Population (15-64 years).	2009 2011 2013
<ul style="list-style-type: none"> ▪ Estimation based on frequency of use. Inclusion criteria: persons of 15-64 years who have consumed cocaine on 30 or more days in the last year AND/OR on 10 or more days in the last month. 		2009 2011 2013
<ul style="list-style-type: none"> ▪ Estimation based on frequency of use. Inclusion criteria: persons of 15-64 years who have consumed cocaine on 30 or more days in the last year. 		2011 2013
EDADES: For the estimations of 2009, the information of EDADES 2009 is used; for the estimation of 2011, the information of EDADES 2011; and for the estimation of 2013, the information of EDADES 2013.		

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). High-Risk Drug Use Indicator.

Frequent and high-risk cocaine users: results

The EDADES 2013 survey informs us that 10.3% of the Spanish population aged from 15 to 64 have consumed cocaine at some time in their life, 2.2% in the last year and 1.0% in the last month, which allows us to say that in Spain in 2013, close to 700,000 persons had consumed cocaine in the last year.

In Spain in 2013, the number of high-risk cocaine users (persons of 15-64 years who have consumed cocaine on 30 or more days in the last year) is estimated at 92,406, which is equivalent to 0.3% of the population aged 15 to 64 and 13.2% of the users of the last year. There appears to exist a downward trend of this type of use, which also manifests itself independently of the criteria used. Table 4.2.8.

Table 4.2.8. Number of high-risk cocaine users (15 to 64 years), Spain 2009, 2011 and 2013

	Estimation based on frequency of use and vulnerability ¹	Estimation based on frequency of use ²	Estimation based on frequency of use ³
2009	140,525	130,409	-
2011	130,537	124,083	118,889
2013	97,139	95,391	92,406

¹ Inclusion criteria: persons of 15-20 years who have consumed cocaine on 10 or more days in the last year and from 1 to 3 days in the last month PLUS persons of 21-64 years who have consumed cocaine on 30 or more days in the last year AND/OR on 10 or more days in the last month.

² Inclusion criteria: persons of 15-64 years who have consumed cocaine on 30 or more days in the last year AND/OR on 10 or more days in the last month.

³ Inclusion criteria: persons of 15-64 years who have consumed cocaine on 30 or more days in the last year.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).High-Risk Drug Use Indicator.

4.2.d) Frequent and high-risk cannabis users

In recent years, greater importance has progressively been given to the possible implications of cannabis use for public health, for several reasons, including the expansion of its use among the Spanish and European population in general, the increased demand for treatment for abuse or dependence and the increase of pathologies associated with cannabis use.

The great majority of cannabis users are experimental or occasional users. However, in a considerable proportion of cases, the use pattern of this substance increases the risk of suffering effects on health, worse academic or occupational performance and/or developing dependence etc.^{9,10,11,12,13,14}. These types of uses are presented as a challenge in the short and medium term, in terms of provision of services and public health, meaning that it is advisable to attempt to identify their characteristics and the population groups most vulnerable to their possible effects and consequences.

Table 4.2.9 summarises the methods used for calculating frequent and high-risk use of cannabis in both the general population and students. This chapter will set out the methodology and results of 2013: the information on previous years is available in the previous Spanish National Reports.

⁹ Hall W, Solowij N. Adverse effects of Cannabis. *Lancet* 1998;352:1611-6.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ 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.

¹⁴ 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.

Table 4.2.9. Summary of the method used to calculate frequent and high-risk cannabis use in Spain

Method	Source of information	Year of estimation
▪ Estimation based on psychometric scales*: CAST, SDS, DSM-IV, M-CIDI.	ESTUDES Survey on secondary education students (14 to 18 years)	2006 2008 2010 2012
		2013
▪ Estimation based on frequency of use. Inclusion criteria: Persons of 15-64 years who have consumed cannabis on 20 or more days in the last month.	EDADES Home Survey on Alcohol and Drugs (15 to 64 years)	2011 2013
* Different scales are applied according to the year: 2006 (CAST, SDS, DSM-IV), 2008 (CAST), 2010 (CAST, SDS, M-CIDI), 2012 (CAST) and 2013 (CAST). CAST: Cannabis Abuse Screening Test. SDS: Severity of Dependence Scale. DSM-IV: American Psychiatric Association. M-CIDI: Munich Composite International Diagnostic Interview.		

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). High-Risk Drug Use Indicator.

High-risk cannabis users: methodology (estimation based on psychometric scales)

In Spain from 2006 to 2102, different psychometric scales have been included periodically in the surveys on secondary education students from 14 to 18 years (ESTUDES) with the aim of determining the level of high-risk use of cannabis and being able to evaluate the psychometric properties of these scales. In 2006 the surveys used CAST (Cannabis Abuse Screening Test), SDS (Severity of Dependence Scale) and DSM-IV (American Psychiatric Association); in 2008, CAST; in 2010, CAST, SDS, M-CIDI (Munich Composite International Diagnostic Interview); and in 2012, CAST.

In 2013 a scale was applied for the first time in Spain in the Survey on Alcohol and Drugs in the General Population of 15-64 years (EDADES). It was decided to use CAST, since from the psychometric point of view it was the method that produced the most solid results¹⁵.

In order to interpret the results of CAST, three groups of users were differentiated: non-problematic users (score of 0-1), users with a low risk of having problems (score of 2-3) and users with a high risk of having problems (score of 4 or more): therefore, a high-risk user will be one who has a score of 4 or higher on the CAST scale.

High-risk cannabis users: results (estimation based on psychometric scales)

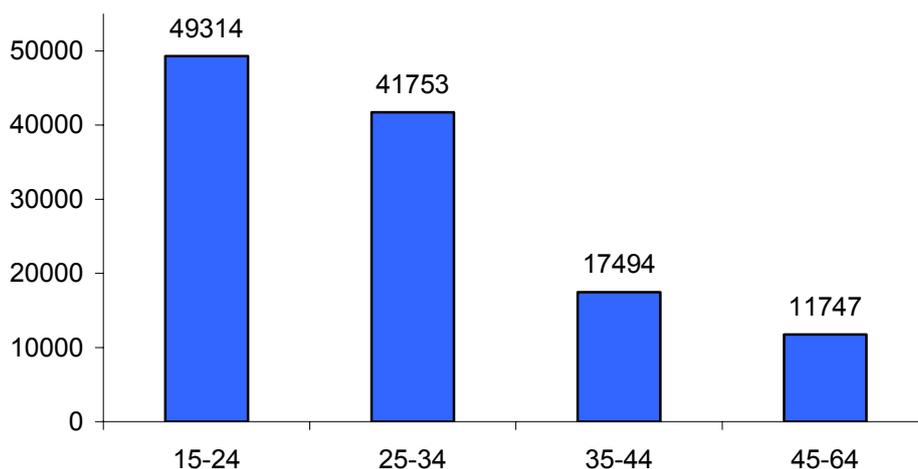
In 2013, the number of high-risk cannabis users is estimated at 687,233 (CAST \geq 4), most of whom are males aged between 15 and 34. (Figure 4.2.1). They represent 2.2% of the general population aged from 15 to 64 years, and 3.9% if we take into account only young people of 15 to 18. The

15 http://www.pnsd.msc.es/Categoria2/publica/pdf/ConsProblematico_cannabis.pdf

population group which presents the highest prevalence of high-risk use is that of 15-24 years, followed by the 25-34 year group (Figure 4.2.2).

With the purpose of assisting in the detection of risk groups and populations, it is useful to study the percentages they represent, not only in the total population of each age category but among those who recognise uses in the last year: in this respect, 25% of these users present high-risk use (29% of men and 15.2% of women), varying between 22.2% and 28.5% according to the age group (Figure 4.2.3).

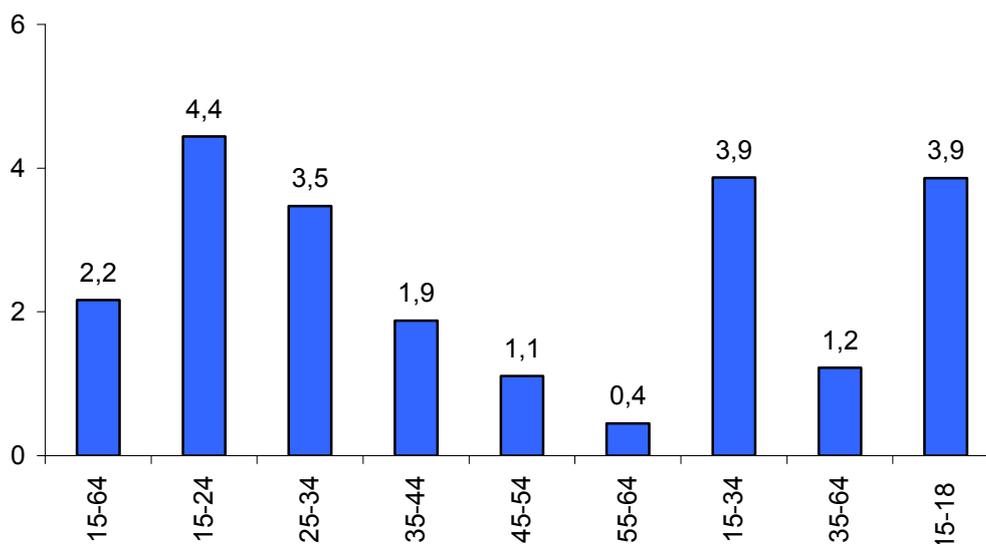
Figure 4.2.1. Number of high-risk cannabis users (CAST* ≥ 4), by age groups, Spain 2013



*CAST= Cannabis Abuse Screening Test.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). Survey on Use of Alcohol and Drugs in Spain (EDADES 2013).

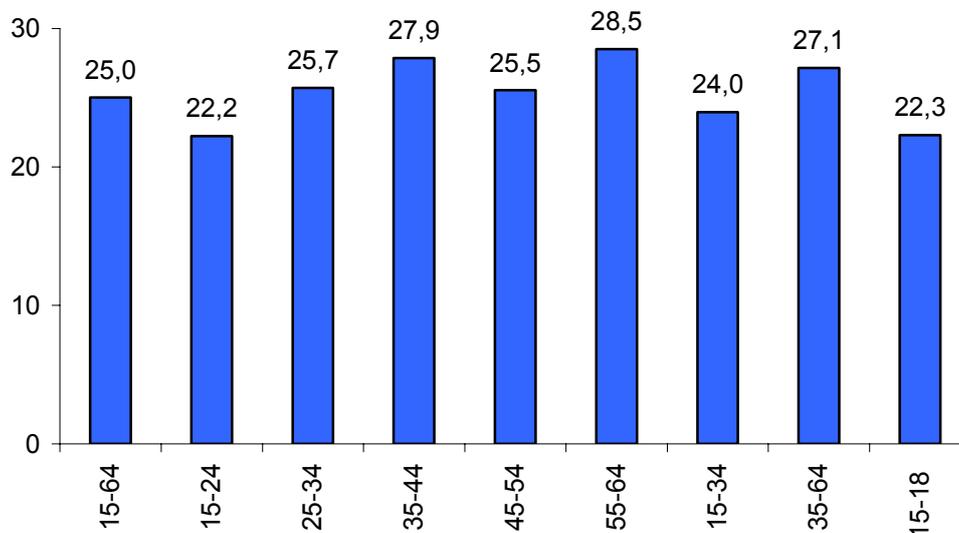
Figure 4.2.2. Percentage of high-risk cannabis users (CAST* ≥ 4) among the general population, by age groups, Spain, 2013.



*CAST= Cannabis Abuse Screening Test.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). Survey on Use of Alcohol and Drugs in Spain (EDADES 2013) and population data of the National Statistics Institute (INE).

Figure 4.2.3. Percentage of high-risk cannabis users (CAST* \geq 4) among persons who have consumed cannabis in the last year and who answer the CAST scale survey, by age groups, Spain, 2013



*CAST= Cannabis Abuse Screening Test.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) based on data of the Survey on Use of Alcohol and Drugs in Spain (EDADES 2013) and population data of the National Statistics Institute (INE).

Frequent cannabis users: methodology (estimation based on frequency of use)

For the years 2011 and 2013, and with the aim of adapting to the new protocol of the EMCDDA, the number of high-risk cannabis users is estimated on the basis of frequency of use. The criterion used to consider someone a high-risk cannabis user is that they have consumed cannabis on 20 or more days in the last month.

The information is obtained from the Survey on Use of Alcohol and Drugs in Spain (EDADES 2013), which is a home survey on the general population aged from 15 to 64.

Frequent cannabis users: results (estimation based on frequency of use)

The number of frequent cannabis users aged from 15 to 64 is estimated at 817,859. This figure is equivalent to 2.5% of the population in this age range, but if we take into account only the persons who declare in the EDADES survey that they have consumed cannabis in the last year, this percentage would be 27.4%.

4.3. CHARACTERISTICS OF HIGH-RISK DRUG USERS

Below we present some characteristics of frequent and high-risk users of cocaine and cannabis, obtained from the information of the Home Survey on Use of Alcohol and Drugs in Spain (EDADES 2013). No data of TDI are given here because they will be dealt with in another chapter.

The profile of the high-risk cocaine user (Spain 2013) is that of a man of approximately 37 years, with secondary studies completed, single and in an active occupational situation (working). They have all consumed legal drugs in the last 30 days, 72.6% have consumed other illegal substances during the same period, and almost half of them have tried emergent drugs at some time in their life (Table 4.3.1).

Table 4.3.1. Characteristics of high-risk cocaine users (have consumed cocaine on 30 or more days in the last year) in the population aged 15 to 64, Spain, 2013

Average age (years)	36.8
Women (%)	19.8
Maximum level of studies completed (%)	
Without studies	4.3
Primary education	13.4
Secondary education	59.2
University studies	22.5
Principal occupational situation (%)	
Working	39.3
Unemployed, not having worked	3.0
Unemployed, having worked	45.0
Others	12.7
Born outside of Spain (%)	16.4
Marital status (%)	
Single	59.8
Married	32.4
Separated/divorced	6.2
Widowed	1.6
Age groups (years)	
15 to 24	10.4
25 to 34	34.4
35 to 44	36.6
45 to 54	13.2
55 to 64	5.4
Use of emergent drugs at some time in life (%)	39.1
Use of other illegal drugs in the last 30 days (%)	72.6
Use of legal drugs in the last 30 days (%)	99.2

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Use of Alcohol and Drugs in Spain (EDADES 2013).

The profile of the frequent cannabis user (2013) is that of a man of approximately 32 years, with secondary studies completed, single and in an active occupational situation (working or unemployed having worked). 98.1% have consumed legal drugs in the last 30 days, almost 18% have consumed other illegal substances during the same period, and 27.8% have tried emerging drugs at some time in their life. Table 4.3.2).

Table 4.3.2. Characteristics of frequent cannabis users (having consumed cannabis on 20 days or more in the last month) in the population aged 15 to 64, Spain 2013

Average age (years)	32.0
Women (%)	21.6
Maximum level of studies completed (%)	
Without studies	2.1
Primary education	17.6
Secondary education	73.0
University studies	7.3
Principal occupational situation (%)	
Working	31.6
Unemployed, not having worked	5.6
Unemployed, having worked	39.4
Others	23.4
Born outside of Spain (%)	9.4
Marital status (%)	
Single	72.7
Married	20.0
Separated/divorced	6.8
Widowed	0.5
Age groups (years)	
15 to 24	27.6
25 to 34	37.5
35 to 44	20.7
45 to 54	11.1
55 to 64	3.1
Use of emergent drugs at some time in life (%)	27.8
Use of other illegal drugs in the last 30 days (%)	17.7
Use of legal drugs in the last 30 days (%)	98.1

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).
Survey on Use of Alcohol and Drugs in Spain (EDADES 2013).

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

Workbook on treatment.

6. HEALTH CORRELATES AND CONSEQUENCES

CONTENTS OF THE CHAPTER

6.1. INTRODUCTION

6.2 DRUG-RELATED INFECTIOUS DISEASES

6.2.a) HIV/AIDS. Treatment Demand Indicator for Use of Psychoactive Substances: Objective, methodology and results.

6.3. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES.

6.3.a) Drug-related emergencies. Hospital Emergencies Indicator in Consumers of Psychoactive Substances: Objective, methodology and results.

6.4. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

6.4.a) Specific Mortality Register of the Spanish Observatory on Drugs. Indicator of Mortality due to acute reaction to psychoactive substances: Objective, methodology and results.

6.4.b) General Mortality Register of the National Statistics Institute. Mortality due to drugs according to ICD codes: Objective, methodology and results.

6.4.c) Estimation of mortality on the basis of the Specific Mortality Register (6.4.a) and the General Mortality Register (6.4.b): Objective, methodology and results.

KEY POINTS OF THE CHAPTER

In Spain there are multiple sources which report on infections in drug users. The Spanish National Focal Point contributes with data of the Treatment Demand Indicator for drug use. There is now information on HIV and work is being done to obtain data on hepatitis.

- In 2012 7,580 persons were admitted to treatment who had injected at some time in their life (78.5% knew their serological state and 33.1% were HIV-positive) and 2,562 who had injected in the last month (74.5% knew their serological state and 28.4% were HIV-positive).
- Among the injectors following treatment: upward trend of serological awareness and a certain stabilisation of the prevalence of HIV.

There is an indicator for monitoring hospital emergencies in drug users.

- In 2012, 12,356 emergency episodes were notified in which the clinical history included non-therapeutic or non-medical use of some drug. Of these, in 5,999 cases (48.5%) a relationship was found between the drug and the emergency. Stable trend.

- Among the illegal drugs related with hospital emergencies in 2012, in the first place is cocaine (40% of drug emergencies), with a slightly downward or stable trend, followed by cannabis (30%), with a clearly upward trend, and heroin (2012, 13%), which maintains its downward trend.

In addition to the General Mortality Register of the National Statistics Institute, there is a Specific Register, which reports on deaths due to acute reactions to drugs.

- According to the register of mortality due to acute reaction following drug use, in 2012 there were 519 deaths. Stable trend. In 2012, in 76.6% of these deaths opioids are found (downward trend), in 58.6% cocaine (a certain stabilisation) and in 22.4% cannabis (stable).

- According to the data of the Mortality Register of the National Statistics Institute, at least 0.18% of all the deaths in 2012 can be attributed to illegal drugs: of these deaths, 85% were in males and 73% in persons of 35 or more years of age.

- According to our estimations, the number of deaths due to drug use, which showed a decrease from the 1990s onwards, has maintained a stable trend in recent years.

6.1. INTRODUCTION

This chapter presents the methodology and results, from the available information, on the consequences of drug use on health: firstly those related to infections, then those related to emergencies in drug users, and finally deaths associated with drug use.

The information presented here focuses on the data which are drawn up directly by the Spanish National Point. In the event of including information originating from other bodies, the references are provided.

6.2 DRUG-RELATED INFECTIOUS DISEASES

In the last 20 years, AIDS and HIV infections have represented one of the main health problems associated with drug use in Spain. However, since the end of the 1990s a significant decrease has been observed in HIV infections associated with parenteral drug users. This decrease may be related with various factors, notably the high availability of maintenance treatments with methadone and/or buprenorphine and the decrease in the use of the injected route in heroin consumption.

At the present time it is essential to be extremely aware of infections due to hepatitis viruses, especially HCV and HBV, which, due to their clinical and evolutionary characteristics, have drawn less attention than the HIV infection and constitute a fundamental problem among drug users, particularly among those who use or have used the injected route.

The Spanish Observatory on Drugs and Drug Addictions (OEDT) is working to systematise the gathering of data on hepatitis B and C in drug users, but this information will not be available until the commencement, in 2014, of the gathering of data from the Treatment Demand Indicator, according to the new protocol for this EMCDDA indicator. At present, to know the prevalence of hepatitis B and C in drug users it is necessary to consult specific studies.

In Spain there are different sources which report on infections in drug users: some originate directly from the Spanish Focal Point and others from various official bodies¹⁶. This chapter will present the basic methodological aspects and the principal results of the "Treatment Demand Indicator due to Consumption of Psychoactive Substances" drawn up by the Spanish Focal Point in relation with HIV infection in drug users. Complementary and more detailed information can be consulted in previous Spanish National Reports¹⁷.

6.2.a) HIV/AIDS. Treatment Demand Indicator for Consumption of Psychoactive Substances

Objectives of the Treatment Demand Indicator for Consumption of Psychoactive Substances

The goal of this Indicator is to know the number of persons admitted to outpatient treatment for abuse of or dependence on different psychoactive substances. By way of the variables recorded in the treatment centres, information can be obtained on their serological state towards HIV. It is also planned to begin to gather information on hepatitis viruses (HBV and HCV) once the gathering of data of this indicator is commenced in 2014, applying the new EMCDDA protocol.

¹⁶ Website of the Ministry of Health, Social Services and Equality, epidemiological surveillance: <http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/>.

Website of the National Epidemiology Centre:

<http://www.isciii.es/ISCIII/es/contenidos/fd-servicios-cientifico-tecnicos/fd-vigilancias-alertas/fd-enfermedades/sida.shtml>.

Website of the Spanish Observatory on Drugs and Drug Addictions, National Plan on Drugs: <http://www.pnsd.msc.es/Categoria2/observa/home.htm>

¹⁷ <http://www.emcdda.europa.eu/countries/spain>

Methodology of the Treatment Demand Indicator for Consumption of Psychoactive Substances

The Treatment Demand Indicator is a register which gathers individualised data on admissions to outpatient treatment for abuse of or dependence on psychoactive substances throughout Spain, which has existed since 1987. In its current version (Protocol 2003 – Spain) it is defined as the number of persons admitted to outpatient treatment for abuse of or dependence on each one of the psychoactive substances (listed in an annex to the protocol) in a particular Autonomous Community and a given year. There is a detailed protocol which describes the variables to be included, the way of doing so and the criteria of inclusion and exclusion¹⁸.

Results of the Treatment Demand Indicator for Consumption of Psychoactive Substances

Table 6.2.1. shows information on the persons admitted to treatment in 2012, classified according to the main drug for which they were admitted and stating whether or not they injected, and also their most frequent administration route and their serological state towards HIV.

¹⁸ <http://www.pnsd.msssi.gob.es/Categoria2/observa/seipad/home.htm>

Table 6.2.1. Persons admitted to treatment: serological state and administration route according to main drug, Spain 2012

	Opioids	Heroin	Methodone	Other opioids	Cocaine	Cocaine CLH	Cocaine base	Other stimulants	Amphetamines	MDMA and derivates	Hypnosedatives	Benzodiazepines	Hallucinogens	Volatile inhalables	Cannabis
N° of cases	13,333	12,238	563	532	19,497	18,746	744	678	512	134	1,083	965	107	38	14,869
Age at start of use of main drug (years)	21.2	20.7	28.5	25.1	20.7	20.7	21.8	20.3	20.0	19.7	27.1	27.1	20.7	15.3	15.5
Most frequent administration route of the main drug in the last 30 days (%)															
Oral	6.2	1.0	92.1	35.8	1.7	1.8	.4	35.3	20.0	89.7	97.9	97.8	43.7	.0	2.3
Pulmonary	67.8	72.0	4.7	36.3	14.5	11.4	91.5	2.5	2.4	2.4	1.2	1.3	10.7	62.9	96.8
Intranasal	6.4	6.5	1.3	8.1	81.1	84.1	7.1	61.6	76.7	7.9	.1	.1	44.7	28.6	.6
Parenteral	17.8	18.6	1.7	14.3	2.0	2.0	.3	.5	.6	.0	.6	.6	1.0	.0	.0
Others	1.8	1.7	.2	5.5	.7	.7	.7	.2	.2	.0	.2	.2	.0	8.6	.3
Has injected drugs at some time in life	43.7	44.0	43.3	38.3	6.1	5.8	12.4	6.3	7.4	3.7	10.3	10.9	5.6	5.3	2.7
Has injected drugs in the last 12 months	14.5	15.1	6.2	10.3	2.5	2.5	2.4	1.3	1.4	.7	4.3	4.5	2.8	.0	.7
Serological state towards HIV (%)															
Positive	15.6	15.7	15.6	13.7	2.0	1.9	4.7	1.2	1.4	.7	4.3	4.5	2.8	.0	.7
Negative (analysis in last 6 months)	24.2	24.8	16.3	17.9	24.2	24.5	14.8	19.0	19.9	16.4	15.1	15.1	23.4	28.9	13.3
Negative (no analysis date)	26.4	26.5	25.8	26.1	22.2	22.0	25.9	17.4	18.4	15.7	19.2	19.9	12.1	18.4	13.2
No analysis or unknown result	33.7	33.0	42.3	42.1	51.7	51.6	54.6	62.4	60.4	67.2	61.4	60.5	61.7	52.6	72.8

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT). Treatment Demand Indicator for Consumption of Psychoactive Substances.

Table 6.2.2 shows data on the knowledge of the serological state and prevalence of HIV among injectors admitted to treatment for abuse of or dependence on psychoactive drugs in Spain in 2012, taking into account the person's age and gender and whether they have injected at some time in their life or in the 12 months prior to admission.

In 2012, 7,580 persons were admitted to treatment who had injected at some time in their life and 2,562 who had done so in the 12 months prior to admission. Among the former, 78.5% knew their serological state, and among the latter 74.5%. In both cases an increase is recorded with respect to previous years in the percentage of injectors who know their serological state.

Among those who had injected in the last 12 months, few differences are observed between the percentage of women (74.5%) and men (74.8%) who know their serological state. The difference is greater in relation with age: the greater the age, the greater the knowledge. Thus, 56.4% of persons under 25 know their serological state compared with 78.8% of persons over 34.

It is also appropriate to point out the difference between whether or not the users have received prior treatment: among injectors who have received prior treatment, 79.1% know their serological state, against 59.1% of injectors who were entering treatment for the first time. This is explained by the fact that the performance of serological tests for HIV is a habitual practice in all admissions to treatment. However, it is advisable to continue working to increase this percentage to the greatest possible degree.

Table 6.2.2. Knowledge of serological state and prevalence¹ of HIV infection among injectors admitted to treatment for abuse of or dependence on psychoactive drugs. Spain 2012.

	Injection in 12 months prior to admission			Injection at some time in life		
	Total	Prior treatment		Total	Prior treatment	
		Yes	No		Yes	No
Total injectors (n°)²	2,562	2,001	523	7,580	6,073	1,393
Know their serological state towards HIV (n°)	1,910	1,583	309	5,957	5,011	862
Prevalence of HIV infection (%)	28.4	30.3	19.1	33.1	34.4	25.2
Men injectors (n°)	2,130	1,681	419	6,326	5,057	1,180
Know their serological state towards HIV (n°)	1,594	1,328	251	4,953	4,153	734
Prevalence of HIV infection (%)	28.2	29.7	19.5	32	33.2	24.7
Women injectors (n°)	420	313	99	1218	989	206
Know their serological state towards HIV (n°)	313	252	58	981	837	127
Prevalence of HIV infection (%)	30	33.3	17.2	39.1	40.9	28.3
Injectors < 25 years (n°)	165	80	82	216	106	107
Know their serological state towards HIV (n°)	93	54	37	116	68	46
Prevalence of HIV infection (%)	8.6	13	2.7	8.6	13.2	2.2
Injectors 25-34 years (n°)	667	482	170	1,250	926	304
Know their serological state towards HIV (n°)	452	357	89	889	717	161
Prevalence of HIV infection (%)	11.7	13.2	4.5	13.6	15.2	5.6
Injectors > 34 years (n°)	1,728	1,438	270	6,107	5,037	980
Know their serological state towards HIV (n°)	1,363	1,171	182	4,945	4,222	653
Prevalence of HIV infection (%)	35.4	36.3	29.7	37.2	38	31.7
Injectors < 2 years of use of main drug	39	13	25	68	31	36
Know their serological state towards HIV (n°)	18	9	8	37	24	12
Prevalence of HIV infection (%)	22.2	11.1	25	27	25	25
Injectors 2 or more years of use of main drug	2,029	1,670	328	5,375	4,609	679
Know their serological state towards HIV (n°)	1,572	1,346	211	4,426	3,891	472
Prevalence of HIV infection (%)	28.8	30	21.3	32.1	33.2	23.1
Injectors consuming opiates³	2,121	1,752	342	6,325	5,307	930
Know their serological state towards HIV (n°)	1,635	1,408	216	5,103	4,435	602
Prevalence of HIV infection (%)	30.9	31.7	25.5	35	35.6	28.9
Injectors not consuming opiates	441	249	181	1,255	766	463
Know their serological state towards HIV (n°)	275	175	93	854	576	260
Prevalence of HIV infection (%)	13.5	18.9	4.3	21.9	24.7	16.5

¹ The prevalences are calculated on the number of cases with information on the serological state towards HIV and the other cross-variables.

² No data are included of some Autonomous Communities due to problems of quality of the variable "time since the last injection of any psychoactive substance".

³ The data include both persons admitted to treatment for dependence on opioids and those admitted for other psychoactive drugs who have consumed opioids in the 30 days prior to admission.

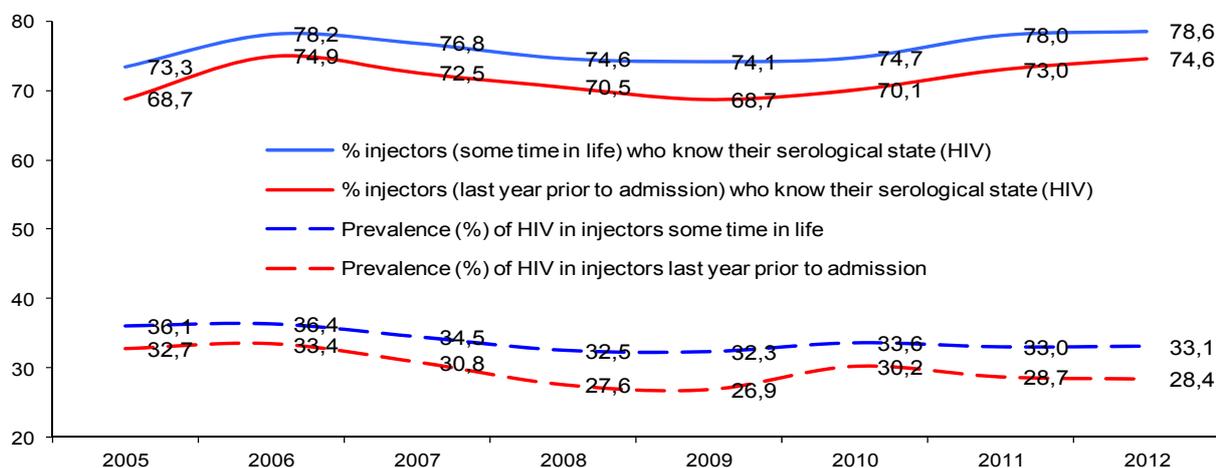
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) Treatment Demand Indicator for Consumption of Psychoactive Substances.

In relation with the prevalence of HIV, 28.4% of those who had injected in the last 12 months were HIV-positive, with a slightly larger proportion being observed in women (30%) than in men (28.2%). Clear differences were also observed according to age (8.6% in users under 25 and 35.4% in those over 34).

Figure 6.2.1 and Table 6.2.3 show the data on injectors who know their serological state and on the prevalence of HIV in those who have injected at some time in their life and those who have done so in the last year prior to admission to treatment.

Since 2005, among the persons admitted to treatment there has been a decrease in the number of users who acknowledge that they have injected both in the last 12 months and at some time in their life. The prevalence of HIV infection decreases slightly, for both time indicators, after the slight increase observed in 2010, but without reaching the historical minimums recorded in 2009. The percentage of persons admitted to treatment who know their serological state, in both habitual injectors (last year) and ex-injectors (some time in their life), remains stable.

Figure 6.2.1. Prevalence of HIV and percentage of persons who know their serological state among injectors in the last year and at some time in life, Spain 2005-2012.



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Treatment Demand Indicator for Consumption of Psychoactive Substances.

Table 6.2.3. Knowledge of serological state and prevalence of HIV infection among injectors admitted to treatment for abuse of or dependence on psychoactive drugs, Spain 2005-2012.

	2005	2006	2007	2008	2009	2010	2011	2012
Total injectors in last year prior to admission (n°)	4,358	4,892	4,575	4,546	3,763	3,549	3,094	2,562
Know their serological state against HIV (n°)	2,996	3,665	3,319	3,203	2,585	2,487	2,259	1,910
Prevalence of HIV infection (%)	32.7	33.4	30.8	27.6	26.9	30.2	28.7	28.4
Total injectors at some time in life (n°)	9,533	11,601	11,249	10,895	9,637	9,697	8,385	7,580
Know their serological state against HIV (n°)	6,991	9,068	8,643	8,126	7,143	7,243	6,546	5,957
Prevalence of HIV infection (%)	36.1	36.4	34.5	32.5	32.3	33.6	33.0	33.1

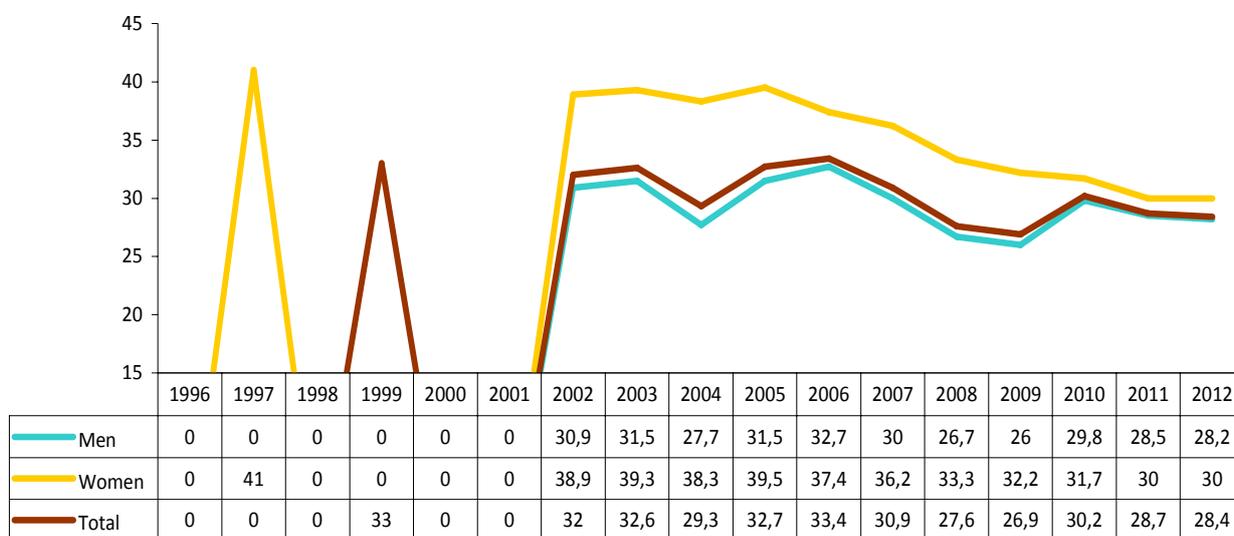
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Treatment Demand Indicator for Consumption of Psychoactive Substances.

Figure 6.2.2 and Figure 6.2.3 represent, according to gender and age, respectively, the data on prevalence of HIV among persons admitted to treatment who had injected in the last year and knew their serological state.

In general, the data for 2012 indicate a slight downward trend or stabilisation. In 2010 a slight increase was seen in men, followed by a downturn in 2011 and 2012. By ages, a decrease is observed that has stabilised in recent years, except in persons under 25, where the percentage increased in 2009 and now remains stable according to the latest data.

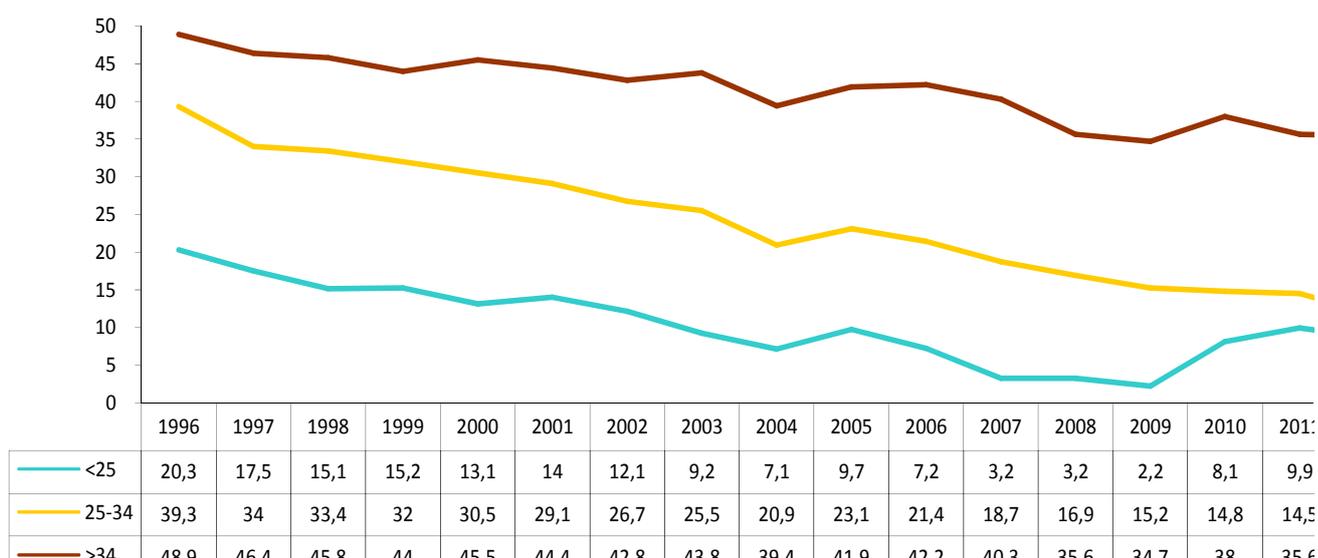
It should be pointed out that sharp variations in these data may be explained by changes in the number of absolute cases of each category and by the increase in the number of persons who know their serological state. In any case, it will be necessary to monitor this evolution.

Figure 6.2.2. Prevalence (%) of HIV among injectors in the last year admitted to treatment who knew their serological state, by gender, 1996-2011



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Treatment Demand Indicator for Consumption of Psychoactive Substances

Figure 6.2.3 Prevalence (%) of HIV among injectors in the last year admitted to treatment who knew their serological state, by age, 1996-2011



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Hospital Emergencies Indicator in consumers of psychoactive substances.

6.3. OTHER DRUG-RELATED HEALTH CORRELATES AND CONSEQUENCES

Monitoring the non-mortal health consequences of consumption of psychoactive substances provides interesting information for knowing the characteristics and evolution of drug use and is useful for carrying out the appropriate actions.

In Spain, one of the indicators used to this purpose is the monitoring of hospital emergencies involving drug consumers. Below we present the methodology and principal results of the “Hospital Emergencies Indicator in consumers of psychoactive substances.” Complementary information can be consulted in the Spanish National Reports¹⁹ and the website of the National Plan on Drugs²⁰.

6.3.a) Drug-related emergencies: Hospital Emergencies Indicator in consumers of psychoactive substances

Objectives of the Hospital Emergencies Indicator in consumers of psychoactive substances

The objective of this Indicator, which has been in operation since 1987, is to monitor the characteristics of hospital emergencies related with non-medical or non-therapeutic consumption of psychoactive substances in Spain.

Methodology of the Hospital Emergencies Indicator in consumers of psychoactive substances

The responsible personnel in each Autonomous Community gather the information from a review of the clinical histories of emergencies, in an active, systematic, exhaustive and retrospective manner. A geographical area is selected and the hospitals located in that area are monitored (excluding maternities, paediatric hospitals and monographic hospitals). The information of one week of each month is reported, selected at random from the Spanish Observatory on Drugs and Drug Addictions; some Autonomous Communities, like Catalonia or Castile-León, conduct continuous data gathering in some hospitals.

In 2012, 16 Autonomous Communities (of a total of 19) reported to the Indicator, the exceptions being Galicia, Ceuta and Melilla.

Results of the Hospital Emergencies Indicator in consumers of psychoactive substances

In 2012, 12,356 emergency episodes were reported in which the clinical history included non-therapeutic or non-medical consumption of some drug. Of these, in 5,999 cases (48.5%) a relationship was found between the drug and the emergency. The results presented below refer solely to those episodes in which the drug is related with the emergency.

Table 6.3.1 and Figure 6.3.1 present the evolution of hospital emergency episodes related with drug use since 1996.

This historical series reveals a considerable reduction of heroin as a substance responsible for emergencies and a very notable increase of cannabis. In 2012, cannabis is related with more than 30% of emergencies, and it is the only substance in which a clear upward trend is observed. As is observed in the data from the rest of the indicators and the national surveys, cannabis occupies a substantial space in the sphere of drug use in Spain and its presence has been consolidated in recent years.

In 2012, cocaine remains the drug related with the greatest number of emergency episodes: it is present in more than 40% of emergencies related with drug use, followed by alcohol. It must be borne in mind that alcohol is only recorded when it is related with another drug.

¹⁹ <http://www.emcdda.europa.eu/countries/spain>

⁵ <http://www.pnsd.mssi.gob.es/Categoria2/observa/home.htm>

Heroin continues to descend, being related with less than 15% of emergencies, which is coherent with the information from other indicators which show a progressive reduction of the presence of this substance (e.g. the Treatment Demand Indicator).

The percentage of emergencies related with the consumption of ecstasy, amphetamines and hallucinogens reached its maximum level in 2006 (12.4%), then beginning to decrease and remaining stable in recent years (12.4% in 2012).

If analysed individually, amphetamines have shown a slight upward trend during the period 1996-2012, with slight variations, remaining stable at around 5% during the period 2005-2009 and then showing an increase in 2011 which was maintained in 2012 (10.8%). Ecstasy has displayed fluctuations throughout this historical series, reaching 7.2% in 2006: since then it has shown a downward trend which in 2012 was halted, remaining at 5.1%. Hallucinogens remain at relatively low and stable levels, around 3%.

Table 6.3.1. Number of hospital emergency episodes related with drug use and percentage according to type of drug, Spain* 1996-2012

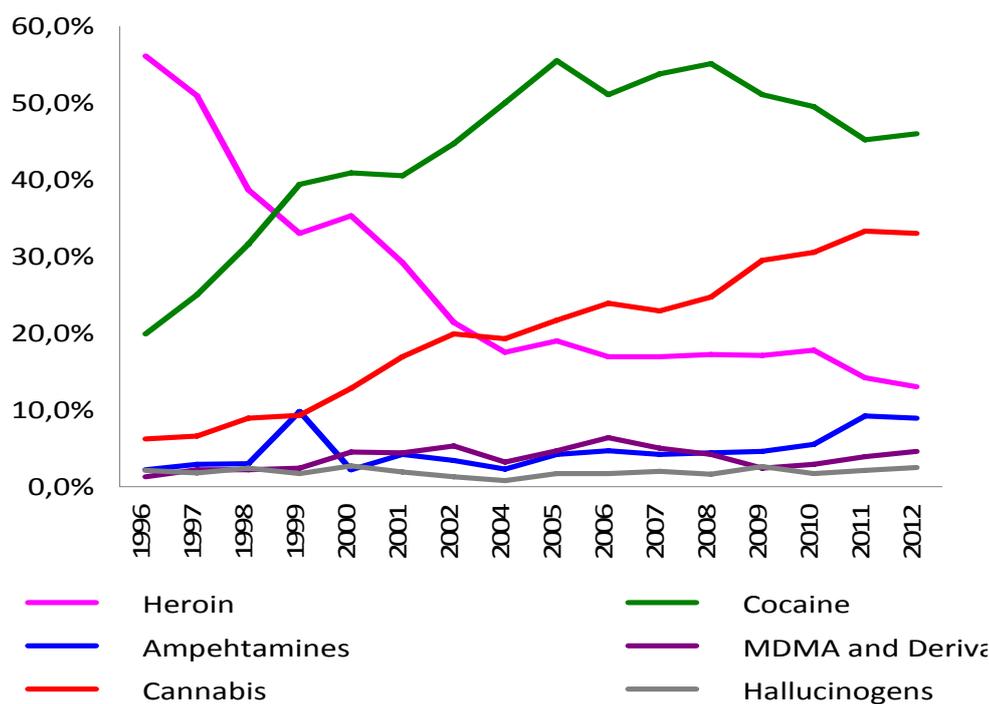
Year	Number of episodes	Percentage according to type of drug									
		Cocaine	Alcohol	Cannabis	Hypnotics and sedatives	Heroin	Amphetamines	Other Opiates	MDMA and Derivates	Hallucinogens	Volatile Substances
1996	2,585	19.9	12.4	6.2	23.6	56.1	2.2	13.5	1.3	2.1	0.2
1997	1,932	25.0	15.2	6.6	18.9	50.9	2.9	17.4	2.2	1.8	0.1
1998	2,099	31.6	22.2	8.9	24.3	38.7	3.0	16.8	2.2	2.4	0.3
1999	2,141	39.4	20.0	9.3	23.8	33.0	9.8	18.9	2.4	1.7	0.1
2000	2,328	40.9	26.8	12.8	28.9	35.3	2.2	18.0	4.5	2.7	0.3
2001	2,145	40.5	29.0	16.9	29.2	29.2	4.2	17.4	4.4	1.9	0.9
2002	2,673	44.7	35.4	19.9	30.1	21.4	3.4	13.1	5.3	1.3	0.2
2004	5,828	50.0	30.7	19.3	22.3	17.5	2.3	9.1	3.2	0.8	0.6
2005	7,089	55.5	32.3	21.7	17.0	19.0	4.2	8.3	4.7	1.7	0.5
2006	7,042	51.1	36.0	23.9	21.0	16.9	4.7	8.5	6.4	1.7	0.4
2007	7,822	53.8	35.7	22.9	15.8	16.9	4.2	8.1	5.0	2.0	0.5
2008	6,431	55.1	37.3	24.7	15.6	17.2	4.4	7.5	4.2	1.6	0.5
2009	5,567	51.1	40.2	29.5	16.5	17.1	4.6	7.6	2.4	2.6	0.5
2010	5,626	49.5	36.3	30.5	16.7	17.8	5.5	6.7	2.9	1.7	0.4
2011	5,279	45.2	40.4	33.3	18.9	14.2	9.2	6.2	3.9	2.1	0.3
2012	5,999	46.0	39.0	33.0	18.3	13.0	8.9	6.1	4.6	2.5	0.5

*Autonomous Communities which report to the Hospital Emergencies Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Hospital Emergencies Indicator in consumers of psychoactive substances.

Figure 6.3.1. Percentage of hospital emergency episodes related with drug use, according to type of drug, Spain* 1996-2012



*Autonomous Communities which report to the Hospital Emergencies Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)

Hospital Emergencies Indicator in consumers of psychoactive substances.

Tables 6.3.2 and 6.3.3 analyse the data on hospital emergencies related with drugs, taking into account the year, main drug, age and gender.

The proportion of women remains stable throughout the historical series, at between 20% and 30%. An upward trend is observed in the average age of the persons treated, rising from an average age of 27.8 years in 1996 to 32.8 in 2012, which could be related with the high number of emergencies related with cocaine. In general, no differences between genders are observed in the substances consumed, except for hypnotosedatives, where the percentage is higher among women than among men.

The legal condition of the patients has also progressively evolved, with the greatest percentage of persons arrested being observed in 1997, from which year onwards a decrease began which reached its lowest value in 2006 (3.7%): from that moment on it has remained relatively stable, at around 4%.

The distribution of the emergencies, according to how they have been resolved, has not varied greatly over the years, the most frequent outcome being medical discharge.

The analysis of the characteristics of episodes according to the responsible substance shows that persons admitted to emergency departments due to the consumption of opiates and hypnotosedatives are older, and those admitted due to the consumption of MDMA, hallucinogens and amphetamines are younger.

The outcome of the emergency does not vary greatly according to the substance, although a greater percentage of emergency admissions for heroin and more voluntary discharges among consumers of MDMA can be observed.

Table 6.3.2. Characteristics of hospital emergency episodes related with drug use, Spain* 1996-2012

	1996	1998	2001	2002	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of episodes	2585	2099	2145	2673	5828	7089	7042	7822	6431	5567	5626	5279	5999
Average age (years)	27.8	29.1	29.8	29.8	31	30.7	31.6	32	32.4	32.7	32.6	32.7	32.8
Gender (% 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	26.1
Arrests (%)	14.4	11.7	5.7	5.2	4.1	4.9	3.7	3.8	4.4	5.2	4.2	3.7	4.1
Resolution of the emergency (%)													
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	75.9
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	8.2
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	12.5
Death in emergency dept.	0.1	0.0	0.2	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1
Transfer to other 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	3.3

*Autonomous Communities which report to the Hospital Emergencies Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT).

Hospital Emergencies Indicator in consumers of psychoactive substances.

Table 6.3.3. Characteristics of the episodes of hospital emergencies related with drug use according to gender and drug, Spain* 2012

	TOTAL	According to gender		According to drug									
		Men	Women	Cocaine	Alcohol	Cannabis	Hypnotosedatives	Heroin	Amphetamines	Other opiates	MDMA and derivatives	Hallucinogens	Volatile substances
Total of episodes (n°)	5999	4419	1557	2452	2082	1760	976	695	476	327	245	136	29
Average age (years)	32.8	33.2	31.7	34.0	34.2	30.1	36.0	37.3	29.2	38.2	27.0	28.0	28.7
Gender (% women)	26.1	-	-	22.7	22.3	20.2	28.9	23.6	26.5	27.0	23.3	25.0	37.9
Arrests (%)	4.1	5.0	1.6	3.5	2.4	4.6	5.3	5.5	1.7	6.2	1.2	2.2	10.3
Resolution of the emergency (%)													
Medical discharge	75.9	74.8	78.9	75.1	75.2	74.8	68.4	69.8	77.3	71.7	74.0	76.2	75.0
Voluntary discharge	8.2	8.7	7.0	8.1	8.8	6.0	9.4	9.3	6.9	7.9	17.2	11.9	8.3
Hospital admission	12.5	13.0	11.3	12.8	12.5	15.3	16.5	18.2	12.9	15.0	7.7	8.9	16.7
Death in emergency dept.	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.2	0.2	0.4	0.0	1.0	0.0
Transfer to other centre	3.2	3.4	2.8	4.0	3.3	3.9	5.7	2.5	2.6	5.0	1.2	2.0	0.0

*Autonomous Communities which report to the Hospital Emergencies Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)

Hospital Emergencies Indicator in consumers of psychoactive substances.

Table 6.3.4 presents the data according to the drug administration route. In interpreting the data, it must be taken into account that there is a considerable proportion of unknown values, which means that the results must be taken with caution.

.In 2012, in emergencies related with heroin, the predominant administration route was parenteral (70.9%), followed by pulmonary and intranasal or sniffed, and in emergencies related with cocaine it was intranasal or sniffed (66.3%), followed by injected and pulmonary or smoked.

The weight of the injected route is much greater among heroin users who are admitted to emergency departments than among persons admitted to treatment for abuse of or dependence on this drug, among whom there is a predominance of the pulmonary route. This demonstrates the greater risk of certain acute problems (overdose and others) among injectors.

For the other psychoactive substances, the data on administration routes tally with what was already known from other sources. In the case of ecstasy, hypnotosedatives, amphetamines and hallucinogens, the administration route is mainly oral. Opiates other than heroin are also generally consumed orally, although the parenteral route is used in approximately 3% of cases. Cannabis use is mainly via the pulmonary route (93.1%), but there is a small proportion of oral consumers (6.4%).

Table 6.3.4. Administration route of drugs related with hospital emergencies, Spain* 2012

% administration route	Cocaine	Cannabis	Hypnotosedatives	Heroin	Amphetamines	Other opiates	MDMA and derivatives	Hallucinogens
Oral	2.1	6.4	99.1	1.5	79.1	93.8	96.1	67.3
Pulmonary or sniffed	12.0	93.1	0.4	19.4	5.5	1.2	1.6	4.1
Intranasal or sniffed	66.3	0.5	0.1	8.0	14.1	0.3	2.4	18.4
Parenteral or injected	19.4	0.0	0.4	70.9	1.2	3.0	0.0	8.2
Other route	0.3	0.0	0.0	0.2	0.0	1.8	0.0	2.0

*Autonomous Communities who report to the Hospital Emergencies Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT), Hospital Emergencies Indicator in consumers of psychoactive substances.

6.4. DRUG-RELATED DEATHS AND MORTALITY OF DRUG USERS

The mortality rate related with the consumption of psychoactive substances is relevant, since it is a reflection of the social and sanitary impact of the use of these substances.

Spain currently has, fundamentally, two sources of information which make it possible to gather data on secondary mortality from drug use: a Specific Register of Mortality due to Acute Reaction to Drugs, administered by the Spanish National Focal Point, and a General Mortality Register, managed by the National Statistics Institute (INE²¹). Below we describe the methodology and the principal results of these two mortality registers and the estimation resulting from combining the two.

6.4.a) Specific Mortality Register of the Spanish Observatory on Drugs. Indicator of Mortality due to Acute Reaction to Psychoactive Substances

Objective of the Specific Mortality Register of the Spanish Observatory on Drugs

The aim of this Specific Mortality Register is to gather information on deaths with judicial intervention in which the direct and fundamental cause of death is an acute adverse reaction following intentional non-medical consumption of psychoactive substances (except alcohol and tobacco).

Methodology of the Specific Mortality Register of the Spanish Observatory on Drugs

This indicator began to operate systematically in 1990, although it has partial information dating back to 1983. The geographical population coverage has progressively increased: in 2012, 17 of the 19 Autonomous Communities/Cities reported (all except Asturias and Castile-La Mancha).

The primary source of information is constituted by the Forensic Anatomical Institutes, Forensic Physicians, National Toxicology Institute and University Legal Medicine Departments which send the data to their Autonomous Communities and these in turn send them to the database of the Spanish Observatory on Drugs and Drug Addictions of the DGPNSD. There is a detailed protocol which describes the variables to be included, the way of doing so and the criteria of inclusion and exclusion, which can be consulted on the website of the National Plan on Drugs²².

Results of the Specific Mortality Register of the Spanish Observatory on Drugs

General characteristics of persons dying due to acute reaction following consumption of psychoactive substances

In 2012, 519 deaths were reported: 85.7% of the deceased were men and 14.3% women. The average age of the deceased was 42 years, maintaining the increase commenced in 2003. In 2012, as has occurred in recent years, more than half of the deceased were over 40 years of age. In regard to marital status, the predominance of single persons was maintained (65.4%).

In most of the bodies there was evidence of recent consumption (76.6%), and 14.9% of the deceased showed signs of venipuncture. In most cases (91.9%) there was no evidence of suicide. In 37.4% of the deceased, death was due to a prior pathology aggravated by the use of substances. The HIV serology was positive in 37.8% of cases (Table 6.4.1).

Taking into account the limitations of the method, it could be said that the profile of the persons dying due to acute reaction to psychoactive substances is that of a man of over 40 years, single,

²¹ National Statistics Institute. <http://www.ine.es/>

²² <http://www.pnsd.msc.es/Categoria2/observa/seipad/home.htm>

with no prior pathology, who has recently consumed some substance and who shows no signs of suicide. This profile has been maintained in recent years.

Table 6.4.1. Characteristics of persons dying due to acute reaction following consumption of psychoactive substances, Spain* 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total deaths (n°)	493	468	455	428	475	424	438	517	408	519
Gender (%)										
Men	85.3	83.9	86.3	84.3	87.4	85.6	84.5	83.9	82.1	85.7
Women	14.7	16.1	13.7	15.7	12.6	14.4	15.5	16.1	17.9	14.3
Average age (years)	35.3	37.0	36.1	37.2	38.2	38.1	38.3	39.8	40.2	42.0
Age group (years)										
15-19	0.8	1.3	1.4	0.9	0.6	1.9	0.7	0.4	1.2	0.4
20-24	6.7	4.1	6.2	4.2	4.3	6.1	6.4	2.5	5.0	2.9
25-29	14.6	11.9	11.2	12.9	9.7	10.6	8.0	7.9	6.0	6.7
30-34	22.6	20.5	20.0	18.0	17.6	16.3	17.4	12.4	12.2	11.6
35-39	28.2	27.9	28.9	23.8	24.1	22.2	18.9	25.5	19.9	15.8
40-44	16.9	19.2	20.7	21.3	22.2	19.8	24.9	24.8	21.4	22.4
>= 45	10.2	15.1	11.6	18.9	21.5	23.1	23.7	26.5	34.0	40.3
Marital status (%)										
Single	69.4	68.9	68.7	72.0	62.8	61.4	67.3	61.0	63.6	65.4
Married	19.0	15.6	16.4	12.2	19.1	16.8	15.4	21.6	18.2	20.7
Separated/Divorced	10.5	14.4	13.7	13.6	17.4	18.9	15.0	15.9	16.2	12.8
Widowed	1.0	1.1	1.1	2.2	0.7	2.9	2.3	1.5	2.0	1.1
Location of the body (%)										
Home	54.5	55.2	58.1	52.3	60.6	60.0	61.9	64.3	68.6	69.6
Hotel-Boarding house	5.3	5.1	6.2	5.8	4.6	3.9	5.9	4.3	2.8	2.0
Street	18.5	17.4	13.5	20.1	13.1	15.8	11.8	14.0	11.1	12.3
Public premises	1.8	1.3	2.5	4.8	2.4	1.7	2.8	2.6	2.6	1.2
Hospital	10.6	9.5	6.4	7.7	5.7	6.8	6.1	3.9	5.1	5.6
Prison	1.1	3.5	4.8	3.9	3.7	4.9	4.0	3.7	4.9	4.0
Other	8.2	8.1	8.5	5.3	9.8	7.0	7.3	7.1	4.9	5.4
Evidence of recent consumption (%)										
Yes	85.6	92.6	94.4	92.4	85.3	89.0	90.4	77.4	89.9	76.6
No	14.4	7.4	5.6	7.6	14.7	11.0	9.6	22.6	10.1	23.4
Evidence of suicide (%)										
Yes	12.1	8.8	5.7	10.8	8.8	9.0	8.5	9.7	12.4	8.1
No	87.9	91.2	94.3	89.2	91.2	91.0	91.5	90.3	87.6	91.9
Signs of recent venipuncture (%)										
Yes	53.3	43.0	51.7	40.6	35.2	35.4	39.2	29.6	16.3	14.9
No	46.7	57.0	48.3	59.4	64.8	64.6	60.8	70.4	83.7	85.1
Death caused by prior pathology aggravated by consumption of psychoactive substances (%)										
Yes	35.4	32.6	35.5	28.6	20.4	26.6	30.9	31.4	37.2	37.4
No	64.6	67.4	64.5	71.4	79.6	73.4	69.1	68.6	62.8	62.6
Anti-HIV antibodies (%)										
Positive	42.7	40.6	42.8	36.9	37.4	40.7	41.1	34.4	39.2	37.8
Negative	57.3	59.4	57.2	63.1	62.6	59.3	58.9	65.6	60.8	62.2

* Geographical areas which report to the Mortality Indicator.

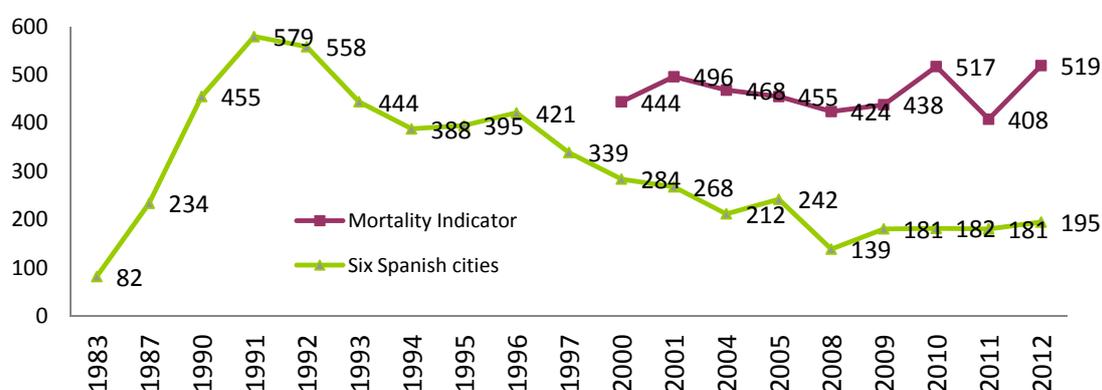
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Indicator of Mortality due to acute reaction to psychoactive substances.

Evolution of deaths due to acute reaction following consumption of psychoactive substances, Spain 1983-2012

The results show that, overall, following the rapid increase observed during the 1980s associated with intravenous heroin use, in 2012 a trend is maintained which has been more or less stable in the last few years, with certain peaks which would be explained by variations in the reporting received from some Autonomous Communities, improvements in the register or modifications of court districts.

From the methodological point of view, it should be clarified that the Autonomous Communities which report to the Mortality Indicator are not the same every year. In Figure 6.4.1, one line represents the data originating from the Autonomous Communities which report to the mortality indicator (they can vary according to the year) and the other shows the data of six Spanish cities which report constantly, which gives homogeneity to the data. These six cities correspond to the court districts of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza.

Figure 6.4.1. Number of deaths due to acute reaction following consumption of psychoactive substances (mortality indicator¹ and six cities²), Spain 1983-2012³



Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Indicator of Mortality due to Acute Reaction to Psychoactive Substances.

(1) Autonomous Communities which report to the mortality indicator (they may vary according to the year, and they represent approximately 50% of the population of Spain).

(2) Selection of six cities corresponding to the court districts of Barcelona, Bilbao, Madrid, Seville, Valencia and Zaragoza (they remain constant every year).

(3) Until 1995, only deaths due to acute reaction to opioids or cocaine were recorded.

Note: the graph shows the data corresponding to those years which provide a global view of the trends. The complete series of data is available in the OEDT 2011 Report <http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf> and the Spanish National Report 2013 <http://www.emcdda.europa.eu/html.cfm/index228519EN.html>

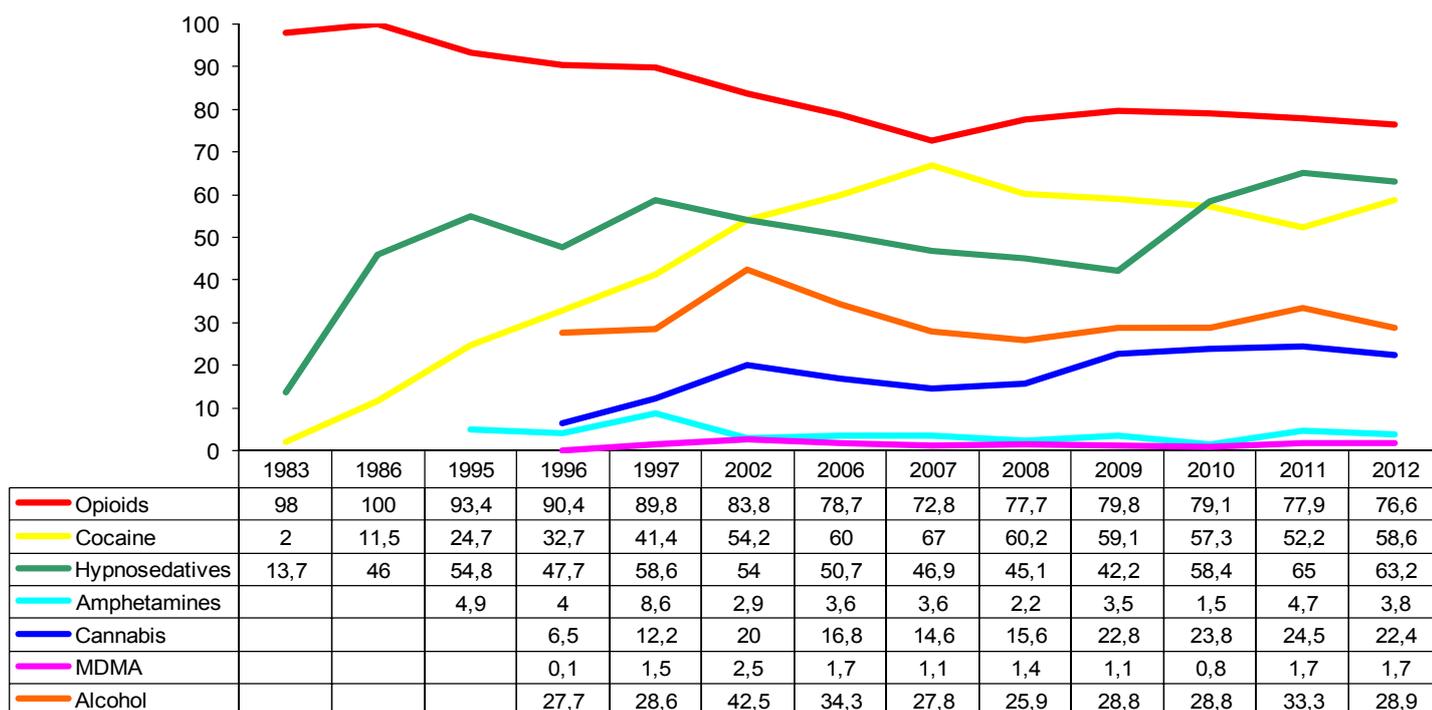
Evolution of deaths due to acute reaction following consumption of psychoactive substances according to type of substance, Spain 1983-2012

Figure 6.4.2 and Table 6.4.2 present the evolution of deaths due to acute reaction following consumption of psychoactive substances in Spain from 1983 to 2012. The data presented correspond to the percentage/absolute number of deceased in which the toxicological analyses identified each one of the substances or metabolites referred to. It must be taken into account that

normally more than one substance is detected in autopsies of persons deceased due to acute reaction to psychoactive substances.

Opioids were the illegal drug identified in the largest number of deceased (76.6%). Hypnosedatives remained the second most prevalent substance (63.2%), halting the upward trend commenced in 2010. Cocaine was in third place (58.6%), followed by cannabis (22.4%).

Figure 6.4.2. Proportion (%) of deaths due to acute reaction following consumption of psychoactive substances, according to the type of substance detected in toxicological analysis, Spain* 1983-2012



* Geographical areas which report to the Mortality Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)

Indicator of Mortality due to Acute Reaction to Psychoactive Substances.

Note: the graph shows the data corresponding to those years which provide a global view of the trends. The complete series of data is available in the OEDT 2011 Report <http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf> and the Spanish National Report 2013 <http://www.emcdda.europa.eu/html.cfm/index228519EN.html>.

Table. 6.4.2. Number of deaths due to acute reaction following consumption of psychoactive substances, according to the type of substance detected in toxicological analysis, Spain* 2003-2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Opioids	376	349	356	338	340	324	346	409	318	366
Benzodiazepines	234	225	241	203	212	186	180	292	258	291
Cocaine	305	280	315	250	313	251	247	297	213	280
Alcohol	191	167	150	143	130	108	120	149	136	138
Cannabis	82	78	95	70	68	65	88	123	100	107
Amphetamines	15	12	12	15	17	9	13	8	19	18
MDMA and derivates	8	9	2	7	5	6	4	4	7	8
Barbiturates	1	2	5	4	0	0	2	2	4	2
Volatile substances	0	0	1	1	7	0	0	0	3	0
Hallucinogens	2	5	0	1	2	3	0	2	2	3
Total of cases analysed	490	466	455	428	475	424	427	517	408	519

* Geographical areas which report to the Mortality Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
Indicator of Mortality due to Acute Reaction to Psychoactive Substances.

Figures 6.4.3 and 6.4.4 analyse in more detail the evolution over time of the data corresponding to opioids and cocaine, evaluating certain specific combinations which have proven to be of interest for their high prevalence or characteristics over the years.

The downward trend of deaths in which only opioids are detected is confirmed, displaying in 2012 the lowest value of all the historical series. The same occurs with the combination of opioids with substances other than cocaine.

The evolution of cocaine in the total number of deaths shows an increase in 2012, interrupting the downward trend commenced in 2007. This increase is observed in the proportion of deaths in which "only cocaine" and the combination "cocaine and no opioids" is identified: however, it is not perceived in the combination "only cocaine and alcohol." As can be seen in the graph, this last combination does not tend to conform to the general trends of cocaine use in the total number of deaths: it will be necessary to determine what factors may explain this behaviour.

Figure 6.3.3. Proportion (%) of deaths due to acute reaction following consumption of psychoactive substances, according to the combination of substances detected in toxicological analysis (opioids), Spain 1983-2012

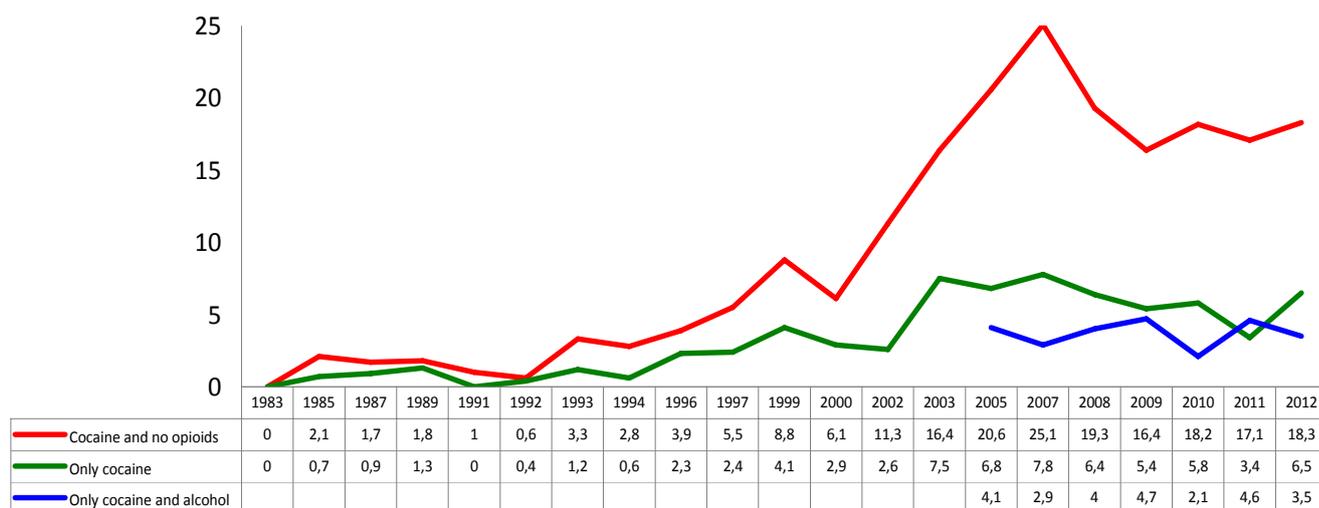


* Geographical areas which report to the Mortality Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT), Indicator of Mortality due to Acute Reaction to Psychoactive Substances.

Note: the graph shows the data corresponding to those years which provide a global view of the trends. The complete series of data is available in the OEDT 2011 Report <http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf> and the Spanish National Report 2013 <http://www.emcdda.europa.eu/html.cfm/index228519EN.html>.

Figure 6.3.4. Proportion (%) of deaths due to acute reaction following consumption of psychoactive substances, according to the combination of substances detected in toxicological analysis (cocaine), Spain 1983-2012



Geographical areas which report to the Mortality Indicator.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT), Indicator of Mortality due to Acute Reaction to Psychoactive Substances.

Note: the graph shows the data corresponding to those years which provide a global view of the trends. The complete series of data is available in the OEDT 2011 Report <http://www.pnsd.msssi.gob.es/Categoria2/observa/pdf/oed2011.pdf> and the Spanish National Report 2013 <http://www.emcdda.europa.eu/html.cfm/index228519EN.html>.

6.4.b) General Mortality Register of the National Statistics Institute. Mortality due to drugs according to ICD codes

Objective of the General Mortality Register of the National Statistics Institute

The Spanish National Statistics Institute (INE)²³ has a General Mortality Register which records the causes of death classified according to the World Health Organisation's International Classification of Diseases (ICD). The goal of this register is to know the causes of mortality in Spain: accordingly, every death has an assigned code.

Methodology of the General Mortality Register of the National Statistics Institute

The INE's mortality databases are administered in collaboration with the Autonomous Communities. The primary source of information is the Civil Registers, which send the death reports to the INE's regional delegations on a monthly basis. The last mortality database available at the national level is that of the year 2012.

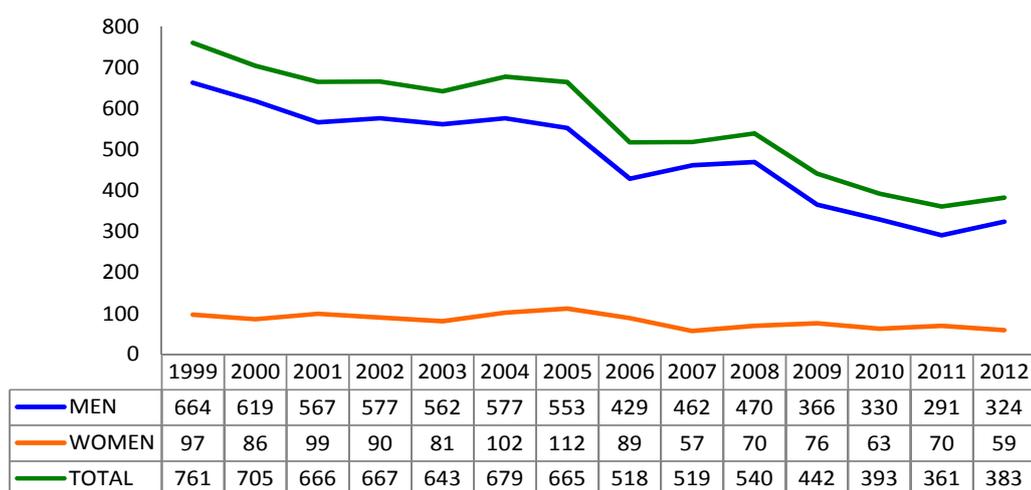
Below we present an analysis of mortality selecting the ICD-10 codes proposed by the EMCDDA, including the ICD-10 codes F11-F12, F14-F16, F19, X42, X62, and Y12. To these we add the X44 in order to adapt to the Spanish context. This last code includes accidental poisonings due to exposure to drugs and is very commonly used in Spain²⁴ to codify deaths due to "overdose."

Results of the General Mortality Register of the National Statistics Institute

In 2012, 383 deaths were codified under the aforesaid ICD-10 codes.

Throughout the period 1999-2012, the predominance of males is observed which has been maintained during all the historical series, representing 84.6% of deaths in 2012 (Figure 6.4.5). The distribution of deaths by age shows an upward trend in the average age of the deceased, with a predominance of deceased persons of over 35 years. In the 1990s, most deaths occurred in persons under 35, but since 2003 the profile of the deceased has changed, with persons under 35 representing less than 30% of total deaths. (Figure 6.4.6).

Figure 6.4.5. Number of deaths* due to consumption of psychoactive substances according to gender, Spain 1999-2012

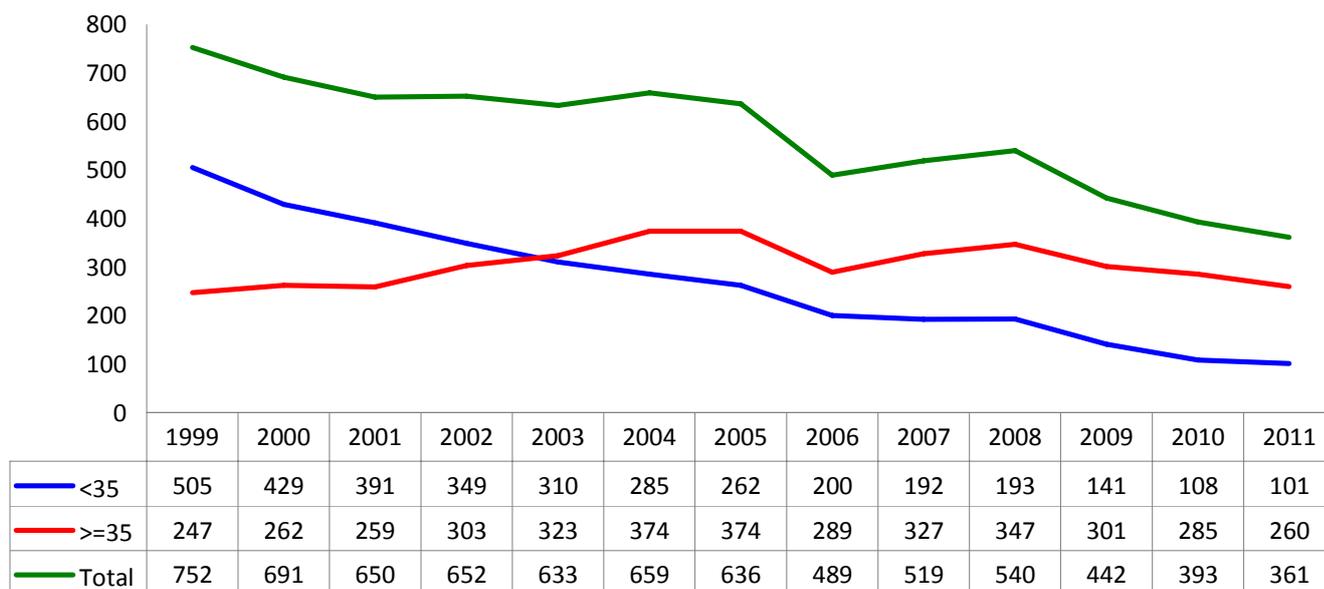


* ICD-10 codes: F11-F12, F14-F16, F19, X42, X44, X62, Y12.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) based on data of the National Statistics Institute (INE).

²³ <http://www.ine.es/>

Figure 6.4.6. Number of deaths* due to consumption of psychoactive substances according to age, Spain 1999-2012.



* ICD-10 codes: ICD-10:F11-F12, F14-F16, F19, X42, X44, X62, Y12.

Source: Spanish Observatory on Drugs and Drug Addiction (OEDT) based on data of the National Statistics Institute (INE).

6.4.c) Estimation of mortality based on the Specific Mortality Register (6.4.a) and the General Mortality Register (6.4.b).

Objective of the estimation of mortality based on the Specific and General Mortality Registers

The two sources of information cited above (the Specific Mortality Register and the General Mortality Register) have certain limitations: in order to minimise these, an estimation of mortality is made using the information of both registers.

Methodology of the estimation of mortality based on the Specific and General Mortality Registers

The Specific Mortality Register provides data on deaths from the reports of the Autonomous Communities, but not all the Autonomous Communities report to this register, and in addition, some of them do not report data of all the legal districts but of cities/towns or zones, which vary according to the years. This is therefore a specific register but without nationwide complete coverage and with variations in the Autonomous Communities who report, according to the year.

The General Mortality Register does have complete nationwide coverage and, although the quality of the register is good, it is known that there is a sub-register of secondary deaths to drugs. Consequently, in order to estimate the number of drug-related deaths at the national level, the specificity of the Specific Register is combined with the greater coverage of the General register.

In order to make this estimation, a sub-register coefficient is calculated from the quotient between the deaths reported by the Specific Register and those of the General Register (selecting only the deaths in those cities/provinces²⁵ which report periodically to both registers): by applying this coefficient, a part of the under-reporting is corrected (Figure 6.4.7).

In any case, it is known that illegal drug use increases the probability of death due to various causes and that, nevertheless, the repercussion of this fact is not reflected appropriately in the general mortality rate. Consequently, this estimation refers to the minimum number of secondary deaths to use of illegal drugs, which may be higher. More specific studies (of cohorts, proportional mortality, etc.) could provide complementary information of great interest.

Figure 6.4.7. Formulas used to estimate mortality based on the Specific Register and the General Mortality Register

Estimation of number of deaths due to illegal drugs	=	Deaths due to illegal drugs of the General Mortality Register of the INE	x	Sub-register coefficient
Sub-register coefficient	=	$\frac{\text{Deaths of the Specific Mortality Register of the OEDT (selection of provinces/cities)}}{\text{Deaths due to illegal drugs of the General Mortality Register of the INE}}$		

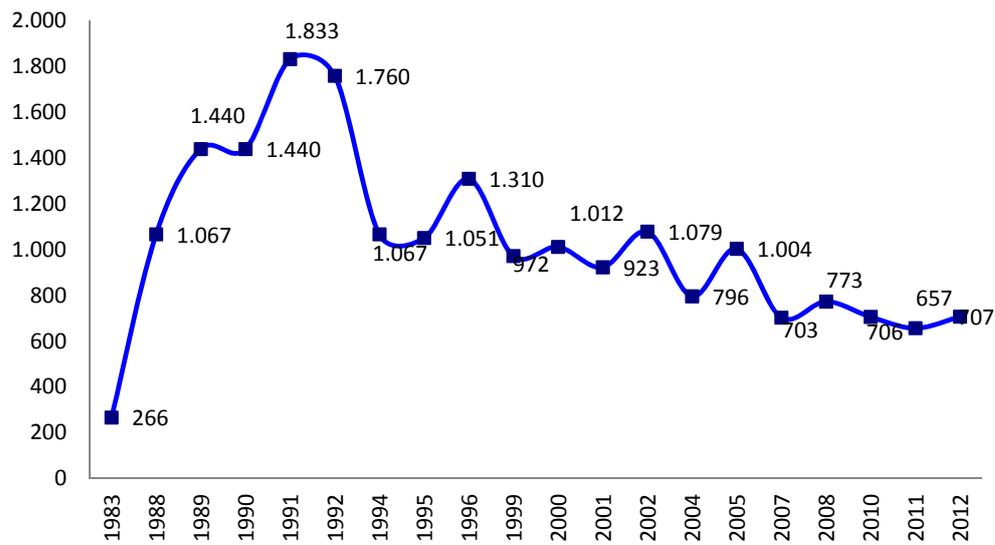
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)
INE: National Statistics Institute.

Results of the estimation of mortality based on the Specific and General Mortality Registers

Figure 6.4.8 shows the data on the estimation of deaths due to illegal drugs, at the nationwide level, from 1983 to 2012. It is observed that, following the peak of the early 1990s, a downward trend was maintained which appears to have stabilised. In 2012 a total of 402,950 deaths occurred in Spain, of which it is estimated that 707 were caused by non-medical consumption of illegal substances.

²⁵ Province of Álava, Province of Guipúzcoa, Province of Vizcaya, City of Bilbao, Province of A Coruña, Province of Lugo, Province of Orense, Province of Pontevedra. Community of Murcia, Province of Ávila, Province of Burgos, Province of León, City of Ponferrada, 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 Málaga, City of Málaga, 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 Gran Canaria, City of Santa Cruz de Tenerife, City of Badajoz, City of Cáceres.

Figure 6.4.8. Number of estimated deaths* due to consumption of psychoactive substances, Spain 1983-2012.



* Estimation made by the OEDT on the basis of data of the Mortality Indicator due to acute reaction to psychoactive substances and of the National Statistics Institute.
Source: Spanish Observatory on Drugs and Drug Addiction (OEDT)

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. INTRODUCTION

The data set out below correspond, in general, to the year 2012, and are the latest available to date. In the cases in which the information refers to the year 2013, this is indicated explicitly.

As in previous years, it must be pointed out that in accordance with the Spanish legislation it is the competence of the Autonomous Communities and Cities to evaluate the state of situation and evolution of drug use in their respective territories, the implementation of the appropriate resources for attention to drug users, the establishment of the criteria of admission to treatment centres, and so on.

The attention and assistance to drug users is carried out primarily in public or private centres financed with public funds. In this latter case, the centres are run mainly by Non-Governmental Organisations (NGOs).

The characteristics and typology of these centres (outpatient assistance centres, hospitalised detoxification units, therapeutic communities, etc.) have already been described in other Reports.

During the year 2012, a total of 98,247 persons received attention and treatment for illicit drug use in 527 outpatient centres.

Also in the year 2012, 129 therapeutic communities attended to 7,632 persons.

In 2012 the hospitalised detoxification units attended 3,280 clients, a very similar figure to that of the year 2011. In Spain, 60 hospitalised detoxification units were in operation.

7.2. PREVENTION OF DRUG-RELATED EMERGENCIES AND REDUCTION OF DRUG-RELATED DEATHS

As was mentioned last year, it must be pointed out that the National Drug Strategy 2009-2016 included among its principal objectives the reduction of risk and harm.

The population groups benefiting from these programmes, which are also addressed to the prevention of emergencies and deaths related with drug use, are the following:

- Sectors of population of drug users not eligible for inclusion in programmes addressed to abstinence.
- Long-term heroin users.
- Population groups in situations of social marginality or exclusion.
- Collectives who frequent places and participate in situations where there is special ease of use.

In Spain there are different types of centres and resources which have this purpose. Among them, mobile units are of special note. In the year 2012, 36 of these facilities were operative (29 in 2011), attending to 4,547 clients.

In addition, throughout the year 2012, 52 social emergency centres attended to 17,519 users, a figure very similar to that of the previous year. The basic function of these centres is to attend to drug users with the greatest problems of marginalisation and to provide them with social and health services.

It is also important to highlight the role of the 1,076 pharmacies with harm reduction programmes. In some cases these pharmacies participate in the dispensing of methadone and in other cases in the syringe exchange programmes.

In the Autonomous Communities of Catalonia and the Basque Country, twelve supervised drug use facilities (eleven and one, respectively) were operative in 2012, attending to a total of 5,915 clients (2010: 8,217; 2011: 6,918).

The objectives of these supervised use facilities have been detailed in previous Reports. In this respect, it must be reiterated that the fact that these centres offer drug use in a safe environment, while being important, does not represent the sole or even principal objective of their existence. Along with that goal, there is also that of bringing the clients who come to these centres (most of them with a high degree of marginalisation) into contact with other sanitary resources and to inform them of the existence of different programmes of attention to the drug dependences.

As was mentioned in previous Reports, it must be pointed out that during the year 2012 the users of these programmes had access to several of these facilities, which makes it impossible to establish the total number of users in them.

7.3. PREVENTION AND TREATMENT OF DRUG-RELATED INFECTIOUS DISEASES

In Spain, promotion is given to those actions which facilitate contact with drug injectors, providing education and advice with the aim that they will modify the conducts of greatest risk for their health and that of the people around them.

In this respect, it must be taken into account that the harm reduction programmes mentioned in the previous section play a role in the prevention and treatment of infectious diseases by way of the attention to active user clients who access them.

The syringe exchange programmes also have a special interest in this regard. These programmes are carried out both in outreach activities and in more institutionalised centres and facilities, being addressed to intravenous drug users.

One of their objectives is to reduce as far as possible the risk of transmissible infections which are associated with the shared or simply unhygienic use of injection material.

In addition, these programmes carry out the early diagnosis of HBV and HCV, HAV and HBV vaccinations and actions addressed to overdose prevention.

In the year 2012, the syringe exchange programmes distributed 1,945,510 syringes by way of 1,281 exchange points, figures very similar to those of 2011.

It must also be pointed out that the supervised drug use facilities mentioned in the previous section also participate in the prevention and treatment of infectious diseases related with drug use.

Treatment programmes with opiate substitutes (methadone and other substances)

In Spain, the legal framework of treatment programmes with opiate substitutes is regulated by the Royal Decree of 19 January 1990 and Royal Decree nº 5/1996.

In this country, as has already been mentioned in other Reports, a growing number of heroin addicts have entered these substitution programmes since 1990. However, in recent years this number has fallen significantly.

In methadone treatment programmes, the number of persons attended in the year 2012 was 66,945, with a decrease of 9.80% from the 74,199 of 2011, representing the lowest figure since the year 2000.

In addition to the clients in methadone programmes, it must be pointed out that in Spain during the year 2012 a total of 2,166 clients were treated with buprenorphine/naloxone (Suboxone®), a figure

very similar to that of the year 2011 (2,064). In this respect, it must be highlighted that between 2010 and 2011 the number of clients treated with this new substance displayed a significant increase (52.88%), rising from 1,350 persons attended to in 2010 to the 2,064 clients mentioned in 2011.

As was stated in the previous Report, Buprenorphine+Naloxone (Suboxone®) has recently been included among the National Health Service treatments, being used in a client profile stabilised in methadone, with low doses and good evolution.

7.4. RESPONSES TO OTHER HEALTH CORRELATES AMONG DRUG USERS

In the first place, it must be pointed out that in 2012 the outpatient centres attended to 68,145 clients with problems related with alcohol consumption.

In addition, during the year 2012 the Autonomous Community Drug Plans provided assistance for persons affected by drug uses by way of other programmes: 21 specific modules of attention for women, with 5,431 clients, attention programmes for minors, attending to 6,013 persons, and attention programmes for dual pathology (dual diagnosis), with 8,490 clients.

With respect to psychiatric comorbidity, it must be pointed out, as was done in previous Reports, that attention to clients is provided both in centres of attention to drug users and in mental health centres. Consequently, the figure mentioned in the previous paragraph of 8,490 clients attended to in dual pathology programmes is an underestimation.

Traffic accidents

As has already been mentioned in other Reports, all the Autonomous Communities and Cities carry out activities with the purpose of preventing and reducing traffic accidents and their consequences, particularly in reference to their association with consumption of alcohol and other drugs.

In the year 2013, the number of alcohol tests carried out on drivers by the agents of the Traffic Department of the Civil Guard (Ministry of the Interior) remained more or less stable compared with the previous year, with more than 5.5 million of these preventive inspections being conducted, of which 1.70% were positive. As can be seen in the following table, this percentage has shown an important and progressive decrease during recent years, although it has remained stable with respect to the year 2012.

Table 7.1. Alcohol tests 2005-2013. Preventive tests. Traffic Department of the Civil Guard

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Tests in preventive inspections	2,856,244	3,347,015	3,759,574	4,417,645	5,105,660	4,550,158	5,561,269	5,680,158	5,652,308
Positives	73,747	82,729	80,155	81,322	90,306	81,390	99,641	97,132	93,357
% positives	2.58	2.47	2.13	1.84	1.77	1.79	1.79	1.71	1.70

Source: Traffic Department of the Civil Guard, Ministry of the Interior.

In regard to the number of drivers killed in traffic accidents who exceeded 0.3 g/l of blood alcohol, we must point to the decrease in the percentage observed until 2011. In 2005, the percentage of drivers killed in traffic accidents who exceeded this concentration of blood alcohol out of the total number of drivers killed on whom toxicological analyses were performed was 34.12%, while in 2013 this percentage fell to 28.9%, although in 2012 it showed an upturn, reaching 35.12%.

With respect to illegal drugs, the results of the toxicological analyses performed on these drivers do not show a clear tendency, instead showing alternate periods of increase and decrease.

In 2013, the percentage of deceased drivers analysed in whom psychoactive drugs were detected increased by almost 1 percentage point in comparison with the previous year, and by 10 points in comparison with the year 2005. These data are set out in the following table.

Table 7.2. Drivers killed in traffic accidents on whom analyses were conducted. Spain, 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Deceased drivers on whom analyses were conducted	1,401	1,360	1,259	975	923	855	702	615	557
Percentage of positives	41.39	37.2	39.31	39.79	41.00	42.46	45.01	47.32	43.09
% positive alcohol tests (blood alcohol >0.3 g/L)	34.12	30.44	30.82	30.97	30.00	30.99	32.76	35.12	28.90
% positives for illicit drugs	12.2	11.4	13.02	10.67	12.35	12.51	15.10	12.68	15.26
% positives for psychoactive drugs	4.28	5.51	5.95	6.97	8.45	8.30	9.54	13.49	14.36

Source: National Institute of Toxicology and Forensic Sciences, Ministry of Justice.

Note: The sum total of the three lower rows of percentages of positive analyses (blood alcohol, illicit drugs and psychoactive drugs) is greater than the row "Percentage of positives" because multiple drug use was detected in some of the drivers analysed.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1 INTRODUCTION

Section 8.2 of this chapter presents the results of various studies relating to the situation of social exclusion suffered by certain collectives of drug users, and also the expansion of drug use and the circumstances in which this occurs in different groups or persons with serious problems of social marginalisation. These studies have been conducted by NGOs working in the field of drugs and/or the social services and by researchers of the university world.

In addition, data supplied by the National Statistics Institute are analysed. This is a body depending on the Ministry of Economy and Competitiveness whose principal mission is to carry out the largest-scale statistical operations in the Spanish State (demographic and economic censuses, demographic and social statistics, economic and social indicators, etc.)

As has been said in other parts of this 2014 National Report, the Autonomous Communities and Cities are responsible (by way of the Autonomous Community Drugs Plans) for executing the drugs policies in their respective territories. The areas of intervention in which these Plans operate include the social reintegration of drug users as a further stage in the assistance process (in a broad sense), with the ultimate aim of incorporating these persons into an autonomous social life. Accordingly, Section 8.3 presents the data supplied by the Autonomous Community Plans in relation with their actions in this area.

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 second report of the *Proyecto Hombre Observatory on the Profile of Drug Addicts* (2013 Report), published in 2014. This is the second study carried out by the Proyecto Hombre Association (an organisation linked to the management of 27 centres which attend to people with addiction problems and their families in over 58 Spanish cities) with the aim of improving knowledge regarding user profiles and the current situation of drug dependency in Spain, raising the awareness of society in general of the reality of this phenomenon, as it is reflected in the report itself. In presenting the characteristics of those people who use the treatment facilities of this Association and taking into account the biases that may result, the study indubitably provides interesting data, for the second consecutive year, on the social exclusion experienced by this group.

As in the 2012 Report of the *Proyecto Hombre Observatory*, the 2013 Report also 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 (McLellan, 1990), a standardised instrument that allows the compilation of relevant information for the clinical evaluation of patients with substance abuse problems. On this occasion, the sample comprised 2,242 people with addiction problems (2,010 men and 232 women), who were attended in different Proyecto Hombre centres in 2013.

In the first place, with respect to the educational levels of the persons attended for addiction problems, 74.7% of the sample total had only a basic educational level or no type of education at all, which represents a slight reduction from the findings of the report corresponding to 2012 (79.7%). In the data gathered in this last report, significant differences were found between men and women in educational levels, the percentage of men who had completed basic studies being higher. However, in the case of higher-level studies, more women than men had completed

university studies: 14.1% of the women of the sample had completed a diploma or graduate course compared with 7.33% of men.

With respect to the economic and employment situation of these people, in general terms, 30.34% were in paid employment (compared with 35.3% the previous year) and 10.7% received unemployment benefits (a percentage practically identical to that recorded the previous year). Other sources of income were also noted, such as help from colleagues or relatives (34%: 31% the year before) and social or healthcare provisions (11.62%), social assistance (6.2%), and, to a lesser extent, income from illegal activities (2.6%) and prostitution (0.4%).

As in the previous year, some differences were found in the economic and employment situation of the participants with respect to gender and the substance motivating their treatment.

In line with what was recorded in the 2012 report, in terms of sources of income, the percentage of men who stated that their income during the month prior to beginning treatment came mainly from their occupational activity was greater than the percentage for women (35.3% of men compared with 24.9% of women), although in general these percentages are lower than the previous year. In another respect, as was recorded in the last report, women received more economic support from the primary support network (42.7%, clearly higher than the 31.58% of the previous year), a much higher percentage than that registered in the case of men (32.5%). Moreover, 2% of the women attended had received income from prostitution, which, as recorded in the last report, showed a certain increase over the previous year (0.40%).

Similarly, it appears that the use of certain specific some substances could be associated with greater difficulties in the occupational sphere. In line with what was recorded in the previous report, only for those persons who requested treatment for alcohol and other drugs (35.1%) and those who did so due to problems with cocaine (42.0%) was their job their main source of income, while this was only the case for 16.7% of heroin addicts and 12.5% of polydrug users.

With respect to the economic situation, cannabis users are those who report most problems in this aspect (66.5%), although, as is reflected in the 2013 report, the number of persons who say they suffer from these problems is increasing.

In its 2013 Report, the Proyecto Hombre Observatory also gathers information on the clients' housing situation. Although most of them lived in normal housing situations, 3.3% said that they lived in some form of protected housing (supervised or semi-supervised, hostels, etc.) and 3.2% had no stable accommodation (homeless, occasional lodgings), percentages very similar to those registered in the previous report. Although no differences were found between men and women in these situations, the Report records an increase over 2012 in the percentage of women attended who were not living in a protected environment (3% against 0.4%), and also in the percentage of women who did not have stable accommodation (6.4% against 3.4% in 2012).

Differences were also found with respect to the housing situation in terms of the main substance used: heroin users and polydrug users showed the highest percentages of living in supervised or unstable housing (14.7% and 11.2%, respectively). These percentages are appreciably lower than those recorded in the 2012 report (24.6% and 20.1%, respectively).

With respect to the legal situation of the participants, 25.8% of those living in some kind of accommodation facility provided by the Proyecto Hombre stated that they had committed offences at some time in their life (against 34.5% recorded in the 2012 report). In regard to imprisonment, 33.6% of users had been in this situation at some moment of their lives.

8.2.2. Drug use in socially excluded groups

Social exclusion is a complex phenomenon that is difficult to define. In general we can say that the different definitions place the emphasis on various aspects like the severing of social linkage, deprivation of social rights and inequality. Taking this into account, it is obvious that homeless

people are possibly the most visible manifestation of this phenomenon and perhaps the one which is accompanied by the most extreme shortages; in fact, in developed societies homeless people constitute the prime exponent of the results of social exclusion processes, being at the bottom end of the continuum of social exclusion-inclusion.

Although, in general, studies of the homeless population have tended to approach it as a homogeneous social segment, it is becoming more and more frequent to recognise the existence of different subgroups within this collective (Levinston, 2004; Muñoz, Panadero, Pérez and Quiroga, 2005), this recognition being considered very useful for providing an effective response to the phenomenon of homelessness, particularly in the task of designing policies and interventions.

Some of the subgroups whose situation can be especially disturbing due to their situation of special vulnerability or lack of protection are homeless women (Chitvil, 2010; Marsapt, 2000), homeless persons with mental disorders (Lee, DeCastella, Freidin et al, 2010; Sullivan, Burnam, and Koegel, 2000; Cohen and Thompson, 1992), long-term homeless persons (e.g. Rickards, McGraw, Araki, Casey, High, Hombs and Raysor, 2010; Arce and Vergara, 1994; Panadero and Muñoz, 2014), or persons with disability (Panadero and Pérez-Lozao, 2013).

As was commented the previous year, in recent years certain research works have been carried out in Spain which have provided updated information on the collective of homeless persons in general. Last year's report presented the principal results available related with the consumption of alcohol and other substances in this collective, with no significant additions having occurred in this respect during the last year. However, there are some new data on certain specific groups within the homeless collective in Spain, particularly in regard to the situation of homeless women, homeless persons with disability and persons in a "chronified" homeless situation.

Consequently, in the first place we present the available data on consumption of alcohol and other substances within the homeless collective which coincide with those presented the previous year. We then present these data for the specific subgroups mentioned above.

Homeless persons

As was commented in the report presented last year, the most extensive study has been undertaken by the National Statistics Institute (INE), which at the end of 2012 publicised the findings of the Survey on Homelessness which was designed to obtain information on the socio-demographic profiles, living conditions and difficulties of access to housing faced by homeless people in Spain (INE, 2013). This survey considered homeless people to be persons aged 18 or over who attended centres which offered accommodation facilities and/or meals 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. As was commented last year, the results differed significantly from other surveys previously conducted in Spain. With respect to alcohol consumption, according to the results of this survey approximately 4% of homeless people displayed high or excessive use. This percentage is lower than that found by the INE itself in a similar study conducted in 2005 (INE, 2005), which showed that 10% of all homeless people tended to have high or excessive use of alcohol.

However, as has been stated earlier, it is important to note that these results are different from those found by other studies which used specific standardised instruments. In different studies conducted in the 1990s in Spain, it was observed that alcohol abuse or dependency affected between 21% and 48% of homeless people (Rico, Vega and Aranguren, 1994; Lucas et al, 1995; Muñoz, Vázquez and Cruzado, 1995; Vega, 1996). These large differences from the results found by the INE could be explained by the time difference and the methodology used and also by different definitions of what constitutes a homeless situation: the INE survey did not compile information on homeless people who literally sleep in the street and do not make use of the resources available.

The data from the latest research project recently carried out in Madrid (Panadero and Vázquez, 2013) follows this line. This study obtained a representative sample of the homeless population in the city of Madrid. Different strategies were used in order to guarantee this representativeness: prior determination of sample size (188 people) with respect to the number of homeless people in the city, determination of the number of interviews to be held in each of the housing facilities by considering the number of places available in each of them, and random selection of participants.

This study 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 study, although not including this as one of its main aims, also gathered information on the use of alcohol and other substances by homeless people. One noteworthy piece of information is that 54% of those homeless people had experienced problems related to alcohol use at some time in life, which is higher than the figure of 36% for those who had experienced problems consuming 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, much lower than the 61% of persons with problems of use of other substances.

At the moment of conducting the study, 28.9% of the homeless people interviewed stated that they drank alcohol at least four days a week, the average daily alcohol consumption among participants being 5.7 drinks. However, this use doubled among those who literally slept in the street and had not entered a hostel during the previous month. Furthermore, 8.5% of the homeless people interviewed were receiving treatment for alcohol-related problems.

In another respect, in regard to the use of other substances, 6.5% of the homeless had used cocaine in the last 6 months, 2.7% heroin, 19.5% cannabis, 30.3% sedatives and 10.0% other drugs. In this respect, the 2013 INE report included data on use during the last month. Specifically, 15.2% of the participants said they had used cannabis during the last month, 4.3% cocaine, 2.2% heroin and 2.4% other substances. 10% of the homeless people were in treatment for problems relating to the use of other substances.

Homeless persons with disabilities

At the beginning of 2014, the RAIS Foundation presented the results of the study *Disability in the Sphere of Social Exclusion*, contracted by the Association for Employment and Training of Persons with Disability within the framework of the Pluri-Regional Operative Programme of "Fight against Discrimination" 2007-2013, co-financed by the European Social Fund (ESF). This study sought to make a specific approach to the characteristics and needs of homeless persons with disabilities. The study included both homeless persons with disabilities (81) and without (48) (Panadero and Pérez-Lozao, 2013).

In this study, the data on homeless persons with disabilities, in regard to consumption of alcohol and other substances, were very similar to those recorded for the homeless population in general. With respect to alcohol consumption, most of the interviewees, approximately 57%, considered that they had had problems related with alcohol use at some time in their lives, with no differences appearing between homeless persons with and without disabilities. Similarly, no differences appeared in current alcohol consumption or in specific treatments received between persons with and without disabilities.

On the use of other substances, the results were also very similar between homeless persons with and without disabilities. No statistically significant differences were found in the perception of the problem or in access to treatment for problems related with the use of other substances. However,

significant differences were found in current use of one of the substances considered, specifically sedatives. 46.3% of the participants with disabilities consumed sedatives, a significantly larger percentage than that registered among persons without disabilities (25%).

However, it is important to point out that, although practically no differences exist in consumption by these homeless persons with disabilities compared with those without disabilities in the perception of the problem or access to treatment, certain data indicate the possible role of this use in the origin of the disabilities suffered by this collective. Specifically, in 39% of cases the origin of the disability did not respond to any of the alternatives traditionally considered (professional and non-professional diseases, accidents, etc.) and were therefore classified as "Other causes." The principal cause within this section was the consumption of alcohol and other substances, followed by the situation of homelessness itself.

Homeless women

A research project is currently being carried out in the city of Madrid on the situation of homeless women, financed by the National Plan R&D&I and the National Plan on Drugs and directed by Dr. José Juan Vázquez, with the goal of identifying the situation and specific needs of women in this situation and determining the changes that occur in their situation in the course of time. The data available to date are provisional, since the study is still under way, but they allow some interesting observations to be made.

To date 112 homeless women have been interviewed. 30% of them said they had had problems related with alcohol use at some time in their lives, a percentage considerably lower than that of the homeless population in general (55%). However, in the case of problems with other substances this percentage was 36%, very similar to that found in the general homeless population (Panadero and Vázquez, 2012).

As for the use of other substances by these women, in the month before their participation in the study, the most consumed substance was sedatives (46%), followed by methadone (15%) and cocaine (8%). In the case of alcohol, 70% of the participants said they had not consumed it in the last month, the average number of daily drinks being 2.4.

Long-term homelessness

Also during this year 2014 an in-depth study has been published on the situation of long-term homeless persons in Spain (Panadero and Muñoz, 2014). This study analysed the differences between those persons who had recently become homeless or who had been in that situation for a "short" time (less than one year) (45 persons) and those who have been homeless for over 5 years (41 persons). In this case, there were notable differences with respect to the issues related with drug use.

In the case of alcohol use, this was much more frequent among those who had been homeless for a longer time: approximately one-half of the people in this group had drunk almost on a daily basis during the last month. However, fewer than 10% of the people who had been homeless for less than one year had drunk with this frequency. At the same time, while one-half of the people who had been homeless for less than one year had drunk alcohol less than once a month (during the last 30 days), this percentage fell to 20% among those who had been homeless for more than five years.

However, not only was consumption more frequent: the amount consumed was also larger. While the persons who had been homeless for more than five years consumed every day, on average, 7.5 drinks, this decreased to 2.7 in the case of those who had been homeless for less than one year.

The differences were not limited to alcohol use, as differences were also found in the use of heroin, cannabis and sedatives in the last month. The persons had been homeless for a longer time

displayed a consumption of these substances (19.5% had used heroin, 31.7% cannabis and 34.1% sedatives) which was significantly greater than in those who had been homeless for less than a year.

8.3 SOCIAL REINTEGRATION

On the basis of the data provided by the Autonomous Community Drugs Plans (Table 8.1), it should be noted that in the network of centres in 2012 there occurred an increase in the number of support programmes for social integration in outpatient assistance facilities with therapeutic treatment and in centres which, without offering treatment, carry out occupational and social integration activities. In contrast, in the inpatient centres (therapeutic communities) there has been a decrease, and similarly there has been a significant decrease in inpatient support facilities and training programmes (mostly actions, regulated or otherwise, such as obtainment of the primary education qualification, information technology or languages), and of the number of users attended.

In relation with occupational integration programmes, there has been an important increase in the number of users of information, guidance and job search activities (2012: 9,547; 2011: 5,885), on which 15 Autonomous Communities have reported. Other occupational integration programmes have been carried out in a smaller number of Autonomous Communities: workshops of the State Public Employment Service (in 13), promotion of self-employment (in 5), subsidies for companies to promote hiring (in 4) and incentives for the creation of integration companies (in 3).

This increase in the number of users of these activities is probably due to the fact that these activities are regarded as essential elements in preparation for employment and obtaining and keeping a job in a current situation with a very high unemployment rate in Spain. In this regard, some of the additional difficulties encountered by drug users in their social-occupational integration must be noted:

- Reduction of the social protection mechanisms implemented by the different Public Administrations as a consequence of the austerity policies aimed at reducing the public deficit.
- Concurrence with other people at risk of exclusion (former prisoners, female victims of gender violence, prostitutes, long-term unemployed, minimum wage earners, homeless, young unemployed people, immigrants, etc) and people with disabilities.
- Substantial deterioration of the labour market: high unemployment rates and underemployment situations in which workers without specific training or experience compete at a clear disadvantage for positions which they could occupy with other better-qualified or even 'over-qualified' candidates.

Table 8.1 Social Integration Programmes. Type, number of programmes and resources and number of users, Spain, 2012

	Nº of programmes and/or centres	Nº of users
Therapeutic centres with activities and/or social integration programmes	248	62,790
Activity centres and/or social integration programmes (without treatment)	106	4,089
Residential treatment centres with social integration programmes (therapeutic communities)	84	5,178
Residential support facilities	65	1,393
Training programmes	339	5,109
Occupational integration programmes. Information, guidance and job search activities	-	9,547

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

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

9.1. INTRODUCTION

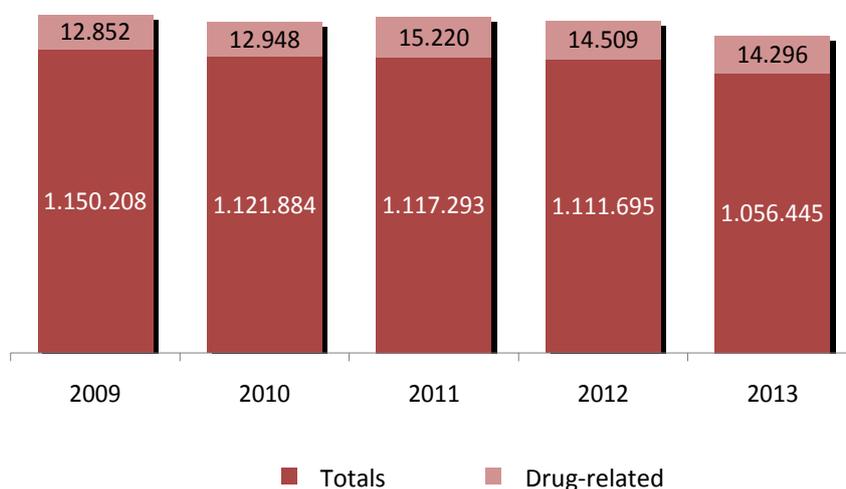
Practically all the case history referring to drugs concentrates on the action *ex officio* of the Security Forces, since reports by private individuals of illegal acts related to drug trafficking are virtually non-existent and, as in general the police forces have firm evidence from the early stages of their investigations, this leads to increased numbers of both arrests and solved cases, with the consequence that the proportion of arrests for each known drug-related offence is greater than that for each known general offence.

In relation with the purely preventive sphere, it must be pointed out that the “Operative Plan of Police Response to the Use and Retail Traffic of Drugs in Leisure and Entertainment Zones, Places and Establishments” and the “Steering Plan for Coexistence and Improvement of Security in Educational Centres and their Surroundings,” contained in Instructions 3/2011 and 7/2013 respectively of the Secretariat of State for Security, are the police response to the most visible manifestation of the traffic in these substances.

9.2. DRUG-RELATED CRIME

The total number of offences committed in Spain during the year 2013 was 1,056,445, of which 14,296 were for drug trafficking²⁶, representing 1.35% of the total. This percentage is low compared with the social alarm caused by these offences and the attention given to them by the social communications media.

Figure 9.1. Evolution of offences in Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The following table shows the percentage values represented by drug offences on the total amount. In the last five years, this percentage has varied between 1.12% in 2009 and 1.36% in 2011.

²⁶ Data included in the Statistical Yearbook of the Ministry of the Interior.

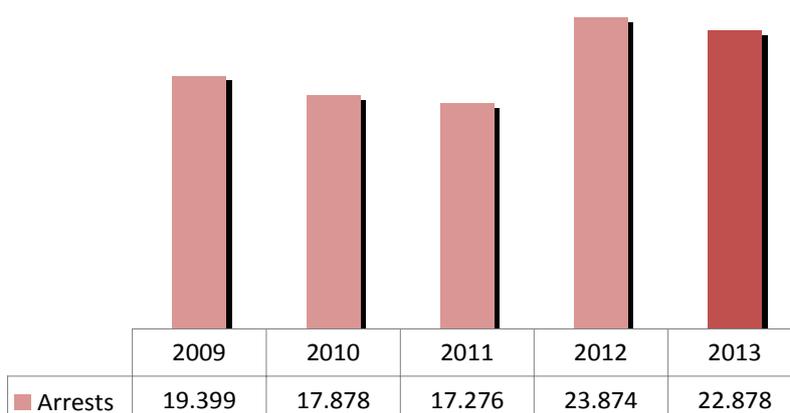
Figure 9.2. Value of the percentage of drug offences on the total, Spain 2009-2013

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Evolution of arrests for drug trafficking²⁷

General evolution

The total number of persons arrested for drug trafficking in 2013 shows a slight decrease over the previous year, a little over 4%.

Figure 9.3. Evolution of arrests, Spain 2009-2013

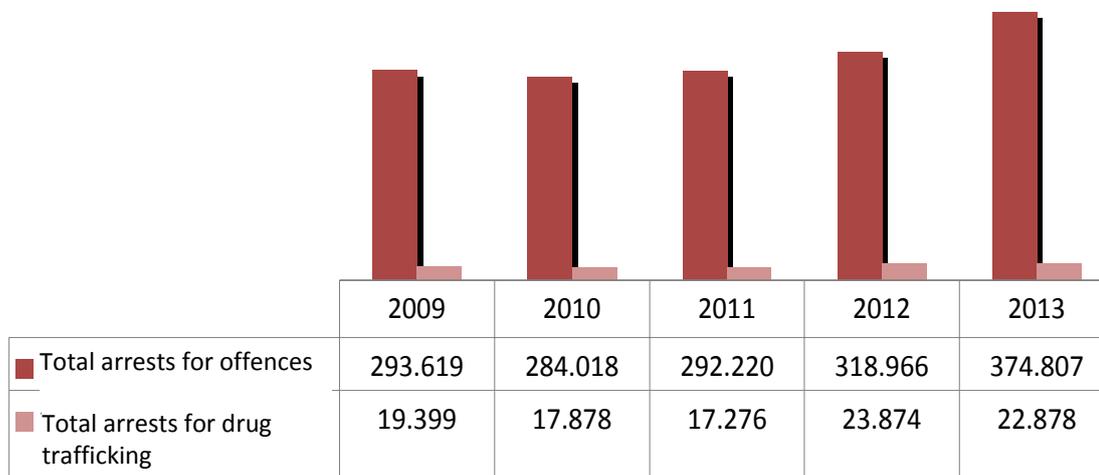
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

²⁷ The data presented in this section relating to arrests correspond to the figures supplied by the National Police Force, the Civil Guard and the Customs Service, and are completed with those provided in the last two years by the Autonomous Community police forces.

Comparison between the total number of arrests and those for drug trafficking

The percentage of arrests for drug trafficking with respect to the total for all types of offences has varied in the last five years between a maximum in 2012 of 7.48% and a minimum in 2011 of 5.91%.

Figure 9.4. Evolution of arrests, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

In 2013, a total of 374,807 arrests in Spain were made for all types of offences, of which 22,878 (6.10%) were for drug trafficking, less than the percentage of the previous year, which was over 7%.

The proportion of arrests for each known offence in 2013 was 0.35, while for each known drug trafficking offence 1.6 arrests were made.

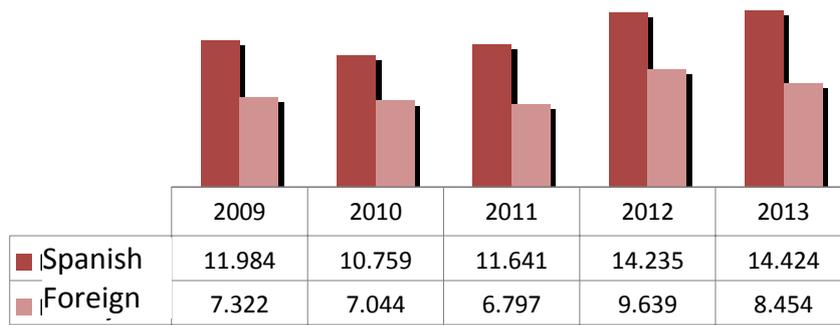
Comparison between arrests of Spanish citizens and foreigners

The percentage of foreigners arrested for drug trafficking in the last five years has been between 36% and 40% of the total. These percentages indicate that more than one-third of drug-related arrests involve a foreign person, maintaining the proportion in relation with arrests of Spanish citizens.

Arrests of foreigners in 2013 fell by 12.29% with respect to 2012, representing 36.95% of the total.

Analysis of the data indicates that it is foreseeable that there will be no great variations in this percentage in the near future and that it is tending to stabilise.

Figure 9.5. Evolution of arrests between foreigners and Spanish citizens, Spain 2009-2013



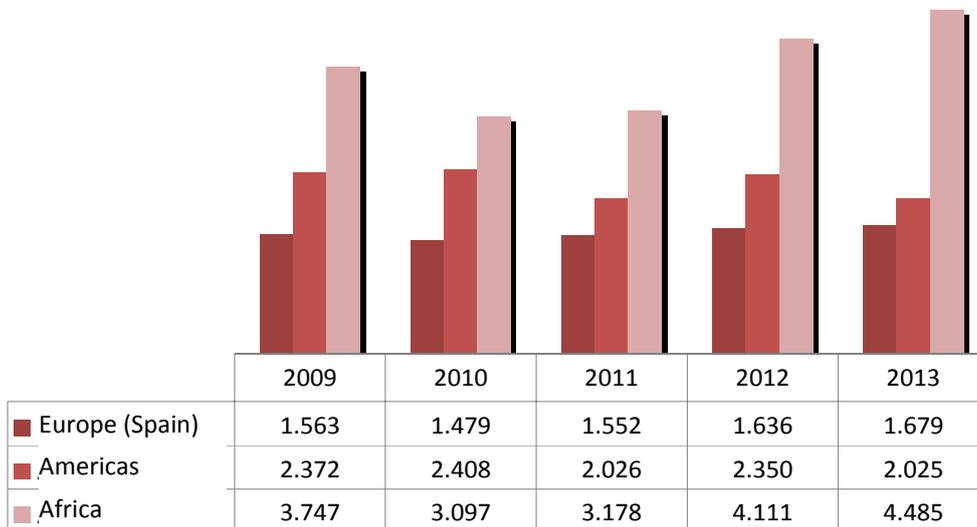
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The nationality of the persons arrested for public health offences is not a determining factor of the reason for the arrest.

In regard to the origin of foreign persons arrested, Africa continues to be the continent most represented.

Arrests of persons of African nationalities show an increase of more than 9% over the previous year. Those of European citizens (excepting Spanish nationals) rose by 2.6%, while arrests of persons of American nationalities fell by around 14%.

Figure 9.6. Evolution of arrests by continents of origin. Spain, 2009-2012



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The following table shows the 10 most prominent nationalities in 2013 in regard to the number of persons arrested. As can be seen, during the five years under study no great variations are appreciated.

Table 9.1. Number of persons arrested by country of origin

COUNTRIES	2009	2010	2011	2012	2013
Morocco	2 518	2 410	2 561	3 112	2 619
Colombia	1 206	1 136	908	1 012	899
Dominican Rep.	381	340	322	417	344
Romania	254	287	284	367	334
France	224	211	244	206	270
United Kingdom	210	198	155	151	237
Senegal	186	157	142	176	209
Ecuador	195	227	206	185	171
Italy	70	107	143	189	167
Portugal	167	168	116	191	161

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

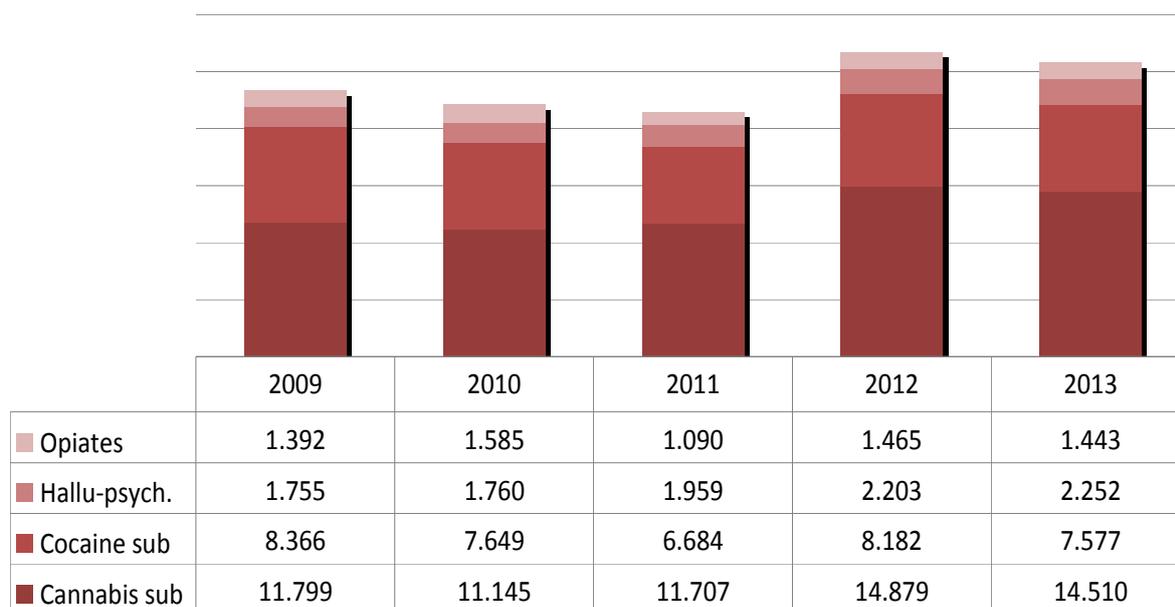
Note: The order of countries responds to the number of arrests of their nationals during the year 2013.

Evolution of arrests²⁸ by families of drugs

As has been seen, although the global number of arrests for drug trafficking fell in 2013, a slight upward trend is maintained in the period of time studied. This is also reflected in the number of arrests by families of drugs.

With respect to the previous year, there was a decrease in the number of arrests for trafficking opiates (1.5%), cocaine substances (7.3%) and cannabis substances (2.4%), while there was an increase in arrests for trafficking hallucinogens-psychoactives (2.2%).

²⁸ The arrest of a person with various substances is counted as one arrest for each substance seized. At the same time, it is possible that arrests may have been made for substances which do not belong to any of the stated families.

Figure 9.7. Evolution of arrests by families of drugs, Spain 2009-2013

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

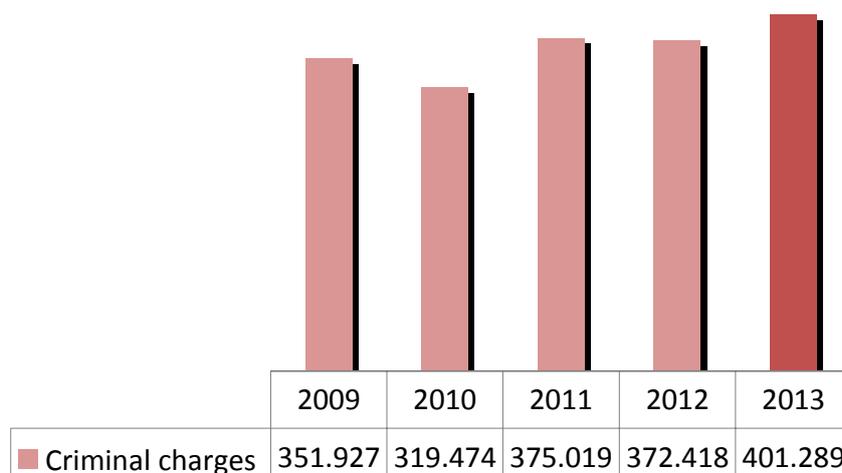
The largest number of arrests (14,510) is for traffic of cannabis, representing 56.2% of the total number of drug trafficking arrests. It is followed in order of importance by arrests for cocaine trafficking, which represent 29.3% of the total. Far below these are the arrests for opiates, with 5.6%, with the remaining 8.7% corresponding to arrests for trafficking hallucinogens and psychotropics²⁹.

9.3. DRUG LAW OFFENCES

In the period of time studied here, the number of criminal charges for violation of Organic Act n° 1/1992 on Protection of Public Safety due to possession or use of drugs in public places has maintained an upward trend, with the exception of the year 2010, when it fell by 9.22 with respect to the previous year³⁰. The variation in the said period exceeded 14%.

²⁹ This family includes amphetamine-type stimulants, depressives, sedatives, tranquillisers, hallucinogens and other non-classified substances.

³⁰ The data presented in this section relating to arrests correspond to the figures supplied by the National Police Force, the Civil Guard and the Customs Service, and are completed with those provided in the last two years by the Autonomous Community police forces.

Figure 9.8. Evolution of criminal charges, Spain 2009-2013

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The application of the Operative Plans of Police Response to Drug Use and Trafficking in Leisure and Entertainment Zones, Places and Establishment and of the Steering Plan for Coexistence and Improvement of Security in Educational Centres and their Surroundings, contained in the current Instructions of the Secretariat of State for Security numbers 3/2011 and 7/2013, respectively, signify a substantial increase in the number of criminal charges brought.

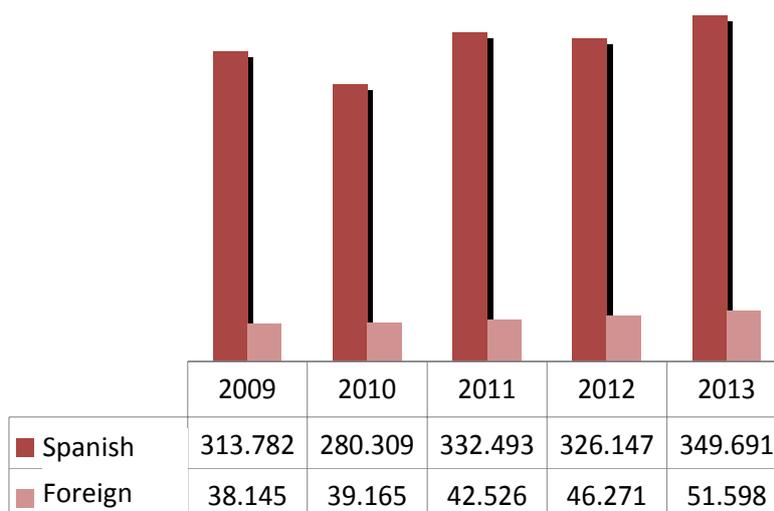
Specifically, in 2013, the State Security Forces brought 143,045 criminal charges within the framework of the implementation of these Plans, representing 35.65% of the total.

Comparison between criminal charges against Spanish citizens and foreigners³¹.

The number of criminal charges in application of Organic Act nº 1/1992 brought against foreigners has traditionally remained within reduced margins, although the evolution of this statistic over the last five years shows a progressive increase in its relative importance within the total number of criminal charges brought, rising from 10.84% in 2009 to 12.28% in 2013. These data indicate that approximately one in every ten criminal charges for possession or use of drugs in a public place involves a foreign person.

³¹ The data presented in this section relating to arrests correspond to the figures supplied by the National Police Force, the Civil Guard and the Customs Service, and are completed with those provided in the last two years by the Autonomous Community police forces.

Figure 9.9. Comparison between criminal charges brought against Spanish citizens and foreigners, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The increase in the relative importance of criminal charges against foreigners is not an isolated phenomenon but a consistent tendency which to date has not acquired large proportions. However, during the period analysed it is significant that while the number of criminal charges against Spanish citizens has risen by 6.4%, those against foreigners have increased by 29.16%.

Criminal charges against foreigners³².

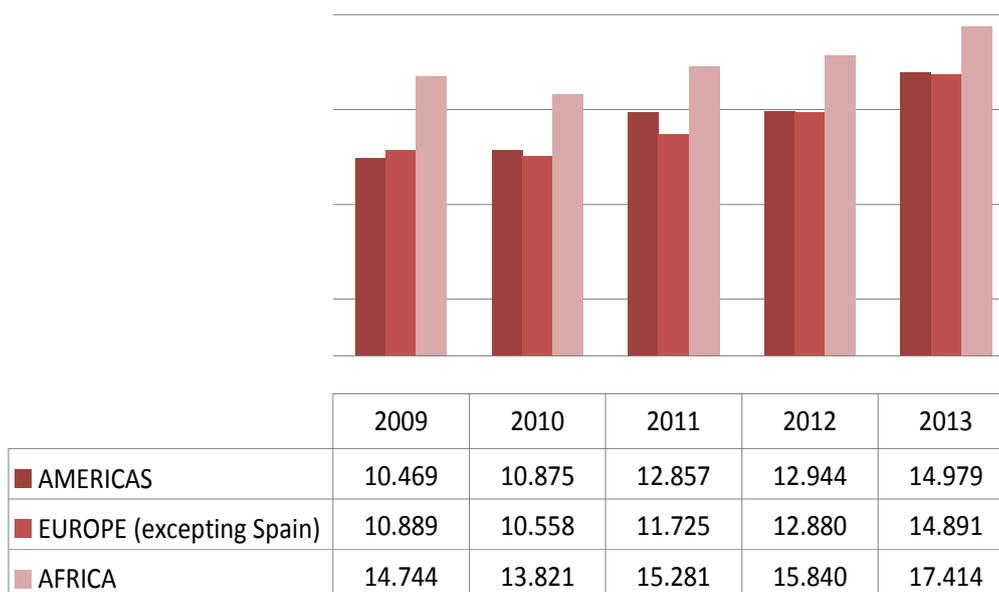
Comparison by continents

Until the year 2005, more criminal charges were brought against European (non-Spanish) citizens than against persons from the African continent. However, since 2006 this trend has reversed, and since then the number of charges against African nationals has exceeded that of charges against Europeans.

In the same manner, until 2009 more charges were brought against Europeans than persons from the Americas, and from 2010 onwards this trend has also changed, with more charges being brought against American nationals than non-Spanish Europeans.

In 2013, 36.35% of criminal charges corresponded to African citizens, 31.27% to people from the Americas, 31.09% to non-Spanish Europeans and 1.29% to citizens from the other continents.

³² The data presented in this section relating to arrests correspond to the figures supplied by the National Police Force, the Civil Guard and the Customs Service.

Figure 9.10. Criminal charges by continent, 2009-2013

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Comparison by countries

If arrests for drug trafficking are always associated with criminal acts whose perpetrators may be interrelated (affinity of their countries of origin or concurrence in the illicit traffic), the criminal charges for violation of Organic Act nº 1/92 on Protection of Public Safety due to possession and use of drugs in public places are more related with social factors (geographical zones of settlement, concentration of foreign residents, ways of enjoying leisure time, customs of countries of origin, addictions, etc.)

The countries of origin of the foreigners against whom most criminal charges are brought are Morocco, Colombia, Romania and Ecuador.

In recent years, Romania has risen in the ranking of countries with most citizens charged: since 2011 it has occupied the first place among European countries and the third place among all nationalities.

The following table shows the countries with most nationals charged.

Table 9.2. Countries with most nationals charged, 2009-2013

COUNTRIES	2009	2010	2011	2012	2013	% of the TOTAL
Morocco	12,520	11,608	12,965	13,564	14,731	30.75%
Colombia	3,459	3,542	4,196	4,233	4,846	10.12%
Romania	1,711	1,958	2,883	3,175	4,095	8.55%
Ecuador	1,843	2,286	2,871	2,877	3,232	6.75%
France	1,765	1,754	1,703	1,783	1,861	3.89%
Portugal	2,255	1,832	1,671	1,668	1,726	3.60%
Italy	1,035	1,108	1,259	1,292	1,619	3.38%
Dominican Rep.	1,101	1,142	1,293	1,147	1,320	2.76%
Argentina	995	948	1,057	1,032	1,162	2.43%
United Kingdom	645	711	671	841	1,051	2.19%

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Note: The order of countries responds to the number of criminal charges brought against their nationals in the year 2013.

Evolution of criminal charges by families of drugs³³.

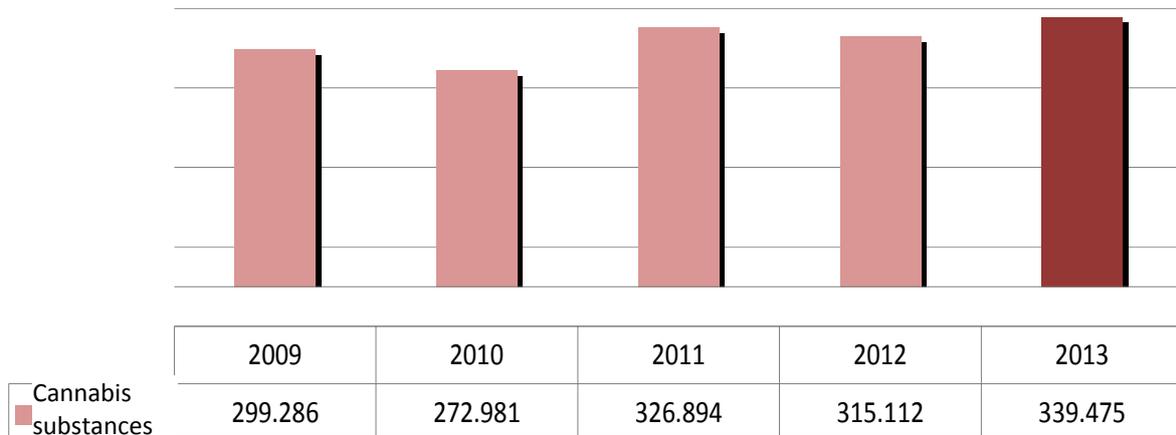
The increase in the number of criminal charges in 2013 is reflected in those relating to families of drugs.

In 2013, cannabis substances represented 87.26% of the total of criminal charges, followed by cocaine substances with 8.85%, hallucinogens-psychoactive with 2.3% and opiates with 1.6%.

The following graph shows an upward trend in the number of criminal charges for use or possession of cannabis substances. The variation with respect to the previous year was 7.73%.

³³ The data presented in this section relating to arrests correspond to the figures supplied by the National Police Force, the Civil Guard and the Customs Service.

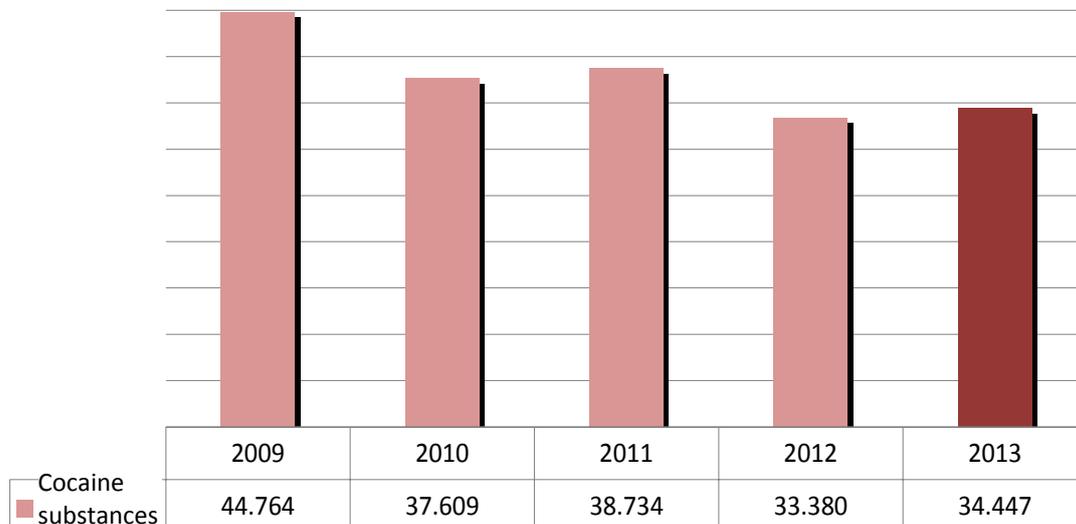
Figure 9.11. Evolution of criminal charges by family of cannabis substances, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The number of criminal charges for cocaine shows a downward trend in spite of the increase in the last year (3.2% more than 2012).

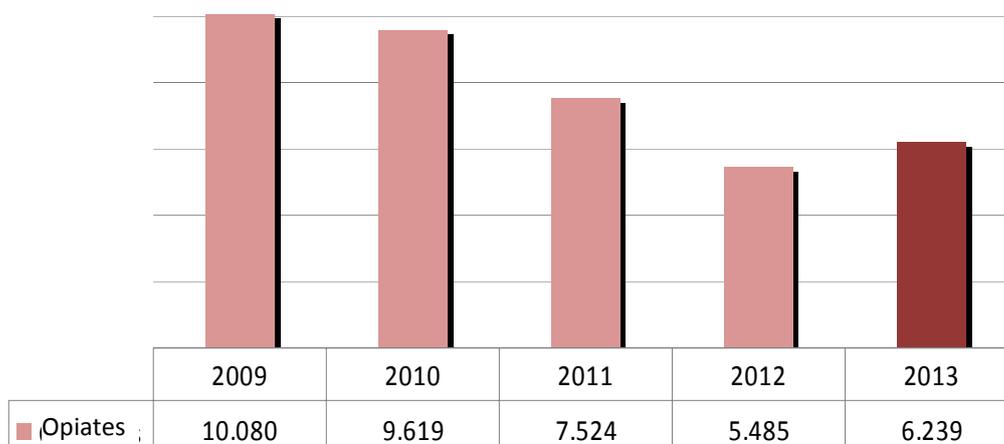
Figure 9.12. Evolution of charges by family of cocaine substances, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Criminal charges for opiates within the study period also show a downward trend, but more marked, in spite of the fact that in 2013 13.75% more criminal charges were brought than in 2012.

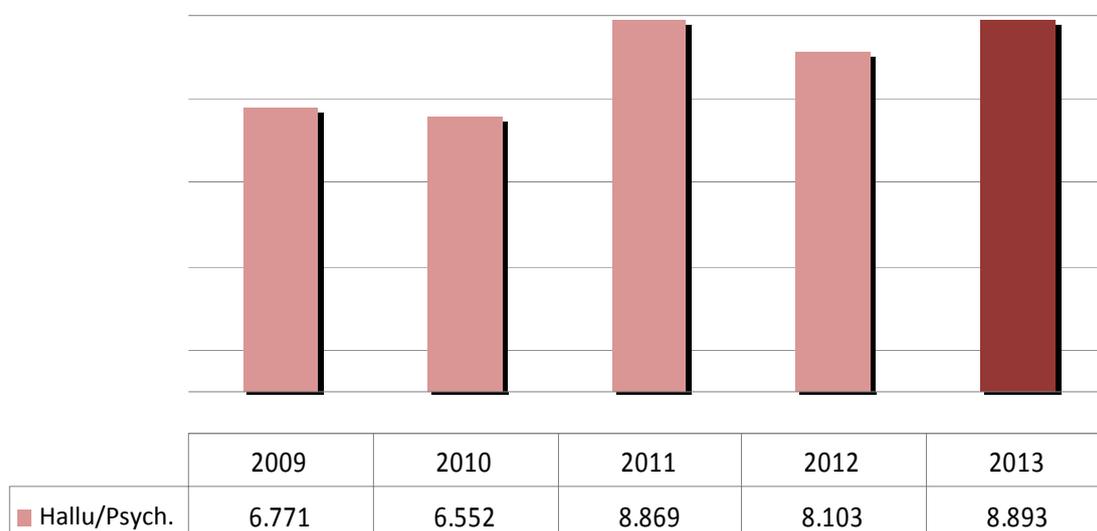
Figure 9.13. Evolution of criminal charges by family of opiates, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The number of criminal charges for use or possession of hallucinogens or psychotropics in public places shows a general upward trend. The increase in 2013 was 9.75% over 2012.

Figure 9.14. Evolution of criminal charges by family of hallucinogens and psychotropics, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

9.5. PREVENTION OF DRUG-RELATED CRIME

The application of Instruction nº 3/2011, "Operative Plan of Police Response to the Use and Retail Traffic of Drugs in Leisure and Entertainment Zones, Places and Establishments" and Instruction nº 7/2013, "Steering Plan for Coexistence and Improvement of Security in Educational Centres and their Surroundings," continued in the year 2013.

These plans are essentially preventive and are of a permanent nature, that is to say, they are operational throughout the year, although there are four time periods when they are given priority and applied with intensity, named "intensification phases," in which the police reinforce and direct preventive services to leisure places and educational centres and their surroundings in order to dissuade drug use and trafficking.

The results obtained during the year 2013, that is, during both the intensification phases and the periods between these phases, are set out in the following tables:

Table 9.3. Steering Plan for Coexistence and Improvement of Security in Educational Centres and their Surroundings, Spain 2013

	2013
Arrests for drug trafficking	98
Deactivated drug sales points	341
Criminal charges for use/possession	4,721
Drug seizures	4,953
Drug seizures	
Heroin (g)	111
Cocaine (g)	948
Hashish (g)	5,765
Marihuana (g)	25,552
Amphetamine Sulphate - Speed (g)	553
MDMA (Ecstasy) (units)	21
Psychotropic drugs (units)	257

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Table 9.4. Operative Plan of Police Response to Use and Retail Traffic of Drugs in Leisure and Entertainment Zones, Places and Establishments, Spain 2013

	2013
Arrests for drug trafficking	1,345
Deactivated drug sales points	1,197
Criminal charges for use/possession	138,324
Drug seizures	145,586
Drug seizures	
Heroin (g)	5,028
Cocaine (g)	108,647
Hashish (g)	1,495,424
Marihuana (g)	387,115
Amphetamine Sulphate - Speed (g)	9,949
MDMA (Ecstasy) (units)	10,565
Psychotropic drugs (units)	15,953
LSD (units)	183

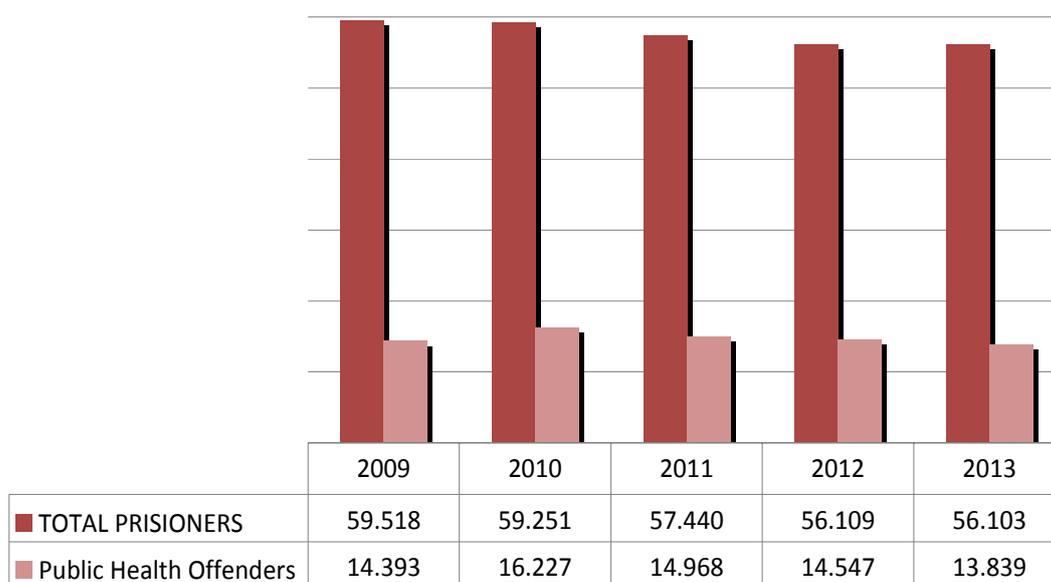
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

EVOLUTION OF THE PRISON POPULATION

The number of prisoners incarcerated for public health offences³⁴ has traditionally represented a significant proportion of the total number of convicts³⁵. In the year 2013, of the total number of inmates in Spain, only 13,839 were in prison for such offences, representing 24.6% of the total, and this year marked the minimum figure of the series studied.

The proportion of prisoners convicted of public health offences maintains a sustained downward tendency, with a variation of the 25% over the period analysed.

Figure 9.15. Evolution of the prison population, 2009-2013



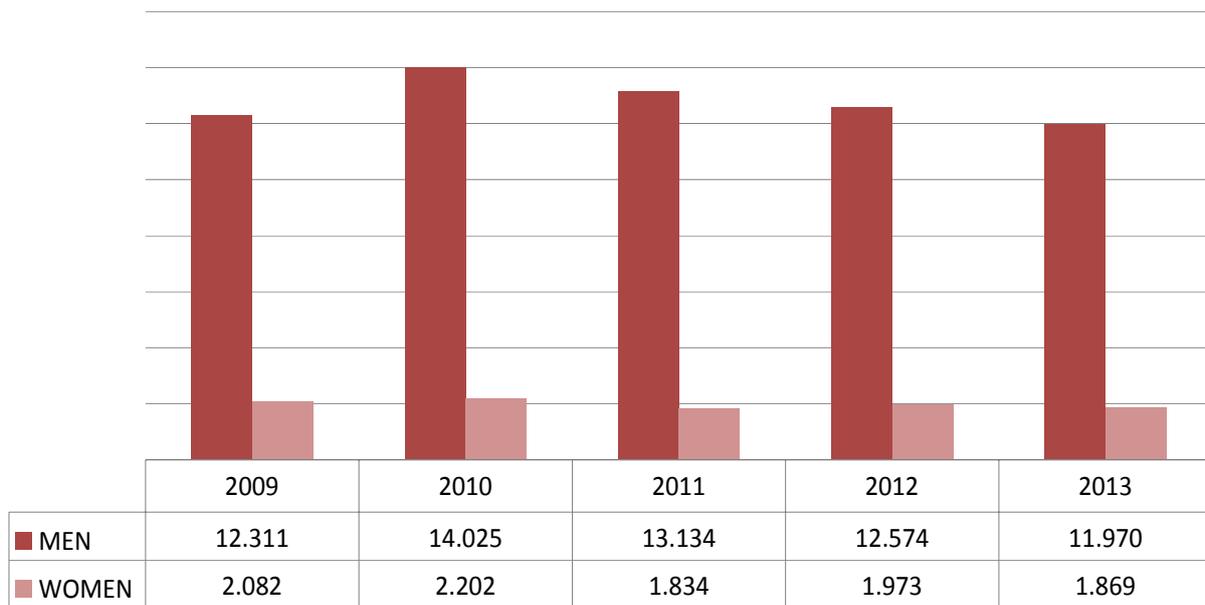
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Of the persons convicted for public health offences, 86.49% are men and 13.51% women. The following table shows these results, analysis of which reveals that the general trend in both sexes is decreasing: in the year 2013, the number of men fell by 4.8% and the number of women by 5.2% with respect to the previous year.

³⁴ It must be pointed out that the Penitentiary Institutions' statistical system makes no distinction between public health and drug trafficking offences, with the result that the number of convicts in the latter category will necessarily be somewhat lower than the total number shown in the tables.

³⁵ The data set out in the table refer exclusively to convicted prisoners, since Penitentiary Institutions does not classify inmates remanded in custody by offences.

Figure 9.16. Evolution of the prison population by sexes, 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the 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, the Strategy, in referring to this group, outlines 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 for action.

Secondly, and in reference to the reduction of risk and harm, the Strategy outlines the need to improve coverage and accessibility for prison inmates with respect to specific harm reduction programmes (needle and syringe exchange programmes, methadone treatment, etc.), in addition to improving programmes of alternative measures to imprisonment.

Finally, with respect to assistance and social integration, the Strategy establishes, in general, that the characteristics of health care for drug users must consider 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 each user's reality. And in this regard it again mentions as target populations prisoners or those following alternative programmes with respect to prison sentences, and young drug users (minors) interned in protection or reform centres.

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 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 one prison hospital are under the administration of the Autonomous Community of Catalonia. On 31 December 2013, the total number of persons in prison was 66,765, of whom 85.3% 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 refer to the centres and prisoners under the administration of the General Secretariat of Penitentiary Institutions (Ministry of the Interior), unless otherwise indicated.

Alternatives to imprisonment

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, security measures involving internment in a psychiatric prison and sentences requiring traceability that involve internment in a prison for their fulfilment.

The Services for Sentence Management and Alternative Measures (General Secretariat of Penitentiary Institutions) administered 160,804 sentences of alternative measures in 2013:

- 83.7% (134,696) correspond to community work sentences, of which 93,724 correspond to court orders received during 2013. Of these, 24% were for gender violence offences, 47.5%

for road traffic offences and 28.5% for other offences, including those related with use of addictive substances.

- 15.5% (24,865) correspond to suspensions and commutation of sentences, of which 14,299 correspond to court orders received during 2013. Of these, 58% were for gender violence offences, 5% for road traffic offences and 37% for other offences, including those related with use of addictive substances.
- 0.8% (1,243) were security measures.

For its part, in 2012 the Justice Department of the Autonomous Community of Catalonia administered 10,705 sentences for alternative measures to imprisonment, distributed as follows: 8,523 community service tasks, 1,867 suspensions or commutations of prison sentences and 315 security measures. Of these 10,705 sentences, 2,453 corresponded to drug trafficking offences.

Other interventions in the criminal justice system

The figures given in this section are for 2012, the last year for which comprehensive data are 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 who have legal-criminal problems or are interned in prisons.

Firstly, and charged to the State Budget, the Delegation transferred the sum of 1,472,420 euros to all the Autonomous Communities and Cities for “all types of expenses arising out of rehabilitation and reintegration programmes for drug addicts with legal-criminal problems.”

In addition to the above figure, the Delegation, charged to the “Fund of Assets Seized from Illicit Drug Trafficking and Other Related Offences,” subsidised the implementation of specific programmes in various Autonomous Community Drug Plans, all addressed to this group and taking into account the requests presented by the said Autonomous Community Plans.

For legal assessment programmes related to drug use and addiction, the Delegation financed the Autonomous Communities of Andalusia and Galicia with a total amount of 280,000 euros.

With respect to programmes aimed at avoiding social exclusion and drug-related crime, the Delegation financed thirteen programmes in the Autonomous Communities of Andalusia, the Balearic Islands, the Canary Islands, Castilla and León, Catalonia, Galicia, Madrid and Murcia, and the Autonomous Cities of Ceuta and Melilla, with 2,701,960 euros.

Finally, with regard to the performance of programmes aimed at (a) prison inmates, (b) released prisoners or (c) persons serving alternative measures to the privation of liberty, the Delegation financed the Autonomous Communities of the Canary Islands, Castilla-La Mancha, Galicia and the Basque Country with 520,000 euros.

Programmes in police stations and courts

During the year 2012, and according to the data provided by the different Autonomous Community Plans on Drugs, 6,219 people with drug use problems were attended and received legal advice in courts, while 858 other persons were assisted in the same manner in police stations.

The real number of persons attended may be higher, as not all the Autonomous Community Plans provided data in this regard.

Young offenders

With respect to the application of those measures established in Organic Act nº 5/2000 of 12 January regulating the criminal liability of minors, it must be stated that, according to the data provided by the Autonomous Community Plans on Drugs, 1,117 minors benefited from these measures during 2012, although, as in the case of programmes in police stations and courts, the real figure 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 2013 there were 66,765 people in prison (including figures for the Spanish State Administration and the Autonomous Community of Catalonia), while in 2012 the figure was 68,597. The characteristics of this collective were as follows:

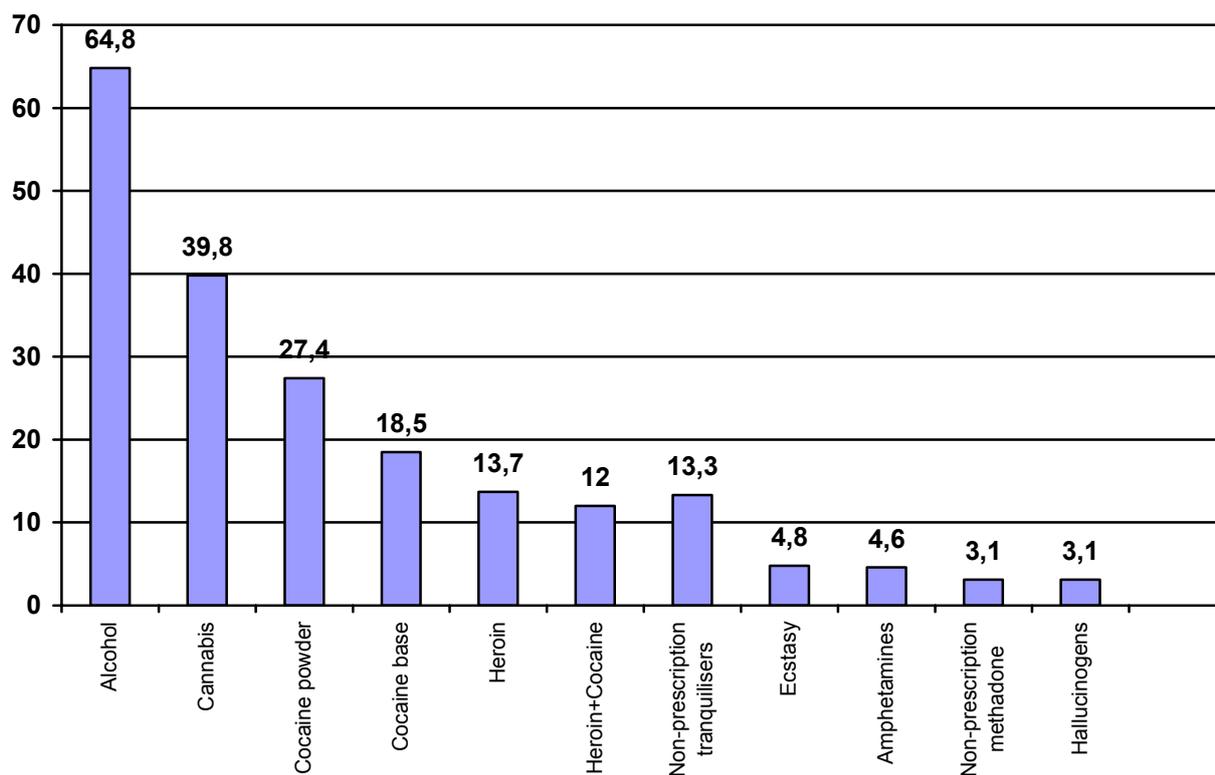
- The prisoners were predominantly male (92.4%) and of Spanish nationality (68.4%). Among foreign men, approximately 50% were from Morocco, Rumania and Colombia, while 50% of female inmates were from Colombia, the Dominican Republic, Rumania, Morocco, Bolivia and Ecuador.
- The prisoners were young: 60.3% were aged between 18 and 40.
- 13.9% of the inmates were remanded in custody and 84% were convicted prisoners: of the latter, 55% had been admitted for the first time and 45% were repeat offenders.
- According to the type of offence, 38.1% of men were in prison for crimes against property (fraud, etc), 23.1% for public health offences (a category that includes offences for the growing, production and trafficking of drugs), 11.6% for crimes against persons, 7.6% for gender violence, 5.9% for offences against sexual freedom and 2.7% for traffic offences. With respect to women, 45% were in prison for public health offences, 31.1% for crimes against property, 9.9% for crimes against persons, 1.2% for offences against sexual freedom, 0.8% for traffic offences and 0.2% for gender violence.

Drug use prior to prison internment

The second *State Survey on Health and Drug Use in Prison Inmates* (ESDIP) was conducted in the months of October and November 2011 (http://www.pnsd.msc.es/Categoria2/observa/pdf/ESDIP_2011.pdf) on 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. The survey was carried out jointly by the Government Delegation for the National Plan on Drugs (Ministry of Health, Social Services and Equality), the General Secretariat of Penitentiary Institutions (Ministry of the Interior) and the Department of Justice of the Government of Catalonia

Use according to substances

Figure 9.17 shows the percentages of inmates who used the various substances during the 30 days before their entry into prison: 64.8% consumed alcohol, 39.8% used cannabis, 27.4% cocaine powder, 18.5% cocaine base, 13.7% heroin, 13.3% non-prescription tranquilisers, 12% heroin plus cocaine in the same dose, 4.8% ecstasy, 4.6% amphetamines, 3.1% hallucinogens and 3.1% non-prescription methadone.

Figure 9.17. Drug use in the 30 days before entry into prison. 2011 survey.

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP, 2011.

Polydrug use according to main drug

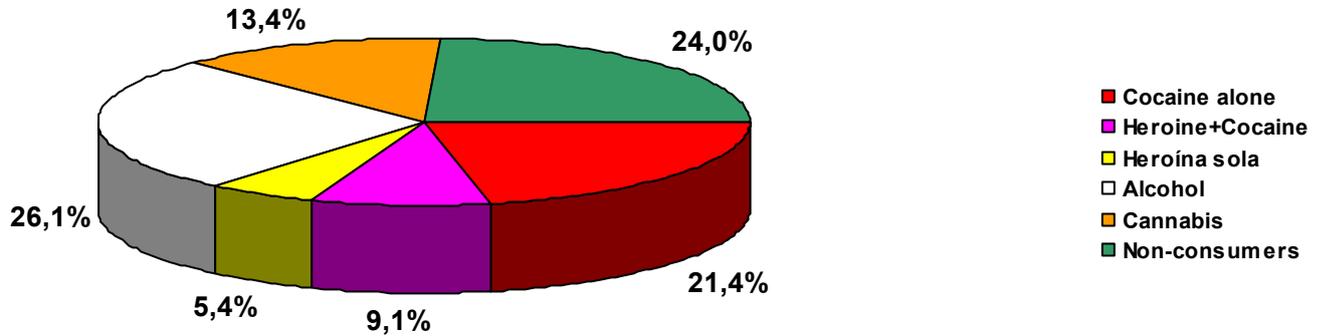
Most drug users do not consume one single substance but several (polydrug use), with different frequencies. Each user consumes a preferential or 'main' drug, which defines his/her personal characteristics, and generally also consumes other drugs, although with lower frequency and priority.

In order to analyse polydrug use, groups of users were identified according to their main drug of consumption, making a distribution of the inmates according to the substance they consumed most frequently at the moment of their entry into prison, giving priority for the purposes of distribution to the "use of heroin-cocaine mix," "use of heroin alone" and "use of cocaine alone," over the rest of drugs. This resulted in specific groups of users according to the principal use substance (Figures 9.18 and 9.19):

- 21.4% were users of cocaine alone as the main drug, in the form of cocaine powder or cocaine base. These persons also consumed other substances, mainly alcohol and cannabis.
- 9.1% were users of heroin-cocaine mix as their main drug and persons who also used other substances: cocaine alone, heroin alone, alcohol, cannabis and non-prescription tranquilisers.
- 5.4% were users of heroin alone as their main drug, also using other substances: alcohol, cannabis, cocaine alone and non-prescription tranquilisers.
- 26.1% were specific consumers of alcohol as their main drug, not consuming other substances.
- 13.4% were users of cannabis as their main drug, also consuming alcohol and to a lesser degree non-prescription tranquilisers.

- 24% of the inmates were not drug users in the month before their entry into prison.

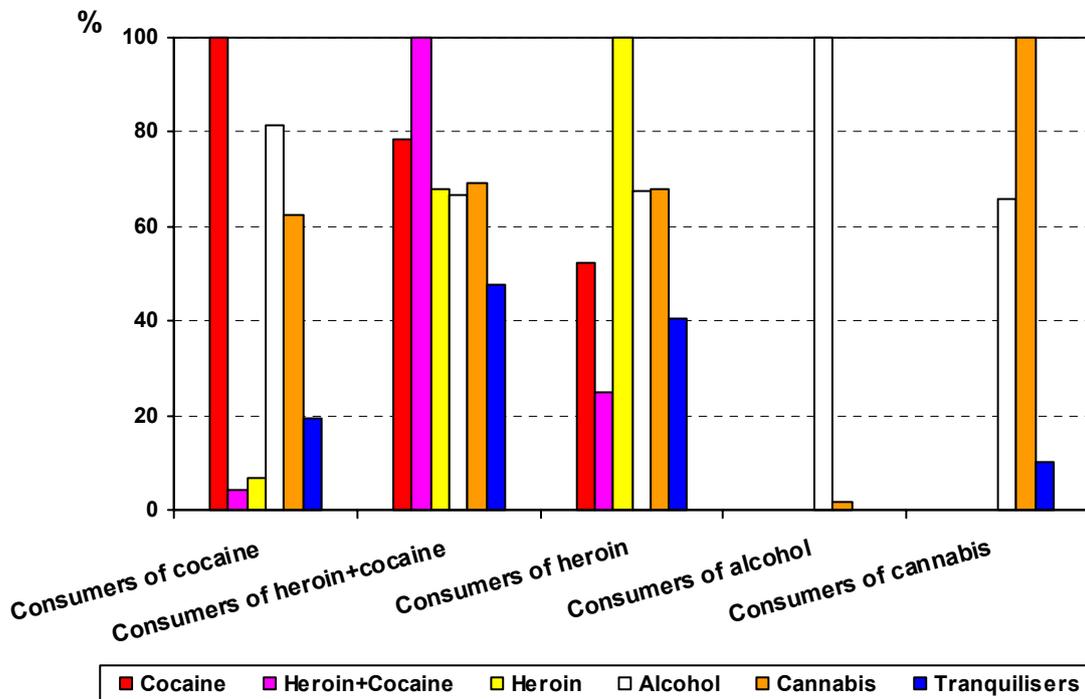
Figure 9.18. Groups of users according to main drug on entry into prison. 2011 survey.



Source: Survey on Health and Drug Use in Prison Inmates. ESDIP, 2011

In the month before entry into prison, heroin and/or cocaine was used to a lesser degree by women (32.6%), foreigners (29.5%), and persons aged between 26 and 30 years (34.3%), while this use was greater in men (36.5%), Spanish people (39.5%), and persons over 40 (39%).

Figure 9.19. Polydrug use according to main drug on entry into prison. 2011 survey.



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior. Survey on Health and Drug Use in Prison Inmates. ESDIP, 2011

Use frequencies

As for frequency of use, in the month before entry into prison two patterns exist among drug users, according to the substances they consume:

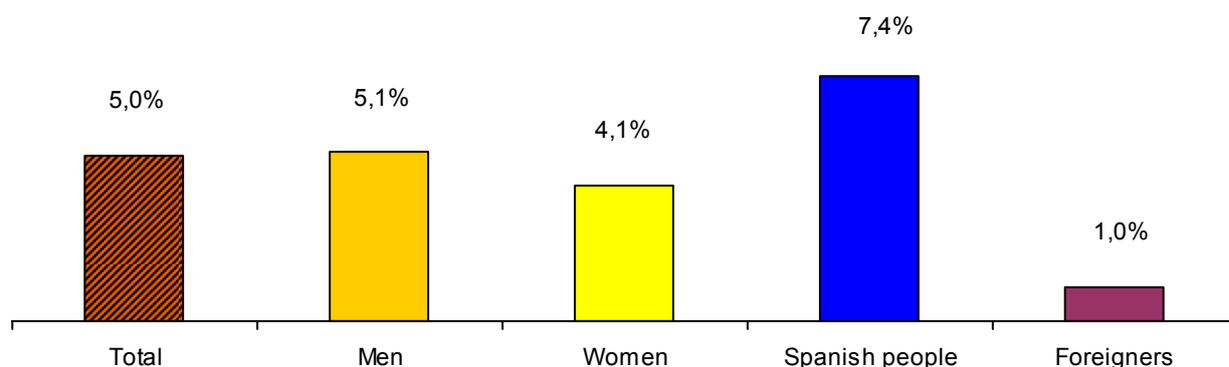
- On the one hand, users of cocaine or alcohol, with primarily two types of users, those who consume on a daily basis (36.4% of cocaine users and 31% of alcohol consumers) and those who consume between 1 and 3 days a week (31.9% of cocaine users and 37% of alcohol consumers).
- On the other hand, users of heroin-cocaine mix and users of heroin and cannabis who consume these drugs every day (86.5% of users of heroin-cocaine mix, 72.4% of heroin users and 71.7% of cannabis users).

Use routes, injected drug use on entry into prison

In the month before entry into prison, the main use route was smoking for heroin (73.6%) and heroin-cocaine mix (71.4%), and nasal sniffing for cocaine powder (78.6%). However, injected use continues to be frequent for heroin+cocaine (19.8%), heroin (18%) or cocaine powder (8.9%).

In relation with the total number of inmates, 5% were injected drug users in the month before entry (Figure 9.20). A lesser degree of use was detected in women (4.1%) and foreigners (1%), while it was greater in men (5.1%) and Spanish persons (7.4%).

Figure 9.20. Injected drug use on entry into prison, 2011, according to gender and nationality. 2011 survey.



Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Profiles of groups of users on entry into prison

Having described the differences between groups of users according to their main drug and their relationship with multiple use of other drugs, frequencies and administration routes, Table 9.5 shows other characteristics, relating to repeat offenders (several episodes of imprisonment), serological situation with regard to HIV and HCV and the practise of tattooing in prison.

Table 9.5. Repeat offenders, serological situation and tattoos in groups of users on entry into prison. 2011 survey.

User according to main drug	Repeat offenders (%)	HIV + and HCV+ (%)	Serological situation		Tattoos made in prison (%)
			HIV + (%)	HCV + (%)	
Cocaine	42.5	6.8	1.1	12.2	25.1
Heroin+cocaine	53.8	10.5	1.8	20.5	31.1
Heroin	56.9	8.9	1.6	25.1	30.4
Alcohol	37.7	5.3	1.7	11.8	21.9
Cannabis	32.7	7.5	1	14	25.4

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

A more deteriorated profile is displayed by inmates who on entry into prison were users of heroin-cocaine mix in the same dose and of heroin alone, due to greater polydrug use, frequency of daily consumption, greater use of the injected route, greater prevalence of positive serologies to HIV and/or HCV, greater incidence of repeat offences and greater frequency of having had tattoos made in prison.

Evolution of drug use on entry into prison between 1994 and 2011

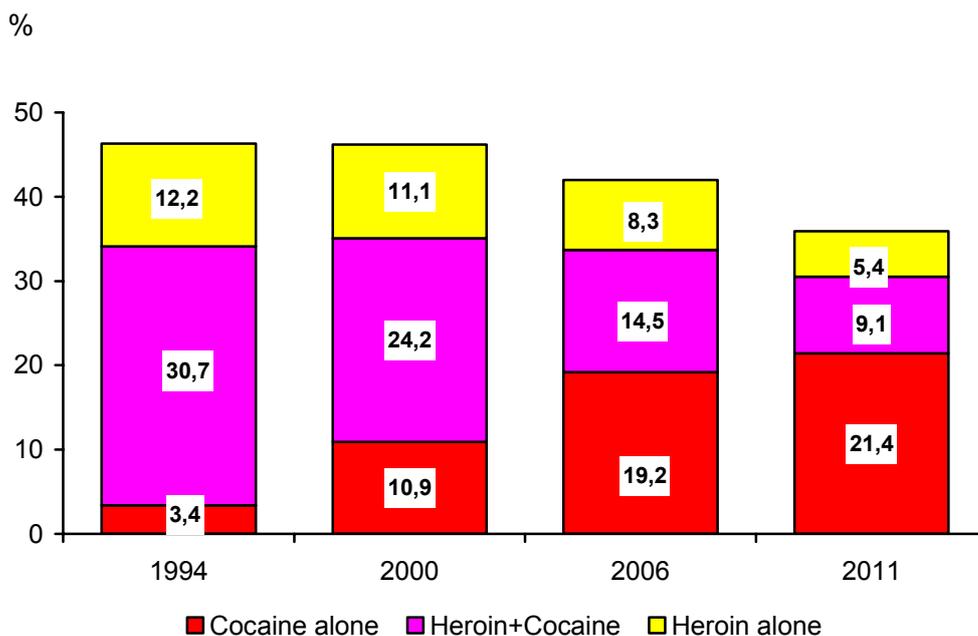
In order to demonstrate the enormous weight of drug consumption among the persons entering prison, Figures 9.21 and 9.22 show the results of the last four studies carried out in the years 1994, 2000, 2006 and 2011.

In the course of these years, between 35.9% and 46.3% of new inmates were consuming cocaine, heroin or a mixture of the two, along with other drugs (polydrug use) in the month prior to their entry into prison. This is of great importance: this is a numerous group of persons, the use frequency of these drugs was daily in most cases, they were injected on numerous occasions, and they are the drugs most closely linked to health problems, both physical and mental, to the commission of offences and to social, occupational and family problems.

Significant changes have taken place in regard to main-use drugs: there has been a notable increase in the percentage of inmates who on entry into prison were users of cocaine alone (powder or base) as their main drug, rising from 3.4% in 1994 to 21.4% in 2011, while there has been a very notable decrease in the number users of heroin+cocaine in the same dose (from 30.7% to 9.1%) and users of heroin alone (from 12.2% to 5.4%).

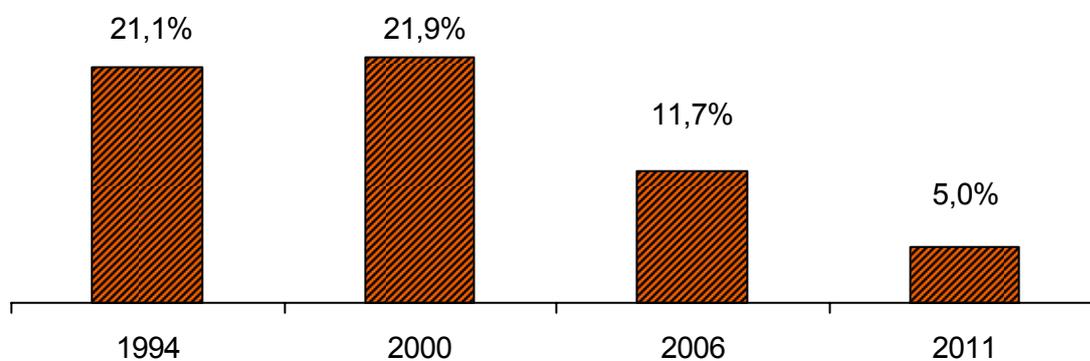
Similarly, there has been a significant reduction in the injected use of drugs in the month before entry into prison, passing from 21.9% in the year 2000 to 5% in 2011.

Figure 9.21. Users of cocaine and/or heroin on entry into prison, surveys 1994-2000-2006-2011



Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Figure 9.22. Prisoners using injected drugs in the month before entry into prison, evolution 1994-2011.



Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Drug use in prison

Once new inmates enter prison, their drug consumption decreases considerably. This reduction is due to two fundamental factors: on the one hand, the limited availability of drugs in prison compared with the outside world, and on the other hand the greater offer of therapeutic intervention and treatment, since all inmates have access to drug addiction programmes in prison, from prevention to methadone treatment and detoxification.

The reduction of drug use in prison is very significant, in terms of both the type of drugs used and the frequency and route of use. We set out below the results of the second “*Survey on Health and Drug Use in Prison Inmates (ESDIP)*”, year 2011, relating to drug use during the last month in prison.

Drug use according to substances

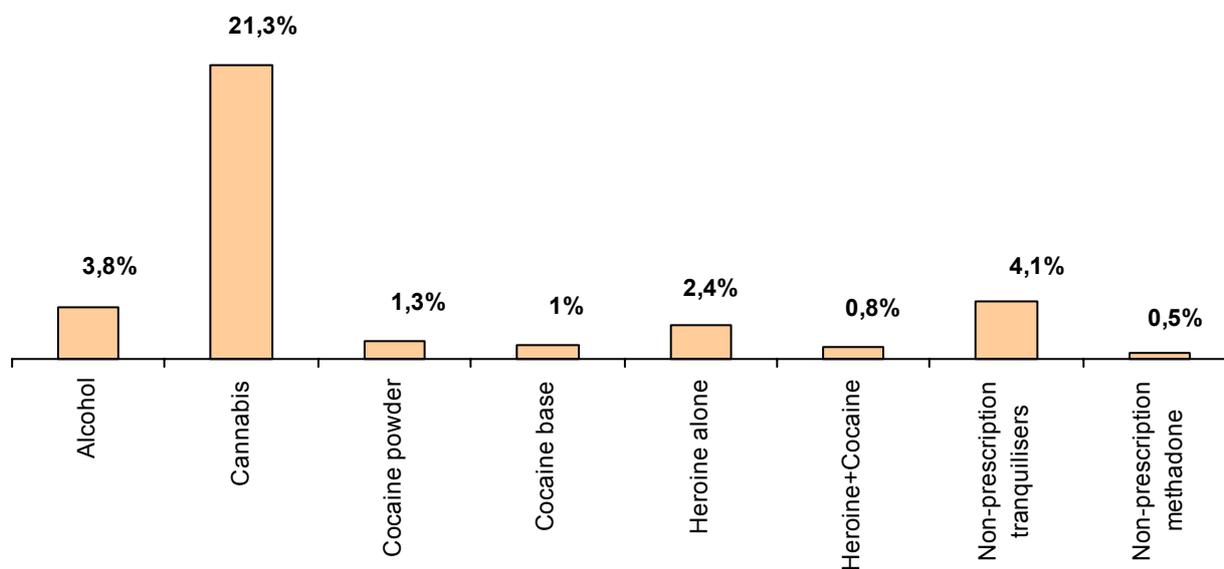
74.8% of inmates consumed tobacco in their last month in prison, this consumption being greater in men (75.6%), Spanish people (83.2%) and persons between 21 and 25 years of age (81.8%), and lesser in women (68%), foreigners (61.2%) and persons under 21 years (71.4%).

Table 9.6. Tobacco consumption in prison. 2011 survey

Tobacco consumption in the last 30 days	%
Yes, every day	69.8
Yes, but not every day	5.0
I have consumed in the last 30 days ("Yes, every day" + "Yes, but not every day")	74.8
No, but I have been a smoker	10.5
No, I have never been a smoker	14.2

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Figure 9.23 shows drug use in the last month in prison of the rest of substances, with cannabis (21.3%) and non-prescription tranquilisers (4.1%) standing out as the substances most consumed.

Figure 9.23. Drug use in the last month in prison. 2011 survey

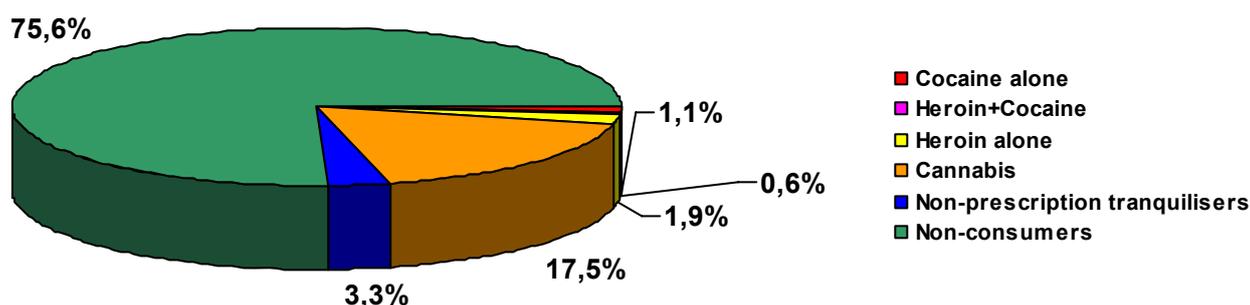
Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011

Polydrug use according to main drug

A distribution of the prison population was carried according to the substance which was consumed most frequently in the last month in prison, and giving priority to these effects to the consumption of heroin and/or cocaine over other drugs. The findings were that 75.6% of the inmates did not use drugs in their last month in prison, while, to the contrary, 24.4% of inmates did consume drugs, generally in a context of multiple use. According to the main substance consumed, several groups can be established:

- An important group, representing 3.6% of the inmates, used as their main drug heroin alone (1.9%), cocaine powder or cocaine base (1.1%) or heroin-cocaine mix (0.6%). These persons also consumed other substances in a secondary manner, primarily cannabis and non-prescription tranquilisers.
- The majority group, constituting 20.8% of the inmates, although they did not consume heroin or cocaine, were users of other substances as their main drug, primarily cannabis (17.5%) and non-prescription tranquilisers (3.3%).

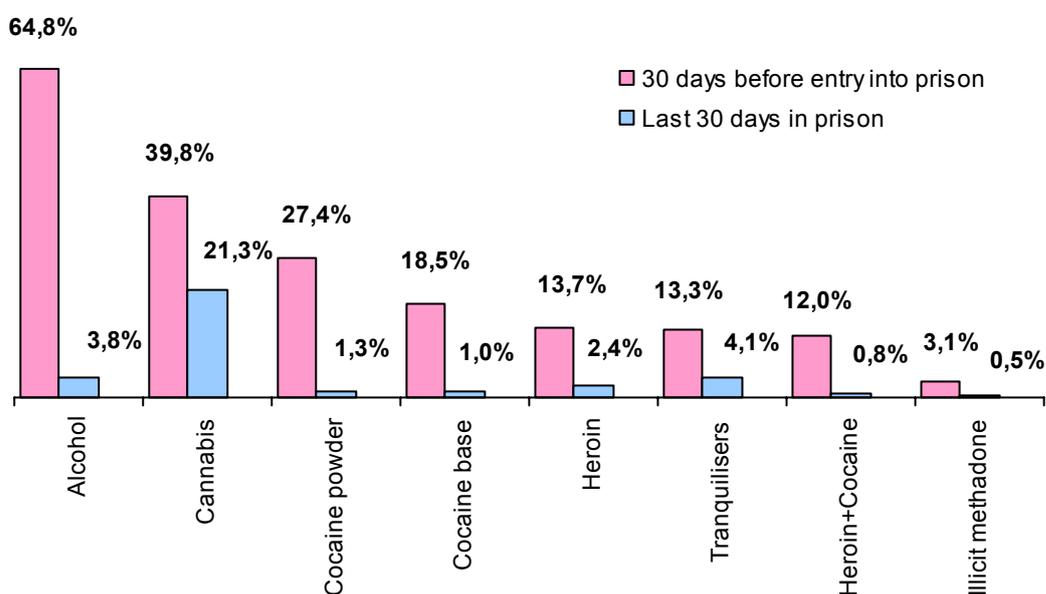
Figure 9.24. Groups of users in the last month in prison according to main drug. 2011 survey.



Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Comparison of substances of use on entry into prison and while in prison

In comparison with before entry, there is a decrease of between 82% and 94% in the use in prison of the most dangerous drugs, those which are most closely related to health risks and harm and the commission of offences, such as heroin, cocaine and alcohol. There is also a reduction of 46% in the use of cannabis and 69% in the consumption of non-prescription tranquilisers.

Figure 9.25. Comparison of use of substances on entry and while in prison. 2011 survey.

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Use frequencies

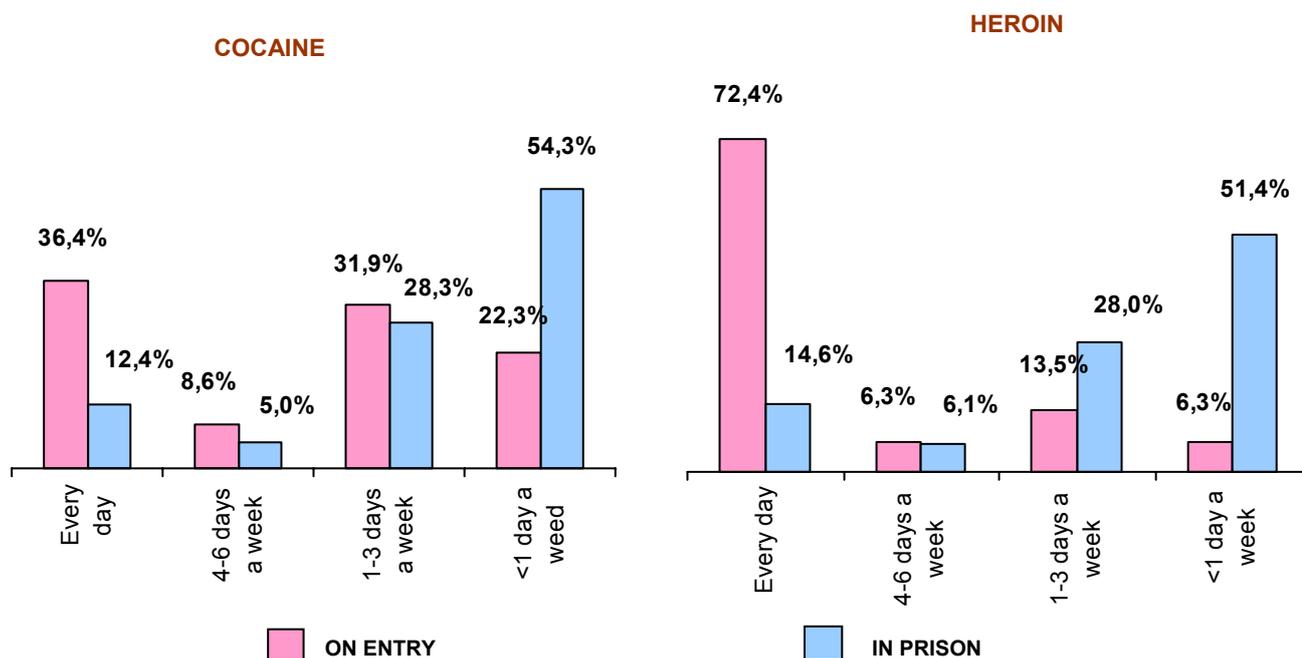
With regard to the frequency of consumption, in the last month in prison two patterns exist between drug users, according to the substances consumed:

- On the one hand there are the users of cannabis or non-prescription tranquilisers, in which one-third use every day, another one-third use between 1 and 3 days a week, and the rest use sporadically, less than 1 day a week.
- On the other hand there are the users of heroin, cocaine and alcohol, whose majority use is sporadic, less than 1 day a week (51.4%, 54.3% and 59.7%, respectively), or with a low frequency, between 1 and 3 days a week (28%, 28.3% and 24%, respectively).

Comparison of use frequencies on entry into prison and while in prison

In Figure 9.26 it can be seen that before entry into prison most users of heroin and/or cocaine used these drugs on a daily basis, while in their last month in prison this use was more sporadic, with a frequency of less than once a week.

Figure 9.26. Comparison of use frequencies in users of cocaine and heroin, on entry into prison and while in prison. 2011 survey



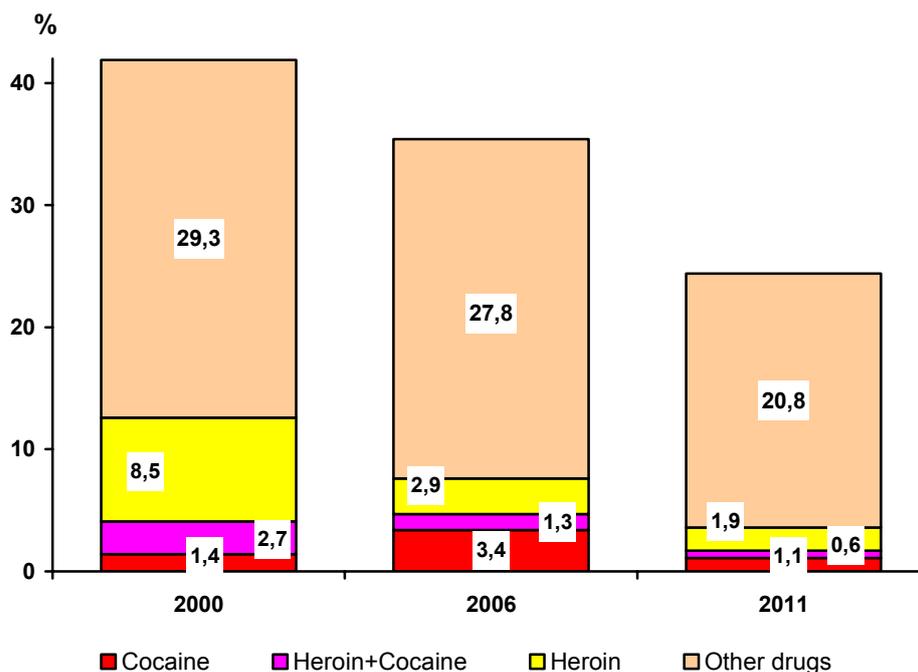
Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Use routes: injected use in prison

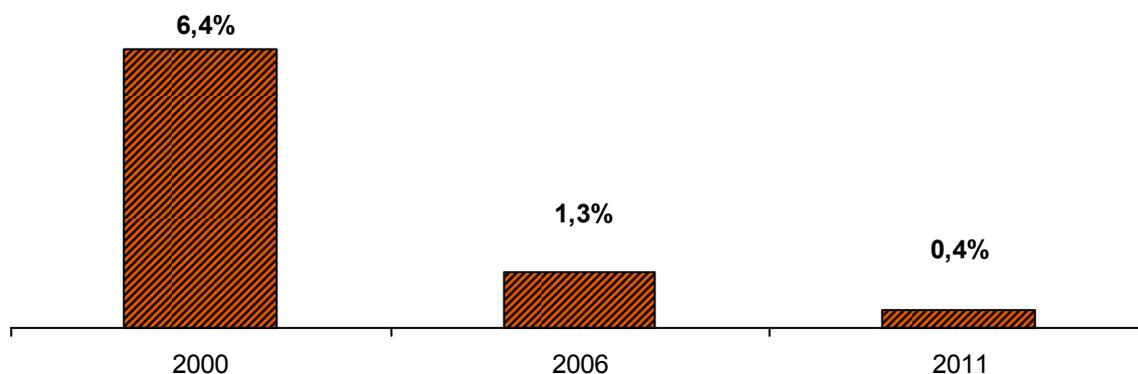
In the last month in prison, the main use route was smoking for heroin (68.3%) and heroin-cocaine mix (62.3%) and sniffing for cocaine powder (73.8%). However, injected use continues to be frequent for consuming heroin+cocaine (26.5%), heroin (6.1%) or cocaine powder (9.9%). In reference to the total population of inmates, 0.4% injected drugs during their last month in prison.

Evolution of drug use in prison between 2000 and 2011

Figure 9.27 shows the specific groups of drug users according to main use substances in the last month in prison in the years 2000, 2006 and 2011; and Figure 9.28 shows the evolution of injected use. From 2000 to 2011 the consumption of drugs in prison decreased considerably, falling from 41.9% of inmates in 2000 to 35.4% in 2006 and 24.4% in 2011. The most notable decrease is that of heroin and/or cocaine, which fell from 12.6% in 2000 (8.5% of heroin) to 3.6% in 2011 (1.9% of heroin). The consumption of other drugs in prison, mainly cannabis and non-prescription tranquilisers, also decreased, falling from 29.3% in 2000 to 20.8% in 2011.

Figure 9.27. Groups of drug users in the last month in prison, years 2000-2011

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Figure 9.28. Prisoners injecting drugs in their last month in prison, evolution 2000-2011.

Source: Survey on Health and Drug Use in Prison Inmates. ESDIP 2011.

Similarly, there has been a significant reduction in the injected use of drugs in the last month in prison, falling from 6.4% in the year 2000 to 0.4% in 2011.

Problems associated with drug use

At the moment of entry into prison, drug use is one of the most important problems, due to the number of persons affected and the serious nature of the issues related with them: biological, psychological and social issues involving significant deterioration, in addition to the legal and penal issues. 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 the Hepatitis C Virus (HCV).

Other infection problems related to environment and lifestyle are also frequent, such as tuberculosis, sexually transmitted diseases and dermatological, 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 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 causes high levels of personal instability and is closely linked to criminal activity. A lack of cleanliness and bodily hygiene is habitual, as is a lack of knowledge regarding risks from illness in addition to scarce prior contact with community healthcare services (health centres, hospitals, etc.) and drug addiction treatment centres. Educational levels are extremely low, with an early school leaving age. No employment activity is performed and occupational qualifications are deficient.

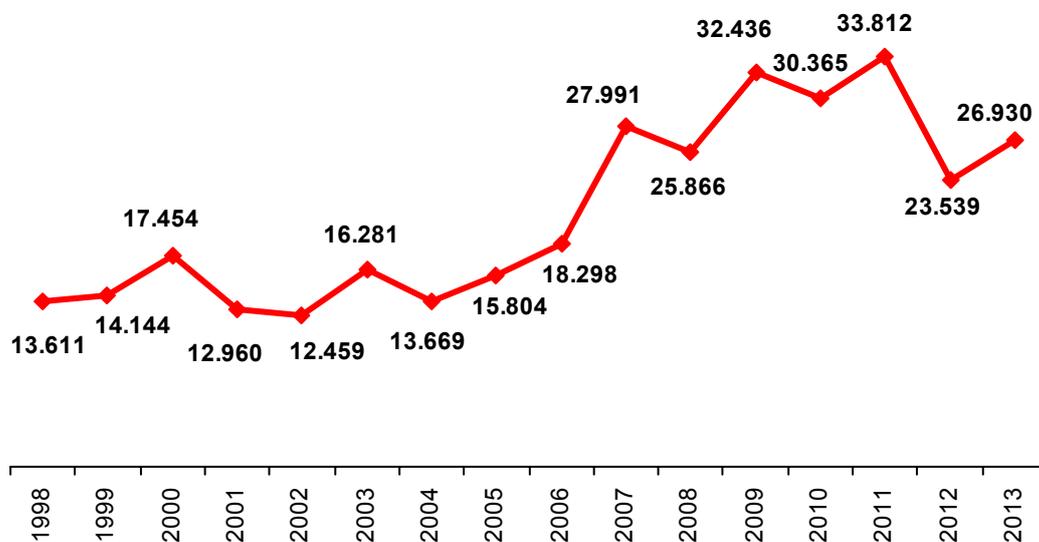
9.8. RESPONSES TO DRUG-RELATED HEALTH ISSUES IN PRISONS

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.

Prevention, health education, harm reduction

All the penitentiary centres have developed preventive and health education programmes. In 2013, 26,930 inmates took part in programmes of this type in centres under the administration of the General Secretariat of Penitentiary Institutions (Figure 9.29). Diverse forms of methodology were used: safe sex workshops, lower-risk use workshop, informative talks for large groups, individual interviews, drafting of written information in magazines, on posters, in leaflets and messages on prison television and radio programmes, etc.

Figure 9.29. Inmates participating in prevention and health education activities 2013.



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

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 the prisoners to promote healthy habits and lifestyles: personal hygiene, safe sex and sexually transmitted diseases, lower-risk use, sleeping habits, diet and physical exercise, continuing treatment, etc.

Preventing overdoses

Despite the measures taken to prevent drugs entering penitentiary centres and the extension to all the prisons of drug dependency treatment programmes (which range from detoxification to methadone treatment), some inmates still use drugs in these centres. It has been observed that a relapse in heroin consumption after a period of abstinence, especially after detoxification treatment or leaving prison (parole, release, etc), involves a high risk of overdose.

The General Secretariat of Penitentiary Institutions has analysed the deaths due to severe reactions to psychoactive substances in prisons in order to promote new initiatives capable of reducing their occurrence. Data on deaths in penitentiary centres between 2007 and 2009 were compiled; the majority involved convicted polydrug-using inmates who had completed over 6 years in prison and had continued this use once incarcerated.

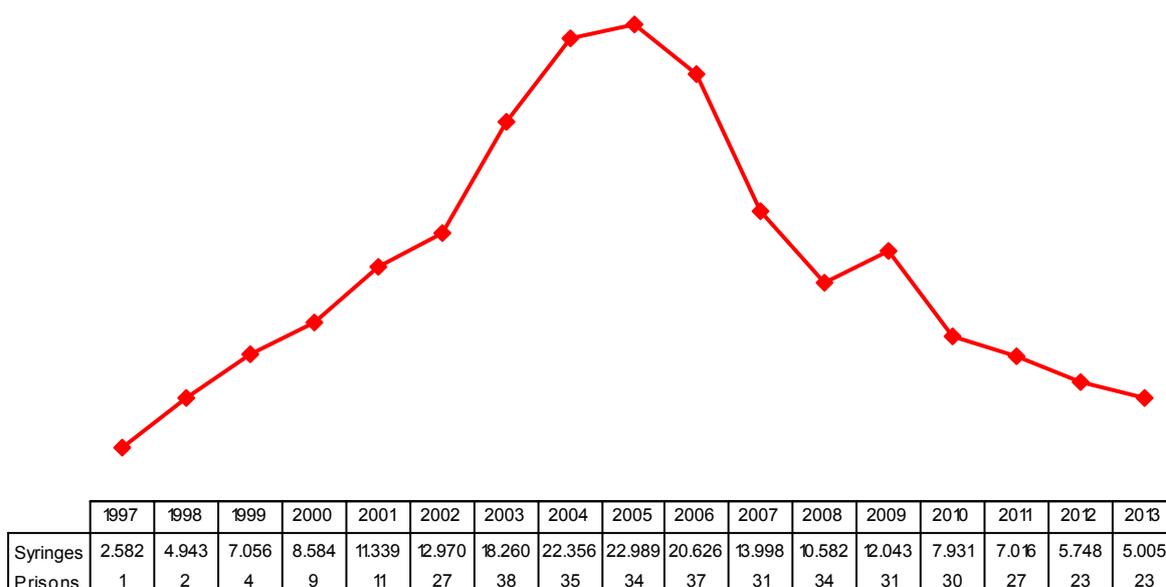
The substances that cause poisoning, excepting benzodiazepines in some cases, either were not prescribed by the medical services or were illegal and obtained after face-to-face visits or while on parole. The profile of inmates who die of poisoning after using psychoactive substances is that of polydrug users aged between 26 and 40 with an average history of addiction of more than 10 years, who use various substances together and not necessarily by the injected route.

One possible cause of death by poisoning is recent abandonment of a methadone maintenance programme, a practice that leads to reduced tolerance to depressant substances by the central nervous system. Methadone treatment or detoxification programmes protect users from these incidents. One of the most efficient measures for avoiding overdoses and their consequences are health education initiatives and the role of health mediators. To this end, several DVD-format videos were produced and distributed to penitentiary centres as a support for these preventive workshops, providing information on the risk factors involved in overdoses and the urgent support measures required to prevent death.

Exchange of needles and syringes, distribution of condoms, disinfectant and aluminium foil

All the prisons give out condoms and bleach in the form of hygienic kits. Condoms can also be obtained freely from the prison health services. With respect to the distribution and exchange of sterile needles and syringes, all the prisons under the General Secretariat of Penitentiary Institutions have the technical and legal conditions required for exchanging needles and syringes in the event that injected-route drug users are detected and there is a demand for sterile needles and syringes. The programme involves an exchange kit comprising a plastic bag containing a needle and syringe inside a transparent box, a disinfecting towel, distilled water and a condom.

In 2013, 5,005 needles and syringes were distributed in the exchange programme in 23 prisons (Figure 9.30). It must be recalled that the first such 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, with over 194,000 needles and syringes being given out. A fall in the number of needles and syringes distributed occurred after 2006, caused by a reduction in the use of injected-route drugs.

Figure 9.30. Needles and syringes distributed and prisons with users in the programme.

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

The needle and syringe exchange programme conducted in penitentiary centres received the “First European Prize for Good Health Practices in Prisons” awarded by the European Prison and Health Network of the World Health Organisation (WHO).

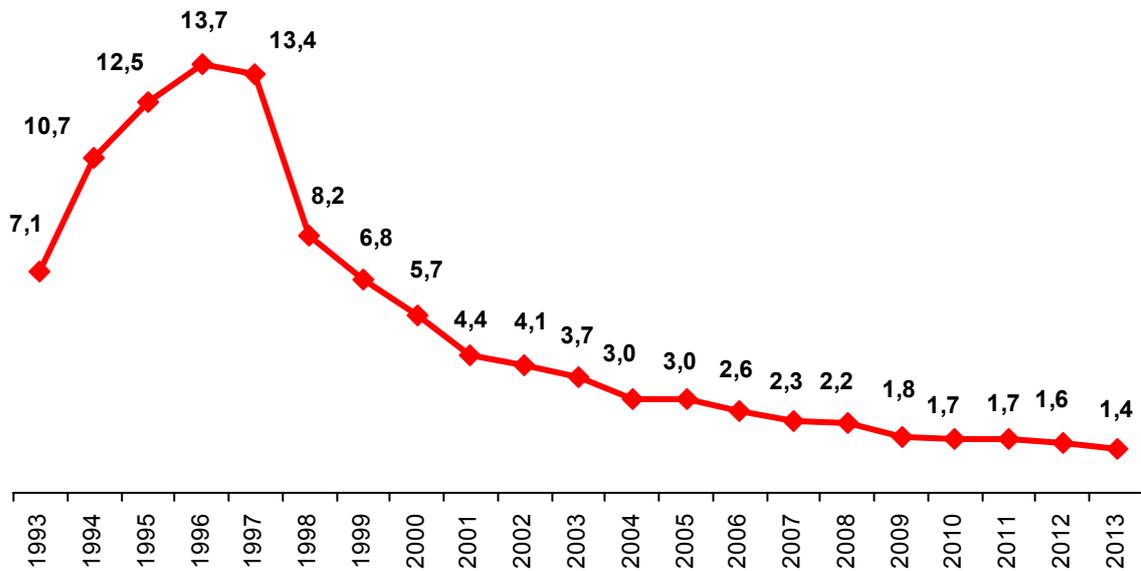
In addition to the above, some penitentiary centres have given out over 16,000 pieces of aluminium foil (“silver paper”), cigarette holders, etc., during the year 2013, in order to reduce the risks of transmission of diseases and as a priority initiative for reducing risks and harm, promoting a change from injected administration to inhaled use.

Health programmes

Taking into account the situation described in the above sections, the health programmes conducted in Spanish penitentiary centres are of immense importance in terms of the health of the inmates. Some of the most important initiatives implemented are detailed below.

The “Tuberculosis Prevention and Control Programme” comprises the diagnosis of active search for cases, investigation of contacts, chemoprophylaxis and chemotherapy. The incident rate for tuberculosis during 2013 was 1.4 cases per thousand inmates (Figure 9.31). Being HIV positive and sharing needles and syringes for drug use are the main risk factors in developing tuberculosis.

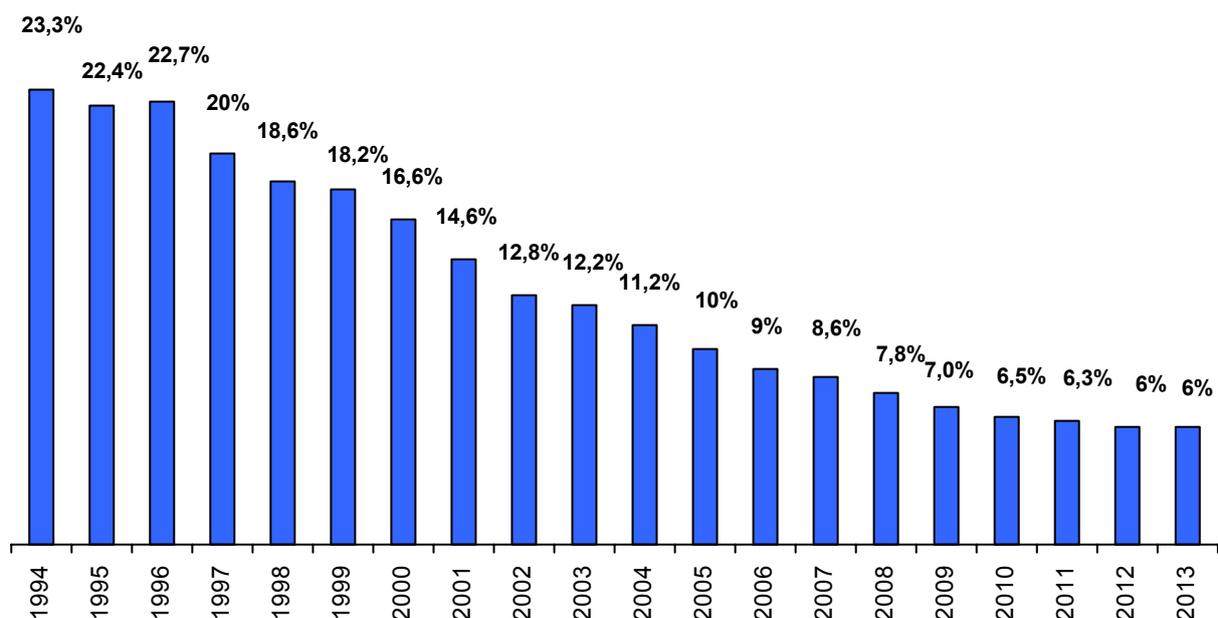
Figure 9.31. Number of cases of tuberculosis per thousand inmates



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

The “Programme for Prevention and Control of HIV Infection” involves prevention and health education activities, diagnosis, treatment, vaccinations and prophylaxis of opportunistic infections. During 2013, 6% of the entire inmate population was infected with HIV (Figure 9.32). Sharing injection material for drug use is the main risk factor. In the prison sector, over 90% of 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.

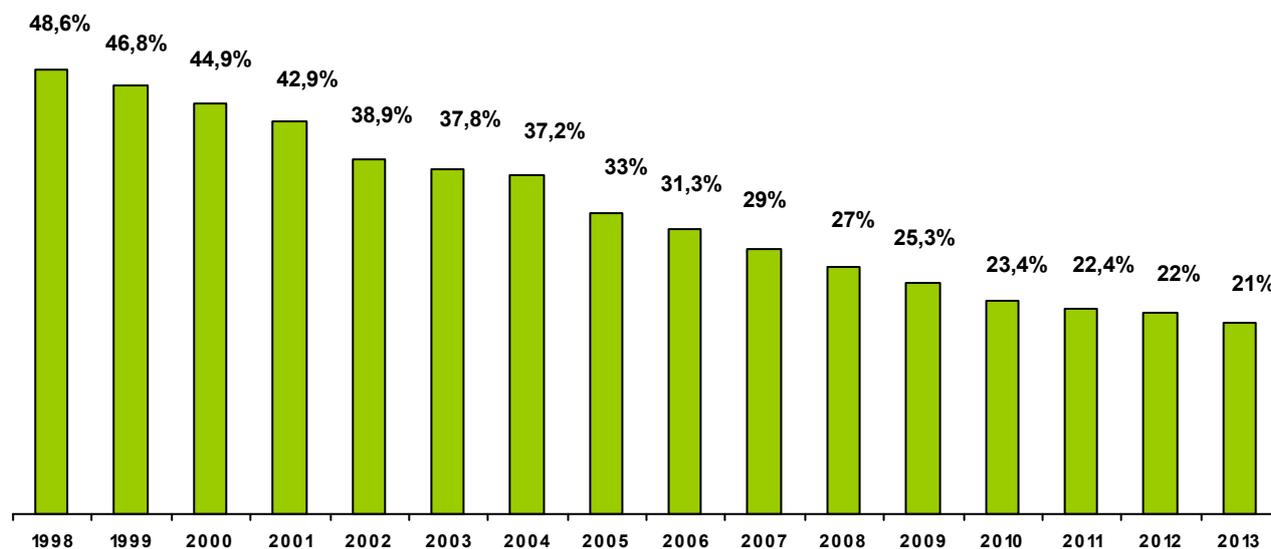
Figure 9.32. Prevalence of inmates infected with HIV



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

The “Programme for Prevention and Control of Infection by the Hepatitis C virus (HCV)” is also a priority action, motivated by the high number of infected inmates. In 2013, 21% of the inmate population was infected by HCV (Figure 9.33). Sharing needles and syringes for drug use was the main risk factor. Approximately one in every three persons infected with HCV was also infected by HIV.

Figure 9.33. Prevalence of inmates infected with the hepatitis C virus

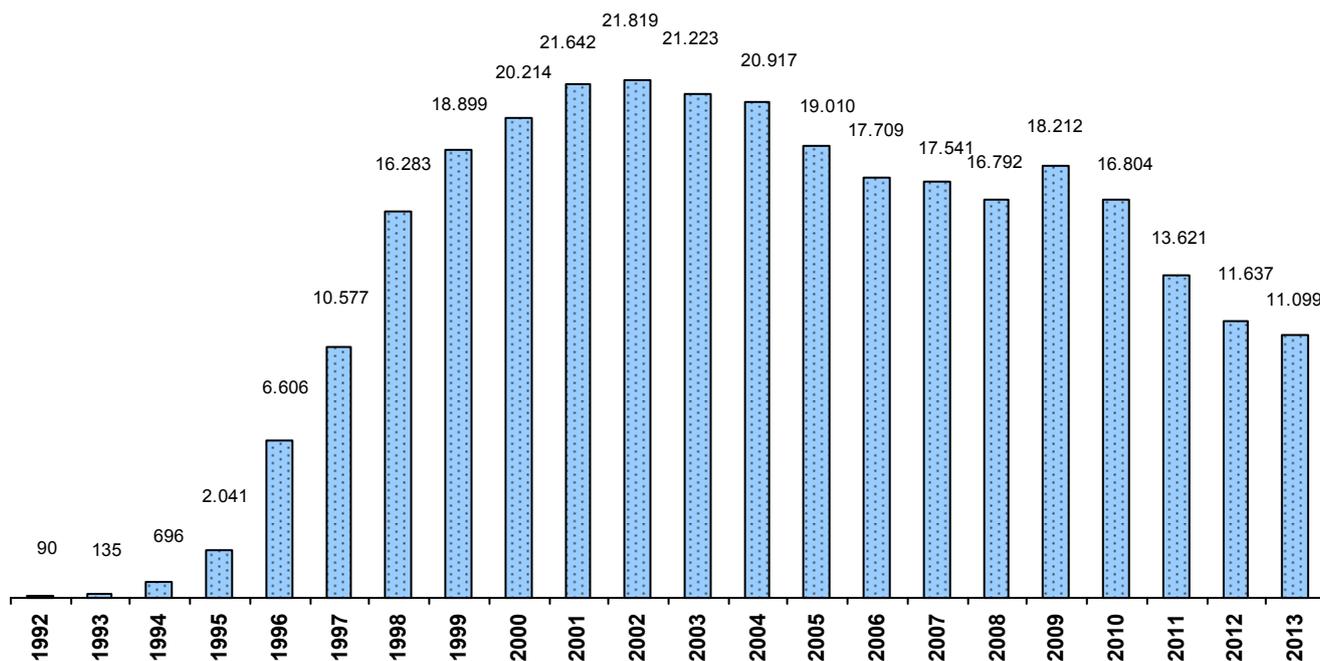


Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Other health interventions include the “Vaccination Programme for Hepatitis, Flu, Tetanus and Meningitis,” and the treatment of dual pathological disorders. According to the Mental Health Study carried out by the Penitentiary Administration Service in 2006 and the PRECA Study of 2009, the prevalence of mental disorders induced by substance use is between 8.8% and 12.1% for inmates, with a notable incidence of anxiety disorders, emotional disorders (mood swings) and psychotic disorders.

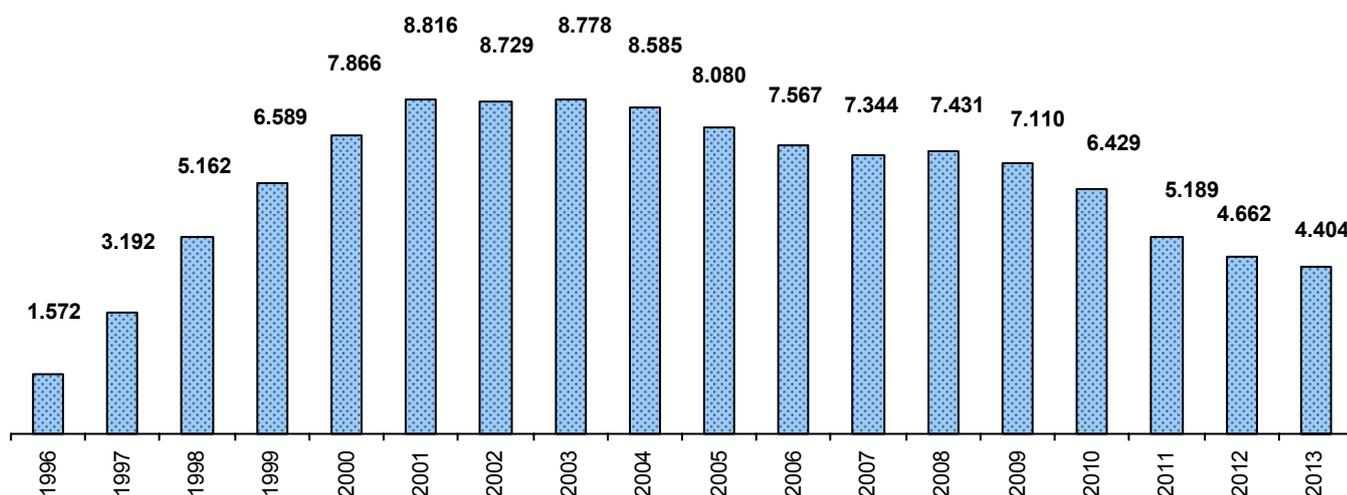
Methadone treatment programme

Treatments with methadone constitute 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 very large number of users benefit from these treatments, reducing their drug use or avoiding injected-route use. An improvement in their mental and physical states is also appreciable, as is a reduction of conflictive behaviour. In 2013, 11,099 inmates received methadone treatment in centres under the administration of the General Secretariat of Penitentiary Institutions (Figure 9.34).

Figure 9.34. Total yearly number of inmates in methadone treatment

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

In December 2013, 4,404 inmates were receiving methadone treatment, which means that the number of prisoners in methadone treatment comprised 7.7% of the total inmate population (Figure 9.35).

Figure 9.35. Number of inmates in daily methadone treatment at 31 December

Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

After the 2002-2004 period, there was a fall in the number of inmates in methadone treatment, 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 using cocaine as their main drug, while the numbers of those using mixed heroin and cocaine and heroin alone have declined.

Detoxification programmes

Detoxification

As part of the detoxification programme, physical detoxification from the various dependency-causing drugs is undertaken in order to intervene in the physical and mental signs of withdrawal symptoms as a consequence of the abrupt interruption of active use. During 2013, gradual detoxification was carried out with 1,490 drug-using inmates.

According to the characteristics and needs of the inmates and the architectural possibilities of each prison, detoxification programmes may be undertaken on an outpatient basis, in a day care centre or in a therapeutic module.

Outpatient and day-care centre detoxification

'Outpatient' treatment provides individual/group attention in each prison gallery or module. In 'day-care-centre' detoxification, the programme's activities are conducted with inmates from different galleries or modules in a centralised unit, in various classrooms and offices, in a half-day schedule, the inmates then returning to their respective departments. Inmates may follow the outpatient/day-care-centre programme as a prior phase to the programme in the therapeutic module.

In 2013, outpatient or day-care-centre detoxification treatment was received by 8,355 drug-using inmates (Figure 9.36). In December 2013, 4,166 inmates were in treatment every day in these therapeutic modalities (Figure 9.37), representing 7.3% of all the inmates.

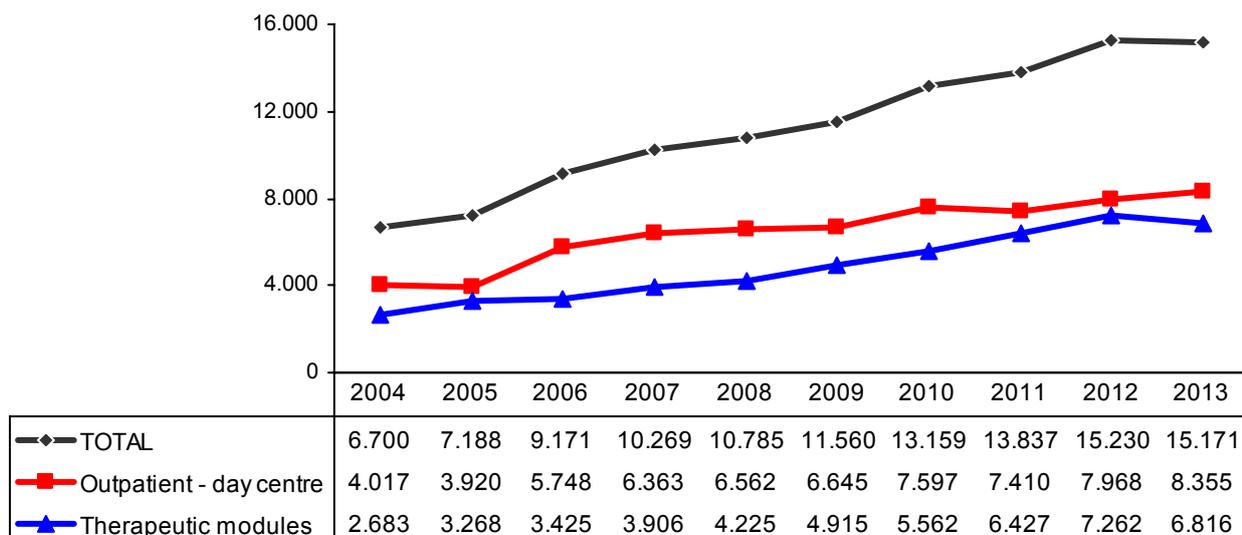
Detoxification in therapeutic modules

The detoxification model in therapeutic modules is conducted 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-esteem, confidence, responsibility, motivation and the use of free time to achieve personal satisfaction and abandon addictive behaviour patterns. The development of areas aimed at motivating change and social learning are considered to be essential, with the main emphasis being placed on relapse prevention, the learning of social skills, education for health and social-occupational training and guidance.

During 2013, 6,816 drug-dependent inmates received detoxification treatment in 38 prisons (Figure 9.36). In December 2013, 2,863 inmates were in treatment every day (Figure 9.37), representing 5% of the total inmate population.

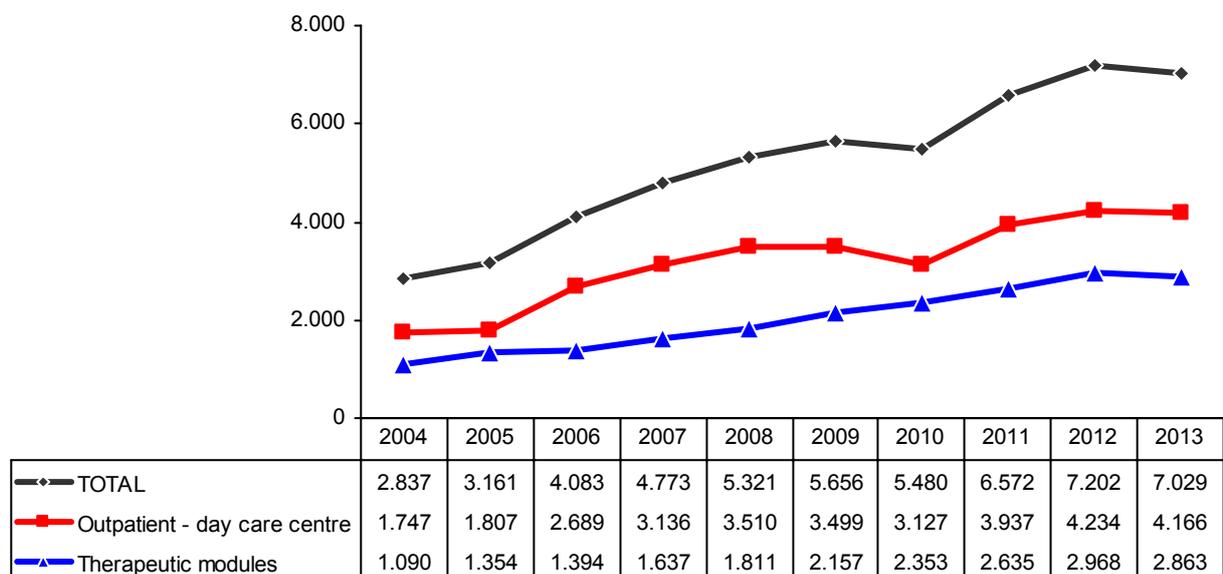
In summary, as can be seen in Figure 9.36, 15,171 drug-dependent inmates received detoxification treatment (outpatient, day-care-centre and therapeutic modules) during 2013. In December 2013 there were 7,029 inmates in daily treatment, representing 12.3% of the total inmate population (Figure 9.37).

Figure 9.36. Total yearly number of inmates in detoxification treatment



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Figure 9.37. Inmates in daily detoxification treatment

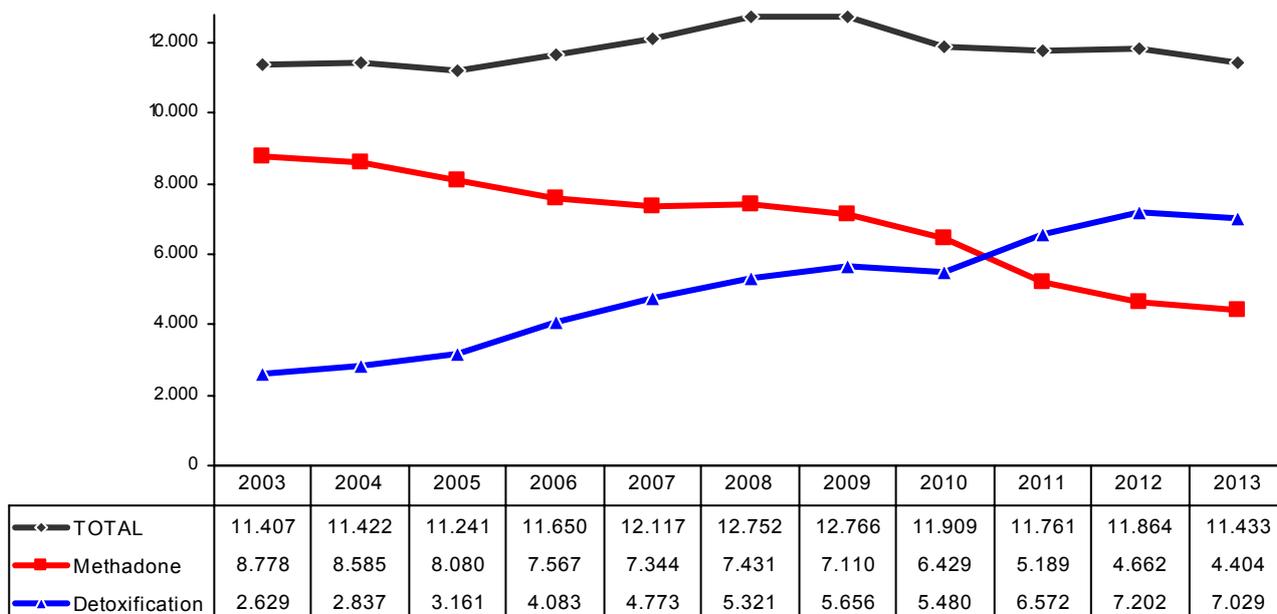


Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Total population in daily treatment for drug dependence

In December 2013, 11,433 inmates were receiving daily treatment for drug dependency, representing 20% of the inmate population (Figure 9.38). Treatment was carried out either in the methadone programme (4,404 inmates/day, 7.7% of all inmates) or the detoxification programme (7,029 inmates/day, 12.3% of all prisoners).

Figure 9.38. Inmates in daily drug dependence treatment



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

Figure 9.38 shows the progressive decrease, from 2003 onwards, in the number of inmates in daily treatment with methadone and the progressive increase in the number of inmates in detoxification, resulting from the changes in the drugs used in recent years: a decrease in the number of inmates who on entering prison were users of heroin+cocaine mix and heroin alone, and an increase in the number of users of cocaine as the main drug, as we have already commented.

9.9. REINTEGRATION OF DRUG USERS AFTER RELEASE FROM PRISON

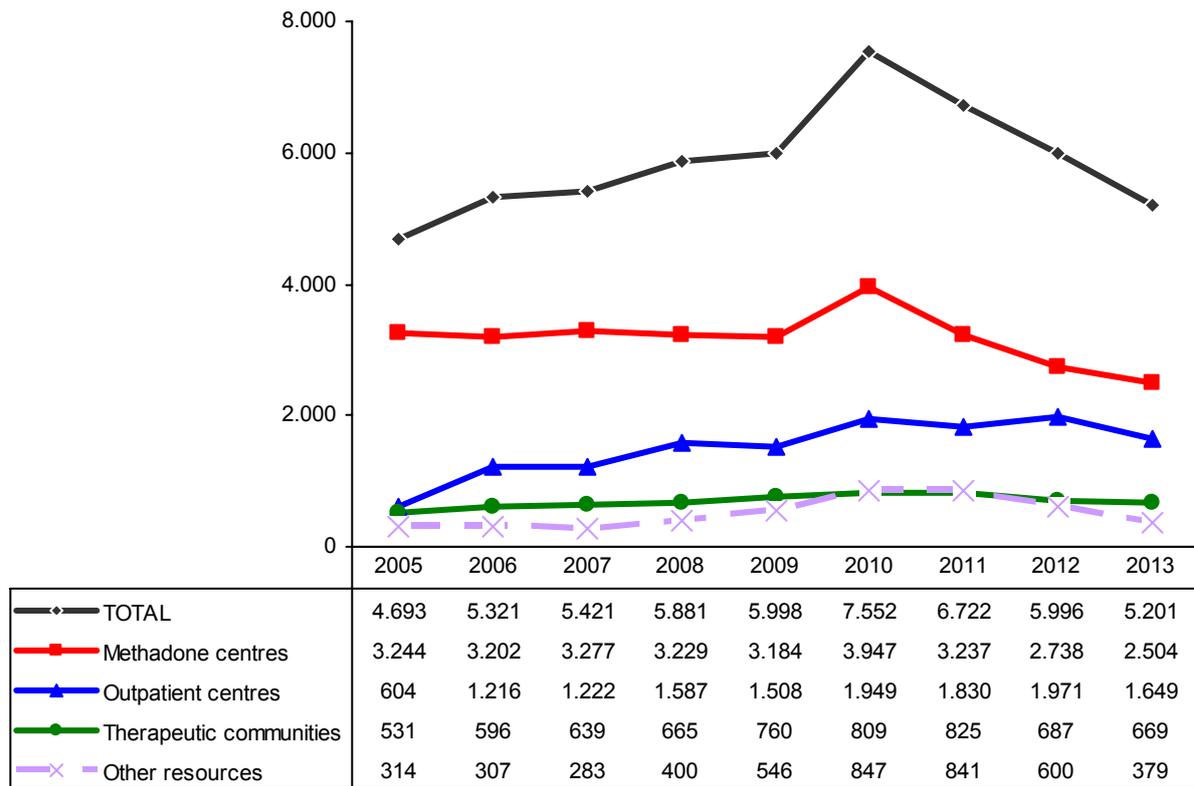
One of the priority actions carried out by the Penitentiary Administration Service is that of working to seek and promote prisoners' reintegration into society. It aims to provide drug-dependent prisoners with the necessary skills to have possibilities of success in their post-release treatment and integration into society. Accordingly, 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 collaborates in a coordinated manner with associations and organisations in the sector, and also with the social and assistance resources of the Autonomous Community Health Services and the Autonomous Community and Municipal Plans on Drugs. During the year 2013, a total of 5,201 inmates in penitentiary centres were referred to community treatment centres in order to continue treatment (Figure 9.39). These referrals took place as a result of having obtained release (conditional, provisional or final) or day release (referral to a non-prison therapeutic community). The breakdown by centres and resources is set out below:

- 2,504 referrals to methadone treatment centres.
- 1,649 referrals to outpatient centres.
- 669 referrals to therapeutic communities.
- 379 referrals to other resources (day centres, halfway houses, job insertion programmes, etc.).

Figure 9.39. Inmates referred for continued treatment in community centres on release or day release. 2005-2013



Source: General Secretariat of Penitentiary Institutions. Ministry of the Interior.

10. DRUG MARKETS

10.1. INTRODUCTION

This chapter reports on the number of seizures of the drugs most used in Spain during 2013, in terms of both crimes and offences for possession or use, the evolution of prices and purities, and the patterns and modus operandi detected in these drug seizures.

Spain is not a drug-producing country, but due to its geographical situation it is a country of transit to Europe for hashish and cocaine. For the same reason, it also acts as a retaining wall against the traffic of these substances.

In 2013, the most significant increases and reductions in drug seizures were seen in amphetamines, in which the increase over the previous year reached 122%, and in LSD, in which the reduction was 95%. However, moderate increases also occurred in seizures of cocaine (28.65%) and heroin (3.19%) and decreases in MDMA-ecstasy (44.67%) and hashish (2.43%).

In this year, the precursor chemical substances of drugs which have shown the largest increases in seizures were ethyl acetate, hexane, toluene and methyl ethyl ketone.

In general terms, prices in medium- and large-scale traffic fell with respect to 2012, while those of minor traffic remained stable. The same evolution was seen in the purity of cocaine and heroin, which descended in all three modalities of traffic. The concentration of tetrahydrocannabinol (THC) in cannabis substances stabilised during the year.

10.2. SUPPLY TO AND WITHIN THE COUNTRY

Cannabis, either in the form of hashish resin or marijuana, and cocaine are the drugs with greatest presence in Spain. Due to its strategic position, our country is used by the trafficking organisations as an entry and transit route of these drugs, but it also acts as a retaining wall against their introduction into Europe.

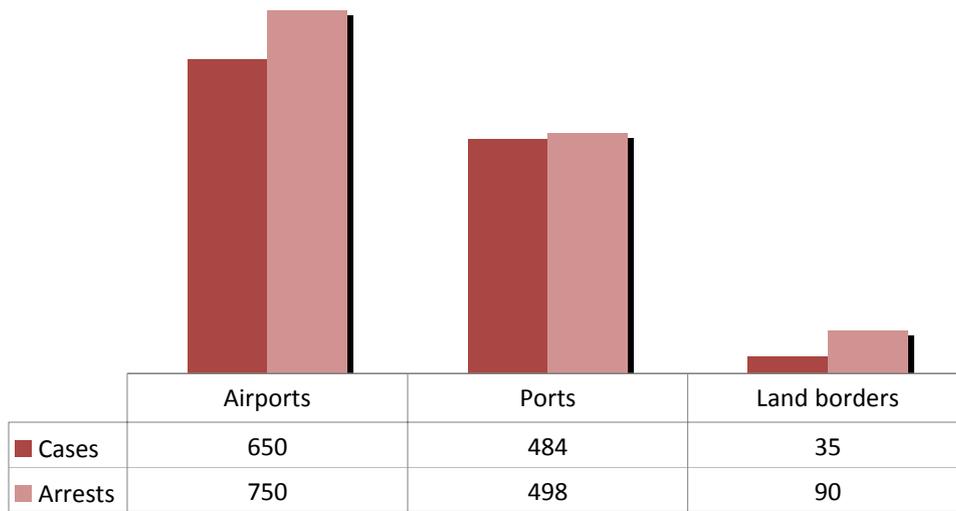
Cannabis grass (marijuana) is a drug that can be cultivated easily and on a small scale, and consequently its production has become generalised, covering part of the local demand.

Drug trafficking by human couriers includes all types of transport in which a person conceals the narcotic substance inside their body, luggage or belongings with the aim of evading border controls.

In 2013, a total of 1,169 cases were detected at the various airports, ports and land borders, with 1,338 persons being arrested, mainly for trafficking cocaine and hashish. The airports accounted for 56% of these detections, the greatest transit of couriers being observed at the Adolfo Suárez Madrid-Barajas Airport.

36% of the interventions took place at ports, the most conflictive being that of Algeciras, where the most frequent seizures were of hashish. Finally, in only 5.5% of cases were couriers detected at land borders, the most prominent frontier posts being those of the city of Ceuta with Morocco.

Figure 10.1. Places of interception



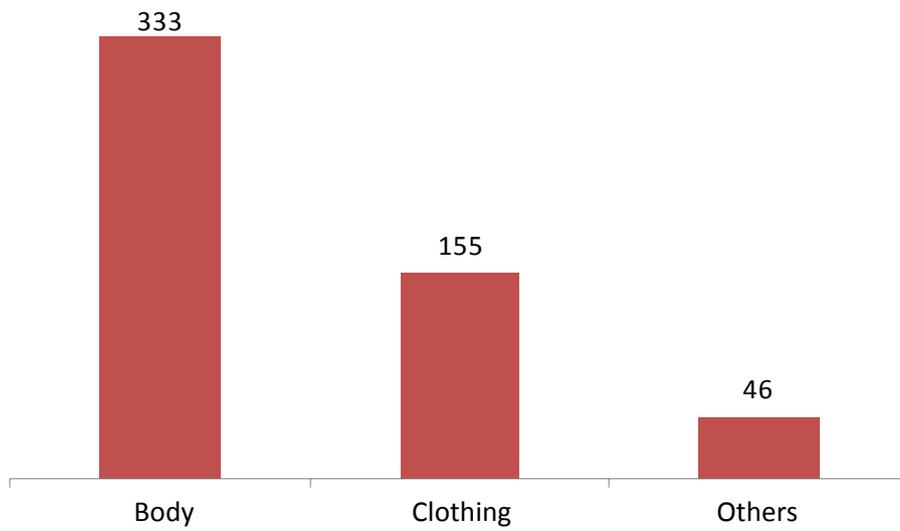
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

The methods used to conceal cocaine and hashish are similar in this trafficking modality, although the frequency is different. The couriers caught with cocaine use their luggage as the main form of concealment, followed by transport inside the body, while in the case of hashish the most common method is introduction into the body, followed by the use of clothing and camouflaging in luggage.

Figure 10.2. Methods of concealing cocaine



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Figure 10.3. Methods of concealing hashish

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

10.3 SEIZURES³⁶

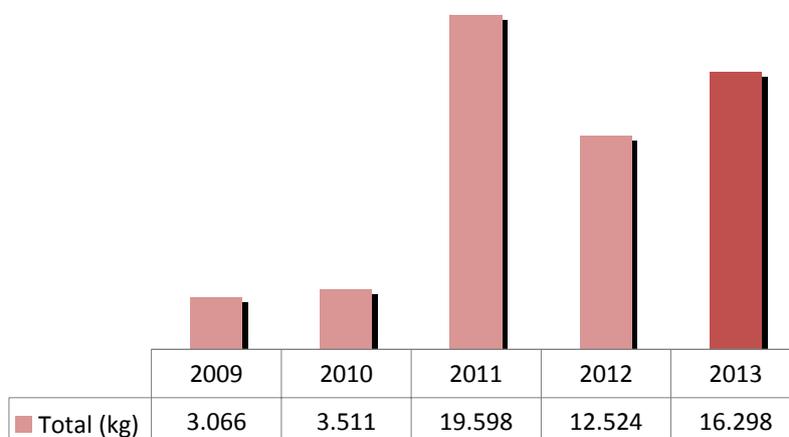
Quantities of drugs seized

The increase registered in the number of seizures is reflected in the quantities of drugs seized, as is the case of cocaine, heroin, marijuana and amphetamines. The rest of the substances analysed have shown a decrease. The evolution of the seizures of each drug is set out below:

Marijuana

As can be seen in the graph, in the last three years the seizures of this substance has increased considerably in comparison with previous years, with a significant change in 2011, when it increased by over 450% with respect to the previous year.

Figure 10.4. Seizures of marijuana, Spain 2009-2013



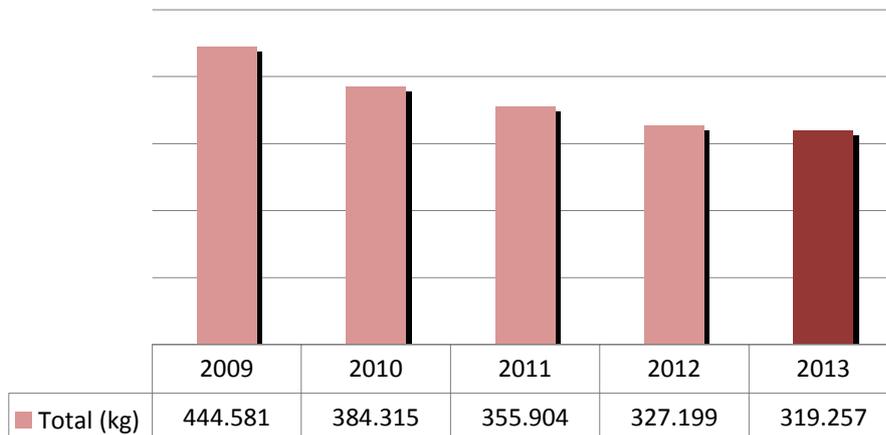
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

³⁶ On this point the figures correspond to the data provided by the State Security Forces and the Autonomous Community police forces.

Hashish

In the year 2013, 319,257 kilograms were seized, 2.43% less than the previous year, which maintains the downward trend commenced in the year 2009.

Figure 10.5. Seizures of hashish, Spain 2009-2013

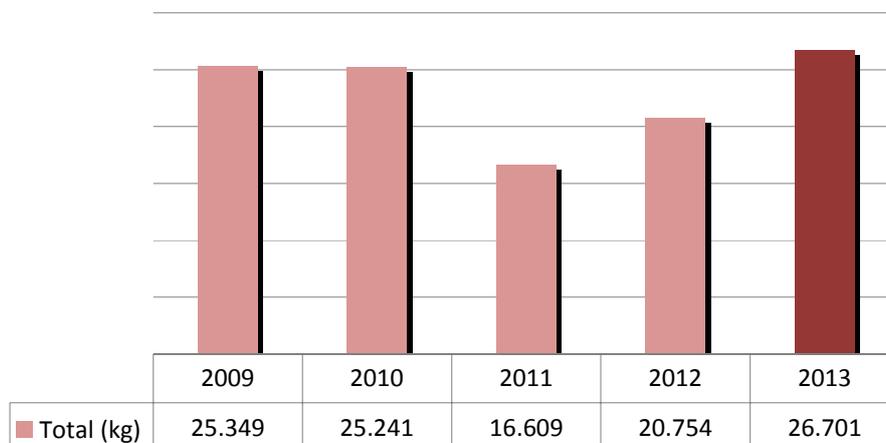


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Cocaine

In view of the quantities seized in these last five years, it could be inferred that there is an upward tendency from 2011 onwards, when 16,609 kilograms were seized, the minimum quantity seized in the last decade, which represents almost 38% less than in 2013.

Figure 10.6. Seizures of cocaine, Spain 2009-2013

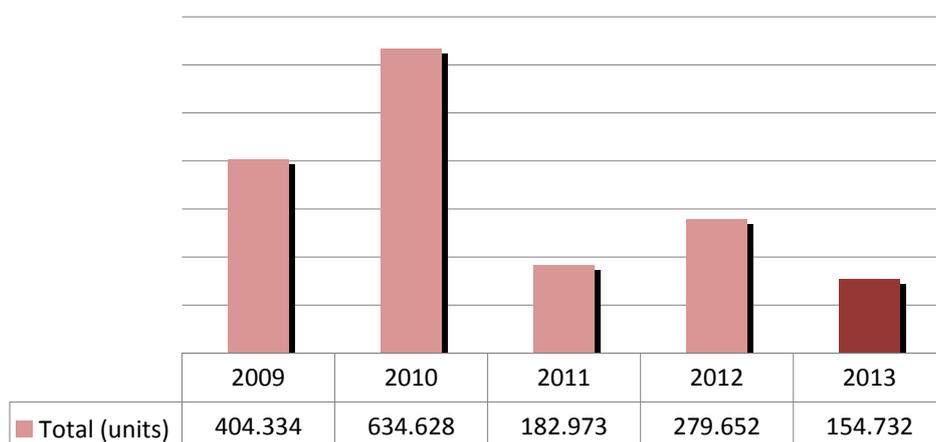


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

MDMA-Ecstasy

The number of seizures of MDMA-ecstasy pills has fallen significantly since 2010, when the amount reached 634,628 doses. In 2013 this decrease was spectacular, reaching the minimum quantity of the period studied.

Figure 10.7. Seizures of MDMA-ecstasy, Spain 2009-2013

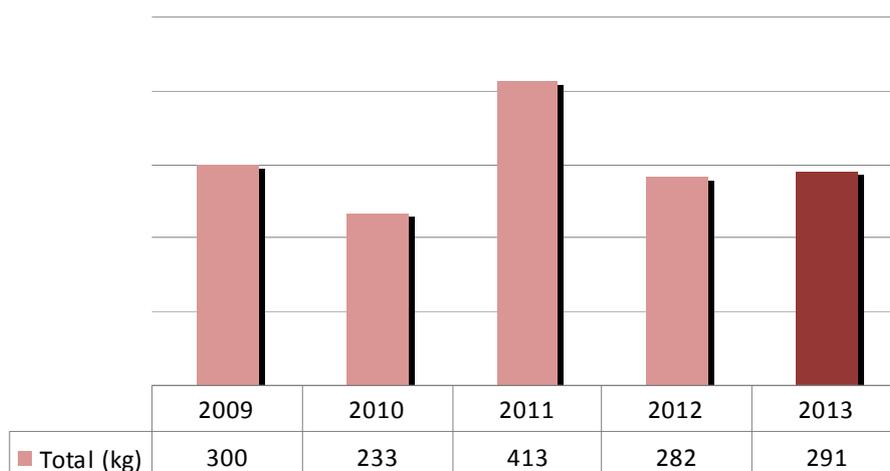


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Heroin

In the studied period, there has been very little variation in the quantities of this drug seized (a decrease of 3%), with the exception of the year 2011, when the greatest quantity of the five-year period was seized.

Figure 10.8. Seizures of heroin, Spain 2009-2013

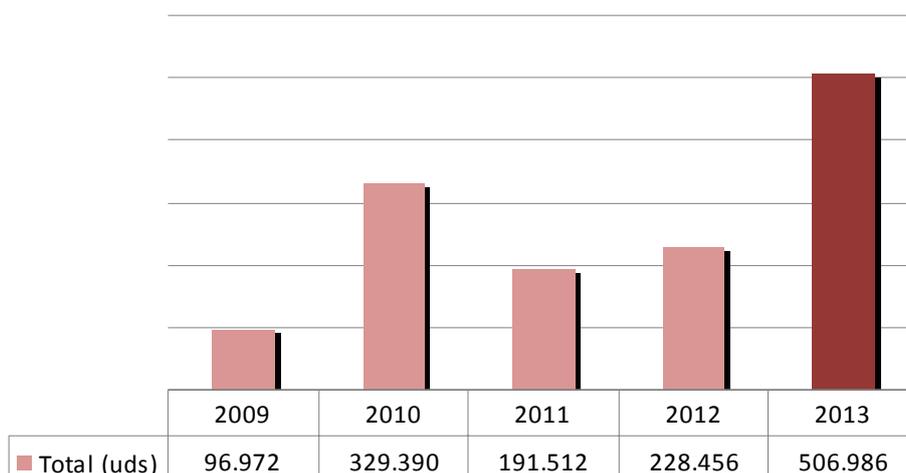


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Amphetamines

In 2013 there was an increase of 121.92% in the quantity of amphetamines seized in comparison with 2012. This is the largest figure of all the seizures.

Figure 10.9. Seizures of amphetamines, Spain 2009-2013

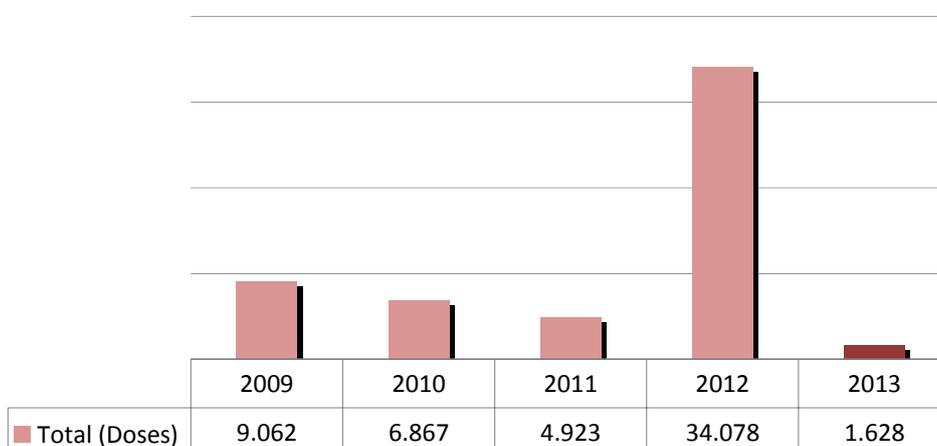


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

LSD

As is seen in the graph below, in 2013 1,628 doses of LSD were seized, 95.22% less than the previous year. Setting aside the figure for the year 2012, which is an extreme value produced by a single police intervention in which 32,500 doses were seized, it can be inferred that the downward trend in the period analysed is maintained.

Figure 10.10. Seizures of LSD, Spain 2009-2013

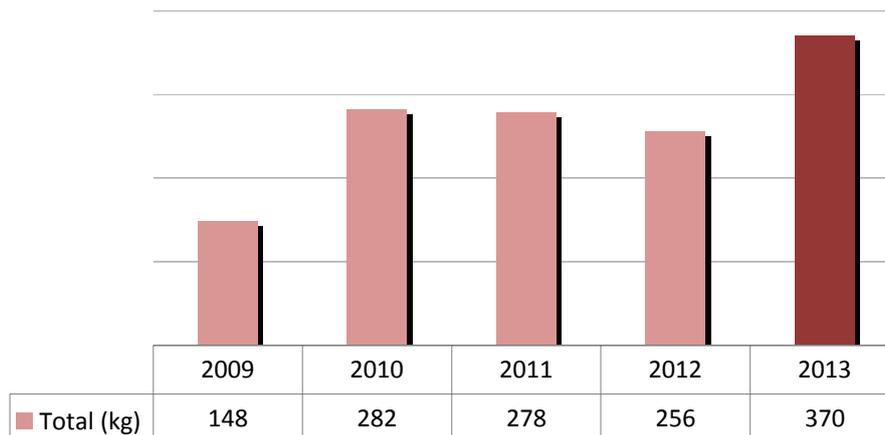


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Amphetamine sulphate (speed)

The general trend of seizures in the last five years has been on the increase, with special attention to the year 2013, with an increase over the previous year of 44.53%. The 370 kilograms seized mark the maximum figure of the period analysed.

Figure 10.11. Seizures of amphetamine sulphate, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Quantities of precursor substances seized

The following table shows the quantities of precursor substances seized during the year 2013 and the percentage variation in relation with 2012. Special note should be taken of the increases in ethyl acetate, hydrochloric acid, hexane, methyl-ethyl-ketone and toluene.

Table 10.1. Quantities of precursor substances seized, Spain 2013

PRODUCTS	2012	2013	% Variation 2012-2013
Ethyl acetate (cc.)	3,800	55,000	1,347.37
Methyl acetate (cc.)	0	4,000	
Polyvinyl acetate (gr.)	750	0	-100.00
Acetone (cc.)	253,033	732,583	189.52
Acetic acid (cc.)	69,000	0	-100
Boric acid (gr.)	3,903	0	-100.00
Citric acid (cc.)	100,000	0	-100.00
Hydrochloric acid (cc.)	22,506	243,501	981.94
Formic acid (gr.)	1,000	0	-100.00
Nitric acid (gr.)	0	1,000	
Sulphuric acid (cc.)	32,000	66,750	108.59
Tartaric acid (cc.)	11,000	0	-100.00
Isopropyl alcohol (cc.)	1,000	0	-100.00
Ammonia (cc.)	37,300	118,500	217.69
Acetic anhydride (cc.)	11,000	9,000	-18.18
Benzene (cc.)	6,000	0	-100.00
Sodium bicarbonate (gr.)	9,775	6,012	-38.50
Sodium carbonate (gr.)	0	37,000	
Active carbon (gr.)	64	0	-100.00
Chloroform (cc.)	58,000	0	-100.00
Calcium chloride (gr.)	11,500	0	-100.00
Aluminium chloride (gr.)	0	5,000	
Benzyl chloride (cc.)	0	175,000	
Dichloromethane (cc.)	0	5,000	
Dimethoxytetrahydrofuran (cc.)	31,000	0	-100.00
Titanium dioxide (gr.)	750	0	-100.00
Ephedrine (gr.)	1,500,193	0	-100.00
Ergotamine (gr.)	0	795	
Ethanol (alcohol) (cc.)	25,000	46,500	86.00
Ethyl ether (cc.)	44,550	18,030	-59.53
Gasoline (cc.)	2,000	0	-100.00
Silica gel (gr.)	1,000	0	-100.00
Hexane (cc.cc)	1,000	214,000	21,300.00
Sodium hydroxide (caustic soda) (gr.)	26,500	0	-100.00
Lithium and aluminium hydride (gr.)	3,000	0	-100.00
Magnesium (gr.)	0	300	
Methanol (methyl alcohol) (cc.)	60,000	50,000	-16.67
Methyl-ethyl-ketone (cc.)	48,000	2,176,000	4,433.33
Sodium nitrate (gr.)	500	0	-100.00
Other chemical products (gr.)	589,298	1,225,340	107.93
Potassium permanganate (gr.)	4,800	0	-100.00
Hydrogen peroxide (cc.)	500	0	-100.00
Silicon (gr.)	0	700	
Magnesium sulphate (gr.)	1,000	0	-100.00
Sodium sulphate (gr.)	500	0	-100.00
Toluene (cc.)	3,000	21,000	600.00
Trichloromethane (cc.)	0	2,000	

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Laboratories dismantled

During 2013 a total of 5 laboratories were dismantled. Two of them were dedicated to the manufacture of amphetamines and methamphetamines, two more to the secondary extraction of cocaine, and the fifth to the production of heroin chlorhydrate.

Table 10.2. Laboratories dismantled, Spain 2013

	TOTAL
Amphetamine	2
Cocaine	2
Heroin	1
TOTAL	5

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

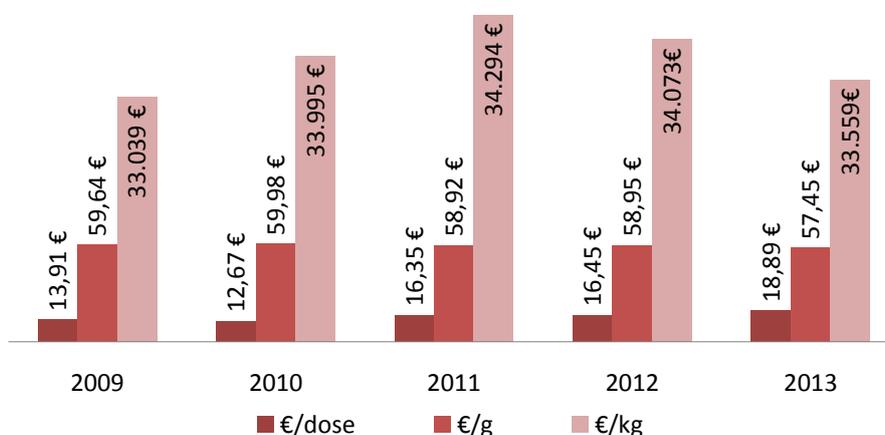
10.4 AVAILABILITY³⁷

Cocaine

Although the general trend of the price of this drug in the last five years has been on the increase, its fluctuation has been different according to whether the sale price is analysed by doses, grams or kilograms.

In general, the price of the dose showed a constant increase until 2013, rising during the study period by almost 36%. In the case of sale by grams, the price stabilised in the first four years, to fall in 2013 by a little over 2.5% with respect to the previous year. In sales by kilogram, the increase was not as marked: initially it showed a progressive upward trend until the year 2011, when it rose by almost 4%, but from then on it depreciated until 2013.

Figure 10.12. Evolution of cocaine prices, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

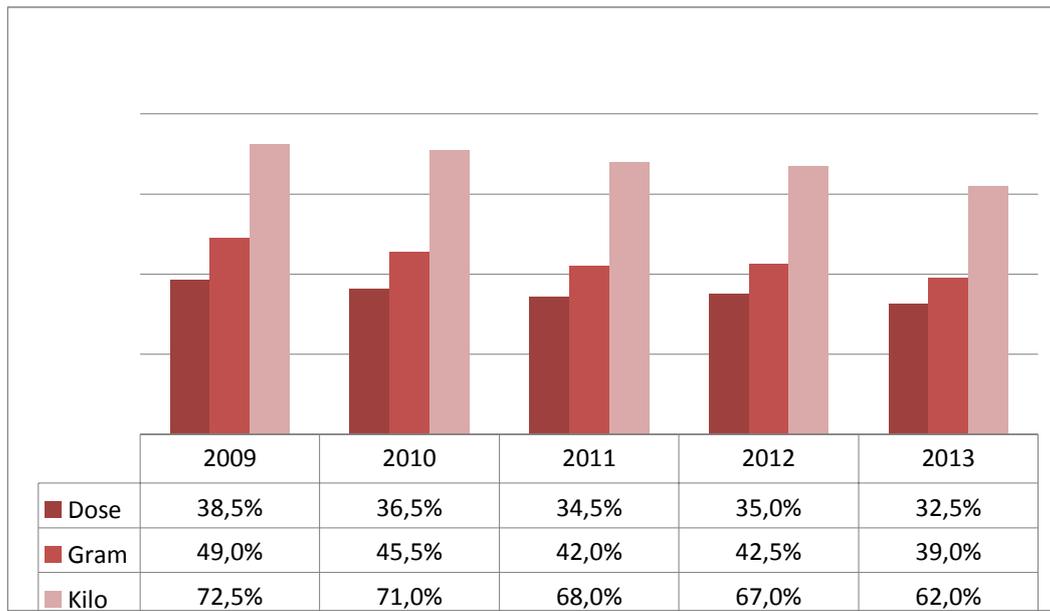
Evolution of purity in cocaine

The adulteration of this drug has been progressive and constant over these last five years in all types of market. The reduction of purity has been most noted in medium-scale traffic (sale by grams), where it has fallen by 10 points. The purity in kilograms fell by a similar percentage, while that of doses fell by 6 percentage points.

Analysing 2013 with respect to the previous year, it is seen that this adulteration increases even more in all three types of market: in minor traffic, the purity fell by 2.5 points; in medium-scale traffic, by 3.5 points, and in wholesale traffic by 5 points.

³⁷ The data set out in this point correspond to the “Standard Table 14” and “Standard Table 16” of the REITOX FONTE System.

Figure 10.13. Evolution of purity of cocaine, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Heroin

The evolution of heroin prices has displayed in general a downward trend. In 2012 it showed an upturn in the price of both doses and kilograms, exceeding 6% and 2%, respectively, over the previous year. The same did not occur with the price per gram, which continued to fall.

Figure 10.14 Evolution of heroin prices, Spain 2009-2013



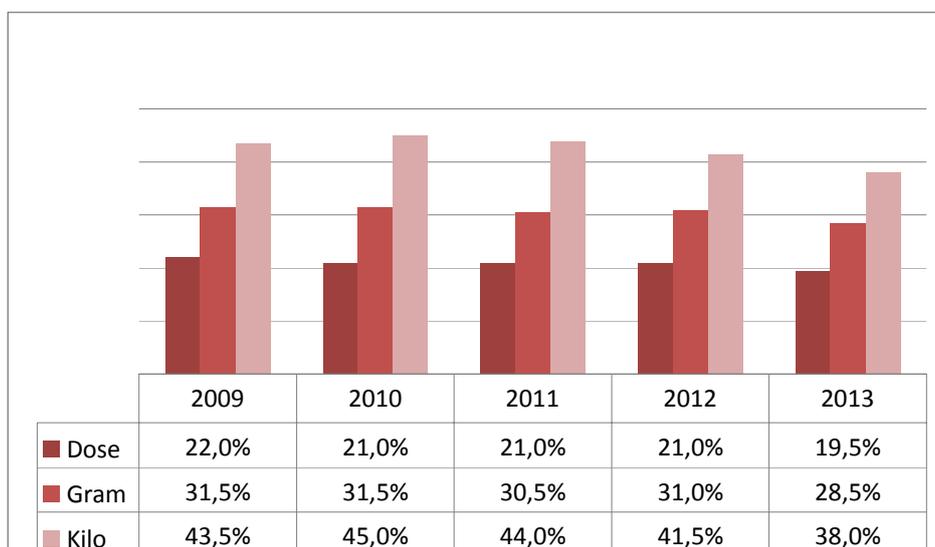
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Evolution of purity in heroin

The general trend of purity in the studied period was downward in the various modalities of traffic, this adulteration being most notable in wholesale traffic, with a fall in purity of 5.5 points.

In 2013 the sharpest decrease with respect to the previous year also occurred in the price by kilograms, with a reduction of 3.5 points.

Figure 10.15. Evolution of purity of heroin, Spain 2009-2013



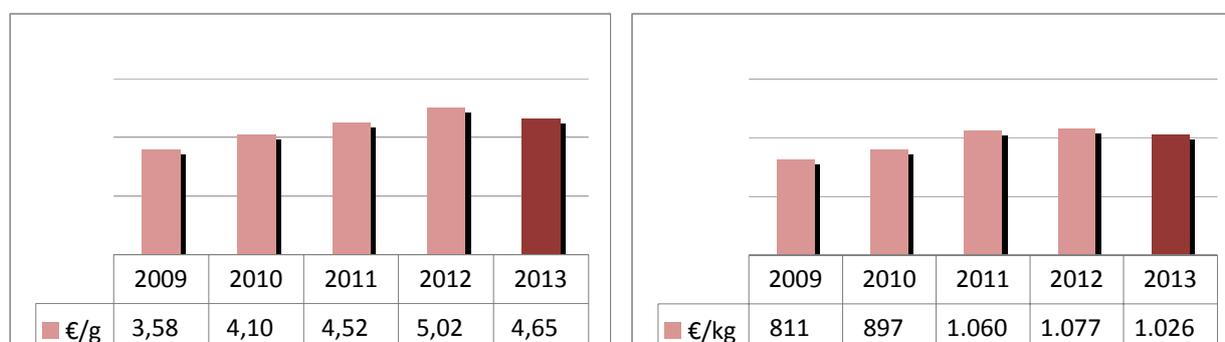
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Cannabis

In general terms, the prices of cannabis derivatives, in the form of both grass and resin, have undergone a slight decrease in this last year, after showing a gradual increase in the previous four years.

The price of the gram of marijuana fell by over 7% with respect to 2012. A similar evolution was seen in the market by kilograms, where the depreciation was close to 5%.

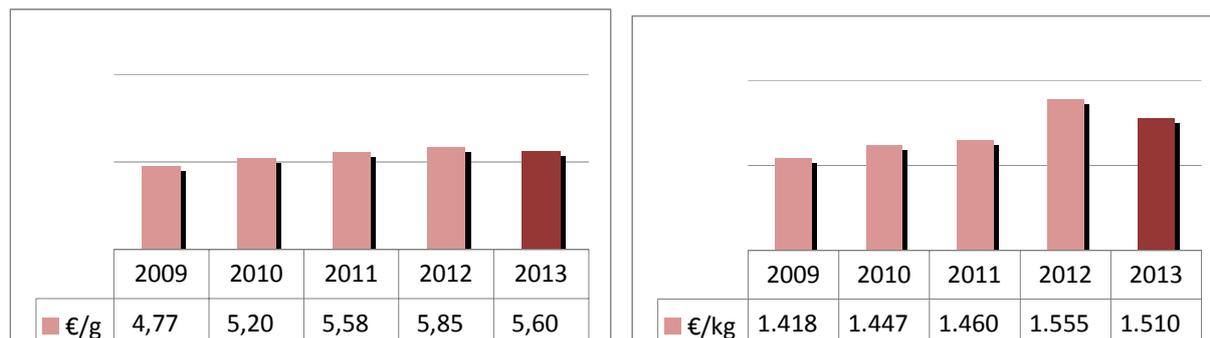
Figure 10.16. Evolution of marijuana prices in grams and kilograms, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

As occurred with marijuana, the price of hashish, in both the retail and wholesale markets, also fell: a little over 4% in the former and close to 3% in the latter.

Figure 10.17. Evolution of hashish prices in grams and kilograms, Spain 2009-2013



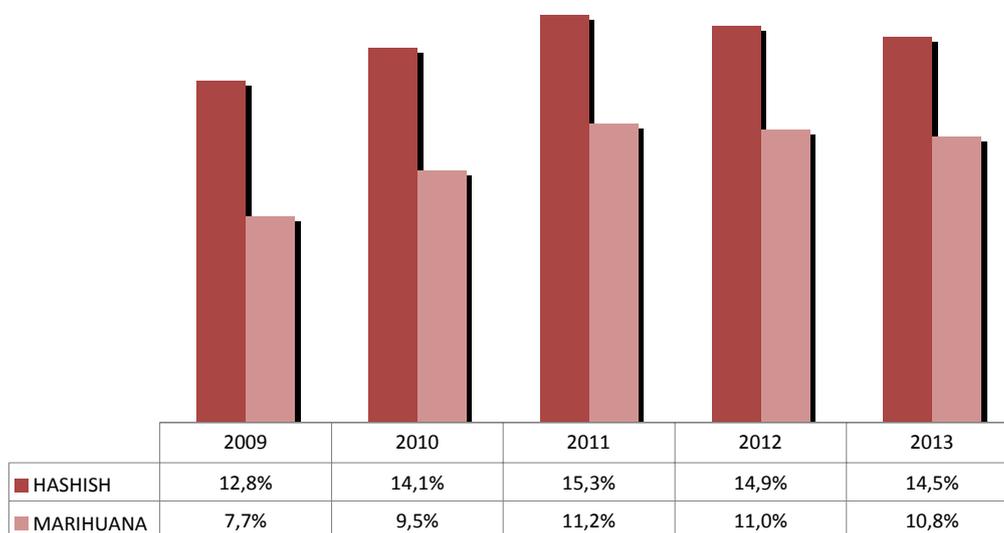
Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Evolution of concentration of THC

The degree of concentration of THC varies, due among other circumstances to the characteristics of the harvests, selection of seeds, climate conditions, land quality and cultivation techniques.

The improvements in these techniques are generating significant results in the increase of the percentages of THC with respect to previous years, in both hashish and marijuana. However, in the last two years there has been an appreciable reduction compared with 2011 in both substances, with hashish falling by 5.23% and marijuana by 3.57%.

Figure 10.18. Evolution of THC, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Amphetamine sulphate

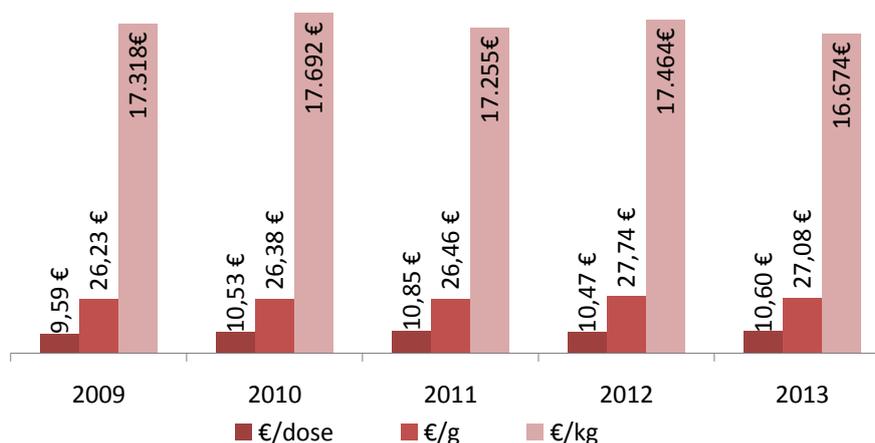
The trend in the price of this drug differs between the retail and wholesale markets. There are also differences if the reference taken is the last year or the last five years, although with very few variations in the different markets.

In reference to the average amount of the dose, in the last five years this has increased, with a variation of over 10%. With respect to the last year, the variation barely exceeded 1%.

In sales by gram, the price increased during the first four years of the studied period by over 5.75%, but in 2013 it showed a downturn of more than 2% with respect to 2012.

In regard to the average price by kilogram, the general trend is downward, although with fluctuations in the intermediate years. The average price at the end of the five-year period shows a fall of up to 3.72%, while in the last year the variation compared with the previous year is more marked, exceeding 4.50%.

Figure 10.19. Evolution of amphetamine sulphate prices

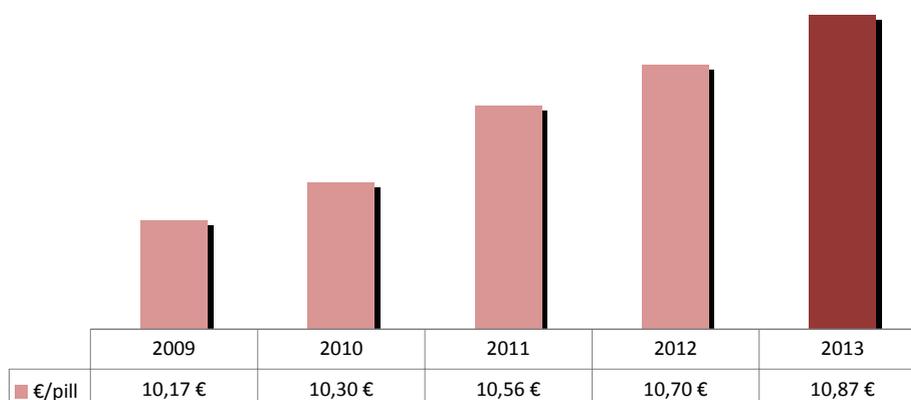


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

MDMA-Ecstasy

This drug is presented to users in the form of pills. The average price in the last five years has gradually increased by percentages close to 2%, with the exception of 2011, when it rose by a little over 2.50%, although the increase in the studied period has been of only 70 cents.

Figure 10.20. Evolution of MDMA-ecstasy prices, Spain 2009-2013

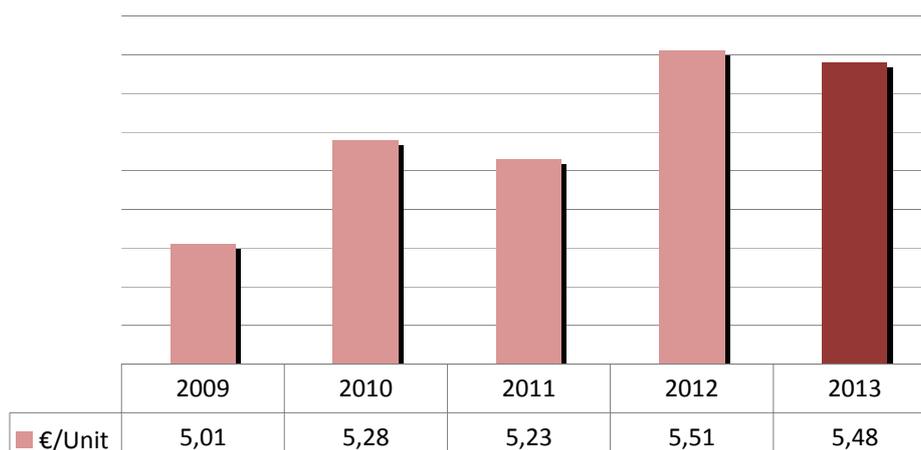


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Amphetamines

The price of the unit of amphetamine shows an upward trend in general, but in 2013 it fell by 0.54% compared with 2012.

Figure 10.21. Evolution of amphetamine prices, Spain 2009-2013

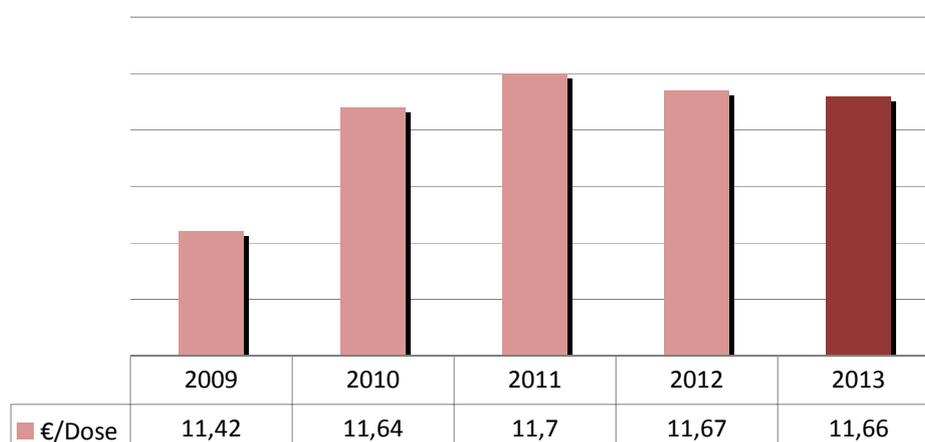


Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

LSD

In the last five years the price of LSD has shown an overall increase of 1.75%, although in 2011 it reached the maximum value in the market. In 2013 it fell slightly by 0.09% compared with the previous year.

Figure 10.22. Evolution of LSD prices, Spain 2009-2013



Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

Summary of prices and purities

The following summary table shows the average data of prices and purities corresponding to 2013.

Table 10.3. Summary table of average data of prices and purities, Spain 2013

PRICES	DOSES	GRAMS	KILOGRAMS
Cocaine	€18.89	€57.45	€33,559
Heroin	€11.15	€57.31	€31,501
Amphetamine sulphate	€10.60	€27.08	€16,674
Hashish resin		€5.60	€1,510
Marihuana		€4.65	€1,026
MDMA-ecstasy	€10.87		
Amphetamines	€5.48		
LSD	€11.66		
PURITIES	DOSES	GRAMS	KILOGRAMS
Cocaine	32.5%	39%	62%
Heroin	19.5%	28.5%	38%

Source: Organised Crime Intelligence Centre (CICO), Ministry of the Interior.

BIBLIOGRAPHY - ALPHABETIC LIST OF ALL BIBLIOGRAPHIC REFERENCES USED

- Arce, A. y Vergare, M. (1984). Identifying and characterizing the mentally ill among the homeless. En H.R. Lamb (Ed.), *Identifying and characterizing the mentally ill among the homeless*. Washington, D.C: American Psychiatric Association.
- 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.
- Cohen, C.I. y Thompson, K.S. (1992). Homeless mentally ill or mentally ill homeless? *American Journal of Psychiatry*, 149, 816-823.
- Chityil, B. (2010) Homelessness in Europe: The Role of Gender Equality Policies. *Homeless in Europe*, spring, 4-5.
- Instituto Nacional de Estadística (2005) *Encuesta de personas sin hogar (personas)*.
- Instituto Nacional de Estadística (2013) *Encuesta de personas sin hogar (personas)*.
- Lee, S., DeCastella, A., Freidin, J., Kroschel, J., Humphrey, C., Kroschel, J., Humphrey, C., Kerr, R., Hollows, A., Wilkins, S., Kulkarni, J., et al. (2010). Mental health care on the streets: An integrated approach. *Australian and New Zealand Journal of Psychiatry*, 44, 505-512.
- Lucas, R; Batista, G; Borrás, 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.
- Marsapt, M. (2000). An advantage with limits. The lower risk for women of becoming homeless. *Population: An English selection*, 12, 1-45.
- Muñoz, M., Panadero, S., Pérez Santos, E. y Quiroga, M. A. (2005). Role of stressful life events in homelessness: An Intragroup analysis. *American Journal of Community Psychology*, 35 (1/2), 35-47. doi: 10.1007/s10464-005-1888-6.
- Muñoz, M., Vázquez, C. y Cruzado, J.A. (1995). *Personas sin hogar en la Comunidad de Madrid. Informe psicosocial y epidemiológico*. Madrid: Comunidad Autónoma de Madrid.
- Panadero, S. y Muñoz, M. (2014) Salud, calidad de vida y consumo de sustancias en función del tiempo en situación sin hogar. *Anales de psicología*, 30, 1, 70-77.
- Panadero, S. y Pérez-Lozao, M. (2013) *Discapacidad en el ámbito de la exclusión social. Análisis de la situación socio-laboral y de los sistemas de protección existentes*. Informe para la Fundación ONCE.
- 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: Universidad de Chile.
- Proyecto Hombre (2014) *Observatorio Proyecto Hombre sobre el perfil del drogodependiente. Informe 2013*.
- Rickards, L. D., McGraw, S. A., Araki, L., Casey, R. J., High, C. W., Hombs, M. E. y Rayson, R. S. (2010). Collaborative initiative to help end chronic homelessness: Introduction. *The Journal of Behavioral Health Services & Research*, 37, 149-166.
- 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.
- Sullivan, G., Burnam, A. y Koegel, P. (2000). Pathways to homelessness among the mentally ill. *Social psychiatry and psychiatric epidemiology*, 35, 444-450.
- Vega, L.S. (1996). *Salud mental en población sin hogar: Estudio epidemiológico en albergues para transeúntes de Gijón (Asturias)*. Oviedo: Sespa.

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