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ADDICTION**

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SUMMARY

MAIN TRENDS AND DEVELOPMENTS

The 2001 Spanish National Report has been drawn up by the Spanish Focal Point, the Government Delegation for the National Plan on Drugs, in accordance with the guidelines established by the EMCDDA, as part of the 2001 REITOX “Core tasks” contract. This Report addresses the state of the drug problem in Spain based on the current drug use trends and describes the activities developed by the various institutions that are part of the National Plan on Drugs (Central Government, Regional and Local Administration and NGOs) in two areas: demand reduction (prevention, treatment and reintegration) and supply control.

This report includes four sections: the first one analyses the legal and institutional framework that guides the Spanish drug policy, although over the past year no significant changes have taken place, since the National Drug Strategy was only approved last year and will be applicable for the period 2000 – 2008; the second section studies the epidemiological situation related to drug use; the third one deals with the analysis of the different responses designed to reduce the demand for drugs in our country and, finally, the fourth section places special focus on three specific issues.

The Spanish Monitoring Centre for Drugs periodically prints the most recent and exhaustive data on national drug use and related consequences. The most recent data come from basically the Door-to-door Survey on Drug Use carried out in 1999 (15 - 65 age group) and to the School Survey (14 - 18 year old students) in 2000. These data is compared with the same surveys carried out in 1995 and 1997 (Door-to-door) and in 1994, 1996 and 1998 (School).

Patterns in Spain are moving away from the scenario where illegal drug use problems were limited mainly to heroin injecting, and are progressing to a more complex situation, in which, along with the hard-core heroin or heroin and cocaine injectors, other problematic user groups are materialising (cocaine sniffers, cannabis users, heroine or crack smokers, users of both legal and illegal drugs, etc.). In the future it is probable that the use of new kinds of drugs and forms of use will develop, which could rise to popularity and fall out of favour more quickly than past trends due to the growing access to new dissemination technologies and exchange of information.

A substantial increase has been observed over the last four years in cocaine-related problems. This increase is presently the cause of considerable concern in social and health circles, and will continue to be so in the future. This growing trend slowed down in 2000, when the number of treatments received for cocaine abuse or dependence decreased, above all at the expense of those treated for the first time. Decreases have also been registered in the proportion of patients receiving urgent treatment and deaths due to adverse reaction to psychoactive substances containing cocaine.

Problems connected with the use of cannabis (mainly treatment for abuse or dependence) have also increased over the last few years, although figures are still below those recorded for the previously mentioned substances. Finally, use of amphetamines and ecstasy, at least up to now, has still not triggered the problems initially feared at the beginning of the nineties, these proportions remaining relatively low.

SCOPE OF ACTION

Prevention

Prevention is the fundamental objective of the National Plan on Drugs, as established in the National Drug Strategy for the period 2000-2008, approved by the Government on December 17, 1999. These preventive measures are fundamentally aimed at education and training in values, targeting mainly children and young people, and concentrating on the more vulnerable groups within the population. Preventive programmes have been developed at schools, at home and at the workplace. After-school and community programmes have been made available to young people, backed by media campaigns, and by encouraging information and documentation systems.

Treatment and reintegration

It is worth noting that the figures reported for persons who began receiving outpatient treatment are on the decline since 1997. Whilst the number of persons receiving treatment in these centres was 79,373 in 1999, in 2000 this figure only reached 73,467. The number of persons treated in hospital detoxification centres has also decreased from 5,732 in 1999 to 4,932 in the year 2000, whilst the number of therapeutic community users followed the slightly upward trend of previous years, rising from 6,252 in 1999 to 6,322 in 2000.

As for opiate agonist treatment programmes, the increases observed in previous years have not altered, with respect to both the number of centres dispensing this treatment, 1,723, and the number of users, the latter having risen from 72,236 in 1999, to 78,806 in 2000.

It is important to mention that harm reduction programmes targeted at drug users involve a wide variety of resources and activities. In the year 2000 more than 16,000 users have benefited from these programmes, among which, syringe exchange programmes have been the most important ones involving social emergency centres, mobile units, pharmacies... that have handed out more than four million syringes.

A wide variety of programmes designed to assist people with legal-criminal problem have been established by the Prison Institution Administration, the Government Delegation for the National Plan on Drugs and Autonomic Plans on Drugs counting on the participation of NGO's. These programmes provide for various types of action depending on the situation of the person concerned: police headquarters and courts, prisons and programmes offering alternatives to imprisonment. Thus, during 2000, 6,078 persons have benefited from police headquarters and court programmes, 2,838 were able to make the most of community centre offers of alternatives to imprisonment and 23,069 received treatment with methadone in prison centres.

From the data presented by the Report, it is evident that social support and health care are becoming more and more widespread for delinquents drug users in contact with the judicial system.

On the other hand, an increase has been observed in the number of Spanish programmes aimed at the social integration of drug users, through education and training, employment and housing. Among these activities, training programmes continue to outnumber the rest, especially those directed towards the need for orientation in the search for employment, from which some 10,585 persons have profited. Furthermore, of particular note are the work integration programmes used to provide drug users undergoing rehabilitation with the opportunity to find remunerated employment, in which more than 4,600 persons have participated.

Control and suppression of trafficking activities

In 2000, the confiscation of more than 474,505 kg of hashish, converted this drug into the most confiscated drug, translating into a 10% increase over 1999 figures. 2000 figures for confiscated cocaine and heroin have gone down with respect to the previous year, from 18,110 kg. to 6,165 kg and from 1,159 kg to 485 kg. respectively.

With regard to other substances, crack retains its downward trend of previous years, with seizures of 153 gr. (360 gr. in 1999); doses of LSD increasing in comparison to 1999 (7.542 doses in 2000 compared to 3,353 in 1999); a spectacular increase being observed in the number of confiscated ecstasy pills, involving 891.562 "pills" in the year 2000, in comparison with 357,649 in the previous year.

98,369 arrests were made for drug trafficking in 2000, involving an increase of 9.3 % over the number of persons arrested in 1999, in prolongation of previous year upward trends. The year 2000 also registered increases in those arrested for trafficking in cannabis followed by cocaine and opiate dealers.

Some 26.426 legal proceedings were initiated against drug traffickers in 2000, representing 14.8% of the figure of 31,016 reported for 1999. Among the autonomous regions, Andalucia chalked up the highest number of legal proceedings for yet another year with 10,619 (40.18% of the total), followed by Galicia and Catalonia.

International Co-operation

Activities in this field, carried out by the Government Delegation for the National Plan on Drugs in the year 2000, continue along the same lines as those initiated in 1996. It is worthy of note that the National Drug Strategy earmarks international co-operation as one of the three basic action areas in the fight against drugs. On the one hand, Spain takes part in every possible multilateral forum in which the issue of drug addiction is discussed (EU, United Nations, CICAD/OEA (Inter-American Drug Abuse Control Commission – Organisation of American States) , GAFI (Financial Action Task Force), European Council), whilst, on the other hand, establishes a series of bilateral relationships with surrounding countries with whom it sustains special links (EU Member States, Latin America and Morocco).

Within the scope of the Phare Programme, the Government Delegation for the National Plan on Drugs has been entrusted with the management of twinning projects in Hungary, Rumania, Slovenia, Latvia and Lithuania.

PART 1

**NATIONAL STRATEGIES:
INSTITUTIONAL AND LEGAL FRAMEWORK**

1 Developments in Drug Policy and Responses

1.1 Political framework in the drugs field

As we have already mentioned, no significant change has taken place in Spain after the Government passed the National Strategy against Drugs 2000-2008 on 17th December 1999, the reference document for the coming years.

The actions included in the National Strategy against Drugs were started in 2000 for the three priority areas included in the strategy: demand reduction, supply control and international co-operation. The Strategy comprises general and specific objectives for the period 2003- 2008 in each one of the above mentioned areas.

The Strategy pays special attention to the prevention of drug abuse in different environments (school, work, community and social communication), since this is estimated to be the most adequate instrument to fight drug abuse issues. Nevertheless, the Strategy also incorporates harm reduction programmes and social assistance and integration programmes for drug addicted individuals.

The Strategy is based on an integral or global approach and, therefore, also recognises the importance of supporting actions for the control of drug offer, which is particularly important considering Spain's special geographic location.

In the third place, the Strategy ensures that this particular conception of international co-operation supports Spain's active participation in all international drug related fora.

1.2 Policy implementation, legal framework and prosecution

Several regulatory documents at different levels and importance in connection with drug issues have been passed during the year 2000.

Amongst them, we must highlight the most important as the *Ley Orgánica 5/2000, de 12 de enero, reguladora de la responsabilidad penal de los menores* (Organic Law 5/2000, 12th January, to regulate the criminal responsibility of underage individuals). This Act is to be applied to individuals between 14 and 18 years of age (and in some particular cases to individuals between 18 and 21 years of age), following their implication in criminal actions or grievance according to Criminal Law or specific Criminal Acts, and provides the implementation of specific measures for these individuals in those cases where, at the time of infringement of these criminal actions, they were under total intoxication due to alcoholic drink, toxic substances, psychotropic substances or under the influence of an abstinence syndrome caused by their addiction to any of the above mentioned substances.

The above mentioned measures are as follows: therapeutic hospitalisation at specific centres in order to receive treatment against addiction; surgery treatment, for which affected individuals will have to attend a treatment centre as assigned by the doctors and follow the prescriptions determined for the correct treatment of their addiction.

According to technical reports, the age and personality and personal interest of each individual will be taken into account at the time of determining the measures to be applied to each case.

The above mentioned measures, which should last no more than two years (except for particular circumstances), may be terminated, reduced or substituted at any moment for the benefit of the under-aged individual, at the same time making it clear to him/her that his/her conduct has been unacceptable.

The Government has also passed the *Real Decreto 1449/2000, de 28 de julio, por el que se aprueba la estructura orgánica básica del Ministerio del Interior* (Royal Decree 1449/2000, 28th July, which sets the Basic Organic Structure of the Ministry of Interior). One of its most significant innovations is to carry out the objective included in Chapter 6 in the National Strategy against Drugs 2000-2008 to create the “Instituto Nacional de Investigación y Formación sobre Drogas” (National Institute for the Research and Training about Drugs). This is an institution reporting to the Government Delegate for the National Plan on Drugs. According to the Royal Decree 1911/1999, 17th December that passed the National Strategy against Drugs, from the moment this regulation comes into force, this body will be in charge of managing and co-ordinating research and training activities for drug related issues in our country.

We must also highlight a new amendment to the Royal Decree 1449/2000, whereby the competencies assigned to the Government Delegation for the National Plan on Drugs include the establishment of a Follow-up Observatory for the use of new technologies by drug traffickers. This is also included in the National Strategy against Drugs 2000-2008.

We must also point out the Ministerial Order passed in 31st January 2000: *Orden de 31 de enero de 2000, del Ministerio de Sanidad y Consumo, por la que se incluye la sustancia 4-metiltioanfetamina (4-MTA) en la lista I del anexo I del Real Decreto 2829/1977, de 6 de octubre, por el que se regulan las sustancias y productos psicotrópicos* (Ministry of Health and Consumption Order 31st January 2000, to include 4-methyltioanphetamine (4-MTA) on list I of Annex I of the Royal Decree 2829-1977, 6th October, for the regulation of psychotropic substances and products) to comply with the European Union Council Resolution, 13th September 1999 which considers these substances a serious threat to public health in addition to their lack of therapeutical applicability.

We must also highlight that the Ministry of Health also passed the Order 7th February 2000: *Orden de 7 de febrero de 2000, del Ministerio de Sanidad y Consumo, por la que se incluyen determinados principios activos en la lista I anexa a la Convención Única de 1961 sobre estupeficientes* (Order by the Ministry of Health and Consumption, 7th February 2000, to include certain active principles on List I annexed to the Single Convention 1961 on Psychotropic Substances). According to this Order, manufacturers, importers, exporters and laboratories of pharmaceutical specialities related to several obligations regarding “remiphentanil” and “dihidroetorphine” are to be included on List I annexed to the Single Convention of 1961 on Psychotropic Substances.

Amongst other measures for the prevention of money laundering, we must take into account the *Orden de 3 de agosto de 2000, del Ministerio de Economía, por la que se desarrollan las obligaciones de comunicación de operaciones al Servicio Ejecutivo de la Comisión de Prevención del Blanqueo de Capitales en cumplimiento del artículo 7.2 del Real Decreto 925/1995* (Order by the Ministry of Economy, 3rd August 2000 to develop the regulations requiring the submission of operations before the Executive Service for the Commission for the Prevention of Money Laundering Activities in compliance with article 7.2 of the Royal Decree 925/1995). According to it the obligation to communicate to the above mentioned Executive Service (Spanish Financial Intelligence Unit -FIU-) the operations indicated in section 7.2.b in the Reglamento de la Ley de Medidas de Prevención del Blanqueo de Capitales, (Regulatory Norm of the Act for the Prevention of Money Laundering) passed by Royal Decree 925/1995, also extends to operations with the Philippines, Marshall Islands, Israel, Niue, Russia and San Cristobal y Nieves, all of this following Recommendation 21 of 22 June 2000 by the Financial Action Task Force on Money Laundering (FATF) and on the basis of the report produced by the same body on those countries and territories that offer no co-operation in the fight against money laundering activities.

At the same time, on the international co-operation side, Spain undersigned an **Agreement with the Dominican Republic on co-operation for the prevention of consumption and control of illicit trafficking in narcotic drugs and psychotropic substances** (Santo Domingo on the 15th November 2000), as well as a **Memorandum of Understanding between the Islamic Republic of Iran and the Government of Spain against illicit trafficking in narcotic drugs and psychotropic substances** (Teheran on 21st October 2000). Finally, on 1st September 2000, Spain and Mexico signed the **Agreement for mutual co-operation between Spain and Mexico for the exchange of information concerning financial operations in order to prevent and act against illicit or money laundering operations**, that had been signed “*ad referendum*” on 24th May 1999.

To conclude, we should also point out the actions carried out by the different autonomous communities. For example, the **Autonomous Community of Madrid passed Law 5/2000, on 8th May** and the **Autonomous Community of La Rioja passed Law 4/2000 on 25th October** regarding new provisions to increase current limitations regarding the commercialisation of alcohol and tobacco. Thus, the former raises the minimum legal age for consumption to 18 years and the latter applies the same restrictions to the consumption of tobacco.

1.3 Developments in public attitudes and debates

According to the last surveys carried out in Spain, although half of the Spanish population considers drug use as an important problem, the alarm caused by the use of drug is decreasing.

This is partly due to the change in the patterns of drug use. The picture has evolved from a scenario in which the most problematic behaviour was injected heroine to a more complex one, described in other chapters. As a result, the most visible consequences of drug use in the

past years (syringes thrown in the ground, people offering drugs in the streets, people using drugs in public places...) are no longer visible.

On the other hand, people agree with the actions carried out by the Public Administrations and consider these activities as the best ones to tackle the use of drugs: prevention at the schools, treatment for problem - drug users, law enforcement activities and awareness campaigns.

1.4 Budget and funding arrangements

In 2000 the different departments of the central government with competence over drug-related matters directly managed a budget of 10,309 million pesetas –61.958.337,84 €. In addition to this sum the Government Delegation for the National Plan on Drugs, with a total budget of 5,598 million pesetas –33.649.638,75 € transferred to the Regional Plans on Drugs the sum of 3.766 million pesetas to meet expenses incurred in their activities. The Autonomous Communities, through these Plans, have invested in 2000 25,684 million pesetas from their own budgets (22,696 million pesetas were invested in 1999).

Distribution of expenditure done by Autonomous Communities and Cities by areas of intervention in 1999 (includes the amount transferred by the Delegation):

Areas of intervention	Amount (pesetas)	Percentages
Prevention	4,693,461,860	15.94%
Care and rehabilitation	22,075,267,173	74.96%
Research, documentation and publications	432,958,750	1.47%
Institutional co-ordination and co-operation with private initiatives	2,249,102,776	7.63%
Total	29,450,790,559	100%

The Law 36/1995, 11 December, that established the creation of a Fund from goods confiscated because involved in drug trafficking and related offences, sets the destiny of the goods mentioned. These will be applied to the prevention of drug use, to treatment services, to the social rehabilitation of drug users, to the improvement of the activities of prevention, research and repression of the offences mentioned and to international co-operation in these matters.

In year 2000, the budget of the Government Delegation for the National Plan on Drugs included 752 million pesetas – 4.519.611,02 € that came from this Fund and were used for financing drug prevention programmes and to fight against illicit drug trafficking.

PART 2

EPIDEMIOLOGICAL SITUATION

2. Prevalence, Patterns and Developments in Drug use

2.1 Main developments and emerging trends

Epidemiological information on illegal drugs has improved considerably over the past decade in both quantitative and qualitative terms, so we now have a fairly good picture of the trends and geographical patterns of drug usage and its repercussions.

A transition is currently underway in Spain, with a shift from a scenario in which the problems created by illegal drugs were mainly limited intravenous heroin users to a more complex scenario in which, together with a hard core of intravenous heroin and heroin/cocaine users, other groups of problematic users have emerged (cocaine users who sniff or snort the drug, cannabis users, heroin/crack smokers, multiple drug users consuming a mixture of legal and illegal drugs, etc.) In the future it is likely that new drugs or new forms of drug use will emerge. Their rise to popularity and subsequent discrediting is likely to be more rapid than in the past as a result of greater access to new technologies enabling the swifter dissemination and exchange of information.

There are, however, clear signs that the most serious drug-related health problems (HIV infection, deaths from overdose or acute reaction) are on the decline, due above all to the fact that injecting has ceased to be the preferred means of heroin use, in conjunction with the implementation of methadone maintenance programmes. Despite this, however, heroin continues to be the illegal drug responsible for the largest number of public-health problems and the drug resulting in the greatest demand for health-care services. It is likely that heroin-related problems will continue to decrease in the near future, although obviously a drop in the price, a reduced perception of the risk associated with its use, or any other circumstance, may facilitate its renewed spread among new groups of users. The existence of a significant core of heroin users who smoke or sniff and who are highly drug dependent undoubtedly has the potential to generate a new flow of intravenous users as some of these users may feel that injection is a more effective or efficient route of administration than smoking or sniffing, particularly in the event of fluctuations in the market resulting in a restriction in the supply of brown heroin or if the purity of the available heroin were to drop.

Cocaine-related problems have risen significantly over the last four years. This increase has been the cause of serious health-care and social concern and will continue to be so for the immediate future. The upward trend came to an end in 2000, however, when the number of patients treated for cocaine abuse or dependency dropped (in particular in terms of numbers receiving first-time treatment) along with the proportion of emergency cases and deaths from acute reactions to psychoactive drugs in which cocaine is mentioned. Nevertheless, it is quite likely that cocaine-related problems will continue to rise in the future and that other so-far hidden problems will emerge. In addition, the spread of cocaine use among opiate users, including those receiving methadone treatment, may have serious repercussions for their health and for the progress of the AIDS and hepatitis epidemics.

Problems associated with the use of cannabis (mainly treatment for abuse or dependency) have also risen considerably in recent years, although cannabis continues to account for a much smaller percentage of problems than either heroin or cocaine. Lastly, problems arising from amphetamine and ecstasy use have not –at least so far– reached the proportions feared in the early nineties and they continue to account for only a small percentage of total incidents.

2.2 Drug use in the population

Cannabis

Cannabis is the most widely consumed illegal drug in Spain. According to the Household Survey of Drug Use, in 1999 19.5% of Spaniards aged between 15-64 had taken cannabis at least once in their lifetime, 6.8% had taken it in the preceding year, and 4.2% in the last month. Levels of consumption are highest among young people aged 15-29 (28.2% having taken it at least once), males (25.2%) and in metropolitan areas (23%) (DGPND 2001a).

According to the School Survey on Drug Use among the School Population, in 2000 31.2% of pupils aged between 14-18 had taken cannabis at least once in their lifetime, 26.8% in the last year, and 19.4% in the last month. Experimentation with cannabis by young people at school is very widespread, reaching levels of over 50% among pupils aged 18 (DGPNSD 2001b).

The most frequently consumed form in Spain is *Cannabis sativa* (hashish) resin, which is mixed with tobacco and smoked. Usage tends to be occasional and over a limited period of time, probably due to the potential occurrence of unpleasant psychological effects, such as anxiety attacks or panic, or the lower potential for abuse of cannabis compared with drugs like nicotine or opiates. Nevertheless, in 1999 1.1% of Spaniards in the 15-65 age range consumed this drug daily (DGPNSD 2001a).

Synthetic drugs (amphetamine, ecstasy, LSD, other/new)

Use of these substances is much less widespread in Spain. Thus, in 1999 in the 15-64 age group the annual prevalence of ecstasy consumption was 0.8%, amphetamines (speed) 0.7%, and LCD or other hallucinogenic drugs 0.6% (DGPNSD 2001a). However, use of these substances was widespread among the young. Thus, in 2000 the prevalence of amphetamine consumption in the preceding year among pupils aged 14-18 was 3.1%, ecstasy 4.6%, and hallucinogens 3.7% (DGPNSD 2001b).

Amphetamines are usually taken in the form of tablets or powder (speed) and ecstasy in the form of tablets. They are generally taken orally, although some amphetamine users take them nasally (sniffing/snorting). Ecstasy use is most prevalent among the youngest age group (15-24) and is probably fairly evenly spread across all socio-economic groups (Gamella and Álvarez-Roldán 1997; DGPNSD 1998; DGPNSD 1999). Use tends to be experimental or occasional and is rarely habitual or compulsive. Users' perception that increased dosages or frequencies increase the unpleasant effects and decrease the pleasant or positive effects may dissuade many users from frequent or heavy consumption (Gamella and Álvarez-Roldán 1997; EMCDDA 1999). This does not mean that users do not occasionally indulge in fairly

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heavy sessions of use. Thus, in 1998 31% of pupils aged 14-18 who had taken ecstasy stated that they had taken 3 or more tablets in a single session. (DGPNSD 2000a). Moreover, a group of heavy or compulsive users can be identified (Gamella and Álvarez-Roldán 1997a). Ecstasy tends to be consumed in discos and bars, at parties or at the weekend. The taking of ecstasy was initially associated in the main with various types of techno music (Gamella and Álvarez-Roldán 1997b). It is probable, however, that consumption patterns have diversified and that its use is increasingly less associated with a specific type of venue, music or ambience and that it has lost much of its role in the identity of specific groups.

Ecstasy and amphetamine users frequently take other drugs, such as alcohol, cannabis, cocaine and hallucinogens. By contrast, concurrent use of heroin or benzodiazepine is rare, except among heavy users. Additionally, there are signs that heroin users are including ecstasy and amphetamines among the broad panoply of products they consume (De la Fuente et al 1997a; Gamella and Álvarez-Roldán 1997b).

The use of hallucinogenics takes place in the same recreational/party setting as ecstasy and amphetamines and is characterized by even more experimental and sporadic use, probably because it is relatively common for users to experience unpleasant effects. LSD is the main product used, although there has probably been a certain amount of experimentation with new synthetic and organic hallucinogens. Consumption seems to have levelled off in recent years, at least among the youngest age group.

Heroin/opiates

The prevalence of heroin and opiate use in Spain is largely unknown. Home surveys, which are generally considered to give fairly unreliable results in this regard, usually give figures for the prevalence monthly or annual use of less than 1% for the population aged over 15 (DGPNSD 1997; DGPNSD 1998; DGPNSD 2001a).

Cocaine/crack

In 1999 3.1% of Spaniards aged 15-64 had taken cocaine at some point in their lives and 1.5% in the previous year (DGPNSD 2001a). Levels of usage were higher among the youngest age group. In fact, in 2000 5.4% of pupils aged 14-18 had taken cocaine at least once in their lifetime and 4.0% in the previous year. 2.2% had taken it in the previous 30 days (DGPNSD 2001b). The use of *basuco* is still relatively rare among the general population and is mainly limited to heroin users. In 1999 only 0.3% of 15-64 year olds had ever taken it (DGPNSD 2001a). Nevertheless, in areas where heroin is mainly smoked, such as Grand Canary, it may have spread quite widely among certain marginal groups that do not take heroin, such as sex workers, for example (Barrio et al 1999).

The type of cocaine available in Spain is usually cocaine chlorohydrate. It is often mixed with caffeine, but is free of dangerous contaminants. Its purity (percentage of pure cocaine in the total weight) is extremely variable, but tends to be high (Barrio et al 1997b; DGPNSD 2000). Crack is usually produced by users themselves by heating cocaine chlorohydrate with an alkali (usually liquid ammonia). However, in some regions in the south-east (Andalusia, Extremadura, the Canary Islands and Ceuta) there is probably already a stable market for these substances (Barrio et al 1998b).

Three basic patterns of cocaine consumption have been identified. The most prevalent pattern is for light use (sporadic and in moderate quantities), usually nasally. The less common patterns are compulsive users (frequent among opiate users) and users characterized by frequent consumption of large quantities, generally intravenously or via the lungs (Barrio et al 1997a).

2.3 Problem drug use

Until recently heroin (mainly taken intravenously) was the drug responsible for the greatest number of social and health-care problems of any illegal drug in Spain, although the surveys repeatedly showed the usage of other drugs, such as cocaine, to be more widespread. Nevertheless, in the second half of the nineties heroin became less important and cocaine-related problems began to account for a significant proportion of recorded drug problems. It is followed by cannabis, although at a considerable distance. Problems related to amphetamines, ecstasy and other illegal drugs represent a small proportion of the total in Spain.

As mentioned, the information from population surveys on problematic heroin use is considered to be somewhat unreliable and little information has been gathered using indirect methods. In the early nineties local estimates were made in Barcelona and Madrid using the capture/recapture technique. This yielded annual prevalence figures for the 15-54 age group in the period 1990-1993 of 7.2-11.0/1000 in Barcelona and 14.1/1000 in Madrid (Domingo-Salvany et al 1998; EMCDDA 1999).

The DGPND is currently making national estimates based on indirect techniques proposed by the EMCDDA with a view to obtaining a harmonised European indicator. The partial (provisional) results of applying these techniques are shown in the following table:

Results of applying various multiplicative methods.				
	1997	1998	Population rate* 1997	population rate* 1998
Demographic method applied to national total	108 665	110 938	4,043	4,127
Demographic method applied to each province	109 666	111 970	4,080	4,166
Multiplicative method applied to treatment data	175 832	177 756	6,542	6,613
Multiplicative method applied to mortality data	92 993	83 972	3,460	3,124
* per 1000 inhabitants in the 15 to 64 age range				

As can be seen from the table, in 1998 the annual prevalence of problematic users of opiates in the 15-64 age range in the population of Spain varied from 3.5 to 6.5 users per 1000 inhabitants depending on the method used to obtain the estimate. It should be borne in mind

that when these methods are applied there are a number of limitations, mainly arising out of the uneven quality of the sources of information on which the calculations are based. The results obtained therefore have to be interpreted with caution. Estimates based on the capture/recapture technique have also recently been performed for the Murcia and Vizcaya regions. The results indicate that in 1998 the number of problematic opiate users in the population in the 15-54 age range was 14.1/1000 inhabitants (IC95%: 8.7-26.5) in Murcia and 5.0/1000 (IC95%: 3.0-11.3) in Vizcaya (Domingo-Salvany et al, 2001).

The socio-demographic profile of heroin users remains unchanged (approximately 80% males, average age in the early thirties, relatively low educational attainment, unemployment rate of over 50%, broad involvement in criminal activities, arrests and frequent spells in prison) (DGPNSD 2000). Consumption centres on certain specific urban areas. A positive correlation has been detected between drug taking and poverty (Domingo-Salvany et al 1993), although the relationship is a complex one (Torralba et al 1996, Brugal et al 1999).

In most regions the main type of heroin in circulation and that mainly consumed is brown heroin (base heroin), although in many areas of the Balearic Islands and Catalonia white heroin (heroin chlorohydrate) predominates (DGPNSD 1997).

At present the majority of heroin users take the drug via the pulmonary (smoking) or nasal routes (sniffing/snorting). In 2000 64.6% of persons treated for heroin dependency took the drug by smoking it and 4.8% by sniffing it. The number of intravenous users varies greatly between geographical areas. It is low in the south-west of the country but rises to over 40% in certain areas of the north east (DGPNSD 2001c).

Heroin users also frequently take cocaine, in some cases mixed with heroin. This phenomenon is particularly marked in the south of the country. Similarly, heroin users also frequently take alcohol, other opiates, cannabis, and in particular, benzodiazepines (San et al 1993). Of these latter drugs, Spanish users have traditionally shown a preference for flunitrazepam (Rohipnol^R) and chlorazepate dipotassium (Tranxilium^R) (Barrio et al 1993; San et al 1993), although the most frequently used drug today is alprazolam (Trankimacin^R).

One much-debated aspect of the problems arising from the use of illegal drugs is the discrepancy between the level of cocaine consumption and the slight health-care problems associated with it. This discrepancy persisted in Spain for a considerable time, despite the fact that in the eighties it was assumed that such problems would soon increase, as they had done in the United States (Barrio et al 1993). Nevertheless, since 1995 the panorama has changed and the numbers of patients treated and emergency cases handled in relation to this drug have risen sharply. In 1999 and 2000 cocaine was responsible for over 30% of first admissions for treatment for drug abuse or dependency, and the drug was mentioned in over 45% of acute drug-reaction emergencies (DGPNSD 2001a, DGPNSD 2001c).

More information needs to be obtained on the problems specific to cocaine users that need to be dealt with in Spain. In 1994 the most frequent affects dealt with in emergency units were anxiety, mydriasis (pupil dilation), syncope, tachycardia, dyspnoea, obnubilation (numbness) or coma, agitation, chest pains and palpitations. Mental disturbance was the most frequent diagnosis. The majority of episodes took place in persons who had injected or smoked

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cocaine and did not require hospitalization (Barrio et al 1998a). This situation may since have changed.

As regards the relationship between cocaine and accidents, a recent study indicates that the drug is detected with relative frequency in Spain (7.4%) in fatal traffic accident victims, often in combination with alcohol (Del Río et al 2000).

3. Health consequences

3.1 Drug treatment demand

When interpreting the data for this indicator it has to be borne in mind that its evolution can be influenced not only by the number of users and their problems but by the supply and use of treatment services and that these have increased considerably over the last 10 years (Álvarez-Requejo et al 1999).

In 2000 a total of 49,487 admissions for treatment were recorded (a slight drop compared with 1999), of which 45,243 were as a result of opiate or cocaine use. The number of reporting centres rose from 414 in 1994 to 465 in 1997, 478 in 1998, 513 in 1999, and 492 in 2000 (DGPNSD 2001a, DGPNSD 2001c).

The overall rate of admissions in 2000 was 124.2 per hundred thousand inhabitants. The numbers of persons treated per hundred thousand inhabitants varies greatly between the Autonomous Regions. The highest rate being in the Canary Islands (348.0/100000) and the lowest in Navarre (22.4/100000) (DGPNSD 2001c).

As in previous years, in 2000 the majority of admissions for treatment were due to heroin (72.2%) although cocaine began to account for a significant proportion (17.2%), especially among persons admitted for treatment for the first time (DGPNSD 2001c).

Although heroin continues to be responsible for the vast majority of admissions for treatment for the effects of psychoactive substances, since 1996 the upward trend seen since 1987 was reversed and there has been a gradual decline in the number of admissions for treatment due to this drug. Numbers have gone from 9,434 in 1987 a 40,007 in 1995, 46,635 in 1996, 44,089 in 1997, 43,598 in 1998, 36,504 in 1999, and 34,563 in 2000 (DGPNSD 2001a, DGPNSD 2001c). If the data are examined subdivided according to whether or not treatment has been given previously, however, the number of people having previously received treatment in relation to this drug is practically stable, while there has been a sharp drop in the number of people receiving treatment for the first time, which has gone from 20,017 admissions in 1992 to 11,867 in 1998, 10,473 in 1999, and 8,151 in 2000 (DGPNSD 2001a, DGPNSD 2001c).

Up until 1999 the number of admissions for treatment as a result of cocaine use grew dramatically, but since 2000 this increase has halted. In fact, the number of people receiving treatment for this drug has gone from 2,980 admissions in 1996 to 4,647 in 1997, 6,154 in 1998, 8,802 in 1999, and 8,502 in 2000. This levelling off is above all due to the behaviour of users receiving treatment for the first time, as the number of persons admitted having received previous treatment continues to rise. In fact the number of persons receiving treatment for the first time as a result of cocaine use went from 4,174 in 1998 to 6,126 in 1999, and 5,499 in 2000. As yet it is not clear whether this is a passing phenomenon. In 2000 17.2% of admissions for treatment were as a result of cocaine abuse or dependency. This figure was 31.2% in the case of persons admitted for the first time (DGPNSD 2001a, DGPNSD 2001c).

It should also be noted that although the percentage is smaller, the demand for health-care attention as a result of cannabis abuse or dependency accounted for 6.1% of the total in 2000 and this figure continues to rise.

The vast majority of persons admitted for treatment in 2000 (84.9%) were males. The highest proportion of males was observed among persons receiving treatment for cannabis use (90.1%), the lowest among those treated for use of hypnotics or sedatives (60.6%). The average age of persons treated was 30.9 (28.8 in cases where there was no prior treatment and 32.1 in cases with previous treatment). The lowest average age was observed among persons admitted for treatment as a result of volatile substance abuse (21.6) and the highest among those treated for abuse of hypnotics and sedatives (33.3). Most of those admitted for treatment (81.9%) had completed 8 years or less of schooling. The level of educational attainment varied greatly according to the main drug for which treatment was given. Many of those being given treatment were unemployed (46.6%) and the proportion of unemployed persons was higher in cases where previous treatment had been given (52.1%) than in those receiving treatment for the first time (36.8%). There were also significant differences in the percentage of unemployed persons depending on the main drug for which the person was admitted for treatment. The highest level of unemployment (53.2%) was found among heroin users (DGPNSD 2001c).

The average age at which drug use starts is 20.6 overall for all cases covered by the indicator. Significant differences in the average age at which drug use started were also observed depending on the main drug for which treatment was given. The youngest average age was seen in persons admitted for cannabis abuse (16.3 years), volatile substance abuse (16.5) or phenylethylamine abuse (17.9 years). The oldest average age was seen in the case of hypnotics and sedatives (26.0 years) (DGPNSD 2001c).

The pulmonary route (smoking over aluminium foil, in cigarettes or in a pipe) was the predominate means of consumption among persons treated for heroin abuse in 2000, although there remains a significant core of persons who continue to inject the drug. Among persons that had previously received treatment as a result of heroin use, 28.7% were injecting users and 61.9% smoked the drug, whereas among persons who had not received previous treatment these percentages were 17.7% and 74.1% respectively. Significant differences were apparent in the way in which heroin was taken in each of the regions, although the pulmonary route predominated in most of Spain with the exception of a group of regions in the north-east (Catalonia, Balearic Islands, Aragón, Navarre, Cantabria, Rioja and the Basque Country). Among those admitted for treatment as a result of cocaine use, the main route by which the drug was taken was nasally (sniffing). Injecting was relatively uncommon. The percentage of users injecting the drug was 9.0% among persons having received previous treatment and 1.9% among first-time cases (DGPNSD 2001c).

Since the treatment indicator started including the main route of consumption of the drug motivating treatment in 1991, a significant change has been seen in the main route by which heroin is taken throughout Spain. In the view of many specialists in the field this change represents a significant phenomenon in terms of public-health. This revolution has taken place both among users who have received previous treatment and those who have not. In both cases injecting has dropped from 50.3% in 1991 to 21.8% in 1998, 19.6% in 1999 and 17.7%

in 2000. This drop has been seen in all Autonomous Regions. Injecting has mainly given way to smoking the drug on aluminium foil. The decline in injecting has also been seen in the case of cocaine use (DGPNSD 2001a, DGPNSD 2001c). Around half (49.6%) of those admitted for treatment in 2000 had never injected the drug (non-intravenous drug users), 22.2% had injected at some time but not in the year prior to admission (ex-intravenous drug users) and 28.2% had taken the drug intravenously in the preceding year (current intravenous drug users). Of those drug users admitted for treatment for heroin use, these proportions were 38.8%, 27.4% and 33.8%, respectively. As regards drug users admitted for treatment as a result of the use of other drugs, the only group in which there is a significant proportion of users who have injected drugs at some time (current intravenous users or ex-intravenous users) is among those admitted for treatment of non-heroin opiate abuse (70.2%). For all remaining drugs the proportion of intravenous users is very low (DGPNSD 2001c).

Drug users admitted for treatment frequently consume other drugs than their main drug. Among those admitted for treatment for heroin abuse in 2000, the most commonly used secondary drugs during the 30 days prior to admission were cocaine (69.5%), cannabis (35.9%), hypnotics and sedatives (22.0%) and alcohol (25%). Heroin was used as a secondary drug in 14% of cases among those admitted for treatment for cocaine abuse. Other frequently used secondary drugs among heroin users were alcohol (58.5%) and cannabis (48.6%) (DGPNSD 2001c)

62.1% of all persons admitted for treatment for abuse of psychoactive substances in 2000 stated that they had received prior treatment for abuse of their main drug, compared with 58.9% in 1999, 62.1% in 1998, 62.1% in 1997, 56.9% in 1996, 47.5% in 1994 and 43.9% in 1992. The proportion of cases that had received prior treatment was much higher among heroin users receiving treatment (74.0%) than cocaine users (32.5%) (DGPNSD 2001c).

As regards the level of HIV-positives among persons admitted for treatment, it should be noted first of all that there is a large proportion whose serological status is unknown (37.7%). This level rises 55.3% in the case of those individuals receiving treatment for the first time. Thus, these results must be interpreted with caution, and taken as minimum values of the prevalence of HIV infection (HIV positives), i.e. that at least this percentage is infected. On this basis, the highest level of prevalence of HIV infection was found among persons admitted for treatment for abuse of non-heroin opiates (23.9%) and heroin (18.8%). The lowest levels were found among users of phenylethylamines, hallucinogens and volatile substances (0.0%) and cannabis (1.3%) who were admitted for treatment. This prevalence is much higher among persons who have received prior treatment than among those admitted for the first time. For example, in the case of heroin, the figures are 21.0% of those receiving previous treatment and 11.4% of those treated for the first time (DGPNSD 2001c).

3.2 Drug-related mortality

Drug-related deaths

Drug abuse (principally intravenous heroin use) has been one of the main causes of death amongst young people in the large cities of Spain for a number of years (De la Fuente et al 1995). The two main causes of death amongst opiate and cocaine users are AIDS and acute reactions, although at present AIDS-related deaths are much more numerous than deaths from acute reactions.

The number of deaths from acute reactions to opiates or cocaine rose continuously from 1983 to 1991, since when it has declined. The numbers of deaths as a result of acute drug reactions in the five largest cities in Spain (Madrid, Barcelona, Valencia, Saragossa, and Bilbao) went from 82 in 1983 to 226 in 1987, 553 in 1991, 373 in 1995, 267 in 1998, 254 in 1999 and 241 in 2000 (DGPNSD 2001a, DGPNSD 2001c). In other areas monitored continuously since 1991 there has also been a downward trend in mortality, although the fact that the numbers are small in many cases means that there are large random fluctuations from one year to the next. In the vast majority of cases deaths are notified by the Institutes of Forensic Pathology, although in some cases death is notified by pathologists working at other centres, or occasionally by individual forensic pathologists. The complementary toxicological data are mainly drawn from the National Toxicology Institute (Seville, Madrid and Barcelona departments), but also come from other institutions (DGPNSD 2001a; DGPNSD 2001c). Significant differences in mortality rates are apparent between the different areas monitored. The areas where heroin is mainly taken intravenously, such as Palma de Mallorca (10.8/100,000 inhabitants in 2000) and Barcelona (6.7/100,000) (DGPNSD 2001a, DGPNSD 2001c).

Of the 444 deaths from acute reactions to psychoactive substances in 2000 in all the areas monitored in Spain (covering 39.1% of the population), 86.9% were male. The average age of the victims was 33.3 years. It would be useful to have a toxicological analysis in all cases of unnatural death, including deaths from poisoning or acute reaction to any type of substance. However, in some cases this information is not available. In 2000 the proportion of cases with toxicological information from samples of biological material was 97.7%. Of the available toxicological analyses, most showed positive for opiates (89.4%), 54.4% for cocaine, 53.0% for benzodiazepine and 35.5% for alcohol. Other substances were not found in significant quantities (DGPNSD 2001c).

Mortality and causes of death in drug users, trends

There is insufficient information to determine the overall mortality (from whatever cause) among drug users. The few published cohort studies concern opiate users (heroin) and are limited to Catalonia. These studies indicate that the annual mortality rate among opiate users was less than 1.5% in the mid-eighties (Sánchez-Carbonell et al 1989; Ortí et al 1996) and rose as a result of AIDS deaths and overdoses to 3-5% in the early nineties (Muga et al 1999). This means that this population had at that time a mortality 20-30 times higher than the general population (same age and sex). These figures are among the highest recorded in the international literature (EMCDDA 1999). It is likely that the mortality rate has decreased considerably among users in Spain as a whole since 1995. In fact, in Barcelona between 1994 and 1997 the annual mortality rate among intravenous users fell sharply (Villalbí and Brugal 1999).

3.3 Drug-related infectious diseases

Since the second half of the eighties AIDS and HIV infection have been the main health problem associated with drug use in Spain. According to the National AIDS register, in the period up to 30 June 2001 39,681 cases of intravenous-drug-use-related AIDS cases were diagnosed, accounting for 65% of all AIDS cases in the period. Of the cases diagnosed in 2000 the proportion attributable to intravenous drug use is lower (55.1%), and is slightly higher in men (57.2%) than in women (47.9%) (Instituto de Salud Carlos III, 2001). It is important to bear in mind that the AIDS register is cumulative and that there is something of a delay in notification, with the result that the figures may be subject to future modifications.

There is a clear downward trend in the numbers of drugs-related AIDS cases diagnosed each year, after the peak in 1994. The number of new cases diagnosed was 4,994 in 1994, 4,264 in 1996, 2,059 in 1998, and 1,281 in 2000. This drop reflects the progress made in the fight against AIDS among drug users, with a considerable increase in the number of damage reduction programmes, particularly using methadone, and the more widespread use of anti-retroviral treatments (Instituto de Salud Carlos III 2000).

The proportion (i.e. prevalence) of intravenous drug users infected with the AIDS virus (HIV) continues to be high. According to the survey of Heroin Users receiving Treatment in 1996, 77.4% of heroin users admitted for treatment had taken an HIV antibody test and of them 22.7% were HIV-positive, independently from the means used to take drugs. The prevalence of HIV-positives was higher (32%) among heroin addicts who had injected at some point in their lives (DGPNSD 1998). According to the treatment indicator 18.8% of all heroin users admitted for treatment in 2000 were HIV positive and 33.5% of users who had taken drugs intravenously in the 12 months prior to admission (current intravenous users) were infected. When interpreting these data it should be borne in mind that 29.7% of those treated for heroin use and 25.8% of intravenous users admitted for treatment were unaware of whether they were HIV positive or not. The prevalence of HIV infection among current intravenous users has gone from 37.1% in 1996 to 33.5% in 2000 (DGPNSD 2001c).

In recent years there has been a significant drop in both the rate of HIV infection among intravenous drug users as a whole in Spain (Hernández-Aguado et al 1999), and the prevalence of infection among intravenous users arriving at one or other health-care facility for the first time (Sopelana et al 1998). Nevertheless, as mentioned, the prevalence of HIV infection among intravenous users continues to be high, as do risk behaviours (sharing needles or having unprotected sex), in particular among HIV-negative individuals or those who are unaware of their serological status. At all events, we can safely say that the significant slowing of the spread of the AIDS epidemic is in large part due to the way the spread of the disease among intravenous drug users has been brought under control (Castilla and De la Fuente, forthcoming).

3.4 Other drug-related morbidity

Non-fatal drug emergencies

In 2000 the Emergencies Indicator recorded a total of 2,328 emergency episodes resulting from an acute reaction to psychoactive substances in 10 Autonomous Regions. This information was collected for one week each month, selected randomly (DGPNSD 2001c).

In 2000 the most frequently mentioned substances in emergency episodes were cocaine (45.3% of episodes) and heroin (40.5%), followed by hypnotics or sedatives (30.6%), non-heroin opiates or unspecified substances (20.9%). It should be borne in mind that this indicator records a mention of the drug in the clinical notes and does not necessarily mean that the emergency was the result of either the drug or its consumption. Compared with previous years a significant drop may be observed in cases involving heroin (52.6% in 1997, 43.9% in 1998 and 42.5% in 1999) and a significant increase in the number of times cocaine is mentioned (30.0% in 1997, 37.2% in 1998, and 48.7% in 1999) (DGPNSD 2000a, DGPNSD 2001c).

As in the case of other psychoactive substances mentioned, the substances most frequently associated emergency episodes were cocaine (40.9%), heroin (35.3%), hypnotics and sedatives (28.9%), alcohol (26.8%) and non-heroin opiates (18.0%). When interpreting these data it should be borne in mind that any given emergency episode may be related to the use of several psychoactive substances. Considering the data for the period 1996-2000, the same trends can be seen as in the case of the other substances reported (DGPNSD 2000a, DGPNSD 2001c).

In the case of the data on the most frequent means of consumption of the substances mentioned there was a high proportion of unknown values, meaning that these data should be interpreted with a certain degree of caution. In the case of episodes in which heroin is mentioned, the usual main routes of administration were parenteral (54.6%), pulmonary (44.2%), and in the case of cocaine the main routes were pulmonary (43.6%), parenteral (30.4%), and intranasal (26.6%). The pulmonary route predominated in the case of cannabis (91.1%) and in episodes in which phenylethylamine derivatives (96.2%), hypnotics or sedatives (99.0%), amphetamines (94.6%) and "other psychoactive substances" (100.0%) are mentioned. If the trends over the period 1996-99 are examined it is possible to observe that, in the case of heroin, the proportion of cases in which the drug is injected has remained relatively stable (62.1% in 1996, 56.6% in 1997 and 50.6% in 1998, 58.6% in 1999 and 54.6% in 2000). The same is also true of the proportion of cases in which the drug is taken via the pulmonary route (36.7% in 1996, 40.8% in 1997, 49.7% in 1998, 42.9% in 1999 and 43.6% in 2000) (DGPNSD 2000a, DGPNSD 2001c).

The majority of the people receiving emergency treatment as a result of an acute reaction to a psychoactive substance in 2000 were males (72.6%). This proportion is lower than that for the Treatment and Mortality indicators. Broken down by drugs mentioned in the emergency episode, the percentage of women was greatest in the case of hypnotics and sedatives (39.1%) (DGPNSD, 2001c).

In 2000 the average age of all persons receiving health-care attention as a result of emergency episodes due to an acute reaction to psychoactive substances was 30.3. This age has tended to rise over the period from 1996-2000. Persons treated for episodes in which phenylethylamine derivatives were mentioned were youngest on average (24.3). The oldest average age was found in the group for which hypnotics or sedatives (31.2) and heroin (31.4) or non-heroin opiates (32) were mentioned (DGPNSD, 2001c).

The diagnostic classification of the indicator was superficial (only five categories). In 2000 overdose or acute intoxication (51.6%) was the most frequent diagnosis in emergency episodes resulting from an acute reaction to psychoactive substances. It should be borne in mind that the indicator does not include episodes indirectly related with the consumption of these substances, such as infection or accidents. Most emergency incidents ended with a discharge (78.7%). The outcome of 0.7% of cases was the death of the patient in the emergency unit. 8.3% required hospitalization and in 3.7% of cases the patient was transferred to another hospital for evaluation and/or treatment. When the data is subdivided according to the substance mentioned, it is observed that the greatest proportion of hospitalizations are a result of use of amphetamines (12.7%) or non-heroin opiates (10.8%). When interpreting these data it has to be borne in mind that the data for a proportion of episodes resulting in hospitalization are probably lost, mainly because the file cannot be found (DGPNSD, 2001c).

4 Social and Legal Correlates and Consequences

4.1 Social problems

The social problems linked to drug use are the same as reported in previous years. Social exclusion is the major one since unemployment or lack of housing facilities among others problems, are reported. To improve it, all services working in this field offer activities and programmes to tackle this situation.

Nevertheless the pattern of drug consumption in Spain has evolved during the last years. If in the eighties and early nineties heroine was the most problematic drug, in the last years, as described in previous reports, other trends have appeared, such as the recreational use of drugs by young people who feel integrated in the society. Therefore, the social problems of these drug users can be less visible.

4.2 Drug offences and drug – related crime

Individuals under arrest for drug trafficking

A total of 81,302 individuals were reported and 17,067 arrested for drug trafficking. Substances involved in most arrests/reports, as in the last few years, have been cannabis and derivatives (44% of arrested individuals and 70.6% of reported individuals), followed by cocaine derivatives (31.5% of arrested individuals and 14% of reported individuals) and then opiate (13.1% of arrested individuals 9,9% of reported individuals). The relative weight of this last type of drug was less than in 1999. The trend in the number of arrested and reported individuals for drug trafficking activities confirm the growing activity of Security Forces for the control of drug traffic. This has rendered an increment of 27% and 6% respectively for arrested and reported individuals in 2000.

Most detentions and reports continue to take place in the Autonomous Communities of Andalucia, Catalonia, Valencia and the Canary Islands.

Administrative sanctions for drug consumption in public areas

49,469 administrative sanctions were enforced for the tenancy or consumption of drugs under the Organic Law 1/1992 for the protection of citizen safety. While in 1999, the number of sanctions was 47,207. On the other hand, suspended sanctions for drug addiction treatment at certified and authorised centres or services under the chapter 25.2 of the same Act were 5,578 y 1999 and 4,801 in 2000. Nevertheless, sanctions enforced and those in suspension do not necessarily correspond to the same year (suspensions may be applied to sanctions enforced in the previous year). According to this data, 10% of sanctions were suspended since individuals entered addiction treatment.

Although there has been some drop in the year 2000, we must highlight the evolution and growing importance of addiction treatments as an alternative to administrative sanctions. This

drop has mainly taken place in the Communities of Andalucia, Castilla-La Mancha, Catalonia, Galicia, Madrid and Valencia. On the other hand, other Communities such as the Canary Islands and the Basque Autonomous Community have increased the number of cases where sanctions have been replaced by addiction treatments.

The highest number of sanctions has been enforced in Andalucia (8,829), the Canary Islands (7,767) and Castilla-León (5,127). However, the highest rate per hundred inhabitants correspond to the Canary Islands (55.9), the Balearic Islands (31.0), Castilla-La Mancha (21.3) and Castilla-León (20.6).

Sentences for crimes against public health and drug-related crimes

The Spanish Monitoring Centre for Drugs has gradually extended its temporary coverage span in connection with sentences for crimes against public health and drug-related crimes.

At present, the information available corresponds to the period between 1st July 1998 and 30th September 1999. A total of 15,484 sentences were issued in Spain during this period; 5,724 of them were due to crimes against public health and 1,0917 sentences corresponded to drug-related crimes. Approximately 34.4% of sentences correspond to crimes against public health, while 65.6% correspond to other crimes related to psychoactive substances.

Within the category of drug-related crimes we include the infringement of driving regulations, crimes for the reception of drugs or other similar conducts, or those crimes committed under the effect of narcotic substances or under the inducement of any drug. Sentences for driving infringements (55.5% of the total 10,917 sentences) and those corresponding to drug induced crimes (44%) represent the majority of sentences issued for drug-related crimes. Crimes against property still suppose the greatest percentage of sentences (76.3%) within the category of drug-induced crimes.

The characteristics of the individuals accused for these sentences are different depending on the type of crime committed. Individuals condemned for crimes against public health are normally male (84.5%), with an average age of 34 years of age and that in 82.7% of cases was not under the effect of psychotropic substances at the moment of committing the crime and only in 9.8% of cases is a second offender. Regarding individuals sentenced for drug-related crimes, we have noticed a higher percentage of men (95.5%) , a younger average age, a higher influence of drugs when committing the crime (43.1%) and a larger proportion of second offenders (20.9%).

Geographical distribution of crimes against public health indicates that the Autonomous Communities with a larger percentage of them are as follows: 1,566 cases in Andalucia (27.3%), 874 cases in Madrid (15.2%), 623 cases in Catalonia (10.9%), 548 cases in Valencia (9.6%) and Galicia 291 (5%).

The situation is similar with respect to crimes related to psychoactive substances. The highest number of cases has been registered in the Autonomous Communities of Adalucia (1,851 cases), Madrid (1,390 cases), Valencia (in this case a greater number than Catalonia with 1,298 cases), Catalonia (1,273 cases) and Galicia (1,020 cases).

Alternatives to imprisonment

According to data provided by the 32 Assistance Services for Arrested Individuals or Points for the Attention to Drug Addicted Arrested Individuals that were working by the end of 1999 at different Spanish Courts, as well as other data provided by Penitentiary Social Services, a large number of people benefit from alternative rendering of sentence were related to drug addiction cases.

The information obtained from the different Regional Plans against Drugs indicates that 832 individuals were diverted to treatment by the courts in 1999. 1,884 additional cases were diverted from the penitentiary centres themselves. On the other hand, the number of individuals who were under treatment as an alternative rendering of sentences at Autonomous Community centres was 2,325 distributed in the following way: 160 assistance outlets, 18 sentence rendering apartments, 63 therapeutical communities and 79 surgery centres and/or similar centres.

4.3 Social and economic cost of drug consumption

There is no new information from year 2000 to report.

5 Drug Markets

5.1 Availability and supply

Within the complexity of the international drug trafficking situation, Spain is a transit country and also a consuming country for hashish and, to a lesser extent, cocaine travelling to the rest of European countries. This is due, in the first place to its geographical location between the north of Africa and Europe. Secondly, Spanish links with South America make cocaine-trafficking organisations use our country as one of the visa of introduction of the drug into European countries. With regards to heroin and synthetic drugs, our country is mainly a destination spot.

A) HEROIN

Heroin traffic is monopolised by Turkish and Kurdish organisations. They receive support from clans in marginal sectors of the population mainly located in shantytowns on the outskirts of big cities. Almost a hundred per cent of the heroin coming into the Spanish market in 2000 came from the South East of Asia (the area known as the Golden Crescent or the Gold Horn), through Turkey and then the Balkans Route.

Traffic distribution

484,854 grams were apprehended in 2000. This means a significant drop of 58.18% compared to the total amount apprehended in 1999.

Regarding the **location** of these seizures, most of them took place in the interior of the country. 324,443 grams were intervened (66.92 % of the total), 10,108 people were involved (99.63 %) and the number of apprehensions was 10,217 (99,69%).

With respect to the **origin** of the heroin apprehended and only considering seizures of 100 grams or more, we could determine that 51.86% of it came from Turkey and 1.42% came from Pakistan. The rest of the heroin came from other places or were of unknown origin.

With regards to **means of transport**, and also considering seizures of 100 grams or more, 65.66 % came on road vehicles, 6.27 % came by plane and 2.87 % was carried by people. The rest of it came by other or unknown means of transport.

B) COCAINE

Although the Iberian Peninsula (Spain and Portugal) continues to be one of the entrance vias for cocaine's redistribution to different countries in Occidental Europe, trafficking organisations are beginning to use other, alternative routes to introduce the drug into Europe. Airports in other European countries are being used on a more frequent basis.

Of all circumstances to determine the introduction of this drug into Spain, we must highlight the following: historical, cultural and language links with South America and the saturation of North American markets.

The main route for the introduction of cocaine into the Iberian Peninsula continues to be the Atlantic sea route. Air routes, although for smaller amounts, are still a fundamental factor for the illegal marketing of this drug. The systems employed to introduce the drug into our country are still quite varied. Sea routes are still used for large amounts; containers and ships chartered by trafficking organisations and the use of “body packers” for middle-size air trafficking.

A continuous modification of routes and “modus operandi” used by traffickers has been noticed, including the systems to hide the drug.

After doing away with the carters of Cali and Medellin, cocaine traffic in Spain has been controlled by Colombian cartels divided into numerous criminal organisations with international network support, mainly from Galicia.

Although these figures confirm that Spain continues to be the main introduction via of cocaine proceeding from producing countries into our own internal market and the rest of the Western European markets, it is also true that Spain is no longer the only entryway into Europe. To a large extent, the work carried out by police units to fight illegal drug traffic, mainly against Galician clans, has forced Colombian carters to look for new unloading places in central European countries.

Traffic distribution

6,164,770 grams of cocaine were apprehended in 2000. This represents an important fall of 65.96% compared to 1999.

With respect to the **location** of the seizures, most of them took place in the interior of the country with 3,333,511 grams (54.07% of the total), 15,137 people were arrested (93.32%) and a total of 15,130 seizures (97.22%).

Regarding the **origin** of the cocaine and only considering seizures of 100 grams or more, we could determine that 22.16% came from Colombia, 17.33 % from Brazil, 5.46% from Venezuela, 4.20 % from Ecuador, 2.10 % from Chile, 1.94 % from Panama, 0.97 % from Argentina, 0.90 % from Peru and the rest from unknown sources.

With regards to the **means of transport** used and only considering seizures of 100 grams or more, 29.56 % of the cocaine apprehended came by boat, 19.84 % by plane, 12.97 % by road vehicle and the rest by other or unknown means of transport.

C) HASHISH

Hashish resin is the only derivative with relevant incidence both for consumption and for illegal traffic through Spain. The vast majority of this product comes from Morocco and its

commercialisation in illegal markets has been monopolised by criminal organisations of extraordinary power. They are mostly settled in the South of Spain and the North of Africa.

Spain, which is mainly a transit country, and the Netherlands are distribution centres to the rest of Europe.

According to several reports, Spain is practically a transit country for hashish on its route from Africa and into the European Continent due to two inherent aspects of its geographical location, its proximity to Morocco and its long coastal shoreline.

It generally follows the traditional Ruta del Estrecho (Route of the Gibraltar Strait). Boundary posts such as Algeciras (Cadiz), Ceuta and Melilla, together with some areas on the Mediterranean coast (especially on the Costa del Sol and the Campo de Gibraltar, the Galician and the Portuguese coasts), continue to be the main unloading places for hashish in the Iberian Peninsula.

The means of transport most commonly used by traffickers to introduce the hashish into Spain and later distribution to the rest of Europe is by sea, and the two usual methods are as follows:

- The traditional tobacco smuggling route through areas near the Strait of Gibraltar. Using modern fast and powerful boats, unloading at the beaches in Cadiz and Malaga. They use Gibraltar territorial waters to obtain protection from the Security Forces. On a smaller scale, they also use the regular lines between Ceuta, Melilla and Tanger to Algeciras, Tarifa, Cadiz, Malaga, etc.
- Through Galicia and Portugal, again using the infrastructure of organisations that smuggled tobacco on a regular basis.

Other methods used are:

- a) Road vehicles (generally vans) mostly driven by immigrants who are on their way back to Central Europe to return to work after spending their holidays in Morocco. They transport small amounts that are already sure to be sold to criminal organisations in their places of destination.
- b) T.I.R. trucks travelling to Morocco with any kind of legal load, and which, when coming back into Europe, carry an important load of hashish perfectly hidden inside a double bottom in the truck trailers.
- c) On the Costa Brava, the area in Ampuria Brava, due to the characteristics of this coast. Most individuals operating in this area have British nationality. Once the drug has been stored in the houses in the area, it is sent by means of organised package tours to different towns in the United Kingdom. T.I.R. are the most common means of transport used in these cases.

Routes and means of transport change depending on the volume of the load and the destination. Airports are hardly ever used due to the volume of the load and for strategic reasons.

The amount of hashish that goes straight into other European countries following alternative routes is increasingly greater.

Spanish-Moroccan networks with support from citizens in Gibraltar are still dominating the large transport operations and the distribution of hashish in Spain. It is also a fact that these organisations are increasingly using European “body packers” to divert attention from their illegal activities.

Traffic distribution

A total of 474,504,785 grams were seized in 2000, which means 10.05% more than in the previous year.

With regards to the **location** of the seizures, most of them took place on beaches, the interior of the country and the territorial waters. 228,150 kilograms were apprehended on the beaches, 148,243 kilograms were apprehended in national territory and 56,055 kilograms were apprehended in territorial waters.

Regarding the **origin** of the hashish and considering seizures of 5,000 grams or more, we could determine that 71.82% of hashish came from Morocco and the remaining 28.18% came from other or unknown sources.

With regards to the **means of transport** and also only taking into account seizures of 5,000 grams or more, 41.24% of the hashish came by boat, 30.86 came by road vehicle, 0.31% came by plane, 0.12% had been carried by people and the rest had come by other or unknown means of transport.

D) ECSTASY AND SIMILAR SUBSTANCES

They are mistakenly known as “designer drugs”, and the most popular are “ecstasy” and similar substances. This term refers to all illegal amphetamine derivatives with substitution of ring, mainly MDMA, MDA and MDEA. These appeared in Spain in the mid nineties, although their distribution was reduced to specific areas in our territory, such as the Basque Region, Navarra, Barcelona, Valencia, Levante and the Balearic Islands, and they were only consumed by certain social groups.

Synthetic drugs proceeding from abroad normally come by road through the border at La Junquera down to Barcelona and the Mediterranean provinces. They also enter by air, by means of tourists coming from producer countries, again with the end destination in Barcelona, Mediterranean coastal provinces and the Balearic Islands.

Traffic distribution

With regards to the **location** of the seizures, most of them took place inside national territory (3,716 out of a total of 3,750 seizures; 3,357 of the 3,424 individuals involved and 682,460 pills out of the 891,562 pills apprehended).

Regarding the **origin** of ecstasy and similar substances and considering only seizures of 100 pills or more, we could determine that 270,985 (31.48 %) came from Holland, 42,800 (4.97 %) from Belgium and the rest (63.55 %) came from other or unknown origins.

With respect to the **means of transport** and also considering only seizures of 100 pills or more, 47.49% of the ecstasy came by road vehicle, 18.68% came by plane and 5.53% were carried by people. The rest had come by other or unknown means of transport.

Preventive Measures: “Operaciones Verano” (Summer Operations) have been started by the Government Delegation for the Plan Nacional sobre Drogas and have been in action since the summer of 1996. These intend to prevent synthetic drug traffic and consumption during the summer season.

5.2 Seizures

According to data provided by the National Central Office for Narcotics (OCNE) regarding drugs seized during the year 2000, there has been a fall in the amounts seized when compared to 1999 regarding cocaine and heroin. There has been a moderate increment in the amount of hashish apprehended and a very important jump in the apprehension of psychotropic and hallucinogenic substances, mostly MDMA (ecstasy) and LSD.

The amount of **heroin** seized in 2000 went from 1,159 kg in the year 1999 to 485 kg in the year 2000. **Cocaine** also went down from 18,111 kg in 1999 to 6,165 kg in the year 2000. Other substances such as methadone also decreased with a total of 675 units in 2000 as compared to the 907 units apprehended in 1999. Crack also fell from 0.36 kg in 1999 to 0.15 kg in 2000. On the other hand, codeine seizures jumped from 57 units in 1999 to 2,992 units in 2000, the same as for poppies (adormidera??) that went from 1,003 kg in 1999 to 22,755 kg in 2000.

This change in terms of the amounts seized was the result of actions carried out by Security Forces during 1999: “Temple”, “Cabezón” and “Lubricante” for cocaine, and “Carro”, “Temple” and “Lockman” for heroin. The success of these operations meant a real turning point in terms of the amounts seized and forced criminal organisations to change their modus operandi. They had to use other routes to other European ports. This is proved by the fact that large cargoes of hashish are alternated with smaller amounts hidden inside sea containers.

We must add to this the efficiency of the police when acting against small and middle size traffickers, which brought to an end some of the so-called “black spots” in marginal areas around big cities.

Hashish seizures have been progressively growing for the last few years (Figure 8.3). Thus, while in 1999 the amount apprehended was 431,165 Kgs., in the year 2000, this figure went up to 474,505. We must highlight with this respect that, in order to compensate these losses resulting from police efficiency, in order to obtain the maximum benefit from the Spanish geographical location as a transit country into Europe, criminal organisations have increased the number of shipments and the amount of drug in each of them. In order to offset this situation, we have increased the number of special police operations in the Strait area with the support of new technologies. This allows us to increase the number of apprehensions of this type of drug. The apprehension of cannabis and marihuana plants also increased in 2000 as compared to the previous year and went up from 2,319 kg to 18,156 kg and from 3,8 kg to 7,2 kg respectively. On the contrary, there was a fall in the apprehension of marihuana and hashish oil that dropped from 761 kg to 346 kg and from 2,346 cm³ to 310 cm³.

There is also an increment in the consumption of some hallucinogenic substances such as **ecstasy** and this has consequently led to growing attention to this matter by Security Forces. As a result of this, the National Police Forces have created the UDYCO and the Guardia Civil has also organised the EDOA. Both are police groups specialised in the investigation into this type of substances. They have allowed us to increase the number of seizures and to direct investigations into criminal organisations in charge of producing and distributing these products.

As an example, we may mention that, in 1999 and in the case of ecstasy or MDMA, a total of 357,649 units (pills) was apprehended, while in the year 2000, the number of pills seized was of 891,562, with an increment of 248%. We can state the same about apprehension of LSD, which went up from a total of 3,353 pills seized in 1999 to a total of 7,542 units apprehended in the year 2000, which means an increment of 124,9%. The number of speed units apprehended, however, went down from 49 kgs in 1999 to 23 kg in 2000. There was also a fall in the amount of pharmacological substances (Buprex rohipnol, tranki-mazin, etc.) and other psychotropic substances apprehended, since in the year 2000 the number of units seized was 132,951 while in 1999 the total had been of 343,922 units.

5.3 Price and purity

According to data provided by the National Central Office for Narcotics (OCNE) regarding purity and prices of the main illegal drugs in the market during the second half of 2000, there have been slight modifications as compared to those of last year. Actually, prices for some substances had gone down slightly.

The **price** of both brown and white heroin has gone down. A kilogram of heroin has gone down from 7,010,000 pesetas (average price for the second half of the year 1999) to 6,156,340 pesetas for the same period in 2000. This represents a fall of 12.2%. In the case of white heroin, the drop has been of 5.7%, since it went down from 13,772,450 pesetas in 1999 to 12,989,100 pesetas in the year 2000. Cocaine prices remained practically stable, with a slight downward variation similar to that of hashish and derivatives. On the other hand, the price of doses of some psychotropic substances such as LSD, Speed and other amphetamines has gone up slightly, while the price of ecstasy (MDMA) has gone down.

With respect of the **purity** of these substances, it has remained practically the same with a marginal drop in the purity of cocaine:

	Dose	Gram	Kilogram
Heroin	25%	31%	
White heroine			63%
Brown heroine			50%
Cocaine	44%	51%	74%

6. Trends per Drug

a) Cannabis

Cannabis is the most widely consumed illegal drug in Spain. According to the Household Survey on Drug Use, in 1999, 19.5% of Spaniards aged between 15-64 had taken cannabis at least once in their lifetime (21.7% en 1997), 6.8% had taken it during the preceding year, and 4.2% during the preceding month. These figures suggest that the proportion of sporadic cannabis users has dropped slightly, but not that of frequent (monthly or daily) users (DGPNSD 2000b).

Nevertheless, there are signs that usage has increased recently among the youngest age groups. In the Survey of Drug Use among the School Population, aimed at pupils aged from 14 to 18, the prevalence of cannabis use in the preceding year rose from 18.1% in 1994 to 23.2% in 1996, 25.1% in 1998 and 26.8% in 2000. In parallel a drop has been observed in negative attitudes to the drug (perceived risk of consumption and disapproval of its use)(DGPNSD 1995; DGPNSD 2000a, DGPNSD 2001b).

Despite its widespread use, cannabis continues to have only limited –albeit growing– public health repercussions. The problems that do arise are mostly limited to heavy users, who probably also take other drugs. In 2000 6.1% of treatments for drug abuse or dependency in Spain were cannabis related. Individuals treated for cannabis-related problems were mainly male and on average much younger than those treated for heroin or cocaine abuse (average age of 23.8). Educational attainment and unemployment rates were similar to other young people of their age group. Many of them had taken other drugs in the month prior to treatment, in particular alcohol (55.4%), cocaine (45.0%) or heroin (12.7%). Unlike the situation observed in other European countries, few of them had taken amphetamines or ecstasy. The number of times cannabis is mentioned in emergency hospital treatment for acute drug reaction is also rising, although it is difficult to determine the extent to which cannabis is responsible for the episode as in most cases patients have probably also taken other drugs, particularly cocaine. A significant proportion of cases result in mental-health problems (DGPNSD2000a). It is difficult to assess the role of cannabis in accidents, particularly traffic accidents, given its frequent association with alcohol consumption.

b) Synthetic drugs (Amphetamine, ecstasy, LSD)

In the early eighties restrictions were imposed on the sale of proprietary medicines including amphetamines which had been used to improve intellectual performance or avoid fatigue, resulting in a clear decrease in use. However, in the late eighties the recreational use of amphetamines (generally in the form of amphetamine sulphate or dexamphetamine) and derivatives of methylenedioxymethamphetamine (MDMA or ecstasy) sold on the underground market (Camí and Farré 1996). Their use became widespread after 1992 (Gamella and Álvarez-Roldán 1997) but is currently stable or in decline. Thus, of Spaniards aged 15-64 the annual prevalence of ecstasy use went from 1.3% in 1995 to 0.9% in 1997 and 0.8% in 1999; use of amphetamine/speed went from 1.1% in 1995 to 0.9% in 1997 and 0.7% in 1999; and

use of LSD and other hallucinogenics went from 0.9% in 1997 to 0.6% in 1999 (EMCDDA 1999; DGPNSD 2000b).

No clear trend is apparent among pupils aged 14 to 18. Thus, the prevalence of amphetamine/speed use in the previous year has gone from 3.3% in 1994 to 4.1% in 1996, 3.8% in 1998, and 3.1% in 2000; ecstasy use has gone from 3.0% in 1994, to 3.9% in 1996, 2.5% in 1998, and 4.6% in 2000; and use of LCD and other hallucinogenics from 4.0% to 5.3%, 4.1%, and 3.7% (DGPNSD 2000a).

Unpleasant adverse effects are relatively frequent with ecstasy and amphetamines although they generally disappear after a few hours and rarely require medical attention or result in serious complications (Camí and Farré 1996). In Spain the impact of these drugs on public health is slight, in particular when compared with tobacco, alcohol, heroin or cocaine. In 2000 consumption of ecstasy or amphetamines was mentioned in less than 6% of emergency episodes resulting from acute drug reactions, and in many cases in conjunction with other drugs such as alcohol, cocaine, cannabis or hallucinogens (DGPNSD 2001b). Moreover, the majority of patients improve after a short stay in the emergency unit and minor treatment (Rodríguez-Arenas et al 1997). As regards admissions for treatment in Spain, amphetamines and ecstasy together accounted for just 1.1% of treatment for drug abuse/dependency in 1999 (2.5% of first-time treatment) (DGPNSD 2000a). Lastly, they were found to be present in less than 9% of deaths from acute drug reactions (DGPNSD 2001b), and in most cases they were found together with other drugs such as heroin, cocaine or alcohol (Lora-Tamayo et al 1997). One of the more polemical issues is the role ecstasy and amphetamine consumption play in traffic accidents. There is some evidence that their role is slight. Of a sample of 285 deaths due to traffic accidents in Spain in the period 1994-1996, amphetamines were detected in just 1.4% of cases and ecstasy in 1.1%, and always together with other drugs, particularly alcohol (Del Río and Álvarez 2000).

Despite this, the health-care implications of ecstasy and amphetamine consumption continue to be the object of debate, above all on account of their possible long-term effects. The fact that the quantity and quality of the drug in each tablet is unknown to the consumer is a cause for concern (Gamella and Álvarez-Roldán 1997; De la Fuente et al 1997a). The main ingredients of ecstasy tablets in Spain are usually MDMA (methylenedioxymethamphetamine) and MDEA (3,4-methylenedioxyethylamphetamine), although they may contain MDA (3,4-methylenedioxyamphetamine) or MBDB (2-Methylamino-1-(3,4-Methylenedioxyphenyl)Butane) or, although infrequently, other amphetamine derivatives. One tablet can contain 4 or 5 times more active ingredient than another analogous tablet without its being apparent from its external appearance (Gamella and Álvarez-Roldán 1997).

The situation regarding the problems associated with the use of LSD and other hallucinogens is similar to those relating to ecstasy or amphetamines, although with lesser impact in terms of treatment needs and mortality (DGPNSD 2000a). The majority of the problems detected are mental-health related, such as psychotic crises or panic attacks (Rodríguez-Arenas et al 1997).

In recent years, as in the case of ecstasy, consumption of these drugs appears to have stabilised or even declined. According to the home surveys, the proportion of Spaniards aged 15-64 who have taken these drugs in the twelve-month period prior to the survey went from 1.1% in 1995 to 0.9% in 1997 and 0.6% in 1999 (DGPNSD 2000b). Similarly, the school surveys found that the proportion of pupils aged 14-18 who had taken these drugs in the twelve-month period prior to the survey was 3.3% in 1994, 4.1% in 1996, 3.8% in 1998 and 3.7% in 2000 (DGPNSD 2000a, DGPNSD 2001b).

c) Heroin/opiates

As mentioned, the surveys do not allow us to obtain a clear picture of the prevalence and incidence of opiate usage in Spain, although we do have indicators describing the trends in the problems associated with the use of these drugs. The three indicators recorded by the National Drug Plan in relation to heroin/opiate use clearly show that the problem worsened between 1989-92 and began to diminish thereafter (DGPNSD 1993; DGPNSD 1994; DGPNSD 1996; DGPNSD 1997; DGPNSD 1998; DGPNSD 1999; DGPNSD 2000a, DGPNSD 2001c). Thus, between 1991 and 2000 there was a drop in both the numbers of drug users receiving treatment for heroin dependency for the first time (20,017 cases in 1992 and 8,151 in 2000) and the number of deaths resulting from acute drug reactions in which opiates were involved (553 in 1991, and 230 in 2000, in the cities of Madrid Barcelona, Valencia, Saragossa and Bilbao). Similarly, the number of times heroin was mentioned in emergency cases resulting from acute drug reactions also fell (61.5% in 1996 and 43.9% in 1998, 40.8% in 1999, and 40.5% in 2000). (DGPNSD 1993; DGPNSD 2000a, DGPNSD 2001c).

Inferences may be drawn about the incidence or prevalence of consumption of drugs of this type from these indicators. However, their validity is limited as changes in the indicators may depend on factors unrelated to drug use. Once argument supporting the hypothesis that there has been a drop in usage is the relative stability of the age at which the drugs are first taken and the increase in the average age of users (approximately 20 at the start of the epidemic (Domingo et al 1991) and over 30 at present). Thus, the average age of heroin users receiving treatment for the first time went from 25.7 in 1991, to 30.0 in 1998, 30.3 in 1999 and 30.9 in 2000, and the average age at which heroin use started went from 20.6 in 1991 to 21.4 in 1998, 21.8 in 1999, and 22.1 in 2000 (DGPNSD 1993; DGPNSD 2000a, DGPNSD 2001c). These data therefore suggest that use of the drug has become less widespread.

Over the past decade there has been a marked decrease in the tendency to inject the drug (De la Fuente et al 1994; DGPNSD 2001c). As already stated, on the basis of the data from users admitted for treatment for the first time, intravenous use dropped from 50.3% in 1991 to 17.7% in 2000. Heroin users as a whole for whom injection was the main form of administration dropped from 62.4% in 1991 to 28.8% in 1998, 27.3% in 1999, and 26.3% in 2000 (DGPNSD 1993; DGPNSD2000a, DGPNSD 2001c). Nevertheless, some users who mainly take the drug by sniffing or smoking it also occasionally inject, thus slightly raising the total number of intravenous users (in 2000 the figures were 24.6% and 33.8% having injected during the month and year prior to treatment, respectively). Moreover, the number of intravenous users varies greatly between geographical areas. It is low in the south-west of the country but rises to over 50% in certain areas of the north east (DGPNSD 2001c). It is difficult to pin down the factors influencing this switch to other ways than injection of taking

the drug. Possible influences include the widespread availability of base heroin, which is suitable for smoking; socio-cultural factors relating to area of residence, and perception among users of the high risk of contracting AIDS, overdosing and other health problems associated with intravenous use (Torralba et al 1994). However, at all events, the role in this process of the HIV prevention and risk reduction policies run by the Autonomous Regions, local governments and non-governmental organisations is indisputable.

The shift away from intravenous use of heroin has played an extremely important role in the drop in mortality from acute opiate reactions and the reduction in the prevalence of HIV infection seen among heroin users in the last five years in Spain.

d) Cocaine/crack

Surveys aimed at the general population in recent years show trends in cocaine consumption to be relatively stable. Thus both in 1997 and 1999 the prevalence of cocaine consumption in the preceding year among the population of Spain aged 15-64 was 1.5% (DGPNSD 2000b). Nevertheless, among pupils aged 14-18 there had been a significant rise in usage over several years, although this trend may have stabilised in 2000. Thus the prevalence went from 1.7% in 1994 to 2.6% in 1996, 4.1% in 1998, and 4.0% in 2000 (DGPNSD 2001b). Use of cocaine is also rising considerably among heroin users. According to the National Drug Plan's treatment indicator, the proportion of heroin users receiving treatment who had also taken cocaine in the month prior to treatment rose from 42.8% in 1987 to 51.3% in 1991, 58.4% in 1996, 68.2% in 1998, 73.1% in 1999, and 69.5% in 2000 (DGPNSD 1993; DGPNSD 2000a, DGPNSD 2001c). Intravenous cocaine use declined in this group with an attendant increase in crack smoking (in 1996 28.5% of persons receiving treatment for heroin abuse had smoked crack in the month prior to treatment) (DGPNSD 1998). The increase in crack consumption was particularly marked in the south-eastern regions, where heroin is also mainly smoked (Lacoste 1992; Lacoste et al 1993; Barrio et al 1998; DGPNSD 1998). In 1996 over 40% of heroin users receiving treatment in these regions had taken crack in the month prior to treatment. Crack is mainly smoked over aluminium foil in Spain, although a pipe is also sometimes used (DGPNSD 1997; Barrio et al 1998).

As is shown in the table below, since 1995 there has been a sharp rise in treatment and emergency cases related to cocaine.

	Year	%	Basis of calculation (n)
Treatment for abuse or dependency (% of treatments due to cocaine use) ^a	1996	5,6	52890
	1997	8,9	52440
	1998	11,3	54338
	1999	17,5	50279
	2000	17,2	49487

Treatments for the <i>first time in the subject's life</i> for 1996	9,1	20855
drug abuse or dependency (% of treatments due to cocaine use) ^a		
	1997	16,7
	1998	21,6
	1999	30,9
	2000	32,1
Emergency cases due to acute reaction (% cases in 1996 which cocaine is mentioned) ^b	27,4	2585
	1997	30,0
	1998	37,9
	1999	49,2
	2000	45,3
Deaths due to acute reaction (% cases in which cocaine is detected) ^c	26,6	349
	1997	37,6
	1998	56,4
	1999	60,9
	2000	53,0

- a: Admitted for treatment as a result of abuse of or dependency on psychoactive substances (Spain as a whole). Treatments repeated within the same year and the same region have been eliminated. Coverage is virtually total.
- b: Emergencies resulting from acute reaction to psychoactive substances. Data gathered in the main hospital emergency units in various monitored areas.
- c: Deaths as a result of acute reactions to psychoactive substances. Data gathered in five major cities (Madrid, Barcelona, Valencia, Seville and Bilbao) in which toxicological analysis is available. In 1996 data were only available for Seville.

SOURCE: Treatment, Emergencies and Mortality indicators from the Spanish Drugs Monitoring Centre.

Cocaine is currently much more frequently mentioned in acute drug reaction emergencies than heroin. However, this change took place several years ago in cities such as Madrid and Barcelona (Caballero et al 1999). Additionally, although opiates are detected in approximately 90% of deaths from acute drug reactions (Sánchez et al 1995), it is very likely that the number of cases in which cocaine is detected alone or without opiates is on the rise. The significant increase in the proportion of cocaine users receiving treatment who sniff the drug (59.3% in 1996, 74.8% in 1998, 74.8% in 1999, and 69.7% in 2000) means we can rule out the possibility that this phenomenon is due to a rise in use of cocaine in the smoked or injected forms. Moreover, cocaine-related problems appear to be ever more closely associated with heroin or opiate users (DGPNSD 2000a, DGPNSD 2001c). Finally, the average age of persons receiving treatment for cocaine abuse and the average age at which cocaine use

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started increased up until 1995, from when they stabilised or decreased somewhat, particularly in the case of those receiving treatment for the first time (DGPNSD 1993; DGPNSD 1994; DGPNSD 1996; DGPNSD 1999; DGPNSD 2000a, DGPNSD 2001c).

e) Multiple use

See previous sections

7. Discussion

Within the framework described, the adverse consequences and health-care needs of drug users have been changing over recent years and it is ever more necessary to diversify both the programmes and health-care delivery mechanisms.

The new scenario has also created new research needs. It is important to understand in greater detail the clinical picture of people requiring health care attention, and in particular those being dealt with in emergency units. It is also necessary to conduct follow-up studies on groups of drug users so as to trace the changes taking place during their drug use “career” and its public-health impact.

Improving the systems for evaluation of both health-care assistance and preventive programmes continues to be a priority. Assistance needs to be based more firmly on scientific evidence, and preventive programmes need to be able to demonstrate their results and impact clearly. Nevertheless, we are aware that this kind of appraisal faces a range of methodological and financial difficulties, making it difficult to take on at the local or regional level, thus there is a need for constant collaboration among national and international plans.

To sum up, the following points list some of the main issues for policies and programmes seeking to limit drug-related problems:

- 1) Opiate maintenance programmes need to be continued and extended in a uniform way while enhancing their quality and complementing them with health-care, psychological and social support.
- 2) The process of diversification among health-care delivery mechanisms and programmes aimed at reducing the risk of infections among drug users needs to be continued. It should be borne in mind that although the number of new infections is decreasing, the number of infected intravenous drug users still alive is decreasing much more slowly as their risk of death is being greatly reduced by the use of new anti-retroviral treatments.
- 3) Programmes aimed at reducing the risk of overdose or acute reactions need to continue receiving support.
- 4) More detailed study is needed into the socio-demographic and clinical profile of persons requesting attention from the health-care system as a result of cocaine-related problems and the probable changes in treatment services associated with users of this drug. It is also essential to avoid more dangerous consumption patterns spreading (intravenous cocaine use or smoking cocaine in its free-base form) outside the opiate-using population.
- 5) The recent increase in demand for treatment as a result of cannabis use needs to be studied in more depth. There is a lack of information on the toxicological and clinical background of the individuals requiring health-care attention in these circumstances (in particular in relation to mental health).
- 6) Finally, it is essential to continue adapting health-care services and bolstering the training programmes aimed at professionals working in this field in order to meet rapidly the new therapeutic demands that arise as a consequence of new drugs and new patterns of consumption.

PART 3

DEMAND REDUCTION INTERVENTIONS

8 Strategies in Demand Reduction at National Level

8.1 Major strategies and activities

Regarding demand reduction, the National Strategy against Drugs places special emphasis on prevention activities and programmes, which, in the frame of a global strategy to promote health and welfare, conform the main objective of the National Plan on Drugs (*Plan Nacional sobre Drogas*).

The Government Delegation for the National Plan on Drugs, as the main body responsible for the fulfilment of the Plan, is in charge of setting a global strategy that, on the basis of a general political consensus, ensures the continuation of prevention programmes and a continuous evaluation and progressive improvement of them.

The Autonomous Communities, in collaboration with local Administrations, are in charge of planning and carrying out adequate autonomic policies for these issues, as well as their corresponding financial and technical support.

The main objectives of prevention actions are the following:

- To increase awareness and motivation of society to generate a particular culture that rejects drug abuse on the basis of the consolidation of its own values and resources.
- To inform and educate our citizens, especially children and young people, to lead healthy, autonomous and positive life styles.

The different administrations, social organisations, parents and educators and in sum, all sides of society are to work jointly and harmoniously to achieve these objectives. Actions and programmes will be implemented in the following areas: schools, work places, social community and media.

8.2 Approaches and new developments

Last year, as just said, special attention was paid to drug prevention activities and programmes. Among the campaigns carried out during year 2000, we can highlight one targeted at young people, which included the pictures below, that tried to prevent them from using drugs (the more information you have, the less likely you are to use drugs).

Another campaign (*Drogas en el extranjero. Lista de precios*) focused on the consequences of drug trafficking in foreign countries, with different legal and judicial systems and where the punishments for drug trafficking activities are stronger than in Spain, was launched in 2000.

R PLAN NACIONAL SOBRE DROGAS



¿lo harías?

ENTÉRATE
drogas: más información,
menos riesgos

This advertisement features a photograph of a person's hand pouring a liquid from a white bottle labeled 'LEJÍA' into a small, dark container. The background is a blurred indoor setting. The text '¿lo harías?' is overlaid in red. To the right, a yellow vertical panel contains the text 'ENTÉRATE' in large red letters, followed by 'drogas: más información, menos riesgos' in smaller red letters.

R PLAN NACIONAL SOBRE DROGAS



¿lo harías?

ENTÉRATE
drogas: más información,
menos riesgos

This advertisement features a photograph of a hand using a metal pestle to crush a substance in a mortar. The background is a blurred indoor setting. The text '¿lo harías?' is overlaid in red. To the right, a yellow vertical panel contains the text 'ENTÉRATE' in large red letters, followed by 'drogas: más información, menos riesgos' in smaller red letters.

9 Intervention Areas

9.1 Primary prevention

9.1.1 Infancy and family

The importance of working with families to establish preventative educational patterns is well known. Access to the family can be gained through two different routes: either the school or the community. Interventions from the school are included in programmes aimed at pupils that contain a section referring to work with parents, either through courses for parents, or through homework tasks which the child takes home in order to involve his/her parents. In this sense, the preference continues to be to use the school as a place of reference for family programmes.

Most of the time, universal family programmes are available, but in some cases there are selective family programmes aimed at parents of minors who are thought to be at risk (such as parents with children who use drugs, ethnic minority families...) or parents with problems with alcohol or other drugs. Although data for coverage in all the Autonomous Communities is not available, these programmes have reached 41,713 fathers and mothers in 13 of the 19 Autonomous Communities and Cities.

The work done in this field during the year 2000 is therefore a continuation of the work begun years ago. In many Autonomous Communities family interventions are structured using very specific materials and contents. As for the most frequently used activities, the most popular are training courses of varying length, although there are also programmes on the radio (and sometimes on television too). Other activities include production and distribution of materials for families, video forum sessions, parent-children meetings, counselling and advice services for families, and activities to be done at home.

The prevention activities aimed at minors at risk have increased during the year 2000. These activities are aimed at minors with certain risk factors in relation to drug use such as social problems, poor academic results, children of drug-addicts, etc. The methodology normally used is to carry out global, integrated activities, which involve co-ordination with health and social services. These activities can be on an individual or group basis.

9.1.2 School programmes

School children still are the priority target group for preventative action. The lines of action follow the work done in previous years, i.e. to work with structured programmes that offer materials for working in the classroom and in many cases include training for teachers. There are also extracurricular activities in the schools themselves, which include sports, health workshops, social skills workshops, drama, competitions, exhibitions and other recreational activities. However, some Autonomous Communities still use informative talks as their main way of presenting preventative action in schools. According to the figures provided by the Autonomous Communities, over 650,000 pupils, about 17,000 teachers and over 4,500 educational centres participated in school prevention programmes in the year 2000.

During the academic year 1999-2000, the Government Delegation for the National Plan on Drugs began a competition called "Sinesio" for the dissemination of prevention work in schools. During the year 2000, it reached a total of 396 educational centres in 17 Autonomous Regions and Cities, and a total of 28,343 5th and 6th year primary-school students.

Some Autonomous Regions intend to standardise prevention activities in schools, sometimes by drawing up criteria for the accreditation of school prevention programmes, which would be a step forward in developing the quality of these initiatives. Collaboration with Local Councils is becoming a more constant feature and this helps to avoid these activities being duplicated.

The Government Delegation for the National Plan on Drugs continues to promote the implementation of the programme entitled "Building Health", within the framework of the Agreement signed between the Ministries of Education and Culture, Health and Consumer Affairs, and the Interior to promote Health Education in Schools. During the year 2000, there were involved 92 educational centres with the participation of 11,981 students of the first cycle of the ESO (Compulsory Secondary Education) and 461 teachers who had previously been given training in how to apply the programme.

9.1.3 Youth programmes outside school

Recreational drug use at weekends has been a central part of prevention programmes for young people. The activities carried out vary from leisure and free time activities, to others that focussed on information and risk reduction. Many of these activities are carried out in collaboration with Local Councils, youth associations and NGOs.

To a lesser but still significant degree, other programmes aimed at young people in risk situations with academic, social and personal problems have been developed. The contents of these programmes are centred fundamentally on improving school work with extracurricular support teaching to prevent children from failing and dropping out of school, and to help them develop personal skills and responsibilities and to provide occupational training.

2,555 pupils have participated in the programme "Open Doors", promoted by the Government Delegation for the National Plan on Drugs, which complements the school programme "Building Health".

9.1.4 Community programmes

At a Community level there are a great deal of initiatives aimed at different target groups and many strategies: from specific activities such as "races against drugs", "world days", etc to wide-ranging programmes which include different activities. In most cases these community programmes are carried out at local level in co-ordination with Local Councils. However, most community programmes are aimed at specific target groups (young people, children at risk, families...). Apart from this there are programmes aimed at ethnic minorities, especially gypsies, and other programmes for pregnant women.

Most initiatives carried out in the workplace are training courses aimed at middle managers and union representatives, and to a lesser extent, at workers. Most of these courses are organised in collaboration with the Trade Unions.

The activities promoted by the Government Delegation for the National Plan on Drugs include a campaign for the prevention of alcohol abuse aimed at those working at sea and at those working in public transport in the cities. This campaign was launched by the National Committee for the Prevention and Treatment of Drug Dependence in the workplace, which is made up of representatives of the Trade Unions CC.OO and UGT, the CEOE (Employers' organisation) and the Government Delegation for the National Plan on Drugs.

The target population of this campaign was:

- Maritime industries: Workers based in the ports of Ondárroa, Taragona, Vigo, Algeciras and Las Palmas, with a total of 18,942 workers.
- Urban passenger transport workers: Workers in the cities of Madrid, Barcelona, Bilbao, Málaga, Zaragoza, Tenerife, Seville, Valencia, Las Palmas and Palma de Mallorca, with a total of 24,746 workers.

9.1.5 Telephone help lines

No new information to add.

9.1.6 Mass media campaigns

The main objectives of the campaigns in the media were to inform people and make them aware of the risks of drug use and to give them advice about reduction of harm. The messages emitted were intended to promote freedom, self-control and the participation of youth associations and volunteers. This year the priority issue of the campaigns is still the prevention of the use of alcohol and tobacco. Most of the campaigns are aimed at young people and adolescents as they are the most vulnerable groups, although there are other campaigns aimed at the population in general, and at specific groups, for example women, youth workers etc. The media most often used in these campaigns were the press, the radio, television and Internet.

The Government Delegation for the National Plan on Drugs launched a campaign with the slogan "Get wise: Drugs: more information, less risks" (*Entérate. Drogas: más información, menos riesgos*). The campaign centred on combating existing errors about the recreational drugs most commonly used by young people, on the basis of current scientific knowledge. Apart from activities in the media (TV, radio, etc), the campaign offered an interactive tool which consisted of a web page with specific contents for young people (www.sindrogas.es) and the possibility of asking for advice through e-mail.

9.1.7 Internet

See 9.1.6

9.2 Reduction of drug related harm

9.2.1 Outreach work

The structures that form the National Plan on Drugs define the programmes for patients who do not attend specific treatment instruments or centres. Strategies and target groups have already been described in previous reports.

Special services to carry out this type of jobs are basically mobile services for the attention of drug addicts (buses, vans and cars specially equipped to provide attention for drug addicted individuals at the different places where they may be at any moment) and the centres for social emergencies. There are also other programmes including, amongst them, street educator's tasks, injecting rooms, etc.

In terms of evaluation and results in these services, we must highlight that, according to current data, 31 mobile services have been operating during the year 2000 and 4,755 individuals have received medical attention. In the same sense, 19 social emergency centres have provided attention to a total of 7,145 individuals.

HARM REDUCTION PROGRAMMES RESOURCES

SPECIFIC RESOURCES	NUMBER OF DEVICES	USERS RECEIVING MEDICAL ATTENTION
Emergency social services	19	7.145
Mobile units	31	4.755
Chemist's shops	1.829	1.147
Others	44	3.379

9.2.2 Low threshold services

These programme-services intend to improve the quality of life of drug users and to provide assistance at sanitary, psychological and social level. This includes the reduction of the risks associated to drug consumption.

The special services involved in these objectives were already mentioned in section 9.2.1.

Syringe exchange programmes have reached a higher number of users. During the year 2000, a total of 1,520 programmes of this type have been carried out with the collaboration of 13 social emergency centres, 32 mobile units, 1,234 pharmacies and 241 devices of other kind.

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The total number of syringes and/or sanitary kits delivered was approximately 4,467,266, as we can see on the table below that shows the figures corresponding to Syringe Exchange Programmes (PIJs).

SYRINGE EXCHANGE PROGRAMMES

TYPE OF PIJs LOCATION	No.	Number of users receiving attention	Quantified activities
P. Social Emergency	13	1.500	787.066
P. Mobile Units	32	5.321	1.892.061
P. Pharmacies	1.234	1.347	755.735
Others (undetermined)	241	3.565	1.032.404
Total number of PIJs	1.520	Total number of syringes delivered	4.467.266

Like in the last few years, there has been a considerable improvement in the levels of collaboration between the different Pharmacologists Official Bodies and the different Autonomous Communities and Towns.

In this sense, the General Council of Pharmacologists Official Bodies has been structuring a national single response to harm reduction and prevention of new cases of infection by HIV amongst intravenous drug users.

Therefore, and considering that chemist's shops are one of the first sanitary instrument to be attended by intravenous drug users, amongst other strategies for the reduction of harms and risks associated to drug abuse, we must highlight:

- Messages to intravenous drug users.
- Syringe Exchange Programmes
- Methadone maintenance programmes

9.2.3. Prevention of infectious diseases

The first cause for the transmission of HIV between intravenous drug users is blood exposure as a result of shared syringes.

Chemist's shops are the main distributors of syringes and also the first sanitary institution visited by parenteral drug users. They are easily available and have a wide coverage of national territory. These facts make of Pharmacy professionals and chemist shop assistants a group of privileged individuals to reach drug intravenous drug users and play an active role in the prevention of diseases and the promotion of health, and thus contribute to reduce the spreading of HIV and other blood-transmitted pathogenic germs.

The large number of infections associated to intravenous drug use in our country, make of Spain a priority country for the implementation of Syringe Exchange Programmes (PIJs) and Methadone Maintenance Programmes (PDM), and therefore the Pharmacists can make an important contribution. In this sense, the sensibilisation and training of pharmacologists and

assistants take a relevant position to structure an efficient body for the implementation of the programmes proposed.

With the joint collaboration from Regional Autonomic Plans against Aids and Drugs, we suggested to carry out different training courses at the different Pharmacologists' Official Bodies and to establish aid agreements between Sanitary Administration and Pharmacologists' Bodies.

Different training material has been produced both for professionals and parenteral drug users: Manual for Pharmacologists, brochure for drug parenteral users ("pico de menor riesgo" [less-risk consumption] and "sexo más seguro"[safer sex]) and a procedures manual (PIJ and PDM at chemists').

There has been a total of 56 training courses during the period 1999 - 2001: 34 courses for pharmacologists, 14 courses for assistants and 8 practical courses for pharmacologists at Autonomous Communities where chemists were already taking part in PIJs and PDMs.

A total of 1,896 individuals attended these 56 courses. 66.2% of them completed the evaluation questionnaire; 25.1% of attendants dispensed HIV-prevention kits; 78.1% of those who did not dispense these kits, would be prepared to run an HIV-prevention kit programme; 4.2% of attendants exchanged syringes for drug users; 72% of those who did not exchange syringes for drug user, declared to be prepared to run this type of programme in their shops; 9.4% of attendants dispensed methadone in their chemist's; 69.5% of those who did not dispense methadone were willing to run this type of programme in their shops.

With respect to the global evaluation of the courses, 90.8% declared that the course had been rather or very satisfactory, and no comments were made on the difficulty to run the proposed programmes.

Collaboration programmes have been signed with Pharmacologists' Official Bodies for the development of the proposed programmes at the Autonomous Communities of Castilla-La Mancha (PDM), La Rioja (PDM), Cantabria (PDM) and Murcia (KIT, PIJ, PDM). Collaboration is being provided by pharmacologists at the Autonomous Communities of Extremadura (PIJ, PDM), Canary Islands (KIT, PIJ), Castilla-La Mancha (KIT, PIJ) and Cantabria (PIJ).

Apart from pharmacies, there are other places where syringes can be exchanged: Social Emergency Centres, Mobile Units, etc. With this respect, and according to provisional data available, more than 4,316,000 syringes have been distributed throughout the national territory.

At least 12 Autonomous Communities and Towns have developed Syringe Exchange Programmes with the collaboration of approximately 1,234 chemists' shops.

Methadone is being dispensed at 13 Autonomous Communities and Town with the collaboration of 1,254 chemists' shops.

9.3 Treatments

9.3.1 Treatments and Health care at national level

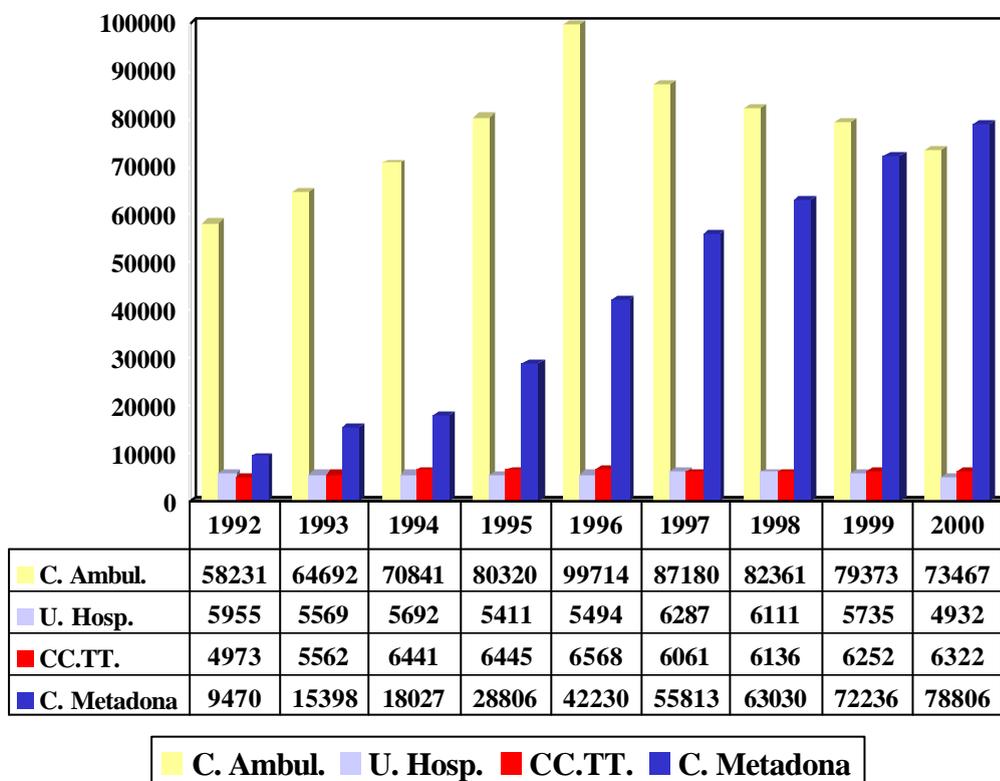
As already mentioned in previous national reports, the organisation and structure of treatment systems are based on the Government Delegation for the National Plan on Drugs. Thanks to the co-ordination role played by the Government Delegation, each Autonomous Community organises public, voluntary and free assistance services and programmes for drug users.

In 2000, the type of resource used by the highest number of patients were the Methadone Prescription and/or Dispensing Services (1,723) with a total of 78,806 patients. Secondly, 495 surgery centres provided attention for a total of 73,467 users. The 56 detoxification hospital units have been used by a total of 4,932 patients and, finally, the 106 therapeutic communities have provided treatment for 6,322 individuals.

Distribution according to the different Autonomous Communities and Towns:

Autonomous Community	Outpatient Centres		Hospital Units		Therapeutical Units		Methadone Prescription or Dispensing	
	No. of centres	No. Of users	No. of centres	No. of users	No. Of centres	No. of users	No. of centres	No. of users
Andalucia	105	12.313	5	861	16	1.302	580	18.713
Aragon	26	1.091	1	127	2	141	81	2.343
Asturias	18	2.100	2	246	6	331	35	2.683
Balearic Islands	15	1.159	1	78	3	165	45	2.167
Canary Islands	37	8.318	3	563	5	535	25	5.503
Cantabria	3	443	1	25	1	65	15	1.353
Castilla-La Mancha	9	1.111	6	100	16	297	199	2.291
Castilla – Leon	51	1.287	3	283	9	627	53	4.785
Catalonia	47	6.357	10	795	11	816	213	8.480
Extremadura	15	1.306	1	71	6	371	25	1.554
<i>Galicia</i>	37	4.035	6	426	4	264	22	8.000
<i>Madrid</i>	30	15.933	3	427	10	674	40	8.152
Murcia	12	1.155	3	105	2	99	15	2.883
Navarra	9	1.042	2	61	3	193	85	991
Basque Region	28	4.788	2	215	5	198	228	2.261
La Rioja	6	459	1	18	1	46	9	519
Valencia	45	10.333	5	530	6	194	48	5.557
Ceuta	1	196	1	1	0	2	3	376
Melilla	1	41	0	0	0	2	2	195
Total	495	73.467	56	4.932	106	6.322	1.723	78.806

The following graph shows the evolution in the number of user during the last few years:



9.3.2 Substitution and maintenance programmes.

As already mentioned in the previous national report, these programmes are set by the Royal Decree 75/1990 (19th January) for the regulation of opiate treatment for drug users and its Amending Royal Decree 5/1996 (15th January). Admission criteria, organisation and distribution of substitutive drug as well as the prescription procedure have already been described.

During the year 2000, the number of centres dispensing methadone has been of 1,723 and a total of 78,806 people have received attention. These data, as you can see in the graph above, confirm that these programmes have had a growing trend in the last few years.

9.4 After-care and re-integration.

The programmes and services that the Government Delegation for the National Plan on Drugs has developed in the year 2000 in the social re-integration field are included in the table below. There has been an increased in the number of user of Training Programmes compared to the previous year (12,505 in 1999 and 18,042 in 2000).

The programmes intending to enable social re-integration of drug addicted individuals, can be classified in three categories:

Training programmes. In 2000, the activities for the professional orientation and job search have consolidated and in several Autonomous Communities there are specific information, orientation and employment promotion services, used both by drug users and the assistance network. More than half (58.6%) of the total number of drug users who attended training programmes, took part in these activities.

Employment programmes. The range of programmes for the labour re-integration of drug addicted individuals can be classified in four large groups: "*handcraft workshops*"; "*special employment programmes*", including: workshop schools, professional houses, National Employment Institute employment workshops, local employment programmes and initiatives by the European Social Fund; "*private company subsidised contracts*" and "*promotion of self-employment*" (freelance and co-operative work). The category most often used have the so called "special programmes", by means of which more than 2,000 drug addicted individuals obtained a job out of a total number of 4,677 users.

Housing. Like in previous years, the trend continues to be the same and therefore, flats are the most demanded resources with two thirds (2,000 individuals) out of the total of 3,055 individuals demanding these services.

The table below shows the number of centres integrating social re-integration programmes. These centre carry out an evaluation and, in some cases, they directly implement the above mentioned programmes. The number of users of these programmes has not been reflected, since beneficiaries of social re-integration programmes will appear as users of training, labour integration o lodging-support programmes.

In July 2001, the Ministry of Interior and the Ministry of Work and Social Affairs signed a Joint Collaboration Statement for professional promotion and social re-integration of drug addicted individuals undergoing rehabilitation programmes. This Collaboration Statement would be implemented by means of a Agreement between the Government Delegation for the National Plan on Drugs and the National Employment Institute, by virtue of which, this institute will integrate drug addicted individuals undergoing rehabilitation programmes into their Training and Professional Re-integration programmes.

**SOCIAL RE-INTEGRATION PROGRAMMES.
TYPE, NUMBER OF PROGRAMMES, RESOURCES AND NUMBER OF USERS.
SPAIN, 2000**

	NUMBER OF PROGRAMMES AND/OR CENTRES	NUMBER OF USERS
THERAPEUTICAL CENTRES WITH ACTIVITIES AND/OR PROGRAMMES	94	
CENTRES WITH ACTIVITIES AND/OR PROGRAMMES (WITHOUT TREATMENT)	71	
RESIDENTIAL TREATMENT CENTRES WITH PROGRAMMES (THERAPEUTICAL COMMUNITIES)	52	
LODGING-SUPPORT RESOURCES	111	3055
TRAINING PROGRAMMES	499	18042
LABOUR INTEGRATION PROGRAMMES	108	4677

Source: Government Delegation for the National Plan on Drugs with data from the Autonomous Communities' Plans on Drugs

9.5 Interventions in the Criminal Justice System

A) Interventions:

➤ Medical

➤ Detoxification

All individuals entering prison, who are diagnosed as drug users and are not included in methadone substitution programmes, are invited to join detoxification programmes. 4,589 inmates received treatment for gradual detoxification in the year 2000.

➤ Drug substitution

23,069 inmates received methadone treatment in the year 2000. The spreading of this treatment is based on its high efficacy and particularly on its efficiency to prevent HIV infections.

➤ Drug-free programmes

A total of 8,984 inmates received this type of treatment in the year 2000.

➤ Surgery detoxification programmes. Inmates receiving treatment live together with the rest of inmates and use general facilities in the centre. 6,680 inmates have joined this programme during the year 2000.

➤ Detoxification at specific therapeutic areas. These programmes are implemented in specific modules in the centre. This may be a day centre or a therapeutic module for overnight inmates. 2,010 inmates have received treatment in therapeutic modules at 18 penitentiary centres. While 294 inmates who were on an alternative rendering of sentence programme and only spent the night in prison received treatment at 4 penitentiary centres.

➤ Self-help groups

The GAD (group for the attention of drug addicted individuals) has defined the objectives of the interventions as well as the co-ordination of resources and the evaluation of execution and evolution of actions. This multidisciplinary team is the frame where professionals from penitentiary centres and NGOs as well as other extra-penitentiary institutions operate. There are GAD in 71 penitentiary centres run by the central state administration and 44 of them are formed by extra-penitentiary personnel, most of which belong to NGOs including ex-addicted individuals and ex-convicts.

Instruction 5/2000 has established the multi-annual plans of intervention by NGOs at penitentiary centres. According to the latest need analysis, drug addiction treatment at penitentiary centres as well as the collaboration by other institutions is still a priority.

➤ **Relapse prevention**

All penitentiary centres have implemented health education prevention programmes, both by means of their own resources as on the co-ordination of community resources. The areas covered in these programmes have included basic information on sanitary, legal and social aspects in relation with drug abuse and the motivation to enter therapeutic programmes.

These programmes are designed for drug addicted individuals and also for inmates under risk to initiate consumption inside the penitentiary centres, such as first time convicts or younger inmates.

The total number of inmates entering this type of programmes has been 18,562.

Sanitary intervention programmes for drug addicted individuals acquire special relevance at penitentiary institutions, mostly considering how serious health problems that these people suffer. We must also mention the diagnosis, and treatment of prevalent pathologies such as tuberculosis. Also vaccination has been administered for flu, tetanus and hepatitis B.

In this sense, in compliance with the Multi-sector Plan against AIDS (1997-2000), passed by the National Commission for the Co-ordination and Evaluation of AIDS Prevention Programmes in December 1997, we have continued to train the professionals forming the GADs. In 2000, the *Dirección General de Instituciones Penitenciarias* (General Direction for Penitentiary Administration) organised central training activities on prevention and assistance aspects. These have been attended by a total of 816 penitentiary professionals.

➤ **HIV/Hepatitis prevention**

These programmes are particularly relevant at Penitentiary Institutions due to the frequent and serious health problems that these people suffer. A significant percentage of them only get in touch with any form of health system at the moment of entering prison.

Preventive actions:

- Strategies for the promotion of health, including from health policies to social and physical interventions.
- Sanitary education of disease carriers.
- Vaccination against hepatitis B.
- Hepatitis treatment.
- Implementation of the programme for the prevention and control of tuberculosis as an essential objective to detect and apply early treatment both of the infection and the disease amongst inmates. Implementing the *Tratamiento Observado Directamente*, TOD (Directly Implemented Treatment).
- Psychological and sanitary support groups formed by HIV infected penitentiary population or performing infection risk practices.

Due to the high risk of transmission of HIV, hepatitis B and/or Hepatitis C amongst penitentiary population and to a higher infection risk amongst long term intravenous drug users re-entering prison several times, preventive actions have been reinforced for this high risk groups, with special attention to harm reduction programmes.

Needles and syringe exchange.

Nine prisons in four Autonomous Communities Administrations (Basque Country, Galicia, Canary Islands and Navarra) run syringe exchange programmes. The total number of syringes exchanged was 5,488.

These experiences have shown that these programmes can be reproduced in a penitentiary environment without resulting in any distortion or direct problems.

B) Drug testing.

Treatment evolution is followed through inmate urine analysis. These may be carried out through judicial order or as an internal policy of penitentiary centres. We must highlight a high percentage of negative tests and that the most commonly detected substance is cannabis.

C) Release:

➤ **Referral to drug services**

Court and Police Station Programmes. These may be specific services for the treatment of arrested drug addicted individuals or general services for the treatment of arrested individuals. New services have been created in 1999.

The general objective of these programmes are: to allow assistance to drug addicted individuals suffering from legal problems; optimisation of the co-ordination between the different administrative bodies and agents involved; offering advice and juridical guidance on the personal, family and social situation of the individual arrested.

We are including below an evolutive analysis of some of the basic characteristics of drug addicted individuals using these services:

- The average age of users is still going up. Most cases are in the range 26-35 years of age.
- The percentage of men is still very high. Most of them only have basic studies and are unemployed. There is a characteristic pattern.
- There is no change in the type of crime in the case of arrested drug addicted individual.
- In most cases, individuals were on parole.

- The number of individuals consuming heroine keeps on falling (Barcelona: from 78.3% heroine consumers as main drug in 1999, it has gone down to 77.9% in 2000); Madrid: from 13.6% individuals consuming heroine as the only drug in 1999, it has gone down to 11.7% in 2000).
- There has been a considerable increase in the number of individuals consuming cocaine. Although had already been noticed in previous years, it has been more significant in this year (from 13.5% consuming cocaine in Barcelona in 1999, it has gone up to 15.6% consuming cocaine in 2000; from 17.7% consuming cocaine in Madrid in 1999, it has gone up to 23.6% in 2000).
- There has been an important evolution in the administration via for psychotropic substances. We can see some important geographical differences that have varied with time. Instead of intravenous use of drugs, it is now smoked, although there is an important number of subjects who still prefer parenteral use. (Madrid: parenteral use in 199 was 16.5%, while in 2000 it went down to 13.22%).
- There has been an increment along with time in the percentage of individuals under treatment (Madrid: 44.6% of users were already under treatment, while in the year 2000, the number of users under treatment was 48%).

According to data provided by the different Regional Plans on Drugs, 6,078 drug users have benefited from these programmes in the year 2000. This figure indicates an underestimate of the actual number of cases when considering that not all the Autonomous Communities have provided the corresponding data. Most resources have been financed by Regional Plans.

All of these resources are a response to the need of an early identification of risk factor and to intervene against them and prevent relapse, since younger age and a shorter criminal record is a positive factor towards better results.

Therefore, we should consider these programmes as one more resource in the network for the attention of drug addicted individuals. These services have proved efficient and in this sense, they must be supported, in order to encourage alternative rendering of sentence, since they allow an evaluation of drug addiction factors and the type of treatment, as well as the production of evaluation reports.

➤ **Aftercare**

The social services of the different penitentiary centres carry out the evaluation and control of inmates on parole. The Treatment Council (Junta de Tratamiento) produces an individual programme for the evaluation of inmates that must be followed by the penitentiary services with the collaboration from community services. The Judge (*Juez de Vigilancia Penitenciaria*) may also enforce conduct rules to be observed, among which may include the acceptance of drug addiction treatment. Breach of this condition may be cause to deny probation and re-entering prison.

The penitentiary centre Treatment Councils (*Juntas de Tratamiento*) may also suggest bringing forward the probation period under the above-described conditions on the filling of a favourable personal report towards social re-integration.

Certain social re-integration programmes to be developed out of prison by means of the enforcement of sections in the Penitentiary Regulations that allow the periodical of permanent access of drug addicted inmates to community resources.

A total of 8,319 inmates have been diverted to community services in 2000. Most diversions affected inmates on parole or probation or after rendering sentences.

Penitentiary administration is making an effort to prepare the leave of inmates and to continue their treatment out of prison, at the community.

➤ Probation

The following data have been collected from the Regional Plans:

- A total of 716 have been diverted to receive detoxification treatment from Courts of Justice and 1,861 inmates have been diverted from penitentiary centres.
- In 2000, the number of individuals on alternative rendering of service that received treatment at community centres was 2,838. A total of 199 centres were used for this purpose, of which 21 were sentence rendering apartments (99 users), 66 therapeutical communities (698 users) and other resources, mainly surgery centres where a total of 2,041 individuals received treatment during 2000.

D) Statistics and evaluation results

Statistics on penitentiary population according to legal situation, sex and type of crime.

Source: General Statistic on Penitentiary Population.

Penitentiary population on the 31st December 2000 was 45,104 individuals. 91.9% were men, 19.9% were foreigners and 72.12% were on an alternative rendering of sentence. 79.4% of them were rendering sentence, 61.24% were second offenders and 36.9% were between 31 and 40 years of age, (age of inmates continues to grow). 52.56% of penitentiary population had been accused of crimes against private property, and 30.2% of them had been accused of crimes against public health. (Source: General Direction for Penitentiary Administration [*Dirección General de Instituciones Penitenciarias*]).

The number of inmates accused of crime against property has levelled off and there has been an increment in the number of crimes against public health.

There has been a significant change in penitentiary population with regards to drug issues. There has been an increment in female population, which in 1987 was 5.37% of the total population while in the year 2000, the percentage was of 9%. This increment is closely related

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to the growing traffic and consumption of drugs; and the specific weight of this type of crime against public health.

With regards to the type of crime, there is also a significant increment in the percentage of foreigners entering our penitentiary centres. Women are most often condemned for this type of crime against public health

Sanitary Situation: prevalence of diseases

Source: Sanitary Registers of Penitentiary Health Services.

Prevalence of diseases associated to drug abuse in the year 2000 has been as follows:

- The prevalence of HIV infected individuals was 16.6%. The prevalence of inmates receiving anti-retroviral treatments was 8.4%. There is a downward trend for HIV prevalence at penitentiary environment. There have been 101 new AIDS cases. IDUs represent the majority of AIDS cases detected in prisons.
- Prevalence of tuberculosis: 0.5% of penitentiary population was under treatment for this disease. According to the Penitentiary Health Study for 1998, the prevalence of infection by tuberculosis was 50.6% of inmates, while in the case of UDIs the percentage went up to 55.6%.
- Prevalence of Hepatitis C: According to the Penitentiary Health Study for 1998, 46.1% of inmates were infected with VHC, while the percentage of drug parenteral users infected with VHC was close to 90%. However, inmates with no history of intravenous drug use had a prevalence of infection of around 20%, which is very high when compared to general population (approximately 3%). Thirty-nine new cases have been notified during the year 2000.

Therapeutic offers in prison.

Source: The General Deputy Direction of Penitentiary Health Services provides annual data on inmates entering treatment according to therapeutical type. Data are collected by means of a questionnaire that must be completed by all penitentiary centres:

- **Detoxification.** A total of 4,589 inmates entered gradual detoxification treatment during the year 2000.
- **Substitution programmes.** A total of 23,069 inmates have received methadone treatment during the year 2000.
- **Syringe exchange programmes.** Nine penitentiary centres from four different Autonomous Communities (Basque Region, Galicia, Canary Islands and Navarra) had implemented this therapeutical type of treatment. A total of 5,488 exchanges have been performed during the same year.
- **Drug-free programmes.** A total of 8,984 inmates received this type of treatment during the year 2000.

- **Sanitary prevention.** A total of 18,562 inmates received this type of treatment as compared to 15,278 inmates in the year 1999, which means an increment of 21.5%.

Use of psychoactive substances.

Source: Spanish Monitoring Centre for Drugs. Indicator: new admissions to treatment

We are including below the data provided by the different Autonomous Communities to the Spanish Monitoring Centre for Drugs' indicator of individuals starting treatment. The most significant parameter regarding this factor is the duration of the treatment.

From the moment this indicator started to gather data on admissions at penitentiary centres, the majority of cases were related to heroine addiction. This drug represented 85.4% of admissions to treatment in the year 2000. Therefore, there has been a fall in the last few years since in 1996 it represented up to 93.4% of admissions to treatment. On the other hand, admissions to treatment for cocaine addiction has gone up significantly from 4.5% in 1996 to 6.6% in 2000. This increment has been even more noticeable for admissions without previous treatment.

This population still shows a typical profile: low education qualifications and high unemployment. A trend to an older age has also been confirmed. Furthermore, we must highlight an abusive consumption of legal drugs by those individuals entering prison. In this sense, the General Direction for Penitentiary Administration has carried out a judicial, social and psychological research on inmates condemned for women or child battering (879 inmates), this sample is 2.3% of the total number of inmates. This research has found a number of variables associated to violent conduct. Amongst them we must mention alcohol abuse, with 29.7% of individuals under investigation had problems regarding alcohol abuse and 47.3% consumed drugs in general, including alcohol.

It must also be mentioned a research on drug addicted women at penitentiary centres (*La mujer drogodependiente penada en los centros penitenciarios*), carried out by the Servicio Interdisciplinar de Atención al Detenido (SIAD) (Interdisciplinary Service for the Assistance of Arrested Individuals) and sponsored by the Government Delegation for the National Plan on Drugs.

E) Specific training

Training for professionals. All civil servants entering Penitentiary Institutions receive training courses. Later on, they receive updating courses for prevalent pathologies and newly implemented alternative therapies.

In this sense, according to the Multi-sector Plan against AIDS 1997-2000, passed by the National Commission for the Co-ordination and Evaluation of AIDS Prevention Programmes in December 1997, has continue professional training for member of GADs (Groups for the Attention of Drug-addicted Individuals). In 2000, the General Direction for Penitentiary Administration has organised training activities on prevention and assistance aspects, which have been attended by a total of 816 professionals from penitentiary centres.

Training for inmates. The ultimate objective of interventions on drug addicted inmates is their social re-integration. Therefore, any action in this environment must, first of all, intend to prevent harm associated to consumption and secondly to enable the normalisation of drug addicted individuals and their social re-integration. Therapeutical alternatives should not be, therefore, isolated as treatment programme on their own, but integrated in a set of actions to provide training and education to individuals.

There is a whole academic, pre-labour and labour-training set of courses by the National Employment Institute, courses by the Autonomous Organism for Penitentiary Employment and workshops at penitentiary centres.

A total of 10,179 inmates have started Professional Training courses in the year 2000 and a total of 1,852 inmates have started Social Work Oriented courses in the same period. An estimate of 50% were drug addicted individuals, which means an increment in the number of user of 5.25% and 8.5% respectively when compared to the year 1999.

9.6 Specific targets and settings

Alternatives to prison and prosecution

The reform of Spanish Criminal Legislation by means of the Organic Act 10/1995, 23rd November, of the Penal Code and the Royal Decree 190/1996, 9th February of the Penitentiary Regulatory Norm creates a juridical frame for the re-integration of criminal drug users.

The alternative measures to prison are the following:

- ***Suspended sentence.*** This can be applied to less than three years sentences, when proved that the convict is not a regular offender and has been, or still is, under detoxification treatment. This option is also available for incurable patients.
- ***Alternatives to prison sentence.*** The sentence is replaced by other punishments such as community work, monetary fines or weekend arrest. This measure can be applied to regular offenders, either drug addicted or not.
- ***Security measures for drug users.*** These are to be applied in case of criminal responsibility. The judge may apply different security measures such as entering a detoxification centre, in case of partially extenuating circumstances, which would also be an extenuating circumstance and the judge may apply a security measure followed by a prison sentence of a non imprisonment sentence, should it endanger the effects of the security measure.

Treatment of inmates at extra-penitentiary centres. The Penitentiary Regulatory Norm establishes a wider regulation for extra-penitentiary treatments for drug users.

- Community surgery treatment by daily leaves of inmates.
- It is possible to establish contact to develop extra-penitentiary programmes through regular leaves.
- Drug addicted inmates may develop treatment activities at external centres by means of the different types of *régimen abierto (alternatives to imprisonment)*.
- Inmates may render sentence on a full boarding basis at public or private therapeutic centres.
- Probation may be subject to detoxification treatment.

10 Quality Assurance

10.1 Quality assurance procedures

Quality assurance procedures are becoming more important every day. In this sense the National Drugs Strategy 2000-2008 shows great concern about this issue and includes a clear wish of improving the quality of the services available for drug users in Spain.

When referring to the aims to be achieved with regards to demand reduction, quality concerns are often mentioned. Prevention, harm reduction and assistance and social integration are the three fields that the National Drugs Strategy includes.

With regards to harm reduction, among the objectives the Strategy mentions the need to “boost the quality of the programmes for treatment with agonists implemented by network offered by the National Health Service”.

Regarding assistance and social integration, the Strategy refers to the need to “improve the quality of the assistance and the results of the treatment programmes through evaluation mechanisms”.

10.2 Evaluation

Evaluation is another key point for the National Drugs Strategy, which not only refers to it when setting the general frame the coming years but also includes a special chapter on this topic linked to information systems.

Evaluation mechanisms will be set up to measure the fulfilment of all the objectives included in the Strategy. Although the initial works have already started, it is early to talk of the evaluation of the Strategy since its medium term evaluation will be carried out in 2003 and the final one in 2008.

Nevertheless, evaluation plays an important role to ensure the quality of all programmes and activities and is becoming a topic for workshops and seminar targeted at professionals working in the drugs field.

10.3 Research

For years Spain lacked specific drug related research, to overcome this situation the National Drugs Strategy pays special attention to this activity.

An example of the work carried out is the already mentioned research on drug addicted women at penitentiary centres, carried out by the Servicio Interdisciplinar de Atención al Detenido (Interdisciplinary Service for the Assistance of Arrested Individuals) and sponsored by the Government Delegation for the National Plan on Drugs.

10.4 Training for professionals

Training is understood as a continuous process in which three levels can be established:

- Pre - graduate training
- Post – graduate training
- Continuous training for professionals working in the drugs field.

It can be mentioned that in year 2000, the Government Delegation for the National Plan on Drugs and the Inter - American Drug Abuse Control Commission agreed to promote the creation of a network of Latin American universities with post – graduate studies in drug dependencies. In 2002 a Master on line on drug dependencies will be a reality.

Apart from the post - graduate studies on drug dependencies offered by several Spanish Universities, a wide range of activities such as conferences, seminars, workshops ... targeted at professionals working in the drugs field took place in year 2000.

PART 4

KEY ISSUES

11 Polidrug use: drug set and settings

Polidrug use is the regular consumption of several substances, one of which will be the main drug. In Spain many drug users consume more than one substance.

11.1 Patterns and users groups

Patterns in Spain are moving away from the eighties and early nineties scenario where illegal drug use problems were limited mainly to heroin injecting. They are progressing to a more complex situation, in which, along with the hard-core heroin or heroin and cocaine injectors, there are other problem user groups (such as cocaine sniffers, cannabis users, heroine or crack smokers or users of both legal and illegal drugs). In the future it is probable that the use of new kinds of drugs and forms of use will develop, which could rise to popularity and fall out of favour more quickly than past trends, due to the growing access to new dissemination technologies and exchange of information.

One of these problem drug users groups is in particular polidrug users. Drug users that consume a main drug in combination with other substances either illegal or legal (alcohol and tobacco).

The 1999 Household Survey on Drug Use provided the following information regarding polidrug use in Spain, taking into account two timeframes, the amount of people that reported consumption of one or more substances was as follows:

- During the last 12 months consumed:
 - one substance: the 41,7 %
 - two substances: the 32,8 %
 - three substances: the 5,1 %
 - four substances: the 1,1 %
 - five or more substances: the 0,9 %

- During the last 30 days consumed:
 - one substance: the 27,8%
 - two substances: the 43,6 %
 - three substances: the 15,7 %
 - four substances: the 1,8 %
 - five or more substances: the 0,6 %

Tobacco (last 12 months): 43,7 % of the Spanish population reported having consumed tobacco in the last twelve months. Tobacco consumption is frequently linked to alcohol consumption (86,7 %) and hashish (13,5 %).

Alcohol (last 12 months): 50 % of the people that reported alcohol consumption smoked and 8,7 % took hashish.

Cannabis (last 12 months): cannabis users also consumed alcohol (95,9 %), tobacco (87,1 %) and cocaine (18,4 %).

Cocaine (last 12 months): cocaine users show high alcohol (91,9%), tobacco (88,5 %) and marihuana (81,4 %) consumption

Ecstasy (last 12 months): ecstasy users also took marihuana (93,1 %), alcohol (91,4 %), tobacco (87,3 %) and cocaine (53 %).

Heroin (last 12 months): those who reported heroin use during the last twelve months also consumed all other substances, in particular tobacco (81,8%), cocaine (86,8 %), marihuana (78,2 %), alcohol (94,7%), amphetamines (66,2 %), hallucinogens (61,1 %) and ecstasy (58,3%).

Amphetamines (last 12 months): amphetamines users during the last twelve months report high alcohol (90,3%), tobacco (85,8 %), marihuana (82,1 %), cocaine (77,3 %) and hallucinogens (57,6 %) consumption.

Hallucinogens (last 12 months): hallucinogens consumers show high levels of tobacco (89,7 %), alcohol (87,7 %), marihuana (84,2 %), cocaine (81,6 %) and amphetamines (66,5%).

11.2 Health and social consequences

Regarding the health and social consequences linked to polydrug use, in Spain many drug users under treatment report more than one substance, according to the information provided by the treatment indicator.

Drug users under treatment usually consume more than one substance and report accordingly. For instance, in 2000 heroin users under treatment reported as secondary drug taken during the thirty days previous to going into treatment cocaine (69,5 %), cannabis (35,9 %), sedatives (22 %) and alcohol (25 %). Among cocaine users under treatment, heroin was reported as secondary drug by 14 %. Other secondary drug frequently reported were alcohol (58,5 %) and cannabis (48,6 %) (DGPND 2001c).

The Spanish Monitoring Centre on Drugs has reported that, according to the treatment indicator, the urgencies indicator and the mortality indicator, cocaine consumption is increasing among heroin users. In fact the proportion of heroin users under treatment for the first time that had consumed cocaine in the 30 days previous to going into treatment was 47,9 % in 1987, 66,1 % in 1991, 58,1 % in 1996, 67,3 % in 1998 and 74,9 % in 1999. The proportion of urgencies for acute heroin reaction in which cocaine consumption is mentioned increased from 26,1 % in 1996 to 46,9 % in 1999.

On the other hand, cocaine problem users under treatment during the thirty days previous to going into treatment are less involved in cannabis, amphetamines and hallucinogens consumption and more involved in alcohol consumption.

Therefore during the last years although consumption of illegal substances has not increased among problem cocaine users, alcohol consumption has. This trend that can have serious consequences from the social and the sanitary point of view due to the problems linked to the use of both substances together.

11.3 Risk assessment and local market

The combination of two or more substances poses serious health problems that relate to the substances used. The substances combinations have already been mentioned.

11.4 Specific approaches to the interventions

Programmes targeted at drug users tend to cope with all the needs they have. On one hand they provide health care provided by the National Health System, on the other they seek to improve their living conditions paying attention to measures such as training, employment or housing.

Polidrugs users can be either problem drug users or young people who are trying several substances, including the legal ones, as a new experience. Approaches to all of them can be different but at the end they seek a change in their behaviour.

Prevention campaigns, for instead, focus on the negative consequences of consuming more than one substances.

11.5 Methodological issues

New trends in drug use are always there, especially nowadays, due to the information society in which we live and the process of globalisation. Therefore attention has to be paid to any new development that may appear in the near future. Regarding polidrug use, as we have seen, more information on the substances taken, on the consequences of the consumption of several substances and so on will be of help to improve the programmes offered to drug users in general and polidrug users in particular.

12. Successful treatment: the effectiveness of the intervention

It is important to mention that the Government passed the National Strategy against Drugs last 17th December 1999. The Strategy has been supported by the Government Delegation for the National Plan on Drugs and was produced by its own representatives together with the representatives of the Regional Plans against Drugs and the rest of institutions included in the National Plan on Drugs. As a result a new National Plan on Drugs has been created, adapted and updated to the current situation and future challenges.

By passing the Strategy, Spain has for the first time a normative frame for the implementation of the Plan, since it was approved by Royal Decree. It establishes a number of specific objectives for specific dates (the years 2003 and 2008 as established by the United Nations General Assembly Special Session in 1998) and regulates the role that each one of the different administrative bodies has to play for the achievement of those goals.

Amongst other intervention areas, it includes harm reduction, assistance and social re-integration, as well as research, training, evaluation and information systems.

These areas have their own objectives as well as new “indicators” to allow us to evaluate and track down these objectives for adequate measurement of the effectiveness of the interventions.

Also, in the year 2000, the Inter Autonomic Commission for the National Plan on Drugs set up as well two Technical Committees on Assistance and Reduction of drug related harm. These committees intend to track down and evaluate the different types of treatment and their effectiveness.

12.1 The approaches to treatment and the related concepts of success

Traditionally when talking about treatment for drug user, two terms were used, drug free programmes and methadone maintenance programmes, being the first ones those that did not provide opiate agonist and tried to develop the drug users own abilities.

Nowadays, according to the aims of the different programmes, there are abstinence oriented programmes and harm reduction programmes. These do not seek the abstinence of drug users but a decrease in the amount of drug consumed, in the drug related crime, in the physical and mental pathologies linked to drug use and in the overall impact drug use has in the society.

Harm reduction programmes are usually based on the controlled prescription of opiate agonists (mainly methadone, but also others). Taking into account the aims of these programmes, they can either try to prevent the negative impact of drug use, because drug users are unable to change or because they suffer illnesses that make any change impossible. Or they can, on the short run, reduce the harm caused by drug use and, in the long term, derive the drug user to a drug free programme.

In Spain, due to its political and administrative organisation, each Autonomous Community organises public, voluntary and free assistance services and programmes for drug users. Drug free treatments and substitution treatments are available throughout the country.

Substitution and maintenance programmes are set by the Royal Decree 75/1990 (19th January) for the regulation of opiate treatment for drug users and its Amending Royal Decree 5/1996 (15th January). Admission criteria, organisation and distribution of substitutive drug as well as the prescription procedure are described.

In 2000, as already mentioned in this report, 73.467 drug users attended drug free programmes in outpatient treatment centres, 4.932 went to detoxification hospital units and 6.322 were treated at therapeutic communities while treatment programmes with opiate agonist received 78.806 drug users. A pilot project with LAAM followed by 206 drug users was carried out in 1999.

12.2 Evaluation of the treatments

The evaluation of the treatments is an useful tool to assess the results of the different treatments available and draw consequences from it.

12.3 Methodological issues

New developments regarding drug use are always coming up and not only is it important to find out these changes but also to be ready to adapt the services offered to drug users to these new realities. Therefore the programmes provided should not be set in stone but should be prepared to change as new needs are discovered.

13 Drug users in prison

13.1 Epidemiological situation

a) Drug use before entering prison

According to different studies, around 50% of penitentiary population declared to have used drugs before entering prison. Also, in the last few years, we have noticed an increasing number of problems related to cocaine consumption and largely associated to heroin users who also consume other substances.

This data confirms the information presented by the Indicator Admissions to Treatment of the Spanish Monitoring Centre for Drugs, according to which, the most significant parameter regarding this factor is the duration of the treatment.

From the moment this indicator started to collect data on admissions at penitentiary centres, the majority of cases were related to heroin addiction. This drug represented 85.4% of admissions to treatment in the year 2000. There has been a fall in the last few years since in 1996 it represented up to 93.4% of admissions to treatment. On the other hand, admissions to treatment for cocaine addiction has gone up significantly from 4.5% in 1996 to 6.6% in 2000. This increment has been even more noticeable in the case of admissions without previous treatment.

This population still shows a typical profile: low education level and high unemployment. A trend to entering prison at older age has also been confirmed.

We must also mention a research on drug-addicted women at penitentiary centres (*La mujer drogodependiente penada en los centros penitenciarios*, carried out by the Servicio Interdisciplinar de Atención al Detenido (SIAD) (Interdisciplinary Service for the Assistance of Arrested Individuals) and sponsored by the Government Delegation for the National Plan on Drugs.

Furthermore, we must highlight heavy use of legal drugs by those individuals entering prison. In this sense, the General Direction for Penitentiary Administration has carried out a judicial, social and psychological research on inmates condemned for women or child battering (879 inmates) - this sample is 2.3% of the total number of inmates -. This research has found a number of variables associated to violent behaviour. Amongst them we must mention alcohol abuse, with 29.7% of individuals under investigation having problems with alcohol abuse and 47.3% consuming drugs in general, including alcohol.

b) Health status in prison, social and legal consequences among drug users in prison.

Prevalence of diseases associated to drug abuse in the year 2000 has been as follows:

- The prevalence of HIV infected individuals was 16.6%. The prevalence of inmates receiving anti-retroviral treatments was 8.4%. There is a downward trend for HIV prevalence at penitentiary environment.

There have been 101 new AIDS cases. IDUs represent the majority of AIDS cases detected in prisons.

- Prevalence of tuberculosis: 0.5% of penitentiary population was under treatment for this disease. According to the Penitentiary Health Study for 1998, the prevalence of infection by tuberculosis was 50.6% of inmates, while in the case of IDUs the percentage went up to 55.6%.
- Prevalence of Hepatitis C: According to the Penitentiary Health Study for 1998, 46.1% of inmates were infected with VHC, while the percentage of intravenous drug users infected with VHC was close to 90%. However, inmates with no history of intravenous drug use had a prevalence of infection of around 20%, which is very high when compared to general population (approximately 3%). Thirty-nine new cases have been notified during the year 2000.

In the year 2000, 14 inmates died for an overdose at penitentiary centres, 23 inmates died of HIV infection, and 57 died for natural causes different to HIV.

13.2 Availability and supply

There is no information available.

13.3 Contextual information

Regulatory Frame

The legal frame for these actions has been defined in the Spanish Constitution, which establishes that imprisonment sentences and security measures must aim at the re-education and social re-integration of individuals and at the protection of their health condition. This constitutional mandate has been developed by means of the Penal Code (Organic Act 10/1995, 23rd November) and the Penitentiary Regulatory Norm that ensures the right to receive adequate assistance for the prevention, remedy and re-integration of drug-addicted inmates. Thus the main guidelines established by the National Plan on Drugs have been set up.

The Penitentiary Regulatory Norm includes actions that could be associated to therapeutical process, such as the “third grade rendering of sentence” or “semi-free degree”, scheduled leaves to go out of the penitentiary centre for the completion of particular activities associated to treatment, regular leaves to go out for inmates in “second degree” to attend an exterior institution, leave grants, or extra-penitentiary rendering of sentence or bringing forward the parole period.

The Newsletter on Global Policy for drug-related issues at Penitentiary Institutions (5/95 IP) indicates strategies for the execution of programmes for drug-addicted inmates. These programmes include harm reduction, prevention, detoxification and social re-integration.

Also, the Penal Code comprises the implementation of security measures for drug-addicted individuals who have been judged free from criminal liability, to enable their admission into a detoxification centre. It also establishes the possibility to suspend the rendering of sentence under certain circumstances.

Organisational Structure

The Strategy establishes a close collaboration between the Government Delegation for the National Plan on Drugs, the General Direction for Penitentiary Administration, the Regional and Local Plans on Drugs, the National and Autonomic Plans against AIDS, the Health Departments of the Autonomous Communities and the NGOs (these obtain funds from the National, Regional and Local Plans against Drugs and from the Ministry of Labour and Social Affairs).

We must mention the participation of extra-penitentiary specialists by means of the creation and improvement of mixed intervention teams at the different penitentiary centres. These teams conform the operational frame of interventions with drug-addicted inmates and are formed by professionals and penitentiary personnel. Thus, we count on the participation by some professionals from different NGOs to form the GADs.

This type of organisational structure establishes links between prisons and the community environment, and ensures the continuity of treatments both of individuals entering prison and of those who leave a penitentiary centre.

13.4 Demand reduction policy in prison

□ Internal Penitentiary Treatment

The number of users of methadone programmes has continued to grow in the year 2000 and the number of user of detoxification programmes has also gone up.

We must also mention the spread of syringe exchange programmes within the penitentiary system. In 2000, these programmes were running at 9 penitentiary centres, while in 1999 only 4 centres had implemented this type of programme.

The programmes that we are going to explain below should be considered as permeable programmes; i.e. drug-addicted individuals can move from one programme into another according to their therapeutical progress.

Prevention. All penitentiary centres have developed prevention and health educational programmes, both by means of their own resources and also thanks to the co-ordination with community resources. Amongst other subjects, they have dealt with the transmission

of basic information on sanitary, judicial and social aspects in connection with drug consumption and with the motivation to enter a therapeutic programme.

These programmes target not only drug users, but also other inmates under a risk to start consumption inside the prison, such as first-time offenders or younger inmates.

Sanitary intervention programmes for drug-addicted individuals are specially important at penitentiary centres, since their population often present frequent and serious health problems. Therefore, we must mention the diagnosis, tracking down and treatment of prevalent pathologies such as tuberculosis and also the vaccination against influenza, tetanus and hepatitis B.

In this sense, in compliance with the Multi-sector Plan against AIDS (1997-2000), passed by the National Commission for the Co-ordination and Evaluation of AIDS Prevention Programmes in December 1997, we have continued to train the professionals forming the GADs. In 2000, the General Direction for Penitentiary Administration organised central training activities about prevention and assistance aspects. These have been attended by a total of 816 penitentiary professionals.

Detoxification. All individuals who are diagnosed as active drug-addicted individuals and who are not already included in a methadone programme are offered to enter a detoxification programmes.

- Surgery detoxification programmes. Inmates live together with the rest on the penitentiary population and use the general resources of the centre.
- Detoxification at specific therapeutic areas. These programmes are implemented in specific modules in the centre. This may be a day centre or a therapeutic module for overnight inmates.

Harm reduction programmes. Not all drug-addicted individuals are candidates to enter an abstinence programme. Before implementing these programmes, both at penitentiary centres and community resources, only between 5 and 10% of drug-addicted population are prepared to accept abstinence programmes.

Methadone treatment programmes. This type of treatment began being implemented in 1992 in prisons and acquired special relevance since 1994. In 1998, were implemented in all penitentiary centres (except Santa Cruz de la Palma).

23,069 inmates received methadone treatment in the year 2000. The spreading of this treatment is based on its high efficacy and particularly on its efficiency to prevent HIV infections.

Syringe exchange programmes. Nine penitentiary centres from four different Autonomous Communities (Basque Region, Galicia, Canary Islands and Navarra) had implemented this therapeutical type of treatment. A total of 5,488 exchanges have been performed during the same year.

These experiences have proved its viability in penitentiary environments without any interference or problems.

- Treatment at community resources of drug users with judicial problems. Diversion to Community Resources.

These programmes are implemented outside penitentiary environments by means of the implementation of the Penitentiary Regulation that allows inmates to periodically or permanently access community resources.

13.5 Evaluation of drug users treatments in prison

Except for the study by Álvaro E. Vegue M on the current situation of methadone treatment in Prisons (*Revista Española de Sanidad Penitenciaria* 2000; 2: 77-82.), most evaluations have been on methadone programmes and with small samples.

The above mentioned study evaluates the quality of the service, on the basis of the following parameters: availability, effectiveness and professional competency.

On the other hand, in the year 2000 the Government Delegation for the Plan Nacional sobre Drogas has financed the project called “*Investigación sobre el perfil sociosanitario de los pacientes atendidos en los programas de atención a drogodependientes de Cruz Roja Española en Instituciones Penitenciarias. Evaluación de Intervenciones*” (Study on the Social and Sanitary Profile of Patients Attending Programmes for Drug-addicted Individuals Implemented by the Red Cross at Penitentiary Centres), carried out by the *Fundación de Atención a las Toxicomanías de Cruz Roja* (Red Cross Foundation for the Attention of Drug Addictions).

13.6 Methodological issues

The data available come from different samples used by the penitentiary and judicial indicator and the Spanish Monitoring for Drugs.

- § Registers at Penitentiary Centres: Statistics on penitentiary population, registers of diseases that are obligatory to declare.
- § The Indicator “admissions to treatment” at Penitentiary Centres by the Spanish Monitoring Centre for Drugs.

Restrictions: there has been low notification levels and only covers from 1996 the penitentiary centres in Andalucía, Catalonia, Castilla-Leon, Madrid and Murcia.

- § Annual Reports of the Regional Plans on Drugs. These are an annual description of users according to therapeutic type.

They also include the last studies on drug consumption by this population.

We must point out that the interpretation of results is limited to some extent, since the study of indicators for drug addiction as well as the data collecting methods are still insufficiently developed. We should consider these results as a mere trend rather than global results.

We have noticed the need to monitor some of the quality aspects of the programmes.

Characteristics of Spanish Penitentiary Population.
Spain 1999-2000 (%)

Characteristics of Penitentiary Population		1999	2000
Sex			
	M	91.5	91.9
	F		
Foreigners		17.8	19.9
Inmates		75.5	79.4
Penitentiary Degree			
	1 st	2.65	2.6
	2 nd	71.2	72.12
	3 rd	13.6	12
Age (inmates)			
	31-40	35.3	36.9
	41-60	14.3	15.5
Type of crime (inmates)			
	➤ Against Public Health	28.5	30.2
	➤ Against Social and Economic Order	52.4	52.56
Second offenders (inmates)		56.9	61.24
Total penitentiary population		44,197	45,104

Source: Government Delegation for the National Plan on Drugs on the basis of data provided by the General Direction for Penitentiary Administration. *Penitentiary population 31st December 1999 and 31st December 2000*

**Penitentiary population. Profile of inmates according to sex.
Spain 1999-2000 (%)**

Characteristics	Male		Female	
	1999	2000	1999	2000
% total penitentiary population	91.6	91.9	8.4	8.1
Foreigners	17.8	19.7	18.86	22
Inmates	75.8	77.8	73.5	77.9
Penitentiary degree				
1 st	2.47	2.69	4.67	1.6
2 nd	72	72.4	62.5	68.6
3 rd	12.98	12.76	20.86	18.5
Age (inmates)				
31-40	35.5	37.1	32.9	34.6
41-60	14.2	15.5	15.5	15.4
Second offenders (inmates)	57.5	61.7	49.96	56.4
Type of crime				
➤ Against public health	26.7	28.2	48.7	52.9
➤ Against social and economic order	53.6	53.8	38.7	38.8

Source: Government Delegation for the Plan National Plan on Drugs on the basis of data provided by the General Direction for Penitentiary Administration. Penitentiary population 31st December 1999 and 31st December 2000

Drug abuse by female penitentiary population according to different studies, 1998-2001.

<i>SOURCE</i>	<i>SAMPLE</i>	<i>CONSUMPTION OF DRUG SOMETIME IN THEIR LIVES</i>	<i>CONSUMPTION OF DRUGS IN THE LAST 30 DAYS</i>
<ul style="list-style-type: none"> ➤ Drug-addicted women at penitentiary centres. SIAD. 2001 ➤ Proyecto Barañí (Barañí Project). Gypsy women and penal systems. La Kalle. 2000. ➤ Análisis de la eficacia y adecuación de las políticas penitenciarias a las necesidades y demandas de las mujeres presas. (Analysis of efficacy and adequacy of penitentiary policies to needs and requirements by female inmates) Miranda MJ, Barberet R, Canteras A, Romero E. 1998. 	<ul style="list-style-type: none"> ➤ 1.123 female inmates at 7 penitentiary centres. The studied in applied to 30.6% of inmates considered as drug-addicted individuals. ➤ 292 gypsy inmates at 12 penitentiary centres. ➤ Questionnaire answered by 356 women randomly selected from 18 penitentiary centres. 		<ul style="list-style-type: none"> ➤ 19.3% of drug-addicted inmates in the study declared they had consumed some type of psychoactive substances in the previous 30 days. ➤ Type of substance: <ul style="list-style-type: none"> : 38.23 26.47 - cocaine: 8.82 + hashish: 8.82 ➤ Main administration via: <ul style="list-style-type: none"> l: 76.47 88 ian one via: 20.58 ➤ Risk conducts: 1 inmate declares to share syringes.

CHARACTERISTICS OF FEMALE PENITENTIARY POPULATION. SPAIN, 2000.

Average age 30.17 years

With children 73.9%

Primary studies 45.9%

Unemployed before entering prison: 20,5%

Average of individuals entering prison: 4,03

Average of individuals entering prison in relation to drug addiction: 3.9%

Age of first offenders entering prison: 30.68% between 15-18 years

Crime for imprisonment sentence: 66.5% crimes against social and economic order

Average time of sentence: 5.9 year

Penitentiary degree: 84.7% 2nd degree

Alleging drug addiction during trial: 80.1%

Drug addiction admitted by court: 53.4%

Family or spouse addiction records: 75,62%

Diseases associated to drug addiction:

HIV: 38.23%

Hepatitis: 28.43%

HIV + hepatitis: 31.37%

Under treatment at the moment of entering prison: 18.75%; 93% of them under PDM

Currently under treatment in prison: 61.71%; 92.6% of them under PDM

Spanish National Report 2001

Source: "Drug-addicted women at penitentiary centres", 2001. SIAD

CHARACTERISTICS OF PENITENTIARY POPULATION ENTERING TREATMENT AT PENITENTIARY CENTRES (%). Spain. 2000.	
Male	92.2
Average age	31.19
Primary studies	72.6
Unemployed before entering prison	59.8
Age of first time consumers	18.61
<i><u>Main drug for treatment</u></i>	
Heroin	85.4
Cocaine	6.6
<i><u>Other drugs consumed in the previous 30 days</u></i>	
Heroin	4.7
Cocaine	70.7
Cannabis	53.4
Alcohol	12.6
<i><u>Time since last injection</u></i>	
Less than 30 days	18
Never	34.6
<i><u>HIV state</u></i>	
Positive	27

Source: Spanish Observatory for Drugs. Indicator: new admissions to treatment

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Data bases

www.mir.es/pnd

www.sindrogas.es

ANNEXES

Drug monitoring systems and sources of information

General Statistic on Penitentiary Population (Estadística General de la Población Penitenciaria)

National Central Office for Narcotics (Oficina Central Nacional de Estupefacientes)

Regional Plans on Drugs (Planes Regionales de Drogas)

Sanitary Registers of Penitentiary Health Services (Registros Sanitarios de Sanidad Penitenciaria)

Spanish Monitoring Centre for Drugs (Observatorio Español sobre Drogas)

List of tables, figures and maps used in the text

Part 1

- Distribution of expenditure by Autonomous Communities and Cities by areas of intervention

Part 2

- National estimations of problem drug use
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Part 3

- Harm reduction programmes
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- Geographical distribution of methadone prescription and/or dispensing services
- Evolution of the number of users of these services
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Part 4

- Characteristics of the Spanish penitentiary population
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List of abbreviations used in the text

- DGPNSD: Delegación del Gobierno para el Plan Nacional de Drogas (Government Delegation for the National Plan on Drugs)
- GAD: Group for the attention of drug users (Grupo de Atención a Drogodependientes)
- INEM: Instituto Nacional de Empleo (National Employment Institute)
- LOGSE: Ley Orgánica de Ordenación General del Sistema Educativo
- NGO: Non Governmental Organizations
- OCNE: Organización Central Nacional de Estupefacientes (National Central Office for Narcotics)
- OEA: Organización de Estados Americanos (Organization of American States)
- OEDT: Observatorio Europeo de la Drogas y las Toxicomanías (EMCDDA)
- RD: Real Decreto (Royal Decree)
- RP: Reglamento Penitenciario (Penitentiary Regulatory Norm)
- SEIPAD: Sistema Estatal de Información Permanente sobre Adicciones y Drogas (Spanish Permanent Drug and Drug Addiction Information System)
- SEIT: Sistema Español de Información sobre Toxicomanías (Spanish Drug Information System)
- SEP: syringe exchange program
- SIAD: Interdisciplinary Service for the Assistance of Arrested Individuals (Servicio de Atención al Detenido)