

National Drug Strategy

2009-2016

Spain



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Upon arriving to the new Ministry of Health and Social Policy, I was asked to write a preface for the National Strategy on Drugs. The National Plan on Drugs will be 25 years old in 2010. The main reason for its seniority stems from the deep commitment among all the political and social groups. All of them have taken the drug problem and drug addiction very seriously and as a subject which affects them all.

During these almost twenty-five years, all of the political groups have implicitly agreed in approaching the drug problem from the exclusive perspective of the general interest, above all, of the person suffering from drug addiction. This plan, which does not exclude any personal political position, commits itself under the principle of mutual cooperation and support of the National Plan on Drugs.

This exemplary political consensus has represented and represents one of the basic foundations of all interventions so far completed by the National Plan on Drugs. The Mixed Commission Congress and Senate for the Study of Drug Problem is the symbol of commitment of all the political forces in the presence of a common issue.

As expected, this great agreement has made it possible to generate strong links of coordination and cooperation among the Public Administration, to impel the collaboration of the civil society in all the ideas to be implemented; to support the daily work of professionals in preventive programs and to those providing assistance to the drug abusers; to also support the Office of the Special Anti-Drugs Public Prosecutor, and the Enforcement Agents; and to promote the efforts of research professionals working in the field of addictions from a point of view of clinical, epidemiologic and social sciences areas.

The real success of the Spanish Plan on Drugs has been due to this verbal agreement in which it is recognized as a model to be followed

internationally. In short, this Agreement has provided the needed stability for reaching the successful expectations, and the objectives of the national policy on drugs, focused on prevention as well as on intervention.

During these 25 years, the National Plan on Drugs has been able to adapt itself to the changes in the field of drugs. Since the first (1985) foundational document, other plans and programs have followed. The most important one is the one approved by the Council of Ministers on December 1999, the National Strategy on Drugs 2000-2008, joining the UNGASS initiative -ONU 1998. Subsequently, in 2005, the Ministry of Health and Consumer Affairs implemented the Action Plan for Drugs until 2008. This Action Plan is based on the evaluation of the first four years of the strategy in order to advance in the fulfilment of the objectives of the National Strategy whose final results are now in a process of evaluation.

Today you have in your hands the National Strategy on Drugs 2009-2016. This is a new document as agreed and approved by the Sectorial Conference on Drugs. It represents the huge institutional, social and scientific agreement to guarantee an homogeneous, fair and quality response, in the whole national territory for the next eight years, approaching the drug problem.

The National Strategy on Drugs 2009-2016 represents the agreement on policies as well as on priorities among all the agents participating in the National Plan on Drugs. It is about a document which coincides with the current European Strategy and also with neighbouring countries and with plans and strategies of our Autonomic Communities to facilitate the collaboration and promote synergies in different interventions.

This Strategy is the common framework containing the basic concepts and directions which will allow to express concretely the objectives and to unfold the list of interventions in both Plans of Action. It clarifies and establishes the commitments on the way of acting or responding which will be common for all the participating agents in the National Plan on Drugs.

But above all, I have to emphasize that this Strategy is made by all and for all; it is the result of the ideas and contributions of experts, Administrations as well as the 25 years of experience in the National Plan on Drugs. This is a Strategy which pretends for the policies to adapt themselves to the needed changes of the individual, always looking after the best effective interventions.

A strategy with a humanitarian perspective emphasizing the respect to the rights of the affected individuals; that also promotes the approximation to the populations at risk; it protects the public health, alleviates the suffering of the affected individual, offers information and the required skills for responsible decision making and reduces damages produced by drug abuse in the abuser as well as in the entire society.

From its beginnings the new Strategy holds the same characteristics as defined by this Ministry and that I now have tried to outline in this Presentation. All of them perfectly fit into the defined intervention area for the new Ministry of Health and Social Policy. The National Strategy on Drugs 2009-2016 is a model of the commitment that the National Government has made with social policies.

I am grateful to the Autonomic Communities, social organizations and all those joining this strategy, for their participation and support. I also have to acknowledge the work of Minister Soria who has paved the way I now have to travel as Minister of Health and Social Policy. I wish and hope that this Strategy can be a contribution to a significant way to decrease the damages produced by drug abuse in our fellow citizens, and for the holistic welfare of our entire society. I join in this effort and dedication as many other persons have since many years ago.

Trinidad Jiménez García-Herrera
Minister of Health and Social Policy

Presentation

María Moliner, in her Dictionary on the use of Spanish Language, proposes two meanings for the word strategy. The second one defines strategy as “the art of leading a subject in order to obtain a wished object”. This meaning coincides with the purpose of the National Strategy on Drugs 2009-2016. The National Strategy on Drugs we are presenting in this volume pretends to become the art, that is to say, “the way things have to be done”, also in María Moliner’s words, to focus the response of the Spanish National Plan on Drugs to the problems of psychoactive substances consumption.

The Ministry of Health defined strategy in the presence of the Joint Commission of the Senate, for the Study of the Drug Problem, as the great institutional, social and scientific agreement that will permit to guarantee an homogeneous, equitable and quality response in the whole national territory, in the presence of the drug problems during the next eight years emphasizing that it represents the consensus in the policies and in the agreement on the priorities among all agents who participate in the National Plan on Drugs.

But reaching this consensus has not been an easy nor simple task. It has taken many months of work and close contact between the Government's Delegation Team for the National Plan on Drugs, the persons responsible for the autonomic plans and the social agents to interchange ideas, make suggestions, incorporate new contributions and discuss as well as clarify the texts. A network, that has been presided from beginning to end, by a relationship of mutual trust, constructive spirit and a vision of the future.

The Interautonomic Commission of the National Plan on Drugs assumed from the beginning a leading role in the task, delimiting in the first place, the common framework that, respecting the autonomic responsibilities, would offer the cooperation and would promote the

synergies between the activities of all Public Administrations as well as those of the organizations and social institutions.

Secondly, by valuing and debating the received contributions from experts and professionals, non-profit organizations and scientific societies, so that the strategy would become the meeting point between the summed efforts and the unified wills during the next eight years.

The Government Delegation for the National Plan on Drugs took charge of elaborating the successive rough drafts, by receiving and channelling the observations, critiques and suggestions from all the participants in the process as well as from the Ministry Departments of the General State Administrations, the Spanish Municipal Federations and Provinces, the Office of the Special Anti Drugs Public Prosecutor, the Forum of Society and Drugs and the National Commission for the Prevention of Drug Abuse in the workplace.

This cooperative work has been made possible in order to offer the Sectorial Conference of the National Plan on Drugs, an agreed document containing the main directions according to the National Policies on Drugs for the next eight years as later approved by the Council of Ministers on January 23, 2009.

The work methods, and the art have been exemplary, and also its results. Legitimately we can say that the National Strategy on Drugs is a well done job, and also that the document is a visionary one that will preside over the interventions in the field of drugs in Spain for the period from 2009-2016. Its main statements are participation, scientific evidence and proactive fitness. Its final objective is to produce a significant reduction of the unwanted health and social impact of drug abuse.

This National Strategy on Drugs supports a public health approach which includes all the legal as well as illegal drugs. The strategy takes into consideration the gender perspective, in a holistic way of all the interventions, emphasizing at the same time the preventive approach, and the general involvement of the whole society in order to become in itself an active part in responding to the drug problem.

The National Strategy on Drugs 2009-2016 rejects the socially accepted image of drug use as associated with leisure. It also demands the regulation of professional assistance to the users as well as the guarantee of health services. The Strategy also proposes to create a therapeutic circuit in direct connection with social and work services by including a drug abuse prevention in the health programs, the improvement of risk and harm reduction programs, the improvement of specific attention to dual pathology programs prioritization in sensitive scenarios such as prisons as well as populations at risk. Finally the National Strategy supports the culture of program evaluation, research and development as well as the immediate transference of scientific findings to the field of clinical practice.

Although the public health perspective does excel in its approach, the supply reduction issue is a relevant area to be included in this Strategy which constitutes a holistic response to the drug problem. For this reason the Strategy does include proposals to improve operational mechanisms against organized crime and narcotic business. It also includes a specific chapter for the interventions in the field of international cooperation in which the National Plan on Drugs is an authorized referent.

Now, it is the time to openly thank all those who took part in drawing up the Strategy. First of all thank you to the non-profit organizations for their observations and suggestions and also to the scientific societies as well as all the experts and professionals.

As Government Delegate for the National Plan on Drugs I want to thank particularly all the autonomic commissioners and their collaborations. It has been an honour working with all of them.

My very special thanks to the whole team of the Government Delegation for the National Plan on Drugs, for its dedication, especially to those of the General Subdirection of Information, Research and Coordination for Prevention and Intervention Programs. To all thank you very much on behalf of the National Plan on Drugs, and in my own name too.

Carmen Moya García

Government Delegate for the National Plan on Drugs



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1. Introduction



The evolution of drug use is a dynamic phenomenon conditioned by multiple social and economic factors and which has international, national and local repercussion in all countries. The use of different psychoactive substances at each of these levels, and their impact has remained high, in terms of avoidable suffering, and personal disablement as well as in terms of morbidity, mortality, and other social and health costs.

Taken as a whole, the problems and avoidable harm linked to different types of drug use therefore are among the principles Public Health issues in Spain. When addressing it, key importance must be placed on the multi-dimensional framework typical of the complex reality linked to the drug phenomenon.

In addition to the socio-economic factors globally affecting drug using trends, other determinants exercise an influence on the development of an addiction to one of the different psychoactive substances. Prevalent amongst these are the biological characteristics of the human condition, or the instrumental psychological function that any individual may attribute to a specific substance within the framework of his or her personal lifestyle. At the same time, it is important to take into consideration the evolution of cultural values linked to addictive behavior that has much to do with drug using in general.

Consequently, any intervention that aspires to significantly improve this situation must necessarily be based on strategic, holistic approaches, developed in each of the different institutional and territorial contexts. Thus, from the Spanish standpoint, the efforts of all the institutions and agents involved should be optimized, and reasonable, assumable and achievable priorities should be fixed within the field of social and Public Health policies.

In Spain, since the approval of the National Plan on Drugs in 1985, institutional understanding of the multi-causality of problems linked to drug use has served as the groundwork for implementation of a policy which, generally speaking, has been –and remains– a benchmark of quality within the framework of the European Union (EU).

The implementation of the National Plan on Drugs and the creation of its coordinated bodies decisively contributed to cohesion between the different public administrations competent in the material in this field. It is also important to highlight the relationship of cooperation solidly established with NGOs in the field, and also with other social entities.

On the other hand, for years now epidemiological studies and others have been available such as the tools for gathering quality statistics that have facilitated the knowledge of reliable data and updates on drug taking. These have been vital in addition to those of public attitudes, drug-user profiles, programs of a preventative character, as well as socio-welfare insertion, in informing and orienting decision-making on these issues

The foregoing would seem to indicate that the approach adopted till now remains well oriented, pointing to a degree of hope with respect to the future. Nevertheless, it is necessary to bear in mind the challenges faced remain complicated, and will require sustainable long-term responses, meaning that the following stages will not be free of foreseeable and significant difficulties.

In the light of over 20 years of work, the advances achieved are patent at all levels of intervention: prevention, the care provided to users, support for their social inclusion, the fight against drug trafficking and criminal activities linked to it, training of professionals, as well as research in a wide range of fields etc.

Furthermore –and although it remains to be seen if this statistical trend will continue into the future, the latest studies and surveys show improvement in a range of indicators related to prevalences of uses and risk perception among the public at large.

It is necessary however to continue to strengthen and consolidate the elements with which work has been undertaken to date, with the aim of optimizing its function and efficient coordination. Similarly, new approaches to drug –use demand special attention to be paid to improvement and extension of information to be gathered, and, to make

visible the effectiveness available for each field of intervention. This is in addition to promoting the cohesion of action undertaken along with maximizing involvement of all actors and participating stakeholders.

Within this context, the National Drug Strategy 2009-2016 is designed as a reference framework for all Public Administrations and social organizations. It also aspires to be a tool that may be used to promote, facilitate and support each of the stakeholders involved in developing its work within its jurisdictional scope. It seeks, in the common interest, to achieve a significant reduction in drug use, and maximize prevention of the health and social impact of the different problems and the harm related to them.

In order to successfully meet the prevailing challenges, the National Drug Strategy recognizes, with the intention of confronting them with the guarantee of success that significant changes have occurred in recent years in the different variables at play in the phenomenon of drugs, and in their framework of influence. These include:

- Changes in the profiles of psychoactive substance users, a pattern of polydrug use which is becoming increasingly prevalent, a reduction in the age of initiation in the use of certain substances, and the increasingly close relationship between the latter and leisure venues and times.
- The introduction of new substances into the market.
- An increase in mental disorders linked to use of psychoactive substances, causing considerable demand for treatments for dual pathologies.
- The phenomenon of immigration and its impact on Spanish society, with the attendant changes in social, cultural and even economic aspects.
- Ageing of problematic users.
- The growing significance of drug trafficking in the world of organized crime, the increasingly commonplace inter-relations between the drug

traffickers' organizations and those involved in other types of crime and the current trend of these groups towards greater involvement in organized multi-criminality.

- It is necessary to drive forward research in all fields of drug addictions and to transfer results in practical terms.
- Modifications to care networks, especially since completion of the process to transfer health services to the regional administrations.
- The necessity to diversify and individualize programs and preventive actions in terms of risk groups and contexts of risk.

This Strategy also incorporates a responsibility to ensure that a gender-based perspective runs through the objectives, and therefore promotes its inclusion and extension in the designing and planning of the different interventions to be undertaken in all fields of action.

The 2009-2016 Strategy takes into account the evolution of uses in recent years, and actions implemented, both by the public sector and on the part of social organizations active in the field.

In this sense, it implies a drive forward and the development of those aspects that proved effective from the previous Strategy, 2000-2008, while also addressing areas for improvement. This work supposes, among other things an improvement and optimization in the offer of initiatives focusing on prevention, risk and harm reduction, and treatment for those affected by problematic use. It will also pay special attention to risk factors that place people in situations of greater vulnerability.

The 2009-2016 Strategy starts from an institutional framework established since the creation of the National Plan on Drugs in 1985. As previously mentioned, coordination and collaboration between the national civil service (in Spanish, Administración General del Estado) and the regional administrations (in Spanish, Administraciones Autonómicas) play a fundamental role at the heart of the framework.

Likewise, it is important to highlight the role progressively acquired by the local corporations, and the consolidation of work carried out by the NGOs and other private entities over the past two decades.

At the design phase, the Strategy has taken into account the main national and international planning documents currently available. On the one hand, the plans on drugs and strategies of the Spanish autonomous communities and cities and, on the other, those of a range comparable countries, with very particular reference to the strategies and action plans approved by the European Union. Local government has also been involved, through its representative body, the Spanish Federation of Municipalities and Provinces.

At the same time other health strategies were analyzed (including those on cancer, mental health, terminal care...) as were other sectorial plans (youth, equality...), and their impact and inter-relationships were considered.

Contributions were received from national government departments and bodies competent in the field or those that collaborate in different aspects related to drugs and drug addictions: the Ministry of Foreign Affairs and Cooperation; the Ministry of Justice; the Ministry of Finance; the Ministry of the Interior; the Ministry of Education; the Ministry of Employment and Immigration; the Ministry of Public Administration; the Ministry of Science and Innovation; the Ministry of Equality; the Special Anti-drugs Public Prosecutor etc.

Approximately a hundred professionals from a range of different fields were also invited to participate, including from those NGOs involved in the “The society against drugs” forum, and from scientific companies who were felt to be fitting partners on the project in view of their work in the field of drugs or public health in general.

In this sense, it must be borne in mind also that a questionnaire was elaborated and sent to a wide-ranging group of experts whose contributions have significantly enriched the general approach, facilitating identification of priority and relevant aspects to address in the present Strategy.

Finally, statistics known to date in relation to the evaluation of the 2000-2008 Strategy have also been taken into account. Although definite evaluation will not be undertaken until its period of application is over (that is to say, until the end of 2008), an interim evaluation of the first four years in force from, 2000 – 2003, is available. This was carried out during the second half of 2004.

The results of the aforementioned evaluation revealed significant advances both in terms of care for drug users, and in terms of risk and harm reduction programs. At the same time weaknesses were detected in the prevention programs. On the other hand, extra impetus was observed in prioritized areas such as supply control, research, training and international collaboration.

In view of the foregoing, the Government Delegation for the National Plan on Drugs decided to promote the creation of an action plan with the central aim of finding resources and initiatives to ensure further advances and new impetus for the Strategy.

The action plan was presented to the Joint Committee for the Study of Drugs in March 2005, with an execution timescale spanning the last four years of the Strategy, 2005-2008. It is structured around six large work axes and includes a total of 68 actions. In addition, it is firmly aligned with the European Drugs Strategy 2005-2012, which was approved by the European Council in December 2004.

Obviously there is addictive behavior which does not involve the use of psychoactive substances, and this behavior can produce serious undesirable effects on people's health and quality of life. Examples include pathological gambling, excessive use of information technology, compulsive sex etc.

Nevertheless, whilst recognizing the steady growth of these addictions in today's society, attention to them and treatment of this type of addiction is not included within the framework of this Strategy; something which is also true in the case of the European Strategy currently in force. However the possibility of addressing these issues in extended future

strategies is not ruled out. The present document therefore limits itself to addictive substances, whether they be those that are legally traded, such as alcohol, tobacco and certain pharmaceutical drugs, or those excluded from legality.

Finally, it is important to note that to develop and complement the framework established in Strategy, two four-year and consecutive action plans will be drafted, and will cover the whole period that it is in force.

These action plans will address the fulfillment of specific actions, set immediate objectives, the actions to take, the timescales for achieving them, and the evaluation instruments to set forth; all of which shall be executed in accordance with the general objectives established in the Strategy and the priorities established for the different areas of action. The public administrations and social institutions participating in the National Plan on Drugs will orient their budgetary efforts so as to facilitate the maximum level of achievement.

Adoption of the different measures to be developed by the National Drug Strategy 2009-2016 will have to be aligned to the available budgetary allocations for each financial year of application of the Strategy.

2. Overview



2.1. Information systems

For over a decade, Spain has counted on a significant, varied and reliable range of information systems and research projects to facilitate data on a plethora of drug-related aspects and drug addictions: prevalence of use and user profiles; attitudes and perceptions of a range of social sectors; number and characteristics of the people undergoing treatment and those treated by the emergency services; morbidity and mortality linked to drug uses; action in the fields of prevention, care and social integration; as well as others related to judicial and police intervention in the field of control of supply.

It should be pointed out that two types of survey have been regularly carried out by the Government Delegation for the National Plan on Drugs (GDNPD), since the mid-1990s, with a renewed impetus having been given to them since 2005: the National Household Survey on Alcohol and Drugs in Spain (EDADES) and the Survey on Drug Use in Secondary Schools (ESTUDES).

In addition to them, in recent years other surveys have been carried out and directed towards people admitted for treatment for heroin or cocaine, and also with inmates of penitentiary institutions. Likewise, EDADES 2007 introduced a new module specifically for the study of the implications of drug use in the workplace. The 2006 edition of ESTUDES introduced a questionnaire to obtain detailed information on problematic cannabis use.

On the other hand, indicators providing annual information on admissions to treatment for drug use, hospital emergencies and mortality rates in relation to drug users since 1987 have also been drawn upon.

Similarly there is available annual data related to police and judicial information systems in relation to drug seizures, the nature of same, of those arrested for trafficking, of judicial procedures initiated, etc.

Many of the aforementioned statistics and indicators use internationally comparable methods, meaning that their evolution can not only

be monitored on a national basis, but also contrasted with those of comparable countries.

Among the most significant sources that supply information it is necessary to point out, in the first instance, the regional plans on drugs (in Spanish, los Planes Autonómicos sobre Drogas). Together with them there is a wide range of departments and ministerial bodies, the national police and civil guard or Guardia Civil (jointly referred to in Spanish as las Fuerzas y Cuerpos de Seguridad del Estado) and the Special Anti-Drug Public Prosecutor. Local government and the Spanish Federation of Municipalities and Provinces are also becoming increasingly involved in the provision of valuable information on the actions carried out in this field.

2.2. Evolution of uses and associated problems.

Significant changes have occurred in drug user profiles in Spain since the launch of the National Plan on Drugs in the mid-80s. From that time and until the start of the 1990s, approximately, the substance causing the highest degree of social alarm was Heroin.

Generally speaking, users of this psychoactive substance usually displayed a serious degree of marginalization, accentuated by their association with crime in order to meet the cost of purchasing the substance, sometimes placing the victims in serious physical danger. To this must be added the suffering from infectious diseases which arose as a result of the conditions of use of this drug (generally injected intravenously, and with a significant proportion of users sharing injecting paraphernalia).

HIV and AIDS were the most important infectious diseases among these pathologies, which took hold in Spain at the start of the 80s and which, between 1981 and 2005 caused 48,565 deaths. It is important to note that intravenous drug users were the main group within the population affected by this HIV.

This does not imply that there was not significant use of other substances: cannabis and cocaine largely, in addition to alcohol and

tobacco –obviously the two substances most used in our country, and which moreover enjoy great social acceptance.

It is also necessary to point out that there was –and still is– a quite extended prevalence amongst users of simultaneous use of several substances, a practice which serves to increase the risks and damage

From the mid 1990s, the profile of illegal drug users and the nature of this type of use have undergone a number of changes. On one hand, the figures for new heroin users began to fall, although a hard core of old users remained and treatment for this group entailed the investment of significant human and economic resources to attend to their situation.

Throughout the decade of the 1990s, the number of cannabis and powder cocaine users increased (crack has had very little significance in Spain), in the general population, aged between 15 and 64, as well as among school students aged from 14 to 18.

Finally, the idea of “recreational” drug use was born; in other words the use –sometimes simultaneously– of substances such as alcohol, cannabis, cocaine, ecstasy or MDMA (the use of this drug began to be more widespread during this period), and a whole series of amphetamine derivatives, which were to a greater or lesser extent linked to the latter substance.

As opposed to the way the most commonly used substances were used during the previous decade, during the nineties there was a significant increase in the association of uses of these substances with leisure venues. This occurred in such a way as to increasingly incorporate the uses into the lifestyles of sectors of the population (that, on occasions, was practically adolescent), engaging in them within a framework of “normalization” very different to that of the heroin users of the preceding decade, whose most outstanding feature had been the marginalization of users and the high degree of physical deterioration caused by heroin use within a very brief space of time following initiation of use.

For many of these teenagers and young people, this type of use became practically a rite of passage into adulthood and for integration within

their peer group, and, generally speaking, it was undertaken in a way that was compatible with the maintenance of integrated lifestyles, both within family and educational circles, and even at work, in the case of users who already had jobs.

Between 2000 and 2008, the period during which the first National Drug Strategy was in force, the most significant issues in relation to drug use were as follows:

- A steady reduction in the number of intravenous drug users.
- Intravenous drug users continued to display high levels of HIV and hepatitis viral infections, as well as sexual and injecting risk behaviors; although the number of new HIV diagnoses amongst this group diminished steadily.
- Following a prolonged period of increase, the use of cannabis and cocaine stabilized and even showed signs of falling. The decrease is most significant among school students aged from 14 to 18.
- The mortality rate directly related to illegal drugs has slowly decreased, although an appreciable number of deaths caused by this use persists (almost 800 in 2004).
- After many years of continuous decrease in heroin use, certain statistics appear to point out a stabilization or, in the case of heroin smoking, a certain increase.
- Tobacco use has fallen, although there is still a proportionately high number of people who smoke.
- The proportion of users of alcoholic beverages has fallen, although the frequency of episodes of intensive use (drunkenness) has risen.

The illegal drug with the highest use in Spain is Cannabis. In 2007, prevalence of use during the previous twelve months among the adult

population between the ages of 15 and 64 –having stabilized at around 11.2% between 2003 and 2005– fell two percentage points to the figure observed in 2001 (9.2%). This evolution in cannabis use is consistent with statistics recorded for prevalence of daily use during the last 30 days, which in 2007 was at approximately the same level as in 2001 (1.6%).

A similar pattern of use is observed among the school population aged between 14 and 18, given that after several years of continuous growth, prevalence of use over the last 12 months began to fall in 2004, from 36.6% in that year to 29.8% by 2006.

Cocaine occupies second place among illegal drug use in Spain. Since 2001, prevalence of use over the previous 12 months in the 15 to 64 age group grew to a peak of 3%, figure where it has remained according to the most recent survey in 2007.

In the case of cannabis, as well as in the prevalence of cocaine use over the past twelve months among school students aged between 14 and 18, the use has experienced a considerable drop over the past years: after a continuous rise from 2000 until 2004 –when it reached at 7.2%– figures from the 2006 survey revealed a brusque falling-off to 4.1%. This figure is lower to that recorded in 2000.

Among the adult population (the 15 to 64 age group), there has been a discreet increase in risk perception of sporadic cannabis use while the increase was higher in reference to sporadic use of cocaine (from 93.3 to 95.8%) and ecstasy (from 93.3 to 95.8%). The increase among school students (aged between 14 and 18) in perceived risk in relation to regular cannabis use has been more important. This figure stood at 82.8% in the year 2000 and had risen to 89% by 2006; while perceived risk as regard to habitual cocaine use practically remained stable in this section of the population between 2000 and 2006, always reaching high levels around 96.8%.

With respect to tobacco and alcohol, the latest surveys available show a general trend towards reduction in prevalences of use. The

percentage of 14 to 18 year-old students smoking on a daily basis fell from 21.5% in 2004 to 14.8% in 2006. The prevalence of use of alcoholic beverages among young people fell, as it also did within the adult population.

It should be noted here that abusive alcohol use among teenagers largely involves distilled alcoholic beverages, which have a higher alcohol concentration and which, furthermore, are mixed with fizzy drinks, thereby reinforcing their intoxicating effect.

2.3. The impact of uses: morbidity, mortality, and other health and social costs

Health and social harm directly caused by drug use is evident in a number of ways:

Firstly, when use reaches the phase of addiction or dependency, it can be referred to as a disease per se, in which the person affected is periodically or chronically intoxicated, shows a compulsion to ingest one substance or several substances, and experiences great difficulty in modifying or abandoning use.

Secondly, via the incidence of overdose episodes or acute intoxication due to adulteration of the substances used –especially in the case of illegal drugs, which are the immediate causes of death most visibly related to use.

Thirdly, by means of the contagion of infections as a result of the type of use –basically due to sharing of paraphernalia for drug administration– facilitating the transmission of pathogens such as HIV and the different hepatitis viruses. And, more indirectly, the likelihood of contracting other infections transmitted via personal contact, especially sexually transmitted diseases.

Fourthly, by generating diseases of which drug use is sometimes the direct cause and, in other cases, is a decisive risk factor. This is the case

with tobacco, alcohol, cocaine, cannabis and other substances, and their direct relationship with certain neoplasias, cardiovascular, liver, mental and neurological diseases.

Fifthly, the health problems or incapacity caused by different circumstances linked with the use of psychoactive substances must be taken into account, both regarding to drug users themselves and to the people who take part of their immediate environment. This is the case of injuries or permanent incapacity deriving from road accidents in which alcohol use or other drug use plays a decisive role; the same occurs in a significant proportion of work accidents.

The alterations caused by drugs during childhood are also highly significant (use during pregnancy, passive exposure to tobacco smoke, physical and psychological abuse, neglect and abandonment) as well as the effects of drug use on work performance of the adult population.

There are a number of significant figures related to the above mentioned. In 2006, there were 49,283 admissions to treatment for abuse or dependency on psychoactive substances (excluding alcohol and tobacco). The overall rate for Spain as a whole was 112.7 cases per 100,000 inhabitants.

With respect to the drugs producing a need for treatment, there has been a radical change in recent years. For the first time in 2005, heroin was no longer the drug causing the highest number of admissions to treatment, abandoning its place to cocaine. In 2005, cocaine was the cause of 45.1% of admissions, as opposed to 38.2% caused by heroin. Cannabis followed with a 10.7%.

In 2006, 7,042 recorded emergency health episodes were directly linked to the non-therapeutic use of psychoactive drugs. The main substance mentioned was cocaine (59.2% of emergencies), followed by alcohol (42.9%) –despite the fact that this information was only gathered when it was associated with use of another drug (polidrug use)– cannabis (30.9%), sedatives (28.3%) and heroin (21.8%).

As mentioned above, mortality caused by an acute reaction to psychoactive substances has fallen considerably over the past few years, although there has been an increase in the proportion of deaths in which cocaine or its metabolites were present.

The results of toxicological tests undertaken by the National Toxicology Institute show that in 2003, 34.7% of drivers who died in road accidents had registered over 0.3 g/l of alcohol in their blood. By 2006, this percentage had fallen to 28.8%.

Moreover, results from the preventive alcohol tests carried out by the civil guard traffic section show a considerable decrease in drivers testing positive, when comparing 2007 (2.38%) to 2003 (4.18%).

The impact of the use or addiction to drugs in episodes of domestic and gender violence must also be taken into consideration, as well as their impact in different types of abuse committed in a range of family and social contexts. Causal analysis of such abuse generally fails to mention the intervention of elements linked to the abuse of alcohol and other drugs.

2.4. Evolution of drug trafficking and associated aspects

Spain, due to its geographic situation and its strategic position as the gateway to Europe via America and Africa, features in many of the transit and entry routes of drugs into Europe. However, it does not play an especially relevant role in the production of illegal substances whether by the cultivation of raw materials or by chemical processing of narcotic substances or precursors.

The figures for seizures of psychoactive drugs and for the quantities of drug seized may be indirect indicators as to the availability of drugs on the market, and besides it could be affirmed, that the time-based evolution of these indicators in relation to the principal illegally-traded psychoactive substances (cannabis, cocaine, heroin) is quite consistent with the evolution of figures for drug use and drug-related problems.

However, although there is a higher rate of substance transit in Spain than in other countries the quantity of drugs that reach Spain is not proportional to the levels of use observed among its population

During the 2000-2006 period, the seizures suffered from variable tendencies, depending on the substance concerned. In this sense, from 2004 onwards there was a reduction in the quantities of hashish and MDMA seized –in this peak year after several years of increases. However, although the quantities of MDMA seized were equal to approximately 50 % of those in 2000, in the case of cannabis, when considered globally, the period 2000-2006 showed practically no change.

According to the trend observed since 2000, the quantity of seized cocaine increased, while heroin, despite the fact that seizures had been falling notably since 2000, started a slight recovery in 2006.

Overall, the number of drug seizures increased from a global point of view throughout the period 2001-2006, rising from 130,862 in 2001 to 243,858 in 2006. This increase was largely due to an increase in the number of seizures of cannabis-based and cocaine-based products, and, to a lesser degree, those involving stimulants other than cocaine. This was achieved thanks to the fact that there were more and positive investigations undertaken, paving the way for a significant success rate.

The Organized Crime Intelligence Centre (in Spanish, Centro de Inteligencia del Crimen Organizado) of the Ministry of the Interior, periodically elaborates “Reports on drug prices and purity”. Over the last ten years, there has been a marked falling in heroin and ecstasy prices, a slight rise in cannabis and somewhat higher in that of LSD; while the cocaine price has remained relatively stable.

Regarding to the average purity of seized drugs, it is well-known that it is greater in large-scale seizures than in those of a gram or dose level; due to the effect of “dilution” or adulteration undergone by the drug right down through the distribution chain until it reaches the user. Over the last decade, there has been a reduction in this effect both

for heroin and cocaine. In the case of cannabis, the concentration of tetrahydrocannabinol (THC) depends more on the type of harvest than on the drug trafficker. In the period between 2001 and 2006, the concentration of THC in marihuana rose from 3.8% to 7.9%.

There was a sustained increase in legal procedures initiated due to drug trafficking in the initial years following the creation of the National Plan on Drugs, with the figure peaking at 53,585 in 1991. From then on, there has been a downwards trend, with the exception of the rise recorded in 1994. In 2006 the figure stood at 18,602.

The number of arrests for drug trafficking maintained a fairly stable pattern during the period 1997-2006, with an overall increase from 14,922 to 16,766. On the contrary the number of reports of illegal possession of drugs, rose significantly in this period from 63,855 in 1997 to 218,656 in 2006.

Cannabis derivatives are behind the highest number of reports and arrests, followed by cocaine derivatives.

3. Guiding principles and general objectives



In terms of achieving a significant reduction in the unwanted and avoidable health and social impact of drug use in the current context, the most widely accepted and supported approach –and that for which there is most evidence of success-, is to act through a combination of measures which simultaneously intervene in the spheres of exposure and access to psychoactive substances, their use, and in harm reduction linked to the use.

Many of the actions are specific to a limited number of the spheres, but there are also many which have common objectives. Logically, efforts should focus on the earliest identified stages or risk factors and should therefore especially target the area of protection against the most global factors of risk caused by exposure to drugs.

On the other hand it is, also necessary to differentiate between the different levels of contact with drugs (abstinence, experimentation, habitual use, addiction), because it will involve differentiated objectives and strategies of action; although they will obviously be fitted into a wider reaching framework in which educational and social fields will be included along with the protection and promotion of Public Health.

In any event, this Strategy 2009-2016 responds globally to the following guiding principles and general objectives, while also fitting into the wide trajectory concept of Public Health in Spain.

3.1. Guiding principles

- **Consideration of scientific evidence.** Interventions will be prioritized and defined in accordance to the nature of the evidence, and in accordance with objective criteria of effectiveness and efficiency.
- **Social participation** by way of raising awareness in society at large, with the aim of encouraging direct citizen involvement in these matters. Special attention will be paid to identification, motivation and active involvement of groups found in the most vulnerable situations within society.

- **A joint approach.** Offers a multifactor, inter-sectorial and multi-disciplinary focus and approach, and aspires to an optimization of efforts and resources by means of coordination and cooperation between the different agents.
- **A comprehensive approach.** Linking the Strategy's aim –covering both the legal and illegal drugs, with the sphere of interventions that includes reduction of demand and control of supply.
- **Equality.** To guarantee real equality for all citizens in terms of access to the different programs and services, including the resolution or reduction of the inequalities that affect people.
- **A gender focus.** To assume the responsibility of incorporating this perspective into all objectives marked out in the Strategy, and to make possible their effectiveness in the actions developed to achieve them.

3.2. General objectives

- To promote social awareness of the significance of drug-related problems, importance damage and personal and social costs, the real possibility of avoiding them, and the need for society as a whole to take an active part in the solution.
- To increase personal capacities and skills of resistance to drugs supply and to the determinants of the problematic behavior related to them.
- To delay the age of initiation of contact with drugs.
- To diminish the use of legal and illegal drugs.
- To guarantee quality assistance, adapted to the needs of all people directly or indirectly affected by drug use.
- To reduce or limit the harm caused to drug users health and, in general, the undesirable social and health impacts associated with their use.

- To facilitate the social integration of people undergoing a process of rehabilitation, by means of comprehensive training programs and integration programs in preparation for joining the labor market.
- To increase the effectiveness of measures aimed at regulating and controlling the supply and illegal markets of psychoactive substances.
- To increase the mechanisms of financial control over the processes of money laundering, widening the collaboration with administrative authorities competent in the field of prevention of money laundering, in accordance with the general criteria established for this field by the Committee for Prevention of Money Laundering and Monetary Offences.
- To improve and extend the training of professionals working in this field, including volunteers.
- To increase and improve research with the aim of securing further and better knowledge of the variables linked to drugs and their use, as well as those associated with prevention and treatment.
- To consolidate the systematic evaluation of programs and actions, as an instrument facilitating the validation of activities undertaken.
- To optimize coordination and cooperation, both within the domestic Spanish framework and in the general European and international framework.

4. Coordination



The phenomenon of drugs and drug addictions is due to a wide range of determinants and dimensions. In order to facilitate the development of a consistent policy in relation to the phenomenon and its derived manifestations, it is not only necessary to consider the different perspectives –so as to achieve a global vision– but also to have the vital collaboration of all agents with responsibility in the sectors of activity concerned. In this dual sense, coordination is the basic principle to develop correctly the Strategy.

Coordination facilitates both better planning of interventions executed by the agents involved as well as a more rational and efficient use of all resources –both human and material, in order to reach the common goals.

Public policies are characterized among many other questions by the existing relationship between the competences attributed to the different Public Administrations; and much more so in the heart of States, with autonomic territorial organizations as is the situation of Spain,

In the case of those affecting drugs and drug addictions, this relationship manifests itself, in the first instance, in the inter-dependence existing between the two traditional areas of action in this field: demand reduction and supply reduction. The inter-dependence exists not only between them both, but also at the heart of each of them.

In the field of demand reduction, the greatest involvement and commitment basically corresponds to the administrations with responsibility and competences in health, social and educational areas. Actions in this field must necessarily be of a transversal character to enable the set objectives to be achieved. Therefore they will have to involve the public administrations in different territorial spheres with jurisdiction in the field itself –including work and employment, immigration, justice, and promotion of road safety among others.

The area of supply reduction is a special jurisdiction of the national police force and civil guard and their counterparts in the autonomous communities, the different inspection bodies of the public administrations

at national, regional and local levels, and the specialist legal bodies. The activity in this area of supply control will also benefit from the cooperation of the local (municipal) police forces.

On the other hand it is necessary to point out that there is also a need to maintain and strengthen the coordination of international relations, both at a bilateral level among different states, as well as within the framework of the different international forums. In this type of activity, coordination necessarily covers aspects relating to reduction of both demand and supply. This is the case since Spain has to maintain a single national position at the heart of the international bodies, related to the multiple manifestations of the phenomenon of drugs and drug addictions in both areas of action.

In relation to the internal policy, drug policy is fundamentally addressed within the legal framework of Law on Health Protection, mentioned in article 43 of the Spanish Constitution. It is formed as a state policy, and, therefore demands the participation of all state powers, in accordance with their respective functions and competences.

Following the creation of the National Plan on Drugs, the “Cortes Generales” (Spanish parliament), which represents legislative power in Spain, appointed the Joint Congress-Senate Committee to Study the Drug Problem. This is a specialized committee which has had particular importance insofar as it has managed to channel the consensus of the principle political parties along general lines of the Spanish policy on drugs.

Regarding judicial power, it is important to mention the creation, in 1988, of the Special Anti-drug Public Prosecutor with a role of intervention in procedures relating to drug trafficking and money laundering, investigation of facts that could constitute an offence in these fields, coordination of the actions of the different delegated public prosecutors, and collaboration with judicial authorities.

Finally the executive power combines three levels of Public Administration with competence on drugs: the General State Administration (national civil service), the Administrations of the Autonomous Communities

and the Local Administrations. The key principle is coordination that operates here both in terms of the necessary relationship between the administrations and at the heart of each of them.

From its launching, the National Plan on Drugs adopted a mechanism that assured the necessary coordination among the public administrations, both at territorial and internal levels. The current scheme of coordination has been demonstrated for over two decades. The system is based on the existence of the following bodies:

- The Inter-ministerial Group of the National Plan on Drugs; a body which ensures coordination between the different departments of the national civil service.
- The Sectorial Conference of the National Plan on Drugs: the governing body for coordination between the General State Administration and the administrations of the autonomous communities.
- The Inter-regional Committee of the Sectorial Conference of the National Plan on Drugs (in Spanish, la Comisión Interautonomica de la Conferencia Sectorial del Plan Nacional sobre Drogas), which acts as the delegate body of the Conference.

Within this coordination scheme, the Government Delegation for the National Plan on Drugs, which was created to support the Inter-ministerial Group, currently ensures leadership, impetus, general coordination and supervision of the services responsible for updating and executing the National Plan on Drugs. In addition, and among other duties it is responsible for the maintenance of relations with the different administrations and institutions, both public and private, including the non-governmental organizations active in the field of the GDNPD, and providing all of them with the appropriate technical support.

As stated above, the two bodies for coordination and cooperation between the General State Administration and the autonomous communities are the Sectorial Conference of the National Plan on Drugs and the Inter-regional Committee.

The Sectorial Conference of the National Plan on Drugs is a body for cooperation which has a multilateral composition and a sectorial scope. Since 1985, it has brought together the regions (autonomous communities) and the different departments that take part of the Inter-ministerial Group, at which the main decisions on national drug policy are made.

The Sectorial Conference has set its own internal working regulations including the Inter-regional Committee, which comprises the heads of the regional Plans on Drugs, and heads of the Governmental Delegation for the National Plan on Drugs. The Inter-regional Committee prepares the issues to be submitted to the Sectorial Conference and assesses those relevant for the Plan. As such, it constitutes the technical forum for discussion of issues which may arise in relation to the development of policies on drugs and drug addiction in Spain.

When referring to intra-governmental coordination, in terms of the General State Administration, it is essential to mention the Panel of Coordination to adjudicate seized funds (in Spanish, la Mesa de Coordinación de Adjudicaciones), mentioned in article 6 of Act 17/2003, of May 29, which regulates those funds due to illegal drug trafficking and other related offences. It is a collegiate body, featuring representation from the Ministry of Health and Social Policy, Ministry of Interior, Justice, Finance and Internal Revenue. It adopts the measures necessary, in the framework of its specific rules, to obtain an increase in fund income, by way of collaboration between legal bodies, the national police force and civil guard, and the improvement of asset management.

The use of resources coming from the seized fund is carried out in accordance with the provisions of the aforementioned act, whilst seeking to ensure that distribution is adjusted in accordance with the criteria of moderation and equity in terms of the assessment of the actions for which funding is sought.

The success of the general policy on drugs requires the cooperation of local administrations and of their maximum representative body –the Spanish Federation of Municipalities and Provinces.

Having described the primary level of coordination restricted to the sphere of Public Administration, it is necessary to mention the level of participation required from the social entities and from the social movement as a whole. The participation includes the “Society against Drugs” forum and of other representative bodies such as the National Committee for Prevention and Treatment of Drug Addictions in the Workplace (in Spanish, la Comisión Nacional de Prevención y Tratamiento de las Drogodependencias en el Ámbito Laboral), or the Clinical Committee and the Primary Health Care Group in the field of healthcare. Special attention should be paid to the associations of people who are either directly or indirectly affected by addictions.

Coordination of relations with other stakeholders should also be strengthened such, as: the Inter-territorial Council of the National Health System (in Spanish, el Consejo Interterritorial del Sistema Nacional de Salud); the corresponding state-level coordination body for the social services (regarding policies for support and re-integration); the relevant body for education, and for employment (policies for labour market integration and to promote health and safety at work); those responsible for coordination of prison policies; the national police force and civil guard (in relation to policies for law enforcement and narcotics trafficking control and sale of drugs); and the Ministry of Finance, in relation to policies regarding the taxation on legal drugs; etc.

Finally, it is necessary to continue strengthening and improving cooperation with the social agents (management organizations and trade unions), as well as with professionals (scientific groups and with the representative bodies of different academic and professional disciplines involved).

In any case, relationships to facilitate coordination which have been established at state level must be extended to all of the regional and local fields in which the interventions with groups and individuals are carried out.

The following are some of the elements for action to improve and reinforce coordination:

- Drawing up common criteria for operational establishment of priorities and for formulating the objectives of the programs of prevention, protection and control.
- Definition of the roles and activities of participating agents, as well as the collaboration commitments to be shared.
- Establishment of a common set of operational variables for assessment of the problems and for evaluation of interventions.
- Definition of criteria of quality and accreditation for the different programs, together with the promotion of incentives and support for training in order to reach that criteria.

5. Fields of action



The general objectives, in addition to meeting the guiding principles, must fit and be operative within specific areas of action:

5.1. Demand reduction

The area of action for demand reduction ranges from health promotion to strategies for prevention of use and associated problems and encompasses risk and harm reduction, and social care insertion. Thus, this field combines three components, each of which requires a specific approach; in spite of the fact that certain contents must be common and transversal.

In accordance with the European Strategy 2005-2012, the results sought by means of activities to reduce demand is an “appreciable reduction in drug use, of dependence and drug-related risks for health and society derived from drugs”.

The National Drug Strategy 2009-2016 shares on its part, the objectives to be achieved in the field of demand reduction as included within the European Union anti-drug action plans. In order to ensure such objectives are operative, actions on prevention of use, and on risk and harm reduction are included, as well as those of health care and social integration.

5.1.1. Prevention

Prevention of use focuses primarily on, promoting social awareness of the significance of the problems, the damage and the personal and social costs related to drugs, on the genuine possibility of avoiding them, and on the importance of society at large becoming an active part of the solution.

Secondly, to increase personal capacities and skills to resist drug offers and to the decisive factors of problematic behavior associated with them. In other words, to promote the development of an individual's own resources to facilitate positive attitudes and inspire rejection conduct,

which will differ according to the type of drug and the field and level of the intervention.

And, thirdly, to delay the onset age on drugs use. Besides shortening the potential time of exposure the older the person who gets into contact with drugs, the lower probability he/she has of developing addiction problems and suffering from other types of undesirable consequences.

It is necessary to differentiate and to consider separately the objectives and actions directed towards tackling “habitual” and “occasional use”, not because either of these use types is more important than the other, but rather because the circumstances surrounding them are usually not the same and, for this reason they need to be addressed differently.

It is also necessary to take into account that –even where shared aims do exist and certain largely educational and informative actions may be shared– circumstances affecting the exposure and use of certain legal and easily accessible drugs, medicines and substances which may lead to addiction are different from those linked to illegal drugs.

Prevention of use is the cornerstone of the new 2009-2016 Strategy. In these terms, and as it has already been mentioned above, it is vital to ensure that the following strategic aspects are present:

- To strengthen and extend the development and application of policies and programs of protection and control, paying special attention to individuals and groups who are exposed to a higher number of risk factors, and who are, therefore, particularly susceptible to developing drug-related problems.
- To further develop the adoption of measures, policies, programs and actions based on scientific evidence.
- To promote a culture of assessment in relation to the programs amongst sector professionals, formulating proposals and aiding the regional plans in the development of management processes based on the results of evaluations.

- To drive forward research and relevant technology transfer.

The above strategic aspects must be present at the time of engaging with the different sectors of population. At the same time preventive programs and actions on a series of contexts or elements which are the keys to ensuring improved results, must be taken into account.

Target groups:

- a) **Society at large.** While it is true that Spanish society cannot be considered a “sector” in which to intervene, the involvement of the citizenry in general can be promoted in a number of ways:

By strengthening the participation of civil society, by way of the movement of associations and social entities.

By promoting the cultural values which will increase personal and family autonomy and responsibility; as well as protection factors in general, family management skills, social skills and skills for private life.

By maintaining long-term, sustainable information campaigns, channeled through the social media, based on scientific evidence and promoting knowledge transfer from experts to society at large in clear and understandable language.

By promoting usage by individuals, public and private entities, of existing documentary and informative resources and the new information technologies (internet etc.) which have brought about a decisive quantitative and qualitative change in the transmission of scientific knowledge.

- b) **The family.** The family remains the most significant core for socialization, in spite of the accelerated sociological changes that have occurred over recent decades, transforming its structure. It is also one of the most solid references for teenagers, who, generally speaking, cite family and friends as being among the most important areas of their lives.

In accordance with the above, it is essential to facilitate actions that imply an improvement of educational competences and family management skills; as well as those actions that facilitate an increase in family cohesion and strengthen the resistance levels of the family core as a whole to exposure and use, especially of the younger family members.

At the same time transversal development of social family participation should be developed, as well as strengthening the existing informal networks between them, reinforcing and facilitating the maximum family participation in educational centers

Information, programs and activities to be developed will be adapted to the cultural and social circumstances and conditions of the different types of family.

- c) **Children, teenagers and young people.** These are groups within society which for a range of reasons may, to a greater degree, be affected by drug use (their situation on the development curve moving towards maturity, their special vulnerability to incentives or towards consumerism in general, their curiosity towards novelties).

On the other hand it should be pointed out that teenagers and young people are those who participate most in the so-called “recreational uses” of drugs such as cannabis or alcohol and, to a lesser degree, cocaine. It is absolutely vital to count on them, both at the time of applying preventive actions, as well as in the designing and developing them.

- d) **The educational community.** The educational community along with the family, in the widest possible sense, constitutes the most significant sphere in the socialization of people. In order to optimize the results of education on drugs it will be vital both to involve the three elements constituting the educational community (students, families and teaching staff), and to ensure appropriate coordination both between the members and with the social and health resources that exist in all regional zones.

It will therefore be essential to ensure a high level inter-relationship between the actions carried out in the social, health and educational spheres, and to search for and facilitate the maximum collaboration and active involvement of the parents' associations (in Spanish, Asociaciones de Madres y Padres de Alumnos) and the teaching staff, so as to add momentum to education in values and health promotion and education in general.

- e) **The work-based population.** The work-based population includes a very large section of society (the active population) and has a number of common features: spatial, temporal, and social structuring, human, technical and economic resources. These features not only facilitate and favor preventive intervention but also contribute very positively to the achievement of the preventive objectives, both in their own environment and in the community at large as well as facilitating social integration.

Activities developed with the work-based population have to be guided by the focus on comprehensive health advocated by the National Plan on Drugs and should be contemplated jointly within the framework of the development of the Health and Safety Act (in Spanish, Ley de Prevención de Riesgos Laborales).

Addressing the prevention of drug use in the workplace requires specific strategies and specific actions in which both the employers and the workers and their representatives (the Trade Unions) must be involved, together with the health and safety services. In these terms, great importance is attached to the role that must be developed by the committees for the prevention and treatment of drug addictions in the workplace (in Spanish, Comisiones para la Prevención y Tratamiento de las Drogodependencias en el Ámbito Laboral), both at state-wide and at regional levels.

In relation to this chapter, it is important to refer to what is known as Corporate Social Responsibility (CSR) or Company Social Responsibility. This term alludes to the set of obligations and commitments, legal and ethical, both national and international,

which arise from the impact that the companies' activities produce in the social, labor, environmental and human rights fields. In the field of drug addictions, the Company actions along with those of the trades unions and NGOs, can be decisive when it comes to facilitating the labor market integration of drug addicts, and investment in support projects and employee volunteering.

It is also important to mention the actions that the Public Administrations are undertaking and intend to continue doing –insofar as they are large employers themselves – on the base of health concerns and welfare of public sector employees, whether these take place within the framework of social responsibility programs, as an extension of health and safety at work programs, or as specific workplace-based health promotion programs.

- f) **Highly vulnerable groups.** In the foregoing sections, reference is made to groups within the population identified using a generalized or universal criterion in other words taking no account of their potential exposure to specific risk factors (society at large, families, children and teenagers etc). However, this Strategy considers essential to take into account that certain groups are highly vulnerable, for a variety of reasons, both with reference to social inclusion, and, more specifically, insofar as such vulnerability could affect them in relation to drug use.

It must be pointed out that migrant groups, ethnic or cultural minorities should be mentioned in this context, as should people with mental health problems, judicial-penal problems and, in general terms, groups facing special economic, social, family or personal difficulties. Among the latter, the children of drug users must also be mentioned, as should minors who are resident in protection or reform centers.

The immigrant population is playing an increasingly important role in Spanish society. Not only due to the fact that it is the group in society that is growing the most –with a higher birth rate, but also due to the migrant's growing participation in different industries and

segments of our economy and society, and the fact that this in itself is driving forward socio-cultural changes. There is a need to differentiate several groups within the immigrant population, as well as to ensure that the groups become involved in the design and development of prevention policies.

In no case is licit to generalize, attributing to this part of the population a higher incidence of drug-related problems when compared with the Spanish population as a whole, neither in terms of trafficking, nor in relation to drug use; but it may nevertheless be the case that in certain circumstances drug addictions or other drug-related problems might affect certain parts of the immigrant population in particular ways.

It is currently possible to identify a series of personal and social conditions which increase vulnerability to drug use; most of these are related to other problematic behaviors such as school failure, problems with crime, unwanted youth pregnancies, risky or violent health behavior. This is the case because at the root of all of these types of deportment it is possible to identify common processes.

Risk behaviors – and within them drug abuse, are processes that normally come about throughout the development of the individual concerned, sometimes commencing their development right from the early stages, due to failures in the social integration processes.

Socially marginalized groups have been and still remain among those that have been most harmed by drug addictions. We consider this fact in relation to a greater risk of some type of involvement on a small-scale or retail-type drug distribution. It is noted that individuals in this situation are often linked to criminal activities; therefore it is obvious that there must be an intensification of work with the groups on all aspects of intervention in drug addictions.

Contexts for action:

As a complement to the global and transversal character of anti-drug policies, it is necessary to include a series of elements and environments

with a clear preventive potential. To this end, and so as to ensure effectiveness in the prevention of use, it will be vital to involve social sectors executing key mediation roles, as well as to ensure the cooperation of the professionals working in them.

In relation to this point, it is necessary to fundamentally note the protagonism of the media of communications of the health and social systems, of the economic sector related to the offers of leisure options as well as road and citizen safety agents that all play significant roles. This does not mean that other contexts relevant to prevention should be left out, such as the areas of education and employment, or the community –in which intense work has been carried out for years. It rather means that it is necessary to reinforce the work undertaken in contexts to which, until now, less attention has been paid.

a) **The media.** In today's society, the media have a key role as opinion-formers, and also in training citizens in the acquisition of an informed viewpoint on the main issues affecting society and their underlying causes. To this end, it is necessary not only to focus on the content of the disseminated information, but also on the explicit –or not so explicit– messages contained in the information.

There should be further development of the joint work between the senior managers of the National Plan on Drugs and qualified media professionals and representatives. This will enable them to reach a consensus on a series of recommendations as to the informative approach of the drug-related themes, their determinants, their impact, and the evidence of effectiveness of the different preventive and care options.

There are precedents which could facilitate this task, among those that are worthy of note is “the general ten-point plan for journalists” (drafted within the framework of the “The Society Against Drugs” forum).

The Decalogue in the ten-point plan among other recommendations, presents the necessity in relation to drug addictions, for the media to

refer to drug uses in such a way as to explicitly show that there are different types of “use” (sporadic, problematic, addiction, poli-drug use etc.) and different ways of relating to drugs. In so doing, it will be important to avoid both trivialization of experimental use and sensationalism, to give balanced coverage of legal and illegal drugs, and to restrict promotion and publicity for all types of addictive, toxic substances.

This type of document also highlights the need to make available, facilitate and promote adequate training in order to increase the competences of journalists and media professionals in the methods of communication in general.

One significant aspect to consider is the establishment of projects of collaboration between professionals from the preventive sector and audiovisual directors in order to produce fictional slots to broadcast on the television channels, whilst ensuring that the treatment given to drugs is not of a counter-preventive character.

b) **Educational, health, and social systems.** In order to achieve the prevention objectives, it is vital to involve the educational system, social and health services, and especially the teams of professionals participating in the delivery of the services in the field of primary health care. Their contribution in tasks of education, information and training of the different groups with whom they work on a daily basis is extremely important.

In this context a key issue is the need for involvement of the pharmacy offices (in Spanish, las oficinas de farmacia). They must develop an irreplaceable function in the correct dispatch of psychoactive medicines, in relation with the community where they are based.

c) **The leisure and entertainment industry.** The commercial supply of options for leisure time and free time has become one of the most powerful industries in developed societies. For many groups, especially younger people, leisure in general terms and, in particular, night-time leisure activities not only are principally associated with

an abusive use of alcohol and other drugs, but as well, among those who practice this lifestyle, there is also a low perception of the risk related to these uses.

With the aim of increasing the perception of risk, and of promoting the adoption of personal and group options which will reduce risks and reduce the damage deriving from uses in recreational contexts, it is essential that the public administrations promote the involvement of business people and other economic agents linked to the leisure industries, as well as the adequate training of staff working in it.

- d) **Road and citizen safety.** The national law enforcement agents and others working in the local and regional spheres, also play an important preventive role, both as part of their work in ensuring compliance with the existing legal framework in terms of protection, regulation and control, and in contributing to dissemination of information on current regulations and the reasons for democratic coexistence and health protection which support them.

In fact, the structures responsible for road and citizen safety already undertake activities with a special focus on the field of prevention. Therefore the General State Administration, the regional plans and specially the GDNPD will promote resources and training opportunities in the preventive field in coordination with the national law enforcement agents. Likewise, similar initiatives should be carried out within the context of the local plans.

5.1.2. Risk and harm reduction

These are two closely-linked, and yet not identical, concepts. Risk reduction is more akin to prevention (as in the case of the programs oriented to avoiding the driving of vehicles under the effects of alcohol or other drugs, so as to prevent road traffic accidents); while harm reduction is closer to care and treatment per se (as is the case of maintenance programs with opiate derivatives, or injection room assistance).

In any event, these deal with activities and programs which, for years now, have been undergoing a high level of development in Spain and in other countries, and which deserve a special consideration in the present Strategy.

The key objectives for interventions in this field should be: avoiding experimental and sporadic uses becoming continuous and, above all, reducing or limiting the harm caused to the health of people who use drugs and, in general terms, the undesirable socio-health effects linked to use.

The activities to be maintained and those to be improved in the framework of the present Strategy, although they will, nevertheless, share certain aspects, should be different depending on whether they refer either to the risks or to the harm produced due to the use of easily accessible legal drugs, medicines and substances that may produce addiction, or to the use of illegal drugs.

Target groups:

It is reasonable to affirm that society at large must have available, adequate and sufficient information about the intentions, features and reliable evidence of effectiveness that informs them of programs and activities aimed at reducing the risks and limiting the harm caused by drug use. At the same time, it is important to emphasize the need for surveillance to ensure that programs, campaigns and specific materials do not end up being used in inappropriate contexts (for example, with the general public).

The target groups for these programs and activities are:

- Drug users who cannot be included in programs aimed at abstention from use.
- Long-term heroin users.
- Groups facing marginalization or social exclusion (for example, people living in marginalized neighborhoods, groups linked to the “drug markets”, or the inmates of penitentiary centers etc.).

- Groups within the population who frequent environments and participate in situations where access to use is particularly easy (for example, youth gatherings in leisure and party contexts, discos etc.).
- Collective groups which for determined circumstances could see themselves particularly affected by the use of psychoactive substances; for example the drivers of vehicles, or pregnant women.

This type of program comprises a varied series of actions, among which the following are prominent: methadone maintenance programs, the exchange of syringes and health kits, safe sex workshops etc. Although at the outset these were very related to the prevention of HIV and AIDS infection, and closely connected to the use of heroin, the programs have evolved and currently feature activities focusing on the prevention of road accidents due to the consumption of alcohol or other drugs, as well as on harm reduction actions, especially in contexts of night-time leisure.

In relation to the foregoing, the sectors of the population most benefiting are no longer just groups of marginalized heroin addicts, but also social groups increasingly larger and more integrated in society.

Contexts for action:

In order to obtain an effective result in risk and harm reduction, actions should basically be carried out at community level, in two extensive fields: social services and health care. The following strategic aspects apply to them:

“In the field of social care”

- To instigate a community orientation throughout the social care system, promoting and consolidating ongoing activities which are coordinated among the different services (street resources, mobile teams, the judicial system, emergency services etc.), at both regional and local levels.

- To improve coverage and access for inmates in penitentiary centers with specific harm reduction programs – syringe exchanges, methadone programs etc.
- To improve the programs of alternative measures in lieu of prison.
- To facilitate an opportune response on the part of the national law enforcement agents and other groups dedicated to citizen attention and emergencies, in the face of situations which require rapid intervention in order to prevent death by overdose or other avoidable damage.
- To expand the coverage of street or contact-based programs, access and early detection of problems affecting groups within the population in situations of risk.
- To reinforce early warning and detection systems of new drug uses.
- To improve information relating to healthcare resources and optimizing processes for screening and referrals to the relevant services.

“In the field of health”

- To encourage a community orientation throughout the system of social attention, promoting and consolidating ongoing activities co-ordinated between the different services (street resources, itinerant teams, the judicial system, the emergency services etc.), both regional and local.
- To promote coordination between primary health care, treatment centers for drug addicts, mental health centers and support teams, with the aim of generating synergies in addressing problems caused by drug use.
- To optimize the involvement of pharmacy offices and pharmacists in syringe-exchange programs and in the delivery of information and advice.

- To improve the quality of the work of the hospital emergency (A & E) services by means of training for professionals and joint design of treatment procedures with the main objective of the harm reduction (direct and indirect morbi-mortality) and the detection and referral of patients.
- To improve the response of emergency services and those providing specialist treatment.

5.1.3. Treatment and social integration

The analysis and review of drug policies undertaken in Spain, in recent years has revealed evidence of the change which has occurred in the social perception of the phenomenon of drug use and drug addictions. Perhaps the most significant aspect of this resides in the conception of addictions as being diseases just like any other and, therefore, the recognition that those affected by them have a right to the appropriate health and social care.

Assistance on the part of the health service and the social services for people with problems linked to the use of psychoactive substances must be adapted to the new needs. It is necessary to guarantee, attend to, facilitate, coordinate and increase the assistance based on the premise that all programs must be adapted to the needs of the individual.

Health service assistance to drug addicts must be contemplated, as basic principles, the normalized individualization of treatment, coming from the different health resources within the public healthcare network, the comprehensiveness and coordination of the resources involved, and the possibility of presenting a portfolio of diversified as well as flexible programs adapted to user realities when establishing a therapeutic plan.

The care and treatment context for detoxification and habit-breaking in relation to the addictive behavior is of relevant importance, and there is growing support for the conclusion that there is a directly proportional relationship between health and social service actions in the natural

framework of the patient's environment and the success of the therapy concerned.

On the other hand, the aim is to complement the high degree of quality already achieved by care networks throughout the country by ensuring that interventions occur as early as possible (detection of risk factors and screening, referral, diagnosis of the addiction, initiation of habit-breaking, and strategies for maintenance and consolidation of abstinence). At the same time for to guarantee the quality (effectiveness, efficiency, equity) of diagnostic and therapeutic interventions. It will be vital to ensure coordination between the social services, the legal system and the health services.

Relapses in the use of drugs, once the treatment process is underway, form part of the treatment itself, and as such should be addressed both by the professionals and by the patient and his or her family and social environment.

It should be taken into account that for many people, the problem is not solely and exclusively abandoning the use of a given substance, but doing so in the context of other circumstances: poli-drug use, mental illness, economic precariousness, lack of social connections, labor and/or family ties, and, in general terms, a rupture with society or a lack of social integration. In this sense, special attention must be paid to reinforcing and improving the resources for social inclusion for people leaving penitentiary institutions.

At the same time it is essential to boost the mechanisms promoting the “maintenance of links” of people in treatment with their work environment and, in any event, to facilitate their reintegration. Comprehensive and coordinated care is necessary, focusing on social integration of the person, access to and exercising of the basic social rights (housing, employment, education, health, social protection etc.). This should take into account the different profiles of people in treatment, not only from the point of view of what may be lacking, but also –and especially– in terms of their potential and capacities. This will require diversification and personalization of care, accompaniment and treatment.

Target groups:

In this section, the target groups will be as follows:

- People with addiction problems currently undergoing treatment in the different facilities of the public network for special assistance (medical centers, therapeutic communities etc).
- Drug users entering the general health network due to problems related to use or other health problems.
- People with addiction problems or those who have achieved abstinence and who, in either case, are in a situation of social inclusion (employment, training etc.).
- Inmates of penitentiary centers or people completing programs as an alternative to prison sentences.
- Minors who are drug users and residents within protection or reform centers.
- The families or the environment of people with addiction problems, paying special attention to descendants.
- People affected by a dual pathology and who present complicated co-morbid symptoms which become chronic and worsen the evolution and prognosis of the addictive problem.

Contexts for action:

The environment applicable to this field of intervention is as follows:

“The health system”

By means of the involvement of primary care services and specialist support teams (treatment and follow-up centers; mental health units etc.), but always with a focus on “non-duplication” of care networks. In

addition, attention should be given to increasing coordination between the initial level of care and special treatment.

“The social services”

By means of coordination between social workers within the social and health systems.

“The workplace”

Ensuring coordination of the health and safety services, works councils and trades unions, with health services as well as social services.

“The legal system”

Promoting coordination with the socio-health sector and facilitating a legal focus oriented to social incorporation of people in vulnerable situations.

5.2. Supply reduction

Modern organized crime is noted for its capacity to take advantage of opportunities facilitated to it by the new cultural model based on economic and social globalization. The model has its origins in the technological revolution which has allowed for an extraordinary increase in the capacity to move people and merchandise by means of new communications media; the increase in almost instantaneous exchanges of data and information, and the possibility of transferring capital from one side of the world to the other very quickly.

As inherent parts of the threat represented by crime, drug trafficking, “precursor diversion” and its related money laundering, constitute a phenomena of the utmost importance in explaining organized crime, and should form a fundamental part of any anti-crime strategy.

In relation to this section, the European Strategy 2005-2012 states that the result to be achieved is: An appreciable improvement in the effectiveness, efficiency and knowledge of law enforcement interventions and actions by the EU and its Member States centered on the production and, drug trafficking, “precursor diversion”, including the diversion of synthetic drug precursors imported into the European Union, drug trafficking and money laundering in relation to drug crime.

In this field, actions are very different according to whether the drugs (tobacco, alcohol) or medicines are legally accessible or whether they are illegal.

In the first case, emphasis should be placed on legislation on advertising, sale and use, with special reference being made to age groups and places where such products are likely to be sold and where their use is legal, together with the circumstances applied in each case.

With regard to illegal drugs, the national law enforcement agents, vigilant customs authorities (in Spanish, Vigilancia Aduanera), the judiciary and especially the Anti-drugs Public Prosecutor, are all active in this part of the generic supply-demand process, affecting four large areas vulnerable to criminal organizations:

- 1.** The process of production of drugs from raw materials and precursors.
- 2.** The process of wholesale distribution of substances, including international trafficking and internal trafficking in every State.
- 3.** The process of retail distribution; in other words, distribution of the substance to the end users.
- 4.** The process of transformation of profits obtained into economically quantifiable assets.

Spain is not a country noted for the manufacturing of illegal substances from cultivated raw materials, nor from chemical processes to transform

the active principles into substances which may be used by potential drug users.

Nevertheless it is necessary to focus on the possible processes of relocation of laboratories to manufacture all types of drugs, especially cocaine, heroin and synthetic drugs, which could lead to the gradual installation of those laboratories in our country.

The fight against the wholesale distribution of certain drugs (particularly hashish and cocaine) has traditionally been a strongpoint in Spanish action against global drug trafficking, especially with regard to Europe. For years, Spain has been the leading European country in terms of quantities of hashish resin and of cocaine clorohydrate seized; and it has also held a leading position on a global level for years in relation to the quantities seized.

The creation, at the end of 2006, of the Intelligence Centre against Organized Crime (CICO) gave a considerable boost to this type of task. One of its functions is to develop prospective intelligence on all modalities of organized crime, including the one deriving from drug trafficking and money laundering.

Conscious of the need to formalize efficient coordination mechanisms between the competent units and services in the fight against drug trafficking, the CICO assumed the functions of operational coordination with the aim of improving police efficacy and of rationalizing the resources employed in combating this type of organized crime.

The continued improvement of measures to reduce the supply of drugs launched during the period that the National Drug Strategy 2000-2008 was in force, together with the adaptation to current trends, has determined the orientation of the specific strategic aspects in the field of the reduction of the supply of drugs.

The most important strategic aspects to consider are:

- To improve intelligence capacities in relation to the phenomenon of drugs, with the aim of understanding all its dimensions, predicting its trends and enabling an early reaction to new modalities of illegal drug-trafficking and money laundering.
- To develop and improve operational mechanisms to fight against drug supply by way of optimization of specialized judicial and police resources.
- To reinforce operational coordination between the national law enforcement agents, Customs vigilance and regional police forces with competence in the area.
- To further develop the mechanisms for international police and judicial collaboration in the forums and territorial areas of strategic interest for Spain, especially the European Union, Latin America, North Africa, West Africa, East Europe, Central Asia and the Far East.
- To develop specific training plans on investigation of drug trafficking, as well as on patrimonial investigations and money laundering related to the trafficking, directed towards intermediate-level managers and base-level members of the national law enforcement agents, the Customs authorities and autonomous police forces.
- To develop plans for police intervention against drug use in accordance with the provisions of Organic Law 1/1992, on Citizen Protection and Safety (in Spanish, sobre Protección de la Seguridad Ciudadana). The national police force and civil guard will design and implement these plans, seeking the participation of the regional and local police forces where appropriate.

There will be a continuation of the police response plans to small-scale trafficking and to drug use inside and around educational centers, and at areas, places and venues for leisure and entertainment, on an ongoing basis and with special emphasis at certain periods (summer holidays, national and local public holidays), largely oriented, on ensuring the safety of young people and children.

5.3. Improvement of basic and applied scientific knowledge

In relation with information and investigation, the European Strategy 2005-2012, states that the result should be: “A better understanding of the drug problem and the development of an optimal response to it by way of an appreciable and sustainable improvement in the base knowledge and its infrastructure”.

The objectives of the National Drug Strategy 2009- 2016 in this field are to “increase the quantity and the quality of research undertaken, with the aim of acquiring further knowledge on the different drug-related variables and their capacity to produce addiction, their use and their prevention and treatment” and “to reinforce systematic evaluation of programs and actions”.

An increase in scientific evidence will lead to higher efficacy and improved results from interventions undertaken, and the appropriate evaluation of the latter will enable them to be added to the available evidence.

The strategic areas in this field are as follows:

- To drive forward research activity on lesser-explored aspects, such as those of the new challenges faced in the field of drug addictions, reasons for use, gender differences in the phenomenon of drug addictions and supply features.
- To set priority work lines based on criteria of effectiveness and viability.
- To encourage reviews and meta-analyses in the field of scientific knowledge, and in efficacy and effectiveness of interventions.
- To proactively and selectively promote applied research and evaluation of programs and interventions, placing special emphasis on criteria of efficiency and equality.

An increase in the efficiency of research resource utilization must be ensured avoiding duplicity; and seeking complementarities of objectives and results from the entities financing these projects.

The areas in which activities should be promoted and developed refer to basic research and to applied and evaluative research. In accordance with the foregoing, the Government Delegation for the National Plan on Drugs and the regional plans will set orientations and priorities for the projects to be executed by the institutions and bodies responsible for promoting and developing research activity.

In the preventive field it is necessary to promote and support the collection and analysis of new indicators relevant to decision-making on prevention. Experimental validation of existing programs and materials and those under development should be obtained, as should validation of instruments for measuring results that have been achieved and validated in other cultural contexts.

In the field of care, research on the effectiveness of care and on the satisfaction levels of network users and resources will be promoted, including those related to the professionals themselves.

For this reason, it will be necessary to encourage diffusion and information transfer of the results of the studies and projects financed from the Government Delegation for the National Plan on Drugs, regional plans and the local organizations.

There should be inclusion of:

- Optimization of the data available in the databases of state, regional and local programs.
- Compilation and analysis of the statistics from the studies and projects financed by the Government Delegation for the National Plan on Drugs, and other funding sources.
- Monitoring and regular surveillance on the evolution of the different indicators.

Within this framework, efforts should be oriented towards:

- The elaboration of criteria and requirements for the launching of projects that aspire to receive subsidies in the field of research.
- The creation of operational priorities elaborated to effectively dissuade the presentation of projects that do not adjust.
- Publication and diffusion of the results of the research projects funded.
- Analysis of the impact of activities in terms of their effect on prevention; harm reduction and the promotion of equality.
- Promotion of the cost analysis and evaluation of the economic impact derived from the activities developed.
- Facilitation and development of sustainable and specific research networks allowing for multidisciplinary and multisector cooperation.
- Provision and development of participative research. Research in this field cannot remain limited to the groups of professionals or experts who habitually work in it; rather it will be essential to encourage and involve other players who will bring new and complementary visions to those already in existence.
- The driving forward of specific research programs at centers of the Higher Council on Scientific Research, universities, research parks and private companies.
- Encouragement for the participation and cooperation with international institutions and bodies which undertake research in the field of drug addictions (the European Monitoring Center for Drugs and Drug Addiction, the Council of Europe etc.).

5.4. Training

Although this is a transversal field running through the Strategy as a whole, it is also considered as a separate heading, given that

it is fundamental to ensuring improved competence on the part of the actors involved in the prevention and control of drug-related problems.

For this reason, proposals in this area refer to the improvement of the quality of all interventions and actions contemplated in the Strategy, with a marked preference for that of demand reduction, and a contribution to the quality improvement of all other fields.

It is therefore a question of improving the professional competence of those working in the social services, education and health. Especially, in the specific context involving actions designed to promote healthy lifestyles and in the diffusion of contents related to better development of health in the community (schools, social resource centers, and health centers, as well as the resources of the public health system itself etc.).

Improving the capacity of people working with citizen and community organizations –both on a paid or voluntary basis, as well as the contribution to the development of competence with all the agents involved: health and safety service professionals, educators, people in charge of prison health services, leisure industry workers and professionals, media professionals etc.

In order to effectively carry out this type of action, the aspects which should be coordinated by the National Plan on Drugs, in collaboration with the educational system managers, are as follows:

- To establish priorities plan objectives and design procedures to evaluate self training as well as for those of subsidized programs.
- Production of accreditation criteria and procedures for training programs for professionals working in the field of drug addictions.
- To increase and diversify training, to set priorities and requirements that stimulate the design and development of training in the more relevant facets, or for those where failings have been noted.

- To promote training in specific research techniques and in the transmission and dissemination of knowledge in scientific and social fields.

The main groups for addressing activities and training programs among others are as follows:

“Citizen associations and organizations”

In this case, the training supply must be adapted to existing demand, whilst also ensuring quality criteria. There should also be specific programs for entities receiving subsidies from the different bodies which make up the National Plan on Drugs. The role to be developed with and for the parents’ association (AMPAS) should be taken to be as one of special relevance, given that it should provide complementarity reinforcement when added to the work undertaken by teaching staff.

“Professionals within the educational community”

Teaching staff should be given all training and reliable information, including assessment criteria, as well as training for the application of contents and methods appropriate for each educational stage. Complementarily, it is appropriate to promote and facilitate the voluntary involvement of teenagers interested in participating in prevention interventions with their peers.

“Professionals from health and social services”

Although this has already been mentioned previously, emphasis must be placed on the need for training and ongoing updating activities for professionals and workers involved in the provision of care to people affected by drug-related addiction problems and their families.

“Mass media professionals”

Actions focusing on the training of media professionals will be organized, in order to improve media capacity to disseminate messages in accordance with the aforementioned criteria.

“Workplace population”

This should take a dual approach: Firstly, addressed to members of Works Councils, health and safety services, trades unions, etc. in such a way as to facilitate instruments for intervention in their spheres of influence. Secondly, to leisure service professionals, particularly those working with young people, given that this is a field that produces a large proportion of drug users.

“Family groups of affected people”

Agile and adaptable training offers should be ensured, focusing on improving family relations and on promoting family involvement in prevention, provision of support and reintegration.

“Professionals who work at penitentiary centers”

There will be actions to improve the training of the professionals who work in this sector.

“Professionals from the national law enforcement agencies, the regional communities and local corporations”

In this case heading, actions should be also dual. On one hand, developing and improving their capacities to fight against supply, and on the other hand, strengthening their role in collaboration to reduce demand.

“Professionals from the judiciary”

Awareness-raising must be promoted amongst this group, in relation to a problem that covers legal, health and social aspects.

5.5. International cooperation

The problems generated by illegal drugs go beyond national scope. Production, trafficking and related offences, as well as drug use,

all have a global dimension transcending any given geographical area.

The principles set up in the international community take the following aspects into account:

“A balanced focus”

Initiatives focusing on fighting the drug phenomenon have to be guided by a comprehensive approach, which means the inclusion of actions aimed at the supply reduction, use prevention, and care for people with addiction problems.

“A shared responsibility”

Drug-related problems affect the international community and all the players involved in the international cooperation together have a role in sharing efforts and initiatives in order to reinforce actions. It therefore makes no sense for divisions to be set between different geographic areas, countries or regions, giving them the role of producer, trafficker or user and thereby establishing discriminatory policies.

Since the creation of the National Plan on Drugs in 1985, international cooperation has constituted an area of special attention for Spanish authorities with jurisdiction in the field, given that the cooperation takes place in different areas of action and involves firm participation on the part of numerous bodies and institutions. It must also be taken into account that circumstances make Spain a strategic point for illegal drug trafficking in a global and European context, as well as the growing dimensions of global drug use that is dealt with elsewhere in this present Strategy.

Both factors have consolidated the permanent presence of Spanish representatives in the forums for international cooperation on drugs, whether it be in world or regional terms. At the same time, there is international recognition of the experience of Spanish professionals, so their presence is frequently requested by a range of organizations to

develop training activities, as well as for the exchange of information and the setting up of teams and networks for international collaboration.

The National Drug Strategy 2009-2016 has a dual function on an international scale: on one hand, it has necessarily to fit into the framework of unitary representation and action on behalf of the Spanish State abroad, while on the other hand, it must consolidate all the international efforts carried out to date. In these terms, it should once again be remembered that the phenomenon of drugs is dynamic and that it is necessary to have instruments available to facilitate a response to new needs as they arise, both with regard to the appearance of new substances and new methods of use, and to the plotting of new routes for illegal trafficking of substances. On an international level this could give rise to new areas of cooperation. All these factors mean that there is a need to create a flexible instrument, capable of responding to the changing reality described above.

It is necessary to highlight the professional dimension of this cooperation, with a continuous transferring of knowledge and experience, both with regard to aspects of prevention and treatment of drug addictions, and in training and research. International cooperation on drugs contributes to policies of cooperation for development in countries where this dimension is vital.

In the international field, the National Drug Strategy 2009-2016 consolidates all the efforts carried out to date, it fits within the framework of unitary representation and action on behalf of the Spanish State abroad, and has the vocation of being aware of new developments that may arise in the dynamic field of drugs, with the aim of advancing in new fields of cooperation.

The following areas of international cooperation are mentioned below:

“The United Nations”

Spain’s participation in the activities of the United Nations (UN) constitutes a priority area of Spanish cooperation on drugs. The Spanish

government has long cooperated in the policy and decision making bodies within the UN system, by providing technical assistance and funding for projects executed by bodies specializing in drugs.

The National Drugs Strategy 2009-2016 will drive forward Spain 's active presence in United Nations cooperation on drugs.

“The European Union”

The European Union is developing its European Strategy 2005-2012 to fight against drugs through the improvement of coordination between the Member States and the Commission, as well as by continuing and encouraging a balanced approach to drug-related problems.

The European Strategy has a horizontal character and covers actions focusing on public health promotion among drug users, the fight against drug trafficking and related crime, and promotion of European Union cooperation with international organizations and forums and in the Union's relations with countries and worldwide geographic areas.

The National Drug Strategy 2009-2016 will be closely linked to the actions arising from the European Strategy and contained in the Action Plan for 2009- 2012 in order to develop and promote Spanish initiatives presented in the European Union.

“Other fields of international drug cooperation”

There are many cooperation forums, both of a general and specialized nature, which carry out the international cooperation on drugs in the different dimensions of the problems related to production, trafficking and crime linked to the trade and use of drugs.

The action plans developed by the National Drug Strategy 2009-2016 will include actions to be undertaken by Spain in specific areas, and within the corresponding international bodies of cooperation on drugs.

“Geographic areas of preferential attention”

The priorities of the Spanish government’s foreign policy points out cooperation with Latin America and the Mediterranean basin. In these geographic areas, Spanish cooperation on drugs has been developed on a continually ongoing basis both bilaterally with specific countries and within the existing regional structures. Several projects have been carried out for prevention of drug use, elimination of illegal crops, and in the fight against drug trafficking.

The National Drug Strategy 2009-2016 will promote Spain’s active presence in cooperation on drugs with Latin America and with the States of the Mediterranean basin.

6. Evaluation of the National Drug Strategy 2009-2016



In recent years, evaluation of public policies has become an indispensable requirement of government action, due, on the one hand, to the obligation to be accountable to society on the use of public resources and, on the other the necessity of improving knowledge on the effects of actions carried out and on the mechanisms to explain them. Only by means of increasing the knowledge will be possible to ensure gradual improvement of the effectiveness and efficiency of actions undertaken.

In the same way as with other public sector strategies, the 2009-2016 Strategy, includes a proposal for evaluation, the general objective of which is to produce a value judgment using a scientific approach. In specific terms, the evaluation persists in ascertaining whether the interventions included in the Strategy are being performed to plan, whether they are achieving their objectives and –where there is deviation– to ensure its early detection and to propose the appropriate corrective measures. Evaluation should therefore be considered as an integral part of the strategy itself and not as an adjacent element to it.

Its design must take the following criteria into account:

- Evaluation of efficacy or effectiveness in achievement of objectives, as well as the efficiency of the resources and mechanisms employed to achieve this goal.
- It will guarantee the credibility and robustness of statistics and results by way of the adoption of an objective, quality-based methodology. To this end, it will be appropriate for evaluation to be mixed, and to involve the collaboration of external agents in order to guarantee these two aspects.
- All Strategy agents interested in the evaluation process should participate including, among others, public administrations, non-governmental organizations, scientific companies, consumer associations, trades unions, and patients.
- Analysis of their contribution to the promotion of end values such as equity, equality, and quality of life.

- Establishment of ideal undertaking periods. This should include a basal evaluation, offering a snapshot of the initial situation and interim evaluations carried out regularly so as to detect any early signs of deviation. It should also propose the appropriate corrective measures, and include a final evaluation providing an overview of results obtained and the mechanisms explaining them.
- The time at which evaluation takes place must be set in such a way as to guarantee its contribution to an ongoing process of decision-making which will facilitate the achievement of the objectives set.
- The inclusion of mechanisms allowing for a knowledge improvement on relationships of causality, including an analysis of contextual factors to assist in their understanding. In order to establish the links of causality, the action plans developed by the Strategy shall include the following activities:
 - Selection of interventions in such a way that, in most instances, there will be reasonable evidence of their efficacy or effectiveness.
 - Classification of the objectives of the strategies, in each of their fields in terms of objectives for the process, product and final result.
- Balanced combining the need to know with the resources available. In these terms, certain of the methodological developments included in evaluation of the Strategy 2000-2008 are featured. The latter will include identification of key indicators and sources of information that could serve for the purposes of monitoring actions and results.

A good part of the indicators to report on the achievement of the objectives will be common to those used in the Strategy 2000- 2008, in order to enable undertaking on long-term monitoring. In addition, it will be important to have indicators which can be calculated using the health information systems currently available.

Once the National Strategy 2009-2016 and the 2009-2012 Action Plan have both been approved, specific objectives for the evaluation and

the methodology to be carried out will be set in collaboration with the institutions involved.

To enable early detection of deviations in interventions, evaluation should feature ongoing progress monitoring of the indicators of process, and of the results. Additionally, this will act as a strong stimulus to the achievement of the objectives.







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