

2017 REPORT EXECUTIVE SUMMARY

SPANISH OBSERVATORY

ON DRUGS AND ADDICTIONS

The main role of the **Spanish Observatory on Drugs and Addictions (OEDA)** is to provide a global view of the characteristics and problems associated with psychoactive substances use (including alcohol, tobacco, hypnotosedatives, illegal drugs and new substances), as well as addictions without substance (including gambling and the Internet).

For this purpose, use is made of information from various sources, which, once analysed and contextualised, should help decision-makers, associations, professionals and users to make decisions about these matters in their respective fields.

This information should be useful for developing and evaluating programmes and interventions aimed at preventing and reducing drug use and associated problems, as well as for responding to problems associated with addictions without substance.

This executive summary contains, in short, the main and most relevant data of the information contained in the “2017 Report on Alcohol, tobacco and illegal drugs in Spain”. The information is grouped into the following chapters:

- Survey on alcohol and drugs in Spain. EDADES, 2015.
- Secondary School Survey on Drugs in Spain. ESTUDES, 2014.
- Drug use treatment. Spain, 2015.
- Hospital emergencies in drug users. Spain, 2015.
- Infections in drug users. Spain, 2015.
- Drug-related mortality. Spain, 2015.
- Problematic drug use. Spain 2015.
- Spanish Early Warning System (SEAT).

Additional information and from previous years available at:

<http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/home.htm>

SURVEY ON ALCOHOL AND DRUGS IN SPAIN

EDADES 2015

Background of EDADES

In 2015, following the biennial periodicity series initiated in 1995, the Government Delegation for the National Plan on Drugs has carried out a new edition of the Survey on Alcohol and Drugs in Spain (EDADES).

Objective of EDADES

To understand the situation and trends relating to drug use in the population residing in Spain in order to **obtain useful information to design and evaluate policies** aimed at preventing drug use and its associated problems.

The specific objectives are to obtain information about:

- Prevalence of use of various psychoactive drugs, demographic profile and patterns of use.
- Opinions, knowledge, perceptions and attitudes towards certain aspects related to drug use (perceived availability, perceived risk of various consumption behaviours) and some factors related to drug use and other behaviours.
- Degree of exposure and receptivity to certain interventions in this field.
- Some addictions without substance.
- Temporal and geographical comparisons of the aforementioned aspects.

Methodology of EDADES

EDADES is conducted, every 2 years, among 15 to 64-year-old household population in Spain.

- Geographical scope: The survey is carried out throughout the national territory. Results are representative at the national level.
- Population scope: Population resident in Spain aged 15-64, both included.
- Time frame: The data collection period is carried out from 1 December 2015 to 29 April 2016.
- Information gathering: Personal interview at the respondent's residence. Face-to-face and pencil-and-paper questionnaire, which is divided into two parts (self-completed and filled out by the interviewer).
- Sample size: 22,541 valid questionnaires.

Prevalence of use and distribution of age and sex in the population aged 15-64

- **Users:** In 2015, the drugs with the highest last year (last 12 months) prevalence of use are alcohol (77.6%), tobacco (40.2%) and hypnotosedatives (12.0%), followed by cannabis (9.5%) and cocaine (2.0%).
- **Age:** In 2015, the age of onset of use remains stable. The earliest onset is for tobacco and alcoholic beverages (17 years old), followed by cannabis (18 years old). The latest one remains that

of hypnotosedatives (36 years old). The prevalence of use is higher in the 15 to 34-year-old group, except for hypnotosedatives, whose use increases from age 35.

- **Sex:** In 2015, data (last year use) are confirming that drug use is more extended among males (except for hypnotosedatives). These differences are more marked in the case of cocaine, for which the proportion of males triples that of females, and of cannabis, for which a difference of almost 8 percentage points is reported.

Use of alcoholic beverages in the population aged 15-64

Users

Alcohol remains the most consumed psychoactive substance. 77.6% have used alcohol in the last year, 62.1% in the last month (last 30 days) and 9.3% daily in the last month.

The prevalence of alcohol use is maintained at high levels and is showing a stable trend since the 1990s. However, there is a descending trend of daily drinkers since 2001.

Characteristics of last month alcoholic beverage users	
Percentage of users	62%
Trend	Stable since 2005
Sex and age	58% are male and 70% are aged 25-54
Type of beverage	Beer: 46.4%, wine: 29.1%, mixed drinks (soft drink + spirits): 24.3%.

Intensive uses

Of the Spanish population aged 15-64, 16.8% have gotten drunk in the last year; a downward trend since 2009, although still at high levels. Drunkenness is more widespread in the male group and is concentrated between ages 15-34.

Binge drinking maintains an upward trend since 2009. Thus, in 2015, 17.8% have had an alcohol binging episode in the last month. This pattern of use is more widespread in the male group and is concentrated in the group of young people aged 15-34.

Problematic users

In 2015, 5% of alcohol users may be considered as high-risk users, based on WHO criteria for standard drink measure (SDM) (17 SDM or more/week for females and 28 SDM or more/week for males).

The profile of the high-risk drinker is that of a single, 41-year-old male, with secondary education and employed. From this group, 38.2% have used illegal drugs in the last year.

Tobacco use in the population aged 15-64

Of the population aged 15-64, 40.2% have used tobacco in the last year, 38.5% in the last month and 30.8% daily in the last month.

Since 2007 the percentage of daily tobacco smokers has showed some stabilization (between 30% and 31%) although figures are lower than those recorded before 2005 (between 34% and 37%). This decrease is in part related to the social debate that took place right before the implementation of

Law 28/2005 of 26 December on sanitary measures against smoking and regulation of sale, supply, consumption and advertising of tobacco products.

Characteristics of last month tobacco users	
Percentage	38.5%
Trend	Stable since 2011
Sex and age	56% are male and 52% are aged 35-54
Type	Cigarette pack: 78.4%, rolling tobacco: 14.7%, both types: 6.9%.

Use of electronic cigarettes in the population aged 15-64

In 2015, 2,110,072 people aged 15-64 have tried electronic cigarettes, which corresponds to 6.8% of the population in this age group. The profile would be that of a 15 to 34-year-old male.

Most of those who have tried electronic cigarettes have used tobacco daily in the last month (74%) and have used electronic cigarettes with nicotine (81%).

Use of hypnotosedatives (with and without prescription) in the population aged 15-64

New users

In 2015, 544,000 people aged 15-64 started using hypnotosedatives; the greatest proportion of them belonging to the 45 to 64-year-old female group.

Users

Of the population aged 15-64, 18.7% have used hypnotosedatives at some point in life, 12.0% in the last year, 8.1% in the last month and 6% daily in the last month.

Characteristics of last year hypnotosedative users	
Percentage	12%
Trend	Upward trend is curbed in 2015
Sex and age	65% are females and 57% are aged 45-64

Problematic users

It is estimated that 775,762 people aged 15-64 may qualify for a problematic use of hypnotosedatives (DSM-V criteria), corresponding to 2.5% of all the population in this age range and 21% of those who have used hypnotosedatives in the last year.

Cannabis use in the population aged 15-64

New users

In 2015, 159,000 people aged 15-64 started using cannabis, the greatest proportion of them being males under 25 years of age and registering 93,000 minors (15 to 17 year-old) that started using cannabis. A downward trend can be observed in the number of people who have started smoking cannabis with respect to 2013.

Users

In the population aged 15-64, 31.5% have used cannabis at some point in life, 9.5% in the last year (2,940,000), 7.3% in the last month and 2.1% daily in the last month.

Characteristics of last-month cannabis users	
Percentage	7%
Trend	Stable
Sex and age	74% are male and 60% are aged 15-34
Type	Marijuana: 53%, Hashish: 17%, Hashish+ Marijuana: 40%, Cannabis + Tobacco: 89%.

Problematic users

It is estimated that 558,549 people aged 15-64 may have a problematic cannabis use (score ≥ 4 points on the CAST scale), corresponding to 1.8% of the whole population in this age range and to 19% of those who have used cannabis in the last year. A certain decrease is observed with respect to 2013 (2.2% of the population in this age range).

Cocaine use* In the population aged 15-64

New Users *

The number of people aged 15-64 who used cocaine for the first time in 2015 is estimated at 41,000, the largest proportion of them being males under 25 years of age and registering 4,000 minors (15 to 17 year-old) that started using cocaine. A slight upward trend is observed in the number of people who have started using cocaine: in 2015, 2,500 more people than in 2013 tried it for the first time.

Users*

Of the population aged 15-64, 8.9% have used cocaine powder at some point in life, 1.9% in the last year and 0.9% in the last month. The prevalence of cocaine use continues to decline, confirming the downward trend initiated in 2007.

Characteristics of last year cocaine users (powder and/or crack)	
Percentage	2%
Trend	Decreasing
Sex and age	78% are male and 62% are aged 25-44
Type	Mostly cocaine powder

* Cocaine Powder

Problematic users

It is estimated that 72,962 people aged 15-64 may have a problematic cocaine use (EMCDDA frequency criteria¹), corresponding to 0.2% of the entire population in this age range and to 11.7% of those who have used cocaine in the last year.

The profile is that of a 37-year-old single male, with completed secondary education and employed.

¹ EMCDDA frequency criteria for problematic cocaine use: cocaine use for 26 or more days in the last year. Adapted by OEDA to 30 or more days in the last year.

Heroin use in the population aged 15-64

Users

In 2015, 0.6% of the population aged 15-64 have used heroin at some point in life, 0.1% in the last year and 0.1% in the last month. The average age of onset is 22 years and the user profile would be that of a male older than 35 years. Heroin use has shown stabilization since the mid-1990s.

Problematic users

Data from the EDADES survey, along with other sources of information, allow estimating the number of problematic heroin users which, in 2015, is estimated at 70,471 people aged 15-64, which is corresponding to 0.2% of the population in this age range.

Use of amphetamines, ecstasy and hallucinogens in the population aged 15-64

In 2015, 3.8% of the population aged 15-64 have used hallucinogens at some point in life, 3.6% ecstasy and 3.6% amphetamines. Last year and last month prevalence for all these substances present values below 1%.

The downward trend initiated in 2001 for the use of all these substances in both sexes seems to be consolidated.

Use of new psychoactive substances (NPS) in the population aged 15-64

New substances are considered those that mimic the effect of illegal drugs such as cannabis, cocaine, ecstasy, etc. These new substances may appear in the form of herbs, tablets, powders, liquids, incenses or others.

The majority of the population is unaware of the existence of these new substances. As such, 71.1% of the population report never having heard of such substances. Even in the younger age group (15 to 24 years), a high percentage (66.6%) is unaware of these substances.

When asking generic questions on the use of this type of substances (ever in life) the prevalence is 3.4% for the whole 15-64-year-old population. However, by type of substances, 0.8% have tried Spice at some point in life, 0.7% ketamine, 0.2% mephedrone and 0.5% salvia.

Their use is more widespread among males (5%) than among females (1.8%) and is concentrated between ages 25 and 34 (5.5%). A large part of NPS users use these substances in a context of experimental polydrug use. These are users with a high perceived availability and a low risk perception.

Most users obtain these drugs from a friend (62.2%), some of them from a drug dealer (18.7%) or at parties/bars (15.5%), at smart shops (3.5%) or on the Internet (2.4%).

Currently, NPS is not a major phenomenon in Spain, although active surveillance is carried out through the Spanish Early Warning System (SEAT).

Polydrug use in the population aged 15-64

Near 42% of people aged 15-64 have used two or more legal or illegal drugs in the last year (30.2% - 2 drugs, 9.0% - 3 drugs, 1.6% - 4 drugs and 0.9% - 5 or more drugs).

Polydrug use is concentrated among 25 to 34 years old males, is often including the use of alcohol and cannabis (90%) and is associated with risky use patterns.

Perception of risk in the population aged 15-64

In line with previous surveys, the perception of risk is higher among females, for frequent uses, and for substances such as heroin, cocaine, ecstasy or hallucinogens.

In 2015, less than half of people aged 15-64 (45.8%) believe that drinking 5-6 beers/drinks during the weekend can cause many/quite a few problems, a value that is at 58% for the use of hypnotosedatives (once or less per month) and 62.5% for smoking cannabis (once or less per month).

A decrease is recorded in the risk perception of cannabis use (once a week or more). In 2011, 85.5% of the population aged 15-64 considered that it could cause many/quite a few problems while 79.8% did so in 2015. The consideration that cannabis is less dangerous than tobacco persists given that 91.6% believe that smoking tobacco can cause many/quite a few problems.

Perception of availability in the population aged 15-64

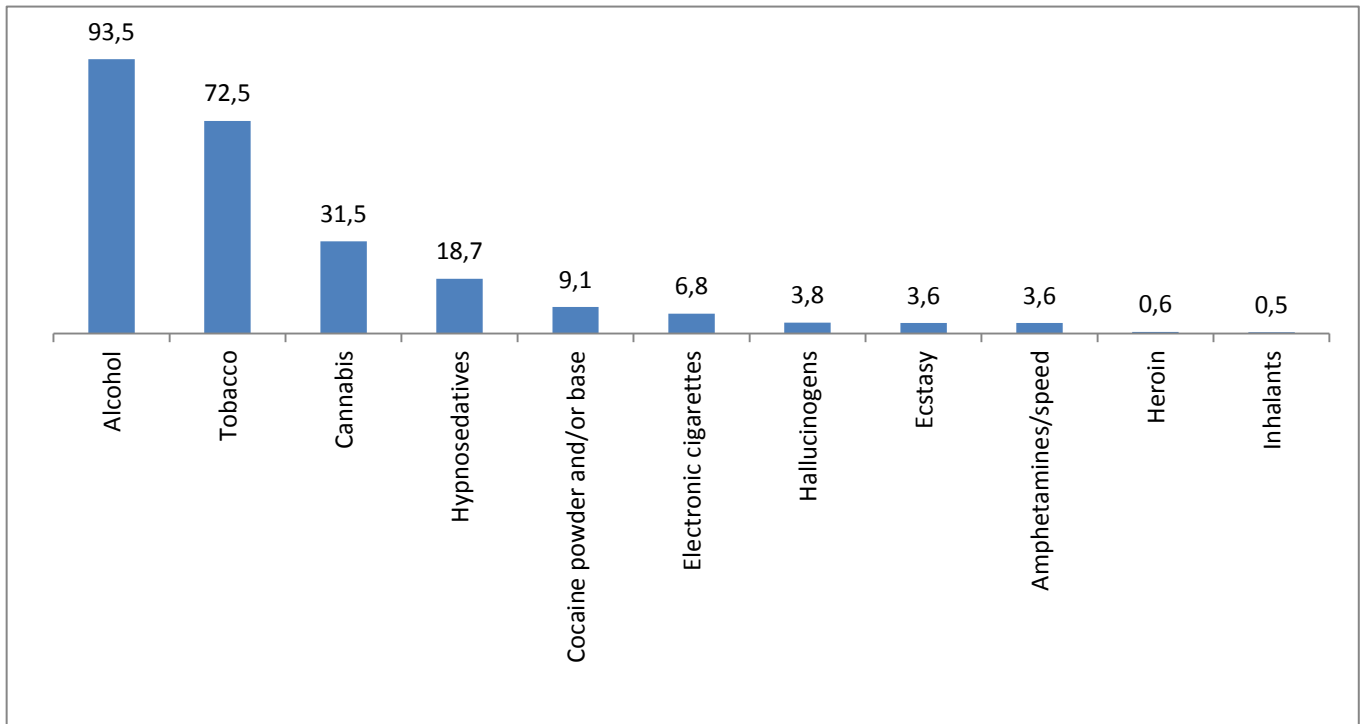
Along with the loss of visibility of drug use and related events, perceived availability of illegal drugs in the population has also declined, in line with the downward trend initiated in 2011 after the spike registered in 2009. Among illegal substances, cannabis is positioned as the most accessible (64.3% think that they could easily buy it).

Actions to solve the drug problem in the population aged 15-64

Citizens consider that the most effective measures to solve the drug problem are education at schools (91%), treatment of drug users (84%), advertising campaigns (81%), police control (80%) and legal restriction (75%). Less popular measures include the legalisation of all drugs (21% consider it an effective measure) and the legalisation of cannabis (37%).

Those considering cannabis legalization as an important measure are mostly males belonging to the 25-44 age group. Figures are higher among cannabis users, especially among those who qualify for cannabis problematic use.

Percentage of users, in the last year, in the population aged 15-64. Spain 2015.



Source: Spanish Observatory on Drugs and Addictions. EDADES 2015.

Background of ESTUDES

In 2014, following the biennial series initiated in 1994, the Government Delegation for the National Plan on Drugs, in close collaboration with the Autonomous Communities and Cities, has carried out the eleventh edition of the 14 to 18 Secondary School Students Survey on Drugs (ESTUDES).

By the closing date of the “2017 Report on Alcohol, tobacco and illegal drugs in Spain” the results of ESTUDES 2016 are not available yet. However, they will be published in the next annual report of the Spanish Observatory on Drugs and Addictions (OEDA).

This summary is presenting the results of ESTUDES 2014.

Objective of ESTUDES

To understand drug use situation and trends among secondary school students in order to obtain useful information to design and evaluate policies aimed at preventing drug use and its associated problems.

The specific objectives are to obtain information about:

- Prevalence of use of different psychoactive drugs, demographic profile and patterns of use.
- Opinions, knowledge, perceptions and attitudes towards certain aspects related to drug use (perceived availability, perceived risk of various drug use behaviours) and some factors related to drug use and other behaviours.
- Degree of exposure and receptivity of students to certain interventions in this area.
- Some addictions without substance.
- Some temporal and geographical comparisons of the aforementioned aspects.

Methodology of ESTUDES

ESTUDES is carried out every 2 years among 14 to 18-year-old students in schools in Spain.

- Geographical area: The survey is carried out throughout the national territory. Results are representative at national level.
- Population area: 14-18 year-old students at 3rd or 4th grade of Secondary Education (E.S.O.), 1st or 2nd grade of Baccalaureate and Intermediate Vocational Training Cycles in Spain.
- Temporal scope: Fieldwork period took place from 14 November 2014 to 8 April 2015.
- Collection of information: Interviewers have access to the educational centres, stay in the classroom while students are being surveyed and collect questionnaires once they are filled out. Questionnaire is in pencil-and-paper format, anonymous, self-completed and available in Spanish, Catalan, Galician, Valencian and Basque.
- Sample size: 37,486 valid student questionnaires (941 schools and 1,858 classrooms).

Prevalence of use and distribution by age and sex in the population aged 14-18

Most commonly used drugs by 14 to 18 year-old students are alcohol and tobacco (both licit), followed by cannabis.

There are differences in the use of substances between males and females. The use of legal drugs is more widespread among females while the use of illegal drugs is more widespread among males.

The average age of onset of drug use is between 13 and 16 years of age. For all substances, prevalence of use increases with age.

Use of alcoholic beverages in the population aged 14-18

In 2014, 78.9% of 14 to 18-year-old students had consumed alcohol at some point in their life, 76.8% in the last year and 68.2% in the last month.

In 2014, 285,700 students aged 14-18 started drinking alcoholic beverages.

In spite of a decrease of alcohol prevalence of use (lifetime, last year, last month and daily last month) with respect to 2012, alcohol use trend is still showing an upward trend.

The abovementioned decrease during the 2012-2014 period may well be related to the youngest group of students (14 and 15 years old) and is in line with an increase in students perceiving risk in alcohol use.

Intensive use, drunkenness and binge drinking, despite showing a global downward trend, continue to show high prevalences, and are associated with a greater prevalence of use of illegal drugs (polydrug use). The youngest girls (14 and 15 years old) have gained presence among those involved in alcohol intensive and risky use.

In 2014, 50.1% of 14 to 18-year-old students admitted having been drunk at some point in their life, 42.6% did so in the last year and 22.2% in the last month. About half of the 16-year-olds had gotten drunk in the last year.

The pattern of binge drinking is similar to that of drunkenness. A quarter of 15-year-olds have binged alcoholic beverages in the last month. Binge drinking is more common as the age increases. At 14 and 15 years of age, the percentage of females who binge drink is greater than that of males.

In 2014, 57.6% of 14 to 18-year-old students reported having participated in a *botellón*² in the last year. This practice increases with age: 1 out of 3 (among 14 year-olds) and 7 out of 10 (among 18 year-olds) have taken part in a *botellón* in the last year. Those taking part in a *botellón* (last month) are showing higher prevalence of substance use, including alcohol, cannabis and cocaine. Intensive use, drunkenness and binge drinking are more prevalent among those participating in a *botellón* than among those who are not (in the same period).

Minors obtain alcohol fairly easily. Supermarkets are where the highest percentage of minors are obtaining alcoholic beverages from (35.6%), followed by bars/pubs (34.7%). In terms of places where most of them actually consume alcoholic beverages, 34.5% do so in bars/pubs, 33.4% in open spaces and 27.2% in nightclubs.

With regard to the type of alcoholic beverages, beer use seems to be more extended during weekdays and mixed drinks (soft drinks + spirits) reach the highest figures on the weekend.

Alcohol is ranking last in the associated risk perception list of substances, proof of which is the fact that only 50% of 14 to 18-year-olds consider that drinking 5 or 6 beers/drinks on the weekend can cause many/quite a few problems.

² Open-air gathering of young people, noisy and generally during the night, in which they usually drink large quantities of alcoholic beverages.

Tobacco use in the population aged 14-18

In 2014, 38.4% had smoked tobacco at some point in life, 31.4% in the last year and 25.9% did so in the last month.

In 2014, 137,000 students aged 14-18 started using tobacco.

2014 data are confirming the downward trend in tobacco use started in 2004, following the social debate raised by the elaboration of Law 28/2005, of 26 December, of sanitary measures against smoking and regulation of sale, supply, consumption and advertising of tobacco products. In 2004, 21.5% of students smoked daily, 12.3% in 2010 and 8.9% in 2014.

Risk perception with regard to daily tobacco use stabilizes and most young people (89.7%) are of the opinion that this behaviour can cause many/quite a few problems. In overall an increase in risk perception usually coincides with a decrease in prevalence of use.

Cannabis use in the population aged 14-18

Cannabis is the most commonly used illegal drug by young people. In 2014, 29.1% had used cannabis at some point in their lifetime, 25.4% in the last year and 18.6% in the last month. Daily use remains high at 1.8% (2.6% in boys and 1.0% in girls).

In 2014, 146,200 students aged 14-18 started using cannabis.

2014 data are confirming the downward trend in cannabis use started in 2004. However, both last month cannabis use and problematic cannabis use (CAST \geq 4) are showing stabilization.

It is estimated that 53,700 14 to 18-year-olds may have a problematic cannabis use, which represents 2.5% of the population in this age range and 13.8% of those who have used it in the last year. These data are consistent with those obtained by means of other drug-related problems indicators, evidencing a greater presence of cannabis in drug treatment services and in hospital emergencies.

Young people have a relatively low perception of the risk associated with cannabis use, despite the available evidence about its physical, psychological and social consequences. After alcohol and tobacco, cannabis is the most available psychoactive substance.

Hypnosedatives use in the population aged 14-18

Hypnosedatives are used by the highest proportion of students after alcohol, tobacco and cannabis.

In 2014, 16.1% of 14 to 18-year-olds had used hypnosedatives (with or without a prescription) at some point in life, 10.8% in the last year and 6.2% in the last month. Use is more prevalent among females (female/male= 1.5).

There is a stabilization in the use of hypnosedatives among young people aged 14-18.

Cocaine use in the population aged 14-18

In 2014, 3.5% of the population aged 14-18 had used cocaine (powder and/or base) at some point in life, 2.8% in the last year and 1.8% in the last month. Signs of stabilization in use are observed after a downward trend initiated in 2004.

Almost all students aged 14-18 (96.9%) consider that using cocaine on a regular basis can cause many/quite a few problems. Risk perception remains stable since 1994. However, cocaine perceived availability continues to decline since 2004.

Use of amphetamines, ecstasy, hallucinogens and heroin in the population aged 14-18

In 2014, 0.9% of young people aged 14-18 had used ecstasy in the last year, 0.9% amphetamines and 1.2% hallucinogens.

Prevalence of use of amphetamines, ecstasy or hallucinogens remains at low levels and continues to decline since 2000.

Heroin is the least used drug by students aged 14-18. In 2014, 0.6% had tried it at some point in life, 0.5% had used it in the last year and 0.3% in the last month. A downward trend started in 2006.

Use of New Psychoactive Substances in the population aged 14-18

Information on the situation of new psychoactive substances (NPS) in young people is necessary. NPS popularity and accessibility have increased in recent years, especially through the Internet, in Spain, in Europe and everywhere, as it is a global phenomenon.

NPS usually are substances with lower prevalence of use than classical drugs. Some are old, such as ketamine, some other have appeared more recently, such as mephedrone or spice. Currently, it is a minority phenomenon in Spain, although active surveillance is carried out through the Spanish Early Warning System.

In 2014, 4% of 14 to 18-year-old students had used some new psychoactive substance at some point in their life. Nevertheless, more than half of them (53.7%) have never heard of such substances.

Considering substances individually, 0.8% of the population aged 14-18 had tried spice at some point in life, 0.7% ketamine, 0.8% methamphetamine and 0.5% mephedrone.

Perception of availability and risk in the population aged 14-18

In general terms, perceived availability of all substances is decreasing while risk perception seems to remain stable.

Substances perceived as more readily available by students aged 14-18 are alcohol and tobacco (more than 90% of those surveyed think that it is easy or very easy to obtain them) and cannabis (66.3%), followed by hypnotosedatives (49.1%). Alcohol is the substance that is perceived as least dangerous and tobacco is considered more dangerous than cannabis.

Information about drugs in the population aged 14-18

Among young people aged 14-18, 29.7% consider themselves to be well-informed on the subject of drugs. Main channels through which they actually receive information are teachers (68.4%) and parents/other relatives (64.6%). With regard to young people's preferences to receive information on drugs, health professionals (56.7%) and teachers (45.0%) are ranked higher than other options. Finally, 36.0% have received information on drugs online while 25.6% stated they would like to receive it this way.

DRUG TREATMENT. SPAIN 2015.

Introduction

Knowledge of the number and characteristics of people in treatment for abuse or dependence on psychoactive substances provides information on the situation and trends on drug use and is essential for **care services planning and interventions designing**.

In Spain, an information system has been developed within the framework of the National Plan on Drugs in collaboration with the Autonomous Communities, which is including the “Drug Treatment Admissions Indicator”.

This indicator is intended to obtain and provide information on the number and characteristics of **people receiving health care because of the use of psychoactive substances in outpatient drug treatment centres**.

Individualized data on admissions to outpatient treatment centres because of psychoactive substances abuse or dependence (legal and illegal drugs, except from tobacco) are collected in an Autonomous Community/City and in a given year. Annual data is available since 1987. Currently, all Autonomous Communities/Cities carry out their data collection and report to the national level (Spanish Observatory on Drugs and Addictions).

Treatment by type of drug

In 2015, 47,308 admissions to treatment because of illegal drugs abuse or dependence were registered, more than half (55%) being admissions for the first time in life.

Substances are bearing a different weight in the total number of admissions to treatment because of psychoactive substances abuse or dependence. In 2015 cocaine remained as the illegal drug causing a greater number of admissions (36.6%), followed by cannabis (33.1%) and opioids (25.7%).

If only data concerning first-time-in-life admissions are considered (first admissions), in 2015 cannabis remained to be the illegal substance causing the largest number of admissions to treatment (47%), followed by cocaine (35.5%) and opioids (11.5%).

As was the case in previous years, cannabis is consolidated as the drug responsible for more than 96% of admissions to treatment among those under the age of 18.

Profile of people in treatment

Following previously observed trends, in 2015, the majority of patients admitted to treatment for abuse or dependence of illegal drugs were males (83.9%).

The average age of those admitted to treatment (total number of admissions) was 34 years (without major differences by sex) and similar to that recorded in previous years.

The average age of first admissions was 31 years (6 years younger than those being previously admitted to drug treatment).

Among those admitted to drug treatment, 9.6% were born outside of Spain (without major differences by sex).

In Spain, the vast majority (87.2%) of patients admitted to treatment because of illegal drugs live in their family homes (houses, flats or apartments). In 2015, 8.2% of people admitted to treatment were living in institutions and 2.1% claimed to stay at a precarious or unstable accommodation (homeless). The most frequent model of cohabitation (42.1%) is the family of origin (with the parents).

With regard to referral sources, more than half (53%) of patients started treatment on their own initiative or were encouraged by their relatives or friends. However, more than a quarter of those admitted (26.7%) were referred by primary care physicians, hospitals, social services or other drug treatment services.

The main route of administration varies depending on the specific substance but observed trends in recent years seem to be stable. In 2015, among all those admitted to treatment, the predominant route is pulmonary (56.8%) followed by snorting (32.8%), injection is marginal (3.6%) and concentrated among those admitted because of opioids (12.7%). In 2015, the predominant route of administration in those admitted for the first time to treatment because of heroin use is pulmonary (83.7%), followed by injection (7.6%) and snorting (6.6%).

As for the injectors admitted to treatment (because of any substance), their number has been declining since the 1990s, reaching in 2015 an all-time low of 5,904 injectors (lifetime injection).

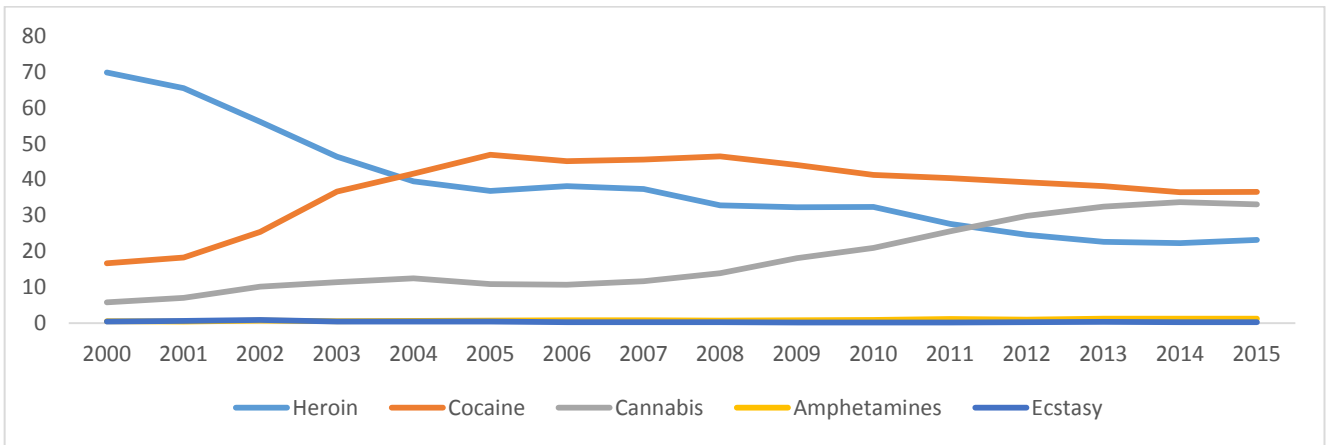
Trends

The total number of treatment admissions in the period 2002-2015 has fluctuated in a range between 47,000 and 53,500. While heroin was the substance that generated a greater number of treatment admissions during the early 2000s, treatment admissions because of heroin decreased in the mid-2000s, in parallel to a significant increase in the number of treatment admissions because of cocaine that peaked in 2008.

During the second half of the 2000s, the number of treatment admissions because of cocaine slowly declined, the downward trend of heroin admissions was consolidated and there was a progressive and significant increase in cannabis related treatment admissions which, since 2012, have outnumbered heroin treatment admissions (no matter if total or first admissions are considered).

Distribution of first-time treatment admissions by type of drug is very similar to that of total treatment admissions. However, it should be noted that although cocaine accounted, during the period 2002-2011, for the highest proportion of first-time-in-life admissions, it was surpassed in 2012 by cannabis, which is since then ranking first as among first-time treatment admissions. First-time treatment admissions because of heroin continue their downward trend although a slight increase in the number of first admissions for this substance has been registered in 2015 with respect to 2014 (likely to be in relation with a better data collection and reporting in the Autonomous Communities/Cities).

Evolution of the weight of psychoactive substances in the total number of treatment admissions because of illegal drugs (percentage). Spain, 2000-2015.



Source: Drug Treatment Admissions Indicator. Spanish Observatory on Drugs and Addictions.

DRUG RELATED HOSPITAL EMERGENCIES. SPAIN 2015.

Introduction

Monitoring the non-fatal health consequences of psychoactive substances use provides interesting information to understand the characteristics and evolution of drug use and is useful for planning and implementing adequate interventions.

In Spain, an information system has been developed within the framework of the National Plan on Drugs in collaboration with the Autonomous Communities/Cities which is including the “Drug-related Hospital Emergencies Indicator”.

The purpose of this indicator is to monitor of the characteristics of those hospital emergencies that are related to non-medical or non-therapeutic use of psychoactive substances in Spain.

Staff in charge in each Autonomous Community are responsible for collecting data from a revision of emergency medical reports. Data collection is active, systematic, exhaustive and retrospective and is sent to the Spanish Observatory on Drugs and Addictions.

Annual information is available since 1987. In 2015, 16 out of the 19 Autonomous Communities/Cities (all except from Galicia, Ceuta and Melilla) reported to the national level (Spanish Observatory on Drugs and Addictions).

Number of drug-related emergency episodes and trends

In 2015, 10,163 emergency episodes were reported in which the clinical history mentioned the non-therapeutic or non-medical use of a drug. Of these, in 5,238 (51.5%), a clear relationship between drugs and the emergency episode was found. Trend has been stable since 2011.

Age and sex

The proportion of females has shown to be stable along the time series (between 20% and 30%). In general, no gender differences have been observed with regard to illegal drugs use, except for hypnotosedatives.

The average age of people attending emergency services because of drug-related episodes has been progressively increasing, from 28 years in 1996 to 34 years in 2015. This could be related with the high proportion of cocaine-related emergency episodes (mean age 35.2 years). However, bearing opiates and hypnotosedatives a lower weight among the total amount of drug-related emergency episodes, breakdown by substance is showing that those attending emergency services because of the use of opiates and hypnotosedatives are older than those attending because of the use of ecstasy, hallucinogens and amphetamines.

Outcome of drug-related emergency episodes

Distribution of emergencies, according to their outcome, has not varied significantly over the years, being discharge of patients the most frequent outcome in 2015 (around 70%). Type of outcome does not vary in a remarkable way according to the substance/substances involved, although a higher percentage of admissions to hospital is recorded when heroin is involved, as well as more referrals to other centres for hallucinogens and more voluntary discharges among ecstasy users.

Emergency episodes by type of drug

Cocaine: In 2015, of the 5,238 emergency episodes related to non-medical use of psychoactive substances, 43.4% were related to cocaine. It is the psychoactive substance showing the greatest presence within the emergency medical settings. After the downward trend initiated in 2008, it has remained stable in recent years.

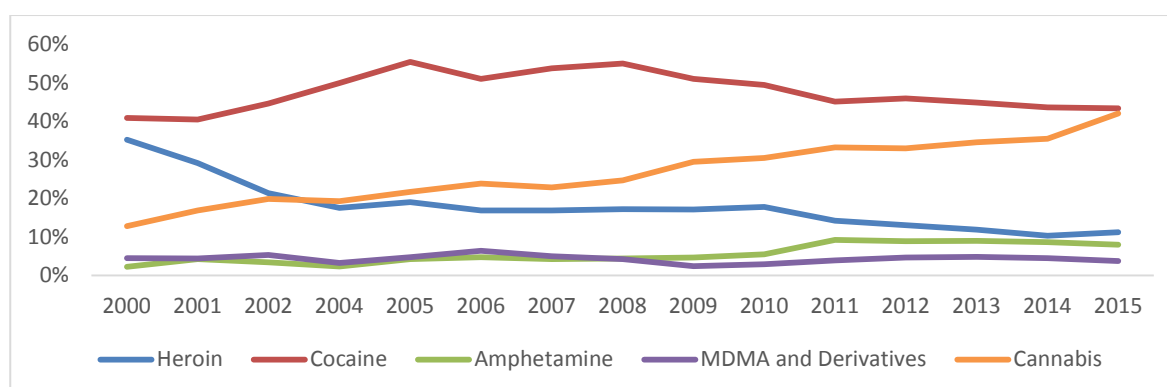
Cannabis: In 2015, of the 5,238 drug-related emergency episodes, 42.2% were related to cannabis. Cannabis has definitely shown an upward trend in recent years and is ranking second after cocaine.

Opioids: In 2015, heroin is ranking third (11.2%). Trend remains stable.

Amphetamines: In 2015, amphetamines were present in 8.0% of drug-related emergency episodes and ranking fourth. Trend remains stable since 2011 with some ups and downs that are probably related to the fact that numerical values are too small.

New Psychoactive Substances: The protocol used to collect data on drug-related hospital emergencies foresees the detection of new psychoactive substances. However, in 2015 none of these was reported, probably in relation with data collection methodological aspects that should be better addressed in the future. Currently, new psychoactive substances monitoring in Spain is being carried out through the Spanish Early Warning System. [Http://www.pnsd.msssi.gob.es/profesionales/sistemasAlerta/home.htm](http://www.pnsd.msssi.gob.es/profesionales/sistemasAlerta/home.htm)

Evolution of the weight of psychoactive substances in the total number of drug-related hospital emergency episodes (percentage). Spain * 2000-2015.



* Autonomous Communities reporting to the Drug-related Hospital Emergencies Indicator.

Source: Drug-related Hospital Emergencies Indicator. Spanish Observatory on Drugs and Addictions.

INFECTIONS IN DRUG USERS. SPAIN 2015.

Over the past 30 years, HIV infection has represented one of the main health drug-related problems in Spain. However, since the late 1990s, a significant decrease in HIV infection associated with intravenous drug users has been observed. At present, much attention must be paid to hepatitis virus infections, especially to hepatitis C (HCV) and to hepatitis B (HBV) virus. Due to their specific clinical and evolutionary characteristics the latter have been less visible than HIV infection in spite of being a fundamental issue among drug users and especially among those who have used or still use injection as drug administration route.

The following data are coming from different information sources:

1. Data on HIV infection and AIDS diagnosis. Spanish National Plan on AIDS³.
2. Data on HIV, HBV and HCV infections among people admitted to treatment because of abuse or dependence on psychoactive substances. Drug Treatment Admissions Indicator. Spanish Observatory on Drugs and Addictions.

National Plan on AIDS of the Ministry of Health, Social Services and Equality

In 2015, 3,428 new cases of HIV infection (9.44/100,000 inhabitants) were diagnosed in Spain. The most common transmission mode was high risk sex, between men (53.6%) and heterosexual (25.4%), being intravenous drug use much less likely to be involved (2.8%).

In the past 6 years, the use of injected drugs has accounted for a small percentage of HIV infection transmission if compared to other transmission mechanisms. Regarding HIV infection transmission, weight attributable to drug injection has shown a downward trend.

Drug Treatment Admissions Indicator

In 2015 47,308 people were admitted to treatment, of which 5,904 had injected drugs at some point in life.

The prevalence of infection, among all admitted to treatment, is 4.1% for HIV, 8.1% for hepatitis C virus and 0.7% for hepatitis B virus (HBsAg positive-chronic carrier).

Among those who have injected in the past 12 months before admission to treatment:

- 70.9% are aware of their HIV serologic status and of these 33.7% are HIV-infected.
- 70.5% are aware of their HCV serologic status and of these 68.9% are HCV-infected.
- 33.0% are aware of their HBV serologic status and of these 12.2% are HBsAg positive (chronic HBV carrier).

³ <http://www.msps.es/ciudadanos/enfLesiones/enfTransmisibles/sida/home.htm>

DRUG-RELATED MORTALITY. SPAIN 2015.

Mortality related to the use of psychoactive substances is relevant because it is a reflection of the social and sanitary impact of the use of psychoactive substances and provides adequate data to take action if necessary.

With regard to drug-related deaths, there is the General Mortality Registry of the Spanish National Institute of Statistics⁴, which has both advantages and limitations. After the heroin epidemics of the late seventies and early 1980s, a complementary tool was developed to collect data on drug-related deaths from forensic and toxicological sources, resulting in the setting up of the indicator “Acute Reaction to Psychoactive Substances-related Mortality”.

Therefore, Spain has two sources of information on drug mortality (General Mortality Registry and a Specific Registry) that allow reporting on a minimum number of drug-related deaths. However, drug-related mortality might probably be somewhat higher.

Specific Mortality Registry.

Acute Reaction to Psychoactive Substances-related Mortality Indicator.

Objective and methodology

The “Acute Reaction to Psychoactive Substances-related Mortality Indicator” is part of an information system developed within the framework of the National Plan on Drugs in collaboration with the Autonomous Communities/Cities.

This is a Specific Mortality Registry (in place since 1983) which aims to collect information on deaths with judicial intervention in which the direct and fundamental cause of death is an acute adverse reaction after non-medical and intentional use of psychoactive substances.

The primary source of information comes from the Anatomical Forensic Institutes, Forensic Doctors, National Institute of Toxicology and Chairs of Legal Medicine that report data to the corresponding Autonomous Community, which subsequently sends the database to the Spanish Observatory on Drugs and Addictions.

This indicator started running systematically in 1990, although partial information is available since 1983. Population coverage at the geographical level has gradually increased. In 2015, data were reported by 18 of the 19 Autonomous Communities/Cities (all except for Asturias).

⁴ <http://www.ine.es/>

Number of deaths

In 2015, 600 deaths were reported to the Specific Mortality Registry. Toxicological information disaggregated by type of psychoactive substance is available for 518 cases.

Trends

Following the increasing trend observed during the 1980s, in relation with intravenous heroin use, drug-related mortality in Spain showed a remarkable decline due to changes both in the type of substances used and in the routes of administration. In recent years trend is stable although showing some peaks that may well be corresponding to reporting changes in some Autonomous Communities/Cities (methodological improvement and/or changes in judicial reports) and not to a real increase of the number of drug-related deaths.

Age and sex

In 2015, the average age of drug-related deaths is set at 44 years. The average age has been increasing progressively from 35 years in 2003. This increase could be related to the fact that opioids are present in most deaths and the cohort of opioids users is known to be ageing. Thus, in 2015 more than 50% of drug-related deaths affected people aged 40 and over while in 2003 half of the deaths affected people belonging to the 30-40 y.o age range.

In 2015, males accounted for 80.6% of drug-related deaths. Male predominance has been present throughout the entire time series.

Profile

Taking into account the limitations of the approximation, it could be said that the most frequent profile among those dead as a consequence of an acute reaction to psychoactive substances is that of a 44-year-old male, single, showing no evident signs of suicide, whose toxicological analysis allows the identification of more than one psychoactive substance (mostly opiates) and whose death is not the result from the worsening of a previous drug-related health condition.

Mortality by type of drugs

Opioids

Opioids have been ranking first since the beginning of the drug-related mortality time series. In 2015, opioids were present (by means of toxicological analyses) in 65% of drug-related deaths (Specific Mortality Registry).

In 2015, 335 deaths were reported in which opioids were present. Methadone was identified in 168 autopsies, heroin/morphine in 174, codeine and other derivatives in 107, tramadol in 43 and buprenorphine in 2. (The sum of all substances exceeds 335 deaths due to the fact that more than one substance may be identified in the same case).

Cocaine

Cocaine has been ranking second since the beginning of the drug-related mortality time series. In 2015, cocaine was present (by means of toxicological analyses) in 49% of drug-related deaths (Specific Mortality Registry).

In 2015, 253 deaths were reported in which cocaine was present. Over the years, cocaine positive toxicological analyses have shown an increasing trend until 2007, followed by a descending trend and stabilization in recent years.

Cocaine is likely to be identified together with other psychoactive substances, mainly with opiates.

Cannabis

Cannabis has been ranking third since the beginning of the drug-related mortality time series. In 2015, cannabis was present (by means of toxicological analyses) in 23.4% of drug-related deaths (Specific Mortality Registry).

In 2015, 121 deaths were reported in which cannabis was present. Cannabis seems to be maintaining a stable trend since 2009, with some annual variations.

Cannabis is usually identified together with other psychoactive substances, mainly with opiates and cocaine.

Amphetamines

Amphetamines have been ranking fourth since the beginning of the drug-related mortality time series. In 2015, amphetamines were present (by means of toxicological analyses) in 4% of drug-related deaths (Specific Mortality Registry).

In 2015, 23 deaths were reported in which amphetamines were present. When it comes to small numbers as it is the case of amphetamines, annual variations and peaks must be interpreted cautiously. Amphetamines are usually identified together with other psychoactive substances.

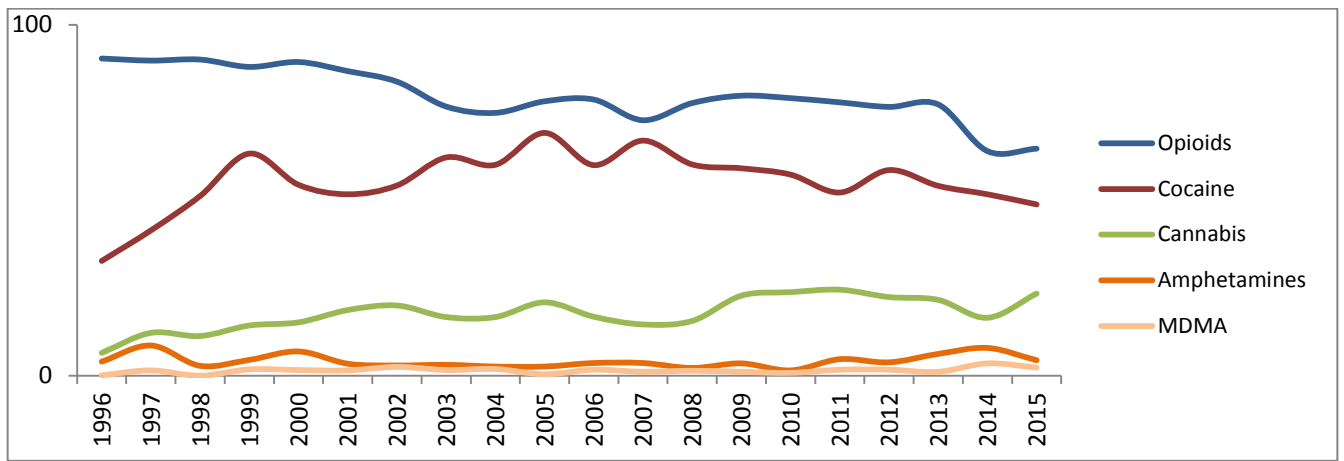
General Mortality Registry of the Spanish National Institute of Statistics

For the analysis of mortality using the General Mortality Registry and based on international recommendations and the characteristics of Spain, the following ICD-10 codes are selected: F11, F12, F14-F16, F19, X42, X44, X62, Y12.

In 2015, 422,568 deaths occurred in Spain and 390 deaths were recorded under the aforementioned ICD-10 codes.

Male predominance has been present along the time series (1999-2015); 82% were males in 2015. Data breakdown by age is showing evidence of an upward trend of the average age of the deceased (in 2015, 79% were aged 35 or older).

Percentage of deaths in which each substance is detected with respect to the total number of drug-related deaths (in which toxicological data is available). Spain *, 1996-2015. Spain 1996-2015.



*Data are included in all geographic areas monitored by the indicator and cases in which a substance has been detected.

Source: Specific Mortality Registry. Acute Reaction to Psychoactive Substances-related Mortality Indicator. Spanish Observatory on Drugs and Addictions.

PROBLEMATIC DRUG USE, SPAIN 2015.

In addition to the prevalence and incidence of the use of psychoactive substances, it is important to know the number and characteristics of problematic/high risk users. Problematic/high risk use is posing a challenge in terms of service provision and for public health. Therefore, efforts should be made to identify characteristics and patterns of use of those population groups that may be more vulnerable to drug use.

Objective

Problematic drug use indicator, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) criteria, should be able to give information on the number and characteristics of **people whose drug use may be causing themselves (or third parties) obvious harm or having negative consequences for them, whether it is dependence or any other physical, mental or social problem, or such use is highly likely to produce harm and/or negative consequences.**

Methodology

There are many different methods for estimating problematic use, the choice for one of them depending on multiple aspects (type of drug, validity of the method, availability of the adequate sources of information, etc.).

The following are estimates of problematic use of alcohol, cannabis, cocaine, heroin and hypnotosedatives.

The main sources of information are including the general population surveys, the student surveys and the drug treatment admissions indicator. As for the specific methods, multiplier method, psychometric scales in surveys and frequency-based estimations and calculations have been used.

Problematic alcohol use

Estimation of problematic alcohol use in the population aged 15-64, following WHO⁵ criteria (17 SDM or more/week for females and 28 SDM or more/week for males) and using EDADES 2015 general population survey as the source of information.

In 2015, 5% of the people aged 15-64 who admitted having drunk alcoholic beverages ever in the last year may qualify for alcohol risk use, recording a higher percentage among males (5.8%) than among females (4.0%). Figures were above average in the groups aged 35-44 (5.3%) and 55-64 (5.7%).

⁵ WHO: World Health Organization.

Problematic cannabis use

Estimation of problematic cannabis use in the population aged 15-64: CAST scale is used (≥ 4 points) and GPS EDADES 2015 is used as a source of information:

- In 2015, 558,549 people aged 15-64 qualified for problematic cannabis use, which is accounting for 1.8% of the entire population aged 15-64, recording a higher percentage among males (2.9%) than among females (0.7%). With regard to age, problematic cannabis use reached 4% among those aged 15-24 and 1.4% among minors (15-17 years).
- Additionally, considering those aged 15 to 64 that admitted cannabis use in the last year, it is estimated that 19% qualified for cannabis problematic use (CAST scale ≥ 4 points), 21% among those admitting cannabis use in the last year and actually answering CAST scale.

Estimation of problematic cannabis use in students aged 14-18: CAST scale is used (≥ 4 points) and ESTUDES 2014 survey is used as a source of information:

- It is estimated that 53,700 14 to 18 year olds may be problematic cannabis users, which is accounting for 2.5% of the population in this age range and for 13.8% of those who admitted using cannabis in the last year. These data are consistent with those obtained by means of other drug-related problems indicators, showing a greater cannabis presence in drug treatment services and in hospital emergencies.

Problematic cocaine use

Estimation of problematic cocaine use in the population aged 15-64: EMCDDA frequency-based criterion is used (cocaine use for 30 days or more in the last year) and GPS EDADES 2015 survey is used as a source of information:

- It is estimated that 72,962 people aged 15-64 may be problematic cocaine users, which is accounting for 0.2% of the entire population in this age range and for 11.7% of those who admitted using cocaine in the last year.
In 2015, the profile of cocaine problematic users is that of a 37-year-old male, with secondary studies completed, single and employed.

Problematic heroin use

Problematic heroin use estimation in the population aged 15-64: An indirect estimation is carried out by using the multiplier method. GPS EDADES 2015 survey, drug treatment admissions indicator, data on number of clients in outpatient drug treatment centres and on opiate maintenance therapy are used as main sources of information.

- It is estimated that 70,471 people aged 15-64 may be heroin problematic users in 2015, which is accounting for 0.22% of the population in this age range.

Problematic use of hypnotosedatives

Estimation of problematic use of hypnotosedatives in the population aged 15-64: DSM-V⁶ criteria are used (2 or more positive criteria) and GPS EDADES 2015 survey is used as a source of information:

- It is estimated that 775,762 people aged 15-64 may be problematic hypnotosedatives users. Problematic hypnotosedatives use prevalence for the Spanish population aged 15-64 is 2.5% (2% among males and 3% among females). In males, prevalence of problematic

⁶ DSM-V criteria were used in 2015 for the first time to estimate hypnotosedatives problematic use among general population.

hypnosedatives use reaches the highest figures within the 45-54 age range (3.1%) and decreases from this age on. However, in females, prevalence increases progressively with age until reaching the highest value within the 55-64 age range (4.8%).

In 2015, the profile of problematic hypnosedatives user is that of a 45 to 54-year-old female, married, living with her partner and children, with secondary studies, either employed or unemployed but with previous work experience.

- Focusing on those who have used hypnosedatives in the last year, it is estimated that 21% may be problematic hypnosedative users.

Problematic users Spain, 2015.	Cannabis	Cocaine	Hypnosedatives
Number of estimated problematic users aged 15-64	558,549	72,962	775,762
Percentage of the population aged 15-64	1.8%	0.2%	2.5%
Percentage of the population aged 15-64 who have used each drug in the last year	19%	12%	21%

SPANISH EARLY WARNING SYSTEM (SEAT)

Objective and functioning

The Government Delegation for the National Plan on Drugs is responsible for the proper functioning of the Spanish Early Warning System (SEAT) and compliance with the provisions of the Council Decision of the European Union (2005/387/JHA) when it comes to Member States.

The Spanish Observatory on Drugs and Addictions (OEDA) is responsible for coordinating the SEAT and, together with the Intelligence Centre against Terrorism and Organized Crime (CITCO), it is the nodal point of the network in Spain. The SEAT has national coverage and works both at the national level (mainly through the General State Administration institution and bodies) and at the regional level (Autonomous Communities and Cities). It also includes other entities among which non-governmental organizations (NGOs) play a fundamental role.

The general objective of the SEAT is to develop and maintain a rapid early warning system for detection, exchange of information, assessment and responses to address the emergence of new psychoactive substances and any other events that might be related to the use of psychoactive substances and could generate a public health issue. SEAT data should provide relevant and useful evidence for drug users, drug professionals, prosecution/judicial processes, etc.

The SEAT is responsible for the coordination of actions in this field at the national level in Spain and is also the contact partner with the rest of early warning system agencies at the international level. The SEAT is part of and actively collaborates with the European Early Warning System (EWS).

Situation of new psychoactive substances

In 2016, the SEAT has reported data on 43 new psychoactive substances detected in Spain to the European Union Early Warning System at the EMCDDA. Of these, 5 belonged to the group of synthetic cannabinoids, 18 to the group of cathinones, 2 to the group of phenethylamines, 2 to that of arylalkylamines, 3 to arylcyclohexylamines, 3 to benzodiazepines, 3 to piperidines and pyrrolidines, 2 to indolalkylamines (tryptamines), 1 to plants and extracts, 2 to synthetic opioids and 2 to the group of others. There were no reports to aminoindanes or piperazines and derivatives groups.

All these substances have been analysed in national reference laboratories with proven analytical capacity for the identification of all type of psychoactive substances. Samples were mainly coming either from National Security Corps (National Police and Guardia Civil) and National Customs Surveillance Services seizures or from samples provided by users at public or private leisure environments to several NGOs drug-checking services.

In 2016, the new psychoactive substances 25B-NBOMe (or 2c-B-NBOMe), 25c-NBOMe (or 2c-C-NBOMe), Methyl (or Beta-keto-MDMA), JWH-018 and AM-2201 were subjected to control measures in Spain.