

MANAGEMENT, ANALYSES, AND WRITING

Spanish Monitoring Center for Drugs and Addictions (OEDA for its Spanish acronym).
Government Delegation for the National Plan on Drugs (DGPNSD for its Spanish acronym)
Carmen Tristán, Noelia Llorens, Begoña Brime, Luz León, Marian López, Nuria García, Marta Molina.

ACKNOWLEDGMENTS

The Spanish Monitoring Center for Drugs and Addictions and the Government Delegation for the National Plan on Drugs would like to thank the following for their contribution to this report:

- Coordinators of the autonomous regional drug departments, as well as the drug information systems staff in the autonomous regions and members of the State Information System on Drugs and Addictions (SEIDA for its Spanish acronym).
- Cristina Sanz Sebastián. Head of the Healthcare Information and Statistics Area. General Subdirectorate of Health Information. General Secretariat of Digital Health, Information and Innovation of the National Health System. Ministry of Health.
- Rafael Frutos Vivar. Deputy Director General of Budgeting and Tax Revenue Monitoring for the Tax Studies and Statistics Service. Public Administration State Agency.
- Marta Donat^a, Luis Sordo^{b,c}, María José Belza^{a,b}, Gregorio Barrio^a.
- Prevention Department. General Subdirectorate of Promotion, Prevention and Quality. General Directorate of Public Health. Ministry of Health.

DOCUMENT TRANSLATION

Hosanna Soler-Vila

CONTACT

Address: Delegación del Gobierno para el Plan Nacional sobre Drogas. Plaza de España, 17 - 28008 Madrid
Telephone number: +34 91 822 00 00
Email: cendocupnd@sanidad.gob.es
Web Page: <https://pnsd.sanidad.gob.es/>

PUBLISHING AND DISTRIBUTION

© MINISTERIO DE SANIDAD, 2022 (MINISTRY OF HEALTH)
Publications Center
© Delegación del Gobierno para el Plan Nacional sobre Drogas (Government Delegation for the National Plan on Drugs)

OFFICIAL PUBLICATION IDENTIFICATION NUMBER

133-22-034-1
National Administration Publications Catalog (CPAGE for its Spanish acronym): <https://cpage.mpr.gob.es/>

SUGGESTED CITATION

Spanish Observatory on Drugs and Addictions. Technical Report on Alcohol 2021. Consumption and Consequences. Madrid: Ministry of Health. Delegación del Gobierno para el Plan Nacional sobre Drogas, 2022.

a. National School of Health, Spanish National Institutes of Health Carlos III (ISCIII for its Spanish acronym). Madrid.

b. Center for Biomedical Research in Epidemiology and Public Health Network (CIBERESP for its Spanish acronym).

c. Department of Public and Maternal and Child Health. Complutense University of Madrid

INDEX

Abbreviations	5
1. Executive Summary	6
2. Introduction	10
3. Objectives	14
4. Methodology	15
4.1. Data sources	15
4.2. Definitions	16
5. Alcohol consumption	18
5.1. Consumption among secondary school students	18
5.1.1. Survey on Drug Use in Secondary Education in Spain (ESTUDES)	18
5.1.2. European School Survey on Alcohol and Other Drugs (ESPAD)	35
5.2. Alcohol consumption in the general population	36
5.2.1. Home Survey on Alcohol and Other Drugs in Spain (EDADES)	36
5.2.2. Survey of the working population	53
5.3. Alcohol consumption in the population over 64 years of age	65
5.4. Impact of the Covid-19 Pandemic on 2020 Alcohol Consumption	72
5.5. Alcohol Sales, 2015-2020	82
6. Problem drinking and consequences of alcohol consumption	87
6.1. Problematic alcohol consumption	87
6.1.1. At-risk alcohol consumption	87
6.1.2. Low-risk alcohol consumption	92
6.2. Admissions to treatment for alcohol consumption	93

6.3. Hospital emergencies related to alcohol consumption	96
6.3.1. Indicator for hospital emergencies related to alcohol consumption	96
6.3.2. Emergencies in the Specialized Care Activity Registry (RAE-CMBD)	98
6.4. Alcohol-related mortality	99
6.4.1. Registry Specific to Mortality due to Acute Drug Reaction (OEDA)	99
6.4.2. Alcohol-attributable mortality in Spain 2001-2017	101
7. Conclusions	105
8. References	107

ABBREVIATIONS

AAD	Alcohol-Attributable Deaths
AEAT	State Tax Administration Agency (Agencia Estatal de Administración Tributaria)
AUDIT	The Alcohol Use Disorders Identification Test
AUDIT-C	AUDIT alcohol consumption questions
COVID-19	Coronavirus Disease 2019
DALYs	Disability-Adjusted Live Years
DGPNSD	Government Delegation for the National Plan on Drugs (Delegación del Gobierno para el Plan Nacional sobre Drogas)
DGSP	Directorate General of Public Health (Dirección General de Salud Pública)
EDADES	Home Survey on Drugs and Alcohol in Spain (Encuesta sobre Alcohol y Drogas en población general en España)
ENA	National Strategy on Addictions (Estrategia Nacional de Adicciones)
ESDAM	Survey on Alcohol and Drugs and other Addictions among Spanish residents over 64 (Encuesta sobre Alcohol y Drogas y otras Adicciones en Mayores de 64 años en España)
ESPAD	European School Survey on Alcohol and other Drugs (Encuesta Escolar Europea sobre Alcohol y otras Drogas)
ESTUDES	Survey on Drug Use in Secondary School in Spain (Encuesta sobre Uso de Drogas en Enseñanzas Secundarias en España)
FASDs	Fetal Alcohol Spectrum Disorders
IARC	International Agency for Research on Cancer
NCD	Non-Communicable Diseases
SDG	Sustainable Development Goal
OEDA	Spanish Monitoring Center for Drugs and Addictions (Observatorio Español de las Drogas y las Adicciones)
py	Person-years at risk
RSC-BMSD	Registry of Specialized Care Activity- Basic minimum set of data
SD	Standard Drink
SEIDA	State Information System on Drugs and Addictions (Sistema Estatal de Información sobre Drogas y Adicciones)
WHO	World Health Organization

1. EXECUTIVE SUMMARY

The consumption of alcoholic beverages in Spain is highly normalized due to its high consumption, the local production of alcohol, and the social roots alcohol has in our culture. Alcohol is one of the main risk factors for disease burden. Not only due to its addictive nature, which may lead to alcohol dependence, but also because it contributes to multiple health problems and injuries. In general, the harm caused by it is directly proportional to the consumption level. However, for certain gastrointestinal diseases, cancer and injuries, there is no safe level of consumption^[1,2]. Therefore, it can be stated that there is no such thing as a zero-risk alcohol consumption level.

In this country alcohol consumption is the 4th risk factor for health loss (Disability-Adjusted Life Years-DALYs), ranking 2nd in women and 5th in men. Further, alcohol caused 15,489 deaths annually between 2010 and 2017, of which 74% were among men and 55.7% were premature deaths (i.e., before the age of 75).

To reduce alcohol-related harm we need to build a cross-sectoral approach which requires analyzing any available data and knowledge. The objective of this monograph is to contribute to this effort by compiling the existing information now scattered in different sources into one single document in a comprehensive manner. By combining data from the information systems of the Spanish Monitoring Center on Drugs and Addictions (OEDA for its Spanish acronym) and from other highly relevant and reliable sources, we aspire to create an extremely useful document for all stakeholders. The resulting document will be revised periodically to provide the most up-to-date information.

OBJECTIVES

Our overall objective is to provide an overview of the characteristics, evolution, and consequences of alcohol consumption in different populations to support the design and evaluation of policies aimed at preventing alcohol consumption and associated problems.

SOURCES OF INFORMATION

This document contains the most relevant information on alcohol consumption published by the Government Delegation for the National Plan on Drugs (DGPNSD for its Spanish acronym). This information comes from OEDA's survey programs and indicators of problems associated with consumption and addictions supplemented with other official sources on specific issues.

Only when based on such diversified sources it is possible to gain a vision global enough to lead and inform a truly multifaceted analysis of the characteristics and consequences of alcohol consumption.

ALCOHOL CONSUMPTION

According to the 2018/2019 survey on Drug Use in Secondary Education in Spain (**ESTUDES**), alcohol consumption is widespread among secondary education students. Almost 80% (77.9%) reported consuming alcohol at least once in their lifetime (76.3% in men and 79.4% in women), 77.5% consumed it sometime during the past year (74.1% in men and 77.5% in women), and 58.5% reported doing so sometime in the past month (57.2% in men and 59.8% in women). It is worth highlighting that the prevalence of consumption for these time periods is, for the most part, higher in girls than in boys. The average age of onset of consumption in both sexes is 14.

In 2018/2019, a spike in acute alcohol intoxication (drunkenness) and binge drinking was seen across all age groups and both sexes. Of all the students who drank alcohol in the past month, half (55.5%) admitted to binge drinking and almost half to getting drunk, with this percentage being higher in girls than in boys (46.5% and 42.3%, respectively). Worth underscoring is that among minors (14-17 years of age), 47.1% of the boys and 52.3% of the girls have been drunk at some point in their lives.

In 2019, according to the European School Survey on Alcohol and other Drugs (ESPAD for its Spanish acronym), the prevalence of alcohol intake among students, ages 15 and 16, in Spain was 78% “ever in lifetime” and 47% “in the past 30 days.” Whereas these percentages were similar to the European average, the Spanish prevalence of binge drinking “in the past 30 days” was higher than the European average (17% vs. 13%, respectively).

The practice of gathering in public spaces such as parks to drink store-bought alcohol, commonly known in Spain as “*botellón*”, is still widespread despite existing legislation. Girls, ages 14 to 17 years, participate in “*botellón*” more frequently than boys. However, among 18 year-olds, it is the other way around and it is boys who report participating in “*botellón*” more often than girls, although the difference is small. Regardless of the age group considered, the prevalence of getting drunk and binge drinking was substantially higher in the group that engaged in “*botellón*”.

Among students of both sexes between the ages of 14 and 18, the most popular alcoholic beverage was mixed drinks (29%), with girls reporting higher consumption levels than boys. Further, it is the type of drink most consumed by both boys and girls who reported drunkenness, binge drinking or participating in “*botellón*”.

Of all students ages 14 to 18, 94.9% had no difficulty obtaining alcoholic beverages, whether they were minors or not. Close to 40% (37.7%) of underage students accessed alcohol directly, either by themselves (29.2%) or through other minors (8.5%).

Students under 18 years of age procured alcoholic drinks in bars or pubs (52.5%), supermarkets (52.4%), neighborhood stores, kiosks or bodegas (50.8%), discotheques (42%), or at home (21.4%). The alcoholic beverages were consumed at the point of purchase (bars or pubs, 53.2% or discotheques, 46.4%) but also in streets, squares, parks, beaches or open public spaces (51.6%) or in other people's houses (43.6%) and, less frequently, in the house where they live (23.9%).

Students perceive that alcohol consumption carries a very low risk, despite the fact that the consequences are far from negligible. This perception is reflected in that 2.7% reported driving a motor vehicle under the influence of alcohol in the past 12 months, with boys more likely to do so than girls (4.0% vs. 1.5% respectively). A total of 18.9% reported having been a passenger in a vehicle driven by someone under the influence of alcohol (20.5% of girls and 17.2% of boys). Furthermore, of those who had been drunk in the past month, 16.9% admitted to having been involved in a fight or assault and 30.6% admitted to having had sex without a condom.

According to the 2019/2020 Survey on Alcohol and Drugs in the General Population in Spain (**EDADES**) alcohol consumption is also widespread among the general population between the ages of 15 and 64. A total of 93% of the population has consumed alcohol at some time in their lives, 77.2% did during the past year, 63% during the past month, but only 8.8% reported daily consumption. Among men, consumption in the past year is highest among the 25-34 year-olds age group (86.1%), whereas among women the 15-24 year-olds consume alcohol the most (76.7%). Both drunkenness and binge drinking show an upward trend, are more widespread among men than women for all age groups, and are more commonly observed in the younger age groups.

The working population shows slightly higher alcohol consumption figures than the general population, with higher prevalence in daily consumption among the unemployed than among the employed (10.9% and 9.4%, respectively).

According to the 2019/2020 Survey on Alcohol and Drugs and other Addictions in Adults over 64 years of age in Spain (**ESDAM**), alcohol consumption is less widespread in this older adult population than among 15 to 64 year-olds. Consumption is higher among men, with higher daily intake, higher wine consumption, but lower frequency of intensive consumption (binge drinking, drunkenness, and high risk drinking) being observed. Sex differences in consumption are more manifest in this older adult population, with men reporting almost double the consumption in the past year than women.

It is still too early to gauge the long-term impact of **COVID-19** on population drinking patterns. However, according to the results of the population-based survey conducted to ascertain this impact during the pandemic in 2020, drinking declined in both sexes and across all age groups. A decrease in the number of episodes of intensive drinking in the form of drunkenness was observed during the pandemic in both sexes and in across age groups, especially among those under 25 years of age. This lower consumption is confirmed by the reduction in the total sales volume of alcoholic beverages for 2020 versus 2019; thus breaking the upward trend observed until that year, according to data provided by the Tax Agency.

AT-RISK CONSUMPTION

According to the results of the 2019/2020 EDADES survey, 5.2% of individuals, ages 15 to 64, present a pattern of **risk alcohol consumption** when estimated using the **AUDIT** scale (≥ 8 points in men and ≥ 6 in women), with a higher prevalence among men (6.7%) than women (3.7%). These figures represent a slight reduction compared to those obtained in 2017/18. Although prevalence is higher among the youngest age groups and among men, among 15 to 24 year-olds, the difference is substantially reduced. The prevalence of at-risk consumption estimated on the basis of **standard drinks** (SD)^a consumed in the past 7 days^b, stands at 3.8% of the population of 15 to 64 year-olds, with percentages again higher in the younger age groups.

Based on data from the 2019/2020 EDADES survey, it is estimated that 18.6% of the general population, ages 15 to 64, has an alcohol consumption above what we consider low risk here in Spain, i.e., above 10 grams/day in women and 20 grams/day in men. Compared to those with low-risk consumption, these drinkers are younger in average, especially among women, and tend to have a lower educational level, as well as a higher percentage of intensive drinking and at-risk consumption (based on the AUDIT scale).

CONSEQUENCES OF ALCOHOL CONSUMPTION

In 2019, the number of **admissions to treatment centers for alcohol abuse or dependence** reported in the autonomous regions addiction care networks was 27,209. This number has increased slightly since 2018 due to an increase in first-treatment admissions. Alcohol was responsible for 35.2% of all admissions to treatment and is present in a large part of poly-consumption patterns. The profile of the person admitted to treatment for alcohol-related issues is a 46.5 year-old male who lives with his own family (partner and/or children) (25.3%) or with his parents or family of origin (24.9%), consumes alcohol on a daily basis, and who seeks treatment on his own initiative or referred by his Family Medicine professional or other treatment centers. Most patients (72.6%) do not consume other drugs. Among those who do consume another substance, cocaine and cannabis are the most commonly reported.

Based on the **indicator of hospital emergencies related to the use of psychoactive substances**, information is collected on emergency episodes related to alcohol use only when other substance is also present, thus these records reflect the impact of alcohol use on emergency services only partially. Despite this, alcohol remains the legal psychoactive

a. In Spain, the Standard Drink (SD) Unit of alcohol equals 10 grams of alcohol.

b. Average weekly consumption >28 SDs/week in men and >17 SDs/ week in women, in the past 7 days.

substance related to the highest number of emergency episodes. In 2019, alcohol was involved in 40.3% of all emergencies related to drug use, a slightly lower figure compared to previous years.

In the 2019 **RSC-BMSD-emergencies system**, 8 autonomous regions reported 9,964 episodes in which any diagnostic code related to alcohol intoxication were listed. There were almost twice as many men as women, and the group under 24 years of age presented the most episodes. More in-depth information will be available from this database once it is explored further.

In 2019, a total of 920 deaths were reported to the **Registry Specific to Mortality caused by Acute Reaction to Psychoactive Substances**. The presence of alcohol in deceased individuals is only recorded when it is concurrent with the presence of other psychoactive substances. However, alcohol is one of the substances most frequently detected in cases of deaths where judicial intervention was involved. In 2019, it was detected in 39.7% of them (38.7% in men and 43.6% in women).

Between the years 2010 and 2017, an estimated average of 15,489 **deaths per year in Spain were attributable to alcohol**. The majority were men (73.8%) and over half (55.7%) were premature deaths (i.e., in persons under 75 years of age), again with an overrepresentation of men vs. women (61.3% vs. 39.8%, respectively).

Alcohol consumption accounted for 4.0% of the overall risk of mortality. Considering the amount of premature deaths and the fact that the estimate is quite conservative, it is evident that alcohol consumption remains an important burden of disease and death. To reduce this burden, it would be essential to lower alcohol consumption levels in the population.

2. INTRODUCTION

Alcoholic beverages have been part of Spanish society for centuries and their consumption is customary for a large part of the population. Whereas many alcohol drinkers do not seem to suffer negative effects, many others do both in the short and long term. In fact, alcohol consumption is one of the main risk factors for disease burden in Spain. Further, in addition to being an addictive substance that can lead to dependence, it contributes to the development of multiple health problems and injuries, including cardiovascular, hepatic, neuropsychiatric and communicable diseases, among others. There is also strong evidence of an association between alcohol consumption and certain types of cancer, with clear evidence of a dose-response relationship. This relationship implies that any level of consumption increases the risk of cancer^{1,2}. Moreover, alcohol's impact reaches well beyond the drinker's health, as it can also cause harm to third parties through traffic-related injuries, violence, or Fetal Alcohol Spectrum Disorders (FASD). Furthermore, it also affects the economy and society as a whole. It is a widely accepted fact that the sociodemographic distribution of alcohol consumption and its consequences are not homogeneous in society, mainly affecting the most disadvantaged groups and contributing to increasing inequalities.

Reducing the harm caused by alcohol consumption calls for a cross-sectoral approach built upon available data and knowledge. This monograph aims to contribute to this process by gathering and organizing in a comprehensive document the relevant information on the topic now available in many different sources. This document combines data from the information systems of the Spanish Observatory on Drugs and Addictions (OEDA) with information from other relevant reliable sources. Thus, it aspires to be a useful document for all the actors involved, with the aim of being updated periodically to always provide the most up-to-date information.

2.1. SITUATION WORLDWIDE

Alcohol consumption has the particularity of being a factor that increases the risk of disability and death from a variety of causes, with low population attributable fractions for individual conditions, but with a high overall burden. Specifically, it is associated with over 200 health problems and injuries, including non-communicable cardiovascular, hepatic, neuropsychiatric, and communicable diseases among others².

According to the International Agency for Research on Cancer (IARC), alcohol is a group A carcinogen³ and its consumption presents a dose-dependent risk for developing certain types of cancer (oral cavity, pharynx, larynx, esophagus, colon-rectum, breast (women), and hepato-carcinoma). When it comes to cancer, there is no safe level of alcohol consumption, as the risk is present and increases even at low levels of consumption⁴. All types of alcoholic beverages, such as beer, wine, and spirits, are associated with cancer, regardless of their quality and price⁵. However, despite the strong scientific evidence on the relationship between alcohol and cancer, most of the general population is unaware of this relationship.

The 2016 Global Burden of Disease report^[6] clearly demonstrates the contribution of alcohol to mortality, disability, and health problems worldwide. The burden of disease is particularly concentrated in the 15 to 49 age group, for whom alcohol was the leading mortality risk factor globally in 2016, with 3.8% of female deaths and 12.2% of male deaths attributable to alcohol consumption. Compared to other major risk factors for Non-Communicable Diseases (NCDs), such as tobacco use, alcohol consumption contributed to a higher proportion of deaths in young adults, ages 20-24, with a higher percentage among men (26.7%) than among women (14.2%). Because of its disproportionate impact on the very young, it is a leading cause of loss of working years and, therefore, lost economic development and productivity. The economic burden of reduced workplace productivity due to alcohol use is considerable and it impacts the mental health and well-being of individuals, families, friends, communities, and society as a whole^[7].

For the population aged 50 years and older, cancer-related mortality accounted for the highest proportion of alcohol-attributable death (AAD) with 27.1% in women and 18.9% in men. The level of alcohol consumption that minimized harm to health outcomes was zero standard drinking units^a (SD) per week^[6]. Alcohol intake is the only risk factor for which the attributable burden is affected by two factors, the average level of consumption as well as the drinking pattern^[7].

In 2020, it was estimated that 4.1% of all new cancer cases worldwide were attributable to alcohol consumption, men accounted for 76.7% of all cases, and the cancer types with the most alcohol-attributable cases were esophageal, liver, and breast (in women). Higher consumption patterns (20-60 g/d and above 60 g/d) contributed more to the global burden of alcohol-attributable cancers, but consumption of 10g/day or 20 g/day, equivalent in Spain to one or two SDs per day, was responsible for more than 100,000 cancer cases in 2020. These data underscore the absence of a safe level of alcohol consumption. The authors conclude that alcohol consumption causes a substantial burden of cancer, a burden that could potentially be avoided with policies and interventions that would increase alcohol risk awareness and decrease alcohol consumption^[8].

Due to the disease burden attributable to alcohol, alcohol consumption monitoring and surveillance are part of several international frameworks, notably the 2013-2020 World Health Organization (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases^[9] (with the specific target of <10% relative reduction of harmful use of alcohol), Sustainable Development Goal (SDG) 3.5 (strengthening prevention and treatment of harmful use of alcohol) and the WHO Global Strategy to Reduce the Harmful Use of Alcohol^[10]. WHO is currently developing their 2022-2030 Action Plan^[11].

2.2. SITUATION AT THE EUROPEAN LEVEL

The WHO European Region remains the area with the highest levels of per capita alcohol consumption in the world despite a decrease in consumption from 12.3 liters in 2005 to 9.8 liters in 2016^[2]. Therefore, two consultations were conducted in 2019 to learn how each country had implemented the "2012-2020 WHO European Action Plan aimed at reducing high risk consumption of alcohol"^[12]. There was particular interest in the implementation of the SAFER initiative^[13], aimed at supporting the global goal of reducing the harmful use of alcohol by 10% by 2025, to prevent and reduce alcohol-related deaths and disabilities.

The results of the sessions concluded that, unfortunately, the 5 most cost-effective scientific evidence-based actions included in the SAFER initiative had not been implemented in most countries. These actions were: increasing the price of alcoholic beverages through increased excise taxes and pricing policies, enforcing bans or restrictions on alcohol advertising, sponsorship and promotion as well as strengthening restrictions on the availability of alcohol.

The following facts were underscored in the conclusions. First, to reduce alcohol consumption and related harm, specific evidence-based policy recommendations were needed that could also address current challenges, such as restrictions

a. In Spain, one Standard Drink (SD) Unit of alcohol equals 10 grams of alcohol, which is, approximately the amount of alcohol in a 100 ml glass of wine or sparkling wine, a 300 ml glass of beer, or a 30 ml glass of liquor.

on online sales. Second, alcohol is a psychoactive substance that creates dependence and has a significant global impact on population health. However, despite the development and ratification of the 2003 WHO Framework Convention on Tobacco Control Framework Convention (May 21, 2003, Geneva), alcohol is the only such substance not controlled at the international level by legally binding regulatory frameworks which would support initiatives to regulate alcohol advertising and promotion, including digital marketing^[14]. Finally, health warnings on labels should follow the examples of tobacco. Alcohol's carcinogenic effect, responsible for thousands of cancer cases and deaths each year in the region, is not sufficiently well known to the public. This should have member states consider including specific cancer health warnings on labels to raise awareness of the risks associated with alcohol consumption^[15].

Europe's Beating Cancer Plan^[16] presented in 2021^[17] proposes mandatory inclusion of the list of ingredients and the nutrition declaration on alcoholic beverages labels by the end of 2022 followed by health warnings by the end of 2023.

2.3. SITUATION IN SPAIN

Alcohol continues to be the highest consumed drug in Spain. In fact, high risk alcohol consumption is one of the most important public health problems, also causing serious social harm. Moreover, the high levels of alcohol consumption by minors keep alcohol a priority in prevention and control strategies, especially given the manner in which youngsters consume it (e.g., beverages with high alcohol content, high quantities in short periods of time, high percentage of drunkenness).

In Spain, alcohol consumption is the 4th risk factor for health loss (Disability Adjusted Life Years-DALYs), 2nd in women and 5th in men^[18]. It was directly responsible for an average of 15,489 deaths annually during the period 2010-2017. Of these cases, 74% were men, and 55.7% of them were premature deaths (before the age of 75)^[19].

The harm caused by alcohol, to the drinker or to family members and people around them, covers a wide variety of illnesses and injuries and also socioeconomic problems mainly affecting disadvantaged groups. Thus, its prevention, control, and management are the responsibility of society as a whole. In 2020, of the 597 drivers killed in traffic accidents and subjected to autopsy and toxicological analysis, 31.2% were positive for alcohol^a. Alcohol continues to be the most consumed substance in traffic-related casualties. Of those positive for alcohol, 78.5% had a blood alcohol level of 1.20 g/L or more. Of those with a blood alcohol level of 1.20 g/L or more, 58.6% were between 25 and 54 years of age. Among the 136 deceased pedestrians subjected to autopsy and toxicological analysis, alcohol was also the most consumed substance (close to 54%). It is worth mentioning that the alcohol-positive deceased presented very high blood alcohol levels: three out of four reached or surpassed 1.20 g/L^[20].

Data available to date underscore that alcohol policies must be cross-sectoral. In fact, to be effective and to avoid unintended consequences, such policies must address not only individual drinkers, but also the social and commercial determinants of alcohol consumption. These determinants include the alcohol market and its entire supply chain, the drinking environment and the social context including physical and economic availability, as well as advertising, promotion, and visibility. They also include the health system in general and other sectors directly involved in health promotion and prevention of alcohol consumption, as well as the care and rehabilitation of people who consume it (educational, social, occupational system, etc.^[21, 22, 23]). Furthermore, to be able to carry out interventions aimed at preventing and reducing alcohol consumption, it is necessary to count on rigorous and accurate information, on both the characteristics of consumption and its consequences, to correctly estimate the magnitude of the problem in Spain.

The Government Delegation for the National Plan on Drugs (DGPNSD) supported the development of the 2017-2024 National Strategy on Addictions (ENA for its Spanish acronym)^[23], and the 2018-2020 Action Plan on Addic-

a. Positive for alcohol: blood alcohol concentration equal or greater than 0.30 g/L.

tions^[24], which objectives are in line with the 10 action areas of WHO's Global Strategy to Reduce the Harmful Use of Alcohol, the European Action Plan to Reduce the Harmful Use of Alcohol. Objectives of the 2013-2020 Global Action Plan for the Prevention and Control of NCDs^[25] are also supported as it considers high risk alcohol consumption one of the four risk factors for major NCDs. One of the four fundamental axes of the 2017-2024 ENA strategy focuses on alcohol consumption, especially on prevention among the most vulnerable groups (minors and young people, women [especially in reproductive age and pregnancy]), as well as among adult in the age groups with the highest observed consumption. Alcohol consumption prevention is also addressed in the Strategy for Health Promotion and Prevention in the National Health System^[26], coordinated by the General Directorate of Public Health (DGSP for its Spanish acronym) of the Ministry of Health and approved by the Interterritorial Council of the National Health System on December 18, 2013. Both management centers, the DGPNSD and the DGSP, work in collaboration as materialized in the recent publication of the "Guidelines in the field of alcohol consumption prevention"^[27], approved by the Public Health Commission on April 13, 2021.

For years now, OEDA has incorporated a comprehensive approach by providing information on the characteristics of drug use in certain populations from biennial surveys of the general population and students (EDADES, ESTUDES for their Spanish acronyms), and from other periodic surveys of specific populations (labor and prison surveys). In addition, annual indicators on admissions to treatment, drug-related emergencies, specific mortality, infections related to drug use and problematic drug use provide information on the consequences of drug use in the Spanish population. All this information is the result of inter-institutional collaboration between the Monitoring Center and the autonomous regions and Cities that contribute annual data to OEDA.

3. OBJECTIVES

The general objective of this report is to provide an overview of the characteristics, evolution, and consequences of alcohol consumption in different populations to inform and support the design and evaluation of policies aimed at preventing alcohol consumption and associated problems.

From this general objective, we derive the following specific aims:

■ **To determine alcohol consumption characteristics in different populations:**

- Prevalence of alcohol consumption.
- Relevant consumption patterns.
- Alcohol availability and perceived risk of different drinking behaviors.
- Visibility of alcohol consumption-related problems.
- Relationship between alcohol consumption and certain sociodemographic and occupational characteristics.
- Prevalence of problematic alcohol intake: above low-risk consumption level and at-risk consumption.
- Temporal evolution of the aforementioned characteristics.

■ **To identify the consequences of alcohol use:**

- Admissions to treatment for alcohol use disorder.
- Hospital emergencies related to alcohol use.
- Mortality caused by acute reaction to alcohol and alcohol-related mortality.

■ **To examine alcohol availability:**

- Underage accessibility of alcoholic beverages.
- Sales of alcoholic beverages.

■ **To learn about the population's perceptions of alcohol:**

- Risk perception.
- Opinion on alcohol consumption policies.

4. METHODOLOGY

4.1. DATA SOURCES

This document summarizes the most relevant information on alcohol consumption published by the DGPNSD from the OEDA's survey programs and indicators of alcohol consumption problems and addictions. Information on specific issues was complemented by other official sources as cited.

This rich assortment of sources provided us with the global vision needed for a multifaceted analysis of the characteristics of alcohol intake as well as its consequences.

4.1.1. Surveys on psychoactive substance use including alcohol:

National Surveys: supported and financed by the DGPNSD, with the collaboration of the autonomous regions:

- **1994-2018/2019 Survey on Drug Use in Secondary Education in Spain (ESTUDES):** Biennial survey of students, ages 14 to 18.
- **1995-2019/2020 Survey on Alcohol and Drugs in the general population ages, 15 to 64 years in Spain, (EDADES):** biennial household survey.
- **Survey on the use of psychoactive substances in the workplace in Spain:** Survey carried out every 6 years since 2007.
- **Study on Alcohol, Drugs, and other Addictions in the Elderly over 64 years of age (ESDAM):** Survey carried out simultaneously with EDADES 2019/2020 for the first time.
- **OEDA-COVID Survey. Impact of the Covid-19 pandemic during 2020:** telephone survey on pattern of consumption of psychoactive substances and other behaviors with addictive potential.

International Surveys with OEDA participation funded by the DGPNSD:

- **European School Survey on Alcohol and Other Drugs (ESPAD):** collection of comparable data across Europe on the use of psychoactive substances in students, ages 15 and 16. The 2019 edition (the latest so far) included 35 European countries.

4.1.2. Main Indicators of State Information System on Drugs and Addictions (SEIDA)

The State Information System on Drugs and Addictions (SEIDA for its Spanish acronym) consists of three main statistical indicators (admissions to treatment, emergencies, and mortality) and two cross sectional indicators: problematic use of psychoactive substances and infectious diseases related to the use of psychoactive substances. The cross-sectional statistics are obtained by cross-referencing data on the three previous indicators from surveys and other sources of information.

Indicators on treatment, emergencies, and mortality are collected information on an annual basis. The process is managed within the framework of the National Plan on Drugs as an inter-institutional collaboration with the autonomous regions and the institutions collecting the primary data (drug dependence and addiction treatment centers, hospitals, forensic institutes, and toxicological laboratories). In some cases, municipalities provide support for the data collection and management.

- **Indicator for Admissions to treatment for psychoactive substance use:** this indicator provides information since 1987 on the number and characteristics of individuals receiving health care for drug use in public or publicly subsidized outpatient centers of the regional networks. The collection of information on alcohol has been carried out systematically at the national level since 2008; previously, information on alcohol was only available for some autonomous regions.
- **Indicator for Hospital emergencies related to the use of psychoactive substances:** since 1987, this indicator provides information on the characteristics of hospital emergencies related to the non-medical or non-therapeutic use of psychoactive substances in Spain by analyzing a sample of emergencies in the country's main health centers. Given that this is an indicator designed to report episodes related to the consumption of illegal drugs, alcohol consumption data are only collected when alcohol intake is concurrent with the intake of other psychoactive substances.
- **Indicator for Mortality due to acute reaction to psychoactive substances:** this is a specific mortality registry initiated in 1983 to collect information on deaths with judicial intervention. Cause of death is directly caused by an acute reaction to the non-medical and intentional use of psychoactive substances. Because the primary objective of this registry is the analysis of mortality associated with the use of illegal drugs, again, alcohol is only reported when its intake is concurrent with other psychoactive substances.

4.1.3. Other data sources of interest

Survey data on alcohol consumption in the general population have been combined with alcoholic beverages supply data:

- **Sales of alcoholic beverages. Annual Tax Collection Reports, State Tax Administration Agency (AEAT for its Spanish acronym) of the Ministry of Finance (Internal Revenue Service).**

The information regarding the impact of alcohol consumption on hospital emergencies and mortality has been supplemented with the sources of information below since the indicators detecting events related to illegal drug consumption are, by design, incomplete:

- **Emergency room episodes from the Registry of Specialized Care Activity (RSC-BMSD for its Spanish acronym),** results provided for the years 2018 and 2019.
- **2001-2017 Alcohol-attributable mortality in Spain^[19].**

4.2. DEFINITIONS

The definitions used throughout the document are as follows:

Acute alcohol intoxication. Drunkenness: respondent's answer to the question "how many days have you been drunk in your life, in the past 12 months, or in the past 30 days?"

Alcoholic beverage: a beverage with an alcohol content by volume greater than 1.2% vol^[28].

At-risk alcohol consumption^[30]: a person is considered to be engaging in at-risk drinking if he or she meets any of these criteria:

- AUDIT questionnaire (Alcohol Use Disorders Identification Test): > 8 points in men and > 6 in women
- Average weekly consumption in the past 7 days > 28 SDs in men and > 17 SDs in women
- AUDIT-C questionnaire (AUDIT alcohol consumption questions)^[31]: > 5 points in men and > 4 in women

Average alcohol consumption: usual consumption by a person over a period of time, usually a day or a week.

Binge drinking episodes in the past 30 days:

Binge drinking (ESTUDES): consumption of ≥ 5 glasses, small beers, or spirits on the same occasion, i.e., within approximately two hours.

Binge drinking (EDADES): consumption of 5 or more alcoholic drinks in men, or 4 or more alcohol drinks in women, on the same occasion, i.e., within approximately two hours.

Botellón: shared consumption of alcoholic beverages on public roads, parks, or open spaces accessible to the public.

General population: community-dwelling population ages, 15 to 64. This is EDADES survey sample.

Incidence: percentage of the population who, with no previous consumption of a given substance, began consuming it in the past 12 months. Its calculation involves both the population with no previous consumption and the population that has started consuming in this period of time.

Low-risk alcohol consumption^[29]: average alcohol consumption above which there is a significant increase in mortality. This does not mean that below that intake mortality is not increased when compared to zero consumption. Considering physiological differences and the ability to metabolize alcohol between men and women, the low-risk limit is placed at a maximum of 20 g/day (2 SDs) for men and 10 g/day (1 SD) for women, assuming that there is no such thing as zero risk.

Mean age at first alcoholic drink: mean age at which alcohol consumption started.

Possible dependence: proportion of individuals scoring ≥ 20 on the AUDIT questionnaire.

Prevalence of alcohol consumption: proportion of the population reporting having consumed alcoholic beverages, based on a sample and then generalized to the reference population. It usually refers to a specific time period (ever in lifetime, past 12 months, past 30 days, past 7 days, and daily in the past 30 days).

Standard Drinking (SD) Unit of alcohol: in Spain this is equivalent to 10 grams of alcohol, which is approximately the average content of a glass of 100 ml of wine or sparkling wine, 1 glass of 300 ml of beer, or a glass of 30 ml of spirits. The alcohol content in grams of each beverage is estimated using this formula:

$$\frac{\text{Beverage volume (ml)} \times \text{alcohol content (}\text{°}\text{)} \times 0.8}{100}$$

Student population: population of students between 14 and 18 years of age who are enrolled in secondary education in public, private, or subsidized educational centers. This is ESTUDES survey sample.

Working population: population ages, 16 to 64 years who self-report being: employed and working at the present time; employed, but temporarily absent; or unemployed, having worked before.

5. ALCOHOL CONSUMPTION

5.1. CONSUMPTION AMONG SECONDARY SCHOOL STUDENTS

5.1.1. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The following is a summary of the data on alcohol consumption from the 2018/2019 Survey on Drug Use in Secondary Education in Spain (ESTUDES 2018/19) conducted among students, ages 14 to 18, from public, private or subsidized schools.

The sample is nationally representative. This biennial survey —since 1994— is promoted and financed by the DGPNSD and has the full support of the autonomous regions.

The questionnaire and methodology used for this survey are very similar to those used in other countries of the European Union and the United States, facilitating international comparisons. For more detailed information on this survey, please consult the following link:

https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/encuestas_ESTUDES.htm

5.1.1.1. Alcohol consumption prevalence

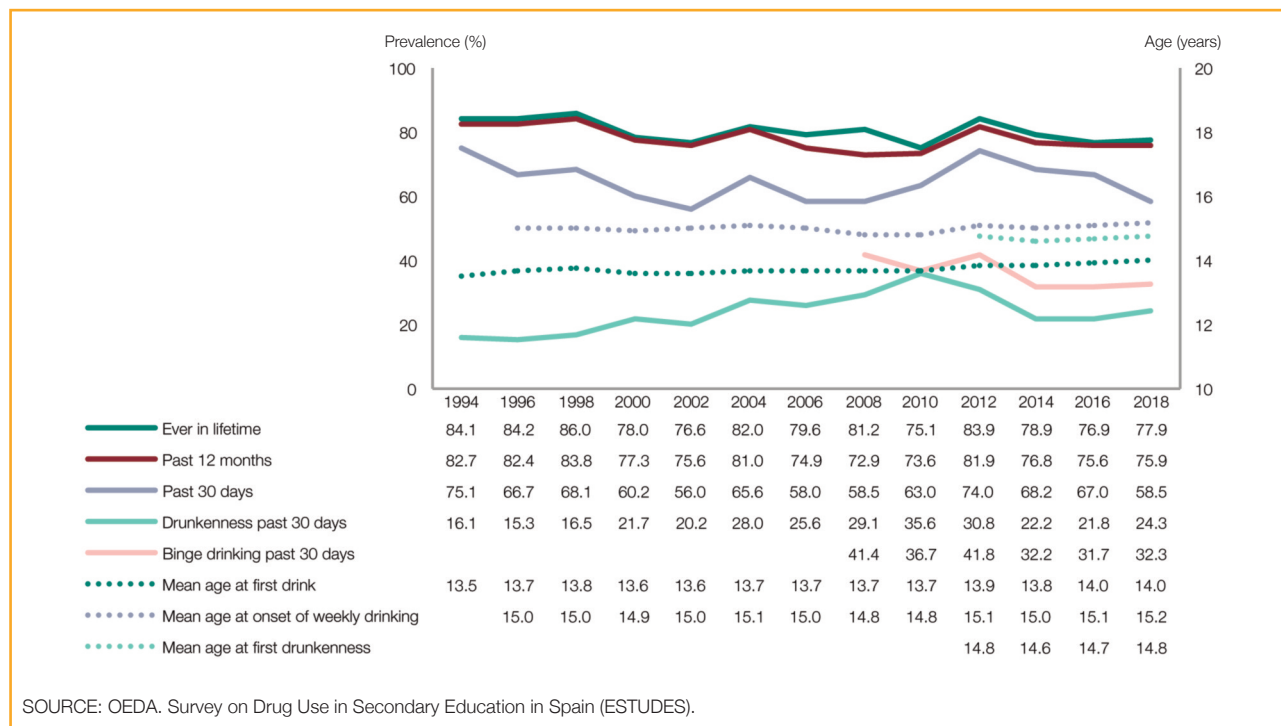
Alcohol is, by far, the most commonly consumed psychoactive substance among secondary school students, ages 14 to 18.

In 2018/2019, 77.9% of students had consumed alcoholic beverages at some point in their lives; most of them had consumed alcohol in the past 12 months (75.9%), and over half (58.5%) had had it in the past month.

Almost one fourth (24.3%) of the students got drunk in the past 30 days and 32.3% had engaged in binge drinking.

Figure 1 shows the evolution of the proportion of students reporting ever drinking alcohol in their lifetime, then in the past year, and so on. After decreasing for several years, 2018/2019 saw a 1-percentage point increase in ever drinking, whereas the proportion of students reporting drinking in the past 12 months remained stable. The prevalence of drinking in the past 30 days fell sharply from 67.0% to 58.5%. However, the proportion of students who have gotten drunk or had been binge drinking in the past 30 days increased by 2.5 and 0.6 percentage points, respectively.

Figure 1. Prevalence of alcohol consumption ever, drunkenness (past 30 days) (%), binge drinking (past 30 days) (%), mean age at first drink (years), mean age at onset of weekly drinking (years), and mean age at first drunkenness among secondary school students, ages 14 to 18. Spain, 1994-2018/2019.



Average age of onset of consumption

As for the age at first consumption, those who have ever drunk alcoholic beverages report their first consumption at 14 years of age on average age for both sexes, similar to the 2016 report. The age at first drunkenness and weekly alcohol consumption was around 15 years of age on average.

Prevalence of alcohol consumption by age and sex

Prevalence was slightly higher among women since 2004, regardless of the time frame considered.

On average, boys and girls started drinking alcohol at the same age, approximately at age 14. Similarly, the age of onset of weekly consumption was similar and occurred shortly after the age of 15.

Speaking of age, 58.3% of the 14 year-old students had tried alcohol at some time in their lives and this percentage increased progressively with age. By the time students reached the ages of 17-18, never drinkers clearly represented a minority. The proportion of minors reporting ever drinking alcohol (ages 14 to 17) was 77.2% compared to 89.0% among 18 year-old students.

Over a third (36.0%) of 14 year-olds admitted to having consumed alcohol in the 30 days prior to the survey; a percentage that rose to almost 50% in the 15-year-old group, and to 74.7% among 18 year-olds.

5.1.1.2. Incidence

The incidence of alcohol relative to the past 12 months is calculated based on both the population that has never consumed alcohol and those who have started during the period of interest. Over 340,000 students started drinking alcohol in the past year, representing 48.9% of those who had not consumed before. This percentage has been increasing since 2014 and the increase was more pronounced in girls. In 2018/19 more girls initiated alcohol use than boys.

5.1.1.3. Acute alcohol intoxication or drunkenness

Close to half of the students (44.5%) got drunk in the past year, and 24.3% got drunk in the past month.

The first intoxication happened at 14.8 years of age on average, prior to the onset of weekly alcohol consumption (15.2 years).

In 2018 a rebound of acute alcohol intoxications was observed in relation to 2016 across time frames and sexes: 1 in 4 students, age 14, had already suffered one alcohol intoxication in their lives (25.8%). The percentage rose by more than 15 points to 40.9% among 15 year-olds, and to 57.4% among 16 year-olds.

In terms of **sex distribution**, a higher proportion of girls, ages 14 to 17, admitted to having been drunk at least once. As they get older, the sex difference in the prevalence of drunkenness decreases.

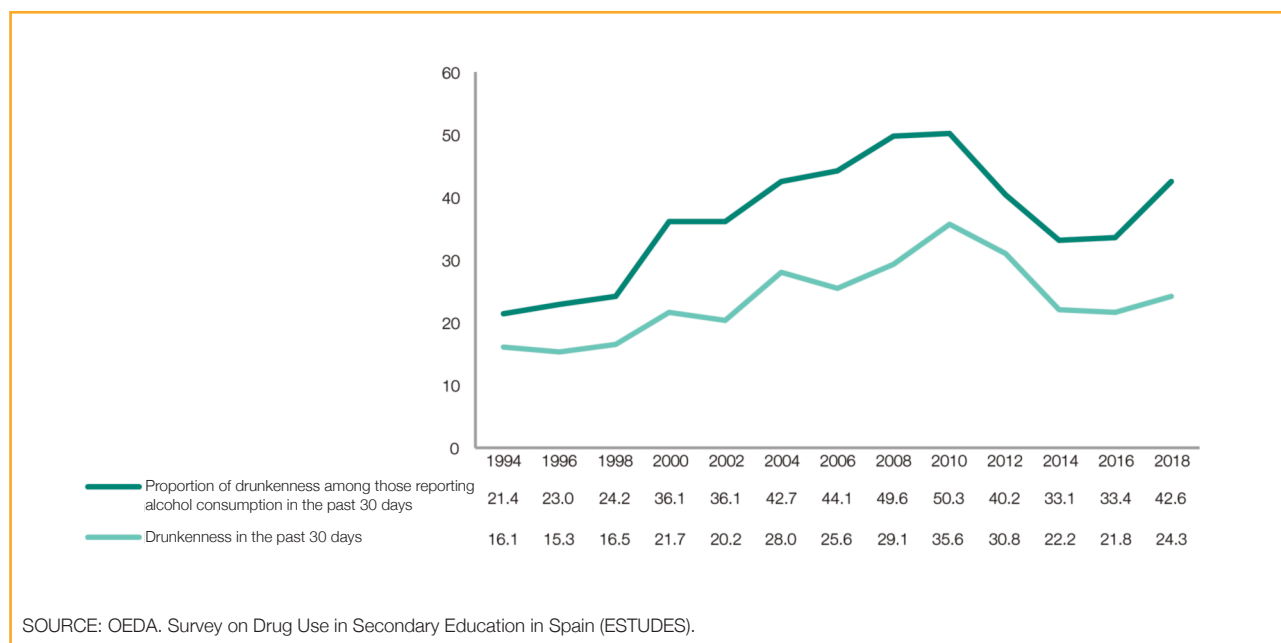
Table 1. Prevalence of acute alcohol intoxication (drunkenness) among secondary school students, ages 14 to 18, according to sex and age (%). Spain, 2018/2019.

	MEN						WOMEN					
	14	15	16	17	14-17	18	14	15	16	17	14-17	18
Got drunk ever	21.6	37.3	55.8	67.4	47.1	69.1	29.9	44.5	58.8	69.7	52.3	72.9
Got drunk past 12 months	18.1	32.2	49.1	59.7	41.2	59.2	25.9	38.9	52.0	60.0	45.6	61.6
Got drunk past 30 days	7.6	15.9	27.5	36.1	22.7	38.4	11.7	18.9	27.9	35.1	24.3	36.6

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

If we look at the prevalence of drunkenness in the past month only among students who have consumed alcohol in that same period, we observe that this figure increased significantly compared to the 2016 one, reaching 42.6%, the highest figure in the past 8 years for both boys and girls.

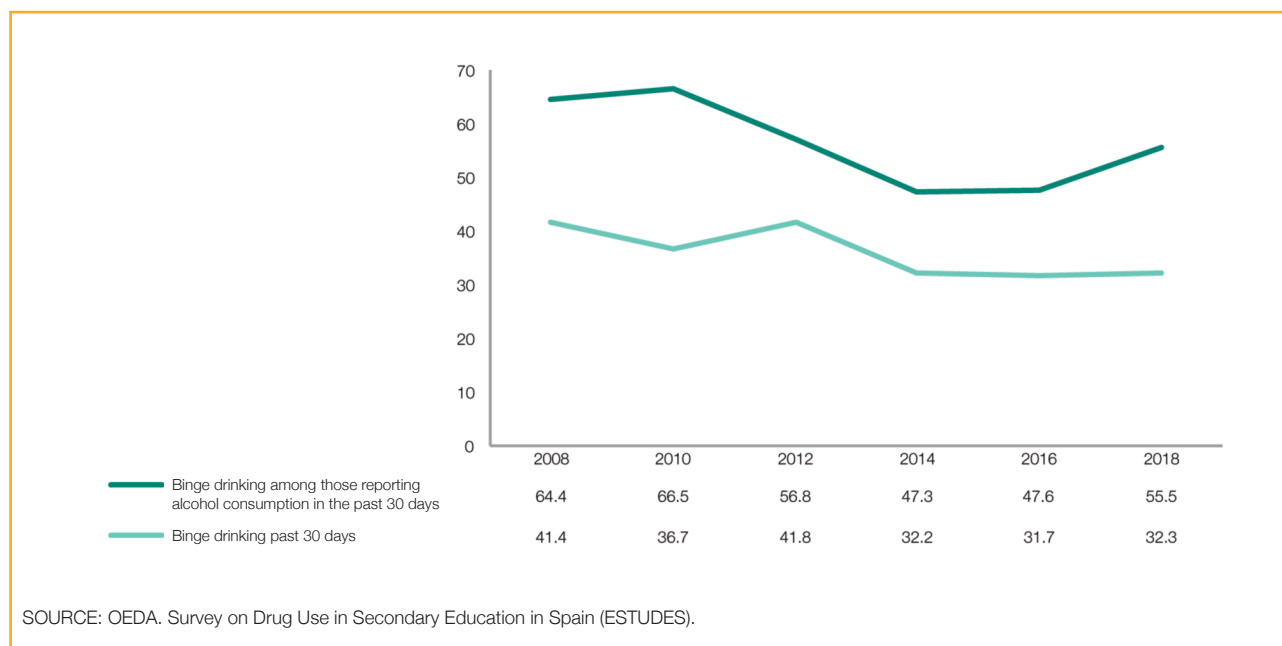
Figure 2. Prevalence of acute alcohol intoxication (drunkenness) among secondary school students, ages 14 to 18, and the proportion of drunkenness among those reporting alcohol consumption in the past 30 days (%). Spain, 1994-2018/2019.



5.1.1.4. Binge drinking

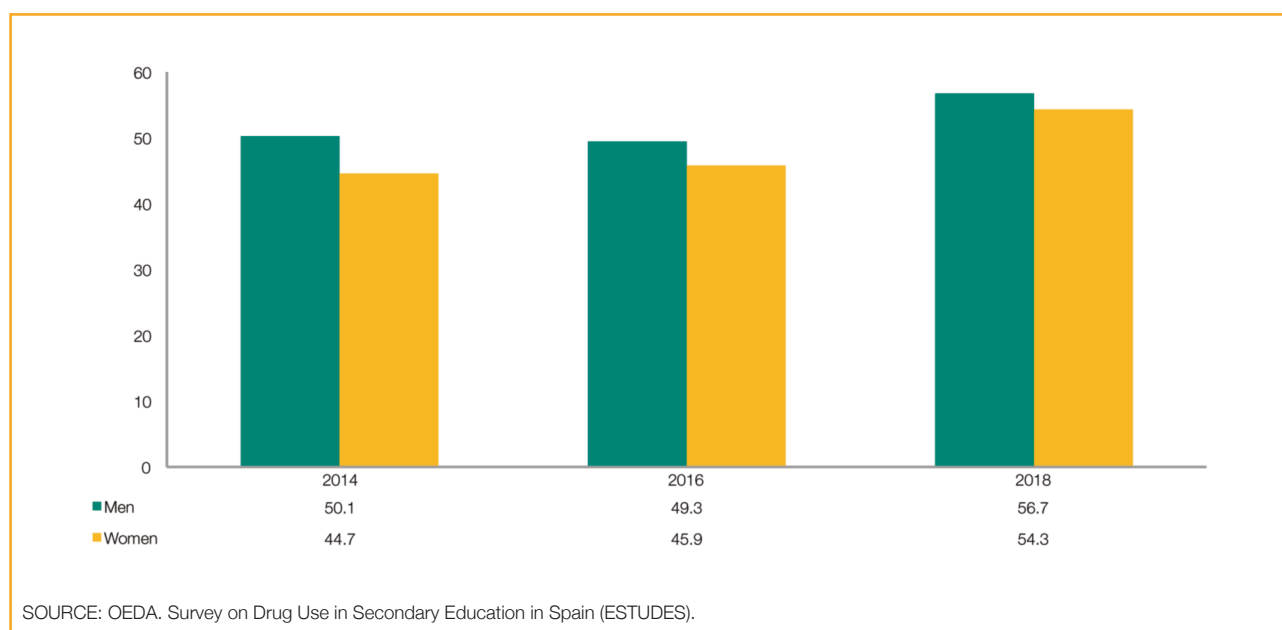
In 2018/2019, 32.3% of students, ages 14 to 18, admitted to having engaged in heavy alcohol consumption or binge drinking in the past 30 days, similar to 2014 and 2016 data results. It is worth underscoring that over half of the students who drank alcohol in the past month reported binge drinking in the same period (55.5%), higher than in 2014 and 2016, and very similar to 2012 data (56.8%).

Figure 3. Prevalence of binge drinking among secondary school students, ages 14 to 18, (%). Spain, 2008-2018/2019.



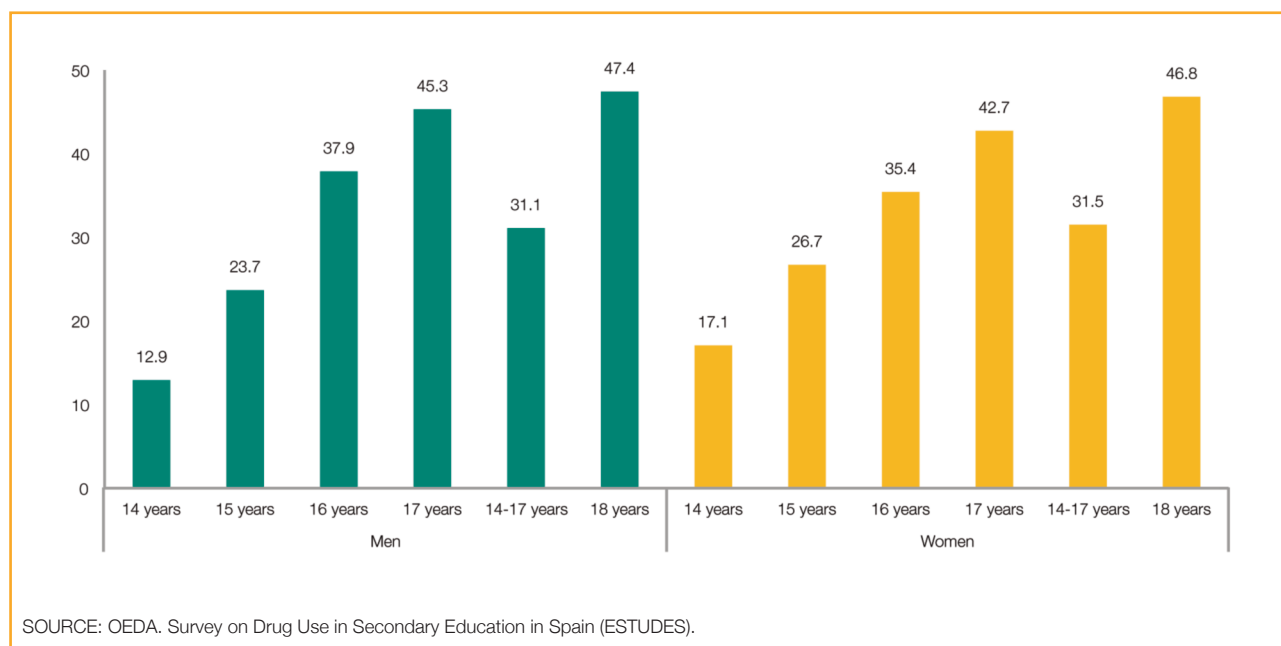
The prevalence of binge drinking in the past 30 days among students, ages 14 and 15, is higher among girls; but among adolescents, ages 16 to 18, the prevalence is higher among boys. The upturn in consumption was seen in both sexes.

Figure 4. Prevalence of binge drinking among secondary school students, ages 14 to 18, who have consumed alcohol, by sex (%). Spain, 2014-2018/2019.



Among 18 year-olds, about half of men and women reported binge drinking (47.4% of men and 46.8% of women).

Figure 5. Prevalence of binge drinking episodes in the past 30 days among secondary school students, ages 14 to 18, by sex and age (%). Spain, 2018/2019.



5.1.1.5. Where is alcohol consumed and where is it purchased/obtained

Alcohol consumption among students, ages 14 to 18, takes place mainly outside the home, in bars or pubs (54.8% reported having consumed alcohol in those places in the past 30 days), in streets, squares, parks, beaches or open public spaces (50.9%) or disco/dance club (47.8%), and in other people's homes (43.5%). Only 24.8% reported drinking at home.

Also in the past 30 days, the most common places where young people **obtained alcoholic beverages** were bars or pubs (54.0%), supermarkets (54.0%), neighborhood stores, kiosks, or bodegas (49.9%), or disco/dance clubs (43.6%). Only 22% reported getting the alcohol at home.

Table 2. Locations where secondary school students, ages 14 to 18, have obtained and consumed alcoholic beverages in the past 30 days (%). Spain, 2018/2019.

	PURCHASED/OBTAINED			CONSUMED		
	Total	14-17	18	Total	14-17	18
Supermarkets	54.0	52.4	71.4	-	-	-
Bars or pubs	54.0	52.5	70.4	54.8	53.2	73.4
Discos / Dance clubs	43.6	42.0	61.0	47.8	46.4	63.6
Neighborhood stores, kiosks, or bodegas	49.9	50.8	39.0	-	-	-
Markets	21.9	21.0	32.6	-	-	-
Other people's homes	30.4	30.6	28.4	43.5	43.6	41.9
At home	22.0	21.4	28.2	24.8	23.9	34.6
Internet	1.2	1.2	1.3	-	-	-
Street vendors	4.4	4.4	3.4	-	-	-
Streets, squares, parks, beaches or open public spaces	-	-	-	50.9	51.6	43.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Regarding **obtaining alcoholic beverages**, most often students access alcohol directly themselves. Slightly over 30% of students, ages 14 to 18, obtained alcohol themselves in the past 30 days, and 26.4% got it from other people aged 18 years or older.

Close to one third (29.2%) of minors have purchased or obtained alcohol themselves, 27.3% through others 18 years of age or older, and 12.3% through other minors or some other way.

Table 3. Methods used by secondary school students, ages 14 to 18, to obtain alcoholic beverages in the past 30 days, by sex and age (%). Spain, 2018/2019.

	Ages 14 to 18			Ages 14 to 17
	Total	Men	Women	Total
Yourself directly	31.4	32.2	30.6	29.2
Through others 18 years of age or older	26.4	21.4	31.1	27.3
Through other minors	8.1	7.1	9.1	8.5
Some other way	3.7	4.0	3.4	3.8

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.6. Consumption by type of alcoholic beverage

The type of beverage preferred by students of both sexes is **mixed drinks** (29%) with higher consumption of these observed among girls. Beer/cider is the second most consumed type of beverage, across sex and age, with higher intake among boys.

Table 4. Prevalence of type of alcoholic beverage consumed in the past 7 days by secondary school students, ages 14 to 18, by sex (%). Spain, 2018/2019.

	Total	Men	Women
Wine/sparkling wine	7.1	7.2	7.1
Beer/cider	24.2	26.1	22.3
Vermouth/sweet wine	1.8	2.2	1.4
Mixed drinks	29.0	28.6	29.4
Fruit liquours	7.4	7.7	7.0
Strong liquours	14.3	14.6	14.1
Any alcoholic drink	7.1	7.2	7.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

For both girls and boys who reported drunkenness, binge drinking, or participating in botellón, mixed drinks are the beverage of choice, with 75% of the students who have been drunk in the past week reporting consuming mixed drinks during the past week.

Table 5. Prevalence of alcoholic beverage consumption in the past 7 days among secondary school students, ages 14 to 18, according to whether they reported drunkenness, binge drinking, or botellón in the past 30 days (%). Spain, 2018/2019.

	Strong liquours	Wine	Vermouth/ Sweet wine	Fruit liquours	Beer	Mixed Drinks
Drunkenness	4.5	15.6	18.1	40.7	59.2	75.0
Binge drinking	4.9	16.8	18.5	39.3	60.1	73.1
Botellón	4.4	13.7	16.6	36.7	53.6	69.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.7. *Botellón* (shared consumption of alcoholic beverages on public roads, parks, or open spaces accessible to the public)

Over half of the students, ages 14 to 18, admitted to having participated in *botellón* in the past 12 months (51.3%) and 22.6% did so in the past month. Regardless of the time period under study, *botellón* was slightly more frequent among girls and among 17 and 18 year-olds.

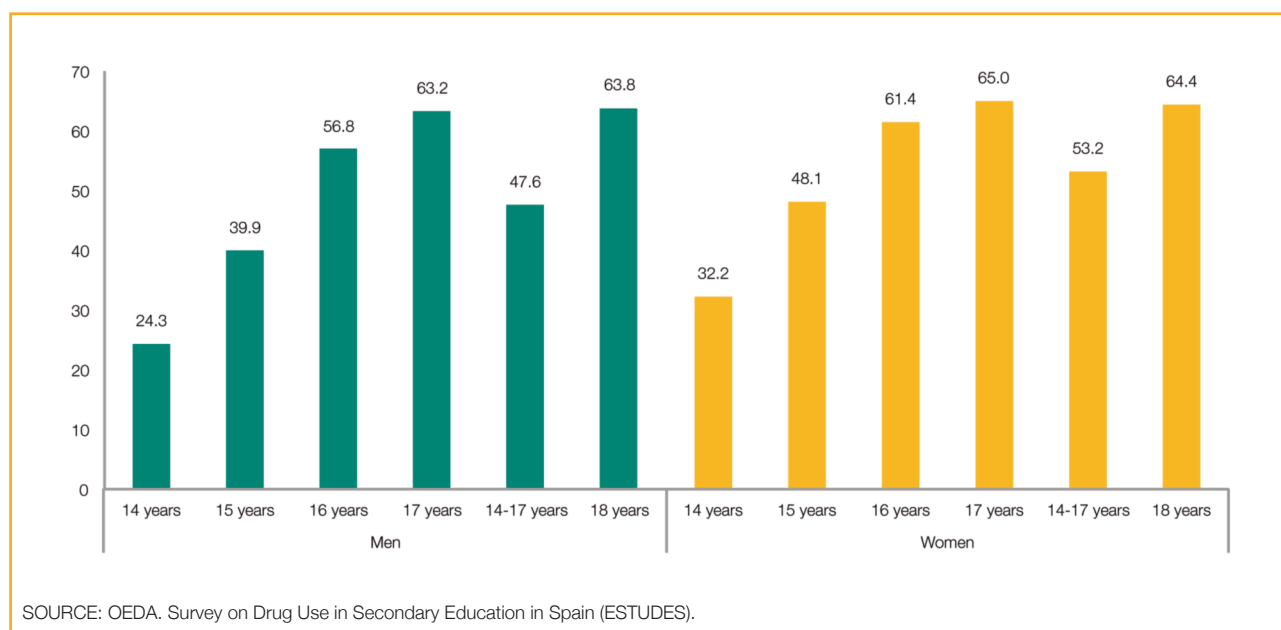
Table 6. Prevalence of *botellón* in the past 12 months and past 30 days among secondary school students, ages 14 to 18, by sex and age (%). Spain, 2018/2019.

	<i>Botellón</i> in the past 12 months	<i>Botellón</i> in the past 30 days
Total	51.3	22.6
Sex		
Man	48.6	22.1
Woman	53.8	23.0
Age in years		
14 years	28.4	9.8
15 years	44.1	16.9
16 years	59.2	26.9
17 years	64.2	30.8
14 - 17 years	50.5	21.9
18 years	64.1	32.4

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Girls, ages 14 to 17, engaged in *botellón* more often than boys; however, at 18, it was the boys who engaged in *botellón* more often than the girls, but by very little margin. Among older youth this practice increased, except that 18 year-old women engaged in *botellón* less often than their 17 year-old counterparts.

Figure 6. Prevalence of *botellón* in the past 12 months among secondary school students, ages 14 to 18, by sex and age (%). Spain, 2018/2019.



Regardless of age, the prevalence of drunkenness and binge drinking was substantially higher among students who engaged in *botellón*.

Over half (51.3%) of all 14 year-old students who participated in *botellón* in the past 12 months suffered acute alcohol intoxication during this period, in contrast with 5% prevalence of drunkenness among students who did not attend a *botellón*. The difference is equally striking regardless of the age group studied.

We find a similar scenario when regarding binge drinking and drunkenness in the past 30 days. Among 18 year-olds, the prevalence of binge drinking more than doubled in *botellón* participants in the past year compared to non-participants. This ratio was even more pronounced in all other age groups.

Table 7. Prevalence of drunkenness and binge drinking in the past 30 days among secondary school students, ages 14 to 18, according to whether or not they participated in a *botellón* in the past 30 days, by age (%). Spain, 2018/2019.

	Total		Age 14		Age 15		Age 16		Age 17		Ages 14-17		Age 18	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
ATTENDED BOTELLÓN														
Drunkenness in past 30 days	60.3	14.1	51.3	5.4	53.1	10.4	60.0	16.0	64.9	22.5	59.7	13.5	66.4	24.1
Binge drinking in past 30 days	72.8	20.4	64.1	9.7	70.4	16.0	72.1	23.6	76.1	29.6	72.5	19.7	76.1	33.3

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Furthermore, the use of other psychoactive substances was more prevalent among students who participated in *botellón* in the past 12 months. This is especially true regarding tobacco and cannabis; in fact, 55.7% and 45.6% of *botellón* participants consumed those substances, respectively.

Table 8. Prevalence of use of tobacco, hypno-sedatives (with or without prescription), cannabis, cocaine, ecstasy, amphetamines and hallucinogens in the past 12 months among secondary school students, ages 14 to 18, according to whether or not they participated in *botellón* in the past 12 months, by age (%). Spain, 2018/2019.

	Total		Age 14		Age 15		Age 16		Age 17		Ages 14-17		Age 18	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
ATTENDED BOTELLÓN														
Tobacco	55.7	13.2	52.5	8.6	53.2	11.8	56.2	15.0	56.9	18.5	55.3	12.9	60.2	19.0
Hypno-sedatives	15.4	9.5	13.1	7.4	13.4	8.8	14.6	10.6	17.2	11.4	15.1	9.3	19.8	12.5
Cannabis	45.6	8.4	34.1	3.5	40.9	6.7	45.3	10.6	51.2	13.9	45.1	8.0	51.9	15.6
Cocaine	4.0	0.8	3.2	0.3	3.9	0.4	3.5	1.2	4.2	1.4	3.8	0.7	6.7	1.5
Ecstasy	3.3	0.4	2.1	0.2	3.3	0.3	3.2	0.5	3.6	0.7	3.2	0.4	4.4	0.9
Amphetamines	1.9	0.3	1.1	0.2	1.8	0.1	1.8	0.5	2.2	0.4	1.9	0.3	2.8	0.5
Hallucinogens	2.3	0.4	1.8	0.3	2.6	0.3	2.5	0.5	2.0	0.5	2.3	0.4	2.9	0.6

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.8. Reasons for drinking alcohol

The majority of students who consumed alcohol in the past 30 days did so for fun, the second reason reported was to achieve the feeling that alcohol produces, and, thirdly, because it helps combat sadness and it helps them to attract the opposite sex.

Table 9. Prevalence of drunkenness, binge drinking, *botellón*, and alcohol consumption in the past 30 days among secondary school students, ages 14 to 18, according to their reasons for drinking alcohol (%). Spain, 2018/2019.

	Alcohol	Drunkenness	Binge drinking	<i>Botellón</i>
It's healthy	3.7	3.7	4.2	4.3
To fit in	6.5	6.1	6.3	6.5
To get drunk	11.6	17.4	14.6	15.9
To attract the opposite sex more	21.5	27.7	24.7	25.4
Helps with depression	26.3	32.1	30.6	32.3
Like how it feels	42.1	54.9	48.5	49.2
For fun	73.4	86.4	80.1	82.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.9. Parental alcohol consumption

Higher prevalence of alcohol consumption was observed among students, ages 14 to 18, who reported alcohol consumption by their parents.

Table 10. Prevalence of alcohol consumption among secondary school students, ages 14 to 18, according to their parents' alcohol consumption patterns (%) Spain, 2018/2019.

Students ages 14 to 18					
	Alcohol ever	Alcohol past 12 months	Drunkenness past 12 months	<i>Botellón</i> past 12 months	Binge Drinking past 30 days
Father					
No alcohol consumption	74.1	72.0	42.3	48.9	29.3
Drank once in a while	80.6	78.6	47.3	54.4	34.1
Drank only on weekends	81.2	79.3	45.8	55.0	35.0
Drank moderately every day or almost	80.9	79.0	49.1	55.2	35.3
Drank too much every day or almost	92.1	90.4	59.6	61.2	55.7
Mother					
No alcohol consumption	71.6	69.4	39.6	46.2	27.2
Drank once in a while	79.3	77.5	46.8	53.6	33.9
Drank only on weekends	81.3	79.5	46.3	55.8	35.2
Drank moderately every day or almost	81.1	78.7	48.0	53.9	33.6
Drank too much every day or almost	88.2	86.1	56.7	65.4	47.9

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.10. Perceived risk of alcohol consumption and perceived availability of alcohol

Perceived risk

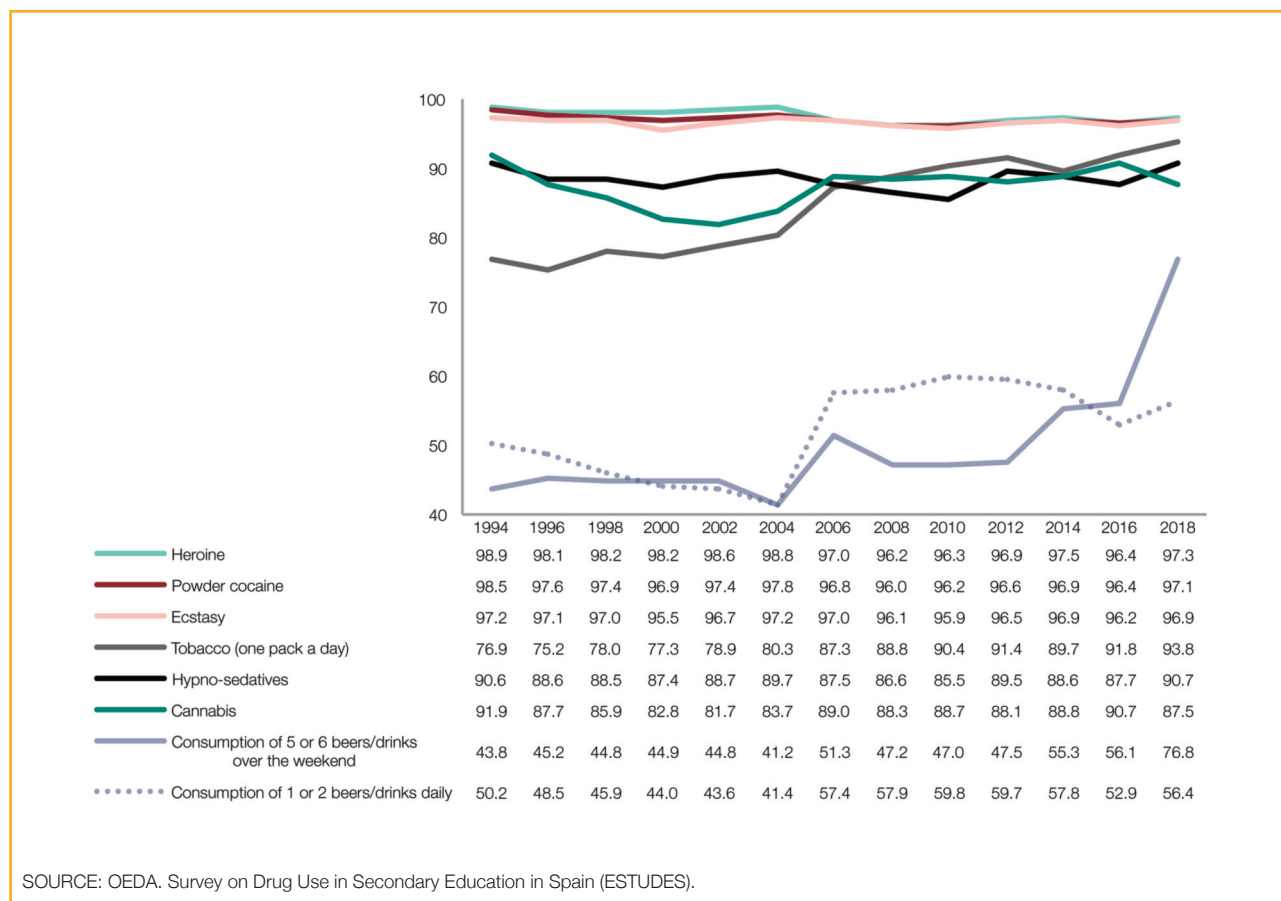
Perceived risk reflects the extent to which students think that a certain behavior may cause problems. As such, the risk associated with alcohol consumption acts as a protective element against consumption and works as a deterrent.

Alcohol was the psychoactive substance perceived as the least dangerous, with a substantial difference compared to all others.

Most students, 76.8%, associated the **consumption of 5 or 6 beers/mixed drinks on weekends** with “a lot” or “quite a lot” of problems. The prevalence of this negative association increased markedly in 2018/2019 (76.8%) compared to 2016 (56.1%).

Further, **daily alcohol consumption** (drinking 1 or 2 beers/mixed drinks every day) was considered dangerous by 56.4% of students, ages 14 to 18, a percentage higher than that recorded in 2016, and similar to those recorded 4 years ago in 2014.

Figure 7. Change in perceived risk of regular use of psychoactive substances by secondary school students, ages 14 to 18 (% of students who think that regular use, i.e., once a week or more frequently, may cause quite a few or a lot of problems). Spain, 1994-2018/2019.



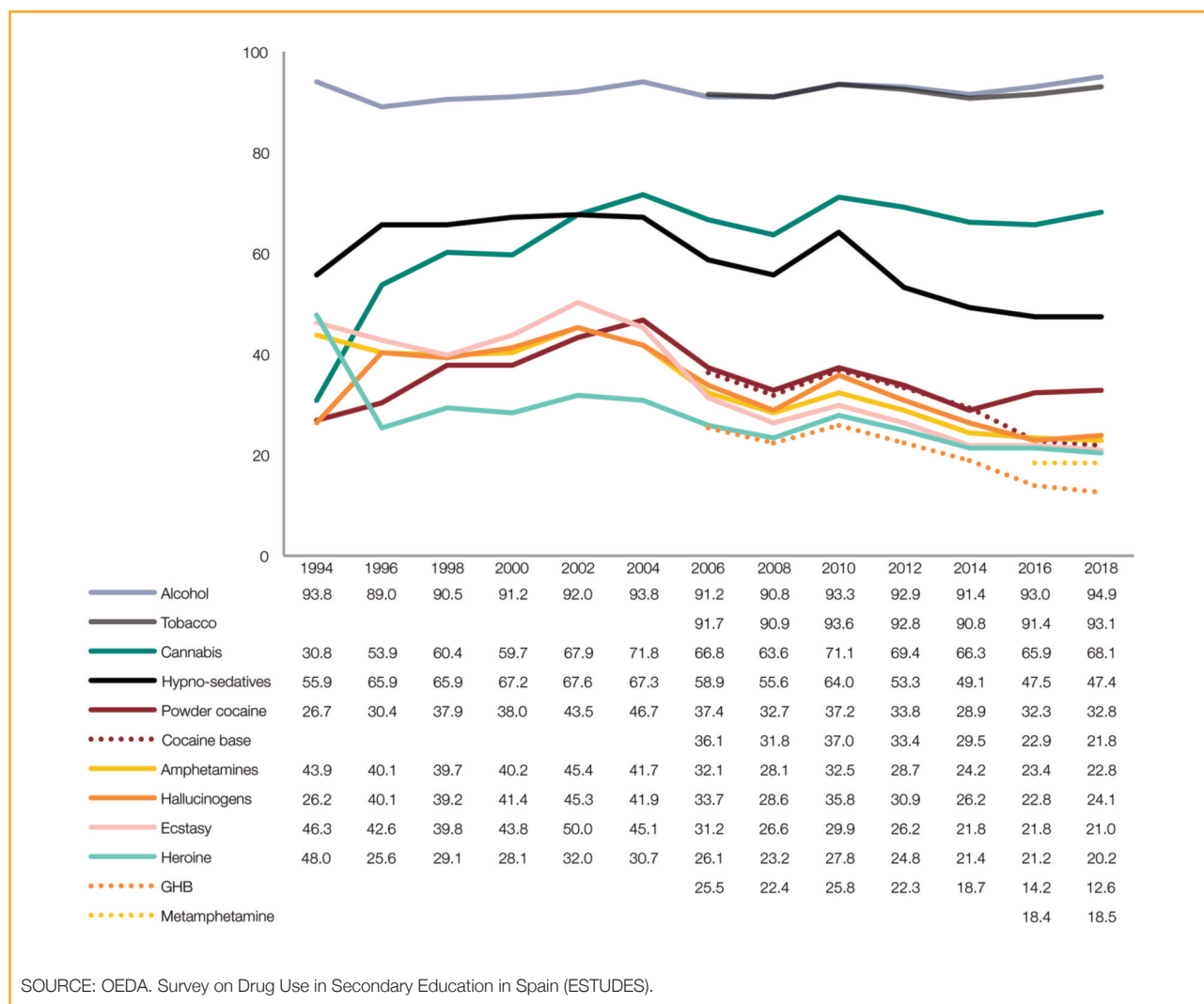
Perceived availability of alcohol

The vast majority (94.9%) of students, ages 14 to 18, did not perceived any difficulty in obtaining alcoholic beverages, a pretty constant perception throughout the time series.

Moreover, this perception is widespread among students who are of legal drinking age as well as among minors.

As it may be expected, perceived alcohol availability increases with students' age.

Figure 8. Change in perceived availability of psychoactive substances among secondary school students, ages 14 to 18 (% of students who think it would be relatively easy or very easy for them to obtain each drug if they wanted to). Spain, 1994-2018/2019.



5.1.1.11. Alcohol consumption, context, and negative consequences

Friends: relationship/peer influence

The majority (80.4%) of those students whose most or all of their friends drank alcohol in the past 30 days reported consuming alcohol in that same period. Not surprisingly, those whose few or none of their friends drank, the prevalence of alcohol consumption dropped to 39.6% (Figure 9).

The prevalence of participating in *botellón* and getting drunk were substantially higher in students who perceive that most or all of their friends have done so as well. Specifically, we observed that 49.7% of the students with a majority of friends who engaged in *botellón* did so as well. Higher still, 55.8% of the students with a majority of friends who have gotten drunk, also reported doing so (Figures 10 and 11).

Figure 9. Prevalence of alcoholic beverages consumption among secondary school students, ages 14 to 18, according to their perception of how many of their peers drank alcohol in the past 30 days (%). Spain, 2018/2019.

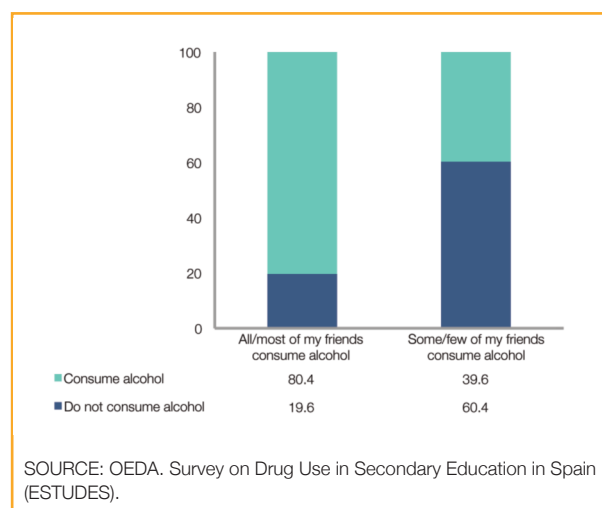


Figure 10. Prevalence of *botellón* among secondary school students, ages 14 to 18, according to their perception of how many of their peers participated in *botellón* (past 30 days) (%). Spain, 2018/2019.

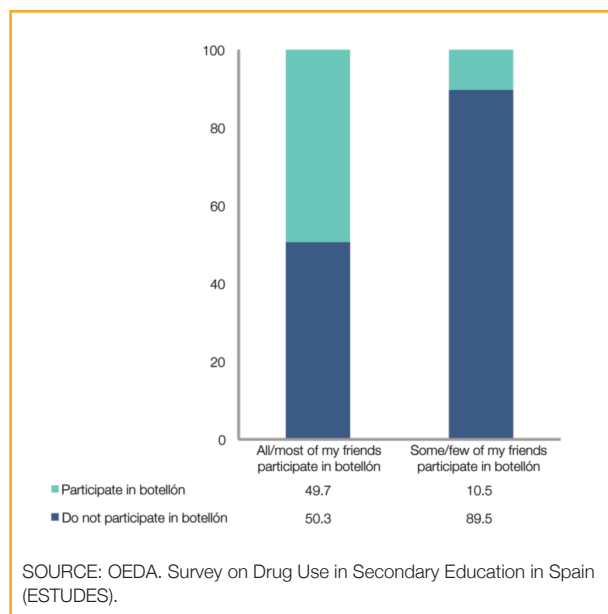
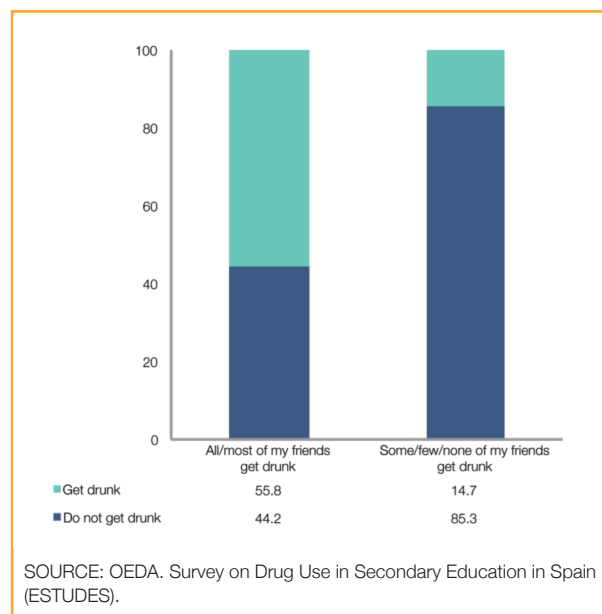


Figure 11. Prevalence of drunkenness among secondary school students, ages 14 to 18, according to their perception of how many of their peers got drunk (past 30 days) (%). Spain, 2018/2019.



Leisure environment: activities, nights out (frequency and timing), and amount of money available

Leisure activities and alcohol consumption. Analyzing alcohol consumption according to the activities students have engaged in during the past year, we observed that students who go out at night with friends, usually go out in the early evening with friends, do not read books for fun, and those who regularly shop online or visit adult websites report higher prevalence of alcohol consumption in the past 12 months.

Table 11. Prevalence of alcohol consumption in the past 12 months among secondary school students, ages 14 to 18, according to leisure activities (%). Spain, 2018/2019.

	Alcohol (%)
Has practiced sports	76.2
Has not practiced any sports	74.1
Has read books for fun	72.6
Has not read books for fun	81.7
Has gone out at night with friends	84.0
Has not gone out at night with friends	37.4
Has gone out early evenings with friends	76.8
Has not gone out early evenings with friends	56.1
Has other hobbies	74.3
Has no other hobbies	78.7
Has used internet for fun	76.0
Has not used internet for fun	72.9
Has visited adult websites	81.5
Has not visited adult websites	70.9
Has shopped online	78.5
Has not shopped online	59.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Night outings, home curfew, and alcohol consumption. There is an association between the consumption of psychoactive substances and leisure time. We observed that the more nights out, the greater the alcohol consumption. Specifically, over 80% of the students who have gone out at least one night a month have consumed alcoholic beverages in the past year, compared to 29.2% who have not gone out at night.

Table 12. Prevalence of alcohol consumption in the past 12 months among secondary education students, ages 14 to 18, according to the frequency of nights out in the same period (%). Spain, 2018/2019.

	Alcohol
Never	29.2
Fewer than one night a month	68.3
Between 1 and 3 nights a month	84.1
1 night a week	85.9
2 nights a week	90.7
3-4 nights a week	90.4
More than 4 nights a week	92.0

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Similarly, the later the students return home (home curfew), the higher the prevalence of alcohol consumption.

Table 13. Prevalence of alcohol consumption in the past 12 months among secondary school students, ages 14 to 18, according to home curfew (past weekend outing) (%). Spain, 2018/2019.

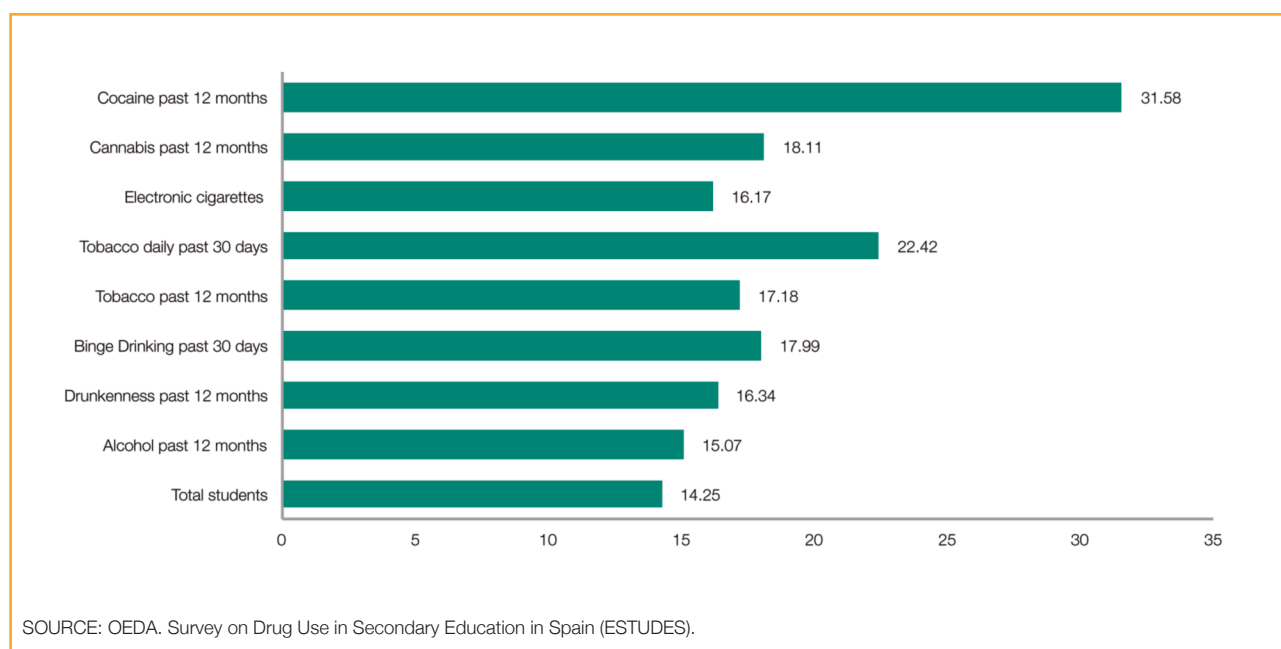
	Alcohol
Did not go out	29.8
Before midnight	54.2
Between midnight and 1 am	73.8
Between 1 and 2 am	80.6
Between 2 and 3 am	87.0
Between 3 and 4 am	91.9
Between 4 and 8 am	95.9
After 8 am	96.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Amount of money available for personal expenses. Secondary school students, ages 14 to 18, had 14.25 euros per week available, on average, for personal expenses (going out with friends, going to the cinema, going out for a drink, and so on). On average, boys had more money than girls, and the amount increased with age.

The amount of money available to students who consumed alcohol or got drunk was lower than the amount available to those who consumed other substances such as cannabis or cocaine.

Figure 12. Amount of money available (euros) per week for personal expenses among secondary school students, ages 14 to 18, according to the consumption of psychoactive substances. Spain, 2018/2019.



Family economic status. We found no significant differences in the economic status of the families of students who consumed alcohol in the past 30 days and all families overall.

Table 14. Economic status of families of secondary school students, ages 14 to 18, according to alcohol consumption in the past 30 days. Spain, 2018/2019.

	All students, ages 14 to 18	Alcohol Consumers
Above average	13.5	14.0
Average	82.0	81.5
Below average	4.4	4.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

School environment: School performance and conflicts

Examining alcohol consumption and school performance, we observed that students with As and Bs in their report cards are less likely to be among those who consumed alcohol in the past month (i.e., have drunk alcohol, been drunk, or done binge drinking) and more likely to be among those who did not consume alcohol.

Negative consequences of consumption: motor vehicle accidents, fights/assaults, and other

Almost 3% (2.7%) of students drove a motor vehicle under the influence of alcohol in the past 12 months with men more likely to do so (4.0%). The percentage grew with age, peaking among 18 year-olds (6.2%).

Many more (18.9%) were a passenger in a motor vehicle driven by someone under the influence of alcohol (20.5% of girls and 17.2% of boys). This proportion also increases with age, peaking at 30.6% among 18 year-olds.

In terms of conflicts, 6.3% of students admitted to having been involved in a fight or aggression under the influence of alcohol or some illegal drug consumed two hours prior. This proportion reaches 16.9% among those who have been drunk in the past month.

Finally, close to one third (30.6%) of those who got drunk in the past 30 days had sexual intercourse without a condom.

Table 15. Prevalence of experiencing certain situations in the past 12 months among secondary school students, ages 14 to 18, according to their alcohol consumption pattern in the past 30 days (%). Spain, 2018/2019.

	Family argument	Fights or aggressions	Not remembering previous night	Sexual intercourse without a condoms	Regret over sexual relations	Being bullied
ALL STUDENTS	39.1	6.3	20.7	15.8	6.7	9.4
Consumed alcohol in past 30 days	45.6	10.0	31.5	22.6	9.8	9.7
Not consumed alcohol in past 30 days	30.2	1.0	5.6	6.2	2.4	9.1
Drunkenness in past 30 days	50.8	16.9	49.3	30.6	13.9	9.8
No drunkenness in past 30 days	35.2	2.6	11.1	10.6	4.2	9.2
Binge drinking in past 30 days	49.0	14.9	43.1	28.8	13.3	9.9
No binge drinking in past 30 days	34.4	2.1	10.0	9.5	3.6	9.2
Participated in <i>botellón</i> in past 30 days	50.0	17.5	45.4	30.7	14.4	9.9
No <i>botellón</i> in past 30 days	36.0	3.0	13.5	11.4	4.5	9.3

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.1.12. Alcohol consumption prevalence by Autonomous Regions and Cities

This section shows alcohol consumption in the different autonomous regions by different time frames. Because the samples corresponding to Ceuta and Melilla were small and the margin of error high, comparisons among autonomous communities and cities should be made with caution.

Aragon presented the youngest age of onset of alcohol consumption (13.6 years) and Melilla the oldest (14.8 years), a difference of 1.2 years.

In terms of alcohol consumption, Ceuta, Melilla, Galicia and the Canarias Islands were the regions with the lowest prevalence in the three time frames under study, with Ceuta having the lowest. The three regions with the highest lifetime prevalence were Navarra, Basque Country, La Rioja, Castile and Leon, and Aragon. The highest consumptions in the past 30 days were reported by La Rioja, Navarra, Aragon, and the Balearic Islands (Table 16).

Regarding the prevalence of drunkenness (acute alcohol intoxication), we observe that La Rioja occupied the top position for the three time frame indicators of interest (60.6% for ever in lifetime, 54.6% for the past 12 months, and 30.4% for the past 30 days), followed by Navarra and Aragon (Table 17).

Table 16. Prevalence of alcohol consumption among secondary school students, ages 14 to 18, by autonomous region/city (%). Spain, 2018/2019.

	Sample Size	Ever in lifetime			Past 12 months			Past 30 days		
		Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI
Andalusia	2,884	78.4	76.9	79.9	76.8	75.2	78.3	58.6	56.8	60.4
Aragon	2,590	81.7	80.2	83.2	80.0	78.5	81.5	64.0	62.1	65.8
Asturias	2,039	77.3	75.5	79.2	75.7	74.2	77.6	59.4	57.3	61.6
Balearic Islands	840	80.8	78.1	83.5	79.3	77.8	82.0	63.6	60.4	66.9
Canary Islands	1,328	72.5	70.1	74.9	69.3	67.6	71.8	51.4	48.7	54.1
Cantabria	1,960	77.4	75.5	79.2	75.1	73.5	77.0	58.7	56.5	60.9
Castile and Leon	2,538	81.9	80.4	83.4	80.0	78.5	81.5	61.9	60.0	63.8
Castile La Mancha	2,036	79.5	77.8	81.3	77.7	76.2	79.5	60.3	58.2	62.4
Catalonia	2,640	79.1	77.5	80.6	76.7	75.1	78.3	60.4	58.5	62.2
Valencia	3,628	78.0	76.6	79.3	75.9	74.4	77.3	60.3	58.7	61.8
Extremadura	907	80.3	77.7	82.9	78.8	77.3	81.5	58.4	55.2	61.6
Galicia	2,026	72.5	70.5	74.4	70.2	68.5	72.2	50.9	48.8	53.1
Madrid	4,172	75.6	74.3	76.9	73.5	71.8	74.8	55.5	54.0	57.0
Murcia	2,240	74.9	73.2	76.7	73.0	71.4	74.9	58.0	56.0	60.1
Navarra	2,353	83.8	82.3	85.3	82.5	81.1	84.0	65.4	63.5	67.4
Basque Country	1,314	82.5	80.5	84.6	80.2	78.8	82.4	61.0	58.4	63.7
Rioja	1,033	82.1	79.7	84.4	81.0	79.6	83.4	66.5	63.6	69.4
Ceuta	668	41.9	38.2	45.7	40.3	38.5	44.0	29.9	26.4	33.3
Melilla	814	48.1	44.7	51.5	46.2	44.4	49.7	35.0	31.8	38.3
Total	38,010	77.9	77.5	78.3	75.9	74.3	76.3	58.5	58.0	59.0

CI: Confidence Interval
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Table 17. Prevalence of drunkenness among secondary school students, ages 14 to 18, by autonomous region/city (%). Spain, 2018/2019.

	Sample size	Ever in lifetime			Past 12 months			Past 30 days		
		Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI
Andalusia	2,884	50.5	48.7	52.3	44.1	42.2	45.9	23.8	22.2	25.4
Aragon	2,590	58.2	56.3	60.1	51.4	49.6	53.3	28.0	26.2	29.7
Asturias	2,039	49.2	47.1	51.4	42.9	41.1	45.0	22.5	20.7	24.4
Balearic Islands	840	54.3	51.0	57.7	49.2	47.4	52.6	28.2	25.2	31.3
Canary Islands	1,328	40.3	37.7	43.0	33.4	31.6	35.9	17.7	15.6	19.7
Cantabria	1,960	48.9	46.7	51.1	42.6	40.8	44.7	23.1	21.3	25.0
Castile and Leon	2,538	55.6	53.7	57.6	47.8	45.9	49.7	25.1	23.4	26.8
Castile La Mancha	2,036	55.6	53.4	57.7	48.1	46.2	50.2	26.5	24.5	28.4
Catalonia	2,640	53.0	51.1	54.9	47.2	45.3	49.1	28.5	26.8	30.2
Valencia	3,628	52.2	50.6	53.8	45.6	43.8	47.2	25.8	24.4	27.2
Extremadura	907	53.5	50.3	56.8	46.0	44.2	49.2	20.7	18.0	23.3
Galicia	2,026	40.2	38.0	42.3	33.9	32.2	36.0	16.0	14.4	17.6
Madrid	4,172	50.1	48.5	51.6	42.8	41.0	44.3	22.3	21.0	23.5
Murcia	2,240	46.9	44.9	49.0	40.0	38.2	42.0	22.1	20.4	23.9
Navarra	2,353	60.2	58.3	62.2	54.0	52.2	56.0	30.3	28.5	32.2
Basque Country	1,314	56.3	53.6	59.0	50.0	48.2	52.7	26.8	24.4	29.2
Rioja	1,033	60.6	57.7	63.6	54.6	52.7	57.6	30.4	27.5	33.2
Ceuta	668	18.0	15.1	21.0	15.1	13.8	17.8	7.5	5.5	9.5
Melilla	814	22.9	20.0	25.8	18.2	16.7	20.8	10.2	8.1	12.2
Total	38,010	51.1	50.5	51.6	44.5	42.6	45.0	24.3	23.9	24.8

CI: Confidence Interval
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Binge drinking was most prevalent in Navarra, La Rioja, and Aragon, where percentages over 38% were recorded. In contrast, the lowest prevalence of binge drinking was observed in the cities of Ceuta and Melilla, and the regions of the Canary Islands and Galicia (Table 18). Compared to the national average, the practice of *botellón* was most widespread in Extremadura, where close to 7 out of 10 students participated in *botellón* in the past year. However, Aragon and the Basque Country, Ceuta, Melilla and the Canary Islands recorded the lowest prevalence of *botellón* in the same period (Table 19).

Table 18. Prevalence of binge drinking among secondary school students, ages 14 to 18, by autonomous region/city (%). Spain, 2018/2019.

	Sample size	Prevalence	Lower 95% CI	Upper 95% CI
Andalusia	2,884	32.7	31.0	34.4
Aragon	2,590	38.6	36.7	40.5
Asturias	2,039	31.0	29.0	33.1
Balearic Islands	840	34.2	31.0	37.4
Canary Islands	1,328	27.3	24.9	29.7
Cantabria	1,960	31.1	29.0	33.1
Castile and Leon	2,538	33.5	31.7	35.3
Castile La Mancha	2,036	35.2	33.2	37.3
Catalonia	2,640	32.5	30.7	34.3
C. Valenciana	3,628	34.1	32.6	35.7
Extremadura	907	35.4	32.3	38.5
Galicia	2,026	23.7	21.8	25.5
Madrid	4,172	29.2	27.8	30.6
Murcia	2,240	31.5	29.6	33.4
Navarra	2,353	41.9	39.9	43.9
Basque Country	1,314	37.2	34.6	39.8
Rioja	1,033	40.0	37.0	43.0
Ceuta	668	12.8	10.2	15.3
Melilla	814	17.4	14.8	20.1
Total	38,010	32.3	31.8	32.7

CI: Confidence Interval
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

Table 19. Prevalence of *botellón* among secondary school students, ages 14 to 18, by autonomous region/city (%). Spain, 2018/2019.

	Sample Size	Past 12 months			Past 30 days		
		Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI
Andalusia	2,884	54.5	52.6	56.3	25.7	24.1	27.3
Aragon	2,590	60.0	58.1	61.9	28.6	27.0	30.4
Asturias	2,039	48.9	46.7	51.1	18.9	17.5	20.6
Balearic Islands	840	52.2	48.8	55.6	27.7	26.1	30.7
Canary Islands	1,328	30.1	27.6	32.5	11.0	9.8	12.6
Cantabria	1,960	54.8	52.6	57.0	31.5	29.8	33.6
Castile and Leon	2,538	53.6	51.7	55.6	22.7	21.2	24.4
Castile La Mancha	2,036	56.3	54.1	58.4	28.2	26.6	30.2
Catalonia	2,640	54.1	52.2	56.0	21.5	20.0	23.1
Valencia	3,628	49.6	47.9	51.2	23.5	22.0	24.9
Extremadura	907	66.5	63.5	69.6	31.2	29.5	34.2
Galicia	2,026	40.5	38.3	42.6	18.0	16.6	19.7
Madrid	4,172	46.8	45.3	48.3	17.4	16.0	18.6
Murcia	2,240	53.4	51.4	55.5	23.4	21.8	25.1
Navarra	2,353	48.9	46.9	50.9	19.2	17.8	20.8
Basque Country	1,314	58.2	55.5	60.9	26.7	25.1	29.1
Rioja	1,033	57.3	54.3	60.3	26.4	24.8	29.1
Ceuta	668	22.5	19.3	25.6	13.8	12.5	16.4
Melilla	814	29.2	26.1	32.3	16.4	15.1	19.0
Total	38,010	51.3	50.8	51.8	22.6	21.0	23.0

CI: Confidence Interval
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES).

5.1.2. European School Survey on Alcohol and Other Drugs (ESPAD)

The ESPAD survey (European School Survey on Alcohol and Other Drugs) is the largest international research project worldwide on the use of psychoactive substances by adolescents. Over 40 European countries have participated since its inception in 1995. The overall aim of the project is to collect comparable data on psychoactive substance use among European students, ages 15 and 16.

Spain has provided comparable data from the ESTUDES survey since 1995. In 2019, Spain participated in ESPAD as a member country for the first time. Full information on the ESPAD project can be found on the following website:

https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/encuestas_ESPAD.htm

5.1.2.1. Alcohol consumption prevalence

In all ESPAD-participating countries over half of the students reported having consumed alcohol at least once in their lifetime (European average: 79%), except in Kosovo (29%) and Iceland (37%). Further, 47% of students reported drinking in the past 30 days and 13% reported getting drunk in the past 30 days.

In Spain, the prevalence of alcohol consumption “ever” and “in the past 30 days” in students, ages 15 and 16, was 78% and 47%, respectively, similar to the European average. However, the prevalence of drunkenness in the past 30 days was higher in Spain (17%) compared to the European average (13%).

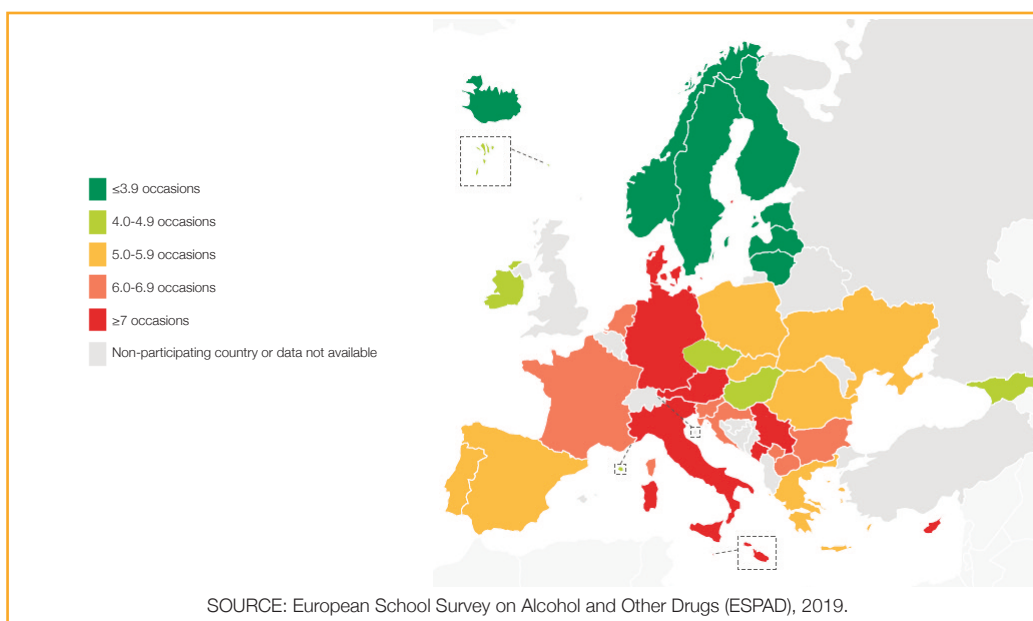
Table 20. Percentage of students reporting alcohol consumption (%). ESPAD, 2019.

	Spain	ESPAD Average	Minimum	Maximum
Ever in lifetime	78	79	29	95
Past 30 days	47	47	10	74
Drunkenness ^a	17	13	2.7	40

a. Percentage of students who report getting drunk at least once in the past 30 days.

SOURCE: European School Survey on Alcohol and Other Drugs (ESPAD), 2019.

Figure 13. Frequency of alcohol consumption in the past 30 days (average number of drinking occasions among consumers). ESPAD, 2019.

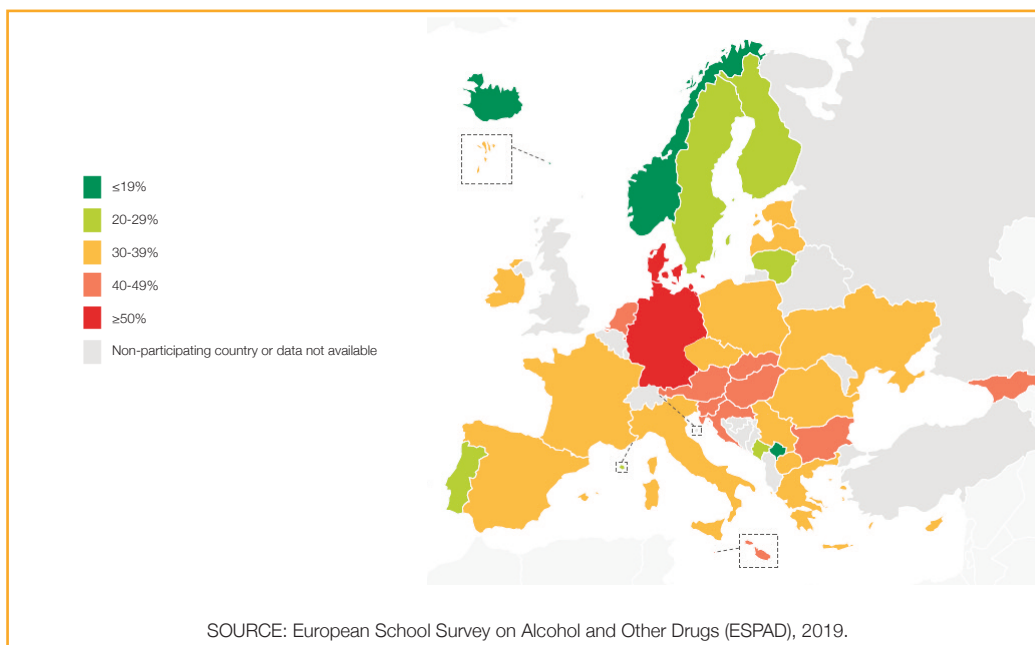


5.1.2.2. Binge Drinking episodes

One in three European students (34%) reported binge drinking (i.e., consuming 5 or more alcoholic drinks on one occasion) during the past 30 days. The difference between boys and girls was about 3 percentage points on average, with higher percentages for boys, generally.

In Spain, the prevalence of binge drinking in the past 30 days was also 34%, the same as the European average but, contrary to what we observed in most European countries, the prevalence was significantly higher in girls than in boys (38% vs. 30%).

Figure 14. Prevalence of binge drinking (5 or more drinks on one occasion; 1 drink contains approximately 2 cl of ethanol) at least once in the past 30 days (%). ESPAD, 2019.



5.1.2.3. Perceived alcohol availability

Alcoholic beverages are perceived to be readily available in most countries and, in general, perceived availability appears to be higher among girls than boys. On average, over three out of four students (78%) said they would find it easy to get/buy alcoholic beverages if they wanted to.

5.2. ALCOHOL CONSUMPTION IN THE GENERAL POPULATION

5.2.1. Home Survey on Alcohol and Other Drugs in Spain (EDADES)

The following is a summary of the main data on alcohol consumption from the Home Survey on Alcohol and Other Drugs in Spain (EDADES 2019/2020), conducted among the community-dwelling general population, ages 15 to 64.

This survey, which has been conducted biennially since 1995, is promoted and financed by the Government Delegation for the National Plan on Drugs (DGPNSD for its Spanish acronym) and counts with the full collaboration of the autonomous regions and cities. The survey's questionnaire and methodology are quite similar to those used in other European Union countries and the United States, allowing valuable international comparisons. For more detailed information on this survey, please consult the following link:

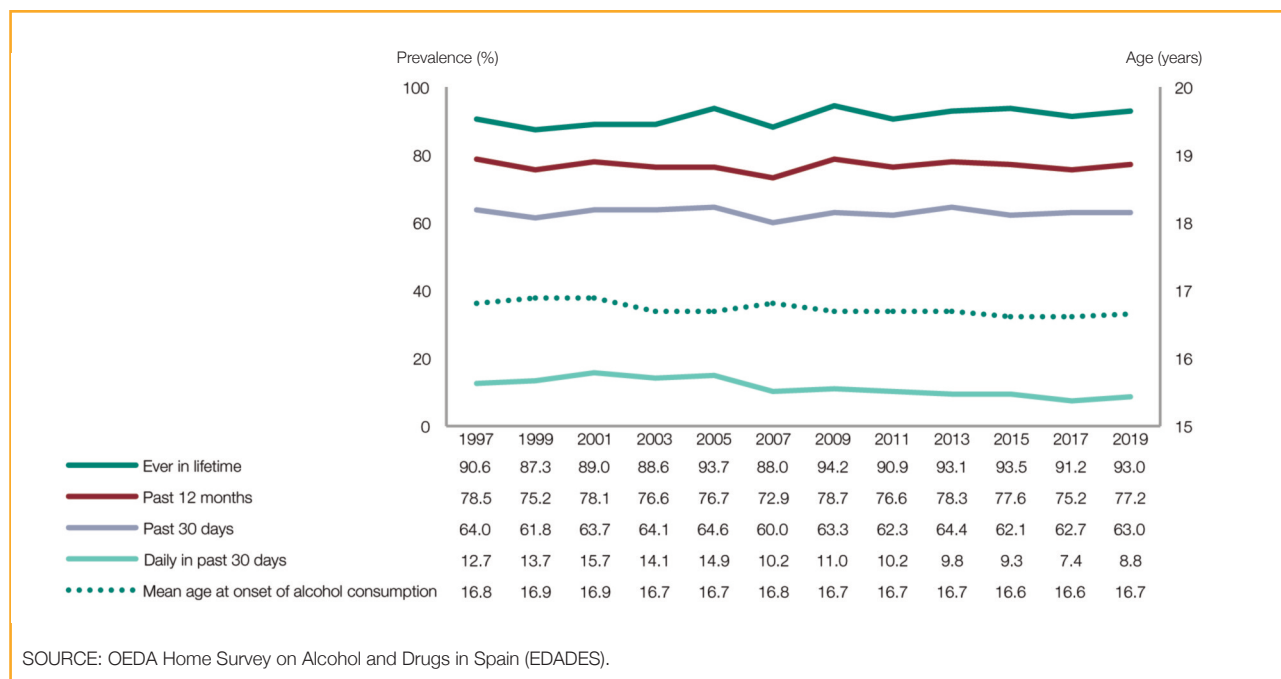
https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/encuestas_EDADES.htm

5.2.1.1. Prevalence of alcohol consumption

In 2019/2020 alcohol was reported as the most commonly consumed psychoactive substance ever in the lifetime (93.0%), in the past 12 months (77.2%), and in the past 30 days (63.0%). In terms of daily consumption, alcohol intake (8.8%) was second only to tobacco use (32.3%).

Compared to 2017, the prevalence of alcohol consumption increased across all time frames, except for alcohol consumption in the past 30 days, which was practically the same as in 2017 (62.7%). Regarding daily alcohol consumption, intake increased 1.4 percentage points with respect to 2017, when the lowest percentage in the historical series (7.4%) was reached; thus, breaking the downward trend that began in 2011.

Figure 15. Change in the prevalence of alcohol consumption and mean age at initiation of alcohol consumption in the population, ages 15 to 64 (%). Spain, 1997-2019/2020.



SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

Average age of onset of consumption

The average age of onset of alcohol consumption was 16.7 years, remaining stable throughout the historical time series. Men (16.2 years) started drinking earlier than women (17.2 years).

The difference in the mean age of onset of consumption found in this survey and that of students, ages 14 to 18 (around 14 years) is because EDADES only includes people ages 15 to 64, including people who have started later than 18, while ESTUDES only surveys individuals ages, 14 to 18. Thus, those who started later are not included in the calculation of the mean age. In addition, there is the potential recollection bias due to memory issues among the older respondents included in EDADES.

For the purpose of this report, the mean age of onset of consumption will be considered to be the one collected through the ESTUDES survey (14 years) since it is the most accurate for guiding alcohol consumption prevention policies at this time.

Prevalence of alcohol consumption by age and sex

Regardless of the time frame and age group, alcohol consumption was higher among men than women. The greatest sex differences in consumption were found in the 55-64 age group across all time frames. As the consumption time frame decreases, the sex differences increase.

More men (95.5%) than women (90.4%) consumed alcohol **ever in their lifetime**, with the highest prevalence for this time frame among 55 to 64 year-old men (98.3%) and among 45 to 54 year-old women (91.9%).

The prevalence of consumption in the **past year** was 82.7% among men and 71.6% among women, reaching a maximum among men in the 25-34 age group (86.1%) and among women in the younger group ages, 15 to 24 (76.7%).

Of the men, 72.0% reported having had an alcoholic beverage in the **past month**, versus 53.9% among women.

A total of 14.2% of men reported having consumed alcohol on a **daily basis**, a percentage four times higher than that reported by women (3.4%). In both sexes, daily consumption increases with age.

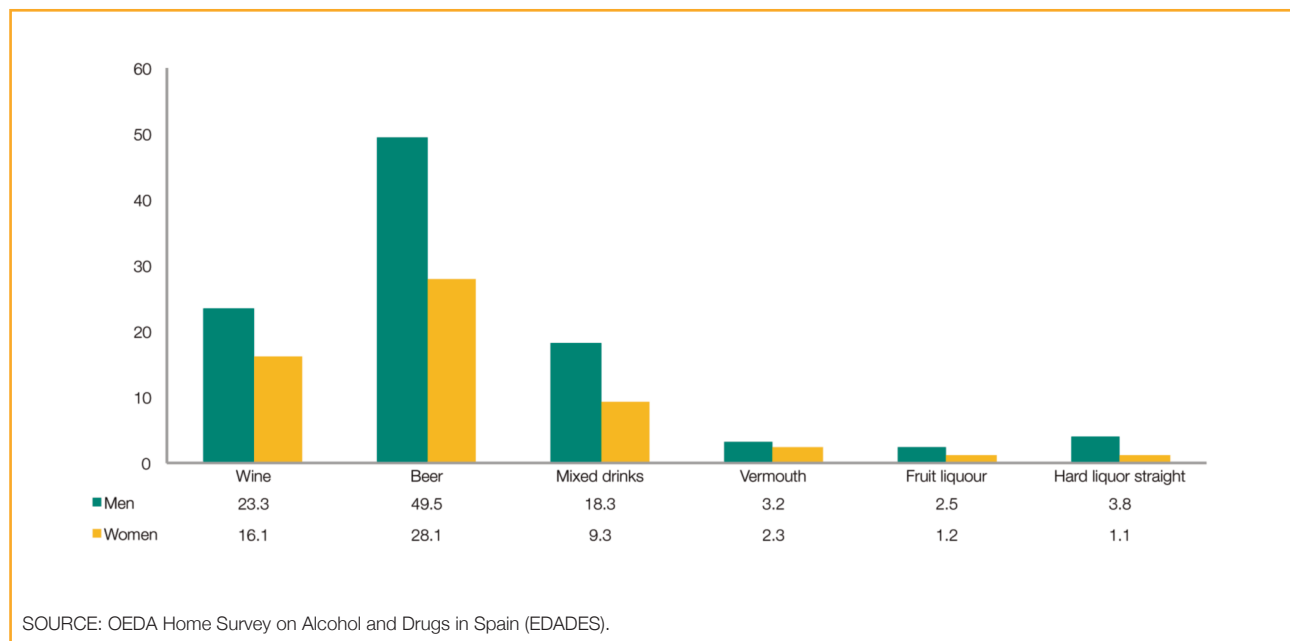
Table 21. Prevalence of alcohol consumption in the population, ages 15 to 64, by age and sex (%). Spain, 2019/2020.

	15-64			15-24			25-34			35-44			45-54			55-64		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Ever in lifetime	93.0	95.5	90.4	88.7	90.2	87.1	93.9	96.1	91.7	93.1	95.3	90.9	94	96.1	91.9	93.8	98.3	89.3
Past 12 months	77.2	82.7	71.6	79.3	81.9	76.7	79.2	86.1	72.3	77.9	82.7	73.0	76.7	81.6	71.9	73.6	81.6	65.6
Past 30 days	63.0	72.0	53.9	61.8	68.0	55.1	64.7	75	54.3	62.9	70.9	54.6	64.3	72.5	56.4	61	73.2	48.9
Daily in past 30 days	8.8	14.2	3.4	1.3	1.9	0.6	4.0	6.1	1.8	8.4	13.5	3.1	10.9	18.0	4.0	16.6	26.8	6.5
Never	7.0	4.5	9.6	11.3	9.8	12.9	6.1	3.9	8.3	6.9	4.7	9.1	6.0	3.9	8.1	6.2	1.7	10.7

T: Total; M: Men; W: Women.
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

Regarding the **type of beverage consumed**, there is a large sex difference in the prevalence of consumption across all alcoholic beverages. The greatest difference is observed with beer. Beer is the type of beverage most consumed by both sexes, but men consume almost twice as much as women.

Figure 16. Prevalence of alcohol consumption in the past 7 days in the population, ages 15 to 64, by type of alcoholic beverage and by sex (%). Spain, 2019/2020.



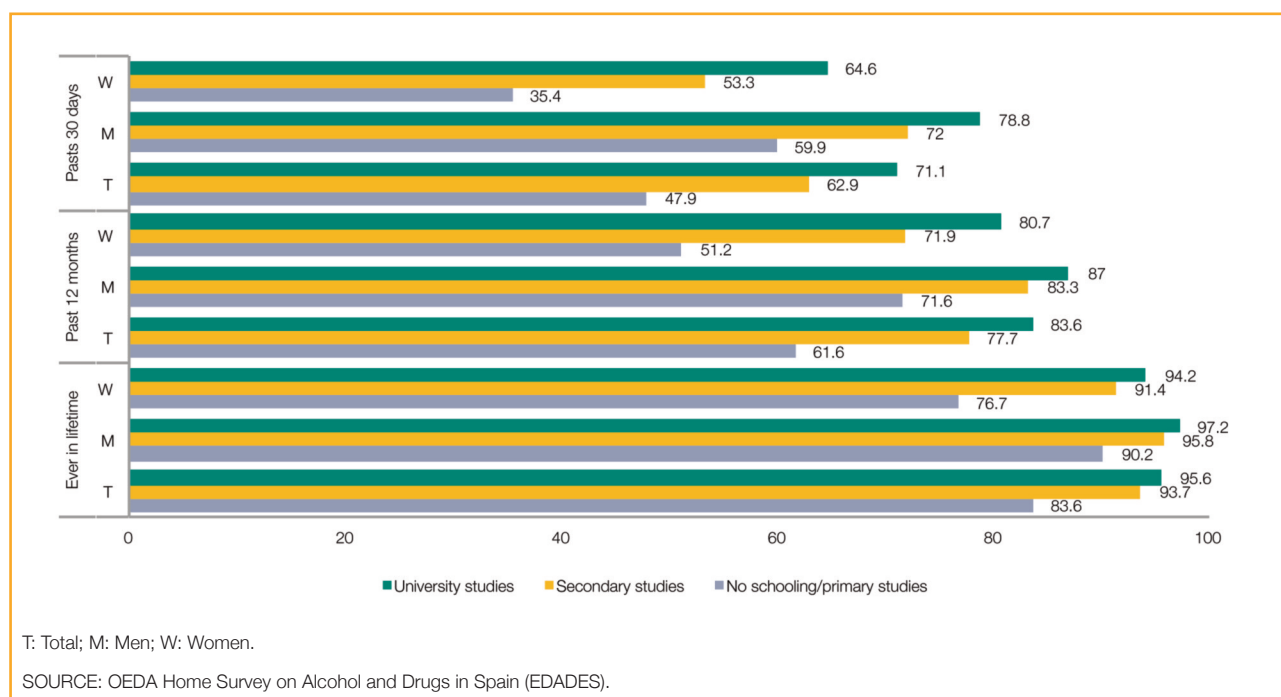
The prevalence of consumption increases in both men and women for any time frame as the level of education increases, except for daily consumption, which is higher among those with lower **educational levels**. However, these data should be interpreted with caution because this group includes a higher percentage of older people who are more likely to report a daily consumption pattern.

Table 22. Prevalence of alcohol consumption in the population, ages 15 to 64, according to educational level (%). Spain, 2019/2020.

	No schooling/Primary studies	Secondary studies	College/university education
Ever in lifetime	83.6	93.7	95.6
Past 12 months	61.6	77.7	83.6
Past 30 days	47.9	62.9	71.1
Daily consumption	11.7	9.2	6.2

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

Figure 17. Prevalence of alcohol consumption in the population, ages 15 to 64, by educational level by sex (%). Spain, 2019/2020.

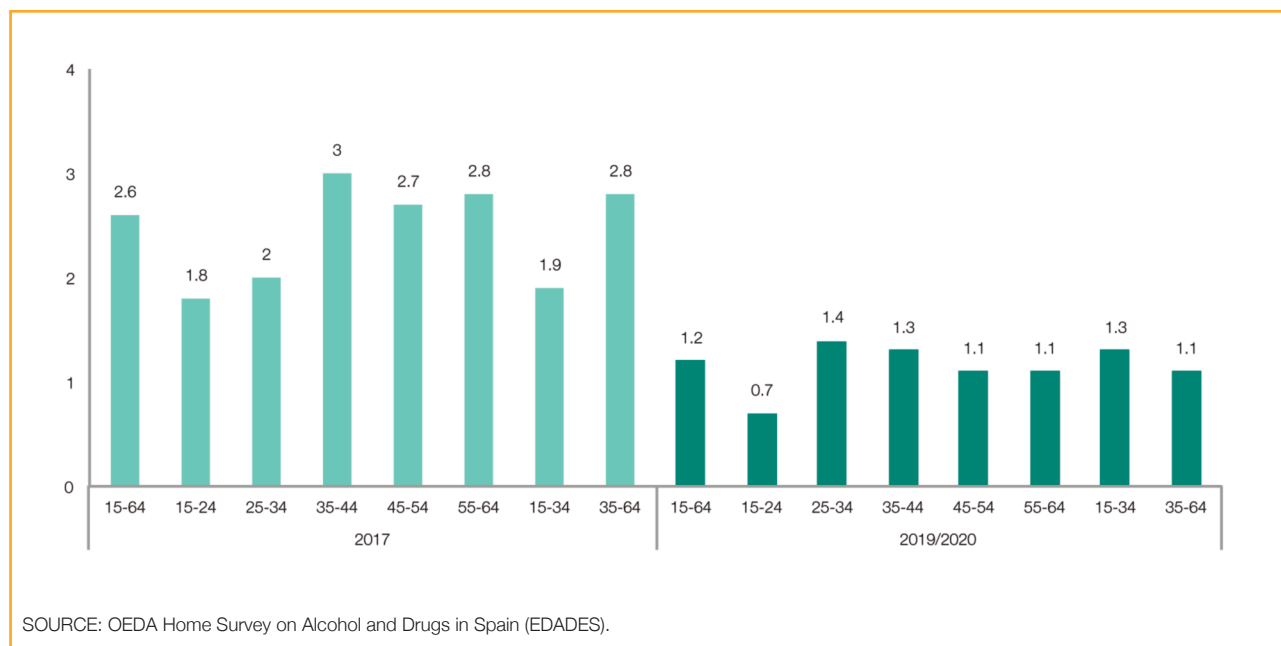


Alcohol consumption during pregnancy

To explore alcohol consumption during pregnancy, the following question was included starting with the 2017 EDADES questionnaire: "If you have been PREGNANT or are currently pregnant, have you consumed or do you consume any alcoholic beverage during pregnancy?"

In 2019/2020, 1.2% of women reported having consumed alcohol while pregnant, a lower percentage than in 2017 (2.6%).

Figure 18. Prevalence of alcohol consumption during pregnancy in the population, ages 15 to 64, by age (%). Spain, 2017-2019/2020.

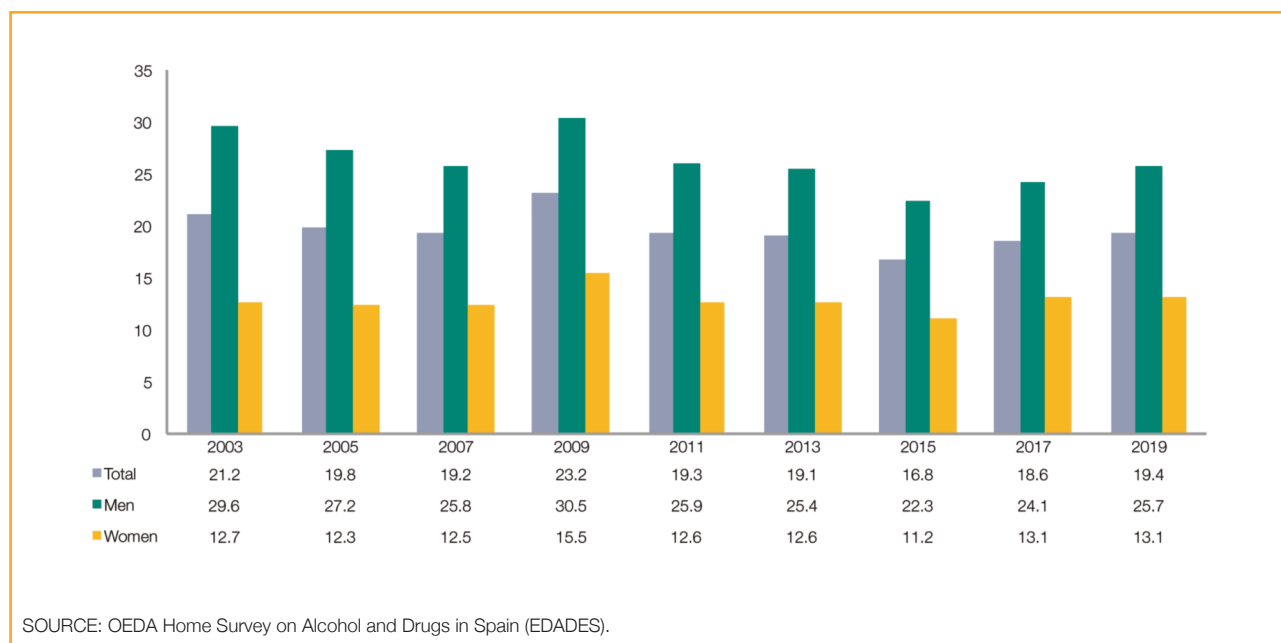


5.2.1.2. Acute alcohol intoxication / drunkenness

In 2019/2020 the prevalence of acute alcohol intoxication in the past 12 months stood at 19.4%, registering a slight upturn, thus continuing the upward trend started in 2015.

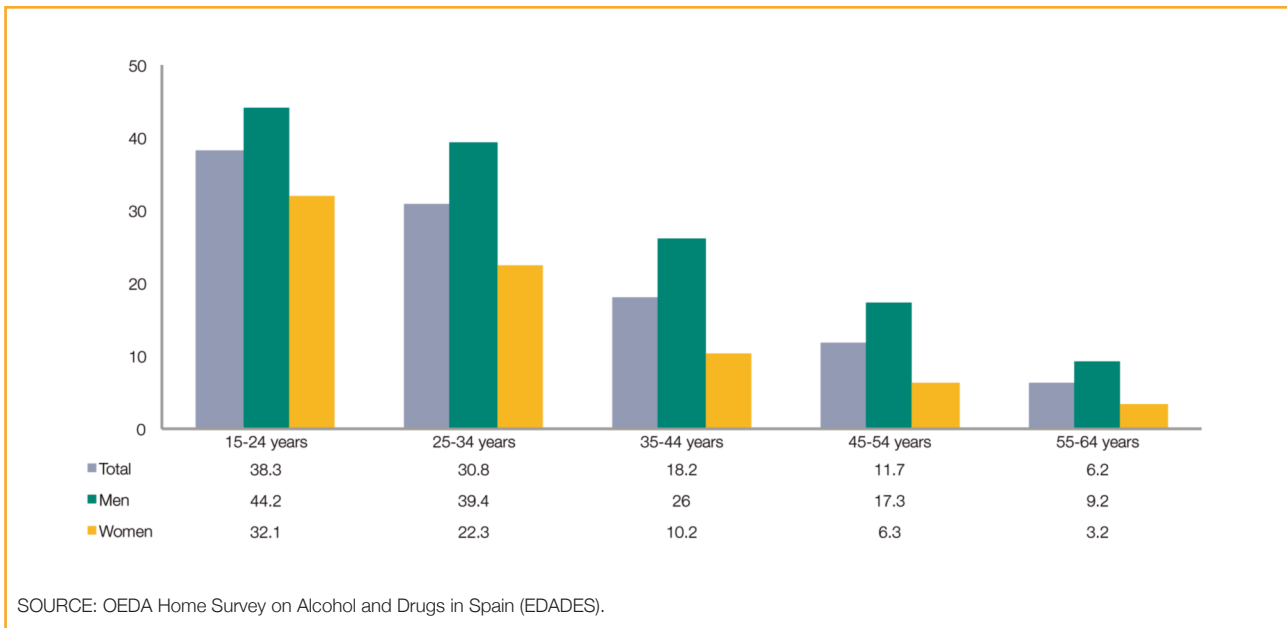
Regarding sex distribution, drunkenness was more prevalent among men than among women across all age groups. Compared to 2017, the prevalence of drunkenness increased among men and remained stable among women.

Figure 19. Change in prevalence of acute alcohol intoxication (drunkenness) in the past 12 months in the population, ages 15 to 64, by sex (%). Spain, 2003-2019/2020.



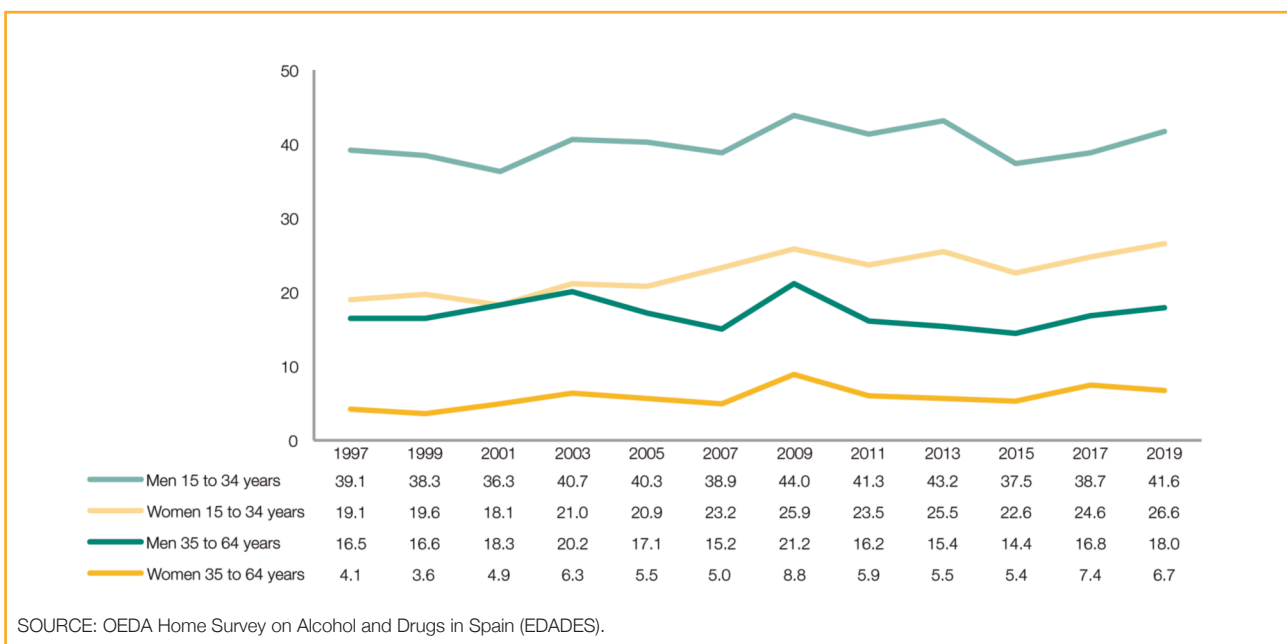
Independently of sex, we observed that **as age increases**, prevalence of drunkenness decreases.

Figure 20. Prevalence of acute alcohol intoxication (drunkenness) in the past 12 months in the population, ages 15 to 64, by age and sex (%). Spain, 2019/2020.



We looked at changes across time of the prevalence of **acute alcohol intoxications** in the past 12 months by sex and two age groups (ages 15 to 34 and ages 35 to 64). We observed a slight upturn for all four groups, very similar to 2017.

Figure 21. Changes in the prevalence of acute alcohol intoxication (drunkenness) in the past 12 months in the population, ages 15 to 64, by age and sex (%). España, 1997-2019/2020.

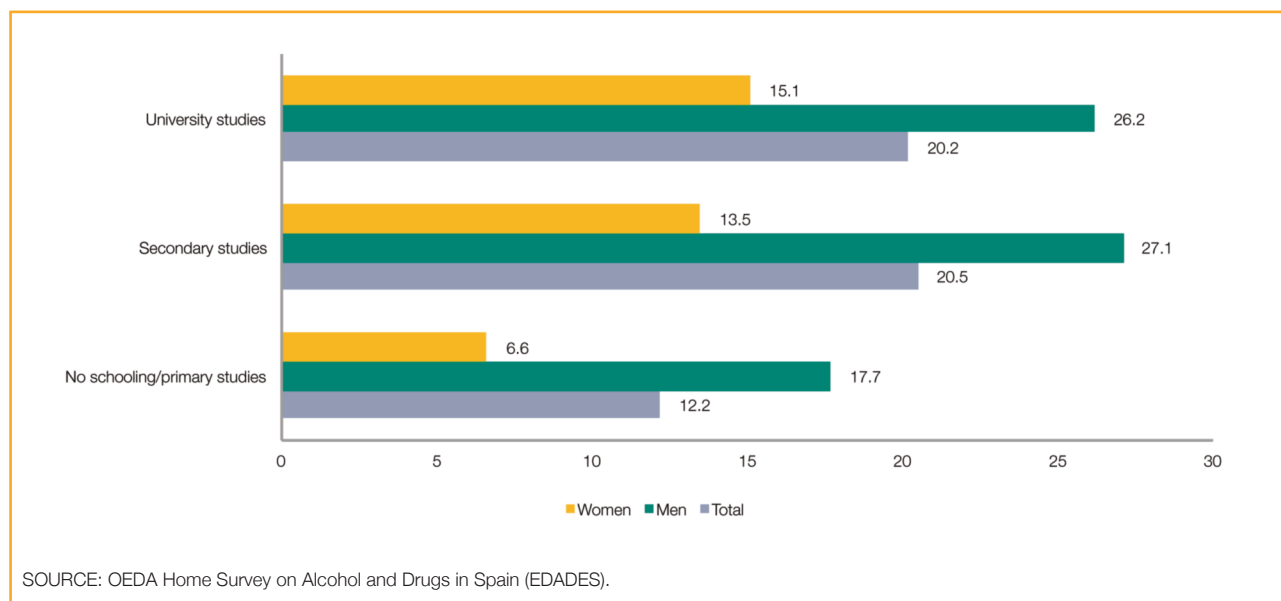


Irrespective of sex, acute alcohol intoxications were more widespread among the youngest, i.e., ages 15 to 34. Men, ages 15 to 34, presented the highest percentage of drunkenness, with 41.6% of men younger than 35 years reporting

getting drunk in the past year. The prevalence among women in the same age group was 15 points lower, 26.6%. Among those between 35 and 64, 18.0% of men and 6.7% of women got drunk within the past 12 months. Women, ages 35 to 64, reported the lowest prevalence of drunkenness in the past year, and was the only group of individuals whose prevalence of drunkenness was lower than in 2017.

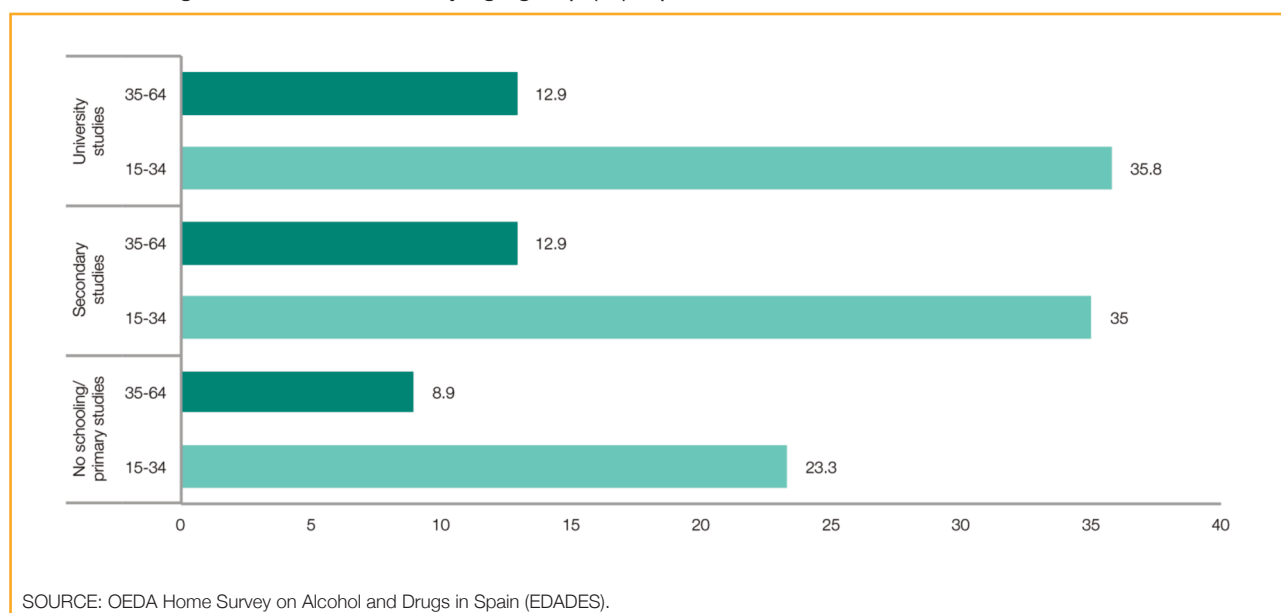
Regarding acute alcohol intoxication (drunkenness) in the past 12 months, prevalence increases at higher **educational levels**, regardless of sex, a gradient that is somewhat less marked in men than women.

Figure 22. Prevalence of acute alcohol intoxication (drunkenness) in the past 12 months in the population, ages 15 to 64, according to educational level, by sex (%). Spain, 2019/2020.



The following figure shows that a portion of the differences found across educational levels are due to the effect of age, since older people report both lower prevalence of drunkenness and lower educational levels.

Figure 23. Prevalence of acute alcohol intoxication (drunkenness) in the past 12 months in the population, ages 15 to 64, according to educational level, by age group (%). Spain, 2019/2020.



Close to 7% (6.8%) of the population, ages 15 to 64, reported at least one **acute alcohol intoxication in the past 30 days**.

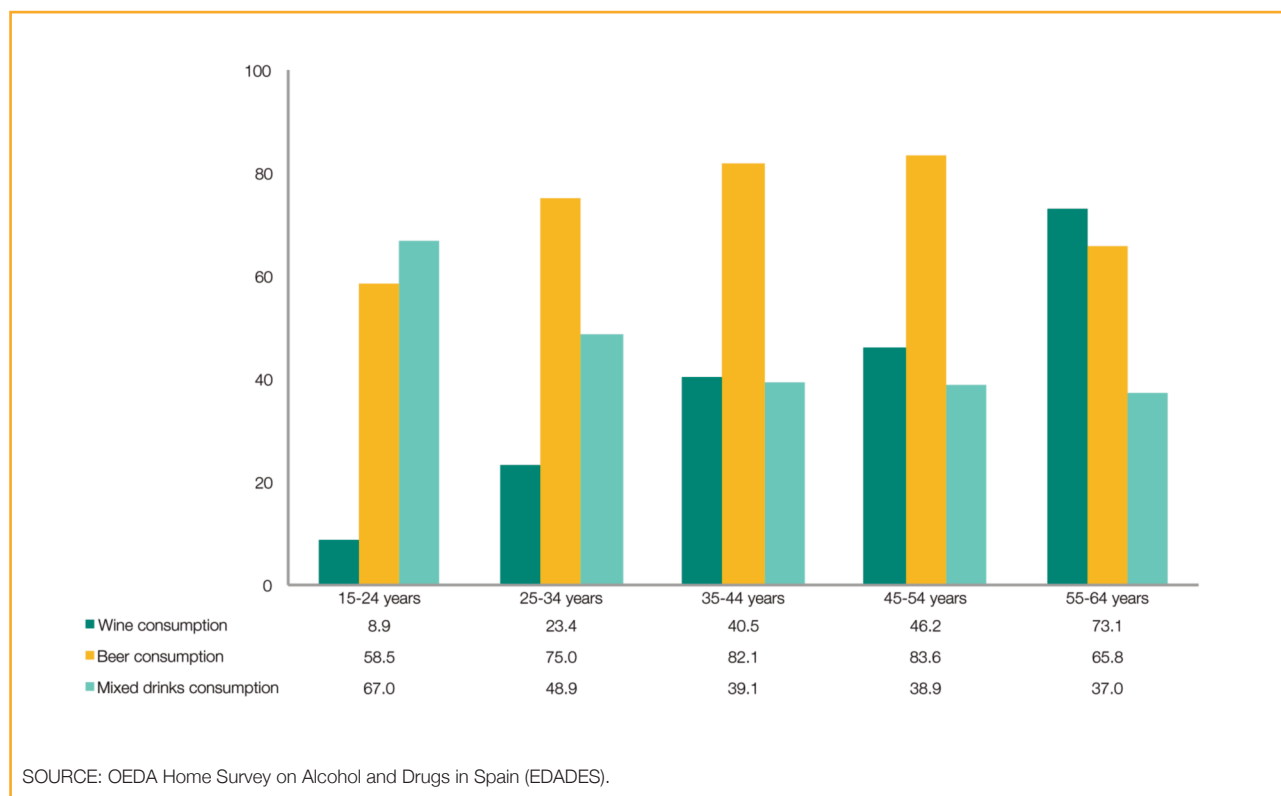
A total of 9.3% of men admitted getting drunk in the past month, a figure that more than double that reported by women (4.2%). Regardless of age group, prevalence, in the past month as well as in the past year, was higher in men than in women.

Regarding age distribution, prevalence of drunkenness declined as age increased, with the highest prevalence among the youngest group, ages 15 to 24.

If we only considered those reporting consuming alcohol in the past month, the prevalence of acute alcohol intoxication increased to 10.8%. In both men and women, the older they are, the lower the prevalence of drunkenness.

The **type of alcoholic beverages** consumed in the past 7 days by those who reported getting drunk in the past 30 days, differs by age. The percentage of wine consumers increased with age, reaching its peak with the 55 to 64 year-olds, whereas the proportion of those consuming mixed drinks decreased with age. Mixed drinks are more popular among younger people: 67.0% of consumers, ages 15 to 24, who got drunk in the past month, consumed mixed drinks in the 7 days prior to the survey. As for beer, 83.6% of 45-54 year-olds, 65.8% of 55-64 year-olds, and under 60% of 15-24 year-olds consumed beer in the past 7 days.

Figure 24. Prevalence of wine, beer, and mixed drinks consumption in the past 7 days in the population, ages 15 to 64, who reported getting drunk in the past 30 days, by age group (%). Spain, 2019/2020.



In regard to **risk perception**, those who have recently experienced acute alcohol intoxication, i.e., in the past 30 days, perceived lower risk associated with alcohol consumption. Thus, whereas 51.6% of those who did not get drunk in the past month thought that having 5 or 6 beers/drinks on the weekend may cause a lot or quite a few problems, only 32.1% of those who got drunk recently did.

We found smaller differences when it came to daily alcohol consumption. Among those who did not recently get drunk, 48.9% thought that drinking 1 or 2 beers/glasses of wine a day could cause a lot or quite a few problems versus 40.2% of those who reported getting drunk in the past month.

Table 23. Perceived risk associated to alcohol consumption (percentage of population, ages 15 to 64 who think that the consumption scenarios described may produce a lot or quite a lot of problems), according to whether or not they got drunk in the past 30 days (%). Spain, 2019/2020.

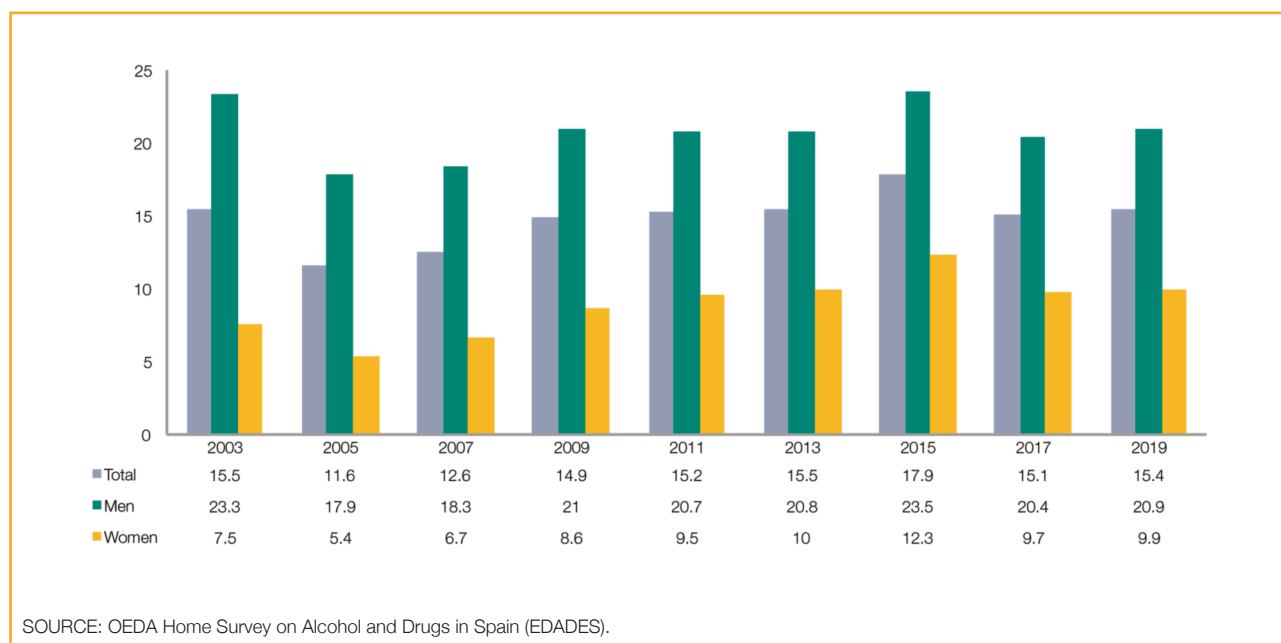
	Got drunk in the past 30 days	Did not get drunk in the past 30 days
Consume 5 or 6 beers/mixed drinks over the weekend	32.1	51.6
Consume more than 1 or 2 beers/glasses of wine daily	40.2	48.9

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.1.3. Binge drinking

A very slight upturn in binge drinking was observed in 2019/20 compared to the 2017 data.

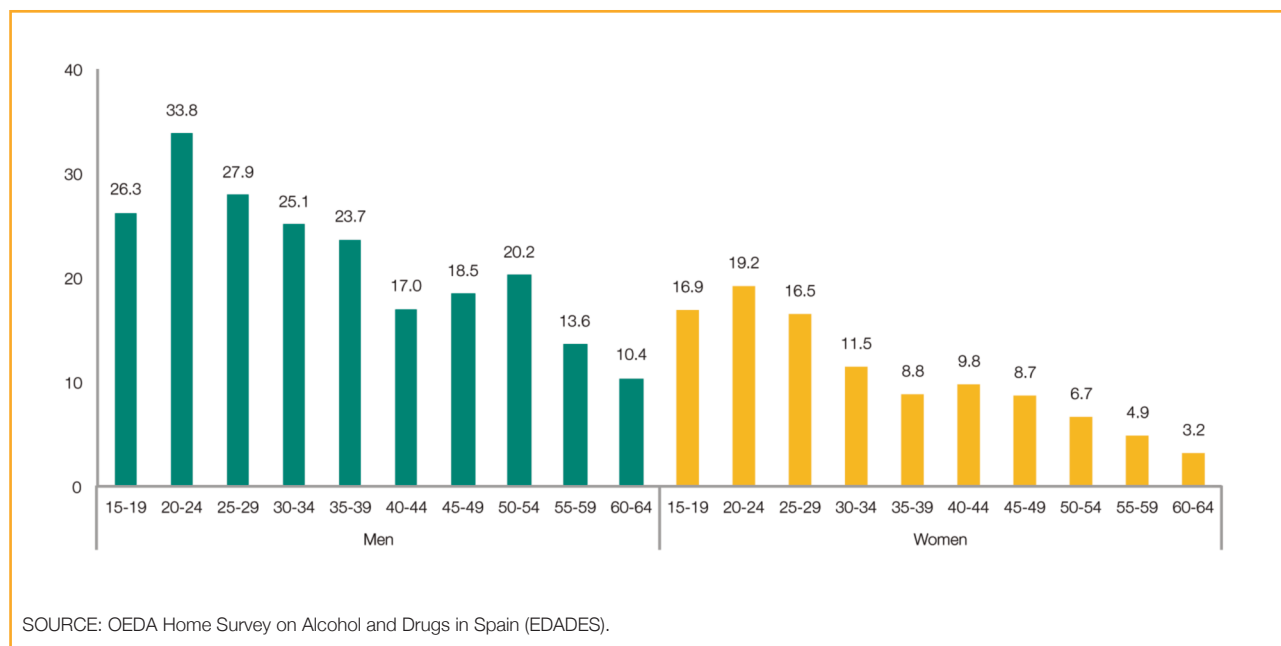
Figure 25. Prevalence of binge drinking in the past 30 days in the population, ages 15 to 64, by sex (%), by year. Spain, 2003-2019/2020.



Binge drinking is more prevalent among men than among women across all age groups, but this is especially true in younger age groups.

In both sexes, the highest prevalence was found in the 20-24 age group (33.8% men and 19.2% in women).

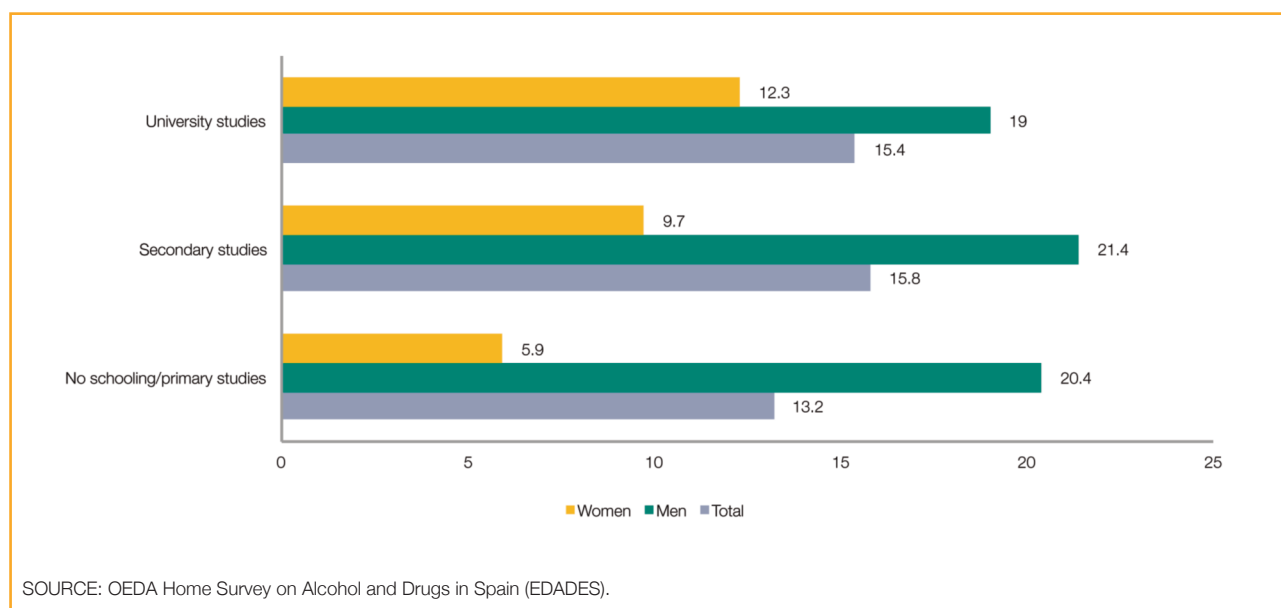
Figure 26. Prevalence of binge drinking in the past 30 days in the population, ages 15 to 64, by sex and age group (%). Spain, 2019/2020.



The prevalence of **binge drinking** in women increases the higher the educational level achieved, being highest among college graduates. However, the prevalence in men does not vary significantly by education.

These results should be interpreted carefully given that for women, older age is directly associated with both lower educational achievement and lower prevalence of binge drinking.

Figure 27. Prevalence of binge drinking in the past 30 days in the population, ages 15 to 64, by educational level and sex (%). Spain, 2019/2020.

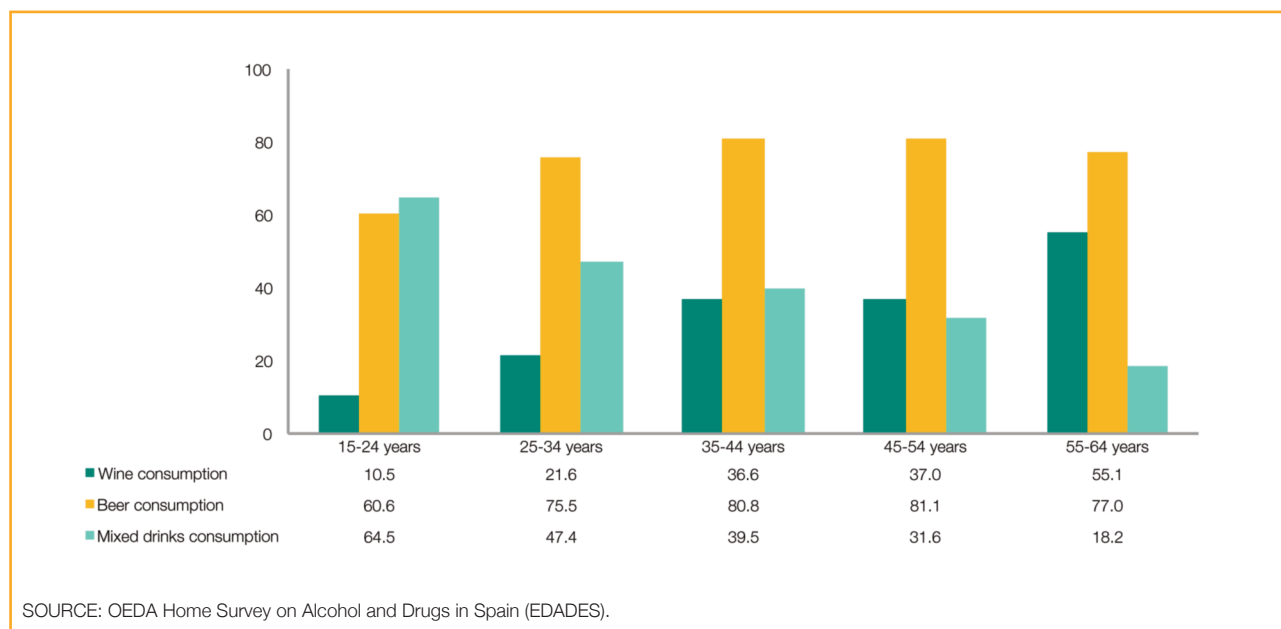


The prevalence of type of alcoholic drink among those who reported binge drinking in the past 30 days varies by age group as follows. Regardless of age group, **beer** is the most widely consumed beverage among those reporting binge drinking in the past 30 days, reaching its highest prevalence among 45-54 year-olds (81.1%).

Wine consumers increase with age (10.5% in the 15 to 24 age group and 55.1% in the 55 to 64 age group).

Again, the opposite is true for **mixed drinks**, the proportion of consumers decreases progressively in the older age groups. Thus, over half of the 15 to 24 year-olds reported consuming these high-alcohol content drinks in the past week (64.5%), but only 18.2% of 55 to 64 year-olds did.

Figure 28. Prevalence of wine, beer, and mixed drinks consumption in the past 7 days among those reporting binge drinking in the past 30 days, in the population, ages 15 to 64, by age group (%). Spain, 2019/2020.



Regarding the **perception of risk** associated with binge drinking, 53.6% of those who did not binge drink in the past month think that having 5 or 6 beers/drinks on the weekend may cause a lot or quite a few problems. Not surprisingly, this figure drops to 31.2% among those who reported binge drinking in the past month.

As for the risk associated with daily alcohol consumption, the perceived risk is higher among those who did not binge drink than among those who did so in the past 30 days (54.5% vs. 36.9%).

Table 24. Perceived risk associated to alcohol consumption (percentage of population, ages 15 to 64, who think that certain drinking behavior may cause a lot or quite a lot of problems), by binge drinking in the past 30 days (%). Spain, 2019/2020.

	Binge drinking in past 30 days	No binge drinking in past 30 days
Drinking 5 or 6 beers/drinks on weekends	31.2	53.6
Drinking > 1 or 2 beers/glasses of wine daily	36.9	54.5

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.1.4. Botellón

The prevalence of engaging in *botellón* in the past year is higher among the youngest, reaching 42.0% among 15-24 year-olds, compared to 0.6% among 55-64 year-olds.

By sex, the prevalence of *botellón* in the past 12 months is higher among men than women regardless of age, with the greatest difference found in the 15 to 24 age group (46.5% among men and 37.2% among women).

In the 15 to 17 age group, over one third (36.1%) reported having engaged in this practice in the past year (38.5% in men, 33.5% in women).

Table 25. Prevalence of engaging in *botellón* in the past 12 months in the population, ages 15 to 64, by age group and sex (%). Spain, 2019/2020.

	15-24			25-34			35-44			45-54			55-64			15-17		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Engaged in <i>botellón</i>	42.0	46.5	37.2	13.2	15.3	11.0	3.8	4.3	3.4	1.5	2.0	1.1	0.6	0.8	0.5	36.1	38.5	33.5

T: Total; M: Men; W: Women.
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

As was the case when examining drunkenness and binge drinking, those who have engaged in *botellón* in the past year perceive lower risk associated with alcohol consumption. Whereas 36.4% of *botellón* participants perceive there could be many or quite a few problems associated with consuming 5 or 6 beers/drinks on weekends, the proportion reaches 51.8% among those who have not practiced *botellón*.

Similarly, those who practiced *botellón* in the past year are less likely to perceive daily consumption of alcohol (1 or 2 beers/glasses of wine every day) as problematic (42.7%) than those who did not (49.0%).

Table 26. Perceived risk associated to alcohol consumption (percentage of population, ages 15 to 64, who think that certain drinking behavior may cause a lot or quite a lot of problems), by *botellón* participation in the past year (%). Spain, 2019/2020.

	Participated in <i>botellón</i> in past year	Did not participate in <i>botellón</i> in past year
Drinking 5 or 6 beers/drinks on weekends	36.4	51.8
Drinking > 1 or 2 beers/glasses of wine daily	42.7	49.0

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

When we explored the prevalence of **poly-drug use** of psychoactive substances in the past year among those reporting participating (or not) in *botellón*, we observed that poly-drug use was clearly more widespread among *botellón* participants than among not participants.

Table 27. Percentage consuming psychoactive substances* in the past 12 months in the population, ages 15 to 64, according to their participation in *botellón* in the past year (%). Spain, 2019/2020.

	Participated in <i>botellón</i> in past year	Did not participate in <i>botellón</i> in past year
No substance consumption	0.0	16.7
One substance	41.5	45.0
Two substances	25.6	28.3
Three substances	23.2	7.5
Four or more substances	9.7	2.5

* Alcohol, tobacco, prescription and non-prescription hypno-sedatives, cannabis, powder cocaine, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants.
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

Thus, 58.5% of people who participated in botellón in the past year have engaged in poly-drug use in that period, 20 percentage points higher than individuals who did not participate in botellón in the past 12 months (38.3%).

5.2.1.5. Reasons for drinking alcohol

Regardless of sex, about 40% of alcohol consumers drink because it is fun and it livens up parties. Secondly, one in four individuals consume alcohol because they like the way they feel after drinking.

It is worth highlighting that, among older individuals, fewer drink alcohol because it is fun and it livens up parties and more drink because they believe it is healthy or part of a balanced diet.

Table 28. Reasons to consume alcohol in the population, ages 15 to 64, by age and sex (%). Spain, 2019/2020.

	15-24			25-34			35-44			45-54			55-64			15-17		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Likes how it feels after drinking	25.2	30.5	19.8	24.5	27.5	21.3	26.2	31.5	20.9	26.6	31.4	21.7	25.4	31.5	19.4	23.0	30.0	16.2
It is fun and it livens up parties	43.3	45.9	40.7	57.4	59.6	55.0	51.0	56.4	45.6	44.6	46.8	42.4	37.8	38.6	37.1	31.3	33.9	28.7
Just to get drunk	1.5	2.0	1.0	3.3	4.1	2.5	2.0	2.4	1.6	1.2	2.0	0.5	1.2	1.9	0.6	0.5	0.5	0.4
To fit in and not feel excluded	13.4	13.9	12.9	18.7	19.2	18.3	13.9	15.3	12.4	12.8	13.5	12.1	12.5	11.6	13.4	11.0	12.0	10.1
Helps to forget it all	2.6	3.1	2.0	2.6	2.6	2.6	2.6	2.9	2.2	2.4	3.0	1.8	3.0	3.6	2.3	2.2	3.2	1.2
They believe it is healthy or part of a balanced diet	11.4	13.3	9.5	2.3	2.4	2.2	6.4	7.8	5.1	10.5	11.8	9.1	14.5	16.9	12.1	19.9	24.0	15.9

T: Total M: Men, W: Women
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.1.6. Opinions on selected alcohol consumption policies

Below are the results regarding the opinions of the population, ages 15 to 64, on specific policies on alcohol consumption.

Table 29. Percentage in agreement with specific alcohol policies among the population, ages 15-64, by age and sex (%). Spain, 2019/2020.

	15-24			25-34			35-44			45-54			55-64			15-17		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Ban adverts	71.5	68.2	74.7	65.9	62.3	69.8	68.5	65.7	71.4	70.7	67.5	74.0	74.2	70.9	77.4	75.6	72.4	78.8
Warnings on packaging about damage	82.7	80.6	84.8	82.6	80.6	84.7	82.0	78.8	85.2	82.4	80.9	83.9	82.7	79.9	85.6	83.7	82.7	84.6
Ban sponsoring athletes	74.8	71.5	78.1	71.3	68.8	73.9	73.0	69.4	76.7	73.6	69.0	78.4	77.1	74.4	79.7	77.6	75.2	80.1

T: Total M: Men, W: Women
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

First, it should be noted that there is a large consensus that all the measures proposed would be appropriate to implement in the fight against alcohol consumption (banning alcohol advertising and the alcohol industry from sponsoring athletes, sports teams, or sporting events). However, the most popular measure (80% support) is to include warnings on packaging about the physical damage that alcohol consumption may cause.

Women were slightly more supportive of anti-alcohol policies, regardless of age.

5.2.1.7. Poli-drug use

Among those consuming only **one psychoactive substance**, alcohol was their top choice by far (85.6%).

Among those who consumed **two, three, four or more substances**, in the past 12 months, alcohol was almost always one of them.

Table 30. Prevalence of psychoactive substance* consumption, by number of substances consumed in the past 12 months. (%). Spain, 2019/2020.

	One substance	Two substances	Three substances	Four or more substances
Alcohol	85.6	94.7	98.9	99.2
Tobacco	10.0	80.9	97.6	96.9
Cannabis	0.3	5.1	62.5	92.8
Ecstasy	0.0	0.0	0.4	25.7
Prescription and non-prescription hypno-sedatives	4.1	18.6	35.2	54.4
Non-prescription hypno-sedatives	0.1	1.2	3.0	16.6
Prescription and non-prescription opioid painkillers	5.5	8.1	13.5	20.1
Non-prescription opioid painkillers	0.2	0.6	1.2	5.9
Powder cocaine	0.0	0.5	4.5	53.7
Cocaine base	0.0	0.1	0.1	4.4
Amphetamines /speed	0.0	0.0	0.3	17.4
Hallucinogens	0.0	0.0	0.3	16.6
Heroin	0.0	0.0	0.0	2.1
Volatile inhalants	0.0	0.0	0.2	3.7

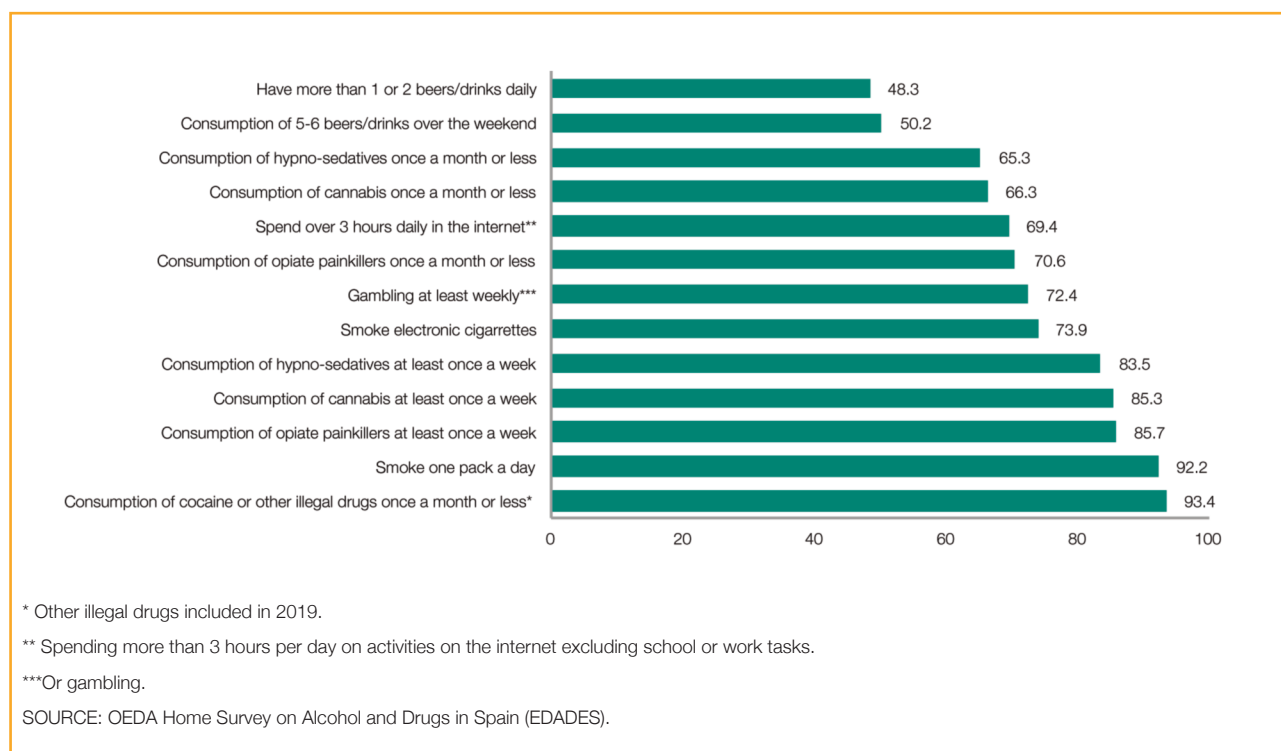
* Psychoactive substances (alcohol, tobacco, hypno-sedatives, cannabis, powder cocaine, cocaine base, ecstasy, amphetamines, hallucinogens, heroin, volatile inhalants).
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.1.8. Risk perception

Here we examined risk perception in terms of the extent to which people think that certain behaviors related to drug use may cause problems. Considering the consumption of psychoactive substances as a risk and potentially problematic is likely to act as a deterrent to consumption.

Regular alcohol consumption (5-6 beers/drinks on weekends) was perceived as a risk by half of the population (50.2%) and drinking over 1 or 2 beers/drinks every day was perceived as a problem only by 48.3%.

Figure 29. Perceived risk to drug use (percentage of population who think that each of the following behaviors may cause a lot or quite a lot of problems). Spain, 2019/2020.



In general, across scenarios, perceived risk is higher among women than men. The greatest differences by sex are found in relation to the consumption of alcohol, cannabis, and internet use.

Figure 30. Perceived risk to psychoactive substance use (percentage of population, ages 15 to 64, who think that each of the following consumptions may cause a lot or quite a lot of problems) by sex. Spain, 2019/2020.



5.2.1.9. Perception of consumption visibility

The most common situations encountered by individuals are those related to cannabis and alcohol use. Regarding alcohol consumption, about 45% of individuals report having regularly encountered individuals who were drunk or participating in a *botellón*.

Table 31. Visibility in the immediate environment of situations related to alcohol use (percentage of the population, ages 15 to 64, who frequently/very frequently encounter each scenario where they live). Spain, 2013-2019/2020.

	2013	2015	2017	2019
People participating in <i>botellón</i>	42.4	34.9	38.3	45.3
Drunk people	-	32.7	38.1	45.9

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.1.10. Prevalence of alcohol consumption by Autonomous Region/City

The age of onset of alcohol consumption in the population, ages 15 to 64, is between 16.2 and 17.5 years of age. The autonomous region with the earliest onset of alcohol consumption is the Valencian Region (16.2 years), whereas the latest age of onset is recorded in Melilla (17.5 years).

Table 32. Prevalence of alcohol consumption in the population, ages 15 to 64, by autonomous region/city (%). Spain, 2019/2020.

	Sample Size	Ever in lifetime			Past 12 months			Past 30 days			Daily in past 30 days		
		Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI
Andalusia	1,656	92.9	91.7	94.2	74.2	72.0	76.3	57.7	55.4	60.1	8.9	7.6	10.3
Aragon	549	94.4	92.5	96.3	82.1	78.9	85.3	68.0	64.1	71.9	10.2	7.7	12.7
Asturias	1,008	96.2	95.0	97.3	84.6	82.4	86.8	71.9	69.1	74.7	11.3	9.3	13.2
Balearic Islands	540	92.7	90.5	94.9	78.6	75.1	82.0	65.4	61.4	69.4	9.5	7.0	11.9
Canary Islands	526	93.3	91.2	95.5	70.2	66.3	74.1	49.8	45.5	54.0	5.0	3.1	6.9
Cantabria	559	94.7	92.9	96.6	82.8	79.7	85.9	67.6	63.7	71.5	8.4	6.1	10.7
Castile and Leon	1,295	95.8	94.7	96.9	80.1	77.9	82.3	65.6	63.0	68.2	10.8	9.1	12.5
Castile La Mancha	1,014	93.2	91.6	94.7	74.0	71.3	76.7	60.8	57.8	63.8	5.4	4.0	6.8
Catalonia	1,770	92.5	91.3	93.7	79.6	77.7	81.4	63.0	60.8	65.3	8.9	7.6	10.2
Valencia	2,249	95.8	94.9	96.6	84.5	83.0	86.0	70.4	68.5	72.2	8.7	7.5	9.8
Extremadura	755	87.6	85.3	90.0	62.8	59.4	66.3	50.3	46.7	53.8	14.5	12.0	17.0
Galicia	1,276	90.3	88.7	92.0	74.3	71.9	76.7	63.9	61.3	66.6	10.0	8.4	11.7
Madrid	1,698	91.4	90.0	92.7	74.5	72.5	76.6	65.0	62.7	67.2	8.1	6.8	9.4
Murcia	757	95.2	93.7	96.7	81.6	78.8	84.4	67.9	64.6	71.3	8.0	6.1	10.0
Navarra	479	91.6	89.2	94.1	80.5	77.0	84.1	62.6	58.3	66.9	7.9	5.4	10.3
Basque Country	939	93.8	92.2	95.3	79.1	76.5	81.7	67.8	64.8	70.7	10.1	8.2	12.0
Rioja	450	95.5	93.6	97.4	81.3	77.7	84.9	65.6	61.2	70.0	12.1	9.0	15.1
Ceuta	249	59.9	53.8	65.9	47.3	41.1	53.5	35.5	29.6	41.4	2.8	0.7	4.8
Melilla	130	56.8	48.3	65.4	44.1	35.6	52.7	39.1	30.7	47.4	5.1	1.3	8.9
Total	17,899	93.0	92.6	93.3	77.2	76.6	77.8	63.0	62.3	63.7	8.8	8.4	9.2

CI: Confidence Interval
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

The prevalence of alcohol consumption ever in lifetime is above 90% in most communities, with Asturias presenting the highest prevalence (96.2%) and Melilla the lowest prevalence in Spain (56.8%).

In the time frames of past 12 months and past 30 days, the regions with the highest prevalence were Asturias and the Valencian Community, and the lowest prevalence were reported in the cities of Melilla and Ceuta.

In the past 12 months, Navarra, the Balearic Islands, and La Rioja reported prevalence for acute alcohol intoxication (drunkenness) higher than 25%, exceeding the national average significantly.

In relation to the prevalence of drunkenness in the past 30 days, it should be noted that La Rioja reports the highest percentage of people getting drunk in the past month; whereas Melilla, Ceuta, and Andalusia reported the lowest percentages (less than or equal to 4%) (Table 33).

As for binge drinking, during the past 30 days, the Basque Country, Navarra, Melilla, and Murcia reported the highest prevalence whereas Ceuta reported the lowest.

Table 33. Prevalence of drunkenness in the past 30 days in the population, ages 15 to 64, by autonomous region/city (%). Spain, 2019/2020.

	Prevalence of drunkenness in the past 30 days
Andalusia	3.9
Aragon	6.3
Asturias	6.0
Balearic Islands	8.7
Canary Islands	7.1
Cantabria	5.4
Castile and Leon	7.4
Castile La Mancha	7.8
Catalonia	8.7
Valencia	7.0
Extremadura	6.1
Galicia	7.5
Madrid	6.6
Murcia	6.3
Navarra	8.9
Basque Country	8.7
La Rioja	9.8
Ceuta	3.5
Melilla	3.4
Average for Spain	6.8

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

Table 34. Prevalence of binge drinking in the population, ages 15 to 64, by autonomous region/city (%). Spain, 2019/2020.

	Sample size	Prevalence	Past 30 days	
			Lower 95% CI	Upper 95% CI
Andalusia	1,656	14.4	12.7	16.1
Aragon	549	13.5	10.6	16.3
Asturias	1,008	15.1	12.9	17.3
Balearic Islands	540	18.5	15.2	21.8
Canary Islands	526	12.5	9.7	15.4
Cantabria	559	13.3	10.5	16.2
Castile and Leon	1,295	19.6	17.4	21.8
Castile La Mancha	1,014	16.1	13.9	18.4
Catalonia	1,770	13.2	11.6	14.8
Valencia	2,249	16.0	14.5	17.5
Extremadura	755	13.4	11.0	15.8
Galicia	1,276	14.4	12.5	16.4
Madrid	1,698	15.6	13.8	17.3
Murcia	757	20.3	17.4	23.2
Navarra	479	20.5	16.9	24.2
Basque Country	939	20.9	18.3	23.5
Rioja	450	16.0	12.6	19.4
Ceuta	249	7.9	4.6	11.3
Melilla	130	20.4	13.4	27.3
Total	17.899	15,4	14,9	15,9

CI: Confidence Interval
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

La Rioja, Castile La Mancha and Murcia are the autonomous regions reporting the highest prevalence of participation in *botellón* in the past 12 months; Asturias and Aragon reported the lowest, with percentages below 7%.

Table 35. Prevalence of participation in *botellón* in the population, ages 15 to 64, by autonomous region/city (%). Spain, 2019/2020.

	Sample size	Prevalence	Past 12 months	
			Lower 95% CI	Upper 95% CI
Andalusia	1,656	11.5	10.0	13.1
Aragon	549	6.9	4.8	9.0
Asturias	1,008	6.3	4.8	7.8
Balearic Islands	540	7.7	5.5	10.0
Canary Islands	526	7.1	4.9	9.3
Cantabria	559	10.0	7.5	12.5
Castile and Leon	1,295	8.5	7.0	10.1
Castile La Mancha	1,014	15.6	13.4	17.8
Catalonia	1,770	9.3	7.9	10.6
Valencia	2,249	10.6	9.3	11.8
Extremadura	755	9.9	7.8	12.0
Galicia	1,276	8.3	6.8	9.9
Madrid	1,698	9.6	8.2	10.9
Murcia	757	12.6	10.2	14.9
Navarra	479	7.8	5.4	10.2
Basque Country	939	8.6	6.8	10.4
Rioja	450	18.4	14.8	21.9
Ceuta	249	10.3	6.6	14.1
Melilla	130	8.9	4.0	13.8
Total	17,899	9.9	9.5	10.3

CI: Confidence Interval
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES).

5.2.2. Survey of the working population

In this section we summarize alcohol consumption data from the survey on consumption of psychoactive substances in the workplace. This survey has been carried out every 6 years since 2007 among the working population living in Spain, alongside the corresponding edition of the EDADES survey. The working population is defined as population ages, 16 to 64 years, who self-report being employed and working at the present time; employed, but temporarily absent; or unemployed, having worked before. Further information on this survey can be found at the following link:

https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/encuestas_LABORAL.htm

5.2.2.1. Prevalencia de consumo de alcohol

Prevalence of alcohol consumption in the past 12 months

In 2019/2020 alcohol was the most commonly consumed drug by the working population, with slightly higher alcohol consumption prevalence in the past 12 months compared to the general population (81.0% vs. 77.2% respectively). Drinking behaviors by sex and age did not differ between these two populations. Men and individuals under 34 years of age had a higher alcohol consumption than other working individuals.

When comparing current figures against the 2013 consumption we clearly see that alcohol remains the drug of choice in the working population as well as in the general population.

The 2019 results show that 7 out of 10 people consumed alcoholic beverages and that over 16% engaged in binge drinking. Compared to the 2013 data, the prevalence of alcohol consumption among the working population remained stable.

Table 36. Prevalence of alcohol consumption in the past 12 months and past 30 days in the working population. Spain 2013-2019/2020.

	Past 12 months (%)						Past 30 days (%)	
	2013			2019/20			2013	2019/20
	Total	Men	Women	Total	Men	Women	Total	Total
Alcohol consumption	81.2	84.8	76.5	81	85.6	75.6	68.2	67.5
At-risk alcohol consumption ¹	5.7	7.2	3.8	5.2	6.5	3.6	-	-
Binge drinking ²	-	-	-	-	-	-	15.9	16.3
Drunkenness	18.9	24.2	12.3	20	25.6	13.2	6.4	6.6

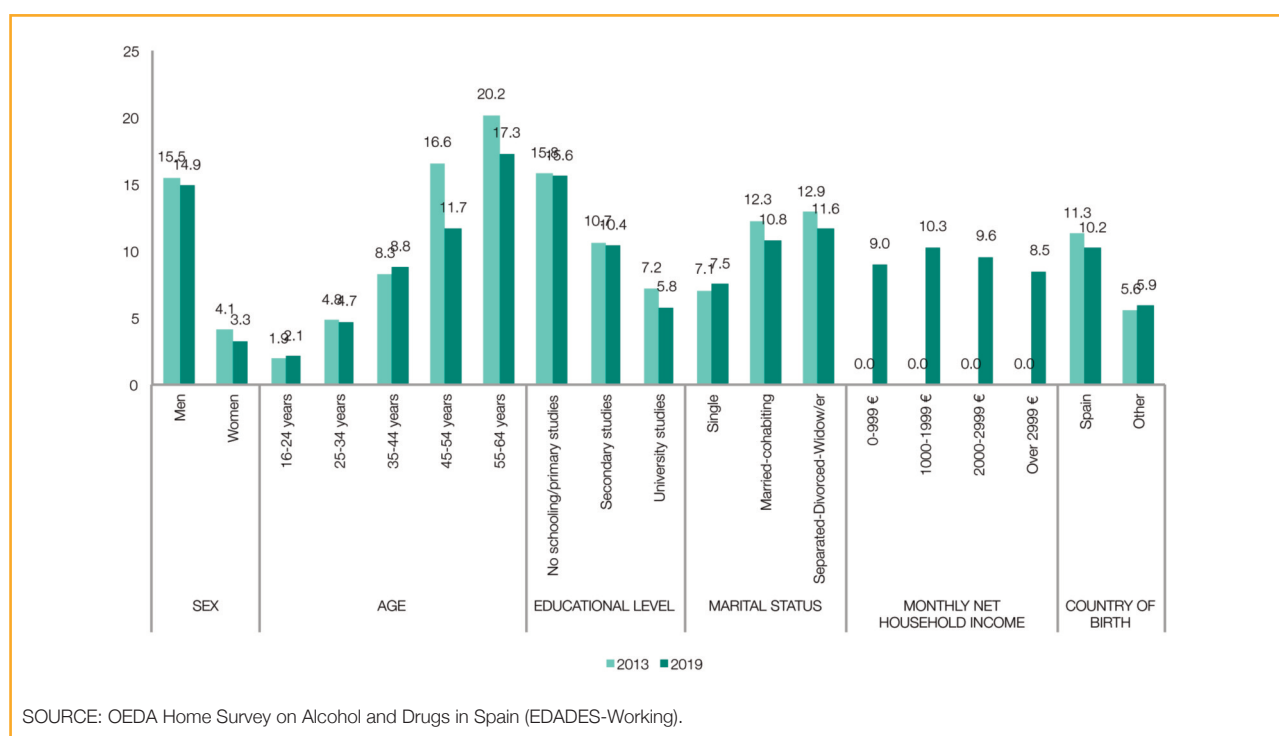
1. AUDIT scale: ≥ 8 in men and $AUDIT \geq 6$ in women.
 2. Binge drinking: 5 or more alcoholic drinks in men and 4 or more in women in a 2-hour span.
 SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working population).

Prevalence of daily alcohol consumption (past 30 days)

In 2019/2020, the prevalence of daily alcohol consumption in the past 30 days was 9.6% of the population, ages 16 to 64, employed or unemployed with work history. We observed a slightly decreasing time trend (11.0% in 2007, 10.5% in 2013 and 9.6% in 2019/2020).

We found statistically significant differences in daily consumption by **sociodemographic variables**. Logistic regression analyses indicate that the probability of consumption increases in the case of being a man (4 times that of women) and as age increases (peaking at the 55 to 64 years bracket). Daily consumption decreases as the educational level increases, and it is also lower among single people than individuals with other marital status. In comparison to 2013, we observed a decrease in prevalence across most of the demographics analyzed, especially among people, ages 45 to 64, university students, or people who reported being married or having a partner.

Figure 31. Prevalence of daily drinking (past 30 days) in the working population according to sociodemographic variables (%). Spain 2013-2019/2020.



By **employment status**, in 2019/2020, daily consumption of alcoholic beverages was slightly higher among unemployed persons than the employed, although these differences are not statistically significant.

Table 37. Prevalence of daily drinking (past 30 days) in the population, ages 16 to 64, according to working status (%). Spain 2013-2019/2020.

	2013	2019/20
Employed (currently working or temporarily absent)	10.5	9.4
Employed, currently working	10.6	9.3
Employed, temporarily absent	9.3	10.6
Unemployed with working history	10.5	10.9

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working).

Daily consumption of alcoholic beverages is higher among men regardless of employment status.

Table 38. Prevalence of daily drinking (past 30 days) in the population, ages 16 to 64, according to working status and sex (%). Spain 2019/2020.

	Men	Women
Employed (currently working or temporarily absent)	14.5	3.1
Employed, currently working	14.5	3.1
Employed, temporarily absent	18.2	3.7
Unemployed with working history	16.4	4.2

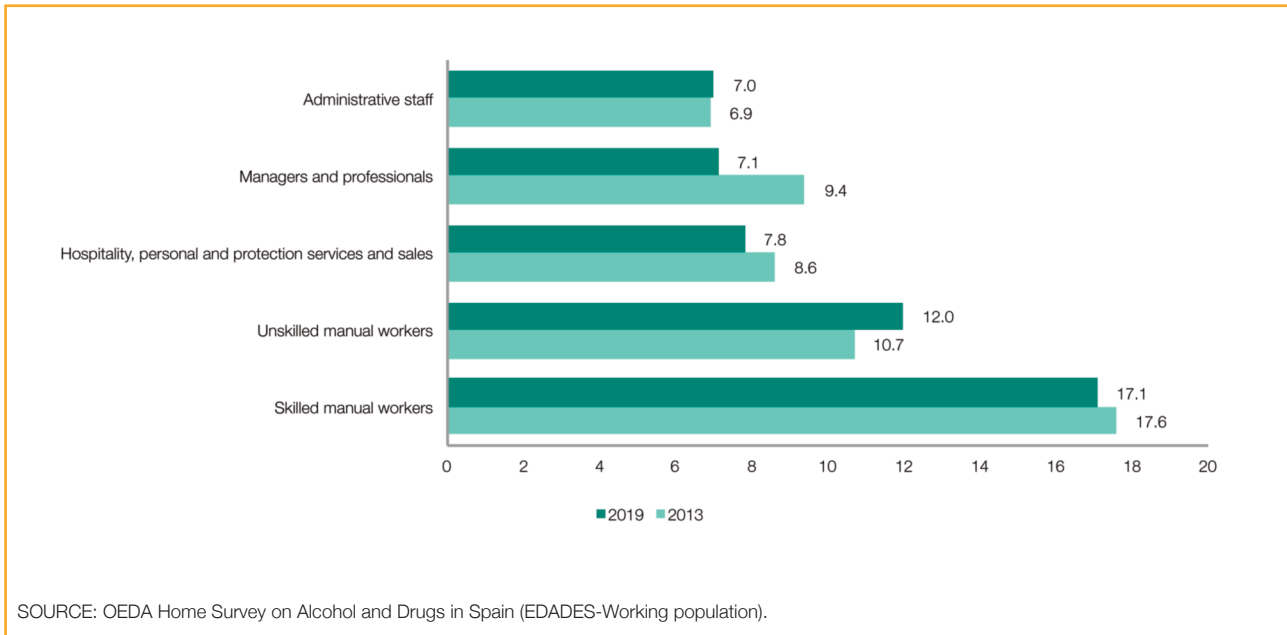
SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working).

According to 2019/2020 data, the highest percentages of daily alcohol consumption by **occupational category** were found among manual workers, especially among those who perform skilled work (jobs occupied overwhelmingly by men, 9 out of 10 workers).

On the other hand, the remaining occupational categories presented daily alcohol consumptions below the average for the working population.

Across time, an increase in daily alcohol consumption was observed among manual workers, especially among the unskilled (10.7% in 2013 vs. 12% in 2019). Further, the results confirmed the downward trend observed in managers and professionals (16.0% in 2007, 9.4% in 2013 and 7.1% in 2019/2020).

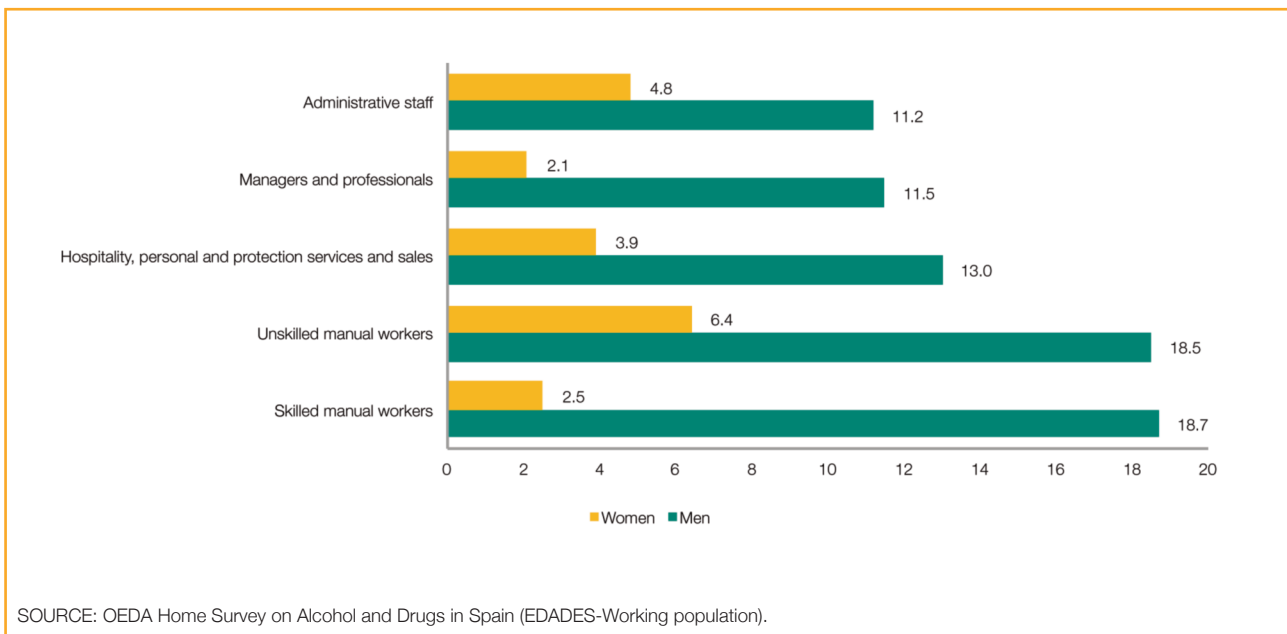
Figure 32. Prevalence of daily drinking (past 30 days) in the working population according to occupational categories (%). Spain 2013-2019/2020.



Across all occupational categories, a higher prevalence of daily alcohol consumption was observed in men than women (Figure 33).

Logistic regression analysis confirmed that there are statistically significant differences in the prevalence of daily alcohol consumption according to occupational category even after controlling for age and sex.

Figure 33. Prevalence of daily drinking (past 30 days) in the working population according to occupational category and sex (%). Spain 2019/2020.



Alcohol consumption by **employment group** showed some differences, with slightly higher consumption among businesspeople and the self-employed, while maintaining the pattern of higher consumption among men.

Table 39. Prevalence of daily drinking (past 30 days) in the working population according to employment group by sex (%). Spain 2019/2020.

	Total	Men	Women
Business owner with employees	12.9	17.4	2.6
Self-employed or business owner with no employees	11.0	16.1	3.5
Public sector employee	8.0	13.9	3.1
Private sector employee	9.6	14.6	3.4
Other	9.5	16.2	3.1

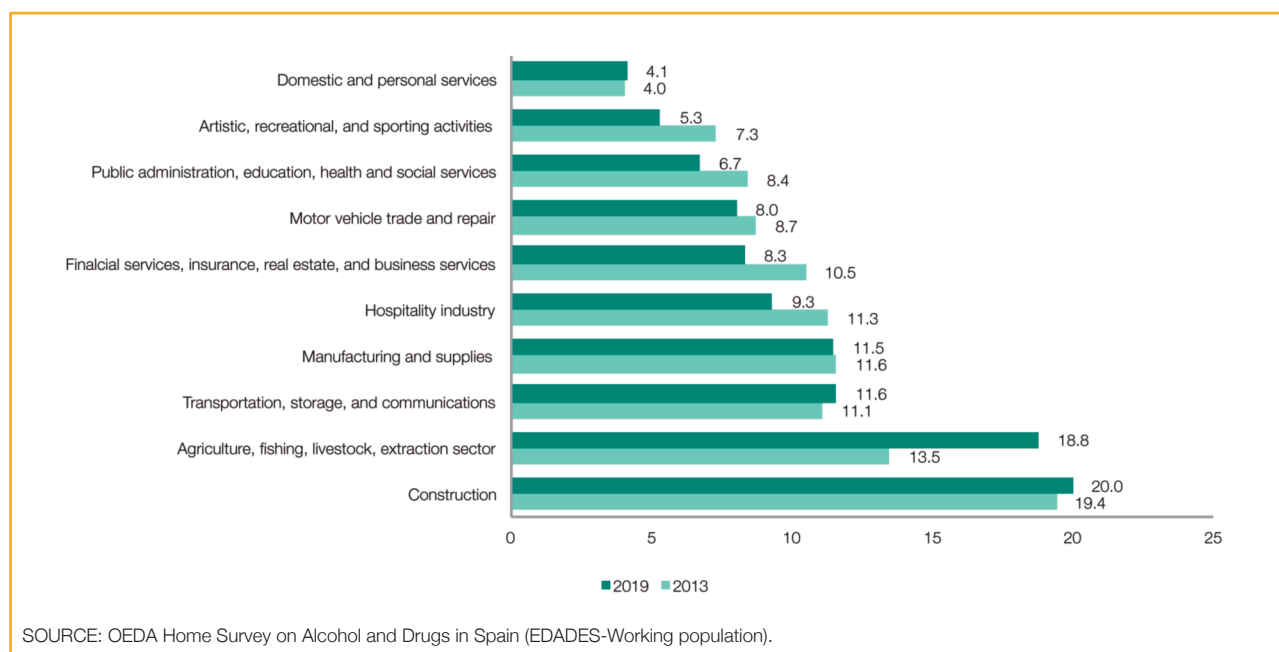
Other also includes the categories: member of a cooperative and participant in the family business.

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working population).

Regarding consumption by activity sectors, the highest percentages of consumers were recorded in construction. It should be noted, however, that 93.4% of the workers in this sector are men, who are more likely to report daily consumption.

In general, there is a higher prevalence of daily alcohol consumption among men, regardless of the **activity sector** they work in, with the highest prevalence in the construction, agriculture, fishing, livestock and/or extraction sectors. Among women, the highest consumption prevalence was detected in the hospitality industry. In the artistic activities sector, the differences in alcohol consumption by sex are smaller. Compared to the previous edition, a significant increase in daily alcohol consumption was observed in the agriculture/fishing/livestock/extraction sector. In contrast, consumption decreased in sectors such as hospitality, financial activities, public administration, education, health and social services, as well as in artistic, recreational, and sporting activities. The differences in the percentage of daily alcohol consumers according to sector of activity were statistically significant, which was confirmed by logistic regression analysis, after controlling for the effect of age and sex. Logistic regression analysis confirmed that there are statistically significant differences in the prevalence of daily alcohol consumption according to activity sector even after controlling for age and sex.

Figure 34. Prevalence of daily drinking (past 30 days) in the working population according to activity sector (%). Spain 2013-2019/2020.



According to the **working day**, the workers who consumed the most alcohol daily were those with split shifts and those with rotating shifts, except for the night shift. Those with reduced working hours reported a substantially lower prevalence of daily consumption. However, the small sample size of some of the categories (such as continuous night shifts) requires

caution when making comparisons, since these are very unstable figures whose number of cases can show significant year-to-year variations.

Data limitations do not allow analyses by sex for every workday pattern of interest, but in general, men reported higher daily alcohol consumption than women across work patterns. Overall, we found variation in the prevalence of daily alcohol consumption among men depending on the type of workday but little variability among women. Adjusted results of the regression analysis show that differences in consumption by type of workday are basically explained by sex and age differences in daily consumption.

With respect to 2013, the most remarkable variations are the increase in daily consumption among those working continuous afternoon work shifts (4.3% in 2013 vs. 7.2% in 2019/2020) and the decrease among those working continuous night work shifts (11.5% in 2013 vs. 7.2% in 2019/2020).

Figure 35. Prevalence of daily drinking (past 30 days) in the working population according to type of workday (%). Spain 2013-2019/2020.

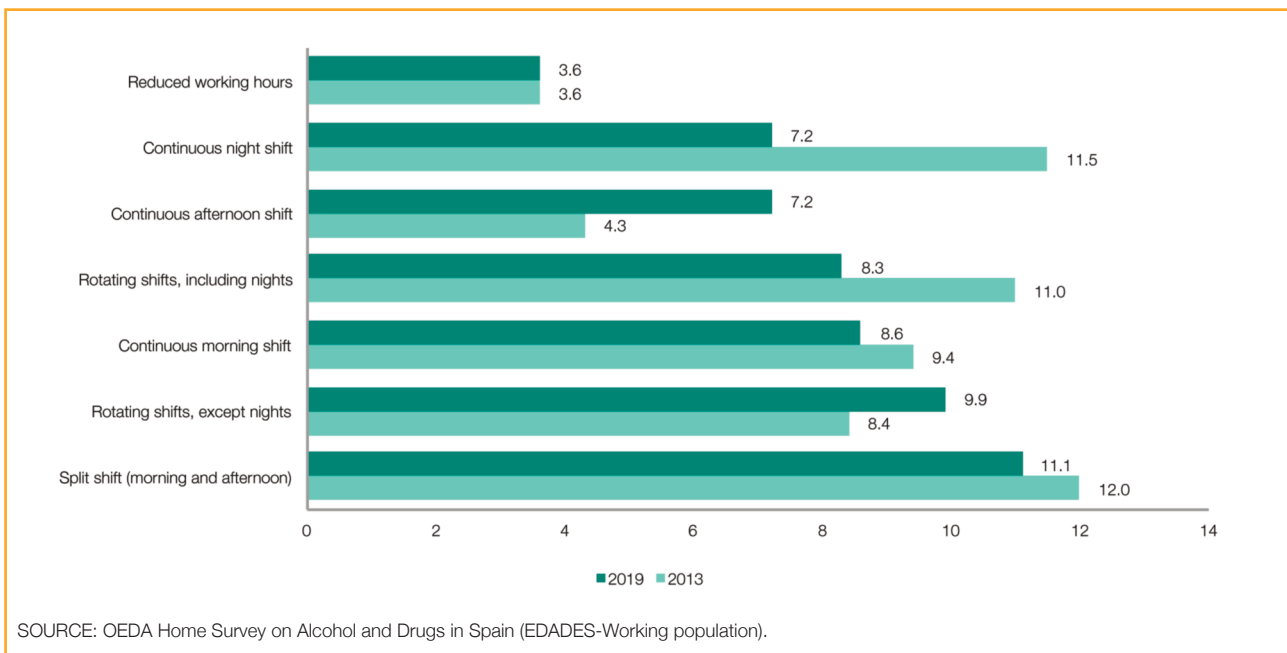
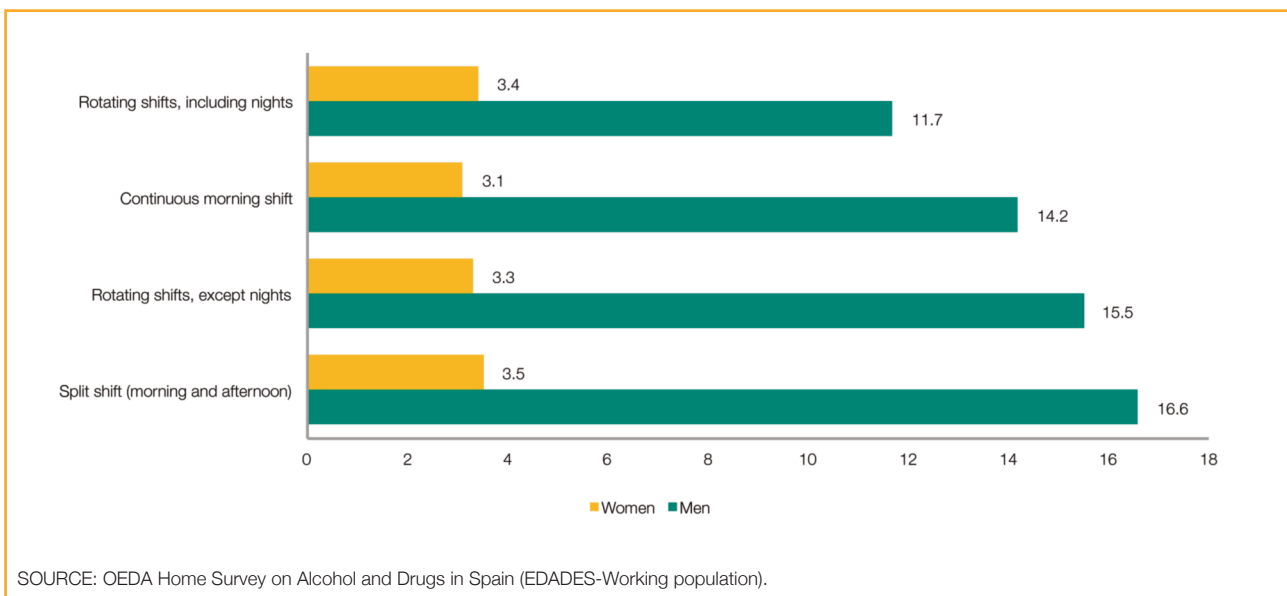


Figure 36. Prevalence of daily drinking (past 30 days) in the working population according to type of workday and sex (%). Spain 2013-2019/2020.



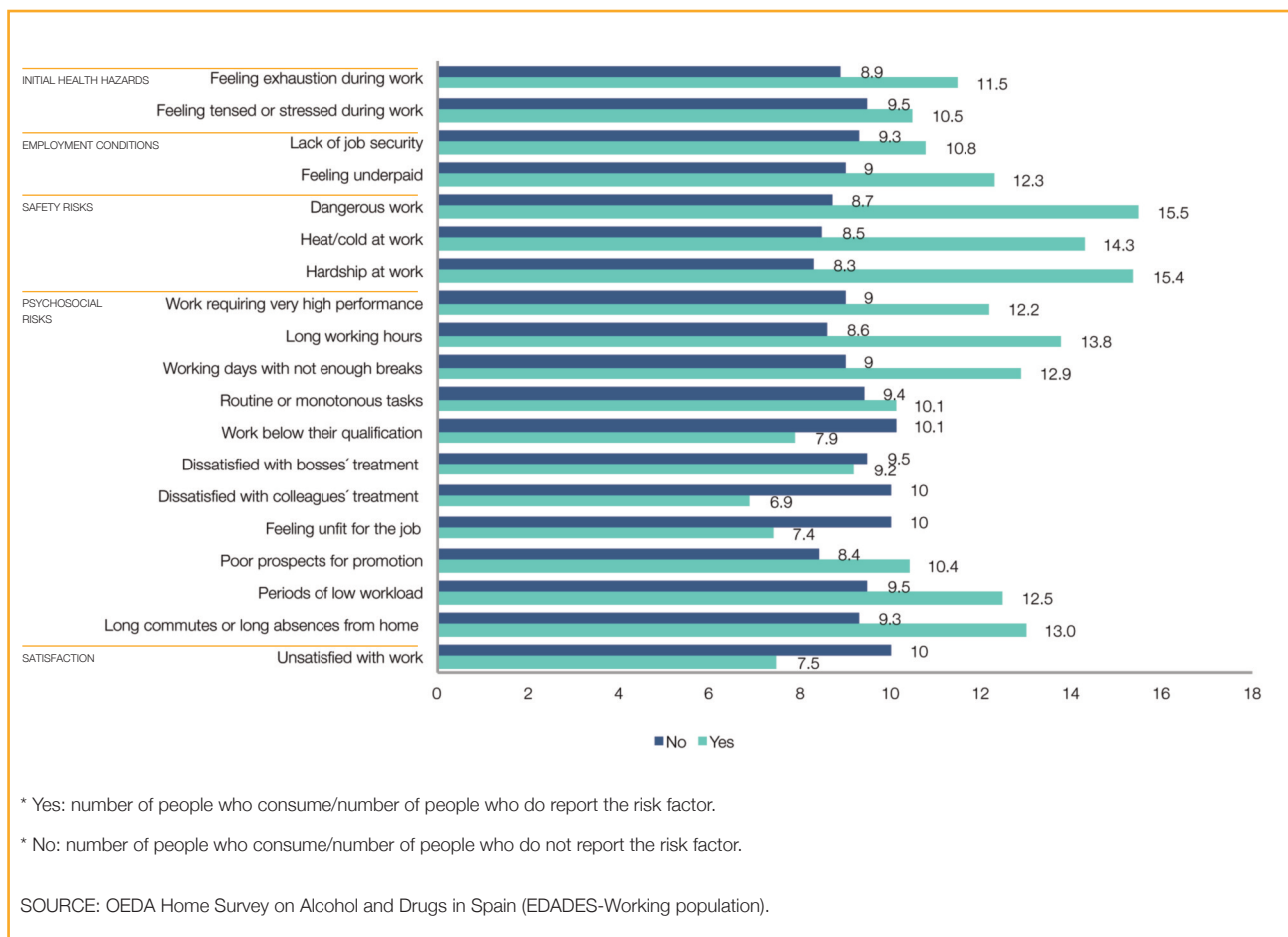
The following figure shows the prevalence of daily alcohol consumption among those who report certain **risk factors for consumption related to the workplace**.

In general, **daily alcohol consumption increases in the presence of these factors**.

The largest difference is found regarding safety. A total of 15.5% of employees with dangerous jobs reported daily consumption vs. 8.7% of employees in other jobs. Again, 15.4% of individuals working in difficult conditions reported daily consumption vs. 8.3% those not working in difficult conditions.

In addition, the prevalence of daily consumption among those reporting psychosocial risks such as long working hours or jobs requiring long commutes or long absences from home are also noteworthy.

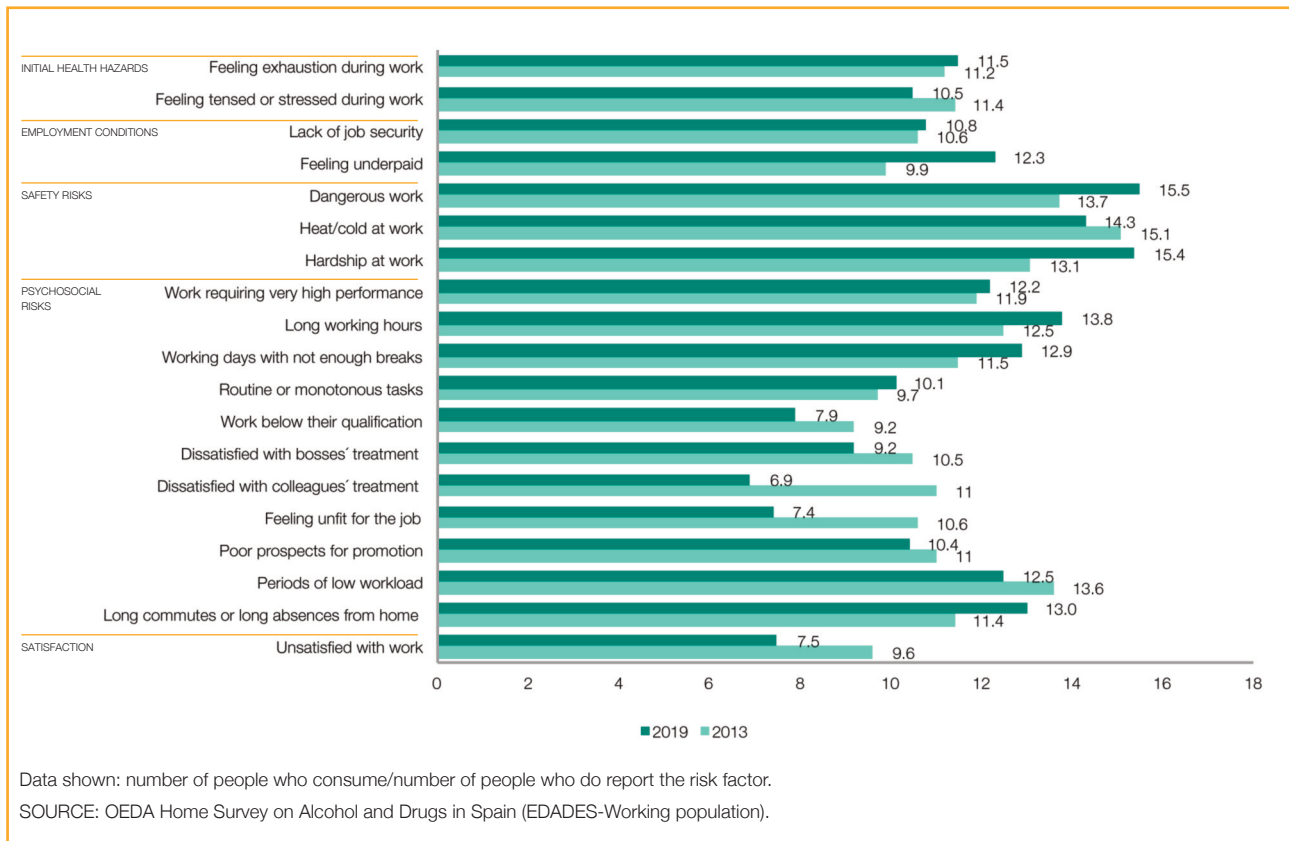
Figure 37. Prevalence of daily drinking (past 30 days) in the working population according to the presence of risk factors related to the workplace (%). Spain 2019/2020.



Compared to 2013, daily consumption percentages increased when there were conditioning factors such as danger or hardship at work.

On the other hand, the number of daily consumers decreased substantially among those who reported dissatisfaction with colleagues or feelings of inadequate training for proper job performance.

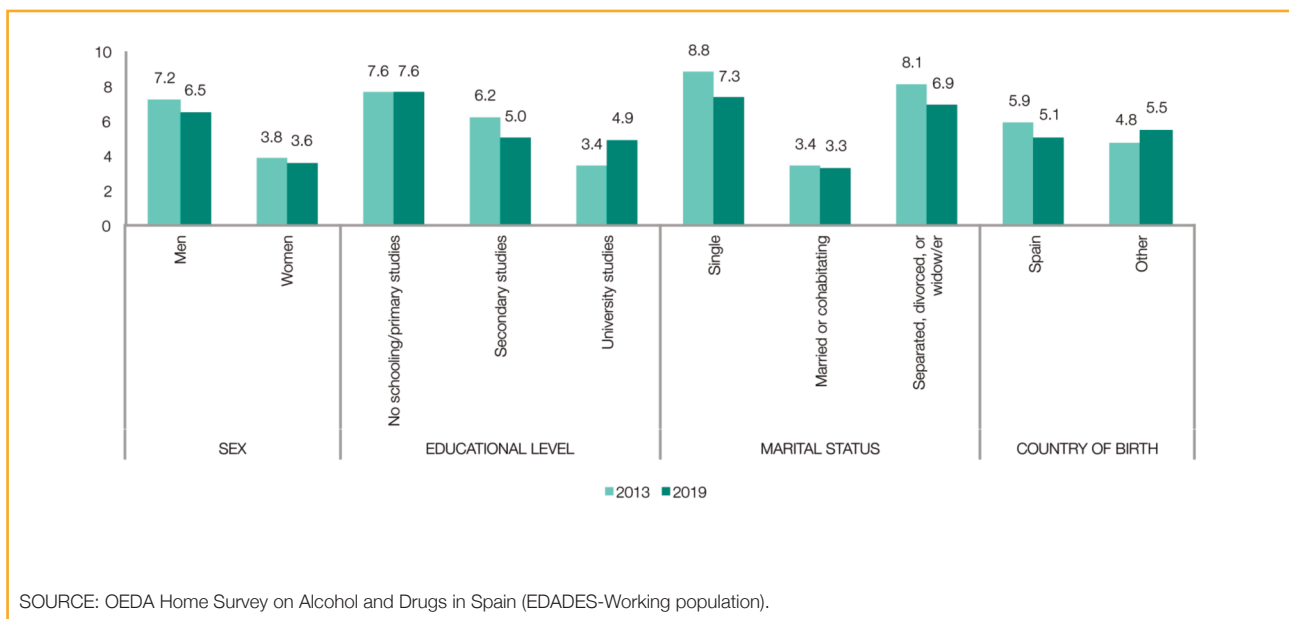
Figure 38. Prevalence of daily drinking (past 30 days) in the working population according to the presence of risk factors related to the workplace (%). Spain 2013-2019/2020.



Prevalence of at-risk alcohol consumption (past 12 months)

The prevalence of high risk alcohol consumption (AUDIT ≥ 8 in men or ≥ 6 in women) in the working population was 5.2% in 2019/2020, a slight decrease from 2013 (5.7%). Statistically significant **sociodemographic** differences were detected, with the exception of country of birth and marital status.

Figure 39. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population by sociodemographic variables (%). Spain 2013-2019/2020.



Logistic regression analysis indicates that being male and under 25 years of age increases the probability of engaging in at-risk alcohol consumption. Men under 25 years of age who are unmarried, with no formal studies or primary education are more likely to report at-risk alcohol consumption. Despite the prevalence of at-risk consumption observed in younger people, the data show a decrease compared to 2013.

It is key to highlight that at-risk alcohol consumers and daily alcohol consumers both tend to be male, low educational level, and single. Age, on the other hand, differentiates between the two drinker types. Daily drinkers tend to be over 45 years of age, whereas risky drinkers tend to be under 25.

In terms of **employment status**, higher rates of at-risk alcohol consumption were recorded among unemployed people than among the employed. With respect to 2013, there are slight variations in the risky consumption percentages, increasing among the unemployed and decreasing among those currently working.

Table 40. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the population, ages 16 to 64, by EMPLOYMENT STATUS (%). Spain 2013-2019/2020.

	2013	2019/20
Employed individuals (currently working or temporarily absent)	5.6	4.8
Currently working	5.6	4.8
Temporarily absent	4.4	5.9
Unemployed individuals with working history	6.0	7.0

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working population).

By sex, there is a higher prevalence of at-risk alcohol consumption in men, regardless of employment status.

Table 41. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the population, ages 16 to 64, by EMPLOYMENT STATUS and SEX (%). Spain 2019/2020.

	Men	Women
Employed individuals (currently working or temporarily absent)	6.0	3.2
Currently working	6.0	3.2
Temporarily absent	8.4	3.6
Unemployed individuals with working history	8.4	5.3

SOURCE: OEDA Home Survey on Alcohol and Drugs in Spain (EDADES-Working population).

There were statistically significant differences in at-risk alcohol consumption according to occupational status, which were confirmed by logistic regression analysis controlling for age and sex.

According to **occupational category**, a higher prevalence of at-risk alcohol consumption was found among manual labor categories, especially among skilled workers. At the other end of the spectrum, administrative staff was the group reporting the lowest risk consumption.

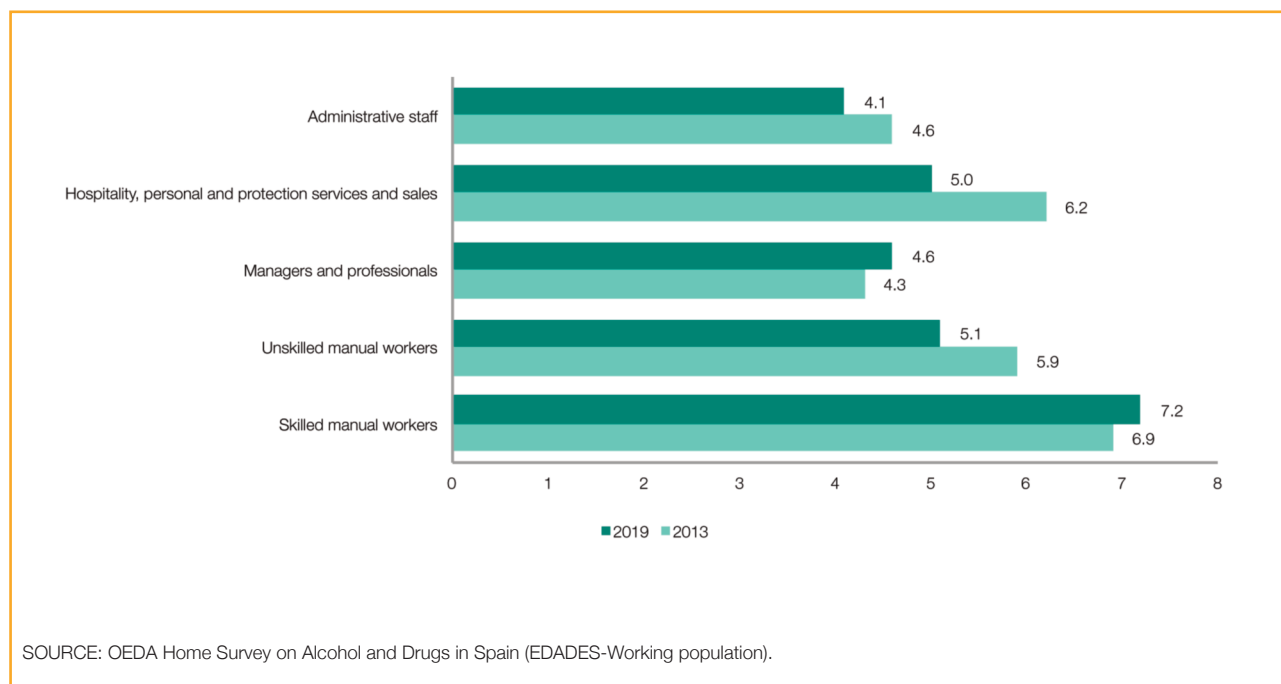
This same distribution of consumption risk (higher in manual workers and lower in administrative personnel) was observed for daily alcohol consumers.

Across occupational categories men present higher risk consumption levels than women, though sex differences are substantially lower among administrative staff since male staff present a lower risk consumption as aforementioned.

There are statistically significant differences in the percentage of at-risk alcohol consumers by occupational category, even after controlling for the effect of age and sex.

Results across time indicate that the percentages of at-risk alcohol consumption increased in the 6 years between surveys for managers and professionals (4.3% in 2013 vs. 4.6% in 2019/2020), in skilled manual jobs (6.9% in 2013 vs. 7.2% in 2019/2020), whereas it decreased in unskilled manual workers (5.9% in 2013 vs. 5.1% in 2019/2020), in hospitality, personal and protective services, and sales (6.2% in 2013 vs. 5.0% in 2019/2020) and in administrative staff (4.6% in 2013 vs. 4.1% in 2019/2020).

Figure 40. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population by OCCUPATIONAL STATUS (%). Spain 2013-2019/2020.

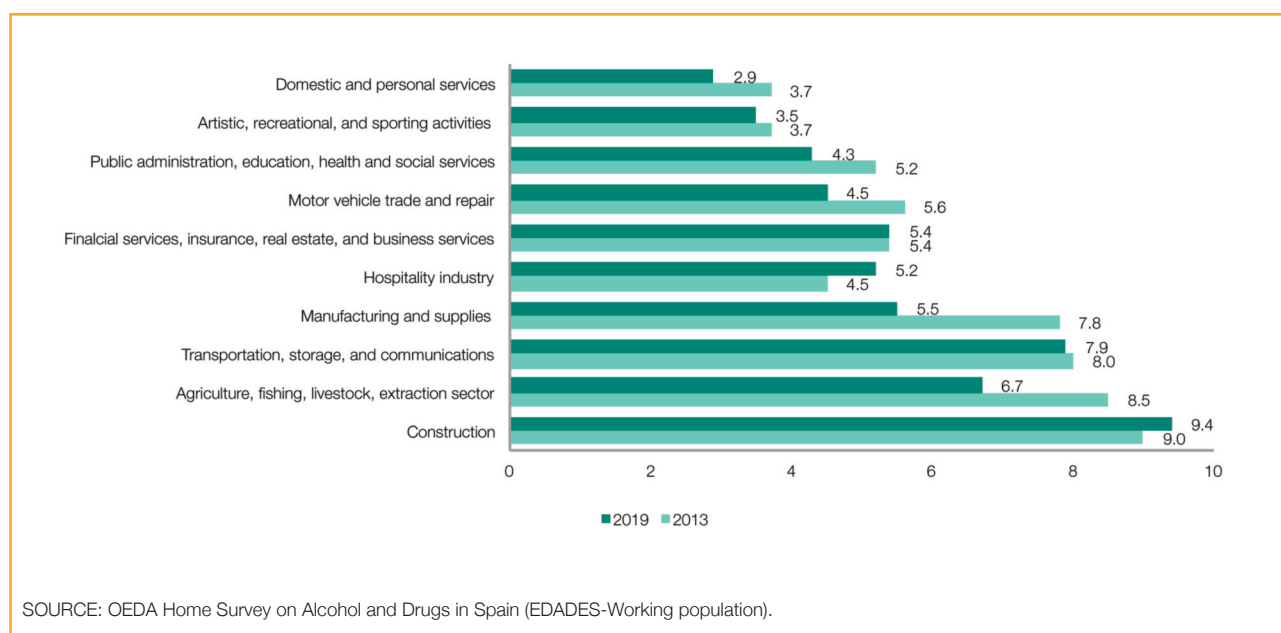


By **activity sector**, there is above-average at-risk alcohol consumption in the construction, artistic, recreational and sporting activities, and hospitality sectors (figure 41).

Looking more closely at these results by sex, it is clear that men are more likely to be at-risk consumers than women regardless of the occupational sector. However, the type of sector determines these differences, with the artistic, recreational and sports activities sector being the only activity sector in which women are more likely to be at-risk consumers than among men.

There are statistically significant differences in the percentage of at-risk alcohol consumers by activity sector. However, this difference disappears when adjusting the regression model by sex and age, which means that any differences by sectors are due to the higher levels of at-risk consumption by young men.

Figure 41. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population by ACTIVITY SECTOR (%). Spain 2013-2019/2020.

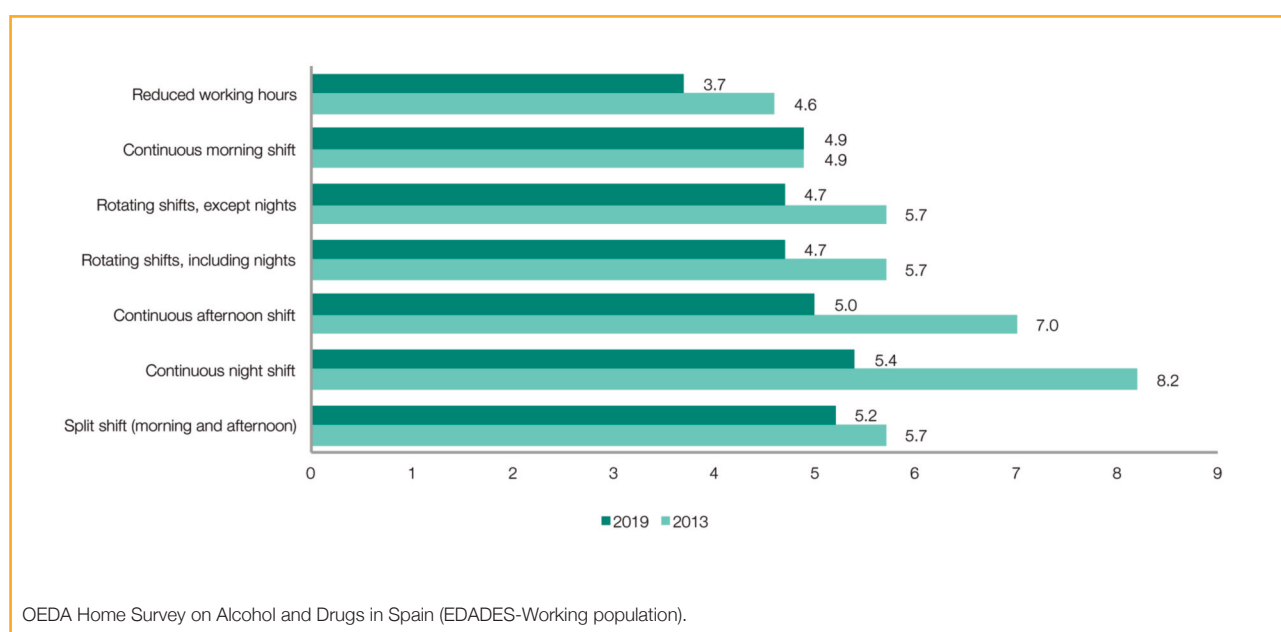


Of all the **type of workdays** evaluated, the workers most likely to report at-risk consumption are the ones with split shifts (morning and afternoon) and continuous night shifts (figure 42). Comparisons with certain categories (such as the continuous night shift) requires caution since the small sample size makes the figures unstable and prone to significant inter-annual variations.

Men report the highest prevalence of at-risk drinking behavior, across types of workdays, except in the continuous evening shift, where at-risk drinking is more prevalent among women.

Adjusted logistic regression analyses confirmed that there are no statistically significant differences in the percentage of at-risk alcohol drinkers according to the type of workday.

Figure 42. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population by TYPE OF WORKDAY (%). Spain 2013-2019/2020.

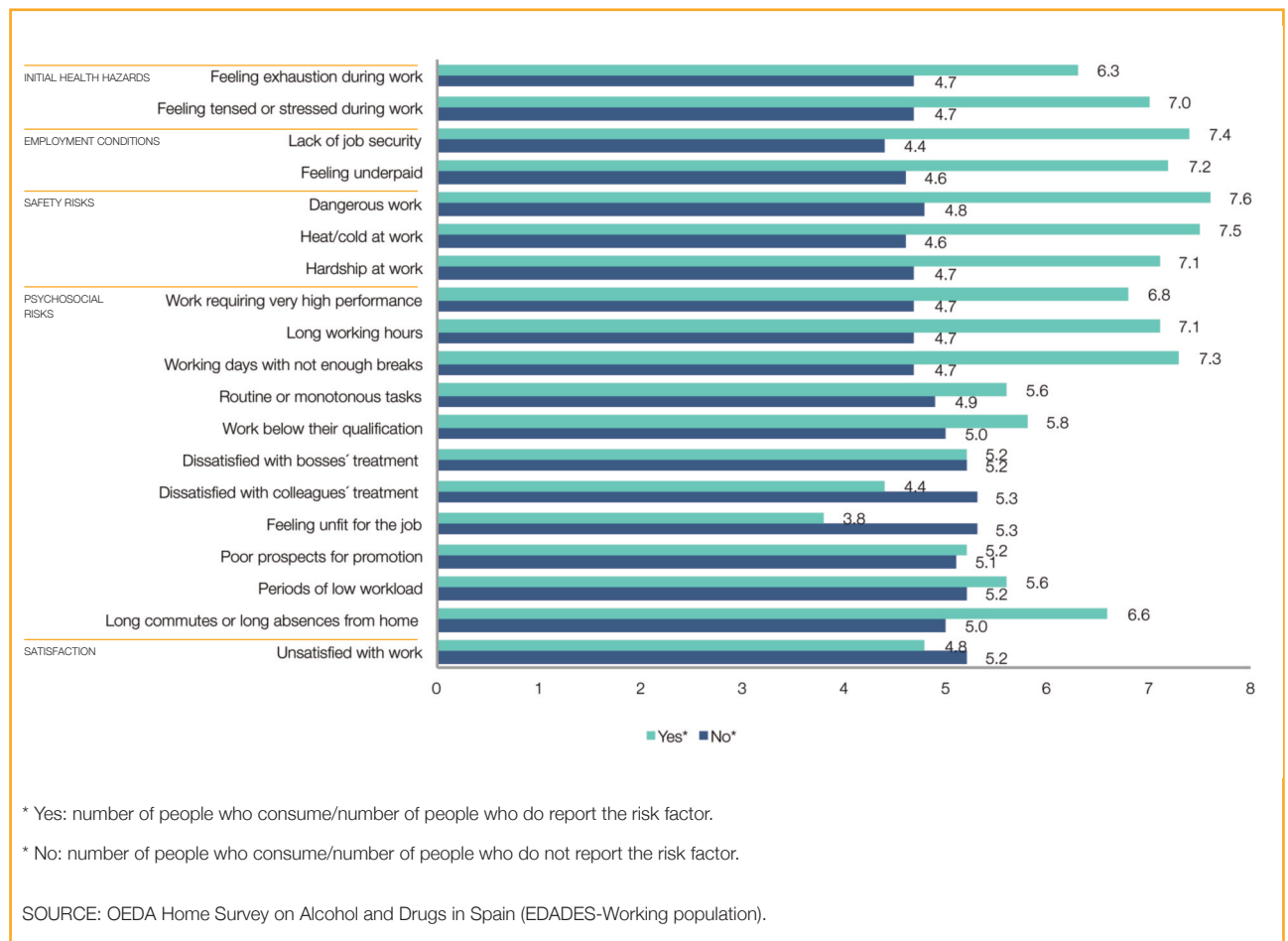


Analyzing the **factors related to the workplace**, a higher prevalence of at-risk consumption is observed when the negative factors in the workplace are safety-related. For instance, at-risk consumption reached 7.6% in dangerous working conditions, and 7.5% when workers complain of cold/hot working conditions; higher percentages than among workers not reporting these negative factors.

As with daily alcohol consumption, there is a certain relationship between these data and the fact that the highest percentages are reported in occupational sectors such as construction.

In addition, there are psychosocial issues that also have an impact on consumption, such as working days with few breaks or long working hours.

Figure 43. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population according to the presence of risk factors related to the workplace (%). Spain 2019/2020.



It is worth noting the reduction in at-risk consumption among those reporting dissatisfaction with work or with the treatment of superiors.

Also, in 2019/2020 a higher percentage of workers feeling stress and/or insecurity at work reported at-risk drinking compared to 2013.

Figure 44. Prevalence of at-risk consumption (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in past 12 months in the working population according to the presence of risk factors related to the workplace (%). Spain 2013-2019/2020.



5.3. ALCOHOL CONSUMPTION IN THE POPULATION OVER 64 YEARS OF AGE

The Survey on Alcohol, Drugs and Other Addictions in People Over 64 Years of Age (ESDAM for its Spanish acronym) started in 2020 within the framework of the program of Surveys on Alcohol and Other Drugs in Spain (EDADES), which targets the population, ages 15 to 64. ESDAM is led by the DGPNSD, has the support of all the autonomous regions, and fills the need to study the behavior of people over 64 years of age in relation to the consumption of alcohol, drugs, and other addictions. For more detailed information, please consult the following link:

https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2019-2020_ESDAM_FINAL.pdf

5.3.1. Prevalence of alcohol consumption

Legal psychoactive substances, i.e., alcohol, tobacco, hypno-sedatives, and opioid pain killers, were the most widely consumed among the population, ages 65 and older. However, the order in the prevalence of consumption of these substances depends on the time frame considered:

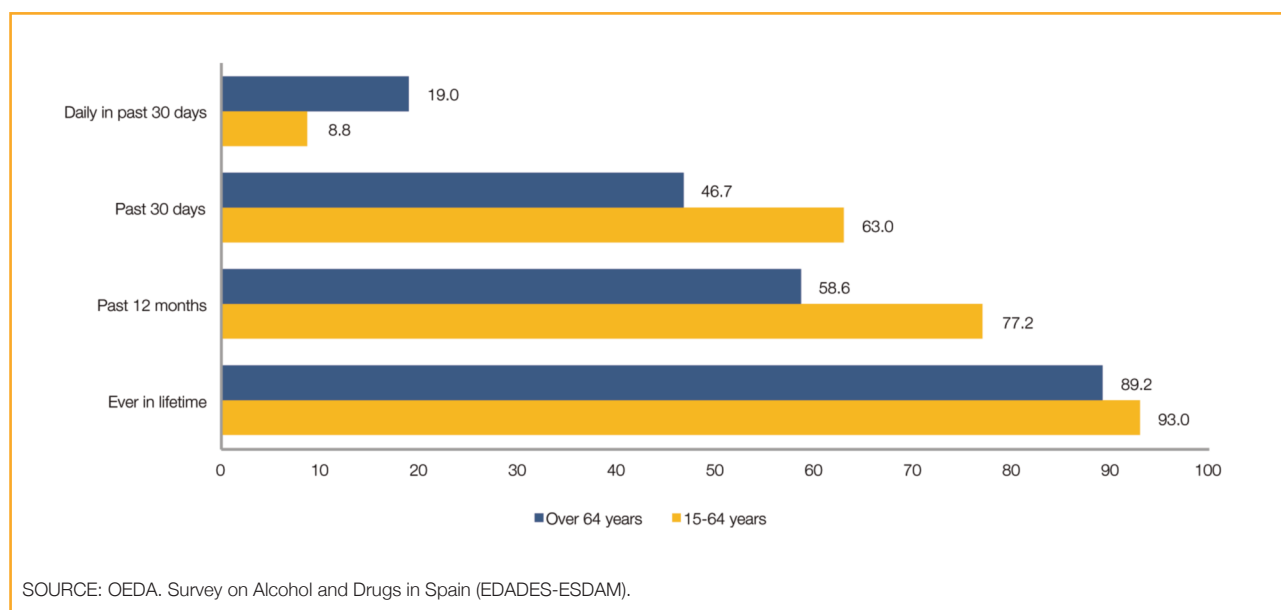
Considering lifetime use, alcohol was the psychoactive substance with the highest prevalence of use: 89.2% consumed alcoholic beverages at **some time in their lives**, a percentage somewhat lower than the 93.0% reported among individuals, ages 15 to 64.

In the **past 12 months** alcohol was again the most common psychoactive substance consumed. A total of 58.6% of the Spanish population over 64 reported having consumed alcoholic beverages in the past 12 months, a lower prevalence than that reported by those between 15 and 64 years of age (77.2%). It was also the psychoactive substance most consumed in the **past 30 days**, with a prevalence of 46.7% compared to 63.0% in the population, ages 15 to 64.

On a **daily basis**, alcohol was the second most consumed substance, after hypno-sedatives (22.2%). Almost one fifth (19%) of individuals over 64 years of age reported daily alcohol consumption in the past 30 days, a higher proportion than observed in their younger counterparts, ages 15 to 64 (8.8%).

In general, the population aged 65 years and over showed lower prevalences of consumption than those observed in the population, ages 15 to 64 in all time frames, except for daily consumption in the past 30 days.

Figure 45. Prevalence of alcohol consumption in the population over 64 years of age versus the population, ages 15 to 64 (%). Spain, 2019/2020.



Prevalence of alcohol consumption by age

For this section we analyzed alcohol consumption in the population over 64, differentiating between two age groups: individuals ages 65 to 74 and ages 75 years or older.

In both age groups, alcohol was the most commonly consumed substance **ever in their lifetime**, with prevalence above 85% in both groups: 91.4% in the 65-74 age group and 86.9% in the 75+ group.

The psychoactive substance most consumed in the **past 12 months** was also alcohol, prevalence 65.5% and 51.5%, respectively.

Alcohol was also the psychoactive substance most consumed in the **past 30 days**, both in the 65-74 group (54.4%) and in the 75+ group (38.8%).

In the 65-74 age group, the most prevalent **daily** substance consumed alcohol (21.0%) but in the group 75+ hypno-sedatives were the most prevalent daily substance consumed (26.2%), followed by alcohol (16.9%).

Prevalence of consumption by sex

Alcohol was the substance with the highest prevalence of **ever in lifetime** consumption in both men (97.9%) and women (82.7%) as well as the most consumed in the **past 12 months** by both sexes over 64 years of age, especially among men (75.6%). Women of that age had substantially lower alcohol consumption (45.8%). These consumption levels were higher than those observed in people ages 15 to 64.

Table 42. Prevalence of alcohol consumption in the population over 64 years of age versus the population ages 15 to 64, by sex (%). Spain, 2019/2020.

	Over 64 years		15 to 64 years	
	Men	Women	Men	Women
Consumption ever in lifetime	97.9	82.7	95.5	90.4
Consumption in the past 12 months	75.6	45.8	82.7	71.6
Consumption in the past 30 days	67.7	30.9	72.0	53.9
Daily consumption in the past 30 days	33.5	8.0	14.2	3.4

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES-ESDAM).

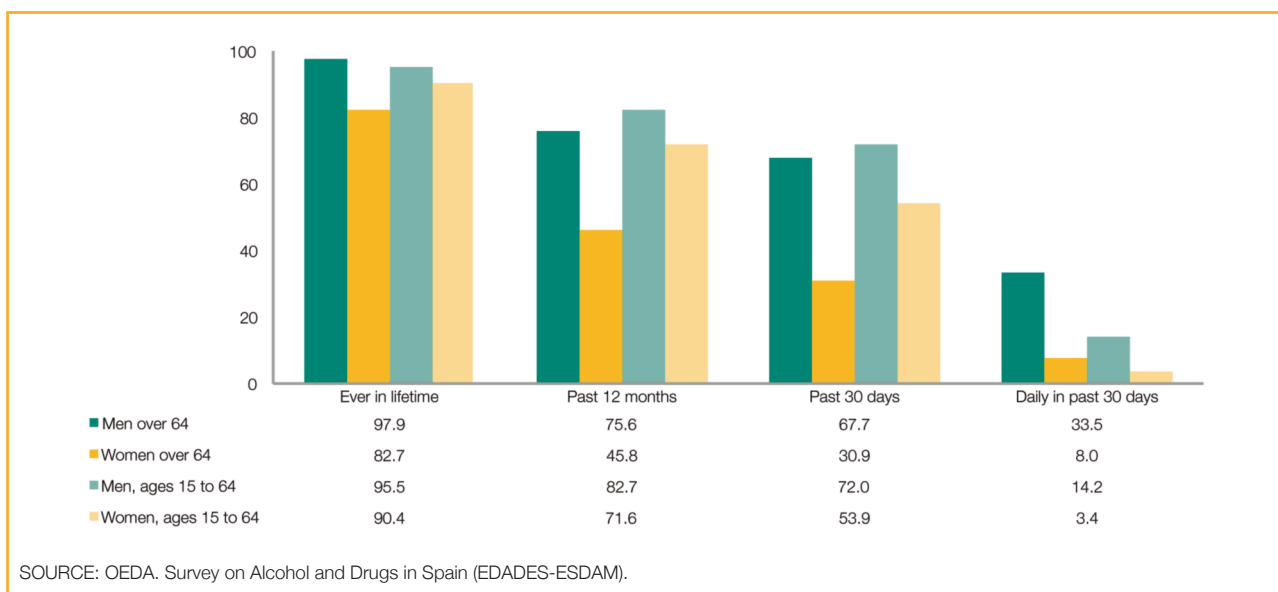
In men over 64, alcohol was noticeably the substance with the highest prevalence of use in the **past 30 days** (67.7%) whereas in their female counterparts, hypno-sedatives (33.3%) and alcohol (30.9%) were the substances most often consumed.

Thus, in this age group alcohol consumption in the past 30 days was much more frequent among men than among women. Narrower sex differences in consumption, are also observed in the EDADES survey population, ages 15 to 64.

Regarding **daily** use in the past 30 days, the psychoactive substance with the highest prevalence among men over 64 was alcohol (33.5%) whereas for women in the same age group it was hypno-sedatives with or without prescription (29.4%). Women’s daily use of alcohol was much less prevalent (8.0%) than men’s.

In conclusion, alcohol consumption is more prevalent among men than women, regardless of the time frame of interest. This difference is observed both in the population over 64 as well as in individuals, ages 15 to 64. It is worth noting, however, that the sex differences are substantially more pronounced among people over 64.

Figure 46. Prevalence of alcohol consumption in the population over 64 years of age versus the population ages 15 to 64, by sex (%). Spain, 2019/2020.

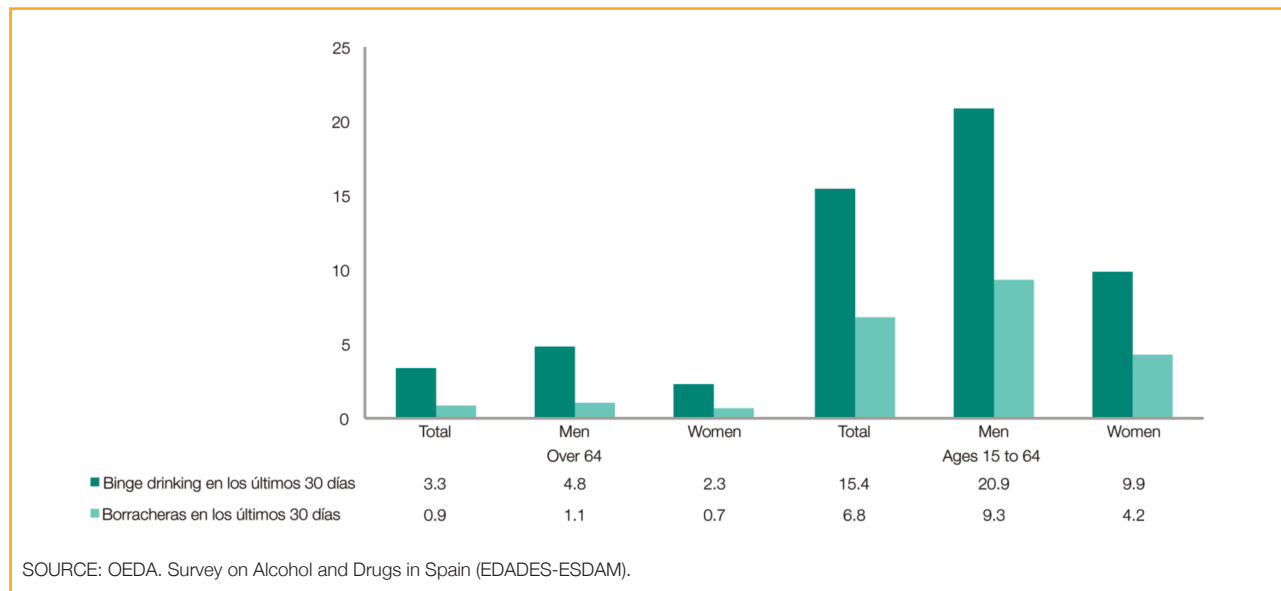


5.3.2. Binge drinking and drunkenness

Binge drinking is defined as the consumption of 5 or more alcoholic drinks in men and 4 or more in women, on the same drinking occasion (within approximately two hours).

Among individuals over 64, 3.3% reported an episode of binge drinking in the past 30 days (4.8% of men and 2.3% of women). In addition, 2.8% (4.6% in men and 1.4% in women) reported getting drunk in the past 12 months, and 0.9% (1.1% in men and 0.7% in women) in the past 30 days. Both practices were significantly more frequent in individuals, ages 15 to 64.

Figure 47. Prevalence of binge drinking and drunkenness in the past 30 days in the population over 64 years of age versus the population ages 15 to 64, totals and by sex (%). Spain, 2019/2020.

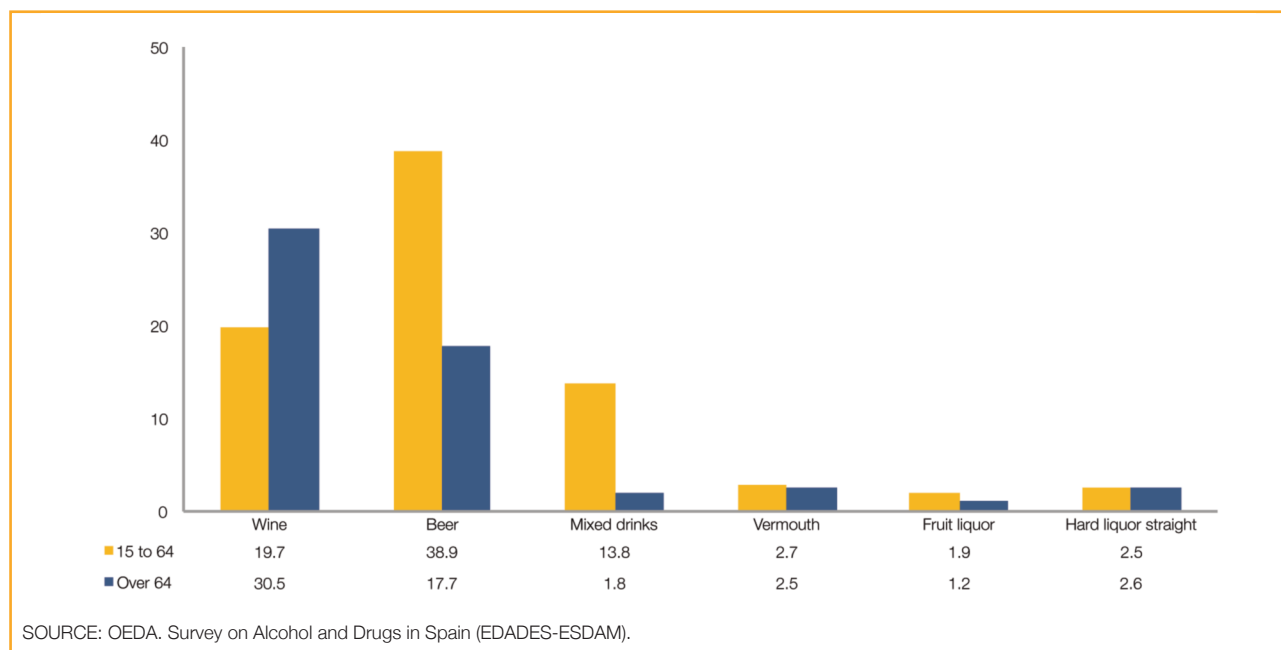


5.3.3. Consumption by type of alcoholic beverage

The following analyses only included people reporting alcohol consumption in the past 7 days.

Regarding individuals' alcoholic beverage preference in the past 7 days, those over 64 mainly consumed wine (30.5%) and beer (17.7%). These were followed by far by beverages with higher alcohol content such as vermouth, liqueurs, and mixed drinks, which were each consumed by less than 3% of this age group.

Figure 48. Prevalence of alcohol consumption in the past 7 days in the population over 64 years of age versus the population ages 15 to 64 who drank alcohol in the past 7 days, by type of alcoholic beverage (%). Spain, 2019/2020.



The prevalence of consumption in the over-64 group is always lower than their younger counterparts, except when it comes to wine, where the opposite is true.

Differentiating by sex, the prevalence of consumption in the past 7 days was much higher among men than women over 64 for all types of alcoholic beverages. The proportion of drinkers in men and women respectively is as follows: 47.8% vs 17.5% for wine; 28.6% vs 9.5% for beer; 3.5% vs 0.6% for mixed drinks; 3.2% vs 2.0% for vermouth; 1.6% vs 0.9% for fruit liquors; and 4.6% vs 1.0% for hard liquor straight.

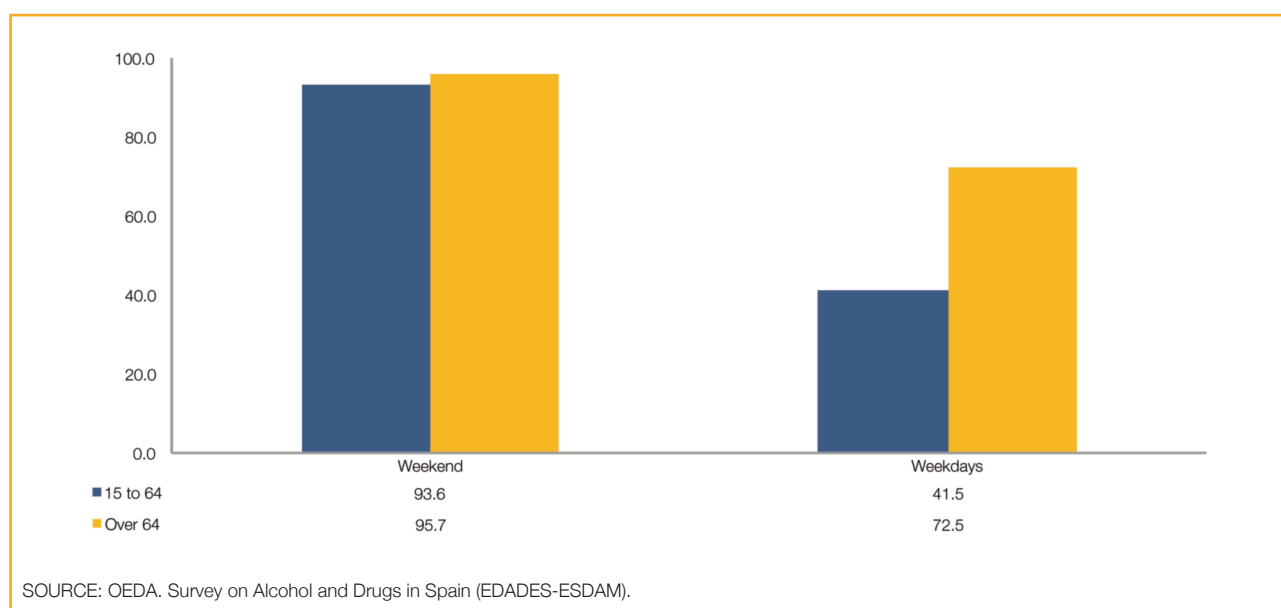
Table 43. Prevalence of alcohol consumption in the past 7 days in the population over 64 years of age versus the population ages 15 to 64 who drank alcohol in the past 7 days, by type of alcoholic beverage and sex (%). Spain, 2019/2020.

	Over 64 years		15 to 64 years	
	Men	Women	Men	Women
Wine	47.8	17.5	23.3	16.1
Beer	28.6	9.5	49.5	28.1
Mixed drinks	3.5	0.6	18.3	9.3
Vermouth	3.2	2.0	3.2	2.3
Fruit liquor	1.6	0.9	2.5	1.2
Hard liquor straight	4.6	1.0	3.8	1.1

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES-ESDAM).

For those over 64 who reported drinking alcohol in the past 7 days, consumption was more likely on weekends (95.7%) than on weekdays (72.5%), regardless of sex. These day-of-the-week differences were more evident in individuals, ages 15 to 64 (93.6% on weekends vs. 41.5% on weekdays).

Figure 49. Prevalence of alcohol consumption in the past 7 days in the population over 64 years of age versus the population ages 15 to 64 who drank alcohol in the past 7 days, by day of the week (%). Spain, 2019/2020.



Differentiating by sex, we observe that alcohol consumption on weekends is very similar in men and women, with both sexes consuming over 93% of alcohol, regardless of age group. However, weekday alcohol consumption is more prevalent among men than among women, again, regardless of age group (79.7% vs. 58.1% in those over 64 and 48.5% vs. 30.8% in those between 15 and 64 years of age).

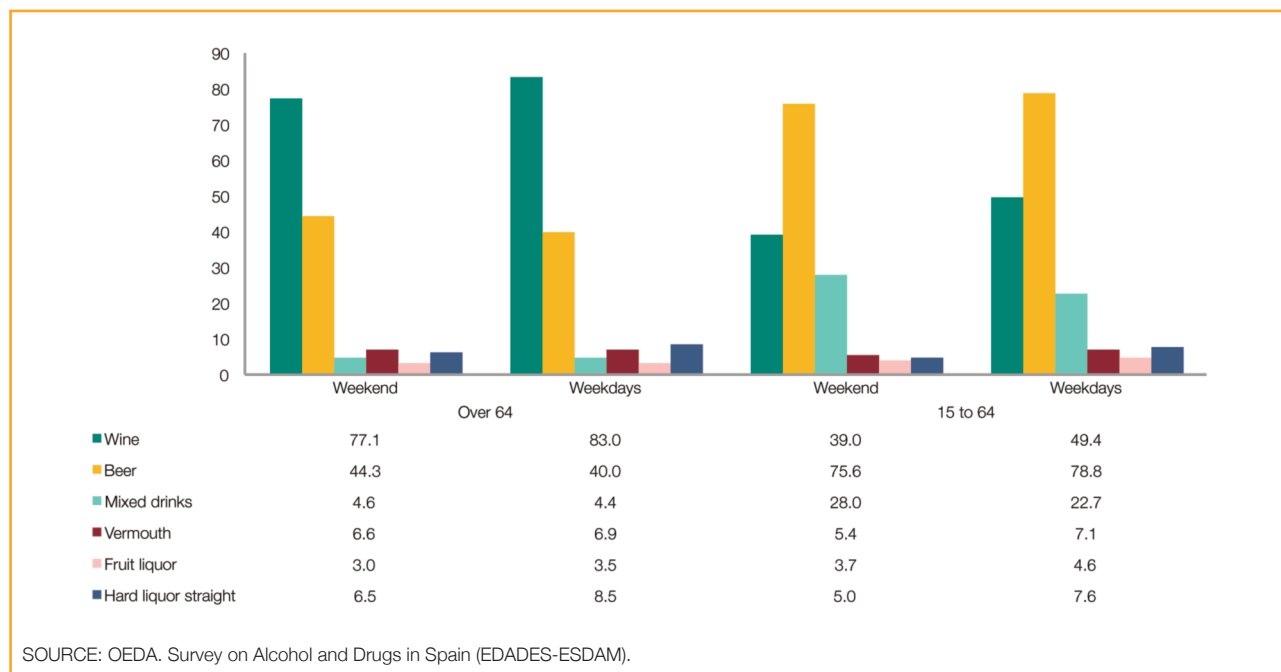
Table 44. Prevalence of alcohol consumption in the past 7 days in the population over 64 years of age versus the population ages 15 to 64 who drank alcohol in the past 7 days, by day of the week and sex (%). Spain, 2019/2020

	Over 64 years		15 to 64 years	
	Men	Women	Men	Women
Weekdays	79.7	58.1	48.5	30.8
Weekends	96.6	93.7	93.9	93.1

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES-ESDAM).

Overall, the distribution of alcohol consumption by type of beverage does not vary by day of the week. Among people over 64 years of age, wine and beer were the two most consumed beverages both on weekdays and weekends, with much higher prevalence than other beverages. The prevalence of wine was especially noteworthy, as it was consumed by 83.0% of those drinking on weekdays and by 77.1% of those drinking on weekends. Beer was consumed by 40.0% of drinkers on weekdays and by 44.3% of those drinking on weekends.

Figure 50. Prevalence of alcohol consumption in the past 7 days in the population over 64 years of age versus the population ages 15 to 64 who drank alcohol in the past 7 days, by day of the week and type of drink (%). Spain, 2019/2020

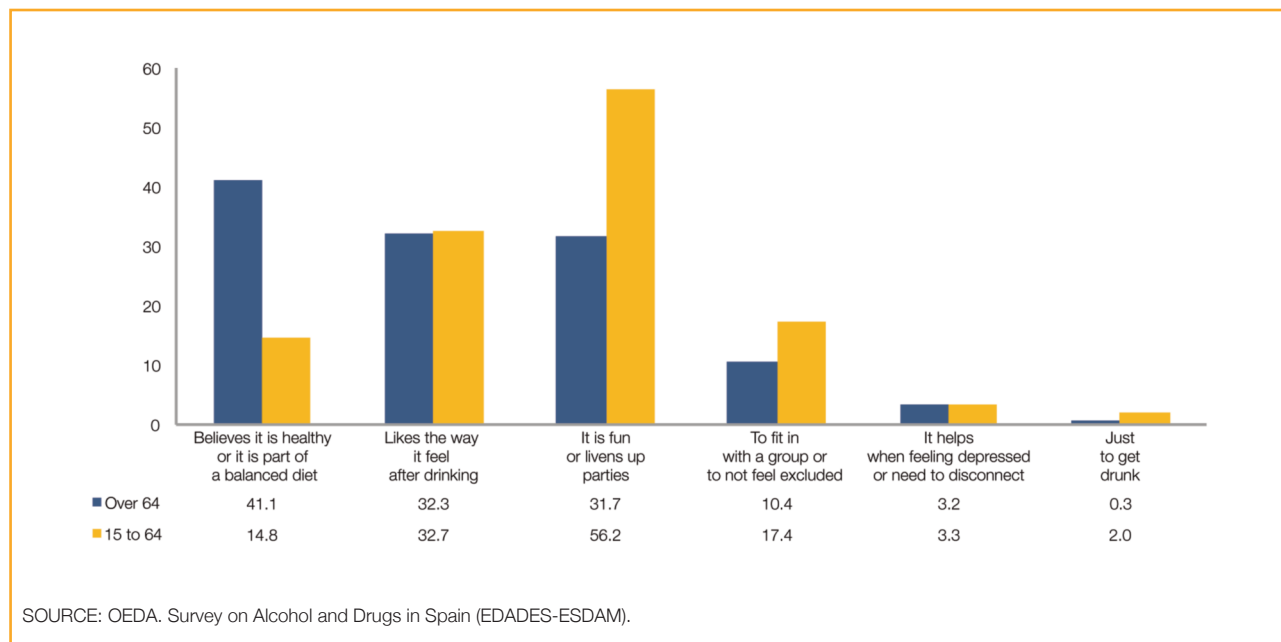


5.3.4. Reasons for drinking alcohol

A total of 41.1% of people over 64 stated that they drank alcohol because they believe it is healthy or is part of a balanced diet. The next most frequently mentioned reasons were: because they like the way they feel after drinking (32.3%), because it is fun or livens up parties and celebrations (31.7%), and to fit in with a group they like or to not feel excluded in

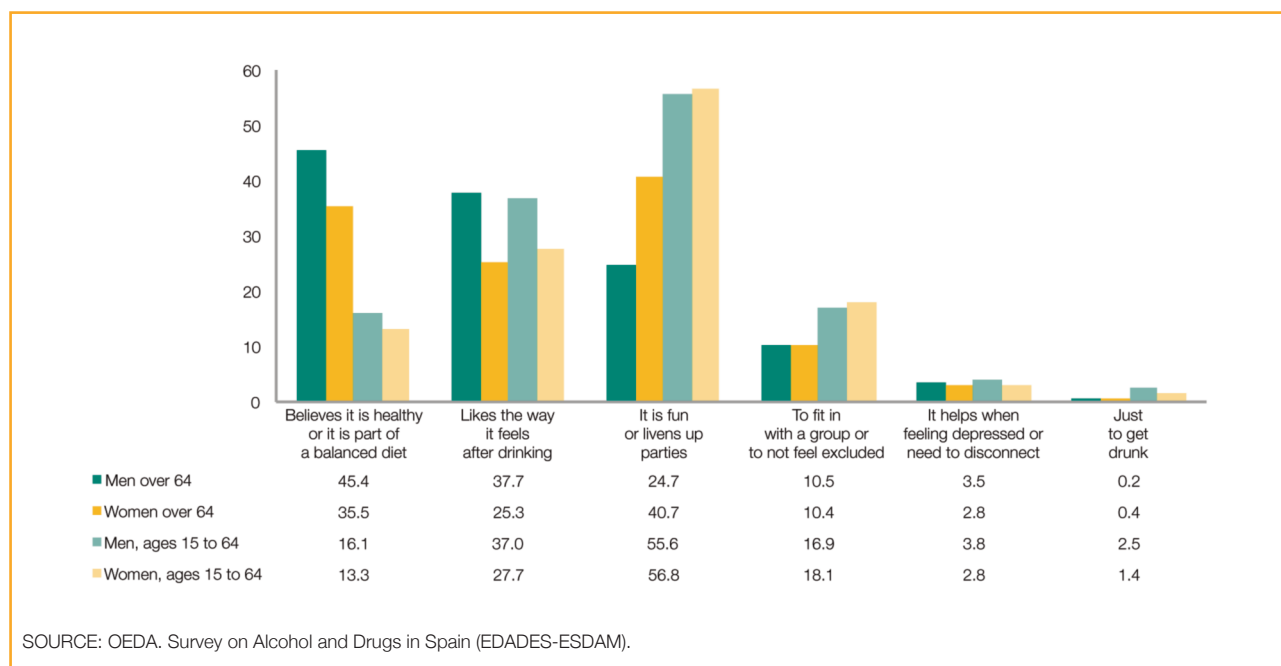
relation to others (10.4%). Other reasons, practically residual, were: because it helps them when they feel depressed or need to disconnect (3.2%), and just to get drunk (0.3%).

Figure 51. Main reasons for drinking alcohol reported by the population over 64 years of age versus those 15 to 64 years of age among those who have consumed alcohol in the past 12 months (%). Spain, 2019/2020.



Data show that men and women over 64 report different reasons for drinking. In men, the main reason was that they believe it is healthy (45.4%), followed by liking the way they feel (37.7%), and because it is fun (24.7%). In contrast, women drink because it is fun (40.7%), then because they think it is healthy (35.5%), and thirdly because they like the way they feel (25.3%).

Figure 52. Main reasons for drinking alcohol reported by the population over 64 years of age versus those 15 to 64 years of age, among those who have consumed alcohol in the past 12 months, by sex (%). Spain, 2019/2020.



5.4. IMPACT OF THE COVID-19 PANDEMIC ON 2020 ALCOHOL CONSUMPTION

The Covid-19 pandemic and related measures adopted to control it had a profound impact on health, as well as on the social and personal spheres, affecting the consumption of psychoactive substances and other behaviors with addictive potential. The DGPNSD and, specifically, OEDA monitored the situation through the information systems already in place, monitoring which was reinforced through various initiatives. One of the most ambitious initiatives was the implementation of the 2020 OEDA-COVID survey, designed to obtain meaningful and representative information from the Spanish population on the potential changes in addictions shaped by this pandemic.

The 2020 OEDA-COVID survey was conducted in the general population residing in Spain. The survey's fieldwork was carried out between November 10 and December 3, 2020 by a 55 question-telephone questionnaire asked by an interviewer. Some questions from the Spanish Alcohol and Other Drugs Survey (EDADES) questionnaire were used, with most questions being adapted to the telephone format. More information can be found at the following link:

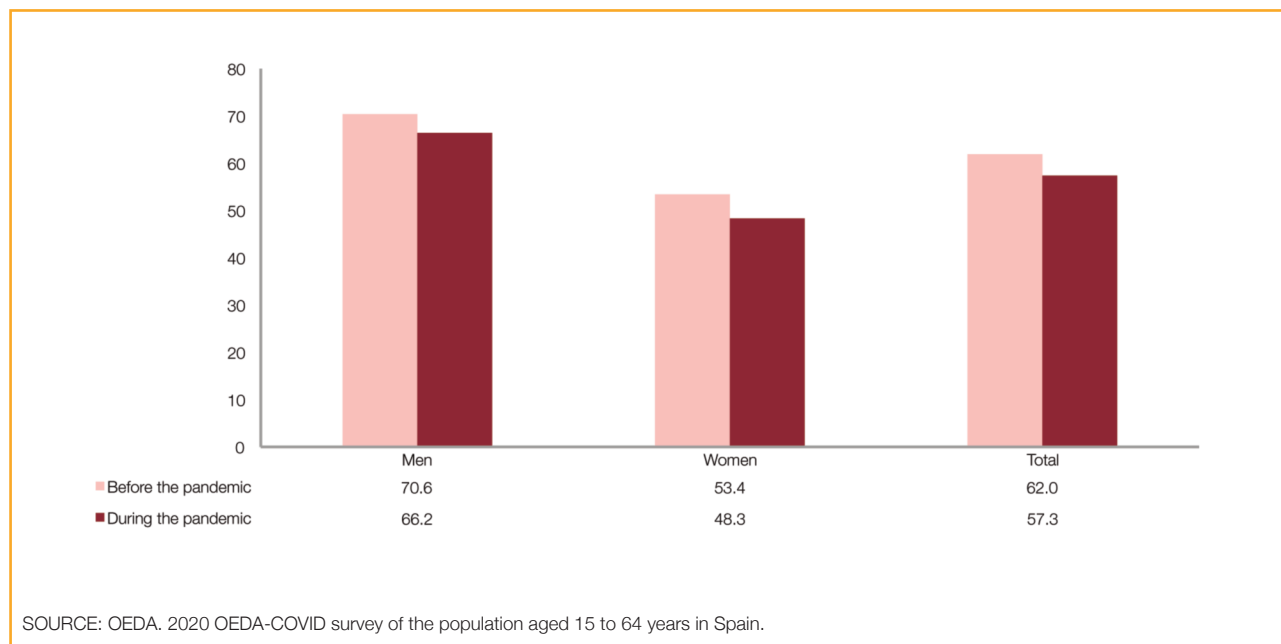
https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/COVID-19/20210326_Informe_ENCUESTA_OEDA-COVID_2020_def.pdf

5.4.1. Alcohol consumption in the population, ages 15 to 64

The prevalence of alcohol consumption in survey participants, ages 15 to 64, during the months prior to the Covid-19 pandemic, i.e., before March 2020, was 62%. Sex differences were observed with higher consumption in men than in women (70.6% in men vs. 53.4% in women).

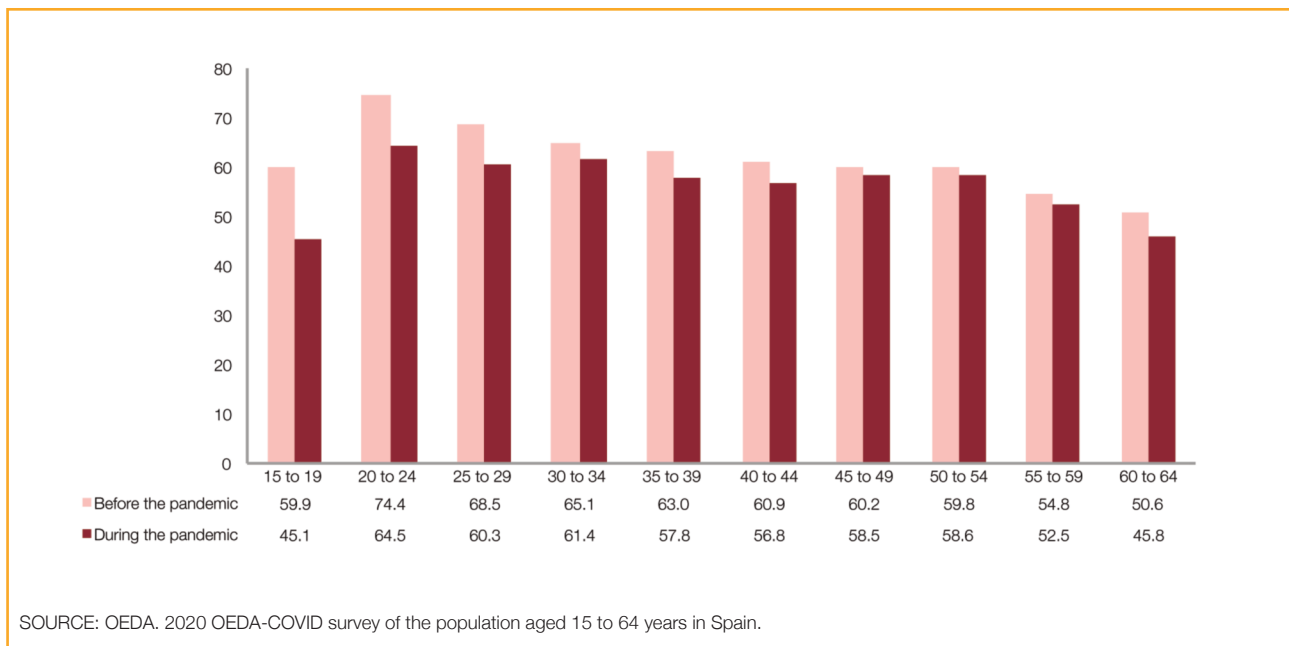
These values decrease slightly during the pandemic to 57.3% in the same age group with a similar gap between (66.2% in men and 48.3% in women). This decrease was statistically significant in both sexes ($p < 0.001$).

Figure 53. Prevalence of alcohol consumption before and during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.



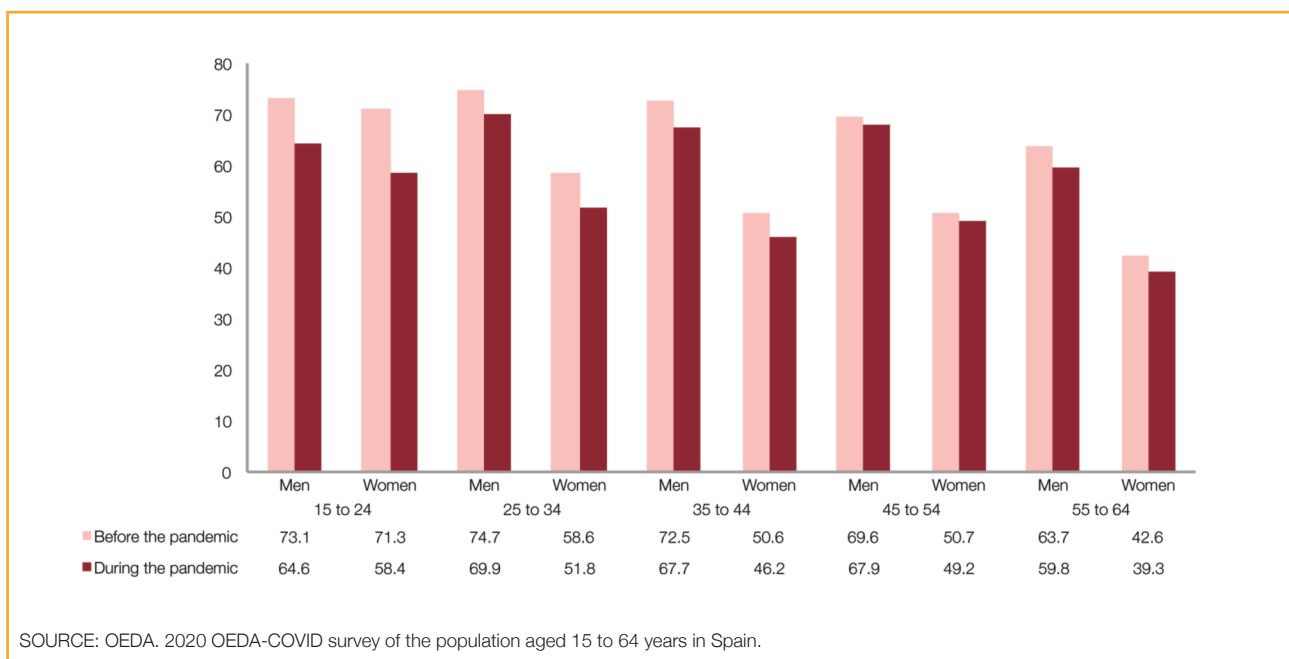
In general, alcohol consumption was reduced across all **age groups** during the pandemic, with the most important decline in consumption observed in the youngest groups.

Figure 54. Prevalence of alcohol consumption before and during the Covid-19 pandemic in the population, ages 15 to 64, by age group (%). Spain, 2020.



This age pattern was similar in both sexes, although the drop in consumption during the pandemic was steeper among young women.

Figure 55. Prevalence of alcohol consumption before and during the Covid-19 pandemic in the population, ages 15 to 64, by sex and age group (%). Spain, 2020.



During the Covid-19 pandemic, 9.4% (13.7% men and 5.0% women) of the population **consumed alcohol daily** in the past 30 days (Figure 56).

At older ages, daily drinking in the past 30 days during the pandemic increased, except for the 15-24 year-olds which reported higher consumption than the 25-34 year-olds (Figure 57).

Figure 56. Prevalence of daily alcohol consumption in the past 30 days during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.

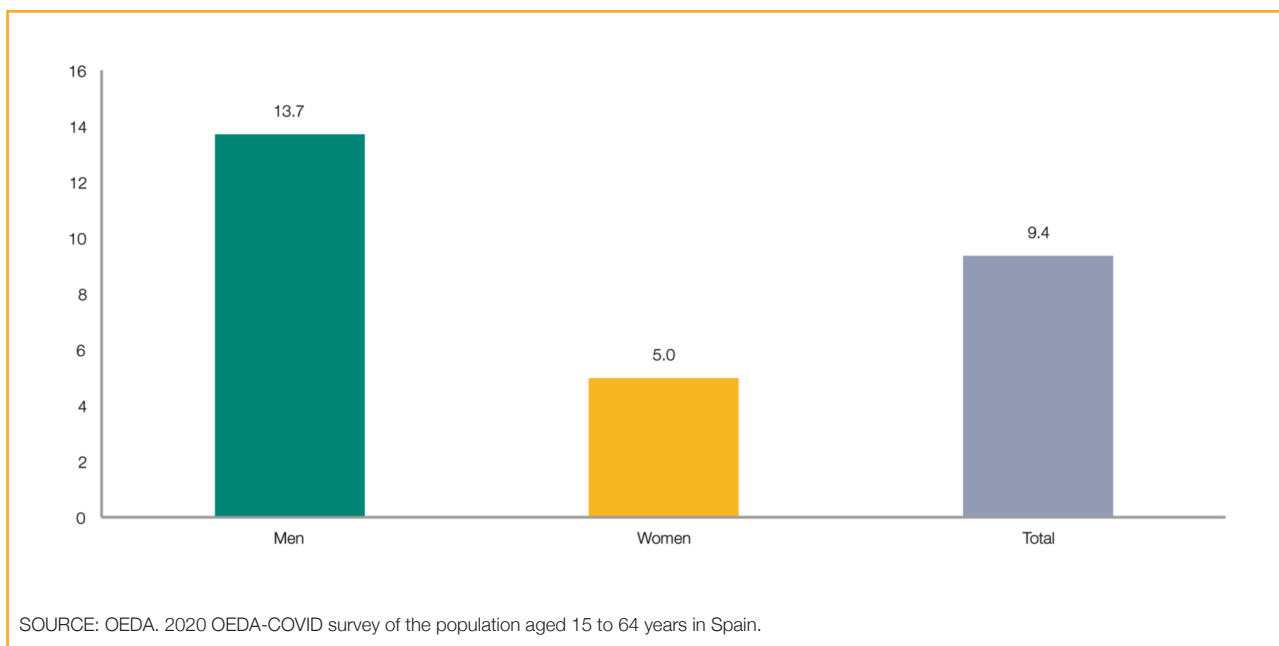
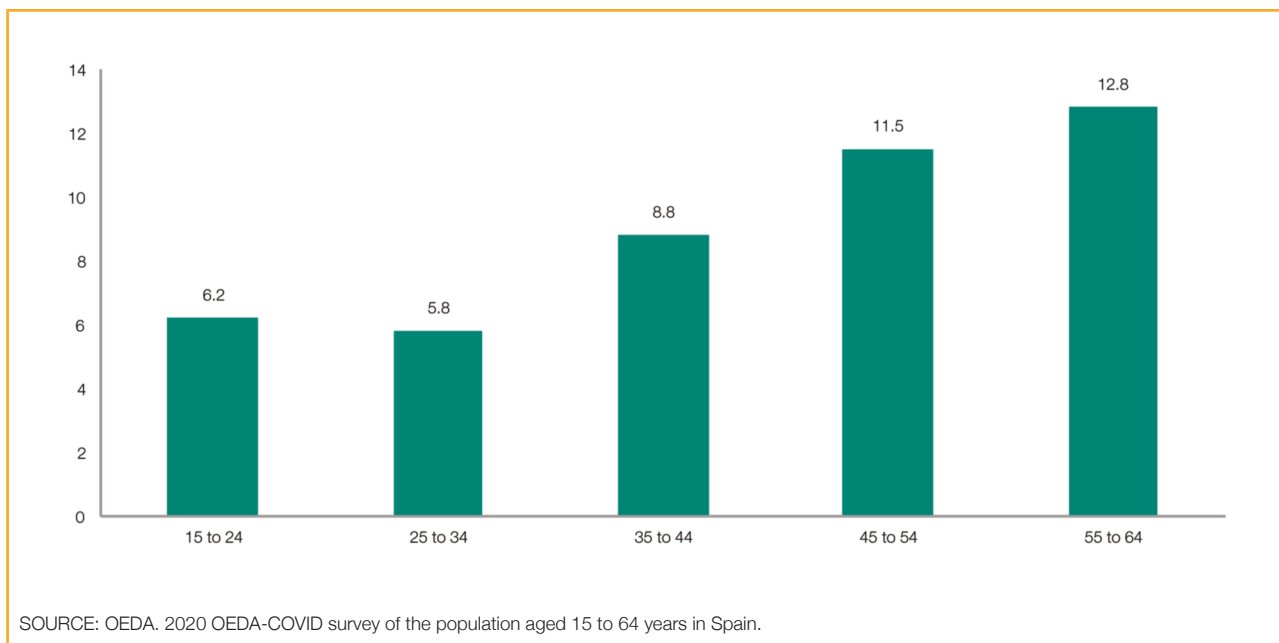


Figure 57. Prevalence of daily alcohol consumption in the past 30 days during the Covid-19 pandemic in the population, ages 15 to 64, by age group (%). Spain, 2020.

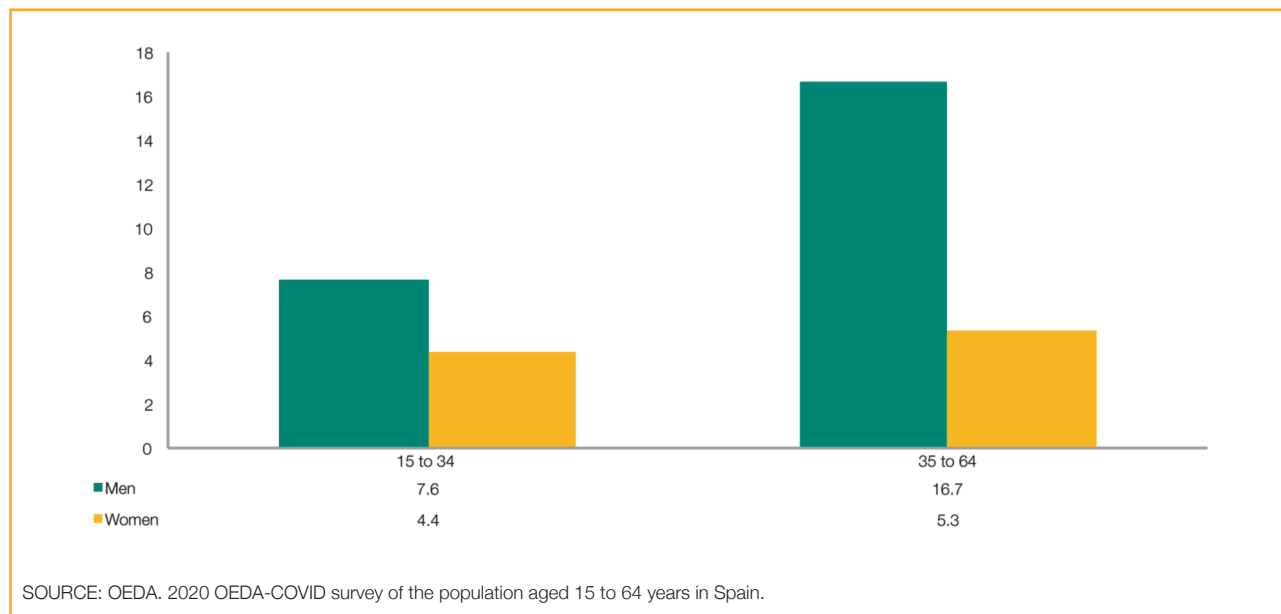


The sex gap in daily alcohol consumption during the pandemic was more notable among those over 34 years of age. These sex differences are reduced among those younger than that.

Regarding changes in alcohol consumption patterns, it is worth highlighting that 7.1% of the population stopped drinking alcohol during the pandemic, whereas 2.3% started drinking it.

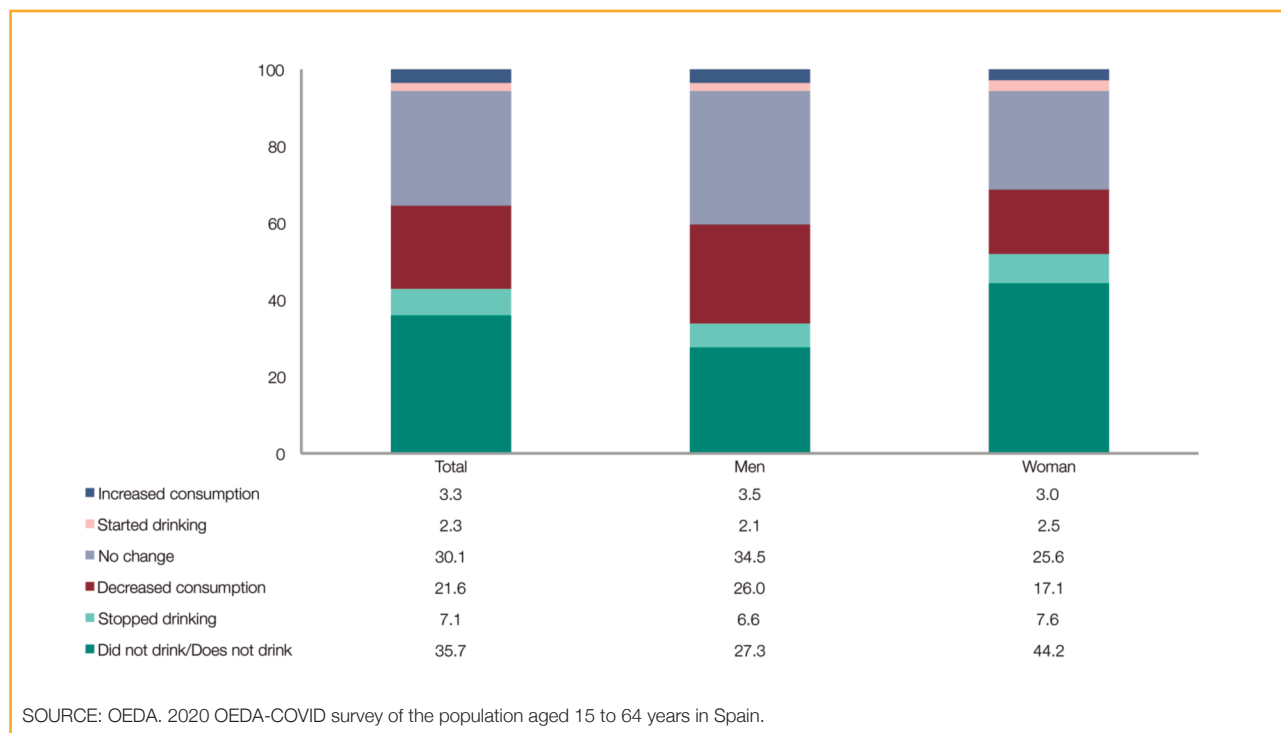
In addition, 3.3% increased consumption level, 30.1% maintained the same consumption as before the pandemic, and about 21.6% report having decreased the amount of alcohol consumed. Among those who reported increasing their alcohol consumption during the pandemic, 93.6% reported an increase in the frequency of consumption and 51.3% in the amount consumed.

Figure 58. Prevalence of daily alcohol consumption in the past 30 days during the Covid-19 pandemic in the population, ages 15 to 64, by sex and age group (%). Spain, 2020.



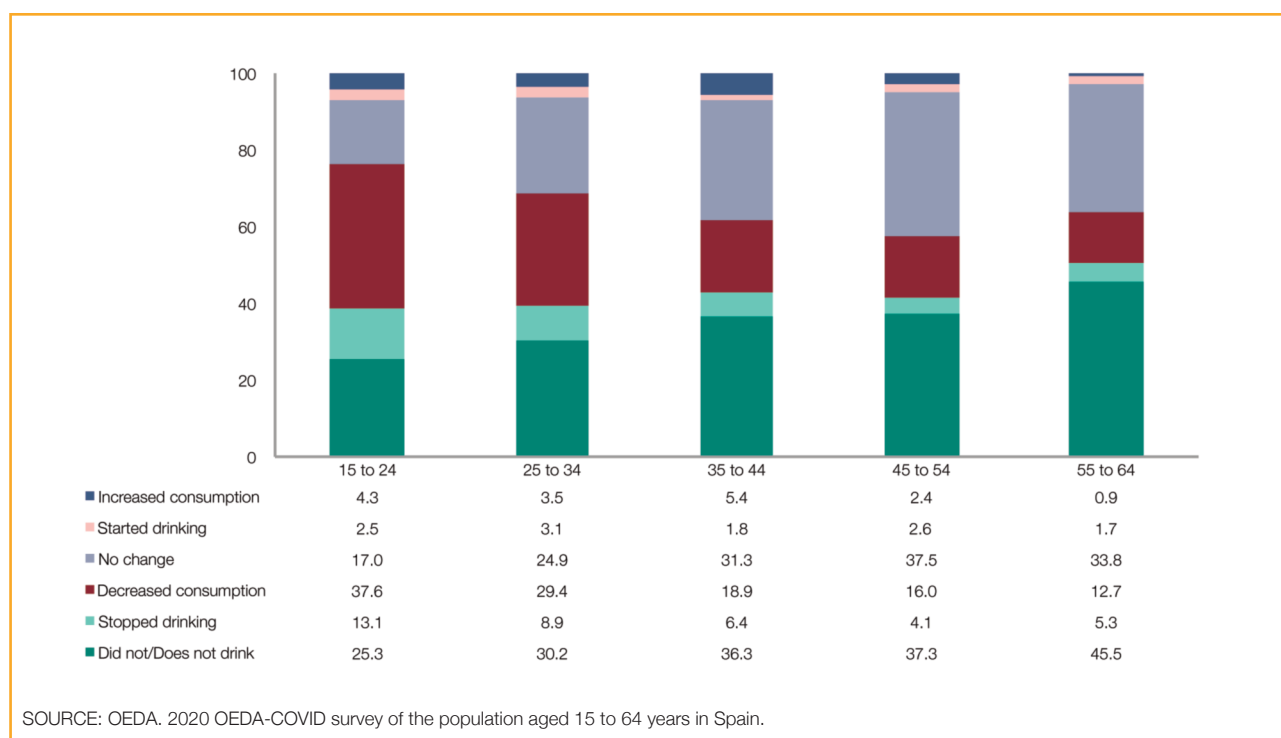
There was a large difference by **sex** regarding non-drinkers before the pandemic, with women being much more likely to report no alcohol consumption. And, although a higher percentage of women than men stopped drinking alcohol during the Covid-19 pandemic, a higher proportion of men maintained or decreased their consumption after the onset of the pandemic than women.

Figure 59. Changes in alcohol consumption patterns during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.



Data showed different change patterns according to age, with the youngest age group showing the highest rate of cessation and reduction in consumption. Among the older age groups, consumption patterns showed fewer changes.

Figure 60. Changes in alcohol consumption patterns during the Covid-19 pandemic in the population, ages 15 to 64, by age group (%). Spain, 2020.



According to **employment status**, alcohol consumption was higher among students (74.5%) and among those who were working (68.3%), with much lower prevalence among those who were homemakers (37.7%), received a pension (54.5%), or were unemployed (53.5%).

As for change in consumption patterns by employment status, we observed that over half of the students (52.3%) reported reducing or stopping drinking alcohol, compared to 28.5% of those who were working, who mostly maintained their drinking patterns.

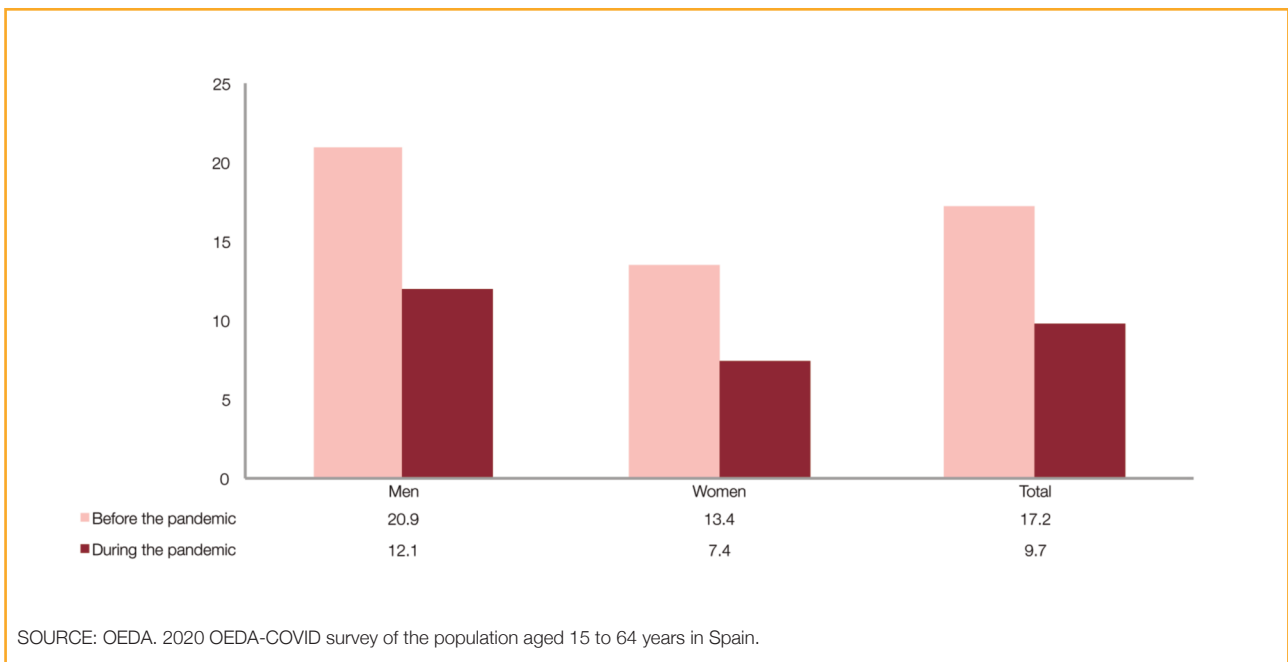
Table 45. Changes in alcohol consumption patterns during the Covid-19 pandemic in the population, ages 15 to 64, by employment status (%). Spain, 2020.

	Working	Unemployed	Household worker	Receiving a Pension	Student
Did not drink/Does not drink	31.7	46.5	62.3	45.5	25.5
Stopped or reduced consumption	28.5	22.8	14.3	18.1	52.3
No change	34.5	23.2	21.3	32.2	1.,1
Onset or increase of consumption	5.3	7.6	2.1	4.3	6.2

SOURCE: OEDA. 2020 OEDA-COVID survey of the population aged 15 to 64 years in Spain.

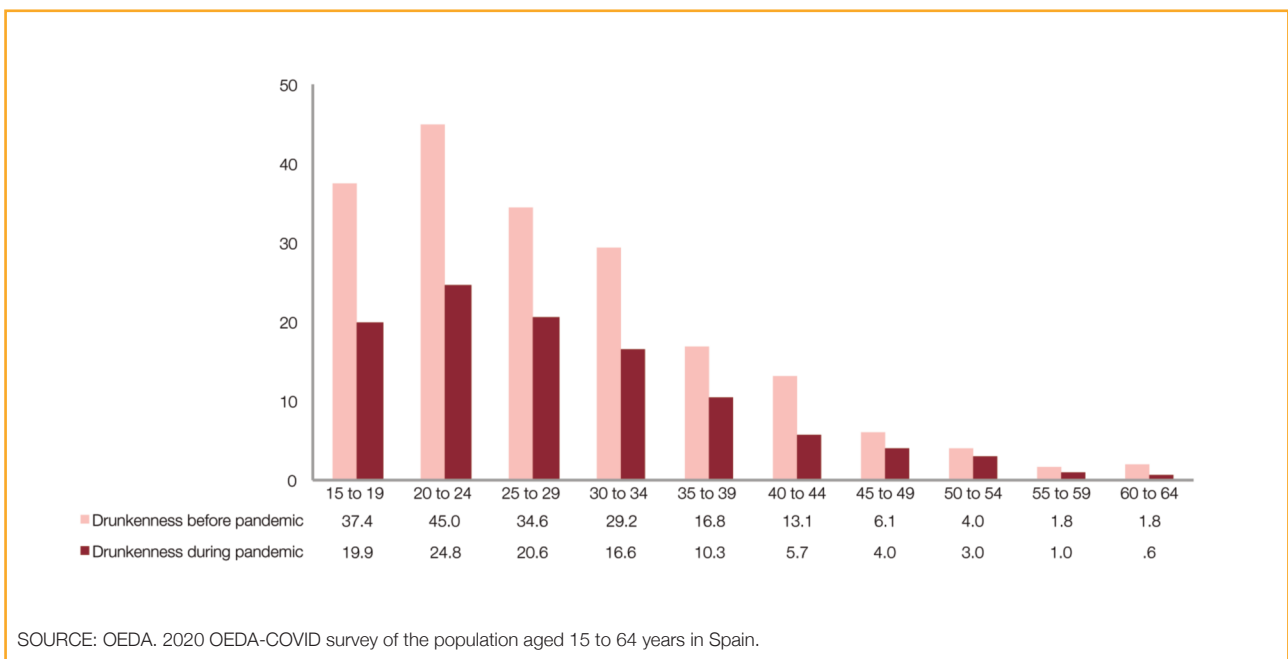
Data showed a statistically significant decrease in **drunkenness** during the pandemic among individuals, ages 15-64, and in both sexes ($p < 0.001$). Drunkenness was reported by 17.2% of participants pre-Covid-19 pandemic (20.9% in men and 13.4% in women) and by only 9.7% during the pandemic (12.1% in men and 7.4% in women).

Figure 61. Prevalence of drunkenness before and during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.



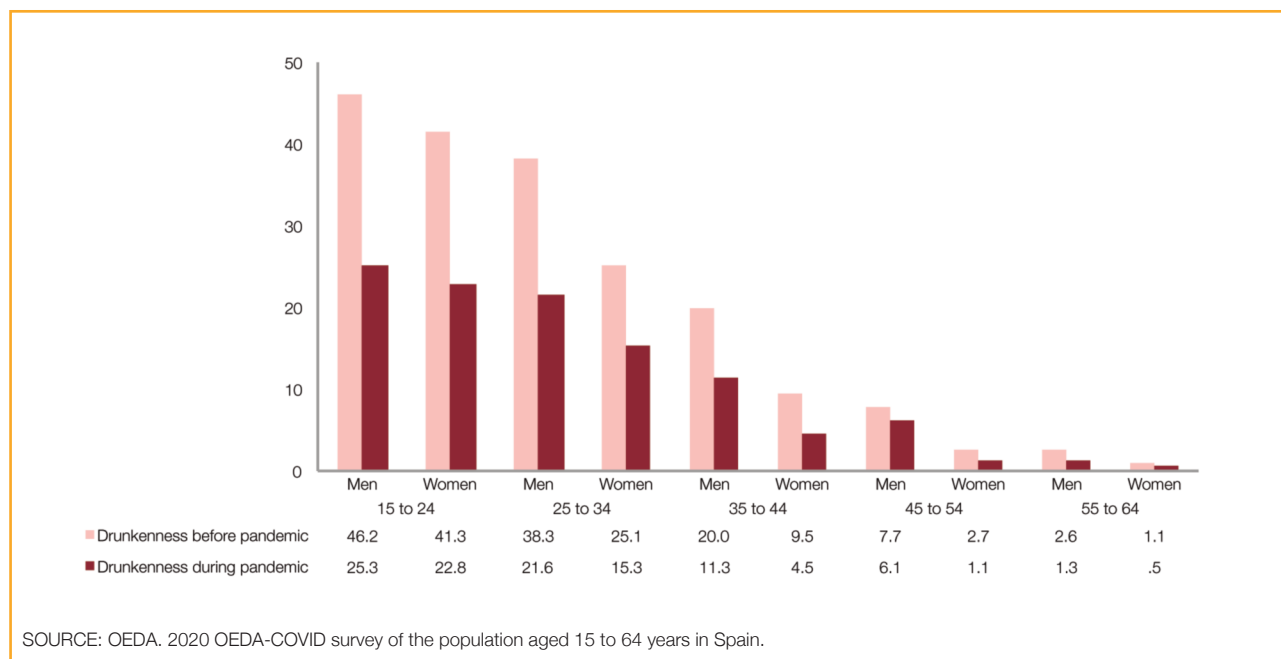
We also observed a reduction in prevalence of drunkenness during the pandemic **across all age groups** ($p < 0.001$). This decrease was concentrated in the younger age groups.

Figure 62. Prevalence of drunkenness before and during the Covid-19 pandemic in the population, ages 15 to 64, by age group (%). Spain, 2020.



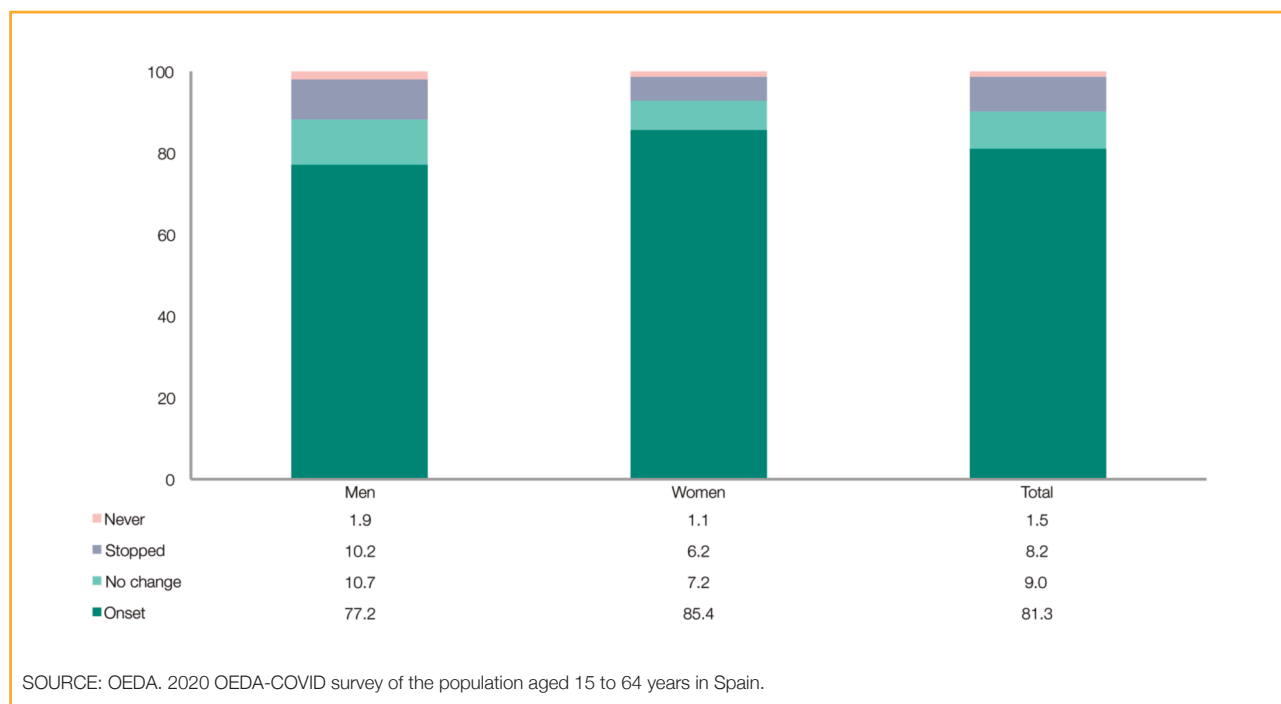
This pattern holds without major differences when examined by both age and sex.

Figure 63. Prevalence of drunkenness before and during the Covid-19 pandemic in the population, ages 15 to 64, by sex and age group (%). Spain, 2020.



In terms of changes in the **pattern of drunkenness**, the majority of respondents (81.3%) did not get drunk before or during the pandemic, 9% of respondents stopped getting drunk during the pandemic, and 1.5% started getting drunk during the pandemic, this percentage being lower in women than in men.

Figure 64. Changes in the pattern of drunkenness before and during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.



According to **employment status**, drunkenness was mainly reported by students (44.7%), by those working (17.9%) and by the unemployed (16.9%); whereas it was almost non-existent among homemakers and those receiving a pension.

Of the total of students, 22.3% stopped getting drunk, 8.6% of those working and 7.8% of the unemployed did so as well.

Table 46. Changes in the pattern of drunkenness during the Covid-19 pandemic in the population, ages 15 to 64, by employment status (%). Spain, 2020.

	Working	Unemployed	Household worker	Receiving a Pension	Student
Maintained not getting drunk	82.1	83.1	97.6	96.9	55.3
Stopped getting drunk	8.6	7.8	0.8	1.4	22.3
Maintained getting drunk	7.8	7.3	1.6	0.6	20.5
Started getting drunk	1.6	1.7	0.0	1.0	1.8

SOURCE: OEDA. 2020 OEDA-COVID survey of the population aged 15 to 64 years in Spain.

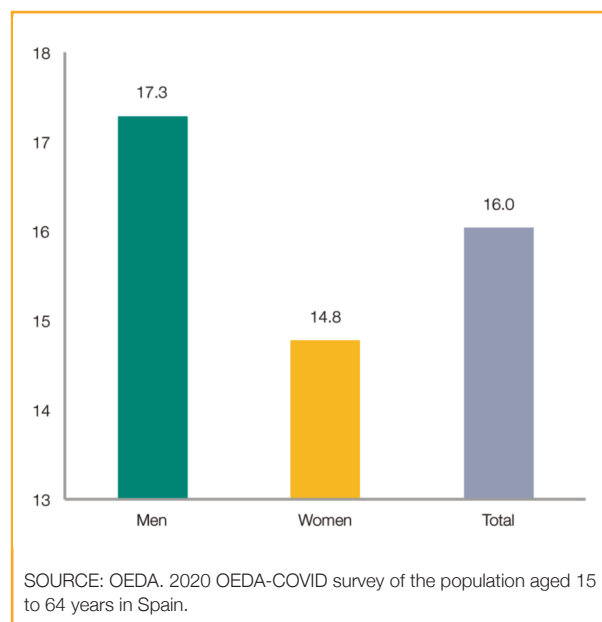
The short version of the AUDIT (Alcohol Use Disorders Identification Test), known as AUDIT-C, was used to estimate potential **risk drinking**.

This screening scale consists of three questions developed by the WHO to determine whether a person's alcohol consumption can be considered potentially risk, which would warrant screening with the full 10-question AUDIT tool. The cut-off points were 5 or more for men and 4 or more for women, according to the validation of A. Gual et al [31].

The results show that, during the Covid-19 pandemic, 16% of the population ages 15 to 64 (17.3% of men vs. 14.8% of women), reported a potential risk alcohol consumption (Figure 65).

By age, the most prevalent risk consumption during the Covid-19 pandemic was reported by the 20-34 year-olds (Figure 66).

Figure 65. Prevalence of risk alcohol consumption (AUDIT-C) during the Covid-19 pandemic in the population, ages 15 to 64, by sex (%). Spain, 2020.



When examining consumption by age and sex, the data show that possible risk alcohol consumption was more prevalent for women under 25 years of age, even surpassing men in that age group (Figure 67).

Figure 66. Prevalence of risk alcohol consumption during the Covid-19 pandemic in the population, ages 15 to 64, by age group (%). Spain, 2020.

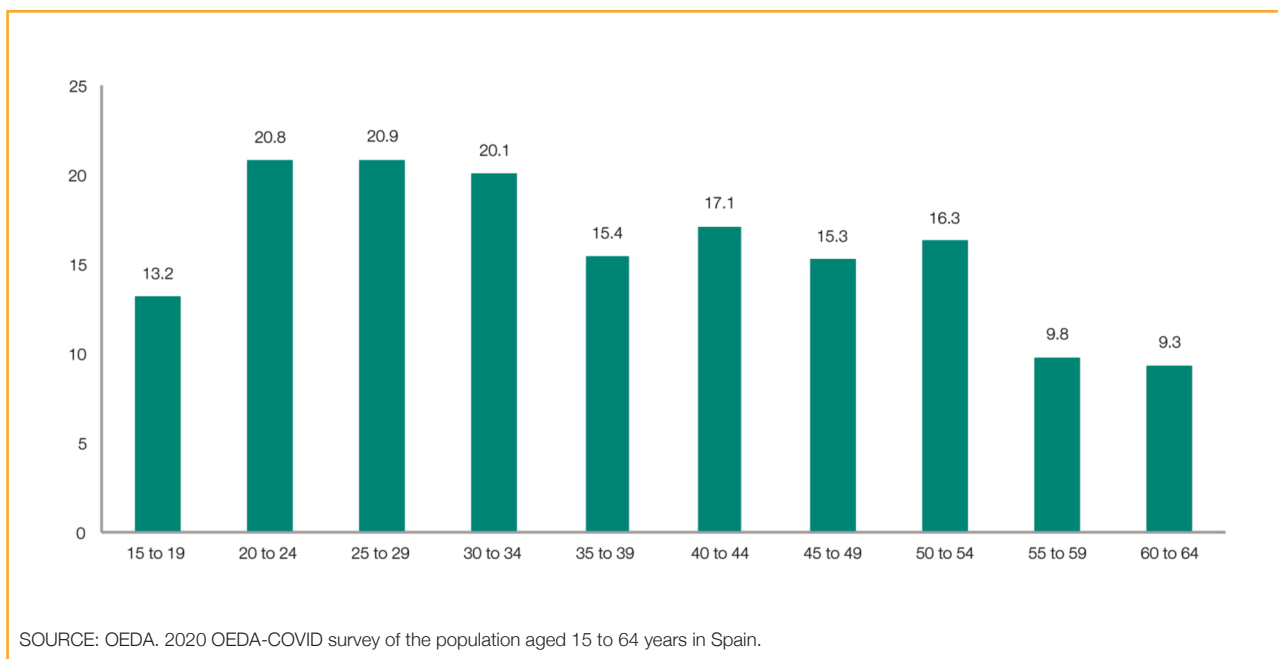
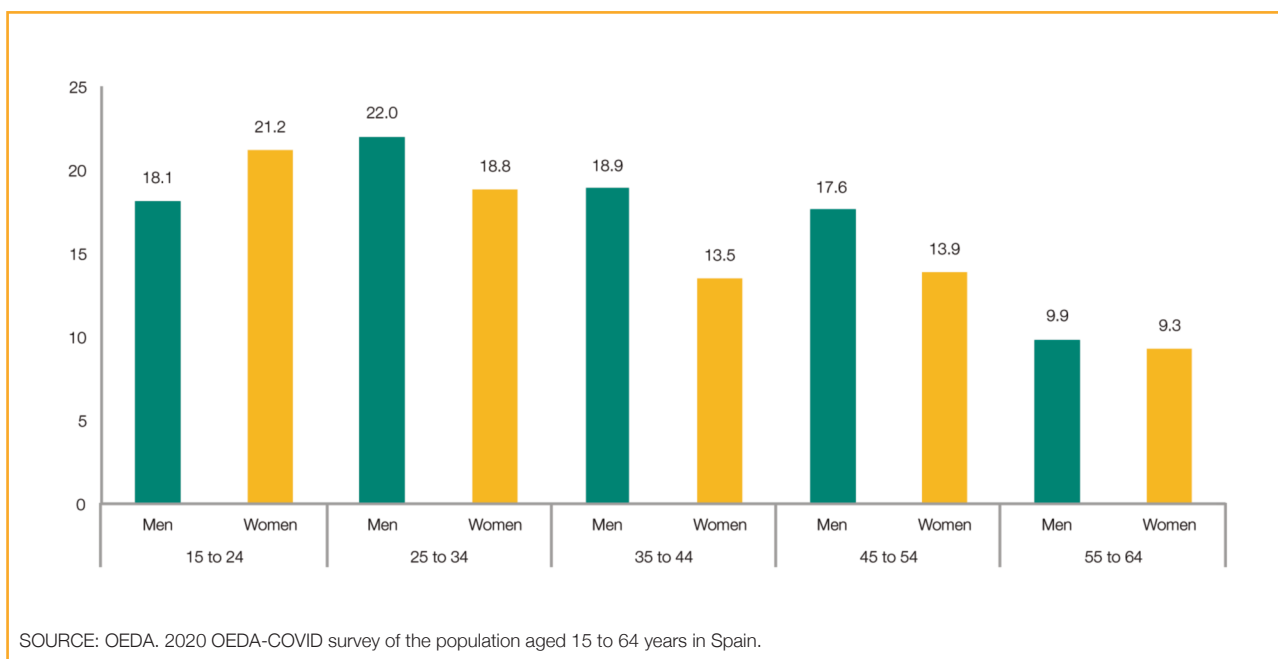


Figure 67. Prevalence of risk alcohol consumption during the Covid-19 pandemic in the population, ages 15 to 64, by sex and age group (%). Spain, 2020.



5.4.2. Alcohol consumption in the population over 64 years of age

The prevalence of alcohol consumption in those over 64 during the months prior to the Covid-19 pandemic, i.e., before March 2020, was 34.2% with higher consumption in men than in women (50.1% and 22.1%, respectively). These values

showed a statistically significant decrease ($p < 0.001$) during the Covid-19 pandemic, decreasing to 31.8% (47.6% in men and 19.8% in women).

The prevalence of drinking alcohol was much lower in those over 64 than in the population aged 15-64 years (34.2% vs. 62% before the pandemic and 31.8% vs. 57.3% during the pandemic, respectively) (Figure 68).

The 65-74 year-olds reported a higher alcohol consumption both before and during the Covid-19 pandemic and they also reported a greater reduction in alcohol consumption during the pandemic than individuals over 74, where consumption remained practically stable during the pandemic (Figure 69).

Figure 68. Prevalence of alcohol consumption before and during the Covid-19 pandemic in the population over 64 years of age, by sex (%). Spain, 2020.

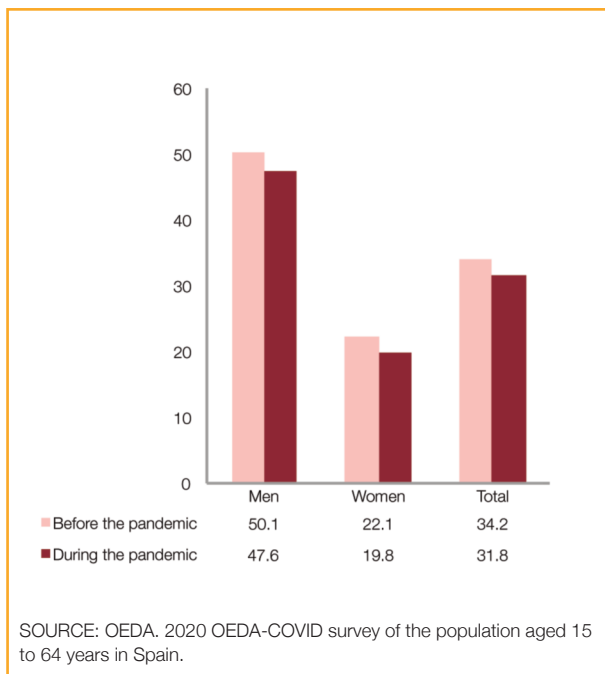
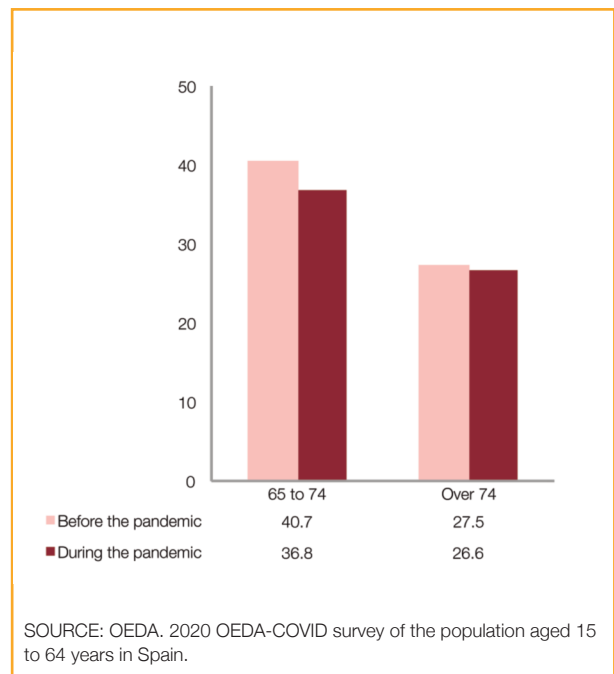


Figure 69. Prevalence of alcohol consumption before and during the Covid-19 pandemic in the population over 64 years of age, by age group (%). Spain, 2020.



Regarding **daily alcohol consumption** in the past 30 days during the Covid-19 pandemic, the prevalence was 13.3% in those over 64 and higher in men (23.0%) than in women (6.0%) (Figure 70).

In terms of **changes in alcohol consumption patterns** among those over 64 years of age, 12.3% reported having stopped or decreased their consumption during the pandemic, whereas only 2.1% began to consume alcohol or increased their consumption. Close to one fourth (21,4%) maintained their consumption and 64.2% did not drink alcohol before or during the pandemic (Figure 71).

Drunkenness was not observed in this population group.

The results of the AUDIT-C scale of **at risk alcohol consumption** showed that 6.9% of the population over 64 years of age reported potentially at-risk alcohol consumption.

Figure 70. Prevalence of daily alcohol consumption in the past 30 days during the Covid-19 pandemic in the population over 64 years of age, by sex (%). Spain, 2020.

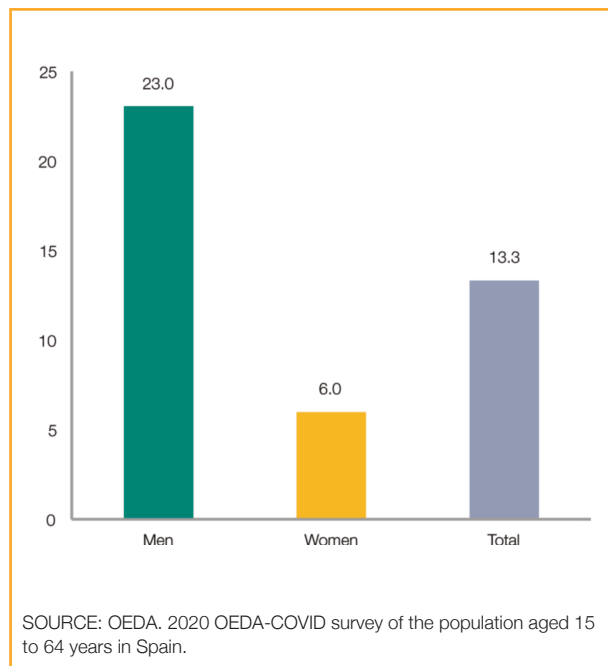
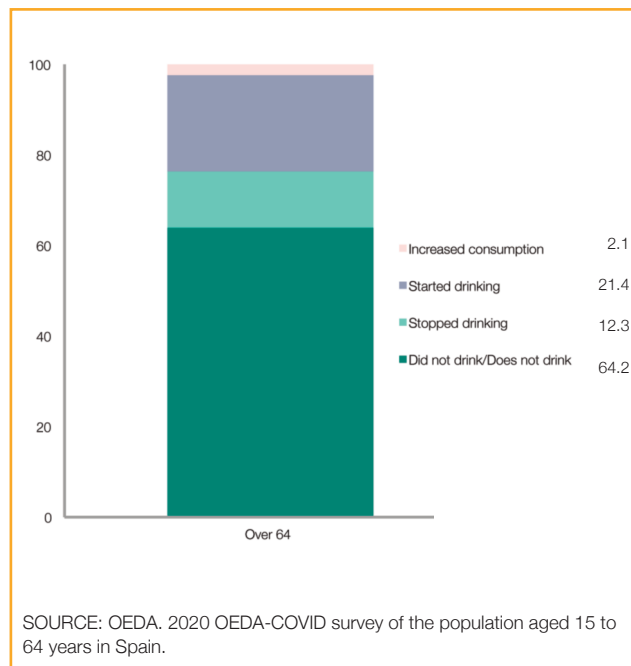


Figure 71. Changes in alcohol consumption patterns during the Covid-19 pandemic among those over 64 years of age (%). Spain, 2020.



5.5. ALCOHOL SALES, 2015-2020

This section is based on data published in the annual Tax Collection reports of the State Tax Administration Agency (AEAT for its Spanish acronym) of the Ministry of Finance [32]. These publications report on the level and the annual changes in volume of alcohol consumed. They also include revenues derived from excise taxes managed by the Tax Agency on behalf of the State, the autonomous regions, and the local corporations of the Common Tax Regime Territory. These reports provide information on the demand for alcohol in Spain and their change over time, by type of beverage. Alcoholic beverages are considered to be those with an alcohol content over 1.2%.

The following clarifications should be kept in mind when interpreting the data:

1. As the excise tax on wine is zero, AEAT's data on wine used to come from a Ministry of Agriculture, Fisheries and Food survey conducted in households and in commercial and social catering establishments. Starting in 2015, the wine data now comes from AEAT's on sources^a. This section, therefore, is based on data from 2015 on so the source for all alcoholic beverages is the same.
2. AEAT data do not allow disaggregation by autonomous regions.
3. AEAT data only include alcoholic beverages in legal circulation or "registered alcohol." These figures could not be directly extrapolated to per capita alcohol consumption in Spain since per capita alcohol include both "registered" and "unregistered" alcohol minus "tourist" alcohol. The unregistered alcohol refers to alcohol brought back by a Spanish tourist from abroad, to illegal alcohol, as well as to home-made alcohol (since the legislation exempts from excise tax any products made by individuals for non-commercial purposes). The "tourist" alcohol is the estimated amount of alcohol consumed or taken out of the country by tourists.

a. Article 66.5 of the Excise Tax Regulations: "As long as the tax rate be zero, manufacturers and holders of fiscal deposits shall submit to the managing office, within the first twenty days of the months of January, April, July, and October, a summary, according to the model approved by the managing center, of the economic activity in the establishment during the immediately preceding calendar quarter."

4. The per capita consumption of pure alcohol in Spain, as estimated by the WHO and other authors^[33,34,19], is discussed in another documents. Since 1999, WHO publishes the calculation of per capita alcohol consumption in liters of pure alcohol (15+) in its periodic Global Status Report on Alcohol. Such calculation is based on the recorded alcohol consumption provided by each country and the estimates WHO makes of unregistered and tourist alcohol. In the case of Spain, data on registered alcohol from the Tax Agency are provided by the Ministry of Health.

5. Changes on tax revenues from alcohol sales over time are not only related to the volume of alcoholic beverages sold, but also on changes in tax rates, which increased by 5% in 2016.

Table 47 (prepared by the Tax Agency) shows the volume of alcohol sold from 2015 to 2020 (actual beverage volume and pure alcohol) by type of beverage. It also includes the average percentage of alcohol by type of beverage. Distilled beverages include spirits or liqueurs. Intermediate products include vermouth or muscatel. Cider is classified as wine.

As shown, the 2020 total volume of alcoholic beverage consumption (4,372 million liters) is lower than the 2019 figure, breaking the upward trend observed until 2019 (Tables 47 and 48). This change in trend is related to the COVID pandemic.

Table 47. Real volume and volume of pure alcohol (in millions of liters) consumed by type of beverage, per year. Spain 2015-2020.

	2015	2016	2017	2018	2019*	2020*
Distilled beverages consumption (millions of liters)						
Real volume (1)	264	281	264	266	296	198
Average percentage of alcohol (2)	34.75	34.70	34.61	34.52	31.35	32.02
Pure alcohol (3)=(1)*(2)/100	92	98	91	92	93	63
Beer consumption (millions of liters)						
Real volume (1)	3,537	3,652	3,793	3,828	3,988	3,506
Average percentage of alcohol (2)	4.68	4.69	4.72	4.76	4.75	4.75
Pure alcohol (3)=(1)*(2)/100	166	171	179	182	189	167
Intermediate products consumption (millions of liters)						
Real volume (1)	50	52	51	51	53	46
Average percentage of alcohol (2)	14.26	14.27	14.28	14.29	14.30	14.29
Pure alcohol (3)=(1)*(2)/100	7.1	7.5	7.3	7.3	7.6	6.6
Wine consumption (millions of liters)						
Real volume (1)	1,222	1,276	1,287	1,112	1,186	622
Still wine	1,052	1,092	1,115	938	995	536
Sparkling wine	74	80	74	72	82	38
Still fermented beverages	74	82	71	80	91	43
Sparkling fermented beverages	22	23	26	22	19	6
Average percentage of alcohol (2)	12.03	12.01	11.96	11.95	11.83	11.93
Still wine	12.69	12.70	12.56	12.71	12.61	12.57
Sparkling wine	11.24	11.18	11.15	11.10	11.15	10.90
Still fermented beverages	5.69	5.72	6.08	5.86	5.51	5.72
Sparkling fermented beverages	4.15	4.57	4.57	4.38	4.40	4.91
Pure alcohol (3)=(1)*(2)/100	147	153	154	133	140	74
Still wine	134	139	140	119	125	67
Sparkling wine	8	9	8	8	9	4
Still fermented beverages	4	5	4	5	5	2
Sparkling fermented beverages	1	1	1	1	1	0
TOTAL CONSUMPTION (millions of liters)	5,072	5,261	5,395	5,257	5,524	4,372
* Preliminary figures						
SOURCE: Tax Agency (table adapted from Table 9.3 of the 2020 Annual Tax Collection Report).						

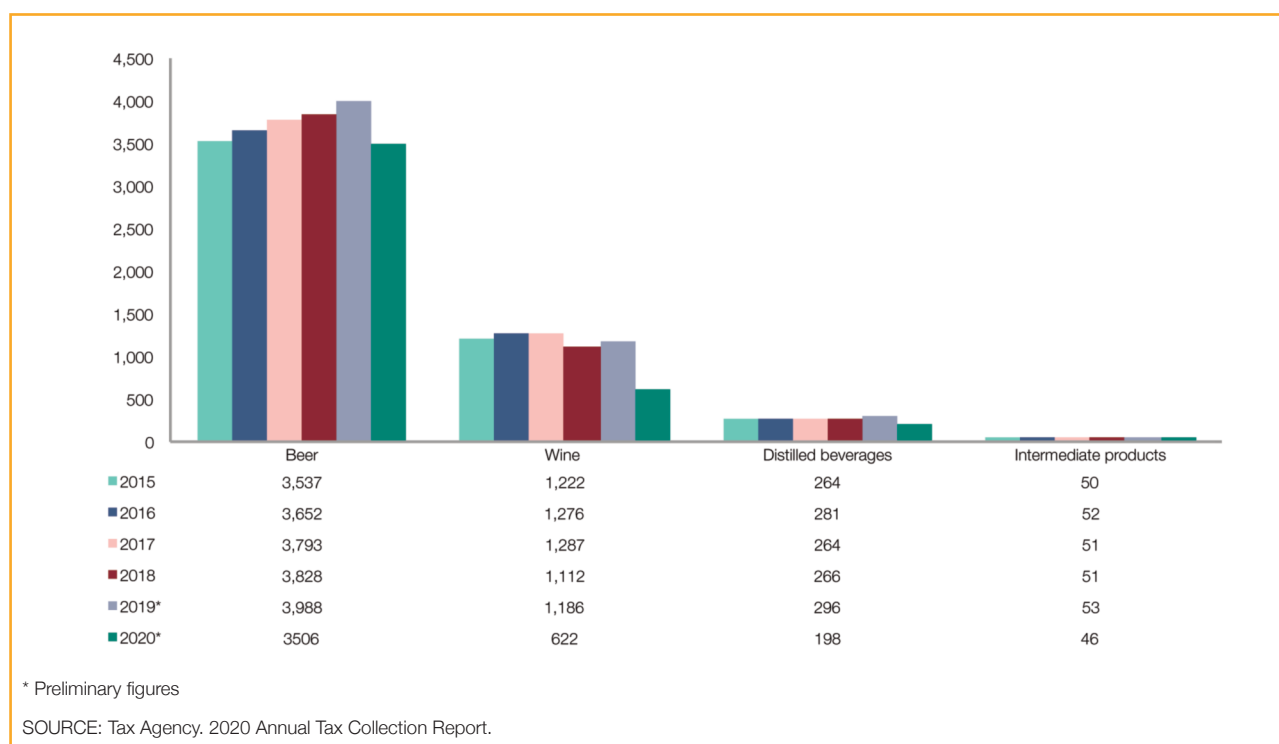
This is a significant drop compared to 2019 (-33.2% for high alcohol content drinks, -47.1% for wines and -12.1% for beer). Compared to 2015, wine and distilled beverages show the largest reduction in consumption (-49.1% and -25% respectively) (Table 48 and Figure 72).

Table 48. Volume of consumption by type of alcoholic beverage (%), by year. Spain, 2015-2020.

	2015	2016	2017	2018	2019*	2020*	Change 2019*-2020*	Change 2015-2020*
Beer	3,537	3,652	3,793	3,828	3,988	3,506	-12.1	-0.9
Wine	1,222	1,276	1,287	1,112	1,186	622	-47.5	-49.1
Distilled beverages	264	281	264	266	296	198	-33.2	-25.0
Intermediate products	50	52	51	51	53	46	-13.9	-7.3
Total	5,072	5,261	5,395	5,257	5,524	4,372	-20.9	-13.8

* Preliminary figures
SOURCE: Tax Agency. 2020 Annual Tax Collection Report.

Figure 72. Volume of consumption by type of alcoholic beverage (millions of liters), by year. Spain, 2015-2020.



As Figure 73 shows, beer is the preferred beverage (80%) followed far behind by wine (14%).

In 2020, the average percentage of pure alcohol was 32% for distilled beverages, 14.3% for intermediate products, 11.9% for wine, and 4.8% for beer.

The variation in the average percentage of pure alcohol for each beverage is minimal in the period studied, although there is a slight downward trend in the alcohol content of distilled beverages in the past two years which will required confirmation in subsequent years (Figure 74).

Figure 73. Distribution of volume of consumption by type of beverage (%). Spain, 2020*.

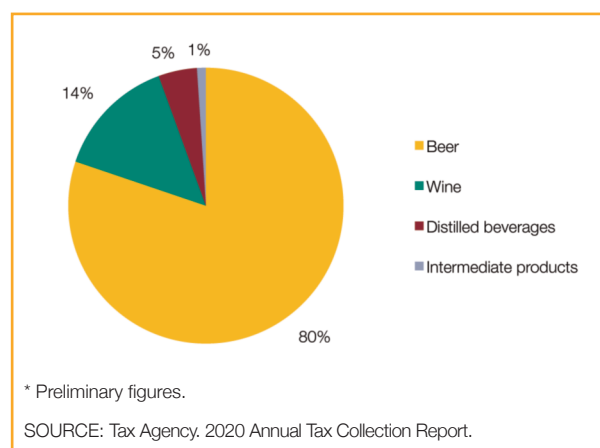
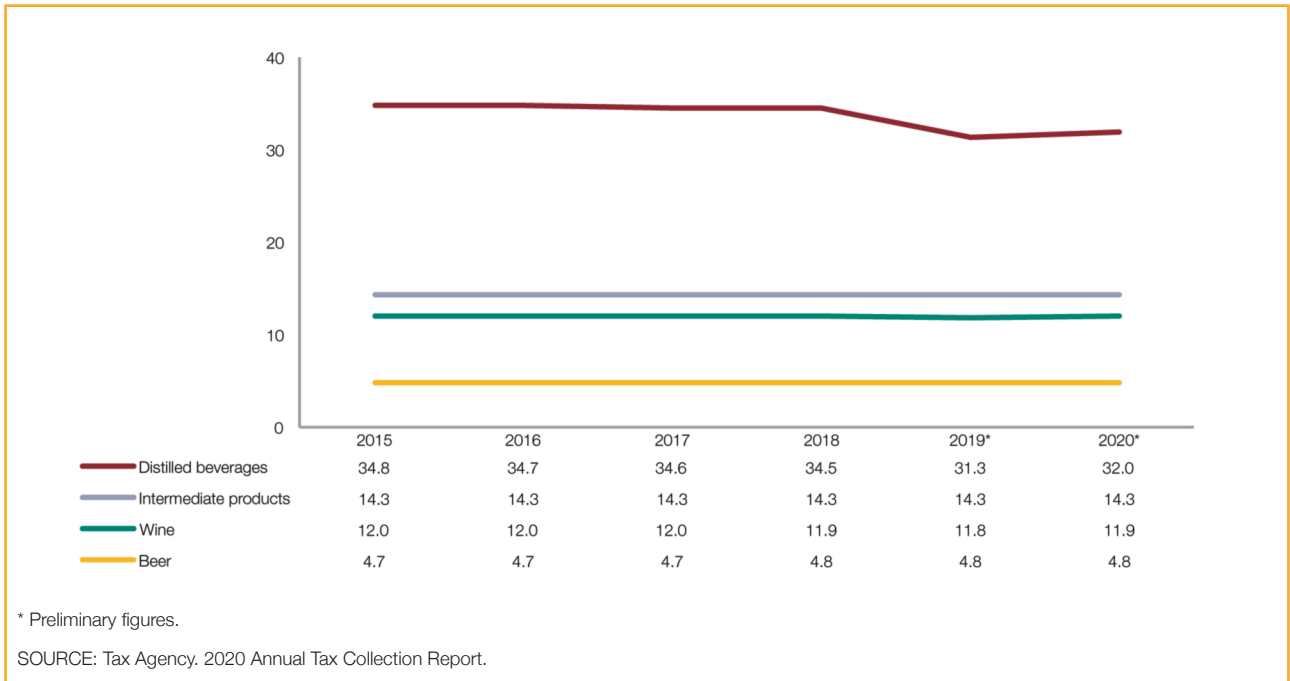
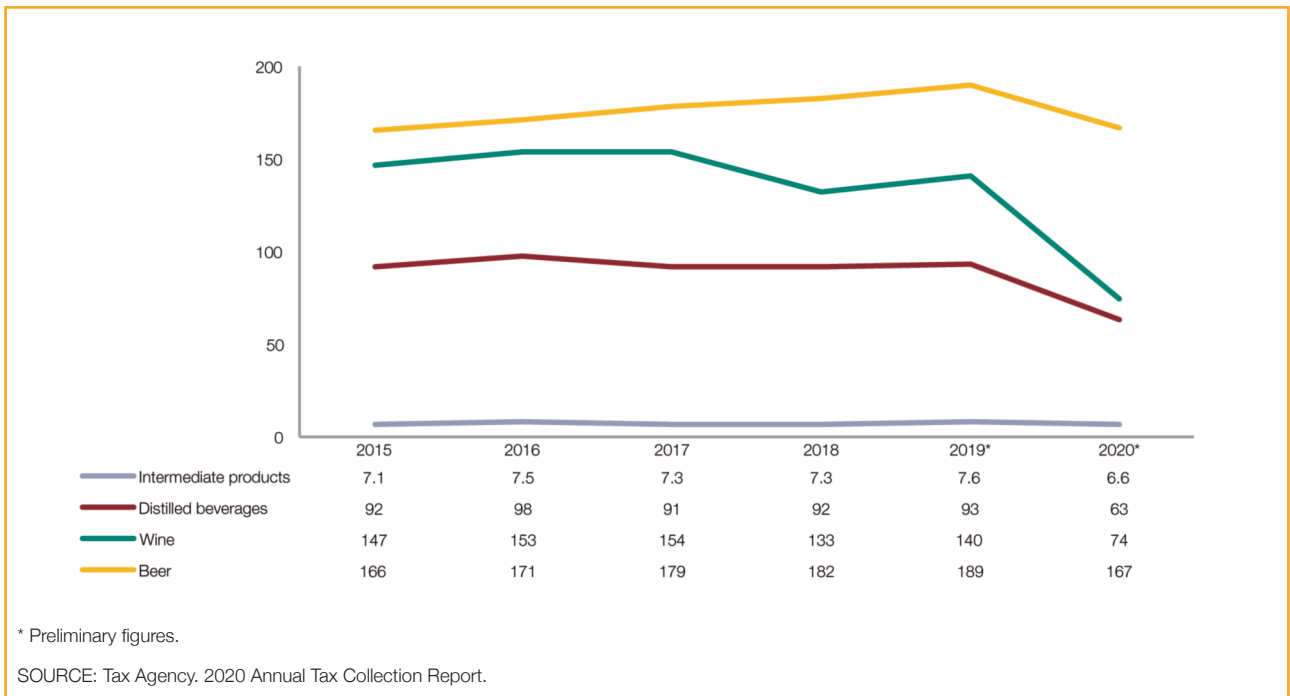


Figure 74. Average percentage of pure alcohol by type of beverage (%), by year. Spain, 2015-2020.



In 2020, despite the large differences found in volume of consumption by type of beverage (Figure 73), when we compare the liters of pure alcohol consumed by type of beverages, the percentages are much closer (53,6% of pure alcohol was consumed in the form of beer, 23,9% of wine, and 20,4 % of distilled beverages) (Figure 75).

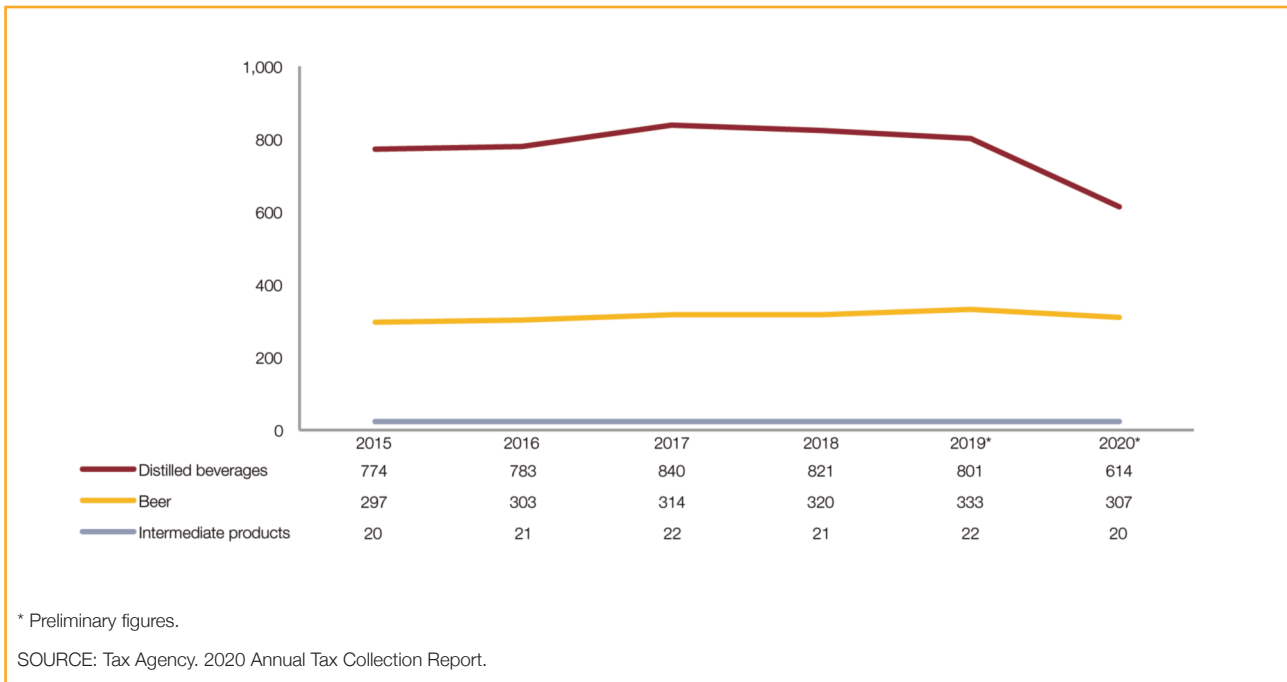
Figure 75. Volume of pure alcohol (millions of liters) by type of alcoholic beverage, by year. Spain, 2015-2020.



Alcoholic beverages are taxed with excise taxes according to alcohol content, with distilled beverages accounting for a higher tax revenue. As figure 76 shows, the pandemic has resulted in a sharp drop in revenue from distilled beverage

(-23.4%) and a smaller revenue drop from beer or intermediate products (-7.8% and -8.8%, respectively). Since wine's excise tax is zero, as aforementioned, it does not appear in this figure.

Figure 76. Tax revenues by type of alcoholic beverages (millions of €), by year. Spain, 2015-2020.



6. PROBLEM DRINKING AND CONSEQUENCES OF ALCOHOL CONSUMPTION

6.1. PROBLEMATIC ALCOHOL CONSUMPTION

6.1.1. At-risk alcohol consumption

In addition to the prevalence and incidence of alcohol consumption, it is essential to know the number and characteristics of people who practice at-risk consumption. This type of consumption presents a challenge in the short and medium term, in terms of services and public health resources, so it is advisable to identify its characteristics and the population groups most vulnerable to its potential effects and consequences.

There are different forms of alcohol consumption that pose a risk or cause significant harm to the individual. These include, in addition to weekly or daily heavy drinking, acute alcohol intoxication, binge drinking or any behavior leading to dependence or other associated problems. At-risk drinking is a pattern of alcohol consumption that increases the likelihood of negative consequences for the drinker or their environment.

Not discussed here are those populations or situations in which any alcohol intake is considered at-risk consumption, such as during pregnancy and breastfeeding, persons under 18 years of age, individuals with mental health problems or family history of alcohol dependence, when consumed in association with other substances or medications that interact with alcohol, or consumed during the performance of activities that require concentration or psychomotor skills. In these instances, any alcohol consumption is considered to be hazardous or it is already legislated, as in the case of driving.

Currently, there are different ways to measure at-risk alcohol consumption, such as using screening scales, by average alcohol consumption or by certain drinking patterns, such as binge drinking.

Alcohol risk consumption according to the AUDIT scale

In 1982, WHO developed a simple screening instrument capable of detecting problems related to alcohol consumption. This instrument is the **AUDIT** scale^[35], which stands for Alcohol Use Disorders Identification Test, and has been validated in our country by different researchers^[36, 37, 38].

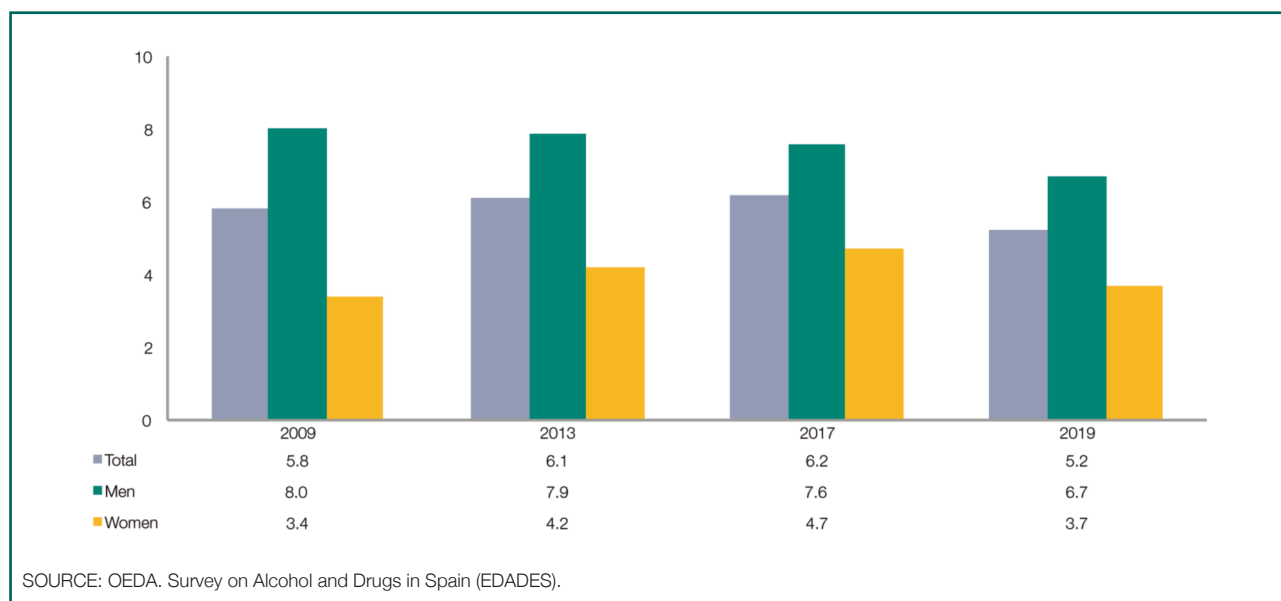
It is a 10-question self-administered questionnaire. The first 3 refer to the quantification of alcohol consumption (quantity, frequency); questions 4 to 6 refer to drinking behavior or attitude; questions 7 to 8 assess the existence or occurrence of adverse reactions; and the last two refer to problems related to alcohol consumption. The questionnaire is designed to be answered by individuals who have consumed alcohol in the past year. A score of 8 or more on the AUDIT scale in men, and of 6 or more in women, is considered to indicate at-risk consumption (AUDIT-positive). A score equal to or higher than 20 connotes "possible dependence."

In the 2009, 2013, 2017 and 2019/2020 editions of the Spanish Alcohol and Drug Survey (EDADES), the AUDIT scale was included with the aim of finding out the extent of at-risk alcohol consumption in the general population (ages 15-64).

According to the results of the 2019/2020 EDADES survey, 5.2% of the population, ages 15-64, presents a pattern of at-risk alcohol consumption (≥ 8 points in men and ≥ 6 in women), with an overrepresentation of men (6.7% men vs. 3.7% women).

Across time, an increase in the prevalence of at-risk drinking is observed until 2017 due to the increase among women, since the figure in men remained stable. In 2019/2020 there was a reduction of approximately 1 point in both men and women.

Figure 77. Prevalence of at-risk alcohol drinking (AUDIT ≥ 8 in men and AUDIT ≥ 6 in women) in the total population, ages 15-64, by sex (%) and year. Spain, 2009-2019/2020.



At-risk consumption is more prevalent among younger people and decreases in older ages. Overall, it is more common among men although, in the 15-24 age group, the sex difference is not only greatly reduced but, moreover, the prevalence reaches the highest value of all sex and age groups. Across time, the latest results for 2019/20 show a decrease in all age groups, except in the youngest group, which maintains similar figures to those of 2017.

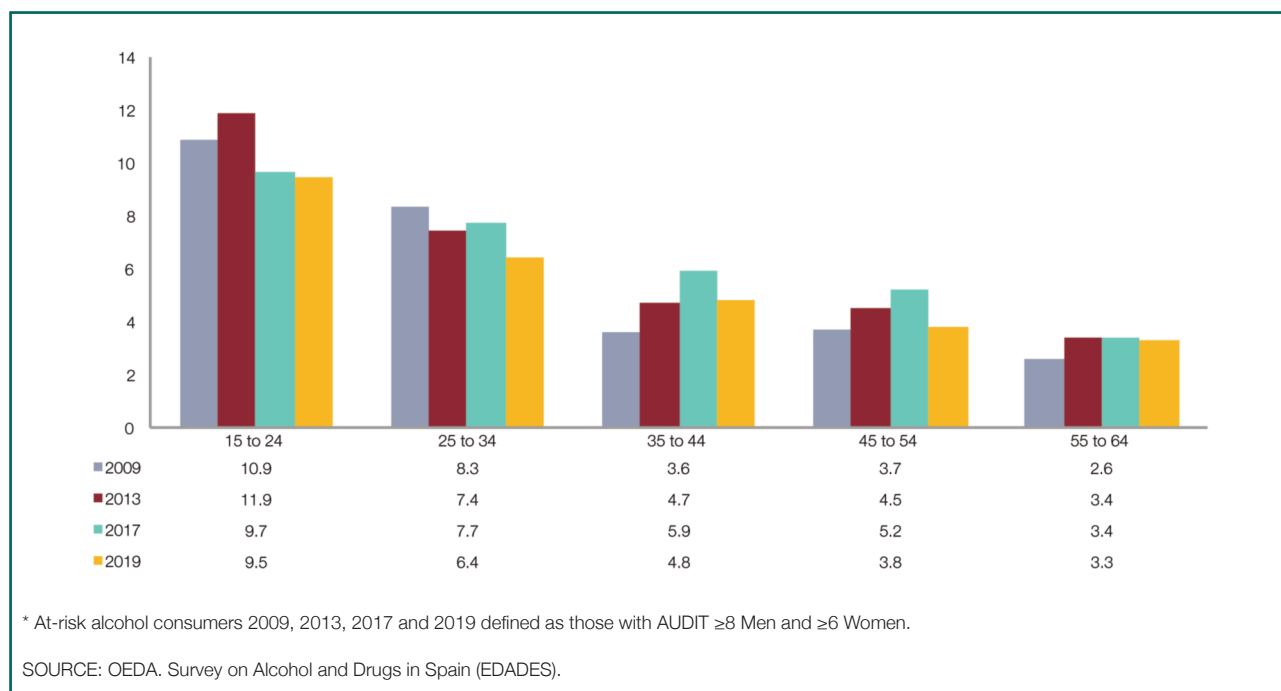
Table 49. Percentage of at-risk alcohol consumers* among those who drank alcohol in the past year, by age and sex (%). Spain, 2009 - 2019/2020.

	15-64			15-24			25-34			35-44			45-54			55-64		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
2009	7.8	9.9	5.1	14.8	16.1	13.2	10.8	13.5	7.2	4.8	6.9	2.3	4.9	7.1	2.2	3.8	6	0.8
2013	8.0	9.7	5.9	15	16	13.8	9.5	11.7	6.7	6.2	8.0	3.9	6.0	6.8	5	4.8	7.5	1.5
2017	8.5	9.7	7.0	13.3	12.9	13.8	10.2	11.4	8.8	8.1	10	5.7	7.2	8.5	5.6	5.0	6.5	3.1
2019	6.9	8.2	5.4	12.3	12.4	12.2	8.2	9.1	7.2	6.2	7.8	4.4	5.0	6.9	3.0	4.6	6.4	2.5

* At-risk alcohol consumers 2009, 2013, 2017 and 2019 defined as those with AUDIT ≥ 8 Men and ≥ 6 Women.
T: Total; M: Men; W: Women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

The following figure shows the prevalence of at-risk alcohol consumers as a percentage of the total population, ages 15-64, by age group.

Figure 78. Prevalence of at-risk alcohol consumers* in the population, ages 15-64, by age (%) and by year.



According to EDADES 2019/2020, the profile of the at-risk alcohol consumer is that of a single man, 38 years old, with secondary level or university education, who is currently employed. The profile further points out that 39.7% of these individuals have consumed illegal drugs in the past month, and 11.6% have consumed new psychoactive substances ever in their lifetime.

Among the population, ages 15 to 64, who answered the AUDIT scale, those who scored consistently at-risk consumption also presented a higher prevalence of acute alcohol intoxication in the past 12 months compared to those who did not score at-risk consumption (78.1% vs. 19.4%).

Similarly, the prevalence of binge drinking episodes in the past 30 days is 5 times higher among at-risk consumers than among the rest (81.6% vs. 15.4%).

Table 50. Prevalence of binge drinking in the past 30 days, drunkenness, and botellón in the past 12 months in the population, ages 15-64, according to whether or not they are at-risk alcohol consumers as defined by the AUDIT scale (%). Spain, 2019/2020.

Consumption	At-risk alcohol consumers AUDIT Men ≥ 8 / Women ≥ 6	Non at-risk alcohol consumers AUDIT Men < 8 / Women < 6
Drunkenness past 12 months	78.1	19.4
Binge drinking past 30 days	81.6	15.4
Botellón past 12 months	34.1	9.9

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

We also observed higher prevalence of consumption of other illegal substances among AUDIT-positive individuals, especially cannabis, than among non at-risk alcohol users.

Table 51. Prevalence of illegal drug use in the past 12 months in the population, ages 15-64, according to whether they reported at-risk alcohol consumption (AUDIT \geq 8 in men and AUDIT \geq 6 in women) or not (%). Spain, 2019/2020.

Illegal drug use in the past 12 months	At-risk alcohol consumers AUDIT Men \geq 8 / Women \geq 6	Non at-risk alcohol consumers AUDIT Men <8 / Women <6
Illegal drugs	45.7	11.5
Cannabis	40.2	10.5
Illegal drugs except cannabis	22.4	3.1

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

Regarding a possible alcohol dependence (AUDIT $>$ 20), it is also more common among men, who show the highest prevalence in the 35 to 44 age group (0.9%).

Table 52. Prevalence of possible alcohol dependence (AUDIT $>$ 20), among the population, ages 15 to 64, by age and sex (%). Spain, 2019/2020.

	15-64			15-24			25-34			35-44			45-54			55-64		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Possible alcohol dependence (AUDIT $>$ 20)	0.4	0.6	0.1	0.4	0.6	0.2	0.2	0.2	0.2	0.6	0.9	0.2	0.4	0.7	0.1	0.2	0.3	0.00

T: Total; M: Men; W: Women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

At-risk consumption according to average alcohol consumption

Another method of estimating at-risk alcohol consumption was established in the 1st Conference on *Prevention and Health Promotion in Clinical Practice in Spain*^[30]. The following criteria were considered to identify risk alcohol consumption:

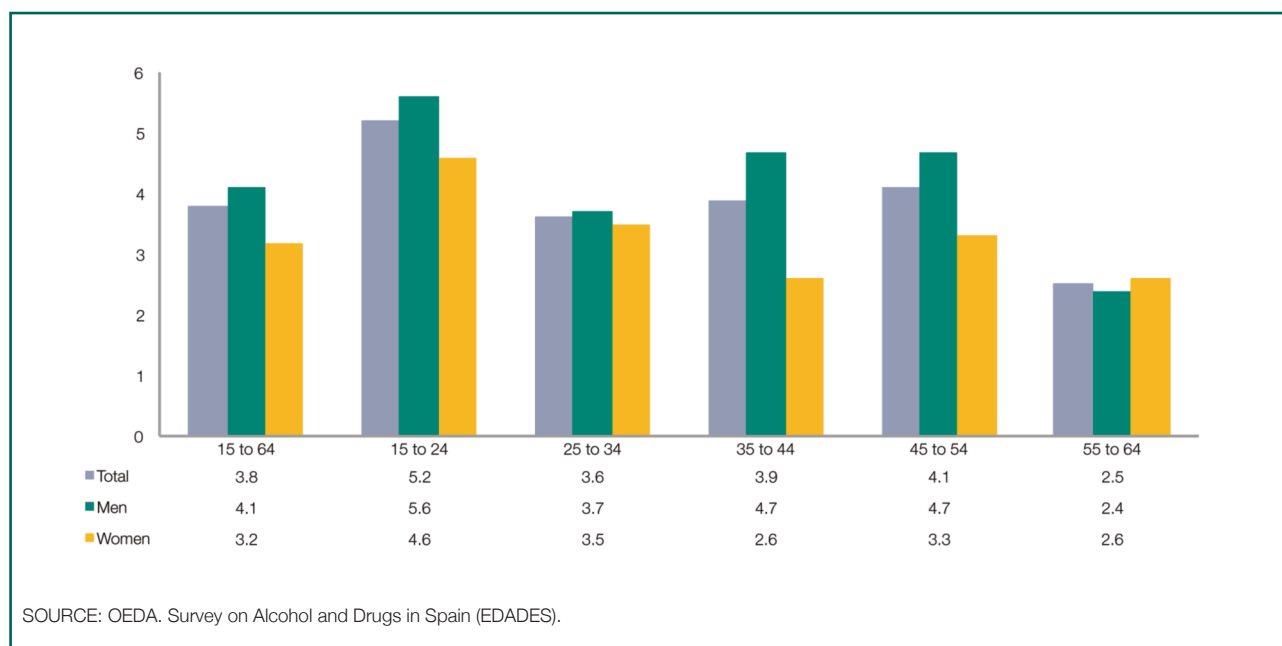
- > 40 g/d (4 SDs^a /day) in men and > 20-25 g/d (2-2.5 SDs/day) in women.
- > 28 SDs /week in men and > 17 SDs /week in women.

Quantification of consumption in SDs is currently the benchmark approach in most levels of care (primary, specialized, and hospital) since it allows rapid quantification of consumption and easy conversion into grams of pure alcohol.

In the EDADES 2019/2020 survey, based on the reports of SDs consumed in the past 7 days, we estimated that 3.8% of the population, ages 15-64, had engaged in at-risk consumption, with higher percentages reported by the younger group. This percentage is lower than that calculated by the AUDIT scale (5.2%) although it is consistent in that the younger group, ages 15-24, reported higher percentages than older groups.

a. Standard Drinking (SD) Unit of alcohol, in Spain, is equivalent to 10 grams of pure alcohol, which is approximately the average alcohol content of a glass of 100 ml of wine or sparkling wine, or 1 glass of 300 ml of beer, or 1 glass of 30 ml of spirits.

Figure 79. At-risk alcohol consumption according to average alcohol consumption (>40 g/d (4 SDs/day) in men and >20-25 g/d (2-2.5 SDs/day) in women in the past 7 days in the population, ages 15-64, among those who reported the type of drinks consumed in the past 7 days, by age and sex (%). Spain, 2019/2020.

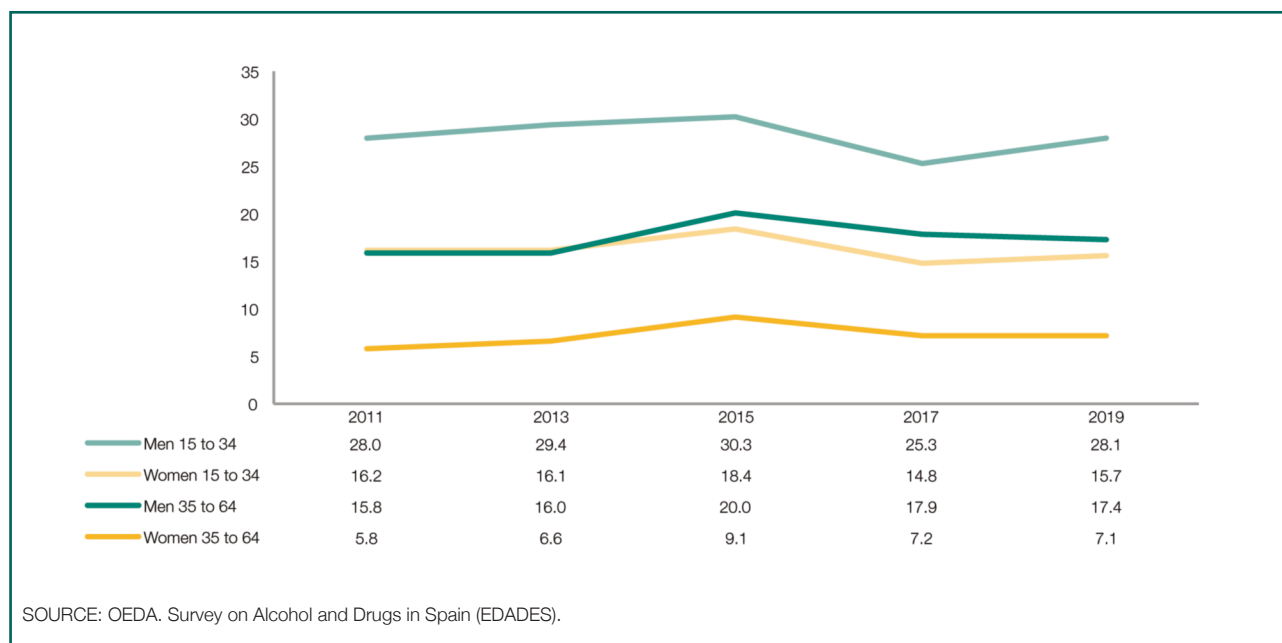


Binge drinking episodes

Binge drinking is considered a at-risk consumption pattern even when these drinkers may present a low-risk average consumption and, thus, they could be erroneously classified as low-risk drinkers. The negative consequences of binge drinking are equivalent to, or may even be greater than, those associated with average at-risk drinking^[39].

In 2019/2020, 15.4% of the population, ages 15-64, reported at least one binge drinking episode in the past month (20.9% in men, 9.9% in women). Binge drinking is more frequent in men and among younger people, as the following figure shows.

Figure 80. Prevalence of binge drinking in the past 30 days in the population, ages 15-64, by age group and sex (%), by year. Spain, 2011-2019/2020.



6.1.2. Low-risk alcohol consumption

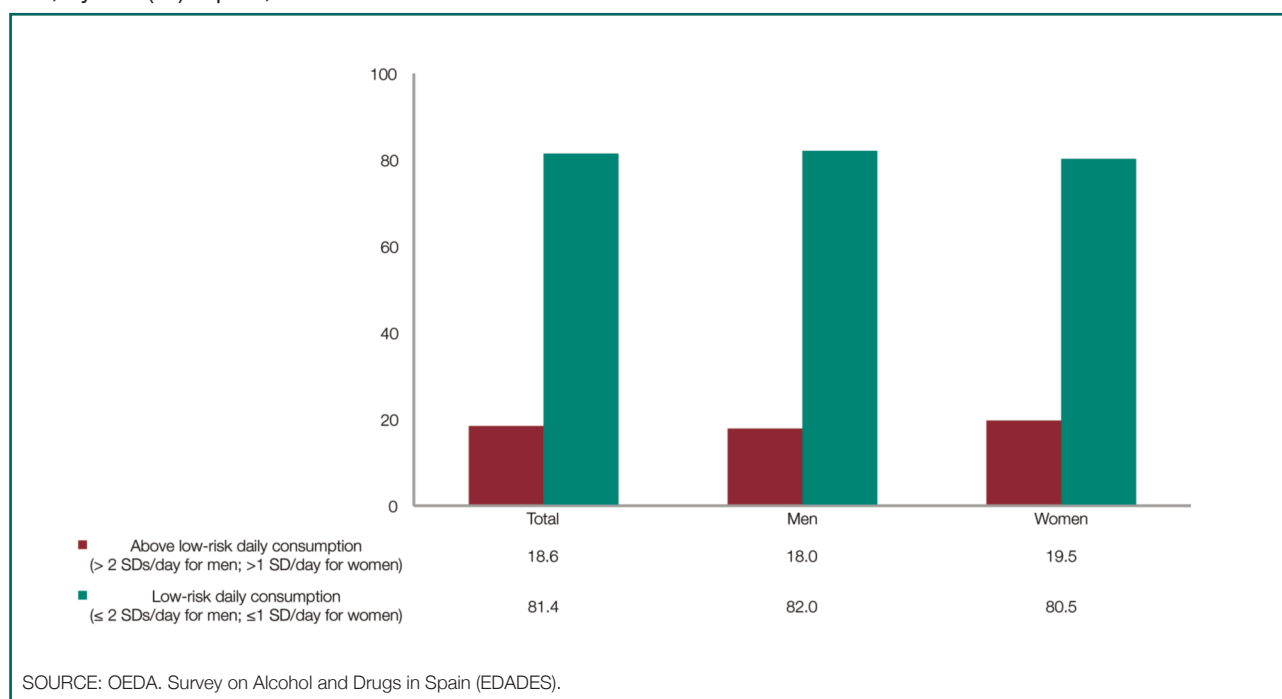
The Ministry of Health, in collaboration with a team of experts, reviewed the available evidence to establish the limit of consumption that can be considered low-risk, with the aim of reducing health problems, injuries, harm to third parties, as well as the social and economic consequences of alcohol consumption. The consensus reached was approved by the Public Health Commission of the Interterritorial Council of the Spanish National Health System and published by the Ministry of Health^[29].

According to this consensus, low-risk alcohol consumption is established as the average consumption^a above which there is a significant increase in mortality. This differentiation does not entail that below certain consumption mortality is not also increased, since any increase in mortality is only avoided by not consuming alcohol.

Considering the physiological differences between men and women and their ability to metabolize alcohol, the low-risk alcohol consumption limits are set at a maximum of 20 g/day (2 SDs/day) for men and 10g/day (1 SD/day) for women, assuming that there is no such thing as zero risk with any consumption.

According to these limits and based on the latest edition of the EDADES 2019/2020 Survey data, 81.4% of the population, ages 15-64, who quantified their consumption, reported consuming alcohol below the low-risk level, whereas 18.6% reported consumptions above such level.

Figure 81. Prevalence of alcohol consumption above or below the level considered low-risk (≤ 20 g/day (2 SDs/day) for men and ≤ 10 g/day (1 SD/day) for women) in the population, ages 15-64, who quantified their alcohol consumption, by sex (%). Spain, 2019/2020.



People who reported alcohol consumption above the low-risk level are younger, on average, especially among women, and also tend to have achieved a lower educational level. Additionally, in this group there is a higher proportion of binge drinkers and, also, at-risk drinkers based on the AUDIT scale.

Nonetheless, among those reporting alcohol consumption below the low-risk level 7.8% reported drunkenness, 20.2% reported binge drinking in the past month, and 4.9% engaged in at-risk consumption based on AUDIT scores (4.9%).

a. Average consumption: usual consumption by a person over a period of time, usually referring to daily or weekly consumption.

Table 53. Characteristics of the population, ages 15-64, who quantified their alcohol consumption, according to their low-risk average consumption level (≤ 20 g/day (2 SDs/day) for men and ≤ 10 g/day (1 SD/day) for women), by sex (%). Spain, 2019/2020.

	Low-risk consumption*			Above low-risk consumption**		
	Total	Men	Women	Total	Men	Women
Age						
Mean age	42.3	42.1	42.7	40.2	42.2	37.4
Educational Level						
No School-Primary school	8.9	9.2	8.4	10.8	14.8	5.3
Secondary school	64.9	67.1	61.4	69.3	69.4	69.3
University studies	26.3	23.7	30.3	19.8	15.8	25.5
Heavy Consumption						
Drunkenness past 30 days	7.8	10.0	4.4	28.4	31.5	24.0
Binge drinking past 30 days	20.2	24.0	14.1	58.4	64.3	49.6
At-risk Consumption						
Audit-Positive (cutpoints 8 Men/ 6 Women)	4.9	5.8	3.6	29.9	32.3	26.4

* Low-risk consumption: ≤ 20 g/day (2 SDs/day) for men and ≤ 10 g/day (1 SD/day) for women.
** Above low-risk consumption: > 20 g/day (2 SDs/day) for men and > 10 g/day (1 SD/day) for women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

6.2. ADMISSIONS TO TREATMENT FOR ALCOHOL CONSUMPTION

Identifying the number and characteristics of people in treatment for abuse or dependence on psychoactive substances updates the current situation and ongoing trends in drug use; these data are essential for the planning of care arrangements and the design of actions. In Spain, a specific registry, the Indicator of Admissions to treatment for psychoactive substance use has been collecting annual information since 1987.

This registry is part of a broader information subsystem developed within the framework of the National Plan on Drugs in collaboration with the autonomous regions. The information subsystem also includes the Hospital Emergencies of Psychoactive Substances Users Indicator and the Acute Reaction to Psychoactive Substances Mortality Indicator, which is part of the National Statistical Plan.

The OEDA updates the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)^a annually based on this indicator, which allows comparisons to be made at the European level.

The Admissions to treatment Indicator is a registry that collects individualized data on admissions to outpatient treatment for abuse of or dependence on psychoactive substances (legal and illegal drugs, except tobacco) in a given autonomous region or city in any given year.

Currently, all the autonomous regions report this indicator to the registry, but information on alcohol has only been systematically collected across all regions since 2008. Before then, information on alcohol was only available for some autonomous regions. To interpret the data, it is necessary to consider that part of the treatments for alcohol abuse or dependence take place off-site, i.e., outside drug dependence and addiction care network, so this indicator is only a partial record of treatments for alcohol consumption disorders.

A detailed protocol is available describing the variables, the psychoactive substances collected, and the inclusion and exclusion criteria. This information is available on the DGPNSD website:

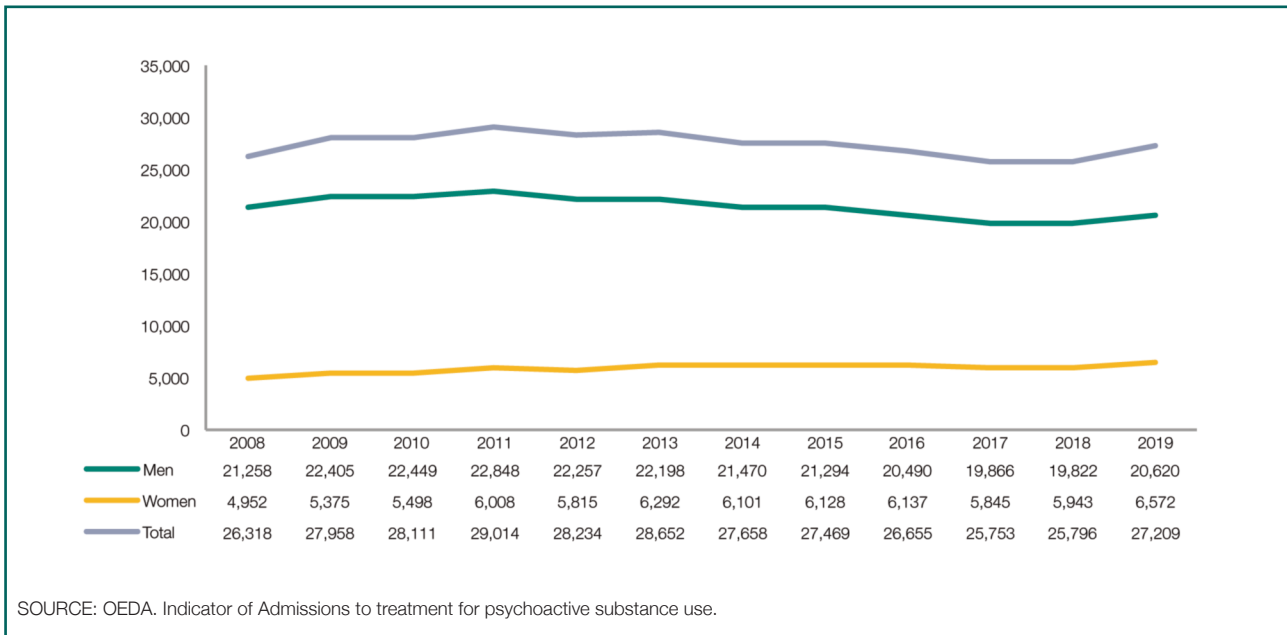
<https://pnsd.sanidad.gob.es/en/profesionales/sistemasInformacion/sistemaInformacion/indicadores.htm>

a. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) <https://www.emcdda.europa.eu/>

The following are the main results for the Alcohol Treatment Admissions Indicator from 2008 on.

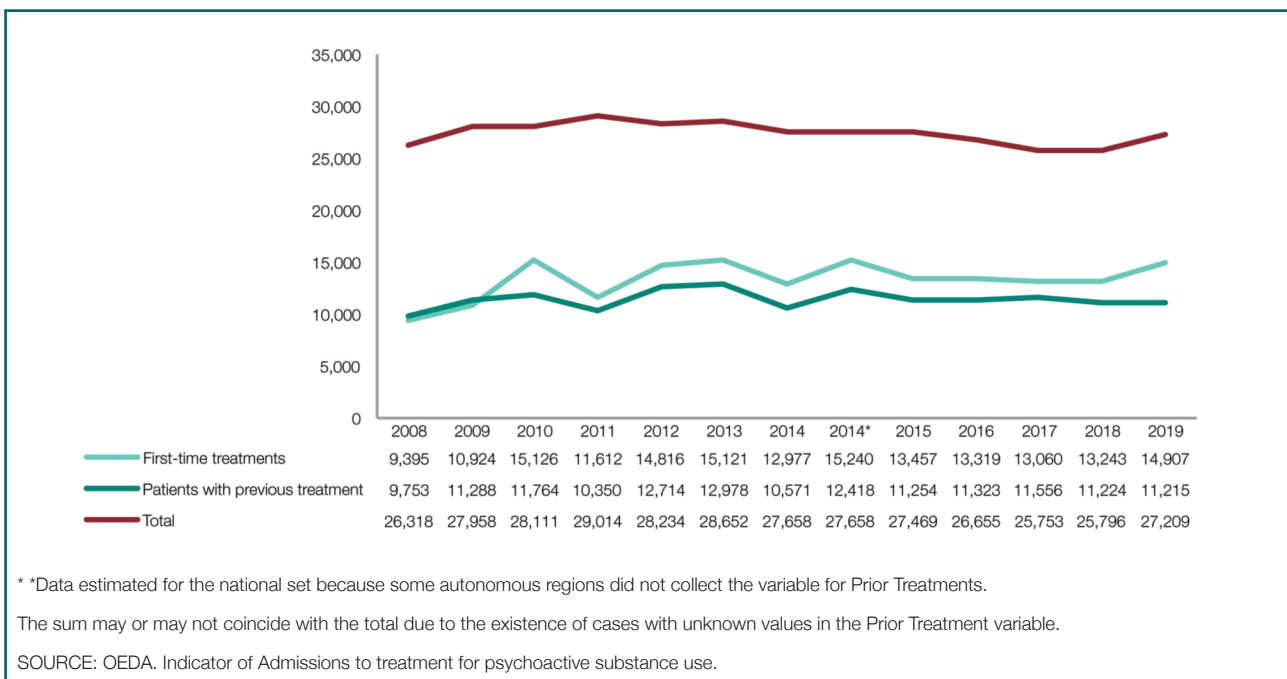
In 2019, the number of admissions to treatment for alcohol abuse or dependence was 27,209, a figure that has increased slightly from 2018 (Figure 82) due to an increase in admissions for first-time treatments (Figure 83). As aforementioned, it should be taken into account that part of the treatments for alcohol abuse or dependence take place on sites outside the drug care network, so this indicator is not a complete record of all the treatments for alcohol consumption carried out in the national territory.

Figure 82. Number of admissions to treatment for alcohol abuse or dependence by sex (absolute number), by year. Spain, 2008-2019.



In 2019, alcohol was responsible for 35.2% of treatment admissions. In addition, alcohol is present in a large part of poly-consumption patterns.

Figure 83. Number of admissions to treatment for alcohol abuse or dependence, by year. Spain, 2008-2019.



The profile of those admitted for alcohol is that of a 46.5-year-old man who lives with his family of choice (partner and/or children) (25.3%) or family of origin (parents and/or siblings) (24.9%), consumes alcohol daily, and who is admitted voluntarily by his own request or by the referral of Primary Care or other treatment centers. The majority (72.6%) do not consume other drugs. Among those who do consume another substance, the use of cocaine and cannabis (as secondary drugs, i.e., different from the one leading to admission to treatment) are the most common.

Table 54. Characteristics of those admitted to treatment for ALCOHOL abuse or dependence, with alcohol being the main drug leading to treatment, by sex (%). Spain, 2019.

	Men	Women	Total
Number of cases	20,620	6,572	27,209
First-time treatment for the main drug (%)	56.7	58.2	57.1
Mean age (years)	46.5	47.2	46.6
Maximum level of education completed (%)			
No schooling	0.9	0.4	0.8
Primary education	48.2	36.1	45.3
Secondary education	42.5	47.2	43.7
University education	8.4	16.3	10.3
Other			
Main Employment situations (%)			
Actively working	46.6	38.8	44.7
Unemployed with no previous work history	2.4	3.5	2.6
Unemployed with previous work history	32.2	36.9	33.3
Other	18.9	20.8	19.3
Foreign born (%)	13.7	17.7	14.6
Main treatment referral source (%)			
Other drug dependence treatment services	2.8	3.3	2.9
General practitioners, primary health care	28.0	27	27.8
Hospitals or other health services	14.0	17.8	14.9
Social services	4.1	7.0	4.8
Prisons, juvenile detention centers	2.1	0.3	1.7
Legal or police services	2.5	1.0	2.1
Businesses or employers	0.4	0.1	0.3
Family or friends	11.0	9.9	10.7
On their own initiative	33.3	31.8	32.9
Other	1.7	1.7	1.7
Education services	0.2	0.1	0.2
Longest cohabitational status in the 30 days prior to admission to treatment (%)			
Alone	21.8	20.4	21.5
Only with partner	16.3	18.9	16.9
Only with children	2.3	14.1	5.2
With partner and children	25.3	22.7	24.7
With parents or family of origin	24.9	17.2	23.0
With friends	3.2	3.1	3.2
Others	1.1	1.3	1.2
In detention (penitentiary center, social insertion center)	2.3	0.5	1.9
In non-detained institutions (shelter)	2.8	1.8	2.5
Main mode of accommodation in the 30 days prior to admission to treatment (%)			
Houses, flats, apartments	90.9	95.5	92.0
Prisons, juvenile detention centers	2.3	0.3	1.8
Other institutions	2.2	1.7	2.1
Boarding houses, hotels, hostels	0.5	0.4	0.5
Unstable/precarious accommodations	3	1.4	2.6
Other places	1	0.8	1.0

SOURCE: OEDA. Indicator of Admissions to treatment for psychoactive substance use.

The number of admissions for first-time treatment or for patients with previous treatment had been stable over time since 2015, although there was an increase in first-treatment admissions in 2019.

We observed that the level of education completed is higher among women admitted to treatment than among men (the percentage of patients with primary education is higher among men and the percentage of patients with secondary and university education is higher among women). However, the percentage of employed patients is higher among men (46.6%) than among women (38.8%).

No significant differences are found in terms of cohabitation patterns and type of housing by sex, although precarious housing is more frequent among men (3.0%) than among women (1.4%).

6.3. HOSPITAL EMERGENCIES RELATED TO ALCOHOL CONSUMPTION

6.3.1. Indicator for hospital emergencies related to alcohol consumption

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

Data are collected by the personnel designated in each autonomous region by reviewing emergency medical records in an active, systematic, exhaustive, and retrospective manner. A geographic area is selected and the hospitals within that area are monitored (excluding maternities, pediatric and monographic hospitals). A week's worth of data per month are collected with the week being randomly selected by OEDA. There are autonomous regions that continuously collect this information on certain hospitals.

Annual information has been available since 1987, although coverage is not comprehensive at the national level due to year-to-year variations in both the autonomous regions contributing data and the number of hospitals notified. In 2019, 15 of the 19 autonomous regions (all except Catalonia, Galicia, Ceuta, and Melilla) reported the relevant data to the indicator.

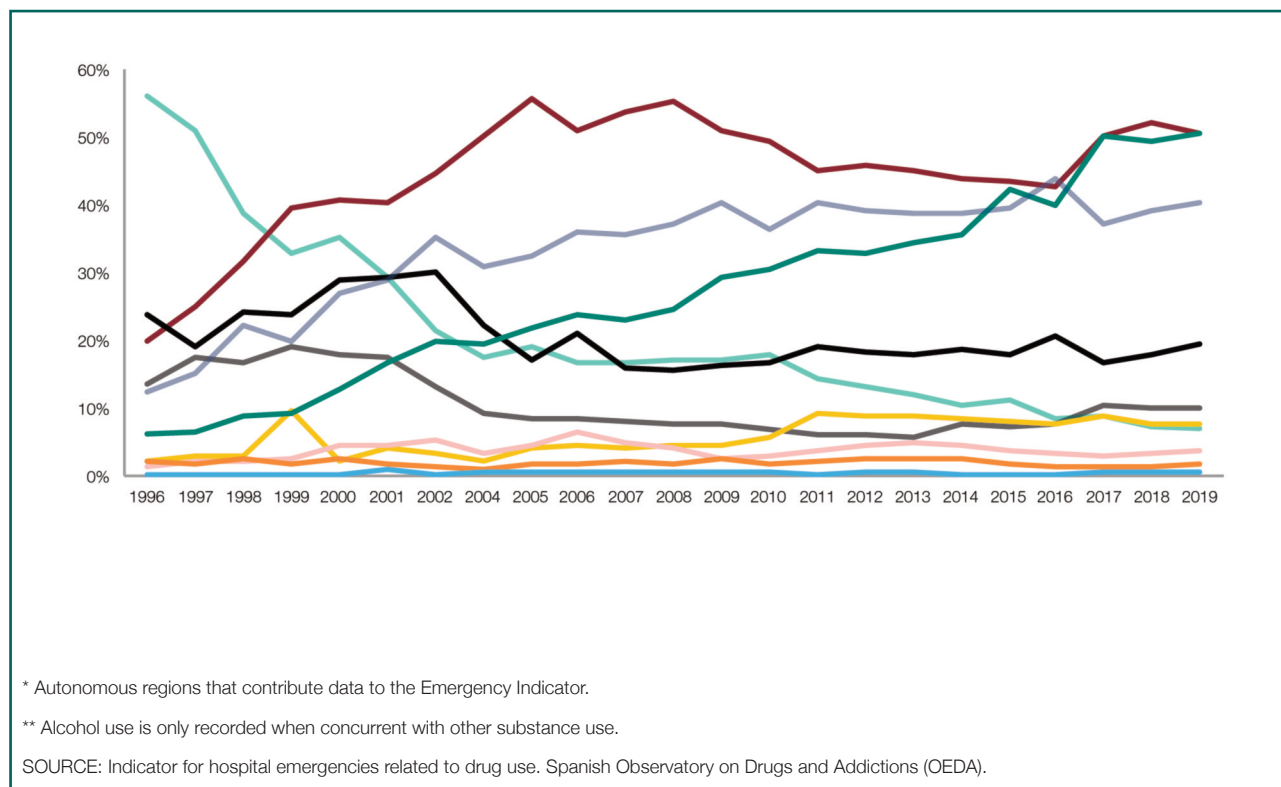
This indicator records the substances directly related to the cause of the emergency as described in the clinical history by the health professional. It should be kept in mind that, according to protocol, information on emergency episodes related to alcohol consumption is only collected when another psychoactive substance, in addition to alcohol, is present. Thus, these figures represent only partial data on the impact of its consumption in the emergency rooms. It is, in any case, the legal psychoactive substance related to the highest number of emergency room episodes. In 2019, alcohol was present in 40.3% of emergency room interventions related to drug use, indicating these data as certain decrease compared to previous years.

More detailed information on the inclusion and exclusion criteria, as well as the data collection form can be found on the DGPNSD website:

<https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/indicadores.htm>

The following figure shows the time trends of drug use-related hospital emergency episodes since 1996. The percentage of users who go to the emergency room due to drug use-related emergencies, and also consume alcohol, is very high.

Figure 84. Hospital emergencies related to drug use, by type of drug, by year. Spain* 1996-2019.



The patient profile coming to the ER for alcohol-related emergencies is men (76.3%) and a mean age of 35 years.

The emergency's outcome does not vary greatly upon the substance. Patients with alcohol-related emergencies are usually discharged (74.3% in 2019), only a minority requires hospital admission (12.7% in 2019) and even fewer are referred to another center (2.8%).

Table 55. Characteristics of hospital emergency room episodes related to alcohol consumption. Total, by sex and type of substance. Spain*, 2019.

	Occurrences related to any psychoactive substance			Episodes related to Alcohol		
	Total	Men	Women	Total	Men	Women
Number of cases	5,352	3,971	1,372	2,035	1,551	482
Mean age (years)	34.1	34.5	32.9	35.0	35.5	33.3
Sex (%) women	25.7	-	-	23.7	-	-
Emergency resolution (%)						
Medical discharge	73.0	72.7	74.2	74.3	74.3	74.5
Voluntary discharge	8.8	9.3	7.2	10.3	10.7	8.8
Hospital admission	15.1	15.2	14.6	12.7	12.9	11.9
Death in the Emergency room	0	0	0	0	0	0
Transfer to another facility	3.1	2.8	3.8	2.8	2.8	4.8

* Autonomous regions that provide data to the Emergency room Indicator.
 SOURCE: Indicator of hospital emergencies related to drug use.

6.3.2. Emergencies in the Specialized Care Activity Registry (RAE-CMBD)

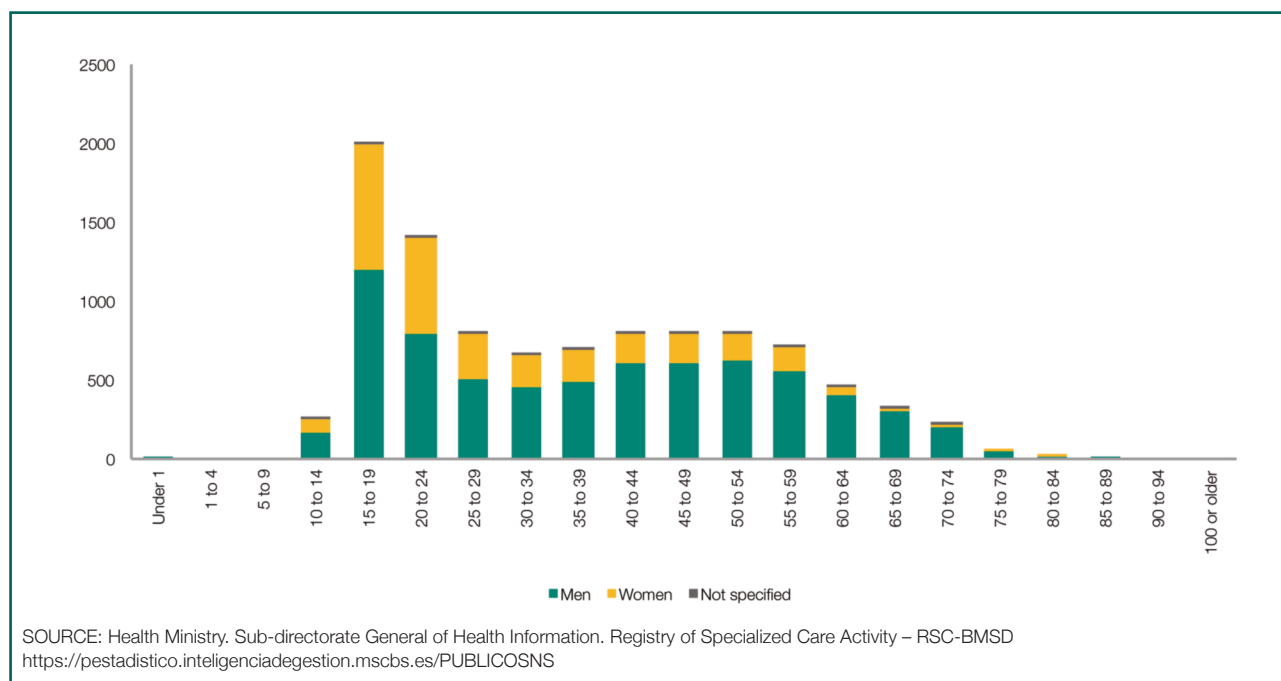
Since 2018, the RSC-BMSD records all cases attended in specialized care services in the modality emergency encounter. This first year, data were reported by 8 autonomous regions, to which one more autonomous region has been added in the latest available data (2019). Below we present the data for cases which main diagnosis is compatible with acute alcohol intoxication.

Specifically, we selected the following final ICD10ES-diagnostic codes:

- F10.120 - Alcohol abuse.
- F10.120 - Alcohol abuse, with intoxication, without complications.
- F10.121 - Alcohol abuse with delirium from intoxication.
- F10.129 - Alcohol abuse with intoxication, not specified
- F10.220 - Alcohol dependence with intoxication, without complications.
- F10.221 - Alcohol dependence with intoxication and delirium.
- F10.229 - Alcohol dependence with intoxication, not specified.
- F10.92 - Alcohol use not specified, with intoxication.
- F10.920 - Alcohol use not specified, with intoxication, without complications.
- F10.921 - Alcohol use not specified, with intoxication and delirium.
- F10.929 - Alcohol use not specified, with intoxication not specified.
- T51.0X1 - Toxic effect of ethanol, accidental (unintentional).
- T51.0X1A - Toxic effect of ethanol, accidental (unintentional), initial contact.

In 2018, 9,090 episodes (67% men), from 8 autonomous regions, were recorded in the RSC-BMSD emergency system in which any of the alcohol intoxication-related diagnostic codes were recorded. In 2019, with one more autonomous region contributing data, the figure rose to 9,964 episodes (66.9% men). However, this sex difference narrows in the younger groups.

Figure 85. Episodes of hospital emergencies related to alcohol intoxication, by sex and age, reported to the RSC-BMSD-Emergency system by 9 autonomous regions. Spain, 2019.



Both in 2018 and in 2019, these episodes were more common in the younger age groups, with those ages 15-19 having the most episodes.

In 2019, the rate of alcohol intoxications attended as hospital emergencies across the 9 autonomous regions was 2.12/10,000 inhabitants, with a higher rate in men (2.89/10,000 inhab.) than in women (1.37/10,000 inhab.). These data should be interpreted with caution, as the coverage of the type of EMERGENCY contact in the RSC-BMSD is still partial. Therefore, it is likely that the differences across autonomous regions are largely due to the fact that this source of information is still in a period of deployment and consolidation, as suggested by the greater stability found in those autonomous regions with higher rates.

Table 56. Rate of hospital emergency episodes related to alcohol intoxication, by sex and autonomous region (number of episodes/10,000 inhab.). Spain, 2018-2019.

	2018			2019		
	Men	Women	Total	Men	Women	Total
Andalusia	9.3	4.6	6.9	9.8	5.0	7.4
Aragon	2.5	1.6	2.0	1.3	0.6	0.9
Canary Islands	2.4	0.7	1.5	3.1	1.1	2.0
Cantabria	5.9	2.2	4.0	6.7	3.3	5.0
Castile and Leon				1.8	0.7	1.2
Catalonia	0.1	0.0	0.1	0.1	0.1	0.1
Murcia	16.2	7.1	11.7	16.8	7.2	12.0
Basque Country	1.6	1.0	1.3	2.0	1.0	1.5
La Rioja	16.5	7.5	12.0	16.3	8.0	12.1
Total	2.7	1.3	2.0	2.9	1.4	2.1

SOURCE: Health Ministry. Sub-directorate General of Health Information. Registry of Specialized Care Activity – RSC-BMSD
<https://pestadistico.inteligenciadegestion.mschs.es/PUBLICOSNS>

6.4. ALCOHOL-RELATED MORTALITY

6.4.1. Registry Specific to Mortality due to Acute Drug Reaction (OEDA)

This registry is part of a broader information subsystem developed within the National Plan on Drugs framework in collaboration with the autonomous regions. The framework also includes the Indicator for Hospital Emergencies for users of psychoactive substances and the Indicator for Admissions to treatment for the use of psychoactive substances.

This is a mortality-specific registry to collect information on deaths with judicial intervention in which the direct and fundamental cause of death is an acute adverse reaction following intentional and non-medical use of psychoactive substances.

The primary sources of information are forensic and toxicological sources, such as the Forensic Anatomical Institutes, Forensic Doctors, National Institute of Toxicology and Institutes of Legal Medicine, which report their data to the corresponding autonomous region or city.

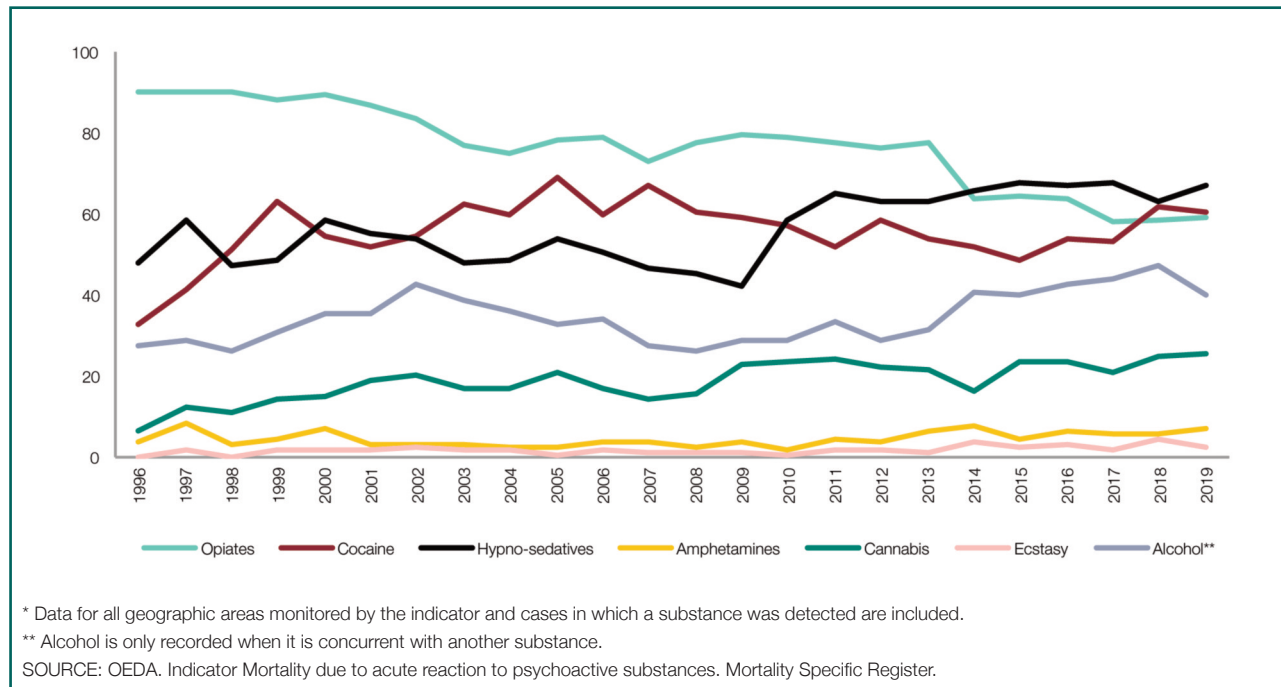
This indicator began to operate systematically in 1990, although partial information has been available since 1983. At first, the indicator collected information only on deaths due to acute reaction to opioids and cocaine, but now many other psychoactive substances are also collected.

In 2019, 920 deaths were reported to the Register Specific to Mortality due to acute reaction to psychoactive substances. Toxicological information disaggregated by substance type is available for 819 cases of them.

In 2019 the substances present in the deceased are mainly hypno-sedatives and cocaine, followed by opioids and alcohol, as confirmed by the analyses of the Mortality Indicator. For a more accurate interpretation, we should underline that, first, alcohol is only recorded when it is concurrent with another substance (as established in the notification protocol)

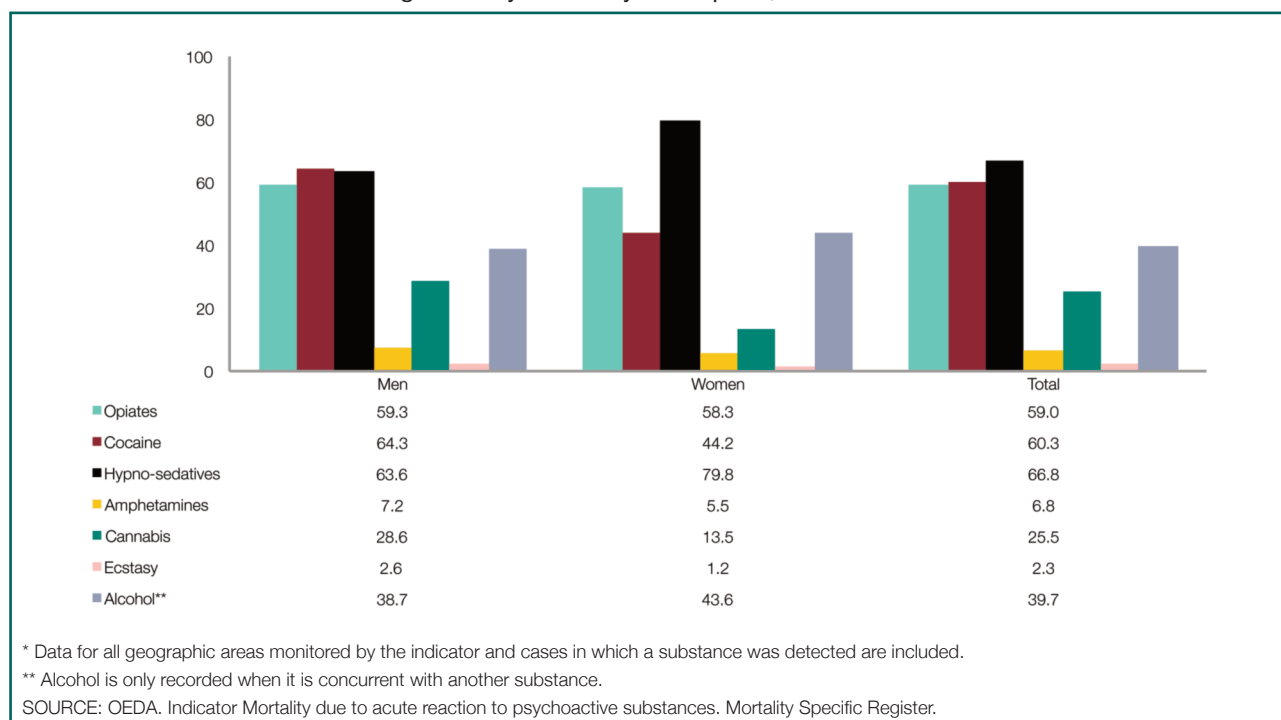
and never when it is the sole substance. Second, most of the deceased (90.2%) present with more than one substance in their toxicological analysis. In 2019, the presence of alcohol among the deceased was detected in 39.7% of the cases (38.7% in men and 43.6% in women). This represented a decrease and a return to 2015 levels after observing increases during the 2016-2018 period.

Figure 86. Percentage of deaths due to acute reaction following the consumption of psychoactive substances, by type of substance detected in the toxicological analysis (%), by year. Spain*, 1996 - 2019.



There were differences by sex regarding the substances detected in the deceased. Among women, the most frequent substances were hypno-sedatives followed by opioids; whereas among men, cocaine ranked first, closely followed by hypno-sedatives and opioids.

Figure 87. Percentage of deaths due to acute reaction after consumption of psychoactive substances, by type of substance detected in the toxicological analysis and by sex. Spain*, 2019.



6.4.2. Alcohol-attributable mortality in Spain 2001-2017

The estimation of alcohol-attributable mortality in the population is key to our understanding of the overall impact of alcohol on human well-being. It is also important to determine priorities, allocate public health resources, and evaluate alcohol-related policies.

In order to obtain estimates of alcohol-attributable mortality in Spain, a DGPNSD-funded study was conducted using empirical data on alcohol consumption from Spanish sources. The data were corrected for consumption underestimation found in surveys using alcoholic beverage sales records^[19]. This complete information is available on the DGPNSD website:

https://pnsd.sanidad.gob.es/profesionales/publicaciones/catalogo/catalogoPNSD/publicaciones/pdf/2020_Mortalidad_atribuible_al_alcohol_en_Espana_2001-2017.pdf

Alcohol-attributable deaths

Between 2010 and 2017, an average of 15,489 alcohol-attributable deaths (AAD) occurred annually in Spain among Spain residents ages 15 and over, according to estimates. Approximately 3 out of every 4 AAD (73.8%) occurred in men and the majority (55.7%) were premature, i.e., the deceased were younger than 75 years of age. Again, the vast majority of the premature deaths occurred among men (61.3%) compared to 39.8% among women.

Between the periods 2001-2009 and 2010-2017 the average annual number of AAD in the overall population ≥ 15 years of age fell very slightly, from 15,965 to 15,489, with opposing trends in men (a reduction from 12,300 to 11,437 AAD/year) and women (an increase from 3,663 to 4,052 AAD/year). By age group, the average annual number of AAD decreased in the 15-34, 35-54, and 55-74 year age groups and increased in the ≥ 75 year age group. Expressed in terms of percentage relative change between the two periods, the average annual number of AAD decreased by 3.0% in the overall population aged ≥ 15 years, with differential trends between men and women and across age groups.

The most common causes of AAD in the overall population aged ≥ 15 years, expressed as an annual average, were cancer, digestive diseases, and circulatory diseases (Table 57).

Focusing only on deaths caused by alcohol consumption, we observed that, between 2001-2009 and 2010-2017, the annual average of AAD due to external causes (-19.8%) and digestive diseases (-16.3%) decreased, and the number of AAD due to the other causes of interest increased, especially neurological/mental diseases (+57.3%), circulatory diseases (+27.7%), and infectious diseases (+14.4%).

Table 57. Annual average of alcohol-attributable deaths in the population aged 15 years and older by cause of death, sex, and age group. Spain, 2010-2017.

	Total	Men	Woman	15-34	35-54	55-74	≥ 75
TOTAL	15,489	11,437	4,052	266	2,239	6,115	6,869
Cancer	6,534	4,995	1,539	20	804	3,238	2,472
Circulatory system diseases	2,727	1,398	1,329	5	63	432	2,227
Infectious diseases	222	169	53	3	23	53	144
Metabolic diseases	-471	-49	-422	-1	-11	-81	-377
Digestive system diseases	3,984	2,851	1,134	15	713	1750	1,507
Neurological/mental diseases	140	101	39	8	22	43	67
Other diseases	0	0	0	0	0	0	0
External causes	2,352	1,972	380	217	625	680	830

SOURCE: Donat, M., Sordo L., Belza M.J., Barrio G. (2020). Mortalidad atribuible al alcohol en España, 2001-2017. Metodología y resultados. Madrid. Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas, 2020.

Regarding differences by sex, among men AAD due to external causes (-24.1%) and digestive diseases (-17.0%) decreased, AAD due to cancer barely changed (+0.1%), and mortality due to other causes increased, especially neurological/mental (+46.4%) and circulatory diseases (+26.5%). Among women, the number of AAD due to digestive diseases (-14.4%) and metabolic diseases (-2.5%) decreased, whereas the number of AAD due to the other causes of interest increased, especially neurological/mental (+95.0%) and circulatory diseases (+29.0%). It is worth underscoring that, in contrast to the trends in men, the number of AAD due to external causes increased in women (+13.4%).

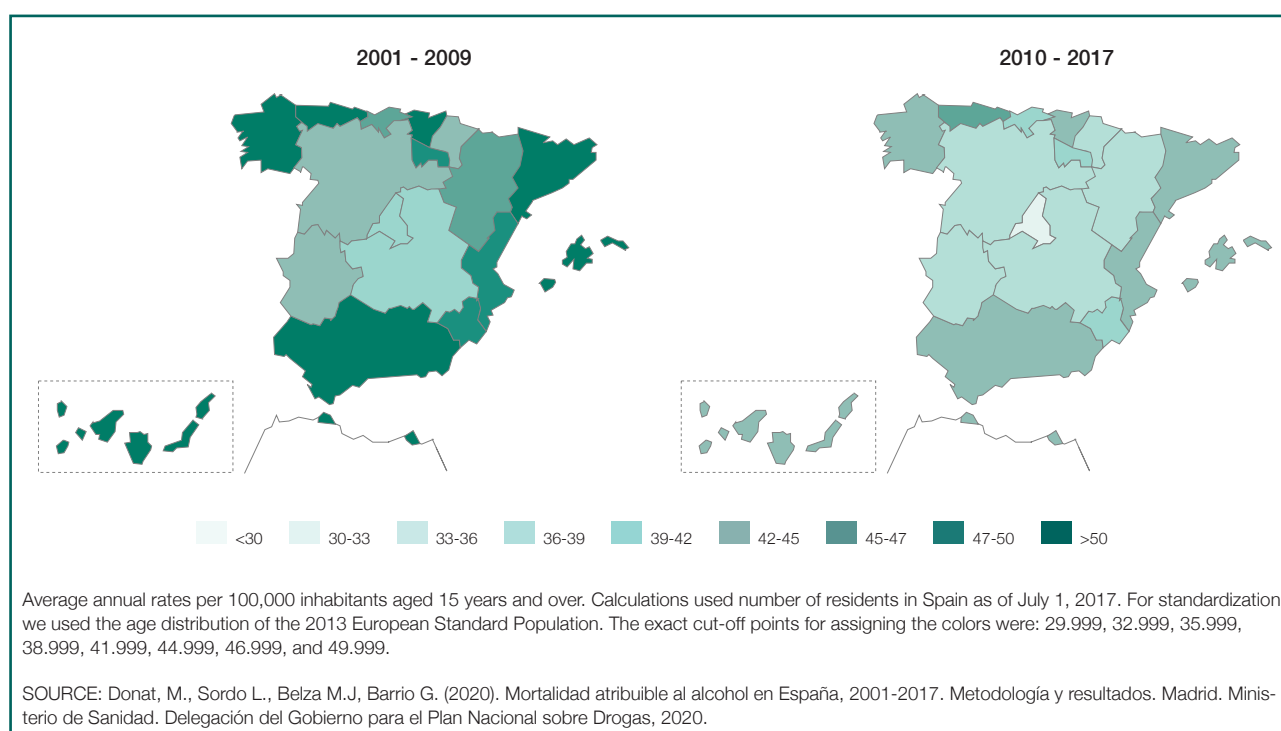
Table 58. Annual average of alcohol-attributable deaths in the population, ages 15 and older by cause of death, sex, and age group. Spain, 2001-2009

	Total	Men	Woman	15-34	35-54	55-74	≥75
Cancer	15,965	12,300	3,663	797	3,030	6,615	5,523
Circulatory system diseases	6,330	4,990	1,340	30	993	3226	2,081
Infectious diseases	2135	1105	1030	14	120	473	1528
Metabolic diseases	194	147	46	6	35	75	77
Digestive system diseases	-476	-43	-433	-2	-12	-115	-347
Neurological/mental diseases	4,760	3,434	1,325	48	960	2,197	1,555
Other diseases	89	69	20	11	22	26	30
External causes	0	0	0	0	0	0	0
Cancer	2,933	2,598	335	690	912	733	599

SOURCE: Donat, M., Sordo L., Belza M.J, Barrio G. (2020). Mortalidad atribuible al alcohol en España, 2001-2017. Metodología y resultados. Madrid. Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas, 2020.

The AAD population risk of, measured by the average annual age-standardized AAD rate, was 40.9 per 100,000 person-years (py), 3.8 times higher in men (69.3/100,000 py) than in women (18.1/100,000 py). Between the two periods 2001-2009 and 2010-2017, the standardized AAD rate among residents of Spain age ≥15 years decreased by 16.9% (from 49.2/100,000 py in 2001-2009 to 40.9/100,000 py in 2010-2017). However, the variation greatly differed by sex, decreasing sharply by 19.5% in men (from 86.1 to 69.3/100,000 py) but only by 9.5% in women (from 20.0 to 18.1/100,000 py). Decreases were observed in all regions.

Figure 88. Average annual age-standardized alcohol-attributable mortality rate by period according to autonomous region in the population aged 15 years and older. Spain, 2001-2009 and 2010-2017.



Contribution of alcohol to overall mortality risk

The contribution of alcohol consumption to overall mortality risk was estimated by the percentage of standardized all-cause deaths that were attributable to alcohol. During 2010-2017, 4.0% of standardized all-cause deaths in the population aged 15 years and older were attributable to alcohol (5.4% in men and 2.3% in women). By age group the highest proportion was observed in the 35-54 years group (10.0%), followed by the 15-34 age group (8.0%), the 55-74 age group (7.3%), and the group ≥75 (2.8%). By age and sex groups, the maximum contribution of alcohol to the overall mortality risk was observed in the 35-54 group in both men (11.9%) and women (5.9%) (Figure 89).

Figure 89. Proportion of age-standardized deaths attributable to alcohol* by sex and age (%) . Spain, 2010-2017.

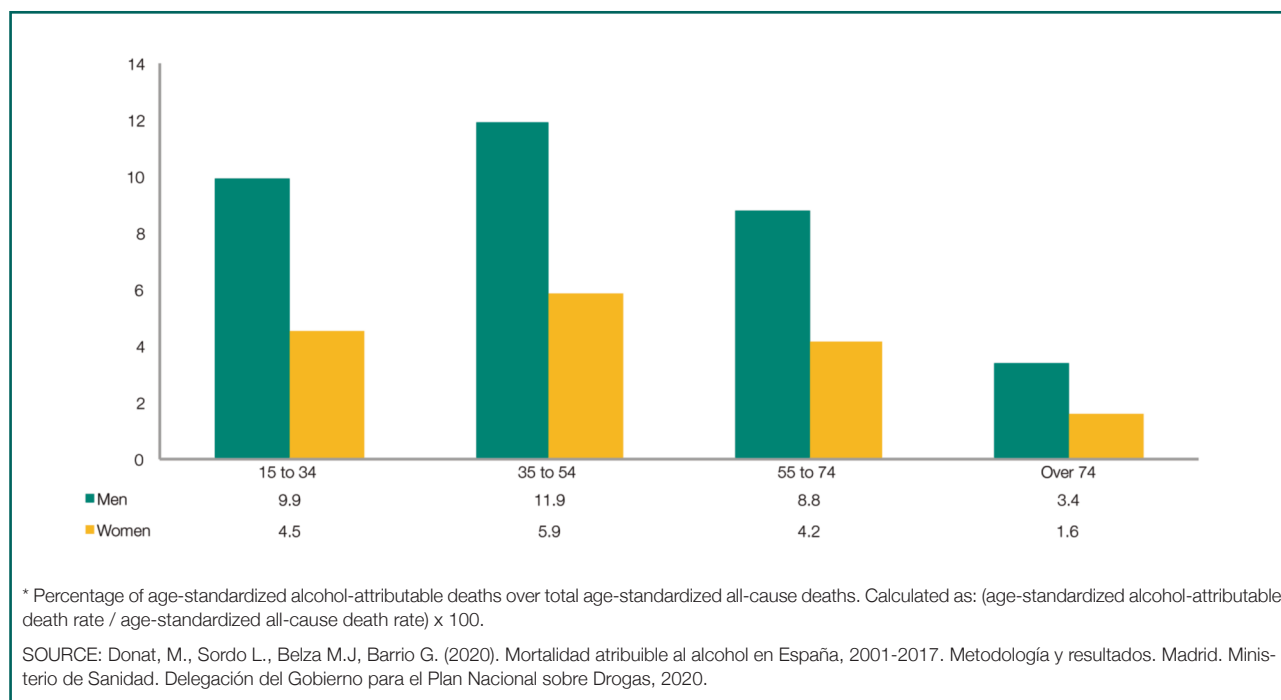
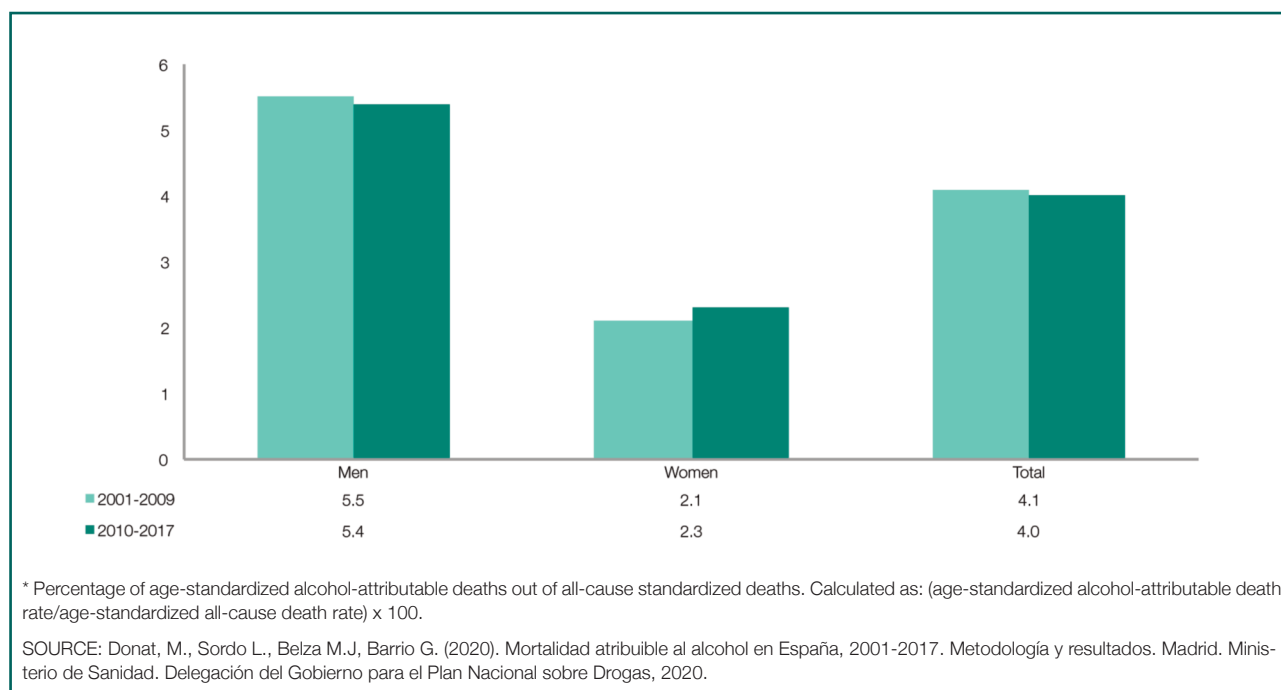


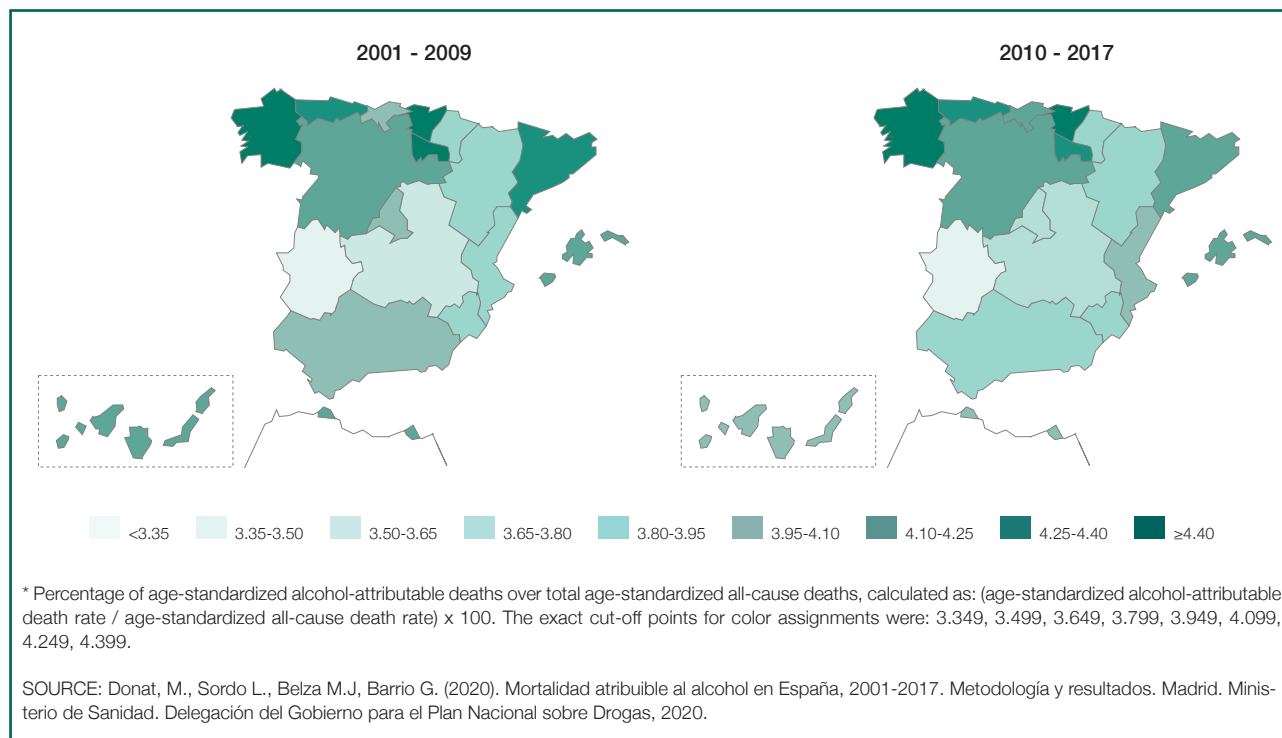
Figure 90. Change in the proportion of age-standardized deaths attributable to alcohol* in the population, ages 15 and older, by sex (%). Spain, 2001-2009 and 2010-2017.



In terms of change across time, it can be observed that between the periods 2001-2009 and 2010-2017 the proportion of standardized deaths attributable to alcohol remained stable (4.1% and 4.0%, respectively), with a slight decrease in men (5.5% and 5.4%) and a slight increase in women (2.1% and 2.3%).

In Spain as a whole, the average contribution of alcohol to overall mortality risk barely changed between the periods 2001-2009 (4.1%) and 2010-2017 (4.0%). However, inter-regional differences were observed in the changes across time of said contributions.

Figure 91. Change in the proportion of age-standardized deaths attributable to alcohol* in the population, ages 15 and older, by autonomous region (%). Spain, 2000-2009 and 2010-2017.



7. CONCLUSIONS

In Spain, high levels of alcohol consumption are reported year after year despite alcohol's negative consequences being substantial at different levels. In this country, alcohol is an important risk factor for the burden of disease and mortality, while taking place in a social context of normalization and trivialization of consumption.

Alcohol is by far the most consumed psychoactive substance by the general population at any age, though consumption decreases as we age. Consumption among young people and minors is of particular concern, given that they are also more vulnerable to its effects than other age groups. In 2018/2019, 77.9% of students, ages 14 to 18, reported having consumed alcohol at some time in their lives, and 58.5% of them consumed it in the past month.

Furthermore, a high proportion of this consumption comes about as intensive episodes such as drunkenness or binge drinking. Both forms of intensive consumption show a spike in the 2018/2019 data, with 55.5% of the students, who have consumed alcohol in the past month, reporting binge drinking and 42.6% getting drunk, the highest figures in the past 8 years. In 2019, in fact, the prevalence of drunkenness in students, ages 15 to 16, exceeded the European average. A phenomenon closely associated with heavy drinking episodes, which remains widespread among the younger population, is what is referred to in Spain as *botellón* (shared consumption of alcoholic beverages on public roads, parks, or open spaces accessible to the public).

This mode of consumption is often linked not only to the risks associated with the direct effects of alcohol on physiology and neurological development, but also to those related to certain risky behaviors. For example, 2.7% of students admitted to having driven a vehicle under the influence of alcohol in the past year and 17.2% had been a passenger in a vehicle driven by someone under the influence of alcohol (20.5% of girls and 17.2% of boys). In addition, 16.9% of students who reported having been drunk in the past month admitted being involved in a fight or assault, and 30.6% reported having sexual relations without a condom.

Additionally, alcohol consumption has a gender perspective. Although in the population as a whole, alcohol consumption is higher among men, among secondary school students, girls consume more than boys, indicating the importance of reinforcing this angle in preventive programs targeting minors. This pattern is repeated in heavy episodic drinking. Girls, ages 14 to 18, reported higher prevalence of drunkenness than their male counterparts. Regarding binge drinking, girls outnumber boys only among 14 to 15 year-olds, with boys reporting higher prevalence at older ages.

A crucial aspect in targeting preventive activities regarding drinking is the age of onset. On average, boys and girls started drinking alcohol at the age of 14, well below the legal age and with not much change over the years (in fact, age at first drink is now only six months older than the average age of onset recorded in 1994).

Alcohol availability is very high in the Spanish society, even for minors. Almost all (94.9%) of the students, whether of legal age or not, said they had no difficulty in obtaining alcoholic beverages. Compounding the problem is the fact that students' risk perception of consuming alcohol is low.

Consumption in the general population, ages 15 to 64, is also high, a fact that has not improved for the last 20 years. We did observe a consolidation of changes in the consumption pattern. The consumption pattern has been moving away from the traditional Spanish daily consumption, which is now mostly found in people over 64, and toward intensive consumption episodes especially among men and young people and, even worse, showing increasingly higher prevalence in recent years.

An issue of particular relevance is alcohol consumption during pregnancy, given the significant associated consequences such as Fetal Alcohol Spectrum Disorders (FASD). In 2019/2020, 1.2% of women acknowledged having consumed alcohol while pregnant, a figure considered a clear underestimation of this worrying phenomenon. This is a topic requiring further elaboration in successive editions of this monographic report.

It is still too early to gauge the long-term impact of COVID-19 on the population's drinking patterns. Available data suggest that, in 2020, drinking declined in both sexes and across all age groups, especially heavy episodic drinking in the younger age groups. These data support the concept that environmental prevention measures that reduce supply and availability are effective in reducing alcohol consumption, especially among young people and minors.

Of special interest is the estimate of the percentage of the population consuming alcohol above the level considered low risk, according to the latest national consensus. Thus, 18.6% of the population, ages 15 to 64, drinks alcohol above the low-risk level. Furthermore, it is estimated that 5.2% of the population, ages 15 to 64, engages in at-risk alcohol consumption according to the AUDIT tool, especially younger people and men of all ages, though the sex gap is much reduced in 15-24 year-olds.

Among the harmful consequences associated with alcohol consumption, the development of dependence, alcohol-related emergencies, and mortality associated and attributable to alcohol are the most conspicuous given their gravity. Alcohol is responsible for the highest number of admissions to treatment within the drug dependence and addiction care network in our country, reaching 27,209 people in 2019 and rising. Further, despite the fact that it is only recorded when it is concurrent with another substance, it is still associated to 40% of hospital emergency episodes due to drug use, which are concentrated among people under 25 years of age. It is also one of the substances most frequently detected in the toxicological analyses of deaths with judicial intervention related to intentional substance use (39.7% of cases).

Recent work on the estimation of mortality attributable to alcohol consumption in Spain is highly relevant. According to the results, in the period 2010-2017 an average of 15,489 alcohol-attributable deaths per year occurred in Spain, 55.7% being premature deaths. Thus, the population risk stands at an average annual standardized attributable mortality rate of 40.9/100,000 person-years (69.3/100,000 person-years in men and 18.1/100,000 person-years in women). Out of Spain's all-cause deaths, 4% were attributable to alcohol, showing that alcohol continues to be an important burden of disease and death.

In short, alcohol consumption, and its impact, is an important public health problem in Spain. This calls for intensifying the efforts of public policies and prevention and care initiatives, plans and programs. Let's not forget that the harm caused by alcohol is directly proportional to the level of consumption and that there is no such thing as a zero-risk consumption level. To reduce alcohol's burden of disease, it is necessary to reduce population consumption. However, alcohol health risks are not known by the majority of the general population nor, sometimes, by the healthcare community.

In order to reduce alcohol-related harm, an intersectoral approach is necessary and such an approach requires the analysis of available data and knowledge. The aim of this monograph has been to contribute to this process and to become a useful document for all stakeholders. Periodical updates will continue to provide the most up-to-date.

8. REFERENCES

1. Rehm J, Gmel GE Sr, Gmel G, et al. The relationship between different dimensions of alcohol use and the burden of disease-an update. *Addiction* 2017; 112: 968–1001.
2. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018. <https://iugt.org/wp-content/uploads/2018/09/WHO-GSR-Alcohol-2018.pdf>
3. International Agency for Research on Cancer. World Health Organization. Agents Classified by the IARC Monographs, Volumes 1–129. <https://monographs.iarc.who.int/agents-classified-by-the-iarc/>
4. Rehm J. Light or moderate drinking is linked to alcohol related cancers, including breast cancer. *BMJ* 2015; 351: h4400
5. Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V et al. Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. *Br J Cancer*. 2015;112(3):580–93.
6. GBD-Alcohol-Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018;392(10152):1015–35. doi: 10.1016/S0140-6736(18)31310-2 [published Online First: 2018/08/28]
7. GBD 2016 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 84 behavioral, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017; 390: 1345–422.
8. Rumgay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, Islami F, Lemmens V, Rehm J, Soerjomataram I. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. <https://www.thelancet.com/action/showPdf?pii=S1470-2045%2821%2900279-5>
9. Plan de Acción Mundial para la Prevención y el Control de las Enfermedades No Transmisibles 2013-2020. <https://www.rets.epsjv.fiocruz.br/es/node/1911>
10. Estrategia mundial para reducir el uso nocivo del alcohol [Internet]. Organización Mundial de la Salud; 2010. https://apps.who.int/iris/bitstream/handle/10665/44486/9789243599939_spa.pdf?sequence=1https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol
11. Developing a Global action plan to reduce the harmful use of alcohol. Organización Mundial de la Salud; 2021. <https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol>

12. European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. Copenhagen: World Health Organization. Regional Office for Europe. http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf?ua=1
13. World Health Organization. Regional Office for Europe. Making the European Region Safer: developments in alcohol control policies, 2010–2019 (2021). <https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2021/making-the-european-region-safer-developments-in-alcohol-control-policies,-20102019-2021>
14. European Region Consultation on the implementation and achievements of the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. https://www.euro.who.int/__data/assets/pdf_file/0017/411416/Report_European-Region-Consultation-for_MS-and-CSO-on-EAPA_ENG_final.pdf
15. International Agency for Research on Cancer. World Health Organization. Alcohol and Cancer in the Who European Region. An appeal for better prevention. <https://apps.who.int/iris/bitstream/handle/10665/336595/WHO-EURO-2020-1435-41185-56004-eng.pdf?sequence=1&isAllowed=y>
16. Comisión Europea. Política de la UE sobre el cáncer. https://ec.europa.eu/health/non_communicable_diseases/cancer_es
17. Communication from the Commission to the European Parliament and the Council. Europe's Beating Cancer Plan. Bruselas, 2021. https://ec.europa.eu/health/sites/default/files/non_communicable_diseases/docs/eu_cancer-plan_en.pdf
18. Soriano JB, Rojas-Rueda D, Alonso J, Antó JM, Cardona P-J, Fernández E, et al. La carga de enfermedad en España: resultados del Estudio de la Carga Global de las Enfermedades 2016. *Med Clínica* 2018;151(5):171-90
19. Donat, M., Sordo L., Belza M.J, Barrio G. (2020). Mortalidad atribuible al alcohol en España, 2001-2017. Metodología y resultados. Madrid. Ministerio de Sanidad. Delegación del Gobierno para el Plan Nacional sobre Drogas, 2020. https://pnsd.sanidad.gob.es/profesionales/publicaciones/catalogo/catalogoPNSD/publicaciones/pdf/2020_Mortalidad_a_tribuible_al_alcohol_en_Espana_2001-2017.pdf
20. Hallazgos Toxicológicos en Víctimas Mortales de Accidente de Trafico (2020) Instituto Nacional de Toxicología y Ciencias Forenses. Ministerio de Justicia.
21. Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K et al. (2010). Alcohol: No Ordinary Commodity – a summary of the second edition. Alcohol and Public Policy Group. *Addiction*, 105, 769–779.
22. Global Strategy to Reduce the Harmful Use of Alcohol. Geneva: World Health Organization. https://www.who.int/substance_abuse/activities/gsrh/en, accessed 22 January 2021.
23. Estrategia Nacional sobre Adicciones 2017-2024 Delegación del Gobierno para el Plan Nacional sobre Drogas. Ministerio de Sanidad. https://pnsd.sanidad.gob.es/pnsd/estrategiaNacional/docs/180209 ESTRATEGIA_N.ADICCIONES_2017-2024__aprobada_CM.pdf
24. Plan De Acción sobre Adicciones 2018-2020. Delegación del Gobierno para el Plan Nacional sobre Drogas. Ministerio de Sanidad. <https://pnsd.sanidad.gob.es/pnsd/planAccion/home.htm>
25. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1
26. Estrategia de promoción de la salud y prevención en el SNS. Ministerio de Sanidad. <https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSaludyPreencionSNS.pdf>

27. Líneas de actuación en el ámbito de la prevención del consumo de alcohol. Dirección General de Salud Pública. Ministerio de Sanidad.
[https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/Lineasactuacion_Pre-
vencionConsumoAlcohol.pdf](https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/Lineasactuacion_Pre-
vencionConsumoAlcohol.pdf)
28. Ley 38/1992, de 28 de diciembre, de Impuestos Especiales. Artículo 20. 4. «Bebida analcohólica». Aquella cuyo grado alcohólico volumétrico adquirido no sea superior a 1,2 % vol.
www.boe.es/legislacion/codigos/abrir_pdf.php?fich=063_Impuestos_especiales.pdf
29. Ministerio de Sanidad. Límites de Consumo de Bajo Riesgo de Alcohol. Actualización del riesgo relacionado con los niveles de consumo de alcohol, el patrón de consumo y el tipo de bebida. Madrid; 2020.
[https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/Limites_Consumo_Bajo
_Riesgo_Alcohol_Actualizacion.pdf](https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/alcohol/docs/Limites_Consumo_Bajo
_Riesgo_Alcohol_Actualizacion.pdf)
30. Prevención de los problemas derivados del alcohol. 1ª Conferencia de prevención y promoción de la salud en la práctica clínica en España. Madrid 14 y 15 de junio de 2007. Ministerio de Sanidad y Consumo; 2008.
<https://www.msbs.gob.es/alcoholJovenes/docs/prevencionProblemasAlcohol.pdf>
31. Gual A, Segura-García L, Contel M, Heather N, Colom J. AUDIT-3 and AUDIT-4: Effectiveness of two short forms of the alcohol use Disorders identification test. *Alcohol & Alcoholism* 2002; 37(6): 591–596.
32. Informes anuales de Recaudación Tributaria. Ejercicio 2020. [https://www.agenciatributaria.es/AEAT.internet/dato-
sabiertos/catalogo/hacienda/Informes_anuales_de_Recaudacion_Tributaria.shtml](https://www.agenciatributaria.es/AEAT.internet/dato-
sabiertos/catalogo/hacienda/Informes_anuales_de_Recaudacion_Tributaria.shtml)
33. Manthey, J., Shield, K. D., Rylett, M., Hasan, O. S. M., Probst, C. y Rehm, J. (2019). Global alcohol exposure between 1990 and 2017 and forecasts until 2030: A modelling study. *The Lancet*, 393, 2493-2502. doi:10.1016/S0140-6736(18)32744-2.
34. Sordo, L., Barrio, G., Bravo, M. J., Villalbí, J. R., Espelt, A., Neira, M. y Regidor, E. (2016). Estimating average alcohol consumption in the population using multiple sources: The case of Spain. *Population Health Metrics*, 14, 21. doi:10.1186/s12963-016-0090-4.
35. Saunders JB, Aasland OG, Babor TF, de la Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption- II. *Addiction* 1993; 88: 791-804.
36. Martínez Delgado JM. Validación de los cuestionarios breves: AUDIT, CAGE y CBA para la detección precoz del síndrome de dependencia de alcohol en Atención Primaria [tesis doctoral]. Cádiz (Sp): Universidad de Cádiz, Departamento de Neurociencias; 1996.
37. Rubio Valladolid G, Bermejo Vicedo J, Caballero Sanchez-Serrano MC, Santo-Domingo Carrasco J. Validación de la prueba para la identificación de trastornos por uso de alcohol (AUDIT) en Atención Primaria. *Rev Clín Esp* 1998;198 (1):11-4.
38. Contel M, Gual A, Colom J. Test para la identificación de trastornos por uso de alcohol (AUDIT): traducción y validación del AUDIT al catalán y castellano. *Adicciones* 1999; 11(4): 337-47
39. Valencia JL, Galán I, Segura-García L, Camarelles F, Suárez M, Brime B. Estimación del riesgo en la salud y límites de bajo riesgo de los episodios de consumo intensivo de alcohol (binge drinking). Límites de Consumo de Bajo Riesgo de Alcohol. Actualización del riesgo relacionado con los niveles de consumo de alcohol, el patrón de consumo y el tipo de bebida. Madrid: Ministerio de Sanidad. 2020. [https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Pre-
vencion/alcohol/docs/Limi-tes_Consumo_Bajo_Riesgo_Alcohol_Revision_evidencia_cientifica.pdf](https://www.msbs.gob.es/profesionales/saludPublica/prevPromocion/Pre-
vencion/alcohol/docs/Limi-tes_Consumo_Bajo_Riesgo_Alcohol_Revision_evidencia_cientifica.pdf)