

Final Evaluation of the National Drugs Strategy

2000-2008



PRESENTATION

The National Drugs Strategy 2000-2008 contained a specific mandate in order to be evaluated. In 2004, the Government Delegation for the National Plan on Drugs, in collaboration with the Regional Plans on Drugs, the Local Administrations, the State General Administration, and other public and private institutions, evaluated what had been done so far. This evaluation served as a basis for the Drugs Action Plan 2005-2008, which aimed to revitalize the Strategy.

The experience strengthened the belief of the National Plan on Drugs in the usefulness of the evaluation and in the need for this task to be a requirement of the process of drawing up drugs policies. Consequently, the Government Delegation opened the relevant process at the same time that the National Strategy 2009-2016 began to be drawn up.

The Evaluation of the Strategy 2000-2008, whose final report is now provided to those interested, is not only a systematic implementation of research methods to the assessment of the interventions of Public Administrations participating in the National Plan on Drugs, but the element considered by the National Plan on Drugs itself to be decisive and necessary in order to support the definition of future policies. In short, it is justified by the evidence available proving its effectiveness and efficiency.

Evaluating what we do is the only way to learn from success and failures and be able to plan the future with some

guarantee. Moreover, evaluating is an act of political responsibility implying the compulsory accountability of public authorities and the administration under the framework of a democratic regime as ours. In short, evaluating is the best way to work rigorously and transparently, as it is required from public services.

The evaluation of the National Drugs Strategy 2000-2008 is in line with this approach. Being accountable, identifying good decisions, mistakes, gaps and serving as a guide for political planning purposes. The analysis carried out has been an essential element in drawing up both the National Drugs Strategy 2009-2016 and the Drugs Action Plan 2009-2012.

It is the first time that such an ambitious work is undertaken under the framework of the National Plan on Drugs. Moreover, it is one of the most outstanding evaluation experiences in the field of Public Health in general, and in the field of drugs in particular, in our country. Such a work would have not been possible without the collaboration of many people and institutions; therefore we would like to thank everyone for their efforts.

Firstly, those people in charge of dealing with drug dependence in the Autonomous Regions and Cities, particularly those taking part in the Work Group, who have participated in all the stages of the process by providing their technical knowledge and professional experience and always improving the different proposals.

Secondly, the different Departments of the State General Administration, particularly the Home Office and the Min-

istry of Education; as well as other bodies, such as the Spanish Association of Municipalities and Provinces (local government association), Professional Associations, Scientific Societies and the NGOs that have helped to collect the relevant information. All of them have contributed to enrich the results of this evaluation.

I am also very grateful to the Professor Fernando Rodríguez Artalejo, who drew up the methodological proposal and offered his characteristic scientific rigor and objectivity all along the process. And last but not least, the civil servants of the General Sub-Directorate of Information, Research and Programme Coordination within

the Government Delegation, who have proven their professionalism and dedication.

All their efforts together enable us to present a document that is important because of the quality of its contents and also because of its innovative methodological proposal. But, above all, it is important because it has provided the quality information that we needed to guide our decisions in the next few years.

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Introduction

FINAL EVALUATION OF THE NATIONAL
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INTRODUCTION

This document contains the methodological design, results and main conclusions of the final evaluation of the National Drugs Strategy (NDS in Spanish) 2000-2008. In accordance with the Government Delegation (DG in Spanish) for the National Plan on Drugs (PND in Spanish), the evaluation should have the following characteristics:

- a) It must be simple and feasible in a relatively short period of time. In accordance with this, the evaluation process has been completed in 14 months approximately.
- b) It must follow the evaluation model established in the NDS itself. Consequently, information on most of the evaluation indicators included in the appendix of the NDS 2000-2008 has been gathered.
- c) It must take advantage of and continue the previous evaluation experience of the PND, particularly with the interim evaluation of the NDS. Therefore, the questionnaire used in that evaluation has been recovered and updated. Specifically, this enables to compare the level of achievement of the NDS objectives in 2004 and at the end of the period of validity of the Strategy.
- d) It must be methodologically correct. Consequently, this evaluation includes the following methodological contributions:
 - ◆ **It is participative** since it includes contributions from the main social agents interested in the control of drug abuse and drug dependencies.
 - ◆ It carries out a **functional analysis** of the evaluation results in order to suggest causality relations between the NDS actions and the achievements in controlling the drug supply and particularly the drug demand. Moreover, this enables to identify a number of objectives that have not been sufficiently reached and that can be the object of immediate actions for improvement.
 - ◆ It uses **quantitative and qualitative** evaluation techniques.
 - ◆ Within each of the three areas of the NDS (prevention, care and social reintegration), the evaluation **is divided into different domains** (family, community, etc.) that enable to guide future interventions according to their nature and target.
 - ◆ It includes a small component of **evaluation of the NDS impact**, by analysing the degree of knowledge of the NDS among those social agents interested in fighting against drug dependencies, as well as the influence of the NDS on the development of programmes and policies in this field.
 - ◆ It describes the **sources of information** used explicitly and clearly.
 - ◆ Its **format is very visual**, with a lot of graphic information, aiming to be understandable even to non-experts in drug dependencies.

The two following sections describe the background and methods of the evaluation process. Then the main evalua-

tion results are presented. The evaluation ends with the most relevant conclusions, which are already being taken into account in the Action Plan 2009-2012, which develops the current NDS 2009-2016. At the end of this docu-

ment there is an appendix with detailed information of all the evaluation indicators, and other appendixes with some of the tools used in this evaluation and the list of bodies and people that have participated in it.

1 Background and objectives of the evaluation

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1. BACKGROUND AND OBJECTIVES OF THE EVALUATION

The NDS 2000-2008 established that it should be evaluated at the end of its implementation. For these purposes, one of its appendixes suggested a set of indicators for every objective and action. Moreover, to make the evaluation easier, it provided the value of many indicators at the beginning of the Strategy.

Since the NDS was drawn up, there have been some developments in the methodology used for the evaluation of public health interventions, which may enrich the NDS evaluation. Therefore, even if this evaluation has complied with the characteristics specified in the NDS itself, it has had to tackle some issues that had not been previously specified.

a) Who must undertake the evaluation?

The NDS did not specify who would undertake its evaluation, but it can be understood that it should be undertaken by the administrations in charge of implementing the Strategy. As a matter of fact, these administrations were the main participants in the evaluation of the first four-year period of implementation of the NDS.

Nevertheless, it is a traditional opinion that you must not be both “judge and jury”, and this could also be applied to

interventions in the field of drugs. However, nobody knows the information available in the drugs information systems, their methodological features, advantages and limits so deeply as the public managers of these systems, which must provide most of the quantitative information for the NDS evaluation. Moreover, the action managers included in the Strategy itself are the ones with the best knowledge of the barriers and difficulties in the implementation of those actions.

Consequently, with a view to the future evaluation, it seemed reasonable to count on agents and methods that could help reduce the natural complacency of the people responsible for the Strategy, and at the same time take advantage of their direct knowledge of it. To reach the first objective, most of the Strategy’s indicators should be “*objectively verifiable*”. It was also deemed appropriate to have the advice and participation of academics and those social agents interested in the fight against drug abuse and drug dependencies.

For these purposes, one of the participants was the Universidad Autónoma de Madrid, particularly Fernando Rodríguez Artalejo, Professor of Public Health in this University, who, besides drawing up the methodological proposal for this work, led and monitored all the process.

Moreover, the participation of the Inter-regional Committee of the National Plan on Drugs (PND in Spanish) and the Work Group suggested by this committee was essential.

b) Objectives of the evaluation. Questions to be answered

The evaluation aims to answer two major questions:

b1) Have the objectives of the NDS 2000-2008 been achieved?

This question basically coincides with the evaluation objectives established in the NDS: “to understand and analyse the progress made in achieving the objectives set”. For these purposes, the NDS pointed out that it was necessary to conceive “an evaluation system for the early detection of deviations and to suggest corrective actions guaranteeing the final effectiveness of the Strategy itself”. As it was defined, the evaluation had to be a continuous process, to be undertaken every year probably, with an interim milestone: the evaluation at the end of the first four-year period of the NDS. At the end of the NDS the early detection of deviations or mistakes is senseless and it is more important to evaluate the final effectiveness of the Strategy and the achievement of the objectives and goals suggested at the beginning of the process.

b2) Which are the reasons for the bigger or smaller progress in achieving the NDS objectives?

This question does not specifically arise in the NDS but it is interesting to answer it. There are two main reasons for the lack of progress. Firstly, the actions suggested in the NDS may have not been effective enough. Today

it is unusual, although it was usual at that time, that the actions suggested in the NDS did not include an analysis of the evidence about their effectiveness. Actually, recent health policies in other areas continue to have this problem. Moreover, the lack of evidence about the effectiveness of the interventions cannot justify the failure to act faced with serious problems, such as drug dependence, as long as, such in the NDS, it is specified that all the activities respect the citizens' individual rights. The second reason for this lack of progress is the poor or faulty implementation of the actions suggested in the Strategy.

Significant progress has been made in other fields of public health without specific interventions, probably as a result of improved life conditions. By contrast, there may be also public health problems, such as drug dependencies, whose social deciding factors are so rooted that even the best strategies available can only aspire to achieve a slowdown in the increase of the problem. In these cases, a continued increase of the health problem could be - erroneously - considered to be a failure of the Strategy.

The best possible design to tackle this issue is to have a control or comparison group in which the Strategy has not been implemented. Ideally, there should be several comparison and intervention groups, and the interventions should be assigned at random. However, this type of designs is not possible with strategies whose target is the population as a whole, complex strategies and with many components, such as the NDS. Therefore, we have used

two evaluation approaches that provide indirect evidence about this question:

a) *Classifying indicators as follows: process, product and result*

Process indicators are the ones used to quantify the development of change processes. They are used to analyse how something has been done, instead of measuring the result obtained. For example, *indicator 2.1.a of the Prevention Area: number of Teacher training Centers and Resources offering approved courses on education for health and drug prevention.*

Product indicators are the ones used to quantify the products resulting from processes. For example, *indicator 2.3.b of the Prevention Area: percentage of teachers of Secondary Education trained in drug prevention that address the issue of drug abuse in class in a structured way.*

Results indicators are the ones used to quantify the final results of an action. They can quantify:

- Short-term results. For example, *indicator 3.1. of the Prevention Area: ratio of 14-18 year old students that have received information at school on drug abuse and the problems related to the different substances and ways of consumption.*
- Intermediate results. For example, *indicator 1.2.of the Prevention Area: percentage of people that think that drinking a certain amount of alcohol can cause many health problems or other types of problems.*

- Long-term or final results. For example, *indicator 3.6. of the Prevention Area: percentage of 14-18 years old Spanish students that have drunk alcohol during the weekend in the last 30 days.*

Probably it is not reasonable to expect the achievement of all the results in the long term; the most important thing would be to see improvements in process and product indicators and some results in the short term. This is appropriate since the NDS is based on the intervention in a global market of drug supply-demand whose nature and deciding factors are not completely known and understood. Moreover, the effectiveness of the NDS partly depends on the effectiveness of the UN Strategy, the European Strategy and the interventions of third countries, which are not controlled by Spain. For example, drug prices have decreased in most European countries during the last decade; this variable, with a high impact on the improvement of final or long-term indicators, depends to a great extent on the effectiveness of the supply control measures taken in a world market.

Working with the three indicators in a sequential way may help to understand the contribution of the NDS to the results indicators. For example, in theory it is possible that, whereas the percentage of students that think that drinking a certain amount of alcohol is harmful increases, the percentage of teachers addressing the drug abuse issue systematically in class remains stable and very low. If this is the case, this part of the Strategy would have not been properly implemented, and the students' awareness has increased by other means. And in the opposite way, it is

possible that whereas 100% of the teachers address the damages resulting from drinking alcohol, the percentage of students aware of the issue is very low, which would point to the little effectiveness of the teachers' intervention (relatively probable scenario). When both indicators change in the same direction, the change in the intermediate result indicator is more likely to result from a change in the short-term result indicator, partly at least.

Another practical use of this indicators classification is to identify some objectives that had not been sufficiently achieved and that can be the object of immediate improvement actions. These are the process and product objectives not achieved, on which prompt action can be taken. Finally, it is important to look at the distribution of

the different types of indicators in each of the three areas of the NDS. An unbalanced distribution of indicators (for example, many results indicators without almost any product or process indicator) points to faults in the drawing up of the Strategy itself that should be corrected in future strategies.

b) Introducing qualitative methods.

Most of the Strategy's indicators are of a quantitative nature. However, it is advisable to introduce the perception of all the parties interested or affected by the NDS regarding different aspects of the NDS implementation process and its social impact, i.e., to add qualitative indicators.

2 Methodology and procedure of the evaluation

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2. METHODOLOGY AND PROCEDURE OF THE EVALUATION

The evaluation process has been undertaken by a Work Group made up of personnel from the DGPND, the Universidad Autónoma de Madrid and the Regional Plans on Drugs (PAD in Spanish) and involves all the parties interested or affected by the NDS. The methodology has followed the following stages:

1° Identification of objectively verifiable indicators (IOV in Spanish) among those contained in Appendix 1 of the NDS 2000-2008

This has required determining a verifiable source of information, available for all the State or the vast majority of Autonomous Regions and Cities, for each of them. In general, many process and product indicators in the Demand Reduction Area have been obtained from sources of the Autonomous Regions and Cities, whereas the results indicators (particularly in the medium and long term) have been gathered or developed on the basis of state statistics and the traditional indicators system (treatment, emergencies, mortality) directly managed by the DGPND. The sources of the supply control indicators are mainly found at the state level. For each indicator, [Appendix 1](#) contains information on whether it is an IOV or not as well as the specific sources used.

2° Re-classification of the indicators contained in Appendix 1 of the NDS 2000-2008: process, products and results (as defined in the section on the background of the evaluation)

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[Appendix 1](#) also includes this information for each indicator.

3° To determine the indicators' significance

It has been deemed interesting to classify the indicators according to their level of significance: **high, medium, low**. This is determined by “perception” criteria mentioned above that may be different among the NDS actors or the readers of this document. Nevertheless, we can highlight that when each of the Autonomous Regions was individually asked about the indicators' significance, their answers were very much repeated, which led to an easy consensus in most indicators. The decision on the level of significance was made before the collection of information on each indicator's progress, therefore it is independent from it. Finally, a qualitative evaluation effectiveness of the NDS benefits from knowing whether bigger progress in achieving the objectives set has particularly involved the most significant ones or not.

[Appendix 1](#) also shows each indicator's significance.

4° Definition of intervention areas

In order to contribute to the practical use of this evaluation's results, guiding the interventions included in the Action Plan 2009-2012, the evaluation of each area of the Strategy (prevention, care and social reintegration, harm reduction) has been organized into different domains: school, community, population and others, in the Prevention Area. Moreover, the different fields are: community, legal-criminal, and social and occupational aspects in the Care and Social Reintegration. As to harm reduction, the fields are community and prevention of drug-abuse-related diseases. Finally, there is a transversal field of intervention quality that evaluates the achievement of process objectives and product objectives in some cases too. Improving achievements in this field may be essential to improve the achievement of the Strategy's final objectives.

5° Collecting information on the indicators of the NDS 2000-2008

Given that the sources of information to calculate the different indicators had been previously identified, it was easy to know who should be addressed to obtain the necessary data for calculation purposes. [Appendix 3](#) includes the questionnaire sent to the Autonomous Regions in order to obtain information on those indicators whose sources were owned by these Regions. This questionnaire is based on the one used to evaluate the first four-year

period of the NDS, with a number of modifications stemming from experience and with additional matters taken from the Prevention section of the PND Report of 2004. [Appendix 5](#) includes a list of bodies, other than the Autonomous Regions, that have also provided information for evaluation purposes.

6° Drawing up a clear format to present results

Once the relevant information was collected, the next step was to look for a results presentation format making their analysis and interpretation easier. Moreover, this format should be understandable to non experts. [Figure 1](#) contains this format. Besides including the information mentioned above, it contains the NDS objective and the indicator to be used to quantify progress in achieving that objective. There is also a graph summarising the progress made and a small text evaluating that progress. Finally, this evaluation is summarised with a star and a colour code: green (objective achieved), yellow (objective partially achieved) and red (objective to be reinforced). [Appendix 1](#) contains a file of this kind for each objective of the NDS 2000-2008.

The description of the evaluation's results, which is the main part of this document, is based on the summary and interpretation of each of the files contained in [Appendix 1](#). Many graphs have also been included to make it easier to read.

7° NDS impact evaluation

Assessing the perception of those social agents interested in the control of drug dependence regarding their level of knowledge of the NDS 2000-2008, and particularly regarding its impact on their work, has been an innovative methodological contribution at the international level. For these purposes, a simple questionnaire was drawn up (see [Appendix 3](#)).

Secondarily, the impact evaluation has helped to increase the degree of social participation in the NDS evaluation significantly. Specifically, the questionnaire was sent to 55 NGOs working in the field of drug dependencies. The results presented below are based on the answers of 37 of them, among which we can find the most representative NGOs in the sector. [Appendix 6](#) contains the list of participants in the impact evaluation.

Tools used for the evaluation

Two questionnaires were drawn up to evaluate the results and impact of the National Drugs Strategy (NDS in Spanish) 2000-2008:

A. A questionnaire to *evaluate results* that aims to know the level of achievement of the objectives set in the NDS 2000-2008, based on the indicators and sources contained in the appendix. Its target are those people responsible for the Regional Plans on Drugs and other Central Administration Departments with indirect responsibilities in this field.

B. A questionnaire to *evaluate the NDS impact* among professionals of the drug dependence sector and other sectors closely related to it. The aim is to evaluate the level of knowledge of the NDS and its impact on the development of policies and programmes implemented in the period 2000-2008. It has also the same targets as questionnaire A.

3 Results

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3. RESULTS

3.1 Overall results

The evaluation of the NDS 2000-2008 includes 76 out of the 86 objectives included in the interim evaluation. The lack of highly reliable information has recommended not including 10 of the objectives used in the interim evaluation.

The objectives used in the evaluation of the NDS 2000-2008 are distributed as follows:

- ◆ **Prevention Area:**
35 objectives
- ◆ **Care and Social Reintegration Area:**
23 objectives
- ◆ **Harm Reduction Area:**
18 objectives

There is a high level of overall achievement of the NDS objectives. Consequently, the situation improves as compared to 2000 and 2004. 40 out of the 76 objectives have been achieved, which accounts for 53% of the total number of objectives. Moreover, another 23 objectives show a positive trend, although they have not been completely achieved; only 13 objectives need significant improvement, which accounts for 17% of those considered in the evaluation.

Level of achievement of the objectives of the NDS 2000-2008

LEVEL OF ACHIEVEMENT	OBJECTIVES
Achieved	40 (53%)
Positive trend	23 (30%)
Need for improvement	13 (17%)
Total	76

The area with the highest level of achievement is Harm Reduction, in which 72% of objectives are achieved; it is followed by the Care and Social Reintegration Area with almost half of its objectives achieved (48%). The Prevention Area shows a similar situation, with 46% of its objectives achieved.

Number and percentage of objectives achieved by Area of Intervention

AREA OF INTERVENTION	OBJECTIVES ACHIEVED
Prevention	16 (46%)
Care and Social Reintegration	11 (48%)
Harm Reduction Area	13 (72%)
Total	40 (53%)

It is to highlight that these results do not necessarily show the degree of development of each area upon evaluation, but only the level of achievement of the objectives estab-

lished at that time. This is particularly important in the Care and Social Reintegration Area, whose evaluation results are lower than those obtained in the other areas, although it is the most developed area in Spain. This paradox may be due to the type of objectives set in the NDS at that time; actually, the main purpose of the objectives of the Care and Social Reintegration Area was to improve what had already been achieved because it was the area with the highest level of prior development.

In total, 63% of significant objectives have been achieved; the Harm Reduction Area shows the best results, which reach 100% of its significant objectives.

84% of the objectives of the NDS 2000-2008 are process and product objectives. Only a small number of objectives quantify results directly (16%). Most of the objectives achieved relate to products since more than half of the product objectives have been achieved (57%); whereas only 42% of results objectives have been achieved.

Level of achievement of the most significant objectives of the NDS

	NUMBER OF SIGNIFICANT OBJECTIVES	NUMBER OF SIGNIFICANT OBJECTIVES ACHIEVED	% OF SIGNIFICANT OBJECTIVES ACHIEVED
Prevention	24	12	50%
Care and Social Reintegration	4	2	50%
Harm Reduction	8	8	100%
TOTAL	36	2	61%

Level of achievement of the objectives of the NDS 2000-2008 according to their nature

(process/product/result)

	TOTAL	NUMBER OF OBJECTIVES ACHIEVED (%)
Process	22	11 (50%)
Product	42	24 (57%)
Result	12	5 (42%)
Total	76	40 (53%)

3.1.1 Prevention Area

PREVENTION OBJECTIVES ACCORDING TO LEVEL OF ACHIEVEMENT			
	LEVEL OF ACHIEVEMENT	TYPE OF OBJECTIVE	SIGNIFICANCE
1.1 Information to people (●)	★	PROCESS	HIGH
1.2 Risk perception among school students (●)	★	RESULT	HIGH
2.3 Addressing the drug issue in class (●)	★	PRODUCT	HIGH
3.1 Information received at school (●)	★	RESULT	HIGH
5.5 Mixed committees of school prevention certification (●)	★	PROCESS	HIGH
8.2 Local plans on drugs (+20,000 inhabitants) (●)	★	PROCESS	HIGH
8.3 Preventive activities at the local level (-20,000 inhabitants) (●)	★	PROCESS	HIGH
9.1 Activities for families in school programmes (●)	★	PRODUCT	HIGH
9.2 Activities for families at risk in community programmes (●)	★	PRODUCT	HIGH
9.3 Family prevention at the local level (●)	★	PRODUCT	HIGH
13.1 Coordination with unions and employers for occupational prevention purposes (●)	★	PROCESS	HIGH
14.2 Early detection and intervention from Primary Care (●)	★	PRODUCT	HIGH
7.1 Training for youth mediators (●)	★	PROCESS	LOW
6.1 Evaluated models of family programmes (●)	★	PRODUCT	MEDIUM
6.2 Evaluated models of school prevention (●)	★	PRODUCT	MEDIUM
6.3 Community activities in school programmes (●)	★	PRODUCT	MEDIUM
3.5 Students that smoke tobacco every day (●)	★	RESULT	HIGH
4.1 Regulatory measures regarding alcohol and tobacco (●)	★	PRODUCT	HIGH
5.2 Certifications of school materials and programmes (●)	★	PROCESS	HIGH
5.3 Catalogue of school programmes (●)	★	PRODUCT	HIGH
5.4 Certifications of programmes implemented in class (●)	★	PRODUCT	HIGH
10.1 Certifications of prevention programmes (●)	★	PRODUCT	HIGH
11.1 Prevention at prisons (●)	★	PROCESS	HIGH
14.1 Early diagnosis protocols in coordination with the National Health System (●)	★	PROCESS	HIGH
3.2 Prevention at preferential schools (●)	★	PRODUCT	LOW
2.2 Training for teachers (●)	★	PROCESS	MEDIUM
5.1 Certification of training for teachers (●)	★	PROCESS	MEDIUM
11.2 Training for employees of prisons (●)	★	MEDIUM	MEDIUM
12.2 Training for media professionals (●)	★	PRODUCT	MEDIUM
3.4 Average age at which people start smoking tobacco and drinking alcohol (●)	★	RESULT	HIGH
3.6 Students high-risk consumption of alcohol (●)	★	RESULT	HIGH
3.7 Students drinking alcohol during the weekend (●)	★	RESULT	HIGH
8.1 Tools to assess community risk (●)	★	PROCESS	HIGH
13.2 Identification of vulnerable sectors at work (●)	★	PRODUCT	HIGH
12.1 Information to media (●)	★	PRODUCT	MEDIUM

Over 80% of the Prevention Area objectives have been achieved or show a positive trend. Despite this, as seen in the interim evaluation, it is the area demanding the highest progress efforts.

PREVENTION AREA	
LEVEL OF ACHIEVEMENT	NUMBER OF OBJECTIVES (%)
Achieved	16 (46%)
Positive trend	13 (37%)
Ned for improvement	6 (17%)
TOTAL	35

Processes and products concentrate the highest achievements. As to result objectives, progress is lower (33%) but still significant: information to people has improved and risk perception has increased. There are also improvements in terms of illegal drug abuse among school students and also in the decrease of tobacco use among adolescent girls. On the contrary, the alcohol consumption risk patterns increase among minors.

As to achievements in terms of process and product, we can highlight the development of community prevention: town councils are getting more and more involved in prevention and the programmes implemented at the local level are progressively more complete, combining actions

whose targets are the school, the family and the community as a whole. Progress has also been made in the availability of evaluated programme models that can act as a reference, although their use must increase. Coordination with other sectors, such as the labour sector, improves too.

Level of achievement of process/product/result objectives. Prevention				
	TOTAL	ACHIEVED	POSITIVE	TO BE IMPROVED
Proces	12	6	5	1
Product	17	8	7	2
Result	6	2	1	3
Total	35	16	13	6

With regard to school prevention, both the quality of interventions and the coordination with the education sector have improved; but further progress is needed in spreading programmes, particularly training teachers to implement preventive programmes.

As to the collaboration with other sectors, such as Prisons, the media and primary care has improved as compared to 2004 although the expected situation has not been reached yet. The same happens with the development of regulatory measures in order to regulate the promotion and sale of alcohol.

3.1.2 Care and Social Reintegration Area

OBJECTIVES OF CARE AND SOCIAL REINTEGRATION ACCORDING TO THE LEVEL OF ACHIEVEMENT			
	LEVEL OF ACHIEVEMENT	TYPE OF OBJECTIVE	SIGNIFICANCE
1.1 Description of the care resources system (●)	★	PRODUCT	HIGH
1.2 Adaptation of resources to assist drug addicts (●)	★	PROCESS	HIGH
2.1 Adaptation of resources to new consumption patterns (●)	★	PROCESS	MEDIUM
3.1 Specialized care within the Health Care District (●)	★	PRODUCT	HIGH
7.2 Therapeutic communities inside prisons (●)	★	MEDIUM	
9.1 Support groups for drug addicts (GAD in Spanish) at prisons (●)	★	PRODUCT	MEDIUM
9.2 Collaboration of professionals from outside at prisons (●)	★	PRODUCT	MEDIUM
10.1 Programmes for women at prisons (●)	★	MEDIUM	
11.1 Resources for integration purposes at the local level (+20,000 inhabitants) (●)	★	PROCESS	MEDIUM
12.1 Coordination of resources for integration purposes at the regional and local level (●)	★	PROCESS	MEDIUM
13.1 Employment programmes for drug addicts (●)	★	PRODUCT	MEDIUM
4.2 Process evaluation of care programmes (●)	★	PROCESS	HIGH
5.1 Early detection and intervention (●)	★	PRODUCT	MEDIUM
6.1 Programmes in courts and police stations (●)	★	PRODUCT	MEDIUM
7.1 Therapeutic units in prisons (●)	★	PROCESS	MEDIUM
8.1 Social and occupational integration of drug-dependent inmates (●)	★	RESULT	MEDIUM
8.2 Offer of resources for the integration of drug-dependent inmates (●)	★	PRODUCT	MEDIUM
9.3 Training for GAD professionals (●)	★	PRODUCT	MEDIUM
2.2 Age of start of drug dependence treatment (●)	★	RESULT	MEDIUM
4.1 Evaluation of care programmes' results (●)	★	PROCESS	HIGH
4.3 Setting up a quality indicators system (●)	★	PROCESS	MEDIUM
5.2 Prevention with children of drug addicts being treated (●)	★	PRODUCT	MEDIUM
14.1 Participation of drug addicts in integration programmes (●)	★	RESULT	MEDIUM

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

The achievement of objectives in this area is similar to that of the Prevention Area. Almost half of its objectives have been achieved and there has not been any progress in 20% only.

CARE AND SOCIAL REINTEGRATION	
LEVEL OF ACHIEVEMENT	OBJECTIVES
Achieved	11 (48%)
Positive trend	7 (30%)
Need for improvement	5 (22%)
Total	23

Also in this area achievements concentrate in processes: there is a wide offer of resources and services for drug addicts that has been successfully adapted to the new consumption patterns. Nevertheless, it is still necessary to improve the quality of the care system. Drug addict care has significantly improved in Prisons, although we have

detected a certain lack of coordination with the drugs sector. As to the social and occupational integration, although there are some improvements in process and product objectives, there are not good results yet regarding the participation of drug addicts in integration programmes. There are not good results either in preventive work with families of drug addicts, which coincides with the conclusions of the Prevention Area, which point to a deficit in terms of detection and intervention with particularly vulnerable groups.

Level of achievement of process/product/result objectives				
Care and Social Reintegration				
	TOTAL	ACHIEVED	POSITIVE	TO BE IMPROVED
Proces	8	4	2	2
Product	12	7	4	1
Result	3	0	1	2
Total	23	11	7	5

3.1.3 Harm Reduction Area

HARM REDUCTION OBJECTIVES ACCORDING TO LEVEL OF ACHIEVEMENT			
	LEVEL OF ACHIEVEMENT	TYPE OF OBJECTIVE	SIGNIFICANCE
1.1	Accessibility of harm reduction (HR in Spanish) programmes (●)	★	RESULT HIGH
1.2	HR programmes in care services for drug addicts (●)	★	PRODUCT HIGH
1.3	Inclusion of HR programmes in the services offered by health care districts (●)	★	PRODUCT MEDIUM
2.3	Training of professionals in HR strategies (●)	★	PRODUCT HIGH
2.4	Availability of professionals with training in HR in centres specialized in dealing with dd. (●)	★	PRODUCT MEDIUM
4.3	Regular check-up of the immunological situation of profess. working in the drugs network (●)	★	RESULT MEDIUM
5.1	Health education actions to reduce damages to population (●)	★	PROCESS HIGH
5.3	Materials to prevent drug-related risks in driving schools (●)	★	PRODUCT LOW
6.1	Coordination of agonist programmes with the National Health System network (●)	★	PRODUCT HIGH
6.2	Offer of services in agonist programmes (●)	★	PRODUCT HIGH
7.1	Syringe Exchange Programmes in prisons (●)	★	HIGH HIGH
7.2	HR programmes in prisons (●)	★	PRODUCT MEDIUM
1.5	Social emergency centres in the capital cities of the different provinces (●)	★	PRODUCT MEDIUM
3.2	Participation of chemist's shops in Syringe Exchange Programmes (●)	★	PRODUCT MEDIUM
5.4	Training for driving schools' teachers (●)	★	PROCESS LOW
3.1	HR Information at chemist's shops (●)	★	PRODUCT MEDIUM
5.5	Programmes to prevent alcohol-related violence at police stations and courts (●)	★	PRODUCT MEDIUM

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

It is the area with the best results: 72% of objectives have been achieved, and only 11% of them need to be improved. Moreover, 100% of those objectives considered to be relevant have been achieved, and it is the only area having achieved all its result objectives.

HARM REDUCTION AREA	
LEVEL OF ACHIEVEMENT	OBJECTIVES
Achieved	13
Positive trend	3
Need for improvement	2
Total	18

As in the Care and Social Reintegration Area, services have reached a satisfactory level of development in

terms of offer and variety, and the harm reduction programmes are well integrated into the drugs network and the Prisons network; nevertheless, collaboration from other sectors having contact with drug addicts, such as chemist's shops, courts or police stations, needs to increase.

Level of achievement of process/product/result objectives				
Harm Reduction				
	TOTAL	ACHIEVED	POSITIVE	TO BE IMPROVED
Proces	2	1	1	0
Product	13	9	2	2
Result	3	3	0	0
Total	18	13	3	2

3.2 RESULTS BY AREAS

Below you will find the evaluation results in each of the three areas into which the evaluation of the Strategy has been divided: Prevention; Care and Social Reintegration and Harm Reduction. Results are presented by the fields set in the matrix produced for that purpose. A specific section is added in order to analyse the quality of the interventions.

The most significant information for each objective has been selected for each field; summary graphs area added and their contents are discussed.

Summary chart of fields in each area of intervention

Prevention Area:

- School Domain
- Community Domain
- Environmental Prevention

- Other Prevention fields (Prisons, Work, Media, Primary Care)

Care and Social Reintegration Area:

- Interventions in the community
- Criminal Legal Field
- Social integration of drug addicts
- Quality of the interventions

Harm Reduction Area:

- Harm Reduction interventions in the community
- Prevention of drug-related diseases

Quality of the Interventions:

- Quality of Prevention Interventions
- Quality of the Interventions in the Areas of Care and Social Reintegration and Harm Reduction

3.2.1 PREVENTION AREA

SUMMARY OF THE LEVEL OF ACHIEVEMENT OF THE PREVENTION

AREA OBJECTIVES:

The Prevention Area objectives of the NDS 2000-2008 have been divided into five action domains, each of which contains the level of achievement of each objective through a colour code.

	SCHOOL	COMMUNITY	ENVIRONMENT	OTHER FIELDS*	QUALITY
OBJECTIVE 1					
1.1			★		
1.2			★		
OBJECTIVE 2					
2.2	★				★
2.3	★				
OBJECTIVE 3					
3.1	★		★		
3.2	★				
3.4			★		
3.5			★		
3.6			★		
3.7			★		
OBJECTIVE 4					
4.1			★		
OBJECTIVE 5					
5.1	★				★
5.2	★				★
5.3	★				★
5.4	★				★
5.5	★				★

	SCHOOL	COMMUNITY	ENVIRONMENT	OTHER FIELDS*	QUALITY
OBJECTIVE 6					
6.1		★			
6.2	★				★
6.3		★			
OBJECTIVE 7					
7.1		★			★
OBJECTIVE 8					
8.1		★			★
8.2		★			
8.3		★			
OBJECTIVE 9					
9.1		★			
9.2		★			
9.3		★			
OBJECTIVE 10					
10.1					★
OBJECTIVE 11					
11.1				★	
11.2				★	★
OBJECTIVE 12					
12.1			★		
12.2			★		★
OBJECTIVE 13					
13.1				★	★
13.2				★	★
OBJECTIVE 14					
14.1				★	★
14.2				★	

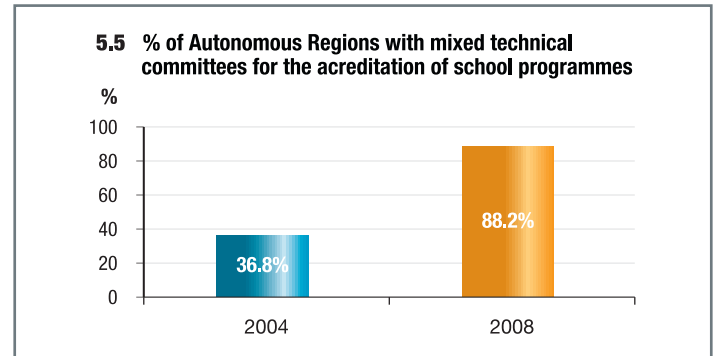
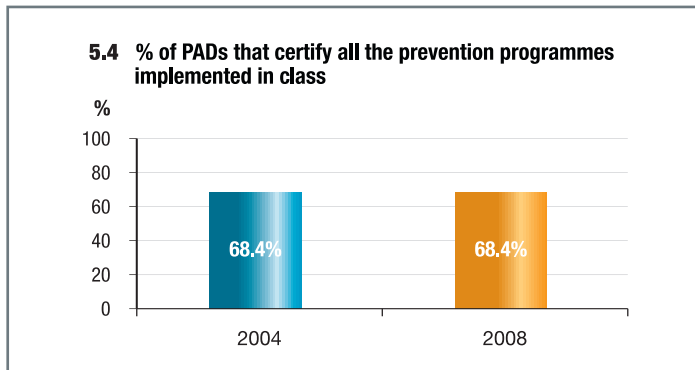
★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

*Other fields: Prisons, workplace, media, primary care.

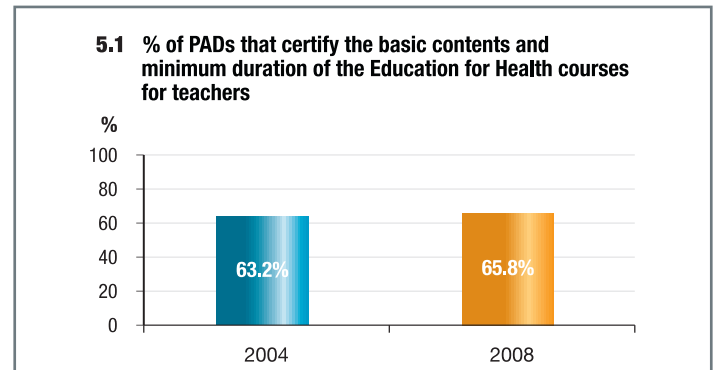
PREVENTION IN SCHOOL

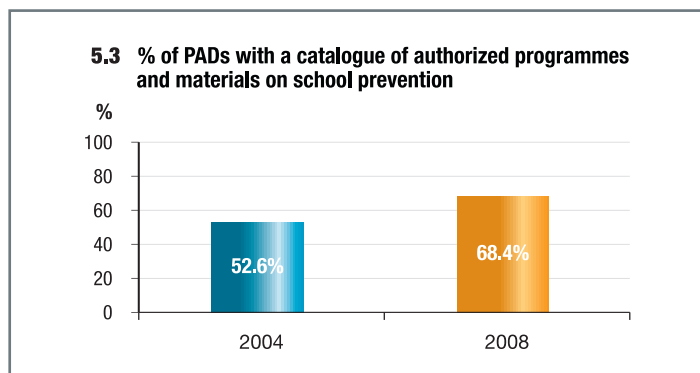
The school field is one of the most significant ones in the National Drugs Strategy 2000-2008, with objectives ranging from spreading prevention programmes to all schools to improving the quality of the interventions.

The level of achievement of the objectives set is uneven. The **coordination** systems between the education sector and the drugs sector have improved significantly by setting up mixed committees and setting quality criteria to be applied to programmes as well as filters selecting those programmes to be implemented in class (*obj. 5.4; 5.5*).

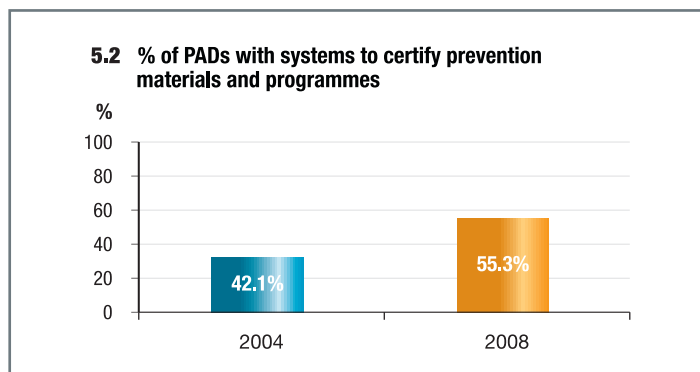


On the one hand, this enables to make sure that the actions are consistent and integrated into the education system itself, and on the other hand, this enables to make sure that what is finally implemented in class meets a number of requirements (*obj. 5.1; 5.3*).





More than half of the Regional Plans on Drugs certify the programmes and materials to be implemented in class, which represents a slight progress as compared to 2004 (*obj. 5.2*).

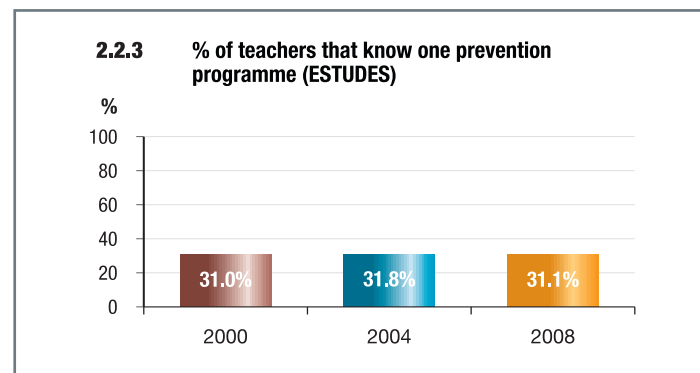


It is necessary to point out that there are territorial differences as to the level of development of the coordination

between the education administrations and the drugs sector and that the Autonomous Regions that have not developed these mechanisms should do it in the next few years.

There is a large list of programmes to be offered to the education system. Actually, at the national level there is a catalogue with over 40 school programmes¹.

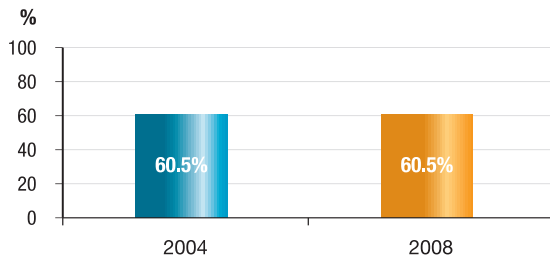
Despite this wide offer, only one third of teachers know some school prevention programme (*obj. 2.2.3*) and this figure has remained the same during the evaluated period.



Most of the programmes contained in the above-mentioned catalogue are universal prevention programmes and their target are students from 11 or 12 years old. Selective or indicated prevention interventions at school are still too limited, although more than half of the Regional Plans on Drugs identify preferential action areas for programmes to be implemented. (*obj. 3.2*).

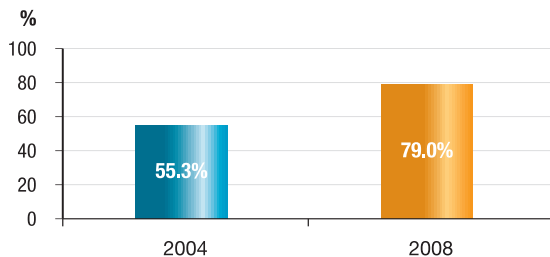
¹ <http://www.pnsd.msc.es/Categoria3/prevenci/pdf/FichasProgramas.pdf>

3.2 % of PADs with schools in preferential action areas that participate in prevention programmes with alternative leisure activities



Moreover there are **evaluated model programs** for each education level (*obj. 6.2*) as well as for students in a vulnerable situation. These programmes have proven to be able to reduce consumption and delay the age of start,

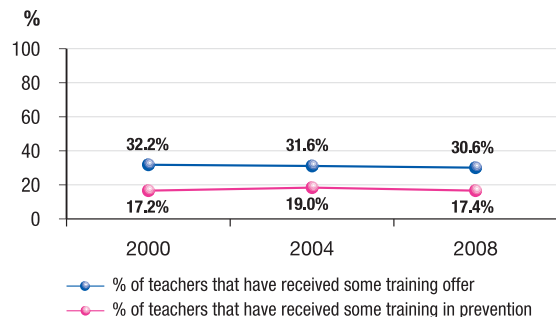
6.2 % of PADs that have evaluated one school prevention programme for each education level and for high-risk students



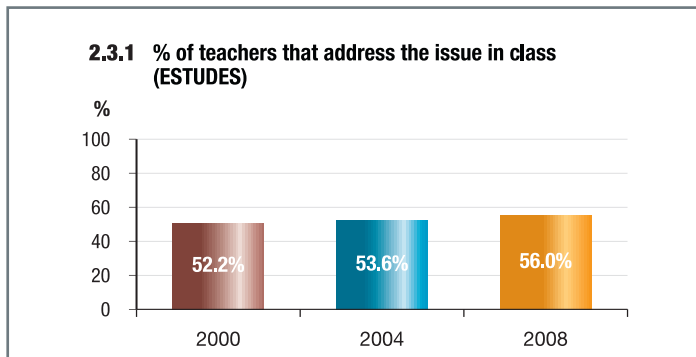
although the truth is that most of the programmes that are implemented in class have not been the object of any prior evaluation proving their results.

Furthermore, the integration of school prevention into the education system still needs to improve. The percentage of **teachers trained** for this task stands at around 18% with no significant variations in the period of validity of the National Drugs Strategy (*obj. 2.2*).

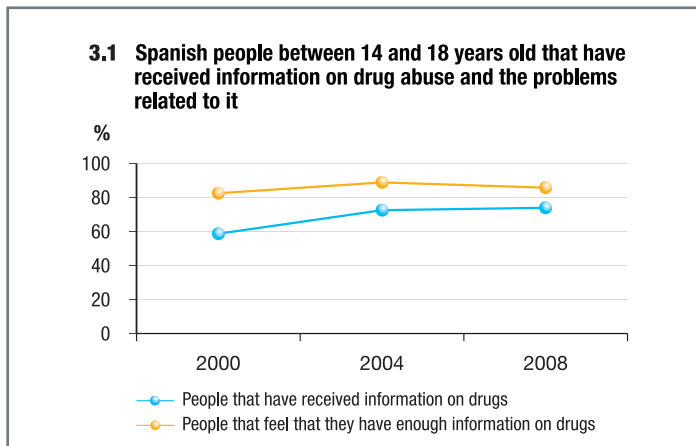
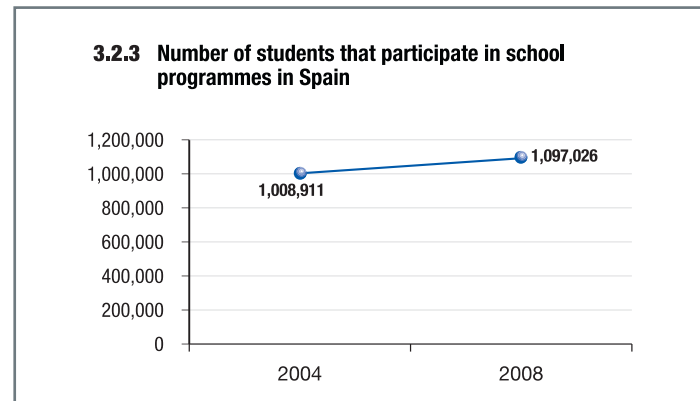
2.2 Training offer and teachers' training in prevention (ESTUDES)



The percentage of teachers addressing the issue in class has increased, although most of them do it just on specific occasions, not on a regular basis, and many of them have not been trained for this purpose, which has an impact on the effectiveness of their interventions (*obj. 2.3*).



The **percentage of students** receiving information on drugs in class has also increased, although the school does not seem to be the most significant source of information for them (*obj. 3.1*). Moreover, around one million of school students take part in school prevention programmes every year; with little variation during the last few years.



Conclusions:

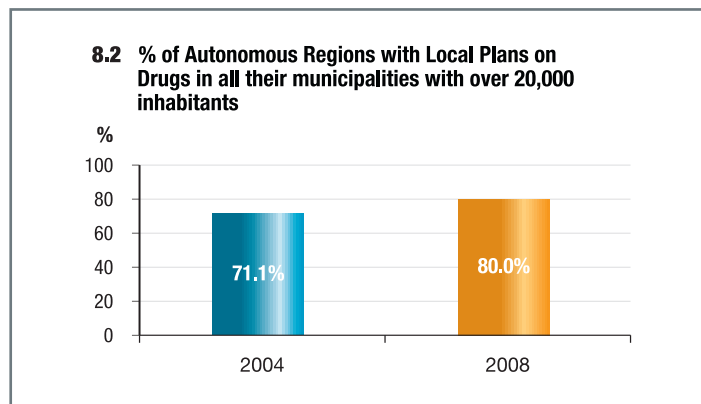
There has been unquestionable progress in school prevention: the mechanisms and systems for the certification of prevention programmes have improved and the coordination with the education system has reached a satisfactory level of development. There are programmes in place that have proven their effectiveness and that can be taken as a model to build on. However, the implementation of programmes in class and the teachers' training should be enhanced. The programme coverage is higher in Compulsory Secondary Education than in the rest of education levels and than in the groups in a higher risk situation.

PREVENTION INTERVENTIONS IN THE COMMUNITY

In the community field, the National Drugs Strategy 2000-2008 suggests objectives regarding the development of Local Plans on Drugs; the need for multi-component programmes targeting the community, the family and the school; the availability of intervention models previously validated and the identification of vulnerable population and groups.

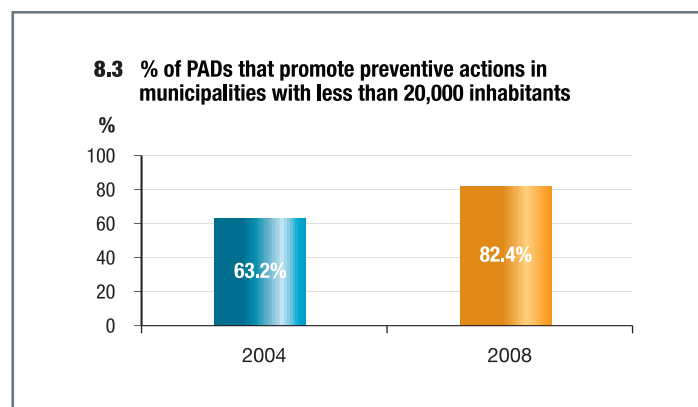
The development of **Local Plans on Drugs** is particularly significant since most of the preventive interventions targeting the community are undertaken at this level.

Since 2000 the number of Local Plans on Drugs has been gradually increasing. When talking about big towns (over

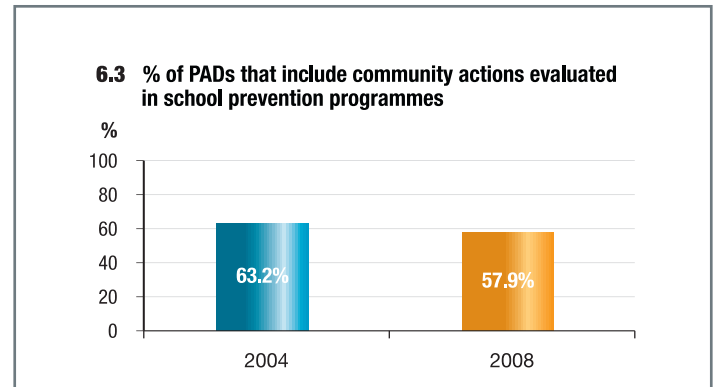
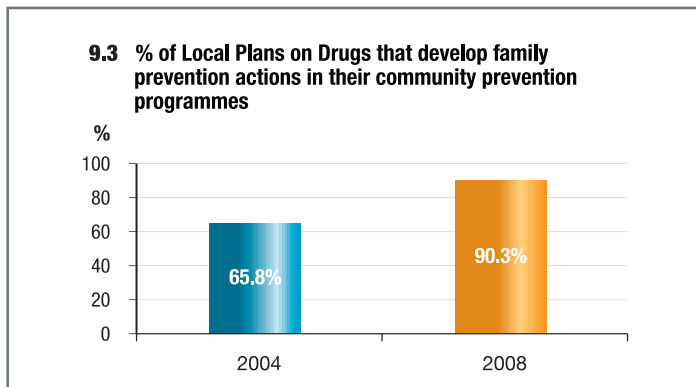
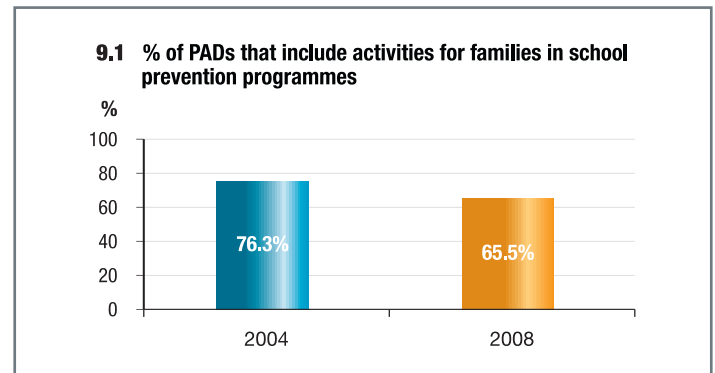
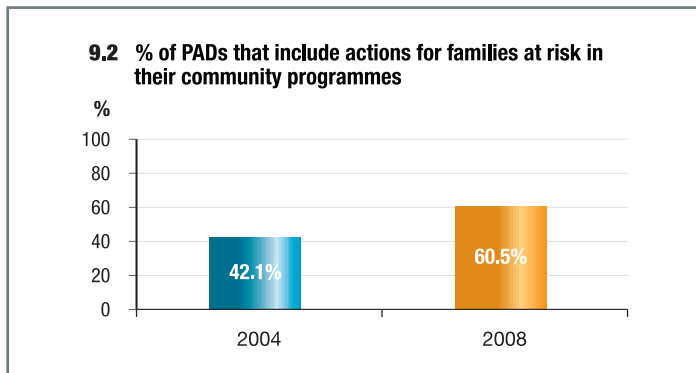


20,000 inhabitants) the 50% objective suggested in the National Drugs Strategy is exceeded (**obj. 8.2**).

In smaller towns (less than 20,000 inhabitants), the volume of preventive activity has also increased significantly: 82% of the PADs undertake these actions in collaboration with them (**obj. 8.3**).



With regard to the objective of connecting community programmes with school and family programmes, significant progress has been made too. Almost all the Local Plans on Drugs include actions for **families** in their community programmes (**obj. 9.3**) and over 60% of the Regional Plans on Drugs include actions targeting high-risk families (**obj. 9.2**), which is higher than the objective set (40%).



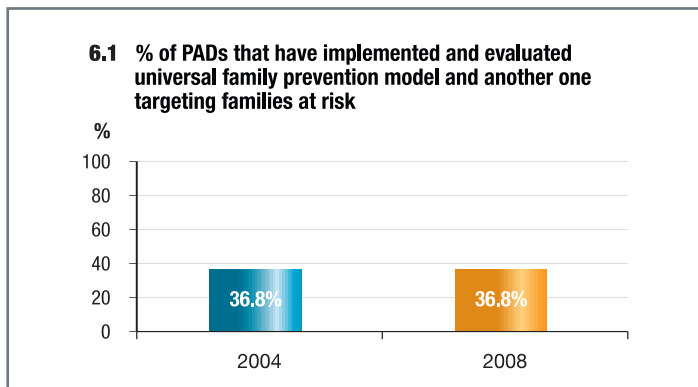
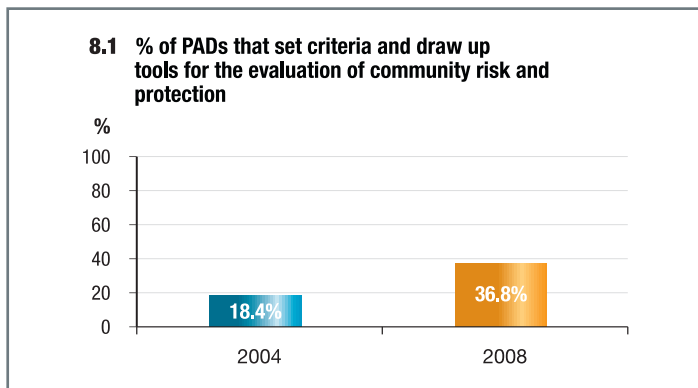
Connection between family and community programmes on the one hand and **school** programmes on the other hand has not improved since 2004 and, although the objective set in the National Drugs Strategy has been exceeded, its significance justifies the need for reinforcement (*obj. 6.3* and *9.1*).

Regarding the availability of programme models evaluated, 60% of the Regional Plans on Drugs have implemented and evaluated some family prevention model for the

population as a whole and for families at risk (*obj. 6.1*), although we ignore whether these programmes are the most implemented programmes or not.

The field in which less progress has been made is the **identification of vulnerable groups and population**. The objective establishing that all the Autonomous Regions should have risk maps available in order to prioritize the different actions is not feasible for the time being since very few of them have the necessary assessing

tools (36.8) and even fewer of them implement them (21%). Despite all this, the situation has improved since 2004 (*obj. 8.1*).



Conclusions:

The achievement of objectives regarding interventions in the community is high, mainly in the development of Local Plans on Drugs.

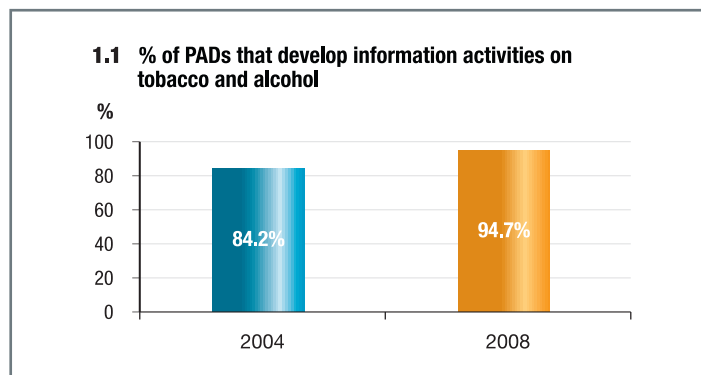
On the contrary, there are few criteria and tools for community risk assessment purposes that would enable to prioritize actions towards those areas and groups with the highest needs.

We have to take into account that the objectives set in the National Drugs Strategy 2000-2008 for this action field are limited to very few aspects of the intervention and do not make it possible to give an overview of the interventions undertaken in terms of type, coverage and features.

ENVIRONMENTAL PREVENTION

Two types of preventive measures are analysed in this field. Their target is the population as a whole: on the one hand, information measures and those measures conceived to raise awareness, and on the other hand, those measures regulating the supply of legal drugs. This section also contains the results indicators of population, both in terms of consumption behaviours and mediating variables, such as the perception of the risk associated to it.

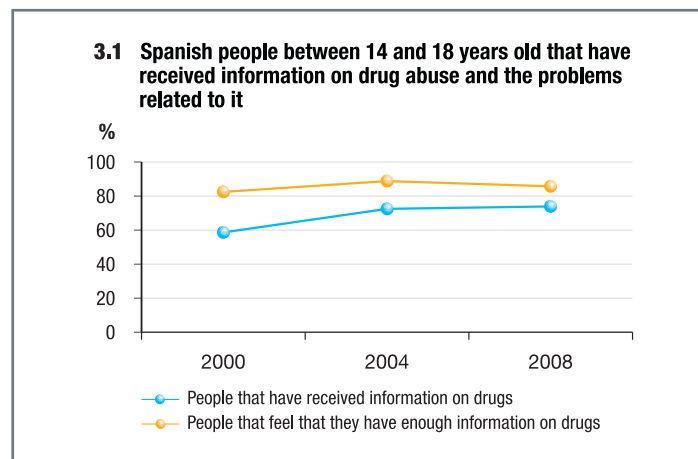
All the Regional Plans on Drugs unfold a wide range of actions to inform citizens of drug-related risks and damages. 100% of them carry out **campaigns** and spread prevention materials through the media (*obj. 1.1*).



Moreover, indirect actions are promoted to guarantee the synergy of drugs messages reaching citizens by means

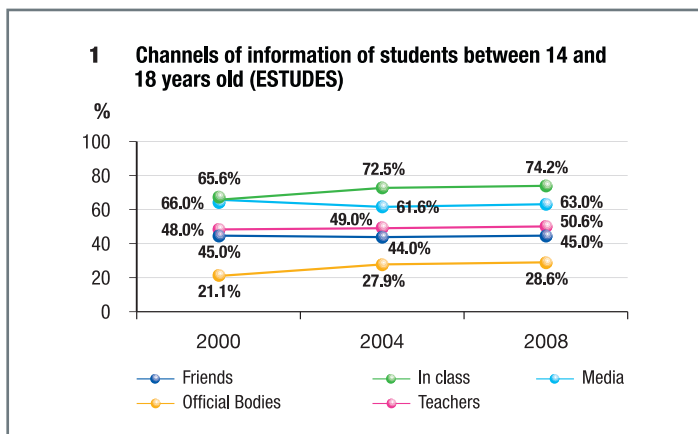
of training and information targeting professionals of that sector (this is also analysed in the section about other fields of prevention). In terms of the channels used, besides the traditional ones we find the Internet (all the Autonomous Regions have websites with points of information on drugs) and mobile phones, used by 42% of the Regional Plans on Drugs to spread preventive messages.

According to the figures contained in the School Survey on Drugs of the Government Delegation for the National Plan on Drugs (ESTUDES), the percentage of 14-18 year-old students receiving information on drugs has increased during the evaluated period. Moreover, their evaluation of the information available has also improved (*obj. 3.1*).



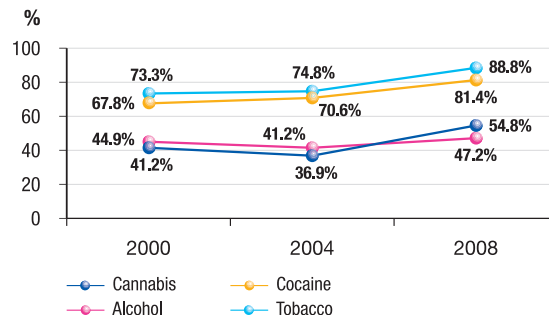
According to this survey, the main channels through which students receive information are the **school** (although not always through teachers) and the **media**, among which the **Internet** is one of the main sources. According to the survey Flash Eurobarometer no. 233, 2008, 52.4% of Spanish young people between 15 and 24 years old use this channel to get information on drugs, much above other sources.

A less frequent channel are **official bodies**, although their significance as a source of information has increased, particularly from 2000 to 2004 (ESTUDES).



School Survey on Drugs 2000-2008 (ESTUDES) of the Government Delegation for the National Plan on Drugs.

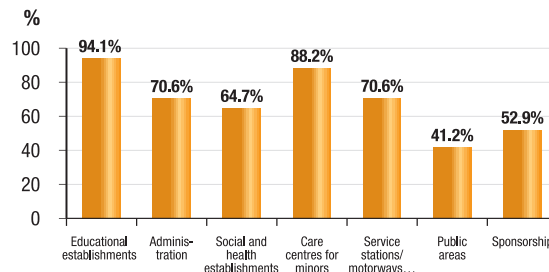
1.2 Spanish people between 14 and 18 years old that think that drug abuse may cause many problems (ESTUDES)



Probably as a result of this, there have been gradual changes in the perception of drug-related risks, which has increased in all cases except for alcohol.

With regard to **regulating measures**, the information collected is limited since only those related to alcohol promotion and sale in the last year are included (*obj. 4.1*).

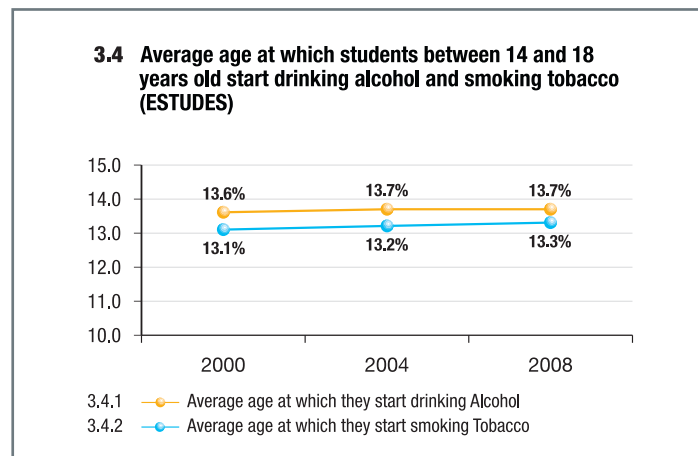
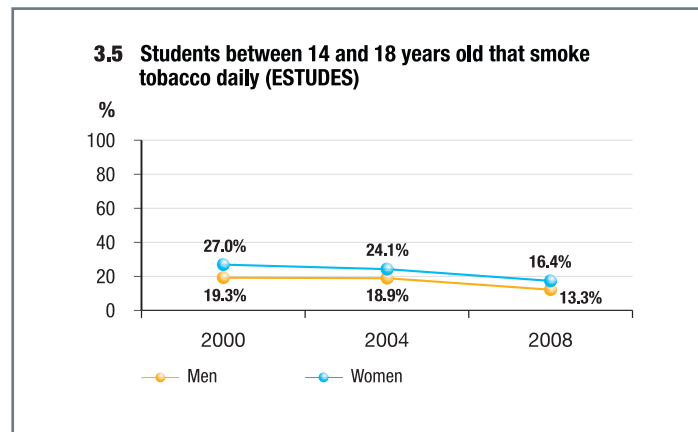
4.1 % of Autonomous Regions with restrictions in the sale and promotion of alcoholic drinks (2008)



Most of the Autonomous Regions regulate those places where selling and drinking alcohol is forbidden, although restrictions vary from one region to the other. At the national level, the ban is virtually widespread among education centres and other centres providing care for minors; moreover, a high percentage of Regional Plans on Drugs regulate accessibility in other types of locations, such as administrative buildings and service stations. Less than half of the Autonomous Regions regulate consumption in the public thoroughfare. With regard to sponsorship, more than half of them tackle it in their legislation, particularly when referring to the sponsorship of events or activities whose target are minors.

All the indicators of illegal drugs abuse have improved during the last four years, after a period of an increasing trend, as shown in the last OED reports. Regarding tobacco, there has also been an improvement (*obj. 3.5*), particularly among adolescent girls: in 2008 the percentage of girls between 14 and 18 years old smoking every day decreases down to 16.4% against 24% in 2004. However, when talking about alcohol the situation changes. High-risk consumption has increased, and the percentage of adolescents reporting to drink until getting drunk stands at 29%.

The age at which students between 14 and 18 years old start smoking tobacco and drinking alcohol has remained stable during the evaluated period (*obj. 3.4*).



School Survey on Drugs 2000-2008 (ESTUDES) Government Delegation for the National Plan on Drugs

Conclusions:

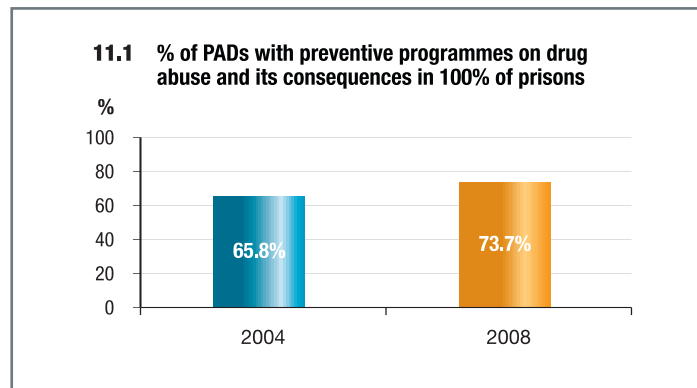
The information activity of the Regional Plans on Drug is large and widespread, although the available information does not enable to provide a more specific description of the actions undertaken or their coverage in terms of population. It is to highlight the significance of the Internet as a major source of drugs information.

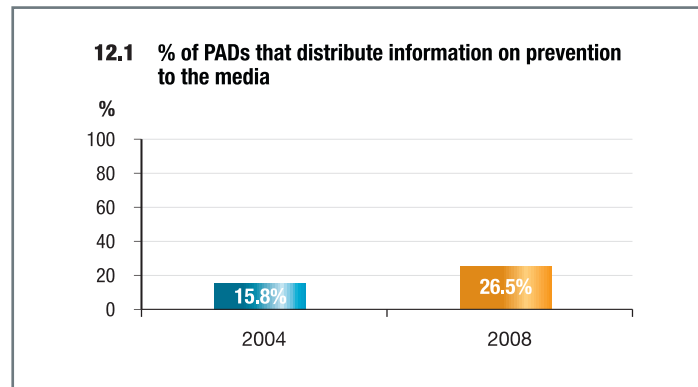
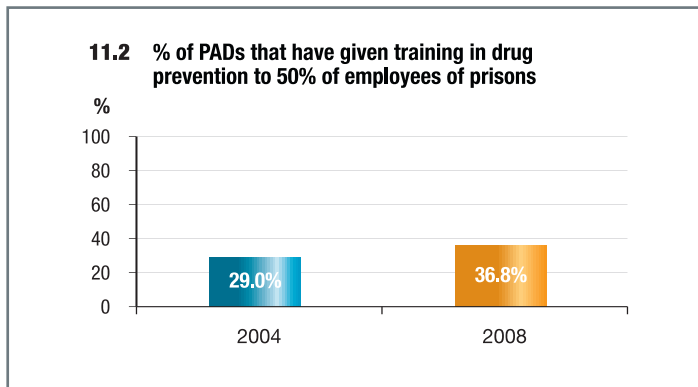
There is not enough information available to evaluate the measures regulating the promotion, sale and consumption of alcohol and tobacco, although generally speaking these should be strengthened and made equal, particularly in adjacent territories. A complete follow up of this type of measures should be undertaken at the national level, noting the differences between the regions. This diversity would make it possible to analyse whether the measures have an impact on consumption in the different Autonomous Regions or not.

Finally, whereas drug abuse among minors has decreased and shows a positive trend in the last four years, this is not the case when talking about alcohol, particularly regarding high-risk behaviours, such as getting drunk, which have increased. Consequently, controlling the issue of alcohol consumption among minors must be a priority objective in the Drugs Action Plan 2009-2012.

OTHER PREVENTION DOMAINS: Prisons, Media, Workplace and Primary Care

There has been some improvement in the indicators of these four action fields. As to **Prisons**, the objectives set in the National Drugs Strategy 2000-2008 are very wide and not very precise, but they provide an overview of the level of preventive activity in prisons, both in terms of its volume and the training received by the employees of these establishments. The trend has been positive, although the objectives set have not been reached. According to these, prevention activities in prisons should have been spread to 100% of the Prisons (**obj. 11.1** and **11.2**).

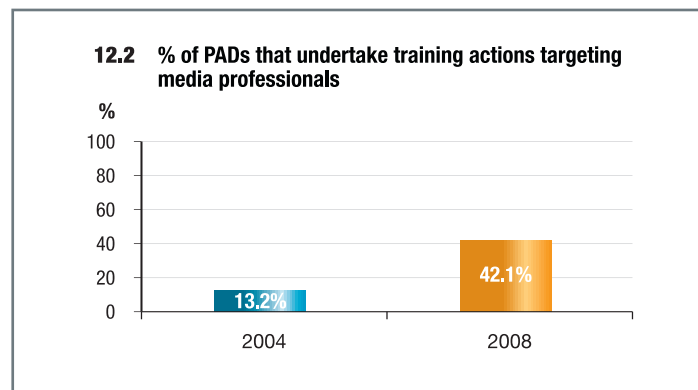




With regard to the **Media**, besides their use to raise public awareness about drug-related risks, which is evaluated in the section about the environmental prevention, the National Drugs Strategy 2000-2008 suggested to promote the involvement and training of media professionals for an appropriate spreading of prevention messages.

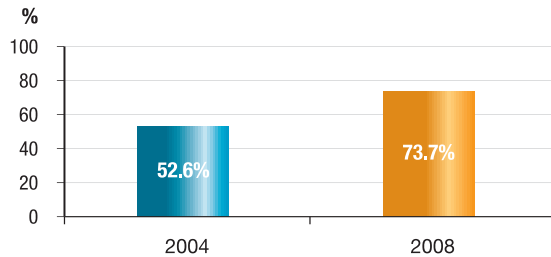
Together with Primary Care, it is the field showing the highest deficit in the prior evaluation undertaken in 2004. The efforts made ever since have resulted in improvements in the indicators, particularly in the training of media professionals (*obj. 12.1* and *12.2*).

The evaluation of the Regional Plans on Drugs of the trend in the workplace is positive, particularly regarding the

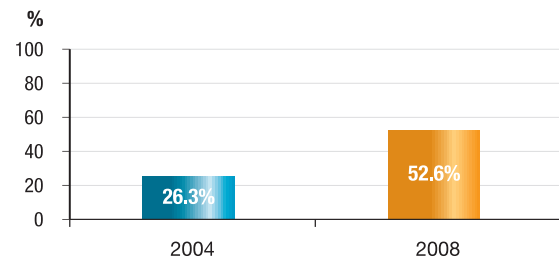


coordination mechanisms to implement preventive programmes (*obj. 13.1*).

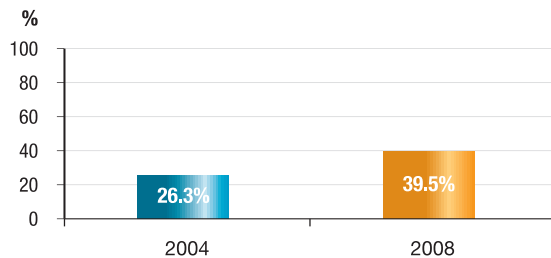
13.1 % of PADs with agreements with Unions and Employers' Organizations to promote workplace prevention



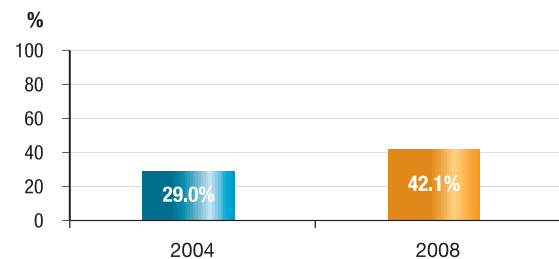
14.1 % of PADs that have developed protocols for the early diagnosis of drug abuse in coordination with the Public Health System



13.2 % of PADs that identify vulnerable groups in the workplace



14.2 % of PADs that implement programmes for the early detection of drug abuse from Primary Care teams



There have also been improvements in the identification of vulnerable groups in order to give them priority in the different interventions (*obj. 13.2*).

With regard to the **Primary Care** field, progress has been made in the last four years in the drawing up of protocols and programmes for the early diagnosis of drug abuse problems, although the objectives set have not been achieved (*obj. 14.1; 14.2*).

Conclusions:

The involvement and participation of sectors outside the drugs network in preventive programmes have improved, particularly in the occupational and Prisons fields. Work with the media and the primary care sector must continue to be reinforced.

3.2.2 CARE AND SOCIAL REINTEGRATION AREA

SUMMARY OF THE LEVEL OF ACHIEVEMENT OF THE OBJECTIVES

OF THE CARE AND SOCIAL REINTEGRATION AREA:

The objectives of the Care and Social Reintegration Area of the NDS 2000-2008 have been divided into four action fields, each of which contains the level of achievement of each objective by using a colour code.

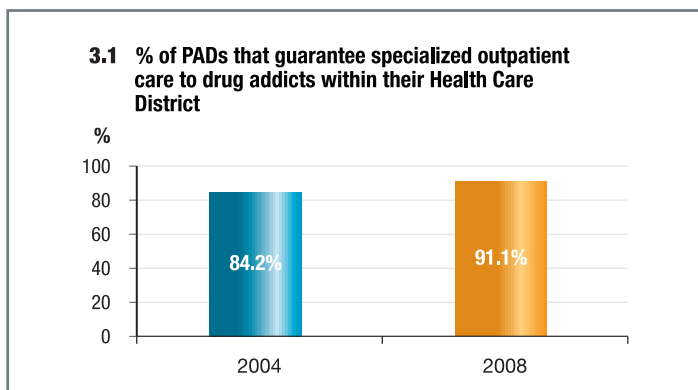
	INTERVENTIONS IN THE COMMUNITY	CRIMINAL LEGAL	SOCIAL AND OCCUPATIONAL INTEGRATION	QUALITY
OBJECTIVE 1				
1.1				★
1.2	★			★
OBJECTIVE 2				
2.1	★			★
2.2	★			
OBJECTIVE 3				
3.1	★			★
OBJECTIVE 4				
4.1	★			★
4.2	★			★
4.3				★
OBJECTIVE 5				
5.1	★			
5.2	★			

	INTERVENTIONS IN THE COMMUNITY	CRIMINAL LEGAL	SOCIAL AND OCCUPATIONAL INTEGRATION	QUALITY
OBJECTIVE 6				
6.1		★		
OBJECTIVE 7				
7.1		★		
7.2		★		
OBJECTIVE 8				
8.1		★	★	
8.2		★	★	
OBJECTIVE 9				
9.1		★		★
9.2		★		
9.3		★		★
OBJECTIVE 10				
10.1		★		★
OBJECTIVE 11				
11.1			★	★
OBJECTIVE 12				
12.1	★			★
OBJECTIVE 13				
13.1			★	
OBJECTIVE 14				
14.1			★	

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

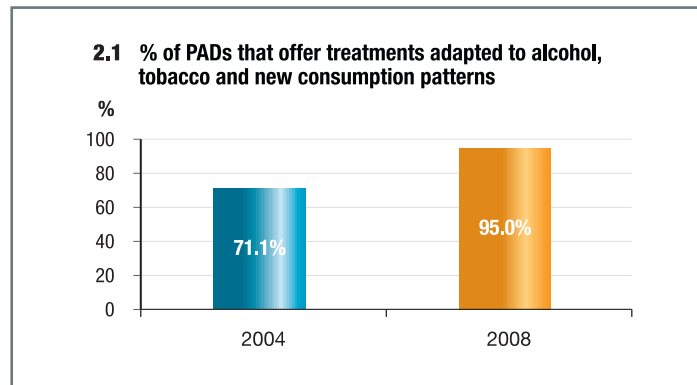
CARE TO DRUG ADDICTS IN THE COMMUNITY

Care to drug addicts shows a positive trend in several aspects: there is a resource network considered to be enough by the Regional Plans on Drugs and that guarantees full care and treatment of drug dependencies within the Health Care District itself (*obj. 3.1*).

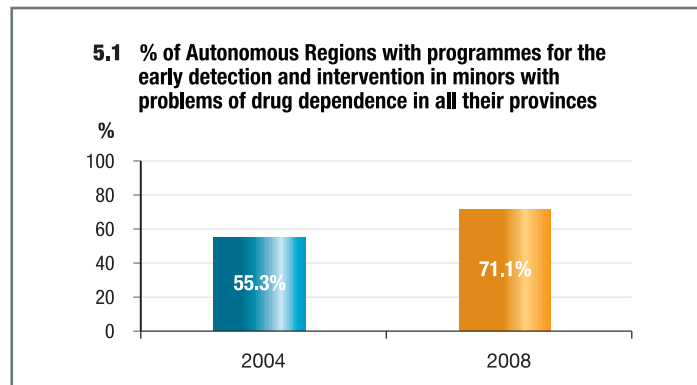


According to the information collected, the Regional Plans on Drugs know the drugs network resources, the services provided and the population served quite well, but this information has not been standardized, and it is difficult to have standard specific data at the national level (*Appendix 8*).

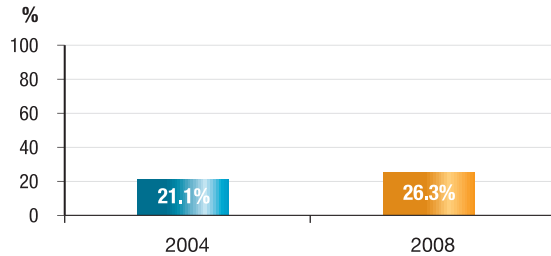
Treatments have been diversified to try and adapt to the new consumption patterns and the new needs of drug addicts, particularly the increase in the use of stimulating substances and cannabis (*obj. 2.1*).



There has also been an increase in the percentage of Regional Plans on Drugs with programmes for early detection and intervention with minors (*obj. 5.1*). However, preventive actions with children of drug addicts are still inadequate, although they have improved since 2004 (*obj. 5.2*).

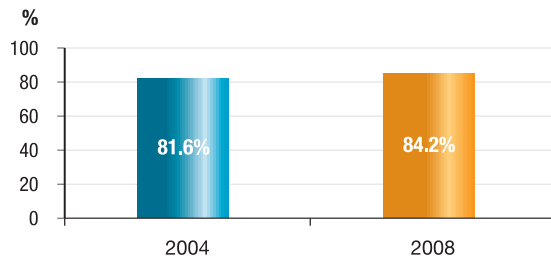


5.2 % of PADs with specific prevention programmes targeting children of drug addicts



The care resources offered by the drugs network range from outpatient care to residential programmes in therapeutic communities. The network structure varies from one Autonomous Region to the other, which makes their description more difficult at the national level.

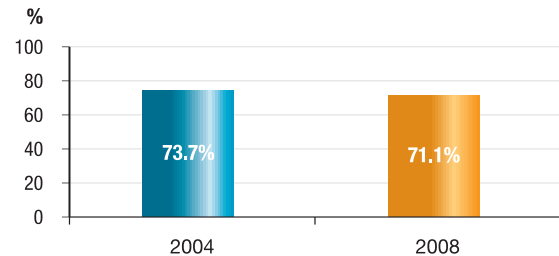
1.2 % of PADs that offer a diversified network of resources, services and programmes to deal with drug dependencies



Care objectives have also been diversified, with an increase in those programmes focused on harm reduction ([see Harm Reduction Area](#)).

Coordination with other community resources remains at acceptable levels, with no variation in the last few years.

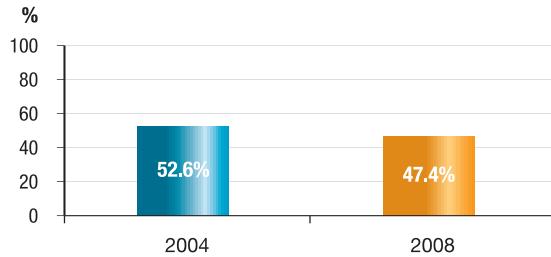
12.1 % of PADs with mechanisms for the local and regional coordination of drugs services and resources



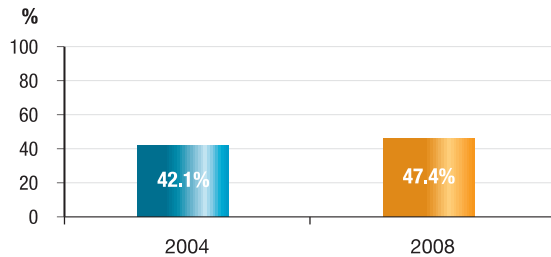
Assistance to cases with criminal legal problems has improved: resources in prisons and programmes in police stations and courts have increased.

Finally, it is to highlight the need to improve the programme evaluation. Less than half of the Regional Plans on Drugs have systems to evaluate the process of treatment programmes, and only a quarter undertake some type of results evaluation. The trend shown in the last few years is not positive.

4.1 % of PADs with a system for the process evaluation of drug dependence treatment programmes



4.2 % of PADs with a system for the results evaluation of the drug dependence treatment



Conclusions:

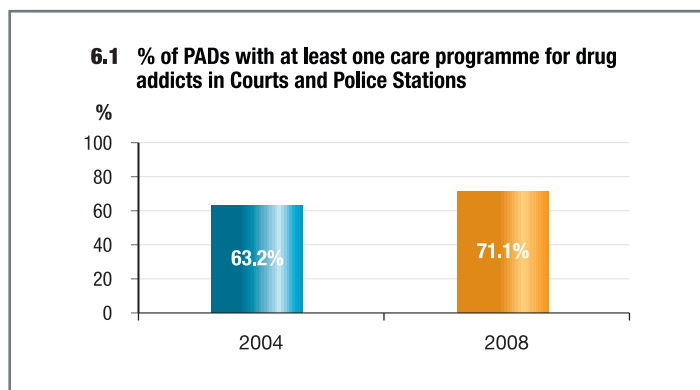
The drug addict care network is well developed and guarantees access to a wide variety of services and resources within the Health Care District itself, although it is necessary to improve the service quality control systems.

Assistance to drug addicts with criminal legal problems has shown a positive trend, although the coordination between this sector and the drugs sector must be enhanced. The number of preventive actions with drug addicts, as a particularly vulnerable group, must be increased.

ASSISTANCE TO DRUG ADDICTS IN THE CRIMINAL AND LEGAL FIELD

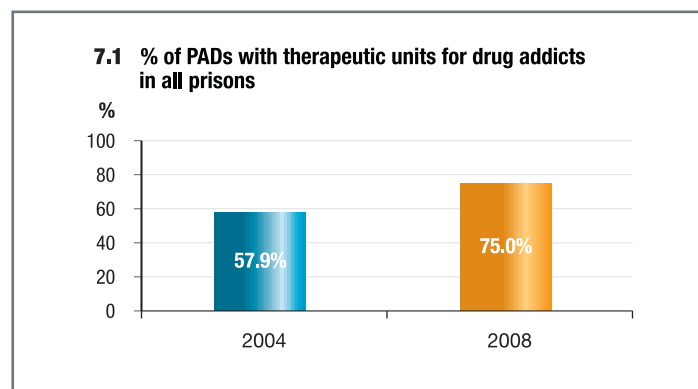
In this field the National Drugs Strategy 2000-2008 suggested to improve the first contact of drug addicts with the criminal legal system, as well as the treatments and the processes of social and occupational integration in prison.

The trend of the programmes in Police Stations and Courts is positive. Around two thirds of the Autonomous Regions implement this type of programmes in their territory, which entails a slight improvement since 2004, although this objective must continue to be reinforced (*obj. 6.1*).



Inside Prisons access to treatment of drug dependencies has significantly improved during the eight years of validity of the National Drugs Strategy. There has been a positive trend in the setting up of specific therapeutic units for

drug addicts, although there is not a total coverage, except for: Catalonia, where there is this type of units in its 10 prisons (Appendix 1 Care and Social Reintegration *obj. 7.1*) and in the prisons for women, where the objective is 100% achieved, according to information from the General Secretariat for Prisons (*obj. 10.1*).



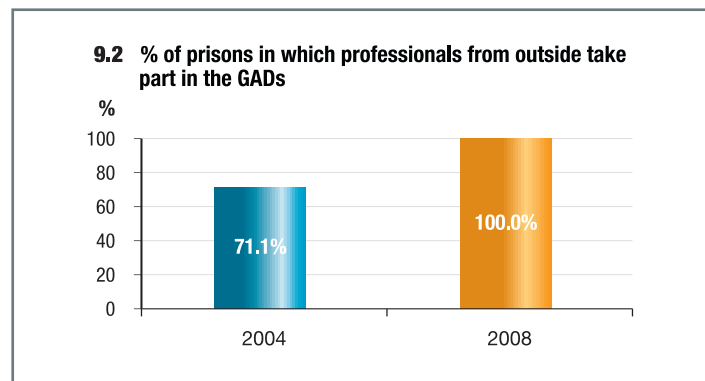
10.1 INDICATOR	VALUE	SOURCE
% of Prisons with units for women and at least one specific programme for drug addicts	100%	Questionnaire of the Final Evaluation of the General Directorate of Prisons (2008)

Regarding the setting up of Therapeutic Communities inside Prisons, the suggested number of five establishments in Spain has been reached (Appendix 1 Care and Social Reintegration; *obj. 7.2*).

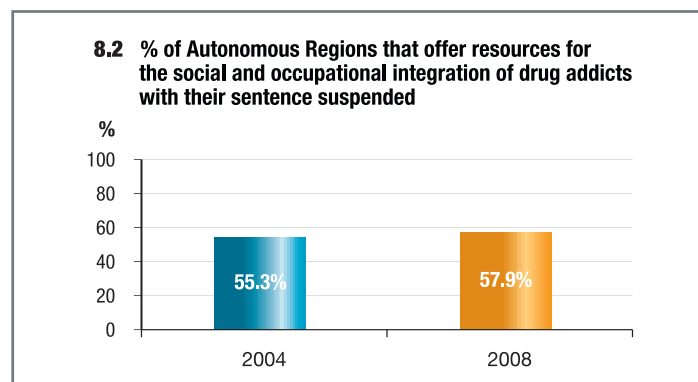
The offer of services inside prisons is wide and includes harm reduction programmes, as contained in the specific section about this aspect (100% of Prisons have methadone programmes in place; 97% offer syringe exchange programmes and 83% have psychosocial care programmes under way).

Significant progress has also been made regarding the resources and training of professional groups or teams providing support to drug addicts (GAD in Spanish) in prison. These teams exist in 100% of prisons (*obj. 9.1*) and professionals from outside the facility take part too (*obj. 9.2*). These professionals' training has also improved in the last few years (*obj. 9.3*).

9.1.1 INDICATOR	VALUE	SOURCE
% of Prisons with GADs sufficiently equipped	100%	Questionnaire of the Final Evaluation of the General Secretariat for Prisons (2008)



Finally, the social and occupational integration of drug addicts in prison has improved. 40% of them take part in training and occupational programmes (*obj. 8.1.1*). Moreover, the percentage of Regional Plans on Drugs offering resources for the occupational integration of drug addicts rehabilitated with their sentences suspended has increased since 2004, although just slightly (*obj. 8.2*).



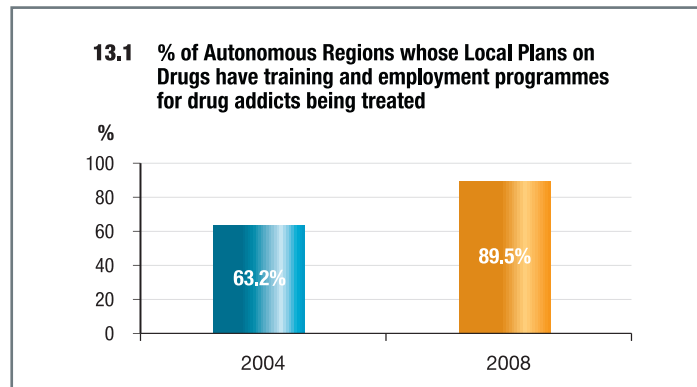
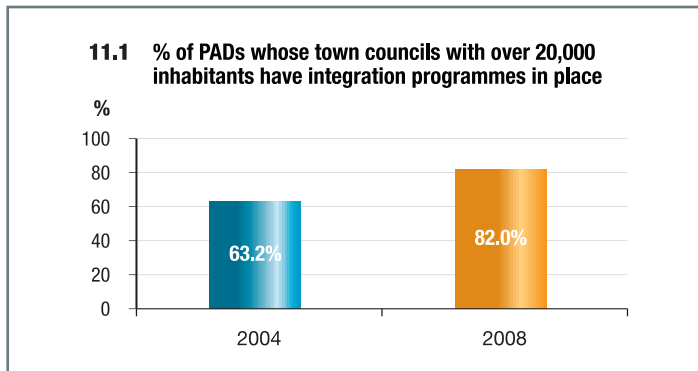
Conclusions:

The global level of achievement in this field is acceptable; almost half of the objectives have been achieved and the rest show a positive trend. Despite this, taking into account the high ratio of people with drug problems in prison (from 40% to 70% of inmates), it is necessary to keep on reinforcing programmes in this field, particularly in Courts and Police Stations as well as social and occupational rehabilitation programmes.

SOCIAL AND OCCUPATIONAL INTEGRATION OF DRUG ADDICTS

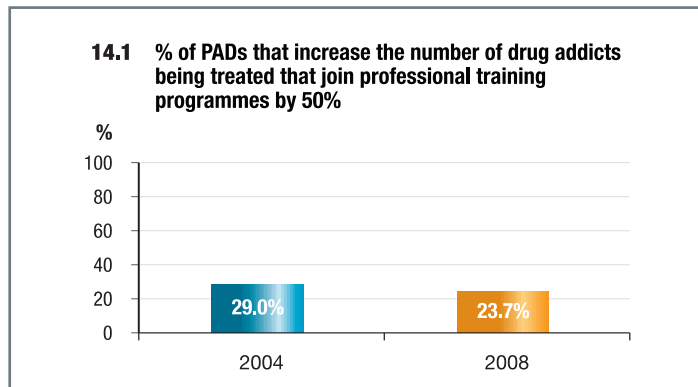
The National Drugs Strategy 2000-2008 suggests increasing the percentage of drug addicts participating in training and occupational programmes -both those being treated in care centres and drug dependent inmates- by increasing the resources made available by the Regional and Local Plans on Drugs and Prisons.

Regarding drug addicts in the care network, most of the Local Plans on Drugs and the Plans drawn up by City Councils of municipalities with over 20,000 inhabitants offer social integration and training and employment resources. The situation has shown a positive trend in the

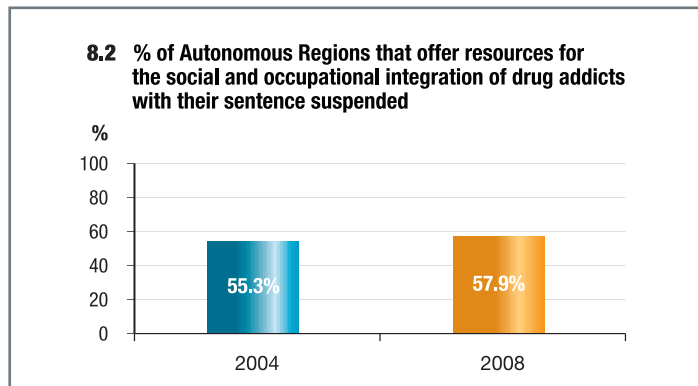


last few years, and the initial objective has been exceeded (*obj. 13.1; 11.1*).

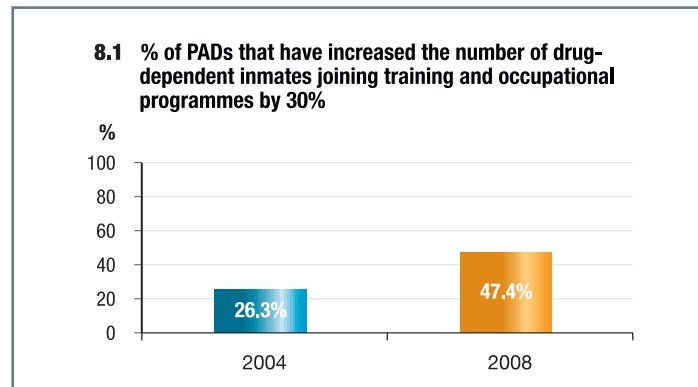
Despite the wide offer of resources for the integration, the estimated percentage of drug addicts that use these resources seems low and the evaluation undertaken by the Regional Plans on Drugs of this objective's trends is negative (*obj. 14.1*). The Autonomous Regions with more accurate information estimate that 26.7% of drug addicts being treated in the care network take part in professional training programmes. However, to evaluate this figure properly, we should have a better understanding of the profile and integration needs of drug addicts taking part in the different programmes.



The offer of resources for the integration of drug addicts with criminal legal problems does not seem to show any variation (*obj. 8.2*).



Although according to almost half of the Regional Plans on Drugs, progress has been made in this aspect, there is no specific data on the participation of inmates in these programmes. According to the General Secretariat for Prisons, 40% of drug-dependent inmates take part in these programmes (*obj. 8.1*).



Conclusions:

The offer of resources for the social and occupational integration of drug addicts has increased, particularly from the Local Plans on Drugs; however, the percentage of participants in these programmes is low, particularly among those being treated in the drug dependence care network. The participation of drug addicts in prisons is higher.

It is difficult to have information about the number of drug addicts participating in these programmes, except for prisons, probably because of the tendency to use standardized resources in which the condition of drug addict is not considered. We ignore the results of these interventions; actually, there is no evidence of further evaluation or follow up.

3.2.3 HARM REDUCTION AREA

SUMMARY OF THE LEVEL OF ACHIEVEMENT OF OBJECTIVES

IN THE HARM REDUCTION AREA:

The objectives of the Harm Reduction Area of the NDS 2000-2008 have been divided in four action fields, each of which contains the level of achievement of each objective by using a colour code.

	INTERVENTIONS IN THE COMMUNITY	PREVENTION OF RELATED DISEASES	CRIMINAL LEGAL	QUALITY
OBJECTIVE 1				
1.1				★
1.2	★			
1.3	★			
1.5	★			
OBJECTIVE 2				
2.1		★		
2.3		★		★
2.4		★		★

	INTERVENTIONS IN THE COMMUNITY	PREVENTION OF RELATED DISEASES	CRIMINAL LEGAL	QUALITY
OBJECTIVE 3				
3.1	★	★		
3.2	★	★		
OBJECTIVE 4				
4.3		★		
OBJECTIVE 5				
5.1	★		★	
5.2				
5.3	★		★	
5.4	★		★	
5.5			★	
OBJECTIVE 6				
6.1				★
6.2				★
OBJECTIVE 7				
7.1	★		★	
7.2	★		★	

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

HARM REDUCTION INTERVENTIONS IN THE COMMUNITY

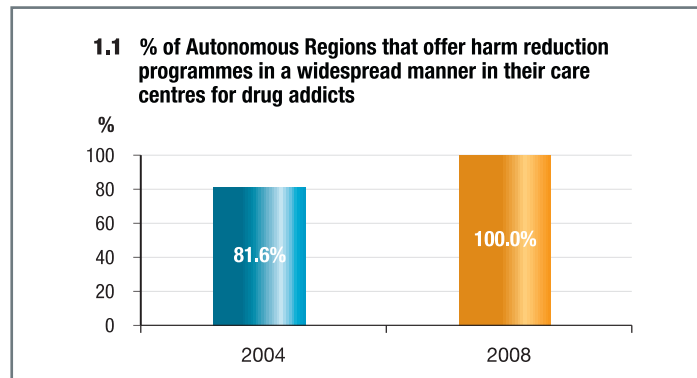
The harm reduction objectives set by the National Drugs Strategy 2000-2008 target two clearly differentiated groups: on the one hand, drug addicts, particularly those using heroin, and on the other hand, the population as a whole, with objectives particularly related to the prevention of traffic accidents.

The harm reduction programmes targeting drug addicts have shown a positive trend during the period of validity of the National Drugs Strategy 2000-2008.

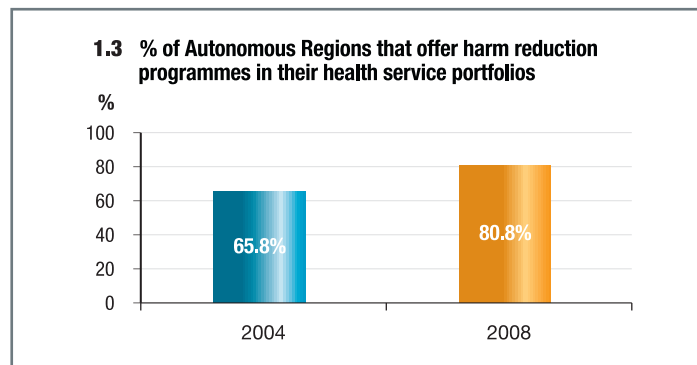
The implementation of these programmes in all kind of establishments and services assisting or contacting drug addicts has spread.

In 2008 100% of **drug addicts care centres** offer harm reduction programmes, with a positive trend since 2004 (**obj. 1.1**).

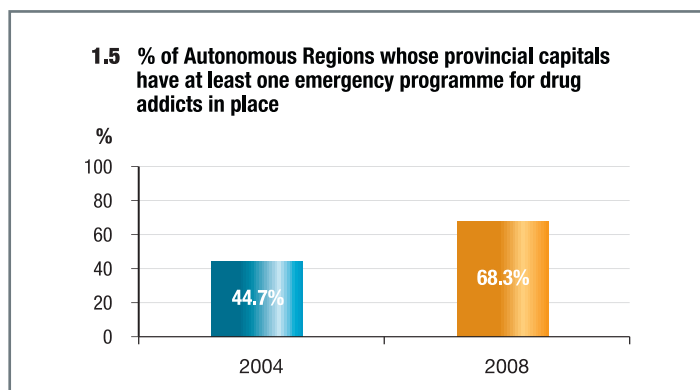
Moreover, over 80% of the Autonomous Communities include this type of programmes in their offer of health services (**obj. 1.3**).



The type of services offered are the following: treatment with methadone in maintenance programmes (94%), syringe exchange programmes (76%), overdose prevention programmes (72%), and safer sex programmes (73%) (**obj. 1.3**).



Interventions to reach those **drug addicts not being treated** have been reinforced. 80% of the Regional Plans on Drugs have street education programmes (see Appendix 1; Harm Reduction; **obj. 1.1**). There has also been an increase in the number of **social emergency centres** (CES in Spanish) for those drug addicts that do not use the health network. Whereas in 2000 there were 22 CES in 6 Spanish provinces, in 2008 this amounts to 54 centres serving 70% of the capital cities of Spanish provinces (**obj. 1.5**).

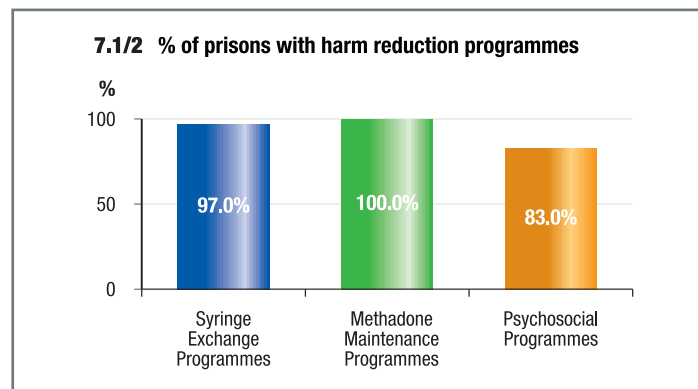


Outside the drugs network there are other entities implementing these programmes, such as chemist's shops or prisons.

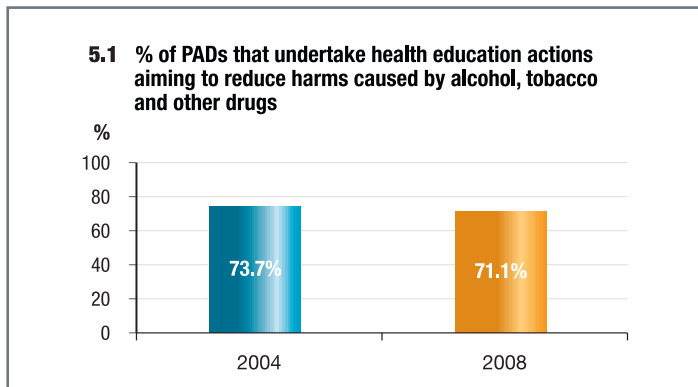
Regarding **chemist's shops**, the objectives suggested (**3.1** and **3.2**) refer to the spreading of HIV prevention activities to all chemist's shops by means of their participation

in safer sex and lower risk consumption programmes. The achievement of these objectives is analysed in the section of HIV prevention.

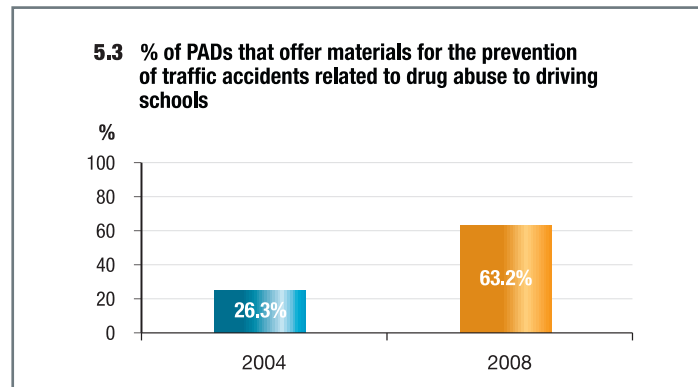
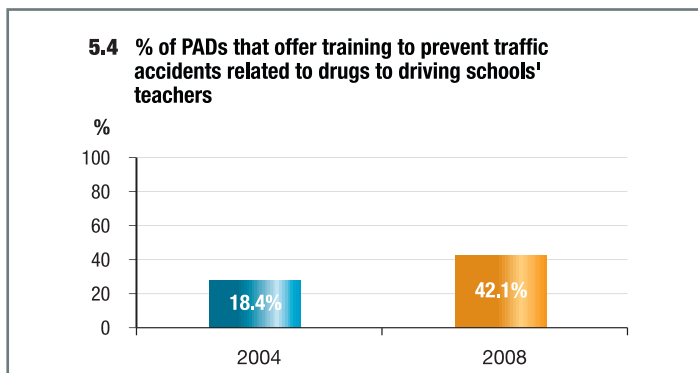
Regarding **prisons**, the objective set has been achieved. The existing coverage of harm reduction and psychosocial care programmes to drug addicts in prisons is very high, both in methadone maintenance programmes and syringe exchange programmes or psychosocial care programmes. This situation is in line with the high percentage of inmates with problems of drugs, between 40% and 70% of the total number of inmates according to the General Secretariat for Prisons (**obj. 7.1** and **7.2**)



With regard to **harm reduction in the population as a whole**, the objectives set focus on preventing drug-related traffic accidents.



The number of health education activities on alcohol and tobacco to the population as a whole has increased (*obj. 5.1*), as well as those programmes, materials and activities targeting **driving schools** for the prevention of traffic accidents. Here we can see a significant increase in the activity of the Regional Plans on Drugs, both in terms of producing materials for driving schools (*obj. 5.4*) and in terms of offering training to teachers (*obj. 5.3*).



Conclusions:

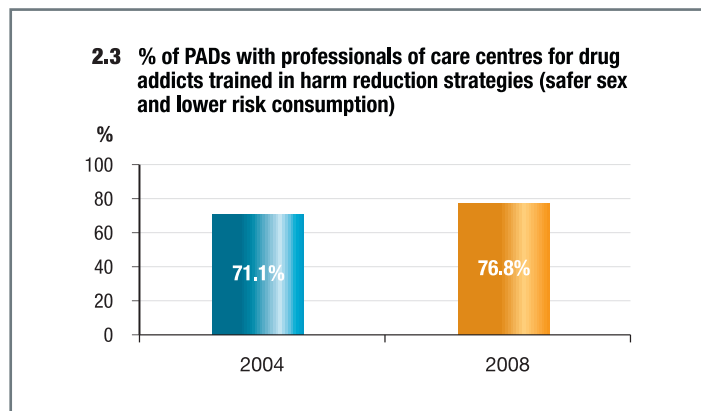
Harm reduction programmes for drug addicts have spread. Changes in consumption patterns (decrease in the number of drug addicts using heroin parenterally) have probably resulted in an adjustment of the number of services offered between 2004 and 2008. Regarding heroin, both the number and the variety of services offered can be evaluated in a positive way.

There has been a significant increase in the efforts made to reduce drug-related damages in the population as a whole, with a special focus on preventing traffic accidents.

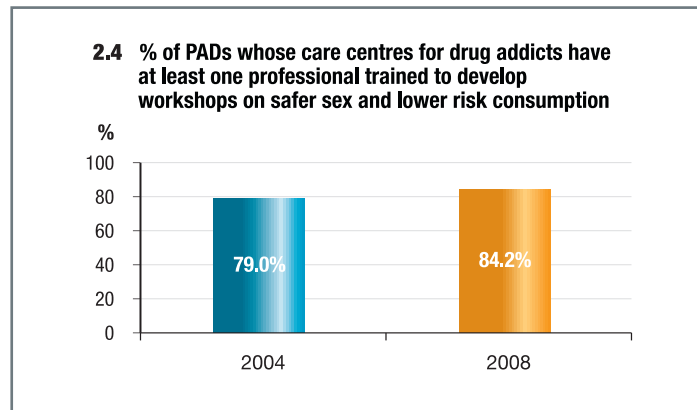
PREVENTION OF DRUG-RELATED DISEASES

The HIV prevention is a widespread objective in the drug dependence care network and its main target are heroin addicts using injected drugs. The main activities are health education and the distribution of safe injection material under the framework of syringe exchange programmes (PIJ in Spanish).

Regarding **health education**, most of the Regional Plans on Drugs have professionals with the appropriate training to organize different workshops on safer sex and lower-risk consumption in drug dependence care centres (*obj. 2.3* and *2.4*), and the situation has improved slightly since 2004. Their implementation is higher in agonist programmes (96% undertake health education actions).



Chemist's Shops also serve as points of information on lower risk consumption. According to the National

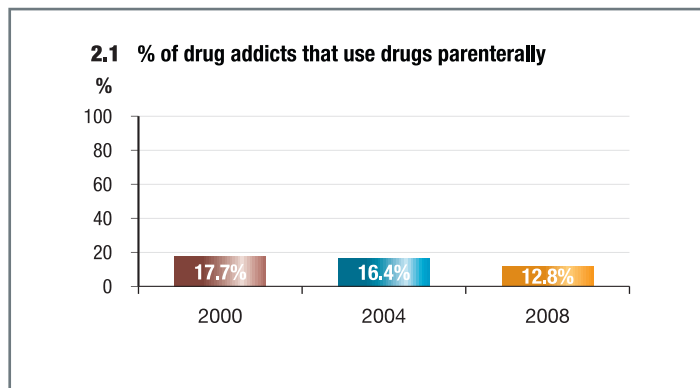


Plan on AIDS, 11% of chemist's shops participate in this type of activity, far from the suggested percentage of 100% suggested as an objective by the National Drugs Strategy 2000-2008, therefore this objective must be reinforced (Appendix 1 of the Harm Reduction Area; *obj. 3.1*).

Syringe Exchange Programmes (PIJ in Spanish) are implemented in centres depending on the drug dependence care network as well as in other entities having contact with addicts using drugs by injection (UDIs, mainly chemist's shops and prisons). 76% of the Autonomous Regions include these programmes among their services (Appendix 1 of the Harm Reduction Area; *obj. 1.3.2*).

In the last four years, both the number of points of distribution and the number of syringes distributed have significantly decreased.

Regarding chemist's shops, in 2008 there has been a slight decrease in the number of participants in these programmes, after the increase seen between 2000 and 2004 (Appendix 1 of the Harm Reduction Area; **obj. 3.2**). This may be due to the decrease in the use of drugs parenterally (Appendix 1 of the Harm Reduction Area; **obj. 2.1**). The estimated global participation of chemist's shops in these programmes stands at 4.8%, representing 66% of the points of distribution (ICAP, 2007)². The number of syringes distributed in exchange programmes has also decreased during the same period (Appendix 1 of the Harm Reduction Area; **obj. 3.2**).



² Report on the questionnaire of HIV prevention activities in the Autonomous Regions, 2006. Ministry of Health and Consumer Affairs.

	2000	2004	2007
Points of Syringe Exchange	1,192	1,534	1,458
Chemist's Shops with PIJ	870	1,055	958
Nº. syringes distributed	4,481,580	5,077,866	2,507,271

ICAP 2007.

The number of **Prisons** with syringe exchange programmes has increased. In 2000, only 9 prisons had this type of programmes in place; in 2004 this number amounted to 35, whereas in 2008 75 out of the 77 Prisons offer these programmes, which entails coverage of 97%. Consequently, the objective set in the National Drugs Strategy 2000-2008 has been achieved.

HIV prevention is a standardized activity in the drugs network, particularly in programmes working with heroin addicts. The activities carried out are the exchange of hygienic injection material and health education. Besides, syringe exchange programmes have spread in prisons, with coverage of almost 100%, whereas the participation of chemist's shops needs to improve.

Conclusions:

HIV prevention is a standardized activity in the drugs network, particularly in programmes working with heroin addicts. The activities carried out are the exchange of hygienic injection material and health education. Besides, syringe exchange programmes have spread in prisons, with coverage of almost 100%, whereas the participation of chemist's shops needs to improve.

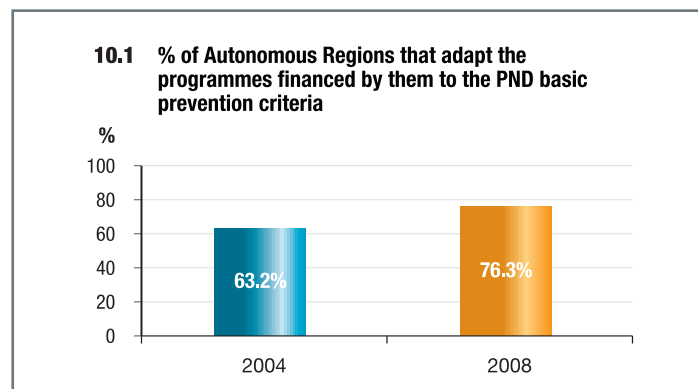
3.2.4 QUALITY OF THE INTERVENTIONS

QUALITY OF PREVENTION INTERVENTIONS

This section analyses the certification systems and filters that are applied to preventive programmes, the inter-sectorial coordination, the identification of vulnerable sectors and population, the training of professionals and the evaluation of preventive programmes and activities.

Programme certification has improved considerably since 2000.

Most of the Regional Plans on Drugs give a positive evaluation to the level of adaption of the preventive programmes being implemented in their respective territory to the basic criteria set by the PND³ (*obj. 10.1*).



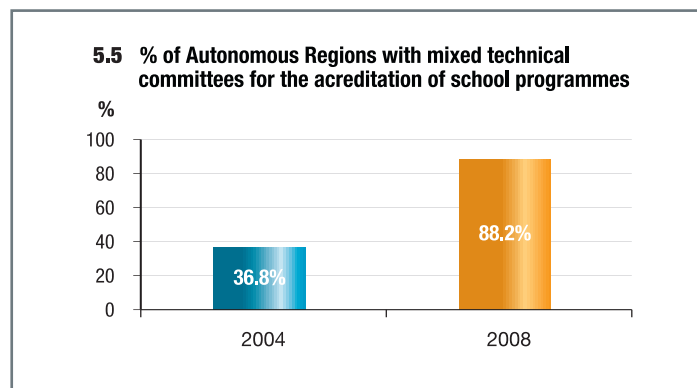
³ Technical Paper on basic intervention criteria in drug prevention programmes. PND.

In 2000, only 3 Regional Plans on Drugs had accreditation systems in place; in 2008 this amounts to 11, although the specific criteria and the procedures being implemented are ignored.

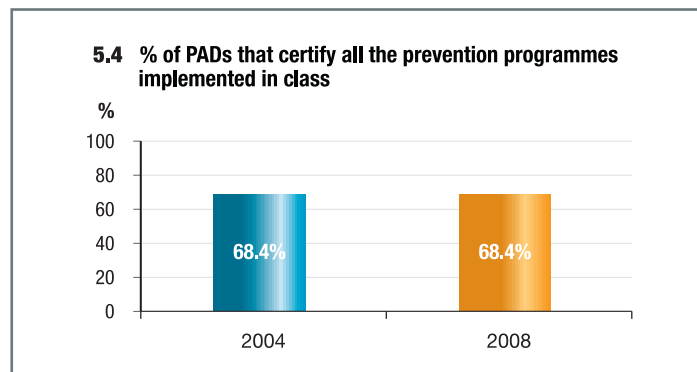
With regard to school prevention, today more than half of the Regional Plans on Drugs have established control mechanisms and implement different criteria to guarantee the quality of those programmes and materials to be used in class, as well as the teachers' training. In this case the situation has improved only slightly during the last four years of validity of the National Drugs Strategy, and it is necessary to reinforce these objectives in the next Drugs Action Plan 2009-2012. (*obj. 5.5*).

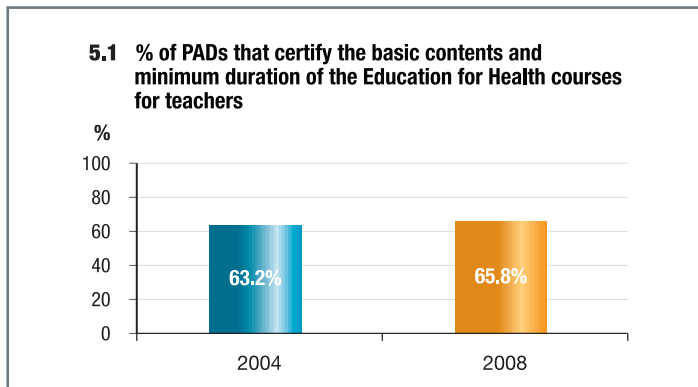
Taking into account the transversal nature of many preventive strategies, **coordination** with other sectors with indirect responsibilities in terms of prevention is particularly important.

The National Drugs Strategy 2000-2008 sets objectives related to the coordination with two sectors particularly significant in terms of prevention: education and work. In both cases the situation has improved, particularly the coordination with the education system, with mixed committees making shared decisions on all what relates to school prevention. (*obj. 5.5*).



These certification systems are implemented in more than half of the Autonomous Regions, both to training programmes for teachers and to preventive programmes to be implemented in class (*obj. 5.4* and *5.1*), although they have not improved in the last few years.

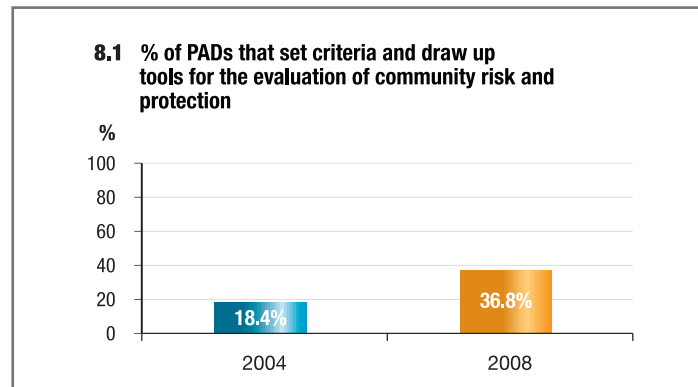




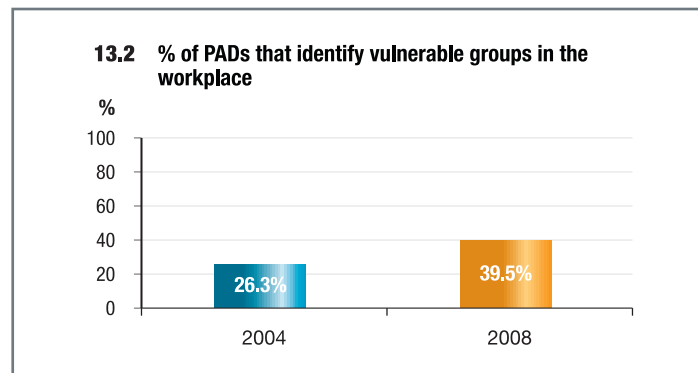
A high percentage of Regional Plans on Drugs have agreements with Unions and Employers' Associations to promote occupational prevention and the situation has significantly improved since 2004. (*obj. 13.1*).

With regard to the **identification of vulnerable sectors and groups**, although the situation has shown a positive trend since 2000, only a minority of Autonomous Regions have developed community risk assessment tools that enable them to identify priority action areas (*obj. 8.1*).

Regarding the workplace, the situation is similar. There has been an improvement as compared to the interim evaluation (2004), but the situation needs to improve to



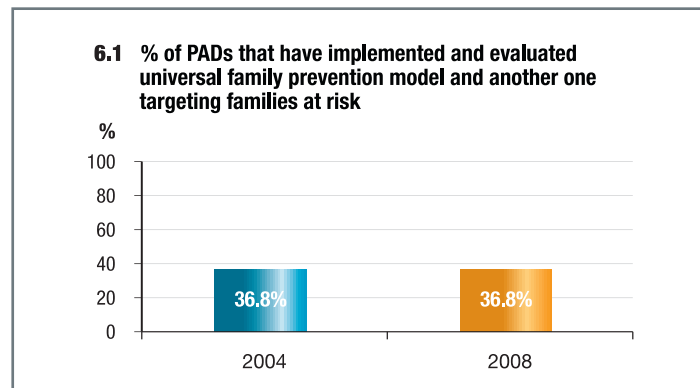
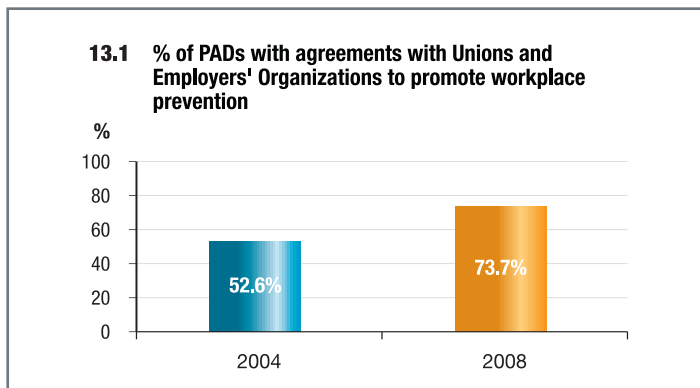
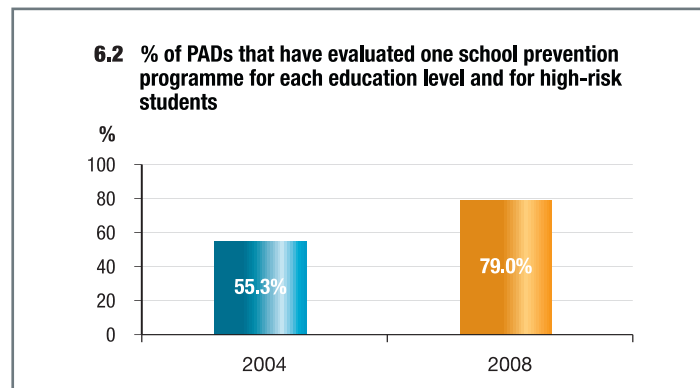
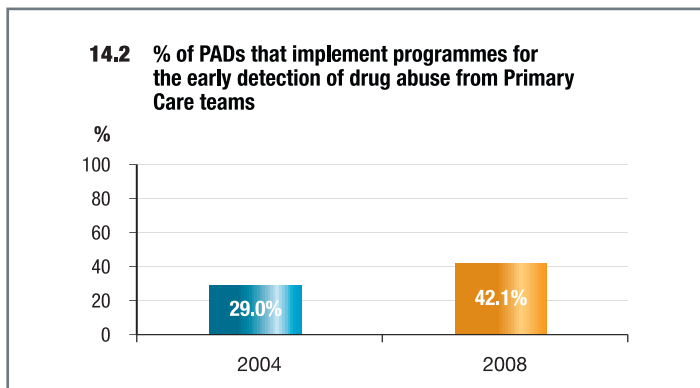
reach the objective set in the National Drugs Strategy 2000-2008. (*obj. 13.2*).

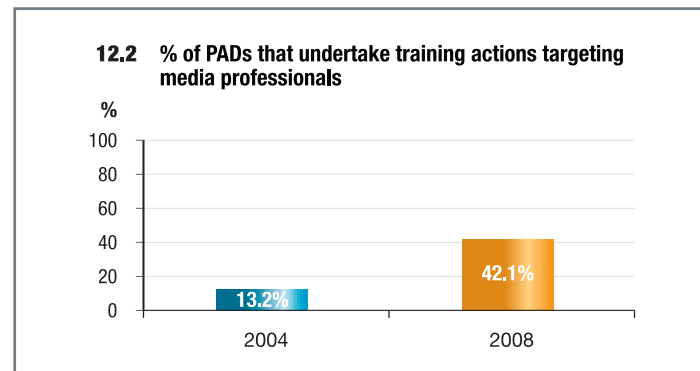
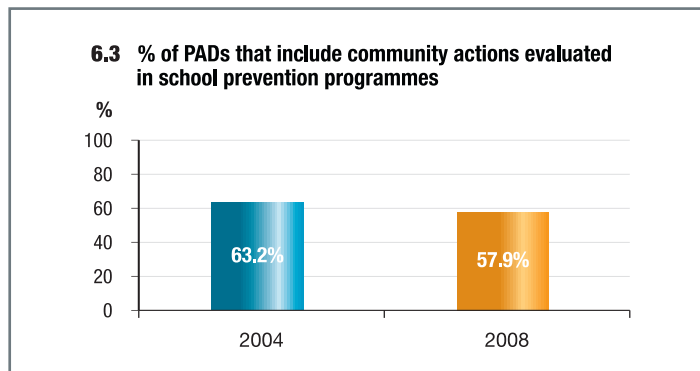


As to the early detection of drug abuse, significant progress has been made in developing early diagnosis protocols by Primary Care Teams of the National Health System. (*obj. 14.2*) (*obj. 13.1*).

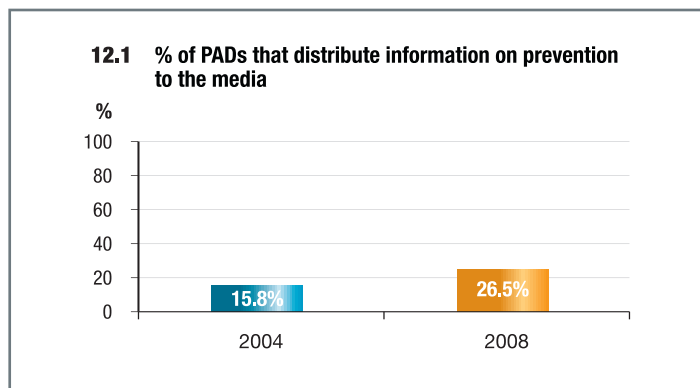
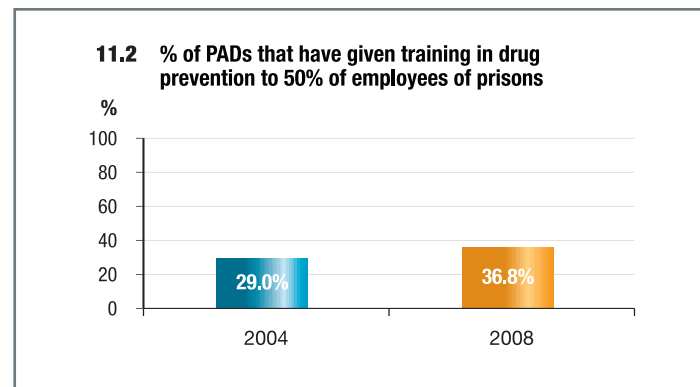
Regarding the **evaluation of programmes and activities**, the situation has clearly improved since 2004 and

the three objectives set have been achieved. Consequently, we can say that in Spain there are evaluated programme models for three extremely significant fields today: school (*obj. 6.2*), family (*obj. 6.1*) and community (*obj. 6.3*).





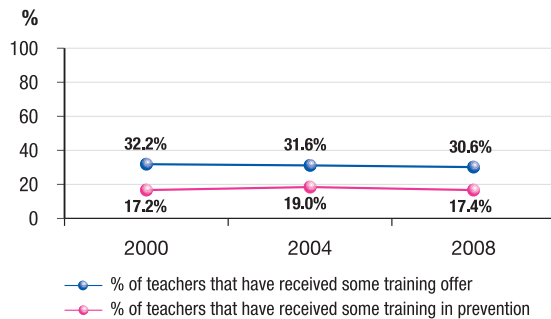
With regard to the **Training of professionals** in the field of prevention, the objectives set in the Strategy target a number of sectors: Media, prisons, school and community. The training of media professionals (*obj. 12.2*) is the one where most progress has been made. There is a wide offer of activities, although given the significance of their work in terms of prevention, this objective should continue to be reinforced.



The situation is similar for employees of prisons (*obj. 11.2*).

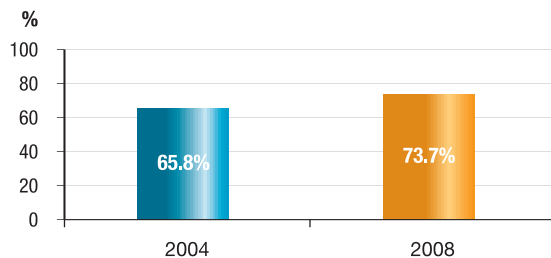
With regard to teachers, both the training offer and the percentage of teachers with training in prevention remain in levels lower than the objectives set in the National Drugs Strategy 2000-2008. Therefore, and due to the special role played by these professionals in terms of prevention, it is highly recommendable to make greater efforts to reinforce those objectives (*obj. 2.2*).

2.2 Training offer and teachers' training in prevention (ESTUDES)



Finally, the training of social mediators has shown a positive trend in the last few years. Most of the Regional Plans on Drugs promote the training of youth mediators for the prevention of drug dependencies in collaboration with those departments responsible for youth policies. (*obj. 7.1*).

7.1 % of PADs that undertake training actions targeting social mediators



Conclusions:

The programme accreditation systems have improved as a means to control their quality, but they are yet to be spread to all types of programmes and all over the national territory, since there are territorial differences in terms of the level of achievement of this objective.

The level of coordination between the drugs sector and others with indirect responsibilities in this field shows a positive trend. Progress has also been made in identifying vulnerable groups and in the early detection of drug abuse, although the levels envisaged in the National Drugs Strategy 2000-2008 have not been reached.

The training in prevention of media professionals and social mediators has shown a positive trend. However, regarding teachers, the objectives suggested have not been achieved.

There are good programme models rigorously evaluated that have proved to be effective; therefore, these objectives have been achieved although they should be enhanced.

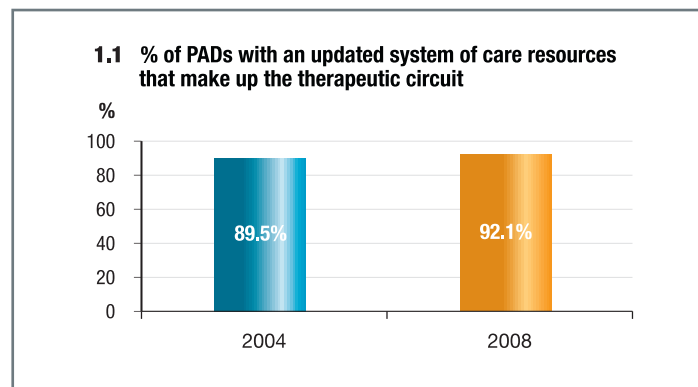
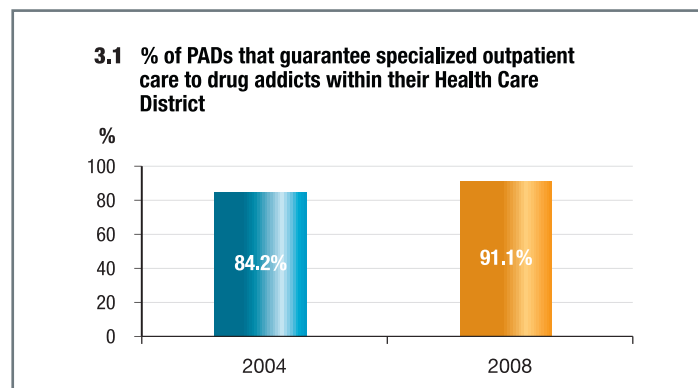
QUALITY OF THE INTERVENTIONS IN CARE AND SOCIAL REINTEGRATION AND HARM REDUCTION

In this section we evaluate the areas of Care and Social Reintegration and Harm Reduction jointly, since both target drug addicts, unlike preventive interventions, which target people who do not use any drug.

The aspects included in this evaluation are the following: service **accessibility**, their **adaptation** to the needs of the target, resource **coordination** and programme **evaluation**. The training of professionals of the network is not included in this section since there are very few objectives related to it in the National Drugs Strategy 2000-2008.

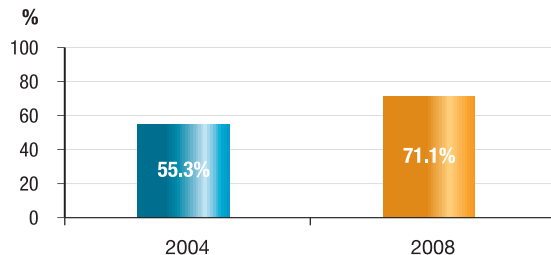
As already seen in the sections about interventions in the community, there is full accessibility to drug dependence care services and resources (*obj. 3.1*) and, although it was already very high in 2004, the situation has continued to improve in 2008. This accessibility is promoted by means of a clear and well structured offer of the services available (*obj. 1.1*).

The problem is just the opposite in many occasions: the contact with drug addicts that do not resort to the drugs



network and the early detection of cases to bring treatments forward, which is an objective in which progress has been made in the last four years. (*obj. 5.1*).

5.1 % of Autonomous Regions with programmes for the early detection and intervention in minors with problems of drug dependence in all their provinces



There is a wide range of centres and services: outpatient establishments, residential centres, hospital detoxification units, mobile units, social emergency centres, etc. Names change from one Autonomous Region to the other, which makes it difficult to summarize the information.

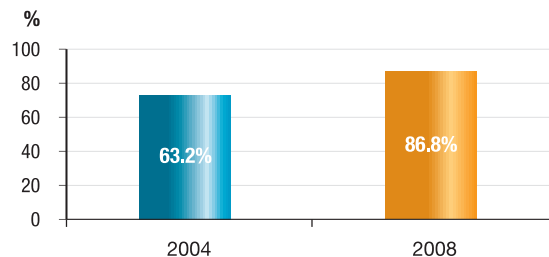
Illegal drugs are addressed in all the Regional Plans on Drugs according to the type of drug used by means of specific programmes. With regard to legal drugs, alcohol is addressed in 18 Regional Plans on Drugs; tobacco in 7 of them and benzodiazepines in 2 of them. Some of them also include other non toxic addictions, such as compulsive gambling or addiction to new technologies. There are also specific programmes for minors and offenders, for women and with a special focus on dual pathology.

Besides treating drug dependence, with programmes focused on abstinence or harm reduction, other services

are also offered, such as health education, training for social and occupational reintegration or diagnosis tests for the prevention of drug abuse-related diseases (Appendix 1 of the Harm Reduction Area; *obj. 6.2.1*).

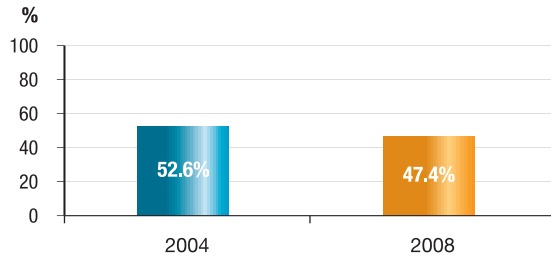
Resource coordination is good. Drugs resources are usually integrated into o coordinated with the health network (Appendix 1 of the Harm Reduction Area; *obj. 6.1*).

6.1 % of PADs with agonist treatment programmes coordinated with the National Health System

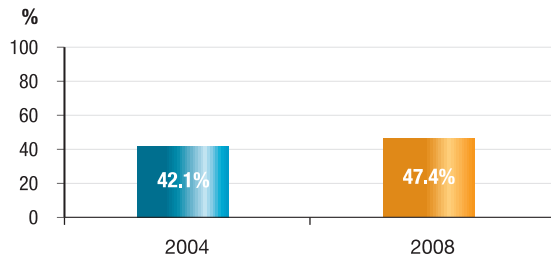


Finally, regarding the evaluation of treatment programmes, the situation has not shown a satisfactory trend. Less than half of the Regional Plans on Drugs have evaluation systems for the treatment process (*obj. 4.1*) and only one third of them evaluate the results (*obj. 4.2*). Furthermore, the National Drugs Strategy 2000-2008 envisaged the setting up of a quality indicators system to analyse the performance of treatment programmes at the national level that has not been produced yet.

4.1 % of PADs with a system for the process evaluation of drug dependence treatment programmes



4.2 % of PADs with a system for the results evaluation of the drug dependence treatment



Conclusions:

The quality of treatment and harm reduction programmes has shown a positive trend: both the services and the programmes have been diversified and match the needs of the people served better.

The evaluation of the processes and results of the programmes and services of the drug dependence care network continues to be an unresolved matter.

3.3 NDS 2000-2008 IMPACT EVALUATION

For these purposes, a small questionnaire of 14 questions was drawn up to evaluate the following: firstly, the level of knowledge and spreading of the Strategy (6 questions); secondly, its impact in the implementation of public policies (5 questions); and finally, its quality (3 questions), in terms of its accuracy and the realism of its objectives, as well as its adaptation to the needs of the sector.

This questionnaire was sent by email to all the bodies taking part in the evaluation, i.e. the 19 Regional Plans on Drugs and the other sources used: National Plan on AIDS, Chemists' Official Association, General Secretariat for Prisons (at the national level and in Catalonia), Traffic General Directorate and the Spanish Association of Municipalities and Provinces (local government association). Information was also requested from 55 NGOs, 36 of which answered the questionnaire.

1. Level of knowledge of the NDS 2000-2008

It is very high, both among the entities of the sector (PAD and NGOs) and the other external institutions that have participated in the evaluation. Moreover, this knowledge includes the three areas making up the evaluation, with the prevention area being slightly more popular than the rest in the Regional Plans on Drugs. In terms of spreading, values vary: the most positive ones correspond to PADs, and the most negative ones correspond to the remaining

official bodies consulted, which do not think that the spreading has been enough and that the channels used have been the most appropriate ones. The NGOs give medium values to these two aspects. All this raises the need to improve their spreading in the future, particularly regarding associated sectors.

	PAD. MEDIAN	NGO'S MEDIAN	OTHER INSTITUT. MEDIAN	RANGE
Level of knowledge of the NDS 2000-2008 document	4	4	4	(1) Totally unknown
Level of knowledge of the Prevention Area	4.5	4	4	To
Level of knowledge of the Care and Social Reintegration Area	4	4	4	(5) Known in detail
Level of knowledge of the Harm Reduction Area	4	4	4	

	VALUE			
Has the NDS been accessible and spread enough?	79.0%	63.2%	40.0%	Percentage of positive answers
Have the spreading channels been appropriate?	84.2%	55.3%	40.0%	

2. Impact on the development of public policies and programmes

The NDS 2000-2008 has been highly significant in the development of intervention policies and programmes in the field of drug dependencies, which is a shared opinion of the three sectors consulted (PADs, NGOs and other official bodies). This has been reflected in a high coincidence with the objectives set in the NDS. This synergy is particularly significant for the other Central Administration departments with indirect responsibilities on this issue. In these cases, there is a high coincidence in terms of approaches, particularly in the Prevention and Harm Reduction areas.

	PAD.	NGO'S	OTHER	RANGE
	MEDIAN	MEDIAN	INSTITUT.	
			MEDIAN	
Significance of the NDS in the development of policies and programmes in this field	4	4	4	(1) None To (5) Fundamental
Level of coincidence of the Department's policy with the objectives generally set by the NDS	3	3	3	(1) Low

	PAD.	NGO'S	OTHER	RANGE
	MEDIAN	MEDIAN	INSTITUT.	
			MEDIAN	
Level of coincidence of the Department's policy with the objectives set by the NDS in the Prevention Area	3	3	4	To (4) Very high
Level of coincidence of the Department's policy with the objectives set by the NDS in the Care and Social Reintegration Area	3	3	3	(1) Low
Level of coincidence of the Department's policy with the objectives set by the NDS in the Harm Reduction Area	3	3	4	To (4) Very high

3. Quality of the National Drugs Strategy

All the sectors consulted give a positive valuation to the quality of the Strategy and believe that its objectives are well defined, clear, realistic and appropriate and suggested adequate measures to achieve them. The valuation given by sectors outside the PND and by NGOs is more positive than among the Regional Plans on Drugs, which are more critic regarding this aspect.

	PAD.	NGO'S	OTHER	RANGE
	MEDIAN	MEDIAN	INSTITUT. MEDIAN	
Level of agreement about the NDS objectives being well defined: they were clear and realistic	3	4	4	(1) Very low level of agreement
Level of agreement about the NDS objectives being appropriate and meeting the needs of the sector	3	4	4	To
Level of agreement about the NDS objectives being in line with the measures suggested	3	4	4	(5) Very high level of agreement

Appendix I

INFORMATION ON THE PROGRESS
IN ACHIEVING EACH OBJECTIVE
OF THE NATIONAL DRUGS STRATEGY
2000-2008



EXPLANATORY CARD

Objectively verifiable indicator.
/ Not objectively verifiable. Please see page 10.

Type of indicator out of 3 options:
Process, result or product. Please see page 10.

Significance of the objective out of 3 options:
High, medium or low. Please see page 13.



OBJECTIVE X.X

Transcription of the objective, indicator and source of the NDS 2000-2008.

Transcription of the indicator quantifying the level of achievement of the objective.

Indicator

Objective XX

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE

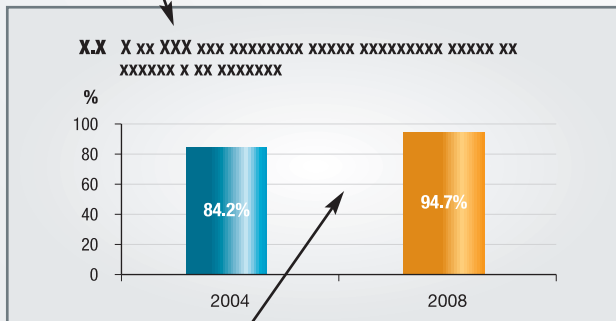
Information available on the indicator of objective X.X at the start of the NDS, transcribed from the appendix of the NDS 2000-2008.

The sources usually used are the PNSD Information Systems or the questionnaires sent to the PADs or to other sources.

Indicator

Objective XXX

Transcription of the indicator quantifying the level of achievement of the objective.



Evaluation of the level of achievement of the objective X.X

Star showing the level of achievement of the objective through a colour code.

- Green:** achieved
- Yellow:** partially achieved
- Red:** to be reinforced

Graph showing the trends of the indicator in 2004-2008.
The % of Autonomous Regions reporting to have achieved the objective is usually included.

1.1

OBJECTIVES OF THE PREVENTION AREA



Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 1.1

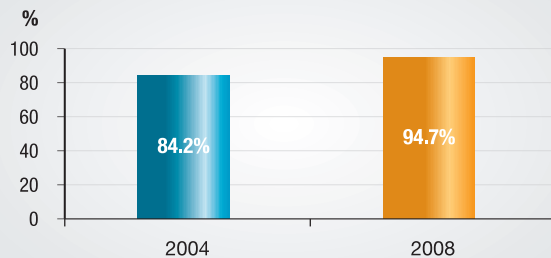
In 2003, all the Regional Plans on Drugs, as well as the interventions of the Government Delegation for the National Plan on Drugs, will have included information measures on alcohol and tobacco, in line also with the emerging consumption patterns. These information measures must be complemented by other prevention strategies.

Indicator

1.1 % of PADs developing information activities on alcohol and tobacco.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, 90% of the Regional Plans on Drugs take drugs information measures.	Appendix of the National Drugs Strategy 2000-2008.	84.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	94.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

1.1 % of PADs that develop information activities on tobacco and alcohol



Evaluation of the level of achievement of the objective 1.1



Objective achieved. Almost all the Regional Plans on Drugs take drugs awareness and information measures by using different communication channels, such as mobile phones and the Internet.

OBJECTIVE 1.2

In 2003 the perception of health risk related to drug abuse will have increased by 10% on average.

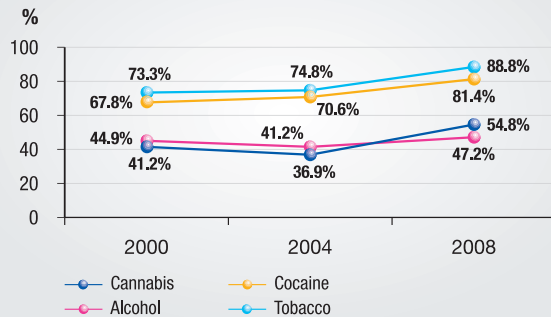
Indicators

Ratio of Spanish students from 14 to 18 years old that think that each of the following behaviours of drug abuse may cause many problems (health problems or any other type of problems):

1. To use cannabis from time to time (once a month or less).
2. To drink alcohol from time to time (5 or 6 alcohol units during the weekend).
3. To use cocaine from time to time (once a month or less).
4. To smoke tobacco from time to time (one packet of cigarettes per day).

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. 41.2% 2. 44.9% 3. 67.8% 4. 73.3%	School Survey on Drugs 2000 (DGPND).	1. 36.9% 2. 41.2% 3. 70.6% 4. 74.8%	School Survey on Drugs 2004 (DGPND).	1. 54.8% 2. 47.2% 3. 81.4% 4. 88.8%	School Survey on Drugs 2008 (DGPND).

1.2 Spanish people between 14 and 18 years old that think that drug abuse may cause many problems (ESTUDES)



Evaluation of the level of achievement of the objective 1.2



Objective achieved; particularly at the end of the period of validity of the National Drugs Strategy 2000-2008. The perception of drug-abuse-related risks has increased. Nevertheless, it must be reinforced in the Action Plan 2009-2012, particularly regarding the consumption of alcohol among minors.

Objectively Verifiable Indicator

Process Indicator

Medium Significance

OBJECTIVE 2.2

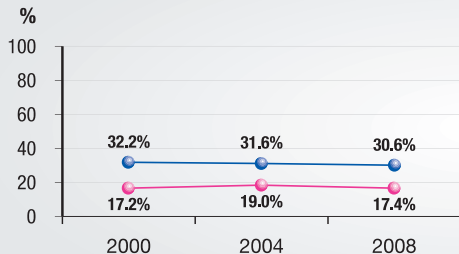
In 2003 training in drug prevention will have been offered to 60% of teachers. This will be included in education for health programmes. This training will have reached 100% of teachers by 2008.

Indicators

1. Percentage of teachers of Compulsory Secondary Education being offered training in drug prevention.
2. Percentage of teachers of Compulsory Secondary Education that have been trained in the last 5 years.
3. Percentage of teachers that know some prevention programme.

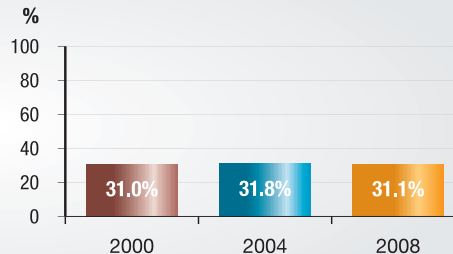
VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. 32.2% 2. 17.2% 3. 31.0%	School Survey on Drugs 2000 (DGPND).	1. 31.6% 2. 19.0% 3. 31.8%	School Survey on Drugs 2004 (DGPND).	1. 30.6% 2. 17.4% 3. 31.1%	School Survey on Drugs 2008 (DGPND).

2.2 Training offer and training of teachers in the field of prevention (ESTUDES)



- 2.2.1 — % of teachers that have been offered some training
 2.2.2 — % of teachers that have been trained in prevention

2.2.3 % of teachers that know some prevention programme (ESTUDES)



Evaluation of the level of achievement of the objective 2.2



Objective partially achieved that should be reinforced. The offer of training in the field of prevention only reaches one third of teachers of Compulsory Secondary Education and the percentage of teachers that have received some training is lower than desirable.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 2.3

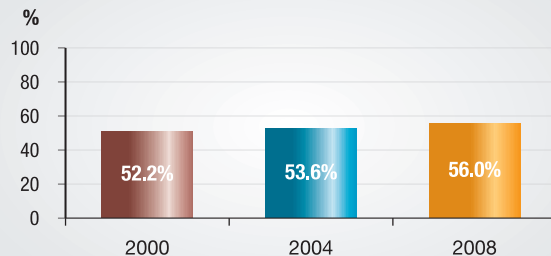
In 2003 at least 80% of teachers of Compulsory Secondary Education trained in the field of Education for Health will have addressed the drug abuse issue in class. 50% will do it systematically.

Indicators

1. Percentage of teachers of Compulsory Secondary Education that address the drug abuse issue in class.
2. Percentage of teachers of Compulsory Secondary Education that do it systematically.
3. Percentage of teachers that do it from time to time only.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. 52.2% 2. 23.8% 3. 75.4%	School Survey on Drugs 2000 (DGPND).	1. 53.6% 2. 26.2% 3. 73.8%	School Survey on Drugs 2004 (DGPND).	1. 56.0% 2. 7.2% 3. 72.8%	School Survey on Drugs 2008 (DGPND).

2.3.1 % of teachers that address the issue in class (ESTUDES)



Evaluation of the level of achievement of the objective 2.3



Objective partially achieved. More than half of the teachers address the drugs issue in class, but most of them do it from time to time only and in many cases without having ever received specific training for those purposes, which has a negative impact on the quality of the interventions developed. The situation remains stable since 2000.

OBJECTIVE 3.1

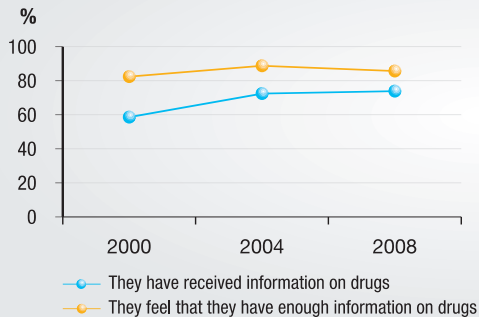
In 2003, 60% of young people going to school will have received enough objective information on drug abuse from the education community under the framework of Education for Health. This percentage will have reached 100% in 2008.

Indicators

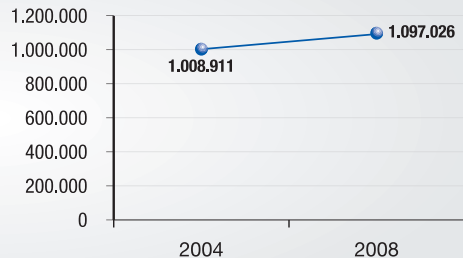
1. Percentage of Spanish students between 14 and 18 years old that have received information on drug abuse and the problems related to the different substances and ways of consumption in class.
2. Percentage of Spanish students between 14 and 18 years old that think that they have enough information on drugs.
3. Number of students that participate in school prevention programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. 58.3% 2. 82.3%	1 and 2. School Survey on Drugs 2000 (DGPND).	1. 72.5% 2. 88.7% 3. 1,008,911	1 and 2. School Survey on Drugs 2004 (DGPND). 3. PND Report. School programmes database.	1. 74.8% 2. 85.7% 3. 1,097,026.	1 and 2. School Survey on Drugs 2008 (DGPND). 3. PND Report. School programmes database.

3.1.1/3.1.2 Spanish people between 14 and 18 years old that have received information on drug abuse and related problems



3.1.3 Number of students participating in school programmes in Spain



Evaluation of the level of achievement of the objective 3.1



Objective achieved.
The amount of information on drug-abuse-related problems have improved significantly among Spanish adolescents.

Not Objectively Verifiable Indicator

Result Indicator

Low Significance

OBJECTIVE 3.2

In 2003, 20% of school students attending establishments in preferential action areas will have taken part in school prevention programmes including training and alternative activities on the appropriate use of leisure time.

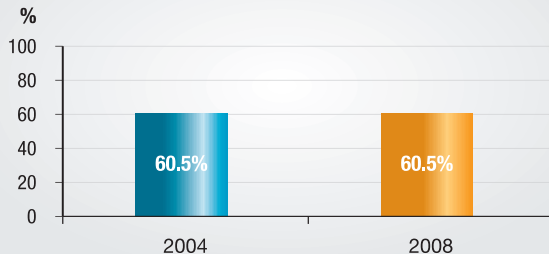
Indicator

3.2 % of PAD with schools in preferential action areas that participate in prevention programmes with alternative leisure activities.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Unknown	Appendix of the National Drugs Strategy 2000-2008.	60.5%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	60.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators		Value	Source
3.2.1	% of Autonomous Regions that have identified preferential action areas for school prevention purposes.	52.6%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
3.2.2	Number of schools located in these preferential action areas.	4,184 (in 9 CC.AA.)	
3.2.3	Number of these establishments that develop preventive programmes including leisure activities.	463 (in 7 CC.AA.)	
3.2.4	Number of students participating in these activities.	378,574 (in 8 CC.AA.)	

3.2 % of PADs with schools in preferential action areas that participate in prevention programmes with alternative leisure activities



Evaluation of the level of achievement of the objective 3.2



Objective showing a positive trend. More than half of the Regional Plans on Drugs identify preferential action areas for school prevention purposes. There is little information on the activities being developed in those areas. The situation does not seem to have change in the last four years.

Objectively Verifiable
Indicator

Result Indicator

High Significance

OBJECTIVE 3.4

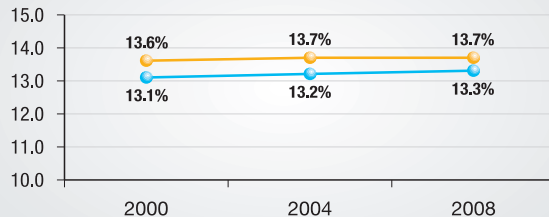
In 2003, the average age at which young people start drinking alcohol and smoking tobacco will have been delayed by at least 6 months and by one year in 2008.

Indicator

1. Average age at which students between 14 and 18 years old start drinking alcohol.
2. Average age at which students between 14 and 18 years old start smoking tobacco.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. Alcohol: 13.6 years old 2. Tobacco: 13.1 years old	School Survey on Drugs 2000 (DGPND).	1. Alcohol: 13.7 years old 2. Tobacco: 13.2 years old	School Survey on Drugs 2004 (DGPND).	1. Alcohol: 13.7 years old 2. Tobacco: 13.3 years old	Encuesta de Drogas a la Población Escolar 2008 (DGPND).

3.4 Average age at which students between 14 and 18 years old start drinking alcohol and smoking tobacco (ESTUDES)



- 3.4.1 — Average age at which they start drinking Alcohol
3.4.2 — Average age at which they start smoking Tobacco

Evaluation of the level of achievement of the objective 3.4



Objective to be reinforced. There has not been any significant improvement in this indicator during the development of the National Drugs Strategy 2000-2008.

OBJECTIVE 3.5

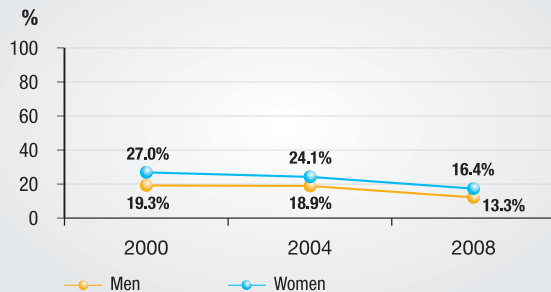
In 2003, the percentage of young people that smoke tobacco daily will have been reduced by 5% and by 10% in 2008. Special focus will be given in order to slow down the increasing trend among adolescent girls.

Indicator

1. Percentage of students between 14 and 18 years old that smokes tobacco daily (broken down according to sex).

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Men: 19.3% Women: 27.0%	School Survey on Drugs 2000 (DGPND).	Men: 18.9% Women: 24.1%	School Survey on Drugs 2004 (DGPND).	Men: 13.3% Women: 16.4%	School Survey on Drugs 2008 (DGPND).

3.5 Students between 14 and 18 years old that smoke tobacco daily (ESTUDES)



Evaluation of the level of achievement of the objective 3.5



Objective showing a positive trend. There has been a significant improvement in this indicator, particularly during the period 2004-2008. Nevertheless, the percentage of daily smokers between 14 and 18 years old is still very high.

Objectively Verifiable Indicator

Result Indicator

High Significance

OBJECTIVE 3.6

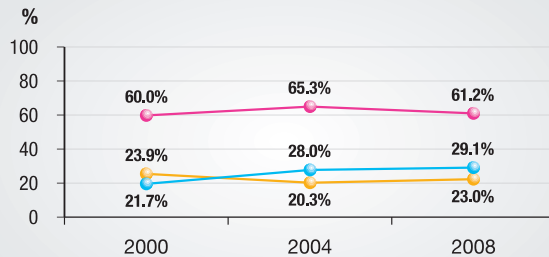
In 2003, the percentage of excessive and high risk drinkers among young people will have been reduced by 20%.

Indicators

1. Percentage of students between 14 and 18 years old that have got drunk in the last month.
2. Percentage of Spanish students between 14 and 18 years old that have drunk some alcohol during the week in the last 30 days.
3. Percentage of Spanish students between 14 and 18 years old that have drunk alcohol all the days of the weekend in the last 30 days.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
1. 21.7% 2. 60.0% 3. 23.9%	School Survey on Drugs 2000 (DGPND).	1. 28.0% 2. 65.3% 3. 20.3%	School Survey on Drugs 2004 (DGPND).	1. 29.1% 2. 61.2% 3. 23.0%	School Survey on Drugs 2008 (DGPND).

3.6 Alcohol consumption among Spanish young people between 14 and 18 years old in the last month (ESTUDES)



- 3.6.1 — Drunk in the last month
- 3.6.2 — Drinking alcohol during the week
- 3.6.3 — Drinking alcohol all the days of the weekend

Evaluation of the level of achievement of the objective 3.6



Objective to be reinforced. The negative trend of the percentage of students that have got drunk in the last month is particularly worrying. The percentage of those drinking alcohol during the week is very high. Interventions to improve the three indicators must be considered to be a priority in the Action Plan 2009-2012.

Objectively Verifiable
Indicator

Result Indicator

High Significance

OBJECTIVE 3.7

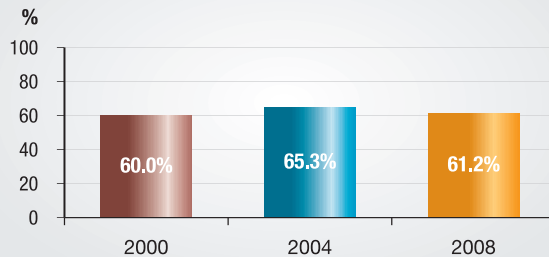
In 2003, the consumption of alcoholic drinks among young people during the weekend will have diminished by 10%. Special focus will be given to restraining the increasing trend among adolescents.

Indicator

1. Percentage of Spanish students between 14 and 18 years old that have drunk alcohol during the weekend in the last 30 days.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
60.0%	School Survey on Drugs 2000 (DGPND).	65.3%	School Survey on Drugs 2004 (DGPND).	61.2%	School Survey on Drugs 2008 (DGPND).

3.7 % of students between 14 and 18 years old that have drunk alcohol during the weekend in the last 30 days (ESTUDES)



Evaluation of the level of achievement of the objective 3.7



Objective to be reinforced. Interventions to improve this objective must be considered to be a priority in the Action Plan 2009-2012.

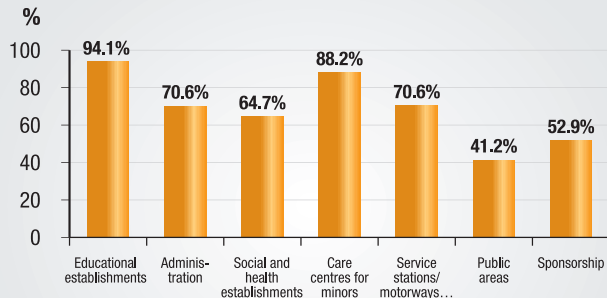
OBJECTIVE 4.1

In 2003, all the Regional Plans will provide for normative measures limiting tobacco and alcohol advertising. This will include, among other measures, the control of the sponsorship of sport and cultural events, the public presentation of legal regulations prohibiting the consumption or sale of these substances, the control of hours or the use of young models for advertising purposes.

Indicator

4.1 % of Autonomous Regions that limit the sale of alcoholic drinks in different public areas and the sponsorship of events targeting minors.

4.1 % of Autonomous Regions with restrictions in the sale and promotion of alcoholic drinks (2008)



Evaluation of the level of achievement of the objective 4.1



This objective shows a positive trend. The Autonomous Regions' regulations have become stricter in this period. Most of the Autonomous Regions limit sale and consumption in Public Administration, educational and social and health establishments, as well as in petrol stations, motorways, etc.

Less than half of the Autonomous Regions have restricted alcohol consumption in public areas. Moreover, around half of the Autonomous Regions forbid the sponsorship of alcoholic drinks in sport events or events targeting minors.

Given the high effectiveness proven by this type of measures, it is recommended to reinforce this objective and standardize the regulations of the different Autonomous Regions, with a particular focus on adjoining territories.

Objectively Verifiable Indicator

Process Indicator

Medium Significance

OBJECTIVE 5.1

In 2003, the basic contents and minimum duration (10 hours at least) of the Education for Health courses, whose targets are teachers, will have been authorized and certified by the relevant educational institutions, in coordination with the Regional Plans on Drugs.

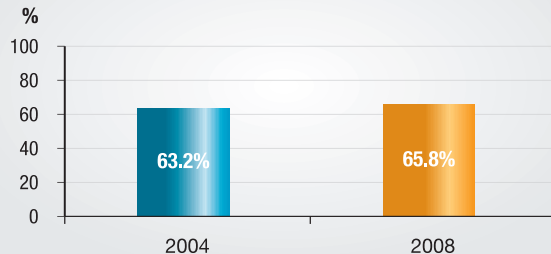
Indicator

5.1 % of PADs certifying the basic contents and minimum duration of the Education for Health courses for teachers.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Only 51.7% of training actions in the field of Education for Health or drug prevention are certified by educational institutions.	Appendix of the National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	65.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator		Value	Source
5.1.1	% of Autonomous Regions with standardization criteria for teachers' training programmes in education for health in coordination with the education system.	65.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
5.1.2	% of those criteria that set the training's contents and duration.	57.9%	

5.1 % of PADs that certify the basic contents and minimum duration of the Education for Health courses for teachers



Evaluation of the level of achievement of the objective 5.1



This objective shows a positive trend. Improvement in certifying criteria for teachers' training programmes as a tool to guarantee their quality. The Autonomous Regions that do not have these criteria yet should reinforce this objective.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 5.2

In 2003, the relevant educational institutions, in coordination with the Regional Plans on Drugs, will have established authorization and certification systems for prevention programmes and programmes to standardize the appropriate supporting materials. The standardization, authorization and certification systems must comply with the criteria set by the Sectorial Conference of the National Plan on Drugs.

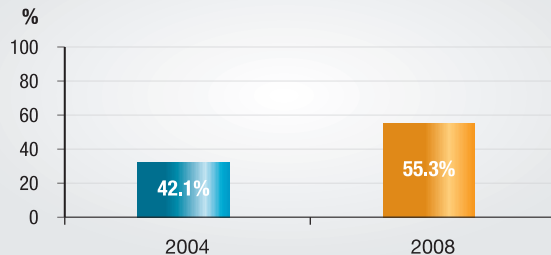
Indicator

5.2 % of PADs with systems for the certification of prevention programmes and materials.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
20.0%	Appendix of the National Drugs Strategy 2000-2008.	42.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	55.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators		Value	Source
5.2.1	% of Autonomous Regions with criteria for the standardization, authorization and certification of preventive programmes and materials.	68.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
5.2.2	Estimated % of sections in the Regional Plans on Drugs with standardization criteria. <ul style="list-style-type: none"> - School programmes - Educational materials - Training for teachers 	57.9% 68.4% 68.4%	
5.2.3	% of Autonomous Regions with control systems to authorize the prevention programmes to be implemented in the relevant establishments.	63.2%	

5.2 % of PADs with systems to certify prevention materials and programmes



Evaluation of the level of achievement of the objective 5.2



This objective shows a positive trend. More than half of the Autonomous Regions implement control systems to guarantee the quality of school prevention programmes to be developed in class. The Autonomous Regions that do not implement these systems yet should reinforce this objective.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 5.3

In 2003, the same institutions mentioned regarding the previous objective will have produced a catalogue with authorized programmes and standardized prevention materials that will enable teachers to enjoy an offer in line with their characteristics and needs.

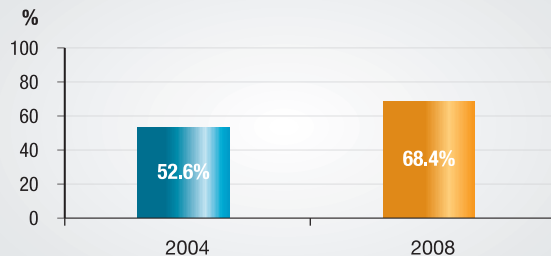
Indicator

5.3 % of PADs with a catalogue of authorized programmes and school prevention materials.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix of the National Drugs Strategy 2000-2008.	52.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	68.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators		Value	Source
5.3.1	% of Autonomous Regions with a catalogue of drug prevention programmes and materials.	68.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
5.3.2	% of these materials that are classified according to the level of education and risk of the target population.	68.4%	

5.3 % of PADs with a catalogue of authorized programmes and materials on school prevention



Evaluation of the level of achievement of the objective 5.3



This objective shows a positive trend. More than half of the Autonomous Regions have a portfolio of school programmes to offer to the different educational establishments. The Government Delegation for the National Plan on Drugs has a catalogue at the national level with over 60 programmes for different education levels.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 5.4

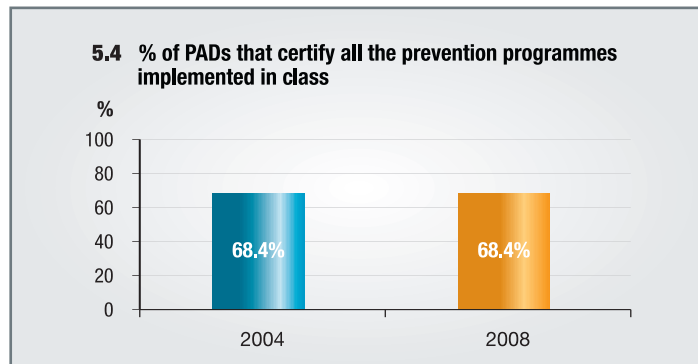
In 2008, 100% of prevention programmes implemented in class will have been certified.

Indicator

5.4 % of PADs that certify all the prevention programmes implemented in class.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1999, some standardization criteria for preventive programmes were set in the PND, but there is no system guaranteeing that the programmes implemented in class comply with these criteria.	Appendix of the National Drugs Strategy 2000-2008.	68.4%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	68.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
5.4.1 Estimated % of school prevention programmes implemented in the Autonomous Regions that are certified.	81.6% (in 15 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).



Evaluation of the level of achievement of the objective 5.4



This objective shows a positive trend.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 5.5

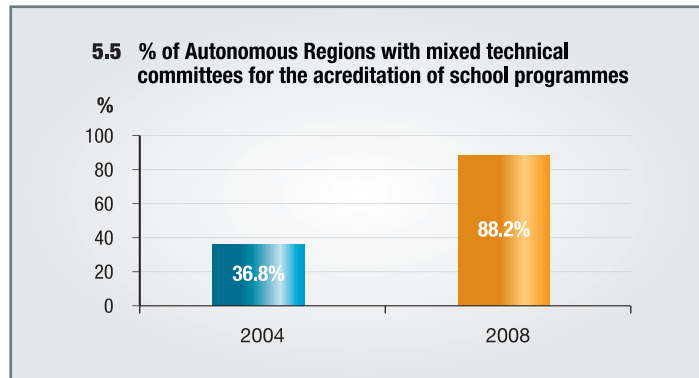
In 2003, the relevant educational institutions, in coordination with the Regional Plans on Drugs, will have set up technical committees for the standardization, authorization and certification of prevention programmes and materials. These structures will take the PND as a reference.

Indicator

5.5 % of Autonomous Regions with mixed technical committees for the certification of school programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
More than half of the PADs take actions in coordination with the educational institutions. The type or degree of coordination is not specified.	Appendix of the National Drugs Strategy 2000-2008.	36.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	88.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
5.5.1 % of Autonomous Regions with a Technical Committee made up of the Regional Plan on Drugs and the Regional Ministry of Education for the coordination of prevention activities in educational establishments.	88.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).



Evaluation of the level of achievement of the objective 5.5



Objective achieved. The level of coordination between drugs and education departments in this field is positive and has improved considerably in the last four years.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 6.1

In 2003, at least one universal family prevention model and another one targeting high risk families specifically will have been conceived, implemented and evaluated under the framework of the PND.

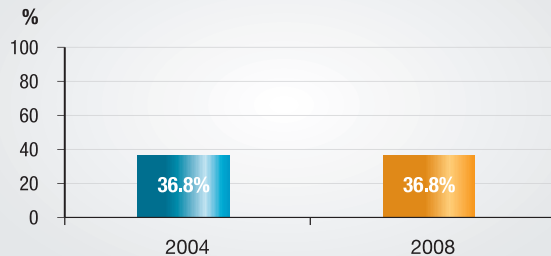
Indicator

6.1 % of PADs that have implemented and evaluated universal family prevention and another one targeting high risk families specifically.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available on programme models evaluated in our country.	Appendix of the National Drugs Strategy 2000-2008.	36.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	36.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
6.1.1 % of Autonomous Regions with a family prevention programme that has been implemented and gone through a results evaluation based on research designs.	36.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
6.1.2 Number of family prevention programmes.	17 (in 7 Autonomous Regions)	

6.1 % of PADs that have implemented and evaluated universal family prevention model and another one targeting families at risk



Evaluation of the level of achievement of the objective 6.1



This objective has been achieved at the national level since in Spain there is more than one family prevention programme that complies with the criteria set in the objective, although not all the Autonomous Regions have this type of programme in place.

OBJECTIVE 6.2

In 2003, at least one school prevention programme model for each education level and another specific one for high risk students will have been conceived, implemented and evaluated under the framework of the National Plan on Drugs.

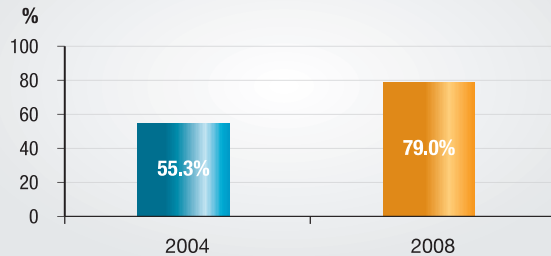
Indicator

6.2 % of PADs that have evaluated a school prevention programme for each education level and for high-risk students.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In Spain today there are school prevention programme models drawn up and evaluated from the level of Compulsory Secondary Education.	Appendix of the National Drugs Strategy 2000-2008.	55.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	79.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
6.2.1 % of Autonomous Regions that have school programmes with results evaluation based on research designs.	79.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

6.2 % of PADs that have evaluated one school prevention programme for each education level and for high-risk students



Evaluation of the level of achievement of the objective 6.2



This objective has been achieved at the national level since in Spain there are school prevention programmes that comply with the criteria set in the objective.

OBJECTIVE 6.3

In 2003, at least 30% of school prevention programmes will include structured and evaluated community actions.

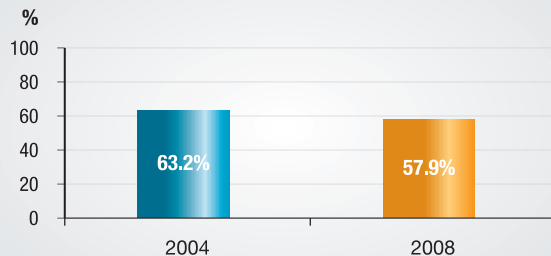
Indicator

6.3 % of PADs that include community actions evaluated in school prevention programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no systematic information available at present.	Appendix of the National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	57.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
6.3.1 Estimated % of school intervention programmes in the Autonomous Regions that include structured and evaluated community actions.	51.2% (in 14 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

6.3 % of PADs that include community actions evaluated in school prevention programmes



Evaluation of the level of achievement of the objective 6.3



This objective had already been achieved in 2004: over 30% of school programmes are complemented with community actions. Despite the level of achievement, it is recommended to keep on reinforcing comprehensive and coordinated actions that guarantee good preventive results.

Objectively Verifiable
Indicator

Product Indicator

Low Significance

OBJECTIVE 7.1

In 2003, all the Regional Plans on Drugs, in collaboration with those institutions responsible for youth policies, will have included training actions for coordinators of social and cultural activities, leisure instructors and other social mediators.

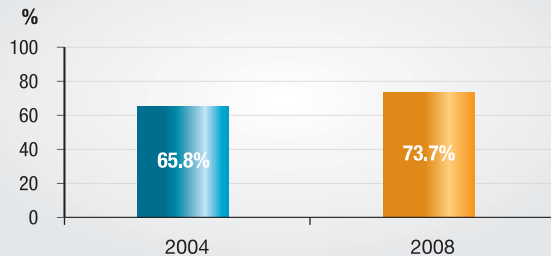
Indicator

7.1 % of PADs that implement training actions for social mediators.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no systematic information available on collaboration agreements between Regional Plans on Drugs and those institutions responsible for youth policies in the different Autonomous Regions.	Appendix of the National Drugs Strategy 2000-2008.	65.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	73.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
7.1.1 % of Autonomous Regions that have signed collaboration agreements with those institutions responsible for youth policies.	73.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
7.1.2 Number of youth mediators trained in drug prevention.	8289 (in 12 Autonomous Regions)	

7.1 % of PADs that undertake training actions targeting social mediators



Evaluation of the level of achievement of the objective 7.1



Objective achieved. The coordination between drugs and youth departments has improved considerably and has reached satisfactory levels. Most of the Autonomous Regions work in a coordinated way in order to promote the training of youth mediators.

Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 8.1

In 2003, criteria and tools will be in place in order to evaluate the levels of risk and protection at the community level. On that basis, all the Autonomous Regions and Cities will have a map of priority intervention areas.

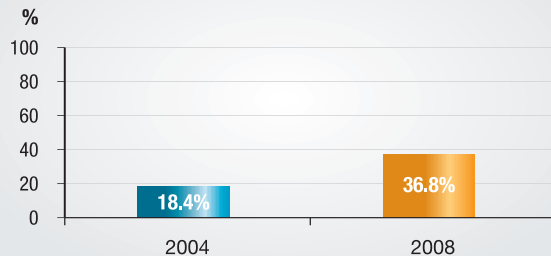
Indicator

8.1 % of PADs that set criteria and produce tools for the evaluation of risk and protection.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present there are no tools available for the evaluation of the levels of risk and protection at the community level adapted to the Spanish population.	Appendix of the National Drugs Strategy 2000-2008.	18.4%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	36.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
8.1.1 % of Autonomous Regions that have tools in place for the evaluation of the level of risk/protection at the community level.	36.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
8.1.2 % of Autonomous Regions that have high-risk maps available.	21.0%	

8.1 % of PADs that set criteria and draw up tools for the evaluation of community risk and protection



Evaluation of the level of achievement of the objective 8.1



Objective to be reinforced. Few Autonomous Regions have community risk maps available or tools for its evaluation.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 8.2

In 2003, 50% of provincial and town councils or coalitions of municipalities with over 20,000 inhabitants must have approved Local Plans on Drugs including drug prevention programmes. This percentage must reach 100% in 2008.

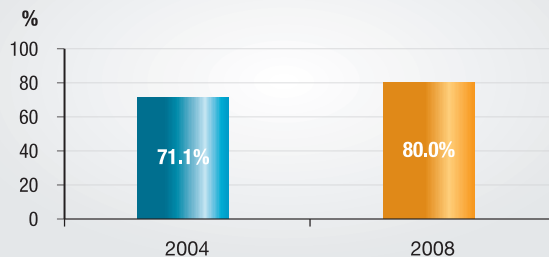
Indicator

8.2 % of Autonomous Regions that have Local Plans on Drugs in all their municipalities with over 20,000 inhabitants.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
According to the information provided by the FEMP, only 53 out of the 163 Spanish municipalities with over 50,000 inhabitants have a Local Plan on Drugs.	Appendix of the National Drugs Strategy 2000-2008.	71.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	80.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
8.2.1 Current number of Local Plans on Drugs.	517 (in 18 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
8.2.2 Estimated % represented by these Plans regarding the total number of municipalities with over 20,000 inhabitants.	80% (in 19 Autonomous Regions)	

8.2 % of Autonomous Regions with Local Plans on Drugs in all their municipalities with over 20,000 inhabitants



Evaluation of the level of achievement of the objective 8.2



Objective achieved. The percentage of municipalities with over 20,000 inhabitants with Local Plans on Drugs reaches 80%, hence exceeding the target percentage of 50% set in the National Drugs Strategy 2000-2008.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 8.3

The Autonomous Regions and Cities, in collaboration with the Central and Local Administration, will promote preventive actions individually or jointly in those municipalities with less than 20,000 inhabitants, being this second option the priority one for municipalities with less than 5,000 inhabitants.

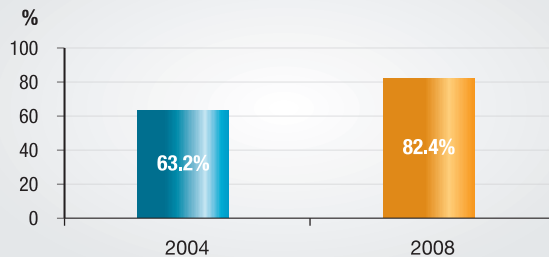
Indicator

8.3 % of PADs that promote preventive actions in municipalities with less than 20,000 inhabitants.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present there is no systematic information available on preventive actions in municipalities with less than 20,000 inhabitants.	Appendix of the National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	82.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
8.3.1 Estimated number of municipalities with less than 20,000 inhabitants that take part in prevention programmes.	4,060 (in 16 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
8.3.2. Estimated % represented by these municipalities regarding the total number of this type of municipalities.	59.1% (in 17 Autonomous Regions)	

8.3 % of PADs that promote preventive actions in municipalities with less than 20,000 inhabitants



Evaluation of the level of achievement of the objective 8.3



Preventive activities in municipalities with less than 20,000 inhabitants have improved too, reaching satisfactory levels.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 9.1

In 2003, 50% of school prevention programmes must include strategies whose special target are families. These strategies will be spread to 100% of programmes in 2008.

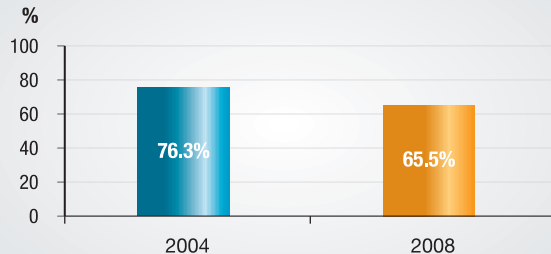
Indicator

9.1 % of PADs that include activities for families in school prevention programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present there is no systematic information available on the current situation regarding these objectives.	Appendix of the National Drugs Strategy 2000-2008.	76.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	65.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
9.1.1 Estimated % of school prevention programmes including actions whose target are families.	65.5% (in 18 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

9.1 % of PADs that include activities for families in school prevention programmes



Evaluation of the level of achievement of the objective 9.1



Objective achieved. Over 50% of school programmes include actions whose target are families, although the trend shown in the last four years is slightly negative and, given its significance, the objective must be reinforced.

Not Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 9.2

In 2003, 40% of community intervention programmes will include actions targeting high-risk families.

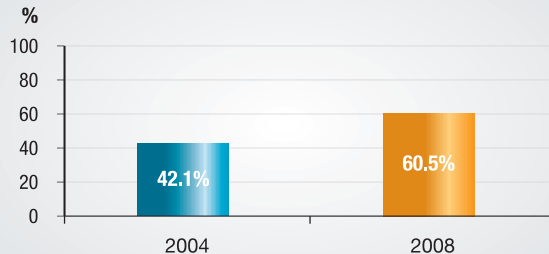
Indicator

9.2 % of PADs that include actions for families at risk in their community programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present there is no systematic information available on the current situation regarding these objectives.	Appendix of the National Drugs Strategy 2000-2008.	42.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	60.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
9.2.1 Estimated % of community intervention programmes that include actions whose specific target are families at risk.	57.7% (in 15 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

9.2 % of PADs that include actions for families at risk in their community programmes



Evaluation of the level of achievement of the objective 9.2



Objective achieved, although, given its significance, it must continue to be reinforced. Over 40% of community programmes include actions targeting high-risk families.

Not Objectively Verifiable Indicator

Product Indicator

High Significance

OBJECTIVE 9.3

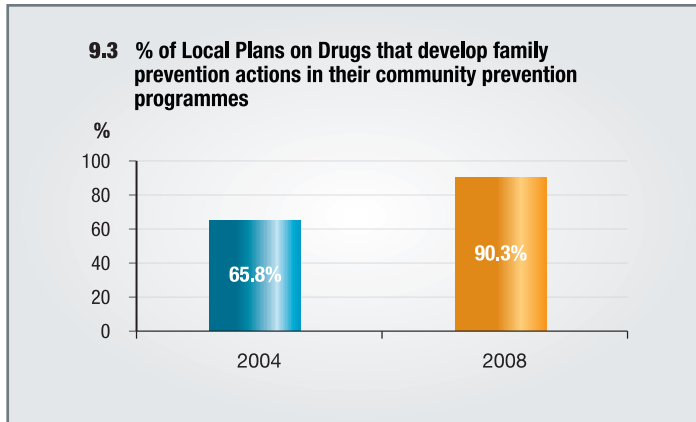
In 2008, 100% of Local Plans on Drugs must develop family prevention actions as part of their community prevention programmes.

Indicator

9.3 % of Local Plans on Drugs that develop family prevention actions in their community prevention programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, there is no systematic information available on the current situation regarding these objectives.	Appendix of the National Drugs Strategy 2000-2008.	65.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	90.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
9.3.1 Estimated % of Local Plans on Drugs that develop actions whose specific target is the family.	90.3% (in 17 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).



Evaluation of the level of achievement of the objective 9.3



Objective achieved. Almost all the Local Plans on Drugs include family prevention activities.

OBJECTIVE 10.1

In 2003, all prevention actions financed by the Public Administrations involved in the National Plan on Drugs will comply with the requirements contained in the document on “Basic Intervention Criteria of Drug Prevention Programmes”, which was approved by the Sectorial Conference of the National Plan on Drugs in 1997.

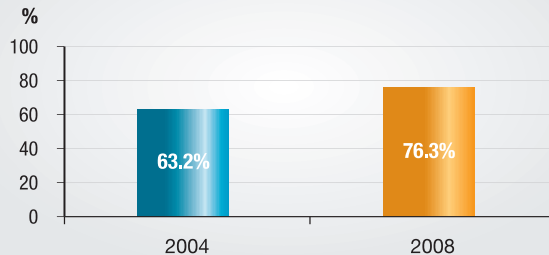
Indicator

10.1 % of Autonomous Regions that adapt the programmes financed by them to the PND Basic Prevention Criteria.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
The Government Delegation for the PND, as well as Galicia, Andalusia and Valencia implement these criteria.	Appendix of the National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	76.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
10.1.1 % of Autonomous Regions that have certification systems for preventive programmes in line with the “basic intervention criteria of drug prevention programmes”.	57.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
10.1.2 % of implementation of quality criteria in the technical evaluation of programmes subsidized by Regional Plans on Drugs.	73.7%	

10.1 % of Autonomous Regions that adapt the programmes financed by them to the PND basic prevention criteria



Evaluation of the level of achievement of the objective 10.1



According to the Regional Plans on Drugs, this objective shows a positive trend; however, only around half of them state having specific tools and mechanisms, which are only applied to 75% of the prevention programmes financed.

Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 11.1

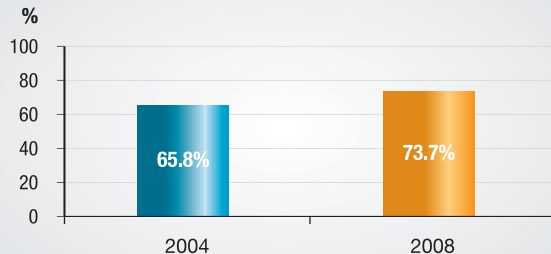
In 2008, 100% of prisons will implement preventive activities and programmes regarding drug abuse and its consequences.

Indicator

11.1 % of PADs with 100% of prisons implementing preventive programmes regarding drug abuse and its consequences.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Although at present 100% of prisons develop preventive actions, it is necessary to enshrine these activities in continuous and coordinated programmes.	Appendix of the National Drugs Strategy 2000-2008.	65.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	73.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

11.1 % of PADs with preventive programmes on drug abuse and its consequences in 100% of prisons



Evaluation of the level of achievement of the objective 11.1



This objective shows a positive trend. Most of prisons undertake prevention activities, although there is no total coverage. According to the information received, the Home Office (General Secretariat for Prisons) considers that the results obtained regarding this objective are positive.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 11.2

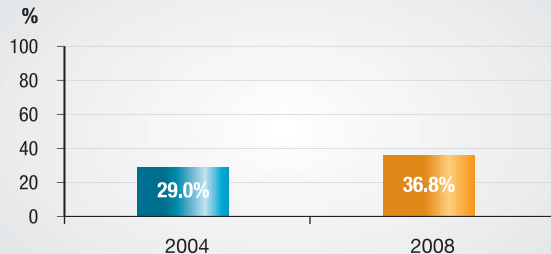
In 2008, 50% of employees of prisons will have been trained in drug prevention.

Indicator

11.2 % of PADs that have given training in drug prevention to 50% of the employees of prisons.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no data available; nevertheless, during 1998 84 professionals from 14 prisons received some training on Intervention Methodologies with drug-dependent inmates, i.e. professionals have been trained in 19.7% of prisons.	Appendix of the National Drugs Strategy 2000-2008.	29.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	36.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

11.2 % of PADs that have given training in drug prevention to 50% of employees of prisons



Evaluation of the level of achievement of the objective 11.2



This objective shows a positive trend. The percentage of personnel of prisons that have received some training in drug dependencies is being gradually increasing since 2000. Nevertheless, this objective is to be reinforced.

Not Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 12.1

In 2003, 100% of the main media at the national level will have received basic information on drug prevention.

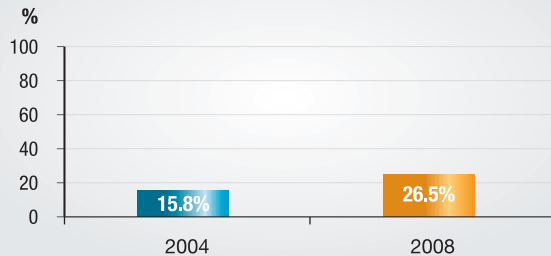
Indicator

12.1 % of PADs that distribute information on drug prevention to the media.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Although at present some institutions and NGOs develop training actions targeting media professionals, the current number of professionals reached is ignored.	Appendix of the National Drugs Strategy 2000-2008.	15.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	26.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
12.1.1 % of Autonomous Regions that distribute basic information on drugs to media professionals in their territory.	63.16%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

12.1 % of PADs that distribute information on prevention to the media



Evaluation of the level of achievement of the objective 12.1



This objective is to be reinforced, although it has shown a positive trend during the last few years. Although information is distributed to the media, its impact is lower than expected.

Not Objectively Verifiable Indicator

Product Indicator

Medium Significance

OBJECTIVE 12.2

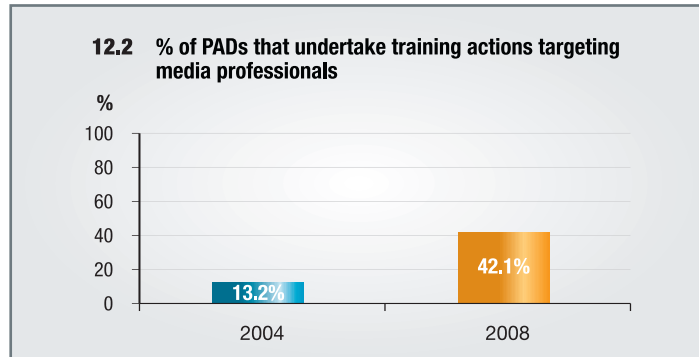
In 2003, training actions on drug dependence will have been undertaken for 50% of professionals from the main media covering information on drug dependencies at the national level. Whenever the training involves media at the regional level, this will be done together with the Autonomous Regions and Cities.

Indicator

12.2 % of PADs that undertake training actions targeting media professionals.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Although at present some institutions and NGOs develop training actions targeting media professionals, the current number of professionals reached is ignored.	Appendix of the National Drugs Strategy 2000-2008.	13.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	42.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
12.2.1 % of Autonomous Regions that undertake training actions targeting media professionals.	42.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
12.2.2 Estimated number of these professionals that have taken part in those training actions.	180 (in 7 Autonomous Regions)	



Evaluation of the level of achievement of the objective 12.2



This objective shows a positive trend. There is a wide offer of training actions for media professionals, although, given the significance of their work in terms of prevention, this objective should continue to be reinforced.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 13.1

In 2003, 100% of the Regional Plans on Drugs will have signed collaboration agreements with Unions and Employers' Organizations in order to promote the prevention of drug dependencies at the workplace.

Indicator

13.1 % of PADs that have signed agreements with Unions and Employers' Organizations in order to promote prevention at work.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, 12 out of the 19 PAD implement prevention programmes at the workplace and 11 of them do it in collaboration with Unions and Employers' Organizations.	Appendix of the National Drugs Strategy 2000-2008.	52.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	73.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

13.1.1 % of Autonomous Regions in which there are collaboration agreements with Unions and Employers' Organizations in order to promote prevention at work.

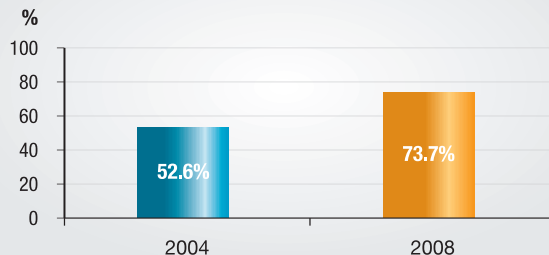
Value

73.7%

Source

Final Evaluation Questionnaire Regional Plan on Drugs (2008).

13.1 % of PADs with agreements with Unions and Employers' Organizations to promote workplace prevention



Evaluation of the level of achievement of the objective 13.1



This objective shows a positive trend: in most of the Autonomous Regions there are collaboration agreements with Unions and Employers' Organizations in order to promote prevention at the workplace, although the percentage does not reach 100% of the national territory.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 13.2

In 2003, the most vulnerable groups at the workplace will have been identified and appropriate prevention tools for these target groups will have been conceived.

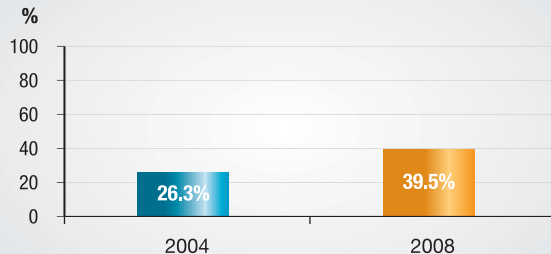
Indicator

13.2 % of PADs that identify vulnerable groups at work.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no available information on the ratio of Autonomous Regions that achieve this objective.	Appendix of the National Drugs Strategy 2000-2008.	26.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	39.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
13.2.2 % of Autonomous Regions that have maps showing high risk of drug abuse among the working population.	5.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

13.2 % of PADs that identify vulnerable groups in the workplace



Evaluation of the level of achievement of the objective 13.2



To be reinforced, although it has been showing a positive trend during the last four years.

Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 14.1

In 2003, all the Regional Plans, in coordination with the Public Health System, will have established protocols for the early diagnosis of drug abuse.

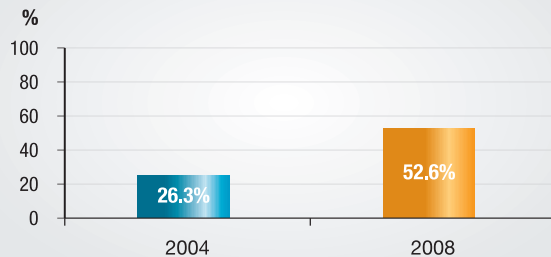
Indicator

14.1 % of PADs that have established protocols for the early diagnosis of drug abuse in coordination with the Public Health System.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix of the National Drugs Strategy 2000-2008.	26.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	52.6%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
14.1.1 % of Autonomous Regions that have developed early diagnosis protocols in coordination with the Public Health System.	52.6%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

14.1 % of PADs that have developed protocols for the early diagnosis of drug abuse in coordination with the Public Health System



Evaluation of the level of achievement of the objective 14.1



This objective shows a positive trend. During the last four years the development of protocols for the early diagnosis of drug abuse has been considerably reinforced.

Objectively Verifiable Indicator

Product Indicator

High Significance

OBJECTIVE 14.2

In 2003, at least 25% of Primary Care Teams will offer, among their services, programmes of early detection and coordinated action faced with drug-abuse-related problems.

Indicator

14.2 % of PADs that implement programmes for the early detection of drug abuse from Primary Care Teams.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, the INSALUD services include a number of actions for the prevention of tobacco and alcohol-related risks.	Appendix of the National Drugs Strategy 2000-2008.	29.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	42.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

14.2.1 Estimated % of Primary Care Teams that offer this type of services.

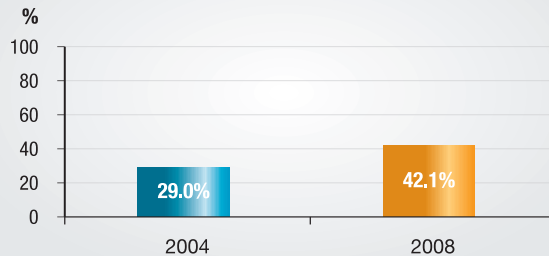
Value

65.5%
(in 9 Autonomous Regions)

Source

Final Evaluation Questionnaire Regional Plan on Drugs (2008).

14.2 % of PADs that implement programmes for the early detection of drug abuse from Primary Care teams



Evaluation of the level of achievement of the objective 14.2



This objective has already been achieved since over 25% of Primary Care Teams offer this type of services, as established in the National Drugs Strategy 2000-2008. Nevertheless, coverage is uneven throughout the country.

1.2

OBJECTIVES OF THE CARE AND SOCIAL REINTEGRATION AREA



Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 1.1

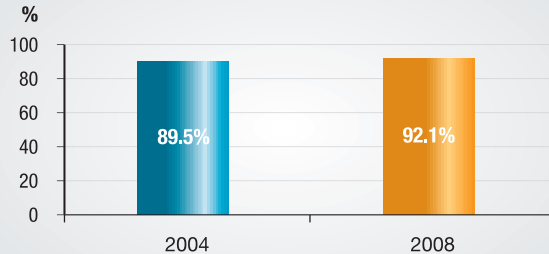
In 2003, all the Regional Plans on Drugs will have an updated system of care resources making up the therapeutic circuit established in the National Drugs Strategy and all those functional aspects that may be of any interest to professionals, users and their families.

Indicator

1.1 % of PADs with an updated system of care resources making up the therapeutic circuit.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix NDS 2000-2008.	89.5%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	92.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

1.1 % of PADs with an updated system of care resources that make up the therapeutic circuit



Evaluation of the level of achievement of the objective 1.1



Objective achieved.

Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 1.2

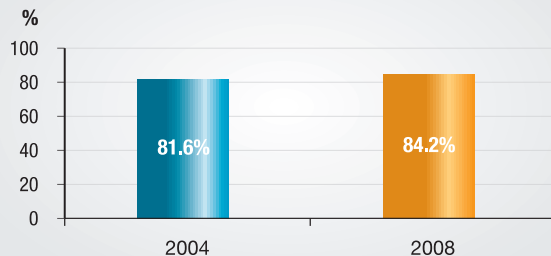
In 2003, all the Regional Plans on Drugs will offer a diversified network of resources to guarantee a comprehensive handling of drug dependencies. This network, included in the National Health System, will basically offer free-of-drugs programmes, harm reduction programmes, specifically agonist treatment programmes, and specific programmes for special groups of population (inmates, minors, ethnic minorities, women, patients with a dual pathology, etc.).

Indicator

1.2 % of PADs that offer a diversified network of resources, services and programmes to deal with drug dependencies.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	81.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	84.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

1.2 % of PADs that offer a diversified network of resources, services and programmes to deal with drug dependencies



Evaluation of the level of achievement of the objective 1.2



Objective achieved. At present, there is a plural and diversified network to deal with drug dependencies.

Objectively Verifiable Indicator

Process Indicator

Medium Significance

OBJECTIVE 2.1

In 2003, the National Health System must have introduced therapeutic strategies to deal with problems related to alcohol, tobacco, new drugs and new consumption patterns.

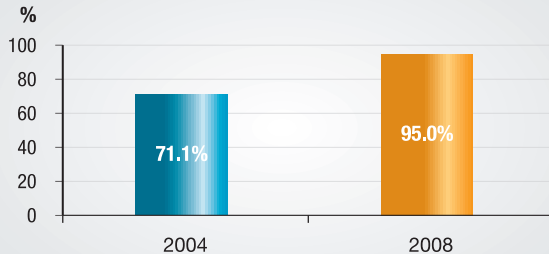
Indicator

2.1 % of PADs that offer treatments adapted to alcohol, tobacco and new consumption patterns.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	71.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	95.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
2.1.1 Estimated % (in the latest year available) of health care districts within the National Health System that have introduced therapeutic strategies to deal with problems related to alcohol, tobacco, new drugs and new consumption patterns (districts both in the INSALUD territory and in those Autonomous Regions that have been transferred the relevant responsibilities in this field from the central government).	95.0% (in 15 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

2.1 % of PADs that offer treatments adapted to alcohol, tobacco and new consumption patterns



Evaluation of the level of achievement of the objective 2.1



Objective achieved.

Not Objectively Verifiable Indicator

Result Indicator

Medium Significance

OBJECTIVE 2.2

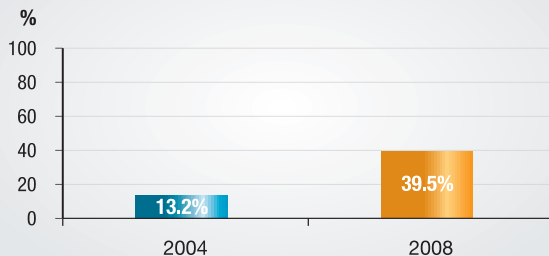
In 2003, the time passed between the start of alcohol abuse and the start of the corresponding treatment will have been reduced by at least 20%.

Indicator

2.2 % of PADs that consider that the time passed between the start of alcohol abuse and the start of the corresponding treatment has been reduced by 20%.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	13.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	39.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

2.2 % of PADs that believe that the time passed between the start of alcohol abuse and the start of the treatment has been reduced by 20%



Evaluation of the level of achievement of the objective 2.2



According to the Regional Plans on Drugs, the objective has followed a positive trend in the last four years. According to the OED treatment indicator, the age at which the treatment is started has remained more or less the same (23.8 years in 2004 and 23.9 in 2008). This objective is to be reinforced and requires the development of indicators for evaluation purposes.

Objectively Verifiable Indicator

Product Indicator

High Significance

OBJECTIVE 3.1

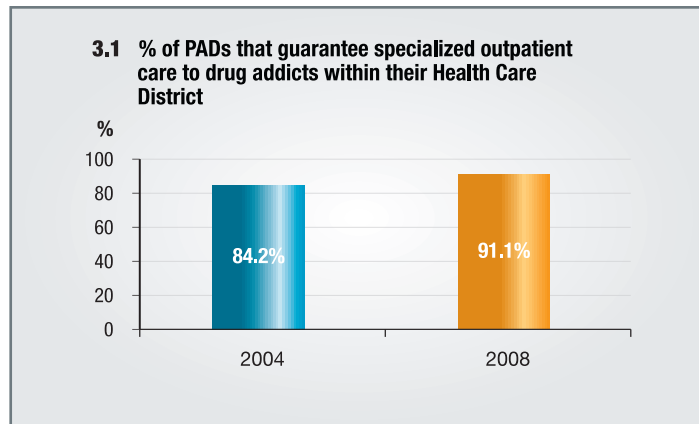
In 2003, the National Health System must guarantee full specialized outpatient care to all those affected by the problem of drug dependencies at the level of the Autonomous Region or City and within the Health Care District in which they live.

Indicator

3.1 % of PADs that guarantee specialized outpatient care to drug addicts within their Health Care District.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, there are 511 outpatient establishments of specialized care to those affected by the problem of drug dependencies.	Appendix National Drugs Strategy 2000-2008.	84.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	91.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
3.1.1 Estimated % of health care districts that offer specialized outpatient care to drug addicts.	91.0% (in 16 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).



Evaluation of the level of achievement of the objective 3.1



Objective achieved.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 4.1

In 2003, all the Autonomous Regions and the Cities of Ceuta and Melilla will have a process evaluation system in order to quantify the performance of treatment programmes, which makes it possible to improve the care quality.

Indicator

4.1 % of PADs with a process evaluation system for drug dependence treatment programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	52.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	47.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

4.1.1. % of Regional Plans on Drugs with a process evaluation system for treatment programmes.

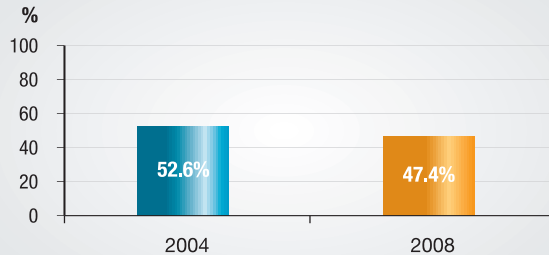
Value

47.4%

Source

Final Evaluation Questionnaire Regional Plan on Drugs (2008).

4.1 % of PADs with a system for the process evaluation of drug dependence treatment programmes



Evaluation of the level of achievement of the objective 4.1



This objective is to be reinforced. There are big differences among Autonomous Regions. Those that do not have treatment process evaluation systems in place yet should reinforce their efforts.

Objectively Verifiable Indicator

Process Indicator

High Significance

OBJECTIVE 4.2

In 2008, all the Autonomous Regions and the Cities of Ceuta and Melilla will have an evaluation system to quantify the programmes' results.

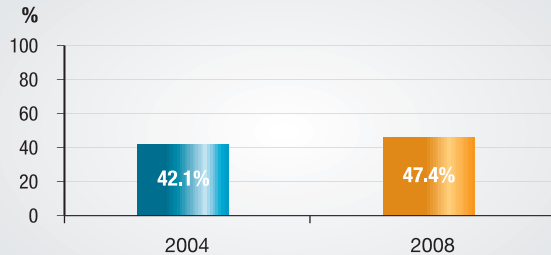
Indicator

4.2 % of PADs with a system to evaluate the results of the drug dependence treatment.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	42.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	47.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
4.2.1 % of Autonomous Regions that evaluate the results of treatment programmes.	47.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
4.2.2 % of Autonomous Regions that apply standardized quality criteria to the care system.	Yes: 52.6%	

4.2 % of PADs with a system for the results evaluation of the drug dependence treatment



Evaluation of the level of achievement of the objective 4.2



Positive trend. High level of achievement given the level of difficulty. Nevertheless, taking into account its significance according to the National Drugs Strategy 2009-2016, this objective should be improved.

Objectively Verifiable
Indicator

Process Indicator

Medium Significance

OBJECTIVE 4.3

In 2003, the Sectorial Conference will have approved a quality indicators system to quantify the performance of treatment programmes.

Indicator

4.3 Existence of a system of quality indicators for treatment programmes approved by the Sectorial Conference.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
Not achieved.	Appendix National Drugs Strategy 2000-2008.	Not achieved.	DGPND	Partially achieved.	DGPND

Evaluation of the level of achievement of the objective 4.3



This objective is to be reinforced. The Government Delegation for the National Plan on Drugs has taken a number of steps to improve the quality of treatment programmes by drawing up manuals and guides of good practice regarding the treatment of different drugs, but the objective established in the National Drugs Strategy 2000-2008 has not been achieved. This line of work should be reinforced in the Action Plan 2009-2012.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 5.1

In 2003, there will be at least one programme in each province for the early detection and intervention regarding minors with problems of drug dependencies.

Indicator

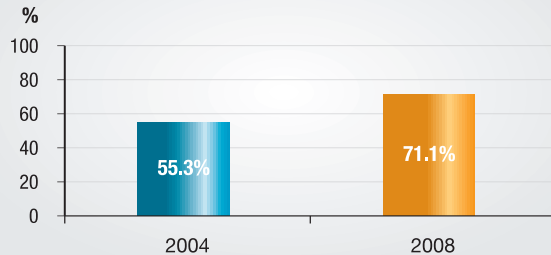
5.1 % of Autonomous Regions with programmes for the early detection and intervention regarding minors with problems of drug dependencies in all their provinces.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	55.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	71.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
5.1.1 Estimated number of provinces with a programme for the early detection and intervention regarding minors with problems of drug dependencies.	87.1% (in 13 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Type of Programme	Estimated number of programmes	Estimated number of users/year
Early Detection and Intervention Programme.	66	1,524

5.1 % of Autonomous Regions with programmes for the early detection and intervention in minors with problems of drug dependence in all their provinces



Evaluation of the level of achievement of the objective 5.1



Positive trend. In those Autonomous Regions where there is complete information on this type of programmes (13 Autonomous Regions), the geographical coverage is very high.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 5.2

In 2003, specific prevention programmes for children of drug addicts will have been set in motion.

Indicator

5.2 % of PADs with specific prevention programmes for children of drug addicts.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	21.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	26.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

5.2.1 Number of specific prevention programmes targeting children of drug addicts.

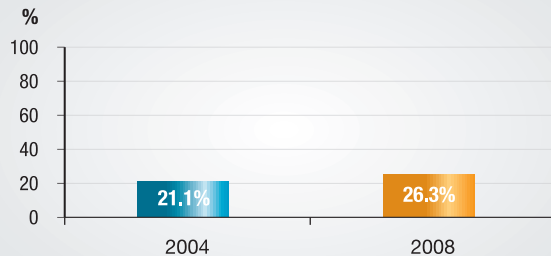
Value

56
(in 10 Autonomous
Regions)

Source

Final Evaluation
Questionnaire Regional
Plan on Drugs (2008).

5.2 % of PADs with specific prevention programmes targeting children of drug addicts



Evaluation of the level of achievement of the objective 5.2



This objective is to be reinforced. Taking into account that it is a highly vulnerable group and given the evidence proving the effectiveness of the different interventions, this objective should be included as a priority objective in the Action Plan 2009-2012.

OBJECTIVE 6.1

In 2003, the Regional Plans on Drugs will have at least one care programme for drug addicts in Courts and Police Stations.

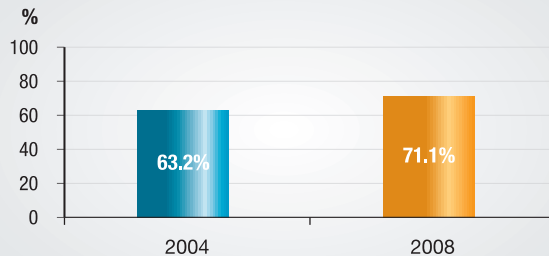
Indicator

6.1 % of PADs with at least one care programme for drug addicts in Courts and Police Stations.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There are care programmes for drug addicts under arrest in Courts of several provinces, although the exact number is ignored.	Appendix National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	71.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Type of Programme	Estimated number of programmes	Estimated number of users/year
Care programmes for people under arrest in Police Stations.	20	2,912
Care programmes for people under arrest in Courts.	21	3,924

6.1 % of PADs with at least one care programme for drug addicts in Courts and Police Stations



Evaluation of the level of achievement of the objective 6.1



Positive trend. It must be maintained and reinforced in the Action Plan 2009-2012. It must be pointed out that the indicator refers to the percentage of Autonomous Regions according to which this objective has been achieved (it does not refer to the percentage of courts or police stations where these programmes are implemented).

Objectively Verifiable
Indicator

Process Indicator

Medium Significance

OBJECTIVE 7.1

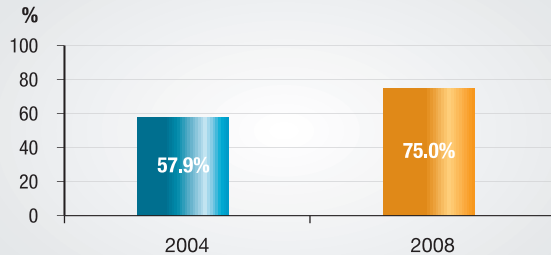
In 2003, the State Administration, in collaboration with the Regional Plans on Drugs, will have set up therapeutic units for drug-dependent inmates in 100% of prisons.

Indicador

7.1 % of PADs with therapeutic units for drug addicts in all prisons.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, 13 out of 71 Prisons had therapeutic units, i.e. 18.3% of Prisons had therapeutic units.	Appendix National Drugs Strategy 2000-2008.	57.9%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	75.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

7.1 % of PADs with therapeutic units for drug addicts in all prisons



Evaluation of the level of achievement of the objective 7.1



This objective shows a positive trend, although it must be reinforced in the Action Plan 2009-2016. According to the General Secretariat for Prisons, the objective has been partially achieved at the national level and fully achieved in Catalonia (this Autonomous Region has been transferred all the relevant responsibilities in this field from the central government). Given the high ratio of inmates with drugs problems, this objective should continue to be reinforced in the Action Plan 2009-2012.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 7.2

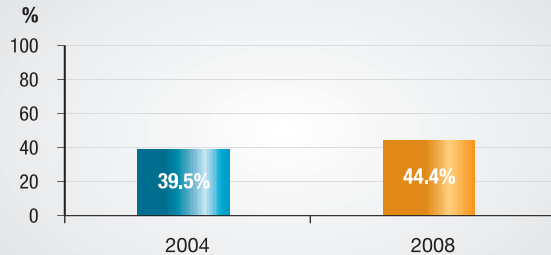
In 2003, the State Administration, in collaboration with the Regional Plans on Drugs, will have set in motion rehabilitation programmes in a therapeutic community inside the correctional facility in at least 5 facilities.

Indicator

7.2 % of PADs that have set in motion therapeutic communities inside prisons.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, only one correctional facility had a therapeutic community inside the facility.	Appendix National Drugs Strategy 2000-2008.	39.5%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	44.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

7.2 % of PADs that have set in motion therapeutic communities inside prisons



Evaluation of the level of achievement of the objective 7.2



According to the General Secretariat for Prisons, this objective has been totally achieved (5 therapeutic communities inside prisons). According to the Regional Plans on Drugs, the situation has improved as compared to 2004.

OBJECTIVE 8.1

In 2003, the number of drug-dependent inmates joining training and occupational programmes will have increased by 30%.

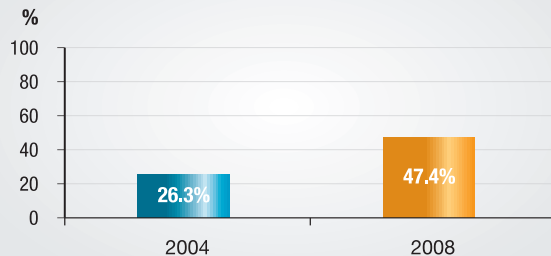
Indicator

8.1 % of PADs that have increased the number of drug-dependent inmates joining training and occupational programmes by 30%.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
An estimated number of 4,240 inmates joint training and occupational programmes in 1998.	Appendix National Drugs Strategy 2000-2008.	26.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	47.4%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
8.1.1 Estimated % of drug-dependent inmates that join training and occupational programmes as compared to the total number of drug-dependent inmates.	40.0%	Final Evaluation Questionnaire General Secretariat for Prisons (2008).

8.1 % of PADs that have increased the number of drug-dependent inmates joining training and occupational programmes by 30%



Evaluation of the level of achievement of the objective 8.1



Medium level of achievement. The available information is limited since only three Autonomous Regions have specific data available.

According to the General Secretariat for Prisons, around 40% of drug-dependent inmates join this type of programmes.

It is an objective to be reinforced in the Action Plan 2009-2012.

OBJECTIVE 8.2

The Autonomous Regions will guarantee the offer of resources for the social and occupational integration of drug addicts that, after having completed a rehabilitation programme in prison, have had their sentence suspended.

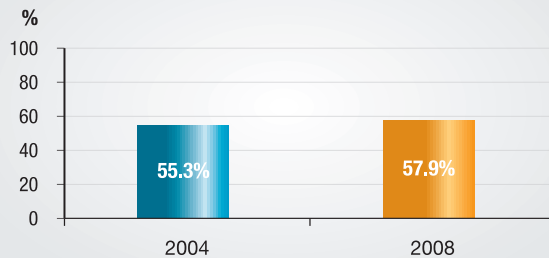
Indicator

8.2 % of Autonomous Regions that offer resources for the social and occupational integration of drug addicts with their sentence suspended.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	55.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	57.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
8.2.1 % of Regional Plans that offer resources for the social and occupational integration of rehabilitated drug addicts with their sentence suspended.	57.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
8.2.2 Estimated number of drug addicts with their sentence suspended that use these resources on a yearly basis.	863 (in 7 Autonomous Regions)	

8.2 % of Autonomous Regions that offer resources for the social and occupational integration of drug addicts with their sentence suspended



Evaluation of the level of achievement of the objective 8.2



This objective shows a positive trend. The available information is limited since only seven Autonomous Regions have specific data available. It is an objective to be reinforced in the Action Plan 2009-2012.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 9.1

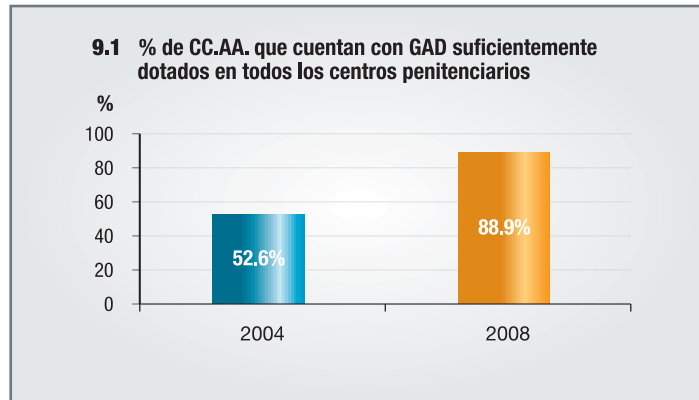
In 2003, 100% of prisons (CP in Spanish) must have Support Groups for Drug Addicts (GAD in Spanish) with all the necessary resources available.

Indicator

9.1 % of Autonomous Regions that have GAD sufficiently equipped in all prisons.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, there were GAD in place in all CP; nevertheless, a significant percentage of them are not working.	Appendix National Drugs Strategy 2000-2008.	52.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	88.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
9.1.1 % of prisons that have GAD sufficiently equipped.	100.0%	Final Evaluation Questionnaire General Secretariat for Prisons (2008).



Evaluation of the level of achievement of the objective 9.1



Objective achieved. The evaluation of the Regional Plans on Drugs is positive. Moreover, according to the General Secretariat for Prisons, 100% of prisons have these resources available.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 9.2

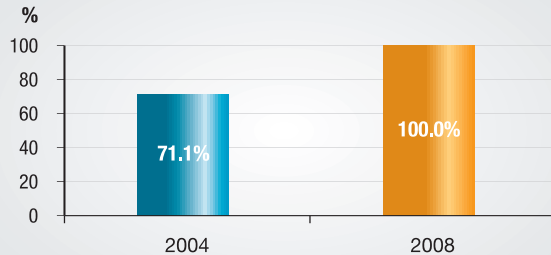
In 2003, all prisons (CP in Spanish) will have the support and participation of professionals from outside the correctional facility in the Support Groups for Drug Addicts (GAD in Spanish).

Indicator

9.2 % of prisons supported by the participation of professionals from outside in the GAD.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, there were professionals from outside the correctional facility taking part in the GAD in 44 CP, i.e. there were professionals from outside taking part in the GAD in 62% of CP.	Appendix National Drugs Strategy 2000-2008.	71.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	100.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

9.2 % of prisons in which professionals from outside take part in the GADs



Evaluation of the level of achievement of the objective 9.2



Objective achieved.

OBJECTIVE 9.3

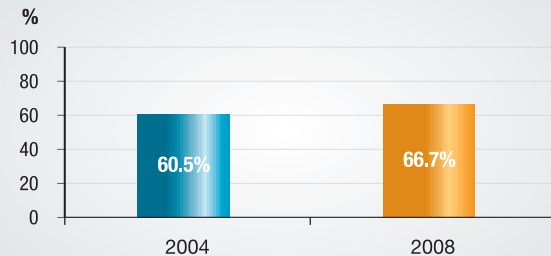
In 2003, at least 30% of professionals of Support Groups for Drug Addicts (GAD in Spanish) will have been offered specialized training in drug dependencies.

Indicator

9.3 % of PADs that offer specialized training in drug dependencies to GAD professionals.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	60.5%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	66.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

9.3 % of PADs that offer specialized training in drug dependencies to GAD professionals



Evaluation of the level of achievement of the objective 9.3



This objective shows a positive trend. According to the General Secretariat for Prisons, this objective has been partially achieved, although the training in drug dependencies of GAD professionals is ignored. The training of these professionals should be promoted in order to improve the quality of the service provided.

OBJECTIVE 10.1

In 2003, there will be at least one correctional programme specifically targeting and adapted to drug-dependent women in all Autonomous Regions and Cities with correctional units for women.

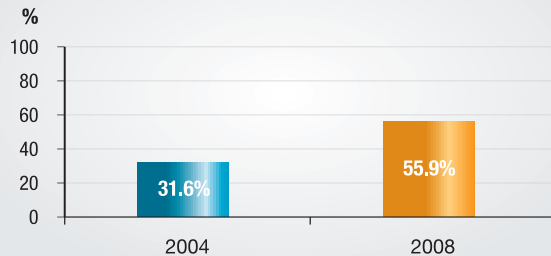
Indicator

10.1 % of Autonomous Regions with correctional units for women that have a specific correctional programme for drug-dependent women.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
None of the 3 prisons for women have a therapeutic unit specialized in drug dependencies.	Appendix National Drugs Strategy 2000-2008.	31.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	55.9%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
10.1.1 % of prisons with correctional units for women in which there is at least one specific programme targeting and adapted to drug-dependent women.	100.0%	Final Evaluation Questionnaire General Secretariat for Prisons (2008).

10.1 % of Autonomous Regions with correctional units for women that have a specific programme for drug-dependent women



Evaluation of the level of achievement of the objective 10.1



According to the Regional Plans on Drugs, this objective is to be reinforced, although the available information is limited. According to the General Secretariat for Prisons, which is the most appropriate source of information for evaluation purposes, this objective has been fully achieved.

Not Objectively Verifiable
Indicator

Process Indicator

Medium Significance

OBJECTIVE 11.1

In 2003, at least 25% of Town Councils with over 20,000 inhabitants must set in motion social integration initiatives in line with the needs of the people affected.

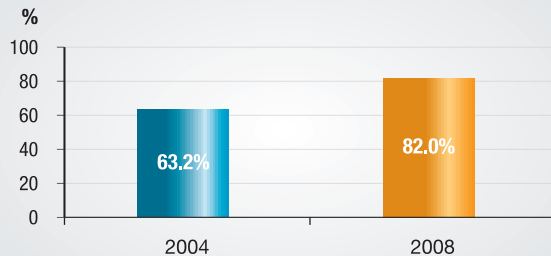
Indicator

11.1 % of PADs whose Town Councils with over 20,000 inhabitants have integration programmes in place.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	82.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
11.1.1 Estimated % of Town Councils with over 20,000 inhabitants with social integration programmes.	82.0% (in 12 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

11.1 % of PADs whose town councils with over 20,000 inhabitants have integration programmes in place



Evaluation of the level of achievement of the objective 11.1



Objective achieved. The indicator shows a positive trend in the last few years.

Objectively Verifiable
Indicator

Process Indicator

Medium Significance

OBJECTIVE 12.1

In 2003, the social integration and care system for drug addicts in the Autonomous Regions and Cities will be supported by coordination mechanisms that will make it possible to establish a functional relationship between the service networks and the resources available at the regional and local level.

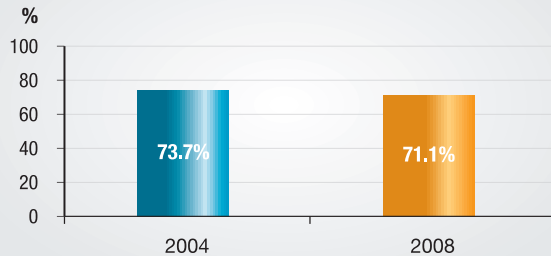
Indicator

12.1 % of PADs with local and regional coordination mechanisms regarding services and resources related to drugs.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	73.7%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	71.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
12.1.1 Number of coordination platforms.	35 (in 9 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

12.1 % of PADs with mechanisms for the local and regional coordination of drugs services and resources



Evaluation of the level of achievement of the objective 12.1



Objective achieved since 2004. The specific coordination mechanisms should be further analysed.

OBJECTIVE 13.1

In 2003, 100% of the Regional Plans and 25% of the Local Plans on Drugs of those Municipalities with over 20,000 inhabitants will have standardized or specific training and employment programmes for drug addicts included in treatment programmes.

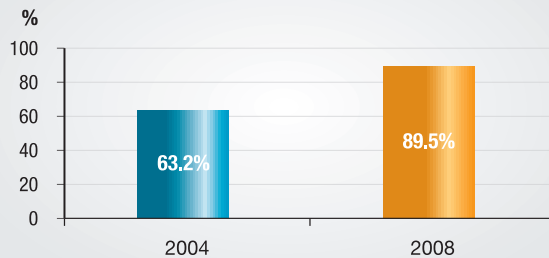
Indicator

13.1 % of Autonomous Regions whose Local Plans on Drugs have training and employment programmes for drug addicts being treated.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	89.5%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
13.1.1 % of Autonomous Regions whose Regional Plans on Drugs provide for training and employment programmes for drug addicts.	89.47%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
13.1.2 Estimated % of Municipalities with over 20,000 inhabitants with training and employment programmes for drug addicts.	64.85% (7 Autonomous Regions)	

13.1 % of Autonomous Regions whose Local Plans on Drugs have training and employment programmes for drug addicts being treated



Evaluation of the level of achievement of the objective 13.1



Objective achieved, although it should be reinforced at the local level.

Objectively Verifiable
Indicator

Result Indicator

Medium Significance

OBJECTIVE 14.1

In 2003, the number of drug addicts being treated that join professional training programmes will have increased by at least 50% under the framework of collaboration agreements with Public Placement Agencies.

Indicator

14.1 % of PADs that increase the number of drug addicts being treated that join professional training programmes by 50%.

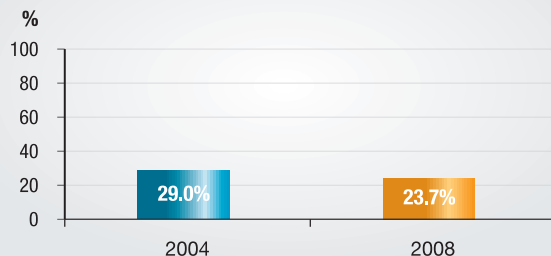
VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
According to the information provided by the Autonomous Regions for the 1998 Report, the number of occupational and professional training students stood at 7,891.	Appendix National Drugs Strategy 2000-2008.	29.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	23.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

14.1.1 Estimated % of drug addicts being treated that take part in professional training programmes.

Value	Source
26.7% (in 6 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

14.1 % of PADs that increase the number of drug addicts being treated that join professional training programmes by 50%



Evaluation of the level of achievement of the objective 14.1



Objective to be reinforced. It does not show any positive trend and, according to the information available, the degree of coverage is low.

1.3

OBJECTIVES OF THE HARM REDUCTION AREA



Not Objectively Verifiable Indicator

Result Indicator

High Significance

OBJECTIVE 1.1

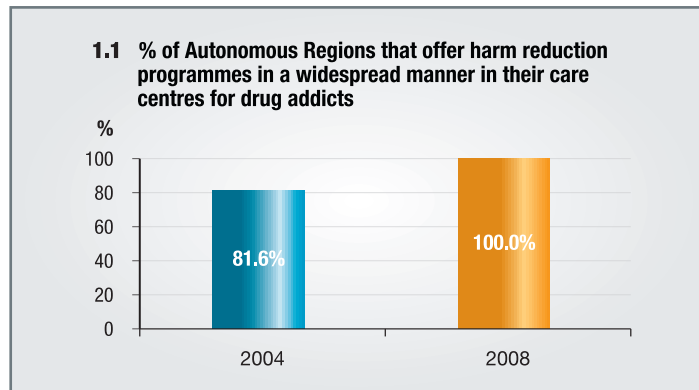
In 2003, access to harm reduction programmes must be facilitated to 100% of drug addicts that do not want to undergo a free-of-drugs treatment or that are waiting for the treatment to start.

Indicator

1.1 % of Autonomous Regions that offer harm reduction programmes in a widespread manner in their care centres for drug addicts.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1998, 63,030 patients have been treated in methadone maintenance programmes.	Appendix National Drugs Strategy 2000-2008.	81.6%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	100.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators		Value	Source
1.1.1	% of Autonomous Regions whose care centres for drug addicts offer harm reduction programmes to all users.	100.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
1.1.2	% of Autonomous Regions with street education programmes to contact drug addicts that are not being treated.	78.9%	
1.1.3	% of Autonomous Regions with information material on harm reduction programmes and services for drug addicts.	89.5%	



Evaluation of the level of achievement of the objective 1.1



Objective achieved. Accessibility to the drugs network is very high and moreover, 80% of the Autonomous Regions reinforce this objective through street education programmes in order to attract and work with those drug addicts that are not being treated and that do not have any contact with the health network.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 1.2

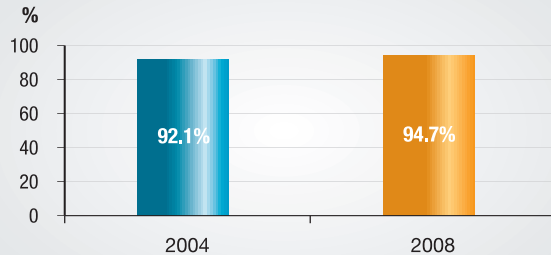
In 2008, 100% of care services for drug addicts must include actions for the reduction of harm related to drug abuse.

Indicator

1.2 % of PADs that include harm reduction programmes in their care services for drug addicts.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information.	Appendix National Drugs Strategy 2000-2008.	92.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	94.7%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

1.2 % of PADs that include harm reduction programmes in their care services for drug addicts



Evaluation of the level of achievement of the objective 1.2



Objective achieved. Although the level was already high in 2004, it has improved until 2008.

OBJECTIVE 1.3

In 2008, 50% of health care districts must include the development of coordinated harm reduction programmes among their services.

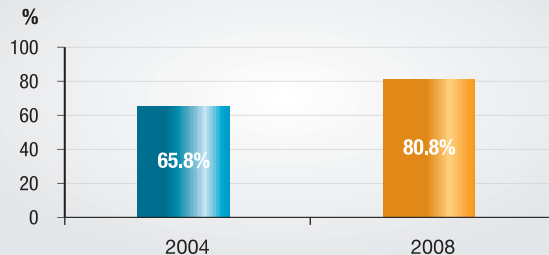
Indicator

1.3 % of Autonomous Regions that offer harm reduction programmes among their health services.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	65.8%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	80.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
1.3.1 Estimated % of health care districts that include the development of coordinated harm reduction programmes among their services as compared to the total number of health care districts (districts both within the INSALUD territory and in those Autonomous Regions that have been transferred the relevant responsibilities in this field from the central government).	80.8% (in 15 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
1.3.2 Estimated % of the different types of services offered: Type of service: Syringe Exchange Programme. Overdose Intervention Programme. Methadone Maintenance Programme. Safer Sex Programme.	76% (en 11 A.R.)	
	72% (en 12 A.R.)	
	94% (en 14 A.R.)	
	73% (en 11 A.R.)	

1.3 % of Autonomous Regions that offer harm reduction programmes in their health service portfolios



Evaluation of the level of achievement of the objective 1.3



Objective achieved. Over 80% of health care districts offer harm reduction programmes among their services.

OBJECTIVE 1.5

In 2003, the capital cities of all provinces must have at least one emergency service to attend to the basic needs of those drug addicts that do not usually resort to the standardized care network. Coordination among the three administrations involved will be necessary to set these establishments in motion.

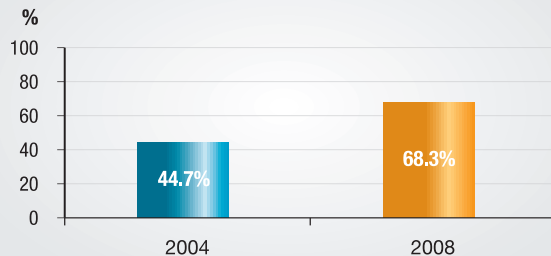
Indicator

1.5 % of Autonomous Regions whose provincial capitals have at least one emergency service for drug addicts.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, there are 22 emergency services running in six provinces.	Appendix National Drugs Strategy 2000-2008.	44.7%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	68.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
1.5.1 Number of social emergency centres.	54 (19 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
1.5.2 Estimated % of provincial capitals with this type of establishment.	68.3% (19 Autonomous Regions)	

1.5 % of Autonomous Regions whose provincial capitals have at least one emergency programme for drug addicts in place



Evaluation of the level of achievement of the objective 1.5



This objective shows a positive trend although the coverage of this type of establishments is uneven in the different provincial capitals. Most of these establishments concentrate in 5 Autonomous Regions, whereas some other regions do not have any: The specific circumstances that account for these differences in terms of coverage must be analysed.

Objectively Verifiable
Indicator

Result Indicator

High Significance

OBJECTIVE 2.1

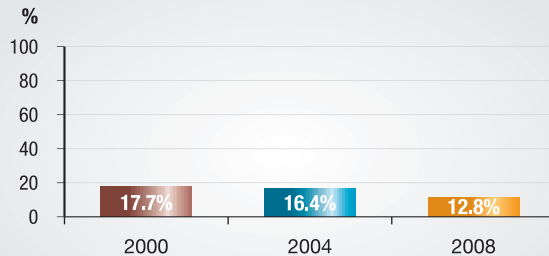
In 2003, the number of drug addicts that use drugs parenterally will have decreased by 25%.

Indicator

2.1 % of drug addicts that use drugs parenterally.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
17.7% (21.8%)	Indicator Admissions to Treatment of the Spanish Drugs Observatory 1998 (OED in Spanish).	16.4%	Indicator Admissions to Treatment of the Spanish Drugs Observatory 2004 (OED in Spanish).	12.8%	Indicator Admissions to Treatment of the Spanish Drugs Observatory 2008 (OED in Spanish).

2.1 % of drug addicts that use drugs parenterally



Evaluation of the level of achievement of the objective 2.1



Objective achieved. The percentage of drug addicts being treated that use drugs by injection has decreased, particularly in the last four years of validity of the National Drugs Strategy 2000-2008.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 2.3

In 2003, 100% of professionals at care centres for drug addicts will have received appropriate training in safer sex and lower risk consumption strategies.

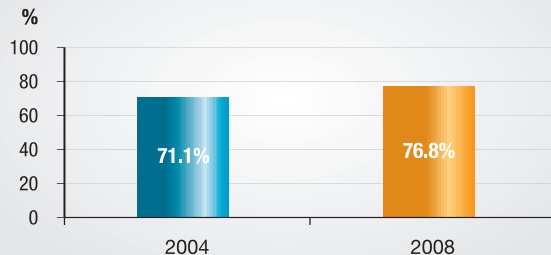
Indicator

2.3 % of PADs with professionals of care centres for drug addicts that have received some training in harm reduction strategies (safer sex and lower risk consumption).

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, 634 professionals of 16 Autonomous Regions have received some training in safer sex and lower risk consumption strategies.	Appendix National Drugs Strategy 2000-2008.	71.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	76.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator		Value	Source
2.3.1	Estimated % of professionals of care centres for drug addicts that have received some training in safer sex and lower risk consumption strategies as compared to the total number of professionals of these centres.	76.8% (in 17 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

2.3 % of PADs with professionals of care centres for drug addicts trained in harm reduction strategies (safer sex and lower risk consumption)



Evaluation of the level of achievement of the objective 2.3



Objective achieved. The coverage reached guarantees that care centres offer this type of strategies to all their users.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 2.4

In 2003, at least one professional in each specialized care centre for drug addicts will have received the appropriate training to develop workshops on safer sex and lower risk consumption (ways of consumption, consumption and driving, violence and consumption, mixing substances, infections, etc.).

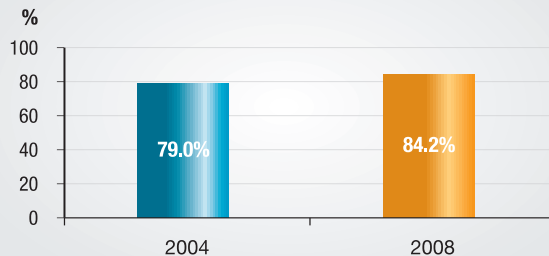
Indicator

2.4 % of PADs whose care centres for drug addicts have at least one professional trained to develop workshops on safer sex and lower risk consumption.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	79.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	84.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
2.4.1 Estimated % of specialized care centres for drug addicts that develop workshops on safer sex and lower risk consumption as compared to the total number of centres.	80.9% (in 17 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

2.4 % of PADs whose care centres for drug addicts have at least one professional trained to develop workshops on safer sex and lower risk consumption



Evaluation of the level of achievement of the objective 2.4



Objective achieved. In most care centres for drug addicts there is at least one professional capable of developing workshops on safer sex and lower risk consumption.

OBJECTIVE 3.1 Y 3.2

Indicators

- 3.1** In 2003, 100% of chemist's shops will provide information on safer sex and lower risk consumption.
- 3.2** In 2003, the number of chemist's shops that distribute and exchange syringes will have increased by at least 50%.

Indicators 3.1		Value COFA	Value PN Sida	Source
3.1.1	Total number of chemist's shops in Spain today.	21,057	20,941	Final Evaluation Questionnaire COFA/PNSIDA (2008).
3.1.2	Estimated number of chemist's shops that provide information on safer sex and lower risk consumption.	DON'T KNOW	11.0%	

Indicators 3.2		2000	2004	2007	Source
3.2.1	Number of chemist's shops with PIJ.	870	1,055	958	PNSIDA ICAP 2007
3.2.2	Number of syringes distributed in PIJs.	4,481,580	5,077,866	2,507,271	PNSIDA ICAP 2007
3.2.3	Points of syringe exchange.	1,192	1,534	1,458	

Evaluation of the level of achievement of the objective 3.1



Only 11% of chemist's shops provide information on safer sex and lower risk consumption, far from the target 100% suggested in the National Drugs Strategy 2000-2008. This objective is to be reinforced.

Evaluation of the level of achievement of the objective 3.2



Around 1,000 chemist's shops exchange syringes, which accounts for 66% of the total number of points of syringe exchange in Spain. The trends of PIJs in chemist's shops can be due to a reduction in the number of drug addicts that use drugs by injection, particularly heroin users.

Objectively Verifiable
Indicator

Result Indicator

Medium Significance

OBJECTIVE 4.3

In 2003, 100% of professionals working in the field of drug dependencies will be able to have their immunological situation regularly checked up regarding tuberculosis, in such a way that anti-tuberculosis chemoprophylaxis is prescribed when appropriate.

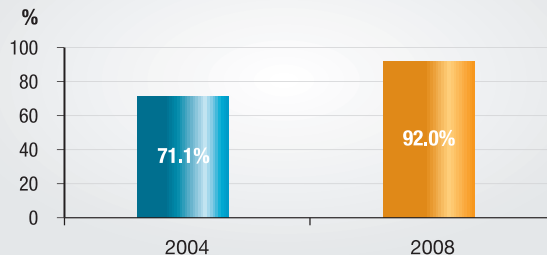
Indicator

4.3 % of Autonomous Regions that offer a regular check-up of immunological situation to the professionals of the drugs network.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
At present, professionals in the field of drug dependencies receive health care through the National Health System.	Appendix National Drugs Strategy 2000-2008.	71.1%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	92.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
4.3.1 Estimated % of professionals in the field of drug dependencies that have their immunological situation regularly checked up regarding tuberculosis.	92.0% (in 5 Autonomous Regions)	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
4.3.2 Estimated % of professionals working in care centres for drug addicts that undertake systematic specific screening to prescribe anti-tuberculosis chemoprophylaxis.	92.3% (in 10 Autonomous Regions)	

4.3 % of Autonomous Regions that offer a regular check-up of immunological situation to the professionals of the drugs network



Evaluation of the level of achievement of the objective 4.3



Objective achieved. The offer reaches 100% of the professionals working in the drugs network; almost all of them have their immunological situation regularly checked up regarding tuberculosis, although there is information available on this aspect for ten Regional Plans on Drugs only.

Objectively Verifiable
Indicator

Process Indicator

High Significance

OBJECTIVE 5.1

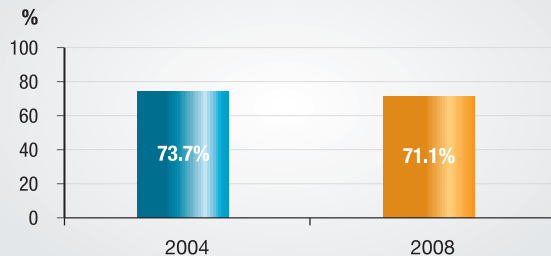
In 2003, all the Regional Plans on Drugs and the Government Delegation for the National Plan on Drugs will undertake health education actions aiming to reduce harms caused by alcohol, tobacco and other drugs and targeting the population as a whole.

Indicator

5.1 % of PADs that undertake health education actions aiming to reduce harms caused by alcohol, tobacco and other drugs.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	73.7%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	71.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

5.1 % of PADs that undertake health education actions aiming to reduce harms caused by alcohol, tobacco and other drugs



Evaluation of the level of achievement of the objective 5.1



Objective achieved. Taking into account that the goal of health education activities about alcohol and tobacco targeting the population as a whole is to prevent consumption, the level of activity shown in the evaluation is considered to be enough.

Objectively Verifiable
Indicator

Product Indicator

Low Significance

OBJECTIVE 5.3

In 2003, contents including the necessary advice strategies so that future drivers know and assume the risks related to alcohol and driving will have been extended and developed in the materials and compulsory curriculum of driving schools.

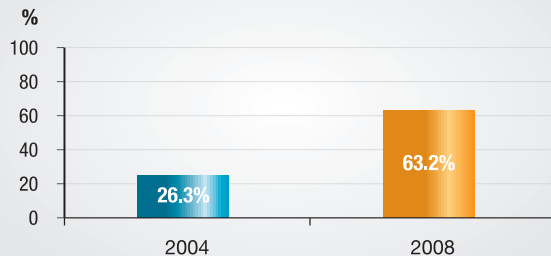
Indicator

5.3 % of PADs that offer materials for the prevention of traffic accidents related to drug abuse to driving schools.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	26.3%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	63.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator	Value	Source
5.3.1 % of Autonomous Regions whose Regional Plans on Drugs provide for specific materials on alcohol and driving whose target are driving schools.	63.2%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

5.3 % of PADs that offer materials for the prevention of traffic accidents related to drug abuse to driving schools



Evaluation of the level of achievement of the objective 5.3



Objective achieved. According to the information of the Traffic General Directorate, contents on alcohol and associated risks are included in the compulsory curriculum of driving schools. The contribution of the Regional Plans on Drugs to achieve this objective is positive.

Objectively Verifiable Indicator

Process Indicator

Low Significance

OBJECTIVE 5.4

In 2003, all the Regional Plans on Drugs will have offered training for teachers on the prevention of traffic accidents related to drug abuse to driving schools.

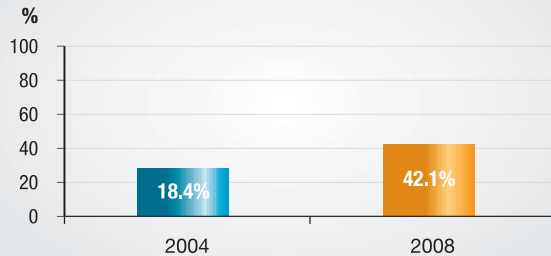
Indicator

5.4 % of PADs that offer training for the prevention of traffic accidents related to drugs to driving schools teachers.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available.	Appendix National Drugs Strategy 2000-2008.	18.4%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	42.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicators	Value	Source
5.4.1 % of Autonomous Regions whose Regional Plans on Drugs offer training for the prevention of traffic accidents related to drug abuse to driving schools teachers.	42.1%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).
5.4.2 Estimated % of driving schools that provide their students with information on risks related to drugs and driving.	90.7% (6 Autonomous Regions)	

5.4 % of PADs that offer training to prevent traffic accidents related to drugs to driving schools' teachers



Evaluation of the level of achievement of the objective 5.4



This objective shows a positive trend. There has been a significant increase in the activity of the Regional Plans on Drugs in this field during the last four years.

Objectively Verifiable
Indicator

Product Indicator

Medium Significance

OBJECTIVE 5.5

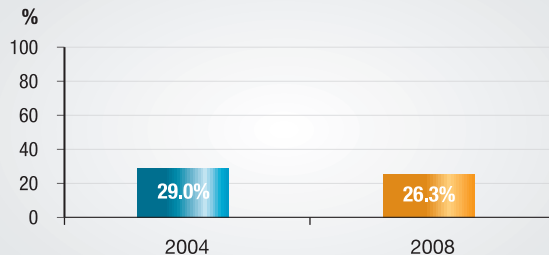
In 2003, the Government Delegation for the National Plan on Drugs and the Justice Administration, in coordination with those responsible for policies on women and family and the Regional Plans on Drugs, will have implemented care programmes regarding problems related to violence and alcohol and other drugs, with special focus on those arising in domestic and family contexts, in 50% of police stations and courts.

Indicator

5.5 % of PADs with care programmes regarding problems related to alcohol and other drugs in police stations and courts.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is no information available at present.	Appendix National Drugs Strategy 2000-2008.	29.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	26.3%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

5.5 % of PADs with care programmes regarding alcohol and other drugs in police stations and courts



Evaluation of the level of achievement of the objective 5.5



This objective is to be reinforced. The information on this type of programmes is inadequate and needs to improve.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 6.1

In 2003, 100% of public programmes of treatment with agonists must be functionally coordinated in the care network of the National Health System, which will entail a continuous feedback with other devices and an exchange of patients whenever necessary.

Indicator

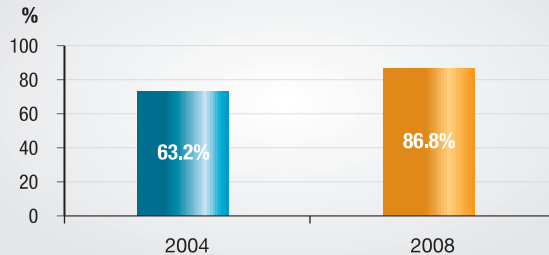
6.1 % of PADs with agonist treatment programmes coordinated with the National Health System.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
There is not any objectively verifiable information available.	Appendix National Drugs Strategy 2000-2008.	63.2%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	86.8%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

6.1.1 Number of Regional Plans on Drugs with agonist treatment programmes integrated or coordinated with any other type of resources of the care network within the National Health System.

Type of Establishment	Integrated	Coordinated	There is no Relationship
Care Centres for Drug Addicts.	13	4	2
Primary Care Centres.	4	13	3
Mental Health Centres.	8	12	2
Prisons.	11	9	1
Hospitals.	9	13	1

6.1 % of PADs with agonist treatment programmes coordinated with the National Health System



Evaluation of the level of achievement of the objective 6.1



Objective achieved. Moreover, the level of integration and coordination between this and other resources of the health network is very high and has improved in the last four years, according to the evaluation of the Regional Plans on Drugs. Those Autonomous Regions that do not have these coordination systems yet should reinforce this objective.

Objectively Verifiable
Indicator

Product Indicator

High Significance

OBJECTIVE 6.2

In 2008, 100% of agonist treatment programmes will offer a wide range of essential services, including general health, mental health, preventive activities, social and occupational assistance and family support.

Indicator

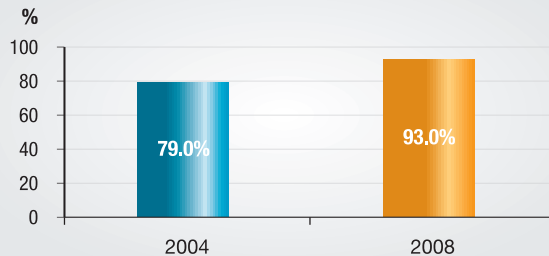
6.2 % of PADs that offer social and health services in their treatment programmes.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
The Agonists Committee set the main criteria ruling those service portfolios that offer agonist maintenance programmes.	Appendix National Drugs Strategy 2000-2008.	79.0%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	93.0%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

6.2.1 Estimated % of agonist treatment programmes that offer the following services:

Type of Service	Estimated %
Health Education.	93% (in 17 Autonomous Regions)
Mental Health.	82% (in 15 Autonomous Regions)
Social and Occupational Assistance.	79% (in 16 Autonomous Regions)
Family Support.	84% (in 16 Autonomous Regions)
Group Psychotherapy.	67% (in 14 Autonomous Regions)
Mantoux Test.	84% (in 14 Autonomous Regions)

6.2 % of PADs that offer social and health services within their treatment programmes



Evaluation of the level of achievement of the objective 6.2



Objective achieved. All the Autonomous Regions offer two or more health promotion services within their agonist treatment programmes.

Objectively Verifiable Indicator

Product Indicator

High Significance

OBJECTIVE 7.1 Y 7.2

- 7.1** In 2003, the General Secretariat for Prisons, in collaboration with the PADs, will have implemented Syringe Exchange programmes (PIJ in Spanish) in at least 30% of prisons.
- 7.2** In 2008, the General Secretariat for Prisons, in collaboration with the Regional Plans on Drugs, will have implemented psychosocial initiatives developing harm reduction programmes in 100% of prisons.

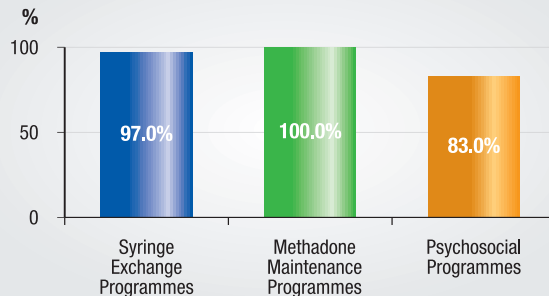
VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
In 1999, 3 out of 71 prisons had PIJs in place.	Appendix National Drugs Strategy 2000-2008.	73.7%	Interim Evaluation Questionnaire Regional Plan on Drugs (2004).	81.6%	Final Evaluation Questionnaire Regional Plan on Drugs (2008).

Indicator

7.1/7.2 % of prisons (CPS in Spanish) with psychosocial care programmes for drug addicts.

Number of prisons.	77 (67 Nat. + 10 Catalonia)	Source: Final Evaluation Questionnaire General Secretariat for Prisons (2008).
% of drug-dependent inmates.	40-70%	
Number of facilities with syringe exchange programmes.	75	
Number of syringes/year.	14,644 (13,998 rest of Spain + 646 Catalonia)	
Number of facilities with methadone programmes.	77 (100%)	
Number of users of methadone programmes.	18,804 (17,541 rest of Spain + 1,263 Catalonia)	
Number of facilities with a psychosocial care programme.	64	

7.1/2 % of prisons with harm reduction programmes



Evaluation of the level of achievement of the objective 7.1 y 7.2 ★

Objective achieved. According to the evaluation of the Regional Plans on Drugs, the situation is positive and according to the information provided by the General Secretariat for Prisons, the current coverage of harm reduction programmes and psychosocial care programmes for drug addicts in prisons is very high, particularly methadone maintenance programmes. This situation is in line with the high percentage of inmates with problems of drugs in prison (between 40 and 70%).

Appendix II

MATRIX OF OBJECTIVES BY FIELDS



SUMMARY OF THE LEVEL OF ACHIEVEMENT OF OBJECTIVES

IN THE PREVENTION AREA:

The objectives of the Prevention Area of the NDS 2000-2008 have been divided into five action domains. Each of them contains the level of achievement of each objective by means of a colour code.

	SCHOOL	COMMUNITY	POPULATION	OTHER FIELDS*	QUALITY
OBJECTIVE 1					
1.1			★		
1.2			★		
OBJECTIVE 2					
2.2	★				★
2.3	★				
OBJECTIVE 3					
3.1	★		★		
3.2	★				
3.4			★		
3.5			★		
3.6			★		
3.7			★		
OBJECTIVE 4					
4.1			★		
OBJECTIVE 5					
5.1	★				★
5.2	★				★
5.3	★				★
5.4	★				★
5.5	★				★

	SCHOOL	COMMUNITY	POPULATION	OTHER FIELDS*	QUALITY
OBJECTIVE 6					
6.1		★			
6.2	★				★
6.3		★			
OBJECTIVE 7					
7.1		★			★
OBJECTIVE 8					
8.1		★			★
8.2		★			
8.3		★			
OBJECTIVE 9					
9.1		★			
9.2		★			
9.3		★			
OBJECTIVE 10					
10.1					★
OBJECTIVE 11					
11.1				★	
11.2				★	★
OBJECTIVE 12					
12.1			★		
12.2			★		★
OBJECTIVE 13					
13.1				★	★
13.2				★	★
OBJECTIVE 14					
14.1				★	★
14.2				★	

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

*Other fields: Prisons, work, media, primary care.

SUMMARY OF THE LEVEL OF ACHIEVEMENT OF OBJECTIVES IN THE

CARE AND SOCIAL REINTEGRATION AREA:

The objectives of the Care and Social Reintegration Area of the NDS 2000-2008 have been divided into four action fields. Each of them contains the level of achievement of each objective by means of a colour code.

	INTERVENTIONS IN THE COMMUNITY	CRIMINAL LEGAL	SOCIAL AND OCCUPATIONAL INTEGRATION	QUALITY
OBJECTIVE 1				
1.1				★
1.2	★			★
OBJECTIVE 2				
2.1	★			★
2.2	★			
OBJECTIVE 3				
3.1	★			★
OBJECTIVE 4				
4.1	★			★
4.2	★			★
4.3				★
OBJECTIVE 5				
5.1	★			
5.2	★			

	INTERVENTIONS IN THE COMMUNITY	CRIMINAL LEGAL	SOCIAL AND OCCUPATIONAL INTEGRATION	QUALITY
OBJECTIVE 6				
6.1		★		
OBJECTIVE 7				
7.1		★		
7.2				
OBJECTIVE 8				
8.1		★	★	
8.2				
OBJECTIVE 9				
9.1		★		★
9.2		★		★
9.3				
OBJECTIVE 10				
10.1		★		★
OBJECTIVE 11				
11.1			★	
OBJECTIVE 12				
12.1	★			★
OBJECTIVE 13				
13.1			★	
OBJECTIVE 14				
14.1			★	

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

SUMMARY OF THE LEVEL OF ACHIEVEMENT OF OBJECTIVES IN THE

HARM REDUCTION AREA:

The objectives of the Harm Reduction Area of the NDS 2000-2008 have been divided into four action fields. Each of them contains the level of achievement of each objective by means of a colour code.

	INTERVENTIONS IN THE COMMUNITY	PREVENTION OF RELATED DISEASES	CRIMINAL LEGAL	QUALITY
OBJECTIVE 1				
1.1				★
1.2	★			
1.3	★			
1.5	★			
OBJECTIVE 2				
2.1		★		
2.3		★		★
2.4		★		★

	INTERVENTIONS IN THE COMMUNITY	PREVENTION OF RELATED DISEASES	CRIMINAL LEGAL	QUALITY
OBJECTIVE 3				
3.1	★	★		
3.2	★	★		
OBJECTIVE 4				
4.3		★		
OBJECTIVE 5				
5.1	★			★
5.2				
5.3	★			★
5.4	★			★
5.5				★
OBJECTIVE 6				
6.1				★
6.2				★
OBJECTIVE 7				
7.1	★			★
7.2	★			★

★ ACHIEVED ★ POSITIVE TREND ★ NEED FOR IMPROVEMENT

Appendix III

QUESTIONNAIRES FOR THE EVALUATION OF THE NATIONAL DRUGS STRATEGY 2000-2008



Two questionnaires were drawn up in order to evaluate the results and impact of the National Drugs Strategy (NDS) 2000-2008:

A. A questionnaire to evaluate results in order to know the level of achievement of the objectives set in the NDS 2000-2008 and based on the indicators and sources described in the NDS appendix. Its target are those people responsible for the Regional Plans on Drugs and other Central Administration Departments with indirect responsibilities in this field.

B. A questionnaire to evaluate the NDS impact on professionals of the drug dependence sector and other sectors closely related to it, in order to assess the level of knowledge of the NDS and its impact on the development of policies and programmes implemented during the period 2000-2008. It has also the same targets as questionnaire A.

QUESTIONNAIRE FOR THE RESULTS EVALUATION OF THE NATIONAL DRUGS STRATEGY 2000-2008.

REGIONAL PLANS ON DRUGS

Instructions to fill it in:

This questionnaire includes two types of questions:

1. About the global evaluation of the following aspects related to the specific objectives of the NDS 2000-2008 (marked with two digits):
 - ◆ The level of development of the necessary actions to achieve that particular objective: completed, in progress, or in project (for all those actions that have not started yet but may be scheduled).
 - ◆ The level of achievement of each objective: achieved, partially achieved, or not achieved.
2. About specific aspects of each specific objective of the NDS 2000-2008 (marked with three digits and in italic).

The latest data available must always be included, specifying the year to which they refer. It is necessary to answer all the questions and, whenever there is no information available, indicate it expressly.

The numbering of the objectives contained in this questionnaire corresponds to that used in the NDS 2000-2008 in order to make it easier to analyse the information and compare the new data with those from the initial and interim evaluations. That is why in many occasions they appear in a discontinuous way in this document.

Some of the NDS objectives have been eliminated from this questionnaire due to the fact that there is not any appropriate source of information or the sources of information are not properly defined.

PREVENTION AREA

OBJECTIVE 1

To provide people with enough information on the risks associated to the consumption of tobacco, alcohol and other substances that may generate dependence or risks to users.

- 1.1** In 2003, all the Regional Plans, as well as the interventions of the Government Delegation for the National Plan, will have included information measures about tobacco and alcohol, also adapting to the new emerging consumption patterns. These information measures must be necessarily complemented with other prevention strategies.

Please provide the latest information available and indicate the year to which it refers:

 2008

 2007

 2006

 2005

 Action completed

 Objective achieved

 In progress

 Partially achieved

 In project

 Not achieved

- 1.1.1** *What means are used in your Regional Plan on Drugs to spread information? If possible, indicate last year's estimated coverage.*

CHANNEL	% TARGET POPULATION REACHED LAST YEAR (INDICATE YEAR)	INDICATE HOW THIS ESTIMATION IS MADE
Audiovisual		
Internet (number of visits to the website)		
Mobile phones		
Informative material		
Others		

OBJECTIVE 3

Upon completion of compulsory education, most school students will have received enough objective information and appropriate training on the consequences of drug use and abuse. Moreover, they must have acquired enough skills, competencies and abilities to tackle their relationship with drugs effectively.

- 3.2** In 2003, 20% of school students in centres located in preferential action areas will have taken part in school prevention programmes including training and alternative activities about the appropriate use of leisure time.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 3.2.1** *Have you identified preferential action areas for school prevention purposes in your Autonomous Region?*

YES NO DON'T KNOW

- 3.2.2** *How many educational centres are located in these preferential action areas?*

NUMBER DON'T KNOW

- 3.2.3** *How many of these centres have preventive programmes in place including leisure-time activities?*

NUMBER DON'T KNOW

- 3.2.4** *How many students take part in these programmes?*

NUMBER DON'T KNOW

OBJECTIVE 5

To set in motion a process to authorize and certificate teachers' training and prevention programmes at school, as well as to approve educational materials to be used as support tools for teachers in the field of drug abuse prevention.

- 5.1** In 2003, the basic contents and the minimum length (10 hours at least) of EPS courses, whose target are teachers, will have been authorized or certified by the relevant Educational Institutions, in coordination with the Regional Plans on Drugs.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.1.1** *Do you have standardization criteria for teachers' training programmes in education for health in coordination with the education system in your Autonomous Region?*

YES NO DON'T KNOW

- 5.1.2** *Do these criteria provide for the training's contents and length?*

YES NO DON'T KNOW

- 5.2** In 2003, the relevant Educational Institutions, in coordination with the Regional Plans on Drugs, will have set up systems to authorize and certify prevention programmes and programmes for the standardization of supporting materials. The standardization, authorization and certification systems must be in line with the criteria set by the PND Sectorial Conference.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.2.1** *Do you have criteria for the standardization, authorization and certification of preventive materials and programmes available in your Autonomous Region?*

YES NO DON'T KNOW

- 5.2.2** *For which of the following sections do you have standardization criteria available in your Regional Plan on Drugs?*

- | |
|--|
| <input type="checkbox"/> School programmes |
| <input type="checkbox"/> Educational materials |
| <input type="checkbox"/> Teachers' training |

- 5.2.3** *Do you have control systems to authorize the prevention programmes implemented at the educational establishments in your Autonomous Region?*

YES NO DON'T KNOW

- 5.3** In 2003 the institutions mentioned above will have drawn up a catalogue containing authorized programmes and standardized prevention materials enabling teachers to have the appropriate offer according to their different characteristics and needs.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 5.3.1** Do you have a catalogue of drug prevention materials and programmes available in your Autonomous Region?

YES NO DON'T KNOW

- 5.3.2** If your answer is yes, are these materials classified according to the level of education and the level of risk of the target population?

YES NO DON'T KNOW

- 5.4** In 2008 100% of the prevention programmes implemented in class will be certified.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 5.4.1** Which estimated percentage of the school prevention programmes implemented in your Autonomous Region is certified?

% DON'T KNOW

- 5.5** In 2003, the relevant educational institutions, in coordination with the Regional Plans on Drugs, will have set up technical committees for the standardization, authorization and certification of prevention materials and programmes. These structures will take the PND as their reference.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 5.5.1** Do you have a Technical Committee made up of the Regional Plan on Drugs and the Regional Ministry of Education for the coordination of prevention activities at educational centres in your Autonomous Region?

YES NO DON'T KNOW

OBJECTIVE 6

To develop research projects about drug prevention at school, family and community.

- 6.1** In 2003, at least one model of general family prevention and another one targeting high risk families will have been conceived, implemented and evaluated under the framework of the PND.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 6.1.1** *Do you have any family prevention programme already implemented and with a results evaluation based on research designs in your Autonomous Region?*

YES NO DON'T KNOW

- 6.1.2** *If your answer is yes, how many?*

NUMBER DON'T KNOW

- 6.2** In 2003, at least one model of school prevention programme for each level of education as well as another specific one for high risk students will have been conceived, implemented and evaluated under the framework of the PND.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 6.2.1** *Do you have school programmes with results evaluation based on research designs in your Autonomous Region?*

YES NO DON'T KNOW

- 6.3** In 2003, at least 30% of school intervention programmes will include structured and evaluated actions of a community nature..

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 6.3.1** *Which estimated percentage of school intervention programmes include structured and evaluated actions of a community nature in your Autonomous Region?*

% DON'T KNOW

OBJECTIVE 7

To promote training and retraining actions for coordinators of social and cultural activities, leisure instructors and other social mediators, preferably youth mediators, as drug prevention agents.

- 7.1** In 2003, all the Regional Plans on Drugs, in collaboration with the institutions responsible for youth policies, will have included training actions for coordinators of social and cultural activities, leisure instructors and other social mediators.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 7.1.1** *Has your Autonomous Region signed collaboration agreements with those institutions responsible for Youth policies?*

YES NO DON'T KNOW

- 7.1.2** *Please specify the number of youth mediators with training in drug prevention.*

NUMBER DON'T KNOW

Indicate the source of this information:

OBJECTIVE 8

To develop tools to assess the levels of risk and protection of a particular community and to make it easier to evaluate the effectiveness of the different interventions.

- 8.1** In 2003, criteria will have been set and tools will have been produced to evaluate the levels of risk and protection at the community level. On that basis, all the Autonomous Regions and Cities will have a map of priority intervention areas.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 8.1.1** *Do you have tools to evaluate the level of risk / protection at the community level in your Autonomous Region?*

YES NO DON'T KNOW

- 8.1.2** *Do you have high risk maps in your Autonomous Region?*

YES NO DON'T KNOW

- 8.2** In 2003, 50% of provincial and town councils or coalitions of municipalities with over 20,000 inhabitants must have approved Local Plans on Drugs including drug prevention programmes. This percentage must reach 100% in 2008.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

8.2.1 How many Local Plans on Drugs are there in your Autonomous Region?

NUMBER DON'T KNOW

8.2.2 Which estimated percentage do they represent regarding the total number of municipalities with over 20,000 inhabitants in your Autonomous Region?

% DON'T KNOW

8.3 The Autonomous Regions and Cities, in collaboration with the Central and Local Administration, will support preventive actions individually or jointly in those municipalities with less than 20,000 inhabitants, being this second option the priority one in municipalities with less than 5,000 inhabitants.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

8.3.1 Which estimated number of municipalities with less than 20,000 inhabitants take part in prevention programmes in your Autonomous Region?

NUMBER DON'T KNOW

8.3.2 Which estimated percentage do they represent regarding the total number of this type of municipalities in your Autonomous Region?

% DON'T KNOW

OBJECTIVE 9

To promote, in collaboration with Social Services, the AMPAS and other Social Entities, the development of preventive programmes targeting families in general and high risk families in particular.

- 9.1** In 2003, 50% of school prevention programmes will have to include strategies targeting the family specifically. These strategies will be spread to 100% of programmes in 2008.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.1.1** Which estimated percentage of school prevention programmes include actions targeting the family specifically?

% DON'T KNOW

- 9.2** In 2003, 40% of community intervention programmes will include actions targeting high risk families.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.2.1** Which estimated percentage of community intervention programmes include actions targeting high risk families specifically?

% DON'T KNOW

- 9.3** In 2008, 100% of the Local Plans on Drugs will have to develop family prevention actions as part of their community prevention programmes.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.3.1** Which estimated percentage of Local Plans on Drugs develop actions targeting the family specifically?

% DON'T KNOW

OBJECTIVE 10

To promote the development of programmes based on scientific evidence, by spreading best practice.

- 10.1** In 2003, all the prevention actions financed by the Public Administrations involved in the National Plan on Drugs will comply with the requirements contained in the document on “Criterios Básicos de Intervención de los Programas de Prevención de Drogodependencias” (basic intervention criteria of drug prevention programmes), which was approved by the Sectorial Conference of the National Plan on Drugs in 1997.

Please provide the latest information available and indicate the year to which it refers:

<input type="checkbox"/> 2008	<input type="checkbox"/> 2007	<input type="checkbox"/> 2006	<input type="checkbox"/> 2005
<input type="checkbox"/> Action completed	<input type="checkbox"/> Objective achieved		
<input type="checkbox"/> In progress	<input type="checkbox"/> Partially achieved		
<input type="checkbox"/> In project	<input type="checkbox"/> Not achieved		

- 10.1.1** *Are there certification systems of preventive programmes in line with the basic intervention criteria of drug prevention programmes in your Autonomous Region?*

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
------------------------------	-----------------------------	-------------------------------------

- 10.1.2** *Are these criteria applied in the technical assessment of programmes subsidized by your Regional Plan on Drugs?*

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
------------------------------	-----------------------------	-------------------------------------

OBJECTIVE 11

The Government Delegation for the National Plan on Drugs and the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will include preventive and education for health strategies in all the drug dependence programmes implemented in prisons.

- 11.1** In 2008 100% of prisons (CP in Spanish) will implement preventive activities and programmes relating to drug abuse and its consequences.

Please provide the latest information available and indicate the year to which it refers:

<input type="checkbox"/> 2008	<input type="checkbox"/> 2007	<input type="checkbox"/> 2006	<input type="checkbox"/> 2005
<input type="checkbox"/> Action completed	<input type="checkbox"/> Objective achieved		
<input type="checkbox"/> In progress	<input type="checkbox"/> Partially achieved		
<input type="checkbox"/> In project	<input type="checkbox"/> Not achieved		

- 11.2** In 2008, 50% of employees of prisons will have been trained in drug prevention.

Please provide the latest information available and indicate the year to which it refers:

<input type="checkbox"/> 2008	<input type="checkbox"/> 2007	<input type="checkbox"/> 2006	<input type="checkbox"/> 2005
<input type="checkbox"/> Action completed	<input type="checkbox"/> Objective achieved		
<input type="checkbox"/> In progress	<input type="checkbox"/> Partially achieved		
<input type="checkbox"/> In project	<input type="checkbox"/> Not achieved		

OBJECTIVE 12

To set up, from the Government Delegation for the PND, in collaboration with the Regional Plans, a plan to approach media professionals in order to promote awareness and training actions in the field of drug dependencies and social communication.

- 12.1** In 2003, 100% of the main media at the national level will have received basic information on drug prevention.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 12.1.1** *Is basic information on drug dependencies distributed to media professionals in your Autonomous Region?*

YES NO DON'T KNOW

- 12.2** In 2003, drug dependence training actions will have been carried out for 50% of professionals working for the main media covering information on drug dependencies at the national level. Whenever the training involves media at the regional level, this training will be jointly carried out with the Autonomous Regions and Cities.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 12.2.1** *Are training actions targeting media professionals carried out in your Autonomous Region?*

YES NO DON'T KNOW

- 12.2.2** *If your answer is yes, how many professionals of these media have participated in these actions during the last year approximately?*

NUMBER DON'T KNOW

- 12.2.3** *How many materials have been distributed?*

TYPE (LEAFLETS; BOOKS...)	NUMBER:	DON'T KNOW

OBJECTIVE 13

To boost and implement preventive strategies including information and training actions, as well as actions to promote a change in terms of attitudes, behaviours and risk factors among working people.

- 13.1** In 2003, 100% of the Regional Plans on Drugs will have signed collaboration agreements with Unions and Employers' Associations in order to promote drug prevention at work.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 13.1.1** *Are there any collaboration agreement with Unions and Employers' Associations to promote prevention at work in your Autonomous Region?*

YES NO DON'T KNOW

- 13.2** In 2003, the most vulnerable groups of people at work will have been identified and the appropriate prevention tools for these target groups will have been produced.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 13.2.2** *Does your Autonomous Region have maps showing high risk of drug abuse among working people?*

YES NO DON'T KNOW

OBJECTIVE 14

To develop programmes and protocols for the early diagnosis of problems related to the consumption of tobacco, alcohol and illegal drugs from Primary Care Teams.

- 14.1** In 2003, all the Regional Plans, in coordination with the Public Health System, will have developed protocols for the early diagnosis of drug abuse.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 14.1.1** *Has your Autonomous Region developed early diagnosis protocols in coordination with the Public Health System?*

YES NO DON'T KNOW

- 14.2** In 2003, at least 25% of Primary Care Teams will offer programmes of early diagnosis and coordinated action regarding drug-abuse-related problems.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 14.2.1** *Which estimated percentage of primary care teams offer this type of services?*

% DON'T KNOW

CARE AND SOCIAL REINTEGRATION AREA

OBJECTIVE 1

To define the therapeutic circuit of the Care and Social Integration System for Drug Addicts, adapting it to the one set by the National Drugs Strategy.

- 1.1** In 2003, all the Regional Plans on Drugs will have an updated system of care resources making up the therapeutic circuit set in the National Strategy and all those functional aspects that may be of any interest to professionals, users and their families.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

1.1.1 *Number of centres and classification by levels of the therapeutic circuit of all the Regional Plans on Drugs.*

TYPE OF CENTRE/SERVICE ¹	NUMBER OF CENTRES	ESTIMATED NUMBER OF USERS

¹Type of centre/service: care centres for drug addicts (CAD in Spanish); therapeutic communities (CT in Spanish); hospital detoxification units (UDH in Spanish); mobile units (UM in Spanish); social emergency centres (CES in Spanish); street education (OUT).

- 1.2** In 2003, all the Regional Plans on Drugs will offer a diversified resource network to address drug dependencies in a comprehensive manner. This network, included in the National Health System, will basically include free-of-drugs programmes, harm reduction programmes, specifically agonist treatment programmes, and specific programmes targeting special groups (inmates, minors, ethnic minorities, women, patients with a dual pathology, etc.).

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

1.2.1 *Description of care programmes offered by the different Regional Plans on Drugs.*

TYPE OF PROGRAMME	NUMBER OF USERS/YEAR

Type of programme; alcohol, tobacco, cannabis, cocaine, synthetic drugs, heroin free of drugs, heroin harm reduction.

OBJECTIVE 2

To include strategies to improve the therapeutic treatment of people having problems related to the consumption of alcohol and tobacco, new drugs and new consumption patterns.

- 2.1** In 2003, the National Health System will have included therapeutic strategies to address problems related to alcohol, tobacco, new drugs and new consumption patterns.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 2.1.1** *Estimated percentage (in the last year available) of health care districts within the National Health System that include, among their services, therapeutic strategies to address problems related to tobacco, alcohol, new drugs and new consumption patterns in the last year available (both within the INSALUD territory and in those Autonomous Regions that have been transferred the relevant responsibilities in this field from the central government).*

% DON'T KNOW

- 2.2** In 2003, the period of time between the start of alcohol abuse and the start of the relevant treatment will have been reduced by at least 20%.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

OBJECTIVE 3

To offer outpatient care to drug addicts in specific establishments located within their Health Care District.

- 3.1** In 2003, the National Health System must guarantee complete specialized outpatient care to those affected by the problem of drug dependencies at the level of the Autonomous Region or City and within the Health Care District in which they live.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 3.1.1** *Which estimated percentage of health care districts of your Autonomous Region provide drug addicts with specialized outpatient care?*

% DON'T KNOW

OBJECTIVE 4

To improve the objective care quality and the treatment programmes' results by means of evaluation mechanisms.

- 4.1** In 2003, all the Autonomous Regions and the Cities of Ceuta and Melilla will have a process evaluation system in place in order to quantify the performance of treatment programmes, which makes it possible to improve care quality.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 4.1.1** *Does your Regional Plan on Drugs provide for a process evaluation system for treatment programmes?*

YES NO DON'T KNOW

- 4.2** In 2008, all the Autonomous Regions and the Cities of Ceuta and Melilla will have an evaluation system in place in order to quantify the results of those programmes.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 4.2.1** *Are the treatment programmes' results evaluated?*

YES NO DON'T KNOW

- 4.2.2** *Are standardized quality criteria applied to the care system in your Autonomous Region?*

YES NO DON'T KNOW

- 4.2.3** *If possible, please describe them:*

OBJECTIVE 5

To promote early diagnosis and intervention programmes targeting minors with problems of drug abuse and children of drug addicts.

- 5.1** In 2003, there will be at least one programme in each province for the early detection and intervention regarding minors with problems of drug dependencies.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 5.1.1** *Estimated percentage of provinces with an early detection and intervention programme for minors with problems of drug dependencies.*

% DON'T KNOW

- 5.2** In 2003, specific prevention programmes targeting children of drug addicts will have been set in motion.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 5.2.1** *Number of specific prevention programmes targeting children of drug addicts.*

NUMBER DON'T KNOW

- 511; 521; 6.1** *(common chart for the three indicators)*

	ESTIMATED NUMBER OF PROGRAMMES	ESTIMATED NUMBER OF USERS/YEAR
Early detection and intervention		
Prevention for children of drug addicts		
Programmes in courts		
Programmes in police stations		

OBJECTIVE 6

The State Administration, along with the Autonomous Regions and Cities, will guarantee appropriate care to arrested people with drug-abuse related problems.

- 6.1** In 2003, the Regional Plans on Drugs will have at least one care programme for drug addicts in Courts and Police Stations.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

OBJECTIVE 7

To spread therapeutic units to all-purpose prisons and to promote experiences such as therapeutic communities inside prisons.

- 7.1** In 2003, the State Administration, in collaboration with the Regional Plans, will have set up therapeutic units targeting drug-dependent inmates in 100% of prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 7.2** In 2003, the State Administration, in collaboration with the Regional Plans, will have set in motion rehabilitation programmes in therapeutic communities inside the correctional facility in at least 5 prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

OBJECTIVE 8

To give priority to drug-dependent inmates joining training and occupational programmes.

- 8.1** In 2003, the number of drug-dependent inmates joining training and occupational programmes will have increased by 30%.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 8.1.1** *Which estimated percentage of drug-dependent inmates join training and occupational programmes as compared to the total number of drug-dependent inmates?*

% DON'T KNOW

- 8.2** The Autonomous Regions will guarantee the offer of resources for the social and occupational integration of drug addicts that, after having completed a rehabilitation programme in prison, have had their sentence suspended.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 8.2.1** *Does your Regional Plan on Drugs offer resources for the occupational integration of rehabilitated drug addicts with their sentence suspended?*

YES NO DON'T KNOW

- 8.2.2** *How many drug addicts with their sentence suspended benefit from these resources yearly approximately?*

NUMBER DON'T KNOW

OBJECTIVE 9

To guarantee the existence and development of Support Groups for Drug Addicts (GAD in Spanish) in prisons.

- 9.1** In 2003, 100% of prisons must have GADs sufficiently equipped.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.2** In 2003, the GADs of all prisons will have professionals from outside the correctional facility participating and providing support.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.3** In 2003, at least 30% of GAD professionals will have received specialized training offer in the field of drug dependencies.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 9.3.1** *Number of GAD professionals having received specialized training offer in drug dependencies/ Number of professionals making up the GADs.*

NUMBER DON'T KNOW

OBJECTIVE 10

To develop specific correctional programmes for women.

- 10.1** In 2003 there will be at least one correctional programme specifically targeting and adapted to drug-dependent women in each Autonomous Region and City with correctional units for women.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

OBJECTIVE 11

Town Councils with more than 20,000 inhabitants or coalitions of Municipalities legally established will promote programmes for the social reintegration of drug addicts according to their needs and resources.

- 11.1** In 2003, at least 25% of these Town Councils will have to set in motion social reintegration initiatives according to the needs of the population affected.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 11.1.1** *Estimated percentage of Town Councils with more than 20,000 inhabitants with social integration programmes.*

% DON'T KNOW

OBJECTIVE 12

To promote coordination and joint work with social services and health networks in order to set up individualized programmes that use all the resources available at the local and regional level.

- 12.1** In 2003, the care and social integration system for drug addicts of the Autonomous Regions and Cities will provide for coordination mechanisms to facilitate the functional relationship between the service networks and the resources available at the local and regional level.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 12.1.1** *Number of coordination platforms in your Autonomous Region.*

NUMBER DON'T KNOW

OBJECTIVE 13

The Regional and Local Plans on Drugs will have both standardized and specific training and employment programmes.

- 13.1** In 2003, 100% of the Regional Plans and 25% of the Local Plans on Drugs of Municipalities with more than 20,000 inhabitants will have standardized or specific training and employment programmes for drug addicts included in treatment programmes.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 13.1.1** *Does your Regional Plan provide for training and employment programmes for drug addicts?*

YES NO DON'T KNOW

- 13.1.2** *Which estimated percentage of Municipalities with over 20,000 inhabitants have training and employment programmes for drug addicts in your Autonomous Region?*

% DON'T KNOW

OBJECTIVE 14

To maintain and intensify the collaboration with Public Placement Agencies.

14.1 In 2003, the participation of drug addicts being treated in professional training programmes will have increased by at least 50% under the framework of collaboration agreements with Public Placement Agencies.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

14.1.1 *Estimated percentage of drug addicts being treated that participate in professional training programmes in your Autonomous Community.*

% DON'T KNOW

HARM REDUCTION AREA

OBJECTIVE 1

To make it possible for most drug addicts to access harm reduction programmes.

- 1.1** In 2003 access to this type of programmes must be possible for 100% of drug addicts that do not want to go through a free-of-drugs treatment or are waiting for this treatment to start.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 1.1.1** *Do care centres for drug addicts in your Autonomous Region offer harm reduction programmes to all users?*

YES NO DON'T KNOW

- 1.1.2** *Are there street education programmes to contact drug addicts that are not being treated in your Autonomous Region?*

YES NO DON'T KNOW

- 1.1.3** *Is there any information material on harm reduction services and programmes targeting drug addicts in your Autonomous Region?*

YES NO DON'T KNOW

- 1.2** In 2008, 100% of care services for drug addicts must include actions to reduce drug-abuse-related damages.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 1.2.1** *Which percentage of programmes of each type are offered by the services contained in the table in your Autonomous Region?*

	OVERDOSE PREVENTION %	SYRINGE EXCHANGE %	METHADONE MAINTENANCE %	SAFER SEX WORKSHOPS %
Care centres specialized in drug dependencies				
Methadone dispensing units				
Therapeutic communities				
Hospital detoxification units				
Street education programmes				
Chemist's shops				
Social emergency centres				

1.3 In 2008, 50% of health care districts must include the development of coordinated harm reduction programmes among their services.

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

1.3.1 Which estimated percentage of health care districts include the development of coordinated harm reduction programmes among their services as compared to the total number of health care districts in your Autonomous Region? (both those within the INSALUD territory and those belonging to Autonomous Regions that have already been transferred the relevant responsibilities in this field from the central government).

%

1.3.2 Which type of services are offered?:

TYPE OF SERVICE	ESTIMATED PERCENTAGE OF HEALTH CARE DISTRICTS THAT INCLUDE THEM AMONG THEIR SERVICES
Methadone maintenance programmes	
Syringe exchange programmes	
Overdose prevention programmes	
Safer sex programmes	

1.5 In 2003, all provincial capital cities must have established at least one emergency service attending to the basic needs of those drug addicts that do not usually resort to the standardized care network. Coordination among the three Administrations involved will be needed to set up these centres.

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

1.5.1 How many social emergency centres are there in your Autonomous Region?

1.5.2 Which estimated percentage of provincial capitals have set up this type of centres in your Autonomous Region?

%

OBJECTIVE 2

To implement programmes to reduce drug-abuse-related damages in a widespread way, with a special focus on programmes of syringe exchange, safer sex and lower risk consumption, anti-AIDS kits, etc.

- 2.3** In 2003, 100% of professionals working in care centres for drug addicts will have received appropriate training in safer sex and lower risk consumption strategies.

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 2.3.1** *Which estimated percentage of professionals working in care centres for drug addicts have received training in safer sex and lower risk consumption strategies as compared to the total number of professionals working in care centres for drug addicts?*

%

- 2.4** In 2003, at least one professional of every centre specialized in drug addicts will have received appropriate training to organize workshops on safer sex and lower risk consumption (ways of consumption, consumption and driving, violence and consumption, mixing substances, infections,...).

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 2.4.1** *Which estimated percentage of care centres specialized in drug addicts develop workshops on safer sex and lower risk consumption as compared to the total number of centres?*

%

OBJECTIVE 4

To implement systematic vaccination programmes for drug addicts (tetanus, hepatitis B, anti-tuberculosis chemoprophylaxis). The extension of these programmes to families and friends will be promoted as much as possible.

- 4.3** In 2003, 100% of professionals working in the field of drug dependencies will be able to have their immunological situation regularly checked up regarding tuberculosis, in such a way that anti-tuberculosis chemoprophylaxis is applied when appropriate.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 4.3.1** *Which estimated percentage of professionals working in the field of drug dependencies have their immunological situation regularly checked up regarding tuberculosis?*

% DON'T KNOW

- 4.3.2** *Which estimated percentage of professionals working in care centres for drug addicts undertake systematic specific screening to prescribe anti-tuberculosis chemoprophylaxis in your Autonomous Region?*

% DON'T KNOW

OBJECTIVE 5

To implement health education programmes to reduce damages related to the consumption of alcohol, tobacco and other drugs among the population as a whole. Special focus will be given to programmes to reduce alcohol-related damages regarding traffic accidents and violence.

- 5.1** In 2003, all the Regional Plans on Drugs and the Government Delegation for the National Plan on Drugs will take health education actions aiming to reduce damages related to the consumption of alcohol, tobacco and other drugs whose target will be the population as a whole.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.3** In 2003 contents including the necessary advising strategies for future drivers to know and assume the risks related to drinking alcohol and driving vehicles will have been extended and developed in the compulsory curriculum and materials of driving schools.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

5.3.1 Does your Regional Plan on Drugs provide for specific materials on alcohol and driving whose target are driving schools?

 YES DON'T KNOW

5.4 In 2003, all the Regional Plans will have offered training for teachers on prevention of traffic accidents related to drug abuse to driving schools.

Please provide the latest information available and indicate the year to which it refers:

 2008 2007 2006 2005 Action completed Objective achieved In progress Partially achieved In project Not achieved

5.4.1 Does your Regional Plan on Drugs offer training for driving schools' teachers on prevention of traffic accidents related to drug abuse?

 YES DON'T KNOW

5.4.2 Which estimated percentage of driving schools provide their students with information on the risks related to drugs and driving in your Autonomous Regions?

 % DON'T KNOW

5.5 In 2003, the Government Delegation for the National Plan on Drugs and the Justice Administration, in coordination with those responsible for policies on women and family and the Regional Plans on Drugs, will have implemented programmes addressing problems related to violence and the consumption of alcohol and other drugs, particularly those occurring in domestic and family contexts, in 50% of police stations and courts.

Please provide the latest information available and indicate the year to which it refers:

 2008 2007 2006 2005 Action completed Objective achieved In progress Partially achieved In project Not achieved

OBJECTIVE 6

To step up quality in agonist treatment programmes implemented in the care network of the National Health System.

- 6.1** In 2003, 100% of public treatment programmes with agonists must be functionally coordinated in the care network of the National Health System, allowing a continuous feedback with other mechanisms and the exchange of patients whenever is necessary.

Please provide the latest information available and indicate the year to which it refers:

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 6.1.1** *Are agonist treatment programmes in your Autonomous Region integrated or functionally coordinated with other type of resources of the care network of the National Health System? Please cross as appropriate in the following table.*

	INTEGRATED	COORDINATED	THERE IS NO RELATIONSHIP
Care centres for drug addicts			
Hospitals			
Primary care centres			
Mental health centres			
Prisons			

- 6.2** In 2008, 100% of agonist treatment programmes will offer a wide range of basic services such as services of general health, mental health, preventive activities, social and occupational assistance and family support.

Please provide the latest information available and indicate the year to which it refers:

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 6.2.1** *Which estimated percentage of agonist treatment programmes offer the following services in your Autonomous Region?*

TYPE OF SERVICE	HEALTH EDUCATION	MENTAL HEALTH	SOCIAL AND OCCUPATIONAL ASSISTANCE	FAMILY SUPPORT	GROUP PSYCHOTHERAPY	MANTOUX TEST
OFFERED						
Estimated % of services that offer this						

OBJECTIVE 7

To diversify the offer of harm reduction programmes in prisons (CP in Spanish) through different initiatives such as the extension of syringe exchange programmes.

- 7.1** In 2003, the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will have implemented syringe exchange programmes (PIJs in Spanish) in at least 30% of Prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 7.1.1** *Which estimated percentage of prisons have syringe exchange programmes in place in your Autonomous Region?*

% DON'T KNOW

- 7.1.2** *How many syringes are distributed in these prisons per year?*

NUMBER DON'T KNOW

- 7.1.3** *Which estimated percentage of inmates with drug dependence problems take part in these programmes?*

% DON'T KNOW

- 7.2** In 2008, the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will have implemented psychosocial initiatives developing harm reduction programmes in 100% of prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

7.1.1 y 7.2.1

NUMBER OF PRISONS	NUMBER OF DRUG-DEPENDENT INMATES	NUMBER OF FACILITIES WITH PIJ / NUMBER OF SYRINGES / YEAR	NUMBER OF FACILITIES WITH PMM / NUMBER OF USERS OF THE PROGRAMME	NUMBER OF FACILITIES WITH PSYCHOSOCIAL CARE PROGRAMMES

QUESTIONNAIRE FOR THE EVALUATION OF RESULTS OF THE NATIONAL DRUGS STRATEGY 2000-2008.
GOVERNMENT DELEGATION FOR THE NATIONAL PLAN ON DRUGS

PREVENTION AREA

OBJECTIVE 1.2

In 2003, the perception of health risks related to drug abuse will have increased by 10% on average.

Indicator:

Ratio of Spanish students between 14 and 18 years old that think that each of the following behaviours can cause many problems (health problems or any other type):

1. To use cannabis from time to time (*once per month or less*)
2. To drink alcohol from time to time (*5 or 6 alcohol units at the weekend*)
3. To use cocaine from time to time (*once per month or less*)
4. To smoke tobacco from time to time (*a packet of cigarettes per day*)

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	ESTUDES 2002 Government Delegation for the PND.		ESTUDES 2004 Government Delegation for the PND.		ESTUDES 2008 Government Delegation for the PND.

OBJECTIVE 2.2

In 2003 training in drug prevention will have been offered to 60% of teachers, being included in the education for health programmes. This training will have reached 100% of teachers in 2008.

Indicators:

1. Percentage of teachers of Compulsory Secondary Education being offered training in drug prevention.
2. Percentage of teachers of Compulsory Secondary Education that use this training.
3. Percentage of teachers of Compulsory Secondary Education that have been trained in the last 5 years.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	ESTUDES 2002 Government Delegation for the PND.		ESTUDES 2004 Government Delegation for the PND.		ESTUDES 2008 Government Delegation for the PND.

OBJECTIVE 2.3

In 2003, at least 80% of teachers of Compulsory Secondary Education with training in EPS will have addressed the drug abuse issue in class. 50% of them will do it systematically.

Indicators:

1. Percentage of teachers of Compulsory Secondary Education addressing the drug abuse issue in class.
2. Percentage of teachers of Compulsory Secondary Education addressing this issue systematically.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	ESTUDES 2002 Government Delegation for the PND.		ESTUDES 2004 Government Delegation for the PND.		ESTUDES 2008 Government Delegation for the PND.

OBJECTIVE 3.1

In 2003, 60% of young people going to school will have received enough objective information on drug abuse from the education community under the framework of the EPS. This percentage will have reached 100% in 2008.

Indicators:

1. Percentage of Spanish students between 14 and 18 years old that have received information on drug abuse and problems related to the different substances and ways of consumption in class.
2. Percentage of Spanish students between 14 and 18 years old that consider themselves to be perfectly or sufficiently informed about drugs.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	School Survey on Drugs 2000 Government Delegation for the PND.		School Survey on Drugs 2004 Government Delegation for the PND.		School Survey on Drugs 2008 Government Delegation for the PND.

OBJECTIVE 3.4

In 2003, the average age at which young people start drinking alcohol and smoking tobacco will have been postponed 6 months at least (and up to one year in 2008).

Indicator:

1. Average age at which students between 14 and 18 years old start consuming alcohol and tobacco.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	School Survey on Drugs 2000 Government Delegation for the PND.		School Survey on Drugs 2004 Government Delegation for the PND.		School Survey on Drugs 2008 Government Delegation for the PND.

OBJECTIVE 3.5

In 2003, the percentage of young people that smoke tobacco every day will have been reduced by 5%, and by 10% in 2008. Special focus will be given to curbing the increasing trend among adolescent girls.

Indicator:

1. Percentage of students between 14 and 18 years old that smoke tobacco every day (broken down by sex).

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	School Survey on Drugs 2000 (DGPND).		School Survey on Drugs 2004 (DGPND).		School Survey on Drugs 2008 (DGPND).

OBJECTIVE 3.6

In 2003, the percentage of young people that drink in excess or that are high risk drinkers will have been reduced by 20%.

Indicators:

1. Percentage of students between 14 and 18 years old that have got drunk during the last month.
2. Percentage of Spanish students between 14 and 18 years old that have drunk alcohol during the week in the last 30 days.
3. Percentage of Spanish students between 14 and 18 years old that have drunk alcohol all the days of the weekend in the last 30 days.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	School Survey on Drugs 2000 (DGPND).		School Survey on Drugs 2004 (DGPND).		School Survey on Drugs 2008 (DGPND).

OBJECTIVE 3.7

In 2003, the consumption of alcoholic drinks among young people during the weekend will have decreased by 10%. Special focus will be given to curbing the increasing trend among adolescents.

Indicator:

1. Percentage of Spanish students between 14 and 18 years old that have drunk alcohol during the weekend in the last 30 days.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	School Survey on Drugs 2000 (DGPND).		School Survey on Drugs 2004 (DGPND).		School Survey on Drugs 2008 (DGPND).

CARE AND SOCIAL REINTEGRATION AREA

OBJECTIVE 2.2

In 2003, the period of time between the start of alcohol abuse and the start of the relevant treatment will have been reduced by at least 20%.

Indicator:

1. Time passed between the start of alcohol abuse and the start of the relevant treatment.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
	Spanish Drugs Observatory.		Spanish Drugs Observatory.		Spanish Drugs Observatory.

HARM REDUCTION AREA

OBJECTIVE 2.1

In 2003, the number of drug addicts using drugs parenterally will have been reduced by 25%.

Indicators:

1. Number of drug addicts being treated that use drugs parenterally.
2. % of drug addicts being treated that use drugs parenterally.

VALUE 2000	SOURCE	VALUE 2004	SOURCE	VALUE 2008	SOURCE
<ol style="list-style-type: none"> 1. 2,793 (4,526) 2. 17.7% (21.8%) 	Indicator Admissions to Treatment of the Spanish Drugs Observatory 1998 (OED in Spanish).	<ol style="list-style-type: none"> 1. 1,303 2. 16.4% 	Indicator Admissions to Treatment of the Spanish Drugs Observatory 2004 (OED).	<ol style="list-style-type: none"> 1. 1,060 2. 12.8%2. 12.8% 	Indicator Admissions to Treatment of the Spanish Drugs Observatory 2008 (OED).

QUESTIONNAIRE FOR THE EVALUATION OF RESULTS OF THE NATIONAL DRUGS STRATEGY 2000-2008.

CHEMISTS' OFFICIAL ASSOCIATION / NATIONAL PLAN ON AIDS

Instructions to fill it in:

This questionnaire includes two types of questions:

1. About the global evaluation of the following aspects related to the specific objectives of the NDS 2000-2008 (marked with two digits):
 - ◆ The level of development of the necessary actions to achieve that particular objective: completed, in progress or in project (for all those actions yet to be started but that may be scheduled).
 - ◆ The level of achievement of each objective: achieved, partially achieved or not achieved.

2. About specific aspects of every specific objective of the NDS 2000-2008 (marked with three digits and in italics).

The latest data available must always be included, specifying the year to which they refer. It is necessary to answer all the questions and, whenever there is no information available, indicate it expressly.

The numbering of the objectives contained in this questionnaire corresponds to that used in the NDS 2000-2008 in order to make it easier to analyse the information and compare the new data with those from the initial and interim evaluations. That is why in many occasions they appear in a discontinuous way in this document.

Some of the NDS objectives have been eliminated from this questionnaire due to the fact that there is not any appropriate source of information or the sources of information are not properly defined.

OBJECTIVE 3:

The Regional Plans on Drugs and AIDS and the Chemists' Official Associations will draw up a number of strategies to implement harm reduction programmes in chemist's shops.

- 3.1** In 2003, 100% of chemist's shops will provide information on safer sex and lower risk consumption.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 3.1.2** *Could you indicate how many Chemist's Shops are there in Spain at present?*

NUMBER DON'T KNOW

- 3.1.3** *Which estimated number of Chemist's Shops provide information on safer sex and lower risk consumption?*

NUMBER DON'T KNOW

- 3.2** In 2003, the number of chemist's shops that dispense and exchange syringes will have increased by at least 50%.

NUMBER DON'T KNOW

- 3.2.1** *Which estimated number of Chemist's Shops provide information on safer sex and lower risk consumption?*

NUMBER DON'T KNOW

**QUESTIONNAIRE FOR THE EVALUATION
OF RESULTS OF THE NATIONAL DRUGS
STRATEGY 2000-2008.**

**GENERAL DIRECTORATE OF PRISONS.
HOME OFFICE / REGIONAL MINISTRY OF
JUSTICE. CATALONIAN GOVERNMENT**

Instructions to fill it in:

This questionnaire includes two types of questions:

1. About the global evaluation of the following aspects related to the specific objectives of the NDS 2000-2008 (marked with two digits):
 - ◆ The level of development of the necessary actions to achieve that particular objective: completed, in progress or in project (for all those actions yet to be started but that may be scheduled).
 - ◆ The level of achievement of each objective: achieved, partially achieved or not achieved.

2. About specific aspects of every specific objective of the NDS 2000-2008 (marked with three digits and in italics).

The latest data available must always be included, specifying the year to which they refer. It is necessary to answer all the questions and, whenever there is no information available, indicate it expressly.

The numbering of the objectives contained in this questionnaire corresponds to that used in the NDS 2000-2008 in order to make it easier to analyse the information and compare the new data with those from the initial and interim evaluations. That is why in many occasions they appear in a discontinuous way in this document.

Some of the NDS objectives have been eliminated from this questionnaire due to the fact that there is not any appropriate source of information or the sources of information are not properly defined.

PREVENTION AREA

OBJECTIVE 11:

The Government Delegation for the National Plan on Drugs and the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will include preventive and education for health strategies in all the drug dependence programmes implemented in Prisons.

- 11.1** In 2008 100 % of prisons (CP in Spanish) will implement preventive activities and programmes regarding drug abuse and its consequences. This percentage will reach 100% in 2008.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 11.1.1** Which estimated percentage of prisons carry out preventive activities regarding drug abuse and its consequences?

% DON'T KNOW

- 11.2** In 2008, 50% of the employees of prisons will have been trained in drug prevention.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 11.2.1** Which estimated percentage of employees of prisons have been trained in drug prevention?

% DON'T KNOW

CARE AND SOCIAL REINTEGRATION AREA

OBJECTIVE 7:

To spread therapeutic units to all-purpose prisons and to promote experiences such as therapeutic communities inside prisons.

- 7.1** In 2003, the State Administration, in collaboration with the Regional Plans, will have set up therapeutic units for drug-dependent inmates in 100% of prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 7.1.1** *Which estimated percentage of prisons have set up therapeutic units for drug-dependent inmates?*

% DON'T KNOW

- 7.2** In 2003, the State Administration, in collaboration with the Regional Plans, will have implemented rehabilitation programmes in therapeutic communities inside the prisons in at least 5 prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 7.2.1** *Which estimated number of prisons offer rehabilitation programmes in a therapeutic community inside the correctional facility?*

% DON'T KNOW

OBJECTIVE 8:

To give priority to the participation of drug-dependent inmates in training and occupational programmes.

- 8.1** In 2003, the participation of drug-dependent inmates in training and occupational programmes will have increased by 30%.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 8.1.1** *Which estimated percentage of drug-dependent inmates take part in training and occupational programmes as compared to the total number of drug-dependent inmates?*

% DON'T KNOW

- 8.2** The Autonomous Regions will guarantee the offer of resources for the social and occupational integration of drug addicts that, after having completed a rehabilitation programme in prison, have had their sentence suspended.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

OBJECTIVE 9:

To guarantee the existence and development of Support Groups for Drug Addicts (GAD in Spanish) in prisons.

9.1 In 2003, 100% of prisons must have GADs sufficiently equipped in place.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

9.1.1 Which estimated percentage of prisons have GADs sufficiently equipped as compared to the total number of prisons?

% DON'T KNOW

9.2 In 2003, the GADs of all prisons will be supported by professionals from outside the correctional facility.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

9.3 In 2003, at least 30% of GAD professionals will have received specialized training offer in the field of drug dependencies.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

9.3.1 Estimated percentage of GAD professionals having received training offer in drug dependencies as compared to the total number of professionals making up the GADs.

% DON'T KNOW

OBJECTIVE 10:

To develop specific correctional programmes for women.

10.1 In 2003 there will be at least one correctional programme specifically targeting and adapted to drug-dependent women in each Autonomous Region and City with correctional units for women.

Please provide the latest information available and indicate the year to which it refers:

2008

2007

2006

2005

Action completed

Objective achieved

In progress

Partially achieved

In project

Not achieved

HARM REDUCTION

OBJECTIVE 7:

To diversify the offer of harm reduction programmes in prisons (CP in Spanish) through different initiatives such as the extension of syringe exchange programmes.

- 7.1** In 2003, the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will have implemented syringe exchange programmes (PIJs in Spanish) in at least 30% of Prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

- 7.1.1** *Which estimated percentage of prisons have syringe exchange programmes in your Autonomous Region?*

% DON'T KNOW

- 7.1.2** *How many syringes are yearly distributed in these prisons?*

% DON'T KNOW

- 7.1.3** *Which estimated percentage of inmates with drug dependence problems take part in these programmes?*

% DON'T KNOW

- 7.2** In 2008, the General Directorate of Prisons, in collaboration with the Regional Plans on Drugs, will have implemented psychosocial initiatives developing harm reduction programmes in 100% of prisons.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- Action completed Objective achieved
 In progress Partially achieved
 In project Not achieved

7.1.1 y 7.2.1

NUMBER OF PRISONS	NUMBER OF DRUG-DEPENDENT INMATES	NUMBER OF FACILITIES WITH PIJ / NUMBER OF SYRINGES / YEAR	NUMBER OF FACILITIES WITH PMM / NUMBER OF USERS OF THE PROGRAMME	NUMBER OF FACILITIES WITH PSYCHOSOCIAL CARE PROGRAMMES

**QUESTIONNAIRE FOR THE EVALUATION
OF RESULTS OF THE NATIONAL DRUGS
STRATEGY 2000-2008.**

**TRAFFIC GENERAL DIRECTORATE.
HOME OFFICE**

Instructions to fill it in:

This questionnaire includes two types of questions:

1. About the global evaluation of the following aspects related to the specific objectives of the NDS 2000-2008 (marked with two digits):
 - ◆ The level of development of the necessary actions to achieve that particular objective: completed, in progress or in project (for all those actions yet to be started but that may be scheduled).
 - ◆ The level of achievement of each objective: achieved, partially achieved or not achieved.

2. About specific aspects of every specific objective of the NDS 2000-2008 (marked with three digits and in italics).

The latest data available must always be included, specifying the year to which they refer. It is necessary to answer all the questions and, whenever there is no information available, indicate it expressly.

The numbering of the objectives contained in this questionnaire corresponds to that used in the NDS 2000-2008 in order to make it easier to analyse the information and compare the new data with those from the initial and interim evaluations. That is why in many occasions they appear in a discontinuous way in this document.

Some of the NDS objectives have been eliminated from this questionnaire due to the fact that there is not any appropriate source of information or the sources of information are not properly defined.

HARM REDUCTION AREA

- 5.2** In 2003, the number of traffic accidents related to alcohol consumption must have been reduced by at least 15%.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.2.1** *Please indicate the percentage of fatal traffic accidents related to alcohol consumption in the following years. If the information available refers to years other than those indicated, please indicate the relevant year.*

% 2000 % 2004 % 2007 % 2008

- 5.3** In 2003 contents including the necessary advising strategies for future drivers to know and assume the risks related to drinking alcohol and driving vehicles will have been extended and developed in the compulsory curriculum and materials of driving schools.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.3.1** *Do you have in your Department specific materials on alcohol and driving whose target are driving schools?*

YES DON'T KNOW

- 5.4** In 2008 all the Autonomous Regions will have offered training for teachers on prevention of traffic accidents related to drug abuse to driving schools.

Please provide the latest information available and indicate the year to which it refers:

2008 2007 2006 2005

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

- 5.4.1** *Does your Department offer training for teachers of driving schools for the prevention of traffic accidents related to drug abuse?*

YES DON'T KNOW

- 5.4.2** *Which estimated percentage of driving schools provide their students with information on risks related to drug abuse and driving at the national level?*

% DON'T KNOW

**QUESTIONNAIRE FOR THE EVALUATION
OF RESULTS OF THE NATIONAL DRUGS
STRATEGY 2000-2008.
SPANISH FEDERATION OF MUNICIPALITIES
AND PROVINCES**

Instructions to fill it in:

This questionnaire includes two types of questions:

1. About the global evaluation of the following aspects related to the specific objectives of the NDS 2000-2008 (marked with two digits):
 - ◆ The level of development of the necessary actions to achieve that particular objective: completed, in progress or in project (for all those actions yet to be started but that may be scheduled).
 - ◆ The level of achievement of each objective: achieved, partially achieved or not achieved.

2. About specific aspects of every specific objective of the NDS 2000-2008 (marked with three digits and in italics).

The latest data available must always be included, specifying the year to which they refer. It is necessary to answer all the questions and, whenever there is no information available, indicate it expressly.

The numbering of the objectives contained in this questionnaire corresponds to that used in the NDS 2000-2008 in order to make it easier to analyse the information and compare the new data with those from the initial and interim evaluations. That is why in many occasions they appear in a discontinuous way in this document.

Some of the NDS objectives have been eliminated from this questionnaire due to the fact that there is not any appropriate source of information or the sources of information are not properly defined.

PREVENTION AREA

- 8.2** In 2003, 50% of provincial and town councils or coalitions of municipalities with over 20,000 inhabitants must have approved Local Plans on Drugs including drug prevention programmes. This percentage must reach 100% in 2008.

Please provide the latest information available and indicate the year to which it refers:

<input type="text" value="2008"/>	<input type="text" value="2007"/>	<input type="text" value="2006"/>	<input type="text" value="2005"/>
-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

<input type="checkbox"/> Action completed	<input type="checkbox"/> Objective achieved
<input type="checkbox"/> In progress	<input type="checkbox"/> Partially achieved
<input type="checkbox"/> In project	<input type="checkbox"/> Not achieved

- 8.2.1** How many Local Plans on Drugs are there at the national level in 2008? (Please include information for 2000 and 2004 too).

<input type="text" value="2000"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2004"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2008"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>

- 8.2.2** Which estimated percentage do they represent regarding the total number of municipalities with over 20,000 inhabitants? (Please include information for 2000 and 2004 too).

<input type="text" value="2000"/>	<input type="text" value="%°"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2004"/>	<input type="text" value="%°"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2008"/>	<input type="text" value="%°"/>	<input type="text" value="DON'T KNOW"/>

- 8.3** The Autonomous Regions and Cities, in collaboration with the Central and Local Administration, will support preventive actions individually or jointly in those municipalities with less than 20,000 inhabitants, being this second option the priority option in municipalities with less than 5,000 inhabitants.

Please provide the latest information available and indicate the year to which it refers:

<input type="text" value="2008"/>	<input type="text" value="2007"/>	<input type="text" value="2006"/>	<input type="text" value="2005"/>
-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

<input type="checkbox"/> Acción realizada	<input type="checkbox"/> Objetivo conseguido
<input type="checkbox"/> En fase de realización	<input type="checkbox"/> Parcialmente conseguido
<input type="checkbox"/> En proyecto	<input type="checkbox"/> No conseguido

- 8.3.1** Which estimated number of municipalities with less than 20,000 inhabitants take part in prevention programmes at the national level? (Please include information for 2000 and 2004 too).

<input type="text" value="2000"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2004"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2008"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>

- 8.3.2** Which estimated percentage do they represent regarding the total number of this type of municipalities? (Please include information for 2000 and 2004 too).

<input type="text" value="2000"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2004"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2008"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>

CARE AND SOCIAL REINTEGRATION AREA

OBJECTIVE 13:

The Regional and Local Plans on Drugs will provide for both standardized and specific training and employment programmes.

13.1 In 2003, 100% of the Regional Plans and 25% of the Local Plans on Drugs of Municipalities with more than 20,000 inhabitants will have standardized or specific training and employment programmes for drug addicts included in treatment programmes.

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

2.4.1 *Which estimated percentage of Local Plans on Drugs of Municipalities with over 20,000 inhabitants have standardized or specific training and employment programmes for drug addicts included in treatment programmes?*

(Please include information for 2000 and 2004 too).

<input type="text" value="2000"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2004"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>
<input type="text" value="2008"/>	<input type="text" value="NUMBER"/>	<input type="text" value="DON'T KNOW"/>

13.2 *In 2003, the Regional and Local Plans on Drugs with standardized or specific professional training and employment programmes for drug addicts in treatment programmes will increase the number of beneficiaries by 20%.*

Please provide the latest information available and indicate the year to which it refers:

- | | |
|---|---|
| <input type="checkbox"/> Action completed | <input type="checkbox"/> Objective achieved |
| <input type="checkbox"/> In progress | <input type="checkbox"/> Partially achieved |
| <input type="checkbox"/> In project | <input type="checkbox"/> Not achieved |

Appendix IV

QUESTIONNAIRE FOR THE EVALUATION OF THE IMPACT OF THE NATIONAL DRUGS STRATEGY 2000-2008



QUESTIONNAIRE FOR THE EVALUATION OF THE IMPACT OF THE NATIONAL DRUGS STRATEGY 2000-2008

Instructions to fill it in:

Please find below a number of questions about the NDS impact on the drug dependencies sector and on others with indirect responsibilities in this field. The sections included are as follows:

- 1.** Level of knowledge of the NDS 2000-2008: to determine whether the Strategy has been adequately spread and known.
- 2.** Impact on the development of public policies and programmes: to know its significance in setting shared objectives for all those dealing with the drugs issue.
- 3.** Quality of the NDS: to assess its level of definition; the clarity of its objectives; its internal coherence and its adaptation to the problem addressed.

1. LEVEL OF KNOWLEDGE OF THE NDS 2000-2008

1.1 Please evaluate your level of knowledge of the document NDS 2000-2008 from 1 to 5.

- 5 Very high, I know the document in detail.
- 4 High, I know the general objectives set by it.
- 3 Medium, I know its approaches partly.
- 2 Low, I only know about its existence and some proposal.
- 1 It is totally unknown to me.

1.2 The area that I know the best is:

- Prevention.
- Care and social reintegration.
- Harm reduction.

1.3 As to its circulation:

1.3.1 Do you think that the NDS is accessible enough and it has been adequately spread?

YES NO DON'T KNOW

• Make any comment you may deem appropriate:

1.3.2 Have the means of communication been appropriate?

YES NO DON'T KNOW

• Make any comment you may deem appropriate:

2. IMPACT ON THE DEVELOPMENT OF PUBLIC POLICIES AND PROGRAMMES

2.1 In your opinion, which has been the level of significance of the NDS in the development of policies and programmes in this field?

- 5 Fundamental: it has set the guidelines for policies relating to this field.
- 4 Important: it has provided guidance to set priorities in public policies in this field.
- 3 Medium: it has helped to draw up programmes.
- 2 Low: it has not been taken into account to set objectives or priorities in drug-related policies or programmes.
- 1 None: completely unknown.

➤ *Make any comment you may deem appropriate:*

2.2 In your opinion, which is the degree of coincidence between your Department's policy and the objectives set in the NDS? Please give your assessment regarding the Strategy as a whole and regarding each of its areas.

	THE NDS AS A WHOLE	PREVENTION AREA	CARE AND SOCIAL REINTEGRATION AREA	HARM REDUCTION AREA
4 Very high: all drug-related objectives of my department / organization coincide with those set in the NDS completely				
3 High: most of them coincide				
2 Medium: some objectives coincide but others don't				
1 Low: its objectives do not coincide with those of my Department				

➤ *Make any comment you may deem appropriate:*

3 QUALITY OF THE NATIONAL DRUGS STRATEGY:

3.1 Please indicate your level of agreement with the following statements about the NDS 2000-2008 from 1 (very low level of agreement) up to 5 (very high level of agreement):

-
- Its objectives are well defined: they are clear and realistic.
-
- Its objectives are appropriate and adapted to the sector's needs.
-
- The objectives are in line with the measures suggested.
-

➤ *Make any comment you may deem appropriate:*

Appendix V

LIST OF BODIES OTHER THAN
THE AUTONOMOUS REGIONS THAT
HAVE PROVIDED INFORMATION
FOR THE EVALUATION



- ◆ **NATIONAL PLAN ON AIDS**
(MINISTRY OF HEALTH AND SOCIAL POLICIES)

- ◆ **GENERAL SECRETARIAT FOR PRISONS**
(HOME OFFICE)

- ◆ **SECRETARIAT FOR CORRECTIONAL SERVICES,
REHABILITATION AND JUVENILE JUSTICE.
REGIONAL MINISTRY OF JUSTICE**
(GOVERNMENT OF CATALONIA)

- ◆ **TRAFFIC GENERAL DIRECTORATE**
(HOME OFFICE)

- ◆ **SPANISH FEDERATION OF MUNICIPALITIES
AND PROVINCES**

- ◆ **SPANISH CHEMISTS' OFFICIAL ASSOCIATION**

Appendix VI

LIST OF NGOS THAT HAVE PARTICIPATED
IN THE IMPACT EVALUATION OF THE NDS
2000-2008



- ◆ **Acción Familiar**
- ◆ **Asociación Bienestar y Desarrollo**
- ◆ **Asociación de Deportistas para una infancia mejor**
- ◆ **Asociación de entidades de centros de día de dependencias (ASECEDI)**
- ◆ **Asociación Deporte y Vida**
- ◆ **Asociación Deportistas contra la Droga**
- ◆ **Asociación Dianova**
- ◆ **Asociación Proyecto Hombre**
- ◆ **Cáritas Española**
- ◆ **Centro de Estudios sobre Promoción de la Salud**
- ◆ **Colegio Oficial de Psicólogos (COP)**
- ◆ **Confederación Católica Nacional de Padres de Familia y Padres de Alumnos (CONCAPA)**
- ◆ **Confederación Española de Asociaciones de Padres de Alumnos (CEAPA)**
- ◆ **Confederación Sindical de Comisiones Obreras**
- ◆ **Cruz Roja Española**
- ◆ **Federación de Asociaciones de Scouts de España**
- ◆ **Federación de Trabajadores de la Enseñanza de la Unión General de Trabajadores**
- ◆ **Federación Española de Religiosos de la Enseñanza (FERE-CECA)**
- ◆ **Federación Nacional de Alcohólicos Rehabilitados de España (FARE)**
- ◆ **Fundación ATENEA. Grupo GID**
- ◆ **Fundación de ayuda contra la Drogadicción (FAD)**
- ◆ **Fundación Edex**
- ◆ **Fundación Instituto Spiral**
- ◆ **Fundación Ramón Rubial-Espanoles en el Mundo**
- ◆ **Fundación Salud y Comunidad**
- ◆ **Fundación Secretariado General Gitano**
- ◆ **Hazkunde Prevención**
- ◆ **Instituto para el Estudio de las Adicciones**
- ◆ **Instituto y Red Europea para el Estudio de los factores de riesgo en la infancia y la adolescencia (IREFREA)**
- ◆ **Médicos del Mundo**
- ◆ **Pomocio I Desenvolvupamen Social (PDS)**
- ◆ **Red ARAÑA - Tejido de Asociaciones por el empleo juvenil**
- ◆ **Red Iberoamericana de Ongs que trabajan en el campo de las drogodependencias (RIOD)**
- ◆ **Sociedad Científica Española de Estudios sobre el alcohol, el alcoholismo y las otras toxicomanías (SOCIDROGALCOHOL)**
- ◆ **Sociedad Española de Toxicomanías (SET)**
- ◆ **Unión de Asociaciones y Entidades de Atención al Drogodependiente (UNAD)**

Appendix VII

LIST OF ABBREVIATIONS USED IN SPANISH



- ◆ **AMPAS:** Associations of Parents of Students
- ◆ **AP:** Primary Care
- ◆ **CAD:** Care Centre for Drug Addicts
- ◆ **CES:** Social Emergency Centre
- ◆ **C.P.:** Correctional Facility
- ◆ **C.T.:** Therapeutic Community
- ◆ **CC.AA.:** Autonomous Regions
- ◆ **D.G.T.:** Traffic General Directorate
- ◆ **DGPND:** Government Delegation for the National Plan on Drugs
- ◆ **EDADES:** Home Survey on Drugs
- ◆ **NDS:** National Drugs Strategy
- ◆ **EPS:** Education for Health
- ◆ **EPO:** Compulsory Primary Education (6-12 years old)
- ◆ **ESO:** Compulsory Secondary Education (12-16 years old)
- ◆ **ESTUDES:** National Survey on Drug Abuse in Secondary Education
- ◆ **FEMP:** Spanish Federation of Municipalities and Provinces.
- ◆ **GAD:** Support Groups for Drug Addicts (in prisons)
- ◆ **II.PP.:** General Secretariat for Prisons
- ◆ **IOV:** Objectively verifiable indicators
- ◆ **MEC:** Ministry of Education and Science
- ◆ **MIR:** Home Office
- ◆ **MM.CC.:** Mass Media
- ◆ **OED:** Spanish Drugs Observatory
- ◆ **ONG:** Non Governmental Organization
- ◆ **PAD:** Regional Plan on Drugs
- ◆ **PIJ:** Syringe Exchange Programme
- ◆ **PMD:** Local Plan on Drugs
- ◆ **PMM:** Methadone Maintenance Programme
- ◆ **PND:** National Plan on Drugs (DGPND+PAD)
- ◆ **SNS:** National Health System
- ◆ **UDI:** Users of Injected Drugs

Appendix VIII

TYPES OF CARE CENTRES. REGIONAL PLANS ON DRUGS



Types of Care Centres. Regional Plans on Drugs

TYPE OF CENTRE/SERVICE	NUMBER OF CENTRES
ANDALUSIA	
C.A.D.	122
C.E.S.	7
C.T.	23
U.D.H. (inpatient detoxification unit)	3
ARAGON	
(C.A.D.) UASA	7
C.T.	2
ASTURIAS	
C.E.S.	2
C.T.	8
Mental Health Centre	16
Day Care Centres	3
Chemist's Shops	9
Rehabilitation Flats	2
U.D.H.	2
U.M. (mobile unit)	4
Drug Addiction Treatment Unit	4
BALEARIC ISLANDS	
C.A.D.	15
C.E.S.	2
C.T.	6
O.U.T.	1
U.D.H.	3
U.M.	3
CANARY ISLANDS	
C.A.D.	35
C.T.	5
Day Care Centres	6
Information, prevention and guidance centres and services	5

TYPE OF CENTRE/SERVICE	NUMBER OF CENTRES
U.A.	33
U.D.H.	3
CANTABRIA	
C.A.D.	3
C.T.	1
U.D.H.	1
Methadone Dispensing Unit	2
CASTILLA LA MANCHA	
C.E.S.	1
C.T.	14
Outpatient Establishments	9
U.D.H.	6
CASTILLA & LEON	
C.A.D.	11
C.E.S.	4
C.T.	9
Day Care Centres for Drug Addicts	3
First-level specific centres for Alcoholics	16
First-level specific centres for Drug Addicts 13	
Residential Centres for Alcoholics (C.R.A, 3 Level)	2
Primary Health Care Teams (E.A.P.S.)	252
Therapeutic Unit in Correctional Facility	3
Care Service for Drug Addicts in Cells	1
Guidance and Advice Service on Drug Dependencies in Courts (SOAD)	3
Care Services in Prisons	8
Distance assistance services to quit smoking (telephone and email)	1
Services for the Treatment of Tobacco Addiction (2 level)	9
U.D.H.	3
U.M.	3
Psychiatric Hospital Units (U.H.P. 3 Level)	12
Dual Pathology Units (3 level)	1
Units for the Treatment of Alcoholism (2 level)	2
Units/Surgeries Specialized in Tobacco Addiction (3 level)	3

TYPE OF CENTRE/SERVICE	NUMBER OF CENTRES
CATALONIA	
C.A.S.	64
C.E.S.	12
C.T.	14
O.U.T.	5
U.D.H.	11
U.M.	7
CEUTA	
C.A.D.	1
O.U.T.	1
U.M.	1
EXTREMADURA	
Outpatient establishments specialized in addictive behaviours	21
Outpatient establishments specialized in Alcoholism	11
Day Care Centres	7
Short Treatment Centres	1
Therapeutic Communities	9
U.D.H.	2
U.M.	5
GALICIA	
C.A.D.	17
C.E.S.	1
C.T.	3
O.U.T.	1
U.D.H.	6
U.D.I.A	10
MADRID	
Educational Classrooms	4
C.A.I.D.	38
C.E.S.	3
C.T.	14
Social and Educational Centre	1
Chemist's Shops	221
Treatment Support Flats	37

TYPE OF CENTRE/SERVICE	NUMBER OF CENTRES
Harm Reduction	1
Dental care service ¹	
Social and occupational guidance service	2
Professional training workshops 11	
U.D.H.	3
U.M.	8
U.M. sterile material exchange	2
U.M. total proximity	2
MELILLA	
C.A.D.	1
Drug Dependencies Service (C.E.S.)	1
MURCIA	
C.A.D.	13
C.E.S.	2
C.T.	4
U.D.H.	1
U.M.	1
NAVARRA	
CC.TT. adults	3
CC.TT. minors	1
Mental Health Centre	9
Day Care Centres	2
Hospitalization Units	2
BASQUE COUNTRY	
C.E.S.	6
Outpatient Establishments	20
Methadone Programmes Centres	15
Therapeutic Communities	6
U.D.H.	1
RIOJA	
C.T.	1
Outpatient Establishments	6
U.D.H.	1

TYPE OF CENTRE/SERVICE	NUMBER OF CENTRES
VALENCIA	
C.D. Day care centres	22
C.E.A.S. Meeting and care centres	4
U.C.A.S. Addictive behaviours units	36
U.D.H. Hospital detoxification units	5
U.D.R. Residual dishabituatation units	9
U.M. Mobile units	4
U.P.D. Dual pathology units	1
V.T.S. Assisted flats	18