PLAN NACIONAL SOBRE DROGAS

REPORT TO THE EMCDDA

by the Reitox national focal point of Spain,

Plan nacional sobre drogas

SPAIN

DRUG SITUATION 2000

REITOX REF/ 2000

NATIONAL REPORT 2000

FOR THE EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

SPANISH FOCAL POINT

Madrid, Noviembre 2000

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SUMMARY: MAIN TRENDS AND DEVELOPEMENTS

This report has been written in accordance to the guidelines agreed at the EMCDDA for all the REITOX Focal Points. It deals in depth with the situation of illegal drug consumption in Spain on the basis of current consumption trends and including the activities carried out by the different bodies forming the Plan Nacional sobre Drogas (Central Administration, Autonomic and Local Administrations and Non-Governmental Organisations) in their different action areas: demand reduction (prevention, intervention and social reintegration), offer control and international co-operation.

Those chapters where no answer has been given have already been answered in previous reports and have no varied in any way since then.

DRUG CONSUMPTION CURRENT TRENDS

The report that the Spanish Observatory for Drugs publishes regularly contains the latest and most detailed data on drug abuse and its consequences. The latest data mainly correspond to 1999 Door-to-door Survey (Encuesta Domiciliaria sobre Consumo de Drogas de 1999) on a 15-56 year old population group, the 1998 14 to 18 year- old School Population Survey (Encuesta a la Población Escolar de 14 a 18 años de 1998), and the comparison with the results of similar surveys in 1995 and 1997 in the case of the Door-to-door Survey and in the years 1995 and 1997 in the case of the School Survey.

Tobacco

The percentage of Spaniards ever trying tobacco (65.1%) has decreased slightly compared to the figure for 1997 (68.3%). Up to 43.7% of the population has smoked in the last year, 39.8% has smoked in the last month and 32.9% has smoked daily in the last month. However, the number of regular smokers (daily) amongst younger Spaniards has gone down, while the percentage of smoking female individuals is higher than the number of male individuals.

Up to 62% of school population has tried tobacco at some point. The level of consumption has gone down between the years 1996 and 1998, getting closer to the level of smokers in 1994. This goes together with a reduction in the number of cigarettes (7.7 cigarettes per day).

Alcohol

The prevalence of “ever” and “last year” consumption has decreased between the years 1995 and 1999, in population in general. The percentage of teetotallers has grown and “last month” and “daily” consumption has slightly gone up. The percentages for 1999 are as follows: 87.1% (ever), 74.7% (last year), 62.7% (last month), 13.7% (daily).

Alcohol is no doubt the most commonly consumed substance amongst school population. However, the prevalence of consumption indicators “ever”, “last year” and “last month” remain stable in 1998 compared to 1996. Abusive consumption is relatively frequent: 41%

has got drunk at some point, and 23.6% has got drunk in the last month. Boys drink a greater amount of alcohol than girls do, although girls drink more often.

Cannabis

“Last month” and “daily” consumption among 15 to 65 year of age individuals seems to have levelled off, although there was a slight increase between the years 1995 and 1997. There was even a small drop in “ever” and “last year” consumption between 1997 and 1999. In 1999, 19.5% had tried cannabis "ever" and 6.8% had tried in the “last year”.

School population between 14 and 18 years of age consume cannabis as the second most consumed drug and from 1994 until 1998, the consumption trend has gone up, moving from 20.8% in 1994, to 28.5% in 1998. In the same way, “last year” consumption went up from 18.1% to 25.1% during the same period.

Cocaine

Cocaine consumption by population between 15 and 65 years of age remains practically stable from 1995 until 1999, and the prevalence of consumption in the latter year is 3.1% ("ever"), 1.5% ("last year") and 0.8 ("last month").

With regards to school population, cocaine consumption has substantially increased. Between 1994 and 1998 consumption has gone up from 2.4% to 4.8% for the indicator "ever", while the indicator “last years” has also climbed from 1.7% to 4.1%.

Heroine

Although according to 1999 Door-to-door Survey prevalence levels are around 0.6% and 0.1% for indicator “ever in your life” and “last month”, real consumption is greater when we consider how difficult it is to establish any contact with consuming population (penitentiary inmates, individual form marginal sector of society, etc.) and social resistance to this type of survey.

Synthetic Drugs

Indicator point at a decreasing trend for the consumption of ecstasis in the general population (15 to 65 years of age) from 1995 (when the highest consumption level was reached) until 1999. Prevalence in the last year reaches the following percentages: 2.4% ("ever"), 0.8% ("last year") and 0.2% ("last month").

The consumption of ecstasis by school population grew dramatically between 1994 and 1996. It decreased in 1998 and went down to 1994’s level. The consumption percentage for “last year” has gone from 3% in 1994 to 2.5% in 1998.

Risk perception

The General Population has increased the perception of the problems caused by drug abuse (risk perception) from 1995 until 1999. In some occasions there has been a dramatic increment: "ever" consuming ecstasis has gone from 54.9% in 1995 to 73.5% in 1999. The same has happened to Cocaine (from 63.1% to 79.5% between 1995 and 1999) and with heroine (from 72.3% to 85.5%).

In 1999 regular heroine consumption was considered as the highest risk conduct (91.9%) followed by regular cocaine consumption (88.9%), occasional heroine consumption (85.5%) and regular ecstasis consumption (85.7%).

With regards to risk perception by school population in the last years, this has either decreased or remained stabled for most substances, except for the occasional consumption of ecstasis and tobacco, which has gone up.

Therefore, while in 1994 90.1% of the population considered regular consumption of cocaine as a serious problem, in 1998, the percentage had gone down to 86.1%. In the same way, the risk perception associated to regular consumption of cannabis has gone down from 79.7% in 1994 to 70.5% in 1998. The perception of risk in alcohol consumption has remained stabled (35.5% in 1994 and 35.3% in 1998).

INTERVENTION AREAS

Prevention

Prevention is the main objective for the Plan Nacional sobre Drogas, as it was established in the National Strategy against Drugs 2000-2008, passed by the Government 17th December 1999. This prevention is mainly based on education and values, and is specially focused on children and youngsters with special attention to more vulnerable sectors of the population. Preventive programmes have been developed for the school, family, work and leisure time of youngsters out of school hours, community programmes, and media campaign. Information and reference systems have also been enhanced.

Assistance and social reintegration

The network for the assistance of drug addicted individuals has continued its consolidation process to cover the needs of drug consumers demanding treatment.

Opiate agonist substitution treatments have continued to grow both in the number of centres offering them and in the number of users. The number of people receiving assistance in surgery centres, detoxification hospital units and therapeutic communities has dropped.

Harm reduction programmes associated to drug consumption have acquired a substantial importance for the last few years. It is worth mentioning 408 syringe exchange programmes completed, where over 3,500,000 syringes have been delivered.

We must also mention the wide variety of programmes for individuals suffering from juridical-penal problems and the programmes aiming at enabling drug addicted individuals to join educational and social activities, and particularly to take up jobs.

Control and traffic restrain

The amount of drug apprehended in 1999 grew compared to that of 1998. With a total of 1,159 kg. of heroine seized in 1999, the increment compared to the previous year was as high as 177 %. Also with a total amount of 18,110 kg of cocaine, it was 55% higher that the figure for 1998. While over 355,000 pills apprehended mean an increment of 84% compared to ecstasis seizures completed in 1998. The amount of hashish apprehended remains stable at 431.1165 kg and there is a significant drop in the amount of speed and LSD seized (72% and 63%, respectively compared to the figure for 1998).

The number of people arrested for drug traffic in 1999 was 89,994, which means an increment of 10.22 % compared to the same figure for 1998 and in a continuation of the growing trend of previous years. Most of the people arrested were involved in the traffic of cannabis derivatives 61.62%, followed by those involved in cocaine and opiacea smuggling at 19.7% and 13.2% respectively of the total.

The number of juridical trials for drug traffic in 1999 at 31,016 that means again a new drop compared to previous years (7.56% less than in 1998). With regards to the number of trials in the different Autonomous Communities, Andalusia, with a total of 10,348 trials (33.36% of the total) is again on the leading position followed by Valencia and Catalonia.

International Cooperation

The Government Delegation for the Plan Nacional sobre Drogas supports international Cupertino to fight drug abuse from to different and complementary areas: on the one hand, the active participation in all international forums specialised in the study and analysis of drug related phenomenon (EU, United Nations, CICAD-OEA, GAFI, European Council) and on the other hand, the development of bilateral relationships with countries specially close to us (Member States of the EU, South American countries and Morocco).

PART 1 NATIONAL STRATEGIES: INSTITUTIONAL AND & LEGAL FRAMEWORK

1. Developments in Drug Policy and Responses

1.1 Political framework in the drug field

The Government of Spain considers the design, encouragement, support, promotion and development of a realistic and effective policy for the fight against drugs to be a priority concern. However, one should not overlook the role of the public authorities at national, regional and local level, civil society –through the organizations and groups of which it is comprised– professionals working in the drug dependency field and the social media in the achievements made in this field.

There is an exemplary political consensus regarding action to tackle drug dependency in Spain, and this has undoubtedly formed, and continues to form, one of the basic pillars upon which the effectiveness of the actions taken rests. This consensus between political forces, which has overcome partisan and opportunistic temptations, has effectively avoided sterile confrontations and prevented an artificial worsening of the phenomenon, which would have contributed to generating a sense of alarm and helplessness in society which would in turn have made it more difficult to provide calmer and more effective solutions.

Throughout this period the governments of the Autonomous Regions and the Cities of Ceuta and Melilla, as the organs with direct responsibility for the execution of the majority of the interventions relating to drug dependency, have been defining and implementing Regional Drugs Plans under which it has been possible to set up and run intervention structures, care networks and preventive programmes.

Without doubt it has been the commitment of the Autonomous Regions and Cities of Ceuta and Melilla, together with the efforts made by central government, that have made it possible for Spain to develop an intervention structure that has succeeded in becoming an internationally recognized benchmark .We can safely say that, thanks to this effort by the authorities at all levels, we are not starting out from scratch, but rather it is clear that we are starting out from a solid basis for intervention regarding drug dependency. This does not mean, however, that we can forget the need to continue making progress and to avoid the temptation to limit ourselves to passively managing the past.

Local authorities have made an important contribution to these achievements. From their privileged position close to the reality on the ground they have provided concrete and effective responses to the problem of drug dependency.

We should also highlight the role Non-Governmental Organizations have played through their direct and immediate intervention via care and prevention programmes, and their influence in stimulating action by the authorities.
For its part, the Congress-Senate Joint Committee for the Study of Drugs pointed out, in its report of December 1995, the need to articulate and develop actions in various areas to

provide solutions to drug-related problems. This report, which was the outcome of debate, but above all of an in-depth analysis of the reality of the drugs phenomenon, and which was approved by all political groups, included a series of measures which have almost all be put into practice

Also, in 1997 the Government approved a "Plan for measures in the fight against drugs" which aimed to provide solutions to the various drug-related problems arising in Spain. This plan has also been implemented in full.

Additionally, the twentieth Extraordinary Session of the General Assembly of the United Nations held in New York in 1998, with the massive presence of Heads of State and Government (a reflection of the importance of the drugs phenomenon worldwide), approved a declaration of guiding principles, goals and pluriannual targets, particularly for the period 2003 to 2008. In this declaration a mandate was given to all countries to draw up strategies for tackling the drugs problem. These strategies constitute the operational components needed for the achievement of the targets put forward.

More specifically, the first target set by the declaration –to be achieved by 2003– refers to the need to develop and implement national strategies fully incorporating the declaration's guidelines on demand reduction. The second target concerns the long-term commitment to a national demand reduction strategy and the need to put in place a mechanism to ensure full coordination and participation of all the relevant authorities and sectors of society.

The work done by the European Union over the last few months leading to the approval by the European Council at Helsinki on 10 and 11 December of a European Union Strategy for Drugs (2000-2004) also needs to be taken into account. This strategy carries on from the Drugs Action Plan (1995-1999) approved in Cannes in June 1995.
In accordance with the foregoing, the Government felt it appropriate to draw up a National Drugs Strategy defining the components of the intervention in this field in Spain over the coming years. To this end, the Government Delegation for the National Drugs Plan proceeded to prepare a document setting out in a clear and precise way the goals and targets to be achieved over this period in the various areas of intervention covered by the Plan: thus acting as a coordinated instrument for intervention in the different aspects of the drug phenomenon.

All the Autonomous Region Plans and various Central Government bodies and Non-Governmental Organizations in the sector took part in preparing the National Strategy, and it was approved by the Council of Ministers by Royal Decree 1911/1999, 17 December 1999

As the most important part of any strategy to tackle the drugs problem, prevention is high on its list of aims. It also envisages actions such as adapting the existing care network in order for it to meet the new needs posed by the phenomenon; encouragement of programmes facilitating the incorporation of drug dependent people in society; and bolstering drug supply reduction initiatives through integrated action against drug trafficking, money laundering and other related offences.

Areas of intervention involving demand reduction, supply reduction and international cooperation, are also covered.

As a consequence, the measures and goals intended to achieve greater involvement of civil society through awareness raising activities, and the modification of consumption stereotypes, constitute one of the main elements of intervention.

The strategy focuses on the school, family, work, community and social communication spheres as being priority areas for prevention efforts. To this end, for each area a set of general and specific target have been set which are to be met over the period 2003 – 2008.

Also at the level of demand reduction, the National Strategy also takes into account interventions intended to reduce the damage caused by drug consumption.

On the subject of health care and social integration for people affected by drug consumption, the National Strategy advocates a system incorporating all therapeutic services and which delimits the functions of each, so as to guarantee an equitable distribution of provision throughout Spain.

The central plank of the strategy's approach to these areas is that health care for drug dependent patients should be provided through the National Health System (*Sistema Nacional de Salud*) and the Social Action and Social Services System (*Sistema de Acción Social y Servicios Sociales*), backed up with duly authorized and/or accredited resources provided by the System for Care and Social Integration of Drug Dependent Persons (*Sistema de Asistencia e Integración Social de Drogodependientes*). Targets for these areas over the period 2003-2008 have also been defined.

At the level of supply limitation, a number of principal targets have been set, including, among others, strengthening the role of the National Central Narcotics Office (*Oficina Central Nacional de Estupefacientes*) as the coordinator for information; and increasing training received by members of National Security Forces (*Cuerpos y Fuerzas de Seguridad del Estado*) on techniques for tackling drug trafficking.

New features envisaged by the strategy in the supply reduction field include an observatory on the use of new technologies by drug-trafficking organizations, the design of a technology updating plan for the National Security Forces covering communications, data processing and hardware resources.

Finally, in the operational sphere, the Strategy envisages strengthening border controls via joint action at ports and airports, land borders, coasts and territorial watersIn this regard particular attention is given to the Straits of Gibraltar, bolstering the coordinated activities of the National Security Forces and the assistant directorate for port supervision (*Dirección Adjunta de Vigilancia Aduanera*) for the southern zone of Spain.

The Strategy places particular importance on international cooperation as it gives Spain the opportunity to participate in all the multilateral forums dealing with the drug phenomenon

(EU, UN Council of Europe, Organization of American States, GAFI). All the foregoing is without prejudice to the bilateral cooperation relationships already existing with countries with which it shares common problems, particularly neighbouring countries such as France, Portugal, Italy and Morocco, and also the countries of Latin America.

1.2 Policy implementation, legal framework and prosecution

Legislation and specific regulations concerning drugs (in whole or in part) that came into force in 1999:

- Organic Law 5/1999, 13 January 1999, modifying the Law of Criminal Proceedings, regarding perfecting investigations relating to illegal trafficking and other serious offences.
- Royal Decree 278/1999, 22 February 1999, approving the 1999 annual programme of the National Statistical Plan 1997-2000.
- Royal Decree 520/1999, 26 March 1999, approving the statute of the Spanish Medicines Agency (*Agencia Española del Medicamento*).
- Royal Decree 1110/1999, 25 June 1999, modifying article 41 of the General Driving Regulations, approved by R.D. 772/1997, 30 May 1997.
- Royal Decree 1293/1999, 23 July 1999, modifying Royal Decree 192/1988, 4 March 1988, on restrictions on the sale and use of tobacco on public health grounds.
- Royal Decree 1334/1999, 31 July 1999, approving the general labelling, presentation and advertising regulations for food products.
- Law 36/1999, 18 October 1999, granting unemployment benefits and social and employment integration guarantees for drug-addicted offenders whose sentence has been suspended in accordance with the terms of penal law.
- Law 43/1999, 25 November 1999, adapting traffic regulations to cycling.
- Royal Decree 1829/1999, 3 December 1999, approving the regulations for the provision of postal services, implementing Law 24/1998, 13 July 1998, on the Universal Postal Service and liberalization of postal services.
- Royal Decree 1910/1999, 17 December 1999, creating the National Council for Non-Governmental Organizations involved in Social Action (*Consejo Estatal de Organizaciones no gubernamentales de acción social*).
- Royal Decree 1911/1999, 17 December 1999, approving the National Drugs Strategy for the period 2000-2008.

(*) NOTE.- This list does not include various Ministerial Orders concerning calls for proposals for the granting of aid and subsidies, as these involved temporary regulations which lapsed at the end of 1999.

Bilateral agreements on drugs signed by Spain in 1999:

1. Convention between Spain and **Slovakia** on cooperation in the fight against organized crime, signed in Bratislava on 3 March 1999. Provisionally in force from 8 August 1999 (BOE n1 192, Thursday 12 August 1999).

2. Convention between the Government of the Kingdom of Spain and the Government of the **Russian Federation** on cooperation in the fight against organized crime, signed in Moscow on 17 May 1999. Provisionally in force from 17 June 1999 (BOE n1 158, Saturday 3 July 1999).

3. Agreement between Spain and **Ecuador** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics, hallucinogenic drugs, and drug precursors. Signed "ad referendum" in San Francisco de Quito on 30 June 1999.

Agreement between Spain and **Guatemala** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics, hallucinogenic drugs signed in Guatemala, 7 July 1999

5. Agreement between Spain and **Israel** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics, hallucinogenic drugs signed and sealed in Tel Aviv, 9 November 1999.

6. Agreement between Spain and **Brazil** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics, hallucinogenic drugs signed "ad referendum" in Madrid, 11 November 1999.

7. Agreement between Spain and **Honduras** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics, hallucinogenic drugs. Signed "ad referendum" in Tegucigalpa, 13 November 1999.

8.Agreement between Spain and **Costa Rica** on cooperation on the prevention of consumption and control of illegal trafficking in narcotics and hallucinogenic substancesSigned "ad referendum" in San José on 23 November 1999.

1.3 Developments in public attitudes and debates

1998 saw the completion of the third **School Survey of Drugs**, conducted involving pupils in secondary and high-school education and vocational training, aged 14 to 18, throughout Spain. This provided valuable information about pupils' perceptions, attitudes and opinions on important aspects of drug use.

Perceived risks of drug use

In general, pupils think that consuming legally traded drugs (alcohol, tobacco and tranquillisers) causes fewer problems than consuming illegal drugs. Pupils consider the consumption of heroin, cocaine and ecstasy as being most dangerous.

The risk perceived by pupils tends to be more closely linked to frequency of consumption of illegal drugs than the type of drugBy way of example, 78% of pupils think that habitual

cannabis use can cause a lot of problems, while 69% think the same of occasional use of heroin.

One salient point is the low perceived risk associated with the consumption of certain substances such as cannabis or alcohol. In fact, the degree of risk associated with the habitual consumption of cannabis (77.8%) is very similar to that associated with smoking a packet of cigarettes a day (71.9).Moreover, the proportion of pupils thinking that consuming cannabis occasionally can cause a lot of problems (46%) is similar to that thinking the same of having five or six alcoholic drinks at the weekend (42%).

There is an inverse relationship between the perceived risk and the level of consumption of different types of drugs, such that the least-often consumed substances are those to which greatest risk is attributed. Since 1994, which was the first year in which a survey of this kind was carried out, the perception of risk has dropped for all substances, except for the occasional use of ecstasy and smoking tobacco. This change is congruent with the changing pattern of consumption of the different substances, given that as their use decreases so their perceived risk increases.

Time course of number of pupils aged 14-18 who think the given behaviour can cause a lot or quite a lot of problems. Spain, 1994-1998.

	Occasional consumption			**Habitual consumption**		
	1994	**1996**	**1998**	**1994**	**1996**	**1998**
Tobacco[a]	–	–	–	74.2	69.5	71.9
Alcohol[b]	–	–	–	47.4	45.1	42.5
Tranquillizers	38.2	36.0	36.2	79.6	75.2	74.4
Cannabis	54.7	49.9	46.4	85.3	79.9	77.8
Ecstasy	57.0	58.9	59.4	86.3	86.1	84.3
Cocaine	70.1	67.7	64.9	90.1	87.8	86.1
Heroin	73.6	70.6	69.3	90.4	88.2	86.5

a. Smoking a packet of cigarettes a day

b. Drinking 1 or 2 beers or other alcoholic drinks a day

Approval or rejection of the consumption of drugs

The habitual consumption of heroin and cocaine is met with the greatest level of rejection, followed by ecstasy and cannabis. The levels of rejection vary depending on whether consumption is habitual or sporadic, frequency of use having more influence on rejection than the type of drug.

Rejection of almost all the drug consuming behaviours analysed was lower than in 1996, with the exception of tobacco, whose consumption provoked a greater degree of rejection, and the habitual consumption of alcohol, whose level of rejection has remained unchanged.

The habitual consumption of the different drugs analysed is associated with the existence of many problems by the majority of pupils rejecting this behaviour.

The levels of risk associated with drug use and the rejection caused by it seem to be conditioned by information and awareness-raising activities implemented to control the use of drugs. The most widespread behaviours among school pupils (experimental and sporadic use) are the least rejected.

Degree of rejection of certain drug-use behaviours (proportion of pupils rejecting each behaviour). Spain, 1994-1998.

	Occasional consumption			Habitual consumption		
	1994	**1996**	**1998**	**1994**	**1996**	**1998**
Tobacco[a]	–	–	–	31.5	30.5	43.8
Alcohol[b]	–	–	–	35.5	35.7	35.3
Tranquillizers	40.0	38.3	38.4	73.4	68.8	67.3
Cannabis	62.3	55.6	51.9	79.7	74.1	70.5
Ecstasy	69.5	68.4	67.2	84.8	82.8	80.6
Cocaine	77.6	72.8	69.6	87.5	84.4	81.6
Heroin	80.1	76.0	73.5	88.2	85.4	82.9

a. Smoking a packet of cigarettes a day

b. Drinking 1 or 2 beers or other alcoholic drinks a day

Perceived availability of the substances

Perceived availability varies according to the substance. Although the percentage of pupils who would find it easy or relatively easy to obtain most illegal drugs (cannabis, ecstasy, cocaine and heroin) has increased, the perceived availability of amphetamines, hallucinogenics and tranquillisers has dropped. The availability of alcohol has remained unchanged.

Perceived availability (proportion of pupils who think it would be very easy to obtain each drug). Spain, 1994-1998.

Substances	**1994**	**1996**	**1998**
Alcohol	88.0	80.8	80.8
Tranquillizers	43.3	52.6	49.8
Cannabis	43.3	43.2	47.3
Ecstasy	31.0	32.1	37.8
Amphetamines	35.0	29.9	28.2
Hallucinogenics	31.9	29.3	27.1
Cocaine	21.7	22.4	26.6
Heroin	18.4	18.3	20.0

Alcohol (80.8%) and tranquillisers (49.8%) the perceived to be the most widely available drugs, although illegal drugs such as cannabis (47.3%), ecstasy (37.8%), cocaine (26.6%) and heroin (20%) are perceived to be readily available.

Information received concerning the consumption of drugs and their associated problems and effects:

The large majority of the pupils involved in the survey (74.4%) believe themselves to be correctly informed about the effects and associated problems related to the consumption of different types of drugs. Only 3.8% feel they are badly informed

The main routes of information indicated by pupils are the media (in 55.6% of cases), parents and siblings (52%), friends (40.8%) and teachers (37.9). Pupils consider that the main routes by which they receive information are not always the best. In their opinion, the best and most objective routes would be discussions and courses on the subject (47.2%) together with information from people who have been in contact with drugs (46.3%).

Although the information available to pupils has improved, they feel that it is less useful than it was. Thus, in 1998 only 49.9% of the pupils considered that the information they received was very useful or at least fairly useful, compared with 65% in 1996 and 65.7% in 1994.

1.4 Budgets and funding arrangements.

In 1999 the different departments of the central government with competence over drug-related matters directly managed a budget of 9,671 million pesetas -58.259.036 euros- (2% more than in 1998. In addition to this sum the Government Delegation for the National Drugs Plan, with a total budget of 5,487 million pesetas –33.056.318 euros-transferred to the Autonomous Region Drugs Plans the sum of 3,725 million pesetas to meet expenses incurred in their activities.The Autonomous Regions, through these plans, have invested 22,696 million pesetas from their own budgets. This represents an increase of 14.96% on the 19,742 million pesetas invested in 1998.

Distribution of expenditure by Autonomous Regions and Cities by areas of intervention in 1999 (includes sum transferred by the Delegation):

Areas of intervention	Quantities (millions of pesetas)	Percentages
Prevention	4,173,445	15.80%
Care and rehabilitation	19,637,711	74.32%
Research, documentation and publications	383,440	1.45%
Institutional coordination and cooperation with private initiatives	2,226,891	8.43%
	26,421,489	100%

PART 2. EPIDEMIOLOGICAL SITUATION

2. Prevalence, Patterns and Developments in Drug use

2.1 Main developments and emerging trends

Over the last decade there has been an increase in both the quantity and the quality of epidemiological information on illegal drugs, enabling better knowledge to be gained about temporal and geographical consumption trends, and their repercussions.

Currently, the general prevalence levels of both legal and illegal drug use in Spain are traversing a stabilisation phase (DGPNSD, 2000a)[i], consolidating some of the phenomena and use patterns which have appeared over the last few years, such as the hegemony of drug use for recreational purposes, the growing incorporation of women into the ranks of illicit drug users, the reduction of the age of initiation into drug taking or the consolidation of polyconsumption as the dominant pattern.

A gradual transition has been taking place in Spain, whereas the use of the so-called recreational drugs (alcohol, cannabis derivatives, cocaine, ecstasy, amphetamines and speed) is progressively changing the hegemonic model prevalent in the eighties and the first years of the nineties, which centred on heroin and the social and health problems associated with its use. The important presence of substances such as cannabis, and on more limited levels, cocaine, ecstasy and amphetamines, and their link with recreational use, has generated a normalising process of social accommodation with respect to the use of these substances, with a consequent decrease in the social alarm the use of these drugs had generated in the past.

This phenomenon, coupled to the progress made in the increase and diversification of assistance offers, particularly the expansion over the last few years of programs providing opiate substitutes (DGPNSD, 2000b)[ii], and the control of the more serious health problems associated with heroin use – including the control of infection produced by HIV and the reduction of deaths caused by acute reaction - (DGPNSD, 2000c)[iii], have contributed to a decline in the mention of heroin during social debates on the dominant drugs existing in Spain.

Nevertheless, despite the improvements recorded with relation to heroin, a substance which registers constant and prolonged reductions both in the number of consumers and in the problems associated with its use, it still can not be forgotten that, in Spain, after tobacco and alcohol, this substance generates the highest volume of sociosanitary problems and the greatest demand for health care.

Despite the considerable prevalence of cannabis derivative consumption by youth groups in our country, its sociosanitary impact is still quite limited. Nowadays, this substance occupies the third place among those illicit drugs which trigger a demand for medical attention, and although the consumption of this substance still has a long way to go to reach that of heroin and cocaine, its use has been increasing since 1995.

Over the last three years, there have been very significant increases in cocaine based problems (increasing demands for treatment, emergency episodes, death due to abuse and/or linked with road traffic accidents). This increase is an important source of social and political concern, and will continue to be so in the near future. It is quite probable that these problems will continue to increase and others, which have been latent until now, will emerge. On the other hand, the wide use of cocaine among opiate consumers, including those persons receiving methadone treatment, can have important repercussions on their health and the evolution of the Aids epidemic and hepatitis.

With regard to the consumption of amphetamines and ecstasy it could be said that this has stabilised at relatively low levels (DGPNSD, 2000a) and that the there is a limited volume of demand for medical attention due to abuse of these substances.

2.2 Drug use in the population

Cannabis

Cannabis is the most widely used illegal drug in Spain. According to a Door-to-door Survey on Drug Abuse, in 1999, 19.5% of the Spanish population aged between 15-64 had tried cannabis at some time during their lives, 6.8% had taken it in the last year and 4.2% in the last month. Use levels are higher among young people aged between 15-29 (28.2% having consumed it at some time during their lives), males (25.2%) and metropolitan areas (23%) (DGPNSD 2000a).

Cannabis sativa resin (hashish) mixed with tobacco and inhaled, is the main drug consumed in Spain. Consumption is occasional and limited in time, most probably due to its disagreeable psychological effects such as attacks of distress or panic, or to the reduced abuse potential of cannabis in comparison to drugs such as nicotine or opiates. However, in 1999, figures show that 1.1% of the Spanish population aged between 15-64 consume this drug on a daily basis (DGPNSD 2000a).

A relatively high number of young Spanish people attending school (aged between 14 and 18) have had contact with cannabis, proved by the fact that 25.1% of these pupils have consumed this drug in the last twelve months (DGPNSD, 2000d)[iv].

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

The use of these substances is less than that recorded for other stimulants such as cocaine. In 1999, the prevalence of ecstasy consumption by Spaniards aged between 15-64 was 0.8%, for amphetamines or speed the percentage was 0.7%, and for LSD or hallucinogens a prevalence of 0.6% was recorded (DGPNSD 2000a). Use of ecstasy is more intense among younger age-groups (15 to 18 years old), this age interval showing use prevalence for the indicator “at some time during their lives” to be greater for girls than for boys (1.9% and 0.6% respectively).

Consumption of this drug is much more widespread among young people attending school. In 1998, the prevalence of use of amphetamines in the last year among students between 14-18 years of age was 3.8%, and that of ecstasy and hallucinogens was 2.5% and 4.1% respectively (DGPNSD 2000d).

Amphetamines usually come in the pill or powder forms, ecstasy coming in the pill form. They are usually taken orally, although some amphetamine users employ the intranasal method (sniffing). Use is usually experimental or occasional; rarely on a regular or a compulsive basis. User-awareness that increasing the dose or frequency multiplies the disagreeable effects and reduces those which are pleasant or positive, could dissuade them from intense or frequent use (Gamella and Álvarez-Roldán 1997)[v]. This does not prevent some users from occasionally taking part in intense sessions, in 1998, 31% of students aged between 14 and 18 who had taken ecstasy, stated that on occasions they had taken 3 tablets or more at one session. (DGPNSD 2000d). Information that has become available appears to indicate that consumer patterns have become diversified, so that drug use is linked less and less to specific places or certain types of music and atmospheres, having lost a good deal of its character as a cultural identifier of particular groups.

Ecstasy or amphetamine consumers usually make frequent use of other drugs such as alcohol, cannabis, cocaine or hallucinogens. On the other hand, concurrent use of heroin or benzodiazepine is infrequent, except among intense consumers.

Like ecstasy and amphetamines, hallucinogens are consumed in leisure or party atmospheres, their use being even more experimental and sporadic, probably because on relatively frequent occasions, disagreeable effects are experienced. LSD is the most widely used product, although it is possible that experiments have been made with new chemical or biological hallucinogens. Over the last few years, the use of these substances appears to have become relatively stable, at least among the young.

Heroin/opiates

Data regarding use of heroin or opiates in Spain, provided by the National Door-to-door Survey on Drug Abuse, situate their prevalence levels in 1999, at 0.6% and 0.1% respectively for the indicators “at some time during their lives” and “last month” among those members of the Spanish population who are aged over 15 (DGPNSD 2000a). However, it should be borne in mind that many limitations are attached to the use of door-to-door survey techniques for establishing prevalence of use of this substance; because of the strong social resistance to surveys of this type and also because they do not allow contact to be made with important sectors of the consumer population (prison population and people whose life-styles involve social exclusion, etc.). As a result, real consumer levels are higher than those recorded.

Cocaine/crack

Spain is included among those European countries in which the highest prevalence of cocaine consumption is recorded (OEDT, 2000)[vi]. In 1999, 3.1% of those members of the Spanish population aged between 15 and 64 had tried cocaine at some time during their lives and

1.5% in the last year (DGPNSD 2000a). Consumption levels are appreciably higher among younger people, the 15 to 29 age interval having prevalence levels of 4.5% and 2.8% respectively for the same periods of time.

The early ages at which cocaine use begins is confirmed by the fact that in 1998, 4.8% of Spanish students aged between 14-18 had consumed it at some time during their lives and 4.1% in the last year (DGPNSD 2000d).

The use of *base or basuco* is still not very widespread among the population in general, chiefly affecting heroin users. In 1999 only 0.3% of the members of the population aged between 15-64 had consumed it at some time during their lives (DGPNSD 2000a). In some geographical areas, such as the Canary Islands, this drug is more widely consumed among socially excluded groups where cocaine is not used (Barrio et al 1999).[vii]

The type of cocaine circulating in Spain is usually cocaine hydrochlorate, often mixed with caffeine and containing no dangerous adulterants. Although it may vary, its purity (percentage of pure cocaine compared to total weight) tends to be high, and the drug is distributed in small dosis containing levels of around 45% (DGPNSD 2000c). Users usually make their own Crack by heating cocaine hydrochlorate with an alkali, frequently liquid ammonia. In some of the self-governing regions in the south-west, however, (Andalusia, Estremadura, Canary Islands and Ceuta) there is probably already a consolidated market for these substances (Barrio et al 1998b).

2.3 Problem drug use

Until a few years ago, heroin, mainly administered intravenously, was responsible for most of the social and health problems linked with illegal drug use in Spain, despite the low levels of prevalence. However, in the second half of the nineties, it has become less relevant, cocaine problems now representing a significant proportion of recorded drug problems. Problems caused by amphetamines and other illegally traded drugs represent a very low proportion in our country.

Information obtained from population surveys in connection with problematic use of heroin is not considered to be very reliable, and very little data is obtained by indirect methods. At the start of the nineties, local estimations were carried out in Barcelona and Madrid using the capture-recapture method. Currently, the DGPNSD is performing national estimations using the indirect methods proposed by the EMCDDA within the context of the harmonisation of a European indicator. The partial and provisional results obtained from the application of these methods are shown on the following table:

Results of the application of the various multiplicative methods.				
	year 1997	year 1998	population rate* 1997	population rate* 1998
Demographic method applied to the state total	108 665	110 938	4,043	4,127
Demographic method applied to each province	109 666	111 970	4,080	4,166
Multiplicative method applied to medical attention data	175 832	177 756	6,542	6,613
Multiplicative method applied to mortality data	92 993	83 972	3,460	3,124
* per thousand inhabitants aged between 15 and 64.				

As we have seen, in 1998 variations were encountered in the annual prevalence of problematic opiate consumers between the ages of 15-64 years, according to the method used to obtain an estimation of between 3.5 and 6.5 users per 1000 inhabitants. It must be born in mind that many limitations were encountered when it came to applying these methods, and therefore the results must be interpreted with caution.

The sociodemographic profile of heroin users with which we are already familiar remains unchanged (approximately 80% males, with an average age slightly over 30, with little education, unemployment rate of over 50%, considerable involvement in illegal activities, arrests and frequent spells in prison) (DGPNSD 2000c). Use of this drug is concentrated in urban areas.

The National Central Office of Narcotics, a section of the Home Office, provides periodic information on the characteristics of the heroin consumed in Spain. The heroin found in our markets comes mainly from South East Asia ("Golden Crescent"), known as the so-called heroin no 3 or "brown sugar", it has purity levels of above 50% when distributed in large quantities. The average purity of heroin directly distributed to the consumer has been gradually increasing since 1985 and 1993, varying according to the period and the geographical area. In 1999 the average purity of the dosis distributed to users fluctuated between 24%-33% (DGPNSD, 2000c).

Currently, most heroin users prefer to inhale this drug (smokers) or alternatively use the intranasal pathway (sniffers) (DGPNSD 1998). In 1998, 62.2% of those being treated for heroin addiction were smokers and 5,5% were sniffers, these proportions changing to 62% and 6.7%, respectively in 1999 (provisional data). The proportion of intravenous drug users varies significantly from one geographical area to another, this percentage being quite low in the South-western part of the country, and topping 50% in the North-east (DGPNSD 2000c).

Heroin users also frequently consume cocaine, sometimes mixed with heroin. In fact, in 1996, 29.5% had consumed this mixture in the month prior to treatment (DGPNSD 1998)[viii] . This phenomenon is especially relevant in the south part of Spain. Likewise, heroin users frequently drink alcohol and consume other opiates, cannabis and above all, benzodiazepine.

The discrepancy between the relatively high level of cocaine consumption and the extremely low rate of associated health problems has been one of the most debated aspects connected with problems related to illegal drug consumption. In Spain, this discrepancy prevailed over a long period, despite the fact that, in the eighties, problems were expected to increase, in the same way as they had in the United States. Nevertheless, the panorama has changed since 1995 and medical attention and the number of emergency cases connected with this drug have increased. In 1998 cocaine consumption was the cause of more than 20% of the cases admitted for treatment for abuse or addiction to drugs, this drug being mentioned in almost 40% of cases of emergency treatment for acute reaction to drugs (DGPNSD 2000c). In 1999, these percentages grew considerably to reach 30.9% and 49.2%, respectively (provisional data).

There is a lack of information about the specific problems of cocaine users who demand medical attention in Spain. In 1994, the most frequent disorders treated in emergencies were anxiety, mydriasis, syncope, tachychardia, dyspnoea, obnubilation or coma, nervous disorders, chest pain and palpitations, mental disorders being the most frequently diagnosed disorders. Most episodes occurred in persons who had either injected or smoked cocaine, but did not require admittance to hospital. Currently, however, this situation may have changed.

With regard to the relation between cocaine and road traffic accidents, a recent study indicates that in Spain this drug is frequently detected (7.4%) in people dying in road traffic accidents, often in combination with alcohol (Del Río et al 2000)[ix].

3. Health consequences

3.1 Drug treatment demand

When it comes to interpreting the data connected with this indicator, it must be borne in mind that the way in which it has evolved could have been influenced by the number and problems of the users, as well as by the offer and use of treatment facilities, which have seen a significant increase over the last decade.

In 1998, a total of 54,338 admissions for treatment were registered, showing a slight increase over the 1997 figures of which 50,350 corresponded to opiates or cocaine, compared to 52,440 in 1997 and 52,890 in 1996. The number of centres reporting such figures rose from 414 in 1994 to 465 in 1997 and 478 in 1998 (DGPNSD 2000c). In 1999, 50,279 admissions for treatment were registered, of which 46,331 corresponded to opiates or cocaine (provisional data).

The overall rate of admissions in 1998 was 139.8 per hundred thousand inhabitants. The rates for every person receiving treatment per hundred thousand inhabitants, showed significant variations between the different local governments, swinging from the highest rates in the Canary Islands (424.4) to the lowest in Navarra (27.0) (DGPNSD 2000c).

As in previous years, in 1999, the greater part of admissions for treatment was due to heroin (73.1%), although cocaine is beginning to occupy an important share of these cases (17.5%), chiefly among those admitted for treatment for the first time (DGPNSD 2000c).

Even though heroin is still the cause of most of the admissions for treatment for the effects of psychoactive substances, from 1996 on, the ascending trend observed since 1987 took the opposite direction, the number of admissions for treatment for this drug beginning to descend slowly, moving from 9,434 in 1987 to 40,007 in 1995, 46,635 in 1996, 44,089 in 1997, 43,598 in 1998 and 36,731 in 1999 (DGPNSD, provisional data). If an analysis is made of the data stratified according to whether or not previous treatment has been received, it can be observed that the number of people treated previously for problems deriving from this drug has almost stabilised, whilst there have been drastic reductions in the number of persons seeking treatment for the first time in their lives, moving from 20,017 admissions in 1992 to 11,867 in 1998, and 10,309 in 1999 (DGPNSD 2000c, provisional data for 1999).

On the other hand, there are important increases in the number of admissions for treatment for cocaine problems. Even though this increase had been noticed in previous years, it has become more marked in 1997-1998 and in 1998-1999, moving from 2,980 admissions in 1996 to 4,647 in 1997, 6,154 in 1998, and 8,802 in 1999. This increase has been more marked among those admitted for the first time for treatment for this drug than among those who had been admitted on previous occasions, for whom the number of treatments has risen from 932 in 1992 to 4,174 in 1998, and 5,997 in 1999. In 1999, 17.5% of the admissions for treatment were for abuse of or dependence on this drug, this figure being 30.9% among those admitted for treatment for the first time (DGPNSD 2000c, provisional data for 1999).

Most people (84.9%) entering treatment during 1999 were men. The highest proportion of males was observed among those persons receiving treatment for cannabis (89.2%), and the lowest proportion was among those persons being treated for hypnotic substances or sedatives (58,3%). The average age of those treated was 30.4 (28.6 in cases with no previous treatment and 31.5 in those treated previously). The average age was observed in those admitted for treatment for phenylethylamyine (age 21.7) and the highest was observed among those treated for hypnotic drugs and sedatives (age 34.9). Most of those admitted for treatment (78.5%) had been educated up to intermediate or lower levels. The level of education showed important differences according to the main drug for admission for treatment. With regard to the work situation, many of those admitted for treatment were unemployed (46.8%), the proportion of unemployed being greater for those cases with previous treatment (51.5%) than for those admitted for the first time (39.5%). The proportion of unemployed also presented important differences depending on the main admission for treatment drug, the highest figures corresponding to heroin (52.9%) (DGPNSD, provisional data).

The average age for initiation in the use of the main drug was 20.8 years for the combination of all the cases captured for the indicator. Important differences were observed in the average age for initiation into the use of drugs, depending on the admission for treatment drug, the average earliest initiation age corresponding to those admitted for cannabis (age 16.7), volatile substances (age 17.4) or derivatives of phenylethylamines (age 17.7) and the highest initiation age corresponding to those admitted for hypnotic substances or sedatives (aged 26.34). (DGPNSD, provisional data).

Inhaling (smoking "in bats" or cigarettes or pipes) was the predominant administration pathway among those treated for drug use in 1999, although there is still a considerable nucleus of persons who mainly continue to use the parenteral administration pathway. Among the cases previously treated for this drug, 27.3% used the parenteral pathway and 62.0% inhaled the drug, whilst among those who had not received previous treatment, these percentages were 19.6% and 69.1% respectively. Significant differences were observed in the heroin administration pathway among the different regional self-governing regions, but in general the inhaling method predominated in most parts of Spain, except in a group of regions in the North-east (Catalonia, Balearic Islands, Aragon, Navarra, Cantabria, Rioja and the Basque Country). Among those admitted for treatment for cocaine, the predominating main administration pathway was intranasal (sniffed), slight use being made of the parenteral pathway. In fact, the proportion intravenous drug users was 10.8% in cases of previous treatment and 2.2% in cases with no previous treatment (DGPNSD, provisional data).

Since 1991, the time when the Treatment Indicator started to gather data on the main use pathway of the drug motivating the treatment, a significant evolution has been observed in the main administration pathway of heroin in the overall area of the State. This evolution has occurred both in cases treated previously, and also in cases with no previous treatment, where parenteral use dropped from 50.3% in 1991 to 21.8% in 1998, and 19.6% in 1999, although, over the last few years, the reduction rate appears to have diminished. This drop affects all the regions. Parenteral use has been mainly replaced by the inhaled pathway ("smoking bats", "smoking in bats" or "smoking in silver paper"). The decrease in the use of the parenteral pathway is also observed for cocaine (DGPNSD 2000c, provisional data for 1999).

More than half (53%) of those admitted for treatment in 1999 had never used the intravenous pathway (non-intravenous drug users), 16.6% had used the intravenous pathway at some time during their lives but not in the year prior to admission for treatment (ex-intravenous drug users) and 30.2% had used the intravenous pathway in the last year (current intravenous drug users). Among those admitted for treatment for heroin, these proportions were 41.8%, 19.6% and 37.7% respectively. With respect to those admitted for treatment for other drugs, only a significant proportion of intravenous drug users at some time (current or ex intravenous drug users) figure among those admitted for opiates other than heroin (69,2%). For the remainder of the drugs, the proportion of intravenous drug users is very low (DGPNSD, provisional data).

Apart from the main drug, those admitted for treatment frequently use other drugs. The validity and reliability of this information, however, may not be too accurate. Among those admitted for treatment for heroin in 1999 the most widely used secondary drugs were cocaine

(73.1%), cannabis (35.0%), hypnotic substances or sedatives (21.6%) and alcohol (23%). Among those admitted for treatment for cocaine, heroin was used as a secondary drug in 15.4% of the cases. Other secondary drugs used frequently by these cases were alcohol (62.4%) and cannabis (48.8%) (DGPNSD, provisional data)

Of all those admitted for treatment for psychoactive substances during 1999, 58.9% reported that they had been treated previously for the main drug, compared to 62.1% in 1988, 62.1% in 1997, 56.9% in 1996, 47,5 in 1994 and 43.9% in 1992. The proportion of cases treated previously was much higher among those treated for heroin (69,8%) than among those treated for cocaine (29,0%) (DGPNSD, provisional data).

With regard to the serologic status with respect to HIV of those admitted for treatment, in the first place it must be stressed that the proportion of persons admitted for treatment with an unknown serologic status with respect to HIV is very high (45.6%), reaching 62.7% among those admitted for treatment for the first time, so that their results should be used cautiously, bearing in mind that the prevalence of infection due to HIV(positive) which are detailed below, are minimum prevalence figures (at least that percentage is infected). With this in mind, the highest infection prevalence due to HIV was found among those admitted for treatment for opiates other than heroin (21.4%) and for heroin (16.3%) and the lowest among those admitted for phenylethymaline derivatives (0.0%) or for cannabis (0.9%). The prevalence is much higher among persons with previous treatment than among those admitted for treatment for the first time. For example, figures for heroin are 18.9% among those treated previously and 10.3% among those treated for the first time (DGPNSD, provisional data).

3.2 Drug-related mortality

Drug-related deaths

For several years now the use of illegal drugs (mainly injected heroin) has been one of the main causes of death among young people living in large Spanish cities. AIDS and the acute reaction experienced after taking drugs are the two main causes of death among opiates or cocaine users, however at the present time deaths due to AIDS are more numerous than those caused by acute reaction.

The number of deaths due to acute reaction to opiates or cocaine experienced a continuous increase between 1983 and 1991, followed by a tendency to descend from then on. The fact is that the number of deaths due to overdose in five large Spanish cities (Madrid, Barcelona, Valencia, Zaragoza, and Bilbao) dropped from 553 in 1991 to 373 in 1995, 267 in 1988, and 254 in 1999 (DGPNSD 2000c, provisional data for 1999). The mortality trend also descended in other areas monitored on a continuous basis from 1991 onwards, although the fact that many of these were small areas causes an important inter-annual fluctuation in the number of deaths due to the chance effect.

Deaths in most of these cases are notified by the Anatomic Forensic Institutes, although in some cases notification is received from Forensic Surgeons grouped within other entities (Forensic Clinics) or, on exceptional occasions, from private forensic surgeons. The

complementary data on toxicology are provided mainly by the National Institute of Toxicology (Departments of Seville, Madrid and Barcelona), but also by other institutions (DGPNSD 2000c).

Significant differences have been detected in the mortality rate among the various areas monitored, the higher rates corresponding in general to areas where chiefly injected heroin is consumed, such as Barcelona (6.7 deaths/100,000 inhabitants in 1988) or Palma de Mallorca (DGPNSD 2000c).

Among the group of deaths in 1999, 84.5% were male (85.3% in the five Cities and 81.4% in the remaining areas).The average age of the deceased was 33 (provisional data).

The possibility of being able to count on toxicological analyses for all deaths due to unnatural causes would be a welcome asset, including deaths by intoxication or acute reaction to any type of substance. However, in some cases this information is unavailable. In 1999 the proportion of cases with available toxicological information obtained from biological samples was 88.6%. Most of the cases with available toxicological analyses were positive to opiates (93.6%), 60.9% to cocaine, 46.3% to benzodiazepine and 26.3% to alcohol. The remaining substances had a minimum presence (provisional data).

Mortality and causes of death in drug users, trends

In Spain, there is very little information available on the mortality rate (for any cause) of drug users. Among the host of published articles a few refer to opiate consumers (heroin) and come from Catalonia. These studies indicate that the annual mortality rate in opiate users was less than 1.5% in the mid-eighties, and that it increased, due chiefly to deaths caused by AIDS and overdose, to reach between 3%-5% at the beginning of the nineties (Muga et al 1999)[x]. This signifies that then the mortality of this population was 20-30 times higher than the general population of the same age and sex. From 1995 onwards, it is very probable that the mortality rate will have gone down within the Spanish user groups, as a result of the progress made in the control of HIV infection and the treatment received by this type of patient, and also due to the increased number of programmes providing opiate substitute programmes and reducing harm caused in the country. In fact, between 1994 and 1997 the annual mortality rate among intravenous drug users in Barcelona descended abruptly (Villalbí and Brugal 1999)[xi].

3.3 Drug-related infectious diseases

Since the second half of the eighties, AIDS and HIV infections have become one of the main health problems associated with the use of drugs in Spain. According to the National AIDS Registry, up to the end of 1999, 36,192 cases of AIDS related to the use of parenteral pathway drugs had been registered in Spain, representing 64% of all the cases of AIDS diagnosed up to that time. Among the cases diagnosed in 1999, the proportion attributable to parenteral pathway drug use is less (58.5%), being slightly more elevated in men (60%) than in women (54%) (Instituto de Salud Carlos III 2000). It is very important to bear in mind that AIDS registration is accumulative and that notification undergoes certain delays, and

therefore these figures may be subsequently modified. Within Europe, Spain has registered the most intense AIDS epidemic with relation to the use of parenteral pathway drugs, and currently, Spain has the highest incidence rate in Europe for AIDS originating in this way. The trend for the number of cases of AIDS related to the use of drugs diagnosed annually, is descending, after a maximum point was reached in the year 1994. In fact, the number of new cases diagnosed, (correction having made after the notification delay period had elapsed), was 4.843 cases in 1994, 4.089 in 1996, 2.046 in 1988, and 1.637 in 1999. This decrease reflects the combination of advances which have been made in the fight against AIDS in drug users, but it is attributable mainly to the more widespread use of new anti-retroviral treatment (Instituto de Salud Carlos III, 2000).

There is still a high proportion (prevalence) of intravenous drug users infected by the AIDS virus (HIV). According to the Survey on Heroin Users in Treatment, in 1996, of those heroin users admitted for treatment 77.4% had taken the VIH antibody detection test, and of these 22.7% were found to be seropositive, regardless of the pathways used to administrate the drugs. The prevalence of seropositivity to HIV was the highest (32%) among those heroin addicts who had injected drugs at some time during their lives (DGPNSD 1998).

Over the last years in Spain, significant decreases have been recorded in the incidence of HIV infection linked to drug injection and in the prevalence of infection in intravenous drug users registered for the first time in care centres. Nevertheless, as indicated above, the prevalence of this infection continues to be high among intravenous drug users and risk conducts (sharing injection material or maintaining sexual relationships with no protection), especially among those with seronegative HIV or those who are not aware of their serological status.

3.4 Other drug-related morbidity

Non-fatal drug emergencies

In 1999 the Emergencies Indicator recorded a total of 1.743 emergency episodes due to acute reaction to psychoactive substances in the 7 self-governing regions, the collection of this information having been limited to one week selected randomly from each month (DGPNSD, provisional data).

In 1999 the substances most frequently mentioned in emergency episodes were cocaine (49.2% of total episodes), followed by heroin (40.8%), hypnotic substances or sedatives (28.2%) and opiates other than heroin or unspecified opiates together accounted for (24.2%). It must be borne in mind that reference is being made to the times mention is made in the case history regarding the use of these drugs, which does not mean that the emergency has been caused by or is connected with the use of the said drugs. With regard to 1997 and 1998 a significant drop is observed in the times heroin is mentioned (52.6% in 1997, and 43.9% in 1988) and a significant increase in the times cocaine is mentioned (30.0% in 1997 and 37.2% in 1988). A certain increase in the mention of hypnotic substances and sedatives is also recorded (21.6% in 1997 and 24.6% in 1988) (DGPNSD 2000c, provisional data for 1999).

In the same way as for the psychoactive substances mentioned previously, the substances most frequently related to emergencies were cocaine (40.2%), heroin (32.3%), hypnotic substances and sedatives (24.5%), alcohol (20.1%), and opiates other than heroin (19.5%). When it comes to interpreting the data, it must be born in mind that a single emergency could be connected with the use of various psychoactive substances. By analysing the data for the period 1996-1999 the same trends are observed as those recorded for the substances mentioned (DGPNSD 2000c, provisional data for 1999).

Regarding the most frequent administration pathway for the substances mentioned, it must be taken into account that this variant represented a significant proportion of unknown values, and therefore the results should be accepted with considerable caution. In those episodes when heroin was mentioned, the parenteral pathway was the most usual and predominant method used (60.6%) or the inhaled method (41.4%), and in episodes with mention of cocaine, the pathways were, parenteral (42.6%), inhaled (33%), and intranasal (26.9%). The inhaled method prevailed in the case of cannabis (97%) and the oral pathway in episodes with mention of phenylethymaline derivatives (100%), hypnotic substances or sedatives (98.5%), amphetamines (946%) and "other psychoactive substances" (80.8%). If analyses are made of the trends in the period 1996-99, it can be observed that in the case of heroin, there has been a new increase in the proportion of episodes in which the parenteral pathway is used, after a fall over several years (62.1% in 1996, 56.6% in 1997 and 50.6% in 1988) and a drop in the proportion in the use of the inhaled method after various years on the increase (36.7% in 1996, 40.8% in 1997 and 49.7% in 1988). (DGPNSD 2000c, provisional data for 1999). These data, nevertheless, must be interpreted with caution, since they are provisional, and furthermore, the geographical coverage of the indicator may have varied with respect to 1998.

In 1999, the male sex constituted the greater part of those persons receiving emergency attention for acute reaction to psychoactive substances (73.9%), this proportion being less than that indicated by the Treatment and Mortality indicators. Depending on the drug mentioned in the emergency, the percentage of women was greater in episodes in which hypnotic substances or sedatives were mentioned (36.6%) (DGPNSD, provisional data).

In 1999 the average age for all the persons receiving attention for emergency episodes due to acute reaction to psychoactive substances was 29.6, with a tendency to increase during the period 1996-99. Persons with a lower average age (22,9 presented episodes in which mention is made of phenylethymaline derivates. On the other hand, persons included in the higher average age group were those with episodes in which hypnotic substances or sedatives were mentioned (aged 30.8) or opiates other than heroin (aged 30.7) (DGPNSD, provisional data).

The diagnostics classification carried out in the indicator is very shallow (only five categories). In 1999 overdose or acute intoxication (47,9%) and the abstinence syndrome (26.9%) were the most frequent diagnostics in emergency episodes due to acute reaction to psychoactive substances. It must be born in mind that the indicator does not include episodes indirectly connected with the use of these substances, such as, for instance, infectious problems or accidents. Most of these emergencies were resolved with medical discharge (80.1%). 0.2% was resolved with the death of the patient in the emergency department. 6.7%

required admittance to hospital and in 4% of these cases the patient was transferred to another hospital for evaluation and/or treatment. It can be observed from a stratification of the substances mentioned, that a significant proportion of patients admitted to hospital was due to MDMA and similar substances (11.5%) and hallucinogens (11.1%). When it comes to interpreting the data, it must be born in mind that it is quite probable that a significant proportion of the episodes generating admittance to hospital may be lost, mainly because it is impossible to find the case history in the files (DGPNSD, provisional data).

4. Social and Legal Correlates and Consequences

4.1 Social problems

Over the last few years, a change has been taking place in the drug use pattern, especially among the young sectors of the population. During the eighties and the beginning of the nineties, this model centred basically on heroin as a substance around which the drug "problem" revolved, whilst, from the mid-nineties onwards, the substances around which consumption is articulated are basically alcohol, cannabis, and psychostimulants (cocaine and synthetic drugs).

As a brief outline, we could say that the first use pattern generated considerable social problems and exclusion among users, whilst nowadays the predominating pattern shows a reduction in social problems and exclusion. At the present time we are faced with new use fashions, different ways to enjoy leisure time and of forming part of the society which affect a relatively numerous group of young people who feel, however, that they are sufficiently integrated in other spheres of their life: family, school and work.

According to various surveys, in the opinion of the overall population, the importance of the drug problem has lessened in their own areas of residence. In 1999 the percentage of the population that considered the drug issue to be "very important" in their neighbourhood has dropped by 10 points compared to 1997, and likewise the number of persons who consider the importance of this problem to be "slight" or "zero" has also increased.

According to the information given previously, in 1999, delinquency connected with drugs in the place of residence of the persons interviewed is only considered to be serious by 25.2% compared to 38.6% who consider it to be slight and 30.8% who consider that this problem does not exist at all.

4.2 Drug offences and drug related crime

Arrests for use/possession/traffic and trends:

A total number of 89,994 people were arrested in 1999 for illegal drug traffic. This confirms an increment in police pressure on this type of crime compared to 1998, when 81,644 people were arrested.

Like in the last few years, the substances involved in most of the detentions and denounces were cannabis derivatives (61.62%), followed by cocaine derivatives (19.69%) and opiacea (13.19%). We must highlight an increment in the percentage of detentions and denounces related to cocaine derivatives, climbing up to the current 19.69% from 16.9% in 1998), while opiacea derivatives have gone down, moving from 16.9% to the current 13.19%.

In terms of geographic distribution of people arrested for illegal drug traffic, most of them still took place at the communities of Andalusia, Valencia, Catalonia and the Canary Islands.

In terms of number of detentions/denounces per 10,000 inhabitants, the Autonomous Communities of the Canary Islands, the towns of Ceuta and Melilla and the communities of Andalusia, Balearic Islands and Valencia are in decreasing order where most of them took place.

The number of administrative sanctions for drug consumption in public areas in 1998, in compliance with the Organic Act 1/1992 on Citizen Protection, went up to 47,877. This means a ratio of 11,83 sanctions per 10,000 inhabitants. The number of sanctions has remained stable compared to 1997, when 47,199 were enforced and a ratio of 12 sanctions per 10,000 inhabitants was reached.

The Autonomous Communities Valencia (8,334 sanctions), Andalusia (7,023) and the Canary Islands (6,061) had the highest number of sanctions. However, the communities with a highest ratio were the Canary Islands (37.15), Balearic Islands (23.48), Valencia (20.69) and La Rioja (19.24).

The new limit for alcohol rate in blood for driver came into force on 6th May 1999. This meant a reduction from 0.8 grams per litre to 0.5 grams per litre for regular drivers (exhaled alcohol rate was reduced to 0.25 milligrams per litre). The limit for alcohol rate in blood for professional drivers was reduced to 0.3 grams per litre of blood (0.15 milligrams in exhale air). This limit was also applied to “learning drivers” in their first two driving years after obtaining their driving license. The latest data on the number of interventions and denounces for trespassing alcohol limits correspond to the first half of 1999, and therefore, the possible impact of the new legislation is not yet contemplated.

In the first six months in 1999, in the whole country, except for the Basque Country and the provinces of Gerona and Lerida, a total of 14,044 interventions were performed and 24,445 denounces were filed. In 9,365 cases (66,68% of the total) the intervention started as a result of routine alcoholometric check ups, in 2,085 cases the control took place after an accident (16.6%) and in 2,085 cases (14.85%) after a driving infringement. The remaining 262 (1.87%) cases were refusals of the drivers to take the alcohol test.

Convictions and court sentences for drug offences:

A total number of 4,713 sentences were issued in the second half of 1998 in relation to drug related penal crimes. Of these, 1,679 were crimes against public health, and 3,614 were crimes related to narcotics.

The crimes related to narcotics can be classified as driving and traffic safety (53.9%) and other crimes committed under the effects of narcotic substances (45.7%), which were the cause for conviction in all cases. Furthermore, 76.8% of crimes committed under the effect of narcotic substances were related to crimes against private property.

The characteristics of incriminated individuals differ depending on the type of crime (against public health or under the effect of narcotics).

- The profile of the individuals condemned for crimes against public health corresponds generally to thirty four-year old males (85.4%) under the effect of narcotics (83.4%) and with a very small percentage of second offenders (8.8%).
- Regarding individuals condemned for drug related crimes, they are mainly male (95.2%), younger (average age 30 years), they often commit the crime under the influence of narcotic substances (36.6%) and in a high percentage they are second offenders (21.9%).

The distribution of the 5.293 crimes (not of the sentences, since several incriminated individuals may be involved in a single sentence or one incriminated individual may be condemned for several drug related crimes) in the sentences analysed in the last six months in 1998, confirm that most crimes took place in the communities of Andalusia (923 crimes), Madrid (784), Catalonia (783) and Valencia (650).

A differential analysis of crimes against public health show a similar distribution. Drug related crimes were more numerous in Andalusia, Catalonia, Madrid and Valencia.

Imprisonment for drug law offences:

46.4% of penitentiary population had been accused of crimes against private property and

32.4% had been accused of crimes against public health. I.e. 78.8% of the convicts had been

accused of crimes against private property or public health, which are typically drug-related

crimes.

Alternatives to imprisonment:

Of all data provided by the Regional Plans against Drugs we must highlight a special consideration for the establishment of alternative programmes to prison confinement. According to follow up of these sentences by the Servicio de Atención al Detenido (Assistance Service for Arrested Individuals) or the Servicios Sociales Penitenciarios (Penitentiary Social Services), a high percentage of alternative measures were related to toxicological problems and security measures had been the most commonly applied procedure.

In Navarra, according to data from the Penitentiary Social Service in this Community, 80% of security measures were applied to drug addicted individuals and all annulments were applied to drug addicted individuals; in 70% of cases there was a annulment of sentence, and 60% of general suspensions affected drug addicted individuals; 27.6% of weekend arrests corresponded to drug addicted individuals and 69% of them were under treatment. On the other hand, the rate of alternative sentece failure was 16%.

In Vizcaya, according to data from the Servicios de Atención al Detenido (Assistance Service for Arrested Individuals) 89% of alternative rendering of sentence in this community was associated to drug addiction.

In Castilla y Leon, according to data provided by the Regional Plan against Drugs, 4.9% of cases receiving assistance at the drug addiction assistance network (detection-motivation) have benefited from alternative measures (61% security measures and 23.4% sentence suspension). In this Community, 28.1% of assistance network users were juridical patients.

After the enforcement of the new Penal Code, the penitentiary administration has had to adapt its organisation to new demands deriving from the new sanctions. With this regards, Penitentiary Social Services were reorganised in order to adequate them to a greater extent to the requirements of the new Penal Code.

A total number of 441 alternative rendering of sentence were registered by these Services. Where 275 of them, i.e. 62.3%, were related to drug addiction.

The distribution, according to the type of alternative measure applied was the following:

- 163 confining security measures were applied, of which, 75% were related to drug addiction treatments.
- 123 non-confining security measures were applied, of which 82% were related to drug addiction.
- 155 sentences suspension were applied, of which, 49% were applied to drug addicted individuals.

Catalonia Community has not been included in the previous data, since in 1995 this community established the Dirección General de Medidas Alternativas (General Administration of Alternative Measures) for the control of these measures.

From the enforcement of the Penal Code in May 1996 and until the first half of 1999, Catalonian judges have issued 1,337 sentences and have allowed alternative rendering of sentence to 479 individuals. These alternative rendering of sentence include weekend arrest, community work, psychiatric treatment and the participation in education programmes.

Up to 44.9% of these sentences were accompanied by drug addiction treatments:

- Alcohol or drug addiction surgery treatment: 503 sentences.
- Confinement in a detoxification centre: 98 sentences.

One of the main difficulties to apply alternative measures is the confrontation of two systems: the juridical and the social-sanitary systems. A difference approach from both sides generates difficulties to any joint action.

In this sense, we must highlight the research study on the alternative rendering of sentence by the Audiencias Provinciales 1998 (Province Courts), carried out by the Servicio Interdisciplinar de Atención al Detenido (SIAD) (Assistance Service for Arrested Individuals) and sponsored by the Government Delegation for the Plan Nacional sobre Drogas. This study shows that 50% of magistrates would choose an alternative rendering as long as there is a rigorous control, and 28.6% of attorneys would be in favour as long as these are determined by specialists and there is a rigorous control of the same. These data were obtained from the survey carried out at 75 Courts of Law and 34 Attorney Offices in all the Autonomous Communities from the 1st January to the 30th April 1998.

The results of this research study highlights a favourable attitude by the juridical representatives to accept alternative treatments. Although in fact, judges and attorneys are mostly interested in the state of the individual at the moment of committing the crime.

4.3.Social and economics costs of drugs consumption

There are not specifics data on this item. Nevertheless, the Spanish Focal Point is encouraging studies on this.

5. Drug Markets

5.1 Availability and supply

Within the complex network of international drug traffic, Spain is a transit and consuming country for organisations smuggling hashish and at, a smaller scale, cocaine for the rest of the European countries.
This is due to, in the first place, its geographic location to act as a bridge between Africa and Europe. Secondly, because of its cultural, linguistic and economic links with South America, cocaine-trafficking organisations use our country as an entryway into other European countries.

With regards to heroine and other synthetic drugs, ours is mainly a destination country.

HEROINE

Heroin traffic is monopolised by Turkish and Kurd organisations. The rely on domestic clans from marginal sectors of society set up in the impoverished suburban areas next to large cities for its distribution.

We could say that nearly a hundred per cent of the heroin entering the Spanish market comes from the “Golden Crescent” or “Golden Horn” (South East of Asia) through Turkey and the

Balkans Route. This type of heroine is known as “Brown Sugar”, “SOEA Heroine” or “No. 3 Heroine”.

Traffic Distribution

In 1999 1,159,297 grams were apprehended, which means a substantial increase of 177% compared to the figure for 1998. 58 of the 11,715 seizures carried out in 1999 were considered as large traffic (over 1 kilogram) and represented 94.9% of the total with 1,120 kilograms. On the contrary, 10,961 of the 11,601 people involved (94.49%) were doing minor traffic with amounts smaller than 10 grams.

Location

Most seizures took place inside the national territory, where 1,125.995 grams were seized (93.13%) and 11,577 people were involved (99.79%) and the number of seizures was 11,700 (99.87%).

Origin of the heroine

If we only consider seizures over 100 grams, 46.91% of heroine came from Turkey and 3.77% from Pakistan. The rest of the heroine came from other or unknown places.

Means of Transport

Regarding the means of transport used and again only considering seizures over 100 grams, 57.76% of the heroine came on some vehicle, 3.63% came on people and 2.06% came by plane. The rest of them came by other or unknown means of transport.

Nationality of the people arrested

The nationality of the individual arrested were as follows:

Spanish 72.87%, Colombians 3.15%, Portuguese 2.84%, from Ghana 2.84%, from Guinea Bissau 2.21%, Turkish 1.89%, Iranian 1.89%, Moroccan 1.58%, Liberian 1.26% and from other or unknown nationality 9.46%.

COCAINE

Even though the Iberian Peninsula continues to be one of the entryways for cocaine to be distributed to other countries in Western Europe, drug trafficking organisations insist on finding new ways to introduce the drug in Europe and are beginning to use in with a growing frequency the airports of Belgium, Holland, United Kingdom and Poland.

Some of the circumstances to favour the introduction of this substance in Spain are the historical cultural and linguistic links with South American countries, and the saturation of the market in USA.

According to the amount of substance seized most of the drug comes into the Peninsula by sea, and in the second place, according to the number of apprehensions, by air.

The methods used to enter cocaine in the country are quite varied. Some of the most relevant are the containers and boats chartered by Galician-Colombian organisations for the sea traffic and the use of "body packers" for air trafficking.

Routs and modus operandi change constantly, including the methods to hide the drug.

After dismantling the carters of Cali and Medellin, the traffic of cocaine in Spain is controlled by Colombian cartels divided into many smaller criminal organisations supported by domestic trafficking networks mostly from Galicia.

Colombian organisations are responsible for illegal cocaine traffic in Spain, although, in 1999 Galician clans gained a significant protagonism.

Despite figures showing the Iberian Peninsula as the main entryway for cocaine coming from producing countries into domestic and the rest of the Western European markets, Spain is not any more the only entryway for cocaine in Europe. To a large extent, this is due to the key task carried out by our police units to fight illegal drug traffic, and most acting against Galician clans. This has made Colombian carters look for new unloading places in central Europe.

Distribution of the traffic

A total of 18,110,879 grams were seized in 1999, which means an increment of 54.95% compared to 1998.

The total number of seizures in 1999 was 17,445, which meant an increment of 30.31% from the previous year. Of these, 421 were considered large traffic (over 1 kilogram) with a total number of kilograms apprehended of 17,896 (98.82% of all the cocaine apprehended in the year).

On the contrary, 14,546 of the 17,091 people involved (85.11%) were doing minor traffic, with amounts smaller than 10 grams.

Location

Most seizures took place inside the national territory. The amount of cocaine apprehended was 9,128,639 grams (50.40% of the total cocaine apprehended), and 16,716 people were involved (97.8%), with a total number of seizures of 17,115 (98.1%).

Origin of the cocaine

If we only consider seizures over 100 grams, 48.37% of cocaine came from Colombia, 10.62% from Brazil, 2.43% from Venezuela and the rest of the cocaine came from other or unknown places.

Means of Transport

Regarding the means of transport used and again only considering seizures over 100 grams, 78.48% of the cocaine came by boat, 5.74% came by plane, 3.66% came by some road vehicle and the rest of it came by other or unknown means of transport.

Nationality of the people arrested

The nationality of the individual arrested were as follows:

Spanish 72.87%, Colombians 3.15%, Portuguese 2.84%, from Guinea Bissau 2.21%, Turkish 1.89%, Iranian 1.89%, Moroccan 1.58%, Liberian 1.26% and from other or unknown nationality 9.46%.
Spanish 68.17%, Colombians 15.58%, Morrocan 1.44%, Italian 1.38%, Argentinian 1.38%, Brazilian 1.32%, Russian 1.02%, Portuguese 0.72%, Venezuelan 0.66%, Ecuatorian 066% and from other or unknown nationality 9.46%.

Even though the methods to hide the drug are quite varied, the most frequently used is a vehicle fuel tank with a double bottom.

HASHISH

Cannabis resin (hashish is the only cannabis derivative with special incidence, both for consumption and for illegal traffic in Spain. Most of the product comes from Morocco and its commercialisation has been monopolised by extraordinarily powerful criminal organisations mostly established in the South of the country and North of Africa.

Spain is mainly a transit country for this substance, and Holland is a distribution centre for the rest of Europe.

According to several reports, Spain for its geographic location, its vicinity to Morocco and its long coast is a nearly essential transit country on its way from Africa and into the European Continent.

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

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

1) The traditional tobacco smuggling route through areas near the Strait of Gibraltar. Using modern fast and powerful boats such as "Zodiacs", unloading at the beaches in Cadiz and Malaga. They use Gibraltar territorial waters to obtain protection from the Security Forces.At a smaller scale, they also use the regular lines between Ceuta, Melilla and Tangier to Algeciras, Tarifa, Cadiz, Malaga, etc.

2) Through Galicia and Portugal, again using the infrastructure of organisations that used to smuggle tobacco.

Other methods used are:

a) Road vehicles (generally vans) mostly driven by immigrants who after spending their holidays in Morocco are on their way back to Central Europe to go back to work. They take advantage of the trip to transport small amounts already sure to be sold to criminal organisations in their destination places.

b) T.I.R. trucks travelling to Morocco with any kind of legal load, and when coming back into Europe they carry important load of hashish perfectly hidden inside double bottom in the truck trailers.In both of the above cases, they enter Spain through the custom offices in Algeciras or Cadiz.

c) At the Costa Brava, the area in Ampuriabrava, which due to the characteristics of this coast. Most individuals operating in this area have British nationality. Once the drug has been stored in the houses in the area, it is sent by means of touring packs to different towns in the United Kingdom. T.I.R. are the most commonly means of transport used in these cases.

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

However, we must point out that thanks to Spanish police pressure, it is increasingly greater the amount of hashish that goes straight into Portugal, United Kingdom, Holland or Italy as alternative routes.

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

Distribution of the traffic

A total of 131,165,280 grams were seized in 1999, which means a similar amount to the figures for last year (a very slight increment of 0.68%).

The total number of seizures in 1999 was 52,148, and of these, 421 were considered large traffic (over 100 kilograms) with a total number of kilograms apprehended of 405,476.5 (94.04% of all the hashish apprehended in the year).

On the contrary, 49,444 of the 52,462 people involved (94.25%) were doing minor traffic, with amounts smaller than 500 grams.

Location

Most seizures took place on the beaches, inside the national territory, and at the territorial waters. The amount of hashish apprehended on the beaches was 185,088 kilograms, and 537 people were involved, with a total number of seizures of 403.

The amount of hashish apprehended in the national territory was 130,156 kilograms. 51,401 people were involved and the number of seizures was 51,333.

The amount of hashish apprehended in territorial waters was 65,295.5 kilograms. 162 people were involved and the number of seizures was 139.

Origin of the hashish

If we only consider seizures over 5,000 grams, 99.48% of hashish came from Morocco, and only 0.52% from other or unknown places.

Means of Transport

Regarding the means of transport used and again only considering seizures over 5,000 grams, 40.28% of the hashish came by boat, 26.10% came by road vehicle and 0.9% came with individuals, 0.05% came by plane and 0.02 by train. The rest of the hashish came by other or unknown means of transport.

Nationality of the people arrested

The nationality of the individual arrested were as follows:

Spanish 51.50%, Moroccan 35.34%, French 3.04%, British 1.99%, Dutch 1.30%, Algerian 1.20%, Italian 1.10%, German 0.80% and from other or unknown nationality 9.46%.

ECSTASIS AND SIMILAR SUBSTANCES

They area erroneously called “design drugs”, and the most popular are the “ecstasis” and similar substances. Their terminology incorporate all the illegal amphetamine derivatives

with substitution of ring, mainly MDA and MDEA. These appeared in Spain by the mid nineties, although its distribution was reduced to specific areas in our territory, such as the Basque Country, Navarra, Barcelona, Valencia Community, Levante and the Balearic Islands, and it was only consumed by certain social groups.

In 1993, a new youngster's activity appeared. It took place at weekends and around discotheques or mobile stalls at bear areas, where a considerable consumption of narcotics was noticed.

This activity developed to the point that tours between the different amusement centres were established, and youngsters moved massively from one to the next disco. This was called the "Destroyer Route" of the "Bacalao Route", the former started in Valencia City and went to different places in the East Coast and the latter went from different places in the national territory towards Valencia Community.

Some years later, the East Area, together with Madrid and the Balearic Islands are still some of the main places for the distribution of these substances in numerous discotheques and macroparties held at tourist areas.

These substances enter Spain from laboratories in Holland, United Kingdom and other countries in East Europe (mainly Poland, and the Check Republic).

However, we must not forget the illegal laboratories dismantled in our country. With some important ones such as Macastre (Valencia) and Fuenlabrada (Madrid).

Distribution of the traffic

A total of 357,649 pills were seized in 1999, which means an important increment (83.8%) compared to the figure for the previous year.

The total number of seizures in 1999 (1,195) increase by 45.19%, and of these, 29 were considered large traffic (over 1,000 pills) with a total number of pills apprehended of 324,649 (90.67% of all the pills apprehended in the year).

The number of individuals involved also increased substantially, with a 35.97% increment with a total number of 1,629 individuals.

On the contrary, 1,163 of the 1,629 people involved (71.39%) were doing minor traffic, with amounts smaller than 10 pills.

Location

Most seizures took place inside the national territory, with 1,988 out of 1,995 seizures; 1,626 of the 1,629 people involved and 305,686 of the 357,649 pills apprehended.

Origin of the ecstasis

If we only consider seizures over 100 pills, we can see that 114,485 pills came from Holland (33.32%), 39,231 pills (11.42%) came from Belgium and the remaining 55.26% came from other or unknown places.

Means of Transport

Regarding the means of transport used and again only considering seizures over 100 pills, 31.38% of the pills came by road vehicle, 5.94% came on people, 2.91% came by plane and the rest of the pills came by other or unknown means of transport.

Nationality of the people arrested

The nationality of the individual arrested were as follows:

Spanish 78.68%, Moroccan 7.11%, British 5.08%, Dutch 2.03%, German 1.52%, Portuguese 1.52% and from other or unknown nationality 4.06%.

Preventive Measures

Due to the relevance of the above mentioned “Bacalao Route” and others of similar characteristics, where synthetic drugs such as speed or ecstasis were usually consumed, the currently disappeared Secretaría de Estado para la Seguridad (State Secretary for Security) issued a guideline for police actions in relation to this consumption pattern and drug traffic in order to do away with this phenomenon and to preserve the general interest of young citizens.

5.2 Seizures

The data provided by the Oficina Central Nacional de Estupefacientes (OCNE) (National Central Office for Narcotics) about seizures of substances in 1999 confirm a high efficacy of actions carried out for the control of illegal drug traffic in this period. Seizures of the main drugs grew in 1999 in comparison to 1998. And they grew dramatically with regards to heroin, ecstasis or cocaine seizures.

A historic record was registered for heroin apprehended in 1999, with a total amount of 1,159 kg; i.e. 177% more than in the previous year. Heroine apprehension, which had remained stable in the last few years, suffered a spectacular increment in 1999, after three major seizures took place in Spanish territory (Police operations "Carro", "Temple" and "Lockman").

The amount of cocaine apprehended in 1999 reached 18,110 kilograms. This is a similar volume to the historic record registered in 1997, and 55% more than the amount of cocaine apprehended in 1998. We must point out that in 1999 some important police operations took place, which resulted in the seizure of large loads ("Temple", "Cabezón", "Lubricante", etc.). In fact, operation Temple enabled the seizure of 12,827 kilograms of cocaine.

Hashish is still the most commonly apprehended drug in Spain. In 1999, 431,165 kilograms were apprehended with an increment of 0.68% compared to amounts apprehended in 1998. It is convenient to keep in mind that our country is one of the main entryways for this substance into the European market.

Ecstasis apprehensions have also registered a spectacular climb in 1999. The total number of pills seized was 357,000 and the increment was as high as 84% compared to 1998. On the contrary, speed seizures, for a total amount of 49 kilograms went down by 72% compared to 1998. Another point to highlight is the reduction in the amount of LSD apprehended which went down by 63% compared to the previous year, with a total amount of 3,339 units (pills).

The number of seizures is still lead in 1999 by cannabis derivatives (55.498), which represents 60.57% of the total, followed by cocaine derivatives (18.000) representing 19.65% and opiacea derivatives (11.938) at 13.03%.

The greater number of apprehensions generally takes place in the Autonomous Communities of Andalusia, Valencia, Catalonia and the Canary Islands.

5.3 Price, purity

According to data provided by the National Central Office for Narcotics regarding purity and prices of the main illegal drugs during the second half of 1999, no significant changes were noticed compared to those for the same period of 1998.

Regarding the purity of the different substances, either in small dose distribution or in larger amounts, it remains the same, although with a very slight increment in the cocaine for retail distribution.

With regards to price evolution, we must highlight an increment of these in the wholesale market in the cases of white and brown heroine, and cocaine (the substances had suffered important police seizures in 1999). Hashish price has remained stable.

6. Trends per Drug

Cannabis

Cannabis is the most frequently used illegal drug in Spain. According to the Door-to-door Survey on Drug Abuse in 1999, 19.5% of the Spanish population aged between 15-64 had tried cannabis at some time in their lives (21.7% in 1997), 6.8% in the last year (7.5% in 1997) and 4.2% in the last month (4% in 1997). These figures give the impression that the number of sporadic users of this drug had fallen slightly, but not the number of frequent consumers (monthly or daily) (DGPNSD 2000a).

There is evidence of a recent increase in the use of this drug among young people. In fact, in the Survey on Drug abuse carried out among pupils attending school, and conducted among

students between the ages of 14-18, the use prevalence in the last year rose from 18.1% in 1994 to 23.2% in 1996 and 25.1% in 1988. Along parallel lines, a fall has been observed in the attitudes in contrary to use of drugs (awareness of the risk connected with drug use and disapproval of this conduct) (DGPNSD 2000d).

The use of cannabis continues to have little sociosanitary repercussion, despite its relatively widespread use. This type of problem is most probably concentrated among intense users who consume other drugs at the same time. In 1999, in Spain, 5.6% of those treated for abuse of or dependence on drugs, felt that they were increasingly motivated by cannabis. People treated for cannabis were generally males, quite a lot younger (average age of 24) than those treated for heroin or cocaine, with a similar level of education and unemployment to other young people of their age, many of whom had used other drugs in the month prior to the treatment, chiefly alcohol (54.4%), cocaine (41.5%) or heroin (14.2%). Contrary to trends in other European countries, very few of them had consumed amphetamines or ecstasy. The mention of cannabis in hospital emergencies for acute reaction to drugs is also on the increase, although the contribution of cannabis is difficult to elucidate, as probably most of the patients had also consumed other drugs, chiefly cocaine. Psychopathological reactions represent a significant part of these cases (DGPNSD2000c). It is difficult to evaluate the effects of cannabis on accidents, particularly road traffic accidents, since these are frequently associated with alcohol consumption.

Synthetic drugs (Amphetamine, ecstasy, LSD)

At the beginning of the eighties, control was established over the sale of amphetamine based OTC products, widely used to improve mental capacity or to avoid fatigue, this action resulting in a evident reduction in their use. Nevertheless, the end of that decade saw the beginnings of a tendency to use amphetamines for recreational purposes (usually amphetamine sulphate or dexaphetamine) and derivatives of methylendioximethamphetamine MDMA *(ecstasy)* which were sold secretly. Use became widespread especially from 1992 onwards and currently the trend has become steady or is on the decline. Annual use prevalence of ecstasy among the Spanish population aged between 15-64 decreased from 1.3% in 1995 to 0.9% in 1997 and 0.8% in 1999, and that of amphetamines or speed dropped from 1.1% in 1995 to 0.9% in 1997 and 0.7% in 1999, LSD other hallucinogens falling from 0.9% in 1997 to 0.6% in 1999 (DGPNSD 2000a).

A similar trend is observed among students aged between 14-18 years, the use prevalence of amphetamines or speed rising in the last year from 3.3% in 1994 to 4.1% in 1996 and 3.8% in 1988, prevalence for ecstasy rising from 3.0% in 1994, to 3.9% in 1996 and 2,5% in 1988, rising for LSD and other hallucinogens from 4.0% to 5.3% and 4,1% (DGPNSD 2000d). This phenomenon may be due to the fact that less value is being placed on novelty, to the high incidence of disagreeable effects, or to the effectiveness of informative and prevention programmes.

The amount of confiscated ecstasy rose from 22,165 tablets in 1991 to 739,511 in 1995, subsequently dropping to 194,527 in 1988 and 359,096 in 1999. On the other hand,

confiscation of amphetamines in powder form has greatly increased, rising from 4.2 Kg in 1991 to 177 Kg in 1988 and 49 in 1999 (DGPNSD 2000c).

On relatively frequent occasions ecstasy or amphetamines produce disagreeable effects, which usually disappear after a few hours, rarely requiring medical assistance or involving serious complications. The impact of these substances on public health in Spain is very low, above all when compared to substances such as tobacco, alcohol, heroin or cocaine. In fact, in 1999, the use of ecstasy or amphetamines was mentioned in less than 6% of the emergencies caused by acute reaction to drugs, and on many occasions in conjunction with the use of other drugs such as alcohol, cocaine, cannabis or hallucinogens (DGPNSD, provisional data). Furthermore, most of the patients improve after a short stay at the emergency service department or after receiving therapeutic treatment. With regard to admittance for treatment, in 1999 in Spain, amphetamines and ecstasy combined motivated only 1% of the treatment received for drug abuse/dependence (1.8%, of the first time treatment had ever been received) (DGPNSD 2000c). Finally, its presence was detected in less than 3% of the deaths caused by acute reaction to illegal drugs (DGPNSD, provisional data), and in most of the cases along with other drugs such as heroin, cocaine or alcohol. One of the most conflictive aspects is the role played by ecstasy or amphetamines in road traffic accidents. Nevertheless, evidence indicates that these figures are not over relevant. In fact, of the 285 persons dying in road traffic accidents in Spain between 1994-1996, amphetamines were only detected in 1.4% of those cases and ecstasy in 1.1%, these results always being accompanied by other drugs, mainly alcohol (Del Río and Álvarez 2000). Despite the situation described above, the relevance of health care in the use of ecstasy and amphetamines continue to be the object of dispute, above all with regard to possible long term effects. Furthermore, the fact that the qualitative and quantitative composition of the tablets is unknown to the user, is a further source of concern. Usually, in Spain, “ecstasy” tablets mostly contain amphetamines, Methylendioximethamphetamine (MDMA) and methylendioxiethylamphetamine (MDEA); and less frequently methylendioxiamphetamine (MDA) and methylbenzodioxolbutanaminae (MBDB), rarely containing other amphetamine derivatives.

With regard to problems associated with the use of LSD and hallucinogens, the panorama is similar to that of ecstasy or amphetamines, with less repercussion on treatment and mortality (DGPNSD 2000c). Most of the problems detected are psychopathological, usually psychotic crises or attacks of panic.

Over the last few years, use of these substances took the same path as ecstasy, tending to stabilise or descend. Door-to-door surveys show that the proportion of the Spanish population aged between 15-64 that had consumed these substances during the twelve months prior to the survey fell from 1.1% in 1995 to 0.9% in 1997 and 0.6% in 1999 (DGPNSD 2000a). Likewise, in the surveys conducted among students between the ages of 14-18, the proportion of users during the previous twelve months moved from 3.3% in 1994 to 4.1% in 1996 and 3.8% in 1988 (DGPNSD 2000d).

Heroin/opiates

Although available data regarding prevalence levels for the use of opiates are not very reliable since they are under-specified, there is, however, considerable evidence confirming the progressive reduction in the number of users. On the other hand, the indicators of the Plan Nacional sobre Drogas clearly suggest that problems caused by heroin increased before 1989-92, and fell considerably from that time on (DGPNSD 2000c). Thus, the period between 1991 and 1999 recorded a fall in both the number of those treated for the first time for heroin dependence (20,017 cases in 1992 and 10,309 in 1999), and the number of deaths caused by acute reaction to drugs containing opiates (553 in 1991 and 254 in 1999 in the group of cities of Madrid, Barcelona, Valencia, Zaragoza and Bilbao). Likewise, there was less mention of heroin (61.5% in 1996 and 43.9% in 1988, and 40.8% in 1999) in the emergency treatment of acute reaction to drugs. On the other hand, there was a slight increase in those arrested/charged for traffic, possession or public consumption of opiates (GPNSD 2000c, provisional data for 1999).

These indicators can be used to reach conclusions about the evolution of the incidence or the prevalence of drug use. However, their validity is limited, because the evolution of indicators depends very much on factors which have nothing to do with use. One of the arguments which could be used in favour of the drop in the incidence of use, is the relative stability of the age of initiation into consumption and the increase in the average age of users. Thus, among heroin users treated for the first time, the average age moved from 25.7 in 1991 to 30.0 in 1988 and 30.3 in 1999, and the average age for initiation into consumption went from 20.6 in 1991 to 21.4 in 1988 and 21,8 in 1999 (DGPNSD 2000c, provisional data for 1999).

In the last decade the practice of intravenous heroin use has decreased, in fact the proportion of those treated for heroin who are intravenous drug users dropped from 62.4% in 1991 to 28.8% in 1988 and 27.3% in 1999 (DGPNSD 2000c, provisional data for 1999). Nevertheless, some smokers and sniffers are also occasional intravenous users; bringing to a slightly higher level the proportion of those treated for heroin who are also intravenous users (28.9% and 37.7% during the month and year prior to treatment, respectively, in 1999). Furthermore, the proportion of intravenous drug users varies considerably geographically, giving very low figures in the South-west of the country, and surpassing 50% in the North-east (DGPNSD, provisional data). There is little information available on the factors which have influenced the change to non-parenteral pathways. Various factors could have had a decisive influence such as the ready availability of heroin-base apt for smoking, sociocultural factors linked to areas of residence, user-awareness of the high risk of AIDS, overdose and other health problems associated with injection, HIV prevention and harm-reduction programmes developed in the regions.

The change in the heroin administration pathway could have had an extremely important influence on the drop in mortality due to acute reaction to opiates and also in the descent of the prevalence of HIV infection among heroin users, which is beginning to be noticed in Spain.

Cocaine/crack

The surveys conducted among the general population show a relatively stable trend over the last few year with respect to cocaine use. The fact is that, both in 1997 and in 1999, the prevalence of cocaine use in the last year in the Spanish population aged between 15-64 years was 1.5% (DGPNSD 2000a). Nevertheless, a considerable increased has been detected in the prevalence of use among students aged between 14-18, the annual prevalence moving from 1.7% in 1994 to 2.6% in 1996 and 4.1% in 1988. Likewise, the use of cocaine is increasing considerably among heroin consumers. According to the National Drug Plan treatment indicator, the proportion of those treated for heroin problems who had consumed cocaine in the month prior to treatment moved from 42.8% in 1987 to 51.3% in 1991, 58.4% in 1996, 68.2% in 1988, and 73.1% in 1999 (DGPNSD 2000c). Furthermore, in this group, the use of injected cocaine has decreased, yet the habit of crack smoking has increased (in 1996, 28.5% of those treated for heroin had consumed crack in the month prior to treatment) (DGPNSD 1998). The use of crack has become more widespread, chiefly in the self-governing regions in the South-west, where heroin is mainly consumed via this pathway. In fact, in 1996 more than 40% of those treated for heroin effects in these regions had consumed crack during the month prior to treatment. In Spain, crack is usually consumed in bats, although some people smoke it in pipes (DGPNSD 1998).

As can be observed from the following table, since 1995 there has been a very heavy increase in treatment received and in the number of emergencies related to the use of cocaine.

	Year	%	n
Treatment for abuse or dependence (% of the treatment caused by cocaine use [a]	1996	5,6	52890
	1997	8,9	52440
	1998	11,3	54338
	1999	17,5	50279
Treatment *for the first time* for abuse or dependence (% of the treatment caused by cocaine use)[a]	1996	9,1	20855
	1997	16,7	18729
	1998	21,6	19341
	1999	30,9	19426
Emergencies due to acute reaction (% of the episodes where cocaine is mentioned)[b]	1996	27,4	2585
	1997	30,0	1933
	1998	37,9	2099
	1999	49,2	1743
Deaths caused by acute reaction (% of the deaths where cocaine was detected)[c]	1996	26,6	349
	1997	37,6	255
	1998	56,4	236
	1999	60,9	281

a: Admitted for treatment for abuse of or dependence on psychotic substances in the whole of Spain. The number of times treatment was received in the same year and in the same self-governing region have been eliminated. Coverage can be considered to be practically complete.

b: Emergencies due to acute reaction to psychoactive substances for which data was collected in the main hospital services of various monitored areas.

c: Deaths caused by acute reaction to psychoactive substances collected in five large cities (Madrid, Barcelona, Valencia, Seville and Bilbao) providing toxicological analysis facilities. Only 1966 data was available for Seville.

SOURCE: Treatment, Emergencies and Mortality Indicators of the Plan Nacional sobre Drogas.

Currently, cocaine is already mentioned much more than heroin in emergencies for acute reaction to drugs, yet this circumstance had already occurred in previous years in cities like Madrid or Barcelona. On the other hand, although opiates are detected in approximately 90% of the deaths caused by acute reaction to drugs, it is very probable that there is an increase in the number of cases of cocaine being detected alone or without opiates. The significant increase in the proportion of treatment for cocaine in patients sniffing the drug (59,3% in 1996, 74.8% in 1988 and 74.8% in 1999) leads us to discard the idea that this phenomena is also due to a greater increase in the smoking or the injection of this drug. Furthermore, problems caused by cocaine appear to be linked less and less to users of heroin or opiates (DGPNSD 2000c, provisional data for 1999). The average age of those treated for cocaine and the average age for initiation into drug consumption increased before 1995, the trend stabilising or descending slightly from that time on, chiefly among those receiving treatment for the first time in their lives (DGPNSD 2000c).

Multiple use

See previous sections

7. Discussion

The consolidation of a pattern involving use of drugs for recreational purposes, in which ample sectors of adolescents and young people participate, where the line drawn between legal and illegal drugs appears to be increasingly blurred, it is becoming essential to promote programmes for the reduction of the harm caused by the use of alcohol, tobacco and other drugs (such as cannabis derivatives) as opposed to those for which a very low risk has been observed and which avoid the more problematic consumer patterns. A key factor in the development of these strategies, is the involvement of National Health System health care personnel to boost programmes for education in health and for early detection of the problems related to the use of drugs among the general population.

The progressive reduction of the ages of initiation into the use of the various drugs, and the important presence these have among the adolescent population, creates a need to boost health education programmes in schools, by generalising their application in all the school centres and implementing them at the very early stages of education. On the other hand, efforts should be made to generate healthy leisure alternatives to break the growing association between use of drugs and recreation established by many of the young..

With regard to the area of assistance, it could be said changes are taking place in adverse effects and the medical attention needs of drug users within the framework previously described, so that programmes and health care facilities will need to be diversified, since most of them are planned and oriented towards treating the opiate consumer population.

Renewed needs for research arise from this new situation. It is important to gain more detailed knowledge of the case histories of the persons demanding medical care, especially those who use the emergency services. Consumer group monitoring studies are required to

define the changes which take place throughout the consumer life-span of user groups and the corresponding sociosanitary repercussions.

In the field of policies and programmes designed to reduce drug problems, it is mandatory: 1) To maintain and extend maintenance programmes for opiates, complementing these with health, psychological and social support activities. 2) To diversify the facilities and programmes designed to reduce the risk of infection among drug intravenous drug users, since in Spain, this group maintains a high prevalence of practices leading to risk of transmission of infectious agents. Additionally, in the case of VIH, despite the probable drop in the number of new cases of infection, the number of living infected intravenous drug users is decreasing much more gradually as the risk of death is being reduced. 3) To systematically implement among the drug addict population, vaccination programmes against tetanus and hepatitis B, in addition to antituberculosis chemoprophylaxis.

It would seem that a more profound study would be advisable to establish the sociodemographic and clinical profile of the persons demanding medical care for cocaine use and the probable changes in treatment services related to users of this drug. In any case action needs to be taken to prevent the more dangerous use patterns (injected or inhaled free base cocaine) from spreading outside the population of opiate consumers.

The significance of the recent increase in treatment for cannabis in terms of needs is still not known. There is a lack of information about the toxicological and clinical backgrounds (especially psychopathological) of these persons, and the possible changes in direction taken by services providing treatment, or the use of treatment as an alternative to imprisonment or to administrative sanctions, all of which could explain this increase.

PART 3 DEMAND REDUCTION INTERVENTIONS

8. Strategies in Demand Reduction at National Level

8.1 Major strategies and activities

The National Strategy against Drugs considers demand reduction as the main intervention area to fight against drug abuse issues, and the prevention of consumption as the main base for this objective, although we must also take into consideration harm reduction, as well as assistance and rehabilitation.

a) Drug consumption prevention

1. To provide the population with enough information about consumption of tobacco, alcohol and other substances that may generate addiction and risks for those consuming them.
2. To enhance training programmes for Primary and Secondary teachers on drug abuse related problems.
3. To provide most school students with sufficient and objective education on the consequences of drug abuse and sufficient skills, competencies and abilities to approach their relation to drugs in an efficient manner.
4. To start up control measures on publicity and promotion of alcoholic drinks and tobacco to protect under-age individuals
5. To design a process to officially validate both school teachers' training and prevention programmes at school, as well as teachers' back up training materials for the prevention of drug consumption.
6. To develop research programmes on the prevention of drug addiction in different environments; school, family and community.
7. To promote training and updating of social workers, leisure time monitors and other social agents, preferably in environments frequented by young people, in their role as drug addiction prevention agents.
8. To develop instruments to assess risk and protection levels of a particular community, to enable efficient evaluation of interventions.
9. To enhance, with the collaboration of Social Services AMPAS and other social bodies, the development of preventive programmes for families in general and particularly for those considered as high-risk.
10. To enhance the development of programmes based on scientific evidence by means of the publication of best practices.
11. The Government Delegation for the Plan Nacional sobre Drogas and the General Management for Penitentiary Centres (Dirección General de Instituciones Penitenciarias) together with the collaboration from the Regional Plans against Drug Addiction, will incorporate preventive and health education strategies in all the programmes for drug addiction to be carried out at penitentiary centres.
12. To set up, from the Government Delegation for the Plan Nacional sobre Drogas, together with the collaboration from the Regional Plans against Drug Addiction, a scheme to enhance

awareness and instruction of the media regarding drug addiction and social communication issues.
13. To support and implement new preventive strategies among the working population. These should include informative, instructive and other actions aiming at modifying attitudes and behaviours affecting risk factors.
14. To develop Primary Assistance Teams diagnosis programmes and protocols for tobacco, alcohol and illegal drug related problems.

b) Harm reduction

1. To provide harm reduction programmes for the majority of the drug dependent population.
2. To start up general programmes for the reduction of drug abuse harm, particularly syringe exchange programmes, safer sex and less risk consumption, anti-Aids kits, etc.
3. To set up harm reduction programmes at chemist's shops with the collaboration of both AIDS and Drug abuse Regional Plans and the Pharmacologist Official Bodies.
4. Implementing vaccination programmes – tetanus, hepatitis B, tuberculosis... – amongst the drug addicted population, their families and other people in close contact with them.
5. To implement health education programmes in order to reduce harm for alcohol and tobacco abuse and other drugs amongst general population. Special attention will be paid to harm reduction regarding car accidents and civil disorders.
6. To back up the quality of harm reduction programmes and their functional co-ordination with the regular national sanitary network.
7. Diversifying harm reduction programmes offered at penitentiary centres by means of initiatives such as extending syringe exchange programmes.

c) Assistance and social integration

1. To determine the therapeutic circuit in the Assistance System, and for the Social Integration of Drug Addicted Individuals, in order to adapt it to the model defined by the National Strategy against Drugs.
2. To incorporate strategies aiming at improving therapeutic treatment of individuals suffering from problems related to the consumption of alcohol and tobacco, new substances and new consumption patterns.
3. To offer surgery assistance to drug addicted individuals at specific centres situated within their residential Health Area.
4. To improve objective quality of assistance and the results of treatment programmes by means of assessment tools.
5. To support early detection programmes and early intervention on minors suffering from drug consumption problems as well as on the children of drug addicted individuals.
6. The Government Administration, as well as the Autonomous Communities and Towns Ceuta and Melilla, will grant aid to arrested people who suffer from drug related problems.
7. To extend therapeutic modules to diversified penitentiary centres and to support experiences such as the penitentiary therapeutic communities.
8. To prioritise the integration of drug addicted inmates into labour-training programmes.
9. To grant the existence and development of Grupos de Atención a Drogodependientes (GAD) (Drug Addicted Individuals Assistance Groups) at penitentiary centres.

10. To develop specific penitentiary programmes for female inmates.
11. To support legally established Local Council Programmes in the towns of over 20,000 inhabitants to promote social integration of drug addicted individuals according to their individual needs and resources.
12. To back up co-ordination and joint work with health networks and social services in order to establish individualised programmes using all resources available within regional and local environments.
13. To provide specific and standardised training and employment programmes included in Regional and Local Plans.
14. To maintain and intensify the collaboration with Public Administration Employment Agencies, in order to enable the re-integration of drug addicted individuals to programmes under treatment into employment programmes.

8.2 Approaches and new developments

a) New and innovative approaches

Prevention continues to be the main intervention area for the reduction of drug demand. In this field, the following actions have been developed during 1999:

- Signing of Amendment to the Intentions Protocol of collaboration between the Ministry of Education, the Ministry of Interior Affairs and the Ministry of Health and Consumer Affairs, which intends to support Education for Health in the Educational System.
  In 1998, the actions carried out were the following:
  - Action A. Drafting and publication of a document called Guía Práctica Para Profesores, Sobre Nutrición Saludable Y Prevención De Trastornos De La Conducta Asociados A Los Problemas De Anorexia Y Bulimia (A Practical Guide for Teachers on Healthy Diet, Prevention of Abnormal Behaviour Related to Anorexia and Bulimia Problems).
  - Action B. Publication of a guide to provide parents with recommendations to increase physical activity of their children.
  - Action C. Training courses for teachers about Education for Health to be carried out in the period 1999-2000.
  - Action D. To continue the implementation of the programme Construyendo Salud (Building up Health) at school centres. This programme has been implemented for three years, and includes working with families. Therefore, intervention is based in three areas: inside the school, outside the school and in the family.
- Signing for the second year, the Convenium between the Plan Nacional sobre Drogas and the AIDS National Plan in order to promote prevention of HIV transmission between drug users. Training courses have been carried out in each Autonomic Region during this year, in order to provide all the assistance centres with qualified personnel who are capable of designing workshop for drug users.
- As a result of the Convenium between the Asociación de la Televisión Educativa Iberoamericana (Educational South American TV Society), the Fundación Universidad Autónoma de Madrid (Madrid Autonomous University Fund) and the

Plan Nacional sobre Drogas nine two-hour long TV programmes have been broadcast on drug addiction issues.

- Other actions:
  - Publishing a new issue of the series Actuar es Posible (Action is Possible), referred to adolescents and youngsters.
  - Publishing the book called Bases Teóricas que Fundamentan los Programas de Prevención de las Drogodependencias (Theoretical Bases for Drug Addiction Prevention Programmes, written by E. Becoña.
  - Holding a new seminar with the collaboration from NIDA on the assessment of preventive actions.
  - Holding the 2nd Conference on family prevention of drug abuse (14th and 15th April 1999).

b) Social and cultural developments relevant to demand reduction
c) Developments in public opinion

As we had already pointed out in Section 1.3, the survey about drugs to school population in 1998 provides information about the perception of drug related issues amongst youngsters between 14 and 18 years of age. Since this is the third survey completed, after 1994 and 1996's, a number of conclusions can be reached from their comparison:

- The perception of risk from drug consumption as perceived by school students has decreased since 1994.
- The rejection to drug consumption has decreased since 1996, except for alcohol, which has remained stable and for tobacco with some growth.
- The perception of availability of drugs has gone up regarding cannabis, ecstasies, cocaine and heroine; has dropped for amphetamines, psychotropic substances and tranquillisers; while that for alcohol has remained stable.
- The percentage of youngsters who consider that they are sufficiently informed about effects and problems related to drug consumption keeps on growing, although information received is estimated less useful.

d) New research findings
e) Specific events during the reporting year

- II Seminario sobre Prevención Familiar y Drogas (II Seminar on Family Prevention and Drugs) (14th – 15th April 1999)
- Seminario en Materia de Cooperación para ONGs Iberoamericanas Especialistas en Drogodependencias (Seminar on the Co-operation with South American NGO Specialised on Drug Addiction Issues) (17th – 21st Mayo 1999)

f) Dissemination of information on demand reduction among professionals (Networks, Internet, etc.)

9. Intervention Areas

9.1 Primary prevention

Prevention actions have continued on the same line in Spain during 1999 as in the previous years. There have been two main objectives: extending prevention to all target population, and especially to school population and increasing the quality of the programmes.

9.1.1 Infancy and Family

No information is available on prevention programmes for infancy, pregnant women or parents to be.

With respect to families, the main pattern continues to be the "Escuela de Padres" conducted by NGOs supported by Administrative bodies with competencies on drug related issues. Approximately 25,000 families in the country have participated in this type of activity in 1999. These "Escuelas de Padres" are open schools, and therefore are not targeted at any specific population, although parents of teeangers are the most common attendants.

Interventions on children of drug addicted individuals are still few. We would like to highlight the programme Alfil intended to act on children of alcoholic individuals, and whose assessment rendered a promising outcome for this population.

9.1.2 School programmes

Regarding school programmes, we would like to point that the main trend is to improve the structure of these programmes: their implementation protocols include teacher-training courses and their class implementation is based on specific materials. They are general programmes to be implemented during the different age groups. Some of these would be as follows: Discover (3-17 years of age), Ordago (12-17), La Aventura de la Vida (6-12) Construyendo Salud (11- 13 años). The last one is also part of a research project and has been evaluated for the third year. It has been implemented in 334 school centres and 971 teachers and 23,777 students have participated. There is also a tendency to combine these programmes with others for the family, including activities outside the school to promote alternative leisure activities.

There is also a tendency to standardise interventions on high-risk teenagers and children who have abandoned the official education system and who are taking part in further education programmes.

9.1.3. Youth programmes outside schools

The following two trends have appeared in the last few years:

First of all, an alternative leisure activity programmes, such as “Abierto hasta el Amanecer” (Open till dawn) or “La noche más joven” (The youngest night) which focus on a dynamic approach on weekend nights, where sport centres and other leisure local resources are used. These programmes are run by several NGOs with the support from the different Administrative bodies in charge of drug related issues.

Secondly, harm reduction programmes aiming at reducing risks and harm associated to drug abuse in leisure time. All Autonomous Communities have some of these initiatives, including media campaigns or some other form of informative publicity, as well as interventions through young people’s leaders. The programme known as “Energy Control” is a new experience in this line as cocaine consumers are its target population.

9.1.4. Community Programmes

Due to the inconveniences to define community field it is difficult to specify actions in this area. However, many of the programmes above mentioned (programmes for youngsters, families, etc...) have this community character. We could also include all activities aiming at general awareness of the general population and based on social mobilisation: “run against drugs”, “world day without tobacco or other drugs”, commonly supported by local plans against drugs.

Structures for co-ordination at local level are still consolidating. According to the Annual Report of Autonomous Communities for 1999, these supported a total number of 699 Local Plans.

9.1.5 Telephone help lines

There is no need to indicate differences with respect to the 1999 report in this section.

9.1.6. Mass media campaigns

A large number of campaigns have been developed in accordance with the current consumption situation. These campaigns are aimed at making youngsters aware of risk associated to consumption. According to the Annual Report of Autonomous Communities for 1999, a total number of 15 campaigns have been carried out in the autonomic regions. In June 1999, the Government Delegation started up a national campaign called “A tope sin drogas” (Top fun without drugs), as a continuation to both previous campaign in the previous years. (“A que sabes divertirte sin drogas” (I bet you can have fun without drugs) and “Funcionamos sin drogas” (We are on the move without drugs).

We are also working to get media professionals to treat theses subjects with a more realistic focus and in a preventive line.

9.1.7 Internet

The Documentation Centre for the Government Delegation has decided to arrange a WEB page with a specific section for prevention. The number of visitor to this page was 248,343 in 1999. The largest number of foreign visitors corresponds to South American citizens.

Regarding the work sector, we are still promoting prevention programmes including middle management training and information and awareness of workers to decrease risks and harm associated to substance consumption, especially alcohol and tobacco. According to the Regional Plans Against Drug Addiction 86 courses have been carried out, 11 awareness campaigns and 21 global preventive programmes including from awareness and instruction to early detection and diversion of drug addiction cases.

9.3. Reduction of drug related harm

9.3.1 Outreach work

As above mentioned in the national report for 1999, the structures forming the Plan Nacional sobre Drogas, develop the assistance programmes for patients not attending specific treatment centres. The previous report already defined target population and groups.

Special services performing this type of work are basically, mobile services for the assistance of drug addicted individuals (buses, vans and cars specially equipped to assist drug addicted individuals on the spot) and social emergency centres, where drug addicted individuals are to attend to receive the above mentioned type of treatment.

In terms of assessment and results of these centres, we must highlight that, according to available data, in 1999, 35 of these mobile services have been operating and assisted 9,480 users. In the same way, 19 emergency centres have provided assistance to 6,622 people.

ASSISTANCE INTERVENTION AREA			
B.1.- HARM REDUCTION PROGRAMMES			
RESOURCES			
1. SPECIFIC RESOURCES	**2. - NUMBER OF UNITS**	**3. - NUMBER OF ASSISTED USERS**	**4. - COMMENTS**
1.4. - Social emergency centres	19	6.622	
1.5. - Mobil units	35	9.480	
1.6. - Chemist’s shops	1.087	2.020	
1.7. - Others	13	532	

9.3.2 Low threshold services

The assignment of these programme-services are those related to an improvement of our user's lifestyle and providing medical, psychological and social assistance. Obviously, this includes the reduction of risk associated to drug abuse.

Mobile units are special services to cover this aspect for outcast individuals, who, as above mentioned in section 9.3.1, have seen a significant increment in 1999.

Syringe exchange programmes and sanitary kits have also increased and covered a greater number of users. A total of 408 programmes have been operating in 1999, where 12 social emergency centres, 23 mobile units, 385 chemist's shops and 92 other centres have participated.

The total number of syringes and/or sanitary kits delivered is approximately 3.783.361, as you can see in the following table:

SYRINGE EXCHANGE PROGRAMMES (SEP)				
1. - LOCATION TYPE OF SEPs	**Nº**	**2. - No. OF USERS**	**3. - QUANTIFIED ACTIVITIES**	**4. - COMMENTS**
1.11. - Syringe Exchange Programmes				
P. Social Emergency	12	1.050	848.455	
P. Mobile Units	23	3.514	1.788.352	
P. Chemist's shops	385	5.030	419.127	
Others (specify)	92	4.541	652.297	
Total Number of SEPs	408	Total number of syringes delivered.	3.783.361	

As in the last few years, significant progress regarding collaboration level has been detected between the different Pharmacologist Official Bodies and the different Autonomous Communities and Towns.

In this sense, the General Council of Pharmacologist Official Bodies has produced a national unified response for the reduction of risks and for the prevention of new HIV infection cases amongst intravenous drug users.

Therefore, and considering that chemist's shops are one of the first sanitary units to be visited by intravenous drug users, amongst other strategies for the reduction of risks and harms associated to drug consumption started up by chemist's shops, it is worth mentioning the following:

* Producing messages for intravenous drug users.
* Syringe exchange programmes: As above mentioned, in 1999, 385 chemist's shops have participated in this type of programme and 419,127 syringes have been delivered.
* Methadone maintenance programmes: According to provisional data available, at least 611 chemists have participated in these programmes and 998 users have been supplied with methadone.

9.3.3. Prevention of infectious diseases

1999 is the second year when the Convenium between the Plan Nacional sobre Drogas and the AIDS National Plan has been signed. The objective of this convenium is to promote prevention of HIV/AIDS transmission amongst drug users. While in the first years efforts focused on creating and consolidating work teams in each Autonomous community and the elaboration of back up materials, this second year has focused on training programmes in each autonomic region in order to provide all assistance centres with qualified personnel capable of designing workshops for drug users.

A total number of 41 courses on safer sex/less risk consumption have been carried out in 1999, and 638 professionals from drug addiction assistance centres have participated.

The information about syringe exchange programmes has been included in Section 9.3.2.

9.4. Treatment

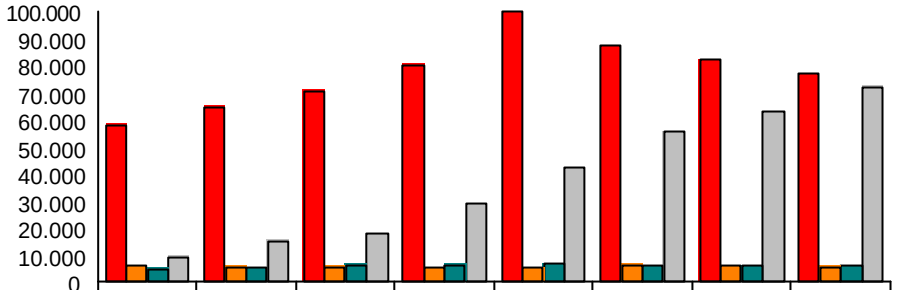
9.4.1 Treatments and health care at national level

As already mentioned in the previous national annual report, the organisation and structures of the treatment systems are based on the DGPND (General Management of the Plan Nacional sobre Drogas). By means of the co-ordinator for the DGPND, each Autonomic Community organises public, free and voluntary services and programmes to assist drug-addicted individuals.

In 1999, surgeries (490) were the type of resource assisting the highest number of patients, where 77,199 users were assisted. The second position in the number of patients was for methadone dispensing centres (1,414) assisting 72,236 users. Hospital detoxification units have assisted 5,735 users and therapeutic communities have provided treatment to 6,101 people.

The following graph shows the evolution in the number of assisted users in the last few years:

Evolution in the No. of users at methadone centres, surgeries, hospital desintoxication units and therapeutic communities Spain 1992-1999



	1992	1993	1994	1995	1996	1997	1998	1999
Surgeries*	58.231	64.692	70.841	80.320	99.714	87.180	82.361	77.199
Hospital Units	5.955	5.569	5.692	5.411	5.494	6.287	6.111	5.735
Therapeutic C.	4.973	5.562	6.441	6.445	6.568	6.061	6.136	6.101
Methadone C.	9.470	15.398	18.027	28.806	42.230	55.813	63.030	72.236

SOURCE: Government Delegation for the P.N.S.D.

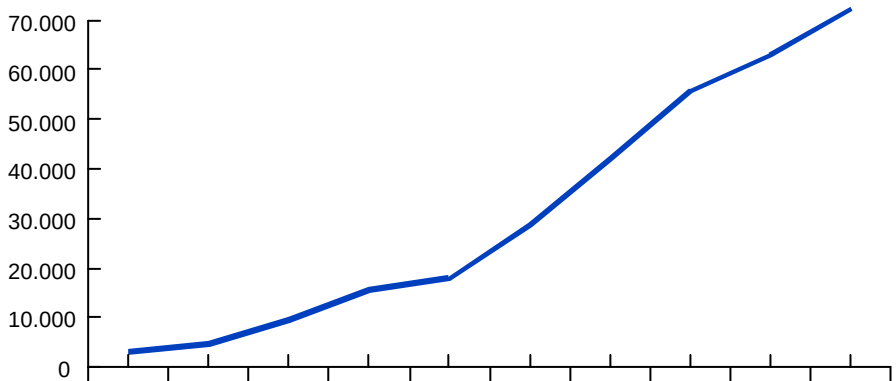
* Includes day therapeutic centres.

9.4.2 Substitution and maintenance programmes

As already mentioned in the previous annual report, these programmes are regulated by the Royal Decree 75/1990, 19th January, covering opiacea treatment for drug dependent individuals, and the Royal Decree 5/1996, 15th January, amending the previous decree above. Admission criterion, organisation and distribution of substitution substances as well as prescription method were already described in the above-mentioned report.

The most widely substitution drug used in 1999 was methadone. The number of centres has been 1.414 and the number of individuals receiving treatment was 72.236. As you can see on the graph, these data confirm a growing trend in these programmes in the last few years.

Evolution in the number of patients recieving assistance at methadone maintenance prog. Spain, 1990-99



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
No. of patients	3.043	4.718	9.470	15.398	18.027	28.806	42.230	55.813	63.030	72.187

SOURCE: D.G.P.N.S.D. Government Delegation for the Plan Nacional Sobre Drogas.

Also during 1999 we continued our negotiations from the previous year to obtain the authorisation for LAAM (levo-alfa-acetil-metadol) and the establishment and completion of a controlled LAAM dispensing experience aiming at assessing the introduction of a new therapeutic method by means of this agonistic pharmacological substance.

Finally, implementation area has been structured according to national representativeness, with the participation of the following Autonomous Communities: Andalusia, Asturias, Canary Islands, Cantabria, Castille – La Mancha, Castille – Leon, Extremadura, Galicia, Madrid, Murcia, Basque Country and Valencia.

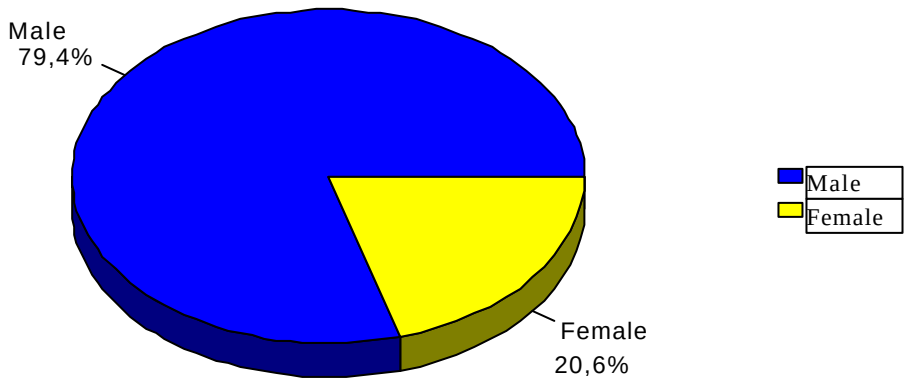
The start up period, according to the agreement, was between November 1998 and January 1999, followed by analysis and assessment in the following three months. However, this period was extended since some of the Autonomous Communities ended the implementation of the experience and delivered the data after the agreed date.

Therefore, this experience intends the following: To comply with the requirements from the National Committee for Agonistic Substances; to evaluate medical-therapeutic value of the LAAM and to check the posologic adequacy and other benefits that might be detected, such as a drop in illegal markets, since no take-away doses would be available, and the substance would have to be consumed at the therapeutic centre; as well as comfort feeling with LAAM treatment.

Among others, we would like to highlight the following results:

The sample, total number of patients receiving LAAM treatment has been 206. Of these 206 patients, the Autonomic Communities providing a greater number of patients are: Valencia (15.0%), Andalusia (10,2%) Cantabria and Madrid 9.7% each.

FIGURE 2.- ADMISSION CASES FOR THE LAAM CONTROLLED DISPENSING STUDY, ACCORDING TO SEX (%).



Note: Variable percentages have been calculated on the basis of data-provided cases.

SOURCE: National Agonist Commssion: LAAM controlled dispensing study.

Most patients are in the 30 – 39 year-old group (68.0%) and the highest proportion in the 30 – 34 age group (31,7%).

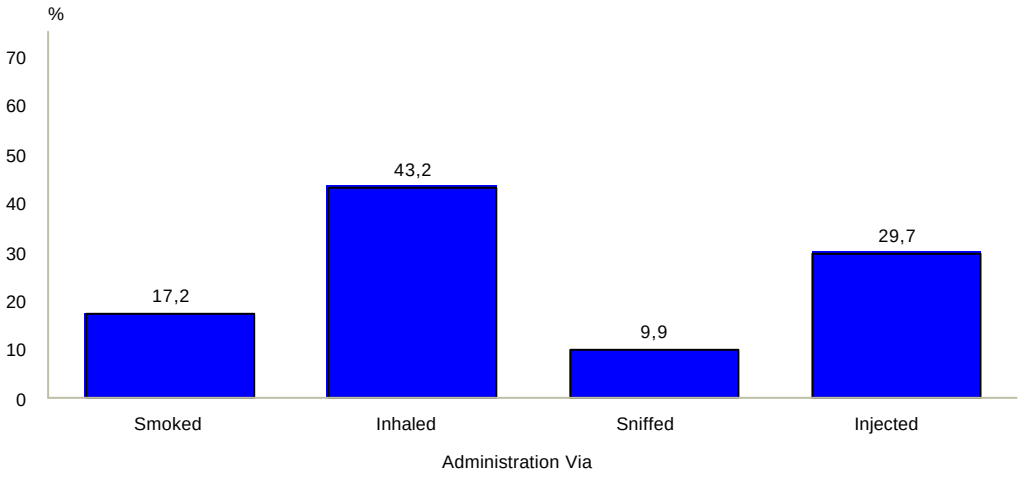
Most patients (68.0%) had only received primary studies. Most of them were unemployed (60.7%) and only 31,1% of them carried out some work activity.

59.9% of patients were single, 17.3% married and 14.2% separated. Most patients lived in their parents' home (65.0%).

Consumption characteristics

All patients consumed opiacea substances. The most consumed substance was heroine (94.2%), which was mainly inhaled, smoked or sniffed, while the percentage of intravenous users was 29.7%. With respect to the number of years consuming the substance, more than 84% of users had consumed for over five years. The average number of years consuming the main drug was 11 years.

FIGURE 8.- ADMISSION CASES TO LAAM CONTROLLED DISPENSING STUDY, ACCORDING TO ADMINISTRATION VIA OF MAIN DRUG. (%).



Note: Variable percentages have been calculated on the basis of data-provided cases.

SOURCE: National Commission for Agonistic Substances: LAAM controlled dispensing study

Amongst other drugs consumed before treatment cocaine (84.1%) and cannabis (41.7%) stand out, and at the same time have been more often consumed after starting the treatment (cocaine 61.7% and cannabis 36.5%).

Patient origin and assistance resources previously used.
80.8% of patients have been derived from methadone programmes. 56.1% of these have been receiving treatment for over a year. Day Surgery Assistance was the most frequently used resource at 88.2%.

Attitude against risk factors and serologic states to HIV, HCV and HBV.
The prevalence of HIV infection in patients is 21.2% (only 6 patients kept their results secret). In terms of serologic state against hepatitis C, prevalence was 59.5%. (only 6 patients kept their results secret), while hepatitis B prevalence was 31.5%.

We would like to mention that patient reacted to risk factors with 85.6% abandoning intravenous use of drugs, while 73.9% reported using condoms for sexual intercourse.

Secondary effects.

Among the most important secondary effects at the beginning of the treatment we should mention the following: constipation (45%), insomnia (32%) and anxiety (27,5%), which decrease after 90 days of treatment to 35.4%, 15.7% and 13.3%.

No relevant changes are detected in the hepatic function, and no general biochemistry changes are noticed.
Patients with previous pathologies (HIV, HBV, HCV) do not suffer physical deterioration, or alteration of analytic values.

Patients' valorisation of treatment after 90 days of start.

Although with due reserve, since 90 days still renders a high percentage of unknown variables, when implementing the data collection protocol the results are the following:

* At 90 days of start, programme users declared a higher degree of comfort (82.1%) compared to methadone substitution programmes or no treatment.

* Patients also declared a greater feeling of security with LAAM treatment (69.3%). Craving feeling improved in 72.8% of cases, as well as family and social relations (65%) or labour relations (56,6%).

- The craving syndrome disappeared after 90 days of the start of the treatment in 92.7% of cases.

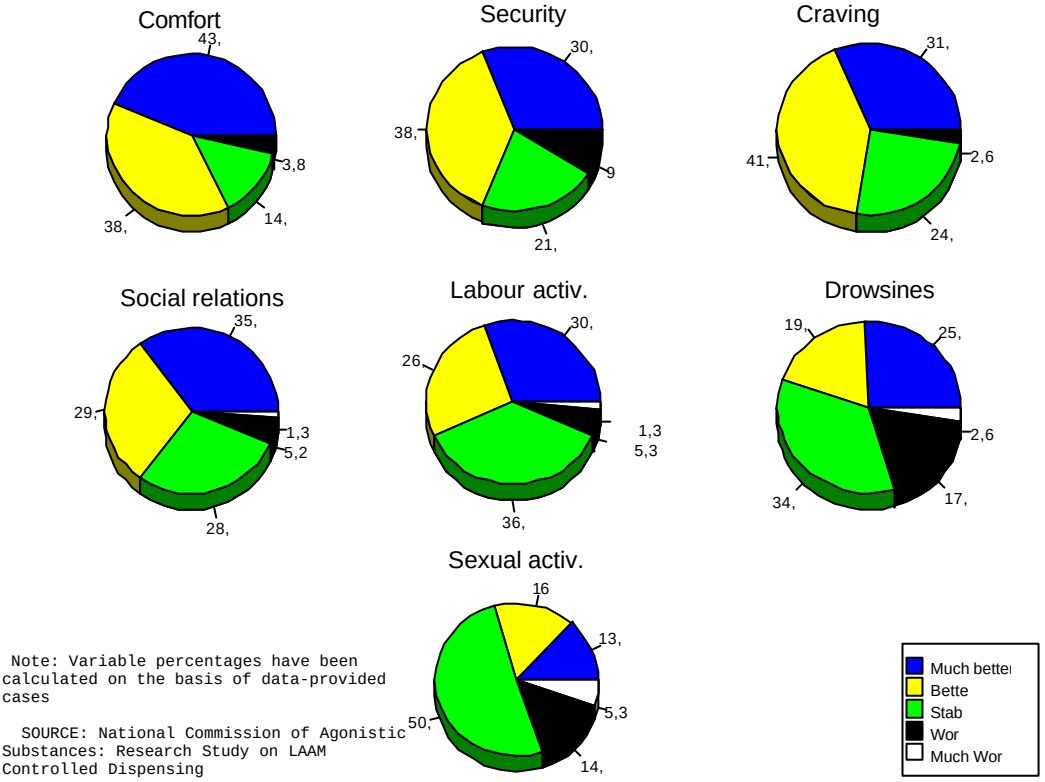
9.5.After care and re-integration

The programmes and services being carried out in Spain are intended to provide the in training, educational and sociocultural activities, and particularly to take up jobs. No other information should be added to the chapters already developed in the present report.

9.6 Interventions in the Criminal Justice System

A) Interventions:

FIGURE 15.-VALORISATION OF LAAM TREATMENT, BY PATIENTS, AFTER 90 DAYS FROM START (PERCENTAGES). 1999. DATA



Note: Variable percentages have been calculated on the basis of data-provided cases

SOURCE: National Commission of Agonistic Substances: Research Study on LAAM Controlled Dispensing

Medical

Detoxification

Detoxification programmes are offered to every individual diagnosed as an active drug addicted patient who has not received methadone treatment.

Drug substitution

All penitentiary centres can provide methadone treatment. The number of users has grown in the last few years (1996 – 1999). In fact in some of the Autonomous Communities the number of opiacea consumers receiving assistance at penitentiary centres is greater than the number of patients receiving assistance from the public assistance network.

Drug-free programmes

Surgery detoxification programmes. Inmates receiving treatment use the same general resources as the rest of the penitentiary population.

Detoxification programmes in specific therapeutic spaces. These actions are carried out in specific modules at the centres. They may be day centres of therapeutic module type when patients spend the night in the centre. We would like to highlight the pilot experience carried out in the drug addiction global intervention project currently in course at the penitentiary centre of Soto del Real, in Madrid Community.

Self-help groups

Intervention objectives, as well as co-ordination of resources and follow-up are defined within the Grupos de Atención a Drogodependientes (GAD) (Drug Addicted Individuals Assistance Groups). This multi-discipline group is the operative frame where professionals from penitentiary centres, NGO and other bodies participate. There are GADs in all of the 71 penitentiary centres under the State General Administration, 44 of them are formed by extrapenitentiary personnel, most of them from NGOs including ex-addicts and ex-convicts.

Relapse prevention

This type of intervention is carried out both in substitution and detoxification programmes. All the penitentiary centres have also developed preventive programmes, both with their own devices as well as in co-ordination with community resources. Amongst other subjects, ntravenous administration has been replaced by other via, sanitary resources have been provided, relapse consumption, overdoses, therapeutic alternatives, etc.

HIV/Hepatitis prevention

We must point out that these programmes become specially important to Penitentiary Institutions, considering the serious health problems suffered by these individuals, a high percentage of whom would only establish contact with the health system when entering prison.

Preventive actions currently carried out:

* Promotion strategies to cover from health policies to physical and social environment interventions.
* Sanitary education to disease carriers.
* Vaccination against hepatitis B.
* Hepatitis treatment.
* Implementing programmes for the prevention and control of tuberculosis, with detection

and early treatment of infection amongst inmates. Implementing the Tratamiento Observado Directamente, TOD (Directly Implemented Treatment).
* Psychological and sanitary support groups formed by HIV infected penitentiary population or under infection risk practices.

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

Needles and syringe exchange.
The syringe exchange programmes depending on the Central Government Administration are 5: Basauri (1997); Pamplona (1998); Tenerife (1999); Orense (1999); and San Sebastian (2000). They may be extended to any other centre where estimated adequate.

B) Drug testing

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

We must point out that drug addiction is a risk variable towards prison leaves grants.

C) Release:

Referral to drug services

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

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

Police Station Programmes. These programmes intend to cover social and sanitary needs of drug addicted individuals not handed over to juridical institutions. Also for those cases taken to court there is a need to provide expert reports in order to support drug addiction as criminal responsibility extenuating circumstance. These programmes have been implemented on an experimental base, in three of the Autonomous Communities.

During this decade, these services have been extended to a total number of 32 centres in our country according to the study titled “Los Programas de Atención en los

Juzgados/Comisarías en las Comunidades Autónomas" (Assistance Programmes at Courts/Police Offices in the different Autonomous Communities) carried out by the S.I.AD (Servicio Interdisciplinar de Atención a las Drogodependencias/ Interdisciplinary Service for the Assistance of Drug Addicted Individuals) and sponsored by Government Delegation for the Plan Nacional sobre Drogas.

Aftercare

Drug addicted individuals who have been under treatment in prison are diverted to continue therapeutic intervention when released either on parole, probation, or after full rendering. Therefore, in 1999 3,040 people were diverted to community detoxification centres, and 4,681 people were diverted to methadone treatment centres.

Probation

Each centre penitentiary social services follow up inmates released on probation. The Treatment Council elaborates a personalised programme to be carried out with the collaboration of community centres. The *Juez de Vigilancia??* may also enforce conduct rules to be observed, among which may include the acceptance of drug addiction treatment. Breach of this condition may be cause to deny probation and re-entering prison.

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

D) Statistics and evaluation results

Statistics:

Source: General Statistics of Penitentiary Population.

Penitentiary population on the 1st January 1999 was 38,365 people, not including prisons in Catalonia Community, since their management has been transferred to the Regional Government. Of this population, 90.8% are men, 17% of them are foreigners, and 61% were between 26 and 40 years of age (4.3% less than 21 years of age). 73% were rendering sentence and 55% were second offenders. 46.4% of the penitentiary population had been accused of crime against property and 32.4% crimes against public health. However, if we look at the judicial situation and sex variable, this percentage changes significantly. i.e. 78.8% of penitentiary population had been accused of crimes against property and public health.

The structure of the Spanish penitentiary population in the last few years has undergone significant changes. The specific weight of female population has increased, whereas in 1987 it was 5.37% of the total population, in 1998 it was already more than 9%; the specific weight corresponding to public health offenders has grown and penitentiary

population has grown older.

According to specialists, this climb in the number of penitentiary population and particularly female population is closely related to an increment in drug traffic and drug consumption.

Source: Vice-General Management for Penitentiary Health provides the data on inmates receiving treatment according to therapeutic system. Data are collected by means of a questionnaire completed by all the penitentiary centres:

* Detoxification. The number of inmates included in scheduled detoxification was 5,210 in 1999. The daily percentage of inmates under treatment on 31st December 1999 was 0.26%.

* Substitution programmes. 18,899 inmates received methadone treatment in 1999. In December of the same year, the daily percentage of inmates receiving methadone treatment was 16.96%, while female inmates were 19.84%.

* Needles and syringes. We must highlight the outcome of the programmes carried out in Basauri after one year. The assessment has been carried out by an independent institution. The most significant data have been as follows:

* No significant increment of intravenous or otherwise consumption has taken place.

* Demand of syringe by other inmates decreases by 16% to 11%; no significant increment of syringes lent to other inmates; acceptance of syringes from other inmates drops by 16% to 13%.

* Drug-free programmes. There has been an increment of inmates attending drug-abstinence programmes. It has gone from 3,899 in 1994 to 6,456 in 1999. Implementing methadone treatment programmes has on the contrary increased the number of people under treatment. 4,251 inmates have received treatment from a surgery system; 2,122 inmates have received treatment from a therapeutic system and 83 inmates have received treatment at a day centre. A total number of 6,456 inmates have taken part in detoxification treatment in 1999.

* Sanitary prevention. The number of inmates participating in sanitary prevention activities was 14,144.

Source: Treatment Admissions Indicator, 1998. Spanish Observatory for Drugs.

1,755 patients were admitted for treatment at Penitentiary Centres and reported to the Spanish Observatory for Drugs. (We must take into account that report rate has been low, this range has been extended to penitentiary centres in Andalusia, Catalonia, Castille and Leon, Madrid and Murcia). Most treatments were for heroine addiction (88.9%), although cocaine consumption is beginning to represent a significant percentage of cases (6%).

Furthermore, these consumers frequently consume other drugs (cocaine, cannabis, hypnotic and sedative substances, amphetamines).

E) Specific training

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

Three meetings have been held in 1999 on Drug Addiction Intervention Methods. These training meetings were attended by 382 professional member of the GADs (physicians, psychologists, lawyers, pedagogists, teachers, social workers, and security officers).

Training for inmates. According to chapter 1 25.2 of Spanish Constitution, there must be a penitentiary academic, pre-labour, and labour training by means of employment courses, and also through the support to productive workshops at penitentiary centres.

9, 761 inmates have started Professional Training Courses in 1999, and 1,002 inmates have started Social Work Oriented courses. Around 50% of those inmates were drug addicted individuals.

9.7. Specific targets and settings

Alternatives to prison and prosecution

Spanish penal reform creates a legal frame to favour rehabilitation measures of drug addicted convicts by means of the Ley Orgánica 10/1995, 23rd November, the Penal Code and the Royal Decree 190/1996, 9th February and the Penitentiary Regulatory Norm.

The alternative measures to prison are the following:

* Suspended sentence. This can be applied to less than three years sentences, when proved that the convict is not a regular offender and has been, or still is, under detoxification treatment. This option is also available for incurable patients.

*Alternatives to prison sentence. This sentence is replaced by other punishments such as community work, monetary fines or weekend arrest. This measure can be applied to regular offenders, either drug addicted or not.

* Security measures for drug addicted individuals. These are to be applied in case of criminal responsibility. The judge may apply different security measures such as entering a detoxification centre, in case of partially extenuating circumstances, which would also be an extenuating circumstance and the judge may apply a security measure followed by a

prison sentence of a non imprisonment sentence, should it endanger the effects of the security measure.

Treatment of inmates at extrapenitentiary centres. The new Penitentiary Regulatory Norm establishes a wider regulation for extrapenitentiary treatments for drug addicted individuals.

Community surgery treatment by daily leaves of inmates (chapter1 117. R.P. (Penitentiary Regulatory Norm).

It is possible to establish contact to develop extrapenitentiary programmes through regular leaves (chapter1. 156 R.P. (Penitentiary Regulatory Norm))

Drug addicted inmates may develop treatment activities at external centres by means of the different types of *régimen abierto??* (chap1.84-86).

Inmates may render sentence on a full boarding basis at public or private therapeutic centres.

Probation may be subject to detoxification treatment.

Statistics:

Source: The research study Los Programas de Atención en los Juzgados/Comisarías en las Comunidades Autónomas (Assistance Programmes at Courts/Police Stations in the different Autonomous Communities) carried out by the Servicio Interdisciplinar de Atención al Detenido (SIAD) (Interdisciplinary Service for the Assistance of Arrested Individuals) sponsored by the Government Delegation for the Plan Nacional sobre Drogas, shows that in 1999 13,727 individuals received assistance, and 75.93% of them had drug related problems.

Source: Register on alternative sentence rendering of Penitentiary Social Services. The follow up carried out by Social Services for the Assistance of Arrested Individuals shows that a high percentage of measures were related to drug addiction problems.

From the enforcement of the new Penal Code (1996) until 1998 a total number of 441 alternative rendering of sentences were registered by the Penitentiary Social Services. 62.3% of these were related to drug addicted individuals.

Catalonia Autonomous community has not been included in the above data. Since the new Penal Code came into force, and during the first six months in 1999, a total number of 1,337 sentences were issued, including alternative rendering of sentence for 479 individuals. 44.9% of these sentences included detoxification treatments.

10. Quality Assurance

Drug addiction scientific research in Spain is mainly financed by the following general and specific institutions:

A) El Plan Nacional de Investigación Científica, Desarrollo e Innovación Tecnológica (2000-2003) (PN I+D+I) (National Plan for Scientific Research and Development and Technological Innovation; PN R+D+I). Issued in 1999 by the Comisión Interministerial de Ciencia y Tecnología (Interministerial Commission for Science and Technology under the Government Prime Minister Office), conceived as an "integrative device in charge of determining long term R + D objectives and managing those programmed activities for the achievement of objectives by the different ministerial departments responsible for each particular area". At present, after the creation of the Ministry of Science and Technology (Royal Decree 557/2000, 27th April) the responsibility of above mentioned Plan has been assigned to this new ministerial department.

This plan is a response aiming at determining a global strategy to include all public actions managed by the different Ministerial Departments with R + D competencies and financed by the National Budget or other extraordinary resources (EU structural funds, firm credit refunds, etc). The plan, therefore, includes all activities in this area, from basic research to technological innovation.

This Plan includes three main action areas susceptible to sponsor drug related projects:

* Non-directive basic research, through the generic area for the Promoción General del Conocimiento (Promotion and General Knowledge), which includes all subjects not specifically considered in scientific-technological areas, including Humanism and Social Science.

* Scientific and technological area, including biomedical and biotechnological areas. With three groups in the biomedical area in terms of strategic actions:

Research, development and implementation of new technologies: genetic research, animal and cellular models, genetic engineering and cellular tissue engineering, and pharmacological research.

Phitopathological and therapeutic clinical research. Epidemiology in public health and health services.

* Specific PN R+D+I, through the social-sanitary area. This area includes three strategic actions, such as ageing, sanitary technologies and nourishment and health.

Both the biomedical and the social-sanitary areas are managed by the Ministry of Health and Consumer Affairs through the Instituto de Salud Carlos III. Biomedical issues are jointly managed by the Ministry of Education, Culture and Sports.

The Instituto de Salud Carlos III includes the recently created Subdirección General de Investigación Sanitaria (Vice-Direction for Sanitary Research), equivalent to the formerly called Fondo de Investigación Sanitaria (FIS) (Sanitary Research Fund), and whose objective is to promote scientific research related to biomedical and public health issues, where drug consumption issues and related problems can also be included.

The Specific Programme for the Promotion of General Knowledge is managed by the Ministry of Education, Culture and Sports and its main objective is to finance non-prioritised or limited basic research projects, where drug consumption related projects can also be included.

The PN R+D+I also covers co-operation with Autonomous Communities by means of agreements involving economic resources from both parties. Also, some Autonomous Communities have established specialised interdepartmental commissions to co-ordinate sponsorship programmes for the training of research personnel, research projects, acquisition of research infrastructures, etc.

B) The Consejo Superior de Investigaciones Científicas (CSIC) (Superior Council for Scientific Research). This a public autonomous institution for research reporting to the Ministry of Science and Technology, that carries out basic scientific research actions in the area of psychotropic substances. There are different research groups carrying out studies in the different addiction areas.

C) The Government Delegation for the Plan Nacional sobre Drogas. This Delegation is a managing body of the Central Administration reporting to the Ministry of Interior Affairs and in charge or supporting and co-ordinating drug related policies covered by the Plan Nacional sobre Drogas. Amongst its numerous functions, it is responsible for promoting research studies, projects and information systems. Amongst its main initiative in these areas we could mention the following:

1. Co-operation agreement with the Consejo Superior de Investigaciones Científicas (CSIC) (Superior Council for Scientific Research) to finance a research line under the management of Dr. Miguel García Segura, about neurologic molecular markers with respect to the endocannabic system to measure addictive vulnerability, to cannabis and other substances.

2. Convenium with the Medicine Faculty of the Universidad Complutense in Madrid. At present it is financing a research study on “Alteraciones comportamentales y/o moleculares durante la abstinencia a cannabinoides” (Conduct and Molecular Changes during Cannabis-Abstinence Periods), managed by Doctors Javier Fernández Ruiz and José Antonio Ramos.

3. Convenium with the Psychology Faculty of the Universidad Complutense in Madrid. At

present, it is financing a research study on “Estudio de los factores de vulnerabilidad de los efectos adictivos de varias drogas de abuso” (Vulnerability Factor due to Addiction to Different Drugs”. Managed by: Miguel Navarro and Fernando Rodríguez Fonseca.

4. Convenium with the Instituto Municipal de Investigaciones Médicas (IMIM) (Municipal Institute for Medical Research) in Barcelona, were several research studies related to ecstasis consumption are being financed under the management of Dr. Jordi Camí.

5. Convenium with the Madrid Municipal Plan against Drugs, where research studies are been carried out on the effect of drug consumption by under-age individuals.

6. Public financing offer for university research departments with graduate staff specialised in drug addiction issues. This offer is published in the Boletín Oficial del Estado (Official State Bulletin), and annually financed with the funds from the Government Delegation for the Plan Nacional sobre Drogas.

7**.** Spanish Observatory for Drugs, reporting to the Government Delegation for the Plan Nacional sobre Drogas (DGPNSD), under the Ministry of Interior Affairs.

In the last few years, the Government Delegation for the Plan Nacional sobre Drogas has financed the following projects:

Monitorisation systems through indirect indicators of drug consumption and related problems. Including the Sistema Estatal de Información Permanente sobre Adicciones y Drogas (SEIPAD) (National System for Permanent Information on Addictions and Drugs and into the formerly called Sistema Estatal de Información sobre Toxicomanías (SEIT) (National System for Information on Drug Addiction) two new sources, the Quick Reporting Probes and the Immediate Alert Telephone Numbers.

Survey on drug consumption. There are two series of surveys in Spain: door-to-door surveys (carried out in odd years) and other survey for school students between 14 an 18 years of age (carried out in even years). Other monographic surveys are also carried out, on other population groups such as addicted individuals under treatment, prison inmates, etc).

D) Instituto Nacional de Investigación y Formación sobre Drogas (National Drug Research and Education Institute)**.** The National Strategy against Drugs 2000-20008, recently passed by means of the Royal Decree 1911/99, 17th December includes amongst some of its main objective the setting up of a National Drug Research and Education Institute to cover the following functions: classifying and registering production; supporting quality and number of research studies on drug addiction related issues; determining the leading research trends

in this field; developing research in all knowledge areas related to drug consumption; promoting stable research groups, etc.

E) Regional Plans against Drug Addiction. The Regional Plans against Drug Addiction are also sponsoring some research projects. These are generally descriptive and normally deal with epidemiology and social aspects of the problem. According to data published in the Plan Nacional sobre Drogas annual report, scientific output has grown considerably in the last few years. However, and taking into account that these projects are locally or regionally focused, they are not generally included in international scientific databases.

F) Private Institutions. Information about private institution or corporations sponsorship of research projects on drug related issues is poor. In any case, unlike other European cases, private institutions or pharmacological industry in Spain have a very limited participation regarding the financing of these activities.

In terms of co-ordination mechanisms between researchers and political authorities, we would like to point out the following:

Communication mechanisms between researchers

Forums and conferences:

The Government Delegation for the Plan Nacional sobre Drogas organises annual forums for professionals in this field. These are free attendance national forums. Although they are not specific researcher conferences, Spanish and foreign researches are usually invited to participate as lecturers.

A recent initiative has been started jointly with the NIDA to annually hold a researchers forum where current research lines in USA and Spain would be discussed.

There are some scientific associations formed by researchers and professionals working on this field and organising annual or bi-annual congresses. Some of the best known associations are the Sociedad Española de Toxicomanías (SET) (Spanish Association for Drug Addiction) and Sociodrogalcohol (Alcohol Social Drug). Other scientific associations, psychiatric, psychologic, epidemiogic or AIDS also cover drug addiction related issues, including discussions or lectures on these subjects in their congresses and forums.

Journals:

Biomedical or general international journals most often publishing articles on drug addiction or related problems are Medicina Clínica, Revista Clínica Española and Revista Española de Salud Pública.

There are some specific publications on drug addiction: The most important are Revista Española de Drogodependencias, Adicciones and Trastornos Adictivos. These journals are included in some international databases dedicated to drug addictions.

Internet resources on drug addiction related issues.

This resource has become a meeting point for professional working on this area, and to some extent for researchers too, although pages dedicated to research are less numerous.

There is, however, in English, an important number of organisations which include amongst their activities some research on drug addiction related issues.

Communication mechanisms for political authorities and researchers.

Difficulties to use scientific research results for decision taking are some of the problems concerning all countries. To face this problem and link research works to public administration in charge of drug related issues, Spain has recently created a Scientific Committee within the Spanish Observatory for Drugs. The most reputed scientific investigators have been integrated into this committee. This Committee has been operating for over a year and has carried out two types of functions: Offering Advise to the Plan Nacional sobre Drogas on research and scientific matters to support specific political decisions.

Participating in international research networks.

Spain has been participating for the last few years in different European research forums: The European Council Pompidou Group, and other groups through the European Observatory for Drugs and Addictions. In the same way, the Spanish Observatory for Drugs is the focal point for the European Network for Drugs and Addictions Information (REITOX).

11. Conclusions: Future Trends

The future trends on demand reduction interventions are explained in the different chapters of this report related with the National Drugs Strategy 2000-2008. In any case, this Strategy is attached to the present report.

PART 4 KEY ISSUES

12. Drug Strategies in European Union Member States

12.1 National policies and strategies

The National Strategy against Drugs for the period 2000-2008 was passed by Royal Decree 1911/1999, 17th December 1999 and has become a turning point for institutional response in our country to drug related issues. Its main target is to update the Plan Nacional sobre Drogas, guiding and supporting the different actions concerning drug related issues carried out in Spain during this period and acting as a reference frame for the establishing of the necessary co-operation between the different Public Administrations and NGO involved in drug addiction related issues.

This strategy includes an analysis of drug-related issues from a global and integral approach. Intervention areas are classified into three basic levels, which will be mentioned below. The document is participative, clarifying, global, assessable and respectful with the different Administrations functions and competencies as defined in the Constitution, Autonomic Statutes and their corresponding Acts.

This Strategy clearly defines the different targets to be achieved in all territories in our country, as well as the objectives to be measured and the timing of completion.

1. To keep and enhance constructive political debate as a consistent feature of the Plan Nacional sobre Drogas from its very start. This has enabled collaboration between the different political parties in order to achieve a reduction of drug addiction range as a common objective and to improve the situation of individuals affected by this problem.

2. To enhance awareness of society and promote participation of all private institutions, groups, associations or individuals willing to work on this area, since only with everybody's collaboration can this task be completed.

3. To prioritise prevention as the most important strategy to fight against this problem, including leisure starting habits such as alcohol and tobacco consumption. This is mainly a prevention method based on the education of youngsters and children to promote their emotional and social maturity, and focused on enhancing their own criterion, their capacity as independent individuals and the reinforcement of their own values. To sum up, this a form of education to make them free and capable of taking more adequate decisions for their life projects and integration into a more tolerant and sympathetic society.
   Drug addiction prevention also intends to avoid use and abuse of drugs as well as other social and sanitary problems associated to consumption. Therefore, it is necessary to include detection and treatment actions for medical and psychological pathologies associated to drug consumption.

4. The Plan Nacional sobre Drogas approaches drug abuse from a global approach. This means that all substances that may be abused are to be included, with special attention to alcohol and tobacco.

5. To accommodate the current assistance network in the Autonomous Communities and Ceuta and Melilla Towns, in order to adapt them to new requirements that this matter may bring up. In the same way, proven therapeutic alternatives are to be incorporated, with special attention to variation of the problem. This adequacy must maintain the integration and normalisation drive in assistance network in Social and Health Public Services in order to take advantage of all the resources available and to offer a wide variety of therapeutic possibilities according to each specific case's demands.

   The Plan recommends staying open to all innovations proving effective and scientifically supported.

6. To support programmes allowing individuals suffering from drug related problems (either under treatment or not) their reintegration into society as active members of the same.

7. Therefore, although abstinence is only one of the targets to achieve in the assistance process, it is still a desirable objective to be enhanced.

8. To enhance reduction of drug offer by means of an integrated campaign against drug traffic, money laundering and related crimes. Consequently, it is necessary to reinforce and improve co-ordination of the different institutions involved in the control and restriction of drug offer and related crimes (Juridical Power, Special Attorney for the Prevention and Restraint of Illegal Drug Traffic, Security Forces) focusing on specialisation of these.

9. To update and constantly adapt the legal frame according to situations arising in the different implementation areas of the Plan: demand reduction, offer control, administrative and political organisation, international co-operation, etc.

10. To enhance international co-operation, both in terms of participation in international competent organisms as in bilateral agreements with specific countries and geopolitical areas.

11. To support a number of complementary areas with vital importance to achieve general objectives to reduce demand and control drug offer. For instance, specialist training in the different intervention areas; programme assessments and research lines to contribute to a better knowledge of the situation of the problem and the measures to act agaisnt it.

One of the main aspects of the National Strategy and a very important one in terms of drive for achievements is the general assent of political forces, since no effective action against

drug trafficking activities and its pernicious effects would be possible without this agreement. The general political assent in our country is a fundamental base for all actions carried out. We would also like to mention the active intervention and collaboration by all the three Public Administration levels in our country (National, Autonomic, and Local) to define and develop the necessary objective. Finally, we must also mention the participation of NGO which have an increasingly decisive role for the success of any new strategy.

With regards to Justice, the Strategy includes a number of measures to enable the social reintegration of drug addicted individuals, such as the following:

- To ensure assistance to arrested individuals suffering from drug consumption related problems.
- To extend therapeutic models to multifunctional penitentiary centres and to support experiences such as penitentiary therapeutic communities.
- To prioritise the participation of drug addicted inmates into labour-training programmes.
- To ensure the existence and development of GADs (Drug Addicted Individuals Assistance Groups) at the penitentiary centres.
- To develop specific penitentiary programmes for female inmates.

The National Strategy against Drugs analyses drug related issues from a global and integrated approach and, therefore, considers different intervention areas. These intervention areas have been classified into three basic strategic levels: demand reduction, offer reduction and international co-operation. As a general conception, in order to avoid conflictive situations distorting the view of the phenomenon, permanent co-ordination mechanisms are to be established among the three intervention levels.

Demand reduction is the main intervention area in the Strategy and includes three main types of measures:

I) Prevention of drug consumption
The Plan Nacional sobre Drogas in mainly based on prevention of consumption and its consequences, specially for alcohol, tobacco and recently appearing leisure consumption patterns. In fact, prevention is the main turning point around which the National Strategy against Drugs is developed. Consequently, measures and objectives aiming at increasing civil involvement through awareness, as well as the modification of social stereotypes about drug consumption, become one of the main intervention elements. A number of sideline actions are to be performed in order to generalise scientifically based preventive programmes and assesment of their efficiency.
In this sense, the Plan Nacional sobre Drogas pays special attention to preventive measures based on basic intervention Criteria for preventive programmes. School, family, work, community and social communication are prime environments for the strategy in terms of preventive intervention.

II) Harm reduction:

Some drug abuse habits that cannot be avoided are going to generate harm to the consuming population, third parties and society in general. The National Strategy considers implementation of interventions to lessen harm caused by this type of consumption, mainly on the social and sanitary aspects. This type of measures has proven effective and must be extended in a general way to all zones where negative effects of drug consumption are more obvious.

III) Assistance and social reintegration:
The National Strategy against Drugs supports an assistance and social reintegration network for drug-addicted individuals and third parties incorporating all the therapeutic devices and defining the function of each one, to ensure consistency of assistance through out the country.

This system must be mainly based on the co-ordination of the different Public Administrations responsible for health and social services and become the reference frame.
The assistance and social reintegration system for drug addicted individuals must include the structuring of therapeutic circuits including Mental Health network, Basic Sanitary Assistance Teams and Social Services. They must also include programmes for the treatment of problems related to alcohol or tobacco addiction.
This system must clearly define quality programmes to ensure that user's needs and demands are covered on the basis of scientific arguments and the necessary interpersonal relationships.

Once the needs of the assistance network have been covered, it is necessary to pay special attention to special cases and groups which are not in contact with the assistance network, cannot abandon consumption, or do not wish to do so at that moment.

The second intervention in the National Strategy against Drugs is reduce drug offer. Criminal organisations are complex and strong and have become a real threat to society forcing Public Administration to change their approach to fight this problem. It is necessary that the offer reduction strategy take into account all aspects of organised crime, not only those related to the restraint of illegal traffic of drugs, but also by means of the necessary structures to co-ordinate the responses from the different social services responsible for this matter.

The Strategy will mainly focus on three large areas:

- Fighting against international organisations
- Fighting against domestic distribution of illegal drugs
- Fighting against retail drug sales

International co-operation has become a specially important area due to the configuration of the problem as a transnational phenomenon. International co-operation enables Spain to participate in all multilateral forums where drug related problems are dealt with (European Union, United Nations, European Council, OEA, GAFI and OIT), and also to develop bilateral collaboration with other countries sharing this problem. Preferably neighbouring countries such as Morocco, France, Italy and Portugal and South American countries.

12.2 Application of national strategies

The responsibility for the implementation of the National Strategy against Drugs cannot be dissociated from the structure of the Spanish State and the distribution of competencies according to the Constitution, the Autonomic Statutes and the Acts developing them. Therefore, the Strategy insists that in some manner, all the Public Administration levels in one way or another share competencies in drug related issues and that one of its basic objectives is to articulate an optimum development of these.

The competencies of the different institutions involved are as follows:

A) State General Administration:

1. Notwithstanding the competencies that may exclusively correspond to the State General Administration, the National Strategy against Drugs should be assigned the following functions:

1. With regards to demand reduction, the State General Administration, through its administrative bodies, will conduct its actions concerning prevention within research areas, training co-ordination and assessment.

2. Regarding offer reduction, the State General Administration will develop actions towards control of illegal drug traffic and its relation with money laundering activities and organised crime. And also for the normative regulation and control of precursors.

3. The Central Administration is in charge of structuring international co-operation in terms of:

a) international relations and active participation in international institutions, with special attention to active participation in European co-ordination structures.

b) actions to reduce offer and to co-operate with police and other juridical interventions.

c) Co-operation to development with special attention to South American countries. To maintain the necessary co-ordination with those Autonomous Communities and Towns including co-ordination bodies for the co-operation to development within their administrative structures.

4. The State General Administration must co-ordinate intervention policies and harmonise the different regulations of participating administrative bodies, mainly autonomic institutions.

B) Autonomic Administrations:

The Government and Legislative bodies of the Autonomous Communities, notwithstanding other competencies that the legal system may have granted them, within the National Strategy against Drugs, will be responsible with regards to drug related issues for the following:

1. Design and creation of Regional Plans against Drug Addiction accompanied by the corresponding legal support.

2. Planning, co-ordination and development according to their competencies, of a public assistance service within the National Health Service for drug addicted individuals.

3. Co-ordination and, when adequate, design and assessment of prevention programmes.

4. Starting up mechanisms to favour social reintegration of drug addicted individuals, focusing mainly on professional training and employment aid.

5. Ruling and regulation of the authorisation of centres, services and programmes for the training, prevention and assistance in drug addiction related issues.

6. Development and execution of inspections and sanctioning actions as well as police co-operation among the different police forces in the country.

7. Co-ordination between the different Administrations and social bodies with regards to drug addiction related issues. Promotion of social participation.

C) Local Administration:

The Local Administrations (Town Councils), notwithstanding other competencies that the legal system may have granted them, within the National Strategy against Drugs, will be responsible with regards to drug related issues for the following:

1. Developing specific drug addiction preventive policies in the community environment.

2. To support social reintegration of drug addicted individuals by means of professional training and employment plans.

3. Designing and setting up measures to reduce offer and availability; mainly of legal drugs.

4. Carrying out inspections and applying sanctions as well as promoting local police co-operation.

5. Co-ordinating the different interventions at local level.

D) Non Governmental Organisations:

NGO are to play a decisive role within the National Strategy against Drugs that could be defined as follows:

1. Acting as a co-operation tool for the Public Administration in the different intervention levels: prevention, assistance and social reintegration. In every moment NGO will not be substitutive devices or intend to maintain parallel assistance networks.

2. NGO involved in drug addiction issues previously obtain due authorisation and administrative credit.

3. NGOs are part of the society participation in the National Strategy against Drugs, specially for its development and assessment. In the same way, they will participate in the Administration consultant bodies for drug related issues.

4. Finally, NGO, may take initiative to promote, suggest or develop specific actions in the community.

E) Other social bodies:

Those other social bodies (universities, funds, etc.) which may include amongst their objective and functions, some elements that, even though not their prime subject, are still relevant to drug addiction interventions, will develop these interventions within the frame of the National Strategy against Drugs and the Regional Plans.

Other social agents, such as private corporations or unions are to promote specific actions intending to reduce the consequences of drug abuse at work.

Management and co-ordination bodies:

The Plan Nacional sobre Drogas must set up specific co-operation and co-ordination mechanisms to ensure efficiency of scheduled interventions. Notwithstanding those mechanisms which on the basis of the State or the Autonomic Regions structure already exist or are determined in a specific way.

The following mechanisms are suggested for the co-ordination, follow-up and assessment of the Plan Nacional sobre Drogas:

1. Inter-Ministerial Group: with the same configuration as the current group.

2. One-person Position: Government Delegate for the Plan Nacional sobre Drogas, who would be in charge of the management and co-ordination of drug related policies.

3. Sectors Conference: With the same functions and structure as the current one.

4. Inter-Autonomic Commission: With the same functions and structure as the current one.

5. Autonomic Commissioners: Responsible for their respective Autonomous Governments regarding intervention in drug addiction related issues. These must be empowered to lead political and administrative co-ordination of the different departments in their respective Autonomic Administrations, and the rest of the bodies involved. This person should be granted a Director General (General Manager) position.

6. Follow-up body: Permanent Follow-up Committee for the Plan Nacional sobre Drogas. This is a permanent body reporting to the Sectors Conference, although celebrating more frequent meetings and with a more flexible schedule. Its members will be elected amongst members of the Sectors Conference.

7. Legislative control body: Congress-Senate Mixed Commission for Drug Issues or a corresponding commission to replace this.

8. Consulting bodies: Spanish Observatory for Drugs.

9. Others:

a) Consejo Superior de Lucha contra el Trafico de Drogas y el Blanqueo de Capitales (Main Council against Drug Trafficking and Money Laundering).

b) Consejo Asesor de la Lucha contra el Tráfico de Drogas y el Blanqueo de Capitales. (Consulting Council against Drug Trafficking and Money Laundering).

We assume from the above description, that co-ordinated and co-operative action becomes a must for a successful implementation of the Strategy.

In terms of main results obtained from the implementation of the National Strategy against Drugs, we can only say it is still too soon to say, since it was recently passed on the 17th December 2000. Nevertheless, after fifteen years of our Plan Nacional sobre Drogas we can recall some of the main achievements:

1. Global Intervention Plan for drug addiction related issues articulated from an institutional, social and political approach, and with the convergence of all the different Public Administrations in the country. This Plan has been regionally materialised through the different Regional Plans in force in the 17 Autonomous Communities and Ceuta and Melilla towns.

2. Enhancing a social network to articulate activities by civil organisations. Where NGO related to drug addiction issues and the main protagonists together with a significant participation of different bodies (universities, corporations, different types of associations, etc.), as well as the participation of a high number of professionals and other private sectors.

3. Consolidating a wide, diversified and professional assistance network to enable a response according to drug addicted population requirements.

Mainly in the towns of Ceuta and Melilla this network is fitted with varied resources to cover a diverse therapeutic offer, including surgery centre programmes, therapeutic communities, risk and harm reducing programmes, hospital specialised assistance units, social emergency centres, training workshops and opiacea substitution treatment programmes. This network is formed by nearly 700 public

financed centres and can assist more than one hundred thousand drug addicted individuals per year.

4. Starting up different social and labour reinsertion experiences, which have consolidated and further developed through out the last period. Regarding labour reinsertion, we would like to highlight the large number of interventions at the Autonomous Communities and the towns of Ceuta and Melilla. In 1997, on the basis of an existing Collaboration Agreement between the Ministry of Interior Affairs and the Ministry of Employment and Social Affairs, the Government Delegation for the Plan Nacional sobre Drogas and the National Institute for Employment (INEM) signed a Collaboration Protocol between them. By virtue of this protocol, INEM has offered 5,000 jobs to drug addicted individuals under rehabilitation process, by means of the National Plan for Training and Social Reintegration and of the Escuelas Taller y Casas de Oficios (Workshop and Trade Schools. We would like to highlight that this protocol has mainly affected individuals under 25 years of age and has enabled an institutional reintegration path through Workshops and Trade Schools.

5. Creating solid basis to enable a generalisation process of a preventive policy. Amongst other actions started up to achieve this objective, we would like to highlight the following: a) the approval by the Inter-Autonomic Commission in December 1996 of the document "Criterios básicos de intervención en los programas de prevención de las drogodependencias" (Basic Criteria for the Intervention in Drug Addiction Prevention Programmes, b) the publication of several books amongst which we would like to mention "Prevención de las drogodependencias: Análisis y propuestas de actuación" (Preventing Drug Addiction: Analysis and Action Suggestions" c) introducing "Education for Health" as a transversal subject in primary and secondary education, after the LOGSE (General Organic Law for the Educational System) was passed.

6. Consolidation of information systems to facilitate an increasingly complete and detailed knowledge on the reality about drug abuse in Spain and its consequences.

With regards to this subject, it is necessary to point out that the Spanish Observatory for Drugs started operating in December 1997, and its collection systems means a substantial improvement compared to the previously existing information systems (SEIT, door-to-door and school surveys on drugs), and creates new systems (Quick Information Probes, Immediate Alert Telephone Numbers, etc.)

7. Updating the legal frame to gradually cover this changing situation regarding drugs and addictions. The fields undergoing this adaptation were the following:

a) Political and administrative organisation of the Plan Nacional sobre Drogas and the assignment of new functions to the Government Delegation for the said Plan (R.D. 1449/2000, of basic organic structure of the Ministry of Interior Affairs, and R.D. 783/1998, to establish the Spanish Observatory

for Drugs within the Government Delegation for the Plan Nacional sobre Drogas).

b) The organisation, co-ordination and improvement of preventive and assistance measures (at present, ten Autonomous Communities have passed Acts to regulate these aspects in their respective territories).

c) The regulation of state norms leading to favour prevention and increasing material means for this objective (Act 36/1995, on the creation of a monetary fund to be enriched with the goods coming from drug trafficking apprehension operations and its applicable regulation).

d) In terms of measures to restrain drug trafficking activities and related crimes (Act 10/1995, 23rd November in the Penal Code, Act 3/1996, on measures for the control of chemicals classified and susceptible to be diverted for the illegal manufacturing of drugs, Organic Act 5/1999, to amend the Criminal Prosecution Act, and extend the concept "controlled delivery" to precursor and profits from drug trafficking activities, and also to regulate the role of "covered-up agents").

e) Regarding money laundering activities, the Royal Decree 925/1995, 9th January, developed the Act 19/1993, on certain preventive measures to prevent money laundering, and determining that the executive service of the Comisión de Prevención de Blanqueo de Capitales e Infracciones Monetarias (SEPLAC) (Commission for the Prevention of Money Laundering and Money Infractions) was to be ascribed to the Spanish State Bank.

In the same way, we must point out that Spain is a member of the United Nations Agreements and Conveniums on this matter: Convención Única de 1961 sobre Estupefacientes (1961 Single Convention on Narcotics), Convenio sobre Sustancias Psicotrópicas de 1971 (1971 Convention on psychotropic Substances) and the Convención de Naciones Unidas de 1988 (1988 United Nations Convention).

8. Availability of highly specialised police means and instruments: Oficina Central Nacional de Estupefacientes (National Central Office for Narcotics), Unidades de Droga y Crimen Organizado (UDYCO) (Drug and Organised Crime Unit), Policía de Proximidad (Neighbourhood Police Units), Planes de Especialización en la Lucha contra el Blanqueo de Capitales (Specialisation Plans to Fight against Money Laundering), etc.

Furthermore, we must highlight the existence of the Main and Consulting Councils against Drug Trafficking and Money Laundering Activities, reporting to the Ministry of Interior Affairs through the Government Delegation for the Plan Nacional sobre Drogas and formed by civil servants and authorities from different bodies and with competencies in this matter.

9. Spain is a remarkable and active presence in the main international bodies and institutions: the United Nations, as a full member in the Narcotics Commission; European Union; Dublin Group, where it is President of the Regional Group "Central America and Mexico"; Grupo de Acción Financiera Internacional (International Financial Action Group).

On the other hand, Spain has signed bilateral co-operation agreements with numerous countries, and carries out a wide range of activity in South America, a specially sensitive area. In this sense, we must point out the implementation of a network of NGOs specialised in drug addiction issues in April 1998 with the support from the Government Delegation for the Plan Nacional sobre Drogas, and intending to enhance co-operation in this field between American and Spanish NGOs.

10. Allotment of budgets, both in the State and the Autonomous Communities, which has enabled a wide development of programmes and activities in all the intervention areas of the Plan Nacional sobre Drogas and that, in the year 1998, exceeded 30,000 million pesetas.

12.3 Evaluation of national strategies

The Strategy must include and define all the mechanisms and instruments to allow us to be aware of the improvements and progress in the objective previously set. Therefore, an assessment plan will be set up to enable early detection of deviations and to generate correcting actions to ensure final efficiency of the Strategy and to enable its adaptation to new requirements and intervention scenarios than might appear.

Information Systems:
The Spanish Observatory for Drugs is the institution in charge of collecting, in a systematic and continuous way, all the relevant information generated, either from sources inside or outside the country, concerning the situation of drug related issues and drug addiction issues in Spain.
In order to perform this task, the Observatory has been equipped with information systems to carry out periodic surveys in different population sectors, analysis of the data provided by several epidemic indicators, information from public and private institutions and other aspects concerning drug traffic and consumption, as well as research studies carried out by the Observatory management bodies.
Also, several bodies have been created within the Observatory. We should highlight the Consulting Council and the Scientific Committee.

Objectives:

1. Improving the organisation structure of the Spanish Observatory by means of the development of its managing and consulting bodies and incorporating oustanding people and institutions in this area.

a) To consolidate the National System for Surveys (for general and school population). Continuous improvement of methodology and comparability, and expanding the number of subjects in their respective questionnaires.

b) To use official variables and classifications to design new questionnaires and modify the former ones to establish some form of correspondence among the different data obtained from other surveys.

c) To complete the information source network available. This is basically quantitative information, with total implementation and consolidation in the subsystem for Quick Information Probes, aiming at providing qualitative information in a quick way, thus allowing us to respond in adequate time and manner to the changes that may occur in the drug consumption area.

d) To improve co-ordination between the different Observatories in the different Regional Plans against Drugs, and with those that may be set up in the future, as well as the European Observatory for Drugs and Addictions, in Lisbon.

2. All the Regional Plans against Drugs will have set up and started a Regional Observatory for Drugs.

Since the Strategy was just recently passed, it is difficult to foresee what the outcome of it could be until its completion.

13. Cocaine and base/crack cocaine

13.1.Different patterns and user

Spain is at present one of the main cocaine consuming countries in Europe. Although consumption has grown in younger age groups, it seems to remain stable for the general population (15 to 65 years of age). Therefore, in 1997, 1.5% of the general population had consumed cocaine the year before the survey, and, according to the latest national survey, the proportion remains the same in 1999. Occasional consumption reached 3.1% of the population, while regular consumption was 0.8%.

According to these data, concern consumption is clearly lower than that of tobacco, alcohol or cannabis, although it is higher than heroine consumption.

According to the three national surveys carried out in 1995, 1997 and 1999, in the last few years, cocaine consumption remained stable in the general population.

On the other hand, according to the same surveys in 1996 and 1999, there is, however, a significant increase in consumption by school population (between 14 and 18 year of age). Meanwhile, in 1996, 3.2% of school population had at some stage tried cocaine, and of these 2.6% had consumed cocaine in the year before the survey. In 1998, the survey showed 4.8% of school population had consumed cocaine at some point, and up to 4.1%

had consumed it in the year before the survey. The average age for first consumption in this population group was 15.4 years of age.

With regards to crack, its consumption is not very popular in Spanish population. However, there seem to be some increment among heroine consumers, specially in some of the Autonomous Communities in the South of the country, where heroine is mainly consumed both inhaled and smoked.

On the basis of the data provided by the treatment indicator (regarding people accepting treatment for abuse or addiction to psychoactive substances, except for alcohol or tobacco), we can state that cocaine is mainly sniffed. Therefore it is sniffed in 69.5% of cases, while only 14.2% of consumers smoke it and 5.6% preferred parenteral administration. Apparently, there is a trend to reduce intravenous administration.

Cocaine is a stimulating substance, and therefore, its effects are the following: euphoric feeling, bad moods, hyperactivity, nervous excitement, pupil dilatation, accelerated heart rate, heavy breath, and even convulsions.

Cocaine consumers seek the following effects:

- A desire to escape from negative or depressive feelings
- An increment in capacity, lack of limits...
- Enjoyment, a quick release of tension to compensate for duties, stress...
- A search for success, wealth, squandering money as a form of success. To place him or herself above the rest of people.

The **stereotype of a cocaine consumer** is a young male between 19 and 39 years of age, starting to consume at an average age of 21. His differential features compared to traditional consumers, mainly heroine consumers are as follows (González and Colis 1999):

- Since cocaine is a stimulating substance, its consumption pattern is associate to leisure, lack of limits and a wish to stand out.
- The perception of the problem is rather more complex than that of traditional consumers. On the one hand, he does not necessarily follow a daily consumption pattern but an occasional one, weekends or regular. On the other, he can frequently keep a “normality” appearance, and should any difficulties appear, such as bad mood, lack of responsibility, lack of control... he normally blames other causes rather than the consumption of this substance.

In any case, there are different consumption patterns:

- Occasional consumers at longer than 7 days or even weekly of monthly intervals.
- Weekend consumers may have a frequency from 1 to 3 days.
- Regular consumption does not necessarily happen at weekends, although frequency may vary between 3 and 5 days.
- Finally, daily consumers.

Each one of the above mentioned consumption patterns shows differential characteristics, although, because of their similarities, we can classify occasional and weekend consumer into the same category.

In the cases of occasional or weekend consumption patterns, long term consumption is shorter and quantities are rather variable. Large quantities of alcohol are often associated to cocaine consumption, as well as cannabis and synthetics drugs. Consumption often happens in close circles and linked to leisure and enjoyment activities. It happens at weekends and there is no awareness of the problem. Consequently, motivation to attend treatment is low and normally comes from external pressure.

In the cases of regular consumption, long term consumption and quantities are variable. It is normally associated to cannabis, and occasionally to alcohol and rarely to synthetic drugs. Consumption also takes place in a group of people associated to evasion, although not to fun. Lack of control may appear more often, since an increase in consumption frequency, new difficulties appear, and therefore, motivation to solve the problem may be greater.

In the cases of daily consumption, long term consumption is longer and quantities larger and more stable. It is often associated to alcohol and cannabis. It may be consumed in a group but it normally happens alone and is associated to normal daily routine. Lack of control is more evident and motivation to abandon the habit is greater.

Therefore, in terms of cocaine consumption patterns, we may distinguish two types: a predominant pattern, characterised by a sniffed, low intensity consumption, and a less extended pattern, often associated to heroine consumers, and characterised by either intense parenteral consumption, or smoked and inhaled.

After studying the results of the Surveys to School Population in 1998, it is clear that this population group is in a worrying condition. A clear increment in cocaine consumption between 14 to 18 year old school students support a more detailed study of this risk group.

Cocaine consumption according to sex and age

Average age for first consumption amongst 14 to 18 year old students is 15.4 years. There is no difference between male (15.5) and female (15.4) students. However, sex is a strong condition for prevalence of use, as we can see from the percentage of 6% of male students trying cocaine at some point, while female student's percentage is only 3.8%.
The probability to ever consuming cocaine is directly proportional to age. Therefore, the higher the age, the higher the prevalence of consumption. The experimental percentage is over 1.9% at 14 years, while at 18 years it has gone up to 11.4%.

Cocaine consumption and academic results

There is a direct relation between the probability of ever consuming cocaine and the number of failed school courses. In fact, prevalence of consumption for students ever

failing a school course goes up to 8.7% (three times over the rest of the students never failing a course). Prevalence of consumption reaches 11.1% for those students failing two or more courses.
Furthermore, cocaine consumers miss more classes than non-consumers do (2.7 and 1.2 monthly absences respectively).

Cocaine consumption and money availability

Money availability (pocket money) is directly related to prevalence level of cocaine experiences. Consequently, the greater the amount of money available, the greater the prevalence of cocaine abuse. Those admitting ever consuming cocaine at some point had an average of 3,337 pesetas to spend per week, while those who had not consumed this substance only had 1,721 pesetas a week.

Cocaine consumption and leisure activities

Below, we describe some of the links between cocaine consumption (ever in life) and certain ways to spend leisure time: going out at night, late home return time at weekends and the kind of hobbies.
The frequency at which youngsters go out has a direct relation with the experimental rate with cocaine. While for those who never go out at night consumption prevalence is 0.5%, for those who go out two or three times a week goes up to 10.2%.

Also time of return home at weekends is associated to prevalence in the abuse of this substance. Therefore, the probability of consuming cocaine for those individuals who return home before 24 hours is small (about 0.6%), but it grows as the return time is later. Prevalence reaches 2.8% for those returning home between 24:00 and 03:00 hours and up to 17.5% for those returning home after the latter time.

In terms of leisure activities of students with a higher percentage of cocaine consumption, we must point out that higher prevalence of abuse corresponds to those who go to discotheques or bars and pubs on a daily basis, with a respective prevalence of 18.9% and 17.4%. On the contrary, sport practice and attendance to sport events or the habit of reading are associated to lower consumption prevalence.

Cocaine consumption associated to other substances

Multi-consumption is the most common consumption pattern amongst students. This is why we study the main associations between cocaine consumption and other drugs.

Cocaine consumption and tobacco
Tobacco consumption is higher amongst those students who have ever consumed cocaine. The percentage of current smokers amongst those who have ever consumed cocaine is around 76.5%, while only 25.8% of non-smokers have ever consumed cocaine.

Cocaine and alcohol consumption

School students who have ever tried cocaine are also abusive drinkers in a higher percentage than those who have never consumed cocaine. Cocaine consumers have got drunk an average of 3.2 times in the last month, while non-consumers have got drunk 1.1 times.

Cocaine consumption and other illegal drugs
The prevalence of consumption of the different illegal drugs in cocaine consumers is 13.7% in the case of heroin (0.3% for non cocaine consumers), 45.6% for ecstasies (1.4 for non cocaine consumers), 51.7% for speed and amphetamines, 54% for hallucinogenic substances, 21,9% for volatile substances, 94,7% for cannabis derivatives (25% for non cocaine consumers), and 20% for tranquillisers.
To sum up, we could say that cocaine consumer are much more likely to consume other illegal drugs. Four different probability patterns can also be determined:

- The vast majority of cocaine consumer also abuse cannabis derivatives.
- Half of these also consume hallucinogenic substances, speed or amphetamines and ecstasies.
- Two out of ten consumers abuse volatile substances or tranquillisers.
- 13.7 % of cocaine consumers also use heroin.

Risk perception and cocaine consumption

The prevalence of cocaine consumption amongst students who think that experimental consumption (occasional) or regular consumption may cause many problems is as low as 1.5% to 3.2%.
As opinions on health problems or those of a different nature that may be caused by regular or occasional cocaine consumption grow laxer, consumption prevalence goes up.

13.2.Problems and needs for services

Advances in neurobiologic knowledge on cocaine effects and addiction have lead to abandoning the former conception of this substance as a "psychological addiction" to understand this addiction as a complex alteration of brain function regulation with behavioural, psychological and neurophysiologic components (Caballero 2000).

The sanitary profile of cocaine consumers includes the following characteristics (González and Colis 1999):

- May not need detoxification, and is even reluctant to pharmacological treatment.
- Frequent changes of mood.
- Worried about his/her health, follows the doctor's instructions and is more aware of the prevention of disease transmissions.
- Frequently associated to alcohol consumption with the same of different consumption pattern.

According to administration via, cocaine is associated to different health problems (Galindo 2000):

- Nose inhaled cocaine produces sinusitis, nose tissue soreness, nasal bone perforation or pneumothorax.
- Smoked cocaine produces bronchitis, pneumonia and other infections of the respiratory apparatus.
- Intravenous cocaine is frequently associated to phlebitis at the injection place, HIV infection, AIDS, hepatitis and tuberculosis.

Other problems such a weight loss, malnutrition, heart attack or brain strokes happen regardless of the administration via. Other problems could be convulsions, palpitations, arrhythmia as well as provoked contusions due to car accidents of aggressions.

The most relevant fact concerning cocaine consumption is a significant increase in the number of people demanding assistance at sanitary and social services in the last few years. This makes us thing advisable to increase epidemic control, prevention and specialised treatment of problems associated to this type of consumption.

Unlike the drop in treatment demand for heroin addiction, cocaine admissions have substantially increased. In 1998, they went up to 6,154 (11.3% of the total number of patients admitted to treatment). Apart from the growing relative weight of this substance it is surprising how quickly treatment demand is climbing. In fact, between 1996 and 1998 the volume of patients starting treatment has double, since it went up from 2,980 to 6,154 patients. We must highlight also that cocaine assistance percentage is really high when we consider only patients starting treatment for the first time, where cocaine is responsible for 21.6% of new admissions. Another factor to point out regarding the significant incidence of cocaine admissions has in some of the Autonomous Communities (Murcia, Navarra, Catalonia and Valencia), where they reach up to 30% of new patients.

The average age of people starting treatment in 1998 for cocaine consumption was 29.08 years and the average age to start consumption was around 22.08 years. In terms of education level of these people we must point out that 5.9% had no education, 30.8% had not finished primary school, 35.5% had finished the first level of secondary school or primary studies, 24.2% had finished the second level of secondary studies and finally, only 3.6% had completed university studies. Most people starting treatment were male individuals; 86.7% were men and 13.3% were women. Regarding the administration via, cocaine was mainly sniffed.

We must keep in mind that people under treatment for the consumption one type of drug are often consumers of other drugs. Amongst those individuals starting treatment the most commonly consumed drug was alcohol (58.1%), followed by cannabis (48.2%) and finally heroin in 16.9% of cases.

With regards to **emergency situations**, we must point out that in 1998, the total number of emergencies was 2,099 due to acute reaction to psychoactive substances in 51 hospitals in 11 Autonomous Communities. Data collection was limited to one random week each month. In 1998, the most frequently mentioned substance in emergency situations was heroin (43.9% of cases), followed by cocaine (37.2%), tranquillisers and hypnotic

substances (26.2%) and other opiacea different from heroin (23.4%). We must take into account that these substances have simply been mentioned at the emergency situation, which does not mean that the emergency situation has been caused by these substances or has any connection with its consumption. A drop was noticed in 1996 and 1997 in terms of number of times that heroin in mentioned (52.6% in 1997) while the number of times that cocaine has been mentioned went up (30% in 1997).

The most frequent signs are psychopathological or cardiovascular problems associated to sympathetic hyperactivity.

Important differences were noticed between Autonomous Communities in term of drugs mentioned at emergency situations. Cocaine was often mentioned in Catalonia (52.1%), Madrid (47.4%) and the Canary Islands (46.9%) and hardly mentioned in Asturias (12.2%) or Rioja (0%).

13.3.Market

The Iberian Peninsula is still one of the geographic entrances for cocaine to be distributed through out Western Europe. Even though drug traffickers are starting to use airports in Belgium, Holland, Italy, United Kingdom and Poland.

The circumstances affecting the introduction of this drug in Spain are among others the following: Historic, cultural and language links to South American countries and a saturated USA market.

According to amount of drug apprehended, sea is the main introduction via into the Iberian Peninsula, followed by air transport. Specific introduction vias in Spain are:

- Sea transport: Northwest and the Canary Islands. Cocaine comes from Colombia, Brazil, Venezuela, Surinam, Caribbean Islands or Argentine and then travel to Europe around the Cape of Horns and into the Atlantic route.
- Air transport: Airports in Madrid, Barcelona, Tenerife and Las Palmas. Most cocaine enters the country on flight coming from Bogota, Caracas, Rio de Janeiro/Sao Paulo and Buenos Aires.

Cocaine enters Spain in many different ways. We would like to highlight the use of sea shipment containers and boats chartered by Galician-Colombian organisations, and the use of “body packers” to smuggle cocaine through airports.

A continuous modification of routes and “modus operandi” used by traffickers has been noticed. This also affects the different systems to hide the drug. A new hiding system is “black cocaine”, coming from Colombia and sent to different European countries, including Spain. This is cocaine paste mixed with copper oxide to obtain a black like colour.

After doing away with the carters of Cali and Medellin, cocaine traffic in Spain has been controlled by Colombian cartels divided into numerous criminal organisations with international network support, mainly from Galicia. While in 1998 it was made evident that

Colombian organisations were the main agents in domestic distribution of cocaine in Spain, in 1999, Galician organisations (family clans) have taken over a large share of the main role. These clans know perfectly the land and are in charge of introducing the cocaine in Spain. For this purpose, they place a “mother ship” near the coast and then by means of fishing boats of high speed boats unload the drug and hide it away before distribution.

According to data from the National Central Office for Narcotics (OCNE) on seizure of substances in 1999, the actions carried out to restrain illegal drug trafficking were highly efficient. In 1999, seizures of the main drug went up compared to 1998, and in some cases, such as heroin, ecstasies or cocaine, they increased substantially.

The amount of apprehended cocaine in 1999 was 18,298 kilograms. This was s similar number to the last historic record in 1997 and 57% higher than the same figure for 1998. We must point out that some very important police operations took place in 1999 ("Temple", "Cabezón", "Lubricante", etc.) which enable large shipments to be seized. In fact the police operation “Temple”, resulted in the apprehension of 12,827 kilograms of cocaine. (7,620 in international waters and 5,207 within the national territory).

In the last decade, cocaine apprehensions in Spain has become more than 50% of the total amount of illegal drugs apprehended in the European Union. Even though this figure suggests that Spain continues to be the main introduction via into Western Europe, it is also true that Spain is not any more the only entryway into Europe. To a large extent, labour carried out by our police units to fight illegal drug traffic, mainly against Galician clans, has force Colombian carters to look for new unloading places in central Europe countries.

Regarding the amount of apprehended cocaine in the different Autonomous Communities, we should highlight that the largest seizures took place in the Canary Islands (7.753.151,87 grams), in Galicia (5.619.920,38 grams) and in Madrid (2.816.140,27 grams).

Generally, cocaine enters Spain as cocaine clorhydrate, although in some occasions it comes as paste, diluted in liquids or impregnated in fabrics to avoid detection at police control posts. In the latter case, it must suffer a transformation or recuperation process before it can be commercialised.

Illegal cocaine laboratories dismantled in our country are, according to reactants apprehended, “finished-product laboratories” (in charge of finishing all necessary transformations to obtain the final product). These laboratories are used to transform cocaine paste or to extract the drug when it has been impregnated or hidden to avoid detection. In 1999, six of these laboratories were dismantled in Spain.

According to data from the National Central Office for Narcotics regarding purity and market prices reached by the main illegal drugs in our country in the second half of 1999, no significant variations were noticed compared to the same period in 1998.

The average weight of a dose was 193 milligrams during the first half of the year, and 191 during the second half.

Cocaine consumed in Spain is generally cocaine clorhydrate with a variable purity rate, although it tends to be high. Cocaine purity, both in its distribution in small doses, and in larger doses, keeps the same although with a slight increase in purity of cocaine distributed in small quantities.

With regards to evolution and price change, we must point out the price has risen in whole sale markets (this substance suffered substantial apprehensions in 1999).

COCAINE	**FIRST HALF OF THE YEAR**		**SECOND HALF OF THE YEAR**	
	PURITY	PRICE (pesetas)	**PURITY**	PRICE (pesetas)
EACH DOSE	43%	2.025	44%	2.000
GRAM	53%	9.950	56%	9.700
KILOGRAM	76%	6.045.000	75%	6.005.000

13.4.Intervention projects

The National Drugs Strategy 2000-2008 covers the different intervention projects related with the cocaine policy (see the different chapters of the present report on this item).

14. Infectious diseases (in prison)

14.1 Prevalence and incidence of HCV, HBV, and HIV among drug users

June 1998 transversal research on Penitentiary Health, carried out by the Vice-General Management for Penitentiary Health, estimates that, for the first time, inmates infected with HCV, HBC and tuberculosis, as well as the prevalence of serious mental disorders. The prevalences according to this research were as follows:

HIV infection: 19.9%. Approximately half the individuals affected were receiving antiretroviral treatment and continued the same growing trend as in the previous years.

AIDS: 4.0%

Tuberculosis: 50,6%

HIV and tuberculosis co-infection (main risk situation for the development of the tuberculosis): over 10%.

HCV infection: 46.1%.

Serious mental disorders (chronic psychosis and/or mental disability): 6.2%.

14.2 Determinants and consequences

Several researches con intravenous drug users entering prison report on a high percentage of users who have shared syringes at some point in their lives. According to the transversal study by the Spanish Management for Penitentiary Health, a high prevalence in risk conduct is observed for syringe use. This study has estimated that 18.2% of these individuals had consumed drugs parenterally, and that 21.7% of them had been intravenous drug users. We must keep in mind that this variable has not been registered in 10.9% of the sample.

Likewise, three quarters of the intravenous drug users had shared syringes (37% of the sample has not been registered). No information about recent practices has been collected.On the basis of the above mentioned research study we may state that annual seropositive rate amongst inmates is lower than 1%. This is a clearly lower rate than outside prisons amongst this population, where 20% have been infected.

14.3 New developments and uptake of prevention/harm reduction, care.

Due to a high co-infection risk with HIV, HBV and HCV amongst penitentiary population. And that the higher infection risk is for long term intravenous drug users with risk practices and second offenders, preventive policies have been reinforced for this population, with a special attention to harm reduction programmes for this population (methadone treatments and syringe exchange programmes).

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DATA BASE AND/OR SPECIFIC SOFTWARE USED, INTERNET ADDRESSES

www.mir.es/pnd

ANNEX

LIST OF TABLES USED IN THE TEXT:

1. In part 1:
    - Time course of the number of pupils aged 14-18 who think the given behaviour can cause a lot or quite a lot of problems.
    - Degree of rejection of certain drug-use behaviours.
    - Perceived avalability.
    - Distribution of expenditure by Autonomous Comunities and Cities by areas of intervention.

2. In part 2:
    - National estimations for problem drug use.
    - Treatment received and number of emergencies related to the use of cocaine.

3. In part 3:
    - Harm reduction programmes resources
    - Syringe exchange programmes

4. In part 4:
    - Cocaine price and purity

LIST OF GRAPHICS USED IN TEXT:

In part 3:

- Evolution in the number of users at methadone centres, surgeries, hospitals, desintoxication units and therapeutic communities.
- Evolution in the number of patients receiving assistance at methadone maintenance programmes.
- Admission cases for the laam controlled dispensing study, according to sex (%).
- Admission cases to the laam controlled dispensing study, according to the main drug administration via (%).
- Valorisation of laam treatment, by the patients, after 90 days from start.

LIST OF ABREVIATIONS USED:

- CSIC: Consejo Superior de Investigaciones Científicas (Superior Council for Scientific Research)
- DGPNSD: Delegación del Gobierno para el Plan Nacional de Drogas (Government Delegation for the National Plan on Drugs)
- INEM: Instituto Nacional de Empleo (National Employment Institute)
- LOGSE: Ley Orgánica de Ordenación General del Sistema Educativo
- NGO: Non Governmental Organizations
- OCNE: Organización Central Nacional de Estupefacientes (National Central Office for Narcotics)
- OEA: Organización de Estados Americanos (Organization of American States)
- OEDT: Observatorio Europeo de la Drogas y las Toxicomanías (EMCDDA)
- RD: Real Decreto (Royal Decree)
- RP: Reglamento Penitenciario (Penitentiary Regulatory Norm)
- SEIPAD: Sistema Estatal de Información Permanente sobre Adicciones y Drogas (Spanish Permanent Drug and Drug Addiction Information System)
- SEIT: Sistema Español de Información sobre Toxicomanías (Spanish Drug Information System)

- SEP: syringe exchange program

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