

NATIONAL STRATEGY ON ADDICTIONS 2017-2024

**ADDICTIONS
ACTION PLAN
2021-24**



ADDICTIONS ACTION PLAN 2021-24

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Introduction

Spain has been using planning instruments in this field since 1985 when the very first National Action Plan on Drugs was approved. For decades now these plans have provided a framework for actions implemented by the State General Administration, the Autonomous Communities and the Local Corporations that are particularly committed to tackling this issue, as well as civil society not-for-profit entities set up to specifically address problems related to addictions. Although it is the Government Delegation for the National Plan on Drugs [*DGPNSD, Delegación del Gobierno para el Plan Nacional sobre Drogas*], that is the administrative body responsible for preparing and managing the Action Plans, the plans themselves contain the priorities established for all the actors with a contribution to make to the overall response to them. The very existence of such plans has enabled continuity and consensus in Spain's response to drugs and addictions. Moreover, when the United Nations asked its member states to adopt long-term strategies in this field, Spain developed its first National Strategy on Drugs at the same time as the European Union also adopted a strategy of its own.

Since then, each National Strategy has consistently laid down the key action areas to deal with drugs and addictions in Spain during their consecutive eight-year terms. The Council of Ministers approves the Strategy which sets out the action priorities on the areas of supply control and demand reduction. Then the Action Plans fill in the specific details about objectives, actions and activities. The current National Strategy on Addictions 2017-2024 was approved in February 2017 and the previous National Addictions Action Plan 2018-2020 was agreed with the Autonomous Communities in the Sectoral Commission just a few months later. During the implementation period of the last Action Plan a number of political and administrative changes took place in Spain and there was also the Covid-19 pandemic. Despite these events, the evaluation carried out subsequently revealed a fairly high degree of fulfilment of the planned actions similar to the attainment level of earlier plans: around 76% for actions linked to the objectives proposed and 80% for the activities to implement those actions, albeit with variations between the different areas. The evaluation process was undertaken as a joint exercise with the various different actors involved who also put forward elements to be included in the development of the new Addictions Action Plan.

The process

The process for developing Spain's Addictions Action Plan 2021-2024 falls within the framework of the European Drugs Strategy and the current National Strategy in force in Spain, and consequently reflects their values and principles. Although the information system has not revealed any dramatic changes over recent years it has always provided useful input for prioritisation purposes. After that the process incorporates three basic elements: the evaluation of the previous plan, input from stakeholders, and the building of a specific consensus on all sides to define the Addictions Action Plan. In this way, the new plan specifies the Strategy's objectives for the immediate period, providing elements for action to be taken by all stakeholders and so guaranteeing that all of them can make a contribution to its implementation.

In early 2020 an initial assessment of the objectives, actions and activities envisaged by the 2018-2020 Plan was conducted by the Government Delegation management team. The findings of the assessment were shared with the people tasked by the Autonomous Communities and Autonomous Cities to sit on the

Sectoral Commission. They all gave input to complete the assessment and to help set the priorities for the new Action Plan.

The cities that usually apply for and receive funding through the National Plan on Drugs to carry out prevention activities were also asked for their input and a significant number of contributions were received as a result. The different government ministries involved in the National Plan on Drugs were also asked to give their feedback in the evaluation and in the definition of the new Action Plan. In addition, given that the Spanish Council for Drug Addiction and other Addictions [*Consejo Español de Drogodependencias y Otras Adicciones*] was being restructured at the time following a reorganisation of government ministries in 2020 making it impossible to convene a meeting of the Council at the time, NGOs and experts were also asked to give their input. An initial draft of the new Plan was prepared and submitted to the Autonomous Communities through the Sectoral Commission as well as to the different management units in the Ministry of Health and other General Government departments involved in the response to drugs and addictions for their consideration. After gathering the

feedback from all the stakeholders and with a view to attaining the highest possible degree of consensus a proposal was prepared for the Sectoral Commission so that an agreement could be reached within the Commission on the final document. This was eventually submitted to the Spanish Council on Drug Addiction and Other Addictions on December 14th 2021. The outcome of this whole process, namely the final version of the Addictions Action Plan 2021-24, endorsed by the Council's report, was then submitted to the Sectoral Conference which approved it on January 25th 2022.

Mission, objectives, vision, values, guiding principles and scope of action

The process of developing the Addictions Action Plan 2021-2024 fits into the framework of the National Strategy on Addictions [ENA, *Estrategia Nacional sobre Adicciones*] currently in force. Consequently, it incorporates the Strategy's mission, general objectives, vision, values and guiding principles. Moreover, it is structured in the same way as the Strategy, covering

the same action areas that match the two overarching goals stemming from the European Union Drugs Strategy, as well as its cross-cutting themes.

Mission

To provide a reference framework with an integrated, balanced and evidence-based approach for: firstly, all the Public Administrations, authorities at all levels of government engaged in the National Plan on Drugs and any other entities concerned, so that with all the flexibility required they can put in practice plans and programmes related to addictions that fall within the scope of their competences, harnessing any synergies that might be created through coordination and collaboration between all stakeholders; and secondly, any actions that might be undertaken by the National Drugs Plan in the international context (European Union Drugs Strategy, UN Political Declaration, UNGASS, Conventions, etc.).

General objectives

- Lessen the harms associated with the use of substances with addictive potential and the harm caused by behavioural addictions.

- Lessen the presence of and use of substances with addictive potential and behavioural addictions.
- Delay the onset age of addictions.

Vision

By 2024, the harms associated with the use of substances with addictive potential in Spain and the harms caused by behavioural addictions will have been reduced through the implementation of policies on drugs and addictions designed to lessen their presence and use, with actions targeted at people and their setting, families, the community and society as a whole, thus contributing to building a healthier, better informed, and safer and more secure society.

Values

Spain's National Strategy on Addictions 2017-2024 maintains the unswerving commitment of the National Plan on Drugs to guarantee that all the aspects of demand and supply reduction and related measures and international cooperation will be addressed in full compliance with the goals of **the United Nations Charter, International Law** and the

Universal Declaration of Human Rights, as well as the agreements reached by the UN and the EU.

- **An integrated or holistic public health approach, including the person, his or her family and social environment, and the community as a whole.** Public health always takes a community-based approach with actions targeting the individual directly affected by the addiction, but taking into account at the same time that any individual action also has an impact on the community as a whole (in terms of safety and security, economic and health terms, etc.); it places the priority on people in order to raise the standard of collective health overall because the use of drugs has a spillover effect that goes beyond the individual person who uses them to society as a whole and because everyone is potentially a target for substance misuse during their lifetime. It is an approach, however, that promotes actions to improve the state of health lost by a person through substance use by means of the necessary rehabilitation-reintegration processes, encompassing too all the people around an addict who are affected as well.

- **Universality.** Free, universal coverage under the framework established by the Royal Decree on the Basic Portfolio of National Health System Services and any other state and autonomous community legislation and regulations relating to health care and treatment for addictions, with global actions of proportional intensity to needs and solidarity, with priority given to the protection of the most vulnerable groups in society.
- **Consistency and collaboration between the Public Administrations.** The aim is to make policies uniform by integrating laws and previously accepted agreements and by avoiding contradictions and diverging views. To achieve this, the Public Administrations should foster collaboration and cooperation in order to optimise the cross-cutting, horizontal potential offered by the different levels of government.
- **Responding to diversity.** This means taking the necessary steps to facilitate access and care and treatment for people with diverse identities so that a tailored response to their individual needs can

be given and their integration into society can be promoted in parallel.

- **Social co-responsibility and public responsibility.** Active intervention of all the social agents and institutions both in the planning process and in the rollout of the planned actions. This in turn involves creating the right conditions for participation in order to make it possible for the planned measures to be the outcome of a consensus reached between all the social and institutional stakeholders involved.

Guiding principles

- **Equity.** Ensuring access in equal conditions and with no discrimination for the whole population to free public sector prevention, health care and social integration services within the framework established by the Royal Decree on the Basic Portfolio of National Health System Services and any other state and autonomous community legislation concerning the treatment of addictions as and when needed. Special attention will be paid to the most vulnerable social groups or groups with the severest difficulties when

it comes to gaining access to and making use of services and resources.

- **Gender perspective.** Organic Law 3/2007 of 22 March for the effective equality of women and men (art.20) lays down the obligation to incorporate the gender perspective as the framework for analysis and to develop the necessary tools that enable the different way addictions are presented in and affect women to be made visible, analysed and addressed. As a result, it will be possible to make a better diagnosis of the real situation and to incorporate the needs and situation of women in all strategic actions and interventions.
- **Transparency.** Law 19/2013 of 9 December states that transparency, access to public information, and good governance standards should underpin any political action taken. In this regard, the National Strategy on Addictions 2017-2024 will contribute to better publicity and dissemination of the data, the findings of data analytics, research into and evaluation of the results and of the impact of interventions. The aim is to gain a better understanding of all the aspects of

the phenomenon of addictions by promoting the use of general, robust and empirically contrasted data underpinning the measures and actions.

- **Scientific evidence.** Any actions devised to prevent addictions and to reduce their prevalence and their associated harms must be empirically contrasted, have scientific grounds and be efficient, seeking realistic and measurable results that can be evaluated and so promote **good practices**. In addition, the fact that evidence is constantly evolving must be taken into account and therefore the priorities and effective responses will be established on the basis of that evolution during the lifetime of the National Strategy on Addictions 2017-2024. Whenever evidence is not available, is limited or is insufficient, effective policies should be applied to broaden the knowledge base.
- **Participation.** Through advocacy and awareness-raising work with society as a whole in order to engage it directly in this issue. Special attention will be paid to the identification, motivation and active involvement of the most vulnerable groups in society. Citizens everywhere must be actively engaged in

dealing with the phenomenon of the use of drugs and gambling, through the definition of objectives, actions and stakeholders in the participative structures and networks for work in each area and at each territorial level so that society overall is an active part of the solution.

- **An intersectoral and interdisciplinary approach.** Offer an approach and a way of addressing the question that is based on multiple factors, intersectoral contacts, and is multidisciplinary. It should endeavour to optimise efforts and resources through coordination and cooperation between the different players.
- **Quality.** Guarantee that actions taken are preventive, health-care oriented and devised to reduce risks and harms and also adapted to the needs of society and of all the people directly or indirectly affected by addictions. Quality is likewise endorsed by another guiding principle already described above: “scientific evidence”. This principle will underpin every single one of the actions stemming from this National Strategy on Addictions.

- **Efficiency and sustainability.** Make a commitment to the efficient management of resources that can guarantee the effectiveness and sustainability of the system and its evaluation; and that enables the implementation of the agreed policies through the corresponding budget allocation.

Scope

The scope of the plan covers legal drugs such as alcohol, prescription drugs and other substances with addictive potential, illegal drugs and non-substance or behavioural addictions.

The actions, objectives and activities contained in the Action Plan are listed below, organised under the headings of the defined goals and action.

GOAL 1. Towards a healthier and better-informed society

Risk prevention and reduction

Integrated and multidisciplinary care and treatment

Harm reduction

Social incorporation

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
1. RISK PREVENTION AND REDUCTION	1. Promotion of environmental/ structural prevention measures.	OBJECTIVE: Promote the incorporation of environmental/structural prevention into addictions policies and of specific measures into prevention programmes.	
		1.1. Technical training in environmental prevention for professionals working with addictions and in the community.	1.1. Number of workshops/training courses given.
		1.2. Development of specific environmental prevention measures/protocols/recommendations for the local level.	1.2. Number of specific measures/protocols/recommendations developed.
		1.3. Promotion and monitoring of the implementation of measures/protocols/recommendations at the national, regional or local level in collaboration with the Spanish Federation of Municipalities and Provinces (FEMP, Federación Española de Municipios y Provincias).	1.3.a. Number of promotional actions. 1.3.b. Number of rules and standards approved at the national, regional and local level.
	2. Project to improve universal, selective and indicated prevention programmes.	OBJECTIVE: Improve the quality and outreach of addiction prevention programmes nationwide and in all intervention areas.	
		2.1. Define appropriate quality criteria and contents for programmes to be implemented on the prevention of addictions.	2.1. Document produced (yes/no).
		2.2. Foster the evaluation of addiction prevention programmes (including both existing and newly created programmes).	2.2. Number of programmes evaluated.
		2.3. Update and adapt addiction prevention programmes to digital environments.	2.3. Number of programmes that have updated their contents and adapted their materials for digital environments.
		2.4. Training for prevention professionals and technical staff working for the Public Administrations and NGOs on how to incorporate the gender perspective into addiction prevention programmes (implementing the Plan 2018-2020 gender protocol), European Drug Prevention Quality Standards and the European Prevention Curriculum (EUPC).	2.4. Number of training activities/number of people trained.
		2.5. Foster the prevention of addictions in childhood and in the family setting.	2.5.a. Number of specific training activities. 2.5.b. Number of Autonomous Communities (ACs) with specific programmes.
		2.6. Identify and foster the development and implementation of early detection protocols and early intervention with vulnerable young people under the age of 18 in the school setting and for social services and juvenile centers, as well as programmes on alternative measures to sanctions for drug possession and drug use in a public space.	2.6.a. Number of school protocols identified/developed/implemented. 2.6.b. Number of alternative measures programmes identified/developed/implemented.

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
1. RISK PREVENTION AND REDUCTION	3. Safe and healthy leisure.	OBJETIVE: Improve the quality of addiction prevention programmes in leisure settings.	
		3.1. Report/research study on the evaluation/effectiveness of preventive interventions in recreational and nightlife leisure settings.	3.1. Report/research study produced (yes/no).
		3.2. Work on building a consensus on quality criteria and appropriate contents for prevention actions in recreational and nightlife leisure settings.	3.2.a. Consensus reached (yes/no). 3.2.b. Number of activities carried out (working groups, events, etc.).
		3.3. Support and training for practitioners and technical staff working for the Public Administrations on addiction prevention and risk reduction in recreational and leisure settings.	3.3.a. Number of training activities. 3.3.b. Number of annual meetings.
		3.4. Drive the prevention of sexual violence and risky sex in relation to substance use in recreational and nightlife leisure settings.	3.4. Number of prevention programmes / interventions.
	4. Prevention of non-substance addictions.	OBJECTIVE: Promote the development of non-substance addiction prevention (i.e. pathological gambling, but also explore other potential addictions such as videogames, screens, social media, pornography, etc.).	
		4.1. Development of prevention protocols and/or guides for non-substance addictions (i.e., pathological gambling, but also videogames, screens, social media, etc.) suitable for use in different populations and settings (school, family community and health).	4.1. Number of protocols and /or guides.
		4.2. Foster research into the prevention of behavioural addictions.	4.2. Number of research projects/scientific publications.
		4.3. Foster outreach for the implementation of evidence-based prevention on non-substance addictions (grants, collaborative platforms, technical staff).	4.3. Number and type of activities carried out. Coverage of prevention and training activities.
		4.4. Training in behavioural addiction prevention for professionals working on health, social, educational, youth and family matters.	4.4. Number of training activities/number of people trained/Geographical coverage of training.

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
1. RISK PREVENTION AND REDUCTION	5. Early detection and brief intervention programme on alcohol in the health field.	OBJECTIVE: Generalise early detection and brief intervention programmes for high-risk users in the Autonomous Communities (ACs) and extend their implementation to other resources.	
		5.1. Strengthen early detection and brief intervention processes for high-risk drinkers, including both men and women (especially young people), in primary health care.	5.1. Number of Autonomous Communities (ACs) in which a pilot has been run or the activity has been implemented (Directorate General for Public Health in the Ministry of Health and ACs).
		5.2. Run pilot early detection and brief intervention programmes for young people under the age of 18, women and sexual and reproductive health services, family planning, pre-pregnancy visits and obstetrics, as well as in sexually-transmitted infections (STIs) units.	5.2.a. Number of support actions. 5.2.b. Number of Autonomous Communities where the pilot programmes have been conducted.
	6. Prevention of addictions in priority settings.	OBJECTIVE: Promote addiction prevention actions in the workplace and in road safety.	
		6.1. Identify addiction prevention programmes in the workplace and the promotion of best practices.	6.1.a. Number of programmes identified. 6.1.b. Number of promotion activities.
		6.2. Coordinate with the General Directorate for Traffic [DGT, Dirección General de Tráfico] on prevention in the field of road safety, in particular working to achieve a reduction in repeat offences due to substance use.	6.2. Number of meetings per year.
		6.3. Early detection and brief intervention in the transport sector and in traffic accident victims.	6.3.a. Number of programmes. 6.3.b. Number of Autonomous Communities implementing specific programmes.

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
2. INTEGRATED AND MULTIDISCIPLINARY CARE AND TREATMENT	1. Improve the quality of services.	OBJECTIVE: Improve the quality of treatment and care in interventions for addictions and promote their alignment with standards.	
		1.1. Agree on quality standards for treatment programmes nationwide and services.	1.1.a. Availability of standards documents. 1.1.b. Availability of analysis in the Autonomous Communities (ACs). 1.1.c. Number of initiatives in the ACs.
		1.2. Encourage the analysis of the situation in the Autonomous Communities (ACs).	1.2. Availability of analysis in the ACs.
		1.3. Encourage improvement actions in the Autonomous Communities (ACs) while maintaining and/or reinforcing more integrated treatment aspects in areas such as mental health or prevention and control of infectious diseases and foster synergies.	1.3. Number of initiatives in the ACs.
	2. E-health tools.	OBJECTIVE: Assess the availability and effectiveness of e-health tools in the field of addictions and their use in treatment contexts.	
		2.1. Identification and dissemination of e-health tools and their effectiveness in the field of treatment of addictions in the ACs.	2.1.a. Document produced (yes/no). 2.1.b. Website dissemination (yes/no).
		2.2. Foster the development and adoption of e-health tools in the field of treatment of addictions.	2.2.a. Number of actions to foster the practice (programmes and projects). 2.2.b. Number of ACs that adopt e-health tools in the treatment and care provided for addictions.
	3. Behavioural addictions.	OBJECTIVE: Equip professionals with the standard instruments for the holistic treatment and care of behavioural addictions.	
		3.1. Diagnostic criteria and reference elements for behavioural addictions (pathological gambling and other behaviours that might lead to addiction).	3.1. Expert report agreed on and produced (yes/no).
		3.2. Update/produce/disseminate clinical intervention guides/manuals-protocols about behavioural addictions (pathological gambling and other behaviours that might lead to addiction).	3.2.a. Number of updated clinical intervention guides/manuals-protocols about behavioural addictions. 3.2.b. Dissemination through the Internet and National Drugs Plan partners (yes/no). 3.2.c. Number of ACs and entities that have/adopt clinical intervention guides /manuals-protocols about behavioural addictions.

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
2. INTEGRATED AND MULTIDISCIPLINARY CARE AND TREATMENT	4. Drugs with addictive potential.	OBJECTIVE: Promote collaboration with all the players involved in prevention and the correct use of drugs with addictive potential and contribute to the response of the addiction treatment and care network for people with drug use-related problems.	
		4.1. Boost the implementation of best practices in the proper use of sedative hypnotic drugs and opioid painkillers in collaboration with the DG for the National Health System Common Portfolio of Services and Pharmacy.	4.1. Joint activities carried out.
		4.2. Development of the plan to optimise the use of opioid pain medication for non-oncological chronic pain in the National Health System. Theme 3 –Addictions.	4.2.a. Coordination Theme 3- Addictions (yes/no). 4.2.b. Number of opioid pain medication addiction itineraries defined in the ACs.
	5. Joint approach for gender-based violence (GBV) and addictions in treatment and care resources.	OBJECTIVE: Contribute to specialised and suitable care for women who are addicts and GBV victims.	
		5.1. Guide/recommendations/minimum requirements for the joint approach to GBV and addictions in treatment and care facilities.	5.1.a. Guide/recommendations/minimum requirements produced (yes/no). 5.1.b. Number of ACs/Number of entities adopting the guide/recommendations/minimum requirements.
		5.2. Institutional/ inventory of treatment and care facilities (day-care and residential) that use a joint GBV and addictions approach.	5.2. Inventory/mapping produced (yes/no).
		5.3. Specific training in the GBV-addictions combination for professionals in the addiction treatment and care network.	5.3.a. Number of courses held. 5.3.b. Number of professionals trained.
	6. Approach to problems and specific needs when treating addictions (elderly people, gender barriers to access to treatment and care facilities, treatment in Detention Centres for Foreigners, inmates, and others).	OBJECTIVE: Improve the response of the addiction treatment and care network to specific needs and populations.	
		6.1. Analyse the situation of elderly people with addictions.	6.1.a. Report available (yes/no). 6.1.b. Sectoral debate and proposals/agreements.
		6.2. Analyse gender barriers for access to different treatment and care facilities.	6.2.a. Report available. 6.2.b. Sectoral debate and proposals/agreements.
		6.3. Assess treatment for addictions in Detention Centres for Foreigners [CIEs, Centros de Internamiento de Extranjeros].	6.3. Status report on CIEs and recommendations (yes/no).
		6.4. Document and assess the approach to addictions in specific social groups (LGTBIQ+, people who practise chemsex, methamphetamine users, prostitution settings, sex work, HIV+, and others), fostering new initiatives with synergies.	6.4.a. Documentation/reports available. 6.4.b. Number of initiatives in the ACs.

GOAL 1 – TOWARDS A HEALTHIER AND BETTER-INFORMED SOCIETY			
Action area	Action	Activity	Indicators
3. HARM REDUCTION	1. Availability of substitution medication as treatment for opioid addicts.	OBJECTIVE: Review the current status of substitution medication treatments for opioid addicts.	
		1.1. Analyse the current situation of availability of opioid substitution medication in the Spanish NHS including the prison system.	1.1.a. Questionnaire/report produced. 1.1.b. Presentation to the ACs.
		1.2. Monitor the introduction and use of new pharmacotherapy in the Spanish NHS and in the prison system.	1.2.a. Report produced. 1.2.b. Presentation to the ACs.
	2. Broader application and improvement of harm reduction activities.	OBJECTIVE: Promote wider use of harm reduction strategies and their adaptation to specific contexts.	
		2.1. Review the implementation and functioning of opioid use-related overdose prevention programmes in the Spanish NHS and in the prison system.	2.1.a. Number of ACs implementing overdose prevention programmes. 2.1.b. Guidelines/protocols/instructions produced for opioid drug overdose prevention programmes.
		2.2. Identify and disseminate experiences of supervised use rooms.	2.2. Report compiling experiences of supervised drug use rooms nationwide.
2.3. Be familiar with and promote harm reduction strategies in social groups (LGTBIQ+, people who practise chemsex, methamphetamine users, prostitution settings, sex work, HIV+, and others).		2.3. Available information compiled National Drugs Plan partners (ACs, NGOs, etc.).	
4. SOCIAL INCORPORATION	1. Project to improve and extend Social Incorporation (SI) programmes, with a particular focus on the needs of women.	OBJECTIVE: Define a common framework for social incorporation actions, improve the quality of the interventions, tailoring them to the different needs of the beneficiaries of the actions, and broaden their coverage through collaboration between institutions and with private entities.	
		1.1. Production of a framework document on Social Incorporation in Spain.	1.1.a. Document produced and approved by coordination bodies. 1.1.b. Presentation of document to National Plan on Drugs partners. 1.1.c. Degree of implementation of the document in the ACs.
		1.2. Identification and selection of Social Incorporation programmes and interventions based on evidence and on best practices.	1.2. Document produced.
		1.3. Training in social incorporation for practitioners.	1.3.a. Number of courses held. 1.3.b. Number of professionals trained.

GOAL 2: Towards a safer, more secure society

Supply reduction and control

Revision of legislation

National and international judicial and law enforcement cooperation

GOAL 2 – TOWARDS A SAFER, MORE SECURE SOCIETY			
Action area	Action	Activity	Indicators
5. SUPPLY REDUCTION AND CONTROL	1. Increase the effectiveness of tools to investigate money laundering and improve capabilities in this area, with particular emphasis on the recovery of illicitly gained assets.	OBJECTIVE: Encourage active participation in regional networks for asset recovery and promote capacity-building for personnel in this area.	
		1.1. Take an active part in the exchange of intelligence and information on asset recovery in different networks and regional platforms, in coordination with the state law enforcement agencies.	1.1. Annual report reflecting the results obtained (yes/no).
		1.2. Maintain capacity-building and specialisation in police investigation into money laundering and asset recovery. The Counter-Terrorism and Organised Crime Intelligence Centre [CITCO, <i>Centro de Inteligencia contra el Terrorismo y el Crimen Organizado</i>] will continue to organise and participate in different national and international fora, courses and seminars.	1.2. Annual report reflecting the results obtained (yes/no).
	2. Put in practice Instruction 7/2013 issued by the State Secretariat for Security on the “Master Plan on social co-existence and improved security in schools and their surroundings”, and Instruction 3/2011 on the “Strategy Plan for the Police Response to the drug use and retail drug trafficking in recreational areas, places and venues”.	OBJECTIVE: Reduce the supply of drugs and retail drug trafficking around schools and in recreational settings.	
		2.1. Develop specific measures to deal with retail drug trafficking in school settings. Activate four intensification phases a year in each of the four calendar quarters in the periods of the year with the greatest risk of increased retail drugs supply and demand.	2.1. Annual report reflecting the results obtained (yes/no).
		2.2. CITCO prepares an annual Operational Plan with four intensification phases for action by police forces each calendar year, with the aim of preventing and reducing the supply of drugs in recreational areas, places and venues.	2.2. Annual report reflecting the results obtained (yes/no).
	3. Strengthen work to combat cannabis production and trafficking.	OBJECTIVE: Reduce cannabis supply and trafficking and associated criminality.	
		3.1. Prepare a National Plan to act against criminal activity associated with cannabis cultivation and trafficking.	3.1. National Plan prepared (yes/no).
		3.2. Continue endeavours to dismantle organised criminal groups dedicated to cultivating and trafficking cannabis.	3.2. Number of organised criminal groups wholly or partially dismantled.
		3.3. Maintain support for the destruction and burning of plants.	3.3. Quantity of drug destroyed.

GOAL 2 – TOWARDS A SAFER, MORE SECURE SOCIETY			
Action area	Action	Activity	Indicators
6. REVISION OF LEGISLATION	1. Revise legislation on money laundering related to drug trafficking as an activity generating huge profits.	OBJECTIVE: Prepare national legislation on money laundering related to drug trafficking and transposition into Spanish law of any EU legislation on the subject.	
		1.1. Keep monitoring the performance of regulations and their possibilities when considering the needs of police officers conducting investigations, proposing any amendments deemed necessary to improve existing laws.	1.1.a. Monitoring briefing document produced (yes/no). 1.1.b. Proposals made (yes/no).
		1.2. Prepare new legislation to amend Law 10/2010 of 28 April on the Prevention of money laundering and financing of terrorism which will allow for the transposition of outstanding elements from the 4th EU Anti-Money Laundering (AML) Directive (2015/849) and the future 5th EU Directive on the prevention of the use of the financial system for money laundering or the financing of terrorism.	1.2.a. Legislation amendment for Law 10/2010 of 28 April (yes/no). 1.2.b. National transposition of EU 4th and 5th AML directives (yes/no).
	2. Legislation on New Psychoactive Substances (NPS).	OBJECTIVE: Assess available legislation on New Psychoactive Substances (NPS).	
		2.1. Assess the advisability and opportuneness of revising legislation for the control of NPS.	2.1. Assessment made (yes/no).
7. NATIONAL AND INTERNATIONAL JUDICIAL AND LAW ENFORCEMENT COOPERATION	1. Strengthen police interventions coordinated by law enforcement agencies with regard to criminal organisations and small and large-scale distribution networks.	OBJECTIVE: Reinforce actions to reduce supply and criminal activity associated with drug trafficking in specific contexts: Campo de Gibraltar.	
		1.1. Strengthen the activities of the Operational Coordination Panel [MCO, Mesa de Coordinación Operativa] set up under the previous Special Security Plan for Campo de Gibraltar.	1.1. Annual monitoring report/ fact sheet on MCO activities.
		1.2. CITCO will strengthen the ad hoc group set up to comply with the State Secretariat for Security [SES, Secretaría de Estado de Seguridad] Instruction number 9/2018, expanding its monitoring and analysis work to the territories covered under the Special Security Plan for Campo de Gibraltar.	1.2. Annual monitoring report/ fact sheet group activities.

Cross-cutting themes

- T1. Coordination and management**
- T2. Knowledge management**
- T3. Legislation**
- T4. International cooperation**
- T5. Awareness-raising, communication and dissemination**
- T6. Evaluation and quality**

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
TI. COORDINATION AND MANAGEMENT	1. Coordination of the implementation, monitoring and evaluation of the Addictions Action Plan.	OBJECTIVE: Drive the implementation of the 2021-24 Action Plan in line with the National Strategy on Addictions and with the needs of the National Drugs Plan.	
		1.1. Set up the monitoring team, system and periodicity.	1.1. Yes/No.
		1.2. Final report on the Delivery/Evaluation of the Action Plan 2021-24.	1.2. Yes/No.
	2. National coordination.	OBJECTIVE: Promote collaboration, the creation of synergies, the building of consensus and common progress for all National Plan on Drugs partners.	
		2.1. Agreements (FEMP, Public Administrations and other institutions and bodies).	2.1. Annual record sheet produced (yes/no).
		2.2. National Plan on Drugs coordination and collegiate bodies (Sectoral Conference, Coordination Panel for Adjudications from the Asset Forfeiture Fund [MCA, Mesa de Coordinación de Adjudicaciones del Fondo de Bienes Decomisados], Spanish Council on Drug Addictions and other Addictions [CEDOA, Consejo Español de Drogodependencias y otras Adicciones], Technical Commission for the Assessment of Actions on Drugs [Comisión Técnica de Valoración de Actuaciones sobre Drogas]).	2.2. Number of meetings.
		2.3. Working groups and stable coordination mechanisms in the framework of the 2021-24 Addictions Action Plan.	2.3.a. Number of working groups. 2.3.b. Number of meetings.
		2.4. Expedite the production of the National Plan on Drugs Annual Report.	2.4. Publication of the Annual Report within an 18-month deadline.
		2.5. Drive the process of updating and making available strategic documents on addictions in the Autonomous Communities and Local Corporations.	2.5. Annual updating on the National Plan on Drugs website (yes/no).
	3. Management of the Fund of Seized Assets.	OBJECTIVE: Expedite the management of the Asset Forfeiture Fund.	
		3.1. Optimisation of the management of the Asset Forfeiture Fund.	3.1. Implementation of electronic auctions (yes/no).
		3.2. Production of an Annual Report to be sent to Parliament.	3.2. Annual report produced and sent to Parliament in Q1 of the year following the year covered by the report (yes/no).
	4. Financial Aid.	OBJECTIVE: Maintain financial aid facilities from the DGPNSD and optimise their adjustment to the needs of the National Plan on Drugs Plan.	
		4.1. Maintain funding and annuals calls for applications for funding (NGOs, LCs, ACs and research).	4.1. Number of annual calls for applications for financial aid.
		4.2. Management of other funding and calls for applications for (EU funds, tax-related funds and others).	4.2. Report on the results of management of other funds.

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T2. KNOWLEDGE MANAGEMENT	1. Maintaining and improving surveys.	OBJECTIVE: Maintain and improve the surveys promoted by the DGPNSD in order to tailor them to new needs and make them a useful guide for new activities to be devised.	
		1.1. Information: incorporate new questions tailored to needs (work environment, use of opioid painkillers, sedative hypnotic drugs without due prescription, etc.).	1.1. Number of new /tailored questions incorporated.
		1.2. Analysis: conduct analyses tailored to needs (gender perspective, equality, young people under the age of 18, nationality, profiles of new male and female users, poly drug use, distribution by AC, socio-economic level, etc.).	1.2. Number of new/tailored analyses conducted; number of variables used to gather information broken down by sex.
		1.3. Dissemination: dissemination of data bases (among ACs, research staff, etc.) reports and presentations of results (by posting on the website or in-person events).	1.3.a. Number of people/institutions given access to the data bases. 1.3.b. Number of reports/presentations/speeches published and given or promoted by the DGPNSD to disseminate the results.
		1.4. Participation in international initiatives (Med-ESPAD, EWSD).	1.4. Number of workshops/meetings held with international entities.
		1.5. New methods to collect information (telephone surveys, online surveys, etc.).	1.5. Number of new specific studies.
		1.6. Convergence of the ESDIP survey with the European EQDP survey.	1.6. ESDIP questionnaire updated (yes/no).
	2. Maintaining and improving indicators.	OBJECTIVE: Maintain and improve indicators promoted by the DGPNSD for addiction-related problems in order to adapt them to new needs and so that they will be useful as a guide and to help devise new activities.	
		2.1. Pilot and roll out the new emergency indicator protocol.	2.1. Number of ACs notifying on the basis of the new protocol.
		2.2. Evaluate the performance of the current mortality indicator and proposals to improve.	2.2. Proposal to update the mortality protocol developed (yes/no).

CROSS-CUTTING THEMES				
Action area	Action	Activity	Indicators	
T2. KNOWLEDGE MANAGEMENT	2. Maintaining and improving indicators.	2.3. Carry out further research into dual pathology/mental health and infectious diseases.	2.3. Number of sources of information (indicators/research studies) used to gather information on dual pathology and/or infectious diseases.	
		2.4. Strengthen the specific notification of opioid painkillers in the indicators.	2.4. Annual statistics compiled of cases due to opioid painkillers notified (treatment, emergencies, mortality) (yes/no).	
		2.5. Promote the notification to the treatment demand indicator of those cases treated for disorders due to the use of opioid painkillers outside the drug addictions treatment network in each AC.	2.5. Number of ACs with an established protocol or circuit for the notification of cases outside the treatment and care network for drug addictions.	
		2.6. Maintain and improve the geographical coverage of the indicators.	2.6. Number of ACs that notify to the mortality, emergencies and treatment demand indicators, and the coverage achieved.	
		2.7. Adaptation to the new European legislation.	2.7. Notification adapted to the new European legislation (yes/no).	
	3. New IT developments.	OBJECTIVE: Update and incorporate new tools into the information system to respond to new needs.		
		3.1. Migration to a new electronic notification system for indicators.	3.1. Number of ACs notifying through the new electronic system.	
		3.2. Roll-out of the new indicator for treatment demand admissions for behavioural addictions.	3.2. Number of ACs notifying fully/partially to the indicator.	
		3.3. Consolidation of the modules for gambling and videogames and strengthening of the module about the Internet/screens in the EDADES/ ESTUDES surveys.	3.3. Summary document produced (yes/no).	
		3.4. Pilot study about behavioural addictions in children aged 12-13 (1st and 2nd year ESO secondary school).	3.4. Summary document produced (yes/no).	
		3.5. New tools to identify behavioural disorders in surveys.	3.5. New tools incorporated (yes/no).	
		3.6. Production of new reports as and when needed.	3.6. New reports produced (yes/no).	

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T2. KNOWLEDGE MANAGEMENT	4. Maintain and improve the Spanish Early Warning System [SEAT, Sistema Español de Alerta Temprana].	OBJECTIVE: Maintain and optimise the functioning of the Spanish Early Warning System.	
		4.1. Communicate the detection of new substances/warnings nationally and internationally.	4.1. Number of new substances/warnings communicated nationally and internationally.
		4.2. Produce and disseminate quarterly information bulletins.	4.2. Number of quarterly information bulletins produced and disseminated.
		4.3. Adaptation to the new European electronic notification platform.	4.3. Operating rules adapted to the new European legislation (yes/no).
		4.4. Make available to the participants in the SEAT network enhanced measures for the prevention of intoxication due to the handling of strong opioids through naloxone as a nasal spray.	4.4. Access to naloxone dispensed as a nasal spray facilitated (yes/no).
	5. Training in addictions.	OBJECTIVE: Improve capacity-building for all professionals working in the field of addictions.	
		5.1. Carry out training activities for social-health professionals, political decision-makers, technical staff and others in the different sectors involved in the National Plan on Drugs, at least in the following content areas: quality standards for demand reduction, the European prevention curriculum (EUPC), best practices, prevention of alcohol consumption (SAFER), the workplace, gender perspective in the different areas of demand reduction, behavioural addictions, gender violence and addictions, chemsex, dual pathology, overdose prevention.	5.1. Number of training activities carried out by the DGPNSD and partners.
		5.2 Demographic status and training profiles of addictions professionals. Future options.	5.2.a. Consultation partners DGPNSD. 5.2.b. Assessment report (yes/no).

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T3. LEGISLATION	1. Protect young people under the age of 18 from gambling.	OBJECTIVE: Support legislative improvements on gambling.	
		1.1. Work with and support the Directorate General for Gambling Regulation (DGOJ) in the Ministry of Consumer Affairs to improve knowledge of and the regulation of current legislation on gambling at the state level, especially legislation targeted at protecting young people under the age of 18 and the most vulnerable social groups, including regulating commercial communications on gambling activities at the state level. Support the revision of legislation in the ACs within the scope of their competences.	1.1. Number of reports requested on regulatory proposals.
	2. Protect young people under the age of 18 from alcohol consumption and its associated harms.	OBJECTIVE: Prepare regulatory improvements on alcohol and young people aged under 18.	
		2.1. Proposal for a bill to become a law on alcohol and young people aged under 18.	2.1.a. Bill completed its passage through parliament (yes/no). 2.1.b. Law on alcohol and young people aged under 18 passed (yes/no).
		2.2. Revision of legislation in the Autonomous Communities.	2.2. Revision report produced yes/no).
	3. Contribution, support and coordination from the addictions field for and with legislative developments initiated by other actors.	OBJECTIVE: Support improvements in preventive regulation for addictions.	
		3.1. Work with and support any ministries or directorate general departments putting forward legislative developments related to smoking, gambling, alcohol labelling and taxation of products with addictive potential.	3.1. Number of contributions/reports on legislative developments.
		3.2. Technical-legal response to regulatory proposals about cannabis.	3.2. Number of contributions/reports on legislative developments.
	4. Alternative measures to sanctions and prison.	OBJECTIVE: Reinforce the use of alternative measures to sanctions and prison.	
		4.1. Revise measures currently in force and encourage the inclusion of gambling disorder.	4.1.a. Report on the revision of alternative measures to prison for patients with addiction problems. 4.1.b. Number of actions to encourage the inclusion of gambling disorder.
		4.2. Sensitisation and training for professionals involved (members of the judiciary, prosecutors forensic medicine practitioners, etc.).	4.2. Number of sensitisation and training actions for practitioners involved.

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T4. INTERNATIONAL COOPERATION	1. EU and WHO Drugs Strategies and Action Plans.	OBJECTIVE: Participate in the development of the European Union (EU) Drugs Action Plan and the WHO Global Alcohol Action Plan.	
		1.1. Participate in the development and implementation of the 2021-2025 EU Drugs Action Plan advocating the principles of Spain's National Strategy on Addictions.	1.1.a. Revision of all versions of the EU Drugs Action Plan 2021-2025 and comments sent (yes/no). 1.1.b. Participation in all the meetings in which the EU Drugs Action Plan 2021-2025 is discussed (yes/no). 1.1.c. Contribution made to the implementation of the EU Drugs Action Plan, with participation in 80% of the meetings held (yes/no).
		1.2. Contribute to the development of the WHO Global Alcohol Action Plan 2022-2030.	1.2. Contribution made to the development of the WHO Global Alcohol Action Plan in collaboration with the Public Health DG in the Ministry of Health with input given (yes/no).
	2. Spanish presidency of the European Union.	OBJECTIVE: Participate in the Spanish presidency of the European Union (EU).	
		2.1. Promote the inclusion of the issue of drugs and addictions in the issues to be covered during the Spanish presidency of the EU.	2.1. The issue is included in the Ministry of Health's proposal for the Spanish Presidency of the EU (yes/no).
		2.2. Chair/co-chair the EU Council Horizontal Working Party on Drugs (HDG).	2.2. Chair/co-chair the EU Council Horizontal Working Party on Drugs (yes/no).
		2.3. Organise a meeting with the people responsible for the EU National Coordinators.	2.3. Organisation of a meeting of the people responsible for drugs in the EU (yes/no).
		2.4. Promote the organisation of a high level meeting between the European Union (EU) and the Community of Latin American and Caribbean States (CELAC) in Spain.	2.4. Presentation in the HDG and in a work plan from the Ministry of Health of a proposal for the Spanish presidency of the EU to hold a high-level meeting between the EU and CELAC in Spain (YES/NO).

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T4. INTERNATIONAL COOPERATION	3. Information systems on drugs at an international level.	OBJECTIVE: Contribute to information systems on drugs at the international level.	
		3.1. Notify Spain's official data to the UN Office on Drugs and Crime (UNDOC) by completing questionnaires (Annual Report Questionnaires- ARQ) through the platform facilitated by the UNDOC.	3.1. Annual notification of data for Spain by completing questionnaires (Annual Report Questionnaires-ARQ) (yes/no).
		3.2. Notify Spain's official data to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) by completing the reports, tables and questionnaires (Workbooks and FONTE) through the platforms made available by the EMCDDA.	3.2.a. Annual notification of data for Spain by completing reports (Workbooks) through the platform (yes/no). 3.2.b. Annual notification of data for Spain by completing questionnaires/tables (FONTE) through the platform (yes/no).
		OBJECTIVE: Participate in international meetings on drugs.	
	4. International meetings on drugs.	4.1. Participate in the sessions of the UN Commission on Narcotic Drugs.	4.1. Spain takes an active part once a year in the sessions of the UN Commission on Narcotic Drugs (yes/no).
		4.2 Participate in EU Council HDG meetings.	4.2. Spain takes an active part in 80% of the meetings of the EU Council Horizontal Drugs Group (yes/no).
		4.3 Participate in the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) board of directors meetings.	4.3. Spain takes an active part in 80% of the EMCDDA board of directors meetings (yes/no).
		4.4 Participate in the meetings of the Coordinators of National Focal Points in the European Information Network on Drugs and Drug Addiction (REITOX).	4.4. Spain takes an active part in 80% of the meetings of the Coordinators of National Focal Points in the European Information Network on Drugs and Drug Addiction (REITOX) (yes/no).

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T4. INTERNATIONAL COOPERATION	5. International cooperation projects.	OBJECTIVE: Drive and participate in international cooperation projects. Latin America as a priority.	
		5.1. Promote the implementation of international projects about drugs financed through the Asset Forfeiture Fund.	5.1. Submission each year of an international project to be financed through the Asset Forfeiture Fund (yes/no).
		5.2. Promote the implementation of activities/training courses on drugs in the context of the Knowledge Transfer, Exchange and Management Plan (INTERCOONECT@) run by the Spanish Agency for International Development Cooperation (AECID) in the Latin America and Caribbean region.	5.2. Submission in each AECID call for tenders of a proposal to carry out activities/run training courses on drugs in the context of the Knowledge Transfer, Exchange and Management Plan (INTERCOONECT@) run by the Spanish Agency for International Development Cooperation (AECID) in the Latin America and Caribbean region (yes/no).
		5.3. Support EU-funded projects led by Spain through FIIAPP, specifically COPOLAD (Cooperation Programme between Latin America, the Caribbean and the European Union on drugs policies) and CADAP (Central Asian Drugs Action Programme).	5.3.a. Support given to the COPOLAD III programme and at least 3 meetings a year held (yes/no). 5.3.b. Support given to the CADAP VII programme and at least 3 meetings a year held (yes/no).
	6. Civil Society Organisations with international activities.	OBJECTIVE: Collaborate with Civil Society Organisations and foundations with international activities on drugs. Especially Civil Society Organisations working in Latin America.	
		6.1. Collaborate with Civil Society Organisations and Foundations in Spain with international activity and encourage participation in international fora.	6.1. Support given to Civil Society Organisations and Foundations in Spain with international activity in the field of drugs and at least 2 meetings a year held (yes/no).
		6.2. Collaborate with the Civil Society Forum on Drugs [<i>CSFD Foro de la Sociedad Civil sobre Drogas</i>].	6.2. Spain plays an active part in 80% of the meetings that take place between the CSFD and the EU (yes/no).
		6.3. Collaborate and support the Ibero-American Network of NGOs working on Drugs and Addictions [<i>RIOD Red Iberoamericana de ONG que trabajan en Drogas y Adicciones</i>].	6.3. Support given to the RIOD, at least 2 meetings a year held (yes/no).

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T5. AWARENESS-RAISING, COMMUNICATION AND DISSEMINATION	1. Awareness-raising targeted at the general public, children and young people under 18, and specific social groups.	OBJECTIVE: Use effective and appropriate awareness-raising strategies and methods for different target groups to heighten risk perception about addictions.	
		1.1. Develop and disseminate prevention messages in the field of addictions, focused mainly on protecting young people under the age of 18 and others, prevention of emerging problems (trivialisation of cannabis use), use of high risk potential substances (methamphetamine, specific groups) behavioural addictions (gambling and others), promotion of healthy habits and conveying the message of the relevance of environmental conditions in health care.	1.1. Number of awareness-raising campaigns/actions carried out (Government Delegation for the National Plan on Drugs, other Ministry of Health units).
		1.2. Foster the evaluation of awareness-raising actions.	1.2. Number of awareness-raising campaigns /actions evaluated.
		1.3. Participate in media and fora that may help to raise social awareness about the presence and effects of addictions and drugs.	1.3. Number of participants from the Government Delegation for the National Plan on Drugs in this type of media and fora.
	2. Promotion of knowledge sharing and exchanges of experiences between practitioners and of the role of the National Drugs Plan as a reliable benchmark for experts.	OBJECTIVE: Optimise the management of the Government Delegation for the National Plan on Drugs [DGPNSD, Delegación del Gobierno para el Plan Nacional sobre Drogas] own communication and dissemination channels and those of all the National Plan on Drugs partners taken overall.	
		2.1. Management and interaction of selective information dissemination through social media and communication channels with professionals and institutions in the field of addictions and other stakeholders in the sector.	2.1.a. Twitter indicators. 2.1.b. Number of information bulletins and publications.
		2.2. Measure the impact and visualisation of the National Plan on Drugs ´s activities through its website as a reference source on addictions.	2.2.a. Number of pages visited. 2.2.b. Number of files downloaded. 2.2.c. Number of visitors. 2.2.d. Average visits/day.
		2.3. Presence and participation of the DGPNSD in professional fora where information on drugs and addictions that is truthful, contrasted and scientific evidence-based can be shared.	2.3.a. Number of ÁGORAS. 2.3.b. Number of DGPNSD thematic conference days. 2.3.c. Acts of recognition of professional achievements. 2.3.d. Number of openings by the DG/SC/DGPNSD technical experts. 2.3.e. Number of working meetings (Sectoral Commission, CEDOA, working groups).

CROSS-CUTTING THEMES			
Action area	Action	Activity	Indicators
T6. EVALUATION AND QUALITY	1. Portfolio of Services on demand reduction.	OBJECTIVE: Establish an agreed minimum portfolio of services in prevention, treatment and care, and social incorporation programmes for addictions including behavioural addictions.	
		1.1. Review the current status of the Portfolio of Services for treatment and care for addictions in the ACs.	1.1. Status report (yes/no).
		1.2. Seek a consensus on the Portfolio of Services for the treatment of addictions in the ACs.	1.2. Debates and agreements in the Sectoral Commission.
	2. Portal of best practices in demand reduction.	OBJECTIVE: Identify, accredit and promote the implementation and extension of evidence-based programmes.	
		2.1. Design an evaluation system for programmes on demand reduction.	2.1. Availability of an evaluation system for programmes with agreed consistency between evaluators (yes/no).
		2.2. Identify, assess and disseminate best practices programmes on demand reduction.	2.2. Number of programmes evaluated and included in the Portal.
		2.3. Disseminate and regularly update the available evidence.	2.3.a. Number of visits to the evidence section of the Portal. 2.3.b. Number of data sheets updated.
		2.4. Advice/technical support for professionals and/or entities to improve the quality of newly created or existing programmes.	2.4. Number of professionals/entities advised.
		2.5. Training of professionals aimed at improving the quality of addiction prevention programmes.	2.5.a. Information sheet. 2.5.b. Number of courses held. 2.5.c. Number of professionals trained.
	3. Addictions and COVID19.	OBJECTIVE: Evaluate the impact of the COVID pandemic in the field of addictions.	
		3.1. Assessment of the impact of the COVID pandemic on the basis of information provided by the ACs .	3.1. Assessment report done (yes/no).
	4. Overall assessment of the status of addictions in Spain.	OBJECTIVE: Know what the status of addictions is in Spain in an overall, succinct and updated format.	
		4.1. Define a set of key indicators for the evaluation of the overall status of addictions in Spain.	4.1. Report with key defined indicators produced (yes/no).
		4.2. Issue a regular information bulletin that succinctly describes the overall status of addictions and is based on the defined key indicators.	4.2. Publication of a regular bulletin about the overall status of addictions (yes/no).

NATIONAL STRATEGY ON ADDICTIONS 2017-2024

**ADDICTIONS
ACTION PLAN
2021-24**

