

# National Strategy on Drugs 2009-2016

## Action Plan on Drugs Spain 2013-2016



GOBIERNO  
DE ESPAÑA

MINISTERIO  
DE SANIDAD, SERVICIOS SOCIALES  
E IGUALDAD

SECRETARÍA DE ESTADO  
DE SERVICIOS SOCIALES  
E IGUALDAD

DELEGACIÓN DEL GOBIERNO  
PARA EL PLAN NACIONAL SOBRE DROGAS



# Index

<b>PROLOGUE:</b>	
<b>Ana Mato Adrover.</b> Minister of Health, Social Services and Equality.	<b>1</b>
<b>INTRODUCTION:</b>	
<b>Juan Manuel Moreno Bonilla.</b> Secretary of State for Social Services and Equality.	<b>2</b>
<b>1. Background, preparation method and strategic arguments of the proposal.</b>	<b>3</b>
<b>2. Summary and description of the proposal.</b>	<b>9</b>
<b>3. 2013-2016 Action Plan on Drugs.</b>	<b>17</b>
<b>4. Appendices</b>	
<b>4.1 Timeline.</b>	<b>27</b>
<b>4.2 Workgroup meetings.</b>	<b>29</b>
<b>4.3 Sources consulted.</b>	<b>34</b>
<b>4.4 Results of the consultation process: summary and diagram of the proposal.</b>	<b>38</b>
<b>4.5 Chart evaluating the workgroup's actions.</b>	<b>68</b>
<b>4.6 Model of monitoring sheet for the actions.</b>	<b>74</b>
<b>4.7 Questionnaires on the consultation process.</b>	<b>77</b>
<b>4.8 List of acronyms.</b>	<b>128</b>

# Prologue

The responsibilities assigned to this Department include all those related to addictions and fundamentally to substances and behaviours that can end up creating dependences which not only influence the individual deterioration of people, but also affect their family and social setting, having a negative effect on Public Health and on society as a whole.

We all agree that the phenomenon of addictions is a matter that goes beyond community and national borders, and needs to be contemplated and dealt with in a worldwide context.

The 2013-2016 Action Plan on Drugs presented here is a development of the 2009-2016 National Strategy on Drugs and is, obviously, within the framework of the recently approved “2013-2020 EU Drug Strategy” (DOUE 29/12/2012). It also respects the diverse strategies, plans and actions of the various Autonomous Communities and Autonomous Cities.

In the 2009-2016 National Strategy on Drugs, it was specified that this work context would be focused on two four-year action plans. After the execution of the first Plan (2009-2012), this is the second Action Plan that deals with the objectives and tasks to be carried out between 2013 and 2016.

This Action Plan sets the priorities for actions in matters of addictions, providing a specification of the 2009-2016 Strategy on which it is based.

It is important to point out the high degree of consensus with this document by all the players involved in the fight against drugs.

It is an Action Plan which is based, both on the data that the Information System we have provides us with on an ongoing basis and which

enjoys high international prestige, as well as on the evaluation data of the previous Action Plan.

Logically, the specific actions in this Plan are set within the objectives of the Strategy that was unanimously approved in its day and are therefore a continuity of it. However it is important to point out that there are also novelties with respect to the previous Action Plan. I would like to highlight those that I considered to be most relevant.

The first thing was to seek the agreement of all the players involved. To do this, a work group was constituted in which practically all the Autonomous Plans participated which, we should not forget, are the ones which to a great degree are going to put these actions into practice. However, and as shown in the description of the preparation process and in the appendices to this document, the opinion of the NGOs in the sector, the Scientific Societies and experts of recognised prestige was sought, as well as that of the social players and other Directive Centres involved in the matter (Spanish Centre for Intelligence against Organized Crime (CICO), Penal Institutions, Traffic, Public Health, etc).

Another significant novelty is the search for greater participation in the process to introduce the Plan by means of participatory leadership in the various actions; a leadership that is held not only by the Delegation but also by the Autonomous Communities and Cities, NGOs and prestigious professionals, looking for greater involvement of those responsible for the actions.

Ana Mato Adrover  
Minister of Health, Social Services and Equality

## Introduction

The 2009-2016 National Strategy on Drugs, which was approved by agreement of the Council of Ministers on 23 January 2009, showed that as a development and complement to the framework established in it, two four-year, consecutive Action Plans would be drawn up which would deal with the entire period for which the Strategy is valid. After the end of the first Plan (2009-2012), we need to continue with what is envisaged in the Strategy.

This is done by means of this document which contains the actions to be developed in the 2013-2016 period in order to achieve the objectives established in this Strategy.

This new Plan involves reaching a consensus based on an agreed diagnosis of the problems and offers us a range of actions that are the result of the work of all the components of the National Plan on Drugs (Delegation of the Government for the National Plan on Drugs; Autonomous Communities and Cities; Departments of the General Spanish Administration with responsibilities in this matter; Local Corporations; Non-Governmental Organisations; Scientific Societies; experts in drugs, etc.). I would like to thank each and every one of them for their contributions and critical suggestions, which have led to an improvement in the Plan presented herein.

This document was debated and approved by the Inter-Autonomous Region Committee in its meeting held on 28 November 2012. It was submitted to the Congress-Senate Mixed Committee for the Study of the Problem of Drugs and received its definitive support at the Sectorial Conference on Drugs on 31 January 2013.

I would like to refer to the four main strategies of the Plan; the first is, logically, that of looking for efficiency and optimisation of resources which is particularly relevant in the current economic situation. The second principle is found in setting up coordination with participatory

leadership, in other words through the creation of workgroups with the voluntary participation of the players involved, seeking greater participation which includes leading and coordinating the group, and in the interest of transparency in the actions.

Obviously the third principle is that of quality as an unavoidable premise. And last, but not least, the final principle is that of the feasibility of the actions with objectives that are considered to be attainable.

As you will be able to see later on, this Action Plan is the result of the work of many people over more than a year. I would like to thank them once again for all the efforts they have made so far, but I would also like to state that this is the beginning of a renewal in the daily work, which I trust will lead to an improvement in the social and health situation of people affected by additions and of society as a whole.

Juan Manuel Moreno Bonilla  
Secretary of State for Social Services and Equality

# **1. Background, preparation method and strategic arguments of the proposal**



## **1.1 BACKGROUND TO THE PROPOSAL**

The 2009-2016 National Strategy on Drugs envisaged the drawing up of two Action Plans for its development: the first for the 2009-2012 period and the second for 2013-2016.

This Action Plan, which corresponds to the second period, was drawn up taking into account the results of the preliminary evaluation of the first 2009-2012 Action Plan, the data produced by the Information Systems on drugs and the lines of actions proposed by European and international policies, as well as the current plans of action of the Autonomous Communities and Cities. The current situation of Spanish society was also taken into particular consideration and its possible influence on drug use, as well as its consequences.

The 2013-2016 Action Plan is the result of a significant consultation process in which institutional representatives, experts, scientific societies and NGOs in the drug dependence sector participated, along with other bodies with responsibilities related to this theme.

## **1.2. PREPARATION METHOD**

This proposal was drawn up by a Work group (WG) made up of representatives of 17 Autonomous Region Plans on Drugs (PAD), co-ordinated by the Delegation of the Government for the PNSD.

This workgroup held two face-to-face meetings as well as maintaining ongoing contact throughout the entire process.

As a starting point, the workgroup drew up a list of the main basic features that would set the scene for the proposal: these principles, which will be developed later on, are the following: budgetary coherence and cost effectiveness of the resources; inter-and intra-sectorial coordination; the feasibility and relevance of the actions and the quality of the processes and products developed. These principles were taken into account when selecting each of the actions for the Action Plan and specifying their content.

The preparation work was developed during the second half of 2012 and consisted of two phases: an initial one of consultations and another one in which the information was prepared.

### • **Consultation Phase:**

One of the first tasks developed, the basis of this proposal, was the setting up of a significant consultation process to get to know the different opinions about the current problem of drugs and about the different measures and actions that should be implemented for its solution. The final objective of this process was to have a document that would enable the priorities for action for the next four years to be detected and to carry out proposals based on the consensus of everyone involved.

To do this, experts in the sector, NGOs, Scientific Societies, unions, Autonomous Region Plans on Drugs, Local Corporations and other bodies and Ministerial Departments with competencies related to this matter were contacted and consulted (see appendix: Sources consulted).

To carry out this consultation, ad hoc questionnaires were prepared for each of the groups represented (see appendix: Questionnaires on the consultation process). In all, more than 60 completed questionnaires were received. Using the results received, an analysis and summary of the proposals was made, which served as the base for drawing up the Action Plan (see appendix: summary and diagram of the proposal of the consultation process).

### • **Preparation Phase:**

Based on the responses given in the consultation phase, an **initial draft** proposal was prepared, which included 44 actions. This draft proposal was sent to the work group, which was consulted about the relevance of each of the actions, their feasibility, the obstacles against their introduction and the interest of the Autonomous Region Plan on Drugs in participating in each of them.

After a period for receiving contributions and suggestions from the WG, a **second draft** proposal was prepared which, like the first one, was sent and subjected to review by the members of the group who sent observations to be included in it (see appendix: Chart evaluating the WG's actions). This second draft proposal was debated at the second meeting of the WG held on 6 November 2012.

Using the contributions of the WG, a third proposal was drawn up, in which the number of actions was reduced to **36**. This **third draft** proposal was debated and approved in the Inter-Autonomous Region Committee on 28 December 2012.

Later, having included the contributions of the Inter-Autonomous Region Committee, it was presented to the Congress-Senate Mixed Committee on 18 December 2012 and taken to the Sectorial Committee on Drugs for its **definitive approval on 31 January 2013**.



### **1.3 STRATEGIC ARGUMENTS :**

As a result of the consultation process and of the reflection of the WG, some **strategic lines** were established for the Action Plan which tried to offer a response to the main concerns that arose from the consultation process.

The strategic lines summarise the initial proposals, both with regard to the philosophy of the Action Plan, as well as the methodological aspects for implementing it.

#### **a. Budgetary coherence and optimisation of resources:**

Although it is always important, at a time such as the present it becomes particularly necessary to make an effort to rationalise expenses and make the resources that we dedicate to solving the problems that arise from drugs and addictions cost efficient. This aspect is one of the lines of argument that has been reflected throughout the consultation process. It is feared that budgetary cuts will have a negative effect on the development of the activities of the sector, but it is also understood that there are many resources that could be more cost-effective if we are able to organise ourselves and to work more efficiently and in a more collaborative way.

This is why this proposal offers the following starting points:

- A **budgetary control** will be maintained on all the actions, adapted to the economic possibilities of each moment, determining the tasks to be carried out in keeping with this parameter, as established in the 2009-2016 National Strategy on Drugs.
- The dynamics of the development of the actions of the Action Plan must favour the optimisation of existing resources through **exchanging experiences** in developing formulas to improve the coordination of services, programmes and products.
- The impulse towards quality, through the evaluation and **selection of the best practices**, will also lead to greater cost effectiveness of the existing resources.

#### **b. Coordination with participatory leadership:**

Coordination is a key pillar of this Action Plan. Not only does it boost the coordination of the various players involved in the matter (administrations, civil society, experts), but it also envisages that the actions should be co-ordinated between themselves in such a way that the advances and achievements of each of them contribute to all those that have some kind of relation to it. For this reason, the Action Plan is conceived from its design as a coordination structure which focuses on the following points:

- **Work groups** for developing the actions. Most of the actions are supported and promoted by work groups (WG). These WGs will be made up of the Autonomous Region Plans interested in actively participating in developing each of the actions, the Delegation and other players with whom it is necessary to collaborate, in keeping with the content of each one (DGT, PIs; SSs, NGOs and so on). The aim of this is to unite territories with common problems so that they can look for solutions to them. This format means that the Autonomous Communities that are more advanced in problem solving can serve as a guide to the others, help to share experiences, to select the best practices and to set up coordinated work models that make the most of existing resources. The aim is to benefit from what has been done well, boosting and developing it further and making it profitable by making it accessible to everyone, as well as doing away with actions that have not proven their efficacy.
- **Coordinated actions:** There is an internal coordination between the various Action Plans that is envisaged and structured from within its design, and that sets up the mechanisms for internal coordination that are necessary so that the advances in each of the actions can contribute to the benefit of others to which they are related.
- **Structural and transversal actions:** There is a series of actions which have the mission of supporting and structuring the rest of the actions of the Action Plan; such as the case of the Coordination Platforms or the Action Plan Evaluation System itself. Others are transversal actions, such as the Training Plan that is being designed in keeping with the training needs that arise from the rest of the actions.

### c. **Quality:**

- The entire process is designed from a quality perspective. First, because the selection and promotion of the **best practices** is contemplated in both specific actions (Accreditation Criteria of Programmes and Services, Protocols and Best Practice Guides) as well as among the internal tasks of many of the actions (the evaluation of treatment and integration, the **validation of models** of family prevention, etc.).
- The monitoring and evaluation system is designed from the perspective of quality, as a **control panel** in which, for each action, there are indicators that enable their progress to be known and to analyse the causes of deviation from the objectives proposed, guaranteeing the visibility and transparency of the entire process.

#### **d. Feasibility of the actions suggested:**

- Throughout the entire preparation process, special attention was paid to this aspect. A reasonable and achievable number of actions were looked for on which to concentrate the effort of the first years. Many of the actions are built on previous initiatives, which they contribute towards developing and improving. In some cases, the actions include new proposals which have been considered essential to achieve the proposed objectives.

These strategic principles must be complemented at all times with a series of basic premises. The first, dealing with what is stipulated in the Strategy for all its objectives, is a **transversal vision with a gender focus**, incorporating the specific needs of women into all the actions and interventions proposed.

The second, also contemplating the 2009-2016 Strategies is **fairness**, in such a way as to guarantee the effective equality of all the citizens in accessing the various programmes and services, reducing the inequalities that affect people.

Finally, another formal premise, though no less important, is **respect to the governing responsibilities of the various administrations**, in equal balance among the responsibilities delegated to the Autonomous Communities and Local Corporations, with the fairness that the State Administration must guarantee to all citizens, independently of their place of residence.

## **2. Summary and description of the proposal**



## 2.1 SUMMARY AND DESCRIPTION OF THE PROPOSAL:

The 2013-2016 Action Plan on Drugs contemplates 36 actions for the 6 Pillars and the 14 General Objectives of the 2009-2016 National Strategy on Drugs, with the following scheme:

2013-2016 ACTION PLAN ON DRUGS 36 actions		
PILLAR	GENERAL OBJETIVE	N° of ACTIONS
1. Coordination	1. National Coordination	2
2. Reduction of the demand	2. Social Awareness.	1
	3. Increase Skills and Abilities.	2
	4. Delay starting age.	1
	5. Reduce use.	5
	6. Reducing damages associated to use.	1
	7. Quality care.	1
	8. Social and labour integration.	2
3. Reduction of the offer	9. Controlling the offer of illegal.	5
	10. Money laundering.	3
4. Improving awareness	11. Research and improving knowledge.	5
	12. Assessment.	4
5. Training	13. Training.	1
6. International Coordination	14. International Coordination.	3

For each of the actions the following aspects are described:

- The pillar and general objective of the 2009-2016 National Strategy to which they correspond.
- Number and name of the action.
- Goal of the action.
- Target public/Beneficiaries.
- Participants in the work group that develops it.

Therefore, in the **1st pillar of coordination**, the actions proposed, in order to achieve the general objective of optimising the coordination and cooperation in the state context are:

- The creation of an advisory board for the National Plan on Drugs which will assess and guide the policies of the Plan.
- The creation of inter-and intra-sectorial coordination platforms for setting up the actions (creating virtual communication platforms to facilitate remote coordination work).

As part of the **2nd pillar on the reduction of demand**, the actions proposed in the plan are:

- For the general objective of promoting social awareness about the importance of the problems, damages and the personal and social costs related to drugs; of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution:
  - The drawing up of the PNSD communication plan, a document of consensus that proposes the priorities in the messages, the target populations and communication channels to increase the perception of the risk related to using drugs.
  - In addition, a communication plan of the various actions of this Action Plan will be designed and set up to promote its visibility.
- For the general objective of increasing the personal abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.
  - The creation of a co-ordinated universal family prevention product which will include materials, training modules for their introduction and a co-ordinated evaluation system for the participating bodies.
  - And the creation of a co-ordinated prevention project for minors in vulnerable situations based on available scientific evidence.
- For the general objective of delaying the starting age.
  - Preparing a project to analyse and improve regulations on alcohol and minors.
- For the general objective of decreasing the use of legal and illegal drugs.
  - The development of prevention programmes with multiple components in the local area, in which participating towns will have an assessment service for designing, applying and assessing programmes. The model will have a co-ordinated monitoring and assessment system.
  - The setting up of a project to improve the early detection and intervention process with minors in the school, social and health areas, introducing protocols for early detection and intervention with vulnerable minors.

An evaluation of the results of the project will be designed and applied that will enable its efficacy to be valued.

- The introduction of a drug dependence and addiction prevention plan in the night-time leisure sector with the Autonomous Communities and Municipalities and in the Spanish hospitality industry, to offer continuity to the actions carried out to date.
  - The setting up of a highway safety programme, including contents related to drugs and driving when training new drivers.
  - The preparation of a prevention plan in the work area, creating coordination platforms with unions and business associations in the Autonomous Communities that do not have them.
  - A framework model of comprehensive intervention in the workplace will be drawn up for prevention, assistance and social integration.
  - The involvement of large companies in projects to reduce the demand for drugs will be promoted through their Corporate Social Responsibility (CSR) programmes.
- For the general objective of reducing the risks and damages associated to use.
    - Preparing a specific intervention programme in areas of risk.
    - Instruments will be prepared that will enable the geographical areas that are most vulnerable to drug use to be identified and guidelines will be offered to intervene in them, dealing with specific problems.
- For the general objective of guaranteeing quality care adapted to their needs, to all people directly or indirectly affected by drug use and to standardise health care to drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.
    - The setting up of a project to improve care processes and procedures in drug dependence and addictions and their incorporation into the Portfolio of Services of the National Health System (SNS).
    - A document that describes the recommended care process for attending drug dependents will be prepared, paying special attention to dual pathology and the specific needs of women.
    - A training programme will also be designed for the application of clinical guides based on evidence for professionals in the care network.
    - Instruments will be designed to evaluate care services for drug dependents and an evaluation process on the effectiveness of the various therapeutic modalities will be set up
- For the general objective of facilitating the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.
    - A protocol will be drawn up to design customised itineraries for the integration of drug dependents in rehabilitation process that will be

- introduced into drug dependent care centres and Penal Institutions. An instrument will be designed to evaluate the effectiveness of these measures.
- In the action programme for drug dependents in Penal Institutions, a study will be carried out on alternative measures to prison; the study will include an analysis of the coordination processes of the care network with prisons and mechanisms for improvement will be proposed. An instrument for evaluating the effectiveness of these measures will also be designed.

With regard to the **3rd pillar** of the National Strategy on Drugs which refers to the **Reduction of the Offer**:

- For the general objective of increasing the efficiency of measures aimed at controlling the offer and the illegal markets of psychoactive substances.
  - A prevention plan for retail substance trafficking in school areas and leisure time areas will be reviewed.
  - A protocol to coordinate these actions with those developed by the Autonomous Region Plans on Drugs will be drawn up in these areas.
  - Police surveillance actions on the traffic and use of drugs in the public highway will be carried out promoting the participation of citizen Safety Units in the fight against drug dealing.
  - The coordination and exchange of intelligence with countries of special relevance to Spain in drug trafficking will be reinforced and instruments and tools to optimise this action will be developed.
- For the general objective of increasing economic control mechanisms on money laundering processes.
  - An Inspection plan will be carried out on operators of substances susceptible to being diverted to illegal channels.
  - An investigation plan on economic and financial delinquency associated to drug trafficking will be created, favouring the exchange of intelligence, tools and products with EU countries to optimise this action.

The actions that will be carried out in the **4th pillar** of the Strategy that refer to the **improvement of basic and applied knowledge** will be:

- For the general objective of increasing and improving research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.



- The ESTUDES 2014 and 2016; and EDADES 2013 and 2015 surveys will be carried out. The Admission to Treatment and Emergency Department Indicators related to the use of drugs and Mortality as an acute reaction to drugs will be compiled.
  - The surveillance systems will be strengthened with new tools and epidemiological indicators on the use of drugs such as the Problematic Drug Use Indicator or the Drug-Related Infectious Diseases Indicator.
  - A computer application will be developed for the online compilation of data about indicators reported from the various competent administrations and valuation scales on disorders related to drug use and other addictions will be introduced.
  - Research and the analysis of data on drug use in areas such as gender, the work area, polydrug use, etc. will be promoted, using specific modules in the two-yearly surveys of the GDNPD. Priority will be given to epidemiological and social research in matters of drugs.
  - The dissemination of the data of the computer system will be improved through publications and virtual media and accessibility to the epidemiological data produced by the OED and the ACs will also be improved.
  - The early warning system for detecting new addictive substances will be consolidated. Protocols of action linked to this system will be prepared and it will be given the necessary stability through the preparation of the corresponding regulatory project.
- For the general objective of **promoting the systematic evaluation of programmes and actions**, as an instrument that will allow the activities carried out to be validated.
    - Research Networks with clinical and preventative application will be promoted, integrating the existing diverse networks and research centres into drugs in Spain. A map of networks of research into drugs in Spain, the EU and Latin America will be drawn up.
    - A document of consensus on criteria for accreditation of programmes to reduce the demand for drugs will be prepared, with the minimum criteria that these programmes must meet.
    - A portal of best practices will be set up which will bring together the best programmes for reducing the demand for drugs in national territory. The portal will contain information about the programmes, support instruments for setting them up and evaluation and will also have a consultation service for professionals and institutions.

The actions envisaged in the **5th pillar** of the Strategy for this four-year plan, which refers to **training** and for the general objective of improving and increasing the information of professionals who work in this field, as well as that aimed at people who collaborate in it voluntarily, are:

- The design of a Training Plan in Drug Dependence and Addictions, agreed on by the Autonomous Communities, which offers coverage to the training needs envisaged in the different actions of the action plan.
- A two-yearly meeting will also be held in which the actions developed in it and the best practices will be explained.

Finally, in the **6th pillar on international cooperation** and for the general objective of optimising the coordination and cooperation in the European and international framework in general, the plan suggests the following actions:

- The coordination of Spanish participation in the heart of the UN
- The coordination of Spanish participation in the heart of the EU
- The reinforcement of Spanish participation in the international arena, in particular in Latin America and other areas of strategic interest, with special support and follow up on the Cooperation Programme between Latin America and the Caribbean and the European Union on Drug Policy (COPOLAD).

The plan designed is an open, dynamic project, focused on a basic proposal of actions on which to concentrate efforts, but each of these actions must be specified and developed much more. This is the basic task of the workgroups established for its introduction. For this purpose, a common descriptive monitoring sheet model has been designed that will allow for a more specific definition of the tasks, the products, the budget, and the follow-up and evaluation indicators of each of them. (see appendix model: monitoring sheet on the actions).

## **2.2 EVALUATION:**

The Action Plan includes its own evaluation among its actions (section 28). For this, a **control and follow-up system** has been designed for each of the actions that will enable us to get to know their development and to carry out an ongoing assessment of the introduction process. This system determines, for each of the actions, the person responsible for its coordination and its follow up, the tasks to be developed, the deadlines for each of them and the **assessment indicators**. These indicators are part of a control panel that will allow for the cumulative follow-up and evaluation of the entire Action Plan.

### **3. 2013-2016 Action Plan on Drugs**



## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
1	1	1	<b>Advisory board of the PNSD.</b>	An advisory group will be set up which will assess and guide the PNSD policies.	<b>General Public</b>	Delegation, PAD, NGOs, Experts, AGE, FEMP
1	1	2	<b>Inter- and intrasectorial coordination platforms.</b>	Coordination tables and workgroups will be created for setting up the actions of the Action Plan. Virtual communication platforms will be created to make remote coordinated work easier.	<b>General Public and vulnerable groups</b>	Delegation, PAD, NGOs, Scientific Societies, FEMP.
2	2	3	<b>PNSD Communication Plan.</b>	A document of consensus that proposes the priorities in messages, target populations and communication channels to increase the perception of the risk related to drug use will be drawn up. A communication plan of the various actions of this Action Plan will be designed and set up to promote its visibility.	<b>General Public</b>	Delegation, PAD, NGOs and Scientific Societies with communication offices; Experts.
2	3	4	<b>Coordinated universal family prevention project.</b>	The number of families participating in prevention programmes with proven effectiveness will be increased. A universal family prevention model will be set up and assessed. The model will include programme materials, training modules for their introduction and a co-ordinated evaluation system for the participating bodies.	<b>Families</b>	Delegation, Castilla la Mancha, Castilla and León, Cantabria, Catalonia, Galicia, Madrid, Navarre, Rioja, Valencia, NGOs.
2	3	5	<b>Coordinated prevention project for minors in vulnerable situations.</b>	The number of minors participating in selective, indicated quality prevention programmes based on evidence will be increased.	<b>Vulnerable minors</b>	Delegation, Andalusia, the Balearic Islands, Cantabria, Extremadura, Galicia, Madrid, Navarre, Rioja, Valencia, CICO, NGOs.
2	4	6	<b>Project to analyse and improve regulations on alcohol and minors and their introduction into national territory.</b>	The legislative situation and other regulatory orders on alcohol and minors in Spain will be looked into. A document will be prepared with proposals for standardisation and improvement in measures and their introduction.	<b>Minors</b>	Delegation, Asturias, Cantabria, Castilla la Mancha, Catalonia, Extremadura, Galicia, Navarre, Rioja, Valencia, FEMP.

## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
2	5	7	<b>Project to develop multicomponent community prevention programmes in the local area.</b>	A coordinated multicomponent community prevention model will be designed and set up in the local area. Participating towns will have an assessment service available for the design, application and evaluation of the programmes. The programme will have a co-ordinated follow-up and evaluation system.	<b>General Public</b>	Delegation, Aragon, Navarre, Valencia FEMP, NGOs.
2	5	8	<b>Project to improve early detection and intervention processes with minors in the school, social and health areas.</b>	A project for implementing protocols for the early detection and intervention of vulnerable minors will be set up, in which a representative sample of professionals, ad hoc trainers, people from the primary health care sector, education and social services will participate. An evaluation of the results of the project will be designed and applied, which will allow its efficacy to be assessed.	<b>Minors</b>	Delegation, Aragon, Cantabria, the Canary Islands, Castilla la Mancha, Castilla and León, Catalonia, Ceuta, Extremadura, Galicia, Madrid, Murcia, Navarre, Rioja, Valencia, NGOs, SS.
2	5	9	<b>Plan for the prevention of drug dependence and addictions in the hospitality industry.</b>	Prevention programmes will be applied in the night-time leisure sector in Autonomous Communities and Municipalities. 10% of leisure-time premises in the participating towns will be integrated into quality leisure-time circuits. 30% of the professionals in the premises participating in the circuits will be trained.	<b>Minors and Young People</b>	Delegation, Cantabria, Castile and León, Catalonia, Extremadura, Galicia, Navarre, Rioja, Valencia, CICO, FEMP, FEHR, NGOs
2	5	10	<b>Programme on highway safety and the use of drugs.</b>	It will include contents on drugs and driving prepared by a workgroup, for training new drivers.	<b>New drivers</b>	DGT, Delegation, Andalusia, Catalonia Extremadura, Galicia, Rioja, Valencia.
2	5	11	<b>Prevention plan in the workplace.</b>	Coordination platforms will be created with the unions and business associations in the Autonomous Communities that do not have them. A framework model of comprehensive intervention in the workplace will be drawn up for prevention, assistance and social integration. The involvement of large companies in projects to reduce the demand for drugs will be promoted through their Corporate Social Responsibility (CSR) programmes.	<b>Social players</b>	Delegation, Unions and Business Associations, Asturias, Aragon, Valencia.

## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
2	6	12	<b>Intervention programme in areas of risk.</b>	Instruments will be prepared that will enable the geographical areas that are most vulnerable to drug use to be identified and guidelines will be offered to intervene in them, dealing with specific problems (leisure-time areas, trafficking areas and marginal areas).	<b>Vulnerable groups</b>	Delegation, Andalusia, Catalonia, Ceuta, Extremadura, Galicia, Rioja, Valencia, NGOs, CICO.
2	7	13	<b>Project to improve care processes and procedures in drug dependence and addictions and their incorporation into the Portfolio of Services of the Spanish National Health System (SNS).</b>	A document that describes the recommended care process for drug dependents will be prepared, paying special attention to dual pathology and the specific needs of women. A proposal to adapt the services for drug dependents to the portfolio of services of the Spanish National Health Service will be made. A training programme will also be designed for the application of clinical guides based on evidence for professionals in the care network. Instruments for evaluating the care services for drug dependents will be drawn up. An evaluation process on the effectiveness of the various therapeutic modalities will be set up.	<b>People with Drug Dependence and/or Addictions. Professionals of the care network</b>	Delegation, Andalusia, Aragon, the Balearic Islands, Catalonia, Castilla la Mancha, Castilla and León, Galicia, Murcia, Rioja, Valencia, General Directorate of the Basic Portfolios of Services of the SNS, SS, NGOs.
2	8	14	<b>Action programme for drug dependents in Penal Institutions.</b>	A study will be carried out on alternative measures to prison; the study will include an analysis of the coordination processes of the care network with prisons and mechanisms for improvement will be proposed. An instrument will be designed to evaluate the effectiveness of these measures	<b>People with Drug dependence and/or Addictions in Penal Institutions</b>	Delegation, General Secretary of Penal Institutions, Aragon, the Balearic Islands, Catalonia, Asturias, Valencia, NGOs.
2	8	15	<b>Protocol for customised integration for drug dependents undergoing rehabilitation process</b>	A protocol will be drawn up to design customised itineraries for the integration of drug dependents undergoing rehabilitation process that will be introduced into drug dependent care centres and Penal Institutions. An instrument will be designed to evaluate the effectiveness of these measures.	<b>People with Drug dependence and/or Addictions.</b>	Delegation, General Secretary of Penal Institutions, Catalonia, Navarre, Valencia, NGOs.

## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
3	9	16	<b>Prevention plan for retail substance trafficking in school areas and leisure-time areas.</b>	Police surveillance actions on the traffic and use of drugs in schools and leisure-time areas will be carried out. A protocol to coordinate these actions with those developed by the PADs will be drawn up in these areas.	<b>Minors and Young People</b>	Ministry of Interior (CICO, State Security Forces, Local Police), Delegation, PAD.
3	9	17	<b>Promoting the participation of citizen Security Units in the fight against drug trafficking.</b>	Police surveillance actions on the traffic and use of drugs in the public highway will be carried out.	<b>Minors and Young People</b>	Ministry of Interior (CICO, State Security Forces).
3	9	18	<b>Inspection plan on operators of substances susceptible to being diverted to illegal channels.</b>	There will be control on operators and operations with illegal substances susceptible to being diverted to drug trafficking through the register of operators and their corresponding inspections.	<b>Operators of listed substances</b>	Ministry of Interior (CICO, State Security Forces).
3	9	19	<b>Reinforce the relations with countries of special relevance to Spain in drug trafficking.</b>	Meetings will be held with police units in countries considered to be priority ones in the fight against drug trafficking targeted for use in Spain.		Spanish Centre for Intelligence against Organised Crime (CICO).
3	9	20	<b>Favour the exchange of intelligence, as well as tools and products to optimise the fight against drug trafficking.</b>	The exchange of information and analysis of the intelligence products will be made easier.		CICO
3	10	21	<b>Strengthening research into economic delinquency and funding associated to drug trafficking.</b>	A more exhaustive patrimonial research will be favoured supported by the Asset Recovery Offices (AROs).		Ministry of Interior (CICO, State Security Forces).



## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
3	10	22	<b>Reinforce the relations with countries of special relevance to Spain in money laundering from drug trafficking.</b>	The exchange of information with the rest of the AROs in the EU regarding localising assets and goods from criminal activities related to drug trafficking will be favoured.		CICO
3	10	23	<b>To favour the exchange of intelligence, as well as tools and products to optimise the fight against the money laundering associated to drug trafficking.</b>	The exchange of information and analysis of the intelligence products will be made easier.		CICO
4	11	24	<b>Maintaining Information Systems on drugs.</b>	The ESTUDES 2014 and 2016; and EDADES 2013 and 2015 surveys will be carried out. Admission to Treatment and Emergency Department Indicators related to the use of drugs and Mortality as an acute reaction to drugs indicator will be collected.	<b>Professionals, NGOs and the General Public</b>	Delegation, Aragon, Canarias, Cantabria, Catalonia, Extremadura, Galicia, Madrid, Navarre, Rioja.
4	11	25	<b>Reinforcing new tools/epidemiological indicators on the use of drugs.</b>	The following tools/epidemiological indicators will be introduced: - Problematic Drug Use Indicator. - Drug-related Infectious Diseases Indicator - IT application for compiling online data about indicators. - Introduction of screening tests or assessment scales on disorders related to drug use or other addictions.	<b>Professionals, NGOs and the General Public</b>	Delegation, Andalusia, Aragon, Asturias, Cantabria, Castilla and León, Catalonia, Galicia, Madrid, Navarre, Rioja.
4	11	26	<b>Promoting research into and analysis of data on drug use.</b>	Analysis of data in the following areas, gender, employment, polydrug use, etc. Use of specific ad hoc modules in the GDNPD biennial surveys. Prioritise epidemiological and social research into matters of drugs.	<b>Professionals, NGOs, Penal Institutions and General Public.</b>	Delegation PAD, Experts.

## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
4	11	27	<b>Improve the dissemination of the data in the information system.</b>	The following actions will be carried out: the publication of reports, scientific articles, speeches, congresses and so on. Accessibility to the epidemiological data produced by the OED and the ACs will be improved.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation PAD, Experts.
4	11	28	<b>Consolidating the early warning system.</b>	Coordination meetings will be held by all the parties involved. Protocols for action will be drawn up. The corresponding regulatory project will be made.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, Catalonia, Extremadura, Galicia, Madrid, Rioja.
4	12	29	<b>Promoting Research Networks with clinical and preventative application.</b>	The various networks and research centres dealing with existing drugs in Spain will be integrated, paying special attention to research centres into prevention. Collaboration agreements will be made with the NIDA to promote the collaboration between research centres from both countries. Coordination with European projects led by Spanish bodies will be promoted. A map of research networks into drugs in the EU and Latin America (COPO-LAND) will be drawn up.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, Andalusia, Catalonia, Galicia, Rioja, NGOs.
4	12	30	<b>Portal of best practices in reducing the demand for drugs.</b>	A portal of best practices will be set up which will bring together the best programmes for reducing the demand for drugs in national territory, based on agreed criteria of accreditation from action 27. The portal will contain information about the programmes, support instruments for setting them up and evaluation and will also have a consultation service for professionals and institutions.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, Asturias, Catalonia, Galicia, Murcia, Navarre, Valencia, NGOs.
4	12	31	<b>Document of consensus on criteria for accreditation of programmes to reduce the demand.</b>	A document on the minimum criteria that programmes on Reduction of Demand must meet will be drawn up. The document will be used for setting up accreditation systems for programmes.	<b>Professionals, NGOs, Institutions and General Public.</b>	Advisory board of the PNSD, Andalusia, Aragon, the Canary Islands, Catalonia, Galicia, Murcia, Navarre, Rioja, Valencia, NGOs


## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
4	12	32	<b>Internal evaluation system for the 2013-2016 Action Plan on Drugs.</b>	An assessment and follow-up system will be designed which will include the evaluation indicators of the actions of the Action Plan. This system will have monitoring sheets on the actions described in the calendar, the indicators and those responsible for each of the actions contemplated and their follow-up.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, PAD, NGOs.
5	13	33	<b>Training Plan in Drug Dependence and Addictions.</b>	A Training Plan in Drug Dependence and Addictions, agreed on by the Autonomous Communities, which offers coverage to the training needs envisaged in the different actions of the action plan will be designed. A two-yearly meeting will also be held in which the actions developed in it will be explained.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, Ministry of Education, Ministry of Health, Cantabria, Catalonia, Galicia, Madrid, Navarre, Rioja, Valencia, NGOs.
6	14	34	<b>Coordination of the Spanish participation in the heart of the UN.</b>	Spain will be represented in the United Nations forums in which international policies on drugs are debated and decided, guaranteeing that the experience accumulated in our country is contributed and that its interests are defended. The Spanish participation will be contributed to in work groups, projects and initiatives of interest in the heart of the United Nations. The exchange of information with the United Nations will be coordinated. It is guaranteed that the organisations and national institutions that are interested will be informed about these activities.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation PAD, Experts, NGOs.

## 2013-2016 ACTION PLAN ON DRUGS

Pillar	G.O.	No	ACTION	GOAL	AIMED AT	PARTICIPANTS
6	14	35	<b>Coordination of the Spanish participation in the heart of the EU.</b>	Spain will be represented in the European Union forums in which European policies on drugs are debated and decided, guaranteeing that the experience accumulated in our country is contributed and that its interests are defended. The exchange of information with the European Union will be coordinated. The Spanish participation will be contributed to in work groups, projects and activities of interest in the heart of the European Union. It is guaranteed that the organisations and national institutions that are interested will be informed about these activities.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, PAD, Experts, NGOs.
6	14	36	<b>To reinforce Spanish participation in the international area, in particular in Latin America and other areas of strategic interest.</b>	Spanish participation will be encouraged in technical forums, workgroups, projects and activities of interest, and the exchange of knowledge and best practices in the international arena will be promoted. With special reference to Latin America and other strategic areas. It is guaranteed that the organisations and national institutions that are interested will be informed about these activities.	<b>Professionals, NGOs, Institutions and General Public.</b>	Delegation, PAD, Experts, NGOs.

## **4. APPENDICES**

- 1.** Timeline.
  - 2.** Workgroup Meetings.
  - 3.** Sources consulted.
  - 4.** Results of the consultation process:  
summary and diagram of the proposal.
  - 5.** Chart evaluating the workgroup's actions.
  - 6.** Model of monitoring sheet for the actions.
  - 7.** Questionnaires on the consultation process.
  - 8.** List of Acronyms.
- 

---

## **APPENDIX 4.1.**

### **Timeline**

## Appendix 1.

**TIMELINE FOR THE PREPARATION OF THE 2013-2016 ACTION PLAN ON DRUGS**

	June	July	August	September	October	November	December	January
First Workgroup Meeting (30 May 2012)								
Sending out the PAD questionnaire to the WG	5							
Reception of WG contributions	30							
Sending questionnaire from other sources to the WG	15							
Reception of WG contributions to questionnaire from other sources	22							
Send questionnaire to other sources	26							
Receive contributions from other sources		20						
Prepare the first draft of the Action Plan				24				
Send out first draft to WG and PAD				24				
- Reception of contributions of the WG and - Send out call to WG meeting					16			
Reception of contributions of WG on evaluation tables					29			
• 2nd WG coordination meeting						6		
• Send new draft copy to WG						12		
• Reception of contributions						16		
• Reception and new sending						22		
Prepare the 2nd draft of Action Plan							19	
Send to WG and PAD							19	
Prepare 3rd draft of the Action Plan							26	
Presentation of 3rd draft to the Inter-Autonomous Region Committee for its approval							27	
Submission of the proposal to the Congress-Senate Mixed Committee								18
Preparation of definitive Action Plan proposal								27
Presentation to Sectorial Conference								31

---

## **APPENDIX 4.2.**

# **Workgroup Meetings**



## 1st MEETING OF THE WORK GROUP FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS

Government Delegation for the National Plan on Drugs  
c/ Recoletos 22; Meeting room, 5th floor

30 May 2012

### AGENDA

- 10,30 Welcome those attending  
*D. Francisco de Asís Babín Vich. Government Delegate for the National Plan on Drugs*
- 10,45 Presentation of the Objectives of the Workgroup  
*D. José Oñorbe de Torre. Deputy Director General of the GDNPD*
- 11,00 Coffee break
- 11,15 Presentation of the methodological proposal and the timeline for actions  
*Sonia Moncada Bueno. Head of the Prevention Area of the GDNPD*
- 11,30 Group discussion on the methodological proposal  
*Representatives of the Autonomous Region Plans on Drugs*
- 12,30 Presentation of the survey for preparing the 2013-2016 Action Plan: contents and players to be consulted  
*Macarena Cavestany Campos. Head of the Prevention Service of the GDNPD*
- 12,45 Group discussion on the survey proposal  
*Representatives of the Autonomous Region Plans on Drugs*
- 13,45 Conclusions, farewell and closure
- 14,00 Working Lunch

## ATTENDEES

### **For the Government Delegation for the National Plan on Drugs:**

- *D. Francisco de Asís Babín Vich. Government Delegate for the National Plan on Drugs*
- *Elena Martín Maganto. Advisory Member of the Government Delegate for the National Plan on Drugs*
- *D. José Oñorbe de Torre. Deputy Director General of the GDNPD*
- *Sonia Moncada Bueno. Head of the Prevention Area of the GDNPD*
- *Macarena Cavestany Campos. Head of the Prevention Service of the GDNPD*

### **For the Autonomous Region Plans on Drugs:**

- *Andalusia: Fernando Arenas Domínguez*
- *Asturias: José Antonio González Fernández*
- *The Balearic Islands: Margalida Fiol Gelabert*
- *The Canary Islands: Candelaria Benítez*
- *Castilla La Mancha: Berta Hernández Fierro*
- *Castilla and León: Fernando Martínez González*
- *Catalonia: María Estrada*
- *Extremadura: Antonia María Vas Falcón*
- *Galicia: Bernardo Seoane Días*
- *La Rioja: Juan Del Pozo*
- *Madrid: Marta Aguilera Guzmán*
- *Murcia: Juan Jiménez Roset*
- *Navarre: Raquel González Eransus*
- *The Basque Country: Mayte Iruretagoiena Iburguren*
- *Valencia: Sofía Tomás Dolz*

## 2nd MEETING OF THE WORK GROUP FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS

Government Delegation for the National Plan on Drugs  
c/ Recoletos 22; Meeting room, 5th floor

**6 November 2012**

### **AGENDA**

- 10,30 Welcome those attending  
*D. Francisco de Asís Babín Vich. Government Delegate for the National Plan on Drugs*
- 10,45 Presentation of the Objectives of the Workgroup  
*D. José Oñorbe de Torre. Deputy Director General of the GDNPD*
- 11,00 Coffee break
- 11,15 Presentation of the methodological proposal and the timeline for actions  
*Sonia Moncada Bueno. Head of the Prevention Area of the GDNPD*
- 11,30 Group discussion on the methodological proposal  
*Representatives of the Autonomous Region Plans on Drugs*
- 12,00 Group discussion on the draft of the proposal  
*Representatives of the Autonomous Region Plans on Drugs*
- 14,00 Conclusions, farewell and closure
- 14,30 Working Lunch

## ATTENDEES

### **For the Government Delegation for the National Plan on Drugs:**

- *D. Francisco de Asís Babín Vich. Government Delegate for the National Plan on Drugs*
- *D. José Oñorbe de Torre. Deputy Director General of the GDNPD*
- *Sonia Moncada Bueno. Head of the Prevention Area of the GDNPD*
- *Macarena Cavestany Campos. Head of the Prevention Service of the GDNPD*

### **For the Autonomous Region Plans on Drugs:**

- *Andalusia: Fernando Arenas Domínguez*
- *The Balearic Islands: Margalida Fiol Gelabert*
- *The Canary Islands: Candelaria Benítez*
- *Castilla La Mancha: Berta Hernández Fierro*
- *Castilla and León: Fernando Martínez González*
- *Catalonia: María Estrada*
- *Galicia: Bernardo Seoane Díaz*
- *La Rioja: Juan Del Pozo*
- *Madrid: Marta Aguilera Guzmán*
- *Murcia: Juan Jiménez Roset*
- *Navarre: Raquel González Eransus*
- *The Basque Country: Mayte Iruretagoiena Iburguren*
- *Valencia: Sofía Tomás Dolz*

### **External experts:**

- *Fernando Rodríguez Artalejo*
- *Teresa Salvador Llivina*

---

## **APPENDIX 4.3.**

### **Sources consulted**

## LIST OF SOURCES CONSULTED

### **Departments of the Central Administration**

- Spanish Centre for Intelligence against Organised Crime.  
Ministry of the Interior.
- General Direction of Traffic.  
Ministry of the Interior.
- Spanish Federation of Municipalities and Provinces.
- Secretary of State for Education, Professional Training and Universities.  
Ministry of Education, Culture and Sport.
- Secretary General of Penal Institutions.  
Ministry of the Interior.
- General Direction of the Youth Institute.  
Ministry of Health, Social Services and Equality.
- General Direction of Public Health, Quality and Innovation.  
Ministry of Health, Social Services and Equality.
- General Direction of Equal Opportunities/Institute of Women.  
Ministry of Health, Social Services and Equality.
- Institute of Elderly People and Social Services (IMSERSO).  
Ministry of Health, Social Services and Equality.
- General Direction of Support to Disability Policies.  
Ministry of Health, Social Services and Equality.
- Government Delegation for Gender Violence.  
Ministry of Health, Social Services and Equality.
- General Direction of Services for the Family and for Infancy.  
Ministry of Health, Social Services and Equality.
- Government Delegation for the National Plan on Drugs.  
Ministry of Health, Social Services and Equality.
  - Information and Documentation Systems Unit
  - Deputy General Direction of Management
  - Deputy General Direction of Institutional Relations

## **Departments of the Autonomous Region Administration:**

- 19 Autonomous Region Plans on Drugs

## **Experts**

- Alberto Fernández de Sanmamed
- Amador Calafat
- Andreu Segura
- Antoni Gual
- Carlos Álvarez Vara
- Carmen Meneses Falcón
- Carmen Puerta
- Domingo Comas
- Elisardo Becoña
- Eusebio Megias Valenzuela
- Fernando Conde Gutiérrez del Álamo
- Fernando Rodríguez de Fonseca
- Francisco Javier Elzo Imaz
- Gorka Moreno
- Heliodoro Gutiérrez
- José Antonio García Rodríguez
- Julio Bobes
- Juan Carlos Melero
- Juan Ramón Villalbí
- Manuel Gil Parejo
- Marta Torrens
- Nestor Sherman

## NGOs

- Asociación Bienestar y Desarrollo
- Asociación Proyecto Hombre
- Asociación Wafae
- Cáritas Española
- Confederación Católica Nacional de Padres de Familia y Padres de Alumnos
- Confederación de Centros Juveniles Don Bosco
- Confederación de Entidades para la Atención de las Adicciones
- Confederación Española de Asociaciones de Padres de Alumnos
- Confederación Sindical de Comisiones Obreras
- Fundación de Ayuda contra la Drogadicción
- Fundación para la Atención a las Toxicomanías de Cruz Roja Española
- Fundación Red de apoyo a la Inserción Sociolaboral
- Fundación Salud y Comunidad
- Fundación Secretariado Gitano
- Instituto para el Estudio de las Adicciones
- Promoción y Desarrollo Social
- Unión de Asociaciones y Entidades de Atención al Drogodependiente
- Unión General de Trabajadores.

## **External advisers for the preparation of the Action Plan**

- Fernando Rodríguez Artalejo
- Teresa Salvador Llivina



---

**APPENDIX 4.4.**  
**Results of the consultation process:  
scheme and summary of the proposal**

APPENDIX 4.

**SCHEME OF PRIORITIES AND ACTIONS OF THE CONSULTATION PROCESS**

GENERAL OBJETIVE	PRIORITIES OF THE CONSULTATION PROCESS	PROPOSAL FOR ACTIONS
<p><b>G01.</b>  <b>Coordination and cooperation in the context of Spain.</b></p>	<ul style="list-style-type: none"> <li>- Preparation of criteria and documents agreed on.</li> <li>- Preparation of joint projects and exchange of experiences.</li> <li>- Coordination of policies and integration of the theme of drugs in other sectors with indirect responsibilities.</li> <li>- Creation of coordination mechanisms GDNPD-PAD-NGOs - Experts.</li> </ul>	<ul style="list-style-type: none"> <li>• Advisory board of the PNSD.</li> <li>• Inter- and intrasectorial coordination platforms.</li> </ul>
<p><b>G02.</b>  <b>Social awareness about the risks associated to drug use.</b></p>	<ul style="list-style-type: none"> <li>- Increase perception of risk, especially among vulnerable groups.</li> <li>- Reach an agreement on messages to the population based on evidence.</li> <li>- Use of new technologies.</li> </ul>	<ul style="list-style-type: none"> <li>• PNSD Communication Plan.</li> <li>• National Prevention Campaign Aimed at Young People.</li> </ul>
<p><b>G03.</b>  <b>Increase personal abilities and skills.</b></p>	<ul style="list-style-type: none"> <li>- Develop skills and abilities as a factor of protection against use.</li> <li>- Setup selective and indicated school and family programmes based on evidence.</li> <li>- Extend coverage of universal programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• National Catalogues of School and Family Prevention Programmes.</li> <li>• National Project on School Prevention for vulnerable minors.</li> <li>• Portal of best practices in the family area.</li> </ul>
<p><b>G04.</b>  <b>Delaying the starting age of drug use.</b></p>	<ul style="list-style-type: none"> <li>- Standardisation and reinforcement of legislation on alcohol and minors.</li> <li>- Surveillance and compliance with current legislation.</li> <li>-Integral projects for minors in the local area.               <ul style="list-style-type: none"> <li>- <i>Unify laws, regulations</i></li> <li>- <i>Control sale of drugs on the Internet</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Study on Alcohol and Minors Regulations in Spain</li> <li>• Support service to the Planning and Assessment of Community Drug Use Prevention Programmes in Minors in the Local Area.</li> </ul>

APPENDIX 4.

**SCHEME OF PRIORITIES AND ACTIONS OF THE CONSULTATION PROCESS**

GENERAL OBJECTIVE	PRIORITIES OF THE CONSULTATION PROCESS	PROPOSAL FOR ACTIONS
<p><b>GO5.</b> Decrease drug use and reduce associated risks.</p>	<ul style="list-style-type: none"> <li>- Early detection and intervention with minors in the school and health area.</li> <li>- Prevention of accidents in leisure-time and work environments.</li> <li>- Involvement of the hospitality industry.</li> <li>- Programmes in universities.</li> <li>- Advice to young users and families.</li> <li>- Training in driving schools.</li> </ul>	<ul style="list-style-type: none"> <li>• Guide to Early Detection and Intervention in Schools.</li> <li>• Guide to Early Detection and Intervention in Health Centres.</li> <li>• National Plan on the Prevention of Drug Dependence in the hospitality industry.</li> <li>• Advisory Services for Users and Family Members.</li> <li>• Training Module for Driving Schools.</li> </ul>
<p><b>GO6.</b> Reducing damages associated to drug use.</p>	<ul style="list-style-type: none"> <li>- Maintain services for reducing damages to the neediest populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Maps of Risk in Areas of Use.</li> <li>• Guide to Intervention in Areas of Risk.</li> <li>• Services for Reducing Damages to Vulnerable Populations.</li> </ul>
<p><b>GO7.</b> Guarantee quality care for drug dependence.</p>	<ul style="list-style-type: none"> <li>- Accessibility.</li> <li>- Gender approach.</li> <li>- Research into new therapeutic options.</li> <li>- Treatment of dual pathology.</li> <li>- Treatment of new drug use behaviours.</li> <li>- Preparation of protocols, guides, catalogues, portfolios of services, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Protocol for the Follow-up on the Care Management of Services to Attend Drug Dependents.</li> <li>• Guide to Care Services to Drug Dependents.</li> <li>• Protocol of Care for Women with Drug Problems.</li> <li>• Protocol of Care to Dual Pathology.</li> </ul>
<p><b>GO8.</b> Facilitate the integration of drug dependents into society.</p>	<ul style="list-style-type: none"> <li>- Labour integration of drug dependents undergoing treatment.</li> <li>- Coordination of the care network with penal institutions.</li> <li>- Labour integration in penal institutions.</li> <li>- Promotion of involvement of the business sector in the social integration of drug dependents.</li> </ul>	<ul style="list-style-type: none"> <li>• Study on Alternative Measures to Prison.</li> <li>• Protocol for customised integration for drug dependents undergoing rehabilitation process.</li> <li>• Training programmes for employment for drug-dependent prison inmates.</li> </ul>

APPENDIX 4.

**SCHEME OF PRIORITIES AND ACTIONS OF THE CONSULTATION PROCESS**

GENERAL OBJECTIVE	PRIORITIES OF THE CONSULTATION PROCESS	PROPOSAL FOR ACTIONS
<p><b>GO9.</b> Increase the efficiency of measures aimed at controlling the offer and the illegal markets of psychoactive substances.</p>	<p>- Improve the coordination of police actions with those of Reduction for demand.</p>	<ul style="list-style-type: none"> <li>• Prevention Plan for Retail Substance Trafficking in school and leisure-time areas.</li> <li>• Promoting the participation of Citizen Security Units in the fight against drug trafficking.</li> <li>• Inspection plan on operators of substances susceptible to being diverted to illegal channels.</li> </ul>
<p><b>GO10.</b> Increase economic control mechanisms on money laundering processes.</p>	<p>- Improve the coordination of police actions with those of Reduction for demand.</p>	<ul style="list-style-type: none"> <li>• Research Plan into economic delinquency and funding associated to drug trafficking.</li> </ul>
<p><b>GO11.</b> Improve research into variables related to drugs and their prevention and treatment.</p>	<ul style="list-style-type: none"> <li>- Maintain the current Information Systems (Surveys, SEIT indicators).</li> <li>- Greater speed and transparency with the use of telematic procedures (Open date).</li> <li>- Improve accessibility to the survey data.</li> <li>- Improve research into risk factors, alcohol legislation. Internet and new addictions, new therapeutic options, gender and drugs.</li> <li>- Exchange of experiences in research. Dissemination of results.</li> </ul>	<ul style="list-style-type: none"> <li>• Reinforcing the Information Systems on Drugs.</li> <li>• Compiling and analysing information in keeping with the needs detected.</li> <li>• Consolidating the Spanish Early Warning System.</li> </ul>

APPENDIX 4.

**SCHEME OF PRIORITIES AND ACTIONS OF THE CONSULTATION PROCESS**

GENERAL OBJECTIVE	PRIORITIES OF THE CONSULTATION PROCESS	PROPOSAL FOR ACTIONS
<p><b>GO12.</b> Systematic evaluation of programmes and services for reducing demand.</p>	<ul style="list-style-type: none"> <li>- Promote programmes based on evidence and quality and design in introducing programmes for reduction of demand.</li> <li>- Guarantee that the programmes that are applied comply with minimum quality requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• Promote research networks.</li> <li>• Portal for best practices in reducing the demand for drugs</li> <li>• Document for agreement on criteria for accreditation of programmes to reduce the demand.</li> <li>• Database of Assessment Instruments.</li> <li>• Advisory Service for the Planning and Assessment of Programmes to Reduce Demand.</li> <li>• Internal Assessment System of the 2013-2016 Action Plan on Drugs.</li> </ul>
<p><b>GO13.</b> Training professionals and volunteers.</p>	<ul style="list-style-type: none"> <li>- Training and accrediting teaching staff.</li> <li>- Training school counsellors for early detection.</li> <li>- Training and accrediting health professionals for early detection and swift intervention.</li> <li>- Promoting accredited training platforms for professionals and volunteers of the drug network.</li> <li>- Training modules for health and community safety agents.</li> </ul>	<ul style="list-style-type: none"> <li>• Training Plan in Drug Dependence.</li> <li>• Training Plan for Health Professionals.</li> <li>• Training Plan for School Counsellors and Tutors.</li> <li>• National Encounter on the Prevention of Drug Dependence.</li> </ul>
<p><b>GO14.</b> Coordination and cooperation in the European and international context in general.</p>	<ul style="list-style-type: none"> <li>- Greater participation in European and international forums and dissemination of information from relevant international organisations.</li> <li>- Exchange of experiences with other countries.</li> <li>- Dissemination of information from international sources.</li> </ul>	

# SUMMARY OF THE PROPOSALS OF THE CONSULTATION PROCESS FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS

## **PILLAR 1: COORDINATION**

### **General objective no. 1**

*Improve the coordination and cooperation in the context of Spain.*

### **A. Autonomous Region Plans on Drugs**

The most highly valued proposal is that of strengthening the coordination bodies of the Central and Autonomous Region Administrations. (Sectorial conference, Inter-Autonomous Region Committee).

This coordination should be aimed at the following:

- Coordinated actions: joint projects in which the various ACs participate (national and European; similar problems: transborder, etc).
- Exchange of experiences and best practices: transmission of information:
  - Best practices portal
  - PNSD Newsletter
- Unify criteria for action: criteria and accreditation systems.

The creation of thematic work groups in the heart of the Inter-Autonomous Region Committee is proposed.

### **B. NGOs**

The NGOs request greater participation in the decision-making processes of the PNSD, with actions such as the creation of an Advisory Board of the PNSD, the creation of a Social Committee or resuming the work of the Social Forum for drugs. There are many contributions regarding this point along the lines of guaranteeing the independence of the work carried out in the context of these forums (through the coordination by the bodies themselves) and of making them more practical, through the creation of specific instruments which serve for the action.

Another of the most highlighted aspects is that of the need to make resources cost-effective and to share information to identify best practices and to carry out joint projects. To favour this, the creation of a best practices portal is proposed, its dissemination through the PNSD's informative newsletter or the creation of an exclusive social network for the NGOs that favours communication between them and their coordination.

### **C. Experts**

The experts also request more spaces for participation, through the creation of workgroups and face-to-face and virtual meetings. They defend their role in drawing up agreement documents and in the identification of experiences and relevant practices and their dissemination. Like the NGOs, they request a Social Committee to promote a more comprehensive vision of the phenomenon of drugs and not just a health one.

### **D. Other Bodies of the Central Administration**

Practically all the Departments consulted talk about the need to reinforce coordination through the creation of workgroups, bi-sectorial committees in which to work on the common problems to be able to offer coordinated responses.

The following specific actions and themes should be the subject of collaborations:

The General Direction of Support to Disability Policies believes that it is necessary to collaborate in actions aimed at people with dual pathology and with mental disorders.

The *FEMP* proposes creating a communication network between municipal professionals regarding initiatives and best practice programmes.

The *Instituto de la Mujer* feels that it would be a good idea to hold national meetings between ACs and experts to deal with the subject of women and drugs.

The *General Direction of Public Health* considers it to be necessary to hold technical meetings regarding alcohol, to share information and decision-making spaces.

The *Secretary General of Penal Institutions* highlights coordination with the Autonomous Region Plans on Drugs to improve actions inside and outside prisons to favour treatment and social rehabilitation processes among inmates.

## **PILLAR 2: REDUCTION OF THE DEMAND.**

### **General objective no. 2**

*To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.*

### **A. Autonomous Region Plans on Drugs**

Although it is relevant, it is not, in general, one of the priority objectives for the Autonomous Region Plans on Drugs. Only creating awareness among the most vulnerable sectors appears under the proposals with the highest score.

The social networks and new technologies are considered to be the best vehicles for providing information about drugs to the population, not only due to their scope but also their reduced costs. In addition to this, they also highlight the need to get to know information and the promotion of drugs on the Internet and to counteract the anti-preventative messages that appear on the Internet.

### **B. NGOs**

The proposals from the NGOs are diverse: on the one hand, the need to stop trivialising the use of drugs, particularly with respect to alcohol: therefore they propose improving their ability to communicate by promoting training in communication for spokespeople of NGOs.

In addition, they propose making their role more visible through the dissemination of their activities on official websites, publications, prizes, etc.

Finally, they request the Government Delegation for the PNSD to play a more active role in promoting Corporate Social Responsibility in large companies and to act as a bridge between them and the NGOs for funding their projects.



### **C. Experts**

Most of them agree in stating that society does not perceive the risks and negative consequences of drug abuse correctly and that there is a need to emphasise messages based on evidence, that deal with the consequences of all kinds and not just the health ones related to drug use, through messages that have been agreed on and that are maintained over time. They also point out the need to value the non-use of drugs, emphasising prevention as positive. The problems that they highlight as being most relevant at the moment and in the future are the abuse of alcohol among minors, trivialising the use of cannabis and mental disorders associated to drug use. Some of them indicate a possible rise in heroin use, the increase of alcohol use and of nonprescribed medications as a result of the crisis.

They emphasise the positive influence that legislative measures on the promotion, sale and drinking of alcohol may have on the social perception of the risk associated to the use of this substance by minors and other vulnerable collectives. Some propose improving information to users about the risks, including information on bottles of alcoholic beverages.

As far as the actions to promote better, more efficient communication are concerned, they propose strengthening the communication offices of the Scientific Societies and carrying out campaigns on the social networks and the use of new information technology.

### **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* proposes awareness creating actions with a focus on gender and preparing informative material about women and drugs.

The *Institute of Elderly People and Social Services* proposes designing specific campaigns for elderly people. The most problematic drugs for this sector are currently alcohol and tobacco.

The *FEMP* also believes that awareness creation campaigns are necessary.

The *General Direction of Public Health* considers that it is necessary to create awareness among society about the economic and social impact of alcohol in Spain and to link alcohol and health. They propose collaborating with the communication industry to do this.

### **General objective no. 3:**

*To increase personal abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.*

#### **A. Autonomous Region Plans on Drugs**

This is one of the most relevant objectives highlighted by the PADs. The priority areas of action are the school and the family, particularly in the case of vulnerable populations, through selective, indicated programmes. With respect to schools, they propose prioritising the most vulnerable geographic areas and types of school, such as Training Modules, Social Guarantee or Initial Professional Qualification programmes.

As far as families are concerned, they propose promoting the inclusion of family modules in school programmes, improving the participation of parents through parental training at early ages and the offer of guidance and assessment services on the Internet. Regarding education, they look at the possibility of training trainers to multiply their effects or the use of online platforms.

In both cases (schools and families) they highlight the need to guarantee the quality of these programmes through accrediting them before they are implemented. They suggest that there should be a catalogue of accredited programmes. They also point out the need to define these criteria in a mutually agreed way and in coordination with the education system. In addition, they propose including early detection and derivation of the most problematic cases.

#### **B. ONGs**

Family and school prevention are the pillars of action proposed by the majority of them. In the case of schools, they highlight the proposals on aspects such as the quality of evidence-based programmes, the need to act in coordination with the education administration and, in the same way as the PADs requested, prioritising the most vulnerable collectives (Professional Training, Professional Qualification and Social Guarantee Centres, etc.).

In the case of families, they suggest the need to favour measures to reconcile work and family life.

### **C. Experts**

They highlight the school and family as priority areas, not in an indiscriminate way, but only favouring evidence-based programmes to guarantee the quality of the interventions. In this respect, the ideas go along the lines of previous proposals: to create databases of good programmes, to carry out an inventory of best practices to favour benchmarking and to coordinate themselves to apply joint projects.

They consider the need to coordinate with education departments and with parents' associations, which should be involved in an organised way. They also highlight the need to support measures to reconcile work and family life.

In addition to this, some of them talk about promoting young people joining associations and coordinating with youth policies.

### **D. Other Bodies of the Central Administration**

*The Ministry of Education, Culture and Sport* feels that it is necessary to improve the coordination of the PND with this Ministry to promote a project on Education for Health and one for schools, based on the WHO programme "Life skills education in schools".

They also consider that they should include contents in Education for Health in teacher training, educational development and psychology degrees and all masters' degrees related to teaching.

The ideal Department for this task coordination with the PNSD is the Spanish Centre of Educational Research and Innovation.

*The Spanish Federation of Municipalities and Provinces* considers it to be a priority to design protocols for acting with young people with school failure or those who have been expelled from the education system. They also give priority to programmes in high risk areas. As far as parents are concerned, they consider it would be important to reinforce their training and to favour the early detection of children with ADHD. They also think it is necessary to design Guides to the preventative programmes that exist in Spain.

*The General Direction of Public Health* feels that school and community prevention should be promoted, focusing on the most vulnerable groups and preparing a national regulation on these programmes.

**General objective no. 4:**  
*To delay the starting age.*

### **A. Autonomous Region Plans on Drugs**

According to the Autonomous Region Plans on Drugs, this is one of the **priority objectives for the next Action Plan**, and as part of it, they highlight three essential aspects:

- In the first place, promoting comprehensive community projects for preventing drug use among minors;
- In second place, developing regulations related to alcohol;
- In third place, early detection and intervention for vulnerable minors.

With respect to the first of these, the **promotion of** comprehensive community projects for preventing drug use among minors, this is the objective that got the highest score from the PADs. It is understood that they should be projects that are managed by local administration; that they must be comprehensive, in other words, that they should imply various sectors (health, social, education, police, leisure time, etc.) that favour the participation of the target publics and that they should adapt to the characteristics of the places in which they are applied.

They propose, as measures to promote this line of action, starting by identifying best practices in the national and international area; preparing guidelines based on evidence and creating instruments and **tools** that support municipalities for their development, such as guides for action, manuals, training programmes, assessment services, etc. They also propose prioritising them in calls for grants to be paid by public funds.

With respect to the **regulations concerning alcohol**, the need to count on unified, reinforced legislation to better protect minors from the sale and promotion of this substance was general. In addition, reinforcing the inspection and surveillance tasks are considered to be fundamental to guarantee the effectiveness of the regulations.

One of the ways to support this objective is to reinforce it in the local administration and create awareness among local police and in establishments that sell alcoholic beverages to guarantee compliance with the regulations.

For the **early detection and intervention with vulnerable minors** two areas are proposed which, due to the profile of their professionals and their location, are considered to be ideal for this task: one of them being schools and the other, the health services. In both cases, the need to count on support instruments which favour this task is mentioned, for which the proposal is to prepare **guides and protocols** for action which facilitate this task among health professionals, as well as professionals in the education system. Re-

garding the most suitable professionals to carry out this task, in the case of schools, the convenience of having school counsellors was highlighted. In the health services, this would be paediatricians and primary health care professionals. In both cases, the coordination with the health care network for drug dependents for referral in opportune cases is advised.

## **B. NGOs**

The proposals of the NGOs follow the same lines as those of the PADs: They would like to increase social awareness regarding alcohol abuse by minors and they propose reinforcing the regulations and the measures to monitor compliance with them. They require greater coordination of the resources and cooperation between the various players that work in the same territory.

Early detection of vulnerable schoolchildren is another of the aspects on which they focus their proposals. To do this, they, like the PADs, propose the creation of protocols for early detection for schools and training and participation of school counsellors in this task.

## **C. Experts**

They are of the opinion that there is a lack of coordination between the initiatives of various administrations and the third sector associations and request greater collaboration to make efforts more cost-effective.

Alcohol abuse by minors is the problem they consider to be most relevant, and the proposals for action are focused on reinforcing legislation and actions to control compliance with them.

They highlight the need to improve knowledge of users about recreational life, particularly with respect to night-time leisure activities and offer some ideas about how to act: for example, through creating a network of informers who frequent nightlife activities in the main cities in the country. The third sector associations could take on this task.

## **D. Other Bodies of the Central Administration**

The *Spanish Federation of Municipalities and Provinces* proposes community prevention programmes and help with the movement to join associations in cities to introduce actions of a selective, indicated nature.

Another of their priorities is that of controlling the sale and use of legal drugs and of the retail substance trafficking of illegal ones. They do not consider programmes of alternative leisure activities to be relevant.

The *General Direction of Public Health* considers it a priority to homogenise the age of access to alcohol and the evaluation of the level of compliance with autonomous region regulations and the training of health professionals. They also encourage tax policies regarding minimum prices and controlling direct and indirect marketing.

## **General objective no. 5:**

*To decrease the use of legal and illegal drugs.*

### **A. Autonomous Region Plans on Drugs**

Some PADs propose including risk reduction objectives in this part. In this respect, the priorities are the prevention of accidents associated to the abuse of alcohol and other drugs. For this, they consider it to be necessary to reinforce the work in driving schools to include modules on drugs in training new drivers, providing materials and training professionals.

They also highlight the importance of the recreational sector, particularly the night-time segment, for the reduction of risks. To do this, they propose promoting responsible serving in the hospitality industry.

Finally, they believe it to be necessary to promote prevention programmes in the work area, promoting the role of Health at Work and Occupational Risk Prevention services and the training of professionals of these services. They propose standardising brief interventions as part of the measures of these professionals. They highlight the idea of concentrating efforts on productive sectors at greatest risk and on those in which use would have an impact on third parties, by creating maps of risks in the work area.

Collaboration, coordination and quality by means of evidence-based programmes are also mentioned in the actions concerning this objective.

### **B. NGOs**

The NGOs highlight the need to intervene by means of direct actions in areas with special presence of young people and in which there is a concentration of use. In this respect, they state that the developers of night-time leisure activities should start to become involved in preventative actions and to promote them through the creation, for example, of quality “seals” which would serve as encouragement to participate in these initiatives. Universities would be another environment in which these activities could be increased.

They also feel that in the work area, the application of preventative programmes should be encouraged and, to favour this, the business sector should be motivated and objective information should be disseminated about the social and economic costs of drug abuse, and protocols about the reduction of damage should be incorporated in the Health and Safety at Work Act.

### **C. Experts**

They highlight the need to improve knowledge of users about recreational life, particularly with respect to night-time leisure activities and offer some ideas about how to act: for example, through creating a network of informers who frequent nightlife activities in the main cities in the country. The third sector associations could take on this task.

They also propose studying new lines of actions based on the use of the Internet for programmes to reduce use, which consist of using the social networks for community interventions that could have great power, as has been shown in some experiences with tobacco

### **D. Other Bodies of the Central Administration**

The *General Direction of Support to Disability Policies* offers to collaborate in actions aimed at people with mental illnesses or with intellectual disabilities who have drug problems. They propose the need for better mutual knowledge about the tasks of both Directions to study possibilities for cooperation.

The *Spanish Federation of Municipalities and Provinces* proposes promoting specific guidance services for young people who use drugs and their families.

The *General Direction of Public Health* considers it necessary to include the control of alcohol use and brief intervention in Primary Health Care. They consider early detection of FAS to be particularly important. They also propose collaboration with the hospitality industry for responsible serving.



## **General objective no. 6 :**

*To reduce the risks and damages associated to use.*

*The objectives of this part are focused on reducing damages associated to use, as many proposals went along the lines of separating this objective from that of risk reduction and including it in objective 5 on the decrease of use*

### **A. Autonomous Region Plans on Drugs:**

In this objective, what was most highly valued was promoting specific interventions in leisure time environments targeted at young users to reduce the risks associated to use. Some Autonomous Region Communities point out the need to setup and disseminate safety protocols related to the use of drugs in night-time leisure centres or the legal introduction of “zero level tolerance” among new drivers.

Other relevant populations are prostitutes or patients with dual pathology, for whom they propose diverse measures, such as drawing up specific protocols of action which improve the coordination between psychiatry services and care to drug dependents or to develop specific services for this target population.

They also consider it to be relevant, though to a lesser degree, to improve treatments with substitutions, incorporating new therapeutic options or improving the involvement of pharmacies.

### **B. NGOs**

Women, prison inmates and homeless people are the three priority groups.

They feel that it is important to promote the participation of the target population of the actions in drawing up the material and programmes for reducing damage to adapt them to their needs and characteristics..

### **C. Experts:**

They believe that the drugs that cause most problems and will continue to do so in the future are alcohol, cocaine and heroin and that the most vulnerable people are those with a personal or family history of psychiatric disorders, meaning that the Primary Care Teams must be involved in early detection.

They also request that addiction should be recognised in the portfolio of health services and that there should be better evaluation of the programmes.

#### **D. Other Bodies of the Central Administration**

The *Spanish Federation of Municipalities and Provinces* proposes people who prostitute themselves to maintain their drug use as a priority target group.

**General objective no. 7:**

*To guarantee quality care adapted to the needs of all people directly or indirectly affected by drug use. To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.*

**A. Autonomous Region Plans on Drugs**

In the treatment area, the Autonomous Region Plans on Drugs prioritise the following objectives:

The first of them refers to the inclusion of early detection and intervention and brief intervention in primary health care and, to make this possible, they propose the drawing up of mutually agreed protocols and training professionals in this sector. This is the second most valued objective in the entire Action Plan.

The second deals with care for dual pathology, which is considered to be a priority problem in the care area. The proposals are varied and include the following:

- Creating specific workgroups for this problem, analysing the existing resources and the problems they come up against;
- Assessing professionals in the existing services on how to deal with this illness;
- Creating dual pathology treatment centres or specific units in the mental health services.

In third place, the inclusion of the gender perspective in care for drug dependents. The priority lines of action are, as in the previous case, the preparation of protocols and materials and professional training.

In addition to this, they consider it to be important to make access to the resources flexible, to carry out activities for the active recruitment of people with drug problems in courts, police stations, emergency departments, prisons and in the street to be given by social educators.

Some of them propose incorporating determined drug network services into the network of Primary and Specialised Health Care, improving the coordination between the various services to achieve continuity in the treatment process. One autonomous community proposes integrating treatments with substitutions in the Primary Health Care Area.

## **B. NGOs**

The NGOs alert about the current situation of the closing down of programmes and care resources and the health and social repercussions that this situation could cause. In view of this, they request that the problem should be made visible socially and they defend the Spanish care model based on comprehensive programmes with a biopsychosocial model with multidisciplinary care teams. They vindicate the role of NGOs in this field. The priority is to maintain the public care network.

They believe it is necessary to prioritise attention to people who are most excluded: illegal immigrants, women and people with dual pathology, making these resources flexible to help these groups get access to them.

They also propose incorporating systems of assessment and quality of the care network, which incorporate the valuation by users of the services that they receive, as well as the collaboration of insurance companies, companies and the users and their families in funding these services.

## **C. Experts**

The contributions of the experts in this part is along the line of coordinating the services better and of integrating care for drug dependents in the public health system, including addictions in the portfolio of health services, both in general health areas as well as mental health ones, guaranteeing the homogeneity of the system throughout Spain.

They propose improving the training of health professionals in this matter and reducing the stigmatisation given to drug dependents.

Some of them feel that it would be very helpful to prepare practical guides for patients and their families.

## **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* proposes introducing the gender approach in all phases of treatment.

The *Secretary General of Penal Institutions* highlights the importance of therapeutic programmes in prisons, in particular programmes of psychosocial intervention for inmates being treated with methadone, in active treatment phase.

**General objective no. 8:**

To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.

### **A. Autonomous Region Plans on Drugs**

Although it is not one of the priority objectives for the PADs (less than 100 points), the proposals go along the following lines: establishing agreements between administrations to fund the hiring of people with problems of drugs during the active treatment phase (yearly call for grants, institutional employment, employment policies, integration companies) or setting up agreements or protocols for collaboration among municipalities and autonomous region employment services so that they favour the training and social and employment incorporation of the drug-dependent population undergoing rehabilitation process.

In the case of the prison population, and also including young people in the juvenile justice system, they propose setting up a coordination committee for the social and work integration between the PNSD, the various Ministries and representatives of the Autonomous Communities. This commission would have the mission of carrying out a protocol of action in prisons for the therapeutic continuity of inmates, placing special attention on follow-up after they have been released and establishing agreements between administrations to fund the hiring of people with drug problems during the active treatment phase in the prison area and that of juvenile justice.

### **B. NGOs:**

The NGOs' proposals go in several directions:

- The first of them refers to training and preparation for employment of people with drug problems; they propose the creation of customised routes for integration, accompaniment during these processes by social workers or educators and motivating training with minimum economic gratification. Priority would be given to working with the prison population, with added difficulties in integration processes: in this area the NGOs feel that training in skills and the development of competencies before being employed should be intensified during the time they are in prison. They also consider it important to maintain and encourage external social services in prisons. They particularly mention young people aged between 18 and 25 who go into prison for the first time, for whom it would be important to intervene with alternative measures and employment programmes to prevent social exclusion processes.

- The second one is aimed at favouring the hiring of “clean” drug dependents by companies. To do this they propose various incentivising measures, such as the public recognition of companies who do these actions; granting tax benefits or legislative changes against measures that could mean barriers against these objectives, such as the repeal of letter f of point 2 of article 54 in the Workers Articles of Association which backs the dismissal of drug dependents. They also propose making self-employment easier by means of training and granting micro-credits to this group.

In all the actions, the NGOs warn about the importance of emphasising people’s dignity and taking care of the language used.

### **C. Experts:**

The experts propose diverse actions such as improving training for social workers to facilitate the social and work integration of drug dependents; to promote employability with models such as the one tried out in the Basque Country which includes receiving the Guaranteed Basic Income in the participation of training processes to improve employability. They also highlight the importance of preventing the stigmatisation of this group, although they do not propose how to do so.

### **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* supports measures that reconcile family life and work and ensure that the resources do not reinforce gender stereotypes.

The *General Direction of Public Health* proposes modifying the Criminal Code to include alternative measures to prison for people condemned for highway safety offences.

The *Secretary General of Penal Institutions* proposes reinforcing collaboration with the Autonomous Region Plans on Drugs in the development of psycho-social intervention programmes for inmates being treated with methadone, in the active treatment stage, of workshops preparing them for their release and social rehabilitation and preliminary work and work training, favouring the continuation of therapeutic processes and labour and social reintegration.

## **PILLAR 4: IMPROVING BASIC AND APPLIED SCIENTIFIC KNOWLEDGE**

### **General objective no. 11:**

*To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.*

### **A. Autonomous Region Plans on Drugs**

They value this work area as being highly relevant. The proposals are focused on the following aspects:

- They consider it to be essential to maintain the current surveys on drugs and in general, all the indicators of the information system on drugs from the Spanish Observatory and, in as far as is possible, to increase the speed of the analysis of their results, as well as improving access to the information generated. They also propose the need to carry out quantitative studies into new patterns of use as a complement to the surveys.
- They believe it is necessary to boost research in this field regarding aspects such as new therapeutic options, by means of multicentric studies, and the new patterns of use. Other subjects proposed, although with fewer points, are dual pathology and the cost of treatments.
- They also propose coordination between the various autonomous communities for setting up joint research projects and the exchange of experiences as a learning channel.

### **B. NGOs**

There are few proposals in this part; only those of improving research into risk factors, both in the work area as well as with respect to those related to the abuse of medications.

### **C. Experts**

The experts also defend the need to maintain the current system of information on drugs, and even to improve it, including indicators that are not just health ones, such as schooling, belonging to associations, etc.

As is the case for the Autonomous Region Plans on Drugs, they call for greater speed in the analysis of data and greater visibility, proposing the use of updated telematic procedures for this, such as that used in the Basque Country, for example (Open Data).

They propose improving research into the following areas:

- Updating research regarding risk factors for use and abuse, especially contextual ones.
- Alcohol: the influence of the industry on use; analysis of legislation on sales, promotion and use.
- Marijuana and its social interpretation.
- Dual pathology.
- The gender perspective.
- Internet: both from the perspective of the use that is made of the network in this area, as well as its preventative potential.

### **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* proposes carrying out studies into gender and drugs.

The *Secretary General of Penal Institutions* proposes carrying out a Survey on Healthy Habits and Drug Use on inmates in Penal Institutions in 2016, and comparing them with the 2006 and 2011 studies.



**General objective no. 12:**

*To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.*

**A. Autonomous Region Plans on Drugs**

This part is a high priority for the PADs. The actions proposed can be resumed as follows:

- They consider it to be fundamental to promote the evaluation of processes and results of programmes on reducing demand, and also of doing it at a national scale, boosting systems of assessment and unified quality, or indicators of effectiveness and efficiency at a national level, or promoting multicentric research teams for evaluating programmes, with the participation of universities. They also propose preparing practical guides for assessing prevention programmes.
- There is firm agreement regarding the need to create a Database of Programmes, following the EDRRA model, which includes initiatives that comply with a series of previously defined quality criteria. They also defend the need to disseminate and give visibility to these programmes and initiatives, through publications, videoconferences, discussion forums among professionals, etc. As a result of the previous parts, best practice guides could be drawn up containing recommendations for designing and carrying out programmes in different areas.
- The assessment of the services by users is another of the measures proposed by most of them. To do this, they recommend carrying out satisfaction questionnaires using the new technologies to reduce costs and increase participation.

**B. NGOs**

The NGOs also defend the need to promote the assessment of programmes and resources for reducing the demand for drugs.

In the case of prevention, they focus on school and family programmes. They believe it necessary to create tools and support systems for planning and assessment.

They propose setting up a platform that will serve for the exchange of experiences, discussion and agreement for determining best practices.

### **C. Experts**

They consider it fundamental to assess programmes, particularly those which consume most public resources. They propose focusing on the evaluation of the effectiveness, efficacy and fairness of the preventative actions and treatment of drug dependence.

### **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* proposes preparing a guide for introducing indicators of gender perspective in the evaluation of programmes and services.

The *FEMP*, proposes the creation of a computer tool to consult indicators of use by town. It also suggests the need to provide technical support to towns for preparing Municipal Plans.

## **PILLAR 5: TRAINING**

### **General objective no. 13:**

*To improve and extend the training of professionals who work in this field, as well as people who collaborate voluntarily in it.*

### **A. Autonomous Region Plans on Drugs**

The Autonomous Communities also consider that training and recycling professionals who work in this field is relevant. To do this, many propose carrying out a preliminary diagnosis of training needs and a national training plan agreed on by the Autonomous Communities, in collaboration with universities in which organisations of international prestige such as the WHO, UNODC and NIDA can participate; they also propose online training with streaming methodology; itinerant training of quality courses led by the GD-NPD, the creation of a web portal with forums for the exchange of knowledge between professionals or the translation and dissemination of documents with a high scientific value for updating the professionals in the sector.

In addition to these professionals, teaching staff and health professionals are the other two groups which are given most importance in the training section. In the case of teaching staff, the possibility of including the subject of prevention in under- and postgraduate training is also considered. The need to get any training that is done accredited is also recognised.

### **B. NGOs**

They propose reinforcing the training of professionals in NGOs in planning and evaluating programmes, as well as strategies to reduce damage. They believe that the online training offer should be increased and that collaboration mechanisms between different NGOs could be set up to provide a joint training offer and to make the most of the resources.

### **C. Experts**

The experts emphasise the following training needs:

- They believe that the prevention sector needs to be professionalised, particularly in planning and evaluation.
- For professionals in the drug dependence care network in the biopsychosocial model and in evidence-based therapy.
- For professionals in the dual pathology mental health network.

They believe that more congresses or seminars focusing on prevention should be held and that the Internet is vital, both for online training as well as for the exchange of knowledge and experience between professionals. They also feel that the professional associations should play a more active role in this matter.

### **D. Other Bodies of the Central Administration**

The *Instituto de la Mujer* proposes training all the professionals in the sector to look into the gender perspective in greater depth in their actions and to reinforce the training of primary care professionals regarding alcohol, tobacco and psychotropic drugs.

The *FEMP* proposes training community agents and members of municipal government teams.

The *General Secretary of Penal Institutions* proposes training the Health Teams and the Technical Teams-GAD (Group of Attention to Drug Dependents) in prisons in the following priority areas: handling and dealing with dual pathology, group intervention techniques, design, introduction and evaluation of intervention programmes.

## **PILLAR 6: INTERNATIONAL COOPERATION**

### **General objective no. 14:**

*Optimising coordination and cooperation in the European and international context in general.*

### **A. Autonomous Region Plans on Drugs**

In the international arena, increasing cooperation with the WHO and setting up agreements to determine evidence-based policies is proposed. They also propose greater dissemination of the collaboration and research opportunities, above all in Europe.

### **B. NGOs**

They propose promoting the application of Spanish programmes in the context of international cooperation, and participating in international forums that deal with quality contents, as well as the participation of Spanish NGOs in thematic work groups that international organisations are developing.

### **C. Experts:**

They request greater coordination of the entire sector to guarantee a powerful response to the pro-use organisations that work at an international level.

They also believe that the exchange of best practices with other countries could enrich the work in this field, as well as the participation in joint, evaluated projects and the creation of a workgroup to analyse the results of drug policies in Europe.

Creating awareness among members of the European Parliament to promote collaboration between EU countries could be a good way of achieving this.

#### **D. Other Bodies of the Central Administration.**

The *The General Directorate of Public Health* proposes exchanging best practices with regard to alcohol with the WHO, the EU and the OECD, as well as the evaluation of alcohol policies for the European “Alcohol and Health” study.

The *Institute of Elderly People and Social Services* proposes creating a workgroup in the Ibero-American Network of Technical Cooperation.

---

**APPENDIX 4.5.**  
**Chart evaluating the Workgroup's**  
**Actions**

Chart summarising the evaluation scores of the WG's actions.

No.	G.O.	ACTION	And	Can	Cantab	CM	CL	Cat	Extr	Gal	Mad	Mur	Nav	Basque c	Rioja	total
1	1	Advisory board of the PNSD.	10			5	5	10		10	5	10		5	10	70
2	1	Inter- and Intrasectorial Coordination Platforms	10	5		10	10	10		10	5	10		10	10	90
3	2	PNSD Communication Plan.	5			5	0	0	10	10	5	10	10	0	0	55
4	2	National Prevention Campaign Aimed at Young People.	10	5	10	10	5	0	10	10	10	10		0	0	80
5	2	National Catalogues of School and Family Prevention Programmes.	10	5	10	5	0	0		10	10	10	10	0	5	75
6	3	National Project on School Prevention for vulnerable minors.	10		10	10	10	0	10	10	10	10	10	0	5	95
7	3	Portal of best practices in the family area.	10	5	10	10	10	0		0	0	10	10	10	5	80
8	3	Study on Alcohol and Minors Regulations in Spain.	10		10	10	10	10	10	10	5		10	10	10	105
9	4	Support service to the Planning and Assessment of Community Drug Use Prevention Programmes in Minors in the Local Area	10	5	10	5	5	0		10	5	10	10	0	0	70
10	5	Guide to Early Detection and Intervention in Schools.	5	10	10	10	10	10	10	10	10	10	10	5	0	110



Chart summarising the evaluation scores of the WG's actions.

No.	G.O	ACTION	And	Can	Cantab	CM	CL	Cat	Extr	Gal	Mad	Mur	Nav	Basque c	Rioja	total
11	5	Guide to Early Detection and Intervention in Health Centres.	5	10	10	10	10	10	10	10	5	10	10	10	10	120
12	5	National Prevention Plan in the Hospitality Industry.	5	5	10	5	10	10	10	5	5	10	10	10	10	105
13	5	Advisory Services for Users and Family Members.	5	10		0	5	5		10	5			0	0	40
14	5	Training Module for Driving Schools.	10	5		10	0	10	10	5	0	10		0	5	65
15	6	Maps of Risk in Areas of Use.	5	5		10	5	5	10	10	0	10		10	10	80
16	6	Guide to Intervention in Areas of Risk.	10	5		10	5	10	10	10	5	10		10	10	95
17	7	Protocol for the Follow up on the Care Management of Services to Attend Drug Dependents.	10	10		5	5	5		10	0	10		10	10	75
18	7	Guide to Care Services for Drug Dependents.	5	10		5	10	0		10	10	10		10	10	80
19	7	Protocol of Care for Women with Drug Problems.	10	10		10	0	10		5	5	10		10	10	80
20	7	Protocol of Care for Dual Pathology.	10	10		10	10	10		10	10	10		10	10	100
21	8	Study on Alternative Measures to Prison.	5			10	10	10	10	10	5	10		10	0	80

Chart summarising the evaluation scores of the WG's actions.

No.	G.O	ACTION	And	Can	Cantab	CM	CL	Cat	Extr	Gal	Mad	Mur	Nav	Basque c	Rioja	total
22	8	Protocol for customised integration for drug dependents undergoing rehabilitation process.	10	5		10	5	10	10	5	5	10	10	10	5	95
23	8	Training programmes for employment for prison inmates.				10	10	5		10	5	10		10	5	65
24	9	Prevention plan for retail substance trafficking in school and leisure-time areas.				10	10	5		10		10		0	0	45
25	9	Promoting the participation of citizen Security Units in the fight against drug trafficking.		10		10		0		10		10		5	5	50
26	9	Inspection plan on operators of substances susceptible to being diverted to illegal channels.		5		10		5		10					10	40
27	10	Research plan into economic delinquency and funding associated to drug trafficking.		5		10		10		10				0	10	45
28	11	Maintaining Information Systems on drugs.		10	10	10		10	10	10			10	10	10	90
29	11	Reinforcing the Information Systems on Drugs.	10		10	10	10	10		10	10		10	10	10	100

Chart summarising the evaluation scores of the WG's actions.

No.	G.O	ACTION	And	Can	Cantab	CM	CL	Cat	Extr	Gal	Mad	Mur	Nav	Basque C	Rioja	total
30	11	Consolidating the early warning system.		10		10	5	10	10	10	10				5	70
31	12	Promoting Research Networks with clinical application.	10	5		10	10	10		10	5			10	10	80
32	12	Portal of best practices in reducing the demand for drugs.	10	0		10	5	5		5	5	10	10	10	10	80
33	12	Document of Consensus on Criteria for Accreditation of Programmes to Reduce the Demand.	5	5		0	5	10		10	5	10	10		10	70
34	12	Database of Assessment Instruments.	5	10		0	10	10		10	5	10		10	10	80
35	13	Advisory Department for the Planning and Assessment of Programmes to Reduce Demand.	5	5		0	10	0		10	5			10	10	55
36	13	Internal Evaluation System for the 2013-2016 Action Plan on Drugs.	10	5		5	10	10		10	5			10	10	75
37	13	National Training Plan in Drug Dependence.	10	5		5	10	0		10	5		10	0	10	65
38	13	Training Plan for Health Professionals.	10		10	10	10	5		10	5	10		10	10	90

Chart summarising the evaluation scores of the WG's actions.

No.	G.O	ACTION	And	Can	Cantab	CM	CL	Cat	Extr	Gal	Mad	Mur	Nav	Basque c	Rioja	total
39	13	Training Plan for School Counsellors and Tutors.	10		10	10	10	5		10	10	10		0	10	85
40	13	National Encounter on the Prevention of Drug Dependence.	10		10	5	5	10		10	5	10		10	10	85
41	14	Favour the action of Spain in the heart of the United Nations Office on Drugs and Crime (ONUDC).														NV
42	14	Cooperate with the World Health Organisation (WHO).														NV
43	14	Ensure Spanish presence in the work cases of the European Union.														NV
44	14	Reinforce Spanish presence in Latin America and other favoured geographical areas.														NV
45	14	Reinforce participation in the international area.														NV
		<b>NEW ACTIONS</b>														
C y León	5 bis	National Universal Family Prevention Programme.														
And	8	Deal with the legal-criminal situation of people with addiction problems to help their social reintegration.														

---

**APPENDIX 4.6.**  
**Model of monitoring sheet for the actions**

**Appendix 6.**  
**MODEL OF MONITORING SHEET FOR THE ACTIONS OF**  
**THE 2013-2016 ACTION PLAN ON DRUGS**

	Pillar of Action	General Objective	Area Intervention
1. ACTION			
2. NAME			
3. PERSON RESPONSIBLE			
4. COLLABORATORS			
5. CODE FOR THE ACTION			
6. GOAL			
7. DESCRIPTION OF THE ACTION			
8. TASKS			
9. AREA			
10. BENEFICIARIES			
11. PRODUCTS			
12. EVALUATION INDICATORS			
13. BUDGET			
14. DURATION			
15. FOLLOW-UP CALENDAR			
16. RESPONSIBLE FOR THE FOLLOW-UP			
17. COORDINATED ACTIONS			

1. Number of the action
2. Name of the action
3. Responsible for the action: all actions must have a person responsible for their coordination and follow up. This person may be the same one throughout the entire period or may change as it develops.
4. Collaborators of the action: this includes everyone who implements the action in full or in part. The organisations with which it is required to work on the actions for which there are shared responsibilities will be taken into account.
5. Code for the action: this is descriptive and serves for the analysis of the action plan and its follow up; it includes the strategic pillar, the general objective and the area to which the action corresponds.
6. Description of the goal: this describes the final results intended as a result of the action.
7. Description of the action: this describes the action to be carried out briefly and generally, and the main circumstances to be taken into account for its correct introduction.
8. Tasks: this lists the main tasks that come from the action. It is complementary to the previous section.
9. Area: this allows where the programme is being applied to be seen: (school, community, work, care, etc.)
10. Beneficiaries: this includes the direct and indirect beneficiaries. The direct beneficiaries are the target population for the action.
11. Products: the products that it is expected to obtain by developing the action are described. The follow up on it must report on its effective development.
12. Evaluation indicators: depending on the goals for each action, follow-up indicators will be selected that allow the degree of compliance with the objectives set to be valued and, if necessary, the modifications that are required to make them effective. Once the definitive indicators have been selected, the idea is that a sheet will be developed for each of them that will help the follow up and the analysis of results. These indicators will be part of the control panel to control the entire Action Plan.
13. Budget: all actions will be budgeted in keeping with the tasks they involve and the products that they aim to achieve.
14. Duration of the action: some activities are ongoing throughout the entire validity of the Action Plan, but in other cases they will be one-off actions with shorter implementation periods.
15. Follow-up calendar: this sets the deadlines for complying with the indicators and carrying out the follow up on the Action Plan.
16. Responsible for the follow up: there must always be someone assigned to carry out this task for each of the actions.
17. Coordinated actions: the other measures from the Action Plan that are related to this action are specified.

---

**APPENDIX 4.7.**  
**Questionnaires on the consultation**  
**process.**



## Questionnaires on the consultation process

- 7.1. Questionnaire for Experts.
- 7.2. Questionnaire for NGOs
- 7.3. Questionnaire for the General Direction of Public Health, Quality and Innovation.  
Ministry of Health, Social Services and Equality.
- 7.4. Questionnaire for the General Direction of Equal Opportunities/Institute of Women.  
Ministry of Health, Social Services and Equality.
- 7.5. Questionnaire for the General Direction of the Youth Institute.  
Ministry of Health, Social Services and Equality.
- 7.6. Questionnaire for the General Direction of Support to Disability Policies.  
Ministry of Health, Social Services and Equality.
- 7.7. Questionnaire for the General Direction of Services for the Family and for Infancy.  
Ministry of Health, Social Services and Equality.
- 7.8. Questionnaire for the Institute of Elderly People and Social Services (IMSERSO).  
Ministry of Health, Social Services and Equality.
- 7.9. Questionnaire for the Government Delegation for Gender Violence.  
Ministry of Health, Social Services and Equality.
- 7.10. Questionnaire for the Secretary of State for Education, Professional Training and Universities.  
Ministry of Education, Culture and Sport.
- 7.11. Questionnaire for the Spanish Centre for Intelligence against Organised Crime.  
Ministry of the Interior.
- 7.12. Questionnaire for the General Direction of Traffic.  
Ministry of the Interior.
- 7.13. Questionnaire for the Secretary General of Penal Institutions.  
Ministry of the Interior.
- 7.14. Questionnaire for the Spanish Federation of Municipalities and Provinces.

7.1. QUESTIONNAIRE FOR EXPERTS FOR DRAWING UP THE 2013-2016  
ACTION PLAN ON DRUGS.  
(THE 2009-2016 NATIONAL STRATEGY ON DRUGS)

PILLAR 1: COORDINATION

**General objective no. 1:**

To optimise the coordination and cooperation in the context of Spain.

1. How could the exchange of experiences and knowledge among all the sectors involved in the area of drug dependence be improved? Public administrations, NGOs, scientific societies, unions and management.
2. Scientific evidence states that dealing with prevention, treatment and reintegration must have a multidisciplinary approach in order to be effective. How could the coordination between experts of different disciplines be favoured to obtain a more comprehensive approach to the problems related to drug dependence? Which disciplines should be included? What kind of means could be used to improve this interdisciplinary communication?

## PILLAR 2: REDUCTION OF THE DEMAND

### Prevention:

#### General objective no. 2:

To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.

3. Taking into account the current situation (new kinds of use, the social networks, the economic crisis, etc.), which do you think are the risk behaviours related to use that are going to cause most problems in forthcoming years and that are therefore going to require the greatest attention?
4. Depending on the answer to the question above, which actions of those that have been carried out so far do you think need to be reinforced, decreased or done away with? Which ones? In which area of action? For which target population?
5. The problem of drugs is not perceived today as a relevant problem for citizens. How do you think that this awareness of the problem could be increased? What channels of information, apart from campaigns, do you think could be used to promote social awareness about the problem of drugs? Who should this information be aimed at and what are the most suitable channels for reaching them?
6. Information about drugs reaches the population from diverse sources and with highly diverse messages. How could we favour synergy in the dissemination of the messages? Which key aspects should be emphasised during the 2013-2016 four-year period?

#### General objective no. 3:

To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.

7. Which areas of prevention do you think should be reinforced or boosted during the 2013-2016 four-year period? For which target population? With the implication of which organisations and/or bodies?
8. Do you think that the most vulnerable collectives: minors at risk, young people with problems with the law, homeless young people, young people who do not attend school, young people who have been victims of sexual exploitation, children of drug dependents, etc. are suitably addressed? What could be done to improve this attention?

#### **General objective no. 4:**

To delay the starting age.

9. Scientific evidence shows that for more vulnerable groups of young people, so that prevention programmes are efficient, they should focus their attention on the young person, their families and their environment as a whole and try to support them by integrating resources that could come from various public administrations, bodies, etc. Do you think that this integration of resources is carried out correctly? How could it be improved?
10. What features or factors of the environment do you consider to have a significant effect on the starting age of drug use and which are therefore priority ones for prevention? Do you believe that these features or factors are suitably dealt with? How could they be improved?

#### **General objective no. 5:**

To decrease the use of legal and illegal drugs.

11. The appearance of new types of use and drugs is constant in society. How could we improve the offer of a fast, effective response to prevent their use?
12. Do you know any kind of interesting prevention programme or activity that is not being carried out or that is being done inefficiently? Which one(s)? For which target population? Through which channels?

#### **Decrease of risk and reduction of damage**

#### **General objective no. 6:**

To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.

13. Scientific evidence shows that early detection is important to prevent damage through use. How could we improve the identification of people in danger of problematic use? Through which channels? Which group of professionals should be involved?
14. What gaps exist in the actions that are carried out to decrease risks and damage? How could they be improved?

15. Which actions should be undertaken to ensure that prevention as well as the treatment of addictions should be socially recognised as fundamental pillars of health and dealt with from a biopsychosocial perspective? Which kind of use and drugs do you consider it to be a priority to address to reduce the damage that is occurring during the 2013-2016 four-year period?

### **Social care and integration**

#### **General objective no. 7:**

To guarantee quality care adapted to the needs of all people directly or indirectly affected by drug use. To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.

16. What are the weak points that need to be improved for this four-year period with regard to care for drug dependents and their families?

#### **General objective no. 8:**

To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.

17. What are the weak points that need to be strengthened and reinforced regarding the social integration of people with problems of drug dependence?
18. Do you consider that new objectives and strategies should be proposed in this new action plan to favour a more comprehensive care for people with problems of drug dependence? Which objectives? Which strategies?

## PILLAR 4: IMPROVING BASIC AND APPLIED SCIENTIFIC KNOWLEDGE

### General objective no. 11:

To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.

19. In view of the relevance that the Internet has, as a channel for being able to reduce the demand as well as being able to control the offer, do you think that it would be a good idea to gain greater knowledge about its impact and the actions to be carried out regarding this matter during this four-year period?
20. Which aspect or theme related to drug dependence do you consider it is a priority to research during this four-year period?
21. To obtain greater effectiveness in the prevention programmes as well as treatment or reduction of damage, do you consider that new variables or aspects should be researched? Which ones?
22. What role could Spanish universities play as sources of knowledge, either as trainers or as knowledge producers (research)?
23. Which actions could be carried out to improve the State System of Permanent Information?

### General objective no. 12:

To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.

24. Which programmes and actions do you think should have the evaluation of results focused on them?
25. Do you consider that a review should be carried out on the efficiency and efficacy of some of the theoretical models on which some interventions are based? Which ones?
26. Do you think it would be a good idea to draw up and validate an instrument for evaluating the cost efficiency of specific interventions? Please prioritise what kind of interventions you consider it would be a good idea to evaluate and what kind of instruments to design.

## PILLAR 5: TRAINING

### General objective no. 13:

To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.

27. From your knowledge as an expert, what training needs do you detect among the professionals in the sector? Please prioritise the most urgent ones according to the professional sector.
28. Which professional responsibilities do you consider that need to be acquired and reinforced by means of this training? For what kind of professionals? Through which channels?
29. What kind of actions do you consider should be carried out to optimise the existing resources for training the various collectives? How could a greater dissemination of the new knowledge that is acquired be made?

## PILLAR 6: INTERNATIONAL COOPERATION

### General objective no. 14:

To optimise coordination and cooperation in the European and international context in general.

30. The worldwide nature of the drug problem requires global approaches. In your expert opinion, in which aspect(s) would it be a good idea to see greater cooperation? With which countries? With which established workgroups?
31. What kind of exchanges regarding what kind of material do you consider to be a priority during the 2013-2016 four-year period? With which countries?
32. Do you consider that new areas for exchanging knowledge in the EU in the drug area should be created? How could the existing ones be promoted?

**COMMENTS:** Please add as many observations, suggestions or proposals as you consider to be relevant to complete your opinion about the subjects proposed.

## 7.2. QUESTIONNAIRE FOR NGOs FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)

The purpose of this questionnaire is to find out your opinion and compile your contributions to prepare the Specific Objectives and the Actions to be developed in the next Action Plan on Drugs, as part of the 2009-2016 National Strategy on Drugs.

This Strategy is structured into six pillars of action and contains 14 General Objectives. The questionnaire that we are sending includes all the pillars and objectives, except those related to pillar 3 on the Reduction of the Offer of Drugs. You can consult the complete document of the 2009-2016 National Strategy on Drugs at the following link: <http://www.pnsd.mssi.gob.es/Categoria2/publica/pdf/StrategyPNSD2009-2016.pdf>

For each of the General Objectives a series of questions have been included, which we hope will be useful to reflect and to provide specific suggestions to be included in this Action Plan. Please focus on what you consider to be most relevant within your area of action and highlight the priority aspects on which you would like to comment (maximum of three proposals in each question), taking into account that we are aiming to draw up a short, specific, precise action plan adapted to the following criteria:

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.



**PILLAR 1: COORDINATION:**

**General objective 1:**

To optimise coordination and cooperation in the context of Spain.

1. To improve the coordination between the administrations responsible for drug policies and the third sector, do you think it would be a good idea to develop regular, formal work spaces? Which spaces? With what objectives?
2. The Government Delegation for the PNSD is the body responsible for the coordination of drug policies. Which actions should it improve or which new actions should it introduced to improve this coordination between the various sectors involved? (Administrations, professionals, NGOs and the general public).
3. What actions could be developed from the Government Delegation for the PNSD to encourage society to become aware of the work that is done in the drug dependence area in the third sector?
4. In what mechanisms or actions could NGOs play a more active role regarding the planning, introduction and evaluation of drug policies?
5. Given the current crisis situation, how could the actions of NGOs in the sector be better co-ordinated to make the resources that are available more cost-effective? (Material prepared, platforms, training programmes, etc.).

## PILLAR 2: REDUCTION OF THE DEMAND

### General objective 2:

To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.

6. To achieve a more efficient policy in matters of drug dependence it is important that the population should receive coherent messages from all the responsible institutions. What kind of actions do you think could be developed to improve the coherence of the messages that are issued from the various administrations in the third sector? Which messages do you consider to be fundamental to propose during the 2013-2016 four-year period?
7. Taking into account the evaluation of the actions carried out in the previous four-year period, (the complete document of the 2009-2012 Action Plan on Drugs may be consulted at <http://www.pnsd.msssi.gob.es/Categoria2/publica/pdf/StrategyPNSD2009-2016.pdf>) which new actions could be carried out so that the general population has a greater perception of the risk involved in drug use?
8. Corporate Social Responsibility in companies is a key tool in the area of drug dependence. What actions should be carried out during this four-year period to increase their introduction?
9. Do you consider that the collaboration of the alcoholic beverages industry would be a good idea? If so, what limits and guarantees would be required to contribute to social well-being and to public health?
10. Do you consider that the fight against poverty, social inequality, discrimination, marginalisation and stigmatisation that people with problems of drug addiction may suffer from are sufficiently contemplated in the reduction of demand policies? Which specific actions could be carried out?
11. How could the NGOs help get the social media to be more deeply committed to the prevention of drug dependence?

### General objective 3:

To increase abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to them.

12. Which actions could be carried out to improve preventative actions in:
  - a. The school area -----
  - b. The family area -----
  - c. The community area -----
13. Taking the current situation of Spanish society into account, do you consider that there is a particularly vulnerable group which is not being suitably addressed? Which one? What kinds of action should be carried out?
14. In your area of action have you detected needs that should be covered as a priority during the 2013-2016 four-year period? Which ones? What kinds of action should be carried out?
15. In keeping with the various intervention times, delaying starting age, decreasing use and damage or care offered to users, in which area do you feel that NGOs are playing the most important role? Why?

### General objective 4:

To delay the starting age of contact with drugs.

16. Depending on the factors that you consider to be most determining in starting drug use, what actions do you think are priority ones to prevent it?

### General objective 5:

To decrease the use of legal and illegal drugs.

17. What patterns of use of legal and illegal drugs do you believe have the greatest risk and should therefore be prioritised in the action plan for this four-year period? What actions do you think would be most effective for dealing with them?
18. How could compliance with current legislation in matters concerning alcohol and tobacco be improved?
19. How could the general public and community organisations collaborate in improving compliance with current legislation?

20. Which actions could be carried out to improve preventative actions in the workplace?

### **General objective 6:**

To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.

21. From your area of action, is there any collective that is not sufficiently benefiting from the existing programmes for the reduction of damage? What actions could be carried out to favour access to these programmes?
22. To prevent traffic accidents linked to the use of alcohol and other drugs, what activities should be carried out?

### **General objective 7:**

To guarantee quality care adapted to the needs of all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)

23. What measures should be introduced to improve access to treatment by people with special difficulties?
24. In the current situation of Spanish society, what strategies do you consider to be useful to guarantee quality care to people with a problematic use of drugs?

### **General objective 8:**

To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.

25. What measures should be encouraged during the 2013-2016 four-year period to favour the social and work integration of drug dependents?
26. For the integration of prisoners, what measures should be encouraged during this four-year period? How should the continuity and follow up of the programmes be improved after their release from prison?
27. Which collectives do you consider are not sufficiently addressed? Which channels could be used to favour them being given attention?

#### **PILLAR 4: IMPROVING BASIC AND APPLIED SCIENTIFIC KNOWLEDGE**

##### **General objective 11:**

To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.

28. Which subject(s) in the drug dependence area do you consider it to be important to investigate during the 2013-2016 four-year period?
29. In view of the relevance that Internet has today in everything related to drugs, do you think it would be a good idea to carry out specific research into this reality? Which aspects of it should be dealt with?

##### **General objective 12:**

To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.

30. Which actions and/or programmes should be systematically evaluated during the 2013-2016 four-year period?
31. Which mechanisms or instruments do you feel are important to be developed to improve the evaluation and dissemination of best practices?

#### **PILLAR 5: TRAINING**

##### **General objective 13:**

To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.

32. The training of professionals who work in the third sector is one of the most widely shared needs among all the organisations. How could this be dealt with in a profitable, sustainable way?
33. Which aspects in the area of drug dependence do you consider to have the greatest training needs for professionals from the third sector during the 2013-2016 four-year period?

34. Through which channels could quality training for volunteers be promoted, aiming to achieve the maximum coverage at the lowest cost possible?

## **PILLAR 6: INTERNATIONAL COOPERATION**

### **General objective 14:**

To optimise coordination and cooperation in the European and international context in general.

35. What contents would it be a good idea to work on in European or international groups and/or forums during the 2013-2016 four-year period? How do you feel that the work of Spanish NGOs in the drug sector could be promoted in these international forums?

**COMMENTS:** Please add as many observations, suggestions or proposals as you consider to be relevant to complete your opinion about the subjects proposed.

7.3. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS (THE 2009-2016 NATIONAL STRATEGY ON DRUGS) GENERAL DIRECTION OF PUBLIC HEALTH. MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion and collect your contributions to prepare the Specific Objectives and the Actions to be developed in the next 2013-2016 Action Plan on Drugs, as part of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the actions to be developed during the period in question.

The questionnaire contains three parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part specifically dedicated to the problem of HIV/AIDS and its relationship with drug use.
- C) A third section referring to the collaboration and coordination needs between the General Direction of Public Health and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both General Directions that will lead to an optimisation of the existing resources.

In addition to this, you may make as many observations and suggestions that are not contemplated in the questionnaire as you see fit. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria.

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

**PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs**

Please indicate the actions which, from your General Direction, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to the needs of all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		



**PART B):**

**Questions related to the Secretariat of the National Plan on AIDS:**

1. In your opinion, how relevant is the use of drugs on the transmission of HIV/AIDS? Please give a score of 0 to 5. (5: maximum relevance; 0: minimum relevance)

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

2. How do you think that the current situation of Spanish society will affect the problem of drugs and what do you think the repercussion will be regarding the transmission of HIV/AIDS?
3. Which area of intervention do you consider to be most relevant to deal with this problem Please give a score of 1 to 3. (1: most relevant; 3: least relevant) indicating in each case the priority target populations for each of the lines of intervention.

<b>RELEVANCE</b>	<b>AREA OF INTERVENTION</b>	<b>PRIORITY POPULATIONS</b>	<b>COMMENTS</b>
	<b>Prevention of use</b>		
	<b>Reduction of risks associated to use.</b>		
	<b>Care for drug-dependent people</b>		
	<b>Reduction of damages associated to use</b>		
	<b>Social integration of drug dependents</b>		

4. The 2009-2016 National Strategy on Drugs establishes the following objective as part of the Pillar of Reduction of Risks and damage associated to drug use:

*Objective no. 6: To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.*

For the development of this objective, the 2009-2012 Action Plan on Drugs proposes a series of actions to ensure it. In your opinion, what is the degree of development achieved in recent years with respect to each of them? Do you think it is necessary to continue promoting this action in the next Action Plan on Drugs?

ACTION	Degree of development of the action*	Action to be promoted (YES/NO)
24. To promote the development of specific programmes to reduce damage to avoid health problems, as well as acute intoxication and overdoses.		
25. To support workshops on use involving lower risk and safe sex, as well as care programmes for people who provide prostitution services, in the community area as well as in penal institutions.		
26. To facilitate and promote the involvement of pharmacies and of pharmacists in the preventative programmes on information and advice, administering replacement treatments and exchange of needles and syringes and providing safe injection material.		

5. Which specific objectives and actions not covered in the previous parts do you consider to be priority ones to be developed in the future Action Plan on Drugs? Please specify the target populations for each of the actions proposed.

Specific objective	Action to be developed	Target population

For the development of this objective, the 2009-2012 Action Plan on Drugs proposes a series of actions to ensure it. In your opinion, what is the degree of development achieved in recent years with regard to each of them? Do you think it is necessary to continue promoting this action in the next Action Plan on Drugs?

**PART C):**

**Questions related to the coordination between the General Direction of Public Health and the National Plan on Drugs**

1. Do you believe that the collaboration of the General Direction of Public Health and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?
3. How could the collaboration be improved?

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

7.4. . QUESTIONNAIRE FOR DRAWING UP THE 2013-2016  
ACTION PLAN ON DRUGS.  
INSTITUTO DE LA MUJER.  
MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

The questionnaire contains two parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part referring to the collaboration and coordination needs between the *Instituto de la Mujer* and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both organisations that will lead to an optimisation of the existing resources.

In addition to this, you may also make as many observations and suggestions that are not contemplated in the questionnaire as you consider to be necessary. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria:

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

## QUESTIONNAIRE

### PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs

Please indicate the actions which, from your Department, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to their needs, to all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		

**PART B):**

**Questions related to the coordination between the Instituto de la Mujer and the National Plan on Drugs**

1. Do you believe that the collaboration between the Instituto de la Mujer and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?
3. How could the collaboration be improved?

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

THANK YOU FOR YOUR COLLABORATION

7.5. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
THE YOUTH INSTITUTE.  
MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

The questionnaire contains two parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part referring to the collaboration and coordination needs between the Youth Institute and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both organisations that will lead to an optimisation of the existing resources.

In addition to this, you may also make as many observations and suggestions that are not contemplated in the questionnaire as you consider to be necessary. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

**PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs**

Please indicate the actions which, from your Department, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to their needs, to all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated. .</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		

**PART B):**

**Questions related to the coordination between the Youth Institute and the National Plan on Drugs**

1. Do you believe that the collaboration between the Youth Institute and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?
3. How could the collaboration be improved?

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

THANK YOU FOR YOUR COLLABORATION



7.6. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016  
ACTION PLAN ON DRUGS.  
(THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
GENERAL DIRECTION OF SUPPORT TO DISABILITY POLICIES.  
MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs.

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

QUESTIONNAIRE

1. In your opinion, how relevant is the phenomenon of drugs in Spanish society?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

2. In your opinion, what is the impact of this problem among people with disabilities? Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

3. Which are the drugs that cause greatest problems among people with disabilities? Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

	<b>TOBACCO</b>
	<b>ALCOHOL</b>
	<b>CANNABIS</b>
	<b>COCAINE</b>
	<b>HEROIN</b>
	<b>OTHERS</b>

4. In your opinion, what are the main consequences of drug use among people with disabilities?

<b>1st</b>
<b>2nd</b>
<b>3rd</b>
<b>4th</b>
<b>5th</b>
<b>6th</b>

5. In your opinion, what are the priority strategies that should be promoted in forthcoming years to deal with the problems of drug dependence among people with disabilities? Please, value from 1 to 5 the degree of priority and indicate specific proposals for actions for those that are, in your opinion, the priority ones.  
(1: greater priority; 5: lesser priority)

<b>DEGREE OF PRIORITY (From 1 to 5)</b>	<b>STRATEGY</b>	<b>Actions proposed</b>
	PREVENTION PROGRAMMES	
	TREATMENT PROGRAMMES FOR DRUG DEPENDENCE	
	(INCLUDING ALCOHOLISM)	
	PROGRAMME TO REDUCE DAMAGE	
	(METHADONE, EXCHANGE OF NEEDLES AND SYRINGES, ETC.)	
	THERAPEUTIC COMMUNITIES	
	SPECIFIC PROGRAMMES FOR DISABLED DRUG-DEPENDENT WOMEN	
	LABOUR INTEGRATION PROGRAMMES FOR DRUG DEPENDENTS	
	TRAINING PROFESSIONALS IN THIS SECTOR ON DRUG DEPENDENCE	
	OTHERS (Please indicate if there is any promising, new line of action	
	or other relevant actions not contemplated in the previous editions).	

6. Do you believe that the collaboration between your General Direction and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

7. If not, please explain why you believe this to be the case.

-----  
-----

8. In which aspects should this collaboration improve?

-----  
-----

9. How could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.7. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
GENERAL DIRECTION OF SERVICES FOR THE FAMILY AND FOR INFANCY.  
MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

The questionnaire contains two parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part referring to the collaboration and coordination needs between the General Direction for the Family and for Infancy and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both organisations that will lead to an optimisation of the existing resources.

In addition to this, you may also make as many observations and suggestions that are not contemplated in the questionnaire as you consider to be necessary. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria:

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

**PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs**

Please indicate the actions which, from your General Direction, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to their needs, to all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.).</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		

**PART B):**

**Questions related to the coordination between the General Direction of Services for the Family and for Infancy and the National Plan on Drugs**

1. Do you believe that the collaboration between the General Direction of Services for the Family and for Infancy and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?

-----  
-----

3. How could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.8. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS) INSTITUTE OF ELDERLY PEOPLE AND SOCIAL SERVICES (IMSERSO). MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

The questionnaire contains two parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part referring to the collaboration and coordination needs between the Institute of the Elderly and Social Services and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both organisations that will lead to an optimisation of the existing resources.

In addition to this, you may also make as many observations and suggestions that are not contemplated in the questionnaire as you consider to be necessary. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

**PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs**

Please indicate the actions which, from your General Direction, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to their needs, to all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		



**PART B):**

**Questions related to the coordination between the Institute of the Elderly and Social Services (IMSERSO) and the National Plan on Drugs**

1. Do you believe that the collaboration between the Institute for the Elderly and Social Services (IMSERSO) and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?

-----  
-----

3. How could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.9. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS) GOVERNMENT DELEGATION FOR GENDER VIOLENCE. MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the 2009-2016 National Strategy on Drugs. (BOE (Official State Journal) 13 February 2009: agreement of the Council of Ministers of 2 February 2009)

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

The questionnaire contains two parts:

- A) The first part in which specific proposals are requested for specific objectives and actions to meet the general objectives contained in the 2009-2016 National Strategy on Drugs so that they can influence the aspects which, in your opinion, are priority ones for the following four-year period.
- B) A second part referring to the collaboration and coordination needs between the Government Delegation for Gender Violence and the Government Delegation for the National Plan on Drugs with the aim of promoting synergies of action between both Government Delegations that will lead to an optimisation of the existing resources.

In addition to this, you may also make as many observations and suggestions that are not contemplated in the questionnaire as you consider to be necessary. Please bear in mind that our aim is to prepare a short, specific, precise Action Plan adapted to the following criteria:

- **Essential nature:** depending on the importance of the need at which it is aimed; related to the prevalence of the problem and the relevance of its consequences.
- **Feasibility:** related to the political and economic pertinence of the action necessary to achieve the objective.
- **Effectiveness:** related to the existence of evidence that proves the effectiveness of the measures proposed.

**PART A): Questions related to the actions to be prioritised in the 2013-2016 Action Plan on Drugs**

Please indicate the actions which, from your General Direction, are considered to be priority ones for the prevention, reduction of risks and reduction of damages associated to drug use during the forthcoming four-year period. It includes all the general objectives of the 2009-2016 National Strategy on Drugs, except those dealing with the pillar of the Reduction of Offer of drugs.	SPECIFIC OBJECTIVE TO BE DEVELOPED IN THE 2013-2016 ACTION PLAN	ACTION TO BE CARRIED OUT TO ACHIEVE THE SPECIFIC OBJECTIVE
<b>GENERAL OBJECTIVE 1:</b> <i>To optimise coordination and cooperation in the context of Spain.</i>		
<b>GENERAL OBJECTIVE 2:</b> <i>To promote social awareness about the importance of the problems, damages and the personal and social costs related to drugs, of the real possibility of preventing them and of the importance that society as a whole should take an active part in their solution.</i>		
<b>GENERAL OBJECTIVE 3:</b> <i>To increase the abilities and skills to resist the offer of drugs and the determiners of problematic behaviour related to this.</i>		
<b>GENERAL OBJECTIVE 4:</b> <i>To delay the starting age of contact with drugs.</i>		
<b>GENERAL OBJECTIVE 5:</b> <i>To decrease the use of legal and illegal drugs.</i>		
<b>GENERAL OBJECTIVE 6:</b> <i>To reduce or limit the damage caused to the health of people who use drugs and, in general, the undesirable social and health effects related to their use.</i>		
<b>GENERAL OBJECTIVE 7:</b> <i>To guarantee quality care adapted to their needs, to all people directly or indirectly affected by drug use. (To standardise health care for drug dependents, based on scientific evidence, through drawing up protocols, guides and catalogues of interventions.)</i>		
<b>GENERAL OBJECTIVE 8:</b> <i>To facilitate the incorporation of people who are being rehabilitated into society through comprehensive training programmes and through labour preparation and integration.</i>		
<b>GENERAL OBJECTIVE 11:</b> <i>To increase and improve research, with the aim of getting to know more about the diverse variables related to drugs, their use and their prevention and treatment.</i>		
<b>GENERAL OBJECTIVE 12:</b> <i>To promote the systematic evaluation of programmes and actions as an instrument that will allow the activities carried out to be validated.</i>		
<b>GENERAL OBJECTIVE 13:</b> <i>To improve and extend the training of the professionals who work in this field, as well as people who collaborate voluntarily in it.</i>		
<b>GENERAL OBJECTIVE 14:</b> <i>To optimise coordination and cooperation in the European and international context in general.</i>		

**PART B):**

**Questions related to the coordination between the General Direction of Gender Violence and the National Plan on Drugs**

1. Do you think that the collaboration between the Government Delegation for Gender Violence and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

2. In which aspects should this collaboration improve?

-----  
-----

3. How could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.10. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
 MINISTRY OF EDUCATION, CULTURE AND SPORT  
 MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs.

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

QUESTIONNAIRE

1. In your opinion, how relevant is the phenomenon of drugs in Spanish society?  
 Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

2. In your opinion, how relevant is this phenomenon in the education area?  
 Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

3. Which are the drugs that cause greatest problems in the education system?  
 Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

	<b>TOBACCO</b>
	<b>ALCOHOL</b>
	<b>CANNABIS</b>
	<b>OTHERS</b>

4. In your opinion, what are the main consequences of drug use among Spanish school students?

Very much in agreement	In agreement	In disagreement	
			Reduction in academic performance
			(including school failure and/or giving up on school).
			Problems of violence in the school.
			Problems of discipline in the school.
			Trafficking of drugs in schools.
			Others

5. Do you believe that the prevention of drug dependence is an important task for the education system?

	<b>YES</b>
	<b>NO</b>

6. Do you believe that at present sufficient measures in this matter are being developed?

	<b>YES</b>
	<b>NO</b>

7. Do you believe that the collaboration between the education system and the National and Autonomous Region Plans on Drugs is positive?

	<b>YES</b>
	<b>NO</b>

8. Do you believe that the collaboration between the education system and the National and Autonomous Region Plans on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

9. How could the collaboration be improved?

-----  
-----

10. In your opinion, which departments of the Ministry of Education, Culture and Sports are the ideal ones for this collaboration?

-----  
-----

11. In your opinion, what are the best strategies for introducing the prevention of drug dependence in the education system?

-----  
-----

12. In your opinion, what are the preventative contents on substance use that should be incorporated into the education system? At what age?

-----  
-----

13. In your opinion, what actions could we carry out in collaboration to introduce the prevention of drug dependence in the basic curriculum of the various levels of the education system?

Infant school education	
Primary school education	
Secondary school education (compulsory)	
Sixth form education	
Professional training courses	
University courses	

14. One of the actions that the 2009-2016 National Strategy on Drugs contemplates as a priority is introducing contents related to drug dependence into certain university degrees. Do you consider this measure to be a good idea? In which degrees? How could this measure be carried out?

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.11. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. PROPOSAL OF SPECIFIC OBJECTIVES AND ACTIONS FROM THE SPANISH CENTRE OF INTELLIGENCE AGAINST ORGANISED CRIME. MINISTRY OF THE INTERIOR.

GENERAL OBJECTIVE CONTEMPLATED IN THE 2009-2016 NATIONAL STRATEGY ON DRUGS	ACTIONS OF THE 2009-2012 ACTION PLAN	VALUATION OF THE LEVEL OF ACHIEVEMENT OF THE ACTIONS OF THE 2009-2012 *ACTION PLAN	PROPOSAL FOR SPECIFIC OBJECTIVES 2013-2016 ACTION PLAN	PROPOSAL FOR ACTIONS FOR THE 2013-2016 ACTION PLAN
9. Implement the efficiency of measures aimed at controlling the offer and the illegal markets of psychoactive substances.	1. To promote measures to limit accessibility to legal and illegal drugs and to reinforce compliance with current regulations in the state, autonomous region and local administrations, paying special emphasis to alcohol and tobacco advertising.			
	2. To promote the strategic and operational plans for the fight against retail substance trafficking in schools and surrounding areas, as well as in leisure-time areas. (The data offered refers exclusively to the Intensification Phase of the Plans, and does not contemplate the periods between phases).			
	3. To promote coordination between the units that specialise in the fight against crime and citizen safety prevention units.			
	4. To look in depth at international relations with the police forces assigned to fighting against the traffic of drugs in other states, increasing cooperation and coordination.			
	5. To increase the inspections and control of operators of listed chemical substances and to improve information and communication channels of a national and international nature on precursors..			
10. To increase economic control mechanisms on money laundering processes, looking in depth at the collaboration with the competent administrative authorities in matters of preventing money-laundering and in keeping with the criteria established of a general nature in this area by the Commission for the Prevention of Money Laundering and Monetary Offences.	6. To intensify research into economic and financial delinquency, paying special attention to patrimonial research and money-laundering associated to drug trafficking.			
	7. To reinforce two-way relations with countries of special relevance to Spain in drug trafficking and money laundering..			
	8. To favour the exchange tools and products for preparing strategic intelligence and the fight against organised criminals dedicated to drug trafficking and money laundering..			

\* Valuation of level of fulfilment of the actions: totally achieved/partially achieved/requires reinforcing.



7.12. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
GENERAL DIRECTION OF TRAFFIC MINISTRY OF THE INTERIOR.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs.

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

As you know, the Ministry of Interior is part of the Interministerial Group on Drugs. Due to the important role that the Ministry plays in the area of prevention of drug dependence, we are sending you this questionnaire.

QUESTIONNAIRE

1. In your opinion, how relevant is the phenomenon of drugs in Spanish society?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

2. In your opinion, how relevant is this phenomenon in traffic accidents?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

3. Which are the drugs that have the greatest influence on traffic accidents?  
Please give a score of 1 to 10 (10: maximum influence; 1: minimum influence)

	<b>TOBACCO</b>
	<b>ALCOHOL</b>
	<b>CANNABIS</b>
	<b>OTHERS</b>

4. How do you value the actions developed in recent years for preventing traffic accidents related to the use of alcohol and other drugs?

	<b>HIGHLY POSITIVE</b>
	<b>POSITIVE</b>
	<b>THEY HAVE HAD LITTLE EFFECT</b>
	<b>NEGATIVE</b>

5. Regarding Royal Decree 818/2009, of 8 May, which approves the General Regulations for Drivers, in which it is determined that the use of alcohol and/or toxic drugs will be a reason for denial or establishing limits for obtaining or renewing driving licences, what is your valuation of the effects of this measure?

	<b>HIGHLY POSITIVE</b>
	<b>POSITIVE</b>
	<b>IT HAS HAD LITTLE EFFECT</b>
	<b>NEGATIVE</b>

6. If you consider that this measure should be reinforced, what actions do you think it would be a good idea to carry out?

-----  
-----

7. In your opinion, what are the main strategies that should be developed to prevent traffic accidents related to the use of drugs? Please, value them from 1 to 5, according to priority, and indicate specific proposals for actions for those that are, in your opinion, the priority ones. (1: greater priority; 5: lesser priority)

<b>DEGREE OF PRIORITY (From 1 to 5)</b>	<b>STRATEGY</b>	<b>Proposed actions</b>
	AWARENESS CREATION CAMPAIGNS	
	INTRODUCING CONTENT ON DRUGS IN HIGHWAY EDUCATION	
	DEVELOPMENT OF EDUCATIONAL MATERIALS FOR DRIVING SCHOOLS REGARDING THE CONSEQUENCES OF DRUG USE IN TRAFFIC ACCIDENTS	
	PROMOTING ALTERNATIVE DRIVER STRATEGIES	
	PROMOTING TRAINING FOR THE RESPONSIBLE SERVING OF ALCOHOLIC DRINKS IN HOSPITALITY AND NOCTURNAL LEISURE-TIME ESTABLISHMENTS	
	INCREASING DRUG USE CONTROLS ON DRIVERS	
	INCREASING SANCTIONS	
	NEW LEGISLATIVE CHANGES	
	Others	

8. Do you believe that the collaboration between the DGT and the National Plan on Drugs is positive?

	<b>YES</b>
	<b>NO</b>

9. Do you believe that the collaboration between the DGT and the National Plan on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

10. If not, how could this collaboration be improved?

-----  
-----

11. On what aspects could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.13. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS)  
GENERAL SECRETARY OF PENAL INSTITUTIONS.  
MINISTRY OF THE INTERIOR.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs.

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

As you know, the Ministry of Interior is part of the Interministerial Group on Drugs. Due to the important role that the Ministry plays in the area of prevention of drug dependence, we are sending you this questionnaire.

QUESTIONNAIRE

1. In your opinion, how relevant is the phenomenon of drugs in Spanish society?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

2. In your opinion, what is the impact of this problem among prison inmates?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

3. In your opinion, how relevant is this phenomenon in prisons?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

4. Which are the drugs that cause greatest problems in the prison system?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

	<b>TOBACCO</b>
	<b>ALCOHOL</b>
	<b>CANNABIS</b>
	<b>COCAINE</b>
	<b>HEROIN</b>
	<b>OTHERS</b>

5. How do you think that the current situation of Spanish society (the socio economic context) will affect the social reintegration of people who are in prison?

-----  
-----

6. In your opinion, what are the main consequences of drug use among prisoners?

<b>A lot of problems</b>	<b>Quite a lot of problems</b>	<b>Few problems</b>	
			HEALTH PROBLEMS.
			PROBLEMS OF VIOLENCE.
			DISCIPLINE PROBLEMS.
			TRAFFICKING OF DRUGS IN PRISONS.
			OTHERS

7. In recent years which of these lines of research do you think have been most developed in Penal Institutions?

<b>Good development</b>	<b>Average development</b>	<b>Poor development</b>	
			PREVENTION PROGRAMMES.
			TREATMENT PROGRAMMES FOR DRUG DEPENDENTS
			(INCLUDING ALCOHOLISM).
			PROGRAMME TO REDUCE DAMAGE
			(METHADONE, EXCHANGE OF NEEDLES AND SYRINGES, ETC.)
			INTRA-PRISON THERAPEUTIC COMMUNITIES
			SPECIFIC PROGRAMMES FOR DRUG-DEPENDENT WOMEN
			SOCIAL AND LABOUR INTEGRATION PROGRAMMES
			FOR DRUG DEPENDENTS
			TRAINING OF PROFESSIONALS IN PRISONS
			COLLABORATION WITH EXTERNAL AGENTS FOR CARRYING OUT PROGRAMMES.
			COORDINATION WITH THE NETWORK OF CARE FOR
			DRUG DEPENDENTS.

8. In your opinion, what are the priority strategies that should be reinforced in forthcoming years to deal with this problem in the prison system? Please, value from 1 to 5 the degree of priority and indicate specific proposals for actions for those that are, in your opinion, the priority ones. (1: greater priority; 5: lesser priority)

<b>DEGREE OF PRIORITY (From 1 to 5)</b>	<b>STRATEGY</b>	<b>Proposed actions</b>
	PREVENTION PROGRAMMES.	
	TREATMENT PROGRAMMES FOR DRUG DEPENDENTS	
	(INCLUDING ALCOHOLISM).	
	PROGRAMME TO REDUCE DAMAGE (METHADONE, EXCHANGE OF NEEDLES AND SYRINGES, ETC.)	
	INTRA-PRISON THERAPEUTIC COMMUNITIES	
	SPECIFIC PROGRAMMES FOR DRUG-DEPENDENT WOMEN	
	LABOUR INTEGRATION PROGRAMMES FOR DRUG DEPENDENTS	
	TRAINING OF PROFESSIONALS IN PRISONS	
	COLLABORATION WITH EXTERNAL AGENTS FOR CARRYING OUT PROGRAMMES.	
	COORDINATION WITH THE NETWORK OF CARE FOR DRUG DEPENDENTS FOR THE CONTINUATION AND MONITORING OF TREATMENT FOR PRISONERS LET OUT ON BAIL.	
	OTHERS (Please indicate if there is any promising, new line of action or other relevant actions not contemplated in the previous editions).	

9. Do you believe that the collaboration between the prison system and the National Plan on Drugs is sufficient?

<input type="checkbox"/>	<b>YES</b>
<input type="checkbox"/>	<b>NO</b>

\* If not, please explain why you believe this to be the case.

-----  
 -----

10. In which aspects should this collaboration improve?

-----  
 -----

11. How could the collaboration be improved?

-----  
 -----

12. Do you believe that the collaboration between the prison system and the Autonomous Region Plans on Drugs is sufficient?

	<b>YES</b>
	<b>NO</b>

\* If not, please explain why you believe this to be the case.

-----  
-----

13. In which aspects should this collaboration improve?

-----  
-----

14. How could the collaboration be improved?

-----  
-----

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
-----  
-----  
-----

7.14. QUESTIONNAIRE FOR DRAWING UP THE 2013-2016 ACTION PLAN ON DRUGS. (THE 2009-2016 NATIONAL STRATEGY ON DRUGS) SPANISH FEDERATION OF MUNICIPALITIES AND PROVINCES.

The purpose of this questionnaire is to find out your opinion to prepare the 2013-2016 Action Plan on Drugs, as part of the context of the 2009-2016 National Strategy on Drugs.

This Action Plan is being prepared with the contributions of all the organisations and institutions that have direct or indirect responsibilities in the matter, to guarantee that the points of view and the priorities of these organisations are taken into account when setting up the measures to be developed during the period in question.

QUESTIONNAIRE

1. In your opinion, how relevant is the phenomenon of drugs in Spanish society?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

2. In your opinion, what is the impact of this problem among the Spanish population?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0

3. In your opinion, how relevant is this phenomenon in the municipal area?  
Please give a score of 0 to 5 (5: maximum relevance; 0: minimum relevance)

5	4	3	2	1	0



4. In which area of interventions do municipalities play the most relevant role? Please give a score of 0 to 5. (5: maximum relevance; 0: minimum relevance) In your opinion, which would be the priority populations that should be worked on in each case?

RELEVANCE	AREA OF INTERVENTION	TOWN PRIORITY POPULATIONS	COMMENTS
	Prevention		
	Reduction of risks		
	Attendance		
	Reduction of damage		
	Social reinsertion		

5. In your opinion, what are the main strategies of action that should be developed by municipalities to face the problem of drugs? (1: Greater priority; 5: lesser priority) Please indicate specific proposals for actions in the strategies that you consider to be priority ones.

DEGREE OF PRIORITY (From 1 to 5)	STRATEGY	Proposed actions
	AWARENESS CREATION CAMPAIGNS	
	ALTERNATIVE LEISURE-TIME PROGRAMMES	
	SCHOOL PREVENTION PROGRAMMES	
	FAMILY PREVENTION PROGRAMMES	
	PREVENTION PROGRAMMES FOR VULNERABLE COLLECTIVES	
	COMMUNITY PREVENTION PROGRAMMES	
	RISK REDUCTION PROGRAMMES IN THE CONTEXT OF NIGHT-TIME LEISURE	
	CONTROLLING THE SALE AND USE OF LEGAL DRUGS AND THE RETAIL SUBSTANCE TRAFFICKING OF ILLEGAL DRUGS	
	CARE PROGRAMMES FOR DRUG DEPENDENTS	
	SOCIAL REHABILITATION PROGRAMMES FOR DRUG DEPENDENTS.	
	PROGRAMME TO REDUCE DAMAGE FOR DRUG DEPENDENTS.	
	TRAINING PROGRAMMES FOR COMMUNITY AGENTS AND MEMBERS OF MUNICIPAL GOVERNMENT TEAMS	
	OTHERS (please indicate which)	

6 . Which other priority aspects do you think should be included in the next Action Plan on Drugs? Please indicate specific actions for each of the proposals.

<b>DEGREE OF PRIORITY (From 1 to 5)</b>	<b>STRATEGY</b>	<b>Proposed actions</b>
	COORDINATION WITH CENTRAL ADMINISTRATION	
	COORDINATION WITH AUTONOMOUS REGION ADMINISTRATIONS	
	COORDINATION OF PLANS ON DRUGS WITH OTHER	
	DEPARTMENTS OF THE LOCAL ADMINISTRATION	
	TRAINING PROFESSIONALS IN LOCAL ADMINISTRATION	
	SETTING UP MUNICIPAL PLANS ON DRUGS	
	OTHERS (please indicate which)	

**COMMENTS:** Please add any observations, suggestions or proposals that you consider to be relevant to complete your opinion about the subjects proposed.

-----  
 -----  
 -----  
 -----

---

## **APPENDIX 4.8.**

### **List of Acronyms**

## **LIST OF ACRONYMS**

- **CC.AA.** - Comunidades Autónomas.
- **AGE** - General State Administration
- **LC** - Local Corporations.
- **CICO** - Spanish Centre for Intelligence against Organised Crime.
- **COPOLAD** - Cooperation Programme between Latin America and the Europe Union on Drug Policy.
- **GDNPD** - Government Delegation for the National Plan on Drugs.
- **DGT** - Directorate-General of Traffic.
- **EDADES** - National Household Survey on Alcohol and Drugs in Spain.
- **ESTUDES** - State Survey on Drug Use in Secondary Schools.
- **FEMP** - Spanish Federation of Municipalities and Provinces.
- **WG** - Workgroup.
- **PI** - Penal Institutions.
- **INSERSO** - Spanish National Institute of Social Services.
- **OED** - Spanish Observatory on Drugs.
- **NGO** - Non-Governmental Organisation.
- **PAD** - Autonomous Region Plan on Drugs.
- **PNSD** - National Plan on Drugs.
- **CSR** - Corporate Social Responsibility.
- **SNS** - Spanish National Health System.
- **SS** - Scientific Societies.
- **UE** - European Union.







Published by the Ministry of Health, Social Services and Equality  
Government Delegation for the National Plan on Drugs  
NIPO: 680-13-003-0  
Legal Deposit: M-4641-2013