Proyecto Hombre Observatory

on the profile of people with addiction problems under treatment

2015 REPORT

PROYECTO HOMBRE ASOCIACIÓN

Sponsored by

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SECRETARÍA DE ESTADO DE SERVICIOS SOCIALES E IGUALDAD
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With the collaboration of

Obra Social "la Caixa"

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ACKNOWLEDGEMENTS

Our sincere recognition to all people on treatment and their families, for their effort and dedication to improve every day in order to have a better life; as well as all Proyecto Hombre Centers, workers and volunteers who are the human side of the organization.

We would like to thank the funders that make this report possible.

Thanks every and each of you.

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LETTER FROM THE PRESIDENT

Luis B. Bononato Vázquez
President of Proyecto Hombre Association

Proyecto Hombre is an organization that, for more than twenty-five years, has been working throughout Spain through its twenty seven centres spread over fifteen autonomous regions, with a common goal: to prevent addiction, especially among the younger population, and accompany the process of recovery and rehabilitation of people with problems of addiction on treatment. To provide this support in the best way possible, it is necessary to continuously adapt the therapeutic educational methods to the new needs emerging in society. Always from a single common model to all Proyecto Hombre which is the bio-psychosocial paragon.

*Over time, Proyecto Hombre has been verifying the fundamentals of a bio-psychosocial approach in the treatment of addictions and is the approach to be considered for further progress in improving our intervention in this reality. Therefore, this "**2015 Proyecto Hombre Observatory on the profile of people with addiction problems on treatment**" carried out under this approach, apprehending the reality of people being treated in its full context, including in its analysis those indicators related to their environment, and their economic and family situation.*

In addition, this is already the fourth consecutive year that our Proyecto Hombre Observatory brings to light this Report, which has evolved and has gradually incorporating new variables and aspects related to treatment and the organization. Thus, from the beginning, besides the specific issues of the analysis of the profiles according to the main substances used for which treatment is demanded, we have developed new indicators related to gender peculiarities, the study of the socioeconomic variables of users, specific treatment characteristics by Autonomous Communities.

This year 2016, in which we are presenting this Report with the data obtained in 2015, we have incorporated, as an improvement in relation to previous years, a specific analysis of tendencies, taking into account the 2012-2015 time series, which offer us a sense of where the reality of addiction in our country is heading for. This section incorporates the tendency of use of each of the substances for which treatment is demanded, the impact that the crisis may have had among the people treated (by variables such as source of income and level of education), as well as tendencies in onset age of treatment and in family problems.

This report incorporates, also as a novelty, specific profiles by main substance for which treatment is demanded, the main identified factors that may act as risk or protection as well as a comparative study by territories in which data have been gathered from Proyecto Hombre centres.

But it should be added that this is a project in motion and there is still much to do in order to go in depth in the coming years on issues of great interest to society and Proyecto Hombre related, for example, to addictive disorders without substance which are being increasingly widespread among people we treat, or incorporating data from young people and adolescents, to identify profiles and relevant factors that allow us to improve the intervention with them.

As for the data collecting tool, the World Health Organization and the ***American Psychiatric Association*** *have made great efforts to classify the use-abuse disorders and/or drug addiction. However, the strongest attempt to achieve this goal is found in the EuropASI, an instrument validated internationally (a* ***quantitative instrument internationally accepted*** *as Addiction Index according to the GLO/H43 TREATNET project of the Office of Drugs and Crime of United Nations/UNODC) and totally relevant for the carrying out of studies.*

With all this, we express the relevance of this research effort, beyond the purely informative. The goal we seek is to offer better programs, more and more adapted and evolved, to help people with addiction problems. In addition, we want to contribute as much as possible, and from this approach to reality that is the person on treatment at Proyecto Hombre, to improve public policies on treatment, socio-labour reintegration, early detection, early intervention and prevention

This 2015 Proyecto Hombre Observatory Report has been supported by the Centres and programs of Proyecto Hombre in Spain. It has also received technical assistance of external advisors who have provided analysis for the preparation of this report. We do appreciate the efforts of the internal committees of experts of our organization participating in the project. Special mention to the National Plan on Drugs and the Obra Social La Caixa, entities without which it would not have been possible and we appreciate their confidence year after year for supporting the scientific and sociological value it contains. We emphasize the value of partnerships with other entities, public and private, that allow us to achieve joint objectives through their commitment.

For our part, we will continue advocating the continuation of this project in the coming years, reaffirming our commitment to advance on the path of improving our intervention programs in addictions and in our attitude of not becoming accustomed to the familiar, always working to offer the best to people who turn to us to overcome their addiction.

1

Observatory definition and techniques

A. INTRODUCTION

PROYECTO HOMBRE OBSERVATORY

It is a system for collecting annual information whose objective is to generate regular data on the profile of people with addiction problems who have been treated by Proyecto Hombre in Spain.

The observatory has a clear vocation to provide information for the analysis of the problem of substance abuse and thus contribute to a better understanding and adaptation of programs to the needs of users. The fact that Proyecto Hombre Association deals with this type of analysis shows the efforts made not only in the treatment and prevention of addiction but also in their study.

OBJECTIVE

Analyse and identify the psychosocial, epidemiological and socio-demographic characteristics of people with addiction problems treated at centers Proyecto Hombres. It also includes the study of possible influencing factors in addiction problems: personal aspects, risky behaviours, emotional factors and social relationships.

This information contributes to:

- Achieve a better understanding of the reality of Proyecto Hombre, with the ultimate goal of improving the quality of life of users, their families and close relationships.
- Provide relevant information on the profile of people with addiction problems in Spain, professionals and organizations related to drug addictions.
- Make the different realities of addictions visible as a prelude to the social awareness of this phenomenon.

TARGET POPULATION

These main lines of the observatory are precisely the ones to form a broad mosaic of the same target population:

- Public entities and policy makers.
- Media.
- Scientific community and academic field.
- Proyecto Hombre Association and 27 PH Centres.
- Other entities and organizations working in the sector.

DATA SOURCE

The Observatory information comes from the internal database of Proyecto Hombre (PH Nemos application), which collects information related to people attending treatment programs. This information derives from the application of EuropASI.

The EuropASI is the European version of the 5th version of the ASI (Addiction Severity Index) developed in the USA by McLlelan (1990). The ASI was created in 1980 at the University of Pennsylvania with the objective of obtaining an instrument that would allow getting relevant information for the initial clinical evaluation of patients with problems of drug use (including alcohol), and to plan their treatment and/or to take referral decisions, as well as for research purposes.

This is a basic tool for clinical practice by allowing a multidimensional diagnosis of addiction problems, evaluating its seriousness and putting them in a **bio-psycho-social** context. By providing a profile of the patient in different areas of his/her life, it allows a comprehensive diagnosis and facilitates the planning of the most appropriate therapeutic intervention for each patient.

It is also useful in research, allowing the use of their scoring as the dependent variable to compare patients. In fact, the EuropASI was an adaptation carried out by a research group with the intention of having an instrument with which to compare patients dependent on alcohol and other drugs from different European countries. This instrument assesses various aspects of life of the patients who have contributed to the development of substance abuse syndrome. Specifically, it explores the following six areas of potentially problematic life:

- Physical health.
- Employment / Resources.
- Drugs / Alcohol.
- Legal status.
- Family history.
- Family /Social relationships.
- Mental health.

The EuropASI has the same structure for all areas: objective items, patient self-assessment, severity evaluation by the interviewer and score validity of the information obtained, also made by the interviewer.

B. TECHNICAL ASPECTS

POPULATION

It is composed of Proyecto Hombre users who have started treatment throughout 2015. In total there were 3,034 users of different Proyecto Hombre centres in Spain. The people taken into account were users registered in the PHNemos database.

TREATMENT AS SAMPLE

The amount of 3,304 represents the total number of users that start treatment at Proyecto Hombre.The conclusions of the Observatory are totally certain for this population. However, as the aim of the observatory is to produce information that could be applicable to all Spanish people with addiction problems, we have conceived these 3,034 as a sample of a theoretical Spanish population that use drugs or receive treatment in Spain.

There is no census on this theoretical population of "people with addiction problems in Spain" and its working out can be a difficult and expensive task. However, being a sample with a size of "3,034" is a large one, which may well represent a population of drug users, even with an infinite size (greater than 100,000).

In the event that the population was more than 100,000 people with addiction problems, the sampling error would be 1.82%, for a 95.5% confidence level and the worst assumption of the variance.

The criticism that would fit the sample lies in its possible bias, that of the people who come to Proyecto Hombre and not to another kind of centre. One wonders which variables mark the difference (social class, previous treatments, social context...). These would be the possible bias in the sample. In any case, what is set forth below are reliable data for Proyecto Hombre (we are working on the census of people in treatment) and an indicator of the profiles of people in treatment in Spain.

WEIGHTING

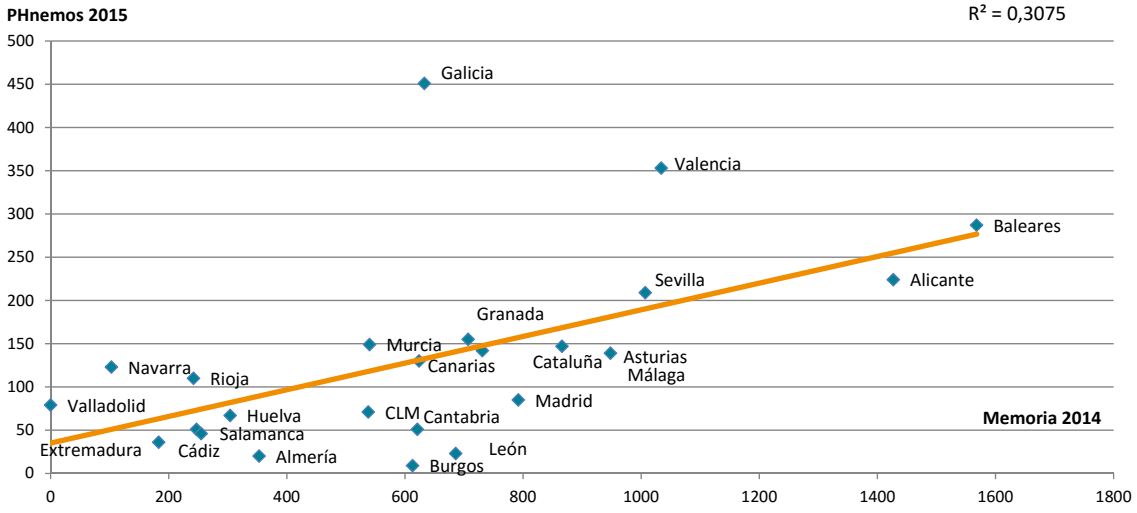
We have pondered the cases obtained with the aim of obtaining more plausible or adjusted values to reality. With this purpose, new weights have been assigned to each of the programs.

The reference population on which these elevators have been calculated is the number of users reflected in 2014 reports. It has not been possible to count on the same data for 2015, since at the time of working on the observatory data, reports were not yet finalized.

WEIGHTING METHOD:

The structure criterion for the general reports of activity vary with respect to the collection guidelines of the cases, and their inclusion, obtained from PHNemos in 2015: in the last year, we have only gathered those cases whose treatment began in this period, while in the reports we have collected cases whose treatment was present in 2014, even though they could have been initiated in previous years. For this reason, the number of cases varies considerably from one measurement to another (14,919 in 2014 and 3,034 in 2015).

In this scenario, the weighting is calculated by **simple regression**. That is, the values of each centre have risen to the predicted values in the regression. The fact that, as shown in the following chart, most of the centers are located around the line, gives this procedure statistical solidity.



- **Sampling error:** 1.82% for 95% of confidence and worst assumption of variance.
- **Reason for sample weighting:** Adjust the cases obtained to more plausible values or adjust them to reality. To this end, new weights are assigned to each of the centres.
- **Reference variable in weighting:** Number of cases in 2014 Report.
- **Weighting method:** Simple regression. The number of cases resulting in the weighted sample will coincide with the regression line. Thus we diminish the bias resulting from a differential construction of the re-recount for 2014 (14.919 cases) and for 2015 (3.034 cases).

TECHNIQUES OF STATISTICAL ANALYSIS

Data have been used through the SPSS and EXCELL statistical programs (version). In bivariate data we have used the following techniques:

COMPARISONS OF GROUPS

- **A. Comparisons of percentages:** Crosstabs with Chi square test of significance between pairs of variables, and corrected standardized residuals between pairs of categories. To measure the strength of association between pairs of categories we have used the "d", difference of proportions, proposed by Sanchez Carrion (1999).
- **B. Comparisons of medians:** We compared the medians with the T test because if the distribution is not normal and the samples are small, the t for Student test meets the central limit theorem.

  In the event that the dependent variable has more than two categories, we have carried out an Analysis of Variance. By working with samples, we analyzed whether the F is significant. This requires for the distributions of the variables to be normal and of equal variance. We have checked the normality of the variables.

  When the variables were not normal or homoscedastic, we have used the Kruskal -Wallis Non-parametric test.

- **C. Correlation (quantitative variables):** Pearson correlations have been used for the presumed association between quantitative variables.
- **D. Regression:** We have calculated the regression line in the case of time series. We have obtained the R^2 to assess the goodness of the model in each case.

C. PROCESSING EQUIPMENT

The Observatory has been devised in mixed form by a team composed of:

Internal team of Proyecto Hombre

- Responsible for the programme: Elena Presencio
- Xavier Bonet
- Félix Rueda
- Ramón Capellas

External Team Means Evaluation (means.evaluacion@gmail.com)

- Juan Andrés Ligero
- Marina Onetti
- Óscar Franco

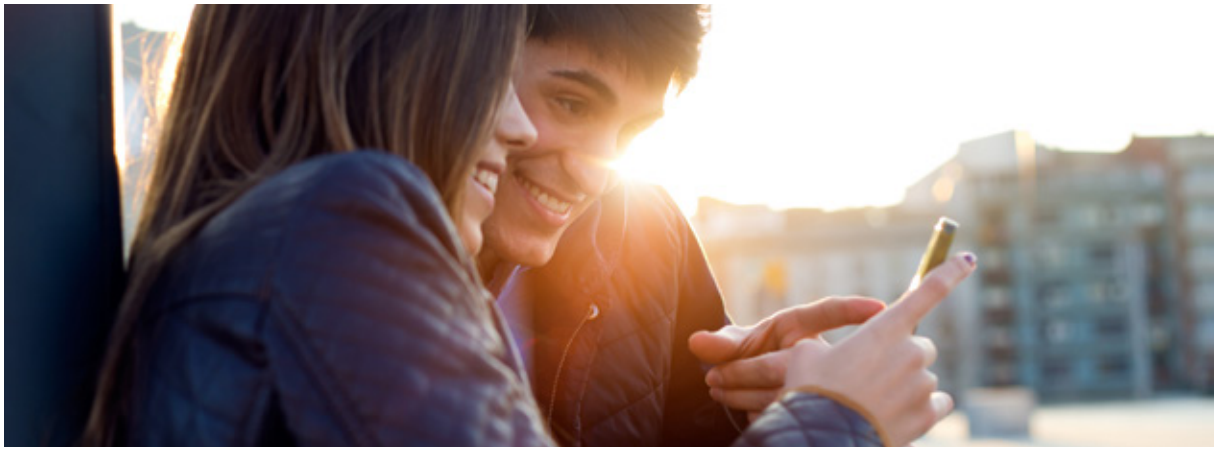
The research design was developed in mixed form on the basis of experience of the Centre's team in previous editions.

The compilation, debugging and data processing have been carried out by members of the internal team of Proyecto Hombre Association.

Exploitation, presentation of results and first analysis were performed by external equipment.

The interpretation of results and conclusions for each value were developed jointly by interjudge analysis and discussion groups.

Style revision has been made by Olatz González of Proyecto Hombre Association in coordination with the internal team of Proyecto Hombre.



2

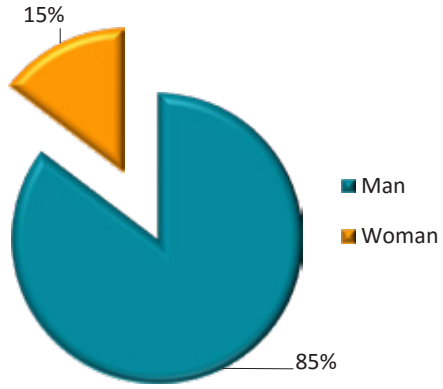
Data analysis

2.1.

GENERAL SOCIO-DEMOGRAPHIC DATA

UNIVARIATE ANALYSIS

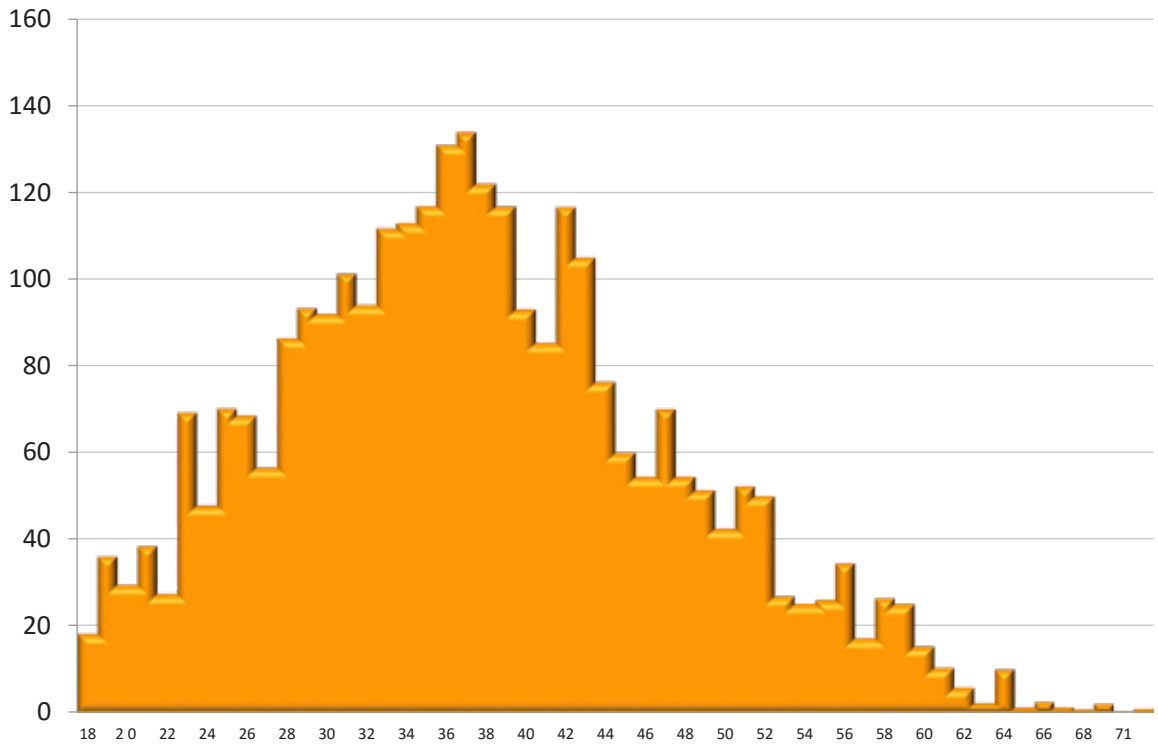
1. MAN, WOMAN



- Majority presence of men (85.3%).
- Similar percentages in previous years.

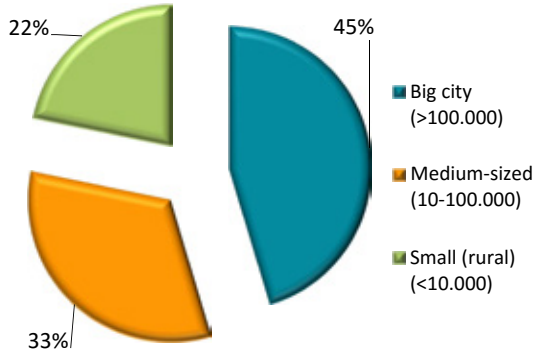
2. PEOPLE AGE AT START OF TREATMENT

	N	Minimum	Maximum	Median	Standard Deviation
Average age	2,918	18	72	**37.61**	9.91



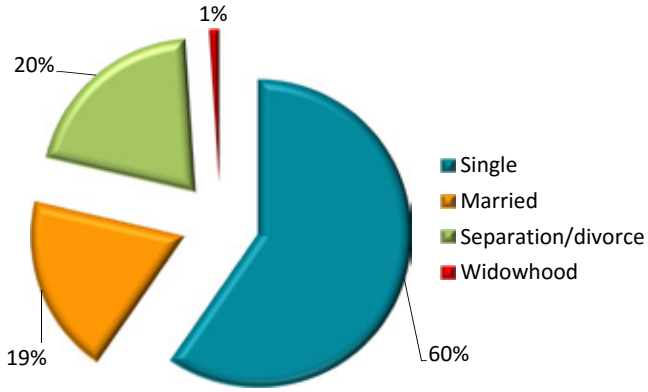
- Practically the same tendency is maintained regarding the previous year.
- A rise is observed in the range age of 41- 44 years.

3. ORIGIN/ENVIRONMENT



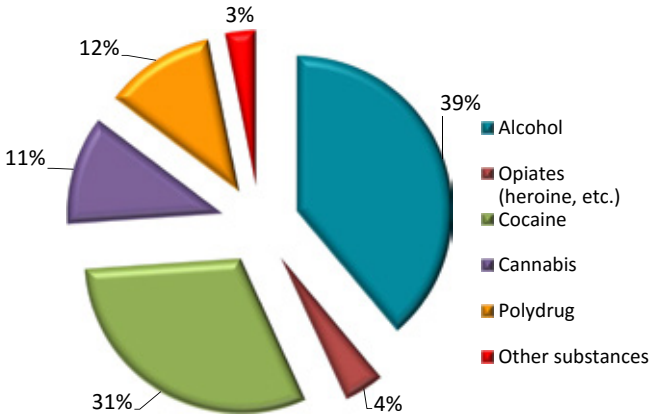
- Significant percentages are observed in the three sizes of environments. Thus it can be argued that drug use is not a problem that concerns only large cities but is present also in medium and small cities.
- Proyecto Hombre has a diverse character and unbiased coverage as per size of environment.

4. MARITAL STATUS



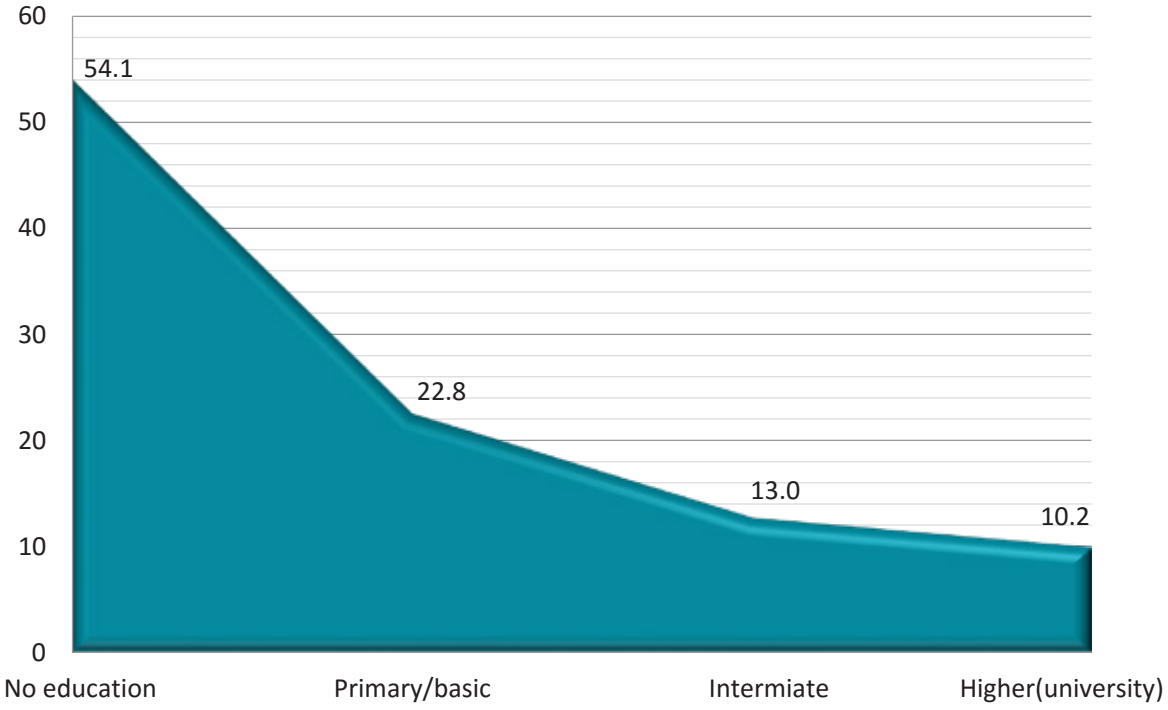
- We have found a high percentage (59.7%) of people reporting to be single. This seems to indicate the difficulties to set up a relationship or to have an stable relation.
- There is a high percentage of people that have experienced separation or divorce processes (20.2%).

5. MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED



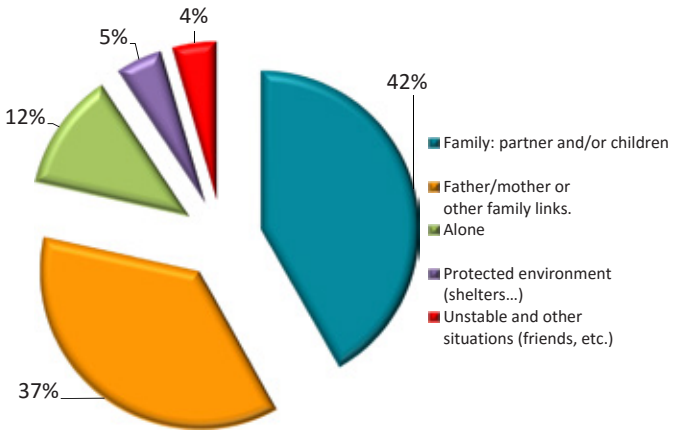
- Alcohol (38.9%) and cocaine (30.8%) are the main substances for which treatment is demanded, adding up 69.7% of admissions.
- Cannabis is the third substance (11.4%) while poly-drug consumption reaches 11.5%.
- Nowadays opiates treatments are demanded in low proportion (4.2%).

6. LEVEL OF EDUCATION



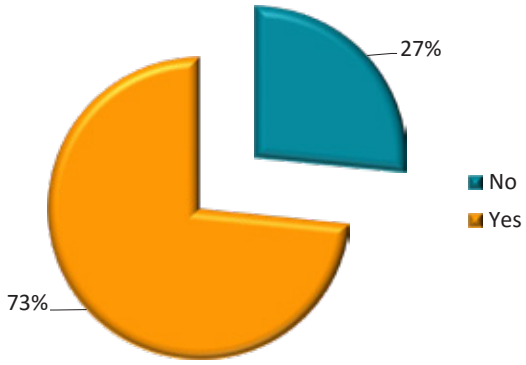
- The addiction problem affects both uneducated people and those with higher studies: 23.2% have middle or higher studies.
- However, there is a high percentage of people with little education (76.8%).

7. COEXISTENCE NUCLEUS



- 54% are independent (with their own family or alone).
- 42% are dependent (on the family of origin o protected environments).

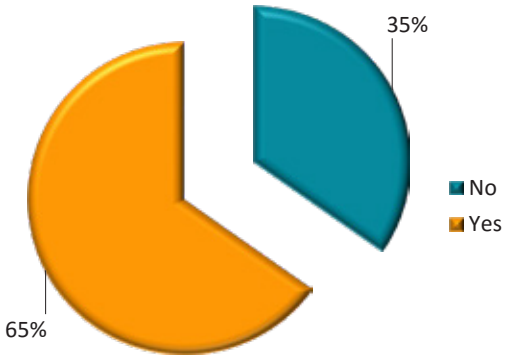
8. SERIOUS FAMILY PROBLEMS

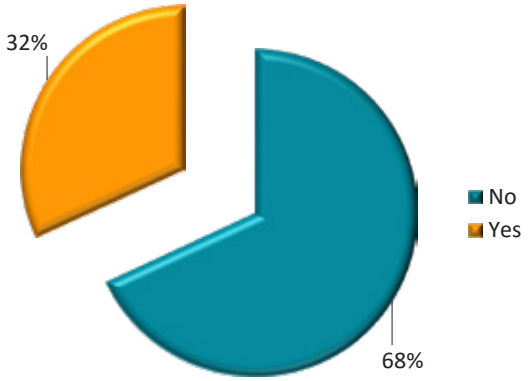


› Difficulties in the family **throughout their life** are high (73%).

› This percentage drops to 41.8% in the case of family problems in the **last month.**

9. SERIOUS PROBLEMS WITH THE PARTNER

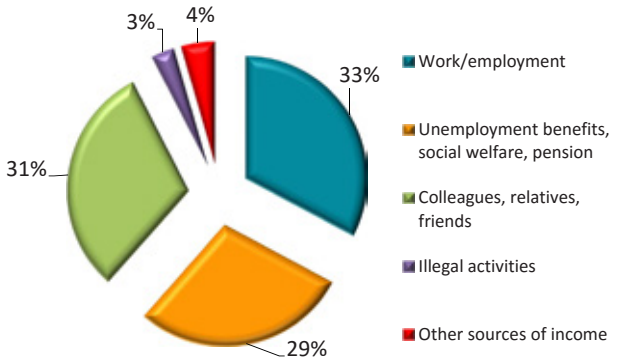




› Problems with the partner rise up to 65% in the case of at least **once in life.**

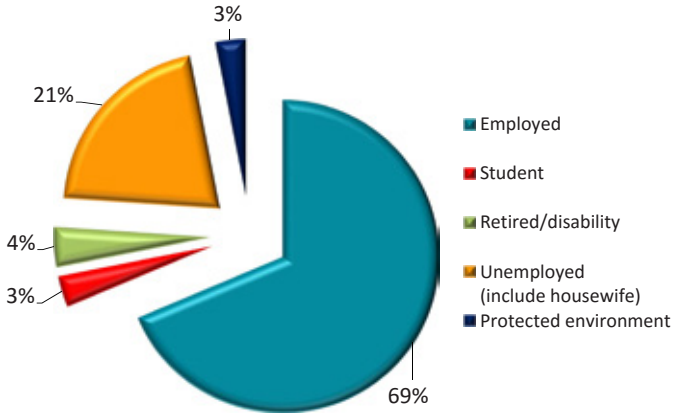
› This figure drops to 31.9% of problems in the **last month.**

10. MAIN SOURCE OF INCOME



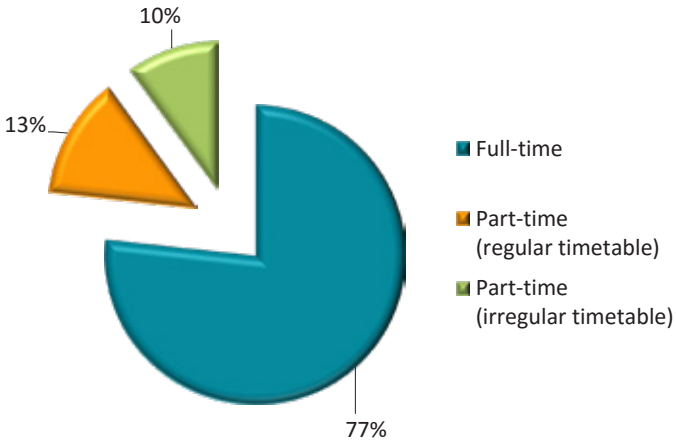
- Between work and benefits nearly two-thirds have their own income on a regular basis (61.6%).
- There is another third without support that depends on the primary support network (colleagues, relatives or friends).

11. EMPLOYMENT STATUS



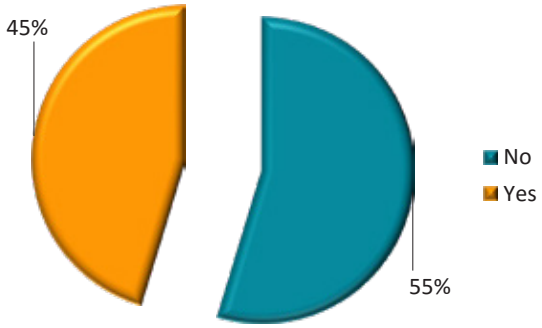
- Most of them are working or have been working for the last three years (68.7%).

12. TYPE OF WORKDAY



- Of all employed people on treatment, 76.7% are on a full-time basis, which can be read as an indicator of stability.

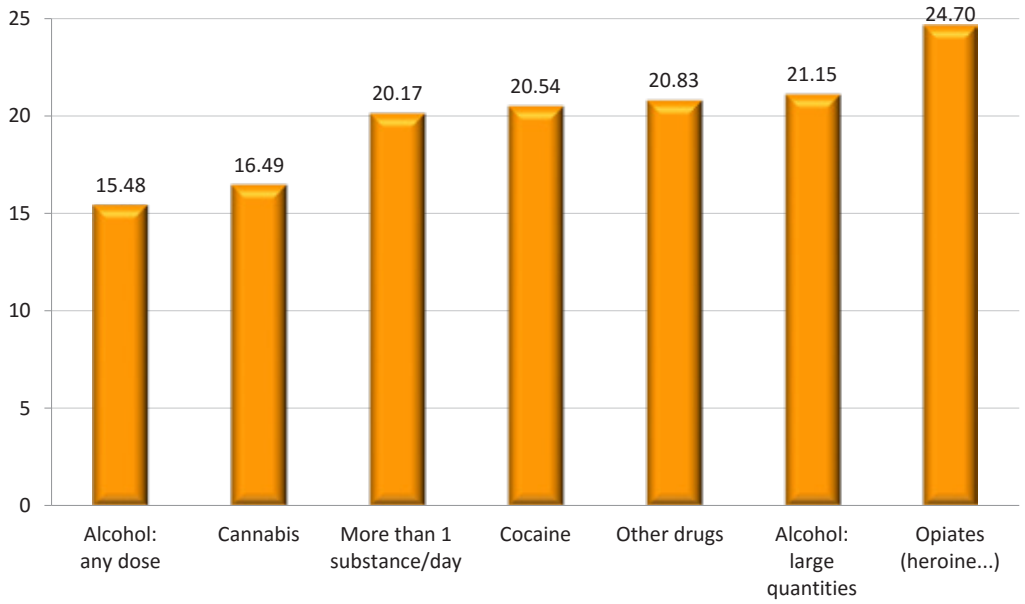
13. ECONOMIC PROBLEMS: HAVING DEBTS*



› There is a high percentage of people having debts (45.3%).

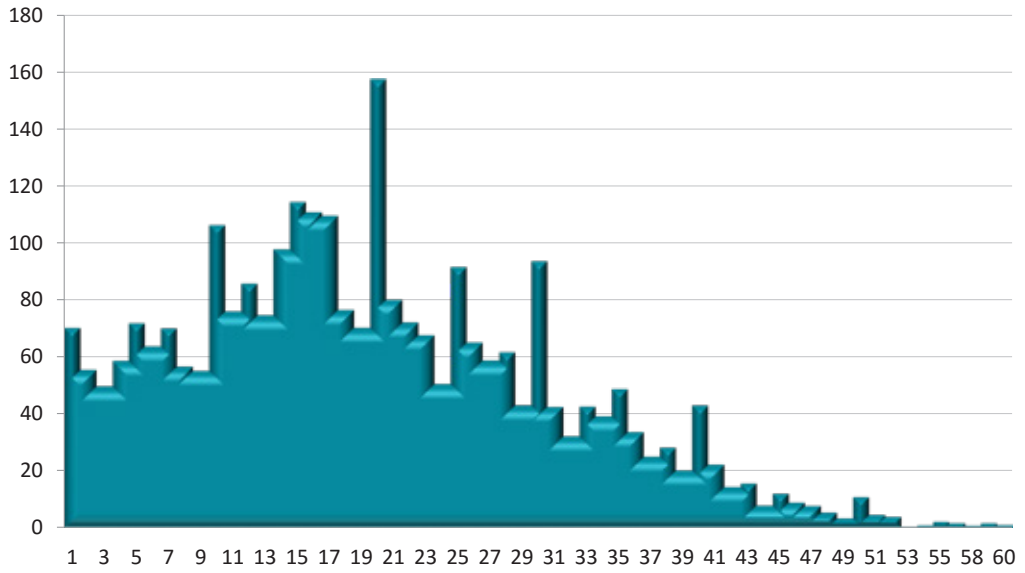
(*) This indicator is obtained from the EuropASI question of "having debts?" where debts to individuals and institutions (banks, taxes, treasury, fees, etc.) are included. No mortgages are included. If the interviewee is the director of a company, his financial responsibilities should not be included, unless the money has been taken for private purposes.

14. AGE OF ONSET OF PROBLEMATIC USE



› Although the sample is separated by substances, thy are independent groups, the average onset age of each of them reminds of the increased likehood of use according to stages (Kandel and Jessor, 2002).

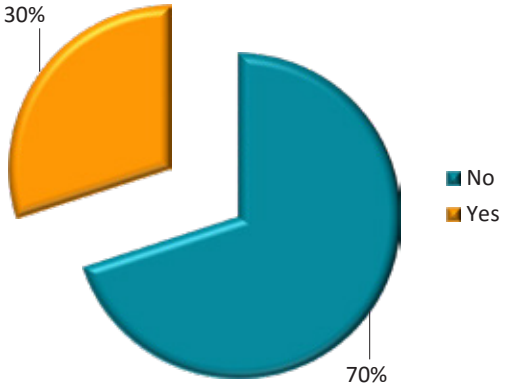
15. AVERAGE TIME OF USE



› The average time of use before starting treatment is high, being approximately of 19 years.

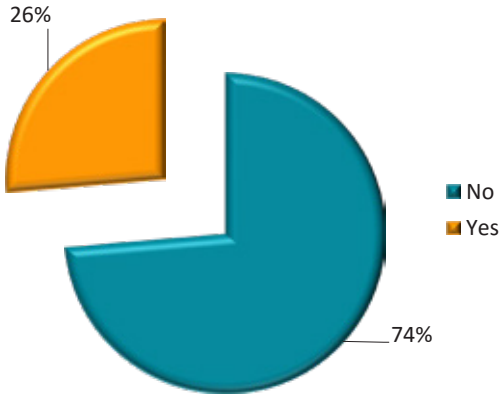
* Kandel y Jessor, 2002.

16. CHRONIC MEDICAL PROBLEMS THAT INTERFERE WITH DAILY LIFE



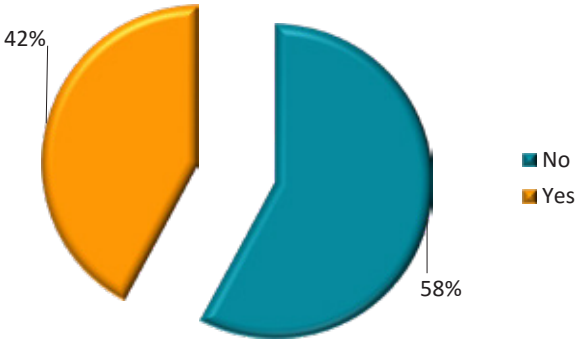
- 30% have had medical problems affecting their daily life.

17. REGULAR MEDICATION PRESCRIBED FOR A PHYSICAL PROBLEM



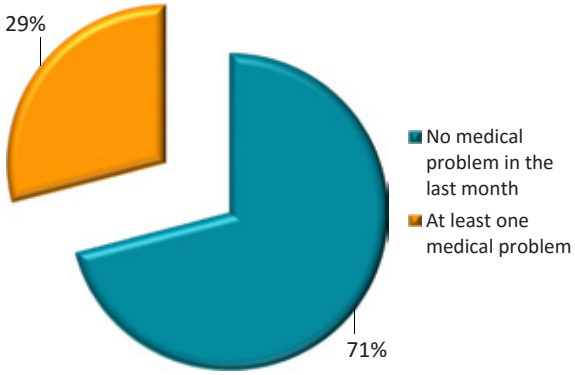
- 26.3% has a regular medication that has been prescribed by a physician. This detail is coherent with the fact that 30% present medical problems affecting their daily life.

18. TREATMENT FOR NON PSYCHIATRIC MEDICAL PROBLEMS



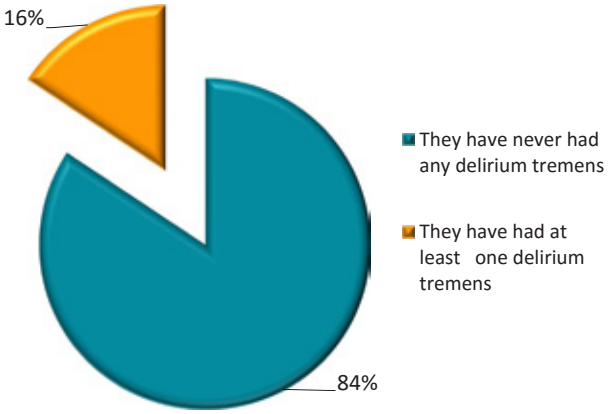
- 42% have received treatment for non psychiatric medical problems.

19. MEDICAL PROBLEMS IN THE LAST MONTH



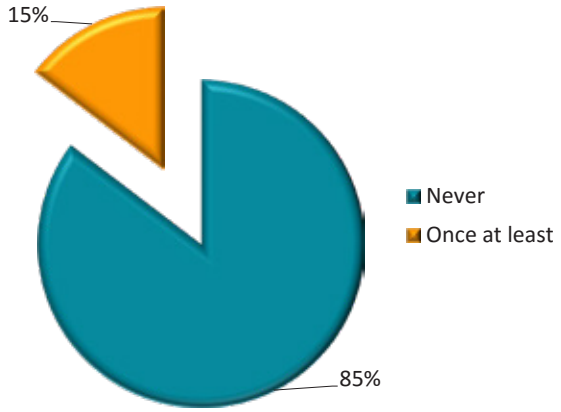
› 29.1% have had some medical problem in the last month.

20. HAVING HAD DELIRIUM TREMENS (ONLY PROFILES WHOSE MAIN SUBSTANCE IS ALCOHOL)



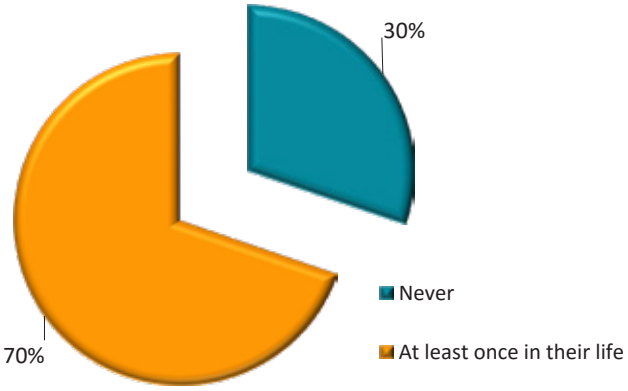
› 15.7% of people whose main substance is alcohol have suffered delirium tremens sometime in their lives.

21. HAVING HAD OVERDOSE



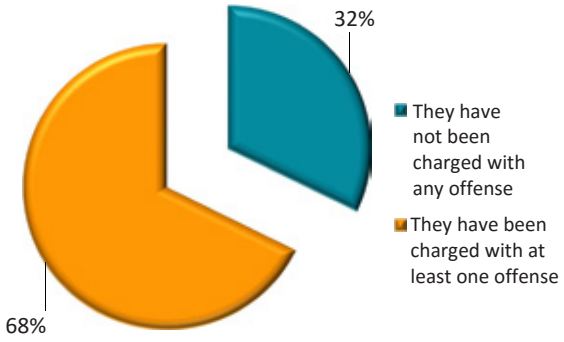
› People that have had overdose sometime in their life (14.7%), have suffered an average of 2.67 episodes.

22. PROBLEMS WITH THE LAW



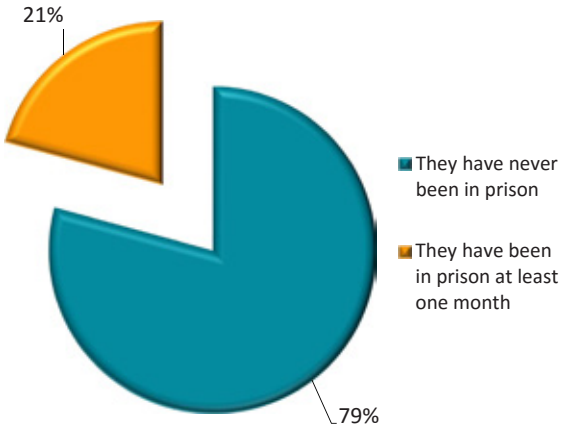
› 69.8% have had some problem with the law throughout their life.

23. HAVING BEEN CHARGED WITH SOME OFFENSE



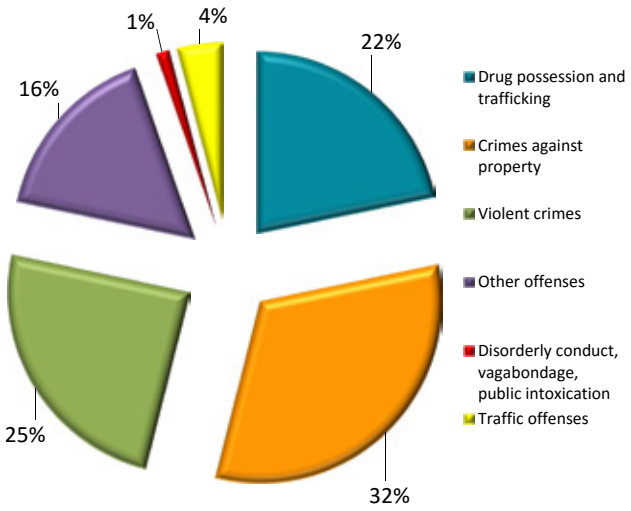
› 67.7% have been charged with some offense sometime in their life.

24. HAVING BEEN IN PRISON SOMETIME IN THEIR LIFE



› 79.2% have never been in prison.

25. REASONS FOR BEING SENT TO PRISON



› There is 21.7% that have been sent to prison for reasons directly related to addiction problems (“drug possession and trafficking”).

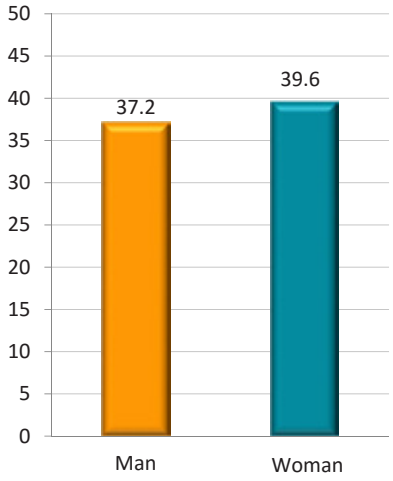
2.2.

SOCIODEMOGRAPHIC DATA PER RELEVANT VARIABLES: GENDER AND SUBSTANCE

BIVARIATE ANALYSIS

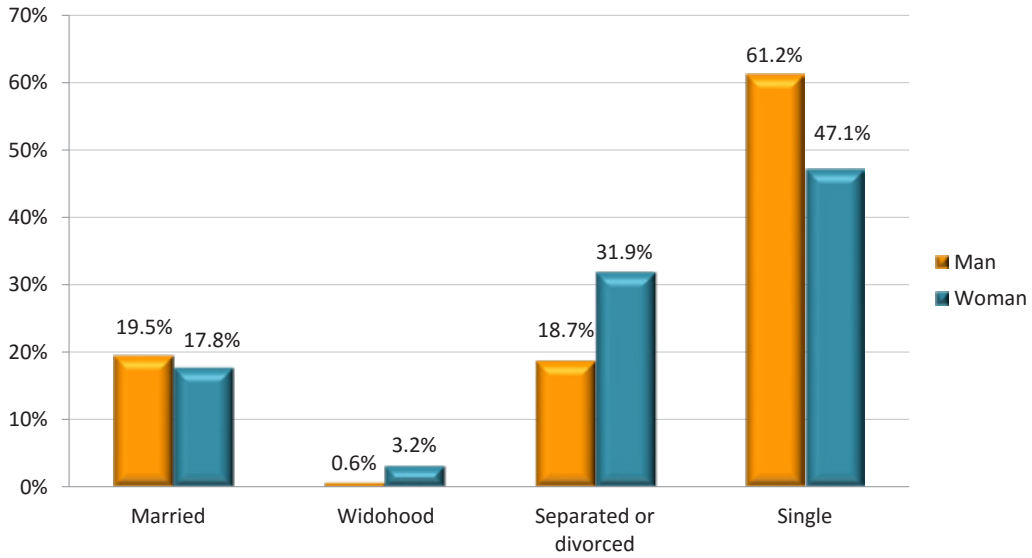
ANALYSIS BY GENDER

26. AGE DATA BY GENDER



› There are no statistically significant differences between women and men on treatment compared to the average age.

27. MARITAL STATUS BY GENDER*

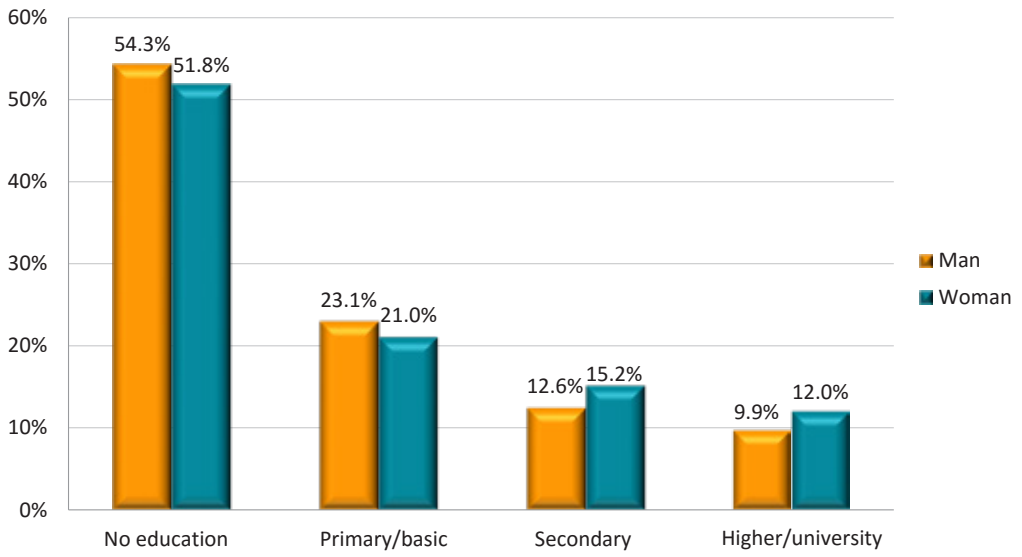


› Regarding marital status, the higher differences between women and men are found in the "separated or divorced" categories, where we can see 13.2% more women.

› In the group of "singles" we find 14.1% more men.

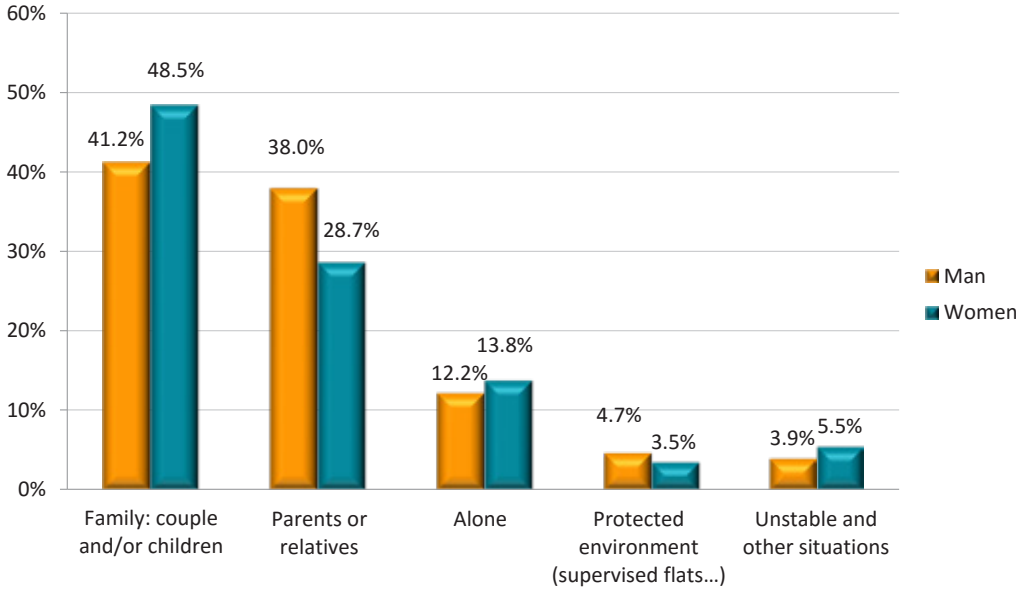
(*) Differences are statistically significant.

28. LEVEL OF EDUCATION BY GENDER



› There are no statistically significant differences.

29. COEXISTENCE NUCLEUS BY GENDER*

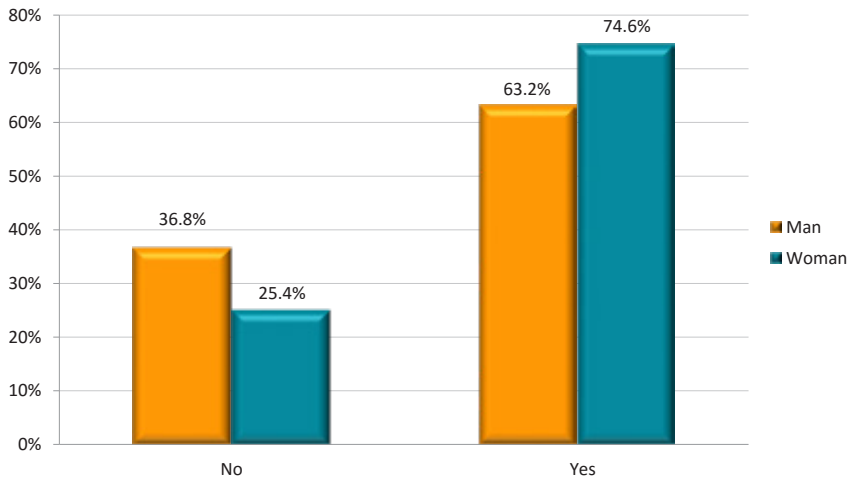


› There is a higher percentage of women in the nuclear/own family (+7.3%).

› Single men are more likely to live with their families of origin (fathers/mothers), namely 9.3% more.

(*) Differences are statistically significant.

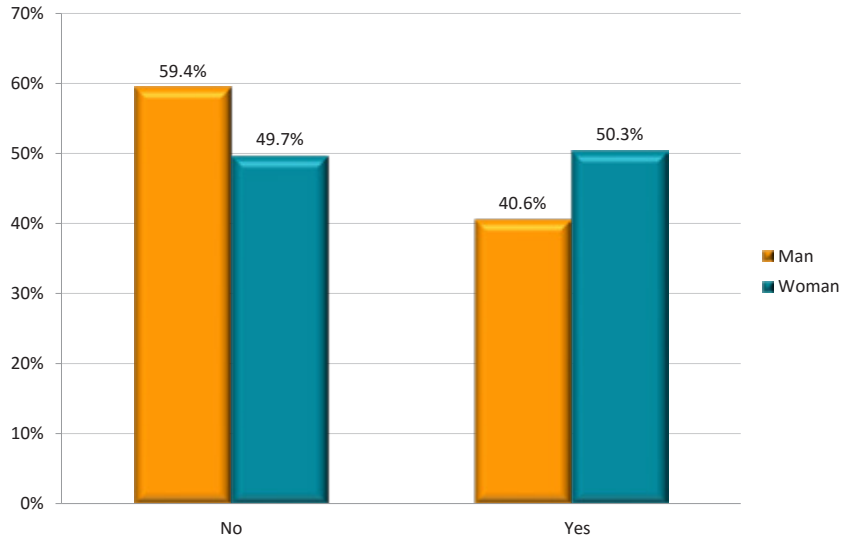
30. SERIOUS MARITAL PROBLEMS (SOMETIME IN LIFE) BY GENDER*



› Women show more relationship problems, 11.4% more than men.

(*) Differences are statistically significant.

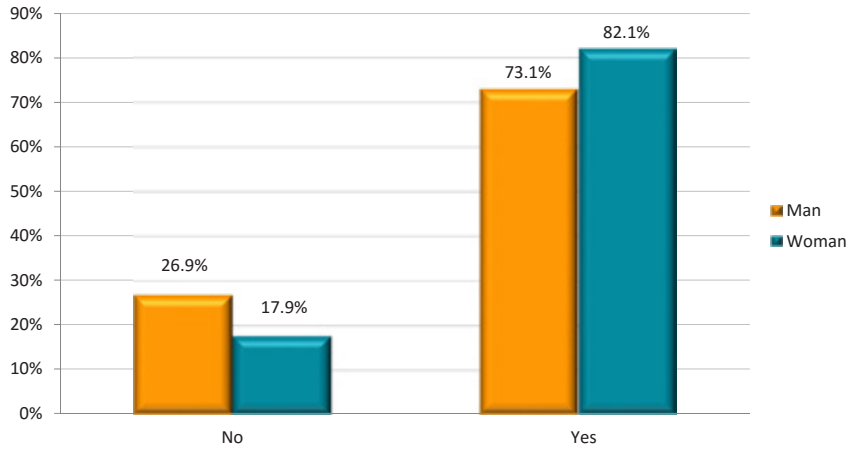
31. SERIOUS FAMILY PROBLEMS (IN THE LAST MONTH) BY GENDER*



› Women report greater family problems in the last month (9.7% more than men).

(*) Differences are statistically significant.

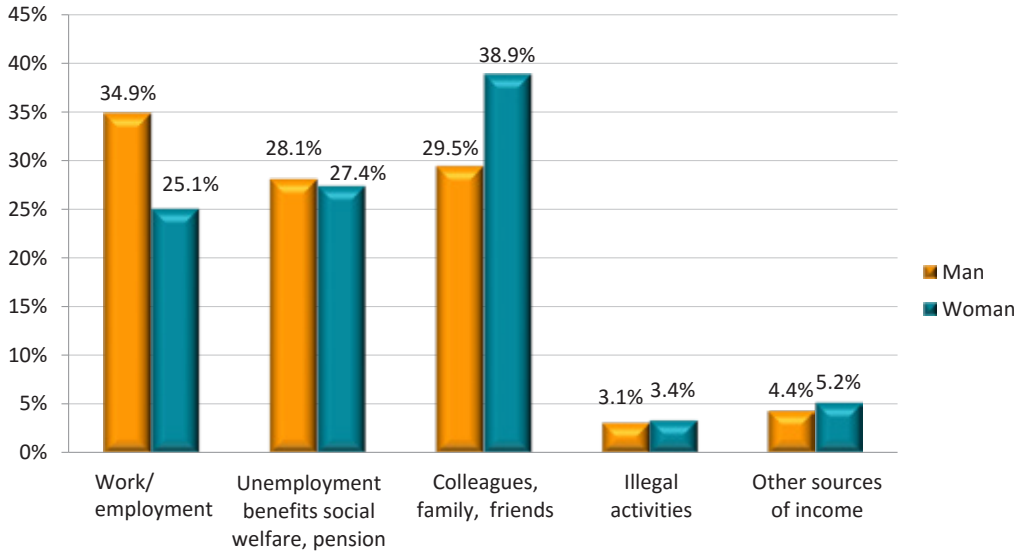
32. SERIOUS FAMILY PROBLEMS (SOMETIME IN LIFE) BY GENDER*



› Women report having had more family problems sometime in their life (9% more than men).

(*) Differences are statistically significant.

33. MAIN SOURCE OF INCOME BY GENDER*

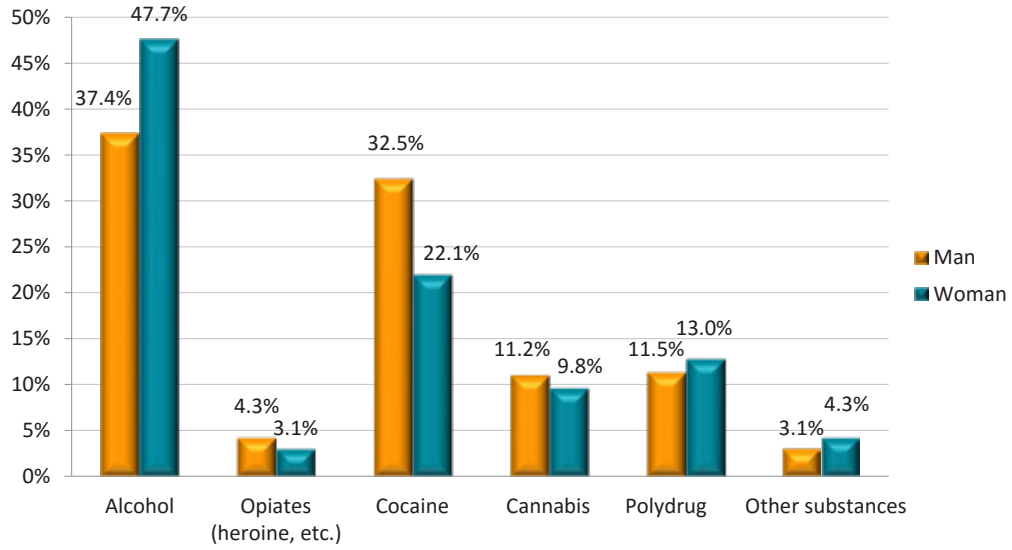


› Men have more stable/regular income (9.8% than women), while the main source of income for women comes from "colleagues, family or friends" (9.4% more than men).

› In short, women have a lower level of independence and economic stability than men.

(*) Differences are statistically significant.

34. MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED, BY GENDER*



- There is a higher prevalence of alcohol use among women (10.3% more than men).
- In the case of cocaine, 10.4% men more than women.

(*) Differences are statistically significant.

35. PROBLEMATIC ONSET AGE BY GENDER

GENDER		Alcohol: any dose	Alcohol: large quantitieses	Opiates (heroine, etc.)	Cocaine	Cannabis	Other drugs	More than 1 substance/day
Man	Median	**15.34**	**20.63**	**24.52**	**20.29**	**16.34**	**20.49**	**19.70**
	N	2,282	1,771	933	1,995	1,721	2,293	1,073
Woman	Median	**16.37**	**24.34**	**25.18**	**21.81**	**17.86**	**23.18**	**23.71**
	N	386	302	167	295	244	336	153

› Men start using all substances earlier, specially alcohol and cannabis.

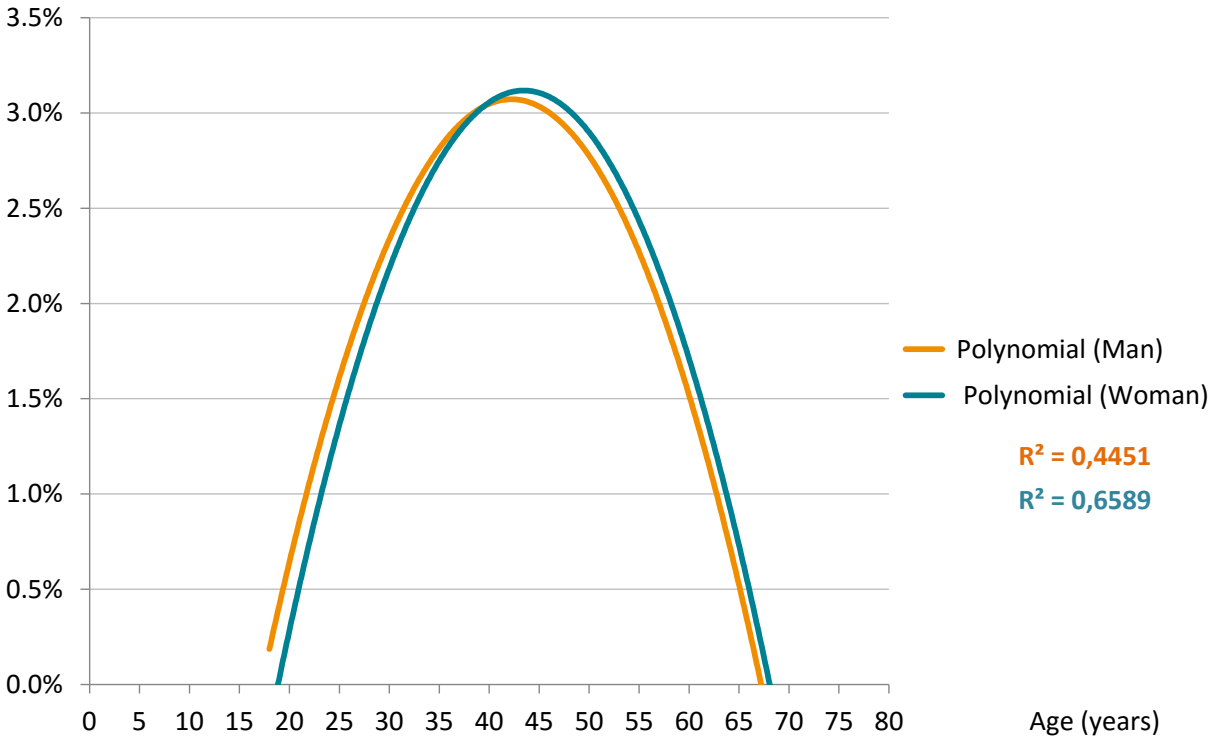
36. AGE AT WHICH TREATMENT FOR PROBLEMATIC USE OF ALCOHOL IS DEMANDED, BY GENDER

Age (intervals)		Gender		Total
		Man	Woman	
18-22	N	131	17	**148**
	%	5.4%	4.0%	**5.2%**
23-27	N	286	26	**312**
	%	11.7%	6.2%	**10.9%**
28-32	N	389	61	**450**
	%	16.0%	14.5%	**15.8%**
33-37	N	520	81	**601**
	%	21.3%	19.3%	**21.0%**
38-43	N	523	95	**618**
	%	21.5%	22.6%	**21.6%**
44-49	N	284	67	**351**
	%	11.7%	16.0%	**12.3%**
47 and more	N	303	73	**376**
	%	12.4%	17.4%	**13.2%**
TOTAL	**N**	**2,436**	**420**	**2,856**
	%	**100%**	**100%**	**100%**

› Focusing directly on alcohol, there is a higher percentage of men demanding treatment at an earlier age.

› After 38 years there are more relative percentages of women seeking treatment for alcohol problems.

37. AGE AT WHICH TREATMENT FOR PROBLEMATIC USE OF ALCOHOL IS DEMANDED, BY GENDER



› Analysing the attached chart we can see the tendendy of the percentages observed that the "overtaking" of women in alcohol use in relation to men occurs in the segment of 36-38 years.

38. OVERDOSE BY GENDER

Having had overdose sometime	Gender			
	Man		Woman	
	Frequency	%	Frequency	%
Never	1,900	85.3	317	83.6
Once at least	328	14.7	62	16.4
TOTAL	**2,228**	**100**	**379**	**100**

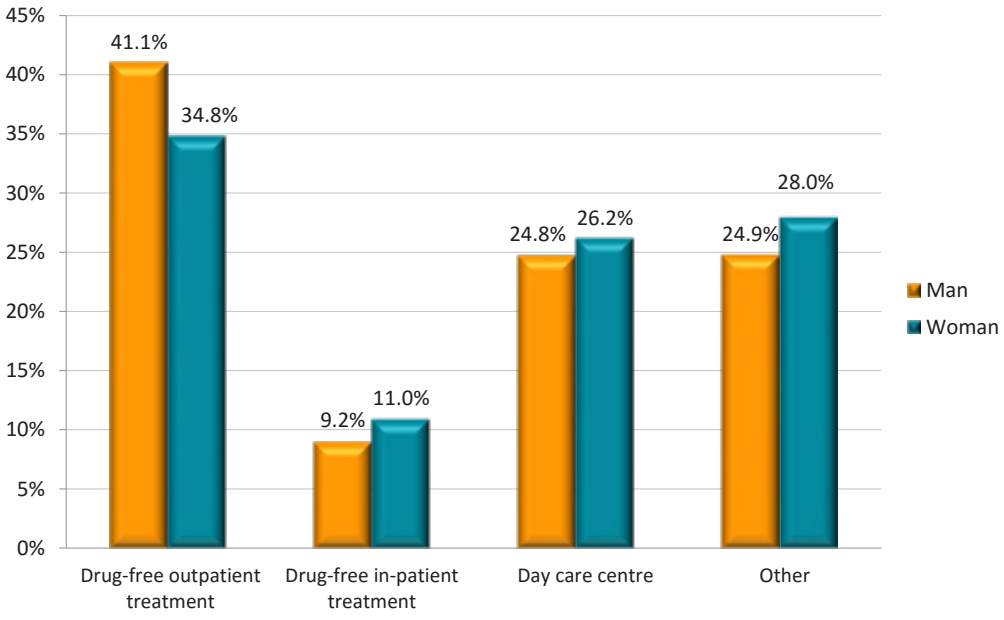
› There are no statistically significant differences.

39. DELIRIUM TREMENS BY GENDER (ONLY FOR PEOPLE WHOSE MAIN SUBSTANCE IS ALCOHOL)

Having had delirium tremens sometime	Gender			
	Man		Woman	
	Frequency	%	Frequency	%
Never	674	84.1	151	84.4
Once at least	128	15.9	28	15.6
TOTAL	**801**	**100**	**179**	**100**

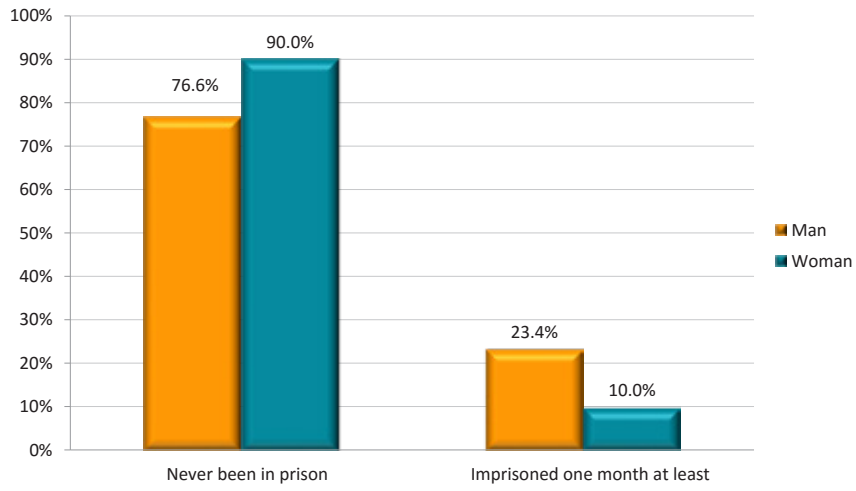
› There are no statistically significant differences.

40. TYPE OF TREATMENT, BY GENDER



› There are no big differences, only a higher percentage of men than women (6.3%) in drug-free outpatient treatment.

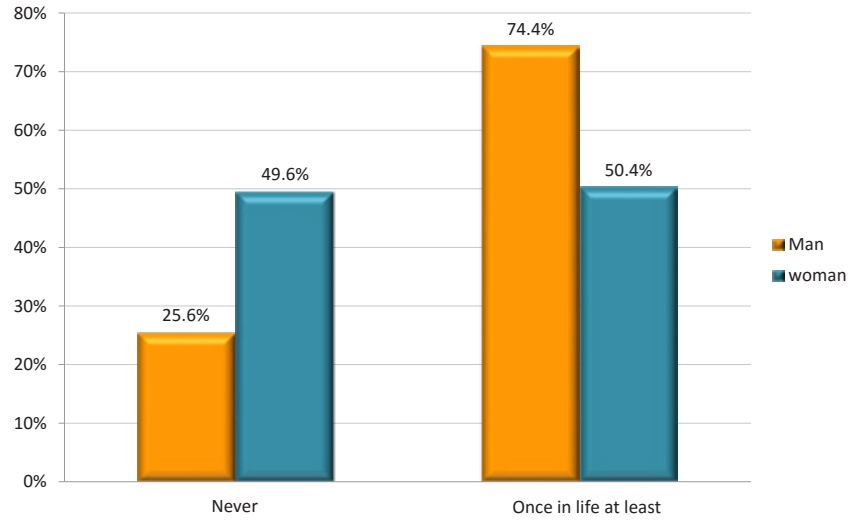
41. HAVING BEEN IMPRISONED, BY GENDER*



› There is a higher percentage of men than women (13.4% more) that have been sometime imprisoned.

(*) Differences are statistically significant.

42. PROBLEMS WITH THE LAW, BY GENDER*

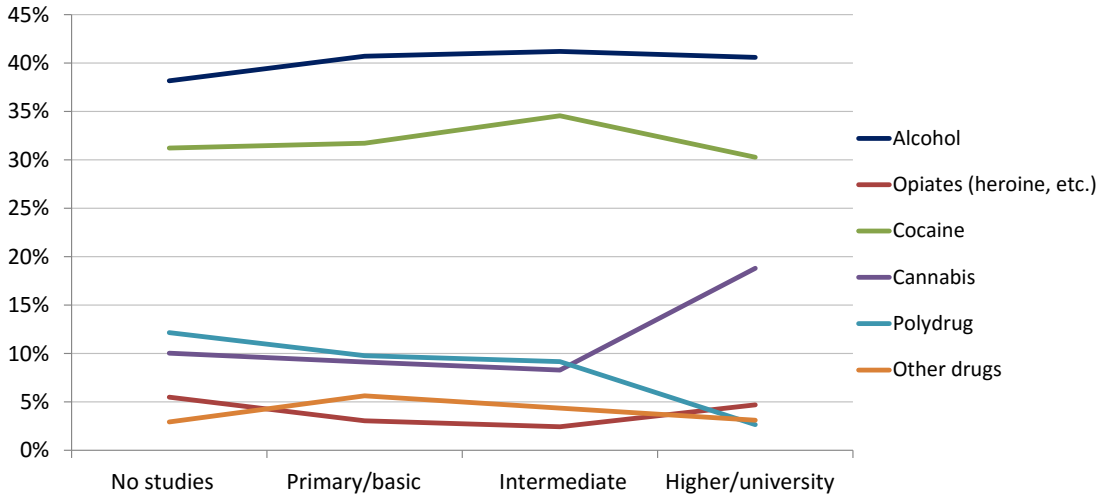


› There are 24% more men than women in having problems with the law.

(*) Differences are statistically significant.

ANALYSIS BY SUBSTANCE

43. DEMAND FOR TREATMENT FOR THE MAIN SUBSTANCE, BY LEVEL OF EDUCATION*

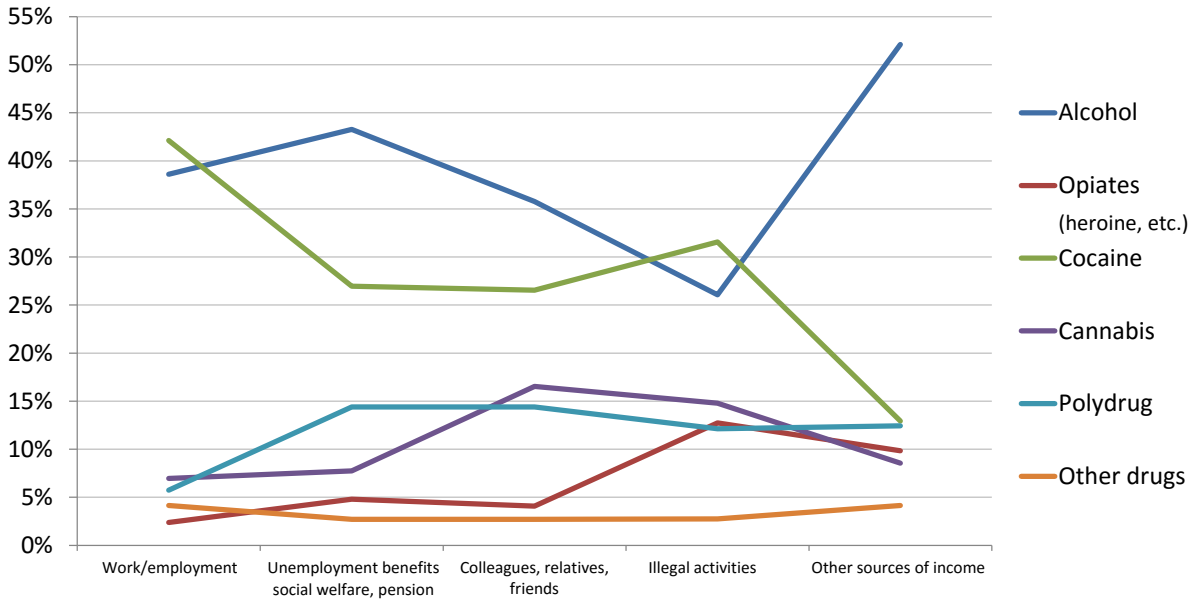


Main substance	Academic degree							
	No studies		Primary/ basic		Intermediate		Higher/university	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Alcohol	418	38.2	195	40.7	110	41.2	83	40.6
Opiates (heroine, etc)	60	5.5	15	3.1	7	2.4	10	4.7
Cocaine	342	31.2	152	31.7	92	34.5	62	30.3
Cannabis	110	10.0	44	9.1	22	8.3	39	18.8
Polydrug	133	12.2	47	9.8	25	9.2	5	2.7
Other drugs	32	2.9	27	5.6	12	4.4	6	3.1
TOTAL	**1.096**	**100**	**479**	**100**	**267**	**100**	**205**	**100**

- Significant connections are set in three groups:
  - A high percentage of people without studies that use opiates or polydrug.
  - Percentage of people with basic studies that take other drugs.
  - A high percentage, approximately 9% more than the next group, of people with higher studies that use cannabis.
- In the rest of groups and substances differences are not significant.

(*) Differences are statistically significant.

44. SOURCE OF INCOME BY MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED*



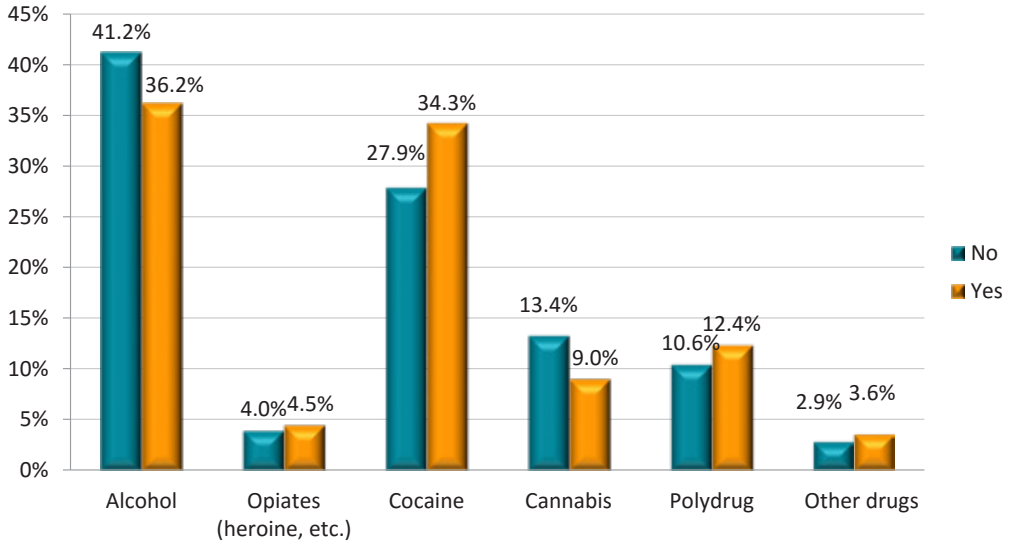
Main substance	Source of income									
	Work/employment		Unemployment benefits, social welfare, pension		Colleagues, family, friends		Illegal activities		Other sources of income	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Alcohol	340	38.6	337	43.3	295	35.8	20	26.1	64	52.1
Opiates (heroine, etc)	21	2.4	38	4.8	34	4.1	10	12.7	12	9.8
Cocaine	370	42.1	210	27.0	219	26.5	25	31.6	16	12.9
Cannabis	61	7.0	60	7.8	136	16.5	12	14.8	10	8.5
Polydrug	50	5.7	112	14.4	119	14.4	9	12.1	15	12.4
Other drugs	37	4.2	22	2.7	22	2.7	2	2.7	5	4.1
TOTAL	**879**	**100**	**780**	**100**	**824**	**100**	**78**	**100**	**122**	**100**

› Some of the more sociologically and statistically significant connections are shown as follows:

- In **alcohol** the more relevant groups are the unemployed and with other sources of income.
- In **opiates** the illegal actitivies and other sources stand out .
- In **cocaine** stand out clearly those who work regarding other substances (approximately between 11% and 30% more than other options).
- In **cannabis** we see the highest percentage of people that get incomoe from colleagues, family and friends.

(*) Differences are statistically significant.

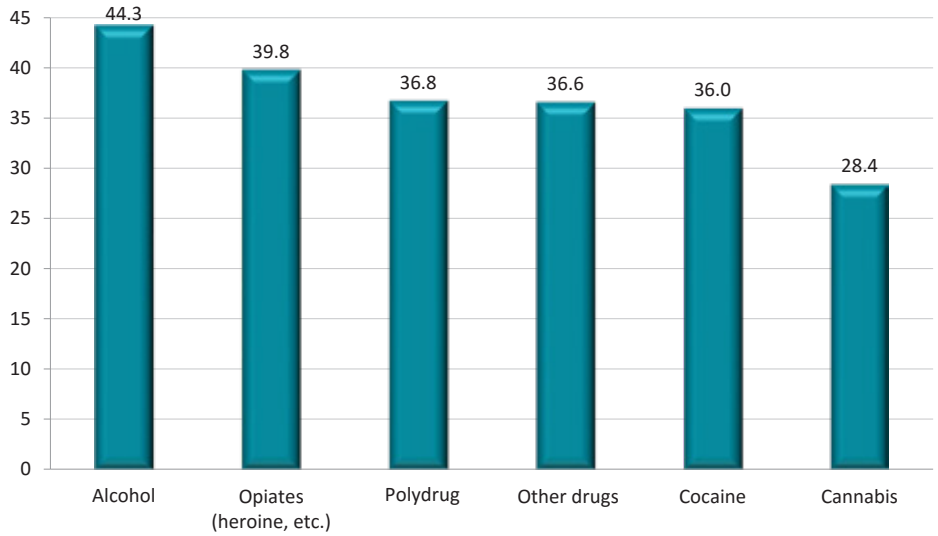
45. ECONOMIC PROBLEMS BY MAIN SUBSTANCE*



- The most remarkable fact is found in the case of cocaine, where there is an increase of 6.4% presenting debt problems.
- It is also significant that in the case of alcohol and cannabis, percentages with economic problems drop: 5% and 4.4%, respectively.

(*) Differences are statistically significant.

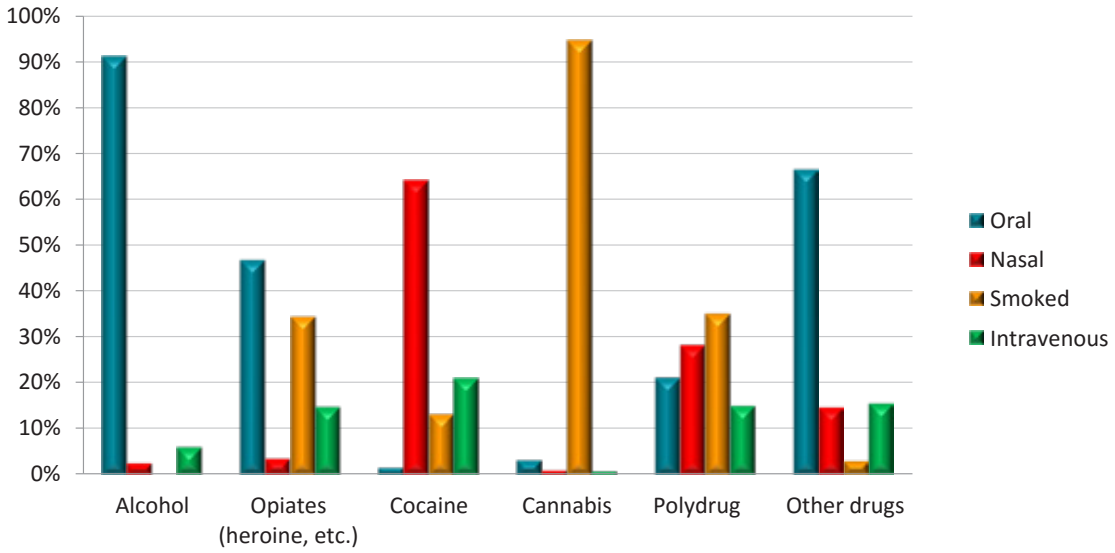
46. AVERAGE AGE AT ONSET OF TREATMENT BY TYPE OF SUBSTANCE*



- The most significant part in the cross between the average age at onset of treatment and the substance causing its start are the extreme medians. Alcohol is the substance for which occurs a later demand and cannabis the earliest, both being the most socially acceptable substances.

(*) Differences are statistically significant.

47. MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED BY ROUTE OF ADMINISTRATION*



- There is a change regarding the pattern of cocaine use, with the increase of the intravenous route (20%) and the smoked route (13%).
- It is also noteworthy the predominance of opiates orally used instead of the intravenous route.
- As for cannabis, the smoked route remains the most used. The oral route represents only a 3.3%.

(*) Differences are statistically significant.

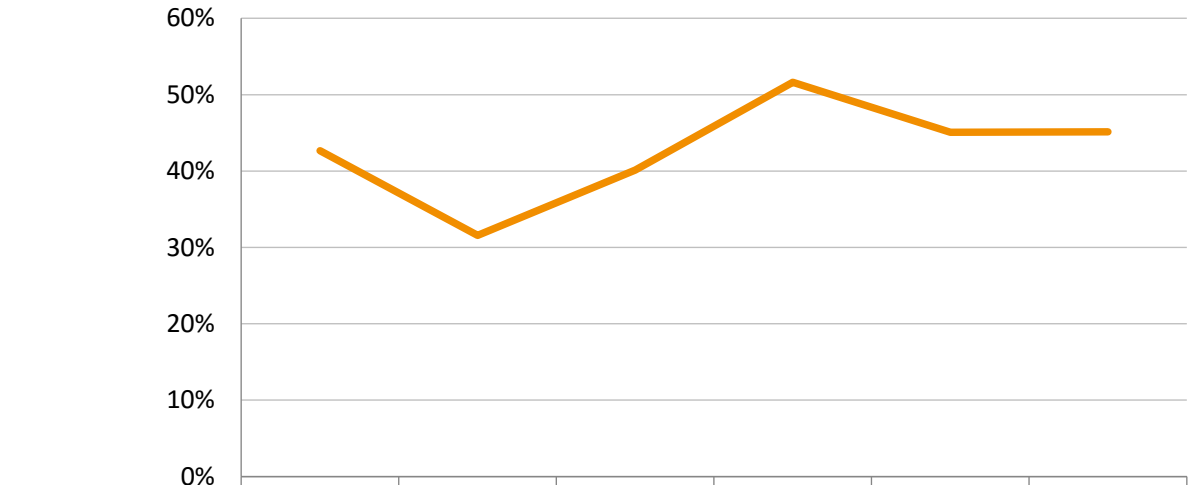
48. MAIN USED SUBSTANCE BY TYPE OF TREATMENT*

Type of treatment		Main used substance						Total
		Alcohol	Opiates (heroine, etc)	Cocaine	Cannabis	Polydrug	Other drugs	
Drug-free outpatient program	N	338	32	324	114	61	26	**895**
	%	37.8%	3.6%	36.2%	12.7%	6.8%	2.9%	**100%**
Drug-free inpatient programa	N	70	15	69	14	24	9	**201**
	%	34.8%	7.5%	34.3%	7.0%	11.9%	4.5%	**100%**
Day centre	N	231	20	180	58	46	27	**562**
	%	41.1%	3.6%	32.0%	10.3%	8.2%	4.8%	**100%**
Other	N	230	23	157	68	133	14	**625**
	%	36.8%	3.7%	25.1%	10.9%	21.3%	2.2%	**100%**
Total	**N**	**869**	**90**	**730**	**254**	**264**	**76**	**2,283**
	%	**38.1%**	**3.9%**	**32.0%**	**11.1%**	**11.6%**	**3.3%**	**100%**

› The drug-free outpatient program has more impact on cocaine and cannabis, whereas in the drug-free inpatient program the most relevant percentages are linked to opiates use.

(*) Differences are statistically significant.

49. SERIOUS FAMILY PROBLEMS (IN THE LAST MONTH), BY MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED*



	Alcohol	Opiates (heroine, etc.)	Cocaine	Cannabis	Polydrug	Other drugs
Main substence	42.7%	31.6%	40.1%	51.6%	45.1%	45.1%

› It should be noted that there is a higher incidence of family problems in the case of cannabis.

(*) Differences are statistically significant.

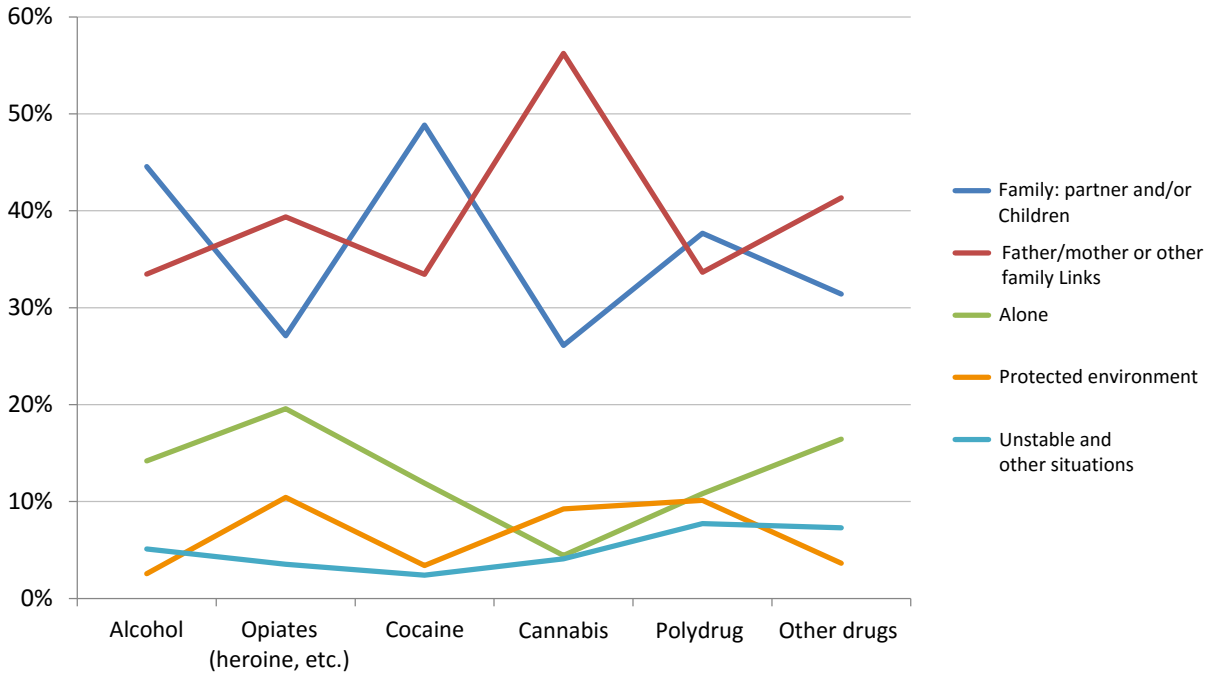
50. SERIOUS MARITAL PROBLEMS (IN THE LAST MONTH) BY MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED*

	Alcohol	Opiates (heroine, etc.)	Cocaine	Cannabis	Polydrug	Other drugs
Yes	28.2%	20.6%	39.2%	21.6%	33.2%	25.7%

› The substances where can be found bigger marital problems are cocaine (39.2%), followed by poliydrug (33.2%) and alcohol (28.2%).

(*) Differences are statistically significant.

51. COEXISTENCE NUCLEUS BY MAIN SUBSTANCE FOR WHICH TREATMENT IS DEMANDED*



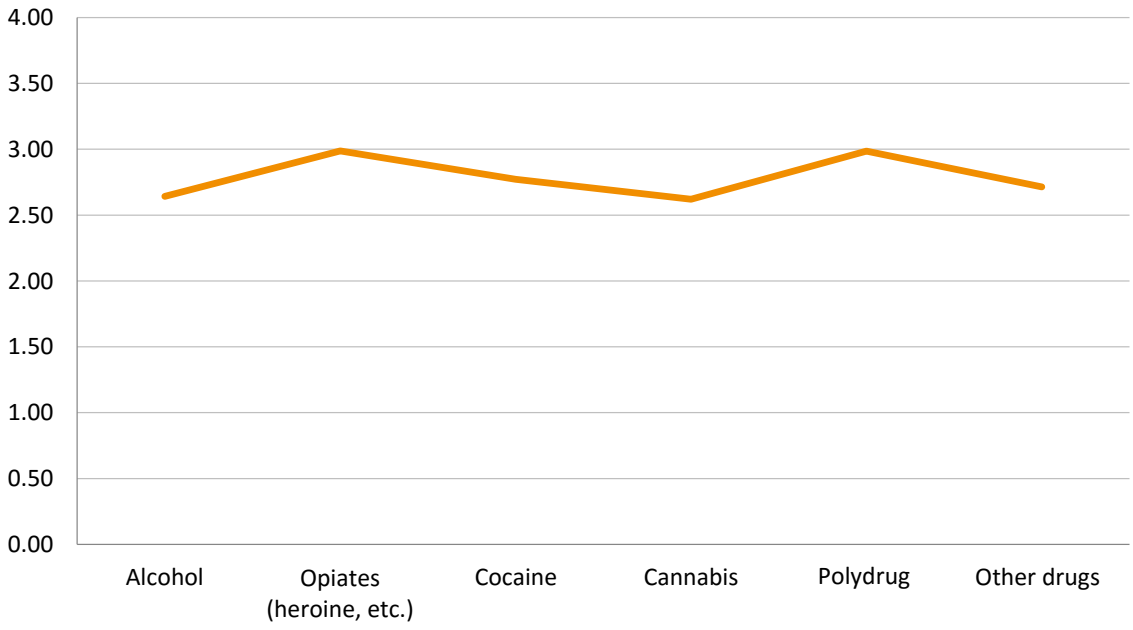
Coexistence nucleus (in the last 3 years)	Main substance											
	Alcohol		Opiates (heroine, etc)		Cocaine		Cannabis		Polydrug		Other drugs	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Familia: pareja y/o hijos/as	481	44.6	31	27.1	413	48.8	82	26.1	119	37.7	28	31.4
Padres/madres u otros vínculos familiares	361	33.5	45	39.4	283	33.5	177	56.2	107	33.7	36	41.3
Solo/a	153	14.2	22	19.6	101	11.9	14	4.4	34	10.8	14	16.4
Medio protegido	28	2.6	12	10.4	29	3.4	29	9.2	32	10.1	3	3.6
No estable y otras situaciones	56	5.1	4	3.5	20	2.4	12	4.1	24	7.7	6	7.3
TOTAL	**1.080**	**100**	**114**	**100**	**846**	**100**	**315**	**100**	**316**	**100**	**88**	**100**

- Those who demand treatment for having problems with **cannabis** live with their father and mother in a higher percentage.
- People that ask for treatment for having problems with **cocaine** tend to live with their partner or children to a greater extent.
- Among people that use **opiates** the higher percentage lives alone.

(*) Differences are statistically significant.

52. NUMBER OF PROBLEMS BY TYPE OF SUBSTANCE*

Type of substance by number of problems (partner, family, health, debts and justice)	N	Media
Alcohol	692	2.64
Opiates (heroine, etc.)	117	2.99
Cocaine	865	2.77
Cannabis	319	2.62
Polydrug	726	2.99
Other drugs	92	2.71
Total	**2,811**	**2.79**

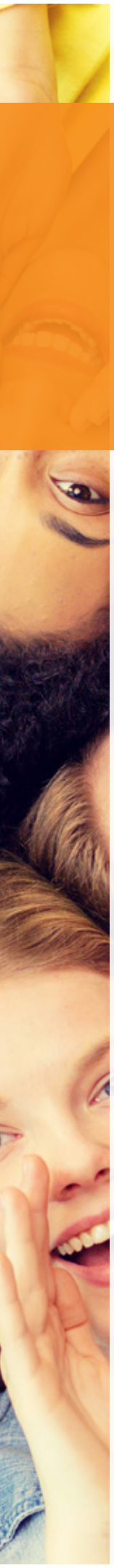


- There are more areas with opiates and polydrug problems.
- There is a lower percentage of people with cannabis problems.

(*) Differences are statistically significant.

3

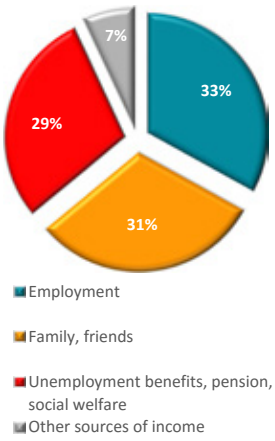
A global sight



3.1. SOCIALIZATION INDICATORS

Average age: 37

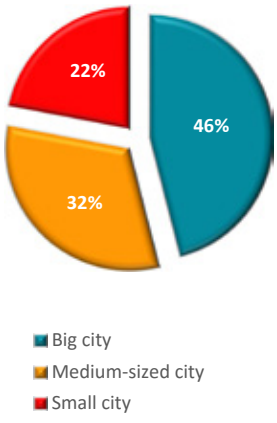
Main source of income



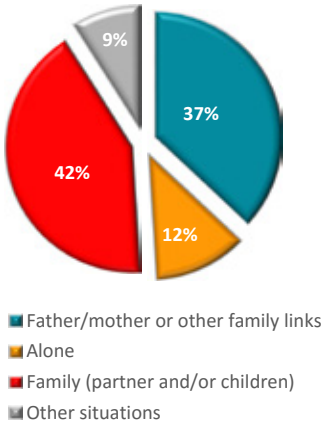
- 62% have their own incomes
- 69% have worked in the last three years
- 77% of employed do it on full-time jobs

Gender
Men: 85%
Women: 15%

Origin/environment



Coexistence nucleus



Married: 19%

Marital status

Separated: 20%

Single: 60%

3.2. MAIN CHARACTERISTICS OF USERS AS PER MAIN SUBSTANCES FOR WHICH TREATMENT IS DEMANDED

Alcohol:

38.9%

- Onset average age of use: 15 years
- Average age of onset of treatment: 44 years
- Higher percentages of them living with the family
- Compared to other substances there are more people unemployed.
- Fewer problems that in the rest of substances(2.6%)
- 15.7% have suffered delirium tremens

Opiates:

4.2%

- Onset average age of use: 25 years
- Onset average age at start of treatment: 40 years
- It should be noted a higher percentage than expected of people without studies that use opiates
- The administration route is mainly oral and smoked
- There are more people who live alone and more people who live in protected environments than in the rest of substances (19.6%)
- They have more social and health problems than the rest of profiles

In total, 15% has suffered overdose

Cannabis:

11.4%

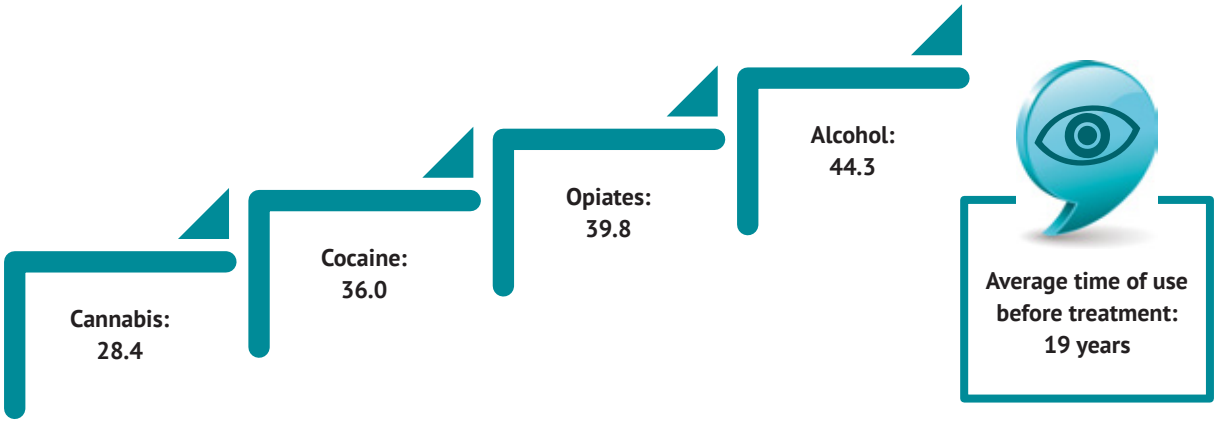
- Onset average age of use: 16 years
- Onset average age at start of treatment: 28 years
- This group represents the highest percentage of people with higher education: 18.8%
- The majority administration route is the smoked (95%). Oral use is anecdotal (3.3%)
- They live mostly with their family of origin (parents)
- Main sources of income: family and friends
- It is the profile that has bigger problems with the family (51.6%)
- On the contrary, they have fewer social and health problems than the rest of groups

Cocaine:

30.8%

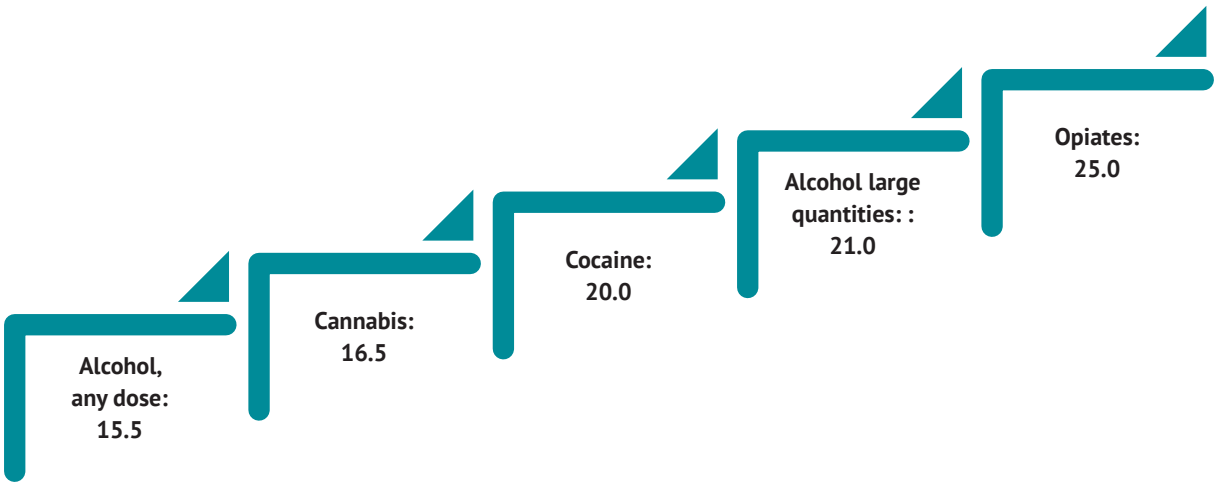
- Onset average age of use: 20 years
- Onset average age at start of treatment 36 years
- The administration routes are, besides nasal (64.2%), Intravenous (20.8%) and smoked (13.3%)
- 39.2% have problems with their partner
- They live with their own family (48.88%)
- They represent the highest number in getting a job (30%)
- They have greater economic debts

3.3. AVERAGE AGE OF FIRST TREATMENT

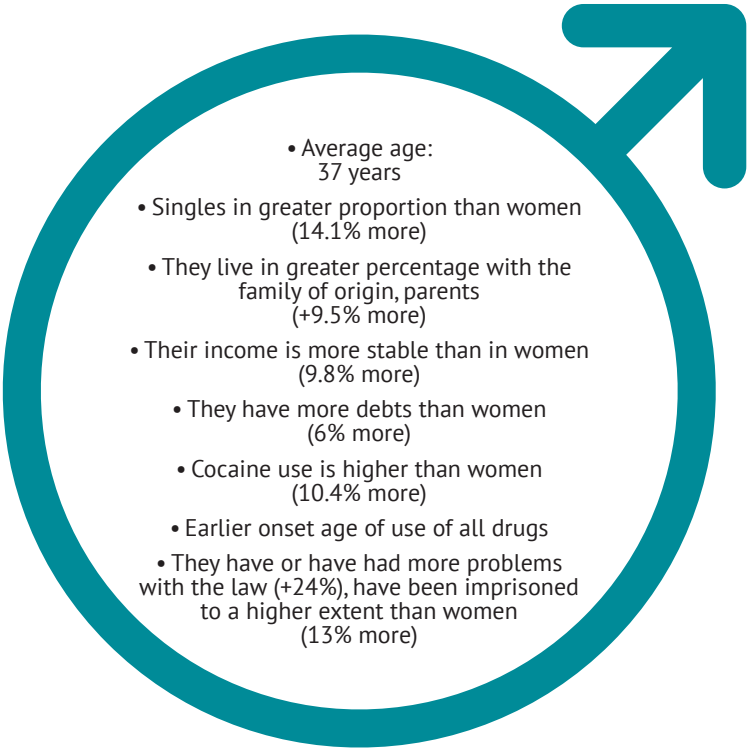


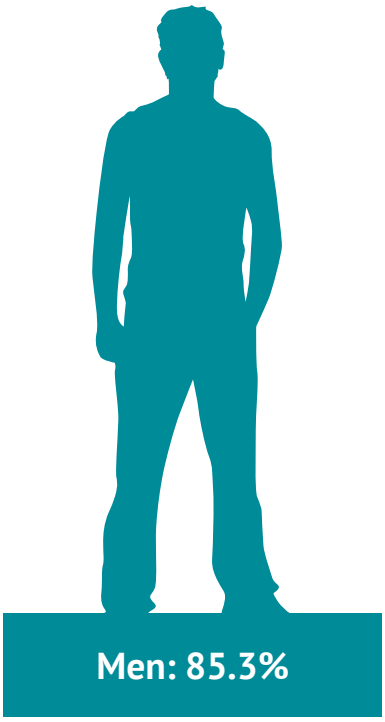
› Does delay in onset age retard the start of treatment?

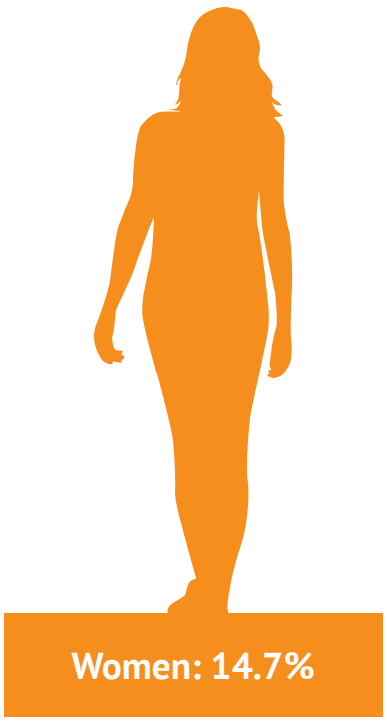
3.4. AVERAGE AGE OF FIRST USE

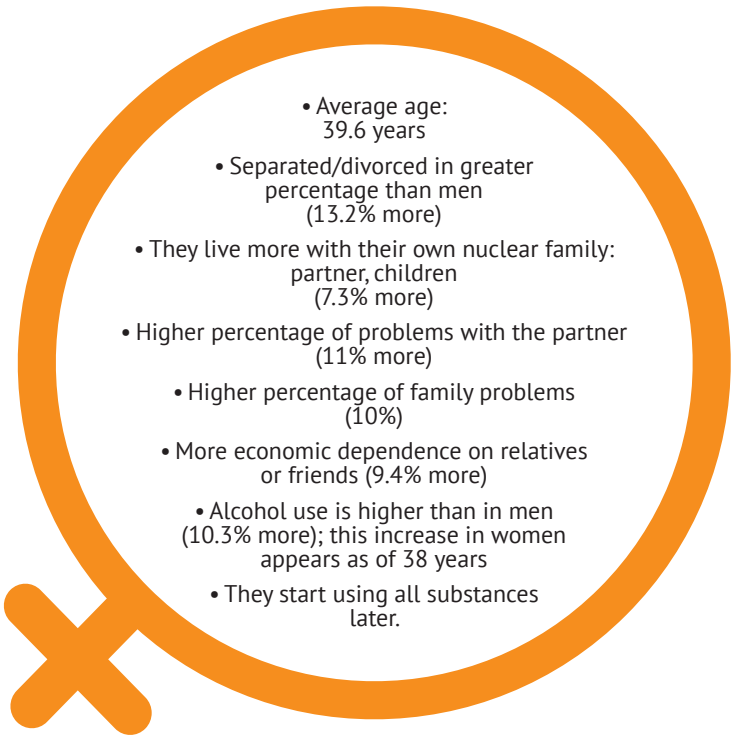


3.5. GENDER PERSPECTIVE

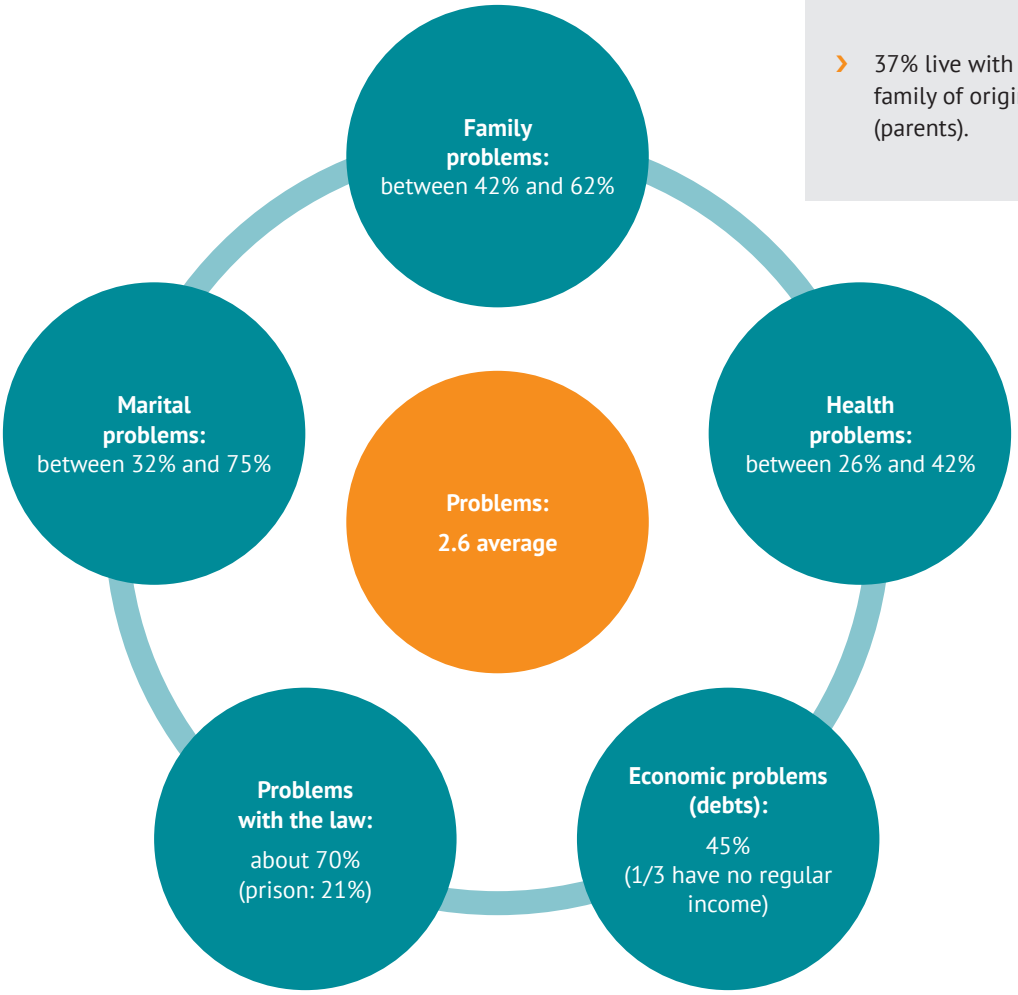




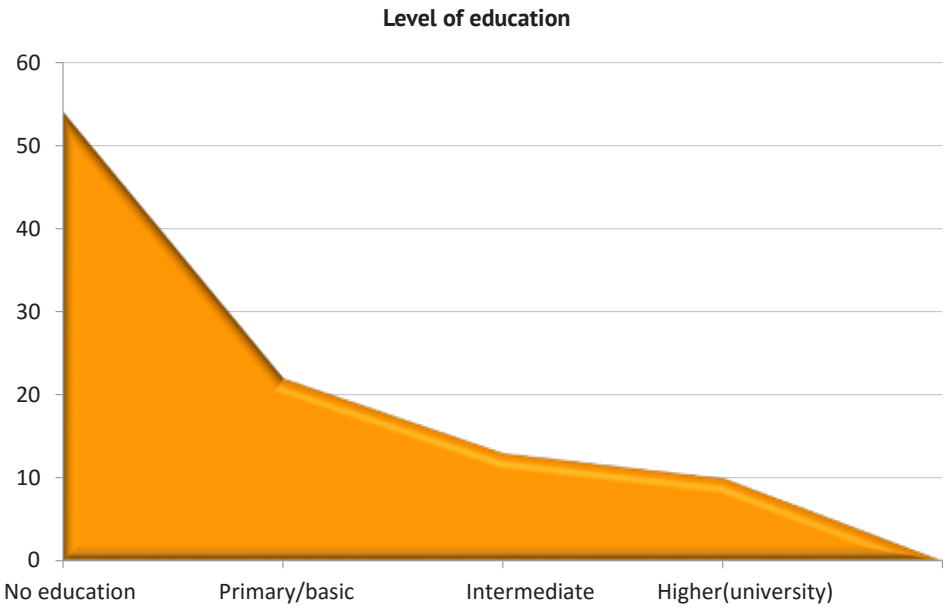




3.6. DEPENDENCE AND VULNERABILITY FACTORS



› 37% live with the family of origin (parents).



3.7. PROTECTION FACTORS

- Some factors may protect against the addictive phenomenon.

3.8. PROGRAMS CARRIED OUT PREVIOUS TO THE PRESENT ADMISSION

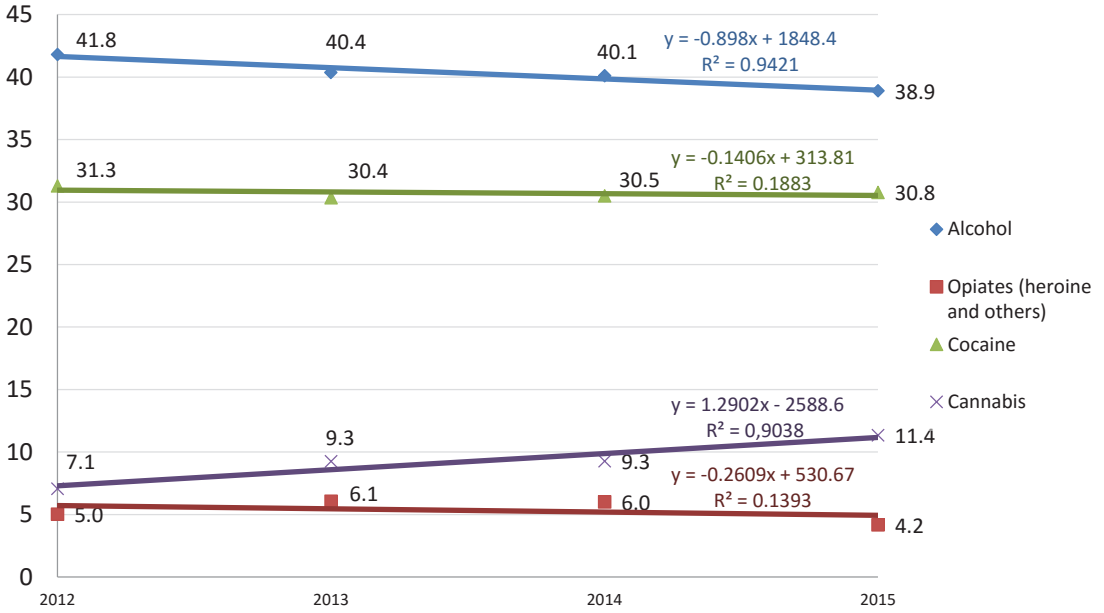
- Drug-free program: the main substances in this type of intervention are cocaine and cannabis.
- Drug-free in-patient programs: there is a higher percentage of interventions in users with opiates addiction problems.

4

2012-2015 comparative

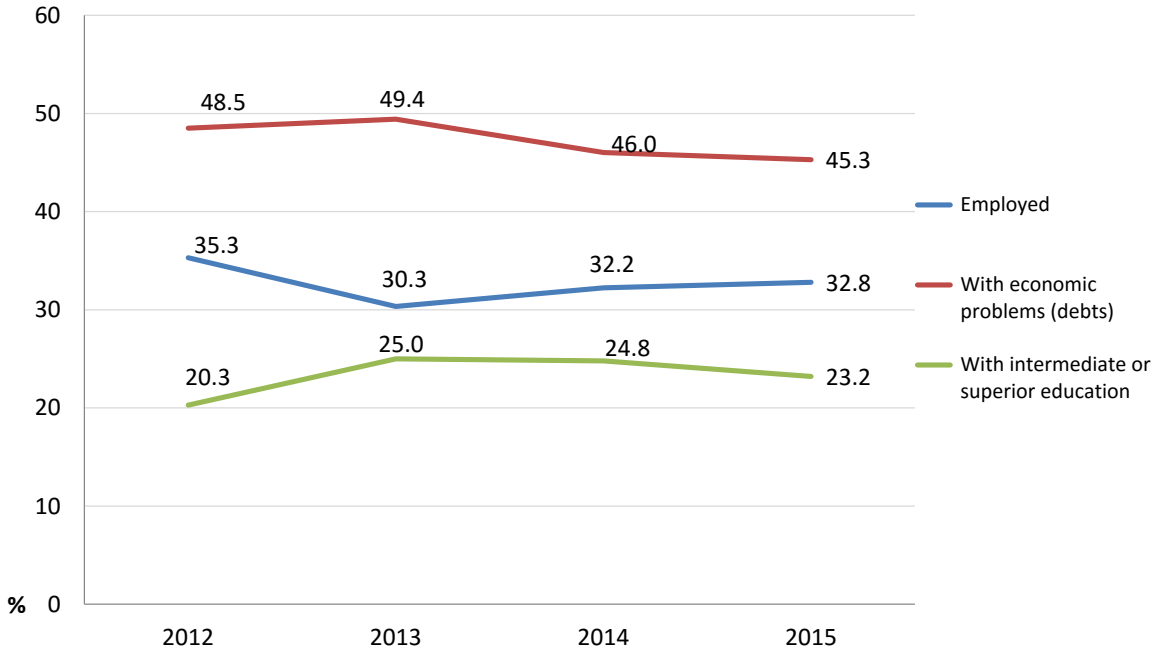
Temporal Series Analysis

4.1. TENDENCY LINES (REGRESSION): MAIN SUBSTANCE



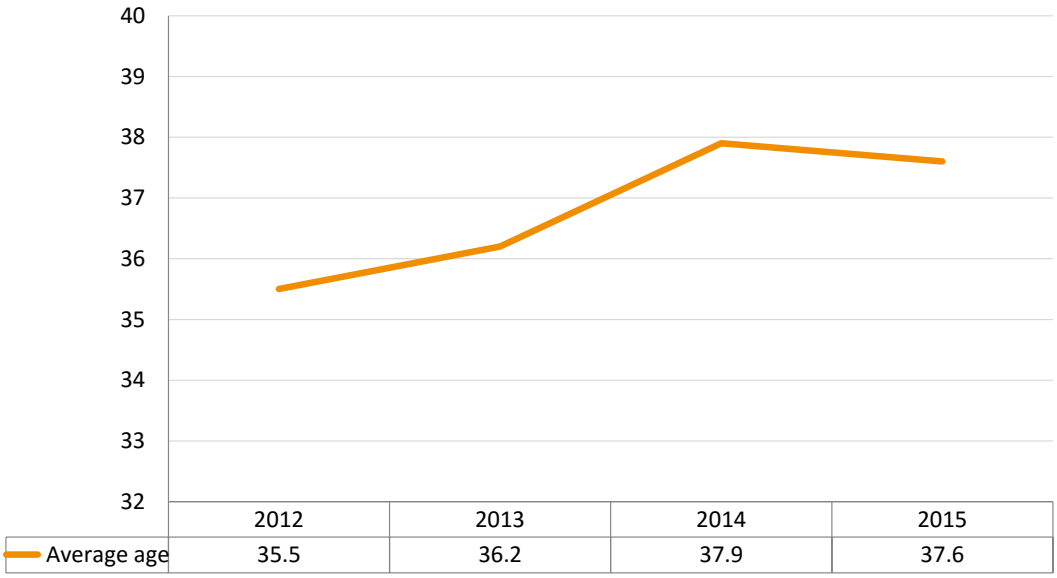
- Although differences are minimal, there is a tendency of reduction in alcohol use as of 2012 (3%).
- Conversely, during the last four years we can see a tendency to an increase in cannabis use for people accessing to programs (4%).

4.2. TENDENCY LINES, ECONOMIC SITUATION AND EDUCATION: BEING EMPLOYED, ECONOMIC PROBLEMS AND EDUCATION



- In relation to people having employment, in 2013 we find the lowest scores , with a slight rise in the last two years.
- The economic problems (debts) show a behaviour practically contrary to the level of education.
- The level of education increased in 2013 and 2014.

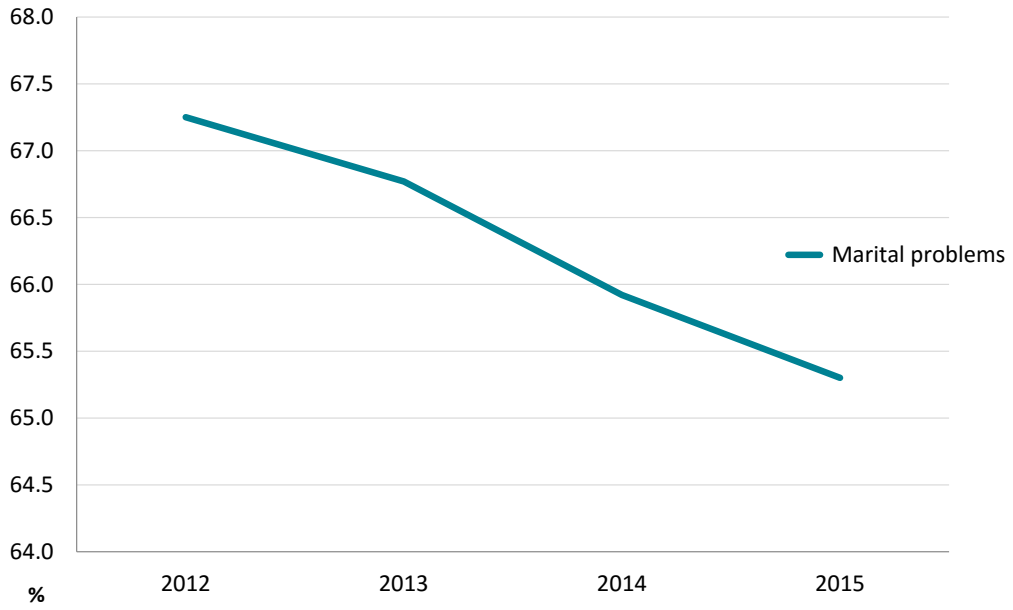
4.3. AVERAGE AGE OF TREATMENT ONSET (YEARS)



	2012	2013	2014	2015
Average age	35.5	36.2	37.9	37.6

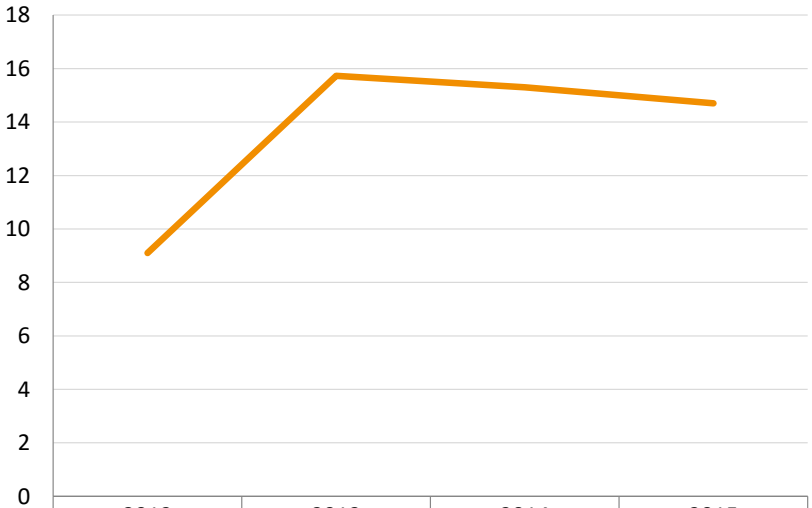
› There is a tendency to delay the onset of treatment.

4.4. MARITAL PROBLEMS (SOMETIME IN LIFE)



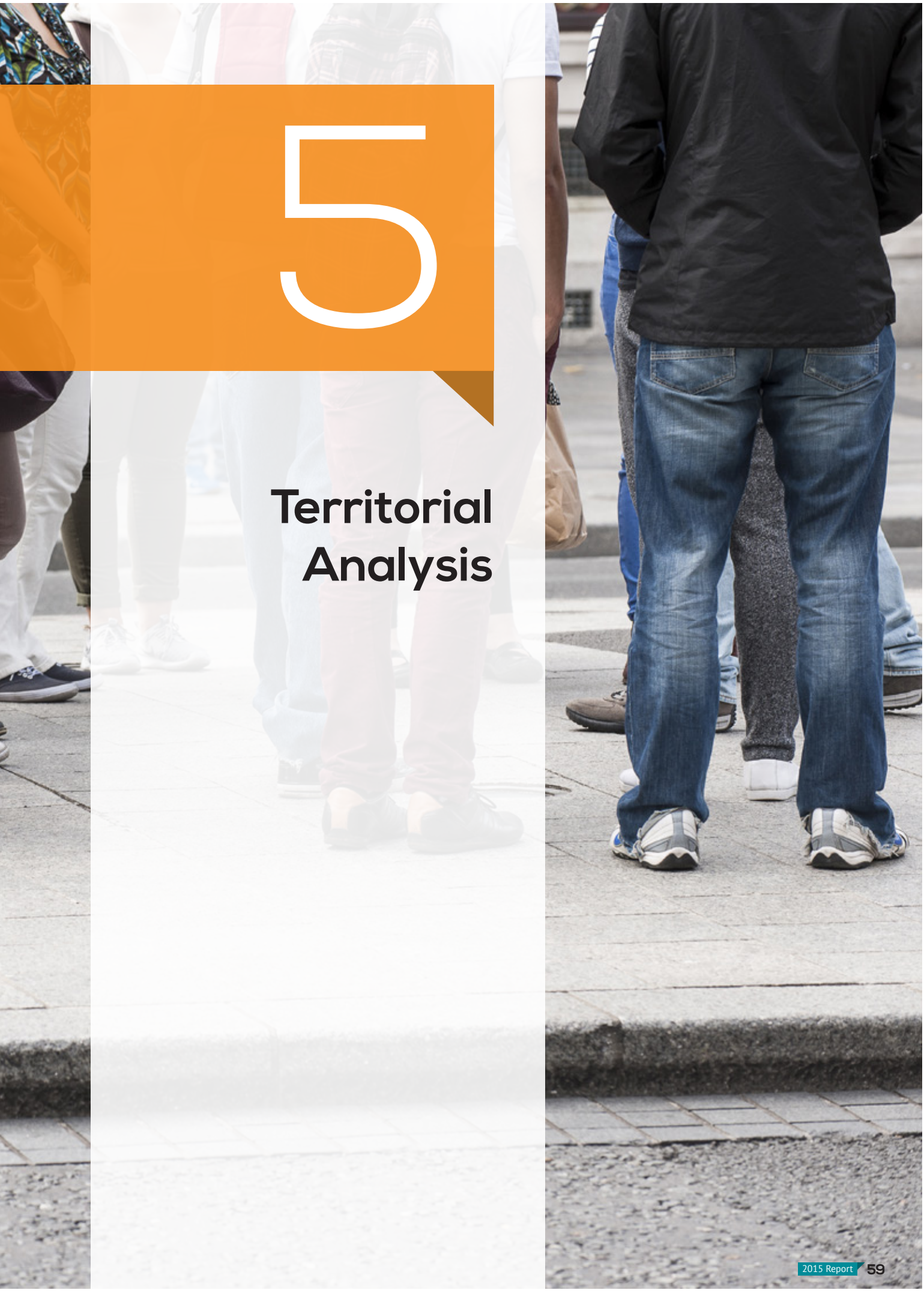
› There is a decrease in marital problems according to what people on treatment report.

4.5. PERCENTAGES OF WOMEN ON TREATMENT



	2012	2013	2014	2015
Percentage of women on treatment	9.10	15.73	15.30	14.70

› The tendency becomes steady as of 2013, placing the percentage around 15%.



5

Territorial Analysis

SIGNIFICANT DIFFERENCES BY TERRITORY

		- FEWER	TOTAL VALUES	+ MORE
MAIN SUBSTANCE	**Alcohol**	14.5%: Extremadura 25.5%: Canary Islands 30.2%: Madrid 33.9%: Andalucía	**38.9%**	68.3%: Cantabria 54.2%: Asturias 48.6%: Catalonia 47.1%: Balearic Islands
	Opiates (heroine, etc.)	0%: Madrid 1.2%: Valencia	**4.2%**	16.7%: Canary Islands 9.4%: Catalonia 9.0%: Galicia
	Cocaine	13.9%: Asturias 21.8%: Castile-La Mancha 25.3%: Balearic Islands	**30.7%**	43.7%: Madrid 36.4%: Valencia 34.3%: Andalucía
	Cannabis	1,6%: Cantabria 2.6%: Catalonia 3.5%: Valencia	**11.4%**	21.8%: Extremadura 18.3%: Andalucía 16.2%: Castile and Leon
	Poliydrug	3.1%: La Rioja 5.8%: Murcia 7.3%: Andalucía	**11.5%**	25.5%: Extremadura 20.9%: Castile-La Mancha 16.3%: Asturias 14.9%: Valencia
	Other Drugs	0.4%: Balearic Islands 1.2%: Castile and Leon	**3.2%**	28.1%: La Rioja 7.8%: Canary Islands 4.7%: Valencia

		- FEWER	TOTAL VALUES	+ MORE
GENDER	**Man**	76.2%: Balearic Islands	**85.3%**	95.5%: Castile-La Mancha 91.6%: Madrid
	Woman	4.5%: Castile-La Mancha 8.4%: Madrid	**14.7%**	23.8%: Balearic Islands s
PROBLEMS WITH THE LAW	**Without problems with the law**	7.8%:Canarias 17.1%: Asturias 17.3%: Castile and Leon 19.6%: Castile-La Mancha	**30.2%**	51.9%: Galicia 47.7%: Murcia 44.6%: Cantabria 43.4%: Extremadura 42.1%: Madrid 40.2%: Balearic Island
	One problem with the law at least	48.1%: Galicia 52.3%: Murcia 55.4%: Cantabria 56.6%: Extremadura 57.9%: Madrid 59.8%: Balearic Islands	**69.8%**	92.2%: Canarias 82.9%: Asturias 82.7%: Castile and Leon 80.4%: Castile-La Mancha

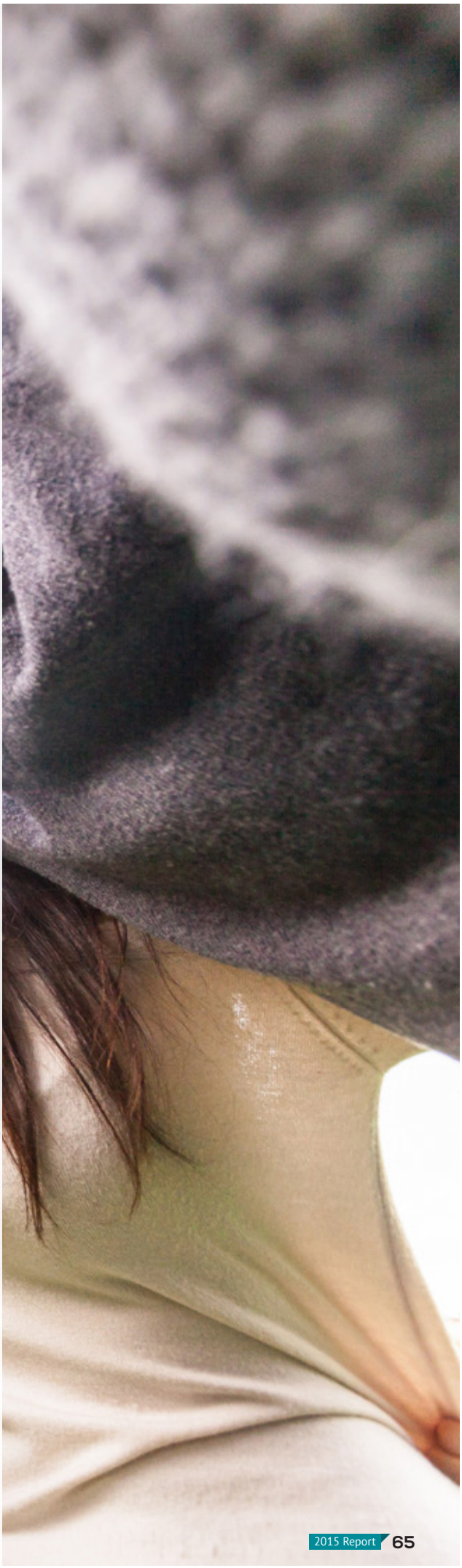
		- FEWER	TOTAL VALUES	+ MORE
OVERDOSE (sometime)	**Never**	77.1%:Catalonia 78.4%: Castile-La Mancha 78.7%: Valencia 80.6%: Balearic Islands	**85.2%**	93.8%: Cantabria 92.0%: Murcia 89.1%: Andalucía
	Once at least	6.2%:Cantabria 8.0%: Murcia 10.9%: Andalucía	**14.8%**	22.9%: Catalonia 21.6%: Castile-La Mancha 21.3%: Valencia 19.4 %: Balearic Islands
DELIRIUM TREMENS (sometime)	**Never**	81.1%:Catalonia	**90.1%**	100%: Cantabria
	Once at least	0%: Cantabria	**9.9%**	18.9%: Catalonia

		- FEWER	TOTAL VALUES	+ MORE
Main source of income	**Employment**	116.6%: Asturias 17.2%: Castile and Leon 19.0%: Castile-La Mancha 23.3%: Galicia 28.3%: Valencia	**32.7%**	51.0%: Murcia 50,0%: Madrid 42.6%: Andalucía 42.3%: Catalonia
	Unemployment benefits, pension, social welfare	12.9%: Madrid 15.9%: Andalucía	**28.7%**	47.2%: Castile and Leon 41.1%: Asturias 35.8%: Catalonia 34.9%: Valencia
	Partnets, family, Friends	15.3%: Catalonia 20.2%: Murcia 23.6%: Castile and Leon	**30.8%**	43.8%: Castile-La Mancha 34.3%: Andalucía
	Ilegal activities	--------	**3.2%**	5.2%: Balearic Islands
	Other sources of income	--------	**4.6%**	8.3%: Castile and Leon

		- FEWER	TOTAL VALUES	+ MORE
COEXISTENCE NUCLEUS	**Family: couple and/or children**	30.8%: Galicia 35.3%: Castile and Leon 37.4%: Valencia	**41.8%**	47.9%: Andalucía
	Father, mother, or other family links	23.1%: Cantabria 23.2%: Asturias	**36.7%**	41.8%: Castile and Leon 41.3%: Valencia
	Alone	7.2%: Andalucía 7.9%: Castile and Leon	**12.2%**	23.1%: Cantabria 17.6%: Madrid 17.4%: Valencia
	Protected environment	0.9%: Valencia 1.3%: Madrid 3.3%: Andalucía	**4.8%**	14.4%: Galicia 14.3%: Asturias 10.3%: Castile-La Mancha 8.8%: Castile and Leon
	Unstable and other situations	0,9%: Murcia	**4.5%**	7.2%: Balearic Islands

6

Final conclusions



Here are some conclusions about the data offered by the profile of people with addiction problems on treatment at Proyecto Hombre.

We highlight some general information regarding socio-demographic variables.

The first major conclusion is that, although the addictive phenomenon is not exclusively male, people starting treatment at Proyecto Hombre are mostly men (85%).

Regarding the population nucleus, people turn to Proyecto Hombre centres from different habitats (small, medium and large city).

The average age of those starting treatment is 37 years, being necessary to pay special attention to the rise in the range of 41-44 years, since more years of use may lead to greater personal and social deterioration and therefore it should be taken into account in the various intervention programs.

54% live alone o with their partner/children, and 33% has employment5 (of which 77% works on a full-time basis). Those having employment together with those having earnings from benefits result in that 62% of the population have their own income. This figure is close to the 69% of people on treatment who report to work or have worked in the last three years. Therefore, we find a population that is mainly active.

DEPENDENCY AND VULNERABILITY FACTORS

People on treatment report having problems in different fields: economic, family, friends, health or the law. An average 2.65% of them have problems in all these areas.

Even though seven out of ten people are inserted, or have been recently, in the workplace, they have poorer qualifications than most of the population.

One third do not have their own income and almost half (45%) have outstanding debts.

A high percentage (37%) lives with the family of origin (parents and/or mothers).

SUBSTANCES

Alcohol: There is a majority profile with a high average age (44 years) that lives with the partner and/or children, is unemployed and has fewer problems than the rest of the major profiles of other substances.

Opiates: In this profile there are more people with no education, with more income from illegal sources, more of them living alone than others and having more problems (than the rest of the profiles of other substances). Interestingly, the minority administration route is the injected via.

Cannabis: They stand out as having the most higher education. It is also significant that they live more than the rest of the profiles with their family of origin (father and/or mother) and have more family problems (with lower incidence of other problems). The average age is the youngest of all people on treatment.

Cocaine: They stand out as being the largest group in having mid-education. It is in this profile where there are more people being employed. Interestingly it is also the group having most economic debts. They live with a partner and/or children and stand out as presenting more problems with their partner. The injected via gains weight against the smoked route.

TENDENCIES IN DEMAND FOR TREATMENT BY TYPE OF SUBSTANCES

Generally speaking, in recent years seems to be a tendency of reduction of alcohol and increased use of cannabis.

As for cannabis, there is a younger population on treatment, whereas adults resort to the programs related to demand for alcohol. In all substances we see some correspondence between the age of onset of use and age of treatment, allowing us to think that a greater delay in the age of onset involves a delay in the age of treatment.

Those who claim treatment earlier belong to the cannabis and cocaine group, a fact that has made us reflect as follows: on the one hand, there may be elements associated with the use of substances that cause greater social and personal distortion, these being the reasons why they start treatment earlier. On the other hand, people that demand treatment for cannabis use, as they live to a greater extent with their family of origin, they suffer a higher pressure to start an intervention program.

In any case, with these substances there is a shorter period of use. On the contrary, with opiates and alcohol, problems may remain latent longer (not emerging), thus delaying the demand for treatment.

GENDER PERSPECTIVE

Women live with their own family and a higher percentage is separated. There is also a higher incidence of problems with the partner and the family. It is noteworthy that they have a higher percentage of income from family or friends than men. In all substances, they begin using them later and in the case of alcohol, although they also start using it later, they have a higher incidence as of 38 years of age.

Men, on the contrary, are single to a greater extent and live mainly with their families of origin (father /mother). Their incomes are more stable. They start drinking all substances earlier and clearly stand out for a greater cocaine use. They have or have had more trouble with the law and have been in prison more often than women.

In short, women live more often with their own family. A greater dependence from others on their earnings is observed and, in general, they present a less troublesome, more socialized (normalised) drug use. By contrast, men with better resources and income live in more dependent environments and present a more problematic drug use, presenting an earlier onset than women.

HAS THE ECONOMIC CRISIS AFFECTED?

The economic crisis, with a turning point in 2013, seems to have increased the financial problems and unemployment, also delaying the age of starting treatment. This fact is probably related to the economic situation, that is, people prioritize work activities to treatment, although it is difficult to maintain employment while drugs are used in an active and sustained manner over time. At the same time, the number of people on treatment with higher studies has increased. Finally, there is a reduction in the existence of problems with the partner (something that might be related to the social and economic context during the period of economic crisis).

FINAL CONCLUSION

Alcohol and cocaine users are the ones to demand for treatment to a greater degree. They are also those with more problematic lives in a great number of areas (personal, work...). However, a slight tendency to reduce the start of alcohol treatment is detected.

Clearly, the fact of demanding treatment is a male phenomenon. However, the comparison between men and women shows similar data in almost all indicators but there are some significant differences: men have a more dependent relationship on the family environment and present more problematic drug use and behaviours. Women are more independent, although they present some trait of greater vulnerability and their drug use is more socialized (normalised).

In general, people on treatment present very socialized traits, working and living in their family nucleus. But they also present more risk factors of exclusion: low level of education, scarce income, and economic, social, health or law problems.

In addition, the economic crisis seems to show some impact exacerbating economic problems, which seems to cause a delay in the age of initiation of treatment and an increased level of education.

7

Interpretations

7.1. EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTIONS

THE PROFILE OF PEOPLE IN TREATMENT IN 2015 WITH PROYECTO HOMBRE IN SPAIN. EMCDDA COMMENTARY

Linda Montanari
Coordinator of the EMCDDA Treatment Demand indicator and data collection and analysis on drugs and prison in Europe

The analysis of data carried out by Proyecto Hombre provides a relevant picture of the profile of a sample of Spanish drug treatment clients, allowing to identify the population needs and their changes over time. The focus on gender differences and substance type provide further insight, which allow to better profile the clients' needs.

The European profile of people entering treatment in 30 European countries (28 European Member States, Norway and Turkey) presents many similarities with the Spanish sample. However some important methodological differences should be considered when looking at the two groups. While the Spanish data refer to people who are in treatment for problems related to their drug use (prevalence), the EMCDDA data refer to the people entering drug treatment during a year (incidence), according to the definition provided in the Treatment Demand Indicator Protocol (TDI). The indicator has now been enlarged to collect data on people who are actively in treatment, but prevalence data will only available in 2017. Furthermore alcohol is excluded form the European data as primary drug leading to drug treatment, which influences the overall clients' profile. Finally European data also includes National Spanish data, which represents a considerable part of European clients.

In 2015 there were around 3000 people in treatment with Proyecto hombre in Spain, with large variations between different geographical locations. As in several European countries, most clients are living in urban areas, but the drug problem appears increasingly in small cities and rural areas, which might reflect an increased availability and easier access to drugs. It has to be seen whether the treatment provision is sufficient in rural areas or should be increased and adapted to different needs.

Most clients are men (85%), as in the rest of Europe. This picture reflects the gender distribution in the population of drug users and of problematic drug users. However it is still unclear to what extent the same gender ratio (around 4 males for every woman on average in Europe) is mirrored in drug treatment and whether women are not sub-represented (or over represented) in drug treatment. Drug treatment is mainly organised around the needs of men, although women drug users are a small but extremely vulnerable population, due to their drug history (often they started using drugs because of a drug using partner), their physical specificity (e.g. they become pregnant, they are more vulnerable to infectious disease) and social vulnerability (e.g. often taking care of the children, they may be used as drug mules, etc.). Drug treatment should consider those vulnerability and take care that access and quality of care are guaranteed for both sexes at the same standards. Furthermore it has to be considered that recent data from general population surveys show a narrowing gap between the two genders in the new generations for the prevalence levels of experimental drug use. This trend should be monitored with attention.

Most drug patients in the Spanish sample are aged 35 to 44, with a mean age of 38 and a trend analysis showing an increasing age; this might indicate an ageing treatment population, which represents a challenge for drug treatment services. In Europe

the mean age at treatment entry is lower (31), due to the different case definition (incidence instead of prevalence) and the influence of countries with younger clients.

The social profile of drug clients in the Spanish sample, as in the European data, shows a disadvantaged condition: low educational level, high proportion of unemployment, criminal records, including prison's experience. Around 20% of drug patients from the Spanish sample have had a prison's experience; in the European data it was found that up to 80% of problematic drug users in Europe have been in prison at least once in their life. Treatment and prevention interventions should address social problems, as they are repetitively reported and well known as risk factors for drug related problems.

Alcohol is the most frequent reason for treatment in the Spanish sample, followed by cocaine, cannabis and to lesser extent opioids. In the last four years a decreasing trend has been reported for those in treatment for alcohol and opioids and an increasing trends for those with cannabis related problems, whilst the number cocaine clients has remained quite stable over the years. The decreasing opioid trend has to be monitored regularly as a recent new increase in opioids use, particularly heroin, has been reported in some countries and locations in Europe. Furthermore some European countries have reported recent surge of problems related to new psychoactive substances which are less known by the treatment professionals and present serious challenges for drug treatment. As no data referring to NPS are reported on the Spanish analysis, it would be important to understand the reasons for not appearing in the drug treatment data, such as: are those substances not used? Do not lead to sever problems, leading to treatment? Or treatment not ready to accept users of NPS?

The level of health problems is significant. In the sample of Proyecto hombre between 20% and 40% of clients have had one or more medical problems either recently or during the life. Those disorders do not include mental health problems, which are a relevant issue among drug treatment patients. A recent European analysis on psychiatric comorbidity reported that up to 80% of people with drug problems has also a mental health disorder. Dual diagnosis experts recommend facilitating the treatment access to patients suffering from psychiatric comorbidity and addressing mental health and substance use disorders simultaneously.

In conclusion identifying needs through the analysis of data of people in drug treatment is a fundamental step towards a better treatment planning and services organization. Furthermore looking at other data may enrich the analysis and the relevance of the collected data, as the Spanish data has shown in the current analysis.

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7.2. NATIONAL DRUG PLAN

REMARKS MADE BY THE GOVERNMENT DELEGATION FOR THE NATIONAL PLAN ON DRUGS ABOUT THE 2015 PROYECTO HOMBRE (PH) OBSERVATORY ON THE PROFILE OF PEOPLE WITH ADDICTION PROBLEMS ON TREATMENT

Francisco de Asís Babín Vich
Government Delegate

The **burden of disease** is a term that represents a set of estimates of morbidity and mortality in the population. Its measurement allows comparatively quantify the health loss due to different pathologies, lesions and risk factors according to variables of person, place and time. The best estimates can only be generated by the analysis of all available information sources and correcting errors or biases of data.

However, in systems of health services, it still is unusual to undertake the arduous task of collecting, in detail and systematically, the basic information needed to advance this analysis and with it the knowledge of the balance cost/benefit of programs, which is something absolutely necessary when financed by public funds and, in any case, suitable for all interventions.

Two of the largest complexities in the analysis of the efficiency and effectiveness of the actions that oppose the undesirable effects caused by drugs in society are, on the one hand, the difficulty of assessing the impact of prevention (subject to multiple variables that operate for or against, and which are difficult to control in the analysis) and on the other, the phenomenological interpretation of the problem when using a small amount of data, which often measure the characteristics of demand towards health centres, but of course, they do not provide information on the total dimension of the problem in the whole population, as part of it remains hidden within the community because of its not having resulted in demand for medical care.

Yet in both cases, in our country significant progress is being made, as evidenced by the fact that there are more and more preventive strategies that have been evaluated in terms of impact or the fact that the 2013-2016 Action Plan on Drugs also includes assessment of impact of their actions, within its own dynamics.

It would be logical therefore that this Government Delegation pay special attention to Proyecto Hombre Observatory and, in this case, to its report on the profile of people with addiction problems on treatment in 2015. An Observatory that, since its inception, has our support and complements the function at the level of public statistics on drugs, developed by the Spanish Observatory as an intrinsic part of our structure as a delegation and of our work.

The report constitutes and gives continuity to a further source of analysis to improve the approach to understanding the phenomenon of addiction, to increase the number of sources available and provides information on the biases that undoubtedly occur in the formalization of the demand, based on the premise that, at least, a part of it is based on factors not formalized, such as the degree of affinity of the applicant with one or another organization, the prestige of the latter, or the typology of its offer in terms of performance of services among others.

However, it is necessary when carrying out any detailed analysis, to take into account that both observatories are based on methodologies and different populations, making direct comparability of the data difficult, although it can be said that in those more consistent coincidences, there is indeed a certain phenomenon beyond the factors related to the influence of chance or other biases.

The report is rich in variables subject to analysis, including some very interesting ones because they are not available in other sources and, without trying to supplant with these words the content itself, which would be impossible in a brief and also useless space, we do want to highlight some facts , because these are of particular importance, bearing always in mind that there may be different interpretations depending on the influence of the methodology used in its preparation, but being aware that we are in the way of preparation of the next National Drug Strategy for the period 2017-2024.

First, it should be noted the importance of continuing working the gender specificity in the healthcare context of addictions. The data revealed by this report show that the proportion of women in the analysed sample is 14.7% and that women have suffered "serious problems with their partners", at least once in life, in 74,6% of cases. Another relevant fact, to our knowledge, is the realization that women take longer than men, in formalizing a demand for treatment related to alcohol use.

Another important conclusion arises from the data of evolution in demand according to the main substance for which treatment is demanded. In this sense, the relevance of alcohol and, among illicit drugs, of opiates, cocaine and cannabis are consistent with other sources and thus represent a true picture of the weight of the different drugs in the health care system. However, when we talk about treatment admissions, it should be noted that, referring only to new demand (no readmissions), this relationship is reversed for the total of people treated in our country for three years and cannabis is already the first illegal substance in generating demand among people attending treatment centres for the first time (perhaps this has to do with the fact that the observatory information comes from the internal database of Proyecto Hombre that collects information related to people receiving treatment through the EuropASI programs and this only applies to people over 18 years).

Conversely, it really attracts attention the distribution of the population treated according to the highest level of educational achievement or employment situation which reveals, in our opinion, along with the analysis of other variables, possible significant differences in the profile of people treated at PH centres, with respect to what the support indicator of the National Observatory shows

Another important fact regarding discrepancies has been revealed by the age of onset in problematic use of alcohol, much lower in PH patients than in the whole of the population treated in Spain (15.48% versus 18.4%), while it is similar for the rest of analysed substances, which might be interpreted as PH offer being more attractive for younger people, either by their choice, by decision of their parents or guardians, or in other ways, due to differences in the therapeutic objective.

Both similarities and differences, they must be subject to a detailed analysis over time. Challenges like all those relating to the problem of "drugs", they are complex but stimulating from an analytical perspective and that, in any event, we point out according to the premise of public recognition of the efforts made by all those who have contributed from within and outside PH in the preparation of this 2015 Report.

7.3. PROYECTO HOMBRE OBSERVATORY

Félix Rueda
Xavier Bonet
Internal team of Proyecto Hombre

The evaluation of the bio-psychosocio-labour factors linked to addictive phenomena is an essential issue to improve the offer and quality of prevention, treatment, and socio-occupational rehabilitation Programs. In this regard, Proyecto Hombre Observatory represents a consolidated attempt to systematically study these factors.

National policies, through the 2013-2016 National Drug Strategy, consider key "to establish a culture of evaluation and promotion of research in order to put the results into practice."

Similarly, the Strategy aims in its overall goals "to increase and improve research in order to better understand the various variables related to drugs, its use, as well as its prevention and treatment."

In this context, and from a bio-psychosocial perspective, Proyecto Hombre Observatory includes in this edition, the analysis of twenty-five factors and establishes possible significant relationships, grouping and study variables according to gender or type of substance that raises the beginning of treatment.

One of the novelties of the 2015 Report of the Observatory is that it presents a more visual format, with less text, offering the chance, to those consulting it, of drawing their own conclusions. Moreover, the comments next to each figure give clues of what the tendency is and, in the final conclusions, aspects regarding the analysis are specified. It should be noted the introduction of the analysis of statistical significance using the statistic X^2, which increases, in our opinion, the reliability of extrapolating the results observed to a larger universe of people.

Especially noteworthy is that this year the Observatory has increased the size of the overall sample significantly. The reason is that it has worked with a population universe, and within this universe it has performed an item-by-item analysis of each variable, incorporating all EuropASI to the study. Because of this, the number of users for each item varies, which has been corrected with the sample weighting and the increase of its overall dimension.

Similarly, the tendency study of a number of variables that warns us of such important issues as the fact that the demand for treatment for cannabis maintains a progressive upward tendency, that the financial debts of those seeking treatment are decreasing, while the number of those demanding treatment and have employment increases, data that could mean a slight improvement of the economic-occupational situation of those who ask for treatment at our centres.

It is also interesting to pay attention to the increase in the average age of the sample, which could mean, in a few years and if the tendency continues, the worsening of some problems, not only with health but also with social, family and work deterioration of people seeking treatment.

As for substances, alcohol continues being the substance generating higher percentage of care demands. This is significant because, traditionally, Proyecto Hombre was linked to the image of a resource for people who used illegal substances and, in many cases, with some level of marginality. The fact that the alcohol group implies more than 1/3 of the people treated means that the profile has changed and that Proyecto Hombre should be considered as a resource specialized in addictions in general, covering a spectrum of population of all classes and social situations.

With respect to the rest of situations, it seems that the tendency remains stable: there is still a higher percentage of men than women; the main substance for which men seek treatment is cocaine, while for women is alcohol; women are in a more disadvantaged position than men, with lower incomes, dependent children and greater dependence on the partner, etc.

Regarding family relationships, people with whom we interact and other variables of the primary support network, it is essential to deepen their study, since we know that they play an essential role as primary support network in treatment processes.

There are still many variables to incorporate and statistical analysis in which to go in depth that, in line with the four years work carried out by the Observatory, will be the new challenges in future editions.

Proyecto Hombre Observatory
on the profile of people with addiction problems under treatment

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