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

2016 REPORT

PROYECTO HOMBRE
ASOCIACIÓN

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With the collaboration of:

Obra Social "la Caixa"

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ACKNOWLEDGEMENTS

This Report is a reflection of the common effort made by therapists, employees, volunteers, users and their families.

Together, we learn every day to overcome obstacles for a better future.

- *J.R.S.*

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LETTER FROM THE PRESIDENT

The experience of Proyecto Hombre in prevention, treatment and social rehabilitation of people with addiction problems is undeniable. The presence in fifteen Autonomous Communities of the Spanish State, assisting annually more than 17,000 people and their families through the 210 units managed by 27 centres, is the sample of their territorial extension and extensive individual and group attention that has been adapted over the last thirty years to the diversity and evolution of personal profiles and social factors associated with this phenomenon.

Knowing in depth these profiles, investigating how people who come to our centres are like, their problems associated with drug use, their social and work environment, etc., was the factor to trigger, five years ago, the creation of Proyecto Hombre Observatory on a national level. The continuous search for excellence in care services is an aspiration that should inspire every social, health, or educational project. Those like us who work for the well-being of people know it well: it is not enough to be good specialist today, it is not enough that our methodologies, systems and patterns of approach obtain good results. It is necessary to pay attention to what happens in society by constantly evaluating, investigating contexts and reflecting on our own intervention.

The evaluation applied to improvement, innovation and adaptability is not only an

aspiration but a reality in Proyecto Hombre centres.

The 2016 Report presented here goes deep into the profile of the person who is being treated in Proyecto Hombre centres for addiction problems.

The technical description of the research shows the variables being studied, the sampling system, etc., but I would like to add that they are grouped around three factors: biological, psychological, and social.

These three areas of study, besides being a response to the professional logic, are the result from the fact that our intervention model (be it from the preventive perspective, from the point of view of treatment or that of socio-occupational rehabilitation) is biopsychosocial.

Jesús Mullor Román

President of the State Evaluation Commission
Director of the Observatory

It is a model by which we in Proyecto Hombre boost its completeness of approach, our professional conviction and its efficiency in the results.

In this our fifth consecutive year we have continued to use the EuropASI questionnaire for the collection of information, with a sample of more than 2,800 users of our different units. The analysed variables have delved into medical, employment, substance used and legal status aspects, as well as family relationship and history, and associated mental pathologies.

The novelties of this 2016 Report are to be found in the analysis of the professional categories of users, the existence or not of associated psychiatric problems and their typology, as well as the exploration on the presence of abuses (emotional, physical and /or sexual).

To this end, we have had the participation of the different Proyecto Hombre centres in Spain in the preparation of this 2016 Report. It is only fair to value the work carried out by the technicians of these centres, coordinated by the PH Association team. Likewise, we would like to congratulate, for their rigorous analysis, our experts of the National Evaluation Commission, who, together with external specialists, have made possible the publication of this study.

In like manner, we wish to thank the National Plan on Drugs and la Caixa Social Work for their support in the edition of this document: we recognize and value the commitment that both make to support in sharing the knowledge generated by our research work.

We in Proyecto Hombre Association will not cease our efforts to continue publishing our annual reports coming from the State Observatory. Not only for the guide that they imply in our path of continuous improvement of the programmes, services and centres, but for what they entail as a reference for the study by other specialists, entities and institutions

PROLOGUE

The significance of this Annual Report of Proyecto Hombre lies in marking a further step in a transformation that has been ongoing recently in the world of services and care for drug use disorders in general and of therapeutic communities in particular. Proyecto Hombre has been at the forefront of this transformation that has seen services increasingly built on the feedback of data and scientific evidence, driving innovation and effectiveness.

Therapeutic communities such as Proyecto Hombre do not forget that their core 'therapeutic engine' is providing the support of the group of individuals that are on the same journey; a support that, in a safe and caring environment, is so much more than the sum of its parts. This is an effort to create a climate where there is not a strong distinction between professionals and patients, more akin to the family of which many of the patients have been deprived since the youngest age.

At the same time, therapeutic communities have recognised that patients have different needs that should be met by different services: cognitive behavioural therapy and motivational interviewing, pharmacological therapies, addressing co-morbid mental health disorders, etc. This has led to the recognition that professionals need to be involved in providing services alongside volunteers and individuals in recovery, as well as to a general increase in the professionalization of staff.

Gilberto Gerra
Chief of Prevention and Health Branch
Division for Operations
United Nations Office on Drugs and Crime

Therapeutic communities are not anymore the isolated services out of town where to 'send' a person with drug use disorders. By now, they are fully integrated in the system of services in contact and full coordination with outpatient services, outreach and psychiatric hospitals. In this context, therapeutic communities respond to the needs to the most problematic patients that would not or could not be treated in an outpatient setting. This includes patients with severe mental health co-morbidities or in a situation of social exclusion due to gravely compromised social relationships.

Finally, therapeutic communities provide a crucial contribution to the process of providing treatment as an alternative to inprisonment, as they offer a setting where an opportunity of punishment can become a concrete opportunity for treatment and recovery.

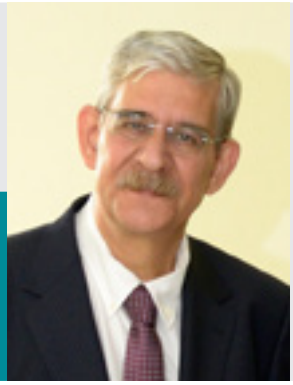
In this context, this report provides information to understand better the reality of the patients served by the therapeutic communities, allowing the continuous growth of these services in providing a path to recovery, even for the most vulnerable of patients.

INTRODUCTION

From a social point of view, the problem associated with addiction is, due to its complexity, variability and possibilities of being modified, a permanent work object concerning epidemiology and public health, on the understanding that the latter represents an organized effort of society to preserve health, and minimize the effects of different determinant factors on individuals and communities.

Monitoring to intervene is the maxim that justifies "Public Health surveillance", that is, the set of actions aimed at understanding the determinant factors that influence the health of a community and the taking of measures to modify them in a positive way, that is for the definition and adoption of policies.

It is understood, therefore, that in order to respond to the challenges of a complex phenomenon, observatories have emerged as organized structures that collect information, process it and offer it in an understandable and useful way for decision-making. Some of these observatories are dependent on public administrations that have the obligation indicated in the Spanish Constitution to protect Public Health, and others are supported by non-profit private entities, constituting all of them, at the present time, the most reliable source of information that we can have.

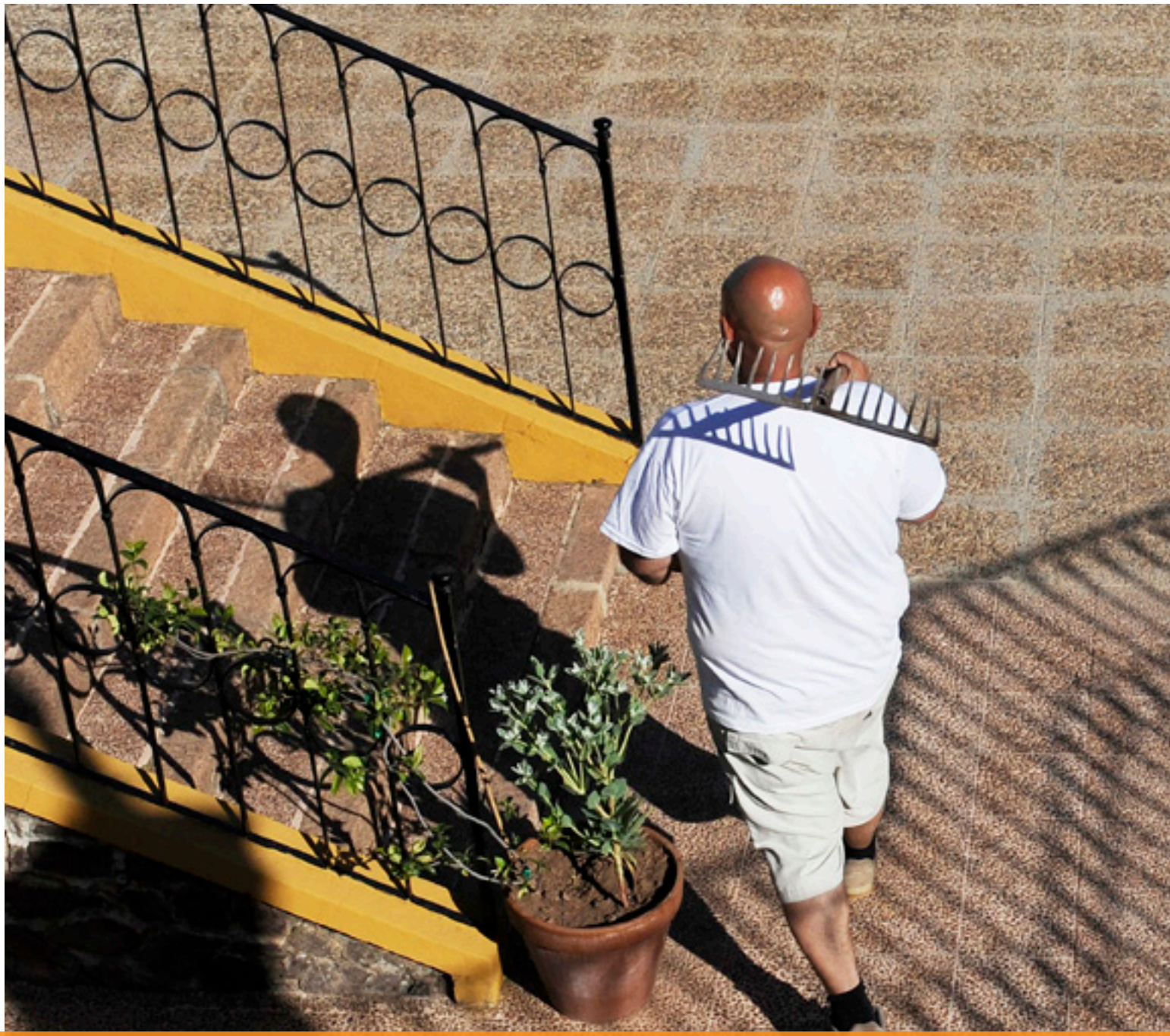


Francisco de Asís Babín Vich

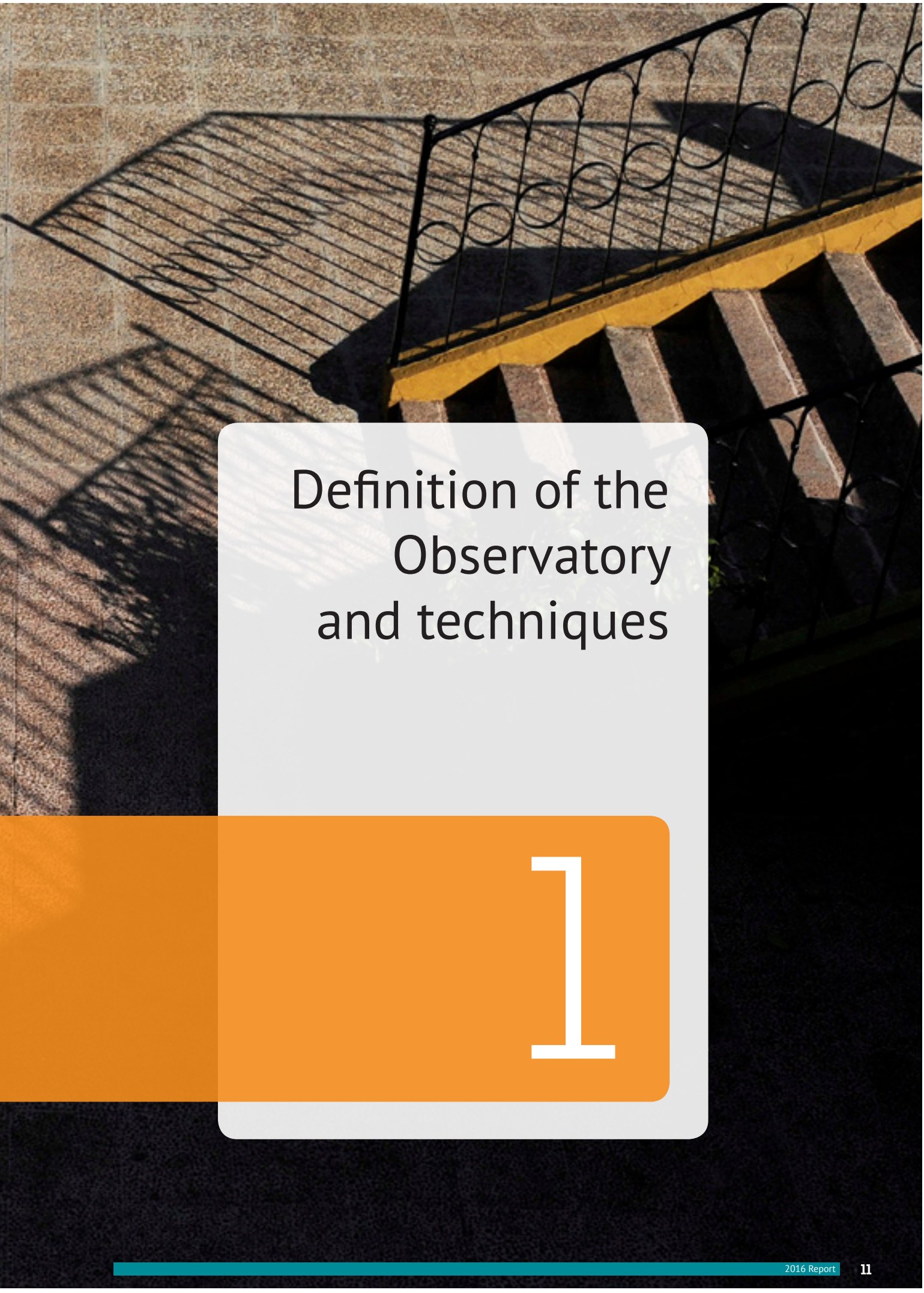
Government Delegate for the National Drugs Plan

This 2016 Proyecto Hombre Observatory Report contains, in coherence with the above, the collection of data and conclusions that represent the intervention of this Organization in several related fields: prevention, assistance and reinsertion, aimed at the general population, or at patients and their families and, therefore, provides useful information for the analysis of the phenomenon in our country, which makes it an instrument of high interest for the knowledge of the profile of the people involved and the evolution in time, by comparison with other years, of the various variables analysed in it.

The Government Delegation for the National Drug Plan has supported this Observatory since its birth, with the conviction that the information it provides, in conjunction with other sources, allows us to define more and more efficiently and effectively our objectives and interventions. Therefore, I want to congratulate both the Association and its team that have made it possible, while encouraging them to persevere in this task.



- *Córdoba Proyecto Hombre.*



Definition of the Observatory and techniques

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A. INTRODUCTION

PROYECTO HOMBRE OBSERVATORY

The Observatory of Proyecto Hombre was born out of the need to generate periodic information about the profile of people with addiction problems, treated by Proyecto Hombre in Spain.

The Observatory has a clear vocation to provide quality information for the analysis of the problem of substance use and, in this way, to contribute to a better knowledge and adaptation of the programmes to the needs of users.

With this initiative, Proyecto Hombre demonstrates the effort made, not only in the treatment and prevention of addictions, but also in their study.

OBJECTIVE

More specifically, the objective of the present study is to analyse and identify the psycho-social, epidemiological and socio-demographic characteristics of people with addiction problems at Proyecto Hombre centres throughout Spain. It also incorporates the analysis of possible influential factors in the problem of addictions: personal aspects, risk behaviours, emotional factors and social relationships.

This information contributes to:

- To gain a better knowledge of the realities of Proyecto Hombre, with the ultimate goal of improving the quality of life of the users, their families and relatives.
- To provide information of interest on the profile of people with addiction problems in Spain, to specialists and entities related to drug addiction.
- To make visible the different realities of addiction as a prelude to raising awareness of this social phenomenon.

TARGET POPULATION

Here are precisely the main lines of the Observatory that make up a large mosaic of the target population:

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

SOURCE OF NFORMATION

The information from the Observatory comes from the internal database of Proyecto Hombre (PHNemos application), which collects information related to the people assisted in the treatment programmes. This information comes from the management of EuropASI.

Alicante Proyecto Hombre volunteers.

Salamanca Proyecto Hombre.

EuropASI is the European version of the 5th version of ASI (Addiction Severity Index) developed in the United States by Mc-Llelan (1990). The ASI was created in 1980 at the University of Pennsylvania with the aim of obtaining a tool that would allow the collection of information relevant to the initial clinical evaluation of patients with problems of drug use (including alcohol), and thus planning their treatment and/or make referral decisions, as well as for research purposes.

It is a basic tool for clinical practice, allowing a multidimensional diagnosis of addiction problems, assessing their severity and placing them in a bio-psychosocial context. Providing a profile of the patient in different areas of his/her life allows a comprehensive diagnosis and facilitates the planning of the most appropriate therapeutic intervention for each patient.

The Clinical Commission of the Government Delegation for the PNSD recognizes the validity of EuropASI in one of its reports: "In order to achieve high levels of standardization that allow the research activity, we use high quality scales that have been translated, adapted and validated into Spanish. One of them, known as EuropASI, has been the largest reference since its publication,while it has been adapted to other languages and cultures of the European Union, in a commendable convergence effort that allows comparing national, European, and American data, as it corresponds to the Addiction Severity Index, which was originally designed in 1980 by McLellan and Cols".

It is also very useful as an investigation of added data. In fact, EuropASI was an adaptation carried out by a research group, with the intention of having a tool with which to compare patients dependent on alcohol and other drugs from different European countries. This instrument evaluates different aspects of the life of patients who have been able to contribute to the development of substance use syndrome. Specifically, it explores the following potentially problematic areas of life:

- General
- Medical situation
- Employment / Resources
- Use of Drugs / Alcohol
- Legal situation
- Family history
- Family / Social relationships
- Mental health

B. TECHNICAL ASPECTS

UNIVERSE

The EUROPASI of admission establishes its administration to people older than 18 years. Therefore, the universe of study is made up of users of Proyecto Hombre, of this age or higher, who have begun treatment in 2016 in programmes and units for adults with addiction problems in the twenty seven centres of this association.

This restriction is due both to the implementation requirements of EuropASI itself and to the inclusion of remarks to the characteristics of the people who enter annually (thus excluding those who continue to be treated from year to year).

All this means a restricted universe of 9,900 people.

SAMPLE

From this universe, 2,863 questionnaires have been obtained from EuropASI users of the different units of Proyecto Hombre in Spain.

The extraction was carried out in a simple random way among the mentioned universes in each one of the centres. This means a theoretical error for a 95% confidence level of +/- 1.5%. This is a very small margin of error, which supports the certainty of the general conclusions.

It should be borne in mind that in some of the variables analysed in this Observatory the number of samples may fall. This may be due to three different reasons: that the question has not always been answered, that the question is not applicable or that it has been incorrectly answered. In these three situations, these cases are considered as missing values for these variables, so that the percentages are calculated on the total of valid cases.

VALIDITY AND GENERALIZATION OF RESULTS

Although people on treatment in centres other than those of Proyecto Hombre are outside the universe of this study, the possibility that the results could be applicable to all Spanish drug addicts should be taken into account, considering these 2,863 cases as a sample of a theoretical population of people with addiction problems (on which there are no censuses) or who receive treatment in Spain.

A.B.

Navarre Proyecto Hombre. A.J.

C. DEVELOPMENT TEAM

The Observatory has been prepared in a mixed way by a team composed of members of the Internal Proyecto Hombre Team:

Internal Proyecto Hombre Team:

- Elena Presencio
- Jesús Mullor
- Xavier Bonet
- Félix Rueda
- Ramón Capellas
- Ángeles Fernández
- Fernando González
- Inmaculada Felipe
- José Luís Rodríguez
- Jesús García
- Belén Aragonés

Coordinator of the External Research Team: Gonzalo Adán, PhD in Social Psychology and Professor of Personality and Techniques of Social Research at the University of the Balearic Islands.

The research design was elaborated in a mixed way, taking into account the experience of the Observatory team in previous editions.

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

The exploitation, presentation of results and first analysis were carried out by the external team.

The interpretation of results and conclusions for each valuation were elaborated jointly through inter-judges analysis and discussion groups.

The copy editing was carried out by Carolina Escudero of Proyecto Hombre Association in coordination with the internal Proyecto Hombre team.

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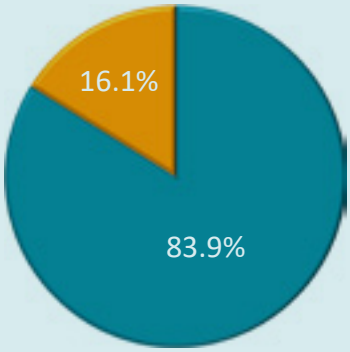
- *Alicante Proyecto Hombre.*

Analysis of data

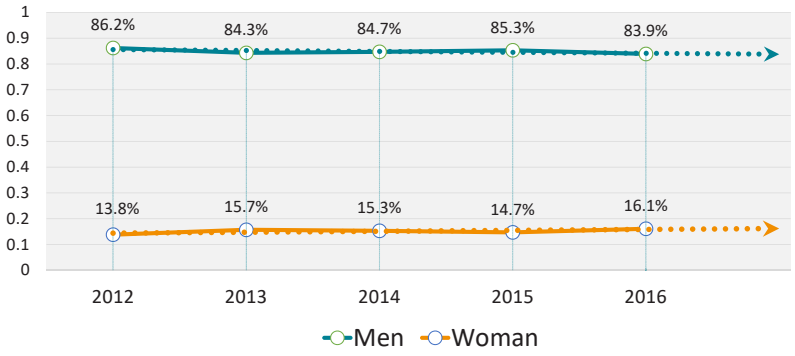
2

1. MAN, WOMAN



- 16% of the users are women, a valuation that is constantly rising from 14% of women seeking treatment in 2012.

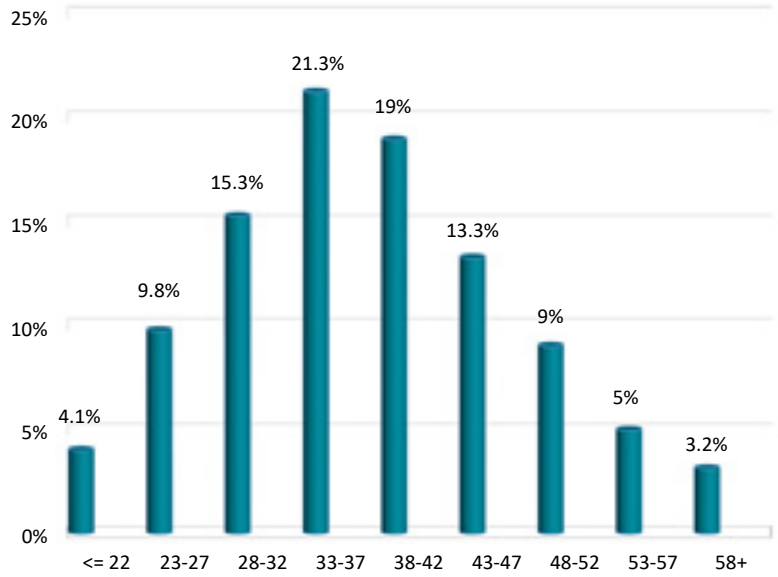
2. EVOLUTION OF PEOPLE ON TREATMENT BY GENDER (2012-2016)



- Upward trend in women versus men on treatment.

- *A.B.*

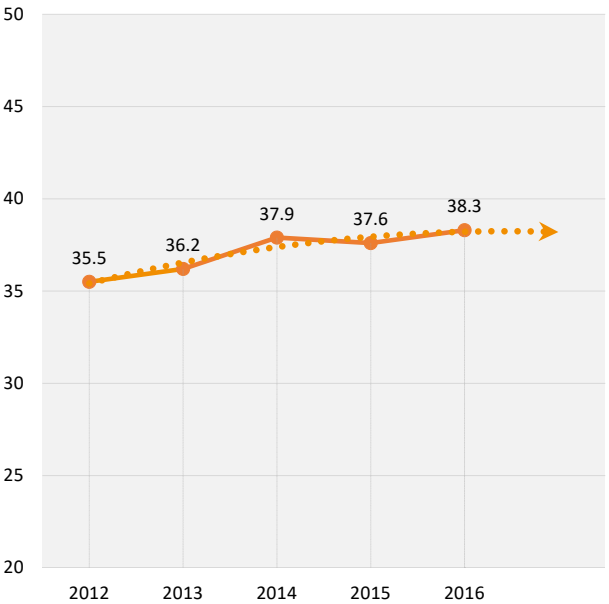
3. AGE OF PEOPLE AT THE BEGINNING OF TREATMENT



Interval	18-73
Arithmetic mean	38.3
Median	37
Fashion	36
Typical deviation	9.7

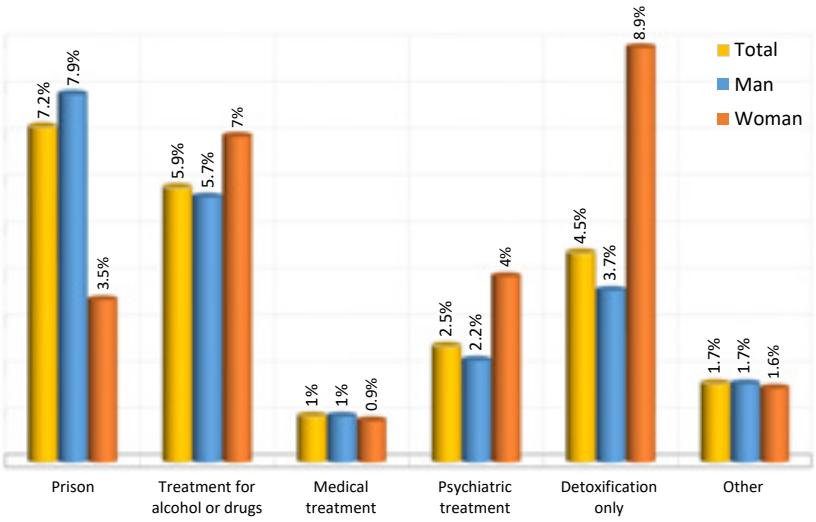
- The age of the people on treatment is distributed normally, with a slight bias toward the younger age group.
- The age range is between 18 and 73 years.
- The average age is 38 years.
- The most representative value within the sample is the group of 36 years.
- Grouping the age in five-year sections, it is observed that 14% of the sample is under 27 years, another 14% is over 50 years, and most of the sample is at full working age, between the ages of 28 and 49.

4. EVOLUTION OF AVERAGE AGE AT THE BEGINNING OF TREATMENT (2012-2016)



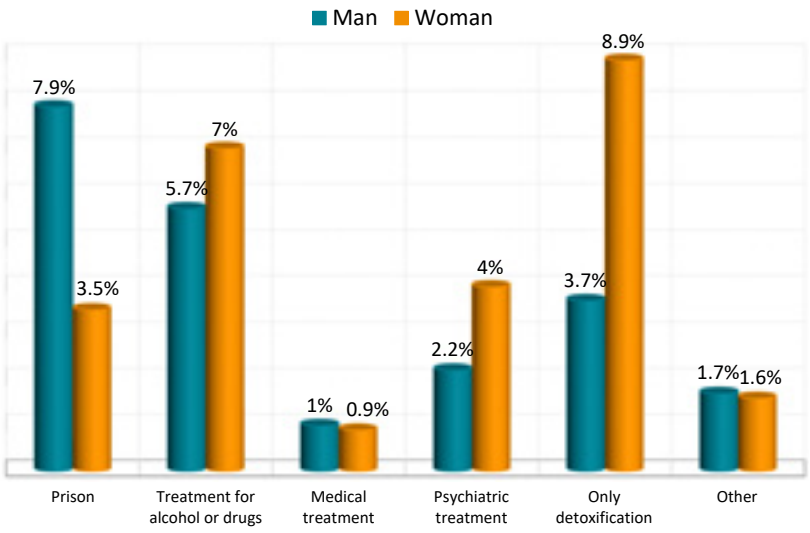
- There is a slight upward trend in the average age of users who start treatment at the Proyecto Hombre centres.
- The average age does not present a defined trend and has been stabilized between 37 and 38 the last three years.

5. CENTRE OF ORIGIN



- Based on the type of centre of origin, the vast majority, 77%, comes on its own initiative (without referral).
- It also highlights that 7% comes from prison and almost 15% from some other type of treatment, the most significant percentage being in this category the treatment received for alcohol and drug use (6%), followed by detoxification (5%).
- The time spent in this type of centre is found in a variable interval, between the average of 33 days in prison and 12 of medical treatment.

6. CENTRE OF ORIGIN ACCORDING TO GENDER

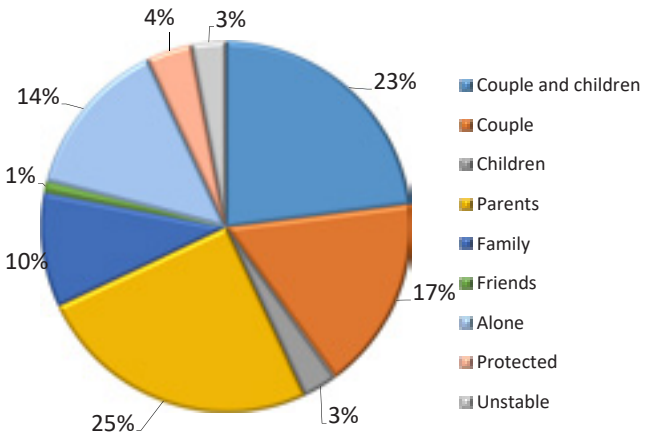


- While 8% of men come from a penitentiary detention center, the percentage is only 4% in the case of women.
- If we take into account the percentage of people who come from some type of treatment, the proportions are reversed: 13% of men versus 21% of women, with the majority of women coming from detoxification.

SOCIAL AND FAMILY

▪ *Alicante Proyecto Hombre.*

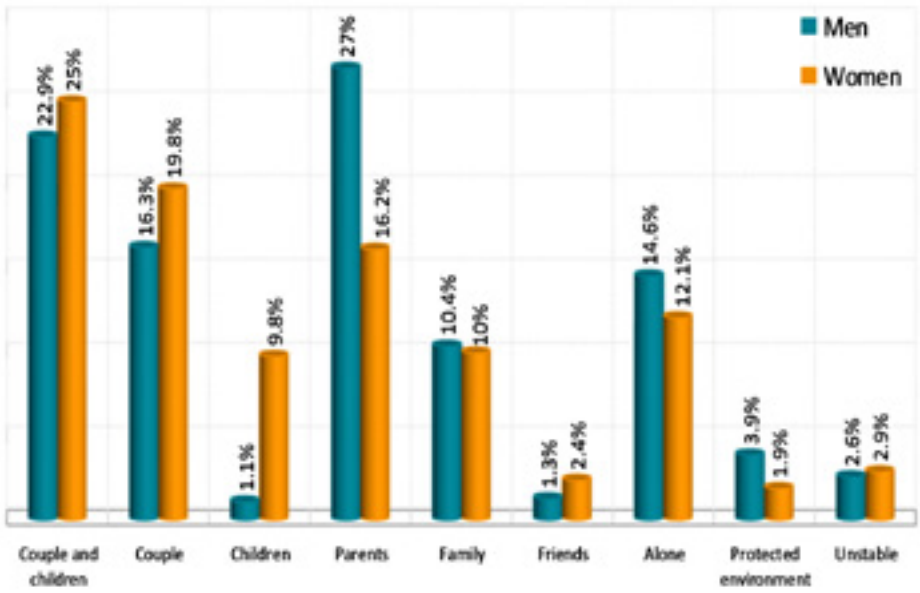
7. COEXISTENCE NUCLEUS



- The distribution according to the coexistence modality presents a high heterogeneity.
- Percentages are distributed between 25% who live with their parents, 23% with a partner and children, 17% who only live with their partner, up to 4% living in a protected environment.

8. COEXISTENCE NUCLEUS BY GENDER

- Regarding the distribution by gender, there are significant differences in the case of cohabitation with parents, where 27% of men live with them, compared to 16% of women.
- There are also significant differences in the coexistence of women with the partner or with partner and children (45%) compared to men living in this modality (39%).
- It is important to point out the differences between men and women who live only with their sons and daughters, with a difference of eight points in favor of the group of women.

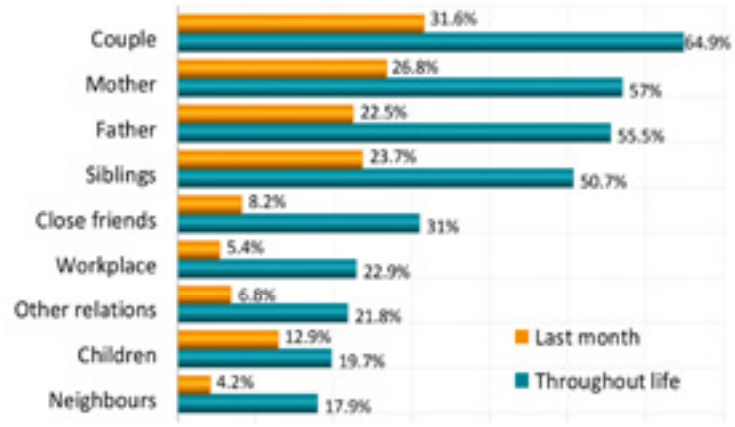


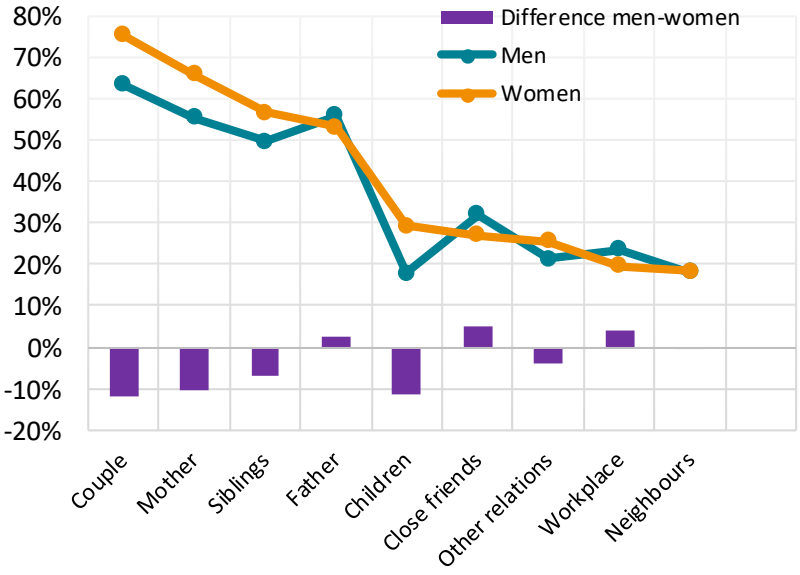
9. WAY OF COEXISTENCE AND MARITAL STATUS

- Among couples married for the first or second time, the highest percentages correspond to the category of those who live with their partners and children (65% -67%) or only as a couple (23% -26%).
- 35% of single people live with their parents.
- In the separated-divorced categories, 47% live alone and 42% live with their parents.

	Married	Remarried	Widower	Separated	Divorced	Unmarried
Couple and children	66.5%	65.2%	20.8%	19.8%	17.9%	10.4%
Couple	23.3%	26.1%	12.5%	13.2%	12.8%	16.2%
Children			20.8%	9.6%	6.1%	1.3%
Parents	3.0%		16.7%	2.8%	19.7%	34.6%
Family	3.4%		8.3%	4.6%	9.6%	13.8%
Friends				1.0%	0.8%	2.1%
Alone	2.2%	4.3%	20.8%	21.8%	25.3%	14.6%
Protected	1.2%	4.3%		6.6%	3.7%	3.8%
Unstable	0.6%			1.5%	4.0%	3.2%

10. CONFLICT INDICATORS





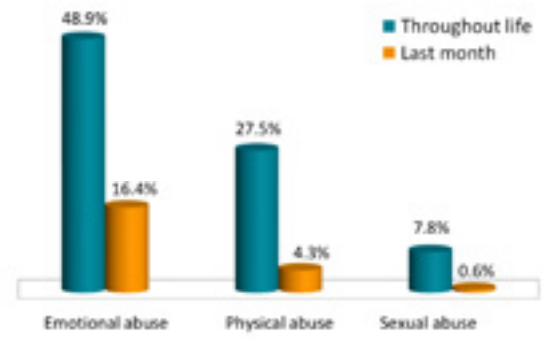
Have you lived in periods where you have had serious problems with...?

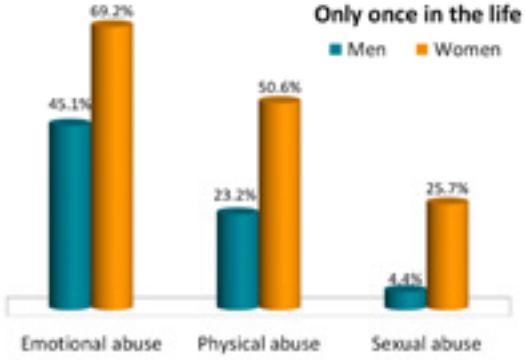
- Regardless of the degree of satisfaction in coexistence, the couple is the main source of serious problems both in the last month (32%) and throughout life (65%).
- The second source of problems is the family of origin: mother (27% in the last month and 57% in the course of life), father (23% in the last month and 56% in the course of life) and siblings (24% in the last month and 51% in the course of life).
- Regarding other categories, except for children whose percentages are closer, a higher percentage of problems are observed throughout life.
- If we categorize the source of problems by gender, we do not find significant differences, although special attention should be paid to the higher percentage in the couple or children as a source of problems with differences greater than 10% in both cases.

Extremadura Proyecto Hombre.

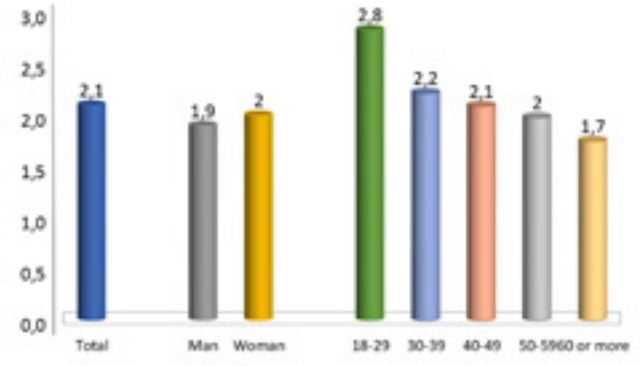
11. EMOTIONAL, PHYSICAL AND SEXUAL ABUSES

- The degrees of abuse (subjective) show high values. 49% report having suffered emotional abuse, 28% physical abuse and almost 8% sexual abuse at some point in their lives. They are abuses that, although to a lesser extent, would also have occurred in thirty days prior to admission.
- Comparing by gender, the female population has an incidence of more than 20% in all categories compared to the male population (45-69% in emotional abuse / 23.2-50.6% in physical abuse / 4.4 - 25.7% in sexual abuse).



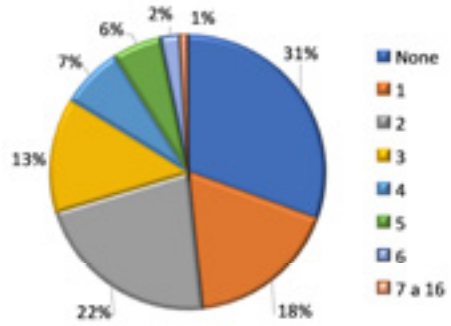


12. HOW MANY FRIENDS DO YOU HAVE?



- The average number of friends does not vary between genders, but it does vary with age. Among the youngest, the average number is 2.8, which drops to 1.7 among those over sixty years.
- It is important to note that almost 1 in 3, both men and women, says they have no friends.

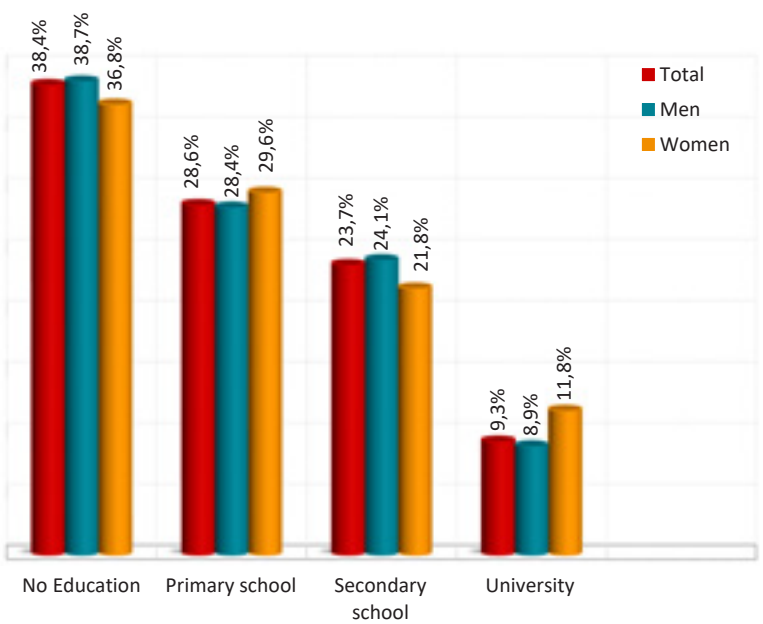
	Man	Woman	Total
None	29.6%	29.9%	29.6%
1	17.1%	17.6%	17.2%
2	20.9%	23.4%	21.3%
3	13.6%	9.9%	13.0%
4	6.8%	8.4%	7.0%
5	5.4%	7.0%	5.6%
6	2.2%	1.7%	2.2%
7 a 16	4.4%	2.2%	4.2%
Median	2.1	1.9	2.0



EDUCATION

▪ *Therapist of Catalonia Proyecto Hombre during a lecture.*

13. HIGHER EDUCATION DEGREE BY GENDER

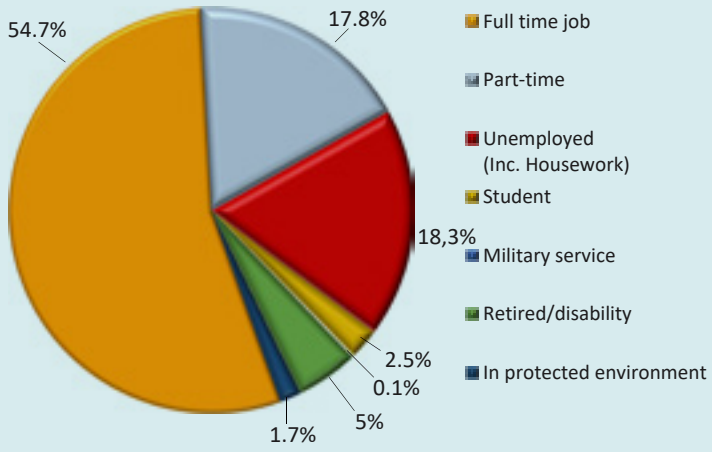


- 2 out of 3 people (67%) have a lower than secondary level of education.
- By gender, educational levels are very similar, with the exception of university studies, with 12% among women and 9% among men.

LABOUR: EMPLOYMENT/SUPPORT

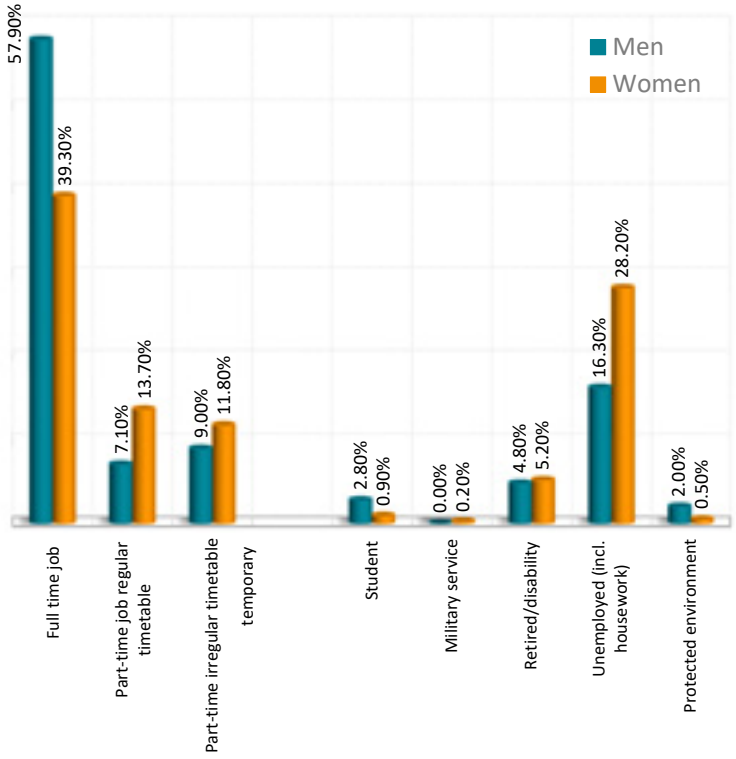
▪ *Córdoba Proyecto Hombre.*

14. EMPLOYMENT STATUS (USUAL EMPLOYMENT PATTERN IN THE PAST THREE YEARS)



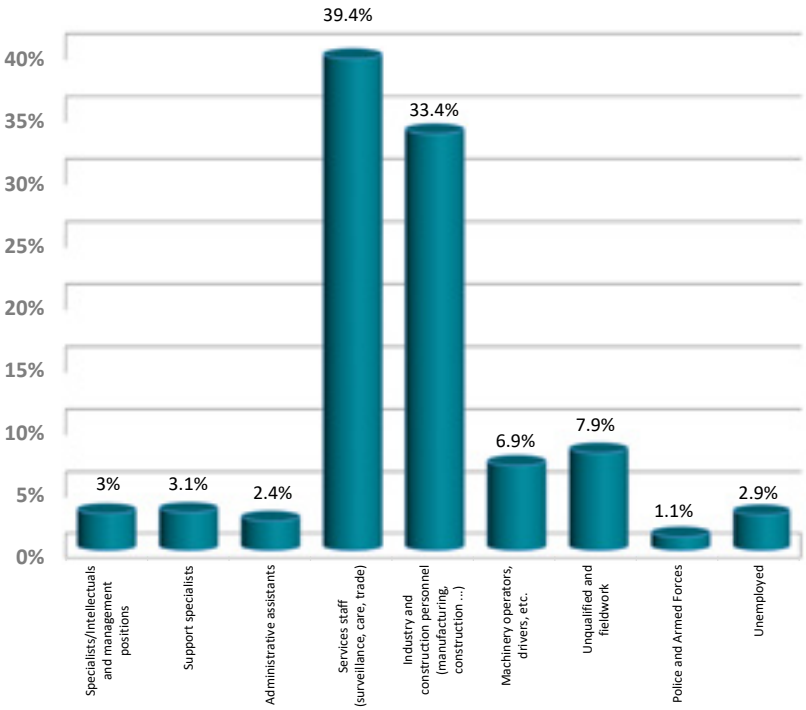
- The usual employment situation in the last three years prior to admission is very varied, although the majority of people who have been working are: 73% (predominantly full-time), against those who have been unemployed or performing housework (18%).

15. EMPLOYMENT STATUS BY GENDER (USUAL EMPLOYMENT PATTERN IN THE PAST THREE YEARS



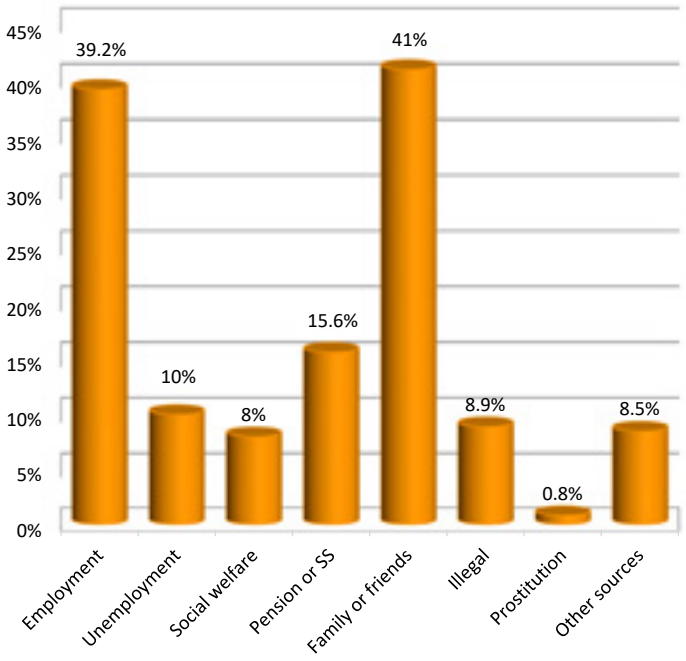
- By gender, men have more employability in full-time jobs (58%) than women (39%).
- Women suffer more unemployment (28% vs. 16%) and part-time jobs (26% vs. 16%).
- On the other hand, 70% have a valid driving license, although the proportion is higher among men (72%) than among women (57%).

16. EMPLOYMENT/PROFESSIONAL CATEGORY



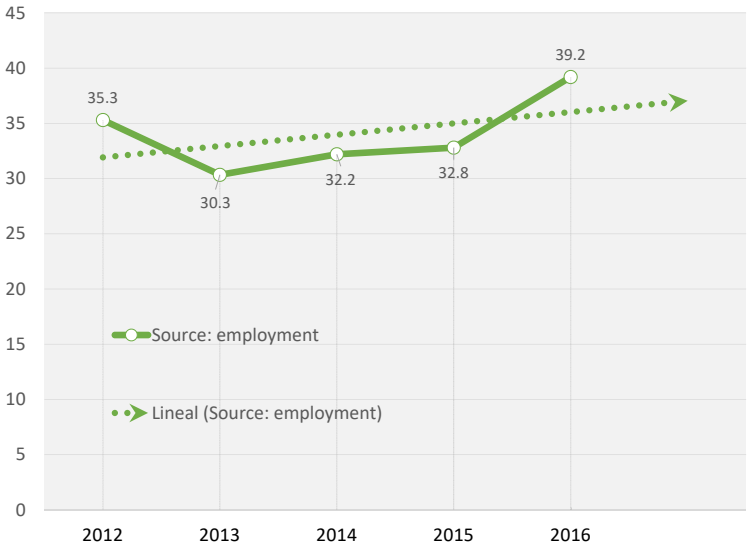
- Administrative and service personnel (42%) together with industry and construction staff and machinery and driver operators (40%) are the two main references of the type of employment developed by people prior to entering treatment.
- On either side, 6% of executives, specialists and support technicians stand out, as well as 11% with no qualification or no reference job.

17. MAIN INCOME SOURCE IN THE LAST MONTH



- As for the source of income in the last month, most mentions family and friends (41%) or employment (39%).

18. EVOLUTION OF THE MAIN INCOME SOURCE (2012-2016)



- Slight upward trend over the last five years.

19. DEBT

- This indicator includes debts to individuals and institutions (banks, taxes, property, registration, etc.). Mortgages are not included. If the interviewee runs a company, the financial responsibilities of the company should not be included, unless the money has been withdrawn for private purposes.
- 62.5% claim to have some economic debt. The median stands at 800 euros. The distribution of the volume of debt is very varied: while 32% would not exceed 1,000 euros of debt, 7% would be above 50,000 euros.
- It is observed that men are more indebted than women. If we take into account the distribution by age, users from 40 to 60 years of age are the ones with the highest debts against young people.
- By main substance type, cocaine users are the ones with the highest debt, followed by alcohol users. Users of cannabis and heroin are the ones having the lowest debts.

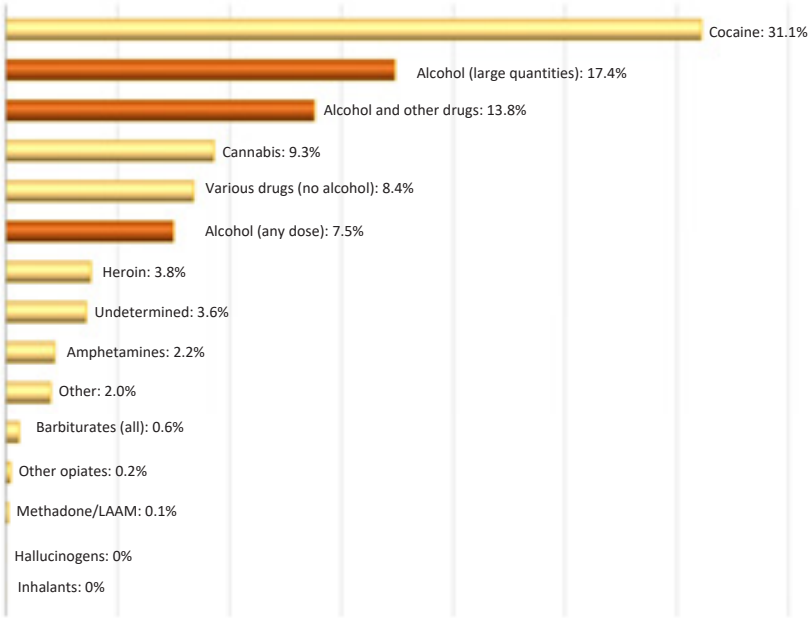
They declare any amount owed:	62.5%
Debt interval	**% cases**
Up to 1,000	31.7%
1.000 to 10,000	33.9%
10.000 to 50,000	27.1%
More than 50,000	7.3%

A.B.

USE OF ALCOHOL AND OTHER DRUGS

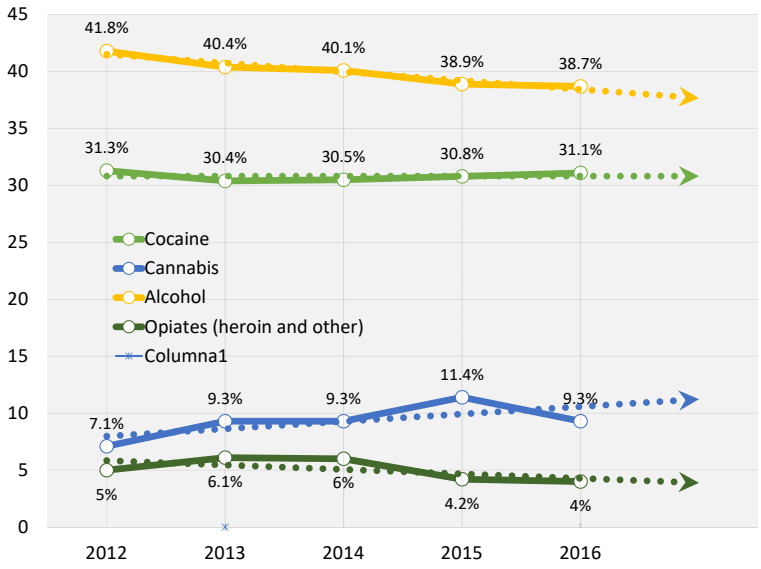
▪ *Navarre Proyecto Hombre.*

20. MAIN SUBSTANCE OF USE



- If we classify them by main substance and use pattern, the higher demand for treatment remains for cocaine (31%).
- However, considering alcohol as a whole (either in large quantities or in any dose, as well as associated with other substances) it would be ranked first, with 38.7%.
- Cannabis, with 9.3%, appears next in order of relevance.

21. EVOLUTION OF THE MAIN SUBSTANCE OF USE (2012-2016)

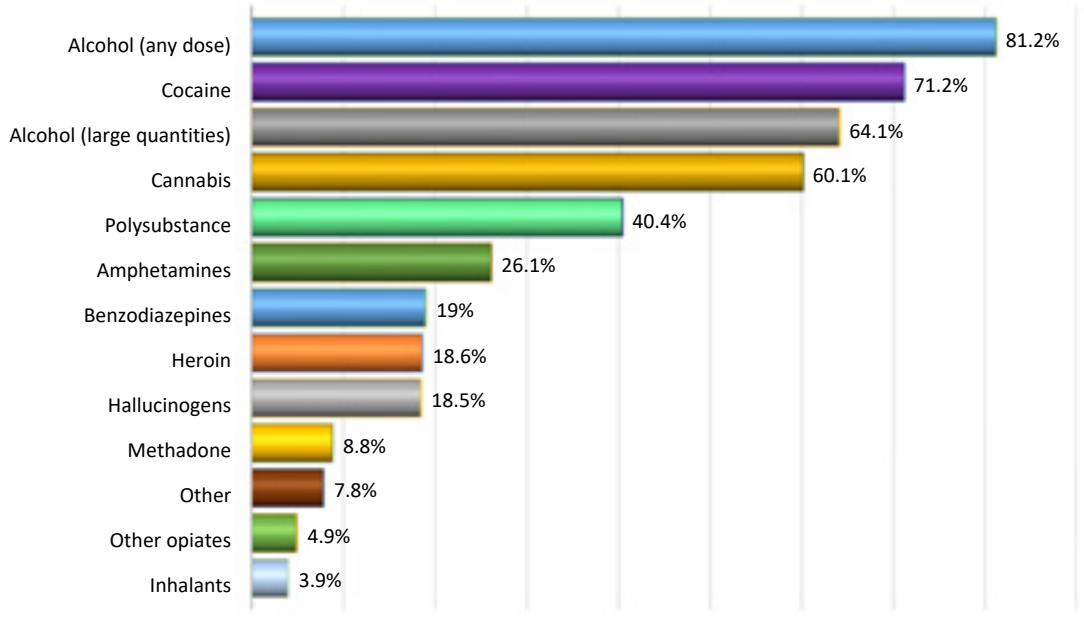


- Alcohol as the main substance for which help is sought is progressively reduced in all the people treated in Proyecto Hombre.
- In contrast, cannabis increases and the rest of drugs tend to have certain stability in the last five years.

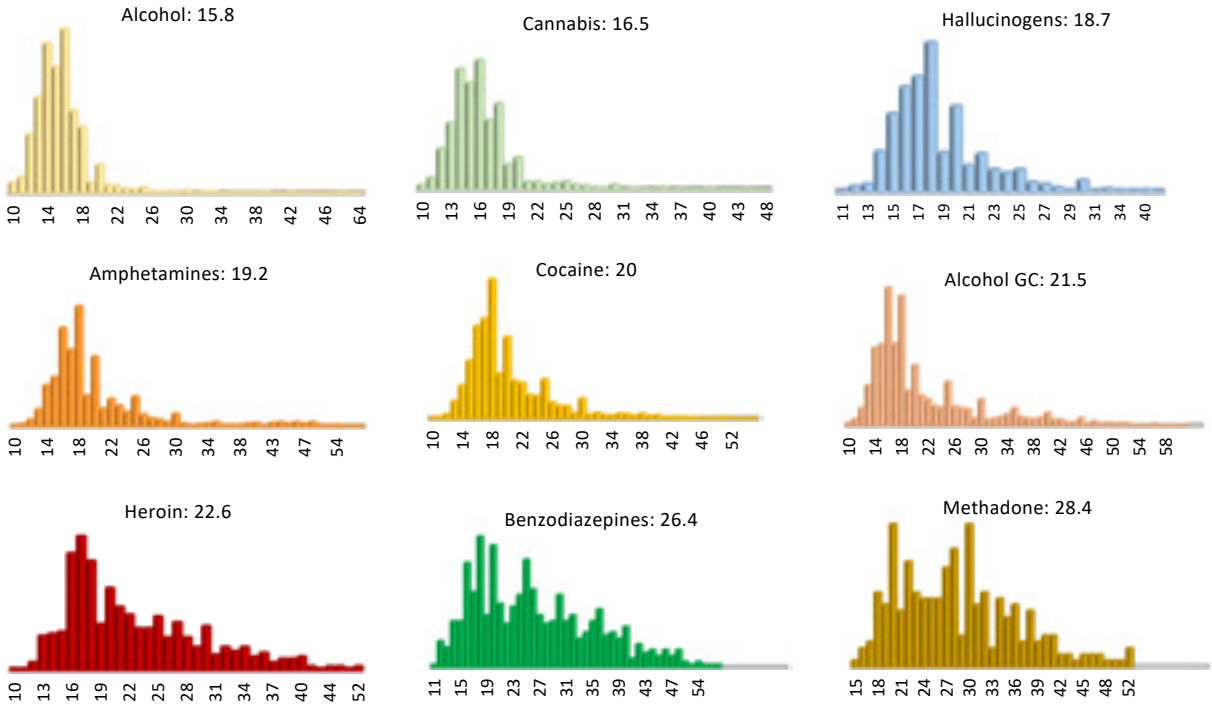
(Classified substances).

22. REGULAR OR PROBLEMATIC USE OF SUBSTANCES THROUGHOUT LIFE

- Throughout life, there is a regular or problematic use of various substances, with alcohol (81%), cocaine (71%) and cannabis (60%) being substances that report higher percentages - not exclusive – of users.
- Intermediate levels include poly drug (40%), amphetamines and derivatives (26%), benzodiazepines (19%), heroin (19%) and hallucinogens (19%).
- Methadone (9%), other opiates (5%), inhalants (4%) and other drugs (8%) are at a lower level.



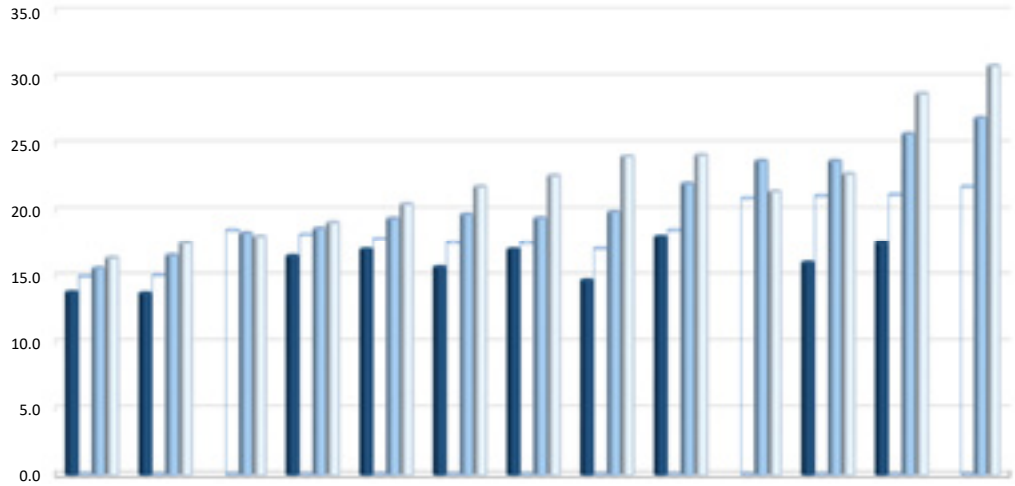
23. AVERAGE AGE OF ONSET OF SUBSTANCE USE



- *A.B.*

24. AVERAGE AGE OF ONSET ACCORDING TO AGE GROUPS AND SUBSTANCES

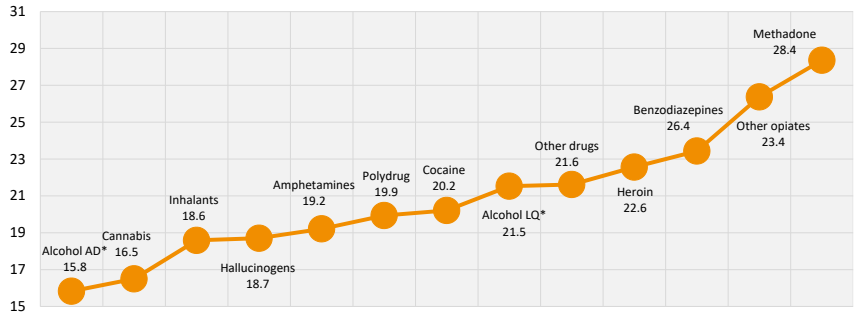
- In general, there is a decrease in the age of onset of use in parallel with the age of users.
- Those between 18 and 30 years old would have started their use on average between 3 and 5 years earlier than those who are now between 50 and 59 years old.
- The difference is remarkable in cocaine (from 23 to 17 years) or in benzodiazepines (from 29 would go to less than 18 years). Poly drug use began in the past at 22 years and now at 16.
- As for alcohol, the youngest started drinking in regular / problematic use at age 14, while in the group of people over 50 the onset was recorded at 16 years.



	Alcohol AD*	Cannabis	Inhalants	Hallucinogens	Amphetamines	Polydrug	Cocaine	Alcohol LQ*	Other drugs	Heroin	Other opiates	Benzodiazepines	Methadone
18 to 29	13.8	13.7		16.5	17.0	15.7	17.0	14.7	18.0		16.0	17.5	
30 to 39	15.0	15.0	18.5	18.2	17.8	17.5	17.5	17.1	18.5	20.9	21.1	21.2	21.8
40 to 49	15.6	16.6	18.3	18.6	19.4	19.7	19.4	19.9	22.0	23.7	23.7	25.8	27.0
50 to 59	16.4	17.5	18.0	19.1	20.5	21.8	22.6	24.1	24.2	21.4	22.8	28.8	30.9

25. AVERAGE AGE OF ONSET OF THE MAIN SUSBSTANCE

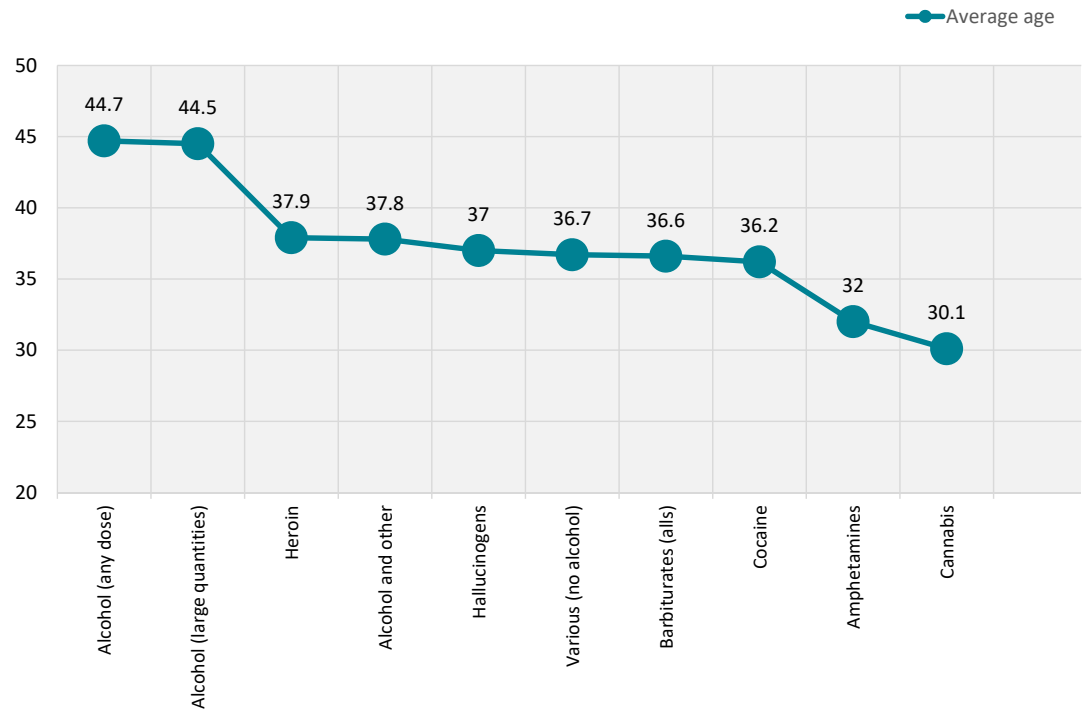
- Users recognize that they started drinking alcohol between the ages of 15 and 16, and cannabis between 17 and 18.
- The onset of hallucinogens and amphetamines is at age 19. From the age of 20, the use of different combinations of substances begins, with heroin and opiates appearing after 22-23 years.



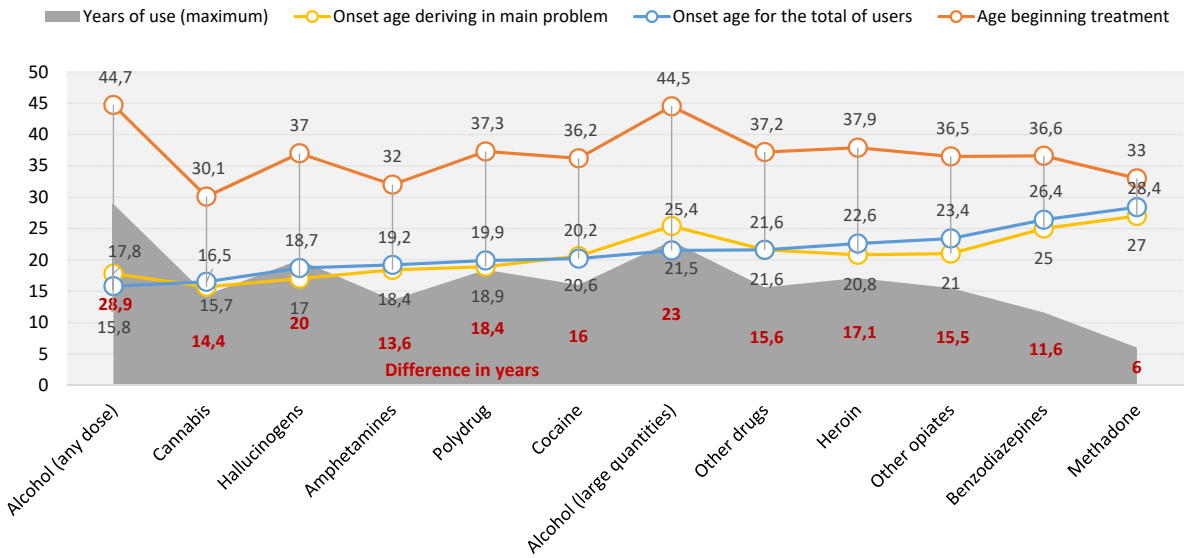
* *Alcohol CD: Alcohol any dose*
* *Alcohol GC: Alcohol large quantities*

26. AGE OF START OF TREATMENT FOR THE MAIN SUBSTANCE OF USE

- Alcohol, which is the earliest starting substance (14 years), is the one that registers a later onset of treatment (45 years).

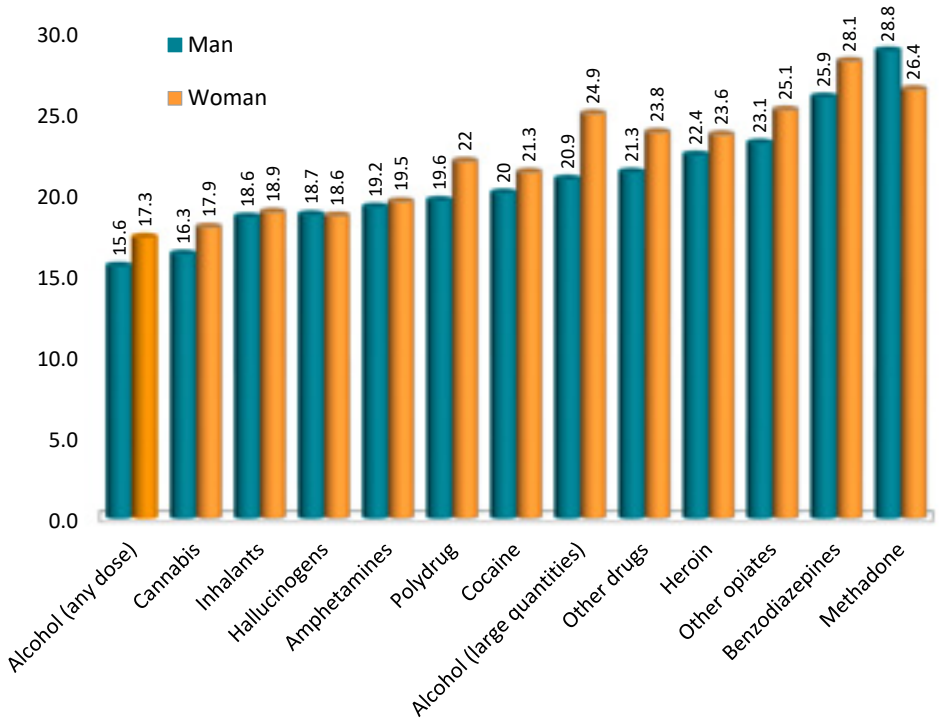


27. MAIN SUBSTANCE, YEARS OF USE AND START OF TREATMENT

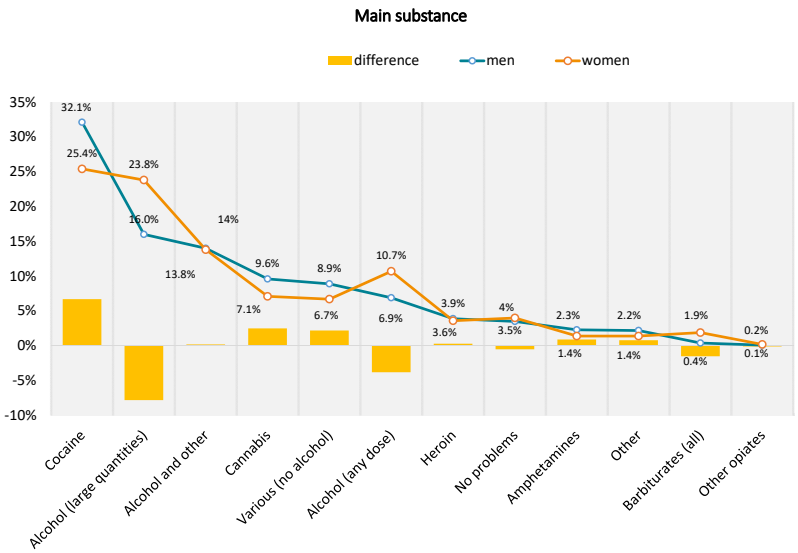


28. AVERAGE AGE OF ONSET BY SUBSTANCE AND GENDER

- There are no significant differences between the genders, although women tend to initiate regular or problematic drinking later than men and, specially, in alcohol in large quantities (four years later).



29. MAIN SUBSTANCE BY GENDER



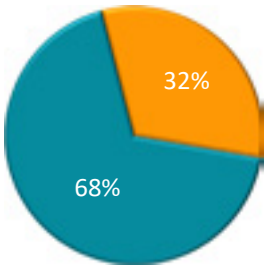
- There are no significant differences between men and women in the main substance for which they require treatment, with the exception of alcohol and barbiturates, where the incidence is comparatively higher among women.
- In the case of men, there is a higher use of cocaine with a difference of seven points with respect to women.

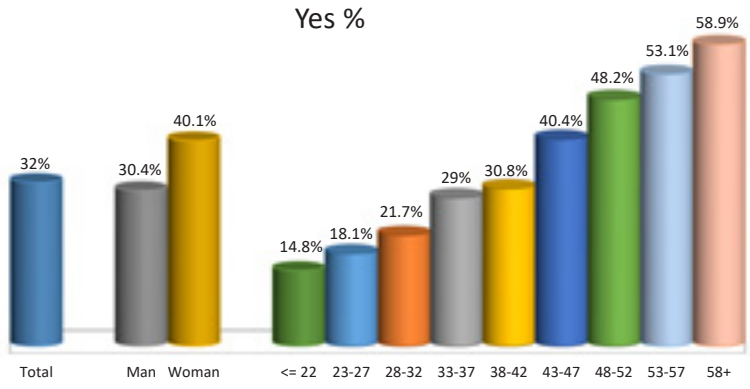
MEDICAL PROBLEMS

Balearic Islands Proyecto Hombre.

30. CHRONIC MEDICAL PROBLEMS THAT INTERFERE WITH THEIR DAILY LIFE

- 32% of people on treatment claim to have a chronic medical problem that interferes with their life, with a higher percentage among women (up to 40%) and increases as the age of the users advances, reaching 59% of chronic patients among those over 58 years of age.
- In 2014, 26% of the chronically ill were among the people on treatment, in 2015 30% and in 2016 the percentage is 32%. For all this, we can speak of an upward trend of these patients in the population treated in Proyecto Hombre.

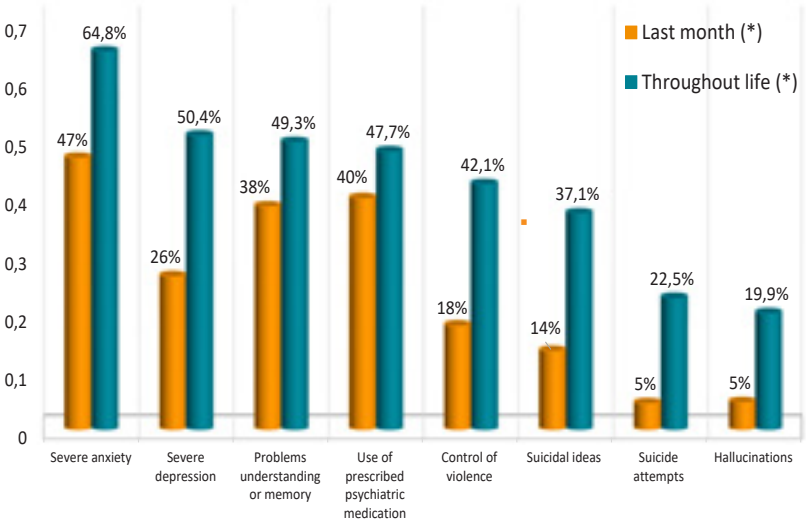




PSYCHIATRIC PROBLEMS

▪ *J.R.S.*

31. ASSOCIATED PSYCHIATRIC FACTORS

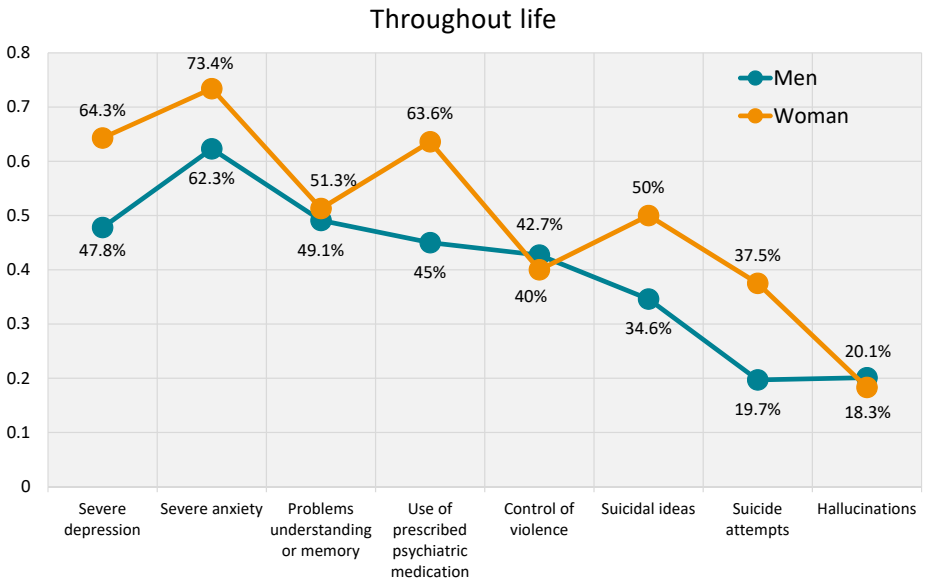


(*) Not for alcohol or drug use

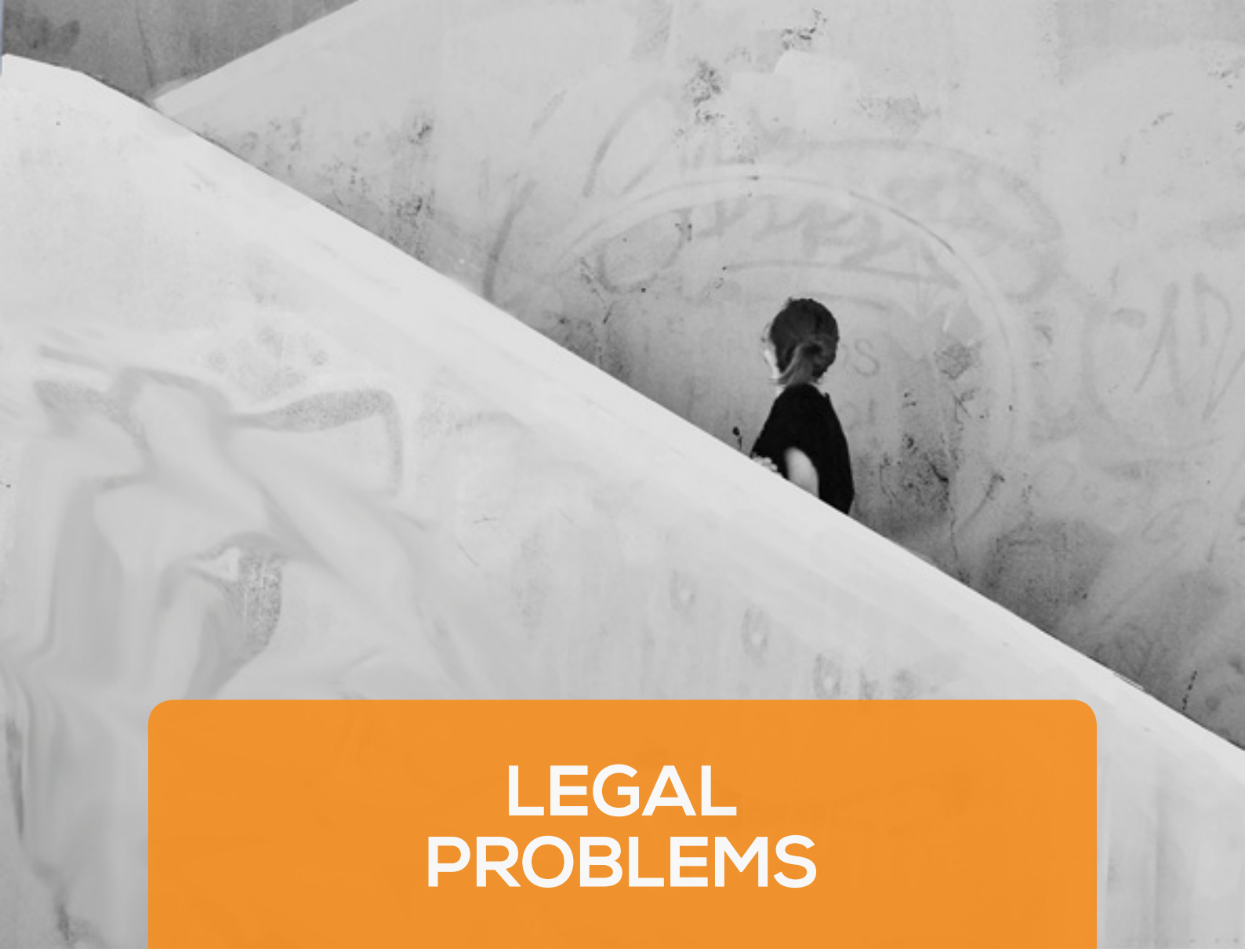
- High prevalence in the co-morbidity of addiction with the presence of psychiatric disorders. More specifically, the high incidence throughout life of severe anxiety disorders (65%), followed by severe depression (50.4%) and problems of comprehension or memory (49.3%) were noted. Another indicator on the extent of mental health involvement in this population is that 48% have had or have been prescribed psychiatric medication.

32. ASSOCIATED PSYCHIATRIC FACTORS BY GENDER

- There are important differences among men and women, with a higher proportion of women who report having suffered some of the problems mentioned, except in control of violence and hallucinations.
- Thus, 73% of women have experienced anxiety, more than 64% severe depression and 37.5% have attempted suicide throughout their lives.
- Severe depression and use of psychiatric medication are the two aspects where there are greater comparative differences between sexes.



Balearic Islands Proyecto Hombre.

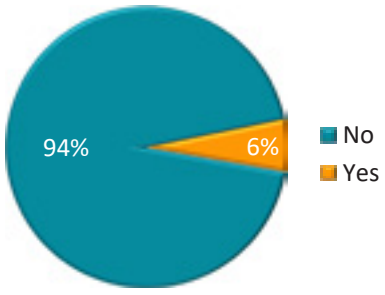


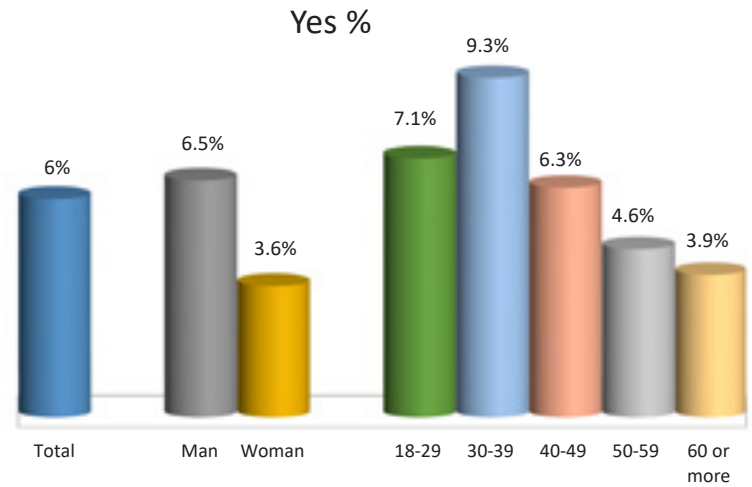
LEGAL PROBLEMS

▪ *A.B.*

33. IMPRISONMENT PROMOTED BY JUDICIAL ADVICE

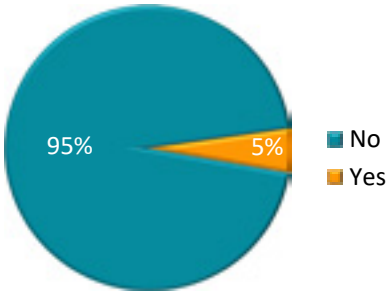
- 6% of people started treatment motivated by the application of judicial measures that allow non-admission to prison in order to carry out a treatment and rehabilitation process.

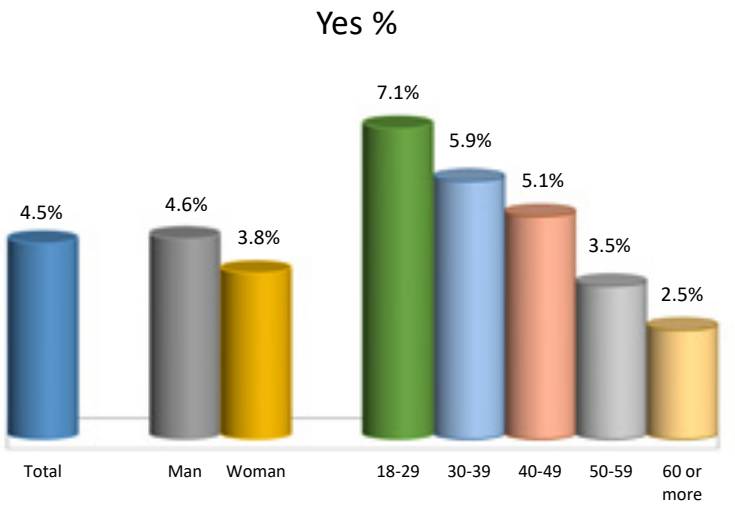




34. ON PROBATION

- Only 5% of people who started treatment were on probation at that time, with no difference between men and women (5% men versus 4% women).

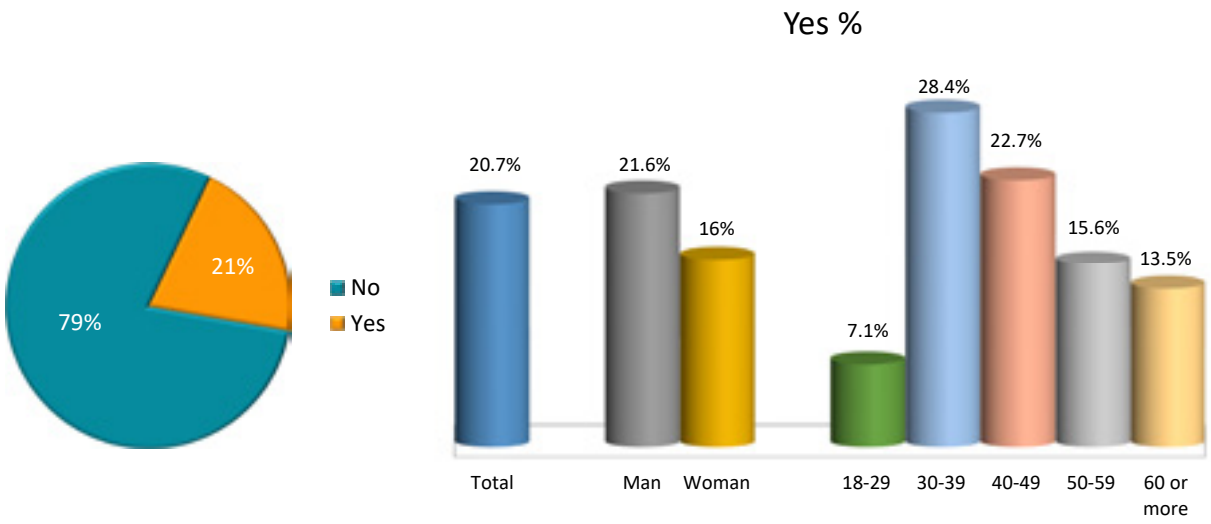




- *Córdoba Proyecto Hombre.*

35. PENDING CAUSES AT THE TIME OF ADMISSION

- Although most people had no problems with justice (79%), 1 in 5 had pending charges, judgments or sentences at the time of starting treatment.
- This situation is more common among men (21.6%) than among women (16%) and more in the age group between 30 and 39 years (28.4%).



▪ *Alicante Proyecto Hombre.*

Example of data by autonomous communities

3

Andalusia

Gender	
Man	87.8%
Woman	12.2%
Admission age	34.8
Usual work pattern in the last 3 years	
Full-time	55.6%
Part-time	21.1%
Unemployed/housework	12.0%
Student	7.5%
Retired/disability	2.7%
Military service	0.6%
Protected environment	0.6%

Main substance of use	
Cocaine	33.4%
Alcohol LQ	12.6%
Alcohol and others	10.7%
Cannabis	15.7%
Various drugs no alcohol	9.6%
Alcohol Any dose	9.4%
Heroin	2.1%
Undetermined	3.8%
Amphetamines	0.3%
Other	1.0%
Barbiturates	1.1%
Methadone/LAAM	0.0%
Other opiates	0.1%
Hallucinogens	0.0%
Inhalants	0.0%

Asturias

Gender	
Man	83.7%
Woman	16.3%
Admission age	37.0
Usual work pattern in the last 3 years	
Full-time	35.5%
Part-time	8.6%
Unemployed/housework	32.2%
Student	0.0%
Retired/disability	10.5%
Military service	0.0%
Protected environment	13.2%

Main substance of use	
Cocaine	19.2%
Alcohol LQ	14.4%
Alcohol and others	14.4%
Cannabis	16.4%
Various drugs no alcohol	11.6%
Alcohol Any dose	2.7%
Heroin	6.8%
Undetermined	8.2%
Amphetamines	0.7%
Other	2.1%
Barbiturates	1.4%
Methadone/LAAM	1.4%
Other opiates	0.7%
Hallucinogens	0.0%
Inhalants	0.0%

Balearic Islands

Gender	
Man	78.0%
Woman	22.0%
Admission age	38.5
Usual work pattern in the last 3 years	
Full-time	55.4%
Part-time	17.4%
Unemployed/housework	20.0%
Student	0.0%
Retired/disability	6.2%
Military service	0.0%
Protected environment	1.0%

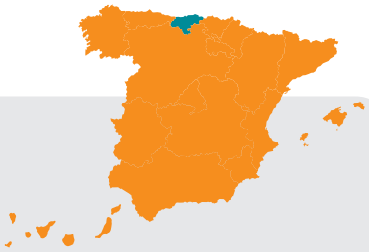
Sustancia principal de consumo	
Cocaine	22.8%
Alcohol LQ	17.3%
Alcohol and others	22.3%
Cannabis	4.1%
Various drugs no alcohol	23.4%
Alcohol Any dose	6.6%
Heroin	2.0%
Undetermined	1.0%
Amphetamines	0.0%
Other	0.0%
Barbiturates	0.5%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Canary Islands

Gender	
Man	78.8%
Woman	21.2%
Admission age	39.0
Usual work pattern in the last 3 years	
Full-time	45.6%
Part-time	21.1%
Unemployed/housework	26.3%
Student	1.8%
Retired/disability	4.4%
Military service	0.0%
Protected environment	0.9%

Sustancia principal de consumo	
Cocaine	40.8%
Alcohol LQ	9.2%
Alcohol and others	1.7%
Cannabis	7.5%
Various drugs no alcohol	3.3%
Alcohol Any dose	10.8%
Heroin	10.0%
Undetermined	12.5%
Amphetamines	0.8%
Other	2.5%
Barbiturates	0.8%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Cantabria



Gender	
Man	80.7%
Woman	19.3%
Admission age	39.0
Usual work pattern in the last 3 years	
Full-time	53.8%
Part-time	23.1%
Unemployed/housework	13.2%
Student	2.2%
Retired/disability	6.6%
Military service	0.0%
Protected environment	1.1%

Main substance of use	
Cocaine	26.9%
Alcohol LQ	31.2%
Alcohol and others	16.1%
Cannabis	5.4%
Various drugs no alcohol	4.3%
Alcohol Any dose	4.3%
Heroin	3.2%
Undetermined	1.1%
Amphetamines	0.0%
Other	7.5%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Castile-La Mancha

Gender	
Man	87.5%
Woman	12.5%
Admission age	37.0
Usual work pattern in the last 3 years	
Full-time	43.2%
Part-time	20.5%
Unemployed/housework	28.8%
Student	0.0%
Retired/disability	6.1%
Military service	0.0%
Protected environment	1.5%

Main substance of use	
Cocaine	35.3%
Alcohol LQ	21.1%
Alcohol and others	12.8%
Cannabis	4.5%
Various drugs no alcohol	8.3%
Alcohol Any dose	8.3%
Heroin	6.0%
Undetermined	1.5%
Amphetamines	0.0%
Other	1.5%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.8%
Hallucinogens	0.0%
Inhalants	0.0%

Castile and Leon

Gender	
Man	80.4%
Woman	19.6%
Admission age	36.4
Usual work pattern in the last 3 years	
Full-time	53.1%
Part-time	17.8%
Unemployed/housework	22.7%
Student	1.9%
Retired/disability	3.0%
Military service	0.0%
Protected environment	1.4%

Main substance of use	
Cocaine	30.3%
Alcohol LQ	21.2%
Alcohol and others	8.3%
Cannabis	15.9%
Various drugs no alcohol	5.0%
Alcohol Any dose	4.0%
Heroin	4.7%
Undetermined	3.3%
Amphetamines	4.4%
Other	2.6%
Barbiturates	0.3%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Catalonia

Gender	
Man	76.9%
Woman	23.1%
Admission age	40.0
Usual work pattern in the last 3 years	
Full-time	54.5%
Part-time	22.4%
Unemployed/housework	14.2%
Student	0.0%
Retired/disability	9.0%
Military service	0.0%
Protected environment	0.0%

Main substance of use	
Cocaine	46.1%
Alcohol LQ	17.7%
Alcohol and others	1.4%
Cannabis	2.1%
Various drugs no alcohol	7.1%
Alcohol Any dose	10.6%
Heroin	4.3%
Undetermined	7.8%
Amphetamines	0.0%
Other	2.8%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Extremadura

Gender	
Man	94.7%
Woman	5.3%
Admission age	30.0
Usual work pattern in the last 3 years	
Full-time	65.8%
Part-time	21.1%
Unemployed/housework	10.5%
Student	2.6%
Retired/disability	0.0%
Military service	0.0%
Protected environment	0.0%

Main substance of use	
Cocaine	34.2%
Alcohol LQ	2.6%
Alcohol and others	10.5%
Cannabis	15.8%
Various drugs no alcohol	7.9%
Alcohol Any dose	18.4%
Heroin	5.3%
Undetermined	2.6%
Amphetamines	2.6%
Other	0.0%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Galicia

Gender	
Man	84.3%
Woman	15.7%
Admission age	36.0
Usual work pattern in the last 3 years	
Full-time	51.2%
Part-time	10.1%
Unemployed/housework	23.0%
Student	6.0%
Retired/disability	6.9%
Military service	0.0%
Protected environment	2.8%

Main substance of use	
Cocaine	29.8%
Alcohol LQ	29.8%
Alcohol and others	8.1%
Cannabis	10.9%
Various drugs no alcohol	12.1%
Alcohol Any dose	0.0%
Heroin	3.2%
Undetermined	4.0%
Amphetamines	0.8%
Other	0.8%
Barbiturates	0.4%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

La Rioja

Gender	
Man	92.0%
Woman	8.0%
Admission age	36.0
Usual work pattern in the last 3 years	
Full-time	59.2%
Part-time	14.5%
Unemployed/housework	13.2%
Student	3.9%
Retired/disability	7.9%
Military service	0.0%
Protected environment	1.3%

Main substance of use	
Cocaine	23.4%
Alcohol LQ	14.3%
Alcohol and others	2.6%
Cannabis	9.1%
Various drugs no alcohol	1.3%
Alcohol Any dose	6.5%
Heroin	7.8%
Undetermined	1.3%
Amphetamines	29.9%
Other	2.6%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	1.3%
Inhalants	0.0%

Madrid

Gender	
Man	89.7%
Woman	10.3%
Admission age	34.5
Usual work pattern in the last 3 years	
Full-time	62.7%
Part-time	14.9%
Unemployed/housework	13.4%
Student	6.0%
Retired/disability	1.5%
Military service	0.0%
Protected environment	1.5%

Main substance of use	
Cocaine	26.1%
Alcohol LQ	15.9%
Alcohol and others	20.3%
Cannabis	10.1%
Various drugs no alcohol	14.5%
Alcohol Any dose	1.4%
Heroin	2.9%
Undetermined	4.3%
Amphetamines	1.4%
Other	1.4%
Barbiturates	1.4%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Murcia

Gender	
Man	86.0%
Woman	14.0%
Admission age	36.0
Usual work pattern in the last 3 years	
Full-time	76.7%
Part-time	11.7%
Unemployed/housework	6.1%
Student	2.5%
Retired/disability	3.1%
Military service	0.0%
Protected environment	0.0%

Main substance of use	
Cocaine	29.1%
Alcohol LQ	12.8%
Alcohol and others	30.2%
Cannabis	6.7%
Various drugs no alcohol	2.8%
Alcohol Any dose	5.0%
Heroin	1.7%
Undetermined	8.4%
Amphetamines	0.0%
Other	2.2%
Barbiturates	1.1%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

Navarre

Gender	
Man	84.7%
Woman	15.3%
Admission age	37.0
Usual work pattern in the last 3 years	
Full-time	50.4%
Part-time	18.5%
Unemployed/housework	17.6%
Student	8.4%
Retired/disability	3.4%
Military service	0.0%
Protected environment	1.7%

Main substance of use	
Cocaine	21.2%
Alcohol LQ	17.7%
Alcohol and others	12.4%
Cannabis	15.0%
Various drugs no alcohol	2.7%
Alcohol Any dose	10.6%
Heroin	2.7%
Undetermined	1.8%
Amphetamines	15.0%
Other	0.9%
Barbiturates	0.0%
Methadone/LAAM	0.0%
Other opiates	0.0%
Hallucinogens	0.0%
Inhalants	0.0%

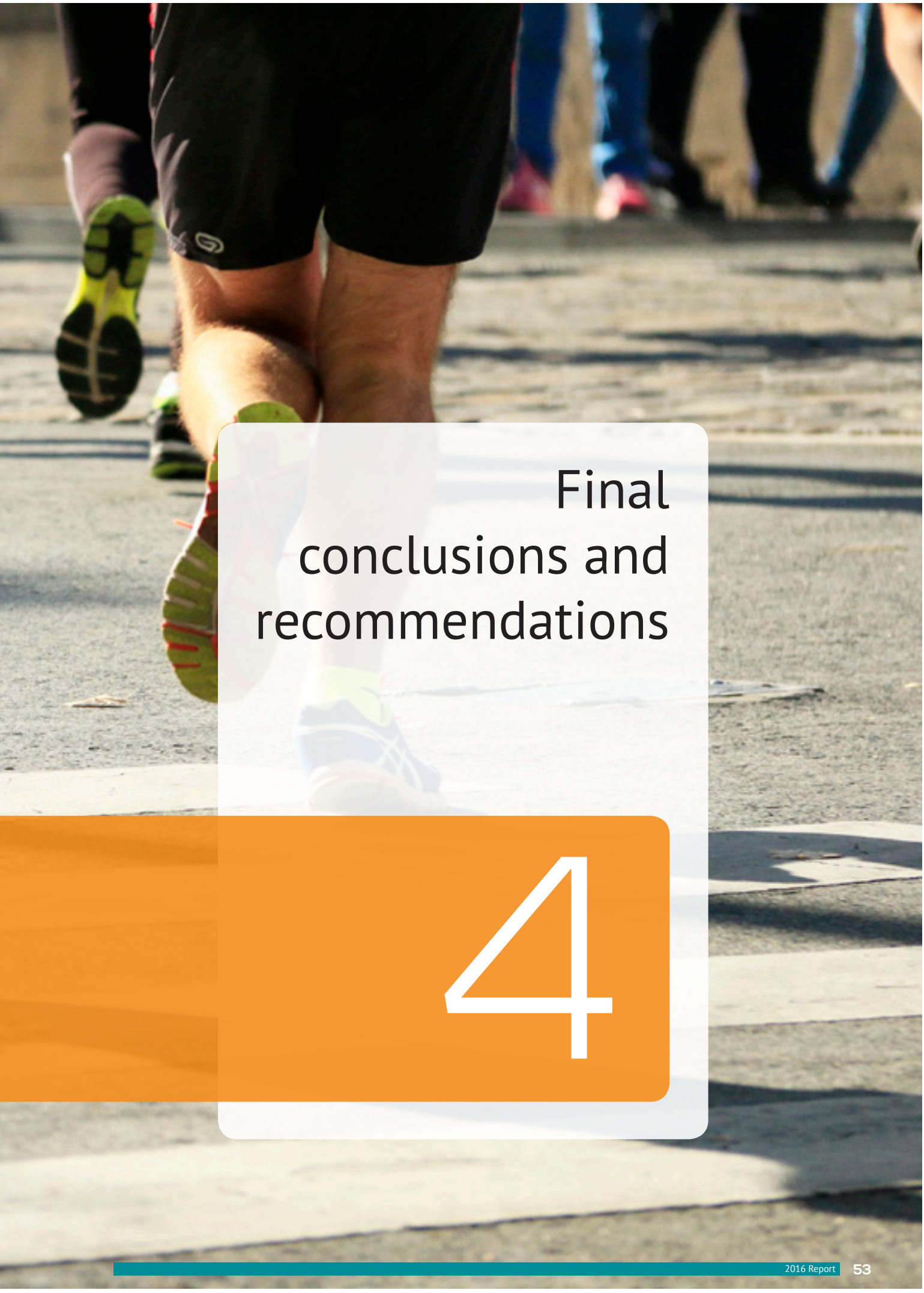
Region of Valencia

Gender	
Man	80.8%
Woman	19.2%
Admission age	38.5
Usual work pattern in the last 3 years	
Full-time	58.1%
Part-time	19.3%
Unemployed/housework	16.6%
Student	1.4%
Retired/disability	4.0%
Military service	0.0%
Protected environment	0.6%

Main substance of use	
Cocaine	29.8%
Alcohol LQ	13.0%
Alcohol and others	17.5%
Cannabis	6.2%
Various drugs no alcohol	16.9%
Alcohol Any dose	10.3%
Heroin	2.6%
Undetermined	0.2%
Amphetamines	0.2%
Other	2.5%
Barbiturates	0.7%
Methadone/LAAM	0.0%
Other opiates	0.2%
Hallucinogens	0.0%
Inhalants	0.0%

▪ *Salamanca Proyecto Hombre.*

- *Navarre Proyecto Hombre. F.B.*



Final conclusions and recommendations

4

The importance of evaluating the current situation of drug users and the need to optimize the programmes of the network of therapeutic and prevention centres of Proyecto Hombre are the reasons why since 2012 new editions of this Proyecto Hombre Observatory Report have been made.

Studies in the field of addictions have important implications for clinical practice. This is because they allow an adequate characterization of users of psychoactive substances that facilitates the advance in the knowledge of this population of difficult treatment, taking into account four essential aspects for the therapeutic intervention:

a) To value the probability of involvement in the trea¬tment and the compliance with therapeutic prescriptions.

b) To modify the characteristics of the treatment to adapt them individually to the patient.

c) To establish appropriately the therapeutic objectives.

d) To determine the need for greater or less rigidity in structuring the therapeutic context.

In addition, given that drug addiction is a constantly evolving problem, we believe that the reports of Proyecto Hombre Observatory are useful in guiding the expert on addiction treatment to deepen knowledge of the most suitable interventions according to the characteristics of each person, as well as of the different substances and use patterns of each individual.

In this Observatory Report, a descriptive study of the most relevant socio-demographic and clinical characteristics is carried out on a sample of 2,863 people being treated in the different Proyecto Hombre centres throughout Spain. Here we analyse data related to the specific characteristics of drug use by these patients: onset, duration, intensity, variety of substances, etc.

The main conclusions and recommendations derived from this report are detailed below.

Balearic Islands Proyecto Hombre.

CONCLUSIONS

PERSONAL AND SOCIO-OCCUPATIONAL CHARACTERISTICS

- The variable age, with an average of 38.3 years, shows a progressive increase in the last years. It should be noted that the majority of the sample is between 28 and 47 years old (68.8%), which coincides with the peak occupation of the general labour force.
- Regarding the average age of the sample and the relation of this variable to the average global age of onset, we can declare that **the beginning of the treatment is delayed almost twenty years since the substance that motivates the treatment is started,** the number of years being even greater when it comes to alcohol as the main substance of treatment demand.
- Given the **distribution by gender** (83.9% men and 16.1% women), women are progressively admitted to the intervention programmes of Proyecto Hombre in greater proportion than in previous years (13, 8% in 2012), although the difference with respect to the percentage of men is still very wide.

- Regarding the **modality of coexistence,** there is a wide range of situations: 25.2% live with their parents; 23.1% with partners and children; 14.3% live alone; or 3.5% live in a protected environment.
- It should be noted that while **only 1.1% of men live alone with their children,** this situation occurs in 9.8% of women. This could be a key factor in joining with more or less ease the treatment programmes, both in and outpatient.
- On the other hand, considering that it is a majority of the adult population (86.1% are over 27 years of age), the **profile of people who mostly lives without a partner** (60%) stands out, since only 23% lived with their partner and children and another 17% only with their partner. This coincides both with the trend that has been maintained in previous years, and with data published in other reports on addictions *(2015 Spanish Observatory of Drugs and Drug Addictions)*. Such situation would obey to the great and complex difficulties that this population presents in its interpersonal relationships and fundamentally when it comes to maintaining stable relationships.
- In this sense, the data are consistent with the fact that the relationships with the partner are the main source of serious problems, both for the last month (32%) and throughout life (65 %). These data reinforce the idea that **people with addiction problems have conflicting relationships in different areas.** In any case, this lack of stability in affective relationships is not an exceptional and transient problem but is usually a relational pattern that accompanies them throughout most of their life. The thing is that almost half of the cases analysed have not had stable, close and lasting relationships with the most important attachment figures throughout their lives.
- The information collected in EuropASI confirms that **the exposure to traumatic experiences of abuse, generally in childhood and adult life, is much higher among women who come for treatment to our centers than among men.** Thus, among women, the prevalence of having ever suffered emotional abuse would be 69.2%, 50.6% of physical abuse and 25.7% of sexual abuse. These records in the case of men are significantly lower (45.1%, 23.2% and 4.4%, respectively).
- In the same sense, when speaking of **relational difficulties,** the relatively high percentage of people who lack intimate friends (29.6%) or only one (17.2%) stands out. This is another indicator that points to the weakness - if not the nonexistence - of the social-family support network for a significant percentage of people who start treatment. This variable reaffirms the prominence that both the family and an adequate social environment acquire as a factor of protection against addictions.
- All together, the people treated at Proyecto Hombre present a significant deficit in academic education. Although 9.3% have university studies, 67% do not have studies or have not gone beyond primary, without there being significant differences between men and women.
- In contrast with this low educational level, we find **a profile that is mostly normalized from the labour point of view.** Thus, 72.5% of people entering treatment would have been working as the most common situation in the three years prior to admission (54.7% full time and 17.8% part- time). However, **women would show a comparatively higher incidence of unemployment** (28.2%) and part-time employment (25.5%) than men (16.3% and 16.1%, respectively).

- In relation to the type of employment and professional category, we find **a representation of the entire socio-occupational scale:** entrepreneurs, managers, and highly qualified technical personnel and also, at the opposite end, unskilled workers and even people who have never developed a work activity. However, **the highest concentration (80%) is between administrative and service personnel and industry and construction staff.**
- Despite this **"standardized" professional profile,** at the time of admission only 39.2% would have received employment income in the 30 days prior to entry. This difference between the situation prevailing in the previous three years and the one immediately preceding the admission shows a negative evolution in the employability of people from which the addictive process itself cannot be dissociated.
- It should be noted **the economic dependence on the primary support network:** more than four out of ten interviewees (41%) report that their economic subsistence is the primary support network (family, friends...).
- Considering the above, it is not surprising that **two out of three people report having debts** (the average does not exceed 900 Euros).
- Overall, and in relation to the socio-occupational sphere of the people treated in Proyecto Hombre, it can be affirmed that these people share, in a greater or lesser degree of incidence, identical problems with other vulnerable groups: low level of education; unemployment; deterioration in vital, relational and social processes; legal problems and economic dependence.

Balearic Islands Proyecto Hombre.

USE OF ALCOHOL AND OTHER DRUGS

- Among those who enter treatment, **it is rare to find "pure" profiles of consumers of a single psychoactive substance, with problematic use and/or addiction to various substances being common.** Thus, regardless of the main substance of treatment demand, alcohol (81.2%), cocaine (71.2%) and cannabis (64.11%) stand out as substances that present or have regular or problematic use throughout the life of the people on treatment.
- As for the **main substance of use,** alcohol appears in the first place (38.7%) of the substances that generate the need for income, either as a basically exclusive consumption (24.9%) or with addiction added to other substances (13.8%). Secondly, we find cocaine (31.1%) and in third place, cannabis (9.3%). As for heroin and opiates, they account for 4% of the cases analysed.
- There is a **differentiation among the patterns of onset of use by age based on the different substances.** People entering treatment recognize that they have started regular or problematic alcohol use between the ages of 15 and 16; cannabis between the ages of 17 and 18. Later, at age 19, there appear inhalants, hallucinogens and amphetamines. And from the age of 20-22, the regular use of cocaine, heroin and poly drug use of various substances begins. In any case, the importance of alcohol should be emphasized, both because of the precocity of the onset of regular use and because of its link with the development of poly drug user patterns.
- Relating the age of onset of use to that of treatment, attention should be drawn to the fact that being alcohol the substance with a more precocious use, it is the one that begins treatment later. This implies reflecting on the extent to which their legality and the **social normalization of alcohol** can influence on how people take more time to consider the need for treatment.

The following are some of the **basic characteristics of people based on the main substance of use:**

- **Alcohol**: this profile has an average age (48 years) that is higher than that of the group of people treated. The marital status is mostly separated/divorced (39%), followed by married (33%) and single (25%), and most of them receive a pension, social security, unemployment or other social assistance. As indicated above, it is the substance with an earlier onset of use and later treatment.
- **Heroin and opiates**: with an average age of onset of 22.6 years, the start of treatment occurs at 37.2 years. In this profile, the highest percentage of people who have not completed compulsory education (50%), with more income from illegal sources or from the primary support network, have been living in a more protected environment than the rest.
- **Cannabis**: those who request treatment for this substance stand out for being those that reach a higher level of studies than the rest. They usually live with their family of origin (parents and/or mothers) in a higher percentage than the rest of profiles. The average age of start of treatment is the youngest (30.1 years).
- **Cocaine**: is the profile that, after alcohol, supposes a greater demand for treatment (31.1%). The average age of this profile when it comes to treatment is 36.2 years (two years below the average age of the sample as a whole). Being frequently associated with the use of other substances (alcohol, cannabis ...), they present a greater employability (50% have employment) and usually live with their own family (42.6%).

Córdoba Proyecto Hombre.

MEDICAL AND PSYCHIATRIC PROBLEMS

- 31.6% of the people on treatment suffer from **a chronic medical problem** that interferes with their life, with this percentage being higher among women (up to 40.1%) and, as expected, increasing In a manner proportional to the age of users, reaching 59% of some chronic pathology among people over 58 years.
- In 2014, 26% of the **chronically ill** were among the people on treatment. In 2015 30% and in 2016 the percentage is 32%, so we can speak, from the present report, of a slightly upward feature among the population treated in the territorial units of Proyecto Hombre.
- Studies of causal relationships between psychological and substance-induced disorders are inconclusive, but there is a consensus that the symptoms of mental disorders and addiction problems are interrelated and mutually conditioned.
- In the present study, the incidence of this type of disorder among the **population with addictive behavior problems** is also observed. Thus, 64.8% reported having suffered or suffering from a severe anxiety disorder; 50.4% severe depression, and 47.7% having received psychiatric medication.
- According to the data collected, there is a greater incidence of psychiatric pathologies among women who start treatment. Thus, 64.3% reported severe depression for a significant time in their life, 73.4% severe anxiety and 63.6% use of psychiatric medication, these figures being clearly higher than those recorded among men.

  It is a pattern that is also observed in the general population. However, as Llopis and Rebollida (2001) point out, the presence of psychopathologies among women users of drugs is significantly higher than in men, especially as regards affective disorders, as is the presence of addictive disorders in the immediate family environment of these women.

Salamanca Proyecto Hombre.

▪ *Córdoba Proyecto Hombre.*

According to the European Monitoring Center for Drugs and Drug Addiction in its annual report "Co-morbidity with Substance Use and Mental Health Disorders in Europe", depression is twice as likely among women with substance use disorders compared to women in the general population, making this group of women a particularly vulnerable population and a particularly sensitive target for treatment criteria. (EMCDDA, 2015).

- Substance abuse and other mental disorders are identified as factors associated with suicidal behavior. In this line, it seems revealing that **22.5% of the cases in this study report having attempted suicide throughout their lives** (37.5% of women and 19.7% of men).

LEGAL PROBLEMS

A low percentage of people (6%) start treatment motivated by the application of judicial measures that make it possible to not enter prison with the objective of carrying out a treatment and rehabilitation process. However, most of the sample does not have problems with justice at the time of initiating treatment in Proyecto Hombre (79.3%), which means a **low percentage of criminal profiles** among those who are treated. It should be noted that 20.7% would have pending charges, trials or sentences and 18.1% would have been in prison t some point in their life.

RECOMMENDATIONS

- The fact that the majority of the sample is of working age implies that it is necessary to have a special impact on the keeping of the job or the **reintegration into the labour market,** as well as on enhancing employability with the objective of favouring and consolidating the process of insertion of people on treatment. Taking into account the interval of years between a person beginning the use of the main substance and the demand for treatment, **it is necessary to continue with preventive strategies,** but also to promote early detection, both in the field of health (Primary care, specialists, emergency services, etc.), as well as in the workplace, school, family and community, so that the period up to the start of treatment can be shortened.
- It is recommended that **support resources** be introduced to facilitate access to and continuity in the treatment of addictive disorders for women with family and labor burdens, such as day care, hourly adjustment, economic aid for women with no or low resources on treatment, support figures in the care of the elderly and people with functional diversity, in-patient support resources for specific treatment of women, and others.
- It is necessary to raise within Proyecto Hombre **an in-depth analysis on the impact that abuses of any typology suffered by women** can have on the subsequent use of drugs and what incidence this aspect has on the treatments, as well as on the development of models and procedures specific to the needs of women.
- **Intervention in the socio-family environment** should be taken into account in the design, development and evaluation of different prevention and treatment programmes. Having an adequate socio-family environment is both a factor of protection against addictions and a facilitator of the therapeutic process.
- **Education and employment are strategic factors in the process of social and labour insertion of people with problems of addiction.** Therefore, it should be developed at the individual level (within the personal intervention plan), but also of a set of action programmes that allow implementing the socio-labour integration

Córdoba Proyecto Hombre.

of the people who are undergoing treatment (diagnosis, orientation and training plan, support for job search and follow-up).

In this regard, it should be noted that **Proyecto Hombre has been involved since March 2016 in the INSOLA Project,** which aims to facilitate the socio-labour integration of people with addiction problems. This project, co-financed by the European Social Fund, represents an innovative commitment to the socio-labour insertion of disadvantaged people who are being treated for an addictive problem, in order to increase the level of education and job training, to develop new skills for facilitate access to employment, and to help maintain the employment of those who already have it.

- Given the high percentage of cases with possible psychiatric disorders added to the problem of addiction, there should be a comprehensive and parallel attention to addictions and psychiatric disorders. In this case, **coordination with the public mental health network** is fundamental, both for the effective determination of the diagnoses and for the treatment and follow-up of these pathologies, as well as the educational-therapeutic process when dealing with addictions.
- In view of the low percentages of people starting treatment motivated by the judicial system or who are on parole when they are treated, **the implementation of alternative measures to imprisonment must be encouraged** for treatment to be carried out, facilitating reincorporation into society as active members.
- At the same time, and considering that one in five people who start treatment has pending cases, it would be advisable to have a **legal advisory service** that allows them to make compatible this type of responsibility with the treatment of addiction and the process of social rehabilitation.

J.R.S.

Interpretations

5

The data presented here provides a compelling and fascinating insight into a period in the development of an extremely complex and extensive organisation. Complex, because the therapeutic community methodology upon which the work of Proyecto Hombre is founded is, in and of itself, a complex, multi-dimensional approach to changing behaviours. In the case of Proyecto Hombre, this founding methodology has been complemented with a range of other evidence-based strategies and treatment interventions designed to adapt the core methodology to meet the needs of a diverse population of people in need. Extensive, because Proyecto Hombre offers services (of many kinds) across the whole of Spain in both urban, small town and rural settings. These services touch the lives of a broad range of people in distress; both through their own use of substances or through the substance using behaviours of a loved one.

Exercises of this kind can, of course never be more than a brief snapshot, a moment in time; but they can provide vital information about the nature of the work, the changes which might be required to the organisation's approach and, more widely, to the trends in substance use across the whole nation.

A number of aspects of the data are worthy of note. The average age of the clients seen is somewhat higher than that recorded in national surveys both in Spain and other European countries; although it is not dissimilar to the ages recorded by other European therapeutic communities.

In part, this may simply be a reflection of the national referral structure. A significant number of the services provided by Proyecto Hombre are residential therapeutic communities. In most European countries (and there does not appear to be any reason to suspect that this is any different in Spain), there is a strong belief that residential services are expensive and must therefore be used as the intervention of last resort. This view results in a funding and delivery structure which ensures that only those whose behaviour is seriously self-destructive and chaotic (and who have proved this by consistently failing in the ambulatory services in which they have been enrolled) are referred to a residential option. The two consequences of this are that in a significant number of cases, substance users arrive at residential treatment much later in their substance 'career' and that they are generally much more damaged by their experience.

In truth, the argument that residential rehabilitation is a more expensive option does not really stand up to serious scrutiny. The few studies which have been undertaken often fail to take into account the non-treatment costs of ambulatory interventions where clients will often continue to be a drain on public resources such as housing, health presentations, police time etc. Most studies also fail to factor in the savings which result from an abstinence-based outcome rather than a continuing need for ongoing medical and social care over many years (see: Yates, 2010 for a summary of comparative cost benefit studies). Moreover, whilst opioid replacement therapy – the treatment of first choice in most European countries – has a strong evidence base in terms of its reduction of illicit drug use and criminal activity, these activities are, in the majority of cases, reduced rather than eliminated and this results in ongoing costs to society.

A further aspect of the dataset presented here which is of great interest is the wide range of substances used; either individually or in combination. As with many other therapeutic communities around Europe, presentations by those with opiate addictions have either stabilised or reduced whilst presentations involving the use of alcohol, cocaine and cannabis have become the major issue. This is of interest not simply in terms of overall trends but as an indicator of changes required in approach.

Unlike opiates (predominately street heroin), these drugs are to a greater or lesser extent socially acceptable. Indeed, alcohol is – for most people and at most times – legal[1]. This fact alone has implications for the development of the after-care elements of the programmes provided. At one time, after-care services could consist of advising the programme-completer to avoid this particular area and these particular types of people. Where the primary drug of misuse is alcohol (or to a lesser extent, cocaine and cannabis), simply avoiding certain areas or people is not really an option.

1 The issue of legality is complex but at its root, all (or almost all) psychoactive substances are proscribed in some way in developed countries. Heroin is legal if prescribed by a doctor for post-operative pain. Alcohol is illegal if the consumer is below a certain age – or about to fly a plane!! The issue is of course the extent of the proscription and that is largely the product of social attitudes and political expediency.

In-treatment aspects are also affected. Whilst long-term users of opioids will characteristically present in poor physical health, their intoxication levels are likely to have been reasonably consistent. With cocaine (or crack) users – and to a slightly lesser extent, binge drinkers – the physical experience of "sometimes sober, sometimes smashed" will present quite different problems, both physically and psychologically. In addition, physical withdrawal from alcohol (and benzodiazapines) is far more complex than with opiates and will last over a longer period of time. This will have particular implications for the restoration of normal sleep patterns, for instance.

The wide range in both ages of clients and the types of substances used would seem to be a testament to Proyecto Hombre in terms of both its acceptability and accessibility to a diverse client group. This is a difficult element of service provision to get right and many organisations fail completely to achieve this. In particular, Proyecto Hombre has maintained a high ratio of women to men over a number of years; even narrowing the gap slightly. The women clients/residents in this survey show high levels of abuse (sexual, emotional and physical). This is consistent with findings in a number of European studies and was first noted in the BIOMED II study in 2002 (Eley-Morris et al, 2002). These experiences result in high levels of PTSD symptomatology amongst this group and suicidal ideation and self-harming behaviour are commonly encountered. All of which will require adjustments to the therapeutic community modality and complementary expertise.

Overall, the picture provided here is that of a diverse and competent organisation offering complex and comprehensive services to a wide range of substance users and their immediate families. The high take-up rate would suggest that Proyecto Hombre is a trusted and respected service for this group of socially dislocated people and that the services provided are likely to be required for many years to come.

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J.R.S.

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

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