

Spain

Spain Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Spain, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

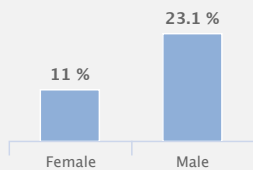
THE DRUG PROBLEM IN SPAIN AT A GLANCE

Drug use

"in young adults (15-34 years) in the last year"

Cannabis

17.1 %



Other drugs

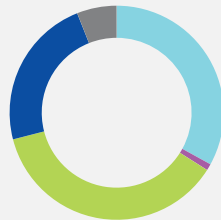
MDMA	1.3 %
Amphetamines	1 %
Cocaine	3 %

High-risk opioid users

70 471
(48 102 - 92 840)

Treatment entrants

by primary drug



Opioid substitution treatment clients

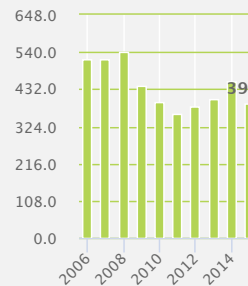
59 264

Syringes distributed

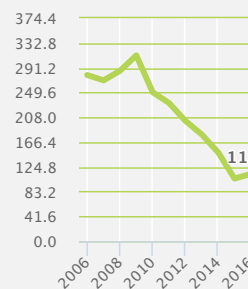
through specialised programmes

1 435 882

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

405 348

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cannabis resin
2. Herbal cannabis
3. Cocaine
4. Amphetamines
5. Heroin

Population

(15-64 years)

30 720 535

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

National drug strategy and coordination

National drug strategy

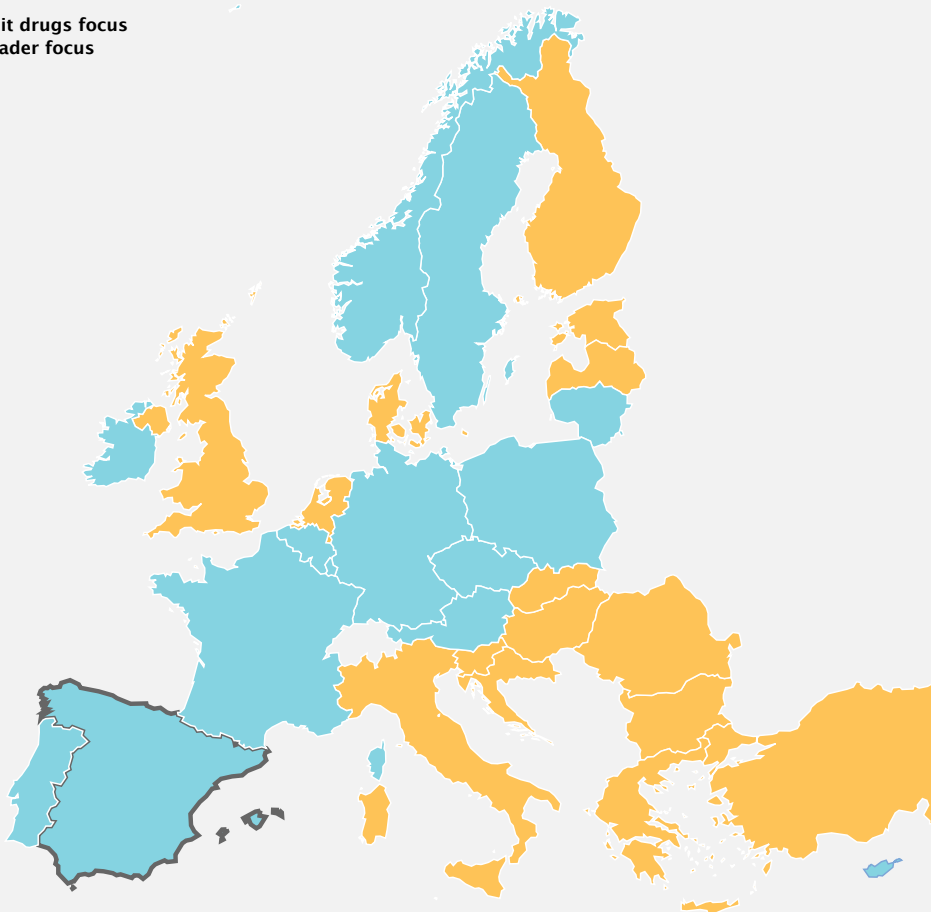
The Spanish National Strategy on Addictions (2017-24) addresses illicit drugs, new psychoactive substances, other substances (alcohol, tobacco and medicines) and behavioural addiction. The strategy's objectives include delaying the age of first contact with dependence-producing substances and behaviours, reducing their availability and prevalence, and reducing associated harms.

The strategy is built around two basic goals, which are developed in several sub-goals. The first goal seeks to achieve a healthier and better informed society by diminishing drug demand and the prevalence of addictions as a whole. This includes prevention and risk reduction; integrated and multidisciplinary care; harm reduction; and social integration. The second goal aims to achieve a safer society by diminishing drug supply and controlling those activities that could lead to addiction. This includes supply reduction, review of legislation, and judicial and law enforcement cooperation at both national and international levels. The strategy will be implemented through two consecutive four-year action plans, for 2018-20 and 2020-24.

Like other European countries, Spain evaluates its drug policy and strategy using ongoing indicator monitoring and specific research projects. A mixed-method final internal evaluation of the National Strategy on Drugs (2000-08) was completed in 2008 and examined the strategy's implementation. In 2012, an internal evaluation of the 2009-12 action plan and, in 2014, a mid-term evaluation of the 2013-16 action plan were completed by the Government Delegation for the National Plan on Drugs. A final evaluation of the 2013-16 action plan and final multi-criterion internal and external evaluations of the National Strategy on Drugs (2009-16) were completed in 2017 in the context of the development of the new strategy.

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

At the national level, the Spanish Council for Drug Addiction and Other Addictions is responsible for inter-sectorial collaboration. It seeks to improve the development and implementation of policies and actions related to illicit drug and other addictions. The Government Delegation for the National Plan on Drugs is the national drug policy coordinator. The Delegate's office is a directorate of the Ministry of Health, Social Services and Equality. It coordinates the institutions involved in delivering the drug strategy at central administrative, regional/autonomous community and local levels.

The Sectoral Conference on Drugs facilitates cooperation between central government and the administrations of the autonomous communities and cities. Chaired by the Minister for Health, Social Services and Equality, it is made up of representatives of the central administration and the regional ministers of the Departments of the Autonomous Regions. The Communities Commission on Drugs, chaired by the Government Delegate for the National Plan on Drugs, reports to the sector conference, which is made up of all the deputy directors-general of the Government Delegation and those responsible for the regional drug plans (commonly known as regional drug commissioners). There is a drug commissioner in each of the 17 autonomous communities and in the two autonomous cities (Ceuta and Melilla). They communicate with the Government Delegation through their participation in the Inter-autonomic Commission and the sector conference, and each has an organization that is responsible for the autonomous community drug plan.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

In Spain, the National Strategy on Drugs and the action plans had associated budgets, but actual expenditure was not reviewed. A 2002 study looked at the social costs of drug use and included an estimate of drug-related expenditure. The study did not, however, distinguish between public and private expenditure.

The Spanish authorities provide annual partial estimates of drug-related public expenditure by central government and by the autonomous communities and cities. However, the estimates do not cover all sectors and include labelled and unlabelled expenditure. Comparability over time is limited because reporting entities and data collection methods have changed.

In 2013 and 2014, drug-related public expenditure was estimated to represent 0.03 % of gross domestic product. Most of the total of approximately EUR 333 million (about 65 %) was spent by the autonomous communities and cities, while the remaining 35 % was spent by the central government. In 2012, the autonomous communities spent more than four fifths of their expenditure on treatment, while the rest was spent on prevention, research and institutional cooperation. Estimates for the total expenditures of local governments are not available. The available information does not allow the total amount or trends in drug-related public expenditures to be reported.

Drug laws and drug law offences

National drug laws

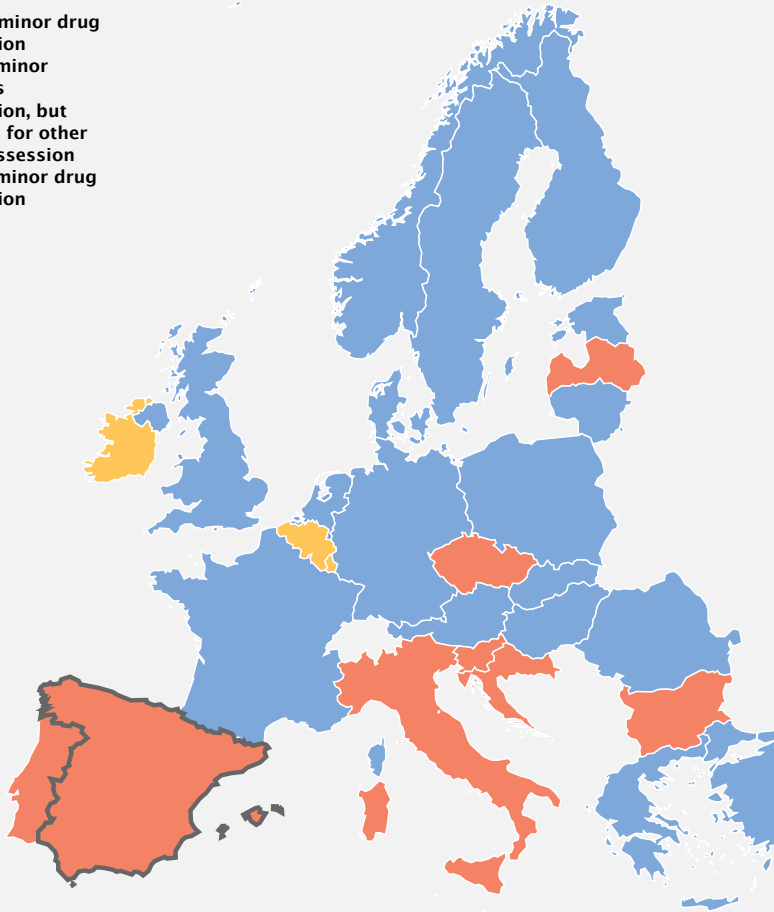
In Spain, consumption or minor personal possession in public places is deemed a serious order offence, punishable by administrative sanctions, with fines of EUR 601 to EUR 30 000 (Law on the Protection of Citizens' Security (2015), Article 36). For minors, the fine can be suspended if the offender voluntarily attends treatment, rehabilitation or counselling activities.

Drug trafficking offences and penalties are defined in the Criminal Code, Articles 368-378. Penalty ranges are determined by the seriousness of the health damage associated with the drugs involved and any aggravating or mitigating circumstances that may exist, such as selling to minors or the sale of large quantities. Prison sentences ranging from one to three years can be imposed if the drugs do not cause serious damage to health, and can be up to six years if they do. When aggravating circumstances exist, penalties can be up to 21 years in prison. In all cases, a fine is also imposed and substances, instruments of crime and profits are confiscated; disqualification from professions is also an option. Both legal entities and individuals may be punished. Under Article 376, prison sentences (of up to five years) may be reduced if an offender who was dependent on drugs at the time of the crime successfully completes detoxification treatment. With regard to 'cannabis social clubs', in 2015, the Spanish Supreme Court clearly stated that 'organised, institutionalised and persistent cultivation and distribution of cannabis among an association open to new members is considered drug trafficking'.

New psychoactive substances are controlled by adding them to the lists of substances subject to the Law on the Protection of Citizens' Security and the Criminal Code, as above.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

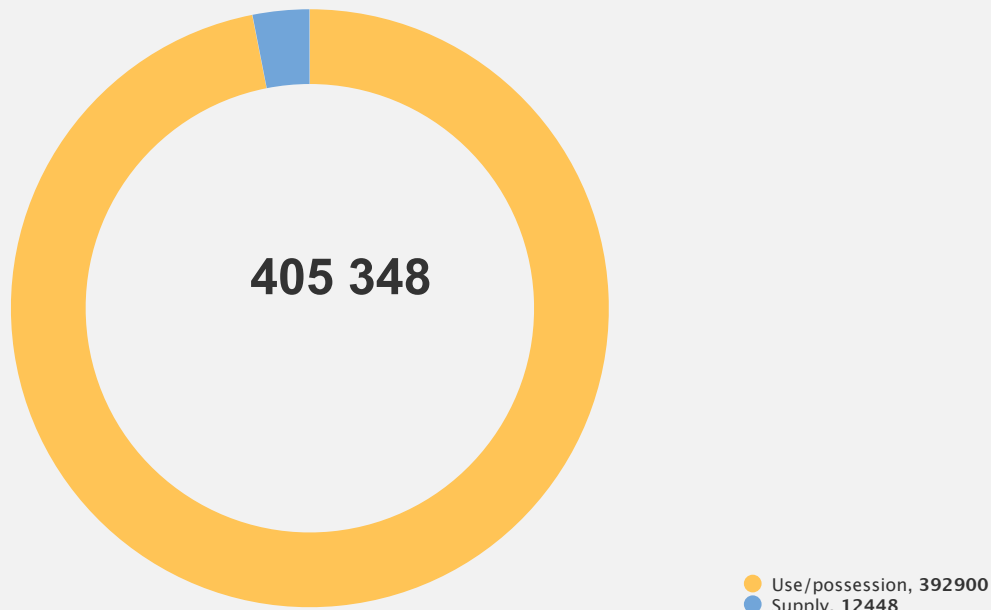
Drug law offence data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In Spain, the overwhelming majority of drug law offenders are charged with possession-related offences against the Law on the Protection of Citizens' Security, while the remainder are charged with with cultivation, preparation or manufacturing or illicit trafficking crimes under the Criminal Code. In 8 out of 10 cases, charges are associated with cannabis.

Reported drug law offences and offenders in Spain

NB: Year of data 2016.

Drug law offences



Drug use

Prevalence and trends

The prevalence of use of illicit substances in Spain has been relatively stable over the last few years, with approximately one third of the adult population reporting lifetime use of an illicit substance. Cannabis, followed by cocaine, is the most commonly used drug, with use mainly concentrated among adolescents and adults younger than 35 years. However, the latest available data from a 2015 general population study confirm that the prevalence of use of both substances has declined in the last 10 years.

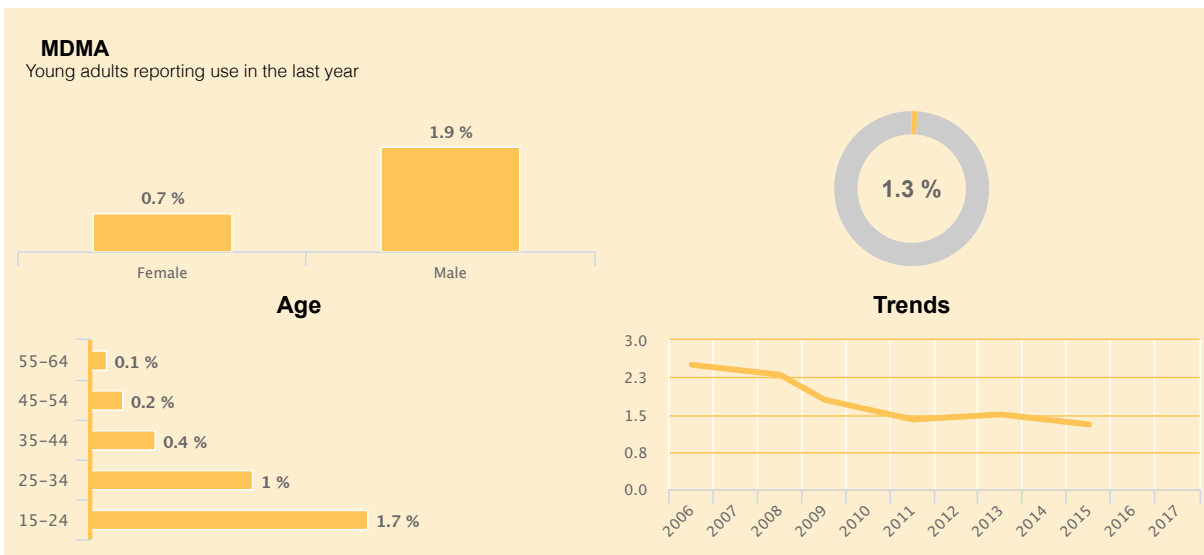
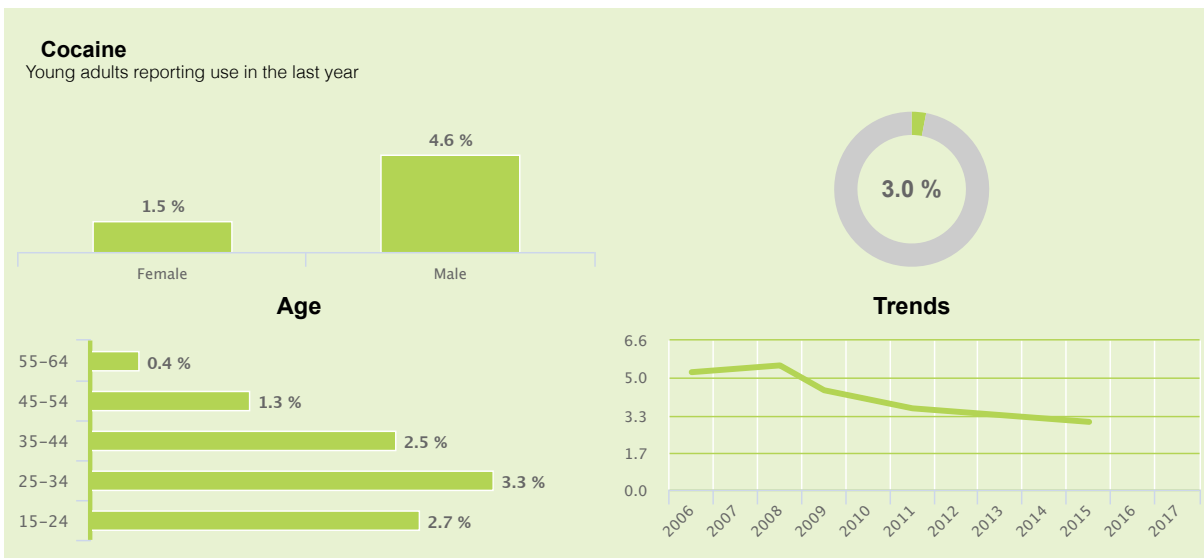
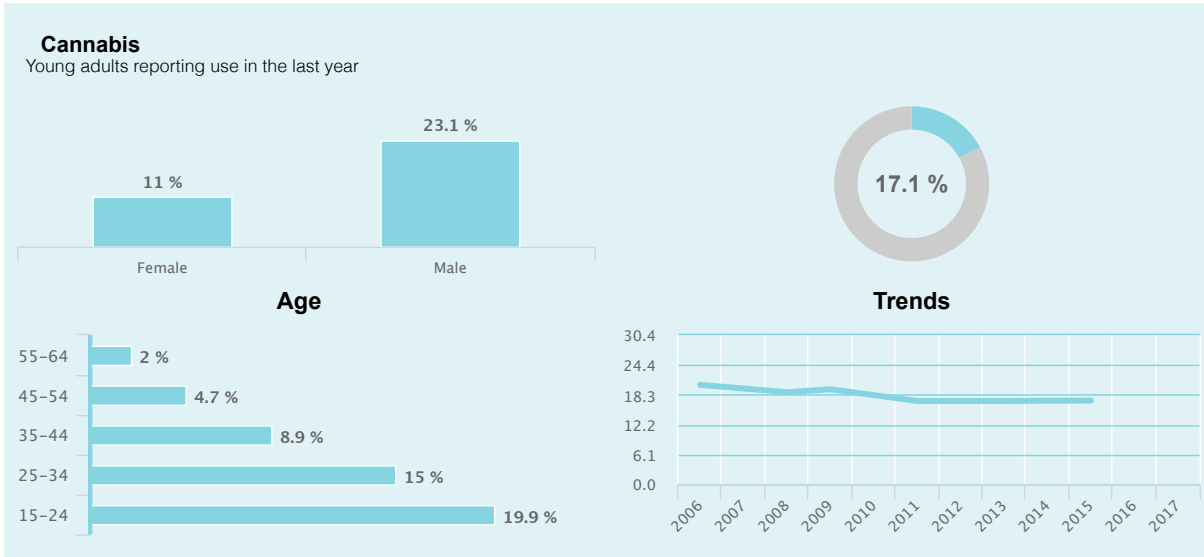
The use of all illicit substances remains more prevalent among males than females.

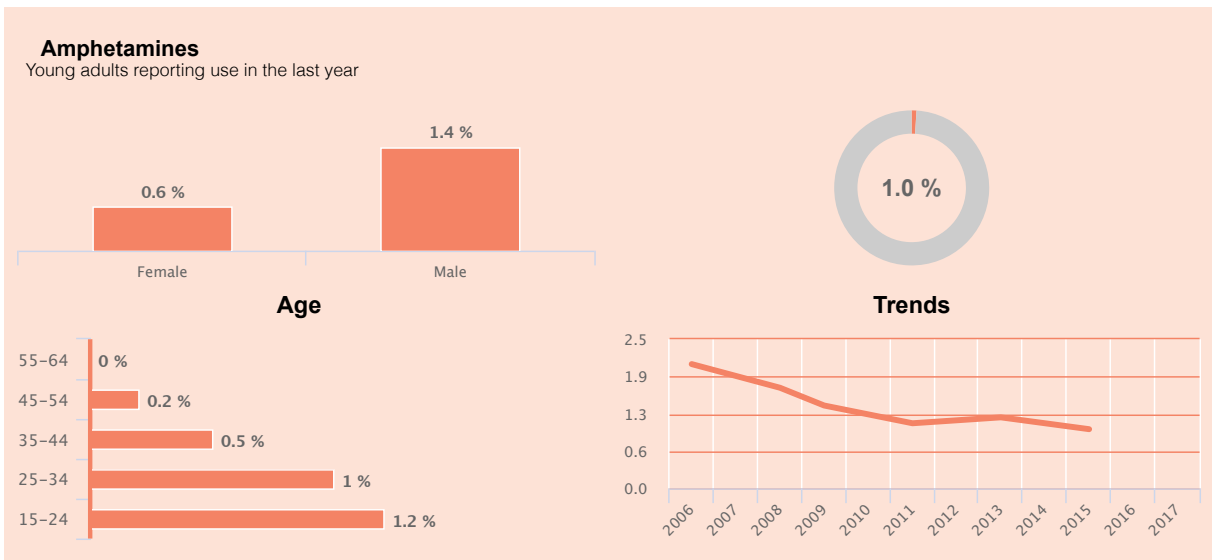
The prevalence of the use of new psychoactive substances (NPS) has remained stable since 2011, with about 3.4 % of adults in the 2015 study reporting ever having used NPS. Most NPS users are young males with patterns of experimental polydrug use. In general, polydrug use remains a very common consumption pattern, especially among those aged 18 and over.

Four Spanish cities (Barcelona, Castellón, Santiago and Valencia) participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The results of the 2017 study on stimulant drugs revealed high levels of cocaine metabolites in wastewater samples from all cities studied, higher than the levels reported in some other European cities participating in the study. In addition, Barcelona recorded an increase in MDMA/ecstasy, amphetamine and methamphetamine residues between 2011 and 2017. A common pattern across the monitored cities was increased use of cocaine and MDMA at weekends.

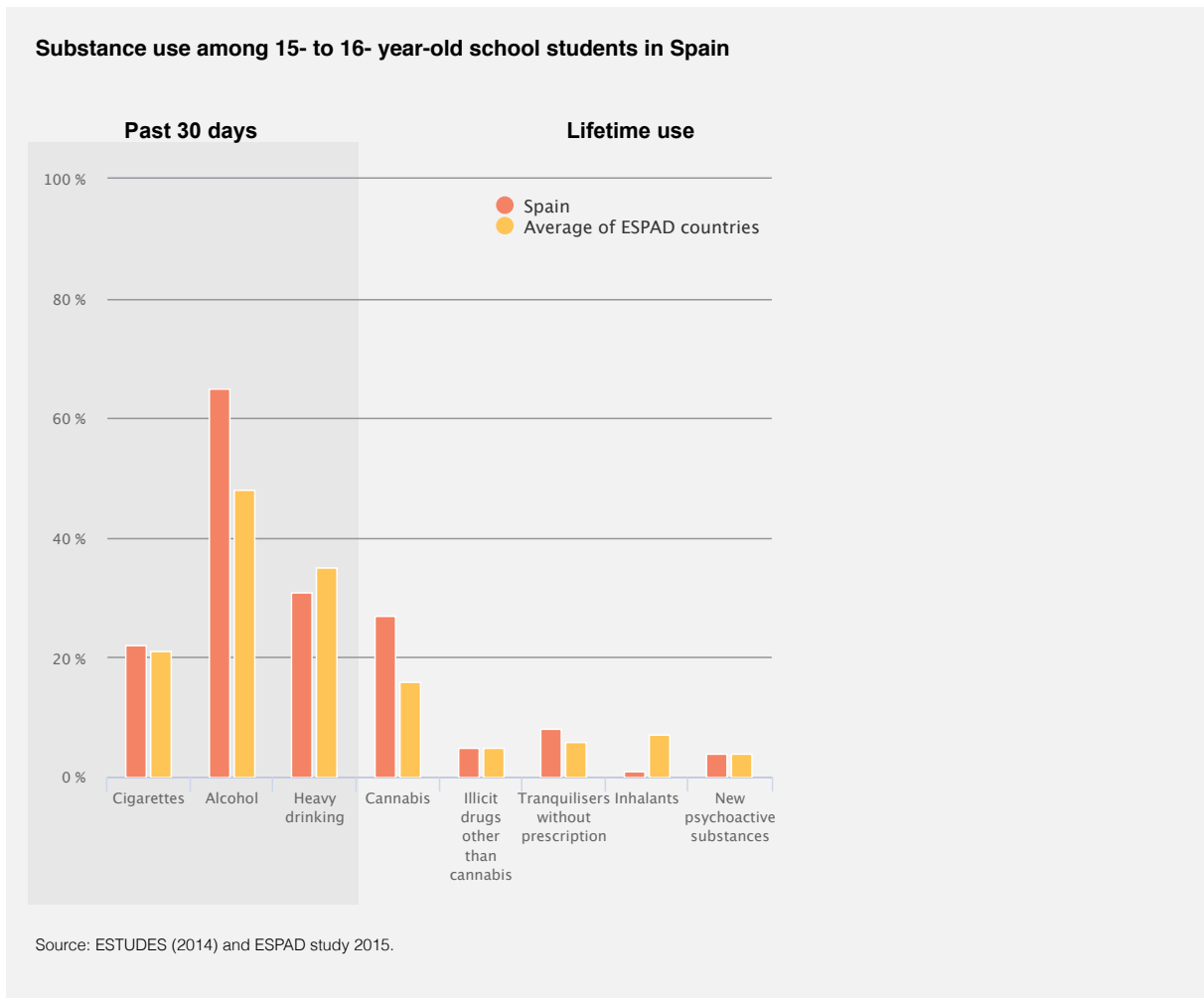
Data on drug use among 14- to 18-year-old students come from the Spanish Survey on Drug Use in Secondary Schools (ESTUDES), which has been conducted every second year in Spain since 1994. The 2016 study confirmed that the most commonly used illicit substance is cannabis, with about 3 out of 10 students admitting to having used it in the past. No changes were observed in the proportion of students who had used cannabis in the preceding 30 days (18.3 % in 2016; 18.6 % in 2014; 16.1 % in 2012). Lifetime prevalence rates for use of other illicit drugs among students remain well below that for use of cannabis. ESTUDES also supplies data to the European School Project on Alcohol and Drugs (ESPAD), and the 2016 data indicated that prevalence of lifetime cannabis use among Spanish students aged 15-16 years was higher than the ESPAD average (35 countries).

Estimates of last-year drug use among young adults (15-34 years) in Spain





NB: Estimated last-year prevalence of drug use in 2015.



High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

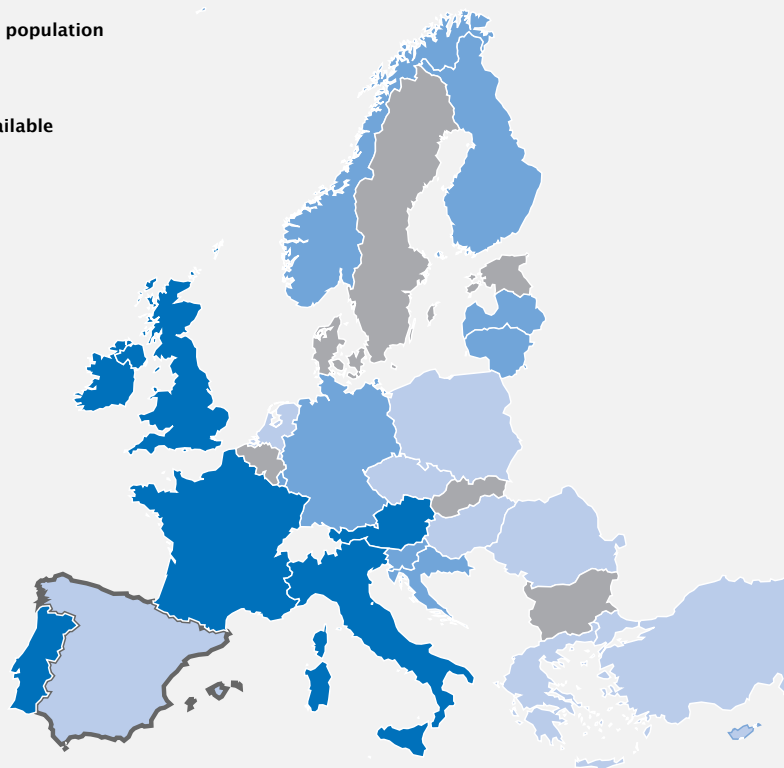
In Spain, heroin remains the main substance linked to the most serious adverse health and social consequences, such as drug-related infections. The estimated number of high-risk heroin users has shown a decreasing trend between 2010 and the latest estimate in 2015. The number of high-risk cocaine users in Spain has been falling since 2009. Injecting drug use has also declined in the last 30 years among those admitted to treatment.

Data from specialised treatment centres indicate that cocaine remains the substance resulting in the highest number of treatment entries, while the number of first-time clients reporting cocaine as the primary substance of use has decreased. Only a small proportion of cocaine users entering treatment reported injecting drug use. Further data from treatment centres indicate that cannabis has progressively become the main primary substance among those who enter treatment for the first time. This corresponds to the findings of the last general population study, while the 2014 ESTUDES indicated a slight decline in daily cannabis use among students.

National estimates of last year prevalence of high-risk opioid use

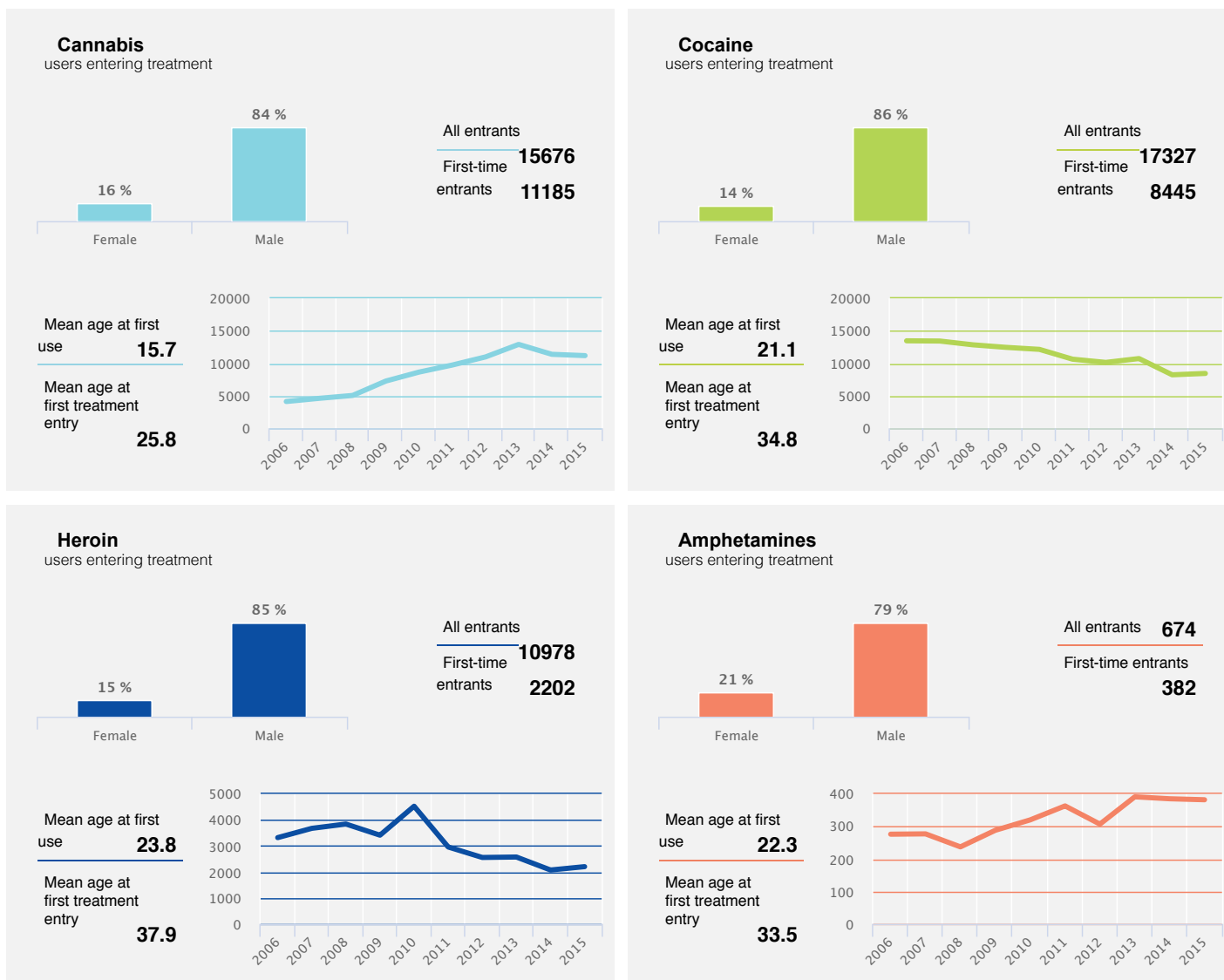
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

Characteristics and trends of drug users entering specialised drug treatment in Spain



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

In the last 20 years, human immunodeficiency virus (HIV) infection has represented one of the main health problems associated with drug use in Spain. However, since the end of the 1990s, a significant decrease has been observed in HIV infection associated with injecting drug use.

Prevalence of HIV and HCV antibodies among people who inject drugs in Spain (%)

region	HCV	HIV
National	66.5	31.5
Sub-national	:	:

Year of data: 2015

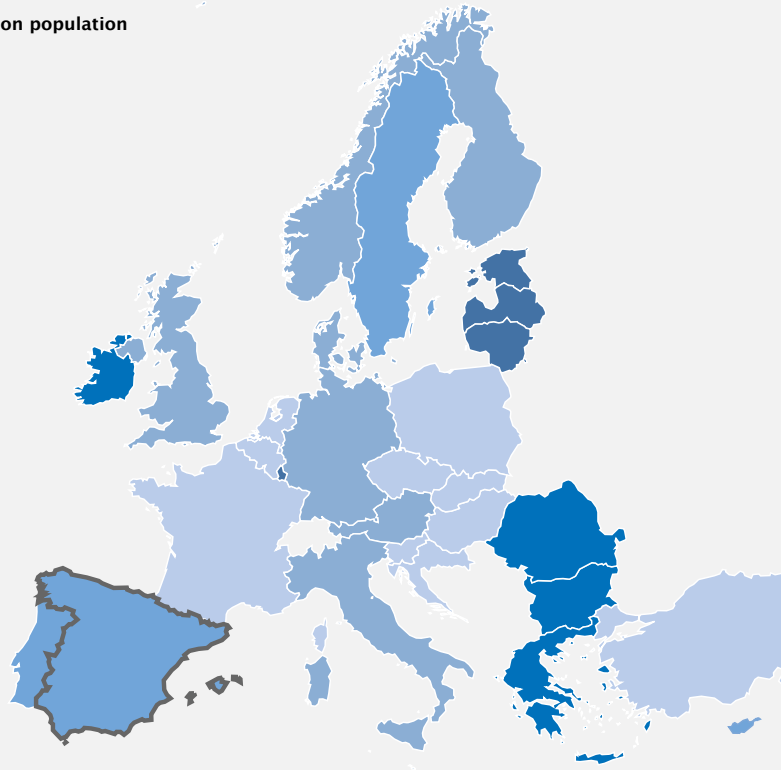
Information on HIV, hepatitis C virus (HCV) and hepatitis B virus (HBV) infection among people who inject drugs (PWID) at the national level in Spain is routinely collected through the treatment demand indicator and is based on self-reported serological status among those who have injected drugs in the past 12 months. In general, around three quarters of clients knew their HIV or HCV status, while only one third were aware of their HBV status. HCV is the most common drug-related infectious disease among Spanish PWID. Although the incidence of HIV infection remains low, in 2015, approximately one third of PWID who entered treatment in Spain indicated that they were HIV positive. A recently published cohort study reported that up to three quarters of PWID are HCV positive

(as determined by the presence of anti-HCV antibodies). With regard to HBV, around one in eight of those admitted to treatment who injected drugs and knew their serological status indicated that they were HBV positive (HBs Ag), that is, chronically infected carriers of the hepatitis B virus.

Newly diagnosed HIV cases attributed to injecting drug use

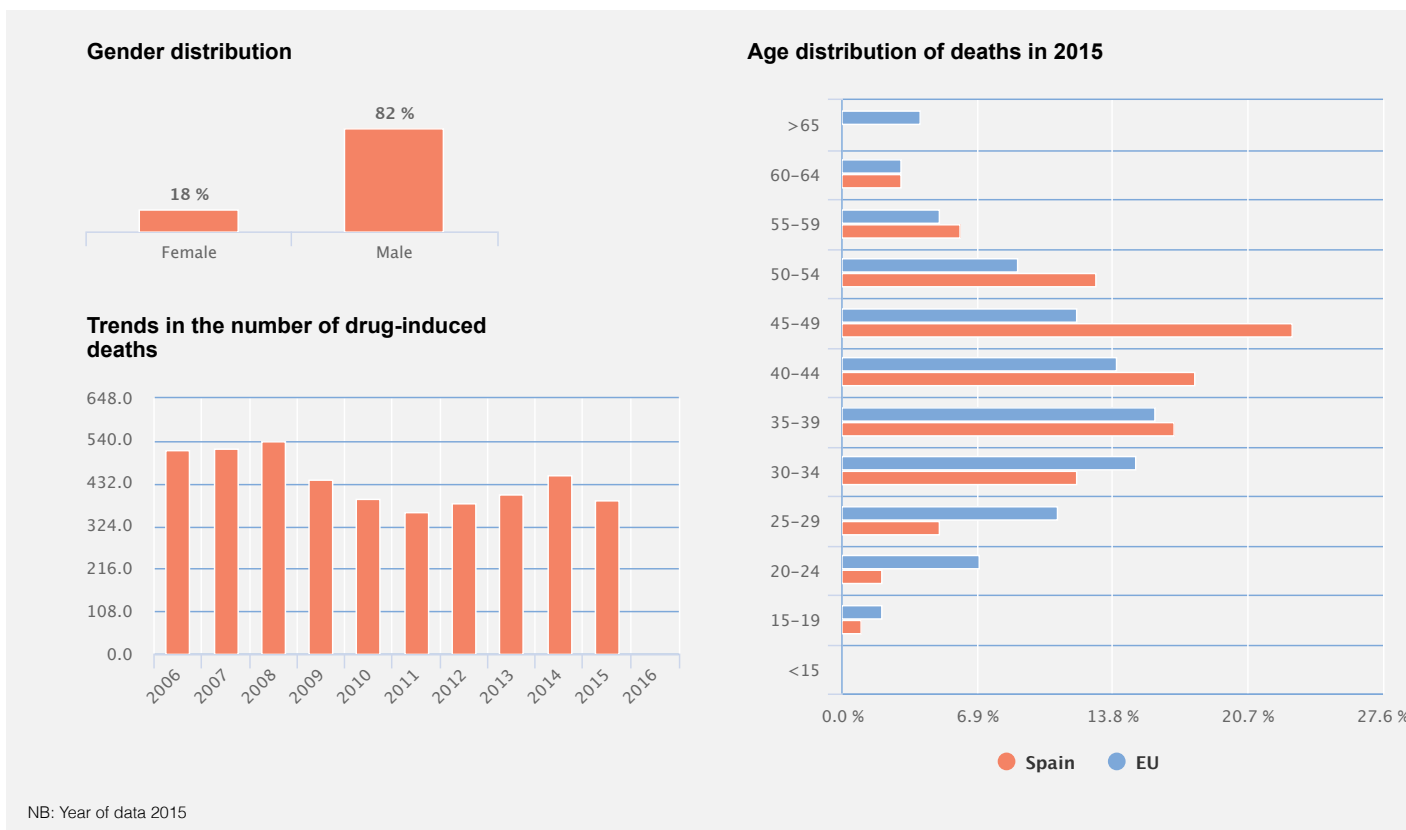
Cases per million population

- <1.0
- 1.0–2.0
- 2.1–3.0
- 3.1–8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Spain



Drug-related emergencies

Information on drug-related emergencies in Spain originates from the National Plan on Drugs, which was introduced in 1987 and monitors hospital emergencies directly caused by non-medical use of psychoactive substances among 15- to 54-year-olds. In 2015, a total of 5 238 emergency episodes related to drug use were notified, continuing the rather stable trend seen over the previous five years. Cocaine was the substance most frequently reported as the cause of the emergency episodes, followed by cannabis. The proportion of cannabis-related emergency episodes continues to show a clear upward trend since 2000, while the proportion of heroin-related intoxications fell by a factor of 3 during the same period. Amphetamines and MDMA/ecstasy were less common causes of drug-related emergencies in Spain in 2015; however, there are some indications of an upward trend in the last five years.

Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

The 2015 data extracted from the General Mortality Register showed a rather stable trend over recent years. The Special Registry, based on forensic and toxicological sources, reflects this trend and indicates stable figures for drug-induced deaths in the last six years, with 600 drug-induced deaths reported in 2015. According to the available toxicological results, in 9 out of 10 cases, the presence of more than one psychoactive substance was detected, in line with other drug-related data, which indicate that polydrug use remains common in Spain. Opioids, followed by cocaine, were found in the majority of deaths; however, there has been a decrease in the proportion of deaths attributed to both substances in recent years. Most victims were male and more than half were older than 40 years, which reflects the ageing of the cohort of Spanish heroin users.

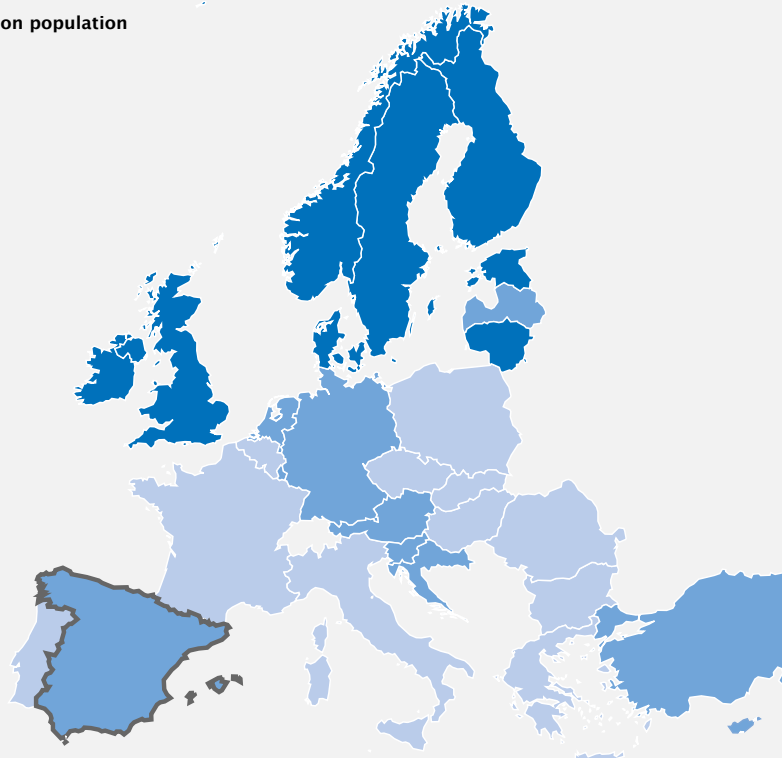
Data from a recent mortality study in Spain suggest that 4 out of 100 overdoses among 18- to 30-year-old heroin users are fatal. Another study examined mortality among a cohort of cocaine users admitted for treatment in Spain. The results indicate that the age-standardised mortality rate among those who use cocaine and heroin, or only cocaine, is higher than that of the general population.

The drug-induced mortality rate among adults (aged 15-64 years) was 12.7 deaths per million in 2015, which is lower than the latest estimated European average of 21.8 deaths per million.

Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



"NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes."

Prevention

In Spain, drug prevention is a priority in the National Strategy on Addictions 2017-24, which provide an organisational and financial framework at the national level and at the level of the autonomous communities through autonomous community drug plans and municipal drug plans. Community-based programmes may also receive funding from the fund of assets seized from illegal drug trafficking and other related offences, and, occasionally, from foundations. The main features of the prevention policy are a focus on both licit and illicit substances, strong cooperation with the educational system and the recent increase in interventions in selective and indicated prevention. Prevention activities at the grassroots level are mainly implemented by non-governmental organisations, funded through public calls or tenders.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In Spain, the introduction of environmental prevention measures, such as limiting access to alcohol, is the responsibility of the autonomous communities. Environmental interventions focus on promoting changes to and safety in the nightlife environment, addressing drunk driving and preventing alcohol consumption among minors, while a number of activities are also carried out to limit retail-level trafficking of illicit drugs in schools and leisure zones.

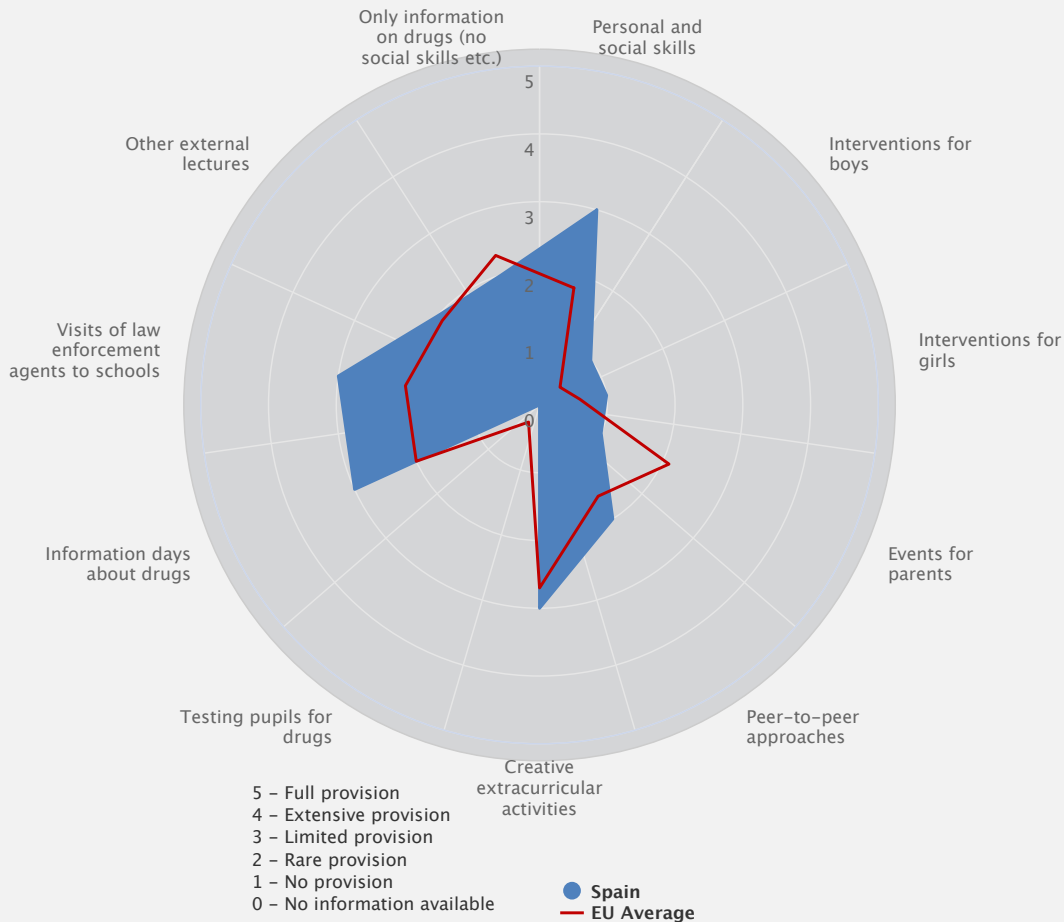
Universal prevention in Spain is mainly implemented in the educational sector, and it is focused on the development of personal and family competences and skills. Reports from the autonomous communities indicate a decrease in school-based programmes in recent years, while the number of family-based interventions has increased. In the educational environment, a wide variety of manual-based prevention programmes in classrooms are used, and extracurricular activities and training are available. Few of these have been evaluated so far. Community-based prevention programmes organised by health centres are becoming increasingly available in schools and mainly focus on information provision through a range of support materials. Schools provide educational talks for parents, distribute materials, and offer orientation and guidance services and informal courses. Increasing numbers of online 'parents' schools', which inform parents about drugs and give advice about parenting skills, are available. An initiative for family-based prevention, Prevención Familiar, has been set up as a mutual empowerment initiative with parents' associations, providing materials for

professionals and families. Prevention programmes in universities have emerged in recent years and focus mainly on information provision and awareness raising, using peer education methods or online delivery. Universal community-based prevention programmes are largely provided through alternative leisure programmes in youth clubs, sports centres, schools and community centres, and activities are recreational and sports related. Programmes conducted in places where drug use is common, such as bars, nightclubs and music concerts, are carried out by peer mediators, who work to identify problem cases and to provide information and advice about drugs and their various forms of use. Environmental approaches in this setting are rare. Some autonomous communities implement programmes such as Platform for Quality Leisure in the Balearic Islands, Q for Quality in Catalonia and Responsible Serving of Alcoholic Beverages in Castilla and Leon.

Selective prevention activities focus on young people in disadvantaged neighbourhoods and those in specific educational or residential centres. Selective prevention programmes for families at risk and female former drug users with children and specific programmes for ethnic minorities, young people with drug use problems and families affected by drug use are also available.

Indicated prevention activities in Spain are frequently associated with selective prevention activities and address both vulnerable young people and families, aiming to alleviate risk and promote protective factors at an individual level. For example, Empecemos (Let's Begin) is a well-researched indicated prevention programme with promising long-term outcomes for disruptive children in Galicia. Several autonomous communities have reported prevention activities focusing on under-age offenders with drug use problems.

Provision of interventions in schools in Spain



NB: Year of data 2016

Harm reduction

The reduction of drug-related risk and harm caused by the use of substances with addictive potential as well as by behavioural addictions has been one of the key objectives of national drug policy documents for more than a decade. In the 4th Strategic Plan for the Prevention and Control of HIV Infection and Other Sexually Transmissible Infections 2013-2016, people who inject drugs (PWID) were also identified as a priority population. National priorities for the prevention of infectious diseases among people who use drugs include support for needle and syringe programmes (NSPs), voluntary counselling and testing for infections, and hepatitis vaccination programmes.

Harm reduction interventions

Harm reduction services are provided by a large network of public facilities, including social emergency centres, mobile units, pharmacies and prisons. According to the evaluation report on the National Strategy on Drugs (2009-16), harm reduction programmes are available throughout Spain, although with varying service profiles in the different autonomous communities.

Most harm reduction programmes include a socio-sanitary service that offers preventive educational interventions, clean needles and syringes and other paraphernalia, testing for drug-related infections, vaccination against hepatitis A and B viruses, and emergency care and assistance for PWID, who are not usually in contact with any assistance intervention. Overdose prevention activities are provided in 7 of the 19 autonomous communities and cities.

In 2015, public NSPs in Spain distributed more than 1.4 million syringes, continuing a long-term declining trend that started in 2005. The drop in the number of syringes distributed is thought to be the result of a reduction in the size of the cohort of opioid users and in the prevalence of injecting drug use in Spain. Thirteen facilities for supervised drug consumption are available in the autonomous communities of Catalonia and the Basque Country. In 2015, these facilities served 3 110 clients.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

In Spain, the overall policy for drug treatment is guided by the National Strategy on Addictions. At the same time, the implementation, management and evaluation of the resources and programmes for providing care for drug users come under the authority of the 17 autonomous communities and two autonomous cities. Each autonomous community is entitled to organise and deliver health interventions according to its own plans, budgets and personnel. Some have integrated treatment for drug use-related problems within primary care units or mental health services, and some have a separate treatment network that retains a connection with the general healthcare system.

As a general rule, care is organised on three levels. The level of primary care acts as a gatekeeper, the secondary level provides integrated treatment services, and tertiary-level care units supply highly specialised and long-term care.

The public sector is the primary provider of treatment, followed by non-governmental organisations and private organisations. Drug treatment is mostly funded by the public budget of the central government, autonomous communities and cities and by some municipalities, usually the big cities.

A specific drug dependence care network is widely distributed throughout the country. Therapeutic provision comprises outpatient and inpatient treatment networks.

The outpatient network includes low-threshold services, mainly operating at the first care level and providing mental health screening for clients, and specialised drug treatment centres, including mental health units, which constitute the backbone of the treatment system, operating at the secondary level. A team of multidisciplinary staff usually manages clients in those settings, providing psychosocial treatment, case management and referral to other services.

The inpatient networks include hospital detoxification units, support apartments for treatment and social reintegration, therapeutic communities and penitentiary centres. In Spain, opioid substitution treatment (OST) is available at about 2 000 specialised outpatient centres, at other health and mental health centres, at inpatient facilities and in prisons. Pharmacies are involved in dispensing medication to patients. Methadone was introduced and licensed as a treatment in 1990, and the treatment is free for clients. Buprenorphine-based medication is offered by the National Health Service, but clients have to contribute to the cost of the medication.

Treatment provision

In Spain, nearly 192 000 drug users received drug treatment in 2015, the majority of whom were treated in outpatient settings. Over the last decade, the number of clients entering treatment each year has ranged between 47 000 and 53 000. Heroin users remain the largest population receiving drug treatment in Spain, many of whom are long-term recipients of OST. The long-term trend indicates that the proportion of people entering treatment as a result of heroin or cocaine use has declined over the last 10 years, while a progressive increase in cannabis-related demand has been observed; since 2012, the total number of treatment entries due to cannabis use has exceeded those due to heroin use.

Methadone maintenance treatment remains the most frequent form of OST, while combined buprenorphine/naloxone is mainly used at low doses for clients who were stabilised on methadone. In 2015, 59 264 people were prescribed OST in Spain. Since 2002, a declining trend in the number of clients receiving OST in Spain has been reported, which is consistent with other data indicating an overall decline in the number of heroin users in the last two decades.

Drug treatment in Spain: settings and number treated

Outpatient

Specialised Drug Treatment Centres (134091)

Low-Threshold Agencies (28243)

Inpatient

Therapeutic communities (8439)

"Hospital-based residential drug treatment"
(2941)

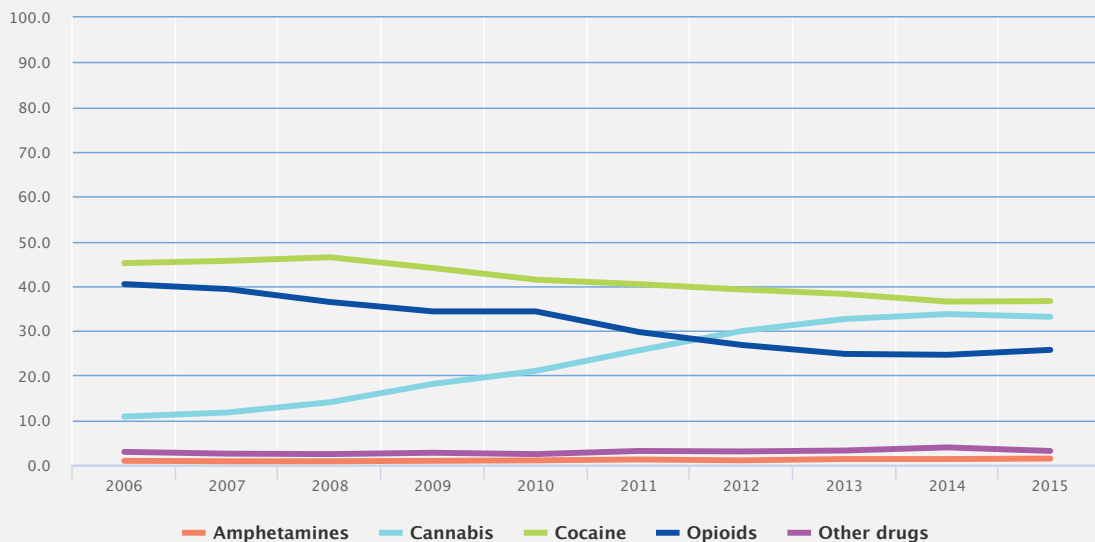
Other Inpatient (956)

Prison

Prison (16293)

NB: Year of data 2015

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Spain

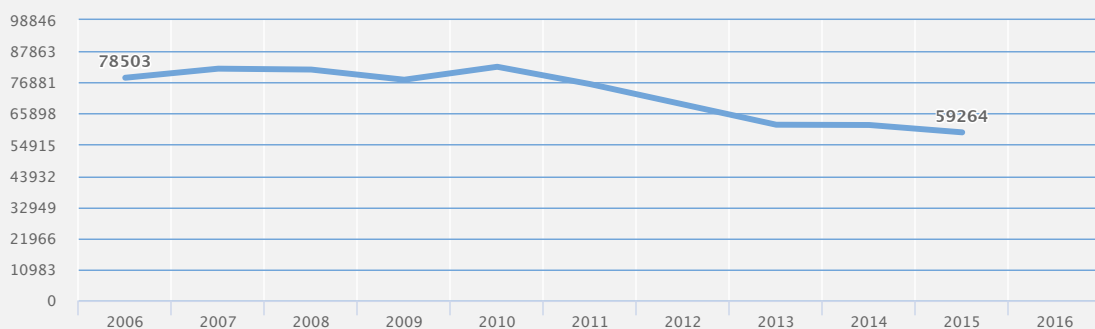


NB: Year of data 2016.

Opioid substitution treatment in Spain: proportions of clients in OST by medication and trends of the total number of clients



Trends in the number of clients in OST



NB: Year of data 2015.

Drug use and responses in prison

The General Secretariat of Penitentiary Institutions of the Ministry of the Interior is responsible for prison administration in Spain, except in Catalonia. Healthcare provision in prisons is the responsibility of the Ministry of the Interior, although in Catalonia and the Basque Country it is provided by the health services of these autonomous communities.

Data on drug use among the prison population originate from four periodical surveys conducted in 1994, 2000, 2006 and 2011. The 2011 survey on drug use among Spanish inmates indicated that around 4 out of 10 inmates had used cannabis during the 30 days prior to imprisonment; cocaine and heroin were the next most commonly used drugs. Around 5 % of inmates had injected an illicit substance during the 30 days prior to imprisonment. Around 2 out of 10 inmates reported cannabis use in prison, while use of other drugs and injecting drug use were much less common. Around one third of those who injected drugs in prison were human immunodeficiency virus (HIV) positive and three quarters were hepatitis C virus (HCV) positive. These studies have identified that polydrug use patterns are common among inmates.

Upon entry into prison, the physical and mental health of a detainee is assessed, and this includes an evaluation of drug use and drug-related problems, drug-related infectious diseases and risk of suicide. Following the assessment, a treatment plan is established and the detainee may be assigned to a relevant programme.

Drug dependency in prisons is addressed through prevention, assistance and social reintegration. Prevention and health education programmes are implemented in all penitentiary centres, including by the health mediators recruited among inmates. Health programmes implemented in prisons include counselling, drug treatment and harm reduction measures. Drug treatment in prisons is provided in partnership with various prison services (health, psychology, safety, etc.), and in close cooperation with services available outside prison, such as drug treatment facilities, social services and non-governmental organisations. Detoxification programmes are available and may be undertaken on an outpatient basis, in a day-care centre or in a 'therapeutic' module. Methadone maintenance treatment (MMT) is an important part of the drug treatment on offer in Spanish prisons. In 2016, almost 8 000 inmates received MMT, with about one quarter receiving MMT combined with psychosocial support. Harm reduction measures available in Spanish prisons include prevention, vaccination and treatment of infectious diseases (HIV and hepatitis), needle and syringe exchange programmes, and the distribution of condoms, disinfectant and aluminium foil. The first needle and syringe exchange programme in a Spanish prison was introduced in Bilbao in 1997, and such programmes are now available in 47 prisons in Spain. In 2016, more than 4 000 syringes were distributed in 20 prisons. Since 2014, overdose prevention programmes have been implemented to address overdose risk inside prison and in the post-release period.

Social reintegration programmes offered in prisons provide people who use drugs with the necessary skills to maintain treatment following release and support their reintegration into society.

Quality assurance

The National Strategy on Addictions includes a transversal area on evaluation and quality. The previous Spanish National Strategy on Drugs (2009-16) and the action plan for 2013-16 included quality as one of their basic principles and determined objectives related to the promotion of quality. The action plan included actions directly related to quality. Action 30 focused on the creation of a portal on good practices, and action 31 on criteria for accrediting demand reduction programmes. The remaining actions had the cross-cutting objective of developing quality criteria in each field of work, for example the recently developed quality criteria for universal family prevention programmes.

Within the scope of action 30, support was provided for the creation of a portal for prevention programmes based on evidence produced by the organisation Socidrogalcohol. Another best practice portal focusing on reducing demand is under development.

Within the scope of action 31 of the action plan, some minimum quality criteria for demand reduction programmes were approved. In addition, the Government Delegation for the National Plan on Drugs was an associate partner in the European Drug Prevention Quality Standards project. Various non-governmental organisations have also initiated processes for promoting best practices for management and work projects, supported by the Government Delegation.

The accreditation for opioid substitution treatment provision is done at national level, while other accreditation systems for treatment centres, harm reduction programmes and some prevention programmes exist in most autonomous communities under the autonomous community drug plans and are usually linked to funding. Evaluation criteria may differ among the communities but, in general, they include aspects such as the justification for the project and the definition of its objectives, target audiences, activities, schedule, etc.

All the autonomous community drug plans provide for training activities for professionals, aimed primarily at municipal prevention technicians and healthcare service professionals. Five autonomous communities have university master's courses on drug addiction and seven have postgraduate courses. The main non-governmental organisations also have continuous training plans for their staff.

Drug-related research

In Spain, the Science, Technology and Innovation Act 14/2011 guides the implementation of public policy on science, technology and innovation, and the organisation of actions to foster and coordinate scientific and technical innovation. The Spanish Strategy for Science and Technology and Innovation 2013-20 defines the general scope and main objectives, while the State Plan for Scientific and Technical Research and Innovation specifies the operational tools and funding instruments required to implement research and development (R&D) activities. The new State Plan for Scientific and Technical Research and Innovation 2017-20, drafted by the

Ministry of Economy, Industry and Competitiveness, has been submitted for public consultation. Projects are funded by the general budget of the central government, through public tenders or calls. The new State Plan for Scientific and Technical Research and Innovation 2017-20 will be implemented through four programmes.

The Government Delegation for the National Plan on Drugs is responsible for directing drug-related research activities. The Spanish Observatory on Drugs and Addictions collects, analyses and disseminates statistical and epidemiological data on drug use. Furthermore, the Government Delegation for the National Plan on Drugs channels funds to research projects carried out both by public and non-profit-making private R&D centres. Nevertheless, universities and research networks are the main actors undertaking drug-related research. Priority areas include basic clinical, social, epidemiological and methodological research. Spanish strategies on drugs have put special emphasis on the promotion of research; on systematic evaluation of programmes and actions; and on the use of evidence to support the design of policies and programmes. National scientific journals and specialised websites are the main channels for disseminating drug-related research findings. The EU-funded Ibero-American Library on Drugs and Drug Addiction had been established, and international cooperation in drug research is in place (e.g. with the US National Institute on Drug Abuse).

Drug markets

Owing to its geographical position, Spain is one of the EU countries most targeted by international drug traffickers, especially for the transit of cannabis resin and cocaine to other European countries. Therefore, actions to discover and dismantle international criminal networks involved in the trafficking of drugs are priorities for the Spanish law enforcement agencies and are carried out through intensifying control in the southern coastal areas and ports for packages of drugs; investigating, discovering and confiscating the proceeds of drug trafficking and money laundering; preventing the distribution of illicit drugs within the country; and fostering international cooperation. In this context, Spain remains one of the European countries reporting large seizures of cocaine and cannabis resin, in terms of both number of seizures and quantities seized. According to information from drug law enforcement agencies, seized cocaine generally originates from Colombia, Peru and Bolivia and arrives in Spain directly or via Central or South American countries by sea, concealed in shipping containers.

Nearly all cannabis resin seized by the Spanish law enforcement bodies comes directly from Morocco or via the Eastern Mediterranean route. However, activity on the latter, which had emerged for the trafficking of cannabis products in recent years, seems to be on the decline. Cannabis is also cultivated in Spain; there are indications that its production has increased since 2009 and is intended to supply local demand for herbal cannabis as well as being trafficked to other EU countries.

Historically, heroin came mainly from Pakistan via the Balkan route, although its dominance has reduced in recent years, with the Southern and Northern routes playing equally important roles. In 2015, the majority of the trafficked heroin was seized from 'human mules' arriving via African countries.

Overall, the number of drug seizures has increased over the past decade, although in 2016 a reduction in the number of seizures was noted. Cannabis products remain the illicit drugs most frequently seized in Spain. An overall decline in cannabis resin seizures has been noted since 2009, with some stabilisation in recent years. Although the annual quantities of resin seized since 2010 have been lower than those reported prior to 2010, an increase in the quantity of herbal cannabis from large-scale seizures has been reported by the Spanish law enforcement agencies.

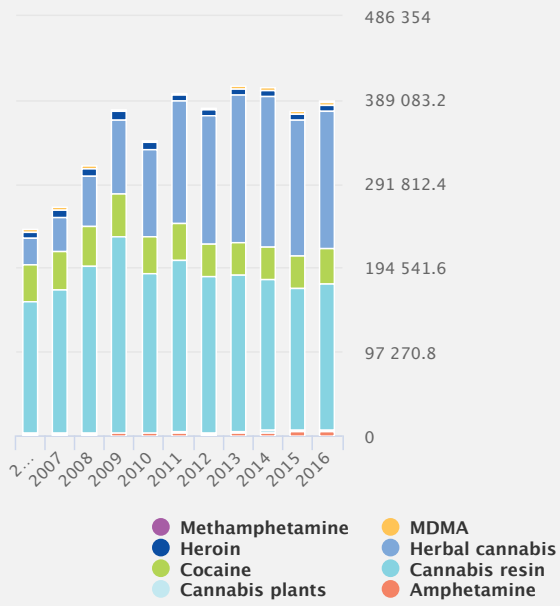
Cocaine remains the second most frequently seized illicit drug, although between 2009 and 2015 a decline in the numbers of cocaine seizures was reported. In 2016, the number of cocaine seizures had increased compared with the years between 2013 and 2015 but the amount seized was the smallest reported in this century (since 2000).

In 2016, the number and amount of heroin seizures remained stable. Spain reported an increase in synthetic stimulants (amphetamines and MDMA/ecstasy); the number of seizures and amount seized were higher in 2016 than in 2015, mainly due to a rise in large-scale seizures.

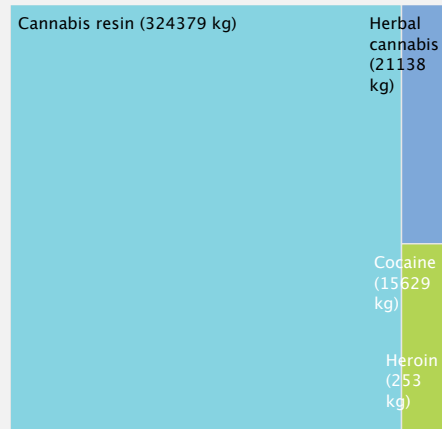
Spain reports mean potency (percentage of THC) or purity (percentage or mg per tablet) and average prices for the main illicit drugs. The mean potency for cannabis resin in 2016 was 18.5 % THC, while for herbal cannabis it was 10.1 % THC. The mean purity for heroin in 2016 was 21.5 % heroin hydrochloride and for cocaine the mean purity was 33.5 % cocaine hydrochloride. In 2016, the mean price of cannabis resin was around EUR 6.5/g; herbal cannabis, EUR 5/g; heroin, EUR 57.8/g; cocaine, EUR 58.2/g; and amphetamines, EUR 28.1/g. The mean price for one MDMA tablet was EUR 11.4.

Drug seizures in Spain: trends in number of seizures (left) and quantities seized (right)

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	26.6	6.5	36.8
Last year prevalence of use - young adults (%)	2015	17.1	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	9.5	0.3	11.1
All treatment entrants (%)	2015	33.1	1.0	69.6
First-time treatment entrants (%)	2015	47.0	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	21138	12	110855
Number of herbal cannabis seizures	2016	158810	62	158810
Quantity of cannabis resin seized (kg)	2016	324379	0	324379
Number of cannabis resin seizures	2016	169538	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	n.a.	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	n.a.	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.1	0.9	4.9
Last year prevalence of use - young adults (%)	2015	3	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	2	0.1	2.3
All treatment entrants (%)	2015	36.625	0.0	36.6
First-time treatment entrants (%)	2015	35.5	0.0	35.5
Quantity of cocaine seized (kg)	2016	15629	1.00	30295
Number of cocaine seizures	2016	41531	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	n.a.	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.3	0.8	6.5
Last year prevalence of use - young adults (%)	2015	1	0.0	3.6
Last year prevalence of drug use - all adults (%)	2015	0.5	0.0	1.7
All treatment entrants (%)	2015	1.4	0.2	69.7
First-time treatment entrants (%)	2015	1.6	0.3	75.1
Quantity of amphetamine seized (kg)	2016	454.5	0	3380
Number of amphetamine seizures	2016	4313	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1	0.5	5.2
Last year prevalence of use - young adults (%)	2015	1.3	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.6	0.1	3.6
All treatment entrants (%)	2015	0.33	0.0	1.8
First-time treatment entrants (%)	2015	0.5	0.0	1.8
Quantity of MDMA seized (tablets)	2016	394211	0	3783737
Number of MDMA seizures	2016	3486	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	n.a.	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2015	2.2	0.3	8.1
All treatment entrants (%)	2015	25.7	4.8	93.4
First-time treatment entrants (%)	2015	11.5	1.6	87.4
Quantity of heroin seized (kg)	2016	253	0	5585
Number of heroin seizures	2016	7205	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	n.a.	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	2.4	0.0	33.0
HIV prevalence among PWID* (%)	2015	31.5	0	31.50
HCV prevalence among PWID* (%)	2015	66.5	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2015	0.36	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2015	12.7	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2015	1435882	22	6469441
Clients in substitution treatment	2015	59264	229	169750
Treatment demand				
All entrants	2015	47308	265	119973
First-time entrants	2015	23777	47	39059
All clients in treatment	2015	191765	1286	243000
Drug law offences				
Number of reports of offences	2016	405348	775	405348
Offences for use/possession	2016	392900	354	392900

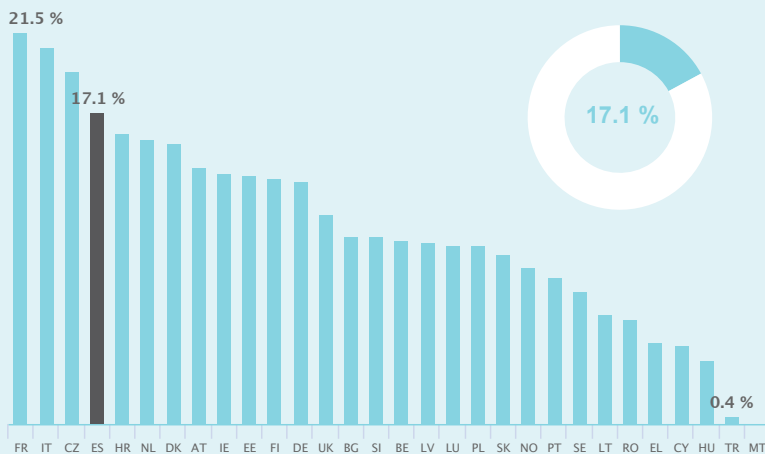
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

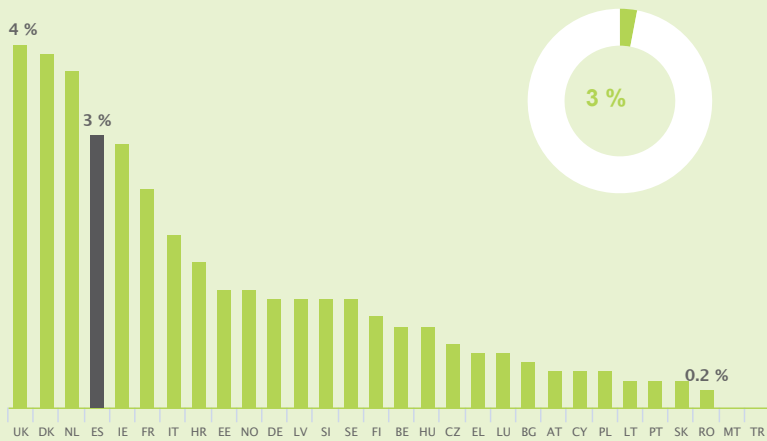
Cannabis

Last year prevalence among young adults (15-34 years)



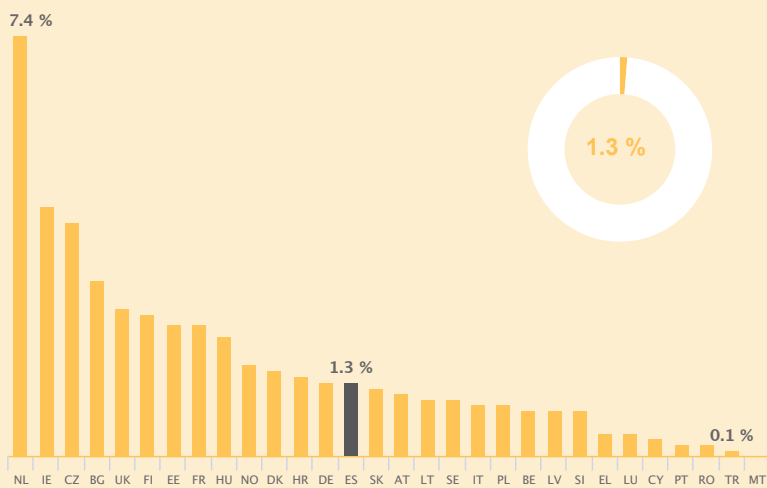
Cocaine

Last year prevalence among young adults (15-34 years)



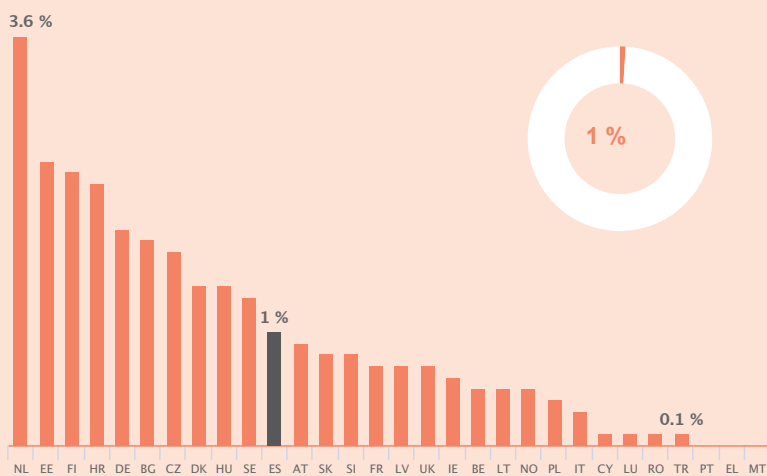
MDMA

Last year prevalence among young adults (15-34 years)



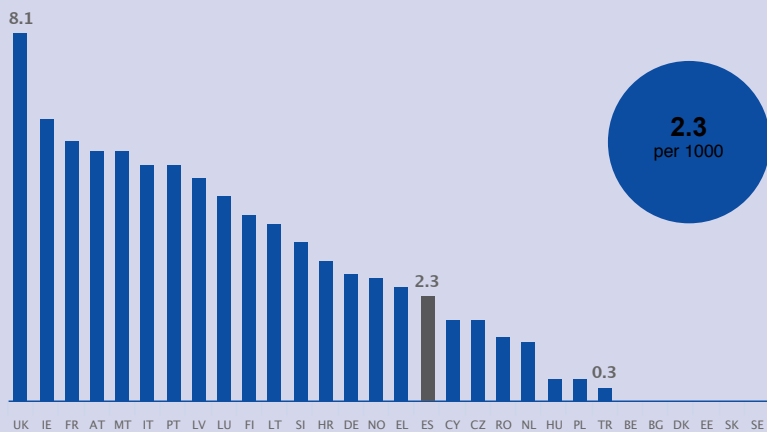
Amphetamines

Last year prevalence among young adults (15-34 years)



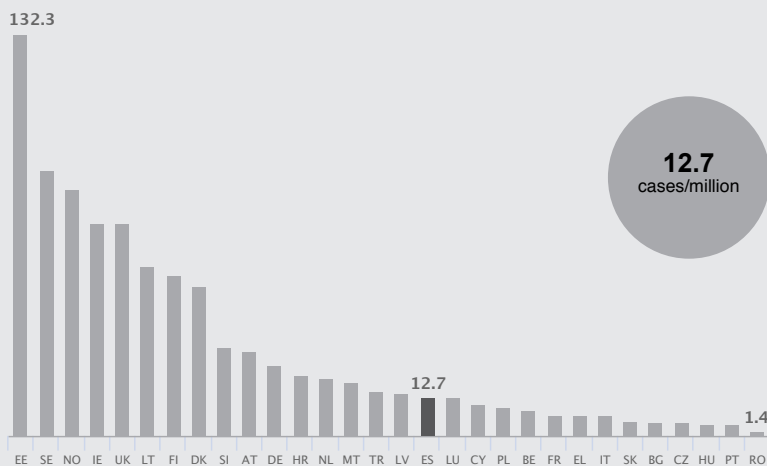
Opioids

High-risk opioid use (rate/1 000)



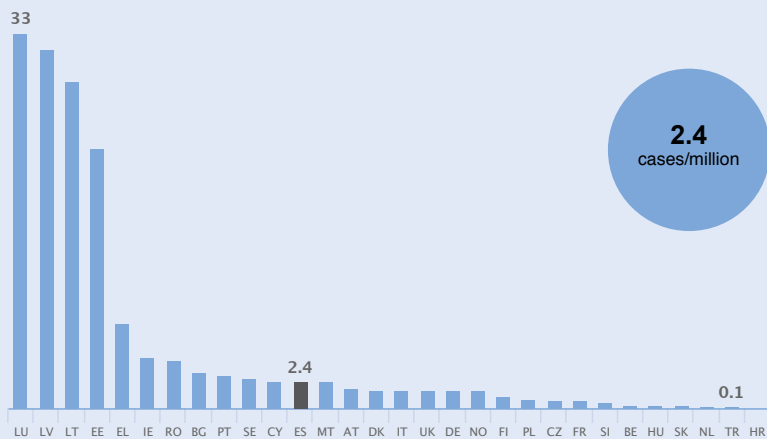
Drug-induced mortality rates

National estimates among adults (15-64 years)



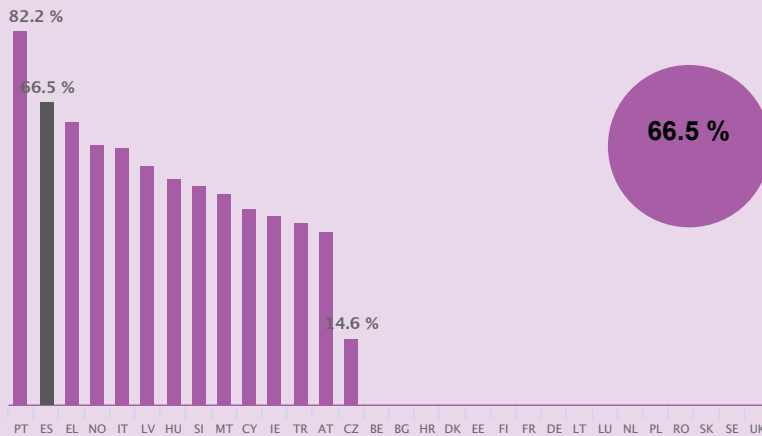
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

About our partner in Spain

The Spanish national focal point is located within the Government Delegation for the National Plan on Drugs, a government organisation under the auspice of the Ministry of Health, Social Policy and Equality. The Government Delegation for the National Plan on Drugs is entrusted with coordination of different aspects of drug policy, ranging from drug trafficking to responses to the drug problem.

Government Delegation for National Plan on Drugs (Delegación del Gobierno para el Plan Nacional sobre Drogas)



Plaza de España, 17

E-28008 Madrid

Spain

Tel. +34 91 822 61 25

Fax +34 91 822 60 95

Head of national focal point: Mr Francisco de Asís Babín Vich -
relinstipnd@msssi.es