

OBSERVATORY PROYECTO HOMBRE

ON THE PROFILE OF PEOPLE WITH
ADDICTION PROBLEMS UNDER
TREATMENT ●



TIMELINE
ANALYSIS
2013
2019

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Acknowledgements

Every year, Proyecto Hombre helps thousands of people with addiction problems thanks to the effort of voluntary workers and staff from each of its Centres, as well as the families and institutions that collaborate with this social commitment. We would like to thank everyone for the work they do every day. And, of course, we would also like to thank those who reach out to Proyecto Hombre in order to take the first step towards a new life, free of addictions.







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María Azucena Martí Palacios

Government Delegate for the National Plan on Drugs,
Ministry of Health, Consumer Affairs and Social Welfare.

At the Government delegation for the National Plan on Drugs, we'd like to acknowledge the significant work carried out by Proyecto Hombre throughout the years, which is reflected in the report presented here.

This information will undoubtedly be of great value in guiding the activities and programmes of the Proyecto Hombre Network, enabling them to adapt to changing demands.

This principle of action based on data is a key pillar in any initiative of the National Plan on Drugs, and it gave rise to the creation of the OEDA (the Spanish Observatory of Drugs and Addictions) back in 2014, as a coordinating and systematising body for the different national information sources, working in close collaboration with the competent authorities of the Autonomous Communities and Cities on addiction matters. The annual information published by the OEDA on consumption and the consequences of addictions at the national level is enhanced by initiatives such as this one from Proyecto Hombre.

It is for this reason that I can only offer my congratulations for the efforts made to make this special publication a reality and encourage Proyecto Hombre to continue sharing its important work with society, based on the conviction that prevention and attention to the complex reality of addiction is a task for all actors involved.



Alfonso Arana Marquina
President of Proyecto Hombre Association

Proyecto Hombre has been working to prevent problems associated with addiction, mainly among younger people, and also accompanying people with addiction problems in their recovery and rehabilitation process, since 1984.

Aware of the importance this has for our users and their families, in addition to the work we carry out and the number of people we help, from the beginning, in the Centres, and for years at the Association level, we have realised the importance of collecting data in order to have a more detailed analysis of the problem. For this reason, in 2012, the Proyecto Hombre Observatory was created with the aim of obtaining data on the profile of people with addiction problems who seek assistance at the Proyecto Hombre Centres throughout Spain, and identifying their psychological, epidemiological and sociodemographic characteristics.

Based on how well it was received and how useful this data collection has proven to be, after seven years of uninterrupted work, in 2020 we are presenting an extraordinary observatory report that covers data from 2013 to 2019. With a sample of 18,683 users, the report you have in front of you is a continuation of Proyecto Hombre's commitment to research and analysis of the phenomenon of addictions.

This study helps us to reflect on the context of people in treatment, their economic, health and family circumstances, and to know which are the main substances consumed.

At Proyecto Hombre we not only work on the treatment and prevention of addictions, but also on the study of the phenomenon of addictions and its evolution.

For this reason, the Observatory's Extraordinary Report for the period 2013-2019 has been a huge task for Proyecto Hombre, completed with great enthusiasm. A challenge that began with the definition of the data collection parameters, continued with the collection of the actual data, interviews, questionnaires, data entry, etc; and ended with the analysis of all the data and the drawing of conclusions. This comprehensive report would not be possible without the essential work of the dozens of people working at the 27 Proyecto Hombre centres in Spain, and the participation of the Association's Evaluation Committee, comprising a team of 12 people, and external experts linked to the university, who have provided their support. This letter is a thank you to everyone for all their hard work.

Without a doubt, for the Report to have value and an actual implementation in our programmes, it not only involves extracting data, but also selecting data that will add value to our findings so that we can continue to improve our working methodology and therefore be able to anticipate consumption trends.

The value of this extraordinary report lies not only in the figures provided. It also lies in the **human value** behind the data. I would like to make a special mention of the people who make up the Programmes of the Proyecto Hombre Centres. This data is a reflection of the lives of thousands of people and their families. Thank you very much for your generosity and for sharing your information with us so that we can improve the care we provide.

The staff at Proyecto Hombre who willingly, not only dedicate time to supporting people with addictions in their recovery and rehabilitation processes, but also to collecting data rigorously to subsequently be able to draw conclusions and improve our working methods, with more customised and evolved programmes.

As professionals dedicated to accompanying people with addiction problems in the processes of change that they have to undertake, we are aware of the importance of knowing what is happening in society, knowing how people's everyday behaviour changes in relation to addictions and their social, family and economic environment.

In this extraordinary report, Proyecto Hombre wants to pay special attention to the situation of women in relation to addictions. A report that indicates that women have less access to treatment than men, since women account for only 15.4% of the individuals undergoing treatment compared to men (84.6%).

As they face greater problems in all areas of life, apart from the prison system, and who have more difficulties in accessing treatment.

Therefore, at Proyecto Hombre we must continue with our commitment to improve this situation and of course, change it. We do this by adopting a gender approach in our centres and projects. In workshops, activities and even in meetings with people's families.

Special mention should be made of the National Plan on Drugs and Obra Social la Caixa, organisations that have provided their support one more year to make this report possible. We are grateful for their faith in the scientific and sociological value all this involves, and we also want to emphasise the importance of alliances with other entities, both public and private, that allow us to improve our work and meet our goals.

At the Proyecto Hombre Association, we take on the commitment of continuing to produce and publish our annual Reports from the Proyecto Hombre Observatory, aware of the value and social impact that is generated through the research and exchange of knowledge accumulated by our professional practice.



Jesús Mullor Román

President of the State Evaluation Committee
Director of the Observatory

The *Proyecto Hombre Observatory on the profile of people with addiction problems under treatment* began in 2012, with the intention of analysing and identifying the psychological, epidemiological and sociodemographic characteristics of people with addiction problems attended to in the Proyecto Hombre Centres throughout Spain.

For 2020, in addition to carrying out and publishing our eighth consecutive annual report (corresponding to the year 2019), the Evaluation Committee of the Proyecto Hombre Association, in close collaboration with the 27 centres that make up the PH Association, proposed carrying out a year-on-year evolutionary analysis (2013-2019), which is extremely valuable. Before anything, we must thank each and every participant for taking on this challenge.

With this extraordinary report, we intend to improve the knowledge of the profiles of our users, their families and social environment, in order to continue working to constantly improve and adapt the treatment and prevention devices that we make available to society. Improving the quality of life of those who need our programmes is our main mission and this report also contributes to this goal.

But the scope of this report is broader, offering highly useful information for possible subsequent research work and helping to make visible the realities that surround the phenomenon of addictions in Spain.

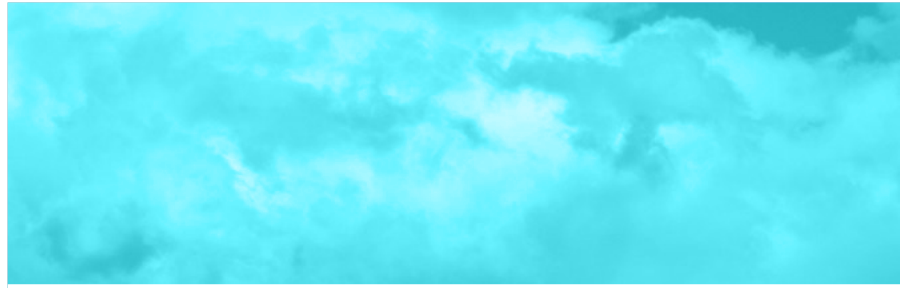
The large sample size (18,683 valid surveys), the year-on-year evolution (2013-2019) and the areas explored, provide us with valuable information:

- PERSONAL AND SOCIO-LABOUR CHARACTERISTICS (sex, age, previous treatments)
- HEALTH (problems added, parallel to or directly derived from the addiction itself)
- EMPLOYMENT/SUPPORT AND EDUCATION/LABOUR (training levels, training requirements, professional qualification, employability)
- LEGAL PROBLEMS (judicial situation, pending charges or trials, etc.)
- USE OF ALCOHOL AND OTHER DRUGS (problematic consumption of other substances, in addition to that which prompts the start of treatment)

- SOCIAL AND FAMILY SITUATION (marital status, usual cohabitation, children, etc.)
- PSYCHOLOGICAL AND EMOTIONAL PROBLEMS (comorbidity of the addiction and other psychological and emotional disorders)

Finally, it should be noted that in these times that we are living, determined by the COVID-19 global pandemic, we need to identify, with even greater accuracy if possible, the characteristics of the group we are helping, in that they are people in situations of biological, psychological and social vulnerability.

To be able to pinpoint such vulnerabilities will enable our specialists at Proyecto Hombre, in particular, and other experts from the fields of health, education, labour, etc. in general, to design interventions in a more customised and efficient manner.



Definition of the Observatory and Techniques





A. Introduction

▣ OBJECTIVE

More specifically, this study seeks to analyse and identify the psychological, epidemiological and socio-demographic characteristics of addicts treated at Proyecto Hombre centres throughout Spain. It also examines possible influential factors in the problem of addictions: personal aspects, risk behaviours, emotional factors and social relationships.

This information contributes to:

- Gain a better understanding of the reality of Proyecto Hombre with the ultimate aim of improving the quality of life of substance abusers (users), their families and loved ones.
- Provide information of interest on the profiles of people struggling with addiction in Spain.
- Bring the different realities linked to addictive behaviours to light as an essential part of the efforts to raise awareness of this social phenomenon.

▣ MISSION, PHILOSOPHY AND VALUES

The Proyecto Hombre Observatory brings together a collection of human resources and materials for regular and rigorous reporting on the profiles of addicts treated by Proyecto Hombre in Spain and their progress.

The Observatory has a clear vocation to provide quality information for the analysis of abusive substance use problems and therefore contribute to a better knowledge and adaptation of the programmes to the needs of the users. This is governed by transparent and rigorous principles, inherent throughout the academic and investigation framework.

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



Proyecto Hombre Sevilla (N.L.)

▣ TARGET POPULATION

The Observatory working lines paint a broad picture of the target population:

- Public entities and policy makers
- The media
- Scientific community and academic sphere
- Proyecto Hombre Association and Centres
- Other entities and organisations working in the sector

▣ SOURCE OF INFORMATION

Observatory information comes from Proyecto Hombre's internal database (PH-Nemos, Ges-adic), which collects information related to people admitted into the treatment programmes. The data gleaned in the systematic and periodic application of EuropASI are used for the Observatory.

EuropASI is the European version of the 5th edition of ASI (Addiction Severity Index) developed in the United States by McLellan (1990). The ASI was created in 1980 at the University of Pennsylvania with a view to: serve as a tool capable of gleaning data relevant to the initial clinical evaluation of patients with drug abuse problems (including alcohol), planning their treatment, and decision-making regarding referrals and/or research.

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 National Plan on Drugs recognises 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, Europe Addiction Severity Index (and its Spanish version), has become the greatest 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. EuropASI was an adaptation carried out by a research group, with the intention of having a tool with which to compare patients who are 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.



Proyecto Hombre Galicia

B. Methodology

UNIVERSE

- The EuropASI for admission establishes its administration to adults (ages 18 and older). The universe of study therefore comprises users of legal age in Proyecto Hombre who started treatment within the period, i.e. 2013–2019 (both years inclusive), in programmes and devices for adults with addiction problems in any of the 27 centres of the Proyecto Hombre association.

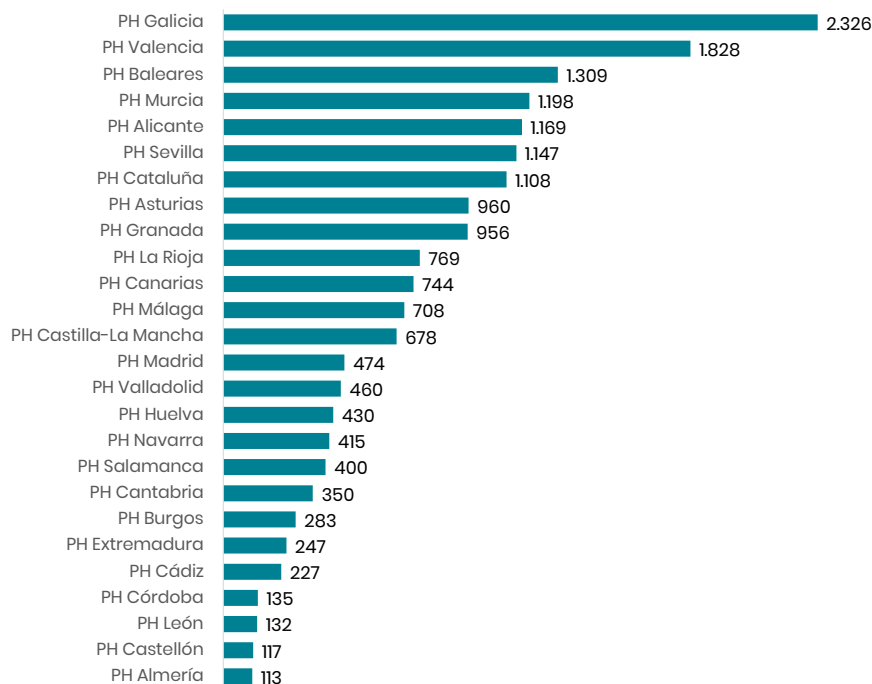
SAMPLE

- From this universe, we have 18,683 valid surveys with a distribution by year and centre as described in the following two slides.
- The sample therefore responds to the universe with the ruling out of incomplete surveys as its sole limitation. Incomplete surveys are less than 1%, and we can therefore state that there is no sampling error.

VALIDITY AND GENERALISATION OF RESULTS

- While the universe of study excludes people in treatment at centres not under Proyecto Hombre, the results of this study could nevertheless be extended to anyone with addiction problems in Spain, as these 18,683 cases constitute a sufficiently large random sample of a theoretical population of addicts in Spain (for which there is no official census) or people receiving treatment in Spain for addiction.

EuropASI surveys gleaned for the report, by centres.
Accumulated 2013–2019



EuropASI surveys by year

	2013	2014	2015	2016	2017	2018	2019	Total
PH Alicante	138	133	224	208	166	181	119	1.169
PH Almeria	19	10	20	15	18	0	31	113
PH Asturias	197	211	147	154	1	88	162	960
PH Baleares	159	0	287	203	241	183	236	1.309
PH Burgos	8	35	9	59	52	46	74	283
PH Cadiz	4	43	51	29	26	40	34	227
PH Canary Islands	145	139	130	120	98	22	90	744
PH Cantabria	0	0	51	93	91	56	59	350
PH Castilla la Mancha	64	49	71	133	120	120	121	678
PH Castellón	0	0	0	0	31	0	86	117
PH Catalonia	130	90	142	141	172	243	190	1.108
PH Cordoba	58	34	0	0	0	0	43	135
PH Extremadura	33	35	36	38	34	26	45	247
PH Galicia	437	0	451	434	305	272	427	2.326
PH Granada	53	74	155	99	158	186	231	956
PH Huelva	52	61	67	74	108	39	29	430
PH Leon	23	28	23	20	23	10	5	132
PH Madrid	52	103	85	71	49	43	71	474
PH Malaga	157	169	139	60	105	78	0	708
PH Murcia	122	138	149	179	204	220	186	1.198
PH Navarre	0	0	0	0	118	137	160	415
PH Rioja	78	69	110	77	126	100	209	769
PH Salamanca	51	56	46	56	78	52	61	400
PH Seville	195	113	209	164	179	100	187	1.147
PH Valencia	0	0	353	427	391	315	342	1.828
PH Valladolid	67	60	79	77	66	49	62	460
Total	2.242	1.650	3.034	2.931	2.960	2.606	3.260	18.683



Proyecto Hombre Murcia

C. Working team

The Observatory is a joint effort formed by:

Internal Proyecto Hombre Team

- Belén Aragonés
- Èlia Bellmunt
- Xavier Bonet
- Ramón Capellas
- Ángeles Fernández
- Jesús García
- Mar García
- Vicente García
- Fernando González
- Hugo Marín
- Jesús Mullor
- Ángeles de la Rosa

External Team

- Gonzalo Adán, Doctor in Social Psychology

Both teams designed the research based on the experience of the Observatory team in previous editions.

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

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

The interpretation of results and conclusions for each value was realised jointly by means of interjudge analysis and discussion groups.

Copy-editing was done by Natalia Cabrero Picó of the Proyecto Hombre Association in coordination with the internal Proyecto Hombre team.

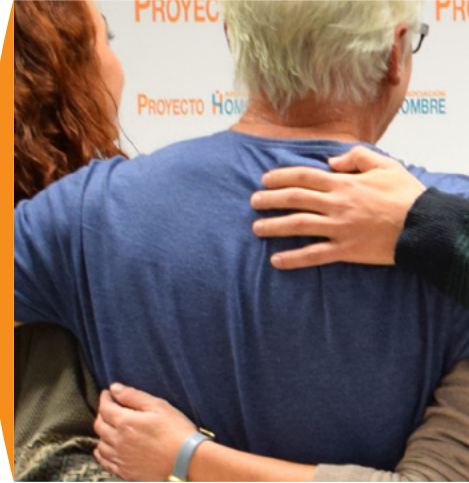
C. References

- Bobes J, González M.P, Sáiz P.A. and Bousoño M. (1995) European Addiction Severity Index: EuropASI. Spanish version. Gijón, Minutes of the 4th Interregional Meeting of Psychiatry, 201-218.
- McLellan, A.T., Luborsky, L., O'Brien, C.P. and Woody, G.E. (1980) An improved evaluation instrument for substance abuse patients: the Addiction Severity Index. *Journal of Nervous Mental Disorders*, 168, 26-33.
- Age Surveys:
https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/sistemaInformacion/encuestas_EDADES.htm
- NIH-NIDA Studies (National Institute on Drug Abuse):
<https://www.drugabuse.gov/es/publicaciones>



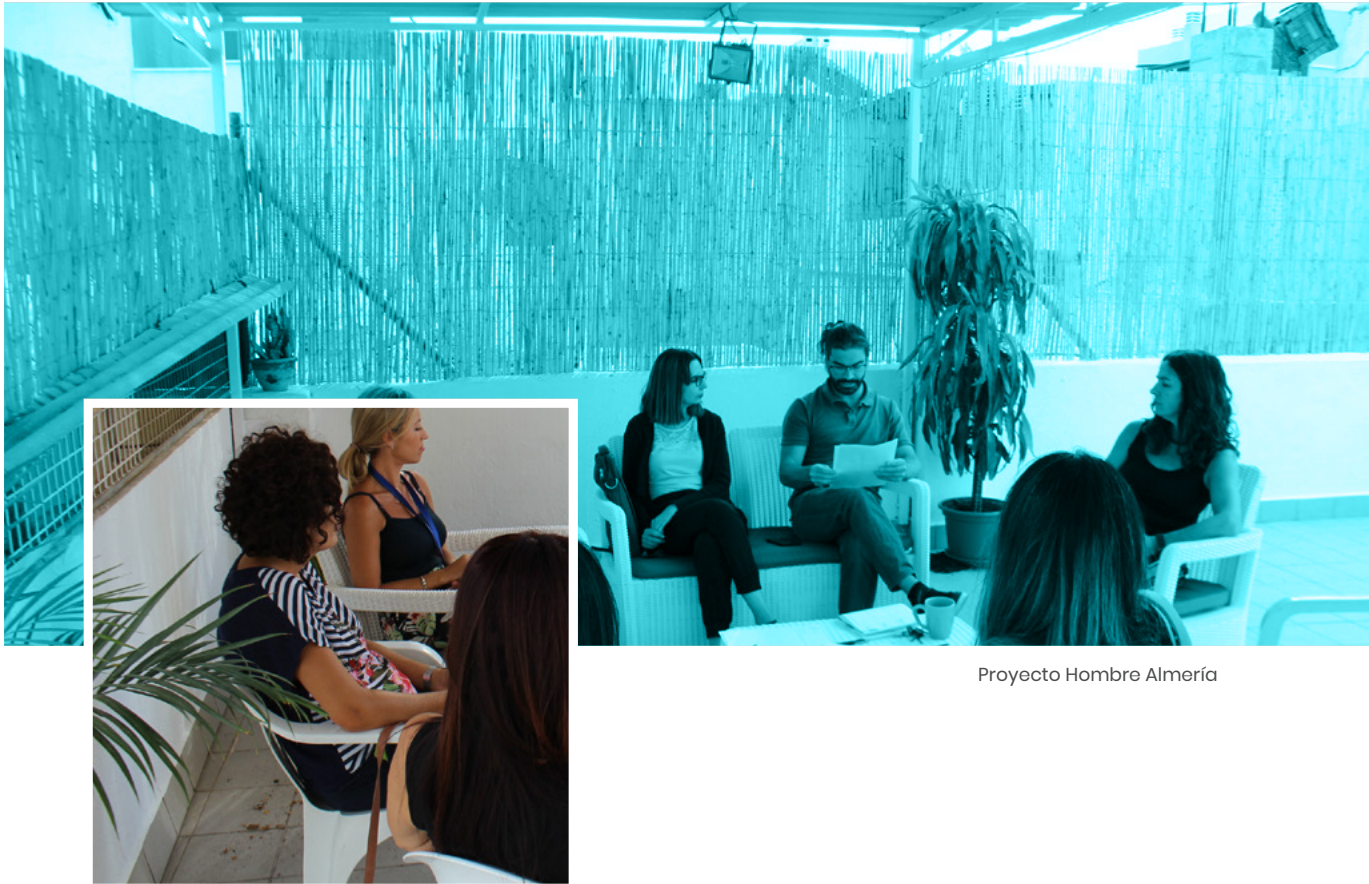


Data Analysis



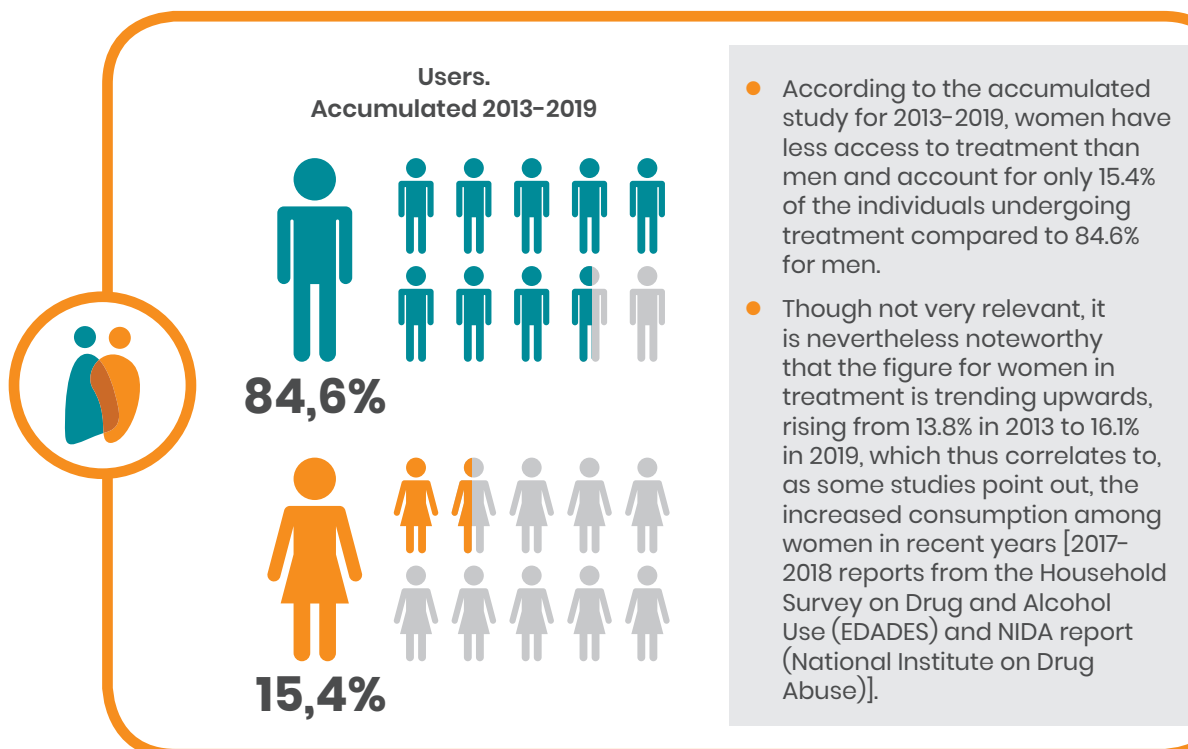


Gender and age

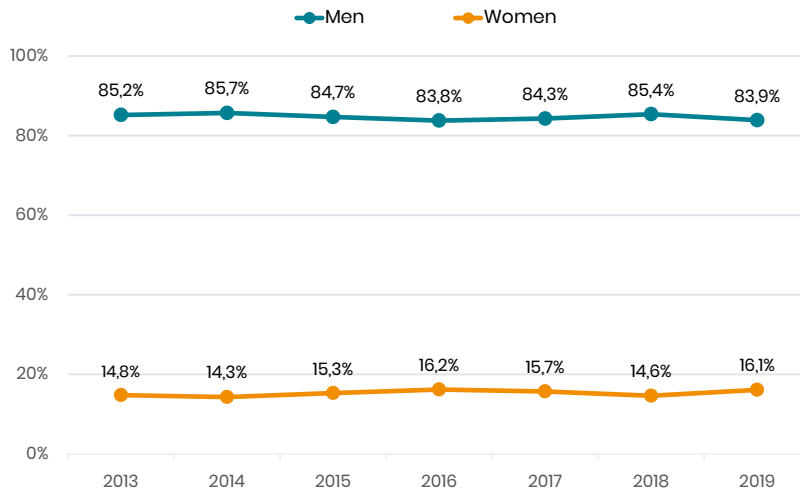


Proyecto Hombre Almería

1. Gender

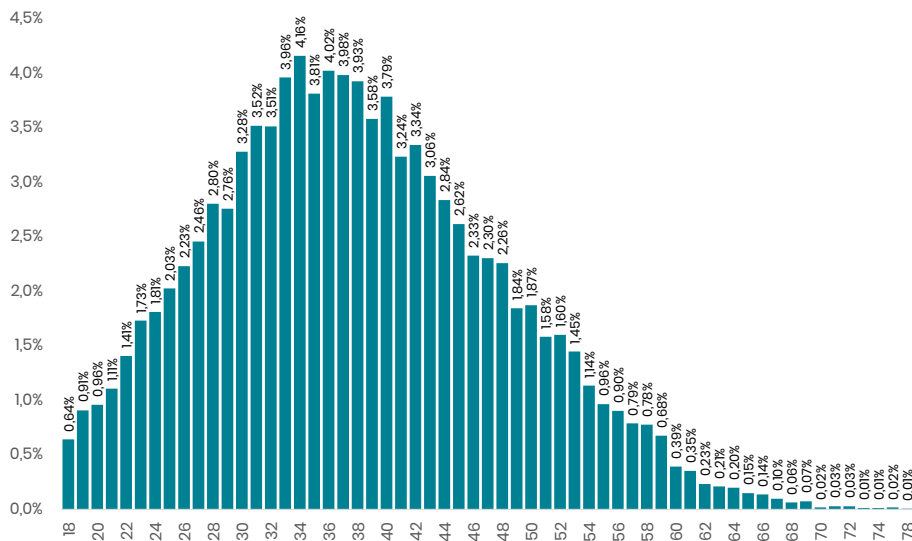


Users by gender.
2013-2019



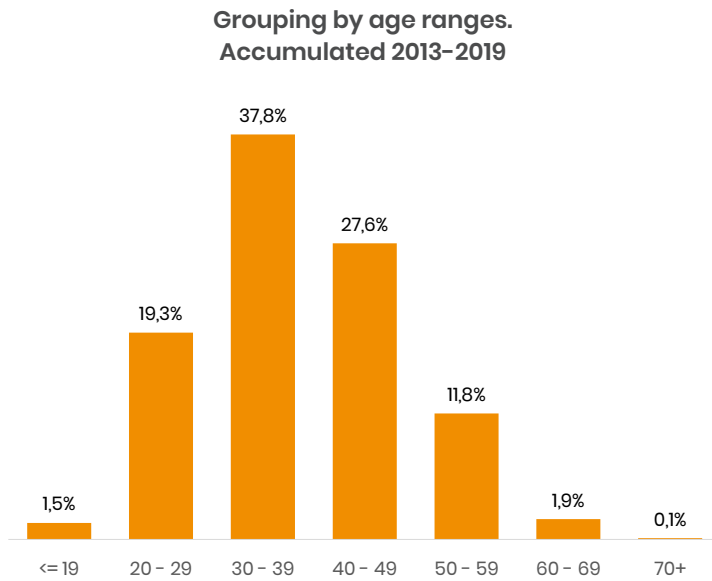
2. Age distribution

Accumulated 2013-2019



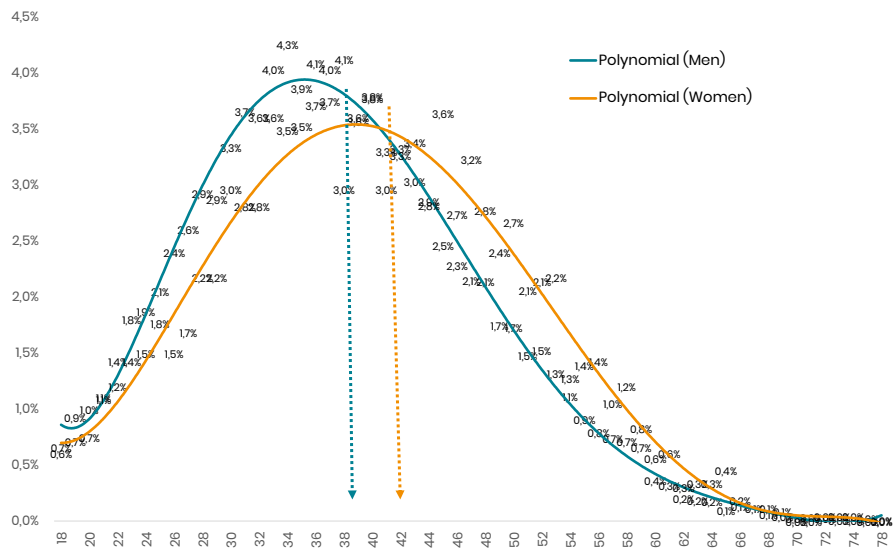
	Average	Median	Mode	Maximum	Minimum
Age	38,0	37,0	34,0	78	18

- The accumulated age interval in the 2013-2019 period for individuals in treatment ranges from 18 to 78.
- The average age is 38, though the age distribution has a slight bias towards the younger age group with the median at 37. The largest age group in the sample is that of 34 years.
- When grouping ages into tranches, 20.8% admitted for treatment were younger than 30 years, with the majority ranging between 30 to 39 at 37.8%, followed by 40 to 49 years at 27.6%. The least represented tranches are the 50-59 age group at 11.8% and the over-60 group at a mere 2%.



3. Age distribution

Accumulated by gender 2013-2019



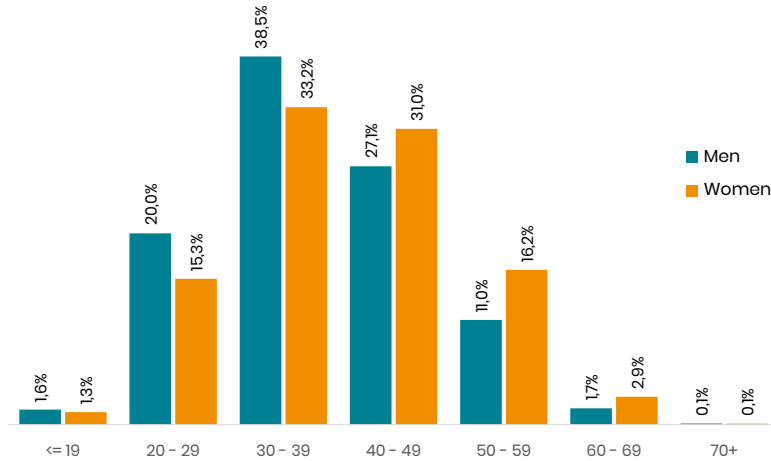
			Average	Median	Mode	Maximum	Minimum
Gender	Men	Age	37,6	37,0	34,0	78	18
	Women	Age	39,9	40,0	40,0	74	18

- According to figures accumulated over the years of study and in consideration of the gender variable, men were between 2 and 6 years younger than women in the three measures of central tendency:
 - Average age: 37.6 versus 39.9
 - Median: 37.0 versus 40.0
 - Mode: 34.0 years versus 40.0
- By age tranches, women outnumber men in the 40-49 age range with a difference of 3.9%, but especially in the 50-59 range, where the difference is 5.2%.



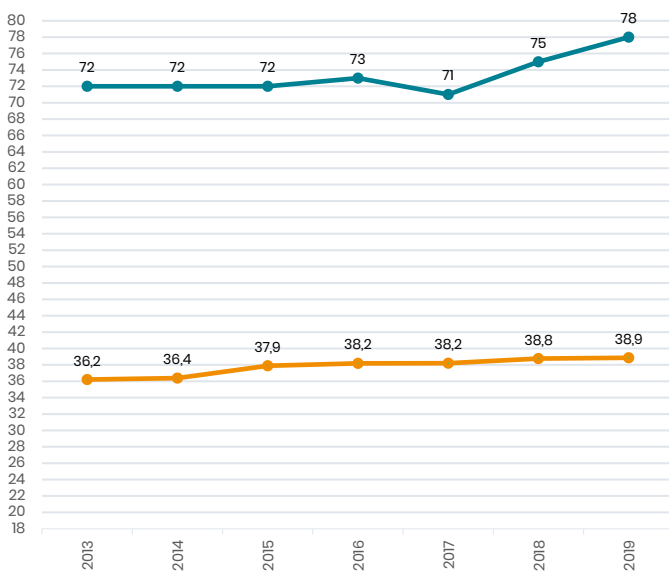
Hombre Extremadura (O.G.)

Grouping by age ranges.
Accumulate 2013-2019



4. Age, figures over time

Average, maximum and minimum ages 2013-2019



- The average age at the start of treatment and median thereof have continuously trended slightly upward throughout these years.
- Similarly, the maximum age is also increasing over time, increasing from 72 to 78 years.

Year	Age	Average	Median	Mode	Maximum	Minimum
2013	Age	36,2	35,0	34,0	72	18
2014	Age	36,4	36,0	33,0	72	18
2015	Age	37,9	37,0	35,0	72	18
2016	Age	38,2	37,0	36,0	73	18
2017	Age	38,2	38,0	37,0	71	18
2018	Age	38,8	38,0	37,0	75	18
2019	Age	38,9	38,0	34,0	78	18
Total	Age	38,0	37,0	34,0	78	18

Social and Family

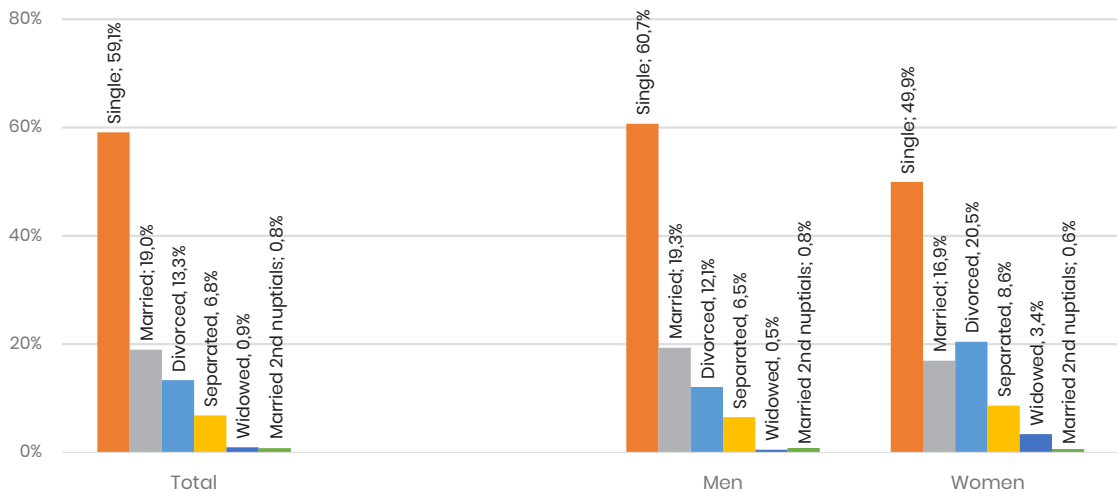


Proyecto Hombre Salamanca

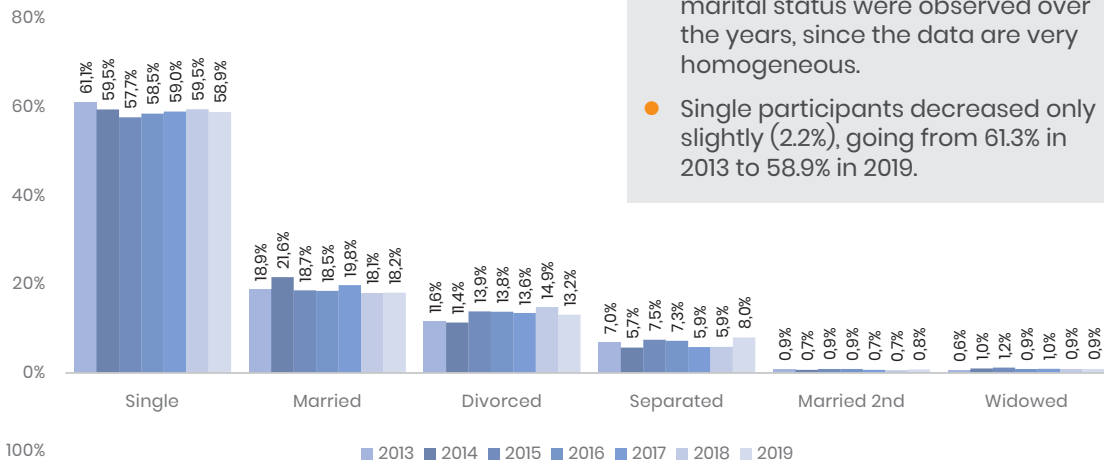
5. Marital status

- Single individuals (59.1%) were particularly prominent compared to other marital statuses. These differences also persist by gender.
- There are clearly further gender-based differences: grouping participants into divorced and separated results in a difference of 10 percentage points in this situation among women (29.1%) and men (18.6%).
- The presence of widows (3.4%) compared to widowers (0.5%) is also relevant.

Marital status, total and by gender. Accumulated 2013-2019



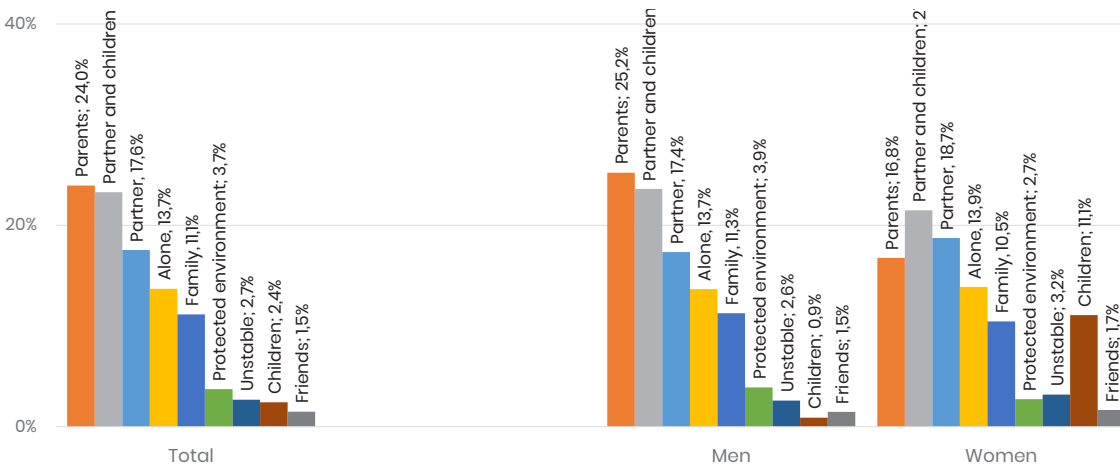
**Marital status.
2013-2019**



- No relevant variations in terms of marital status were observed over the years, since the data are very homogeneous.
- Single participants decreased only slightly (2.2%), going from 61.3% in 2013 to 58.9% in 2019.

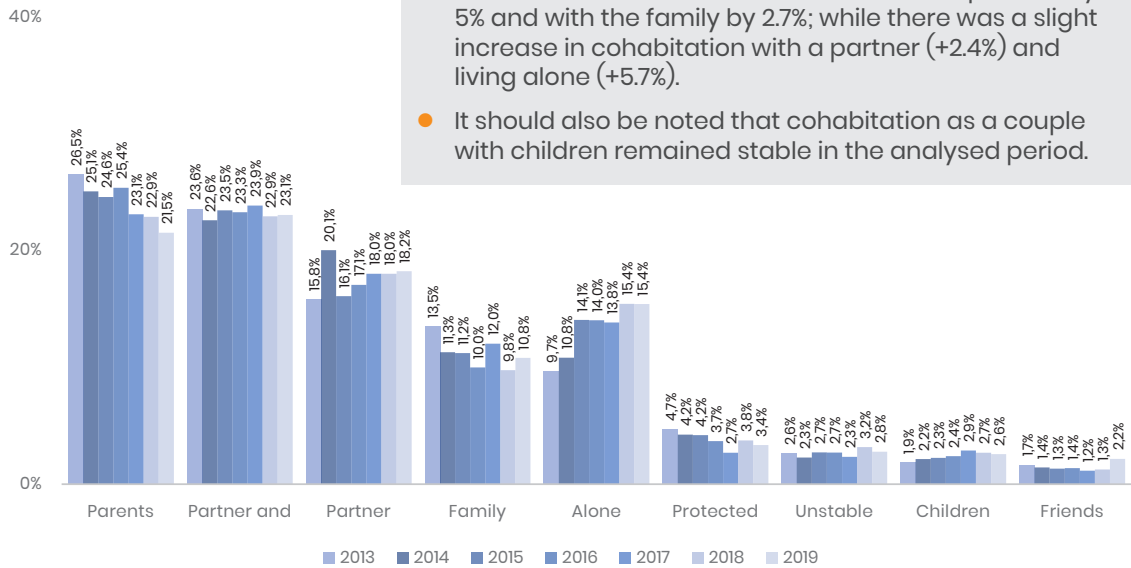
6. Type of cohabitation

**Type of cohabitation, total and by gender.
Accumulated 2013-2019**



- There is a highly remarkable proportion of people undergoing treatment living with:
 - the nuclear family: 43.3%; including the categories “couple”, “couple with children” and “children” or
 - the family of origin: 35.1%; including “parents” and “family”.
- Only 13.7% of people in treatment live alone.
- One aspect that should be taken into account when examining the accumulated results for 2013-2019 is the special vulnerability that could occur as the cohabitation of people undergoing treatment (6.4%). In this regard, 3.7% of users live in a protected environment and 2.7% are in an unstable situation.
- The situation regarding living together with children differs significantly in terms of gender. In this regard, 32.6% of women live with their children compared to 24.5% of men. The cases of women living alone with children (11.1%) is particularly salient compared to men (0.9%).

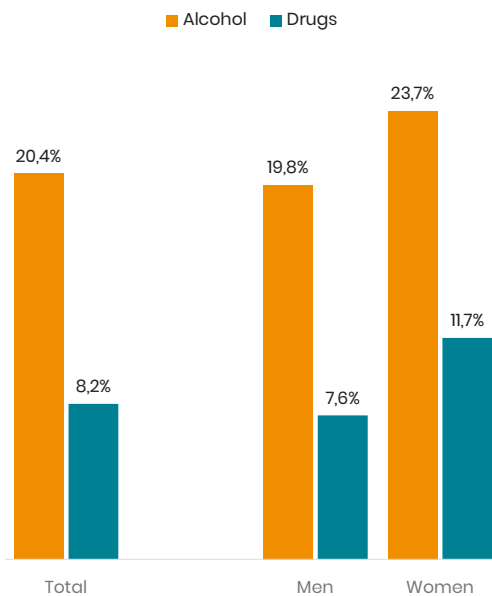
**Type of cohabitation.
2013-2019**



- The form of cohabitation in the 2013-2019 period reflects some changes:
- There was a decrease in cohabitation with parents by 5% and with the family by 2.7%; while there was a slight increase in cohabitation with a partner (+2.4%) and living alone (+5.7%).
- It should also be noted that cohabitation as a couple with children remained stable in the analysed period.

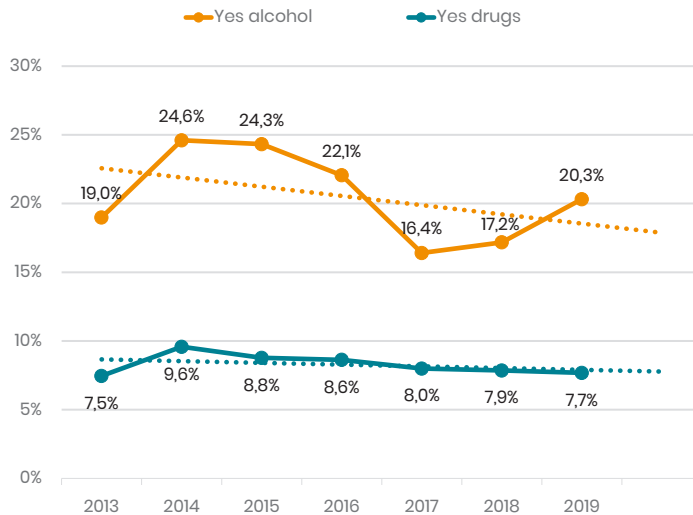
7. Conflict: “Living with someone who has alcohol and/or drug problems”

**% yes answers, total and by gender.
Accumulated 2013-2019**



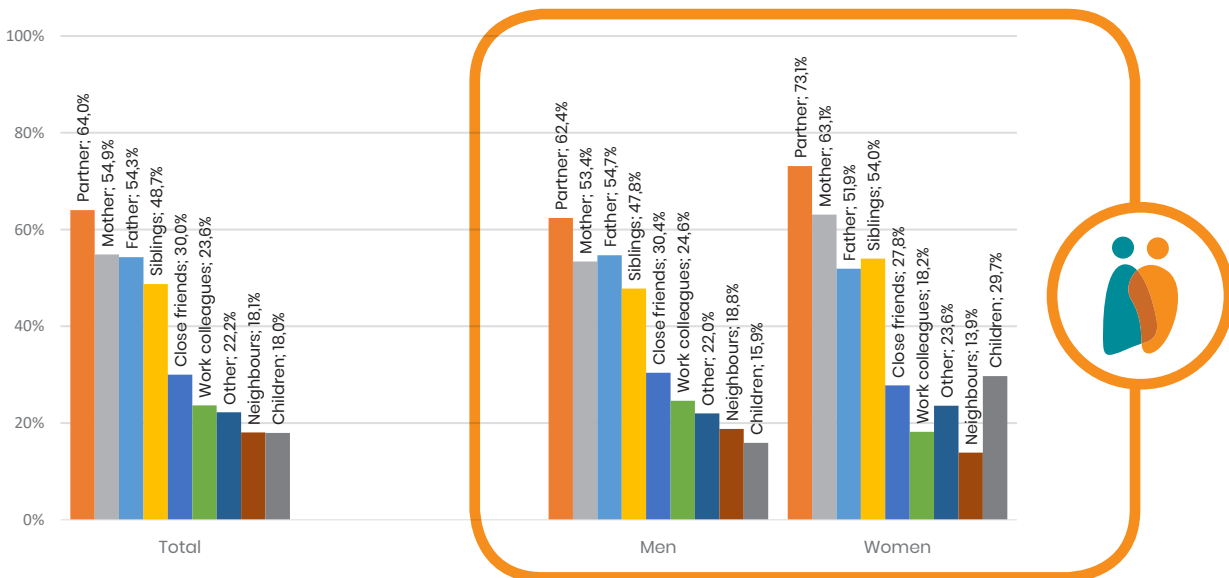
- Approximately one quarter of the people undergoing treatment in Proyecto Hombre live with others who in turn abuse alcohol and/or other drugs. This exacerbates their rehabilitation process because of the added difficulty of breaking addictions in an environment where substances are used regularly.
- By gender, more women (23.7%) live with someone who consumes alcohol (+3.9%) than men (19.8%).
- The same occurs regarding the cohabitation of drug users, surpassing previous data with a difference of 4.1% more women than men.
- Concerning alcohol use, this percentage dropped between 2014 and 2017, yet began rising after that period. While downward, the trend is nevertheless irregular.
- There has nevertheless been a clearly gradual decline in drug use since 2014.

**% yes answers.
2013-2019**

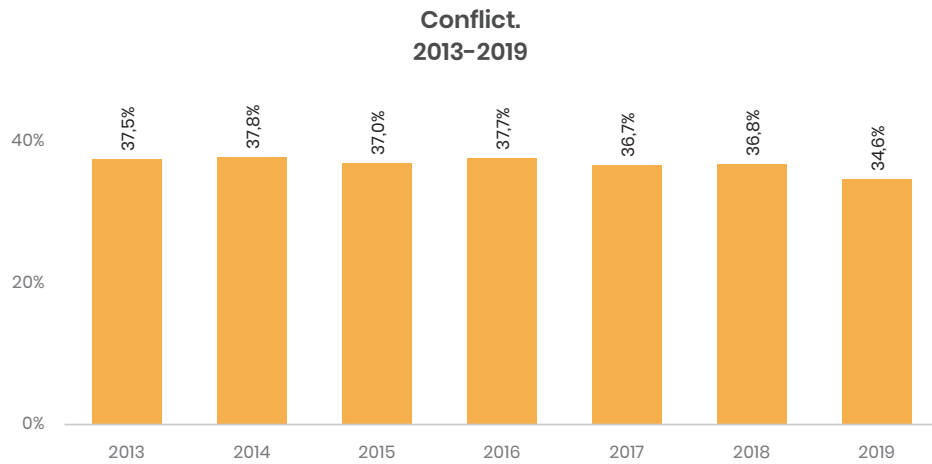


8. Conflict: Periods throughout life entailing serious problems with...

**Conflict, total and by gender.
Accumulated 2013-2019**



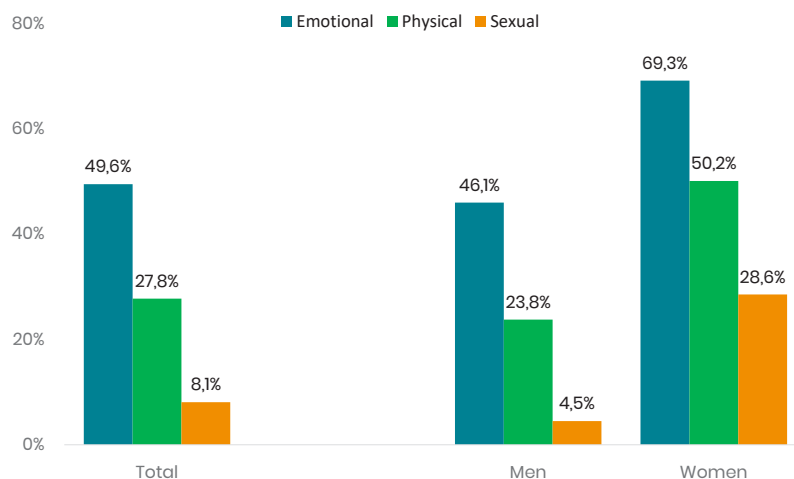
- The total chart suggests that life conflicts occur mainly with the partner (64.0%) followed by the mother (54.9%) or father (54.3%) and siblings (48.7%).
- When looking at conflict by gender, the most prevailing serious problems throughout a women’s life occur with children (+13.8%), partners (+10.7%), mother (+9.7%) and siblings (+6.2%).
- However, men outnumber women in conflictive relationships with co-workers (+6.4%) and neighbours (+4.9%).



- The average conflict indicator decreases slightly from 37.5% to 34.6% throughout the 2013-2019 timeline.

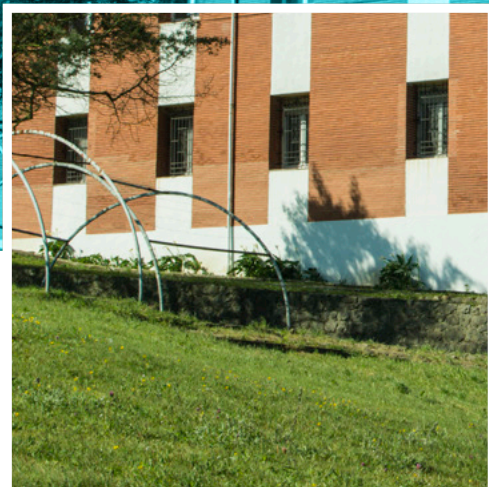
9. Emotional, physical and sexual abuse. Has anyone in your environment ever abused you?

**Abuse type, total and by gender.
Accumulated 2013-2019**



- According to the accumulated data throughout the 2013-2019 period, 49.6% of users claim to have been emotionally abused, 27.8% physically abused and 8.1% sexually abused in their lives. These data are not mutually exclusive in these three categories of abuse, so respondents may have experienced more than one type of abuse or all three.
- Women far outnumber men insofar as experiencing any one of the three types of abuse. The greatest difference between the sexes was in physical abuse, which was 26.4% greater, though women also surpassed men in the other two categories with 24.1% in sexual abuse and 23.2% in emotional abuse.

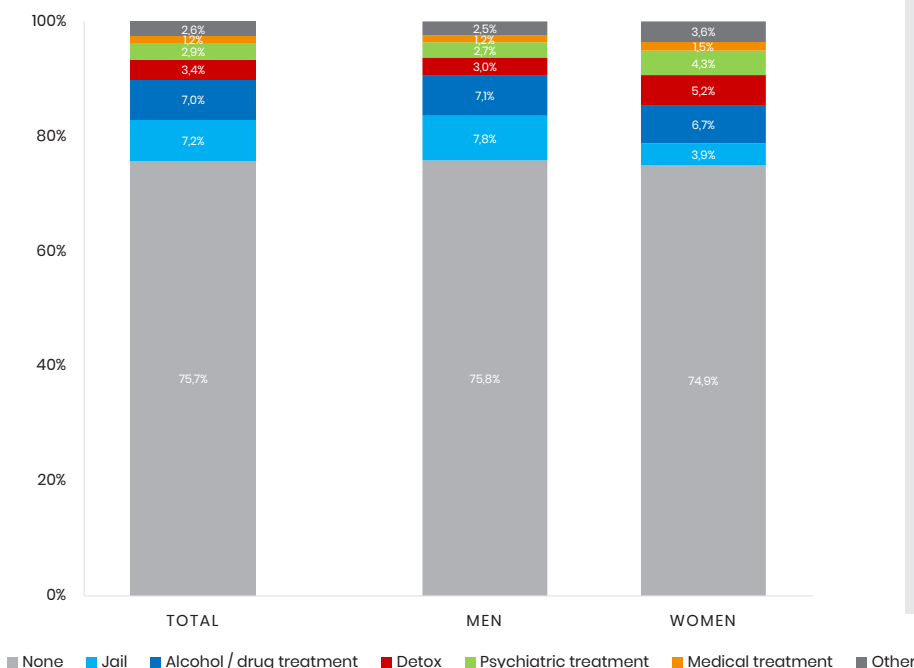
Admission data



Proyecto Hombre Asturias (O.G.)

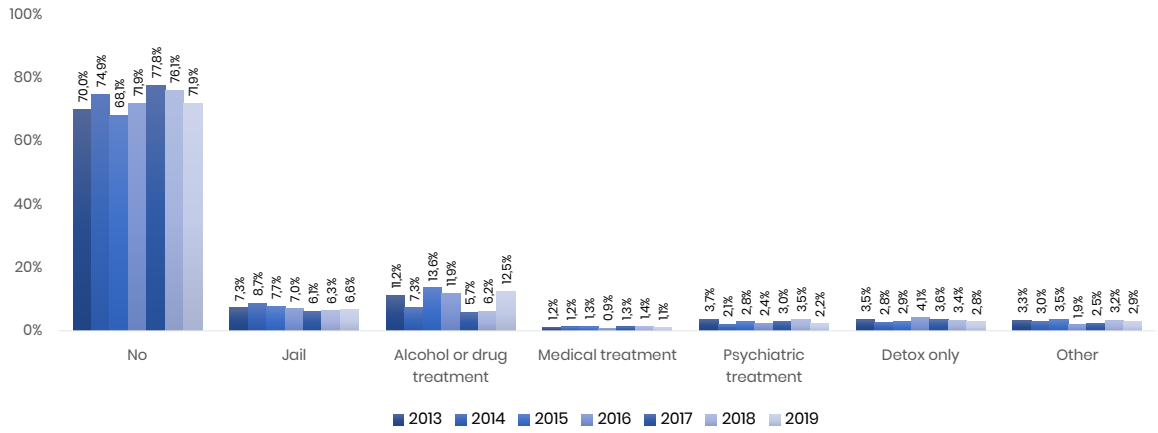
10. Admissions at other centres in the past month

Other admissions, total and by gender.
Accumulated 2013-2019



- According to the total accumulated data, 75.7% of users were not admitted to a centre of any sort in the past month.
- 7.2% have been in prison and 7.0% undergoing treatment for alcohol and drugs.
- According to the accumulated data by gender, 7.8% of men come from prison, though this origin has little incidence among women (3.9%). However, the second most frequent admission type before our treatment in both cases is "alcohol or drug treatment" (7.1% of men vs. 6.7% of women).
- There is a particularly salient percentage difference between genders insofar as previous psychiatric treatment, in which regard the incidence is higher in women (4.3%) than in men (2.7%).

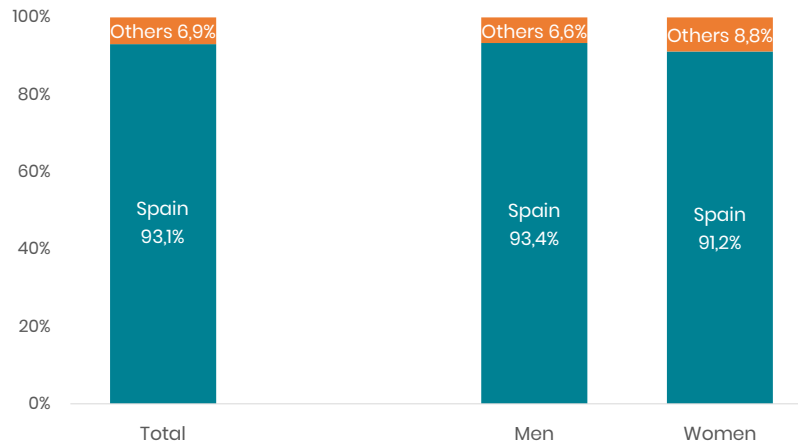
Other admissions in the past month.
2013-2019



- In 2013-2019, the percentage of users who had not been admitted to any type of centre remained virtually unchanged.
- There was a slight decrease in cases of prior prison sentences throughout this period, though the incidence regarding alcohol or drug treatment varies significantly over the years with no clear trend.

11. Country of birth

Country of birth, total and by gender.
Accumulated 2013-2019



- The accumulated country-of-birth data for 2013-2019 reveal an average of 6.9% of users born outside Spain, though higher in women (8.8%) than men (6.6%).

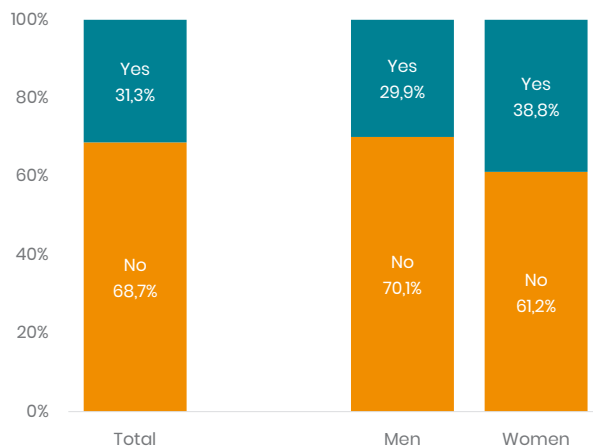
Health



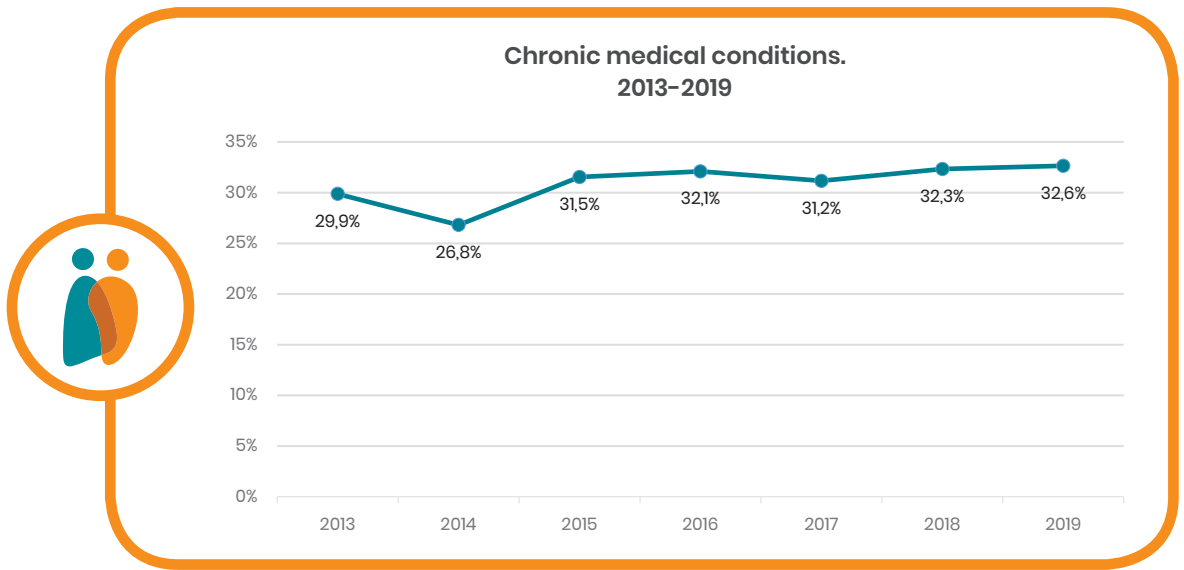
Proyecto Hombre Madrid

12. Do you have any chronic medical condition that interferes with your daily life?

Chronic medical conditions, total and by gender. Accumulated 2013-2019

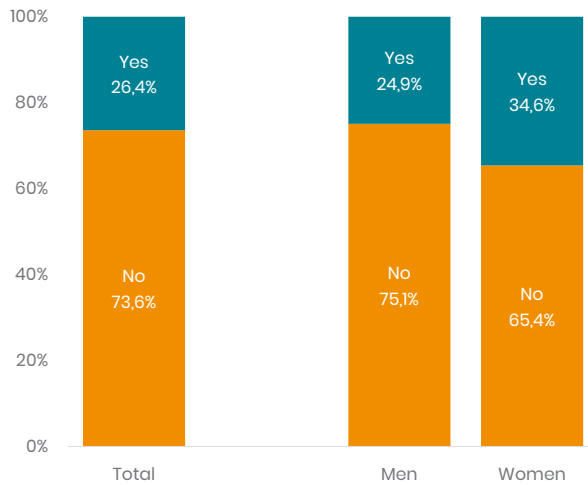


- 31.3% of people under treatment state to suffer from some chronic medical problem that interferes with their daily life.
- Using the 2013 figure as a baseline (29.9%), the amount of individuals with chronic medical conditions trended slightly upwards to 2019 (32.6%).
- This problem is higher in the case of women, with 8.9% more than men.
- This problem's upward trend and higher incidence among women correlate to the general population data gleaned by the National Health Survey. The data for our population is more similar to the data for younger groups (15 to 34 years of age) in the general population. It should thus be borne in mind that the mode for the age variable in our sample is 34 years.
- In any case, individuals undergoing treatment at Proyecto Hombre had chronic medical conditions in no greater incidence than expected for the general population.



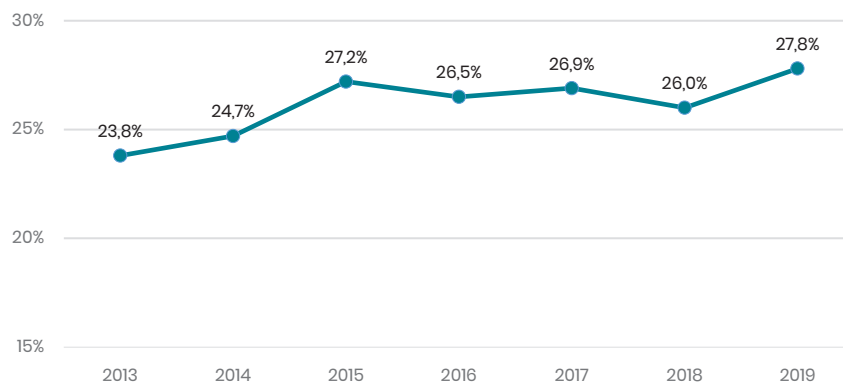
13. Do you regularly take any prescription drugs?

Taking of medication, total and by gender. Accumulated 2013-2019

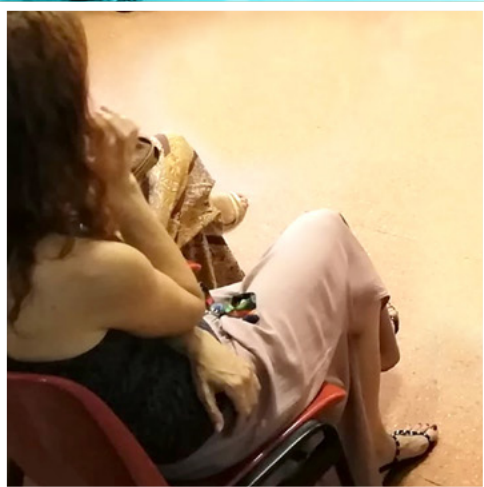


- 26.4% of individuals requesting treatment at Proyecto Hombre were regularly taking some sort of prescription medication. Incidence was much higher in women (+9.7%) than men.
- The moderately upward year-on-year trend for 2013-2019 is similar to the trend observed in terms of percentage of treated individuals who have chronic medical conditions.

Taking of medication. 2013-2019



Psychiatric Problems

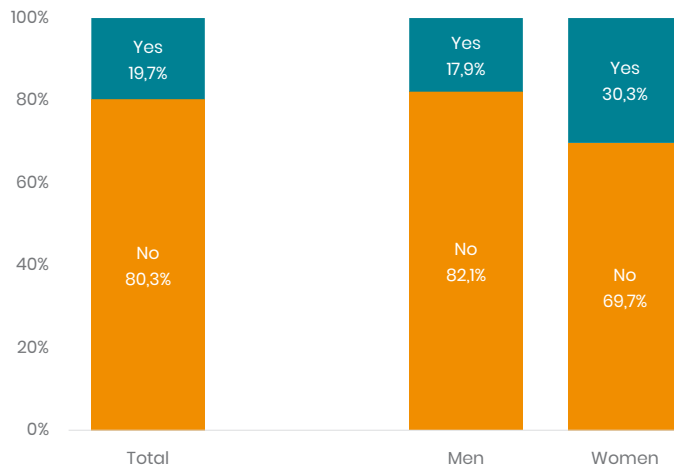


Proyecto Hombre Murcia

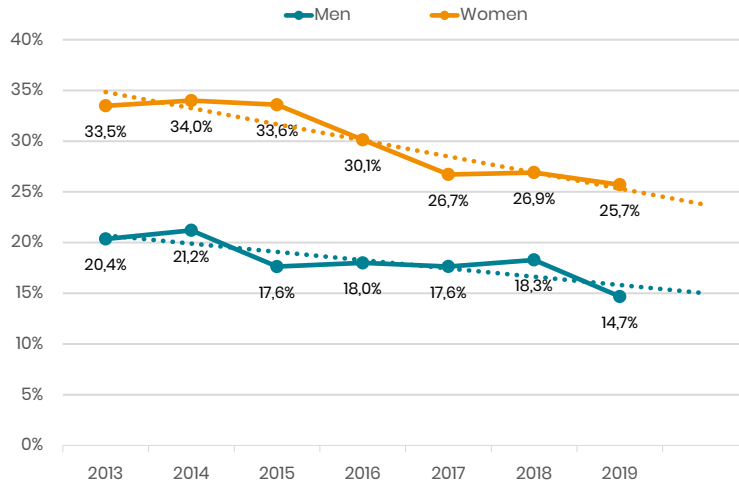
14. Have you received clinical treatment for psychological or emotional problems?

- In the 2013–2019 period, 19.7% of individuals who began treatment at Proyecto Hombre had received hospital treatment for psychological or emotional problems prior to admission.
- For women, this proportion is considerably higher than men, differing by 12.4%.
- However, there was a downward trend for both genders in the analysed period. For women, this figure drops from 33.5% in 2013 to 25.7% in 2019, and, for men, it goes from 20.4% in 2013 to 14.7% in 2019.

In-patient treatment, total and by gender.
Accumulated 2013–2019

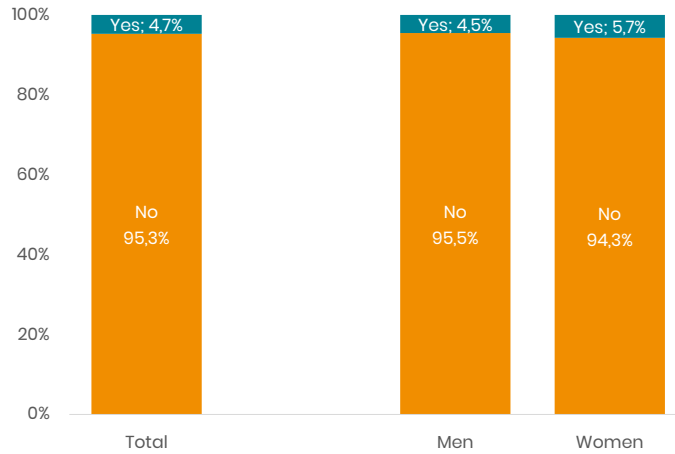


**In-patient treatment, by gender.
2013-2019**

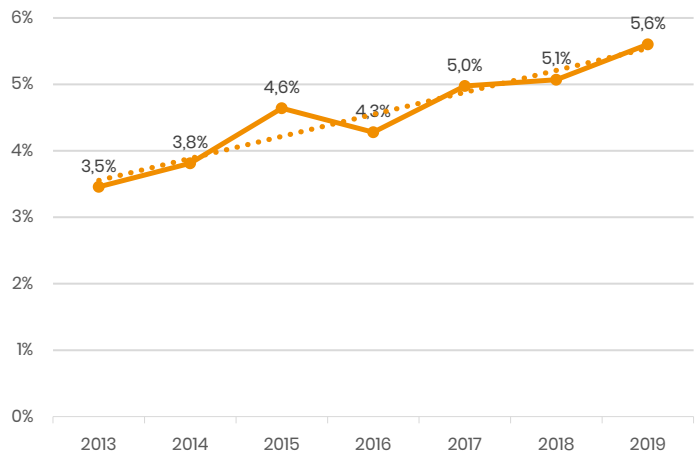


15. Do you receive a disability pension?

**Disability pension, total and by gender.
Accumulated 2013-2019**



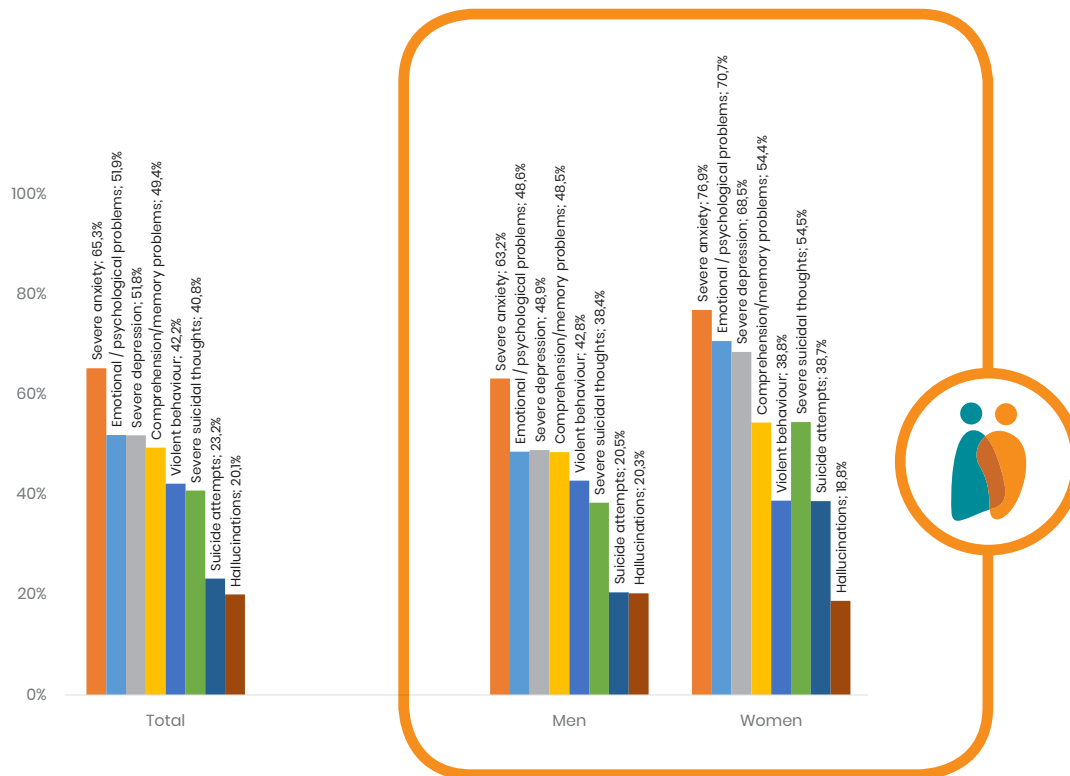
**Disability pension.
2013-2019**



- In the 2013-2019 period, 4.7% of individuals undergoing treatment at Proyecto Hombre received a pension for mental disability, which was slightly higher for women (+1.2%) compared to the men.
- The figures clearly trend upwards throughout the analysed period, going from 3.5% in 2013 to 5.6% in 2019.

16. Experience of other psychiatric problems (not linked to alcohol or drug use) throughout life

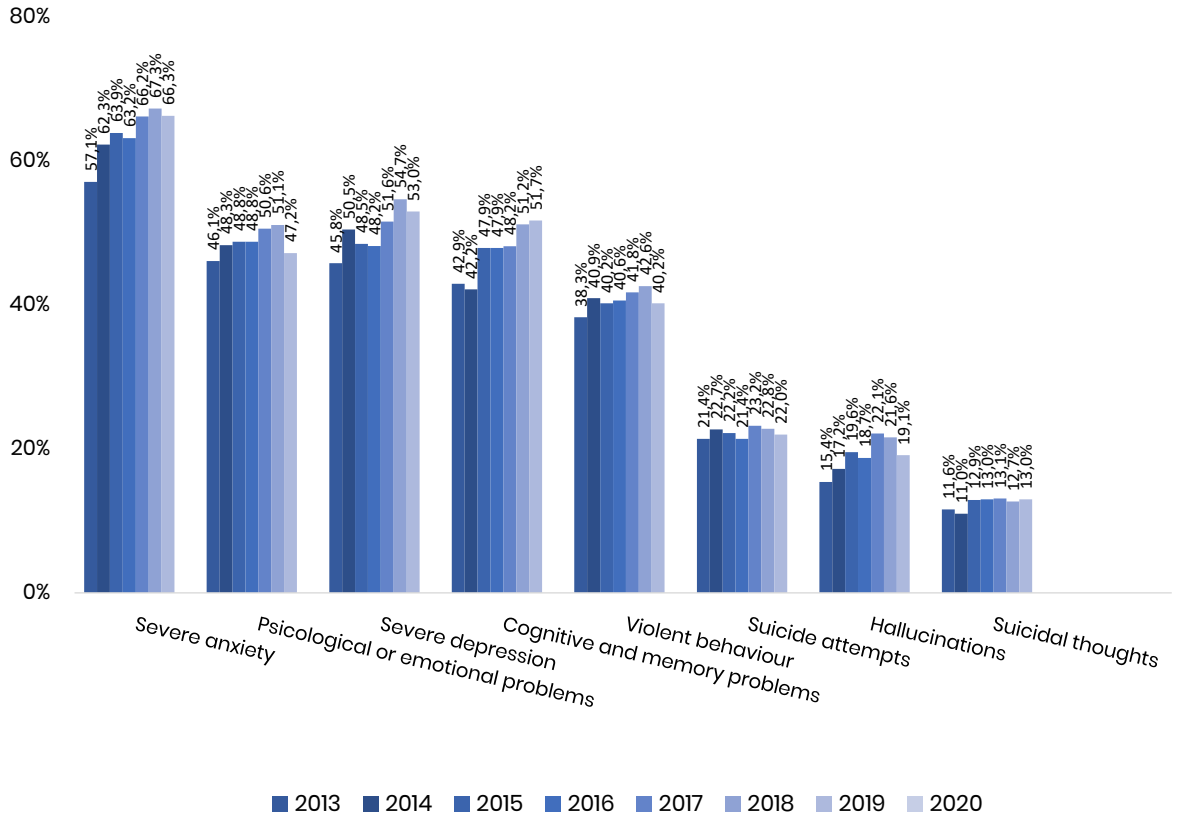
Other psychiatric problems, total and by gender.
Accumulated 2013-2019



- A high prevalence in the comorbidity of addiction is observed with psychiatric disorders. More specifically, there is an elevated lifetime incidence of severe anxiety disorders (65.3%), followed by emotional/psychological problems (51.9%) and severe depression (51.8%).
- A further indicator of the degree of mental health impairment in individuals treated through Proyecto Hombre is that 40.8% have had suicidal thoughts throughout their lives and 23.2% have attempted suicide.
- While severe anxiety is also prevalent for men regarding this pathology and all the others, it is much lower than women in terms of percentage.
- Gender also contrasts in that suicidal thoughts in women ranks fourth in prevalence (54.5%) compared to sixth in men (38.4%), just the opposite of violent behaviour.



Other psychiatric problems.
2013-2019



Proyecto Hombre Castellón (N.L)

- Considering how the data have evolved throughout these years, the general trend is towards a moderate progressive increase in individuals undergoing treatment who have experienced such cases.
- Severe anxiety throughout life has been steadily rising since 2013, going from 57.1% to 66.3%.
- Problems with controlling violent behaviour, hallucinations, severe depression and emotional/psychological problems have also been trending slightly upward.
- Similar to suicidal thoughts, suicide attempts have a stable prevalence of between 21.4% and 22.0% in the first case, and between 11.6% and 13.0% in the second

Education and employment

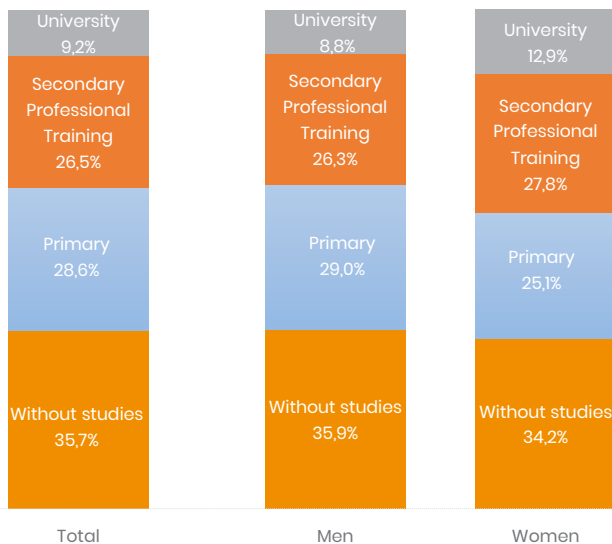


Proyecto Hombre Cataluña (N.L.)

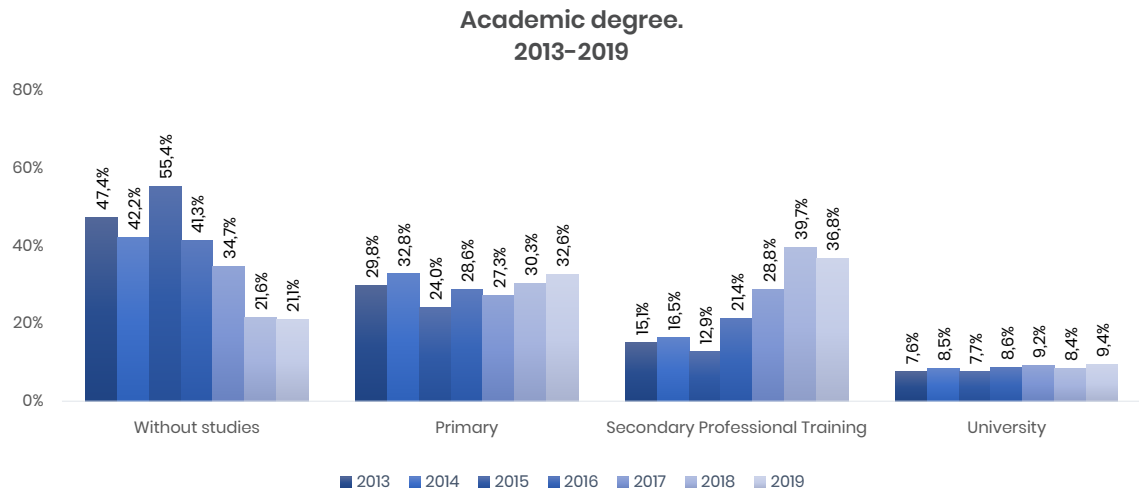


17. Academic level achieved

Academic degree, total and by gender.
Accumulated 2013-2019



- According to the accumulated total for 2013-2019, nearly one in 10 individuals (9.2%) has university studies.
- The central block entails individuals with secondary (26.5%) and primary (28.6%) studies as highest completed level of schooling.
- Finally, 35.7% lack studies and constitute the majority. It should be noted that the academic level of 2 out of every 3 individuals is lower than secondary studies.
- By gender, women have a comparatively higher educational level.
- Women have more secondary studies than men (by 1.5%) and also more university studies (by 4.1%).
- Conversely, men have more primary education (+3.9%) or lack studies altogether (+1.7%).

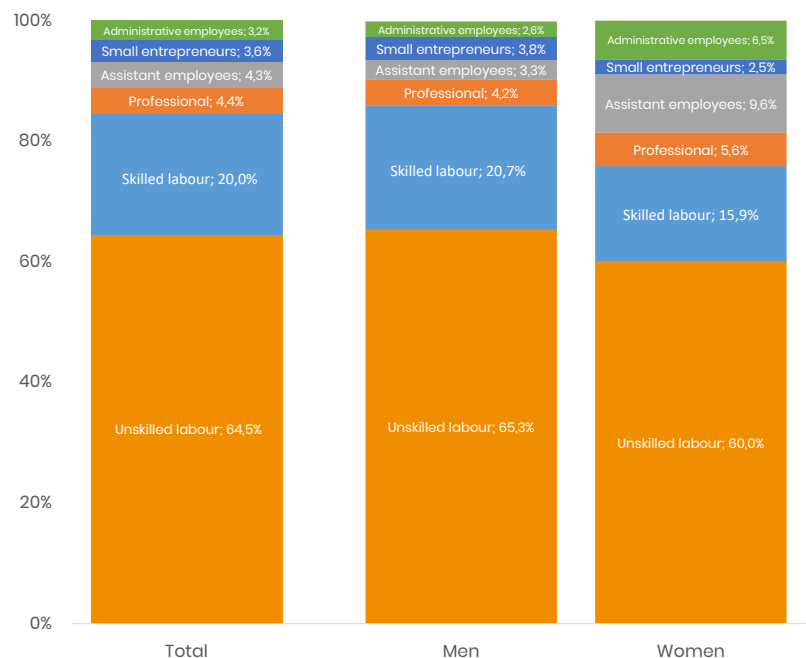


- Turning to the higher academic level achieved in the 2013-2019 period, the percentage of individuals with university studies remained stable.
- There is a notably constant rise in secondary education, going from 15.1% in 2013 to 36.8% in 2019, and thus representing a 21.7% increase.
- In parallel, the continuous and abrupt drop in individuals without studies undergoing treatment in 2013-2019 represented a 26.3% decrease.

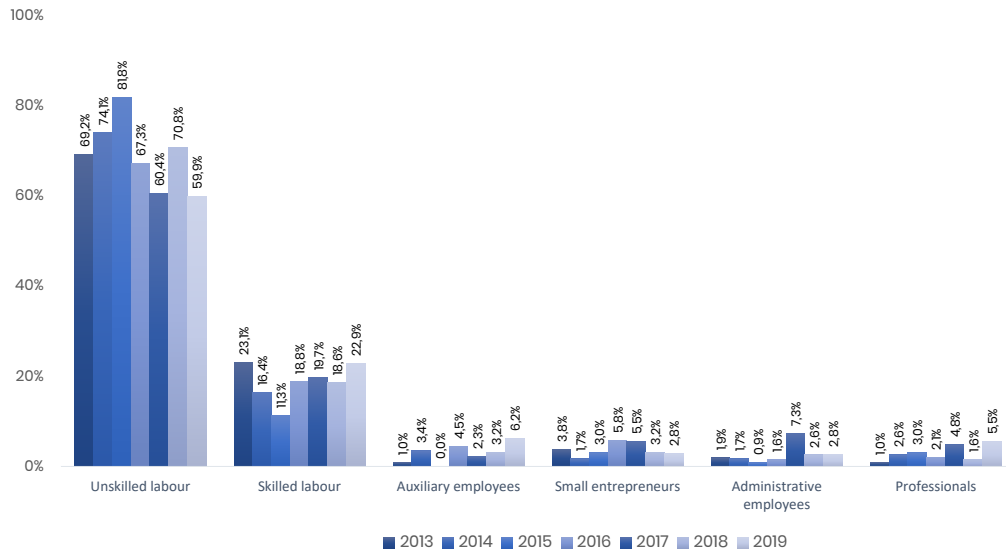
18. Regular (or last) occupation

Regular (or last) occupation, total and by gender.
Accumulated 2013-2019

- 64.5% of users held or had held an unskilled job before admission.
- This is followed by users whose jobs require prior training, albeit at a considerably lower volume (20.0%).
- There is an even lower percentage of professionals (4.4%), auxiliary employees (4.3%), small businessmen (3.6%) and, ultimately, administrative employees (3.2%).
- These percentages are similar for men and women alike. However, 5.3% more men than women hold or have held a job requiring no prior training, though women also have a higher proportion of auxiliary, administrative and professional employees.



Regular (or last) occupation. 2013-2019

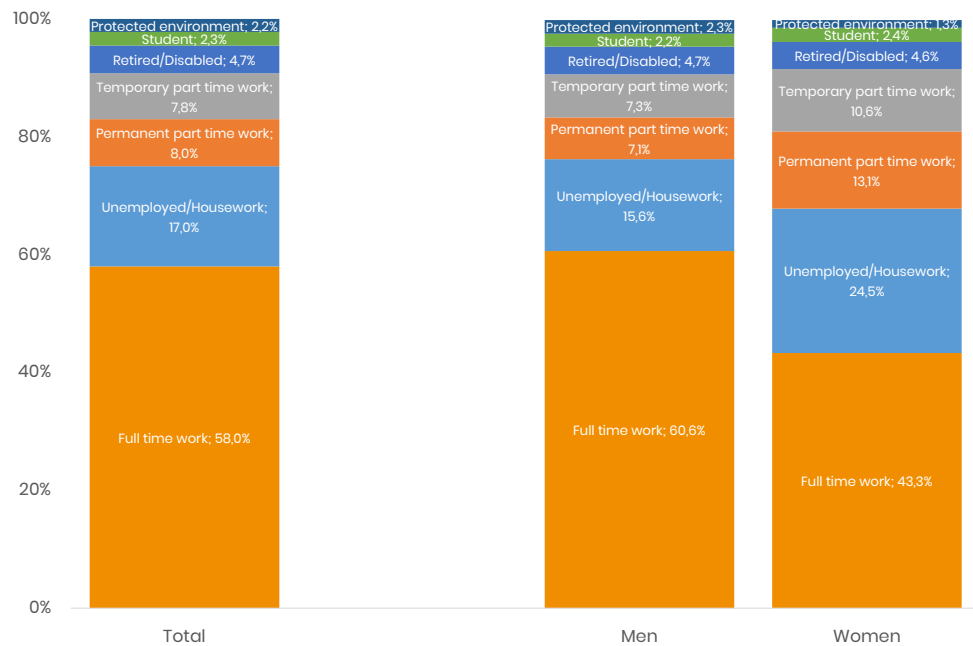


- In each year during the 2013-2019 period, the percentage of individuals who have held or hold unskilled jobs (requiring no prior training) is always much higher than individuals with other occupations. This item nonetheless undergoes year-to-year fluctuations, with a prominent 14.5% drop between 2015 and 2016 followed by a 10.4% rise between 2017 and 2018. The maximum (81.8%) was reached in 2015.
- A similar trend occurred regarding skilled jobs (requiring prior training), though with much smaller fluctuations and a minimum reached in 2015 (11.3%).

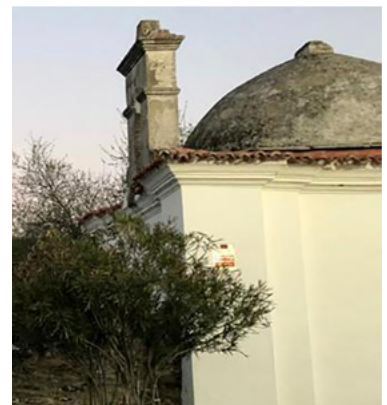


19. Labour situation (usual employment pattern over the last 3 years)

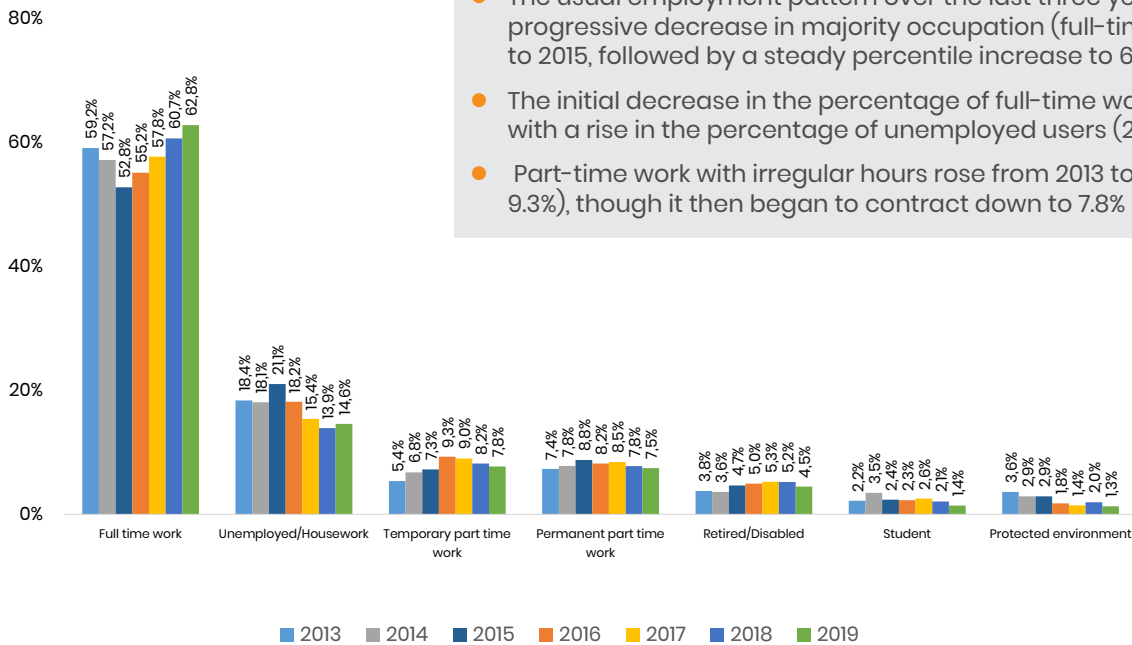
Labour situation, total and by gender.
Accumulated 2013–2019



- A full-time job was the most common employment pattern for users in the 2013–2019 period (58.0%).
- This proportion is higher for men than for women, differing by 17.3 points. Women nevertheless had a higher unemployment percentage (including women responsible for household chores) than men in the same situation by 8.9%.
- Unemployment appears as the second most common labour situation in the group (17.0%), broken down as 15.6% for men versus 22.5% for women.
- Additional situations, albeit occurring at a lesser degree, include students (2.3%) and individuals living in a protected environment (2.2%).



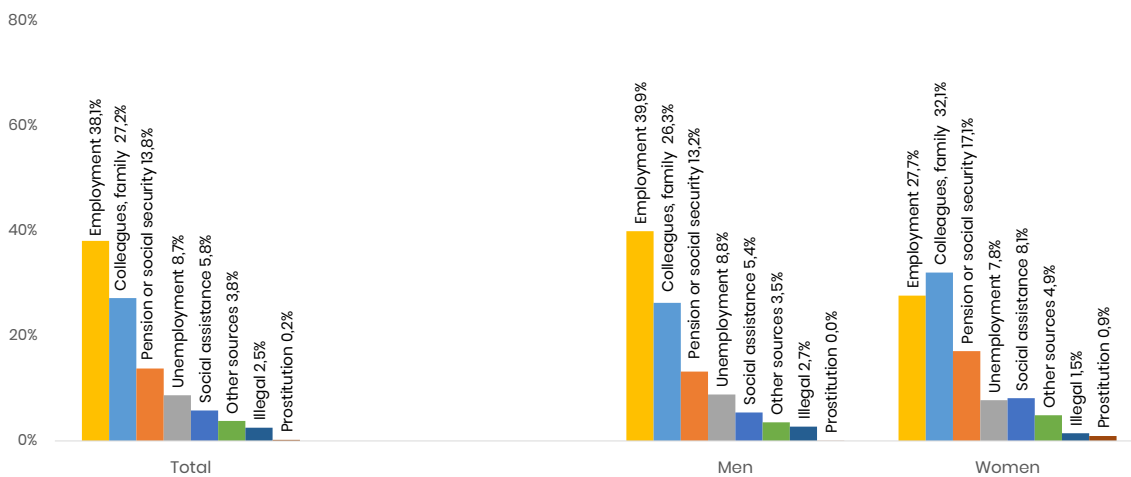
**Labour situation.
2013-2019**



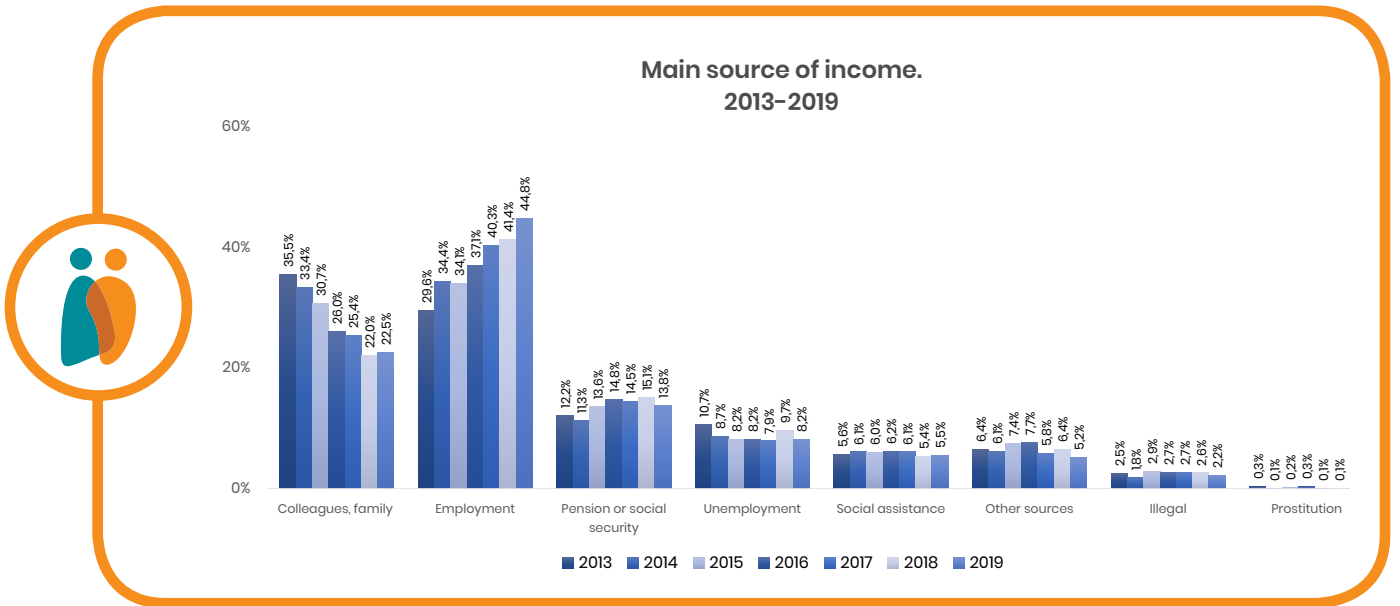
- The usual employment pattern over the last three years shows a progressive decrease in majority occupation (full-time work) from 2013 to 2015, followed by a steady percentile increase to 62.8% in 2019.
- The initial decrease in the percentage of full-time work in 2015 correlates with a rise in the percentage of unemployed users (21.1%).
- Part-time work with irregular hours rose from 2013 to 2016 (from 5.4% to 9.3%), though it then began to contract down to 7.8% in 2019.

20. Main source of income

**Main source of income, total and by gender.
Accumulated 2013-2019**



- According to the accumulated data for 2013-2019, the main source of income for users is employment (38.1%) followed by friends and family (27.2%) and pension or Social Security (13.8%).
- This order (employment, friends, family, pensions or Social Security) is sustained among men in a percentage higher than the total for employment (39.9%).
- This order is nevertheless reversed among women. For women, the main sources of income are friends and family (32.1%) followed by employment (27.7%) and pension or Social Security (17.1%). Women also had a 2.7% greater dependence on social aid than men.

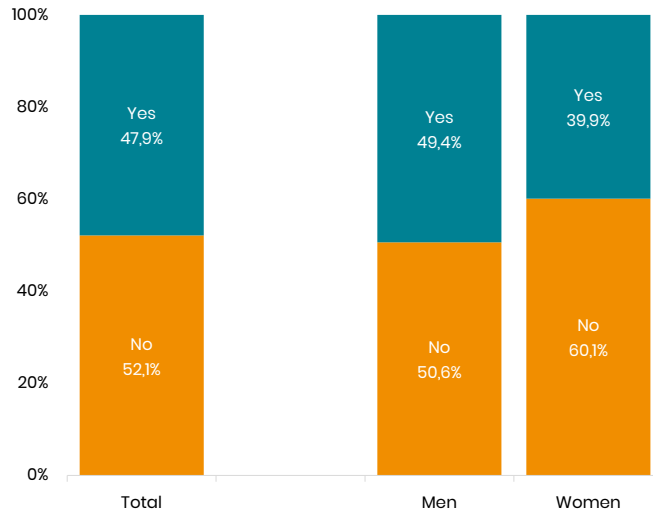


- Employment as the main source of income was progressively increasing since 2013, rising from 29.6% in 2013 to 44.8% in 2019. Conversely, there was also a decrease in dependency on friends and family in this period from 35.5% in 2013 to 22.5% in 2019.
- All other sources of income show insignificant fluctuations in the analysed period.



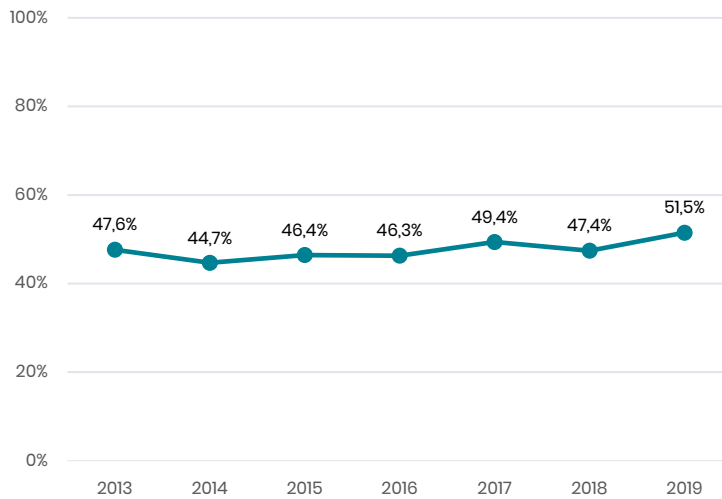
21. Users with debts

Users with debts, total and by gender.
Accumulated 2013-2019



- Slightly more than half of the users have no debt (52.1%), with women having less debt than men (-9.5%).
- The slight upward trend in the incidence of debt among users throughout the 2013-2019 period began in 2014.

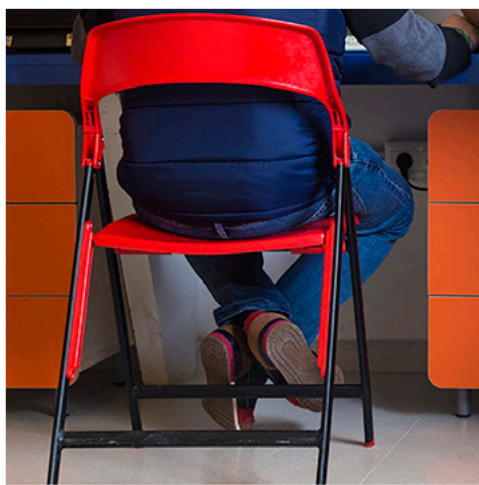
Users with debts.
2013-2019



Use of Alcohol and Other Drugs

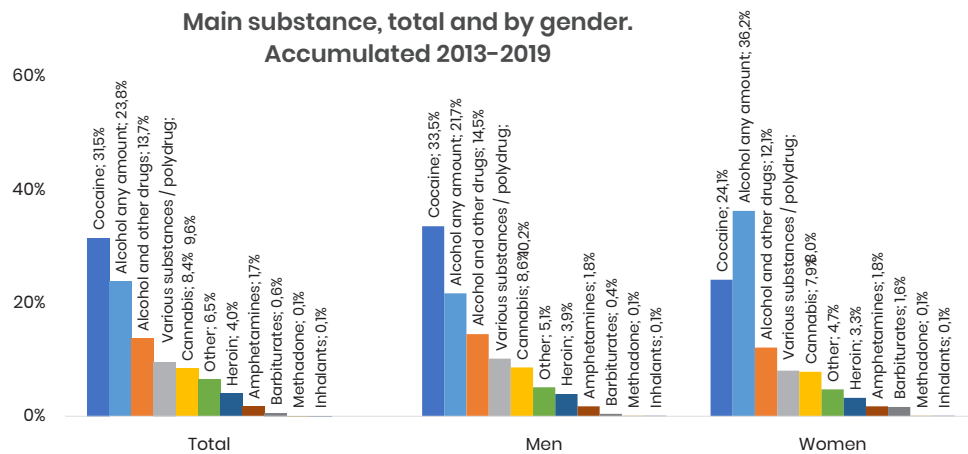


Proyecto Hombre Sevilla (N.L)



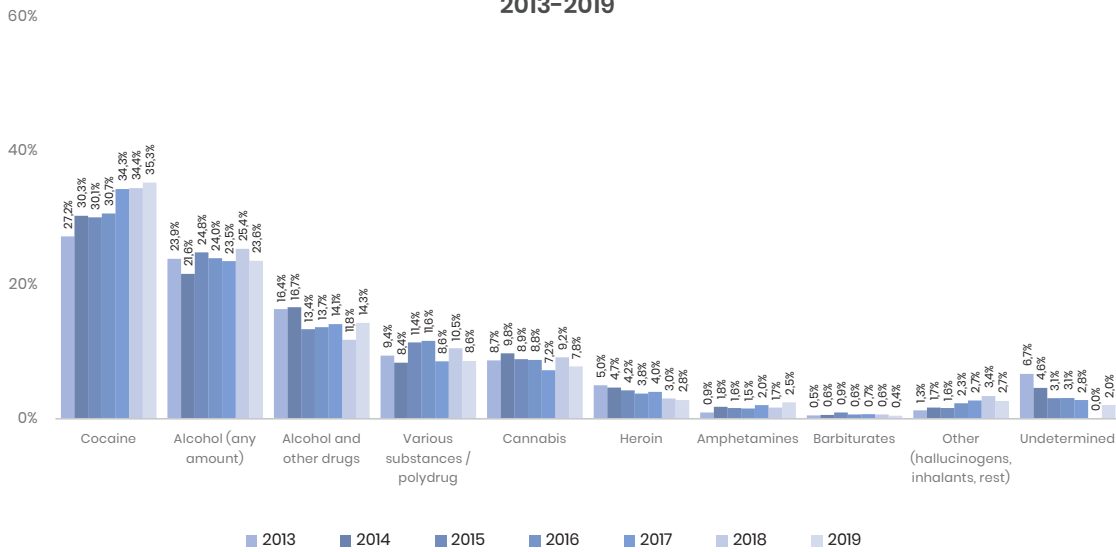
22. Which substance is the main problem?

Main substance, total and by gender.
Accumulated 2013-2019



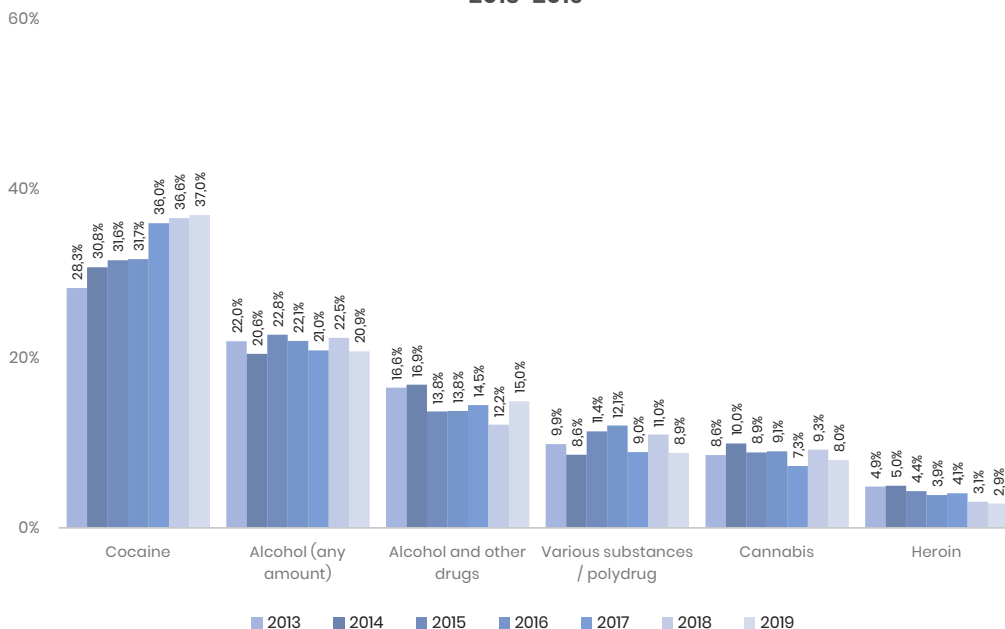
- Most users seek Proyecto Hombre because of problems with cocaine (31.5%). The percentages in this regard are 24.1% for women and 33.5% for men.
- Alcohol ranks as the second main substance of problematic consumption (23.8%), regardless of the consumption pattern, i.e. in either Large Quantities (LQ) or Any Quantity (AQ). However, in this case it not only occurs in a greater proportion amongst women (36.2%) than men (21.7%), but for them it is the most common main substance, surpassing cocaine (+12.1%).
- The distribution for the rest of substances follows a similar provision for both genders, with alcohol and other drugs in third place, and cannabis in fourth.
- Despite its relatively low incidence on the whole, it is worth noting that the percentage corresponding to barbiturates is comparatively higher among women (1.6%) compared to men (0.4%).

Main substance TOTAL. 2013-2019

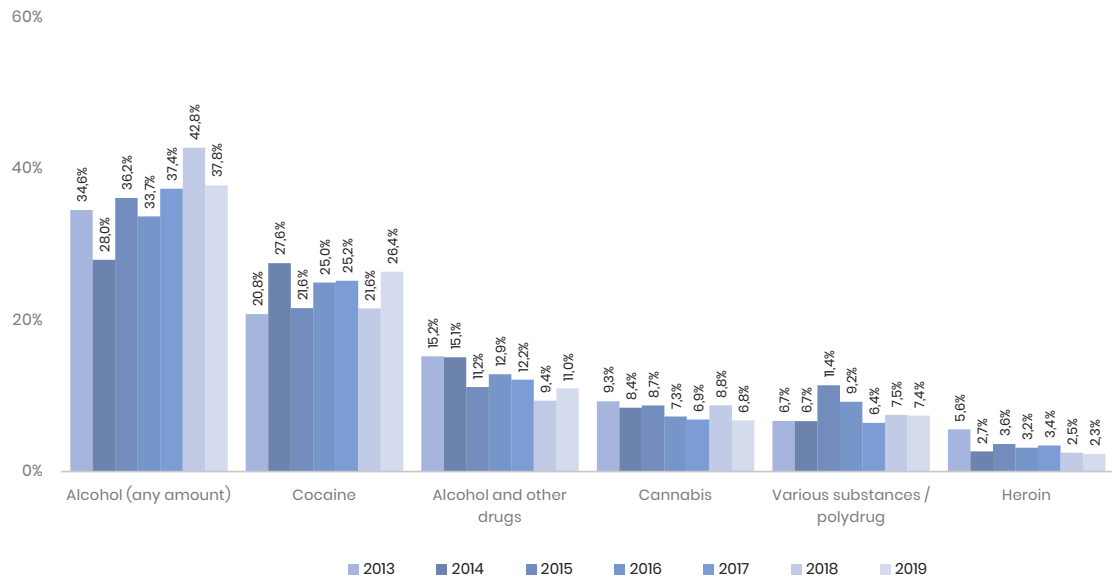


- An examination of the trend during the 2013-2019 period reveals a prominently progressive increase in the percentage of individuals in treatment who had cocaine as their main substance of consumption; rising from 27.2% in 2013 to 35.3% in 2019.
- At the same time, the percentage of users who used heroin as their main substance continuously decreased from 5.0% in 2013 to 2.8% in 2019.
- The remaining substances show few notable variations throughout the years of study, with a slight downward trend in alcohol and other drugs, and a small increase in amphetamines.

Main substance. MEN. 2013-2019



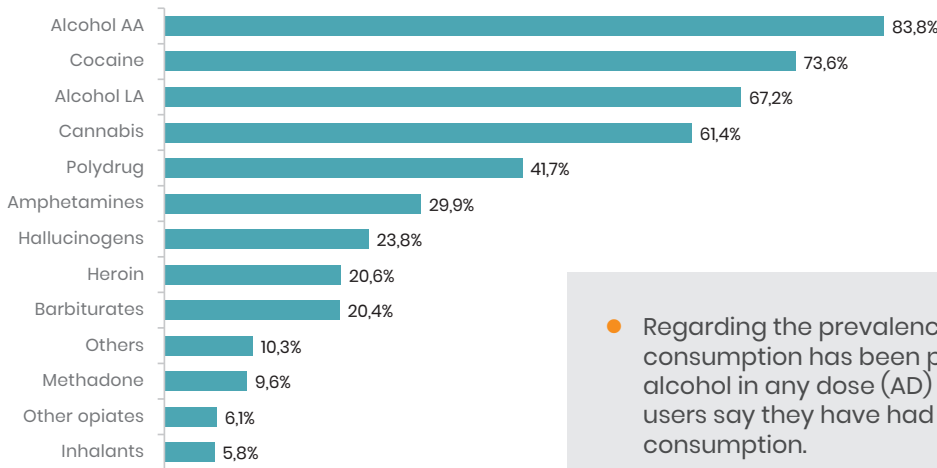
Main substance. WOMEN. 2013-2019



- Cocaine not only maintained its prominent position as the main substance among men in the 2013-2019 period, but also grew steadily from 28.3% in 2013 to 37.0% in 2019. However, alcohol as a second substance fluctuated only slightly and remained between 20.6% and 22.8% every year.
- Alcohol occupies the first position in terms of prevalence as the main substance of problematic consumption for women in all the years of the 2013-2019 period, with a growing, albeit irregular, trend throughout those years. Cocaine, as the second main substance among women, also had an irregular incidence from 2013 to 2019, ranging between 20.8% and 27.6%, yet with no clear trend.
- The incidence of heroin use among both men and women nevertheless decreased throughout the analysed period from 4.9% to 2.9% in men and from 5.6% to 2.3% in women. There is also a certain downward trend in the consumption of alcohol and other drugs, albeit much clearer for women, where it decreased from 15.2% in 2013 to 11.0% in 2019, compared to the decrease from 16.6% to 15.0% for men.
- Cannabis usage percentages between 2013 and 2019 ranged between 7.3% and 10.0% among men, albeit irregularly. There is a slight downward trend among women, decreasing from 9.3% in 2013 to 6.8% in 2019.

23. Problematic substance use throughout life (multiple choice option)

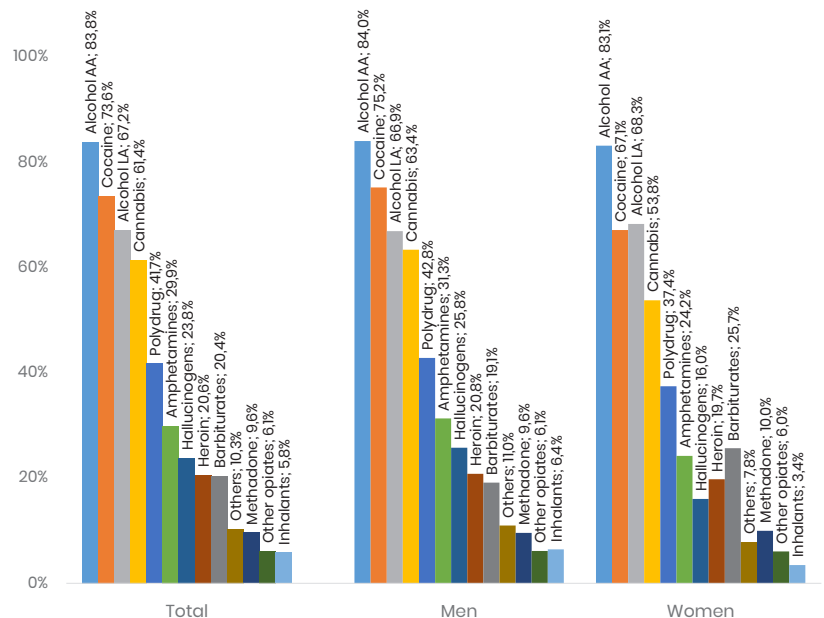
Problematic consumption (multiple choice)
Accumulated 2013-2019



- Regarding the prevalence of substances whose consumption has been problematic throughout life, alcohol in any dose (AD) stands prominent, as 83.8% of users say they have had regular or problematic alcohol consumption.
- This is followed by cocaine (73.6%) and then large quantities of alcohol and cannabis, substances that have a lifetime prevalence of over 60%.
- The remaining substances are already below 30% prevalence.

- According to an analysis of the data accumulated in the 2013-2019 period, alcohol in any dose ranks as the substance with the highest prevalence of problematic consumption throughout life for both men (84%) and women (83.1%). Regarding alcohol in large doses, women have a slightly higher consumption (68.3%) than men (66.9%). However, given the lack of any striking difference in either category, we could deduce similar consumption of this substance for both sexes.
- There is a certain difference regarding the prevalence of cocaine use between men and women, since women consume 8.1% less.
- There is a similar consumption pattern for the remaining substances, except in the order of prevalence of barbiturates (sixth place among women and ninth among men) and amphetamines (sixth place among men and seventh among women).

Lifetime problematic consumption (multiple choice),
total and by gender.
Accumulated 2013-2019



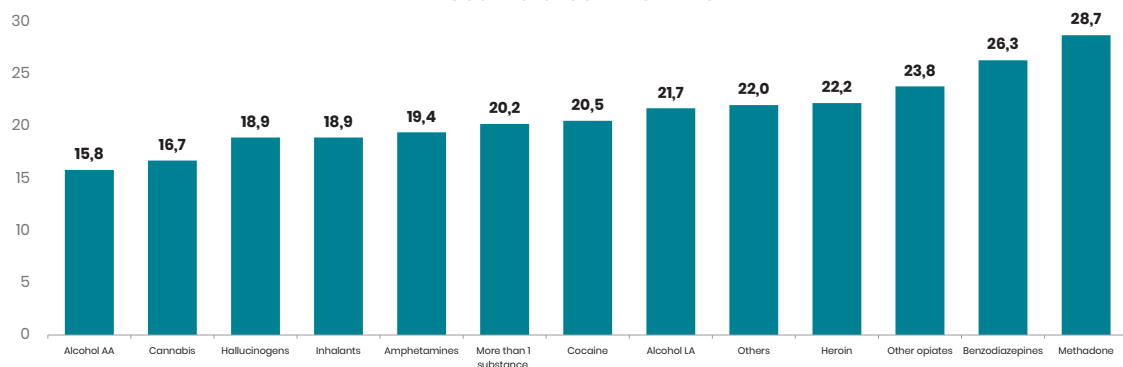


Proyecto Hombre Córdoba

24. Average age of onset of problematic consumption by substance and gender

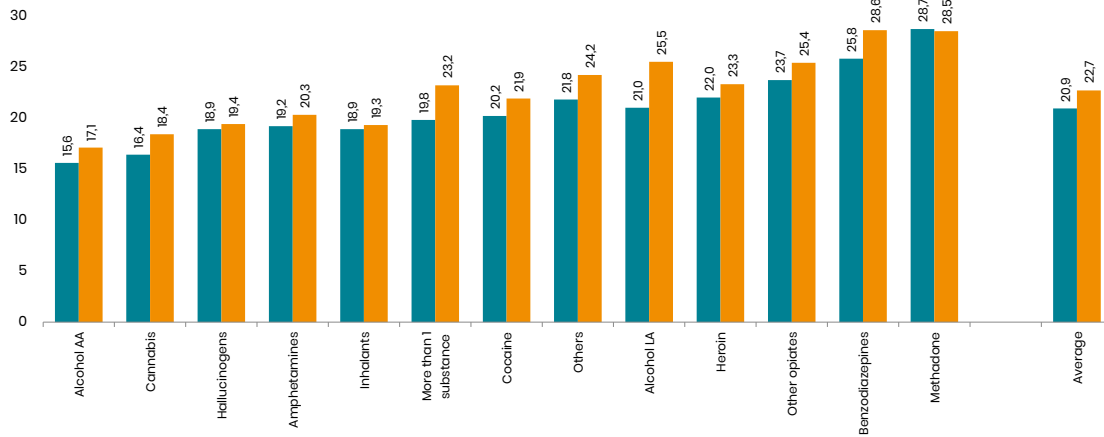


Average age of onset of use.
Accumulated 2013–2019



- Users in Proyecto Hombre acknowledge having begun problematic consumption of alcohol between the ages of 15 and 16 and cannabis between the ages of 16 and 17.
- According to the data, the start of consumption of hallucinogens, inhalants and amphetamines would have occurred between the ages of 19 and 20, while cocaine would be at 20.5.
- Abuse or problematic consumption of the remaining studied substances begins at the age of 20, in which regard the consumption of benzodiazepines and methadone has the latest onset.

Average age of onset of use, by gender.
Accumulated 2013-2019

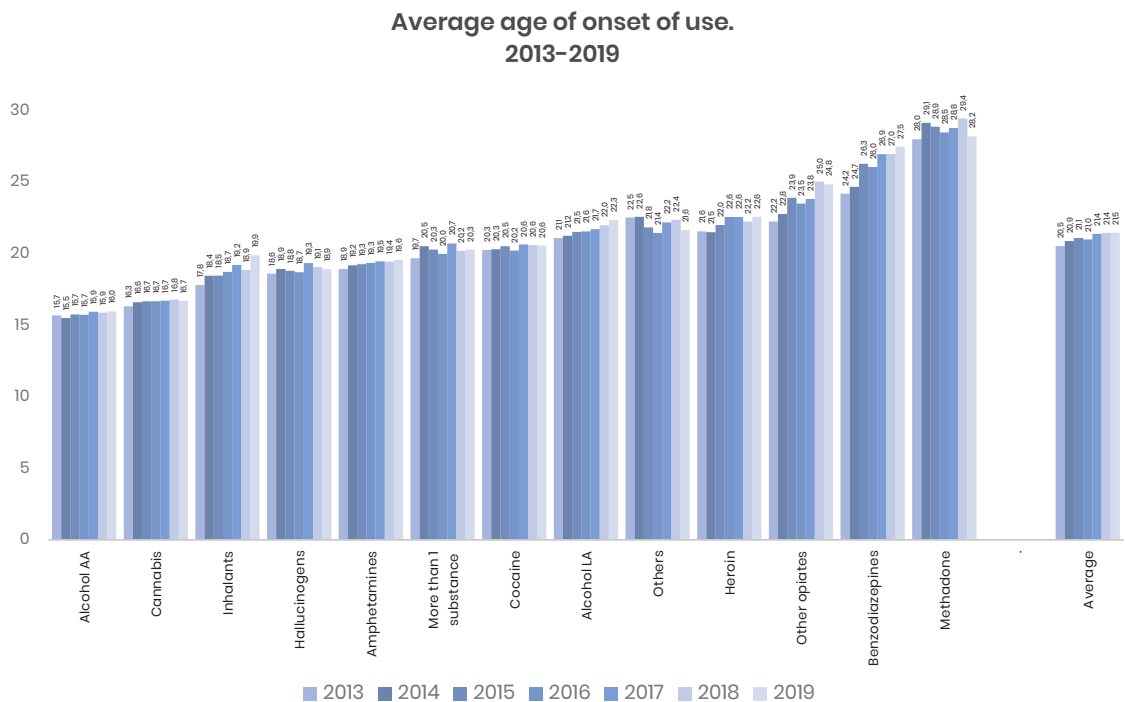


- While there are no significant differences by gender in the order of first substance use at the earliest ages associated with the consumption of alcohol, cannabis and hallucinogens: order differs for the other substances.
- In this regard, discrepancies appear when taking the average onset age for the different substances as a reference: women generally tend to start problematic consumption almost two years later than men (1.8).
- Women have a later onset of consumption for virtually all substances, especially with alcohol in large quantities (4.5 later).





25. Average age of onset of problematic consumption by substance over time



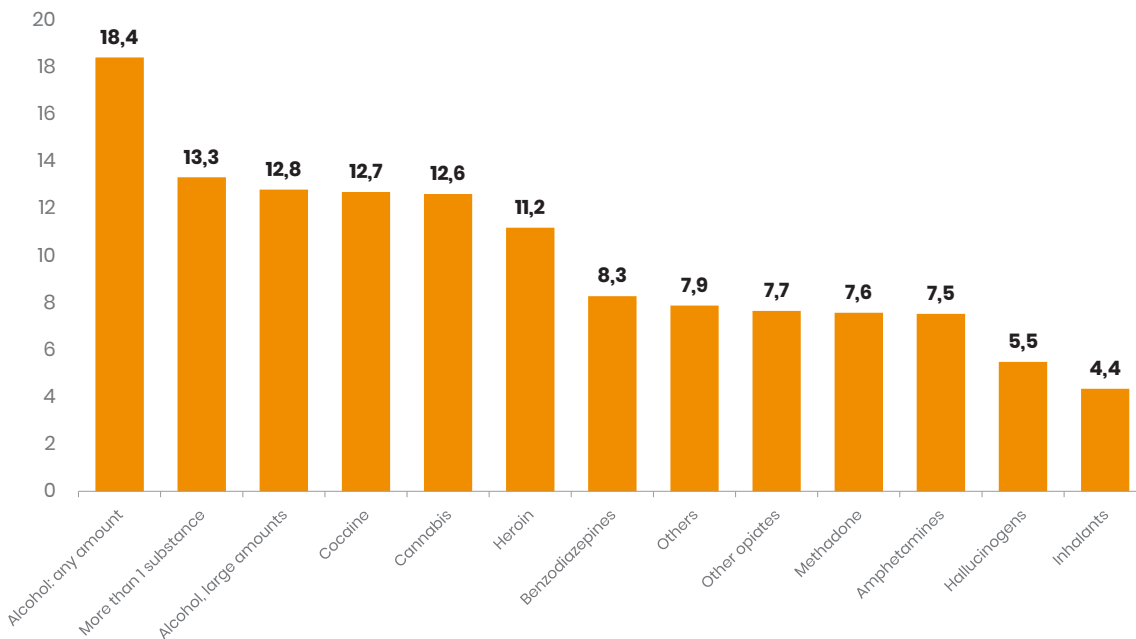
- Throughout the 2013–2019 period, the average age of consumption onset by substances changes, albeit subtly, tending to rise in all substances except methadone.
- According to the average, users had started consuming at the age of 20.5 in 2013, while 2019 data points to a one-year increase in the average age of onset.
- An upward trending age of onset over these years is more evident for some substances such as inhalants (+2.1), alcohol in large quantities (+1.2), and above all, other opiates (+2.6) and benzodiazepines (+3.3).



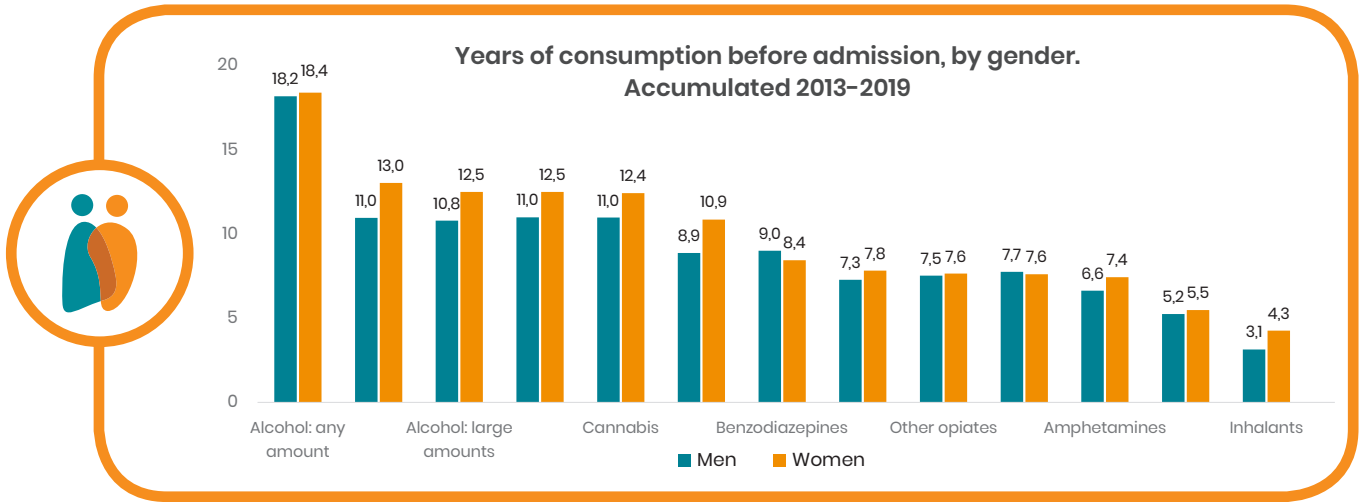
Proyecto Hombre Alicante

26. Years of consumption before entering Proyecto Hombre

Years of consumption before admission.
Average 2013-2019



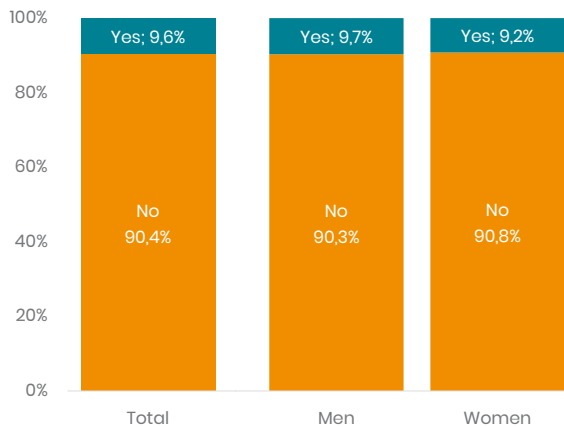
- Alcohol in any amount was the substance consumed for more years (18.4) by individuals undergoing treatment before entering Proyecto Hombre, followed by polyconsumption (13.3) and, with a similar time for women, alcohol in large quantities (12.8), cocaine (12.7) and cannabis (12.6).
- The substances associated with a shorter consumption time before entering treatment are hallucinogens (5.5) and inhalants (4.4).



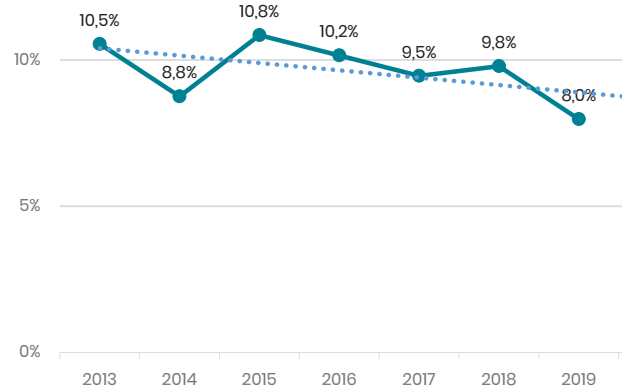
- Men generally enter Proyecto Hombre with a shorter consumption time of any substance (9 years on average) compared to women (9.9 years).
- This difference between women and men becomes greater for heroin (2 years) and alcohol in large quantities (1.7 years).
- Benzodiazepines are the only substance in which men go to treatment six months earlier on average than women.

27. Have you ever shot up?

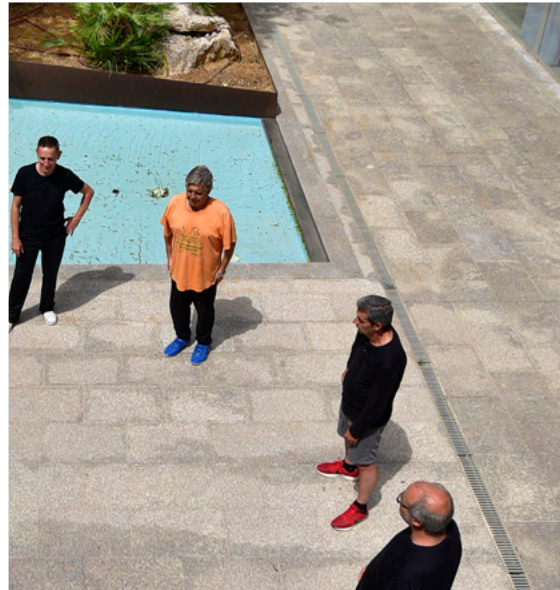
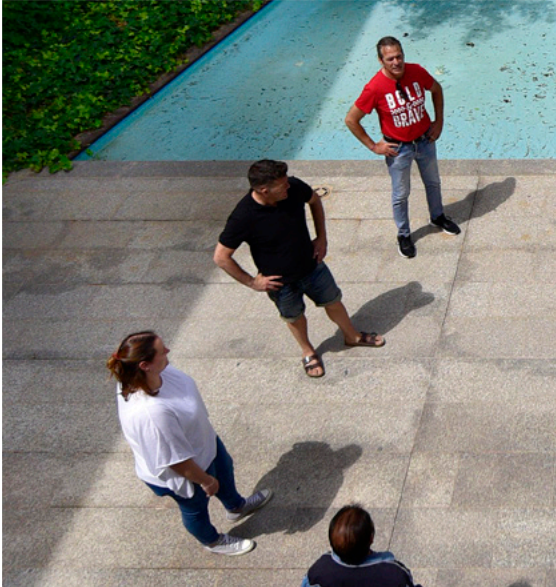
Consumption by injection, total and by gender. Accumulated 2013-2019



Consumption by injection, total. 2013-2019



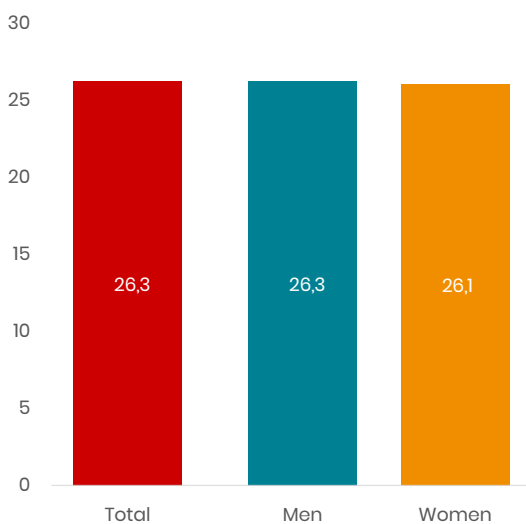
- According to the accumulated data from the 2013-2019 period, 9.6% of users admitted to having used drugs by injection at some time throughout their lives, with hardly any differences between men and women.
- The figures trend downward throughout this period insofar as the percentage of users who have injected themselves at least once in their lives, though with some specific fluctuations.



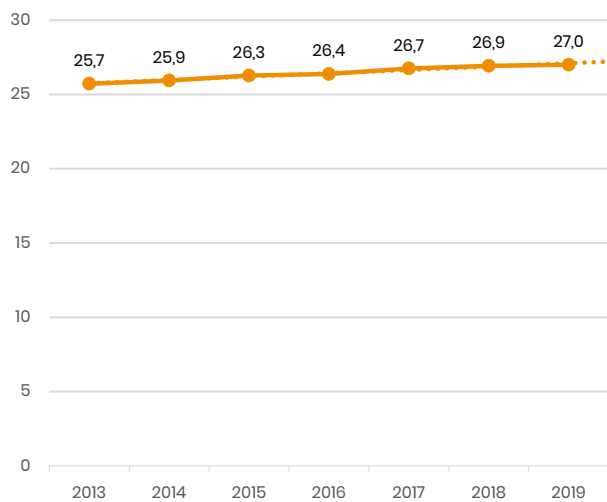
Projecte Home Balears

28. Average age of first injection

Average injection start age, total and by gender. Accumulated 2013-2019



Average injection start age. 2013-2019



- Among the users who have injected themselves once in their lives (regardless of the substance), the average age for starting down this path of consumption is 26.3. This average is virtually identical in men and women.
- The age at which users inject for the first time has been gradually increasing since 2013 and throughout the analysed period.

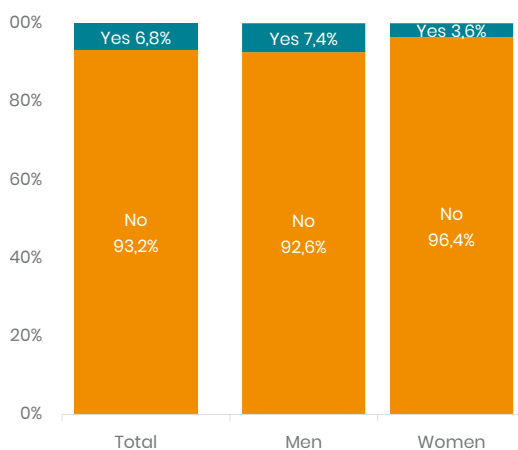
Legal aspects



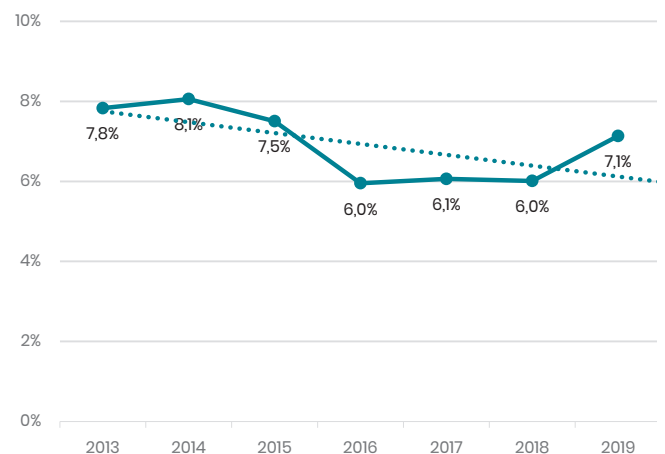
Proyecto Hombre Murcia

29. Was admission promoted as suggested by legal authority?

Judiciary admission, total and by gender.
Accumulated 2013-2019



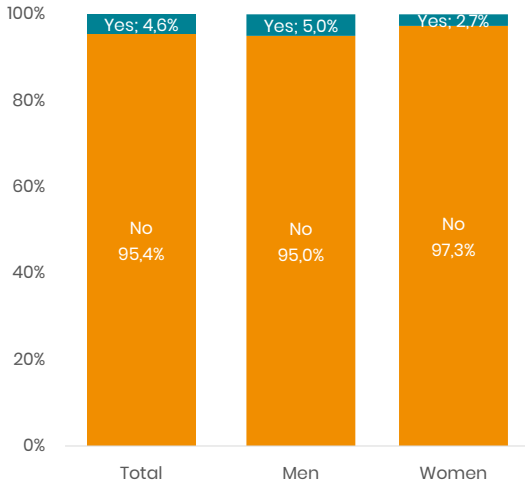
Judiciary admission.
2013-2019



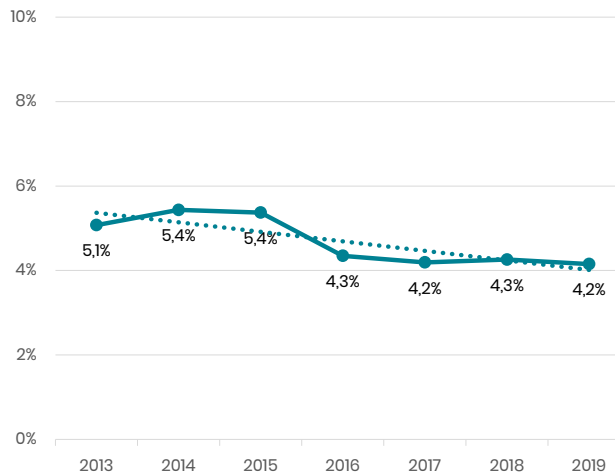
- Between 2013 and 2019, 6.8% of individuals who began treatment at Proyecto Hombre did so through application of judicial measures to avoid a prison sentence for the sake of undertaking a treatment and rehabilitation process. This situation occurred half as often with women (3.6%) compared to men (7.4%).
- There is a decrease in income promoted by judiciary suggestion throughout the analysed period, though the 2019 percentage returns to the average of the initial years.

30. Are you on parole?

Parole, total and by gender. Accumulated 2013-2019



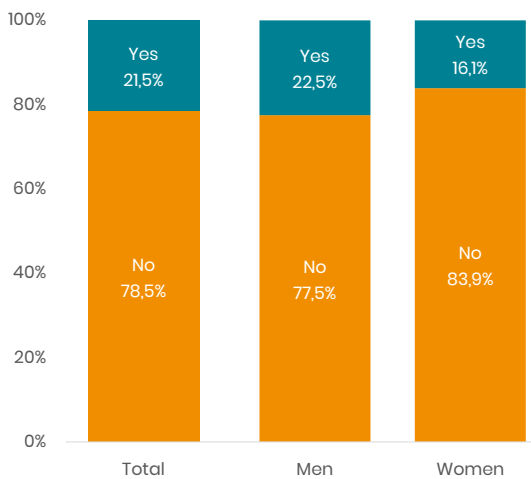
Parole. 2013-2019



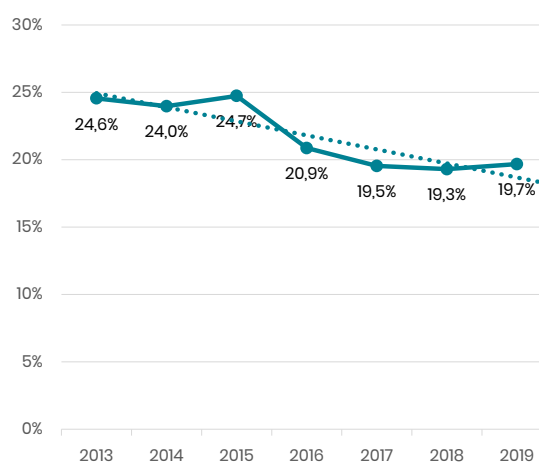
- In the 2013-2019 period, 4.6% of individuals who began treatment at Proyecto Hombre had been on parole at the time. Regarding the figures for this situation, men (5.0%) nearly double women (2.7%).
- There is a downward trend starting in 2015 insofar as the proportion of individuals on parole who begin treatment at Proyecto Hombre.

31. Any pending cases at the time of admission?

Pending cases, total and by gender. Accumulated 2013-2019



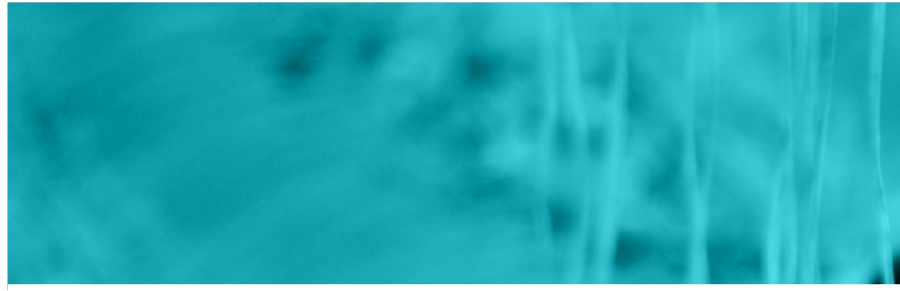
Pending cases. 2013-2019

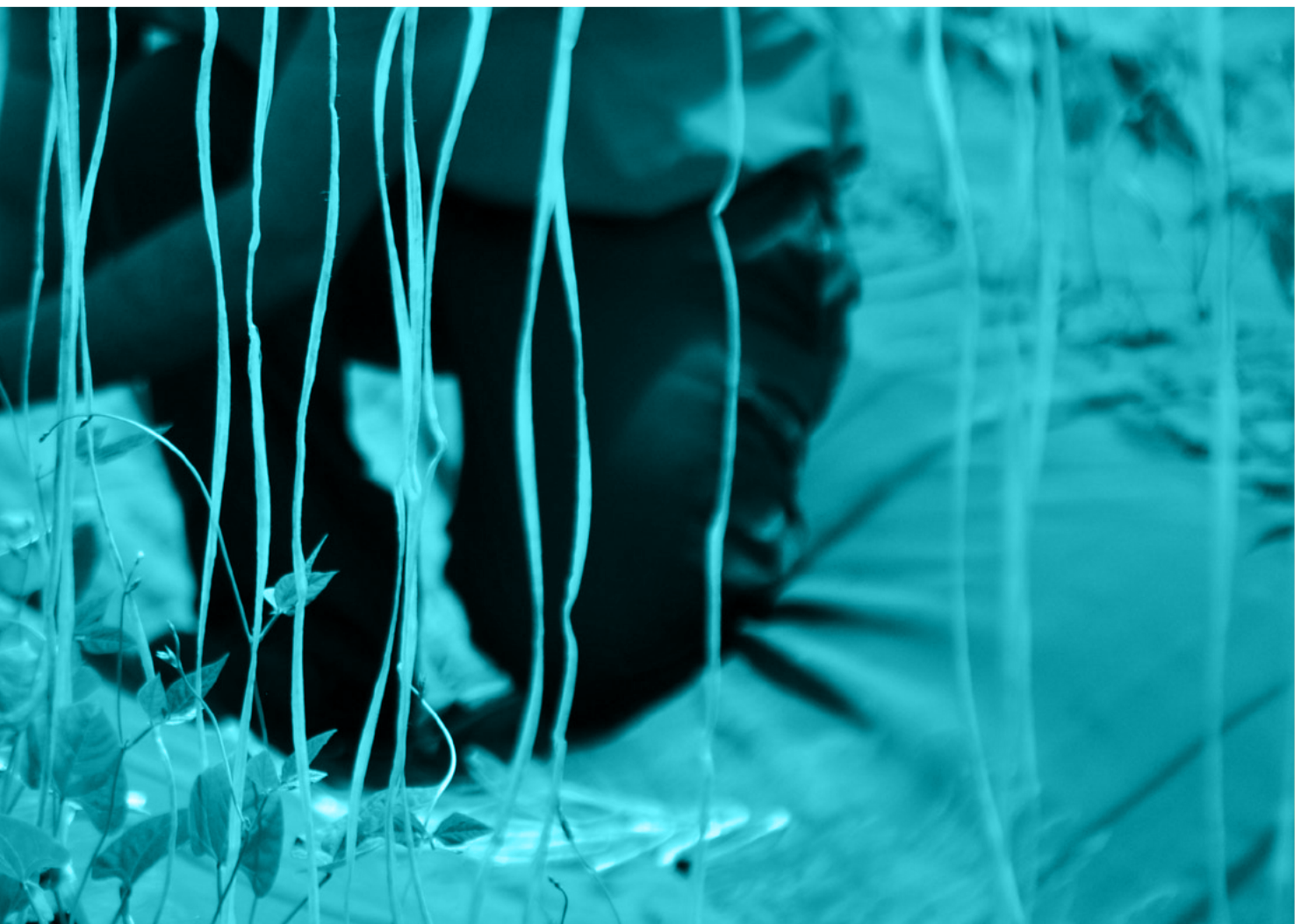
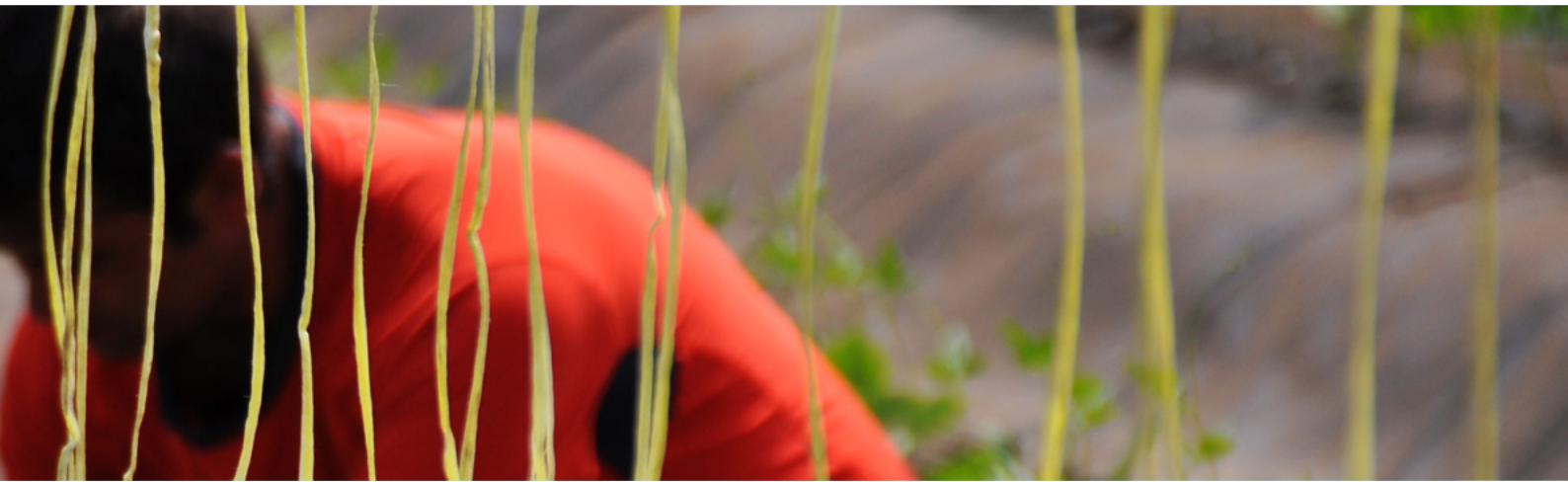
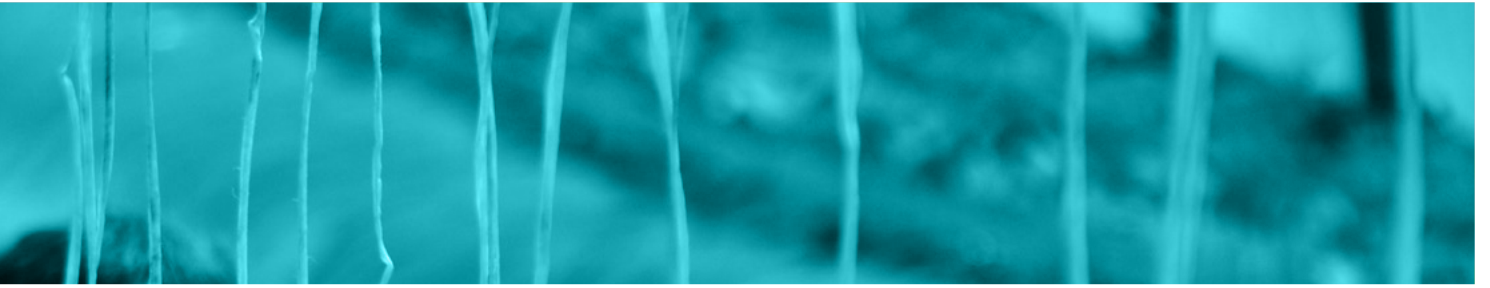


- A vast majority of users have no problems with the justice system (78.5%). However, nearly one in five (21.5%) had pending charges, trials or sentences when admitted to Proyecto Hombre. This situation affects men (22.5%) more than women (16.1%).
- Since 2015, a significant and decreasing trend has been observed in the percentages of users who enter Proyecto Hombre with pending cases, down from 24.7% in 2013 to 19.7% in 2019.



General Data by Autonomous Community







Andalusia



Asturias

Sex	Male	86,7%
	Female	13,3%
Age (Grouped)	<= 19	2,2%
	20 - 29	24,7%
	30 - 39	39,0%
	40 - 49	22,6%
	50 - 59	10,2%
	60 - 69	1,1%
	70+	0,1%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		7,8%
Part-time, irregular schedule, temporary		10,7%
Student		4,2%
Retired/Disabled		2,6%
Unemployed (Including Housemaker)		13,6%
In protected environment		1,0%
Which substance is the main problem?	Alcohol: Whatever the quantity	8,1%
	Alcohol: Large amounts	14,6%
	Heroin	2,7%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,1%
	Psychotropic drugs	1,0%
	Cocaine	38,6%
	Amphetamines	0,4%
	Cannabis	11,7%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	1,5%
	Alcohol and other drugs	12,0%
	More than one substance	9,2%

Sex	Male	82,8%
	Female	17,2%
Age (Grouped)	<= 19	1,4%
	20 - 29	17,8%
	30 - 39	34,7%
	40 - 49	30,5%
	50 - 59	13,4%
	60 - 69	2,1%
	70+	0,1%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		4,2%
Part-time, irregular schedule, temporary		6,3%
Student		2,3%
Retired/Disabled		9,0%
Unemployed (Including Housemaker)		30,2%
In protected environment		12,0%
Which substance is the main problem?	Alcohol: Whatever the quantity	3,6%
	Alcohol: Large amounts	23,6%
	Heroin	5,1%
	Methadone/LAAM	0,7%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,7%
	Cocaine	20,0%
	Amphetamines	0,5%
	Cannabis	9,6%
	Hallucinogens	0,2%
	Inhalants	0,2%
	Other	1,5%
	Alcohol and other drugs	20,9%
	More than one substance	13,3%



Balearic Islands



Canary Islands

Sex	Male	78,8%
	Female	21,2%
Age (Grouped)	<= 19	0,7%
	20 - 29	14,5%
	30 - 39	37,6%
	40 - 49	29,6%
	50 - 59	14,5%
	60 - 69	2,7%
	70+	0,4%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		8,1%
Part-time, irregular schedule, temporary		9,8%
Student		0,7%
Retired/Disabled		4,7%
Unemployed (Including Housemaker)		14,2%
In protected environment		1,7%
Which substance is the main problem?	Alcohol: Whatever the quantity	10,9%
	Alcohol: Large amounts	15,8%
	Heroin	2,5%
	Methadone/LAAM	0,1%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,7%
	Cocaine	25,7%
	Amphetamines	0,1%
	Cannabis	6,1%
	Hallucinogens	0,2%
	Inhalants	0,0%
	Other	0,1%
	Alcohol and other drugs	18,8%
	More than one substance	18,8%

Sex	Male	86,4%
	Female	13,6%
Age (Grouped)	<= 19	0,4%
	20 - 29	16,7%
	30 - 39	41,6%
	40 - 49	30,5%
	50 - 59	10,1%
	60 - 69	0,7%
	70+	0,0%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		8,3%
Part-time, irregular schedule, temporary		8,1%
Student		1,5%
Retired/Disabled		3,2%
Unemployed (Including Housemaker)		23,0%
In protected environment		2,1%
Which substance is the main problem?	Alcohol: Whatever the quantity	10,5%
	Alcohol: Large amounts	8,9%
	Heroin	14,0%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	2,5%
	Cocaine	42,3%
	Amphetamines	0,9%
	Cannabis	8,3%
	Hallucinogens	0,2%
	Inhalants	0,0%
	Other	1,6%
	Alcohol and other drugs	5,9%
	More than one substance	4,8%



Cantabria

Sex	Male	81,0%
	Female	19,0%
Age (Grouped)	<= 19	0,9%
	20 - 29	15,8%
	30 - 39	35,2%
	40 - 49	27,2%
	50 - 59	17,2%
	60 - 69	3,2%
	70+	0,6%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		10,2%
Part-time, irregular schedule, temporary		5,8%
Student		2,0%
Retired/Disabled		5,8%
Unemployed (Including Housemaker)		20,2%
In protected environment		2,6%
Which substance is the main problem?	Alcohol: Whatever the quantity	4,1%
	Alcohol: Large amounts	32,0%
	Heroin	0,9%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,3%
	Cocaine	25,5%
	Amphetamines	0,3%
	Cannabis	4,4%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	11,1%
	Alcohol and other drugs	16,1%
	More than one substance	5,3%



Castile-La Mancha

Sex	Male	87,5%
	Female	12,5%
Age (Grouped)	<= 19	0,4%
	20 - 29	18,8%
	30 - 39	36,8%
	40 - 49	27,3%
	50 - 59	13,6%
	60 - 69	3,1%
	70+	0,0%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		7,0%
Part-time, irregular schedule, temporary		8,4%
Student		0,6%
Retired/Disabled		4,9%
Unemployed (Including Housemaker)		24,3%
In protected environment		3,7%
Which substance is the main problem?	Alcohol: Whatever the quantity	11,4%
	Alcohol: Large amounts	20,0%
	Heroin	5,7%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,3%
	Cocaine	33,8%
	Amphetamines	0,5%
	Cannabis	5,7%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	0,8%
	Alcohol and other drugs	11,8%
	More than one substance	9,8%



Castile and Leon



Catalonia

Sex	Male	83,1%
	Female	16,9%
Age (Grouped)	<= 19	1,0%
	20 - 29	23,5%
	30 - 39	35,8%
	40 - 49	27,3%
	50 - 59	10,5%
	60 - 69	1,8%
	70+	0,0%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		6,4%
Part-time, irregular schedule, temporary		6,8%
Student		1,6%
Retired/Disabled		5,8%
Unemployed (Including Housemaker)		22,6%
In protected environment		3,9%
Which substance is the main problem?	Alcohol: Whatever the quantity	7,2%
	Alcohol: Large amounts	16,9%
	Heroin	4,4%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,1%
	Psychotropic drugs	0,7%
	Cocaine	31,3%
	Amphetamines	4,4%
	Cannabis	12,9%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	1,7%
	Alcohol and other drugs	11,4%
	More than one substance	8,8%

Sex	Male	85,3%
	Female	14,7%
Age (Grouped)	<= 19	0,5%
	20 - 29	9,8%
	30 - 39	42,2%
	40 - 49	33,3%
	50 - 59	11,3%
	60 - 69	2,9%
	70+	0,1%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		8,2%
Part-time, irregular schedule, temporary		9,3%
Student		0,2%
Retired/Disabled		5,2%
Unemployed (Including Housemaker)		9,9%
In protected environment		1,3%
Which substance is the main problem?	Alcohol: Whatever the quantity	10,0%
	Alcohol: Large amounts	18,8%
	Heroin	5,6%
	Methadone/LAAM	0,1%
	Other opioids/Tranquilisers	0,1%
	Psychotropic drugs	0,3%
	Cocaine	44,2%
	Amphetamines	0,5%
	Cannabis	3,5%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	2,6%
	Alcohol and other drugs	7,7%
	More than one substance	6,6%



Region of Valencia

Sex	Male	83,4%
	Female	16,6%
Age (Grouped)	<= 19	1,0%
	20 - 29	13,5%
	30 - 39	37,3%
	40 - 49	33,5%
	50 - 59	12,8%
	60 - 69	1,9%
	70+	0,0%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		10,5%
Part-time, irregular schedule, temporary		7,1%
Student		1,0%
Retired/Disabled		4,9%
Unemployed (Including Housemaker)		17,4%
In protected environment		0,9%
Which substance is the main problem?	Alcohol: Whatever the quantity	9,0%
	Alcohol: Large amounts	9,4%
	Heroin	2,5%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,1%
	Psychotropic drugs	0,5%
	Cocaine	32,2%
	Amphetamines	0,5%
	Cannabis	5,0%
	Hallucinogens	0,0%
	Inhalants	0,1%
	Other	2,8%
	Alcohol and other drugs	23,1%
	More than one substance	14,7%

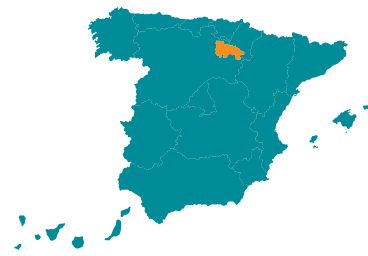


Extremadura

Sex	Male	87,4%
	Female	12,6%
Age (Grouped)	<= 19	5,0%
	20 - 29	31,0%
	30 - 39	33,9%
	40 - 49	21,5%
	50 - 59	8,3%
	60 - 69	0,4%
	70+	0,0%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		9,8%
Part-time, irregular schedule, temporary		3,8%
Student		4,3%
Retired/Disabled		3,8%
Unemployed (Including Housemaker)		12,3%
In protected environment		0,9%
Which substance is the main problem?	Alcohol: Whatever the quantity	17,9%
	Alcohol: Large amounts	4,3%
	Heroin	2,1%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	33,8%
	Amphetamines	0,9%
	Cannabis	14,1%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	0,4%
	Alcohol and other drugs	6,0%
	More than one substance	20,5%



Galicia



La Rioja

Sex	Male	84,3%
	Female	15,7%
Age (Grouped)	<= 19	3,3%
	20 - 29	23,1%
	30 - 39	33,3%
	40 - 49	25,4%
	50 - 59	12,2%
	60 - 69	2,5%
	70+	0,1%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		3,0%
Part-time, irregular schedule, temporary		5,8%
Student		3,9%
Retired/Disabled		8,0%
Unemployed (Including Housemaker)		29,2%
In protected environment		5,6%
Which substance is the main problem?	Alcohol: Whatever the quantity	0,0%
	Alcohol: Large amounts	33,9%
	Heroin	5,8%
	Methadone/LAAM	0,2%
	Other opioids/Tranquilisers	0,1%
	Psychotropic drugs	0,3%
	Cocaine	31,5%
	Amphetamines	0,3%
	Cannabis	9,6%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	1,4%
	Alcohol and other drugs	7,5%
	More than one substance	9,4%

Sex	Male	85,9%
	Female	14,1%
Age (Grouped)	<= 19	4,1%
	20 - 29	25,2%
	30 - 39	36,0%
	40 - 49	24,0%
	50 - 59	8,8%
	60 - 69	1,7%
	70+	0,3%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		12,2%
Part-time, irregular schedule, temporary		4,8%
Student		2,8%
Retired/Disabled		5,1%
Unemployed (Including Housemaker)		17,8%
In protected environment		1,5%
Which substance is the main problem?	Alcohol: Whatever the quantity	11,3%
	Alcohol: Large amounts	14,8%
	Heroin	7,0%
	Methadone/LAAM	0,3%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,1%
	Cocaine	20,6%
	Amphetamines	19,6%
	Cannabis	15,4%
	Hallucinogens	0,6%
	Inhalants	0,0%
	Other	4,1%
	Alcohol and other drugs	3,2%
	More than one substance	2,9%



Madrid

Sex	Male	87,7%
	Female	12,3%
Age (Grouped)	<= 19	0,6%
	20 - 29	20,6%
	30 - 39	42,6%
	40 - 49	25,2%
	50 - 59	8,6%
	60 - 69	1,7%
	70+	0,6%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		7,9%
Part-time, irregular schedule, temporary		7,9%
Student		1,8%
Retired/Disabled		2,4%
Unemployed (Including Housemaker)		11,4%
In protected environment		0,4%
Which substance is the main problem?	Alcohol: Whatever the quantity	2,6%
	Alcohol: Large amounts	20,7%
	Heroin	1,4%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,9%
	Cocaine	32,9%
	Amphetamines	0,9%
	Cannabis	8,5%
	Hallucinogens	0,2%
	Inhalants	0,0%
	Other	1,9%
	Alcohol and other drugs	18,8%
	More than one substance	10,8%



Murcia

Sex	Male	86,1%
	Female	13,9%
Age (Grouped)	<= 19	0,3%
	20 - 29	18,7%
	30 - 39	44,1%
	40 - 49	24,9%
	50 - 59	10,3%
	60 - 69	1,6%
	70+	0,1%
	Common employment pattern in the last three years	Full-time
Part-time, regular schedule		11,0%
Part-time, irregular schedule, temporary		3,4%
Student		1,2%
Retired/Disabled		2,0%
Unemployed (Including Housemaker)		5,8%
In protected environment		0,5%
Which substance is the main problem?		Alcohol: Whatever the quantity
	Alcohol: Large amounts	12,4%
	Heroin	4,2%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,4%
	Cocaine	37,0%
	Amphetamines	0,3%
	Cannabis	6,7%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	2,6%
	Alcohol and other drugs	26,8%
	More than one substance	3,8%



Navarre

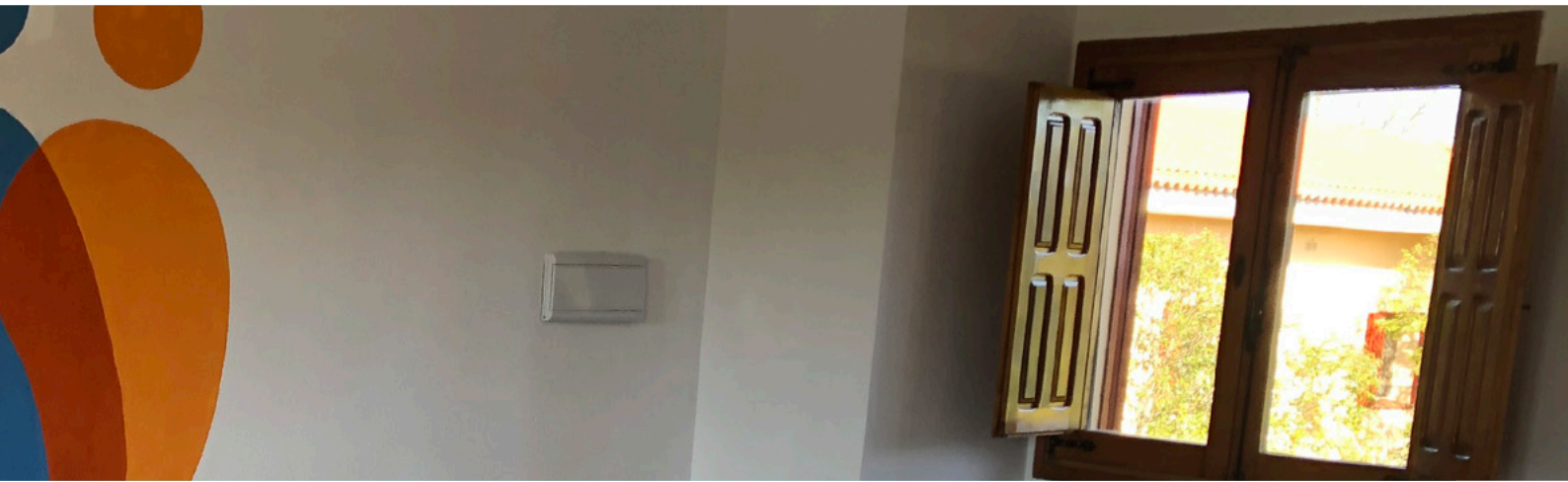
Sex	Male	82,4%
	Female	17,6%
Age (Grouped)	<= 19	1,9%
	20 - 29	20,0%
	30 - 39	28,7%
	40 - 49	27,0%
	50 - 59	19,5%
	60 - 69	2,9%
	70+	0,0%
Common employment pattern in the last three years	Full-time	59,5%
	Part-time, regular schedule	7,6%
	Part-time, irregular schedule, temporary	6,8%
	Student	3,4%
	Retired/Disabled	4,1%
	Unemployed (Including Housemaker)	16,6%
	In protected environment	2,0%
Which substance is the main problem?	Alcohol: Whatever the quantity	12,8%
	Alcohol: Large amounts	23,4%
	Heroin	1,2%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,5%
	Cocaine	19,7%
	Amphetamines	12,8%
	Cannabis	12,3%
	Hallucinogens	0,5%
	Inhalants	0,0%
	Other	1,0%
	Alcohol and other drugs	10,1%
	More than one substance	5,4%





Final conclusions





■ GENDER, AGE AND NATIONALITY

According to the accumulated study for 2013–2019, women have less access to treatment than men, since women account for only 15.4% of the individuals undergoing treatment compared to men (84.6%).

While not particularly relevant, it is nevertheless noteworthy that, unlike the downward trend for men (going from 85.2% in 2013 to 83.9% in 2019), the figure for women in treatment is trending upwards, rising from 13.8% in 2013 to 16.1% in 2019, which thus correlates to, as some studies point out, the increased consumption among women in recent years [2017–2018 reports from the Household Survey on Drug and Alcohol Use (EDADES) and NIDA report (National Institute on Drug Abuse)].

In relation to the country of birth, the accumulated data for the reported period evince that 93.1% of users were born in Spain while the remaining 6.9% were born in other countries, though somewhat higher in women (8.8%) than men (6.6%).

The accumulated average age for both sexes is 38 (with an interval ranging between 18 and 78), yet the 34-year-old group is the most representative within the sample, tallying 4.16% of the total users in Proyecto Hombre. The upward trend at the start of treatment throughout the analysed years is also salient, rising from 36.2 in 2013 to 38.9 in 2019, reflecting an upward trend in the age of onset of consumption of alcohol and other drugs and, therefore, an older average age at the start of treatment.

When grouping them by larger age brackets, 13.7% of the individuals in treatment are over 49, 20.8% are under 30 and 65.4% are aged between 30 and 49, the latter tranche thus constituting the bulk of users of the devices of Proyecto Hombre.

■ SOCIAL AND FAMILY

Most individuals who began treatment at Proyecto Hombre between 2013 and 2019 are single at an average of 59.1% for both sexes, which is more than 40 points above the next marital status with the highest representation by number of users within the organisation, i.e. married (19%). Divorced and separated individuals represent 13.3% and 6.8% respectively. The least represented marital statuses among users are widowhood and married in a second marriage (0.9% and 0.8% respectively), though there is a relevant presence of widows (3.4%) compared to both widowers (0.5%) and the average percentage for the analysed years (0.9%).

There were no relevant changes in marital status figures throughout the period 2013 – 2019 and the data were rather homogeneous among all the studied values.

When compared to common coexistence, the proportion of individuals in treatment who live with either the nuclear family or family of origin is particularly noteworthy. 43.3% live with the first option, comprising the “couple”, “couple with children” and “children” categories, while 35.1% live with the second option, comprising “parents” and “family”. The other categories have a lower proportion of users, since only 13.7% of individuals in treatment live alone, 1.5% with friends, 3.7% in a “protected environment” and 2.7% in a “unstable” situation, the latter two categories suggesting the particular vulnerability that could occur in the form of coexistence between individuals undergoing treatment within the different PH devices.

In terms of gender, the only major differences between categories occur with individuals living with “parents” and with “children”. Women not only live much more independent from their parents (16.8% vs. 25.2% of men) but also much more interdependent with their children (11.1% vs. 0.9% of men), entailing less support from social-family networks and a possible greater economic and healthcare burden, thus resulting in a higher degree of social-economic vulnerability and risk of social exclusion; constituting another deterrent for women to access treatment.

Regarding the conflict indexes, it should be noted that, over the seven years analysed, an average of 20.4% of users live with someone with alcohol problems and 8.2% with someone with drug problems, which is sharply differentiated by gender and much more notable among women (23.7% and 11.7%) than men (19.8% and 7.6%). Thus, either as a cause or as a consequence, women have higher rates of conflict with the people around them than men, particularly in relation to the partner (73.1% vs. 62.4% of men and 64% overall average), mother (63.1% vs. 53.4% of men and 54.9% overall average), siblings (54% vs. 47.8% of men and 48.7% overall average) and children (29.7% vs. 15.9% of men and 18% overall average), yet lower in relation to their parents

(51.9% vs. 54.7% of men and 54.3% overall average), co-workers (18.2% vs. 24.6% of men and 23.6% overall average) and neighbours (13.9% vs. 18.8% of men and 18.1% overall average).

However, there was a subtle decrease in the indicator on average conflict from 37.5% to 34.6% over the 2013-2019 period, yet this cannot hide the potential exacerbation in situations of this sort (i.e., coexistence with people who in turn have problems with alcohol and/or other drugs, and conflict problems) on the rehabilitation process of the users, given the added difficulty of breaking with this vicious circle.

The data obtained among our population throughout the period also indicate that 49.6% of users report having been emotionally abused, 27.8% physically abused and 8.1% sexually abused in their lives, showing these data that women, with a quite important difference, are the most vulnerable in all cases, the difference with men in the case of physical abuse being especially significant, with 26.4% above, and of 24.1% in the case of sexual abuse.

▣ HEALTH

31.3% of individuals under treatment claim they have a chronic medical condition that interferes with their daily life. Nonetheless, and despite the slight upward trend in chronic medical conditions between 2013 (29.9%) and 2019 (32.6%), the incidence in individuals undergoing treatment at our centres was no greater than the expected incidence for the general population.

This pattern also repeats insofar as the use of medication, with a moderately upward year-on-year trend for the period that is similar to the trend observed in terms of percentage of treated individuals who have chronic medical conditions.

▣ PSYCHOLOGICAL AND EMOTIONAL PROBLEMS

There is a high prevalence in the co-morbidity of addiction with the presence of psychiatric disorders among individuals who go to treatment, highlighting the elevated incidence throughout life of severe anxiety disorders (65.3%), followed by emotional/psychological problems (51.9%) and severe depression (51.8%), as a further important indicator of the degree of mental health impairment related to suicide, since 40.8% of the people treated through Proyecto Hombre had suicidal thoughts throughout life, and 23.2% have attempted suicide.

This clearly sheds light on a highly significant problem of elevated incidence that exposes the need to continue studying and further understanding this reality while incorporating measures to adapt treatments and specific actions as a complementary and comprehensive approach for individuals with dual diagnosis.

Considering how the data have evolved over these years, the general trend moderately and progressively upwards in individuals undergoing treatment who have experienced such cases, particularly insofar as severe anxiety throughout life, which has regularly increased since 2013, rising from 57.1% to 66.3% in 2019.

When examining anxiety in terms of gender, it becomes all too clear that even when prevalent for men regarding this pathology and all the others, the percentage of severe anxiety is much higher for women.

This would thus confirm data demonstrating that more women began treatment at Proyecto Hombre who had received hospital treatment for psychological or emotional problems prior to admission. This proportion of women (30.3%) is a considerable 12.4% higher than the proportion of men (17.9%) in such cases.

However, there was a downward trend for both genders in the analysed period. For women, this figure drops from 33.5% in 2013 to 25.7% in 2019, and, for men, it goes from 20.4% in 2013 to 14.7% in 2019.

▣ EMPLOYMENT/SUPPORT AND EDUCATION/LABOUR

According to the accumulated total for the 2013–2019 period, low levels of education remain a constant among the population treated in Proyecto Hombre. Thus, 64.3% would have an academic level lower than that of secondary education, 28.6% corresponding to primary level and 35.7% to people without studies. This figure thus emphasises that individuals under treatment would benefit from further education and training.

However, addiction problems reach all academic levels, as proven by 26.5% of people who have completed secondary education and 9.2% with university studies.

It is nevertheless essential to indicate that data of the analysed period reveal a notable and constant rise in users with secondary education, increasing from 15.1% in 2013 to 36.8% in 2019 (an increase of 21.7%) and also a continuous and abrupt decrease in users without studies, going from 47.4% in 2013 to 21.1% in 2019 (a decrease of 26.3%).

This leads to a lower capacity for professional qualification and a greater employment in more labour-intensive sectors and activities. Among those who have worked, the majority have unskilled jobs (without training), an average of 64.5% for the 2013–2019 period.

Regarding the labour situation, a standardised profile predominates, with full-time (58.0%) prevailing as the most common employment pattern for users in the 2013–2019 period. Thus, 73.8% of users would have held an either permanent or temporary full-time or part-time job in the last three years; 17% would have been unemployed; and 7% would have been inactive.

This thus confirms figures that the main source of income for PH users is remuneration from employment, with the average over the analysed period standing at 38.1%, followed by the income from friends or family (27.2%), pension or SS (13.8%) and unemployment benefits (8.7%).

Employment as the main source of income was progressively increasing since the start of the economic recovery in 2013, rising from 29.6% in 2013 to 44.8% in 2019. Conversely, there was also a decrease in dependency on friends and family in this period from 35.5% in 2013 to 22.5% in 2019.

▣ LEGAL PROBLEMS

Between 2013 and 2019, 6.8% of individuals who began treatment at Proyecto Hombre did so through application of judicial measures to avoid a prison sentence for the sake of undertaking a treatment and rehabilitation process. This situation occurred half as often with women (3.6%) compared to men (7.4%).

There is a decrease in income promoted by judiciary suggestion throughout the analysed period, though the 2019 percentage returns to the average of the initial years.

It should be added that for the analysed period, 4.6% of individuals who began treatment at Proyecto Hombre had been on parole at the time, in which regard the percentage of men (5.0%) nearly doubled the percentage of women (2.7%).

A vast majority of users have no problems with the justice system (78.5%). However, nearly one in five (21.5%) had pending charges, trials or sentences when admitted to Proyecto Hombre. This situation affects men (22.5%) more than women (16.1%).

Since 2015, a significant and decreasing trend has been observed in the percentages of users who enter Proyecto Hombre with pending cases, down from 24.7% in 2013 to 19.7% in 2019.

▣ USE OF ALCOHOL AND OTHER DRUGS

In relation to the use of psychoactive substances, problematic uses are normally of various substances, although in the majority of treatments a main substance of reference can be indicated. In this regard, it should be noted that after examining the data from the 2013–2019 period, throughout life, an average of 83.8% of the treated population acknowledged regular and/or problematic alcohol consumption, followed by cocaine use (73.6%) and cannabis (61.4%).

However, when addressing only the main substance of consumption, alcohol corresponds to the highest demand for treatment overall (alone or associated with other substances at 37.5%; followed by cocaine at 31.5% and cannabis at 8.4%.

While alcohol and cocaine have kept their predominance as the main substance of consumption, the 2013-2019 trend nevertheless differs. In this regard, while alcohol abuse slowly yet progressively decreased in the group of individuals undergoing treatment (from 40.3% to 37.9%), cocaine use's trend is slightly upwards (from 27.2% to 35.3%) and is increasingly approaching the alcohol register.

In terms of gender, and generally within similar parameters of use during the seven years reported herein, the greatest differences concern cocaine (where the prevalence is 9% higher for men than women), alcohol (with a 14% higher incidence among women than men) and, albeit to a relatively lesser degree overall, barbiturates, which is comparatively higher among women (1.6%) compared to men (0.4%).

Turning to the average age of onset of consumption, users in Proyecto Hombre acknowledge having begun problematic consumption of alcohol between the ages of 15 and 16 and cannabis between the ages of 16 and 17. According to the data, the start of consumption of hallucinogens, inhalants and amphetamines would have occurred between the ages of 19 and 20, while cocaine would be at 20.5.

Throughout the 2013-2019 period, the average age of consumption onset by substances changes, albeit subtly, tending to rise in all substances except methadone.

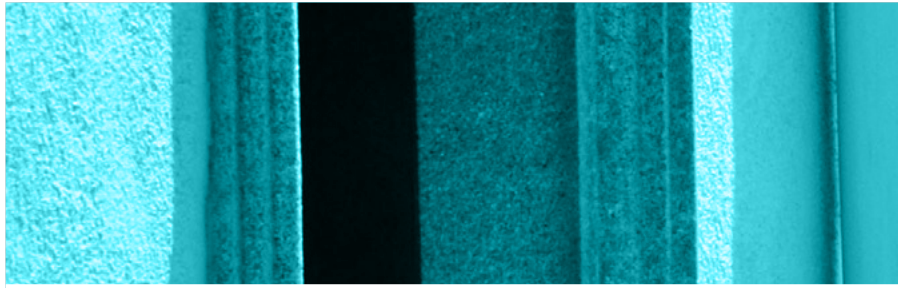
According to the average, users had started consuming at the age of 20.5 in 2013, while 2019 data points to a one-year increase in the average age of onset.

The total accumulated data nevertheless show that 75.5% of users who enter Proyecto Hombre were not admitted in a centre of any sort in the past month.

According to accumulated data by gender, 7.8% of men come from prison, though this origin has little incidence among women (3.9%). However, the second most frequent admission type before our treatment in both cases is "alcohol or drug treatment" (7.1% of men vs. 6.7% of women), with a particularly salient percentage difference between genders insofar as previous psychiatric treatment, in which regard the incidence is higher in women (4.3%) than in men (2.7%).



Woman





■ WOMEN RECEIVING TREATMENT IN PROYECTO HOMBRE: A GENDER PERSPECTIVE

1. An average of 15.4% of users undergoing treatment between 2013 and 2019 were women, though annual data shows an upward trend in this regard, rising from 13.8% in 2013 to 16.1% in 2019.
2. The accumulated average age in the period (2013–2019) was 39.9, which is two percentage points higher than the average age for men (37.6) admitted for treatment in Proyecto Hombre. By age range, the average percentage of women is greater in the 40–49 range (31% vs. 27.1%), 50–59 range (16.2% vs. 11%) and 60–69 range (2.9% vs. 1.7%), though much less in the 20–29 and 30–39 ranges, where the average percentage of women is five points less. This is nevertheless normalised among the under-20 bracket, where the average percentage is virtually identical for both genders (1.3% vs. 1.6%).
3. Regarding marital status, the average accumulated percentage of divorced and separated women are nearly eleven points higher than men (29.1% vs. 18.6%). The proportion of single women (49.9%) is nearly eleven points lower than single men (60.7%).
4. Women live much more independently: the average percentage of women living with the family of origin (including “parents” and “family”) stands at 27.3% versus 42.6% of men, suggesting less support yet a higher degree of social-economic vulnerability for them. It should also be noted that 11.1% of women live with their children, which also entails a greater interdependent relationship and a likely greater economic and healthcare burden than in the case of men, whose percentage decreases to only 0.9%.
5. Women also live with a higher percentage of alcohol and drug abusers in their homes. On average, 23.7% of women have lived with at least one alcohol abuser versus 19.8% of men in the analysed years, and 11.7% of them have lived with at least one drug abuser versus 7.6% of men, thus evincing how exacerbating this situation is for their rehabilitation process, given the added difficulty of breaking addictions in an environment where they occur regularly.
6. Either as the cause or as a consequence thereof, their rates of conflict with the people around them are higher than in the case of men, especially regarding relationships with their partner, mother and siblings, yet lower in the case of friends, neighbours and at work.
7. They have been abused extraordinarily more than men throughout their lives emotionally (69.3% vs. 46.1%), physically (50.2% vs. 23.8%) and sexually (28.6% vs. 4.5%).
8. They have a comparatively higher level of education than men, since there is not only a full percent less of women without studies (34.2% vs. 35.9% of men), but also a higher percentage of them with secondary studies (27.8% vs. 26.3%) and, above all, tertiary (12.9% vs. 8.8% of men).
9. Similarly, their employment status is also higher, since the percentage of unskilled workers is lower for women than men on average (60% vs. 65.3%), and women professionals outnumber their male counterparts (5.6% vs. 4.2%).
10. However, this has no favourable effect on their actual employment situation: women admitted to Proyecto Hombre are characterised by higher unemployment rates (24.5% vs. 15.6% of men) and shorter working hours, as more women have part-time jobs than men (13.1% vs. 7.1%). Nonetheless, these figures are not unique to women users in Proyecto Hombre, but rather inherent and intrinsic to the labour dynamics of Spain.
11. They live to a greater extent on external financial assistance not derived from work: especially from family and friends (32.1% vs. 26.3% of men) and social welfare (8.1% vs. 5.4% of men).
12. In contrast, however, women are much less in debt than men. The average percentage of women who acknowledge having debts over the analysed years amounted to 39.9%, which is ten points lower than the average percentage of men, which was 49.4%.
13. The problematic consumption profile is essentially alcohol for women (36.2% of women vs. 21.7% of men), contrasting with cocaine for men (24.1% of women vs. 33.5% of men), though the age of onset of consumption of both alcohol and other substances is later in women (22.7 years on average) than in men (20.9 years on average). There is a much starker contrast for alcohol in large quantities: 21 years for men and 25.5 for women.



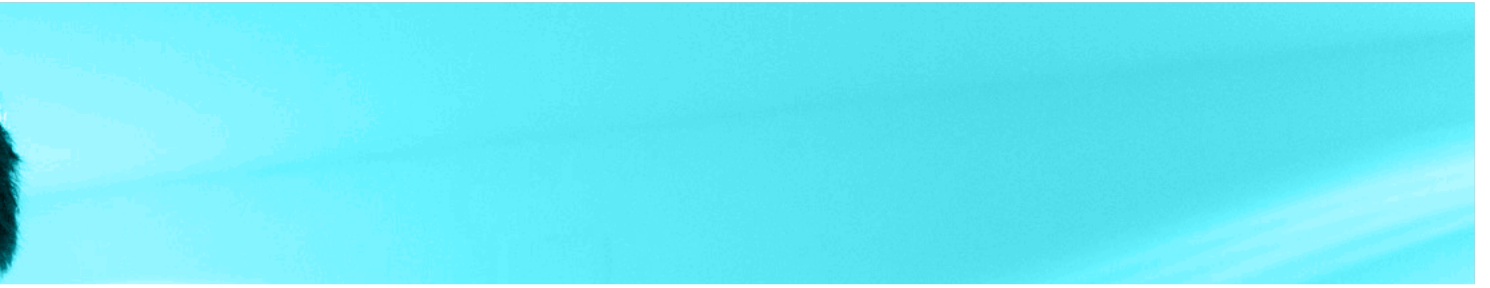
Proyecto Hombre Salamanca

14. Women report having chronic health problems that interfere with their daily lives to a greater extent (38.8%) than men (29.9%), a trend that has been increasing in both genders throughout the analysed period.
15. Thus, the average percentage of women taking some type of medication on a regular basis is nearly ten percentage points higher than men (34.6% vs. 24.9%).
16. Psychiatric problems and disorders follow the same trend as in the previous sections: women struggle more with anxiety (76.9% vs. 63.2% of men), depression (68.5% vs. 48.9% of men), emotional and/or psychological problems (70.7% vs. 48.6% of men) and, above all, suicide attempts (38.7% vs. 20.5% of men).
17. This confirms data indicating a higher average proportion of women who have received clinical treatment for psychological or emotional problems (30.3% vs. 17.9% of men).
18. Legal problems are less prevalent among women than men, since only 16.1% of women had pending cases when admitted for treatment compared to 22.5% of men. A judge suggested admission to Proyecto Hombre for only 3.6% of women compared to 7.4% of men.



Recommendations





1. Based on the overall analysis of the characteristics of the people attended to between 2013 and 2019, **of particular note is the myriad variety of problems associated with addictive disorders, which determines the adequacy of the bio-psychosocial model in the approach to addictions**, and shows why we should continue with its development, as well as improving the quality of therapeutic intervention from the three levels of this model.
2. The different profiles that emerge based on various factors, such as age, gender, main substances and consumption patterns, level of education, employment, family, legal situation, and physical and mental health conditions, etc., as well as the particularities and needs of each person, **require the availability of a range of different programmes and devices** (residential, day centres, outpatient services). But it also **involves continuing to adapt interventions to individual characteristics and needs**, without detracting from the fundamental role that group therapy plays in the methodology used by Proyecto Hombre.
3. Although many of the people we assist have a profile that could be defined as 'normal' (an employed person, with work as the main source of income who lives with their family, and without legal problems), **if there is anything that characterises the group of people who have accessed Proyecto Hombre, it is their vulnerability**. This vulnerability, in each of the areas in which it may arise (low level of education, legal problems, economic dependency, difficulty entering the labour market, physical health problems, mental disorders, abuse suffered, etc.), **must be made explicit, both externally, to society and to public and private organisations so that they become aware of it, and internally, in our own centres, to duly adjust the goals and intensity of the interventions**.
4. Based on the low levels of education which translate into difficulties joining the labour market and low-skilled jobs, **employment training and advice continue to be key factors to be considered in the process of social and labour insertion of people with addiction problems**. These factors must be developed at the individual level, but they also **require planning, establishing and promoting activities, devices and training and labour integration resources**.
5. The occurrence of conflict in the socio-family environment is another indicator that reflects the need to work with families. Beyond the actual data, interventions with families must continue to be a priority axis, both for the purposes of prevention and for therapeutic intervention. **Providing close friends/family members of the people with addiction problems with information/training, tools and resources, but also with support and motivation, continues to be one of the priority axes in the intervention**, given the relevance of their role as a success factor in prevention and treatment.
6. The fact that almost one in 5 people who enter treatment have pending criminal cases **makes it highly recommended to provide legal advice and assistance services**, so that it is easier to manage any existing responsibilities arising from such legal problems, at the same time as continuing with the process of therapy and socio-labour insertion. In the same line, we should promote the application of alternative measures to imprisonment, which at this time affects a small percentage of the people we help in Proyecto Hombre.
7. Given the relatively high prevalence of physical and mental health problems in people undergoing treatment, the development of their own medical services should be promoted, wherever possible. Specifically, **coordination with the public mental health network is also essential**, so as to facilitate the parallel approach to psychiatric disorders that are concomitant with addiction.
8. With regard to the evolution of demand for care depending on the substances used, it must be taken into account that EuropAsi is only available to people with substance addiction problems. **It is necessary to be able to increase the capacity to handle behaviour-related addictions with a view to developing prevention and treatment programmes**.

9. In any case, **research should be promoted**, especially studies linked to the **identification of needs and the development and evaluation of therapeutic intervention and prevention programmes**.
10. **The inclusion of the gender perspective in prevention and treatment programmes should continue to be developed**, so that they take into account the specificities of the different problems based on gender, in addition to promoting values, behaviours and attitudes of equality. More specifically, therapeutic intervention should consider the high occurrence of abuse suffered and that women may be suffering (emotional, physical and sexual), their level of economic or emotional dependence, the higher rate of women living with consuming partners, their greater responsibility with regard to their own children, or the comparatively higher occurrence of psychiatric co-morbidity, among other matters. For all these reasons, **the establishment of specific support resources that facilitate access and adherence to treatment for addicted women is also recommended**.





Interpretations







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1. Introduction

According to the latest report on drug use from the World Health Organisation, 5.5% of the world's population between 15 and 64 years of age has used drugs in the last year, with an estimated 35 million people having Substance Use Disorder (SUD). The most recent report from the Spanish Observatory on Drugs indicates that, in 2017, a total of 72,552 people were admitted for treatment for SUD, of which 35.5% and 27.8% corresponded to alcohol and cocaine as principal substances, respectively. However, accessibility to healthcare services continues to be limited, as only one in seven people with SUD receives treatment.

The Proyecto Hombre (PH) Observatory report provides a highly relevant perspective for analysing the profile of people who demand treatment for addiction problems in Spain. The main purpose of this report is to identify the defining epidemiological, psychosocial and socio-demographic characteristics of PH users between 2013 and 2019. To this end, we analysed the data collected from the Spanish version of the European Addiction Severity Index (EuropASI)¹. The aforementioned report is particularly exceptional in terms of sample size, as it analyses EuropASI admission data of 18,863 PH users. However, the variability in the amount of data provided depending on the geographical location of the PH centres limits to some extent the representativeness of the sample. This article reviews the main findings of said report, in order to compare and discuss them in the framework of current scientific research.

2. User profile and evolution of demand for treatment: sociodemographic and psychosocial aspects

The most common sociodemographic profile in PH users is that of a 38-year-old man, single, with a low level of education (64% have an academic level below secondary education), living mainly with his family or parents. We have observed that 28.6% of the people we provide assistance to live with other drug users. This is an aggravating factor for the rehabilitation process, as it increases the availability and accessibility of substances.

The evolutionary analysis for the period 2013–2019 reveals a relatively stable trend in the demand for treatment, with some particularities based on gender. In 2018 and 2019 there was a drop in the proportion of men (85.4% vs. 83.9%) compared to that of women (14.6% vs. 16.1%). This last figure is one of the highest in the historical sequence studied. We observe a similar trend globally in the latest indicators provided by the European Monitoring Centre for Drugs in 2019, and this has major clinical implications for the treatment of addictions.

3. Main substance of use: implications for evaluation and treatment

Unlike countries such as Portugal, France or Italy, the main substances for which treatment is requested at PH are cocaine (31.5%), alcohol (23.8%) and cannabis (8.4%). Of particular note is the increasing trend in demand for cocaine, for which the current figures are the highest since 2013. Multiple drug use is also relevant at 23.3%, a percentage that could be underestimated as it does not account for the consumption of tobacco, which has a prevalence of 86% in contexts of addiction treatment². It appears that this is due to having used the 5th version of the EuropASI which does not include questions about smoking or gambling. The content changes made in the 6th version of the ASI offer an alternative for the psychosocial assessment of addiction problems by considering the two problems mentioned above, and other gender-specific³ matters. Therefore, it is relevant to consider the inclusion of other screening and diagnostic tools to facilitate a better understanding of substance-related problems and the provision of quality and specialist care for such problems.

Smoking is a very worrying reality among people with addictions and in particular among those who are in residential treatment, not only because of the magnitude of the problem but also because of the physical and psychological impact that it entails. The concurrence of smoking and problems arising from substance use is associated with worse results in the treatment of addictions⁴. Specifically, smoking has been associated with a 4.86 times higher risk of relapse to other drugs⁵. It is a reality that getting users to stop smoking is associated with better abstinence rates from other addictions, and that a combined approach in terms of treatment helps to stop smoking.

The prevalence of other psychological disorders is high in the analysed sample. The Observatory report indicates an increasing trend in anxiety and emotional problems, which affect 65.3% and 52% of users, respectively. These matters relate to suffering and life dissatisfaction that can be both a consequence of substance use and another effect arising from pre-existing problems (family breakdown, financial issues, etc.). In this sense, it is harder to tell the difference between disorders arising from a shared, independent or substance-induced cause. From this perspective, one would not speak of unique and independent causes but rather of related ones. Interventions and care in the context of treatment that are linked to successful results are inclusive in their approach and besides abstinence, also pursue the values that are relevant for the person. This is supported by psychopathological studies that use a transdiagnostic approach⁶. The main implication that we can derive from this is the relevance of addressing biopsychosocial factors that are common to all addictive disorders and have been shown to be modifiable.



4. A look at the women receiving treatment in Proyecto Hombre

The profile of women receiving treatment in PH differs from that of men in respect of the variables associated with substance use and in a greater impact on their lives. The evidence shows that women and men use drugs for different reasons and manifest SUD differently, based on issues relating to sex (e.g., hormonal system, menstrual cycle, pregnancy, etc.) and gender⁷. It is also a priority to identify the needs of subgroups of women with SUD, such as pregnant women, elderly women, and women with other concurrent problems⁸.

A significant piece of information in the report is that women access less treatment (15.4% vs 84.6%), although there is an upward trend. The main substance they seek treatment for is alcohol (36.2%), and problematic use tends to begin at a later stage. In this sense, the greater vulnerability to its effects⁹ combined with a starting age significantly higher than that of men could explain the increase in the demand for treatment in recent years. It should be noted that the percentage of people who seek help for barbiturate abuse is higher among women. The increase in the number of women who use hypnotosedatives in recent years could also be an underlying factor in the indicated trend.

With regard to the sociodemographic and family profile, women are older than men (39.9 vs 37.6 years) and the percentage of women aged 40–59 years receiving treatment is also higher. The percentage of women born outside of Spain is also higher. Although their level of education is higher, with more women with secondary and university studies, they present a higher unemployment rate and a greater dependence on welfare benefits. In fact, the main sources of income reported by women are friends and family (32.1%) followed by employment (27.7%) and pension or Social Security (17.1%). Almost a quarter of the women attended to in PH declare to be single, widowed or divorced. In addition, it is more frequent for women to be living with children, and particularly notable are the cases of women living alone with children. This situation of greater socioeconomic vulnerability, less social-family support and childcare could give rise to difficulties in balancing family life and treatment. Many pregnant women or women with children do not seek treatment because they fear legal or social problems, cannot attend treatment sessions regularly, or leave them prematurely. However, the chances of success increase if flexible treatment is provided that offers specific services such as childcare¹⁰. Women in treatment for SUD often need help coping with work, housework, childcare, and other family-based responsibilities⁷.

In addition, a higher percentage of women report that they live with people who have addiction problems, have ongoing serious problems with family members, and present a higher incidence of physical, sexual and emotional abuse and other more serious health conditions. The presence of chronic medical problems, the prescription of regular medication and the existence of emotional and anxiety problems is also higher. A greater number of women have received clinical treatment for psychological problems and receive a mental disability pension. This data is consistent with the bulk of research that indicates that women with SUD in treatment, report greater problems in terms of employment, social/family, medical and psychological difficulties than men, and it highlights that the use of substances by women is related to the management of such unrest⁸.

It seems particularly important to promote treatment programmes that facilitate access to women and provide comprehensive care not only to address substance abuse, but also to improve their psychological, medical, employment and social-family situation. Most of the research in SUD treatment deals with retention and abstinence results, while other aspects such as the normal functioning of the various areas of life most affected in women is also relevant⁸.



Proyecto Hombre Asturias

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