



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



REPORT
2018

PROYECTO **ASOCIACIÓN**
HOMBRE

Sponsored by:



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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 all of them for the work they do every day. And, of course, we would also like to thank those who take part in Proyecto Hombre in order to take the first step towards a new life free of addictions.



■ Proyecto Hombre Granada (N.L.)



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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 set off on its path 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.

The 2018 Report that you have in your hands is the seventh consecutive annual report and shows the commitment of the Proyecto Hombre Association with the study and phenomenon of addictions.

As is the norm in our Observatory, we have continued using the validated EuropASI admission questionnaire to collect information, with a considerable sample of 2,606 users (all over the age of 18 years) from our different units.

The explored areas are still valuable when it comes to evaluating and adjusting our programmes and services, signifying a great reference for adapting our units to the profile of our users. Exploration is carried out based on:

- **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, as well as that which provokes 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)

As professionals who dedicate ourselves to accompanying people with addiction problems in change processes that must be carried out, we know that we must really pay attention to what is happening in society, to how the environments and circumstances are changing, as well as the profiles of users who come knocking on our door.

This continuous attention, this constant study and investigation which allows us to reflect on our systems, programmes and methodologies is what justifies, for another year, the existence of the Observatory and the intense

LETTER FROM THE PRESIDENT

work of its annual Report: adaptation, improvement and innovation to the service of people who come to our centres, to their families, and to the hundreds of external professionals who come to us in search of preventive measures, orientation and guidance.

In order to make this a reality, the work of dozens of experts from 27 Proyecto Hombre Centres throughout Spain has been indispensable, as well as the participation of the team from the Proyecto Hombre Association and the highly valuable analysis of our experts from the National Evaluation Committee, along with the support of external specialists.

We thank them all and show our appreciation for their hard work.

We are also grateful for the support for the edition of the National Plan on Drugs Report and thank you to the Ministry of Health, Consumer Affairs and Social Welfare.

At the Proyecto Hombre Association we take on the commitment of continuing to publish our annual Reports from the State Observatory, aware of the value and social impact brought about by investigation and the sharing of awareness accumulated by our professional practice.





Definition of the Observatory and Techniques



A. INTRODUCTION

■ MISSION, PHILOSOPHY AND VALUES

The Proyecto Hombre Observatory brings together a collection of human resources and materials with the intention of regularly generating rigorous information on the profile of people with addiction problems treated by Proyecto Hombre in Spain, as well as their progress.

The Observatory has a clear vocation to provide quality information for the analysis of abusive substance use problems and in this way contribute to a better awareness 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.

■ OBJECTIVE

More specifically, the objective of this study is to analyse and identify the psychological, epidemiological and sociodemographic characteristics of people with addiction problems attended to in the Proyecto Hombre Centres throughout Spain. It also incorporates the analysis of possible influential factors in the problem of addictions: personal aspects, risk behaviours, emotional circumstances and social relationships.

This information contributes to:

- Gaining a better knowledge of the reality of Proyecto Hombre, with the ultimate aim to improve the quality of life of users, their families and loved ones.
- Providing information of interest on the profile of people with addiction problems in Spain, to professionals and entities related to drug addictions.
- Making the different realities of addiction visible as a prelude to raising awareness of this social phenomenon.

■ TARGET POPULATION

These are precisely the main lines of the Observatory which make up the broad picture of the target population:

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



■ Proyecto Hombre Jaén (N.L.)

■ SOURCE OF INFORMATION

The information in the Observatory comes from the internal database of Proyecto Hombre (PHNemos application), which collects information related to the people attended to in the treatment programmes and which at the same time collects data obtained in the systematic and periodic application of the survey named EuropASI.

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 the aim to obtain a tool to allow for the collection of data relevant to the initial clinical evaluation of patients with drug abuse problems (including alcohol), and thus to plan their treatment and/or make referral decisions, as well as to contribute to research purposes.

It is a basic tool for clinical practice, allowing a multi-dimensional 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 person.

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

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



■ Proyecto Hombre Málaga (N.L.)



■ Proyecto Hombre Málaga (N.L.)

B. TECHNICAL ASPECTS

■ UNIVERSE

The EuropASI of admission establishes its administration to people older than 18 years of age. Therefore, the universe of study is made up of users of Proyecto Hombre, of this age or older than 18 years, who have begun treatment in 2018 in programmes and units for adults with addiction problems in the 27 Centres of this association.

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

All this implies a universe of more than 15,000 new users since 2013.

■ SAMPLE

Based on this universe, 15,423 validated surveys have been gathered so far, of which 2,606 correspond to the present 2018 Report.

The sample therefore responds to the universe, with no limitation other than having eliminated the incomplete or low validity surveys, which do not reach 1%. There is therefore no sampling error.

■ VALIDITY AND GENERALIZATION OF RESULTS

Even though people under treatment in centres outside of Proyecto Hombre are outside the universe of study, the theory that the results of this study could be generalized for all drug-dependent Spanish people must be accepted, considering these 2,606 cases as a random and sufficiently broad sample, of a theoretical population of Spanish people with addiction problems (on which there is no official census) or people receiving treatment in Spain.

■ MEMORY CONTENT

Memory is only a descriptive of the marginal frequencies of the main items which make up the survey, with the aim of establishing a framework of quantitative reference on the sociodemographic and epidemiological characteristics of the users.

The Observatory also carries out multivariate, causal and prospective analysis which it publishes and disseminates in other scientific fields and which shall also soon be set out in a longitudinal memory from 2013.



C. DEVELOPMENT TEAM

The Observatory has been prepared in a mixture of ways by a team formed by:

Internal Proyecto Hombre Team:

- Belén Aragonés
- Xavier Bonet
- Ramón Capellas
- Ángeles Fernández
- Jesús García
- Fernando González
- Jesús Mullor
- Elena Presencio
- Félix Rueda

External Team: Gonzalo Adán, Doctor in Social Psychology.

The research design has been carried out in a mixture of ways, 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 have been done by the external team.

The interpretation of results and conclusions for each value has been realised jointly by means of inter-judge analysis and discussion groups.

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

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- 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.

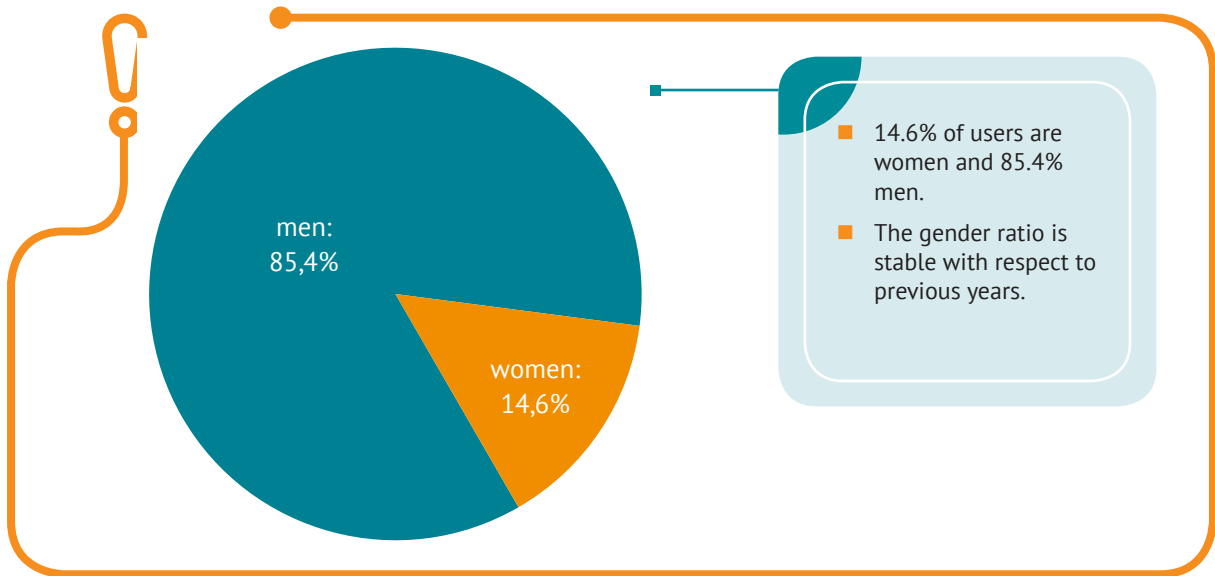




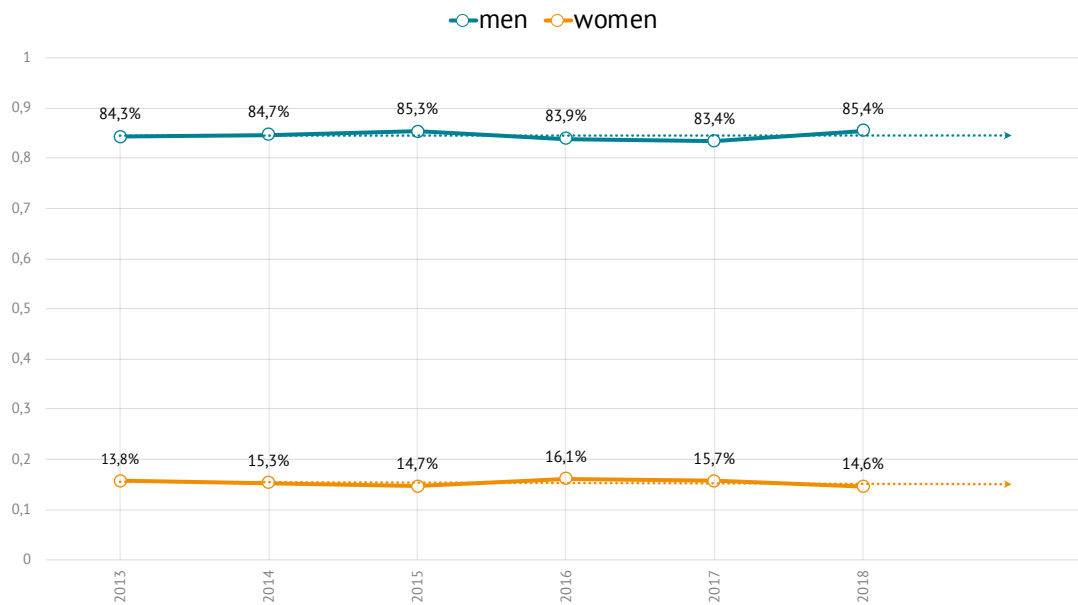
Data Analysis

2

1. GENDER

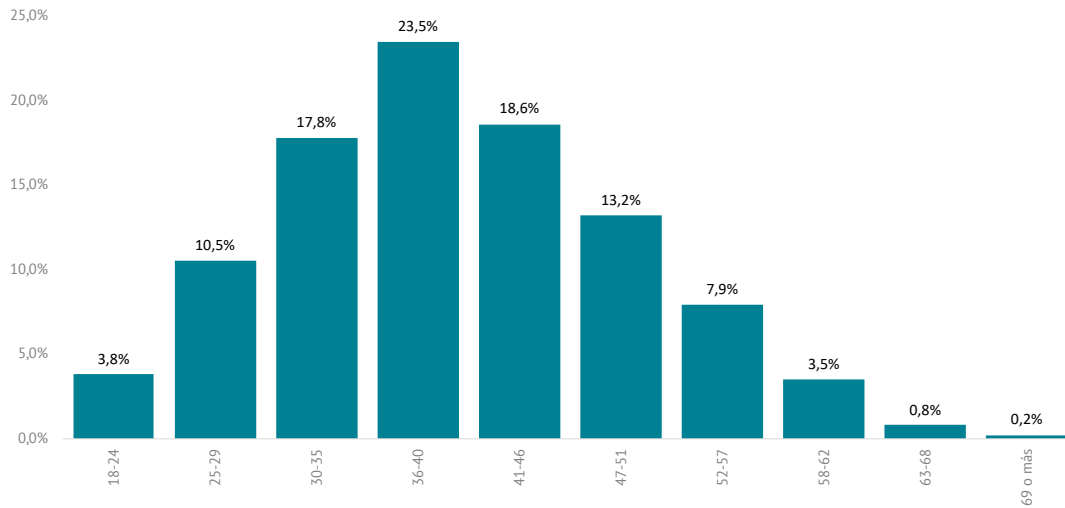


2. EVOLUTION OF PEOPLE UNDER TREATMENT BY GENDER (2013-2018)

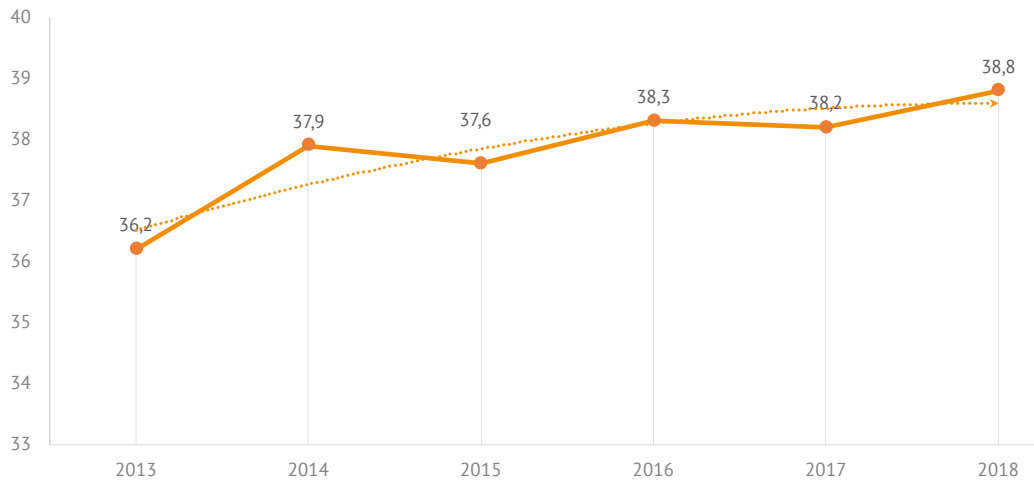


Proyecto Hombre Málaga (N.L.)

3. AGE OF PEOPLE AT THE START OF TREATMENT

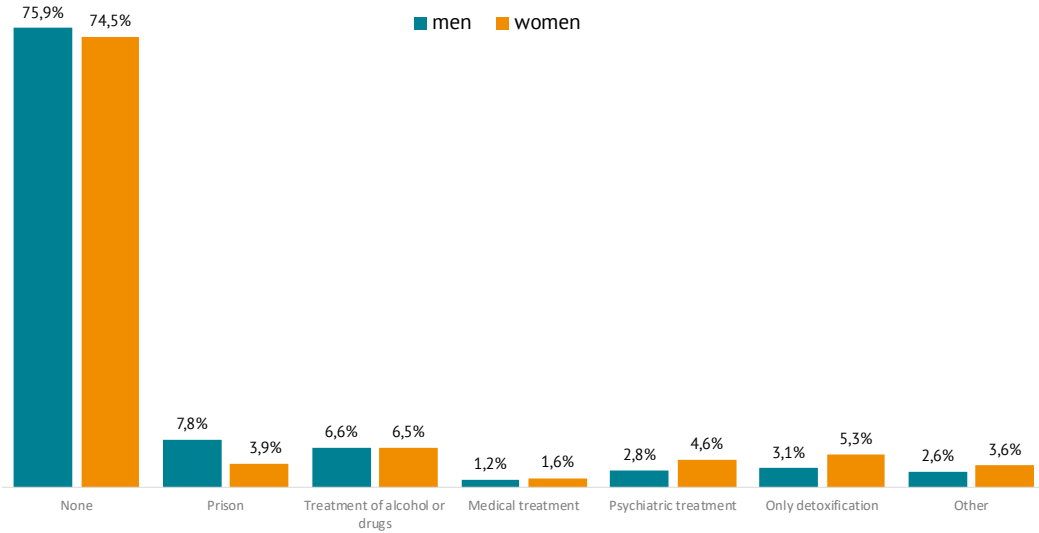


4. EVOLUTION OF AVERAGE AGE OF START OF TREATMENT (2013-2018)



- The age range of people admitted to treatment in 2018, object of this study, is between 18 and 71 years of age.
- The average age is 38 years. Although the distribution of ages is slightly directed towards the older age group, the average is 37 years.
- The largest age group in the sample is that of 36 years.
- Grouping age by ranges, 14.3% are under 30 years of age, while 12.4% are older than 50 years.

5. CENTRE OF ORIGIN



- 3 out of 4 people have not been admitted to another centre in the last month.
- There are no large differences based on gender, except users who come from a penitentiary centre.



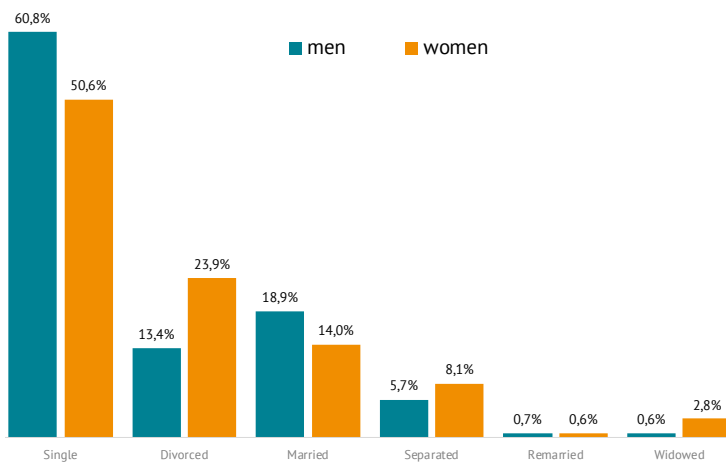
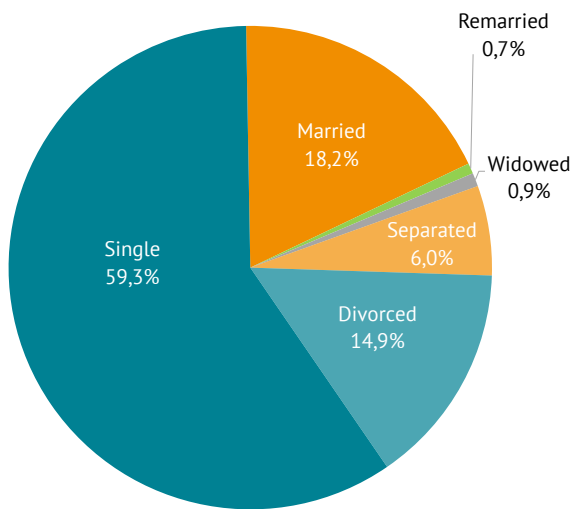
Proyecto Hombre Málaga (N.L.)



SOCIAL AND FAMILY

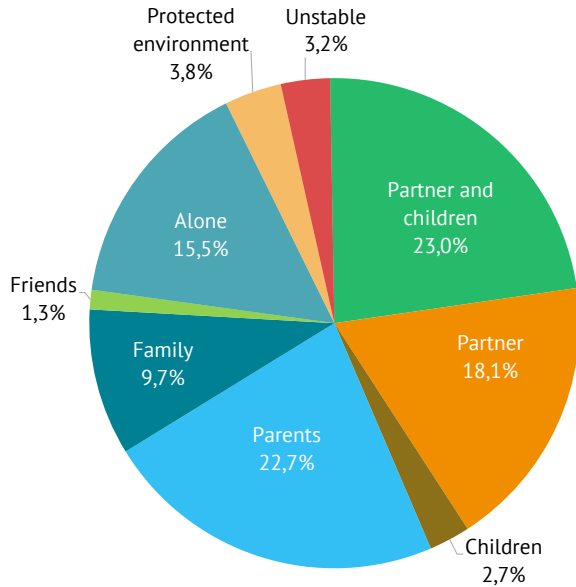
■ Proyecto Hombre Salamanca (C.E.)

6. MARITAL STATUS



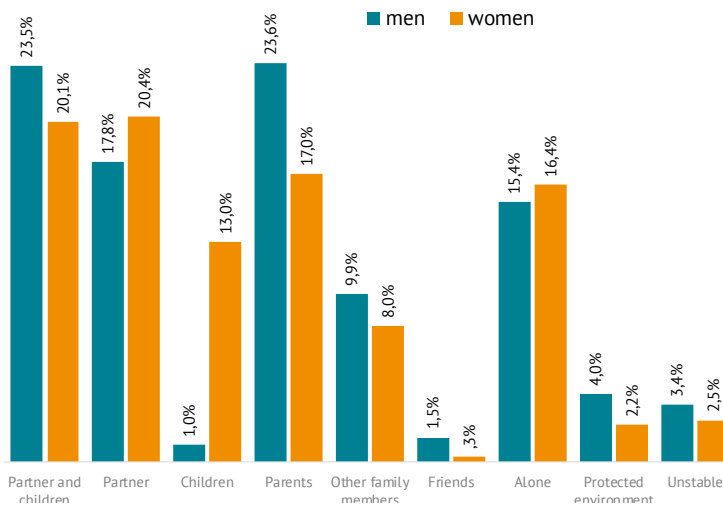
- The majority of users of Proyecto Hombre are single (59.3%). The rest represents a great heterogeneity: married, divorced, separated or widowed or remarried.
- From the amount of separated and divorced people, a significant difference can be seen between women (32%) and men (19%).
- The majority of men are single (60.8%) and the rest are either married, divorced or separated.
- Half of the women are single. The rest are, in this order: divorced, married, separated or widowed.

7. TYPE OF COHABITATION



- The type of cohabitation of users of Proyecto Hombre is heterogeneous.
- Living together with partner and children represents the highest percentage (23%), with parents (22.7%), only with partner (18%) or alone (15%). The smallest group corresponds to those living with friends (1.3%).
- Significant differences can be seen between men and women:
 - Regarding living alone with children, this situation represents 13% of women and only 1% of men.
 - When cohabitation is with parents, men present a higher percentage (23.6%) compared to women (17.0%).

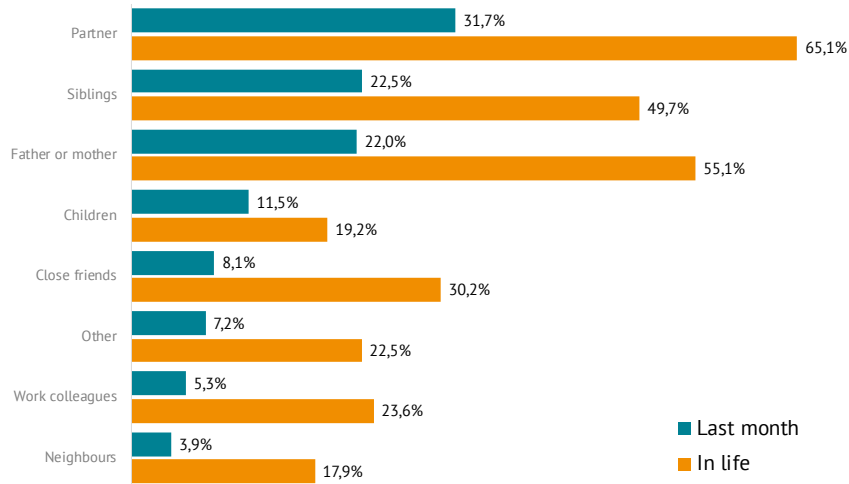
Type of cohabitation by gender, 2018



■ Proyecto Hombre Málaga (N.L.)

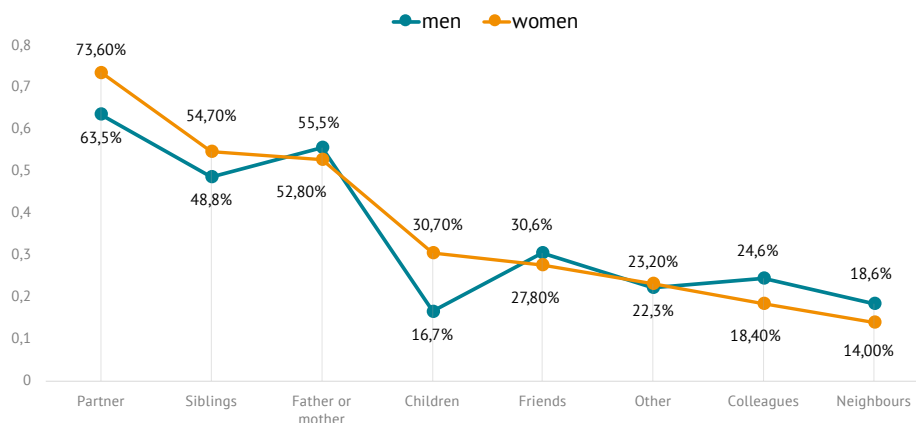
8. CONFLICT RATES

User has had periods in which he/she has had serious problems with... (2018)

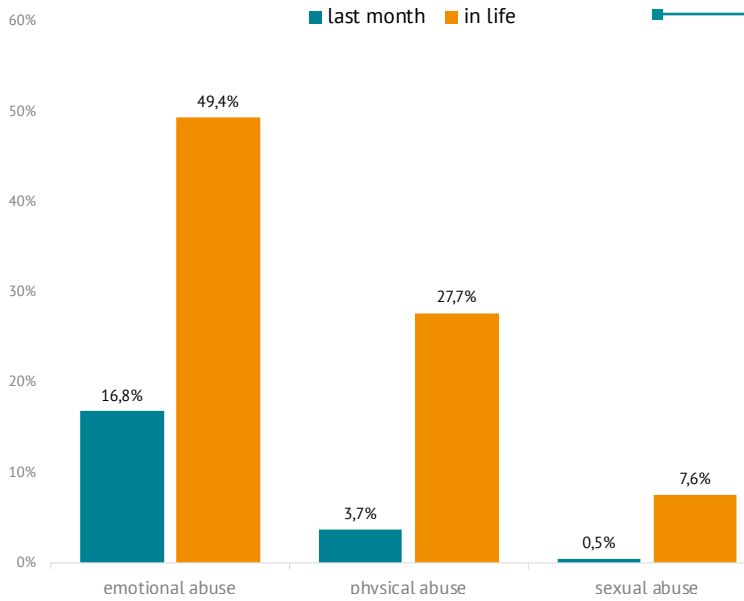


- With regard to conflictive relationships, the partner environment is where the highest percentage of serious problems is brought about, both in the last month (31.7%) and throughout life (65.1%), followed by problems with parents and siblings (55.1% and 49.7%).
- If we analyse the data according to gender, women show a higher degree of conflict than men in their relationships with partners and siblings, and less in the other categories, especially with children and work colleagues.

Conflict rates throughout life (2018)

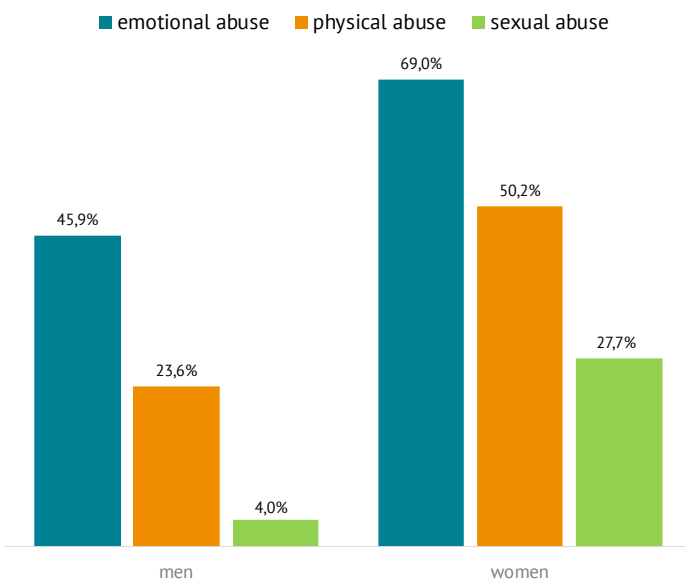


9. EMOTIONAL, PHYSICAL AND SEXUAL ABUSE



The degree of abuse of people from the environment who have suffered throughout their life under treatment presents significant values, highlighting emotional abuse (49.4%), followed by physical abuse (27.7%) and sexual abuse (7.6%).

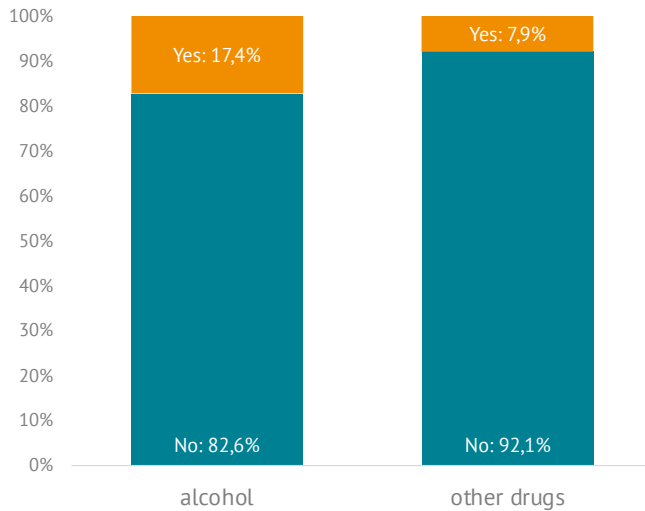
Abuse throughout life



In both men and women there is a significant presence of abuse. In both cases, the most common abuse is emotional, followed by physical and then sexual. However, it must be noted that the percentage in all types of abuse is 23 percent higher among women than men.

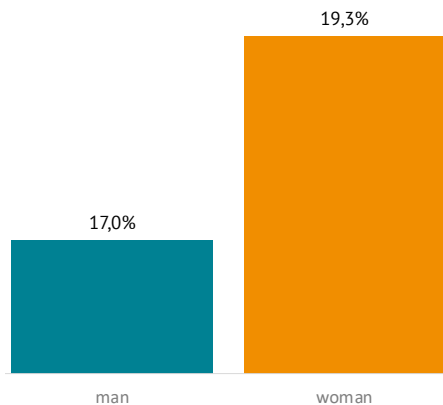
10. COHABITATION WITH PROBLEMS

Do you currently live with someone who has problems with alcohol? And with other drugs? 2018

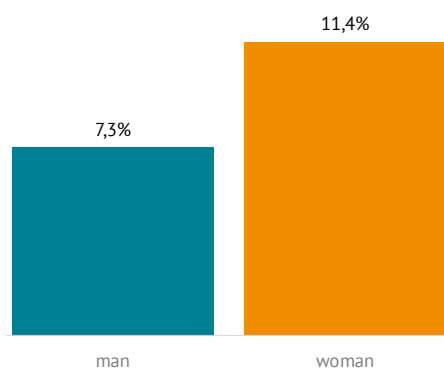


- 17.4% of people attended to in Proyecto Hombre live with people with alcohol problems, and almost 8% live with people who have problems with other drugs.
- Women are more vulnerable in this regard, even during treatment: there are more women than men living with someone who consumes alcohol or other drugs.

% of YES living with someone with alcohol problems, 2018



% of YES living with someone with other drug problems, 2018

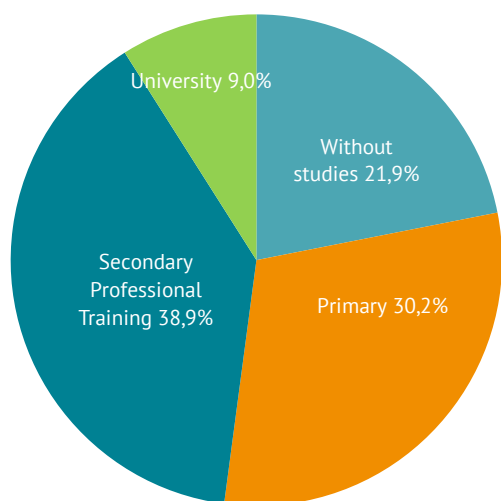




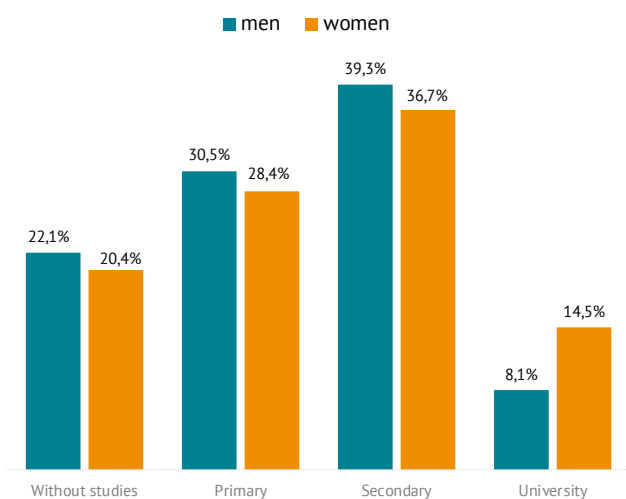
EDUCATION

■ Proyecto Hombre Seville (N.L.)

11. ACADEMIC LEVEL ACHIEVED



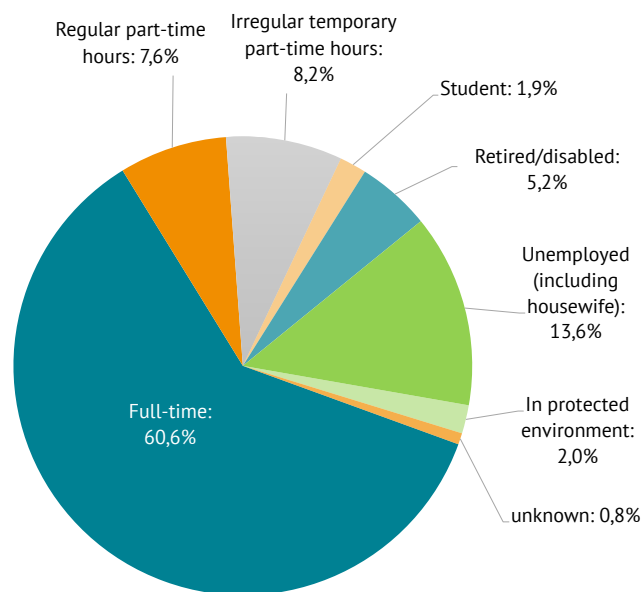
- 22% of people under treatment in Proyecto Hombre lack studies.
- The percentage of people with university studies represents 9%.
- Between genders, the education levels are very similar except with regard to university studies, obtained by 14.5% of women compared to 8.1% of men.



LABOUR: EMPLOYMENT/SUPPORTS

- Proyecto Hombre Jaén (N.L.)

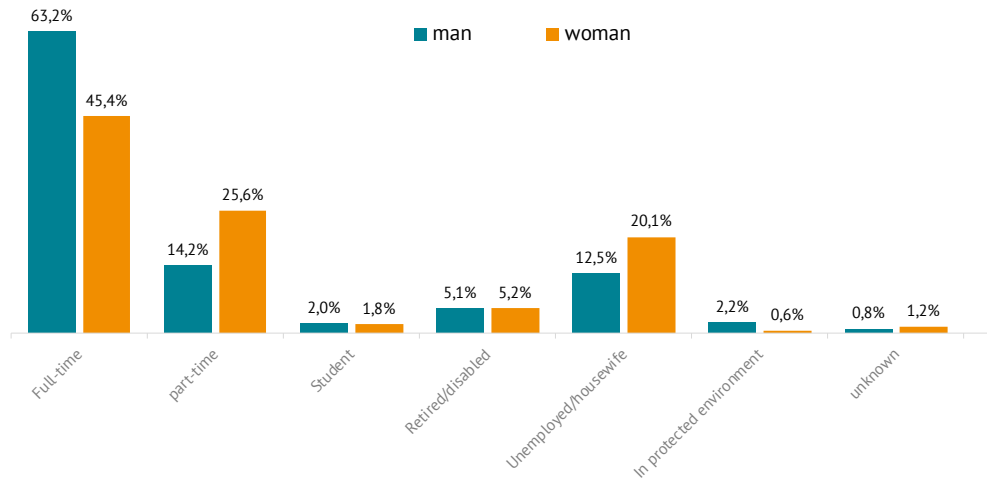
12. LABOUR SITUATION (USUAL EMPLOYMENT PATTERN OVER THE LAST 3 YEARS)



- The usual labour situation in the last 3 years before admission varies a great deal. People who have been working represent the majority (76.4%), of whom most were working full-time.
- The second-highest percentage corresponds to those who were unemployed or were only employed to do housework (13.6%).

** Although somebody being a "housewife" is not the same as being unemployed. This category appears in the EuropASI classification.*

13. LABOUR SITUATION BY GENDER (USUAL EMPLOYMENT PATTERN OVER THE LAST 3 YEARS)

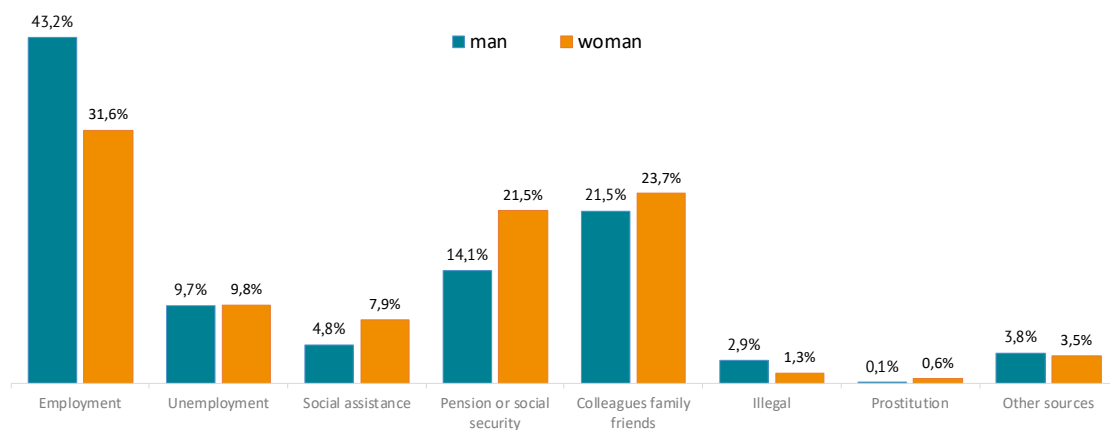
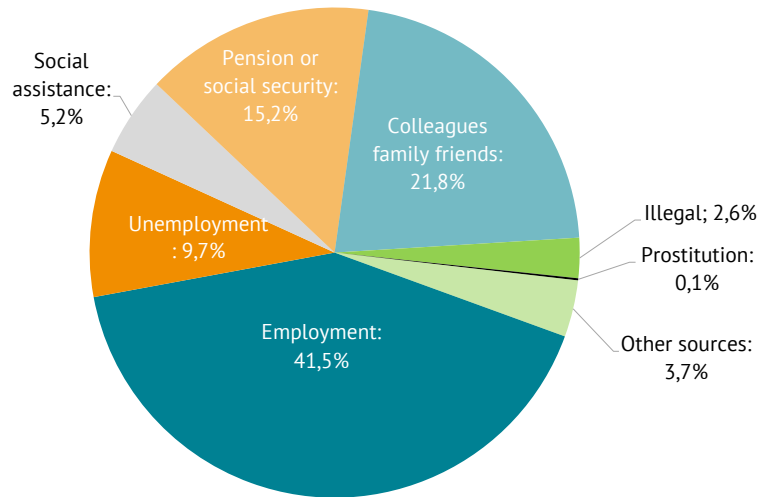


- By gender, the greatest difference is found in full-time work, with a difference of 17.8% between men and women.
- Among unemployed people and those who only do housework, the percentage is significantly higher among women (20% compared to 12.5% of men).



Projecto Hombre Málaga (N.L.)

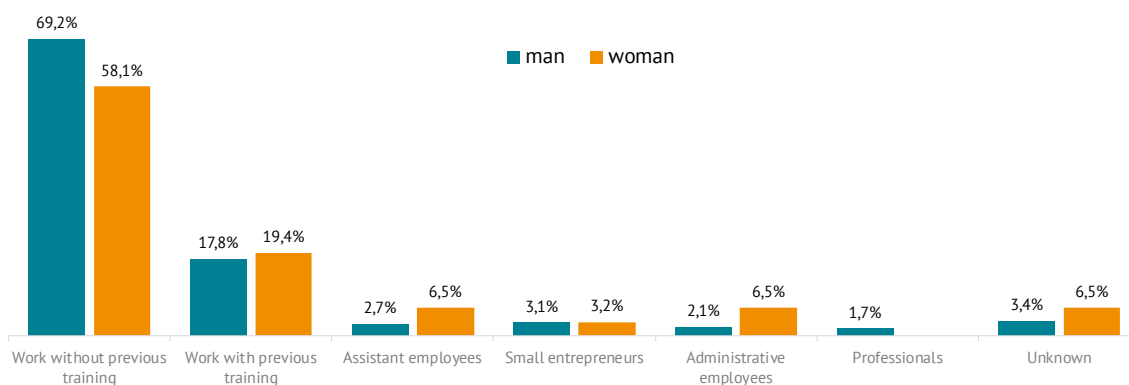
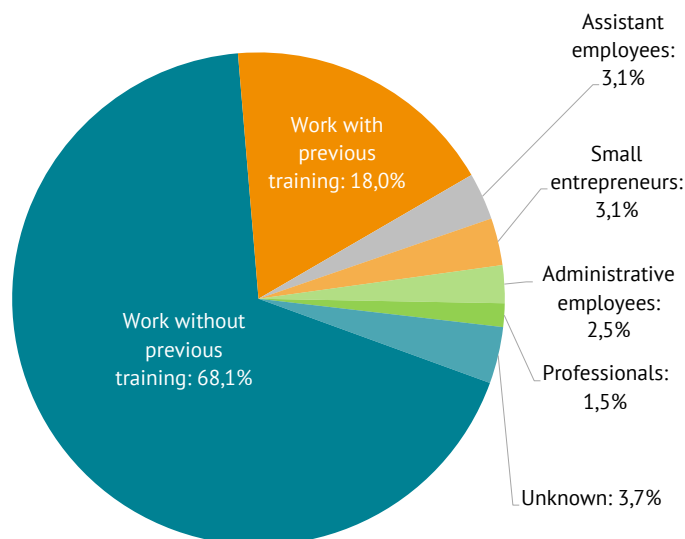
14. MAIN SOURCE OF INCOME



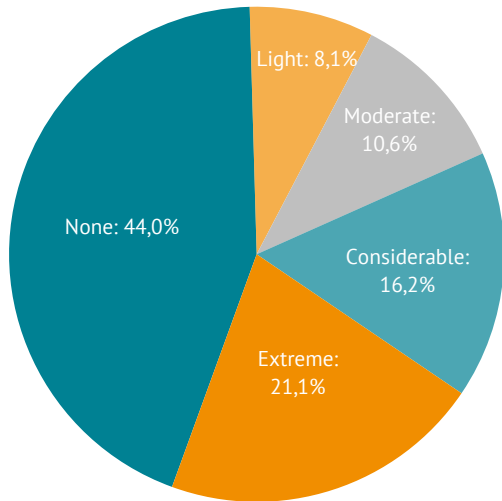
- The main source of income of the users is employment (41.5%), followed by help from colleagues, family or friends (21.8%) or pension or social assistance (15.2%). There is an upward tendency regarding employment as the main source of income and a decrease in relation to colleagues, family or friends providing this.
- The main source of income of the users, for both men and women, is employment, although the percentage is significantly higher among men (43.2% men, 31.6% women). The second source is, also for both genders, help from colleagues, family or friends (with similar percentages for both genders), followed by pension or social assistance (with a higher percentage among women). Prostitution is the least common source of income, although this affects more women than men.

15. REGULAR (OR LAST) OCCUPATION

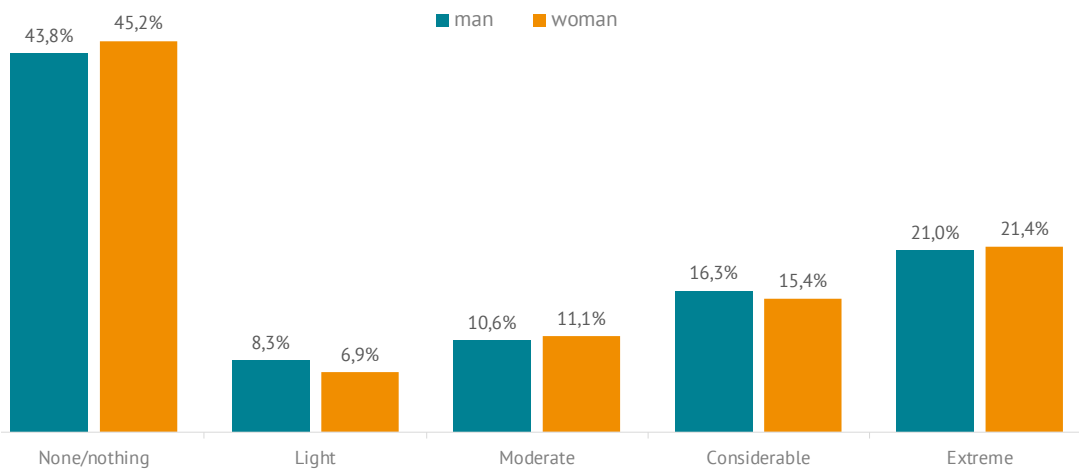
- The regular or last occupation is mainly that for which no previous training is required (68%).
- By gender, the percentage of men who do a job which does not require previous training is higher than that of women (69% compared to 58%). A higher number of women are seen in jobs which require previous training, as well as in assistant and administrative roles, while the same percentage is detected regarding small entrepreneurs.



16. IN WHAT WAY HAVE YOU BEEN WORRIED BY EMPLOYMENT PROBLEMS IN THE LAST MONTH?

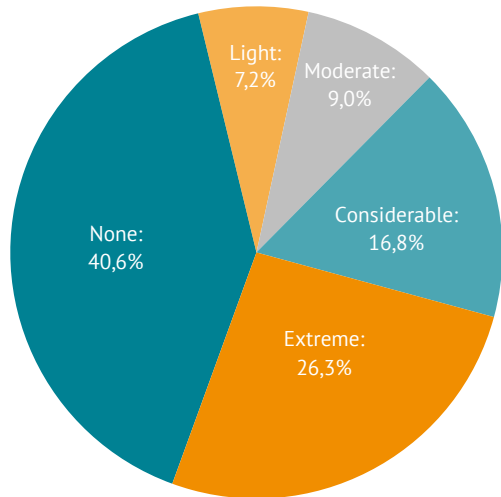


- 56% show to have been worried by employment problems. For 1 in 5 this worry is extreme.
- There is no significant difference between genders.

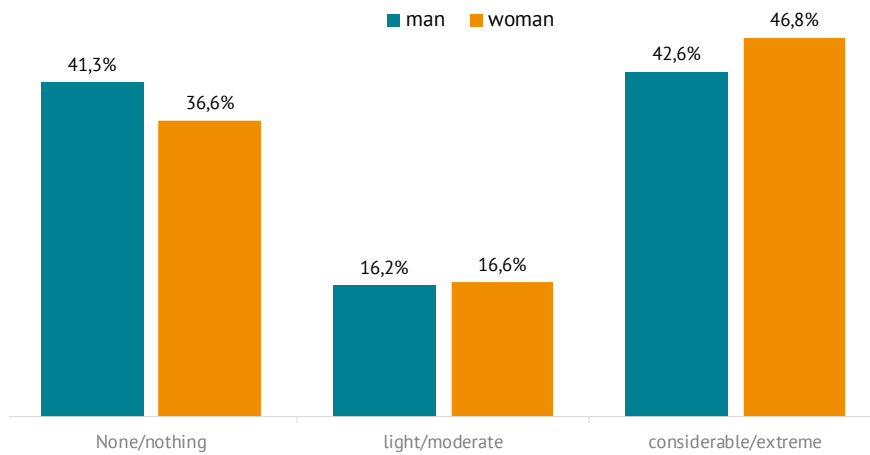


Proyecto Hombre Seville (N.L.)

17. HOW IMPORTANT DO YOU FIND ADVICE ON YOUR EMPLOYMENT PROBLEMS?



- 59.4% of people under treatment in Proyecto Hombre express the need for advice on their employment problems.
- These people consider this extremely or considerably important, with women expressing a greater need for advice.

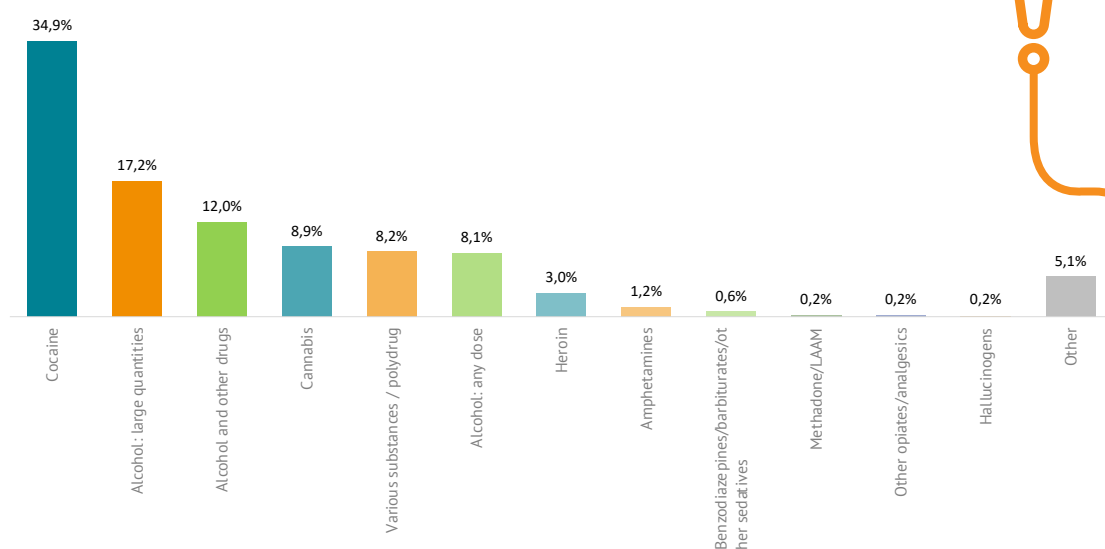


Proyecto Hombre Málaga (N.L.)

USE OF ALCOHOL AND OTHER DRUGS

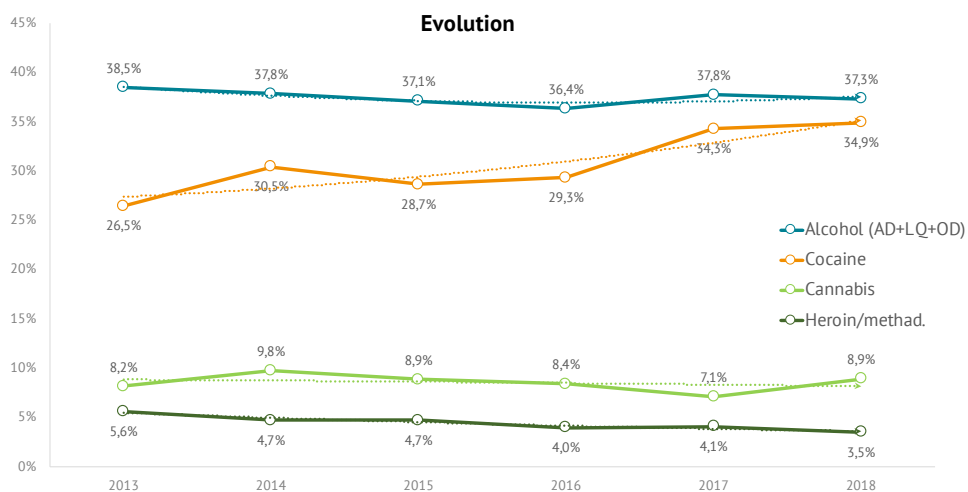
■ Proyecto Hombre Málaga (N.L.)

18. MAIN SUBSTANCE OF USE



- If alcohol is considered as a whole (in large quantities or in any dose, as well as associated to other substances), it represents the most-used principle substance.
- The second main substance for which treatment is demanded is still cocaine, with 34.9%.
- Cannabis is the third most popular main substance of use among the people attended to in Proyecto Hombre, with 8.9%.
- The aforementioned substances make up for 81%. With regard to the remaining 19%, 8.2% do not show a main substance, as they use more than one substance, excluding the consumption of alcohol below the threshold (any dose).
- Admissions which identify heroin as the main substance of use still represent a reduced percentage: 3% in 2018.

19. MAIN SUBSTANCE OF USE (2013-2018 EVOLUTION)

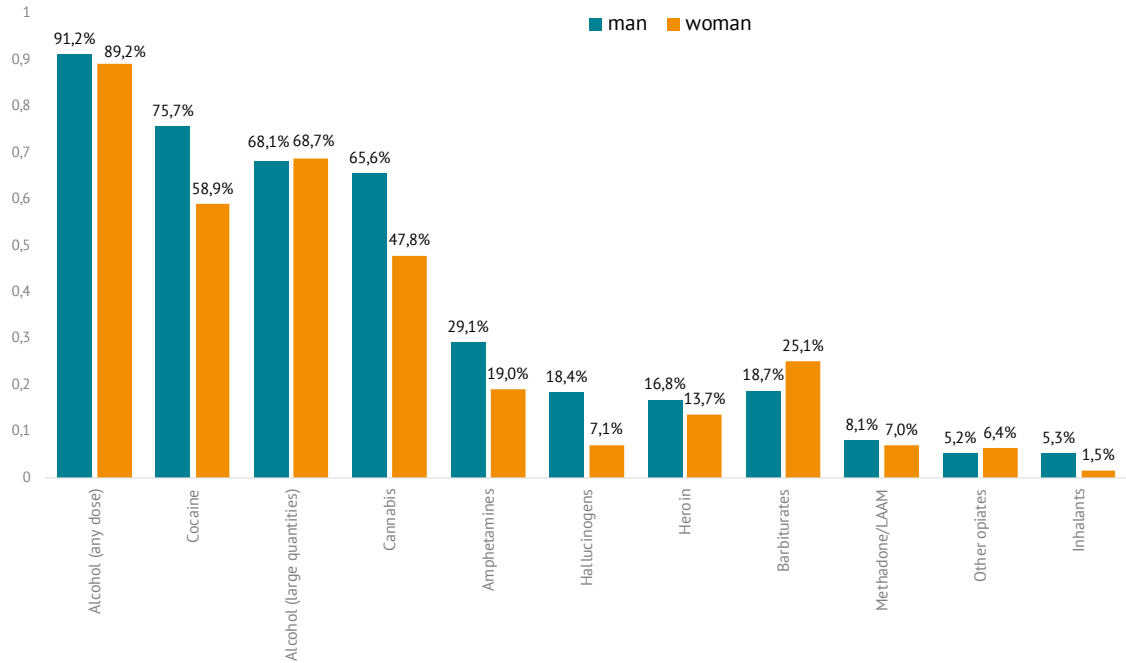


- The evolution of the main substance referred by the adults who attend Proyecto Hombre is still mainly alcohol and cocaine. Together they make up for 65% of the admissions in past years, reaching 70% of the group in the last two years. Therefore, these are considered to be the main substances which generate the highest demand for help.
- Regarding the trend of these two substances, it can be seen that the consumption of alcohol remains stable, although with a slight downward tendency since 2013. Cocaine use sees an upward tendency.
- Thirdly, cannabis continues to be the main substance to provoke people to seek treatment. An increase is seen in 2018 with respect to the previous year, again taking up the year-to-year tendency which is around 9%.
- Heroin shows a light continual decrease over recent years among people seeking treatment in Proyecto Hombre.



■ Proyecto Hombre Málaga (N.L.)

20. REGULAR OR PROBLEMATIC SUBSTANCE OF USE THROUGHOUT LIFE

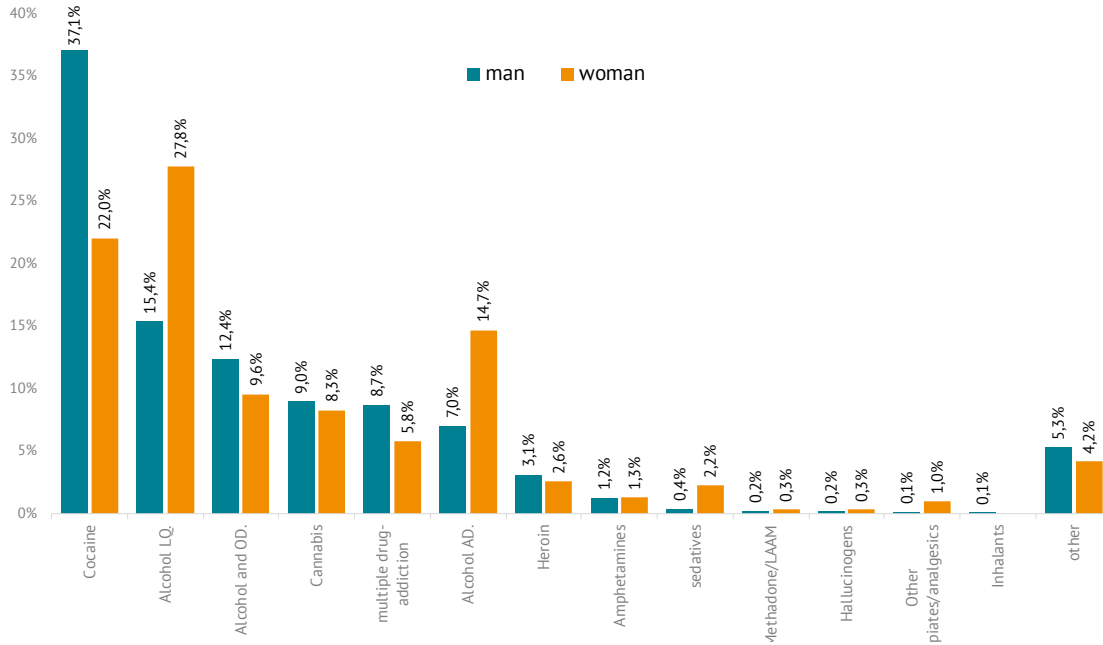


- Throughout life, long periods of use are registered, defined as “three or more days a week” or “two consecutive days of use of large doses”.
- Therefore, the majority of the people attended to present problematic uses of various substances throughout their lives, with alcohol (81%), cocaine (71%) and cannabis (60%) representing the substances which make up for the highest percentages of regular consumption.
- The following are found on an intermediate level: Poly-drug use (40%), amphetamines and by-products (26%), psychotropic drugs (19%), heroin (19%) and other hallucinogens (19%).
- On a lower level the following drugs are used: methadone (9%), other opiates (5%), inhalants (4%) and others.



Proyecto Hombre Granada (D.O.)

21. MAIN SUBSTANCE OF USE BY GENDER

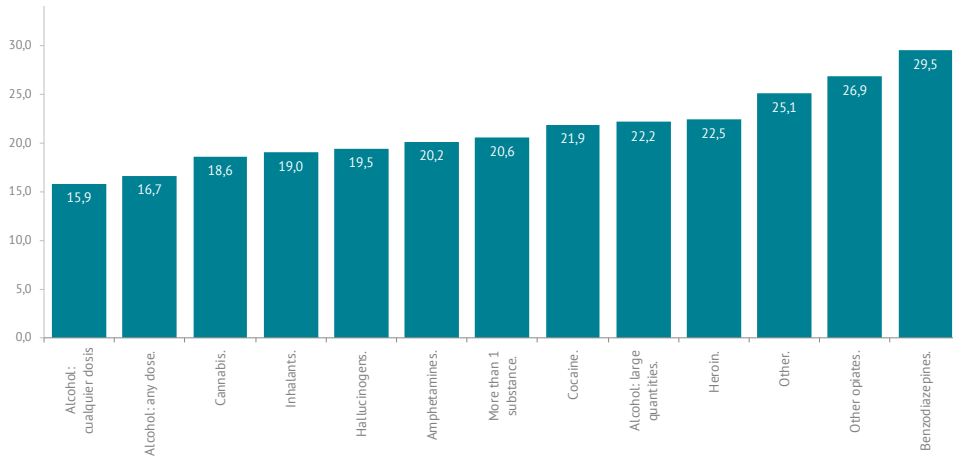


- The main differences between men and women in relation to main substance of use that motivates demand for treatment are:
 - Cocaine, which has a higher demand among men with a difference of 15.1%.
 - Alcohol, which has a higher demand among women with a difference of 12.4%.
- In other substances, the differences are a lot less noticeable or imperceptible.



■ Proyecto Hombre Seville (N.L.)

22. AVERAGE AGE OF ONSET OF USE BY SUBSTANCE

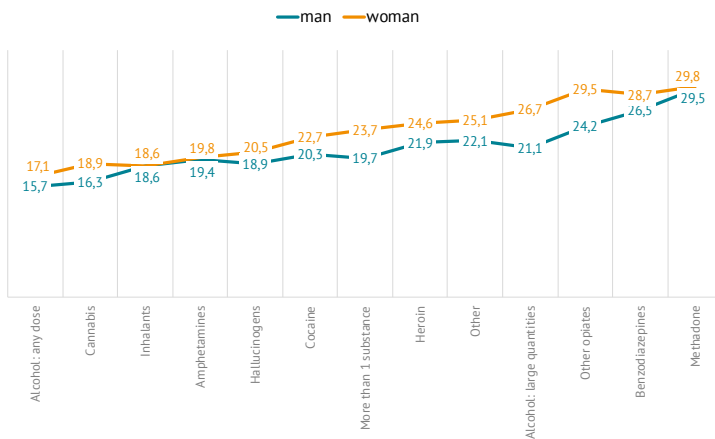


- People attended to with problematic consumption of alcohol started consumption with an average age of between 15 and 16 years. Cannabis use starts at an average age of between 16 and 17 years. Therefore, these are the substances with problematic use detected at the youngest ages (adolescence).
- From 19 years, the average onset of problematic use of hallucinogens and amphetamines can be seen.
- In full youth (according to the UN, the period between 20 and 24 years of age), the average onset of problematic use of different combinations of substances, the use of cocaine and heroin, can be observed.
- During adulthood is when the problematic use of psychotropic drugs begins.



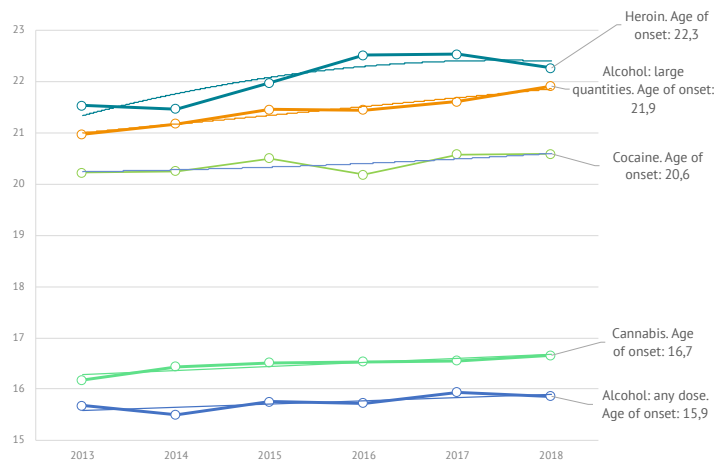
■ Proyecto Hombre Granada (N.L.)

23. AVERAGE AGE OF ONSET OF USE BY SUBSTANCE AND GENDER



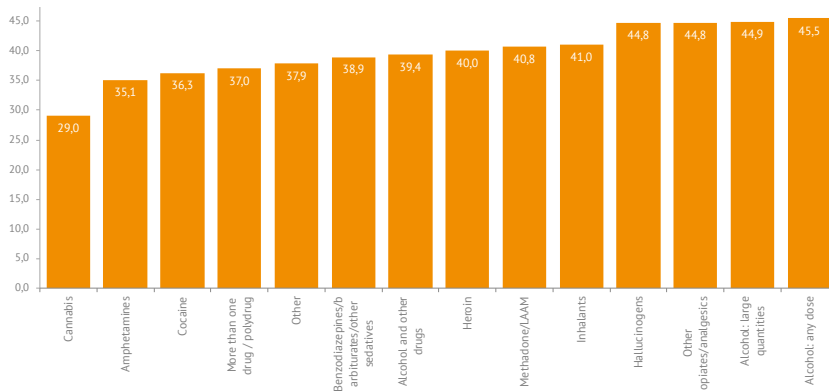
- In general, men are more likely to start regular or intensive use of any substance at a younger age than women.
- The differences are not significant, although it is worth pointing out the average four years of difference regarding alcohol in large quantities or other opiates. Women tend to start regular or problematic use later than men, especially in these substances.

24. AVERAGE AGE OF ONSET OF USE (2013-2018 EVOLUTION)



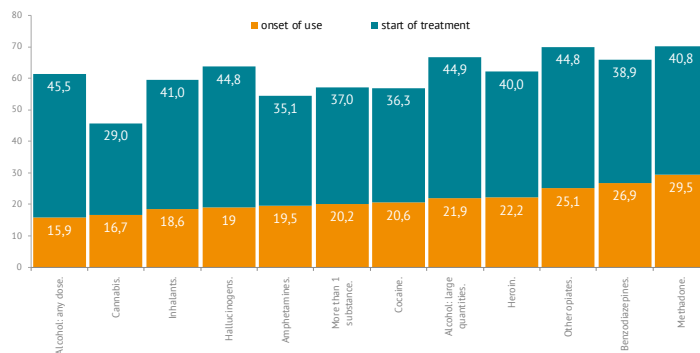
- The evolution in recent years of average age of onset of problematic use of substances shows to be rather stable:
 - Cocaine remains stable between 22 and 23 years.
 - Cannabis, between 16 and 17 years.
 - Alcohol in any dose, stable a little earlier before 16 years.
- The notable changes are:
 - A moderate increase is seen in alcohol use in large quantities, moving from 21 years to 22 years.
 - The average age of onset of use in the last five years has also increased with regard to heroin, from 21-22 years in 2013, to 22-23 years in 2018.

25. AVERAGE AGE OF START OF TREATMENT BY MAIN SUBSTANCE



- The youngest people who seek treatment are those who refer to cannabis as the main substance, with an average age of 29 years.
- Those who consider their main use problem to be cocaine have an average age of 36.3 years, being one of the most common substances to result in the seeking of treatment.
- However, in relation to alcohol, demand is generally brought about at a later age, from an average age of 40 years and above, even though it is the substance with the earliest onset age of use.

26. AVERAGE TIME OF USE UNTIL TREATMENT BY MAIN SUBSTANCE

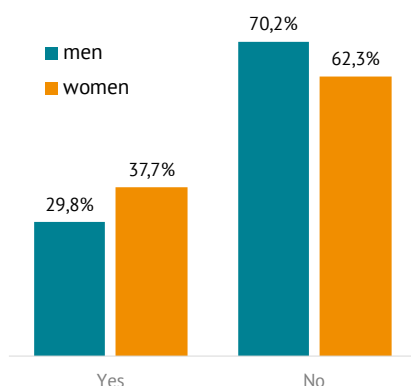
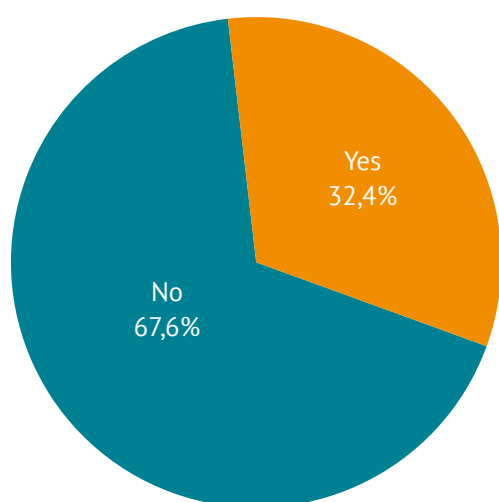


- This graph shows the period of latency that runs from onset of problematic use until the start of current treatment.
- The longest period is when the substance is alcohol (29.6 years), although this is reduced to 23 years when alcohol is consumed in large quantities.
- A shorter period is observed with cannabis, in which the difference is almost 12.3 years.
- In the case of cocaine, it is in an intermediate position with a temporary difference of close to 16 years.
- The substances which present the longest delay is methadone followed by psychotropic drugs.

HEALTH

Proyecto Hombre Granada (D.O.)

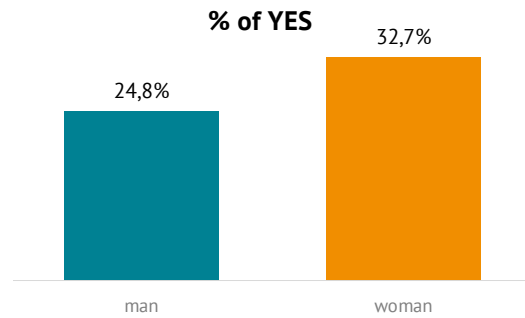
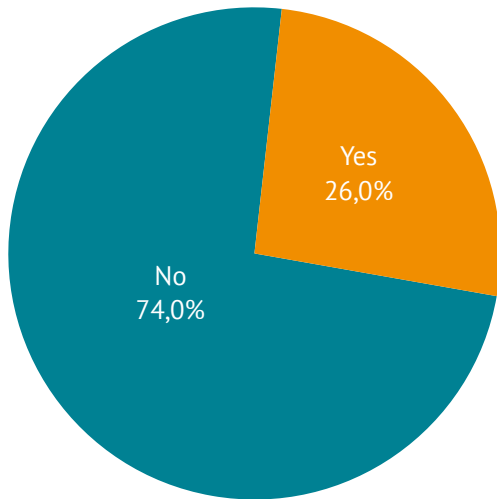
27. CHRONICAL MEDICAL PROBLEMS THAT INTERFERE WITH DAILY LIFE



- 32.4% of people under treatment state to suffer from some chronic medical problem that interferes with their daily life.
- Taking as reference the data from 2014 (26.7%) from now on, an upward tendency is observed of people who suffer chronic medical problems.
- Women (almost 38%) present more chronic medical problems than men (this figure is below 30%).

28. DO YOU REGULARLY TAKE SOME TYPE OF MEDICATION BY MEDICAL PRESCRIPTION?

- 26% of people under treatment confirm regularly taking some type of medication by medical prescription. This percentage is stable with respect to previous years.
- There is a higher percentage of women regularly receiving some type of medication by medical prescription than men.
- By age, as of 28-33 years (20.7%), an increasing rate is observed until 64-69 years, when 63.6% take this medication.

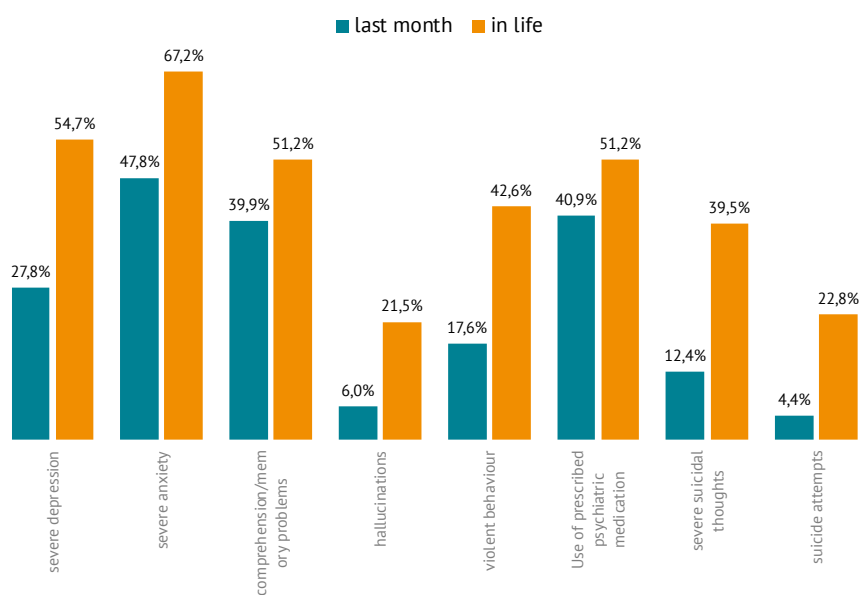


Proyecto Hombre Castellón (N.L.)

PSYCHIATRIC PROBLEMS

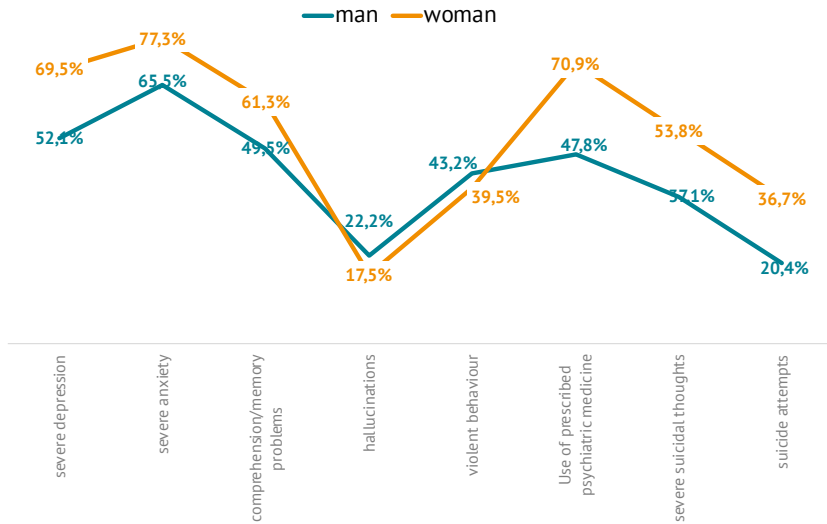
■ Proyecto Hombre Galicia (C.E.)

29. ASSOCIATED PSYCHIATRIC PROBLEMS (NOT FOR USE OF ALCOHOL OR OTHER DRUGS)



- A high prevalence in the comorbidity of addiction is observed with psychiatric disorders.
- In particular, it must be noted the high incidence throughout life of severe anxiety disorders (67.2%), followed by severe depression (54.7%).
- More than half of these people (51.2%) take prescribed medication for emotional or psychological problems.
- Another indicator on the degree of mental health impairment among these people is that almost 40% have had suicidal thoughts throughout their lives, and 23% have attempted suicide. In the last month, this data represents 12.4% and 4.4%, respectively.

30. PSYCHOLOGICAL AND/OR EMOTIONAL PROBLEMS



- A higher incidence of psychological and/or emotional problems is detected in women, with an average difference of around 15% compared to men.
- In violent behaviour and hallucinations, men represent 4% or 5% more.
- 77.3% of women have suffered severe anxiety, almost 70% severe depression and 71% take psychiatric medicine.
- 54% of them have had suicidal thoughts and almost 37% have attempted suicide.

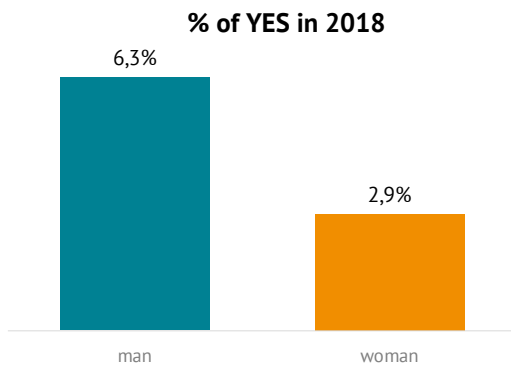
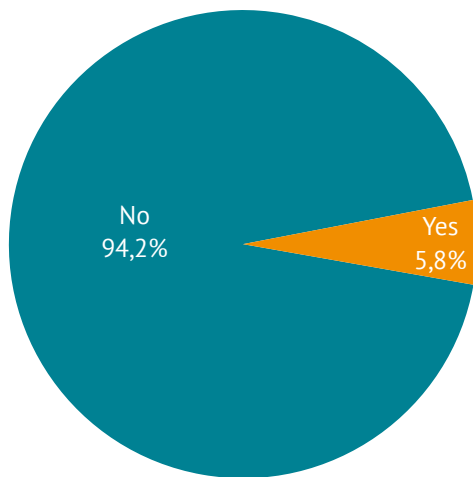


■ Proyecto Hombre Málaga (N.L.)

LEGAL PROBLEMS

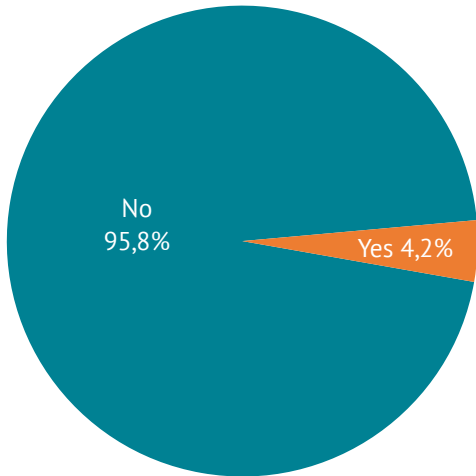
■ Proyecto Hombre Granada (D.O.)

31. ADMISSION PROMOTED BY LEGAL SUGGESTION

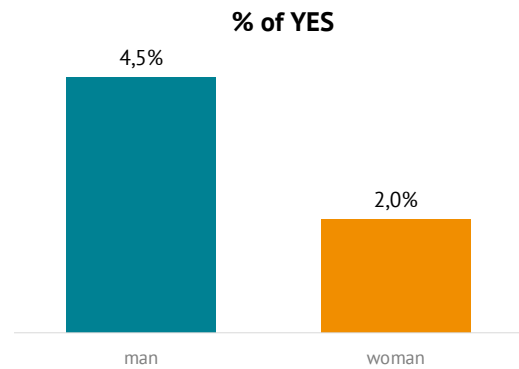


- Almost 6% of people started treatment motivated by application of judicial measures, which meant that they would not enter prison, in order to undertake a treatment and rehabilitation process. The evolution from 2013 is decreasing.
- The rate of men being admitted by this way is double that of women.
- By age, the most common group is between 39 and 48 years.

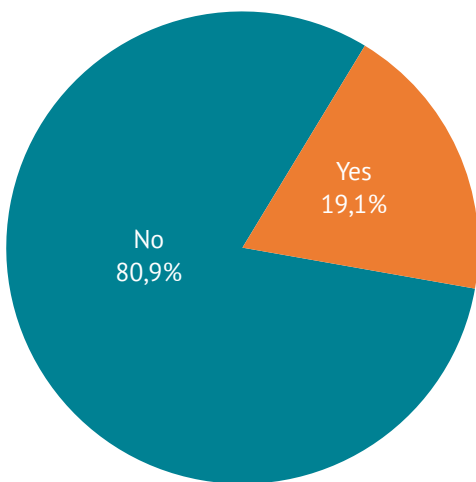
32. ON PROBATION



■ The percentage of people who started treatment when they were on probation at that time is 4.2%, with a difference of 2.5% between men and women.

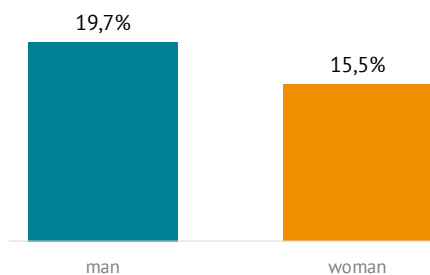


33. PENDING CASES AT THE TIME OF ADMISSION



■ Although the majority of people didn't have any problems with justice (81%), 19% were pending charges, trials or sentences at the time of starting treatment.

■ More men than women find themselves in this situation, with a difference of 4.2%.







General data
by Autonomous
Community

3

Andalusia



Sex	Male	87,1%
	Female	12,9%
Age (Grouped)	18-25	12,1%
	26-34	30,6%
	35-44	37,8%
	45-53	14,0%
	54-63	4,5%
	64+	1,1%
Common employment pattern in the last three years	Full-time	60,6%
	Part-time, regular schedule	8,9%
	Part-time, irregular schedule, temporary	13,7%
	Student	4,7%
	Military Service	0,0%
	Retired/Disabled	2,3%
	Unemployed (Including Housemaker)	8,8%
	In protected environment	0,6%
	Other	0,4%

Which substance is the main problem?	Alcohol: Whatever the quantity	9,1%
	Alcohol: Large amounts	13,7%
	Heroin	3,9%
	Methadone/LAAM	0,1%
	Other opioids/Tranquilisers	0,5%
	Psychotropic drugs	1,4%
	Cocaine	45,6%
	Amphetamines	0,5%
	Cannabis	12,2%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	0,5%
	Alcohol and other drugs	6,1%
More than one substance	6,3%	



Asturias

Sex	Male	89,8%
	Female	10,2%
Age (Grouped)	18-25	6,8%
	26-34	21,6%
	35-44	33,0%
	45-53	28,4%
	54-63	9,1%
	64+	1,1%
Common employment pattern in the last three years	Full-time	41,9%
	Part-time, regular schedule	4,8%
	Part-time, irregular schedule, temporary	1,6%
	Student	1,6%
	Military Service	1,6%
	Retired/Disabled	9,7%
	Unemployed (Including Housemaker)	29,0%
	In protected environment	9,7%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	32,3%
	Alcohol: Large amounts	9,7%
	Heroin	6,5%
	Methadone/LAAM	9,7%
	Other opioids/Tranquilisers	3,2%
	Psychotropic drugs	6,5%
	Cocaine	6,5%
	Amphetamines	3,2%
	Cannabis	6,5%
	Hallucinogens	3,2%
	Inhalants	3,2%
	Other	9,7%
	Alcohol and other drugs	0,0%
More than one substance	0,0%	

Balearic Islands



Sex	Male	86,3%
	Female	13,7%
Age (Grouped)	18-25	3,8%
	26-34	22,0%
	35-44	34,6%
	45-53	27,5%
	54-63	10,4%
	64+	1,6%
Common employment pattern in the last three years	Full-time	62,9%
	Part-time, regular schedule	10,2%
	Part-time, irregular schedule, temporary	9,0%
	Student	0,0%
	Military Service	0,0%
	Retired/Disabled	8,4%
	Unemployed (Including Housemaker)	8,4%
	In protected environment	1,2%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	15,6%
	Alcohol: Large amounts	8,3%
	Heroin	1,1%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	,6%
	Cocaine	21,7%
	Amphetamines	0,0%
	Cannabis	3,3%
	Hallucinogens	,6%
	Inhalants	0,0%
	Other	0,0%
	Alcohol and other drugs	18,9%
More than one substance	30,0%	

Canary Islands



Sex	Male	90,5%
	Female	9,5%
Age (Grouped)	18-25	9,1%
	26-34	27,3%
	35-44	31,8%
	45-53	31,8%
	54-63	0,0%
	64+	0,0%
Common employment pattern in the last three years	Full-time	45,5%
	Part-time, regular schedule	4,5%
	Part-time, irregular schedule, temporary	9,1%
	Student	0,0%
	Military Service	0,0%
	Retired/Disabled	4,5%
	Unemployed (Including Housemaker)	27,3%
	In protected environment	0,0%
	Other	9,1%

Which substance is the main problem?	Alcohol: Whatever the quantity	5,6%
	Alcohol: Large amounts	11,1%
	Heroin	11,1%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	5,6%
	Cocaine	61,1%
	Amphetamines	0,0%
	Cannabis	5,6%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	0,0%
	Alcohol and other drugs	0,0%
More than one substance	0,0%	

Cantabria



Sex	Male	78,0%
	Female	22,0%
Age (Grouped)	18-25	8,9%
	26-34	25,0%
	35-44	23,2%
	45-53	25,0%
	54-63	16,1%
	64+	1,8%
Common employment pattern in the last three years	Full-time	41,5%
	Part-time, regular schedule	9,4%
	Part-time, irregular schedule, temporary	7,5%
	Student	5,7%
	Military Service	0,0%
	Retired/Disabled	11,3%
	Unemployed (Including Housemaker)	20,8%
	In protected environment	3,8%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	3,6%
	Alcohol: Large amounts	32,7%
	Heroin	0,0%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	23,6%
	Amphetamines	1,8%
	Cannabis	7,3%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	20,0%
	Alcohol and other drugs	3,6%
More than one substance	7,3%	

Castile-La Mancha



Sex	Male	86,7%
	Female	13,3%
Age (Grouped)	18-25	9,3%
	26-34	26,3%
	35-44	30,5%
	45-53	23,7%
	54-63	10,2%
	64+	0,0%
Common employment pattern in the last three years	Full-time	60,8%
	Part-time, regular schedule	6,7%
	Part-time, irregular schedule, temporary	6,7%
	Student	,8%
	Military Service	0,0%
	Retired/Disabled	4,2%
	Unemployed (Including Housemaker)	16,7%
	In protected environment	3,3%
	Other	,8%

Which substance is the main problem?	Alcohol: Whatever the quantity	15,5%
	Alcohol: Large amounts	19,0%
	Heroin	1,7%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	,9%
	Cocaine	36,2%
	Amphetamines	1,7%
	Cannabis	8,6%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	,9%
	Alcohol and other drugs	10,3%
More than one substance	5,2%	

Castile and Leon



Sex	Male	84,9%
	Female	15,1%
Age (Grouped)	18-25	9,9%
	26-34	25,2%
	35-44	29,5%
	45-53	25,9%
	54-63	8,4%
	64+	1,1%
Common employment pattern in the last three years	Full-time	62,1%
	Part-time, regular schedule	5,8%
	Part-time, irregular schedule, temporary	3,1%
	Student	1,5%
	Military Service	0,0%
	Retired/Disabled	9,5%
	Unemployed (Including Housemaker)	11,9%
	In protected environment	4,1%
	Other	2,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	12,0%
	Alcohol: Large amounts	17,2%
	Heroin	3,3%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,5%
	Cocaine	26,6%
	Amphetamines	2,6%
	Cannabis	11,7%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	2,3%
	Alcohol and other drugs	12,9%
More than one substance	11,0%	

Catalonia



Sex	Male	86,0%
	Female	14,0%
Age (Grouped)	18-25	4,1%
	26-34	30,6%
	35-44	34,3%
	45-53	24,8%
	54-63	5,8%
	64+	,4%
Common employment pattern in the last three years	Full-time	61,7%
	Part-time, regular schedule	6,0%
	Part-time, irregular schedule, temporary	11,9%
	Student	,4%
	Military Service	0,0%
	Retired/Disabled	3,8%
	Unemployed (Including Housemaker)	12,3%
	In protected environment	2,1%
	Other	1,7%

Which substance is the main problem?	Alcohol: Whatever the quantity	8,5%
	Alcohol: Large amounts	21,9%
	Heroin	3,6%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	,4%
	Cocaine	36,6%
	Amphetamines	,4%
	Cannabis	6,3%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	1,8%
	Alcohol and other drugs	12,5%
More than one substance	8,0%	

Extremadura



Sex	Male	84,6%
	Female	15,4%
Age (Grouped)	18-25	15,4%
	26-34	46,2%
	35-44	19,2%
	45-53	19,2%
	54-63	0,0%
	64+	0,0%
Common employment pattern in the last three years	Full-time	77,8%
	Part-time, regular schedule	16,7%
	Part-time, irregular schedule, temporary	5,6%
	Student	0,0%
	Military Service	0,0%
	Retired/Disabled	0,0%
	Unemployed (Including Housemaker)	0,0%
	In protected environment	0,0%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	5,6%
	Alcohol: Large amounts	0,0%
	Heroin	0,0%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	50,0%
	Amphetamines	0,0%
	Cannabis	0,0%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	5,6%
	Alcohol and other drugs	0,0%
More than one substance	38,9%	

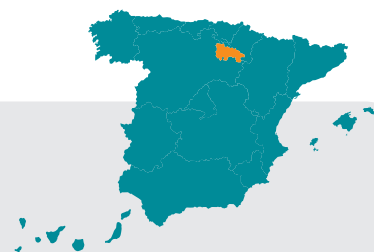
Galicia



Sex	Male	84,9%
	Female	15,1%
Age (Grouped)	18-25	16,3%
	26-34	28,5%
	35-44	30,4%
	45-53	15,6%
	54-63	7,4%
	64+	1,9%
Common employment pattern in the last three years	Full-time	59,0%
	Part-time, regular schedule	4,1%
	Part-time, irregular schedule, temporary	5,5%
	Student	3,0%
	Military Service	0,0%
	Retired/Disabled	8,1%
	Unemployed (Including Housemaker)	18,5%
	In protected environment	1,8%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	0,0%
	Alcohol: Large amounts	30,7%
	Heroin	4,7%
	Methadone/LAAM	,4%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	36,6%
	Amphetamines	0,0%
	Cannabis	12,8%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	1,9%
	Alcohol and other drugs	5,8%
More than one substance	7,0%	

La Rioja



Sex	Male	85,9%
	Female	14,1%
Age (Grouped)	18-25	29,3%
	26-34	26,3%
	35-44	19,2%
	45-53	18,2%
	54-63	5,1%
	64+	2,0%
Common employment pattern in the last three years	Full-time	37,5%
	Part-time, regular schedule	15,0%
	Part-time, irregular schedule, temporary	5,0%
	Student	10,0%
	Military Service	0,0%
	Retired/Disabled	7,5%
	Unemployed (Including Housemaker)	25,0%
	In protected environment	0,0%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	5,3%
	Alcohol: Large amounts	26,3%
	Heroin	2,6%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	5,3%
	Amphetamines	26,3%
	Cannabis	28,9%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	5,3%
	Alcohol and other drugs	0,0%
More than one substance	0,0%	

Madrid



Sex	Male	86,0%
	Female	14,0%
Age (Grouped)	18-25	4,7%
	26-34	25,6%
	35-44	25,6%
	45-53	30,2%
	54-63	9,3%
	64+	4,7%
Common employment pattern in the last three years	Full-time	75,6%
	Part-time, regular schedule	4,9%
	Part-time, irregular schedule, temporary	4,9%
	Student	2,4%
	Military Service	0,0%
	Retired/Disabled	9,8%
	Unemployed (Including Housemaker)	2,4%
	In protected environment	0,0%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	2,6%
	Alcohol: Large amounts	25,6%
	Heroin	0,0%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,0%
	Psychotropic drugs	0,0%
	Cocaine	30,8%
	Amphetamines	0,0%
	Cannabis	10,3%
	Hallucinogens	2,6%
	Inhalants	0,0%
	Other	5,1%
	Alcohol and other drugs	12,8%
More than one substance	10,3%	

Murcia



Sex	Male	84,5%
	Female	15,5%
Age (Grouped)	18-25	6,0%
	26-34	29,6%
	35-44	36,6%
	45-53	22,7%
	54-63	4,6%
	64+	,5%
Common employment pattern in the last three years	Full-time	73,4%
	Part-time, regular schedule	10,6%
	Part-time, irregular schedule, temporary	4,1%
	Student	,9%
	Military Service	0,0%
	Retired/Disabled	2,3%
	Unemployed (Including Housemaker)	4,1%
	In protected environment	,9%
	Other	3,7%

Which substance is the main problem?	Alcohol: Whatever the quantity	4,0%
	Alcohol: Large amounts	12,9%
	Heroin	6,4%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	,5%
	Psychotropic drugs	,5%
	Cocaine	42,1%
	Amphetamines	0,0%
	Cannabis	6,4%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	3,5%
	Alcohol and other drugs	17,8%
More than one substance	5,9%	

Navarre



Sex	Male	81,0%
	Female	19,0%
Age (Grouped)	18-25	13,9%
	26-34	19,0%
	35-44	27,0%
	45-53	23,4%
	54-63	13,9%
	64+	2,9%
Common employment pattern in the last three years	Full-time	65,2%
	Part-time, regular schedule	7,4%
	Part-time, irregular schedule, temporary	6,7%
	Student	4,4%
	Military Service	0,0%
	Retired/Disabled	4,4%
	Unemployed (Including Housemaker)	10,4%
	In protected environment	1,5%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	7,6%
	Alcohol: Large amounts	30,5%
	Heroin	0,0%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	,8%
	Psychotropic drugs	,8%
	Cocaine	20,6%
	Amphetamines	11,5%
	Cannabis	10,7%
	Hallucinogens	,8%
	Inhalants	0,0%
	Other	1,5%
	Alcohol and other drugs	8,4%
More than one substance	6,9%	

Region of Valencia



Sex	Male	84,0%
	Female	16,0%
Age (Grouped)	18-25	6,3%
	26-34	23,7%
	35-44	35,5%
	45-53	26,0%
	54-63	7,2%
	64+	1,3%
Common employment pattern in the last three years	Full-time	61,2%
	Part-time, regular schedule	9,8%
	Part-time, irregular schedule, temporary	7,3%
	Student	0,4%
	Military Service	0,0%
	Retired/Disabled	4,1%
	Unemployed (Including Housemaker)	15,6%
	In protected environment	1,6%
	Other	0,0%

Which substance is the main problem?	Alcohol: Whatever the quantity	9,3%
	Alcohol: Large amounts	7,7%
	Heroin	3,1%
	Methadone/LAAM	0,0%
	Other opioids/Tranquilisers	0,2%
	Psychotropic drugs	0,0%
	Cocaine	36,8%
	Amphetamines	0,2%
	Cannabis	6,1%
	Hallucinogens	0,0%
	Inhalants	0,0%
	Other	4,7%
	Alcohol and other drugs	17,8%
More than one substance	14,0%	



■ Proyecto Hombre Sevilla (N.L.)





General
conclusions

4

PERSONAL AND SOCIO-LABOUR CHARACTERISTICS

Women under treatment in 2018 accounted for 14.6% of people attended to, compared to 85.4% of men. This gender ratio is stable with respect to previous years.

The average age is 38 years (with an interval ranging from 18 to 71 years). The largest age group in the sample is that of 36 to 40 years, representing 23.5%. 14.3% are under 30 years of age, while 12.4% are older than 50 years.

Regarding prior treatment, it must be pointed out that 3 out of 4 people were not admitted in the month before entering in Proyecto Hombre. In this way, no significant differences are observed regarding gender, except in those users who come from a penitentiary detention centre (8% men, 4% women).

HEALTH

Health problems, whether they are added, parallel to or directly derived from the addiction itself, present a high prevalence among the people attended to in Proyecto Hombre: **32.4% show chronic medical problems of a physical nature than interfere with their daily lives.**

26% of users of Proyecto Hombre confirm regularly taking some type of medication by medical prescription, the percentage of women (32.7%) being higher than that of men (24.8%).

EMPLOYMENT/SUPPORT AND EDUCATION/LABOUR

In the field of education, **the low levels of education continue to be a constant** among the population treated in Proyecto Hombre. Thus, 52.1% have an academic level lower than that of secondary education, 30.2% corresponding to primary level and 21.9% to people without studies. This data highlights the necessity of educating people under treatment. However, addiction problems reach all academic levels, as proven by 38.9% of people who have completed secondary education and 9% with university studies.

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 are people who have had positions without training (68.1%).

A normalized profile dominates the labour situation: 76.4% of people who attend treatment were working most of the time over the last three years. Of those, 60.6% working full-time.

However, this situation changes radically when it is limited to the moment before admission. **In the 30 days prior to entering Proyecto Hombre, only 41.5% had their main source of income thanks to employment.**

People from the socio-family environment (family, colleagues and friends) are those who appear as the main economic support for 21.8% of the people treated, ahead of income from pensions, Social Security, unemployment benefits, and social assistance, which represent the main source of income for 30.1%. In this way, it is recognised that in a relatively short period of



■ Proyecto Hombre Málaga (N.L.)



▪ Proyecto Hombre Seville (N.L.)

time, a high number of these people would have become economically dependent.

It should be noted that **four out of ten people consider that their need to receive labour advice is considerable or extreme**. Likewise, four out of ten people are considerably or extremely worried about their job problems.

LEGAL PROBLEMS

Almost 6% of people who started treatment in 2018 did so through application of judicial measures, which meant that they would not enter prison, in order to undertake a treatment and rehabilitation process. The ratio of men in this situation (6.3%) is double that of women (2.9%).

It must be added that **4.2% of people who started their treatment in 2018 found themselves on probation** at this time.

Although the majority of people attended to did not have problems with justice (80.9%), **one in five had pending charges, trials or sentences**. This situation affected a higher percentage of men (19.7%) than women (15.5%).

USE OF ALCOHOL AND OTHER DRUGS

In relation to the use of psychoactive substances, problematic use is normally of various substances, although in the majority of treatments a main substance of reference can be indicated. In this sense, it must be pointed out that, **throughout life, almost 90% of the people attended to show regular and/or problematic consumption of alcohol. Another overriding problem is the use of cocaine (71%) and cannabis (68%)**.

However, dealing exclusively with the **main substance of use, the highest demand for treatment corresponds to alcohol as a whole** (alone or associated with other substances) with 37.3%; followed by cocaine with 34.9%. And lastly, cannabis, with 8.9%.

Although alcohol and cocaine are still dominant as the main substance of use, the trend they present over the last five years is different: thus, **while the degree of alcohol decreases slowly yet progressively in the group of people treated, the trend of cocaine shows to be rising slightly**, increasingly getting closer to the alcohol register.

In terms of **gender**, and generally within similar parameters of use, the greatest differences are with respect to cocaine (where the prevalence among men is 15% higher than among women) and in alcohol (with an impact among women 12% higher than that among men).

A differentiated pattern is observed **regarding the age of those requesting treatment**. Among the youngest people, cocaine and/or cannabis are the main substances. In the group of 29 to 39 year olds, cocaine appears as the main substance (44.4%). While in the oldest age groups, alcohol is the reference substance that provokes treatment.

By connecting the age of the user at onset of regular or abusive use of each substance and the age at the beginning of treatment, the period between the two can be established. This analysis also presents differences, depending on the reference drug. With regard to **alcohol, it is the substance with the earliest onset and the latest start of treatment**.

SOCIAL AND FAMILY

The marital status of the majority of those who start treatment in Proyecto Hombre corresponds to single, separated, divorced or widowed (80.5% among men and 85.4% among women), compared with 19.5% of men and 14.6% women who are married. If we relate this with the usual cohabitation of these people, around 41% live as a couple (with or without children), without notable differences between men and women.

The largest difference detected in gender is in single-parent families, representing **13% of women with children compared to 1% of men**. This situation may be one of the reasons why less women access treatment, as they are the ones who look after their children. This data contributes to the existence of differential characteristics of gender and to how women are more vulnerable in the face of social exclusion and have less support from family and social networks. With regard to rates of conflict in cohabitation, those suffering in a couple predominate (65.1%) and those with parents or siblings.

The data obtained from our population also shows that there is a **high prevalence of people who have**

suffered some type of abuse throughout their life and, although the most frequent is emotional abuse, it again appears in both men and women, and shows that the woman is the most vulnerable in all cases, with a rather significant difference; the difference with men being especially significant regarding sexual abuse: the ratio of women who have suffered sexual abuse is 7 times higher than that of men (28% compared to 4%).

PSYCHOLOGICAL AND EMOTIONAL PROBLEMS

A high comorbidity of addiction and other psychological and emotional disorders is proven among people who attend treatment. **More than half take psychiatric medicine**, up to 67.2% have suffered severe anxiety, 54.7% severe depression and almost 40% have had suicidal thoughts.

This is a very significant problem with a high impact, which makes clear the need to keep studying and delving deeper into its reality, as well as incorporating measures to adapt the treatments and specific actions for the complementary and comprehensive approach of people with dual diagnosis.

In this area of mental health, differences between genders are also observed, the prevalence among women being higher (average between 10% and 15%), who state to have suffered some psychological or emotional problem, with the exception of violent behaviour and hallucinations, for which the percentage of men is higher.

Women present a higher percentage with regard to being affected by emotional and psychological problems (70.9% women; 47.8% men), severe depression (69.5% women; 52.1% men), serious thoughts on suicide (53.8% women; 31.7% men), and suicide attempts (36.7% women; 20.4% men).



**Proyecto Hombre
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addiction problems
under treatment





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