



**OBSERVATORY  
PROYECTO HOMBRE**  
ON THE PROFILE OF PEOPLE WITH  
ADDICTION PROBLEMS UNDER  
TREATMENT ●

REPORT  
20  
20



Funded by:



SECRETARÍA DE ESTADO  
DE SANIDAD  
DELEGACIÓN DEL GOBIERNO  
PARA EL PLAN NACIONAL SOBRE DROGAS

**PRO  
YEC  
TO**  
**HOMBRE**

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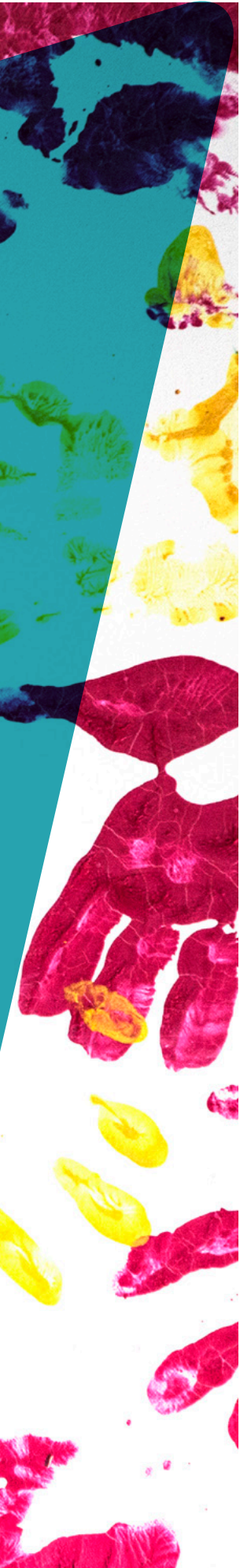
/AsocProyectoHombre

A woman with dark hair, wearing a purple top and a dark jacket, is sitting on a windowsill, looking out a window. The room has patterned wallpaper and a bed with a white sheet featuring a floral pattern. A large teal triangle is overlaid on the left side of the image.

# Acknowledgements

2020 has been a year of challenges, but both users, employees and volunteers have shown they are more resilient than ever. Thanks to all these people for the example they have set and continue to set, both to those who come to us for treatment against their addiction and to those who support them, professionally and voluntarily. And, as always, to their families, a key pillar in their recovery.





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**Jesús Mullor  
Román**

*President of the State  
Evaluation Committee*

*Director of the Observatory*

The report you have in your hands is the ninth in a row published by the *Proyecto Hombre Observatory on the profile of people with addiction problems under treatment*, which together with the 2013-2019 multi-year report, complete the uninterrupted series of ten studies published since its beginnings in 2012.

We have continued to use the validated *EuropASl* admission survey to collect information, with a considerable sample of 3,408 users from our different centres throughout Spain (all over the age of 18 years and admitted during 2020).

It is worth mentioning the invaluable participation of dozens of Proyecto Hombre professionals from all over the country, as well as the team at the PH Association and the experts of the National Evaluation Committee, in helping to make this report a tangible reality. The work and dedication of everyone involved is much appreciated.

Thanks also to all the users of our centres: thank you all for helping us to better understand your situations, allowing us as professionals to continue in our efforts to adapt the treatments that we propose, within the framework of our comprehensive biopsychosocial model.

For the purposes of comparing the multi-year progress of the evaluated items, these have been grouped into the same thematic areas as in other editions:

- 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)

It is also worth noting that at the end of this report (and as a consequence of it) we have put forward a series of guidelines/recommendations, fruit of the analysis of all the aforementioned factors. Said rec-

# Presentation

ommendations and readjustments, in view of the profiles we attend to, should be taken into account in order to offer improved services day after day and better adapted and more complete programmes year after year.

In summary, we have made 7 recommendations:

1. The relevance of the bio-psycho-social model in the approach to addictions and the need to continuously develop and improve the quality of the intervention from the triple perspective that this model implies.
2. The myriad of problems and diversity of profiles compels us, on the one hand, to combine the key role of group intervention with individual intervention, and on the other, to have a range of programmes and units (residential, day centres, outpatient services) that enable us to offer the most appropriate response for each type of profile.
3. If a complementary approach in cases where addictive disorders coexist with other psychiatric disorders is already in itself necessary to improve care in general, this is even more the case from the perspective of women users. It is necessary to continue developing and further include the gender perspective in the design and implementation of programmes.
4. The comprehensive nature of treatment programmes must take into account the development and reinforcement of all forms of training activities and resources that promote the socio-labour integration of the people being attended to.
5. The high levels of conflict at the socio-family level that arise during addictive processes highlight the importance of working with the socio-family environment.
6. Alternative measures to imprisonment must be applied, promoting compliance with treatment and social reintegration programmes instead.
7. As far as possible, the establishment and reinforcement of own medical services and coordination with the public mental health network.

Finally, we would like to express the desire of the Proyecto Hombre Association to continue publishing our State Observatory Annual Reports. After ten years, there is no doubt that these reports offer a valuable guide to continuously improve our centres and services, in addition to basic information of general scientific importance for reference in future studies by other professionals, entities and institutions.

We encourage everyone to continue with their research into the phenomenon of addictions.



# Definition of the Observatory and Techniques





# 01

# A. Collaborative team

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## » INTERNAL PROYECTO HOMBRE TEAM

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

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## » EXTERNAL TEAM

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Gonzalo Adán, Doctor in Social Psychology

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## » RESEARCH DESIGN

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

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## » REFERENCES

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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.

## B. Source of information

The information in the Observatory comes from the internal database of Proyecto Hombre (Gesadic), 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 so-called “EuropASI” survey.

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 for research purposes.

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

The Clinical Commission of the Government Delegation for the 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.

## C. Methodology

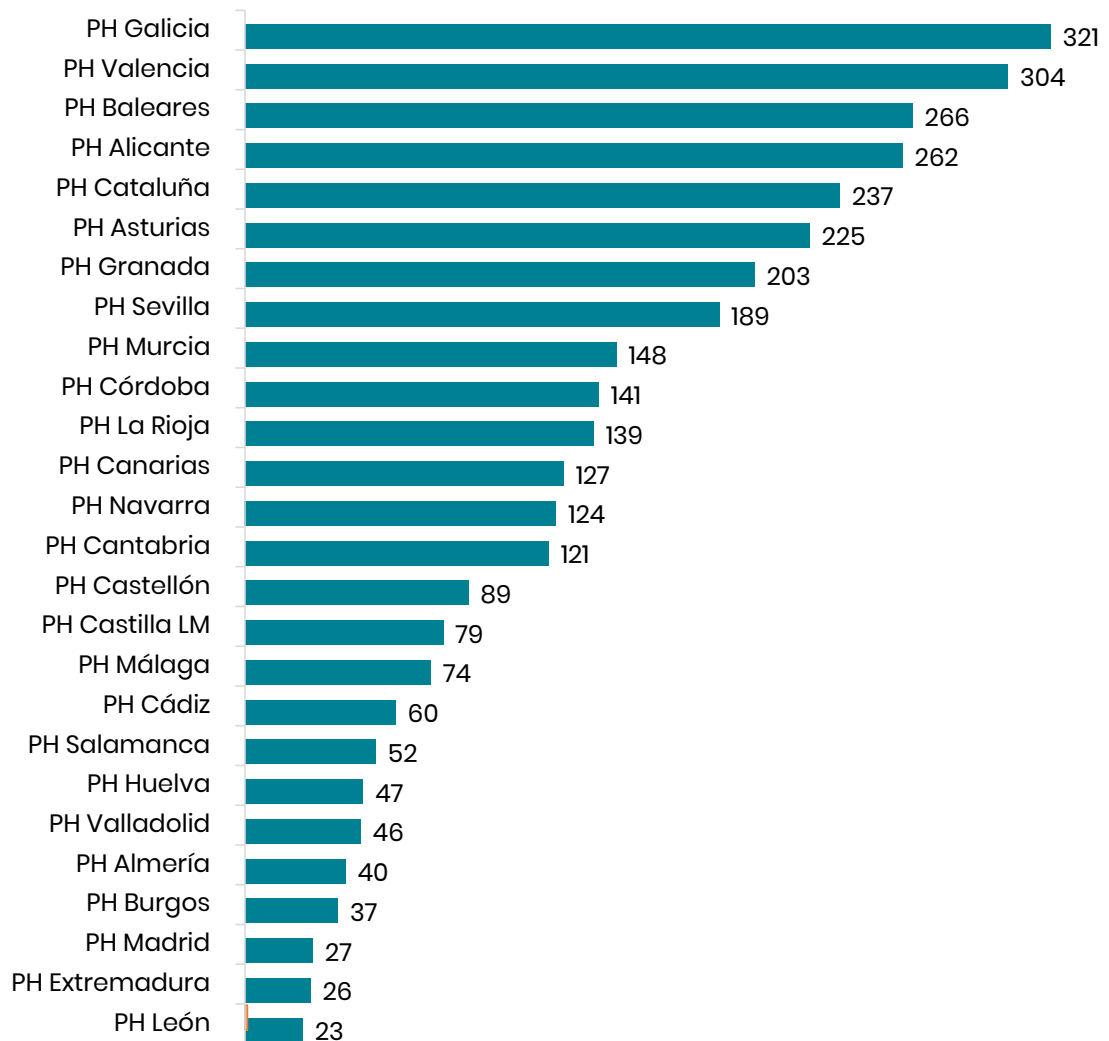
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### » UNIVERSE

The EuropASI of admission establishes its administration to people older than 18 years. Therefore, the universe of study is made up of users of Proyecto Hombre, of this age or older than 18 years, who have begun treatment in 2020 in programmes and units for adults with addiction problems in any of the 27 centres of this association.

» **SAMPLE**

- Based on this universe, 3,408 validated surveys have been gathered so far, with a breakdown by years and centre.
- 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%. Therefore, there is no sampling error.

**EuropASI surveys by Centre**



# Data Analysis



# 02

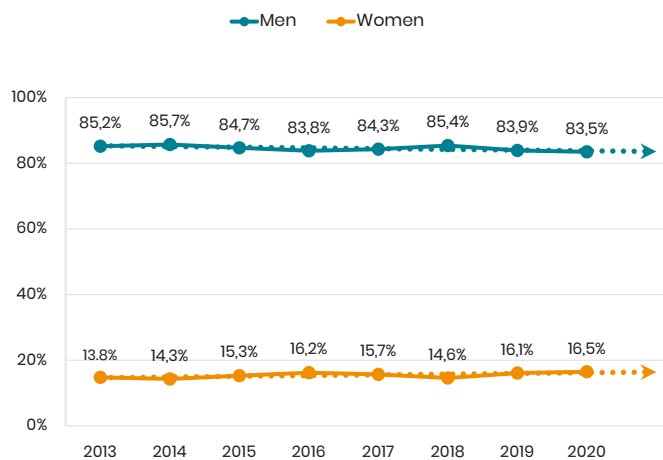
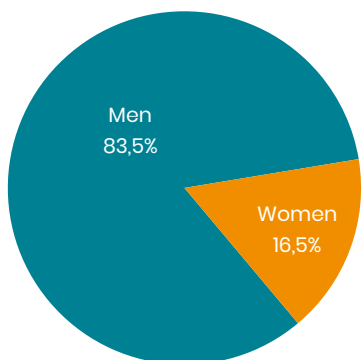


# Gender and age

Proyecto Hombre Cantabria.

## » 1. GENDER

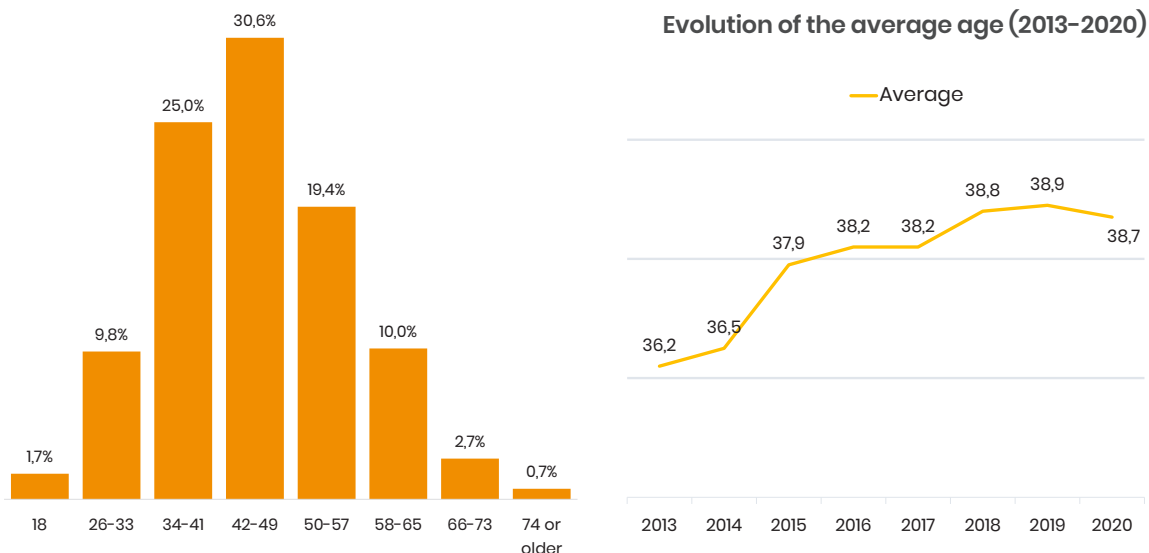
2013-2020 Evolution by gender



- 16.5% of users are women and 83.5% men.
- Since the beginning of the series, both in the case of women and men, there have been fluctuations in the percentage of users by gender.
- However, comparing 2013 with 2020, the final balance is a decrease in the case of men and a slight increase in that of women.

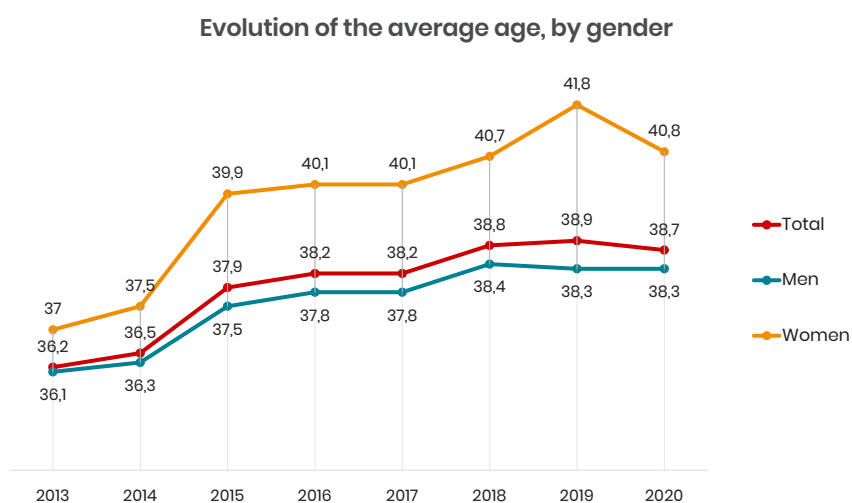


## » 2. BREAKDOWN BY AGE



- The age range of people admitted to treatment in 2020, object of this study, is between 18 and 76 years of age.
- The average age of the users attended to is 38.7 years.
- The age group with the largest number of users in 2020 is the 42-49 age range accounting for 30.6% of users in treatment.
- The lowest percentage is found among those over 74 years of age.

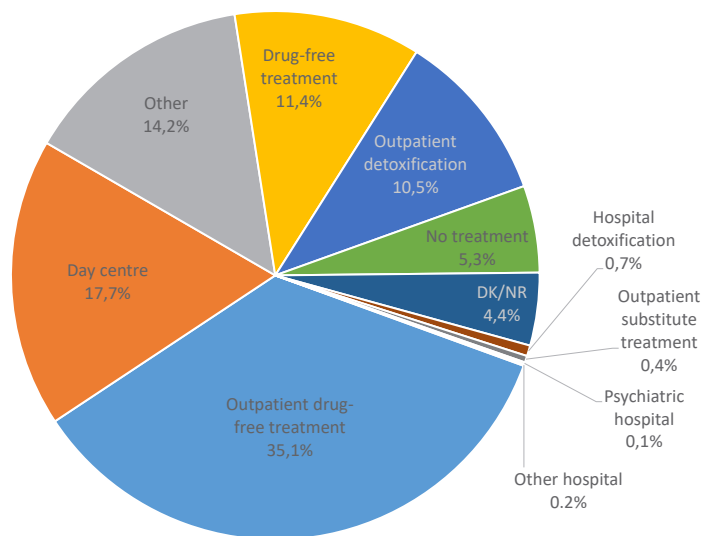
## » 3. GENDER AND AGE

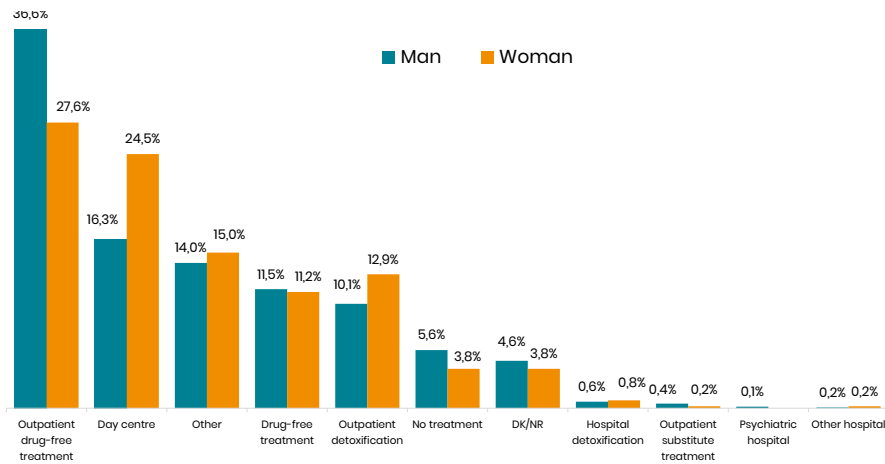


- The total average age of users continues to rise, although it seems to have stalled in 2020.
- The average age of men is around two years lower than that of women.
- In the case of the latter, in 2020 there has been a very significant drop.



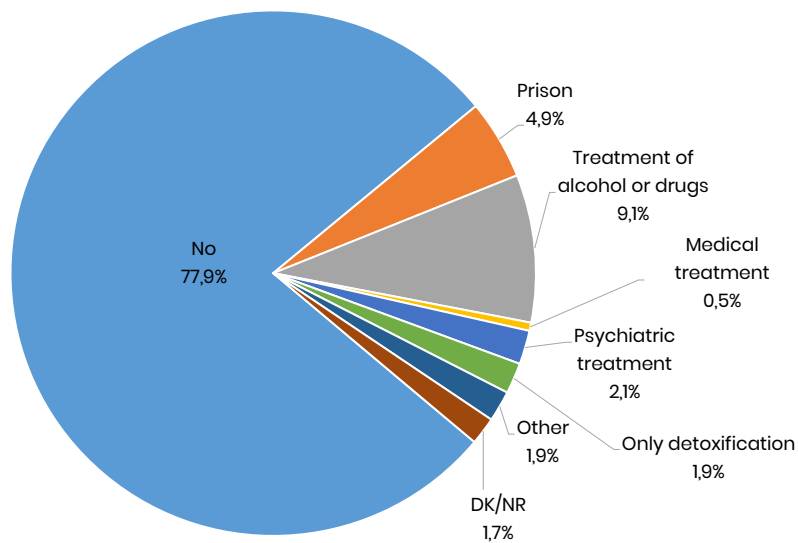
#### » 4. TYPE OF PRIOR TREATMENT

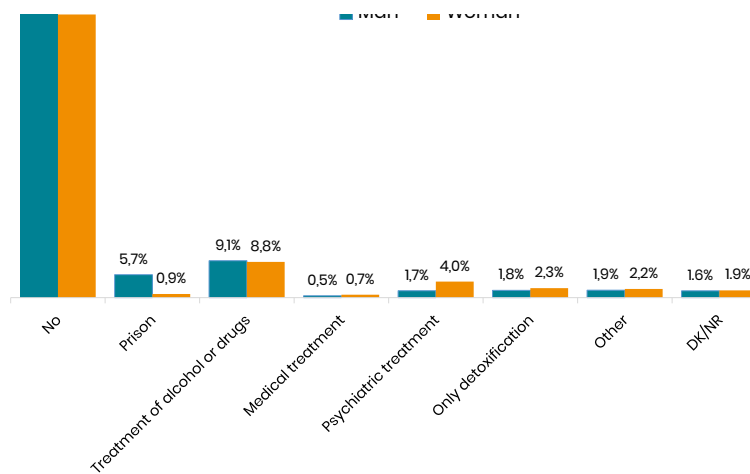




- Most of our users come from outpatient drug-free treatment programmes; followed by those from day centres and, third, from other treatments. The lowest percentage come from psychiatric hospital and other hospitals, outpatient substitute treatments and hospital detoxification.
- The percentage of women from day centre treatments, other treatments, outpatient detoxification and hospital detoxification is higher than that of men. For all the other options, the percentage of men is higher.

» 5. PRIOR ADMISSION IN THE PAST MONTH





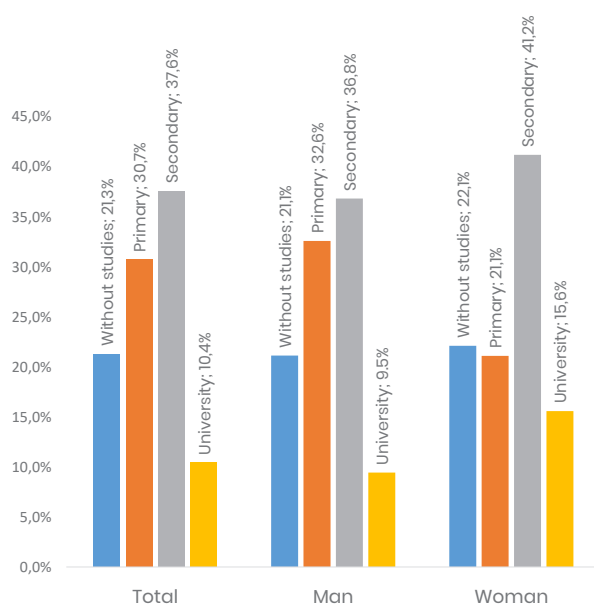
- In the month prior to the completion of the survey (in 2020), 77.9% of users have not undergone alternative treatment in another centre. 9.1% of the people attended to have undergone treatment for alcohol and drugs and 4.9% have been in prison.
- In the case of men, treatment for alcohol or other drugs is slightly more frequent than for women, and significantly higher in terms of imprisonment.
- In the case of women, medical treatment, “only detoxification” and, above all, psychiatric treatment is more frequent than in men.



# Education, labour: employment/ support

Proyecto Hombre Baleares.

## » 6. ACADEMIC LEVEL ACHIEVED



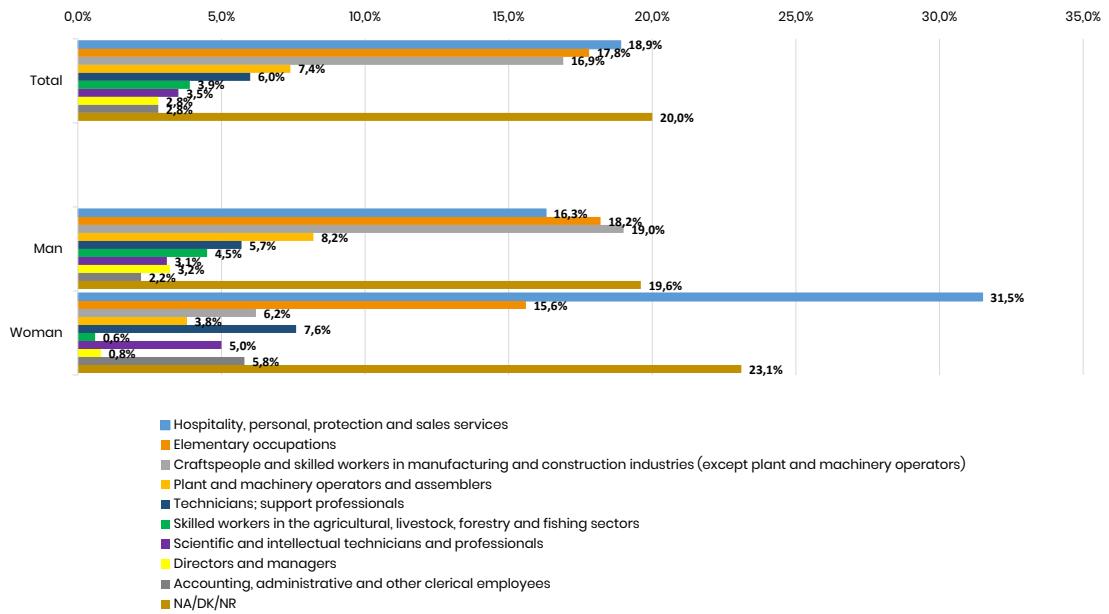
- The academic qualification achieved by the highest percentage of users is Secondary Education, followed by Primary Education.

Next, there are those who lack a formal education and, finally, those who have completed university studies.

- In the case of women, the order varies: almost half have completed their secondary education; the next highest percentage is of women with no formal education followed by those with a primary education; and finally, there those with a university qualification, whose percentage is significantly higher than in men.
- Of these, the percentage order is that of the average.

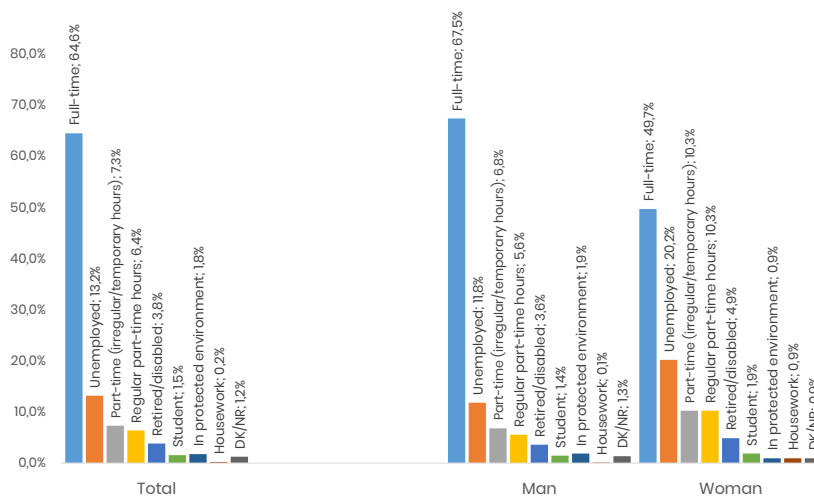


## » 7. REGULAR (OR LAST) OCCUPATION



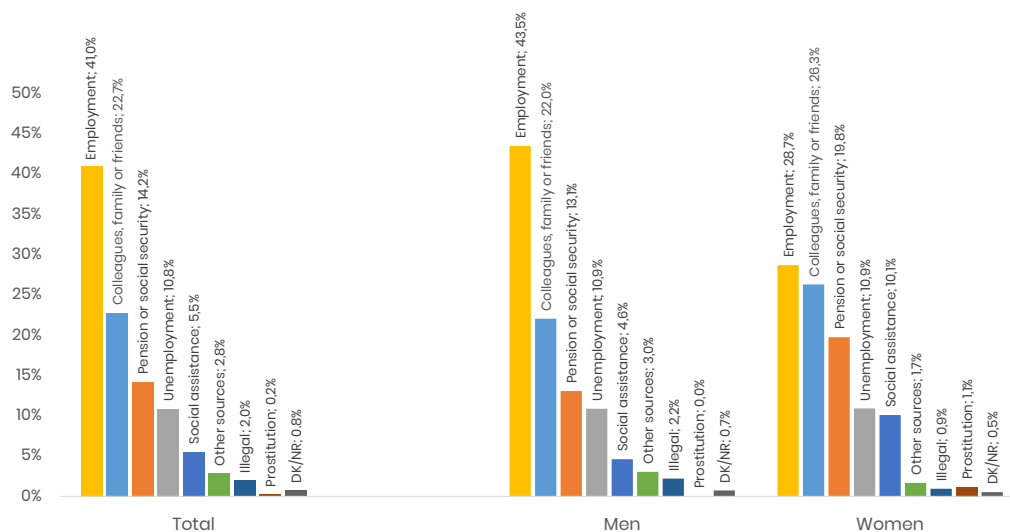
- Without taking into account NA/DK/NR data, the highest average percentage are employed in hospitality, personal services [...] with 18.9%, a percentage that varies depending on of the gender; the second highest percentage involves elementary occupations (17.8); and thirdly, that of craftspeople and skilled workers [...], with this figure significantly higher for men than for women.

## » 8. USUAL EMPLOYMENT PATTERN (LAST THREE YEARS)



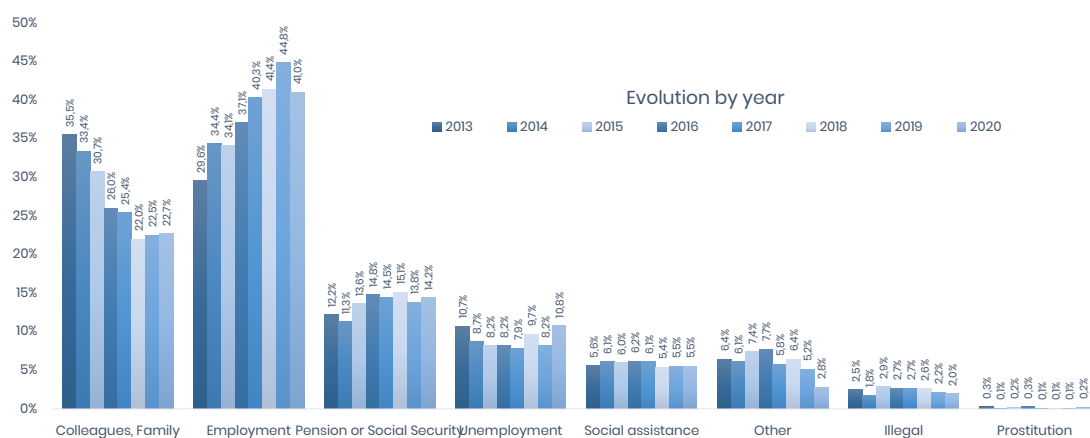
- Most users, in the last three years prior to the completion of the survey, have worked in full-time employment (64.6%).
- In the case of women, the percentage is lower (49.7%). However, both in the categories of part-time employment (with regular/irregular or part-time hours), as well as unemployment, the percentage is higher than that of men and the average. The students category percentage is also slightly higher for women.

## » 9. MAIN SOURCE OF INCOME



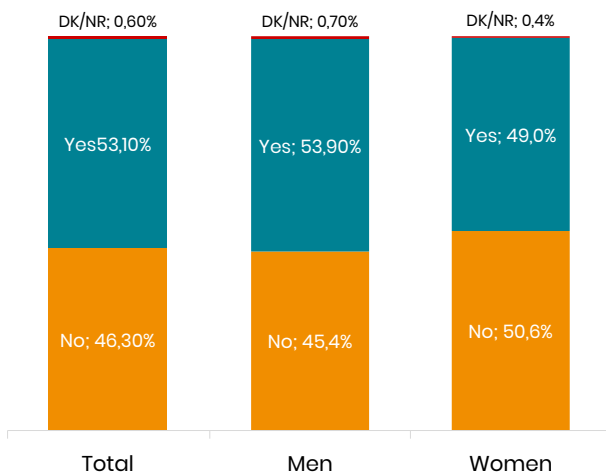
- The main source of income of the users is employment (41%), followed by help from colleagues, family or friends (22.7%) and pension or social assistance (14.2%).
- Although the main source of income for both men and women is employment, the percentage is significantly higher among men (43.5% men, 28.7% women). The second is, for both genders, help from colleagues, family or friends, followed by pension or social assistance (with a higher percentage among women in both cases). Prostitution is the least common source of income, although the percentage is higher for women than for men.

## » 10. MAIN SOURCE OF INCOME

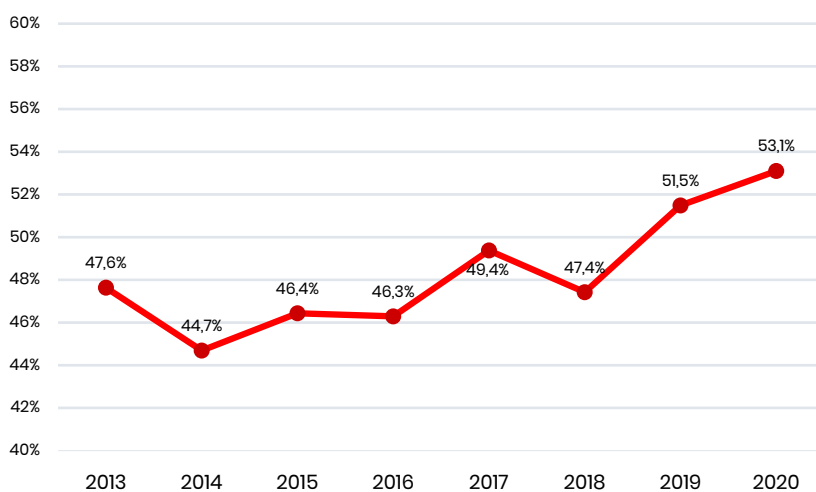


- Since 2013 the percentage for employment as the main source of income has increased while in parallel the dependence on friends and family has decreased. However, this trend has suffered a significant setback in 2020 (probably due to the general lack of employment as a result of the COVID-19 pandemic and the restrictions this has entailed).
- All other sources of income show insignificant fluctuations. In the case of unemployment benefits, the percentage increased in 2020. This is probably for the same reasons that employment decreased.

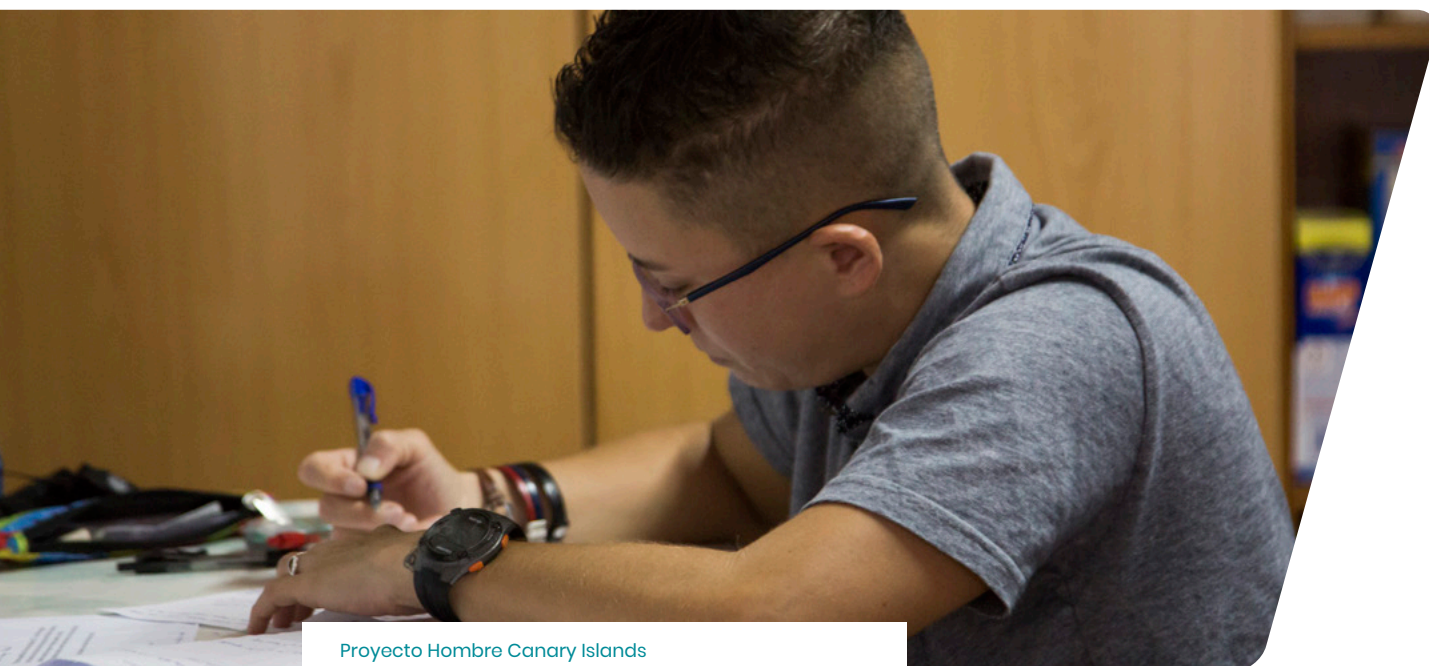
» 11. INDEBTEDNESS



- 53% of users declare that they have debts.
- 53.9% of men compared to 49% of women.



- Indebtedness has grown, from 45% - 48% in the first few years, to 52% - 53% in recent years.



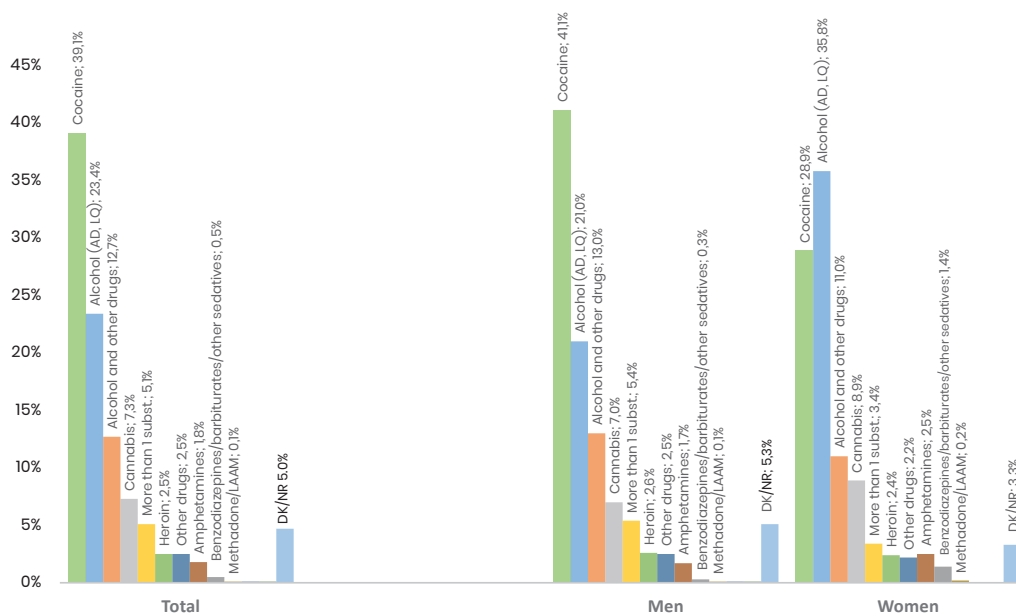


# Use of Alcohol and Other Drugs

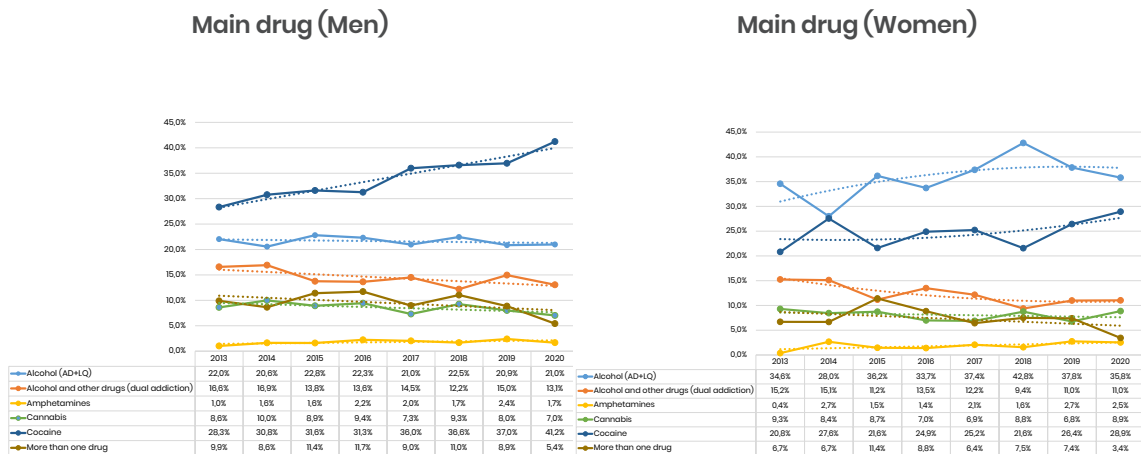


Proyecto Hombre Baleares.

## » 12. WHICH SUBSTANCE IS THE MAIN PROBLEM?

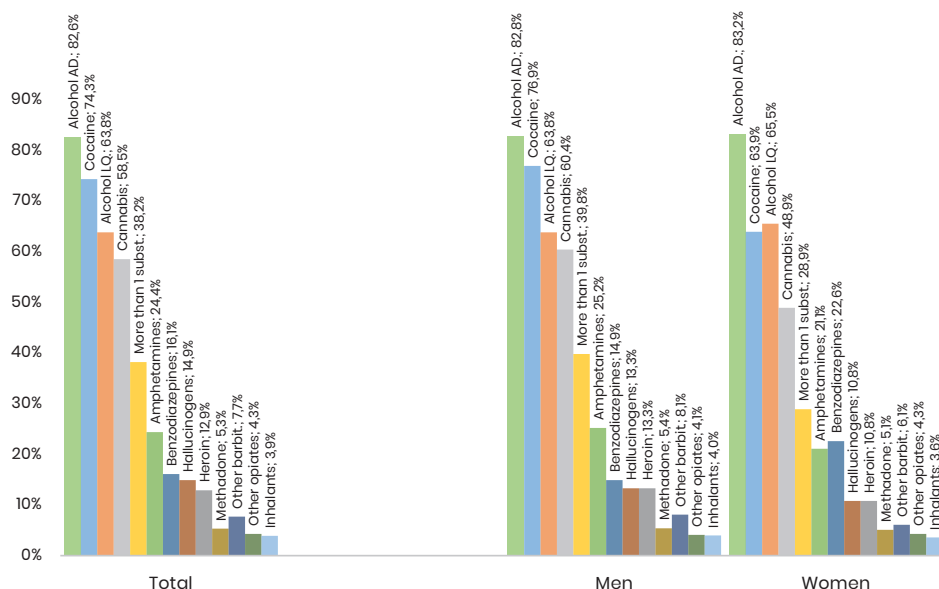


- In 2020, cocaine was the main substance used by people admitted to the Proyecto Hombre programme (39.1%).
- Alcohol ranks second in terms of problematic consumption (36.1%), regardless of the consumption pattern.
- In third place, is cannabis (7.3%).
- In the case of women, the problematic consumption of alcohol (46.8%) is the main problem, followed by cocaine consumption (28.9%).
- Meanwhile, among men, cocaine is the main problem (41.1%) and, in second place, is the problematic consumption of alcohol (34.0%).
- Likewise, problematic consumption of cannabis is more prevalent in women (8.9%) than in men (7.0%).
- Despite its relatively low incidence on the whole, it is worth noting that the percentage corresponding to benzodiazepines and other sedatives is comparatively higher among women (1.4%) compared to men (0.3%).



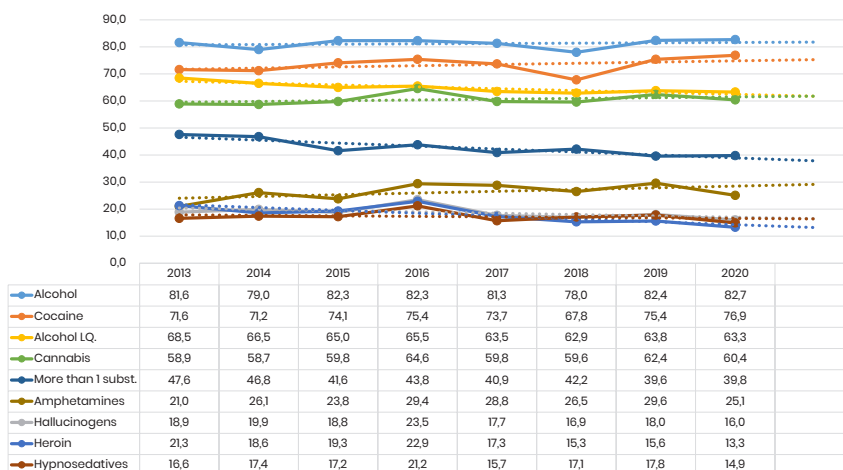
- We have carried out a polynomial trend analysis (first degree) on the main drugs, to better understand the trend and prognosis:
  - Cocaine is clearly on the rise as the main problem.
  - It is followed by alcohol in its different forms: in AD+LQ, which remains level among men and decreases among women; alcohol and other drugs, which shows a very slight increase among women and a very slight decrease among men; and alcohol in large quantities which also remains level.
  - Cannabis shows a slight downward trend among men and an upward trend among women.
  - Polydrug addiction decreases in both sexes.
  - In any case, the incidence of heroin use is gradually decreasing.

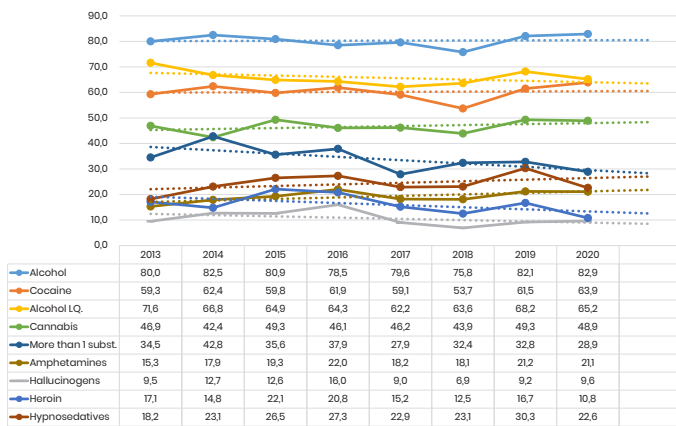
### » 13. REGULAR OR PROBLEMATIC SUBSTANCE USE THROUGHOUT LIFE (MULTIPLE CHOICE)



- In 2020, people with regular or problematic consumption (without it being the main problem) have been attended to by Proyecto Hombre, mainly as a result of alcohol in any dose (82.6%), cocaine (74.3%), alcohol in large quantities (63.8%) and cannabis (58.5%), which are the categories with the highest percentages of non-exclusive use.
- At an intermediate level is polydrug use (38.2%), amphetamines and derivatives (24.4%), benzodiazepines (16.1%), hallucinogens (14.9%) and heroin (12.9%).
- Women are characterized by a considerably lower consumption of cocaine and cannabis, but a higher consumption of benzodiazepines.

### » 14. REGULAR OR PROBLEMATIC SUBSTANCE USE THROUGHOUT LIFE (MULTIPLE CHOICE)

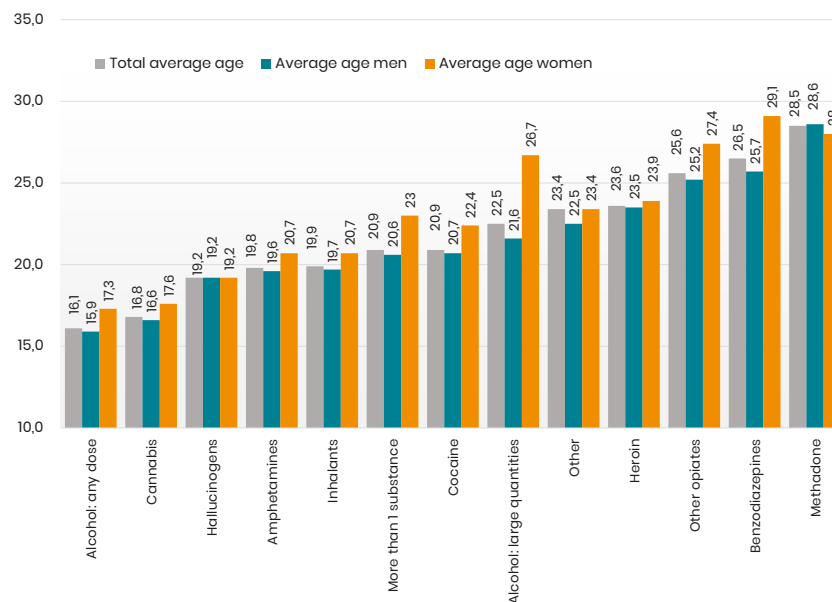




As with the main problem substance, we have carried out a polynomial trend analysis on the main drugs, to better understand the trend and prognosis:

- (1) An upward trend in both sexes in alcohol of any dose and in cocaine, although not very pronounced.
- (2) Alcohol in large quantities remains stable in third position.
- (3) In terms of downward trends, it is worth highlighting the drop in the consumption of heroin, alcohol in large quantities, cannabis, amphetamines and hypnosedatives for both sexes.

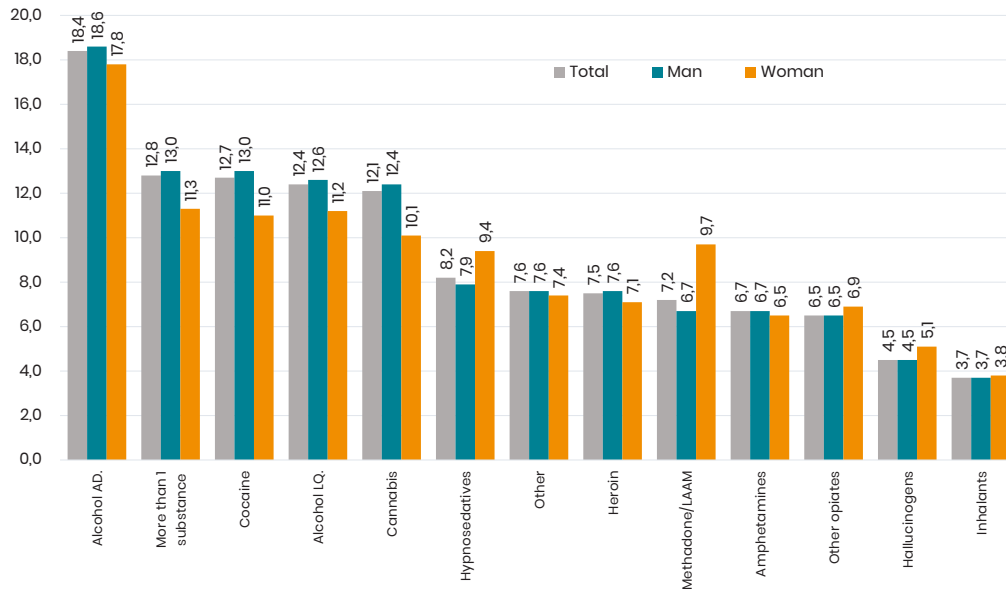
## » 15. AVERAGE AGE OF ONSET OF USE BY SUBSTANCE AND GENDER



- The earliest consumption occurs in alcohol at any dose (16.1 years) and in cannabis (16.8 years).
- The consumption of hallucinogens, inhalants, more than one substance and cocaine begins between the ages of 19 and 21.
- In alcohol in large quantities, others, heroin and other opiates, the onset is between the ages of 22 and 25.
- The highest age of onset of consumption occurs in benzodiazepines (26.5 years) and methadone (28.5 years).
- There are no significant differences by gender, although women tend to start regular or problematic use later than men, especially in alcohol in large quantities (four years later).



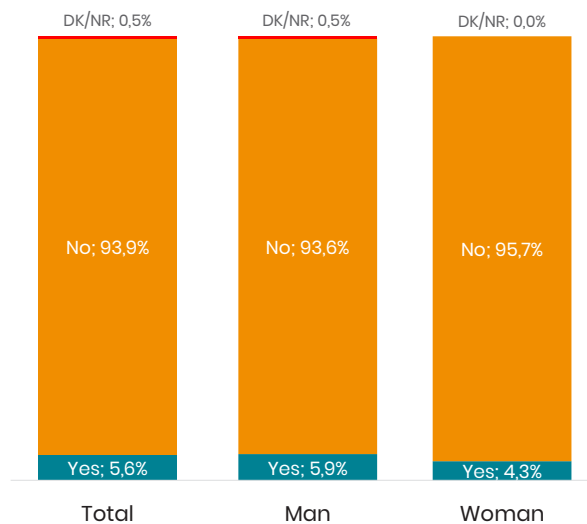
» 16. YEARS OF CONSUMPTION THROUGHOUT LIFE



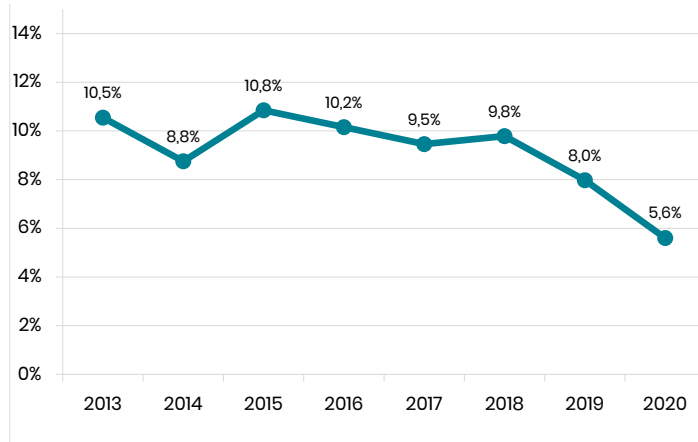
- The number of years of consumption prior to entering Proyecto Hombre is, in general, higher in the case of men than in women.
- However, some substances do not follow this pattern: both in the case of methadone and in the case of hypnosedatives, the period of consumption is considerably longer in women.
- This is also the case, although to a lesser extent, in other opiates, hallucinogens and inhalants.

» 17. HAVE YOU EVER SHOT UP?

Total and by gender



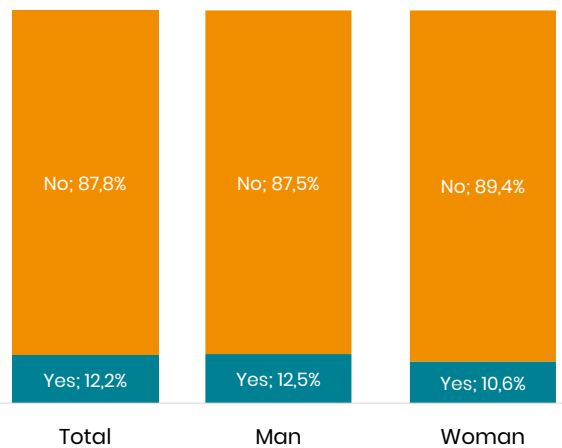
Evolution of YES answers



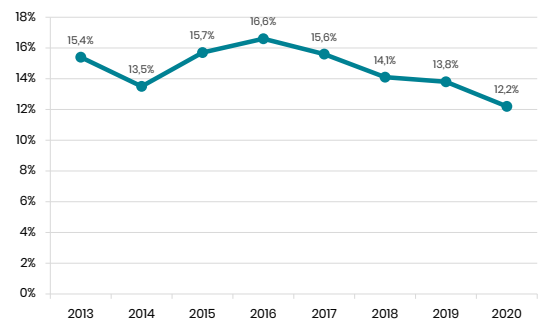
- In 2020, only 5.6% of users claim to have ever injected themselves. By gender, the percentage of women is lower than that of men.
- Looking at the evolution since 2013, after a sharp decline in 2014 in the percentage of those who had injected themselves, there was an equally sharp rise the following year and, from there, the trend is practically a downward one, with a significant average decrease of five points compared to 2013.

» 18. HAVE YOU EVER HAD AN OVERDOSE?

Total and by gender



Evolution of YES answers

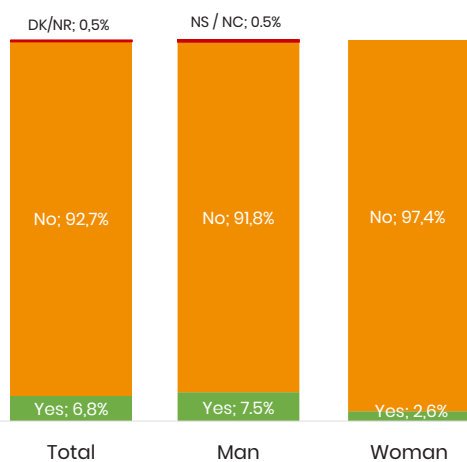


- In the total of 2020, 12.2% of users claim to have had an overdose at some time. By gender, the percentage in the case of men is 2 points higher than that of women.
- Looking at the evolution since 2013, after a sharp drop in the percentage in 2014, we can see an increase until 2016 and, from there, a downward trend that ends in 2020 with a difference of 3 points compared to the beginning of the series.

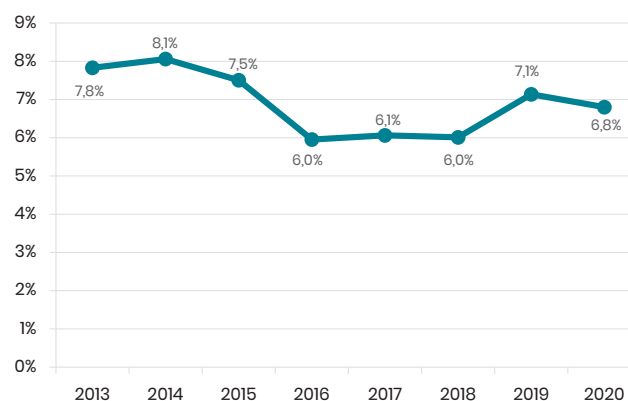
# Legal problems

Proyecto Hombre Asturias.

## » 19. WAS ADMISSION PROMOTED AS SUGGESTED BY LEGAL AUTHORITY?

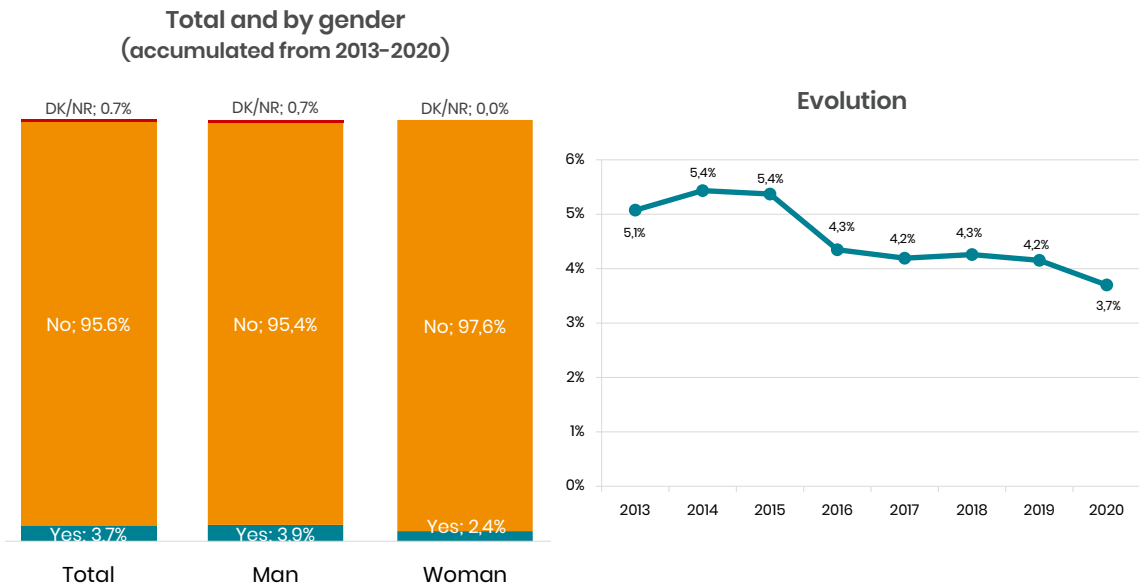


Evolution of Yes answers between 2013 and 2020



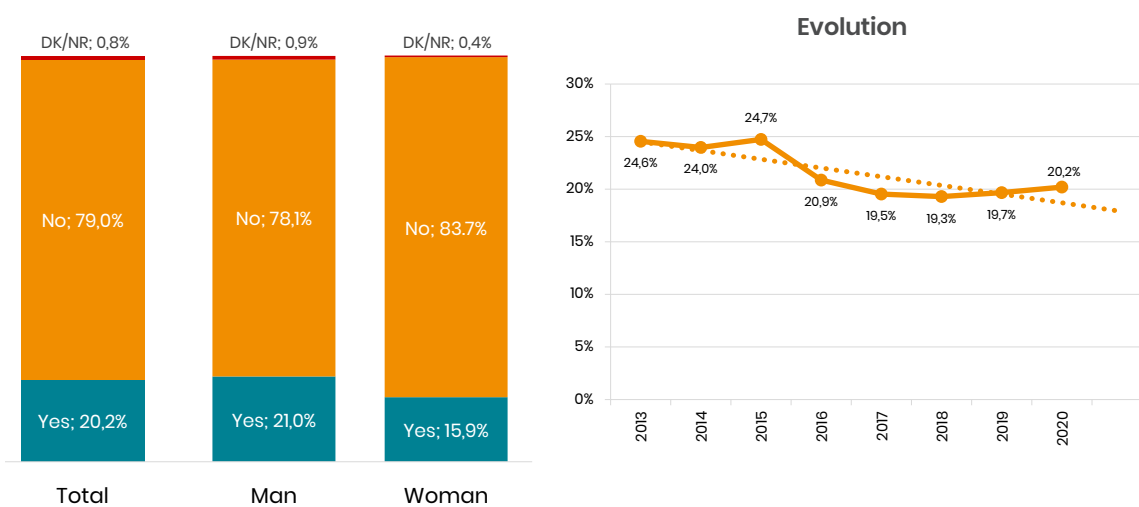
- 6.8% of users were admitted under the suggestion of a legal authority.
- Of these, the percentage of men (7.5%) is much higher than that of women (2.6%).
- Although there was a decrease in admissions resulting from the suggestion of a legal authority in the period 2016–2018, the 2019 percentage once again reached the average of the first few years and in 2020 it has decreased one point with respect to that figure.

» 20. ARE YOU ON PAROLE?



- The average of the accumulated data shows that 3.7% of the users are on parole. In this situation, the figure for men (3.9%) is higher than for women (2.4%).
- Since 2015, a downward trend has been observed in the percentage of users on parole. And specifically, the 2020 data with respect to the start of the series shows a decrease of 1.4%.

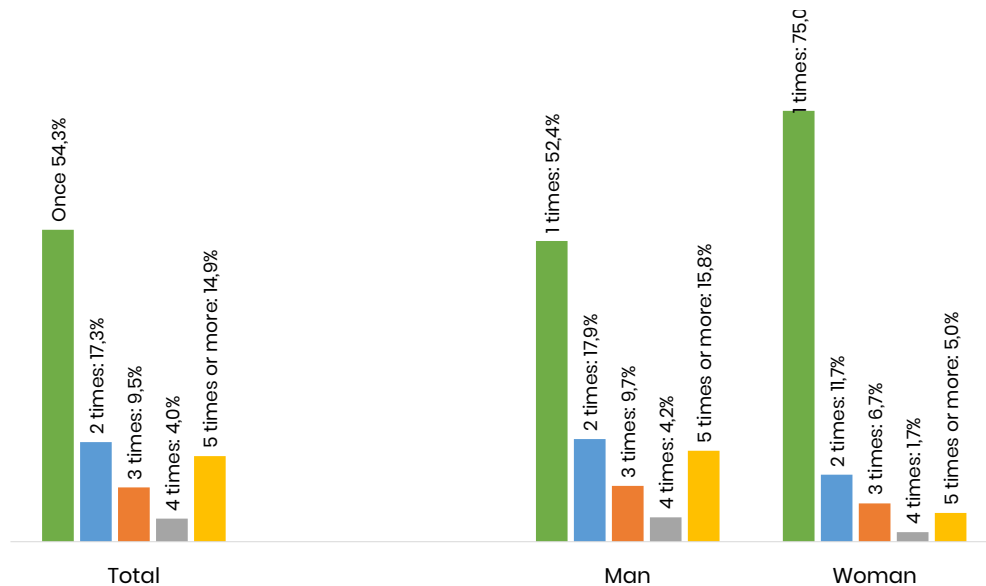
» 21. ANY PENDING CASES AT THE TIME OF ADMISSION?



- The average of the accumulated data shows that 20.2% of the users had pending legal proceedings at the time of admission. The percentage of men in this situation (21%) is significantly higher than that of women (15.9%).
- Since 2015, a significant and downward trend has been observed in the percentages of users who enter Proyecto Hombre with pending cases, down from 25% to 20.2%.



## » 22. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN ACCUSED OF DRUG POSSESSION AND TRAFFICKING?



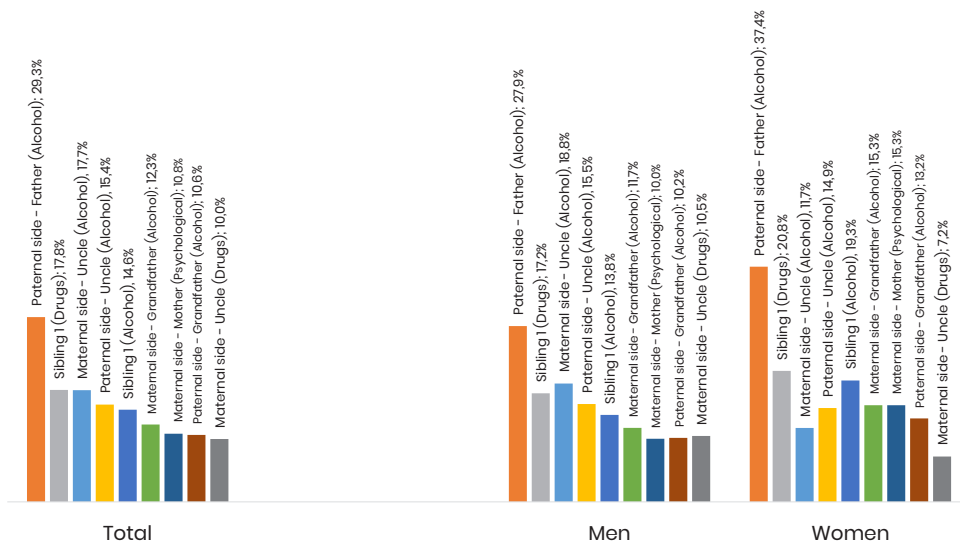
- Of the total number of people attended to by Proyecto Hombre in 2020, users accused of drug possession and trafficking account for 20.3%.
- Of this percentage, 54.3% were charged only once, 17.3% twice, and the rest (28.4%) three or more times.
- The percentage of other offences committed by people attended to, out of the total number of users in Proyecto Hombre are:
  - Property-related offences 16.6%.
  - Violent crimes 11.4%.
  - Traffic offences 22.7%.
  - Other offences 18.1%.



# Social and Family

Proyecto Hombre Baleares.

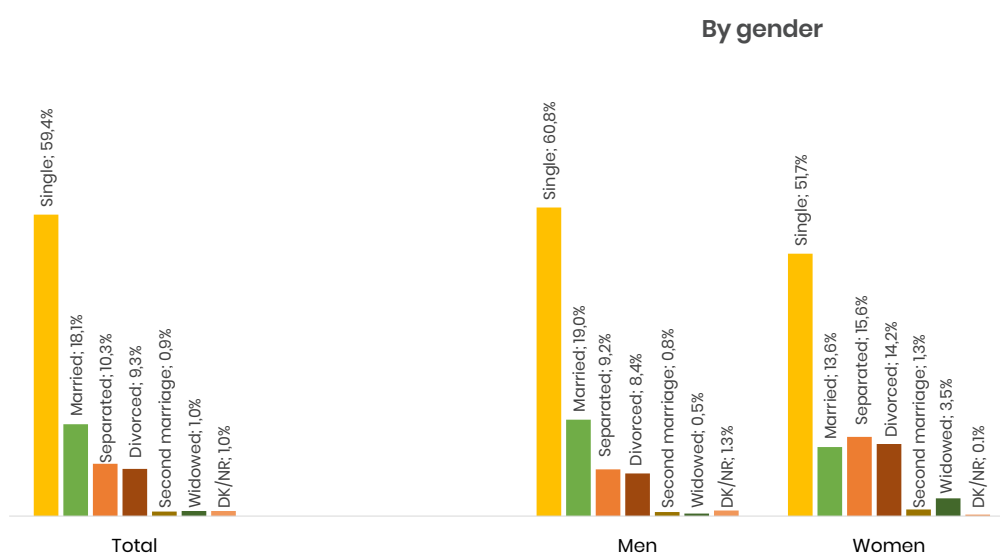
## » 23. “DO YOU LIVE WITH SOMEONE WHO HAS PROBLEMS RELATED TO...” (WHO)?



- Up to 62 types of family or kinship relationships have been evaluated, resulting in an incidence greater than 10% in 9 of them, which are those shown in the graph, broken down by men and women.

- The kinship relationships with the highest prevalence/incidence of problems related to alcohol or other drugs are:
  - Among men, in the first place, a father with alcohol problems (27.9%), in second place, an "uncle" with alcohol problems (18.8%) on the mother's side and, in third place, a "brother" with drug problems (17.2%).
  - As in the case of men, a father with alcohol problems (37.4%) was the main answer for women. However, unlike the former, for women there is a higher prevalence/incidence of a sibling with problems, with a "brother" with drug problems (20.8%) and a "brother" with alcohol problems (19.3%) in second and third place.

## » 24. MARITAL STATUS

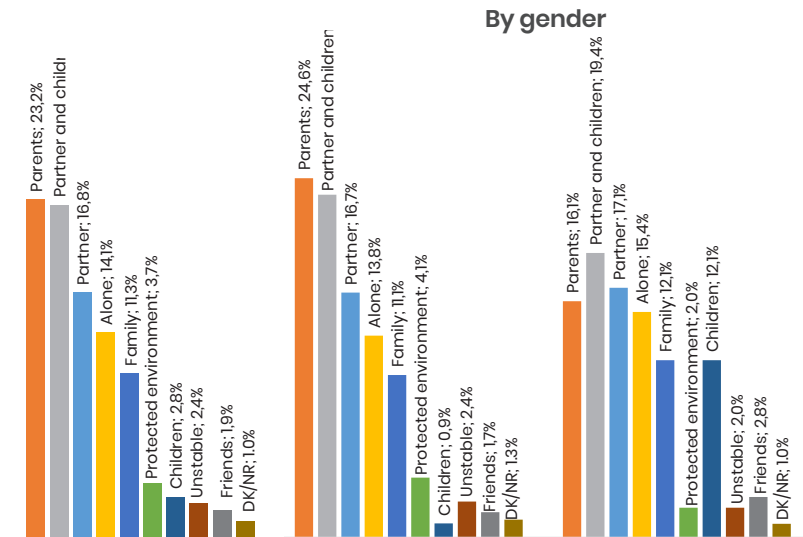


- The majority of users of Proyecto Hombre are single (59.4%). The remaining users are very diverse.
- Among single people, the highest percentage is represented by men, with 60.8%.
- Looking at the differences based on gender, 29.8% of women are separated or divorced compared to 17.6% of men.
- The percentage of widowhood is also higher among women (3.5%) than among men (1.0%).





» 25. TYPE OF COHABITATION

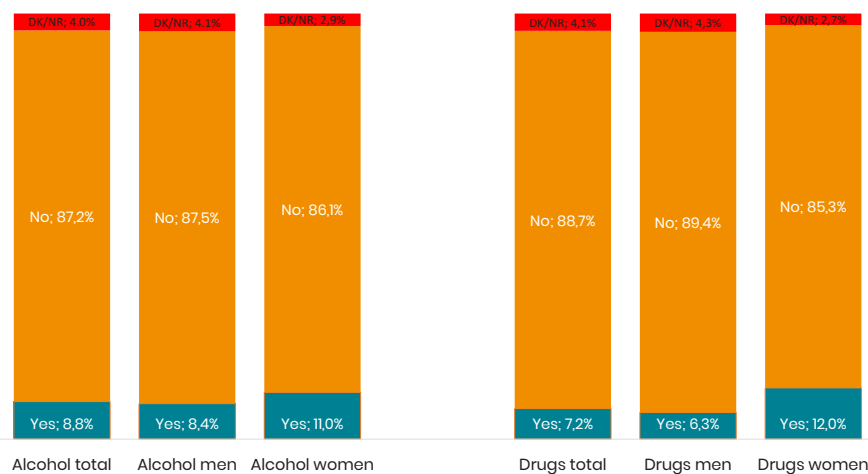


The majority of users live within some type of family group.

- Family of origin, which includes parents and the category family (34.5%).
- Nuclear family, which comprises partner and children, partner, children, which accounts for 42.4%.
- It should be noted that only 14.0% of users live alone.

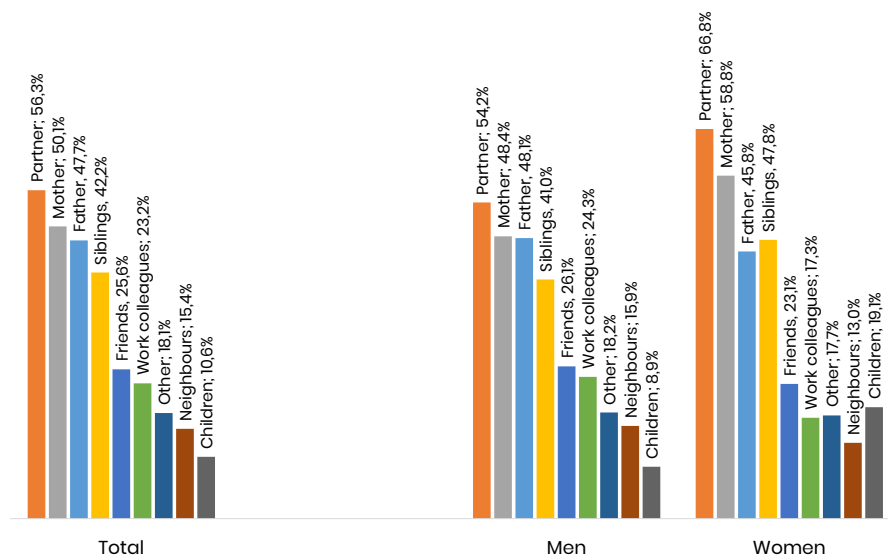
- By gender, the type of cohabitation varies a great deal:
  - 12.1% of women live alone with their children, compared to 0.9% of men.
  - Meanwhile, the type of cohabitation most common among men is with their partner and children (23.4%) or with their parents (24.6%), while 19.4% women live with the partner and children and 16.1% with their parents.

» 26. “DO YOU LIVE WITH SOMEONE WHO HAS PROBLEMS RELATED TO...”



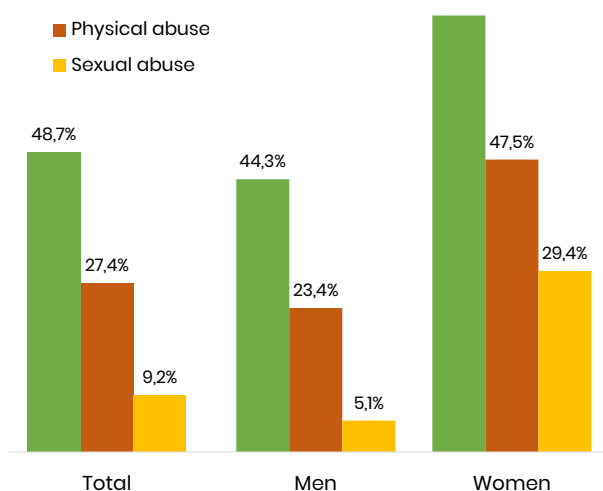
- 8.8% of users who live with someone do so with a person with alcohol addiction problems and 7.2% with a person who use drugs.
- Women are more vulnerable both in the case of alcohol and drugs.
- By gender, more women (11.0%) than men (8.4%) live with someone who consumes alcohol or drugs, 12.0% of women compared to 6.3% of men.

## » 27. CONFLICT. PERIODS (THROUGHOUT LIFE) ENTAILING SERIOUS PROBLEMS WITH...



- In relation to the degree of conflict, there is a higher percentage of serious problems with partners (56.3%), followed by problems with parents (50.1% with mothers and 47.7% with fathers).
- Next, the highest levels of conflict are with siblings (42.2%).
- Analysing the graph by gender, the percentage of conflict with partners is higher for women than for men, 66.8% compared to 54.2%. The second most notable difference occurs in conflict with children, where the figure is 19.1% for women compared to 8.9% for men.
- Finally, we highlight that 58.8% of women have a conflictive relationship with the mother figure, compared to 48.4% of men.

## » 28. ABUSE. HAS ANYONE IN YOUR CIRCLE EVER ABUSED YOU?

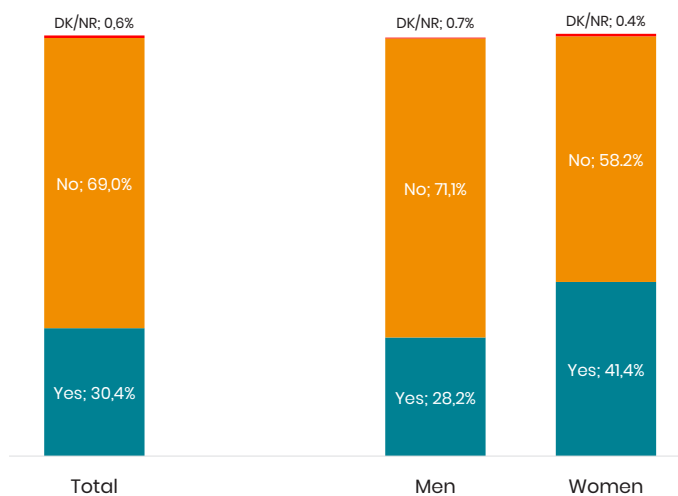


- Almost half of the people attended to at Proyecto Hombre have suffered abuse throughout their lives, with emotional abuse the most prevalent form.
- Analysed by gender, the figures for any type of abuse are far higher than for men, around 30 percentage points in each of the categories.

# Health and psychiatric problems

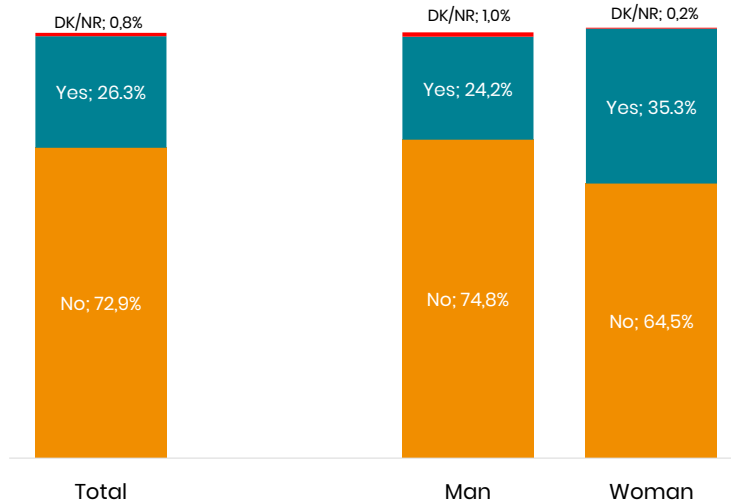
Proyecto Hombre Cantabria.

## » 29. DO YOU HAVE ANY CHRONIC MEDICAL CONDITION THAT INTERFERES WITH YOUR DAILY LIFE?



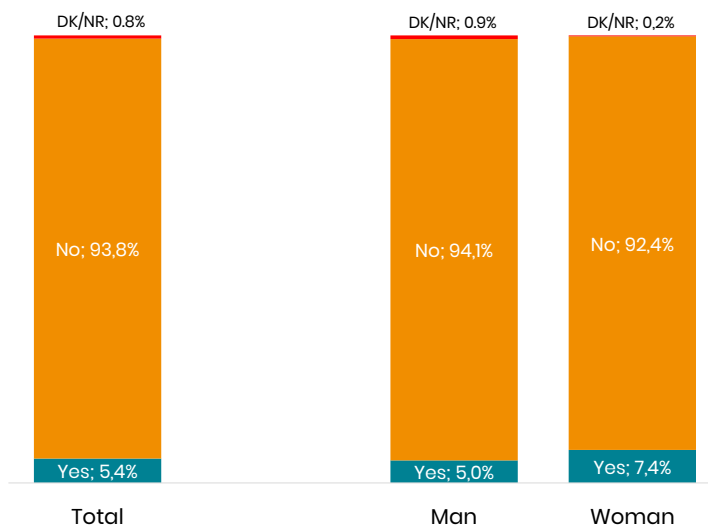
- 30.4% of people under treatment state to suffer from some chronic medical problem that interferes with their daily life.
- Women suffer to a much greater extent (41.4%) than men (28.2%) from chronic medical problems that interfere with their daily lives.

### » 30. DO YOU REGULARLY TAKE SOME TYPE OF MEDICATION BY MEDICAL PRESCRIPTION?



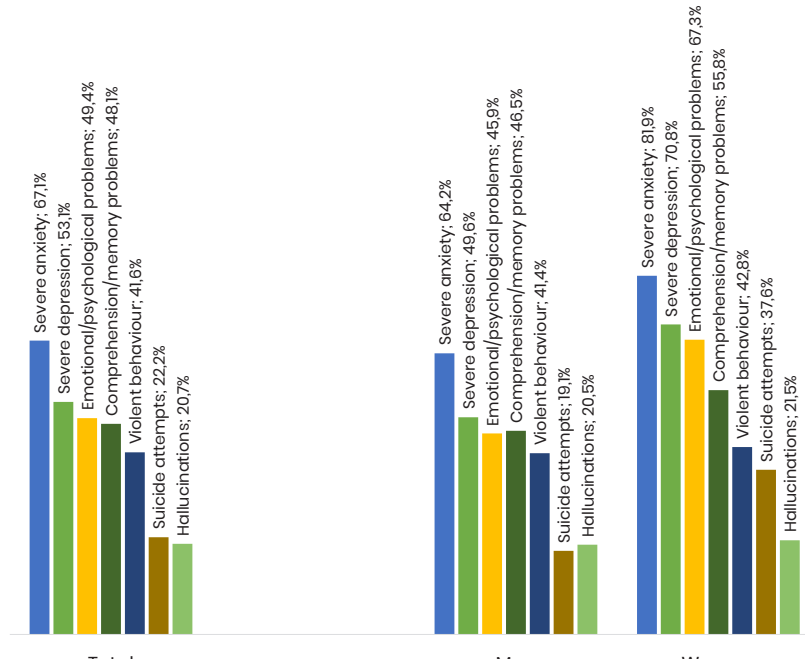
- 26.3% of Proyecto Hombre users claim to have taken some form of prescribed medication on a regular basis.
- A higher percentage of women (35.5%) regularly take some type of prescribed medication than men (24.2%).

### » 31. DO YOU RECEIVE A DISABILITY PENSION?



- 5.3% of Proyecto Hombre users receive a mental disability pension.
- A higher percentage of women (7.4%) receive this than men (5.0%).

» 32. HAVE YOU SUFFERED FOR SIGNIFICANT PERIODS OF TIME (THROUGHOUT YOUR LIFE), FROM...?



- The total of all Proyecto Hombre users shows that up to 67.1% have suffered during a significant period of time from severe anxiety, followed by those who have suffered severe depression (53.1%), emotional/psychological problems (49.4%) or comprehension or memory problems (48.1%), violent behaviour (41.6%) and other pathologies.
- Hallucinations are the least frequent problems (20.7%).
- The data on suicide attempts stands out, with a figure of 22.2%.
- By gender, while severe anxiety is also prevalent in men (64.2%), both for this pathology and all the others, it is much lower than women in terms of percentage.

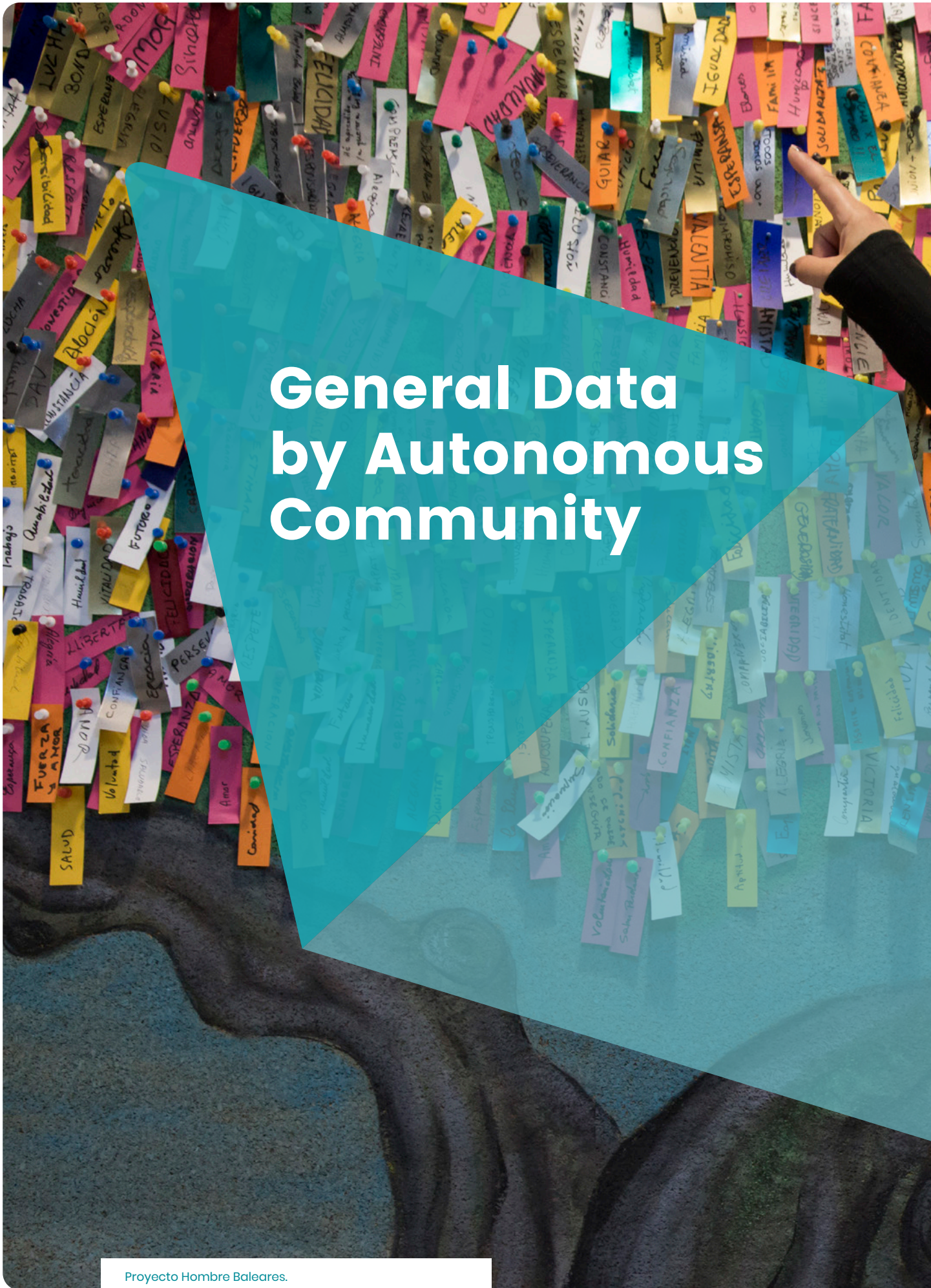


Proyecto Hombre Asturias.





Proyecto Hombre Asturias.



# General Data by Autonomous Community



# 03



## Andalusia

<b>Gender</b>	Men	<b>88.1%</b>
	Woman	<b>11.9%</b>
<b>Age (ranges)</b>	18	<b>2.5%</b>
	26-33	<b>13.1%</b>
	34-41	<b>30.4%</b>
	42-49	<b>29.3%</b>
	50-57	<b>16.1%</b>
	58-65	<b>6.3%</b>
	66-73	<b>2.3%</b>
	74 or older	<b>0.1%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>72.3%</b>
	Part-time (regular hours)	<b>6.4%</b>
	Part-time (irregular/ temporary hours)	<b>8.8%</b>
	Student	<b>2.0%</b>
	Housework	<b>0.4%</b>
	Retired/disabled	<b>1.5%</b>
	Unemployed	<b>7.4%</b>
	In protected environment	<b>1.1%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>4.8%</b>
	Alcohol above the threshold	<b>12.7%</b>
	Heroin	<b>2.6%</b>
	Methadone/LAAM	<b>0.1%</b>
	Other opiates / Analgesics	<b>0.1%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.5%</b>
	Cocaine	<b>49.5%</b>
	Amphetamines	<b>0.4%</b>
	Cannabis	<b>9.6%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>3.6%</b>
	More than one drug	<b>4.4%</b>
	Alcohol and other drugs (dual addiction)	<b>11.6%</b>
	More than one drug	<b>0.0%</b>



## Asturias

<b>Gender</b>	Men	<b>80.4%</b>
	Woman	<b>19.6%</b>
<b>Age (ranges)</b>	18	<b>0.0%</b>
	26-33	<b>9.3%</b>
	34-41	<b>26.2%</b>
	42-49	<b>24.4%</b>
	50-57	<b>22.7%</b>
	58-65	<b>14.2%</b>
	66-73	<b>2.7%</b>
	74 or older	<b>0.4%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>44.4%</b>
	Part-time (regular hours)	<b>4.5%</b>
	Part-time (irregular/ temporary hours)	<b>6.7%</b>
	Student	<b>2.2%</b>
	Housework	<b>0.4%</b>
	Retired/disabled	<b>7.2%</b>
	Unemployed	<b>29.1%</b>
	In protected environment	<b>5.4%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>1.8%</b>
	Alcohol above the threshold	<b>24.9%</b>
	Heroin	<b>2.3%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>30.9%</b>
	Amphetamines	<b>1.8%</b>
	Cannabis	<b>8.8%</b>
	Hallucinogens	<b>0.5%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>0.9%</b>
	More than one drug	<b>0.0%</b>
	Alcohol and other drugs (dual addiction)	<b>21.2%</b>
	More than one drug	<b>6.9%</b>



## Balears

Gender	Men	<b>83.5%</b>
	Woman	<b>16.5%</b>
Age (ranges)	18	<b>0.4%</b>
	26-33	<b>10.6%</b>
	34-41	<b>23.1%</b>
	42-49	<b>28.0%</b>
	50-57	<b>22.3%</b>
	58-65	<b>10.2%</b>
	66-73	<b>3.4%</b>
	74 or older	<b>1.9%</b>
Usual employment pattern over the last 3 years	Full-time	<b>71.9%</b>
	Part-time (regular hours)	<b>5.4%</b>
	Part-time (irregular/ temporary hours)	<b>11.2%</b>
	Student	<b>0.8%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>2.7%</b>
	Unemployed	<b>7.7%</b>
	In protected environment	<b>0.4%</b>
Which substance is the main problem?	Alcohol AD.	<b>10.2%</b>
	Alcohol above the threshold	<b>19.7%</b>
	Heroin	<b>1.1%</b>
	Methadone/LAAM	<b>0.4%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.4%</b>
	Cocaine	<b>26.9%</b>
	Amphetamines	<b>0.8%</b>
	Cannabis	<b>7.2%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>0.0%</b>
	More than one drug	<b>1.5%</b>
	Alcohol and other drugs (dual addiction)	<b>31.8%</b>
More than one drug	<b>0.0%</b>	



## Canary Islands

Gender	Men	<b>83.5%</b>
	Woman	<b>16.5%</b>
Age (ranges)	18	<b>0.0%</b>
	26-33	<b>6.8%</b>
	34-41	<b>21.2%</b>
	42-49	<b>37.3%</b>
	50-57	<b>15.3%</b>
	58-65	<b>19.5%</b>
	66-73	<b>0.0%</b>
	74 or older	<b>0.0%</b>
Usual employment pattern over the last 3 years	Full-time	<b>61.9%</b>
	Part-time (regular hours)	<b>4.4%</b>
	Part-time (irregular/ temporary hours)	<b>7.1%</b>
	Student	<b>0.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>1.8%</b>
	Unemployed	<b>24.8%</b>
	In protected environment	<b>0.0%</b>
Which substance is the main problem?	Alcohol AD.	<b>14.4%</b>
	Alcohol above the threshold	<b>9.0%</b>
	Heroin	<b>7.2%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>1.8%</b>
	Cocaine	<b>45.9%</b>
	Amphetamines	<b>0.0%</b>
	Cannabis	<b>5.4%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>1.8%</b>
	More than one drug	<b>3.6%</b>
	Alcohol and other drugs (dual addiction)	<b>10.8%</b>
More than one drug	<b>0.0%</b>	



### Cantabria

<b>Gender</b>	Men	<b>84.3%</b>
	Woman	<b>15.7%</b>
<b>Age (ranges)</b>	18	<b>0.0%</b>
	26-33	<b>5.0%</b>
	34-41	<b>27.3%</b>
	42-49	<b>43.8%</b>
	50-57	<b>13.2%</b>
	58-65	<b>6.6%</b>
	66-73	<b>2.5%</b>
	74 or older	<b>1.7%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>64.7%</b>
	Part-time (regular hours)	<b>5.0%</b>
	Part-time (irregular/ temporary hours)	<b>10.1%</b>
	Student	<b>1.7%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>6.7%</b>
	Unemployed	<b>5.9%</b>
	In protected environment	<b>5.9%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>2.5%</b>
	Alcohol above the threshold	<b>36.4%</b>
	Heroin	<b>0.0%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>33.1%</b>
	Amphetamines	<b>1.7%</b>
	Cannabis	<b>5.0%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>6.6%</b>
	More than one drug	<b>4.1%</b>
	Alcohol and other drugs (dual addiction)	<b>10.7%</b>
	More than one drug	<b>0.0%</b>



### Castilla-La Mancha

<b>Gender</b>	Men	<b>92.4%</b>
	Woman	<b>7.6%</b>
<b>Age (ranges)</b>	18	<b>3.8%</b>
	26-33	<b>3.8%</b>
	34-41	<b>32.1%</b>
	42-49	<b>24.4%</b>
	50-57	<b>20.5%</b>
	58-65	<b>11.5%</b>
	66-73	<b>2.6%</b>
	74 or older	<b>1.3%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>72.6%</b>
	Part-time (regular hours)	<b>6.8%</b>
	Part-time (irregular/ temporary hours)	<b>8.2%</b>
	Student	<b>0.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>5.5%</b>
	Unemployed	<b>6.8%</b>
	In protected environment	<b>0.0%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>12.2%</b>
	Alcohol above the threshold	<b>9.5%</b>
	Heroin	<b>0.0%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>50.0%</b>
	Amphetamines	<b>0.0%</b>
	Cannabis	<b>9.5%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>2.7%</b>
	More than one drug	<b>6.8%</b>
	Alcohol and other drugs (dual addiction)	<b>9.5%</b>
	More than one drug	<b>0.0%</b>



## Castile and León

Gender	Men	<b>81.6%</b>
	Woman	<b>18.4%</b>
Age (ranges)	18	<b>0.6%</b>
	26-33	<b>11.8%</b>
	34-41	<b>25.8%</b>
	42-49	<b>29.7%</b>
	50-57	<b>24.2%</b>
	58-65	<b>6.3%</b>
	66-73	<b>1.5%</b>
	74 or older	<b>0.0%</b>
Usual employment pattern over the last 3 years	Full-time	<b>69.7%</b>
	Part-time (regular hours)	<b>5.3%</b>
	Part-time (irregular/ temporary hours)	<b>5.9%</b>
	Student	<b>2.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>3.3%</b>
	Unemployed	<b>11.2%</b>
	In protected environment	<b>2.6%</b>
Which substance is the main problem?	Alcohol AD.	<b>13.6%</b>
	Alcohol above the threshold	<b>6.9%</b>
	Heroin	<b>2.8%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.7%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>30.7%</b>
	Amphetamines	<b>4.2%</b>
	Cannabis	<b>6.5%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>0.7%</b>
	More than one drug	<b>5.9%</b>
	Alcohol and other drugs (dual addiction)	<b>24.5%</b>
More than one drug	<b>3.5%</b>	



## Catalonia

Gender	Men	<b>76.7%</b>
	Woman	<b>23.3%</b>
Age (ranges)	18	<b>1.3%</b>
	26-33	<b>4.3%</b>
	34-41	<b>20.4%</b>
	42-49	<b>37.0%</b>
	50-57	<b>23.0%</b>
	58-65	<b>10.2%</b>
	66-73	<b>2.1%</b>
	74 or older	<b>1.7%</b>
Usual employment pattern over the last 3 years	Full-time	<b>69.6%</b>
	Part-time (regular hours)	<b>6.2%</b>
	Part-time (irregular/ temporary hours)	<b>8.4%</b>
	Student	<b>0.4%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>3.1%</b>
	Unemployed	<b>12.3%</b>
	In protected environment	<b>0.0%</b>
Which substance is the main problem?	Alcohol AD.	<b>16.9%</b>
	Alcohol above the threshold	<b>10.4%</b>
	Heroin	<b>4.3%</b>
	Methadone/LAAM	<b>0.4%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>1.7%</b>
	Cocaine	<b>49.8%</b>
	Amphetamines	<b>2.6%</b>
	Cannabis	<b>5.2%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>3.5%</b>
	More than one drug	<b>4.3%</b>
	Alcohol and other drugs (dual addiction)	<b>0.9%</b>
More than one drug	<b>0.0%</b>	



## Valencian Community

Gender	Men	<b>80.1%</b>
	Woman	<b>19.9%</b>
Age (ranges)	18	<b>2.3%</b>
	26-33	<b>5.7%</b>
	34-41	<b>20.3%</b>
	42-49	<b>31.0%</b>
	50-57	<b>22.9%</b>
	58-65	<b>12.9%</b>
	66-73	<b>4.5%</b>
	74 or older	<b>0.5%</b>
Usual employment pattern over the last 3 years	Full-time	<b>60.8%</b>
	Part-time (regular hours)	<b>9.0%</b>
	Part-time (irregular/ temporary hours)	<b>7.1%</b>
	Student	<b>0.5%</b>
	Housework	<b>0.5%</b>
	Retired/disabled	<b>6.1%</b>
	Unemployed	<b>15.4%</b>
	In protected environment	<b>0.6%</b>
Which substance is the main problem?	Alcohol AD.	<b>12.9%</b>
	Alcohol above the threshold	<b>12.1%</b>
	Heroin	<b>2.1%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.2%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.5%</b>
	Cocaine	<b>41.9%</b>
	Amphetamines	<b>0.5%</b>
	Cannabis	<b>5.7%</b>
	Hallucinogens	<b>0.2%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>2.6%</b>
	More than one drug	<b>3.4%</b>
	Alcohol and other drugs (dual addiction)	<b>12.7%</b>
	More than one drug	<b>5.4%</b>



## Extremadura

Gender	Men	<b>76.9%</b>
	Woman	<b>23.1%</b>
Age (ranges)	18	<b>7.7%</b>
	26-33	<b>3.8%</b>
	34-41	<b>38.5%</b>
	42-49	<b>26.9%</b>
	50-57	<b>3.8%</b>
	58-65	<b>15.4%</b>
	66-73	<b>3.8%</b>
	74 or older	<b>0.0%</b>
Usual employment pattern over the last 3 years	Full-time	<b>66.7%</b>
	Part-time (regular hours)	<b>8.3%</b>
	Part-time (irregular/ temporary hours)	<b>0.0%</b>
	Student	<b>4.2%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>8.3%</b>
	Unemployed	<b>12.5%</b>
	In protected environment	<b>0.0%</b>
Which substance is the main problem?	Alcohol AD.	<b>16.0%</b>
	Alcohol above the threshold	<b>8.0%</b>
	Heroin	<b>8.0%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>40.0%</b>
	Amphetamines	<b>8.0%</b>
	Cannabis	<b>12.0%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>4.0%</b>
	More than one drug	<b>4.0%</b>
	Alcohol and other drugs (dual addiction)	<b>0.0%</b>
	More than one drug	<b>0.0%</b>





## Galicia

Gender	Men	<b>86.7%</b>
	Woman	<b>13.3%</b>
Age (ranges)	18	<b>0.6%</b>
	26-33	<b>20.7%</b>
	34-41	<b>20.7%</b>
	42-49	<b>30.5%</b>
	50-57	<b>17.2%</b>
	58-65	<b>8.0%</b>
	66-73	<b>2.3%</b>
	74 or older	<b>0.0%</b>
Usual employment pattern over the last 3 years	Full-time	<b>56.6%</b>
	Part-time (regular hours)	<b>2.6%</b>
	Part-time (irregular/ temporary hours)	<b>5.3%</b>
	Student	<b>3.3%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>4.0%</b>
	Unemployed	<b>23.2%</b>
	In protected environment	<b>5.0%</b>
Which substance is the main problem?	Alcohol AD.	<b>0.0%</b>
	Alcohol above the threshold	<b>26.3%</b>
	Heroin	<b>2.8%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.3%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>43.6%</b>
	Amphetamines	<b>0.0%</b>
	Cannabis	<b>8.0%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>0.7%</b>
	More than one drug	<b>3.5%</b>
	Alcohol and other drugs (dual addiction)	<b>11.8%</b>
	More than one drug	<b>3.1%</b>



## La Rioja

Gender	Men	<b>74.3%</b>
	Woman	<b>25.7%</b>
Age (ranges)	18	<b>4.5%</b>
	26-33	<b>22.6%</b>
	34-41	<b>26.3%</b>
	42-49	<b>20.3%</b>
	50-57	<b>12.0%</b>
	58-65	<b>11.3%</b>
	66-73	<b>2.3%</b>
	74 or older	<b>0.8%</b>
Usual employment pattern over the last 3 years	Full-time	<b>61.2%</b>
	Part-time (regular hours)	<b>7.8%</b>
	Part-time (irregular/ temporary hours)	<b>7.0%</b>
	Student	<b>7.8%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>1.6%</b>
	Unemployed	<b>11.6%</b>
	In protected environment	<b>3.1%</b>
Which substance is the main problem?	Alcohol AD.	<b>18.0%</b>
	Alcohol above the threshold	<b>12.8%</b>
	Heroin	<b>9.0%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.8%</b>
	Cocaine	<b>21.8%</b>
	Amphetamines	<b>15.8%</b>
	Cannabis	<b>20.3%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>0.8%</b>
	More than one drug	<b>0.8%</b>
	Alcohol and other drugs (dual addiction)	<b>0.0%</b>
	More than one drug	<b>0.0%</b>



### Madrid

<b>Gender</b>	Men	<b>88.9%</b>
	Woman	<b>11.1%</b>
<b>Age (ranges)</b>	18	<b>0.0%</b>
	26-33	<b>3.7%</b>
	34-41	<b>29.6%</b>
	42-49	<b>37.0%</b>
	50-57	<b>11.1%</b>
	58-65	<b>14.8%</b>
	66-73	<b>3.7%</b>
	74 or older	<b>0.0%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>88.9%</b>
	Part-time (regular hours)	<b>3.7%</b>
	Part-time (irregular/ temporary hours)	<b>3.7%</b>
	Student	<b>0.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>0.0%</b>
	Unemployed	<b>0.0%</b>
	In protected environment	<b>3.7%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>0.0%</b>
	Alcohol above the threshold	<b>30.8%</b>
	Heroin	<b>0.0%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>53.8%</b>
	Amphetamines	<b>0.0%</b>
	Cannabis	<b>3.8%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>7.7%</b>
	More than one drug	<b>0.0%</b>
	Alcohol and other drugs (dual addiction)	<b>3.8%</b>
	More than one drug	<b>0.0%</b>



### Murcia

<b>Gender</b>	Men	<b>87.2%</b>
	Woman	<b>12.8%</b>
<b>Age (ranges)</b>	18	<b>1.4%</b>
	26-33	<b>3.4%</b>
	34-41	<b>28.4%</b>
	42-49	<b>35.8%</b>
	50-57	<b>20.3%</b>
	58-65	<b>6.8%</b>
	66-73	<b>2.0%</b>
	74 or older	<b>2.0%</b>
<b>Usual employment pattern over the last 3 years</b>	Full-time	<b>76.6%</b>
	Part-time (regular hours)	<b>11.3%</b>
	Part-time (irregular/ temporary hours)	<b>1.4%</b>
	Student	<b>0.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>6.4%</b>
	Unemployed	<b>4.3%</b>
	In protected environment	<b>0.0%</b>
<b>Which substance is the main problem?</b>	Alcohol AD.	<b>7.1%</b>
	Alcohol above the threshold	<b>14.9%</b>
	Heroin	<b>0.7%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.0%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.0%</b>
	Cocaine	<b>45.4%</b>
	Amphetamines	<b>0.7%</b>
	Cannabis	<b>6.4%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>7.1%</b>
	More than one drug	<b>2.8%</b>
	Alcohol and other drugs (dual addiction)	<b>14.9%</b>
	More than one drug	<b>0.0%</b>



## Navarre

Gender	Men	<b>87.9%</b>
	Woman	<b>12.1%</b>
Age (ranges)	18	<b>0.8%</b>
	26-33	<b>11.3%</b>
	34-41	<b>21.0%</b>
	42-49	<b>32.3%</b>
	50-57	<b>21.0%</b>
	58-65	<b>8.9%</b>
	66-73	<b>2.4%</b>
	74 or older	<b>2.4%</b>
Usual employment pattern over the last 3 years	Full-time	<b>66.7%</b>
	Part-time (regular hours)	<b>6.5%</b>
	Part-time (irregular/ temporary hours)	<b>7.3%</b>
	Student	<b>0.0%</b>
	Housework	<b>0.0%</b>
	Retired/disabled	<b>0.8%</b>
	Unemployed	<b>17.9%</b>
	In protected environment	<b>0.8%</b>
Which substance is the main problem?	Alcohol AD.	<b>7.7%</b>
	Alcohol above the threshold	<b>17.1%</b>
	Heroin	<b>2.6%</b>
	Methadone/LAAM	<b>0.0%</b>
	Other opiates / Analgesics	<b>0.9%</b>
	Benzodiazepines / Barbiturates / Other sedatives	<b>0.9%</b>
	Cocaine	<b>35.0%</b>
	Amphetamines	<b>9.4%</b>
	Cannabis	<b>7.7%</b>
	Hallucinogens	<b>0.0%</b>
	Inhalants	<b>0.0%</b>
	Other	<b>1.7%</b>
	More than one drug	<b>4.3%</b>
	Alcohol and other drugs (dual addiction)	<b>10.3%</b>
More than one drug	<b>2.6%</b>	



# Final conclusions



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## » GENERAL INFORMATION

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Women under treatment in 2020 accounted for 16.5% of people attended to, compared to 83.5% of men. This shows a slight increase in the percentage of women compared to previous years.

The accumulated average age for both genders is 38.7 (with an interval ranging between 18 and 76). The largest is the 42 to 49 years group, accounting for 30.6% of the total number of Proyecto Hombre users. The age group between 34-41 years old represents 25% of the total and the 50-57 group represents 19.4%.

Regarding prior treatment, it must be pointed out that 77.9 of users have not been admitted to any centre in the month before entering the Proyecto Hombre programme. In this regard, there are no significant differences by gender.

The highest percentage of women come from day centre treatments and outpatient detoxification. Of those who have had prior treatment, the majority come from outpatient drug-free treatment programmes (35.1%).

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## » SOCIAL AND FAMILY

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A study of the existence of the problematic use of alcohol and/or drugs in 62 types of kinship relationships of users attended to by Proyecto Hombre during 2020, revealed an incidence of over 10% in 9 of them.

The kinship relationships shown to be the most problematic are:

- A father with alcohol problems in 29.3% of all users. By gender, there is a significant difference in this category with the percentage standing at 37.4% for women and 27.9% for men.
- A brother with drug problems, which accounts for 17.8% of the people attended to by Proyecto Hombre. There are also differences here by gender, with 20.8% of women with a brother with this problem compared to 17.2% of men in the same situation.

Most individuals who began treatment at Proyecto Hombre between 2020 are single at an average of 59.4% for both genders, which is more than 40 points above the next marital status with the highest representation by number of people undergoing treatment in the organization, i.e. married (18.1%).

There are important differences if this is analysed by gender:

- Among single people, the highest percentage corresponds to men, with 60.8%, compared to 51.7% of women.
- Grouping together separate and divorced users, the percentage of women is around 12 points above that of men (29.8% compared to 17.6%).
- There is also a notable difference in terms of widowhood, which involves a higher percentage of women (3.5%) than men (0.5%).

As for the usual type of cohabitation, the largest category is those who live with their family, either nuclear or family of origin. 42.4% live with the first option, comprising the "couple", "couple with children" and "children" categories, while 34.5% live with the second option, comprising "parents" and "family".

The next most frequent option is living alone, which is how 14% of the people attended to live.

Finally, it is worth pointing out that 3.7% live in a "protected environment" and 2.4% in an "unstable" situation, the latter two categories reflecting the particular vulnerability in the way of life of people undergoing treatment in the Proyecto Hombre programme.

In terms of gender, the only major differences between categories occur with individuals living with "parents" and with "children". Not only do more women live independently from their parents (16.1% compared to 24.6% of men), but more of them live with their children: 12.1% compared to a 0.9% of men. This situation entails less support from social-family networks and a possible greater economic and healthcare burden, resulting in a higher degree of social-economic vulnerability and risk of social exclusion for women with addiction problems. This situation may be one of the reasons why less women access treatment.

The analysis of one of the risk factors for people in treatment shows that among the people who live with others, 8.8% do so with someone who has problems with alcohol and 7.2% with someone who has problems with drugs. In both cases, again, there is greater vulnerability for women, indicated by a higher percentage, both in the case of alcohol (2.1 percentage points) and drugs (5.7 percentage points), of women who live with someone with these problems compared to men.

In terms of rates of conflict, it is worth highlighting that more than half (56.3%) of the people attended to have had problems with their partner, 50.1% have had them with their mother and/or with their father (47.7%) and 42.2% with siblings. Troubled relationships with friends (25.6%), co-workers (23.2%), etc. account for much lower percentages. The relationships with the lowest rate of conflict are those the users have with their children, only 10.6% of cases.

In this regard, some important differences related to gender also stand out: 66.8% of women are in relationships of conflict with their partners compared to 54.2% of men, which correlates with the data on marital status that shows a higher number of divorces and separations among women.

Another notable difference occurs in relationships of conflict with children: 19.1% for women compared to 8.9% for men.

Indeed, taking into account the type of cohabitation, the increase in relationships of conflict with children on the part of women can be seen as logical since, as previously mentioned, a higher percentage of women compared to men live with their children.

Finally, it is worth highlighting that 58.8% of women have a troubled relationship with the mother figure, compared to 48.4% of men. The percentage of women who have troubled relationships with siblings (47.8%) is also higher than that of men (41%). Once again, these may be factors that make insertion processes more difficult for women due to the greater of family conflicts and difficulties in the support processes at the time of treatment and reintegration.

The analysis of the experiences of abuse throughout life tells us that almost half of the people attended to have suffered at least some of the types of abuse analysed: 48.7% of those questioned say they have suffered emotional abuse, 27.4% physical abuse and 9.2%, sexual abuse.

As in other categories, there is an important difference in terms of gender: women outnumber men in each of the categories analysed, once again highlighting the situation of greater vulnerability suffered by the women attended to.

- Emotional abuse: +26,6%
- Physical abuse: +24,1%
- Sexual abuse: +24,3%

In any case, for everyone that is attended to, this is an issue that must be addressed in all addiction treatments and interventions, given the high percentage of victims revealed by the study.

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## » HEALTH

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30.4% of individuals under treatment claim they have a chronic medical condition that interferes with their daily life. Nevertheless, the incidence of individuals undergoing treatment at our centres who have chronic medical conditions is no higher than expected for the general population.

This pattern is also repeated with regard to taking medication, with only 26.3% taking some type of prescribed medication on a regular basis, higher, however, in women (35.3%) than in men (24.2%).

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## » PSYCHOLOGICAL AND EMOTIONAL PROBLEMS

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There is a high level of comorbidity of addiction with the presence of psychological and emotional disorders among individuals who come for treatment. Of note is the high incidence throughout life of severe anxiety disorders (67.1%), followed by severe depression (53.1%) and emotional/psychological problems (49.4%). Another important indicator of the degree of mental health impairment

is that related to suicide, with 22.2% of the people treated through Proyecto Hombre having attempted to kill themselves at some point.

There are differences by gender: women in treatment show higher incidence levels of emotional and psychological problems (67.3% women; 45.9% men), severe depression (70.8% women; 49.6% men), and suicide attempts (37.6% women; 19.1% men).

This shows how significant and prevalent this problem is, and highlights the need to carry out further research on the situation, as well as to incorporate measures to adapt the treatments and specific actions necessary to address the dual diagnosis of these users in a complementary and comprehensive manner.

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## » EMPLOYMENT/SUPPORT AND EDUCATION/LABOUR

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In terms of schooling, the 2020 data shows that the levels of education of those treated in Proyecto Hombre continue to be low. Thus, 52% would have an academic level lower than that of secondary education, 30.7% corresponding to primary level and 21.3% 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 37.6% of people who have completed secondary education and 10.4% with university studies.

This leads to a lower capacity for professional qualification and a greater employment in more labour-intensive sectors and activities. An example of this is found in the “elementary occupations” category, with 17.8%.

By gender, major differences can be observed in the following professional sectors: “hospitality, personal, protection and sales services”, a category including 16.3% of the men and 31.5% of the women surveyed, with a difference of 15.2% between the two; “craftspeople and skilled workers in manufacturing and construction industries”, with figures of 19.0% for men and 6.2% for women, with a difference of 12.8% between the two; in the case of “plant and machinery operators and assemblers”, the figure for men is 8.2% and for women it is 3.8%, with a difference of 4.4% between the two; and finally, the category of “skilled workers in the agricultural, livestock, forestry and fishing sectors”, accounts for 4.5% of the men and 0.6% of the women surveyed, with a difference of 3.9% between them.

This is a reflection of the Spanish labour market model, in which there are sectors that are highly differentiated by gender, highly feminized professional sectors (for example, hospitality, personal, protection and sales services) and others that are highly masculinized (for example, directors and managers).

Regarding the labour situation of users, most have a normalized profile, with the most common pattern of employment being full-time (64.6%). Thus, 79.5% of users have had either a permanent or temporary full-time or part-time job in the last three years; 13.2% have been unemployed; and 7.3% inactive.

“Employment” is the main source of income, accounting for 41.0%, followed by benefits, standing at 30.5% (this is the sum of pensions or Social Security payments, unemployment benefits and social assistance) and “friends and family” with 22.7%.

Depending on gender, however, the main source of income is different: in the case of women it is important to note that their main source of income throughout 2020 has come from benefits, accounting for 40.8%, far higher than the figure of 28.6% in the case of men, whose main source of income continues to be “employment”.

This shows that women have been the hardest hit by the health crisis caused by COVID-19, since the greatest destruction of employment has occurred in the “hospitality, personal, protection and sales services” sector. This sector happens to be the one in which more women are employed, 31.5%, far more than men, with 16.3%.



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## » LEGAL PROBLEMS

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Almost 7% of people who started treatment in 2020 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 (7.5%) is three times that of women (2.6%).

It is worth adding that 3.7% of people who began treatment in 2020 were on parole at the time, in which regard the percentage of men (3.9% of men and 2.4% of women).

Although the majority of people attended to did not have problems with justice (79%), one in five had pending charges, trials or sentences. This situation affects men (21%) more than women (15.9%).

An analysis of the types of offence those surveyed have committed at some point in their lives shows that in 20.3% of cases it was for drug possession and trafficking. Of these, 54.3% were accused only once, 17.3% twice and the rest (28.4%) three or more times.

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## » USE OF ALCOHOL AND OTHER DRUGS

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In relation to the use of psychoactive substances among those admitted to treatment, problematic uses are normally of various substances, although in the majority of cases a main substance of reference can be indicated. In this regard, in 2020 the main reference substance is cocaine for 39.1% of the people attended to, followed by alcohol in 36.1% of cases. This data confirms the trend observed in previous years of an increase in the prevalence of cocaine as the main substance generating demand for treatment in our centres. However, alcohol continues to be a substance that generates a huge demand for treatment, and together with cocaine these substances account for 3 out of 4 admissions (75.2%). This applies to both women and men; although, among women alcohol has the highest prevalence while among men the substance in questions is cocaine.

Regardless of the reference substance at admission, an analysis of regular and/or problematic consumption throughout life for each substance shows that the most common is alcohol with an average of 82.6%, a problem that is exacerbated by alcohol consumption in large quantities in 63.8% of cases of those undergoing treatment. The other substances with the highest percentages of non-exclusive consumption are cocaine and cannabis, accounting for 74.3% and 58.5% of cases respectively. In the case of women, the prevalence of psychoactive substances throughout life continues to be considerably lower for illegal substances (cocaine, cannabis, etc.), but similar or even slightly higher for legal substances (alcohol and benzodiazepines).

With respect to the average age of onset of consumption, those treated as part of the Proyecto Hombre programme acknowledge having begun problematic consumption of alcohol at the age of 16 and cannabis around the age of 17. These two substances continue to be those for which the onset of regular or problematic use appears at the earliest ages. Meanwhile, it is between the ages of 19 and 21 that the onset of consumption of hallucinogens, inhalants, more than one substance and cocaine is most likely. In the case of alcohol in large quantities, others, heroin and other opiates, the onset is between the ages of 22 and 25. The latest average age of onset of substance abuse was from 26, in this case of benzodiazepines (26.5) and methadone (28.5). In general, regarding the ages of onset in recent years, have observed that the average age of onset of use has increased slightly, with the exception of methadone use.

Moreover, it is worth noting that the number of years of use before entering Proyecto Hombre is, in general, higher in the case of men and that women tend to start regular or problematic use later than men. However, for some substances, such as methadone and barbiturates, the average years of consumption is higher in women. Cases of overdoses are also more common among men by two percentage points.





Proyecto Hombre Baleares.

# Recommendations



# 05

1. The analysis of the 2020 data of the Observatory continues to show, as in previous years, that addictive disorders present a myriad of problems, which reaffirms the **relevance of the bio-psycho-social model** in the approach to addictions and the **need to continuously develop and improve the quality of the intervention from the triple perspective that this model implies.**
2. Not only is there a multiplicity of problems, but there is also a variety of profiles of people with addiction problems, derived from the interaction between various factors such as age, sex, education, employment, mental and psychological health, consumption patterns, socio-family situation or legal problems. For this reason, it is necessary to constantly develop the most appropriate intervention tools for each case, allowing for a **combination of group intervention, which plays a key role, and individual intervention.** Moreover—and this is of the utmost importance—it is necessary to ensure a wide range of programmes and units (residential, day centres, outpatient services) are available to **offer the most appropriate response for each type of profile**, without neglecting specific treatments for behavioural or non-substance addictions (addictions that are outside the remit of EuropASI, which is an instrument designed to assess the severity of addiction to alcohol and other drugs).
3. Women with addictive disorders are exposed to factors that exacerbate the difficulties for their treatment. These include differences with men in terms of their socio-family history and environment. As an example, among women there is a higher prevalence of fathers with an alcohol problem and of siblings with drug problems. Among women there is also a higher degree of cohabitation with people with alcohol or drug problems. The women attended to also suffer greater difficulties regarding employment: employment was the main source of income for less than a third of them. In addition, women also suffer a higher incidence of emotional, physical and sexual abuse throughout their lives. Finally, and in relation to mental health, there is also a higher incidence among women of emotional and psychological problems, severe depression, and suicide attempts.  
If the adaptation of treatments and the incorporation of specific actions for a **complementary approach in cases where addictive disorders coexist with other psychiatric disorders is already in itself necessary to improve care in general, it is even more the case from the perspective of women users.**  
In any case, is necessary to continue developing and further **include the gender perspective in the design and implementation of programmes**, intervention tools, planning of activities and of course, in the defining of objectives, improvement proposals and evaluation of the different programmes.
4. Although addiction problems are not exclusive to a certain level of education, a large proportion of the individuals attended to at Proyecto Hombre have few educational qualifications: more than half do not even have a secondary school education. This translates into a low employability and in a greater difficulty in achieving stability and economic autonomy. Career training and advice are two key elements in the insertion process, so **training activities and resources that promote the socio-labour integration of the people being attended to must be developed and reinforced.**
5. The high levels of conflict in the socio-family environment (more than half have been in relationships of conflict with their partner, and approximately half with their mother or father) highlight the **importance of working with the socio-family environment**, one of the keys of the intervention at Proyecto Hombre, which must continue to be promoted and adapted to the new realities in this area.

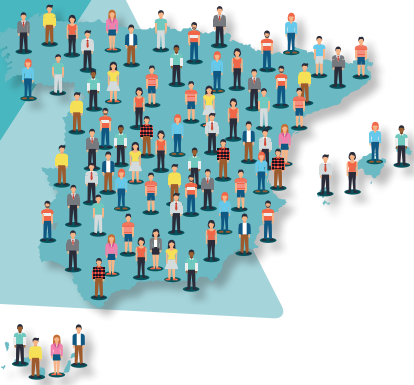
6. Although the majority of people attended to did not have any legal problems, one in five had pending charges, trials or sentences. This highlights the need for a legal advisory service that helps those in the programme face up to their individual legal responsibilities while combining this with their treatment. Meanwhile, the decreasing proportion of people who are on parole at the beginning of treatment, means that **the application of alternative measures to imprisonment should be promoted.**
7. The fact that almost one in three people treated suffers from a chronic physical health problem, along with the high prevalence of mental health problems, **shows there is a need, where possible, to establish and reinforce our own medical services and to coordinate with the public mental health network.**



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## » LIST OF PROYECTO HOMBRE CENTRES IN SPAIN

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