



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

20  
**21**  
REPORT

Funded by:



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

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## Acknowledgements

2021 was an atypical year.

It was the second year of the pandemic, marked by the emergence of new variants of COVID-19, new restrictions and vaccines.

However, in a convulsive year in which there were clear signs of fatigue, Proyecto Hombre continued to move forward as one big family, thanks both to the efforts of users and to the day-to-day work of employees, volunteers and institutions.

We continued, for another year, to help thousands of people with addiction problems. They are the real stars. We would like to thank each one of them for taking that first step and for placing their trust in us, on their way to a life free of addiction.





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# PRESENTATION

This is now the tenth consecutive report published by the *Proyecto Hombre Observatory on the profile of people with addiction problems under treatment*, an uninterrupted series of studies published since its beginnings in 2012.

As usual, for the one you have in your hands we used the *EuropASI admission* survey to collect information. From all the centres distributed throughout the nation, a sample of 3,774 users of our different services and programmes has been collected (all of them over 18 years of age and who were admitted during the course of 2021).

I would like to highlight the invaluable participation, work and dedication of all the 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.

Each of the aspects that we have analysed explore areas of interest that provide us with details of the profiles of the users in the sample. But as well as a static annual prevalence analysis, we study these aspects year after year, which allows us to evaluate them on a multi-year basis.

First, we analysed personal characteristics (gender, age, etc.), before moving on to health issues (exploring pathologies derived—or not—from addiction); legal problems (judicial situation); educational and labour aspects (prior academic levels, training needs, professional qualifications, employability).

Then, we explored the social and family situations (usual cohabitation, issues therein, marital status, existence of children), as well as the possible co-occurrence of psychological and/or emotional problems (comorbidity of addiction and other psychological/emotional disorders).

Finally, we of course exhaustively analysed the patterns of consumption of alcohol and other drugs (problematic consumption of all types of substances, in addition to the one that caused the start of treatment).

Once again and as a result of our review, we offer some recommendations and guidelines, the result of the analysis of all the aforementioned variables. These recommendations, adjusted to the diversity of the profiles that we support in the different centres and services of Proyecto Hombre España, should be taken into account if we are to offer, day after day, a more personalized service... as well as, year after year, programmes that are better adapted to the needs that have been detected.

**Jesús Mullor Román**

Director of the Observatory  
President of the State  
Evaluation Committee



We provide more detail on each of these in their respective sections but I would like to present a summary of the recommendations below:

1. An approach is needed based on a biopsychosocial model, which takes into account the myriad of problems that derive from addictive disorders.
2. Group and individualized intervention in multiple formats: various programmes and intensities, whether in outpatient facilities, day centres and residential programmes, to adjust the educational-therapeutic response to the variety of profiles of those suffering from addiction problems.
3. A gender perspective is essential in both day-to-day intervention and in the development, updating and creation of centres, programmes and mechanisms.
4. It is crucial that we develop and reinforce training resources together with all those that promote the social and labour market integration of the people we serve.
5. It is crucial that we continue to work on the social and family situation, one of the keys to the intervention by Proyecto Hombre, given the high and evident degree of conflict in the social and family environment.
6. We need to have our own cross-cutting legal advice and medical services which, together with the existing public networks, can provide assistance as required, both in terms of assuming one's own legal responsibilities, as well as health pathologies that coexist with the addiction.

We would like to express our willingness here at the Proyecto Hombre Association to continue providing reference information through the State Observatory Annual Reports. Eleven studies (ten annual and one multi-annual) that we share with the aim of contributing to the creation of knowledge around a subject in which we are experts and which we encourage researchers into the phenomenon of addictions, its prevention and treatment, to use.

Let's work together to improve and let's multiply our knowledge to become more effective.









01

# DEFINITION OF THE OBSERVATORY AND TECHNIQUES

## → COLLABORATIVE TEAM

### ↘ INTERNAL PROYECTO HOMBRE TEAM

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- Jesús Mullor
- Belén Aragonés
- Èlia Bellmunt
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- Ramón Capellas
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- Vicente García
- Ángeles de la Rosa
- Fernando González
- Ángeles Fernández
- Paula Quintana

### ↘ EXTERNAL TEAM

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- Team of psychosocial research professionals, led by Gonzalo Adán, Doctor in Social Psychology and professor of Personality Psychology and Social Research Techniques at the UIB.

### ↘ DESIGN OF THE RESEARCH

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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.
- Copy-editing was done by the Communications Department of the Proyecto Hombre Association in coordination with the internal Proyecto Hombre team.

### ↘ 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.



## 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.



## METHODOLOGY

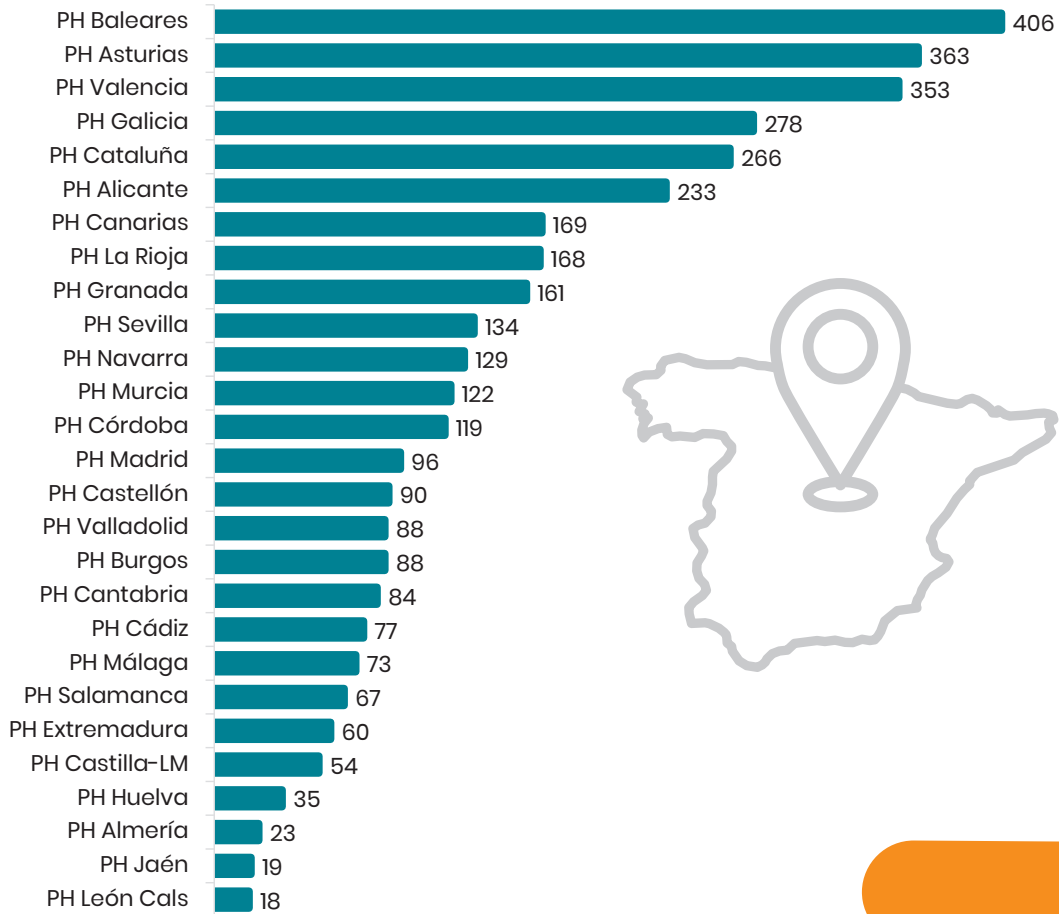
- The data collected and displayed in tables in this report was collected in each Centre, based on the EuropASI surveys given to newly admitted people over the age of 18.
- Therefore, the universe of study is made up of users of Proyecto Hombre, of this age or older than 18 years, who have begun treatment in 2021 in programmes and units for adults with addiction problems in any of the 28 centres of this association.
- Data has been collated from 3,774 users, with cumulative data going back to 2013 of 25,983 users, and a distribution, by years and centres, which is described in the following tables.
- The sample responds to the universe, with no limitation other than the elimination of incomplete or low validity surveys, which do not reach 1%. Therefore, there is no level of significance nor any sampling errors.
- While the universe of study excludes people in treatment at centres not run by Proyecto Hombre, the results of this study could nevertheless be extrapolated to anyone under treatment for addiction problems in Spain with access to therapeutic resources, since we believe all the cases analysed, is a sufficiently large random sample of said universe.

## ↘ EUROPASI SURVEYS COLLECTED FOR THE REPORT

	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
<b>PH Alicante</b>	138	133	224	208	166	181	119	262	233	1,664
<b>PH Almeria</b>	19	10	20	15	18	0	31	40	23	176
<b>PH Asturias</b>	197	211	147	154	1	88	162	225	363	1,548
<b>PH Baleares</b>	159	0	287	203	241	183	236	266	406	1,981
<b>PH Burgos</b>	8	35	9	59	52	46	74	37	88	408
<b>PH Cadiz</b>	4	43	51	29	26	40	34	60	77	364
<b>PH Canary Islands</b>	145	139	130	120	98	22	90	127	169	1,040
<b>PH Cantabria</b>	0	0	51	93	91	56	59	121	84	555
<b>PH Castellón</b>	0	0	0	0	31	0	86	89	90	296
<b>PH Castilla-LM</b>	64	49	71	133	120	120	121	79	55	812
<b>PH Catalonia</b>	130	90	142	141	172	243	190	237	266	1611
<b>PH Cordoba</b>	58	34	0	0	0	0	43	141	119	395
<b>PH Extremadura</b>	33	35	36	38	34	26	45	26	60	333
<b>PH Galicia</b>	437	0	451	434	305	272	427	321	278	2,925
<b>PH Granada</b>	53	74	155	99	158	186	231	203	161	1320
<b>PH Huelva</b>	52	61	67	74	108	39	29	47	35	512
<b>PH Jaén</b>	0	0	0	0	0	0	0	0	19	19
<b>PH La Rioja</b>	78	69	110	77	126	100	209	139	168	1,076
<b>PH León Cals</b>	23	28	23	20	23	10	5	23	18	173
<b>PH Madrid</b>	52	103	85	71	49	43	71	27	96	597
<b>PH Malaga</b>	157	169	139	60	105	78	0	74	73	855
<b>PH Murcia</b>	122	138	149	179	204	220	186	148	122	1,468
<b>PH Navarre</b>	0	0	0	119	118	137	160	124	129	787
<b>PH Salamanca</b>	51	56	46	56	78	52	61	52	67	519
<b>PH Seville</b>	195	113	209	164	179	100	187	189	134	1,470
<b>PH Valencia</b>	0	0	353	427	391	315	342	304	353	2,485
<b>PH Valladolid</b>	67	60	79	77	66	49	62	46	88	594
<b>Total</b>	<b>2,242</b>	<b>1,650</b>	<b>3,034</b>	<b>3,050</b>	<b>2,960</b>	<b>2,606</b>	<b>3,260</b>	<b>3,407</b>	<b>3,774</b>	<b>25,983</b>



➤ **EUROPASI SURVEYS COLLECTED FOR THE REPORT, BY CENTRE. YEAR 2021**



PH Valladolid







02



# DATA ANALYSIS

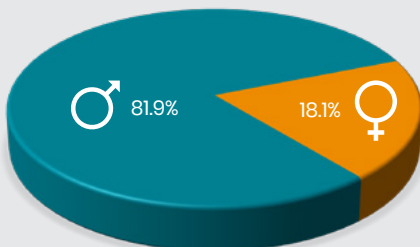


# Gender and age

PH Valladolid

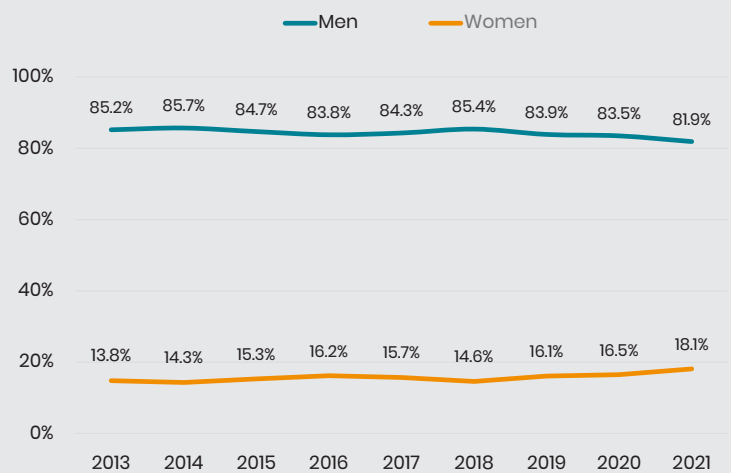


## GENDER



2021

Evolution % 2013-2021



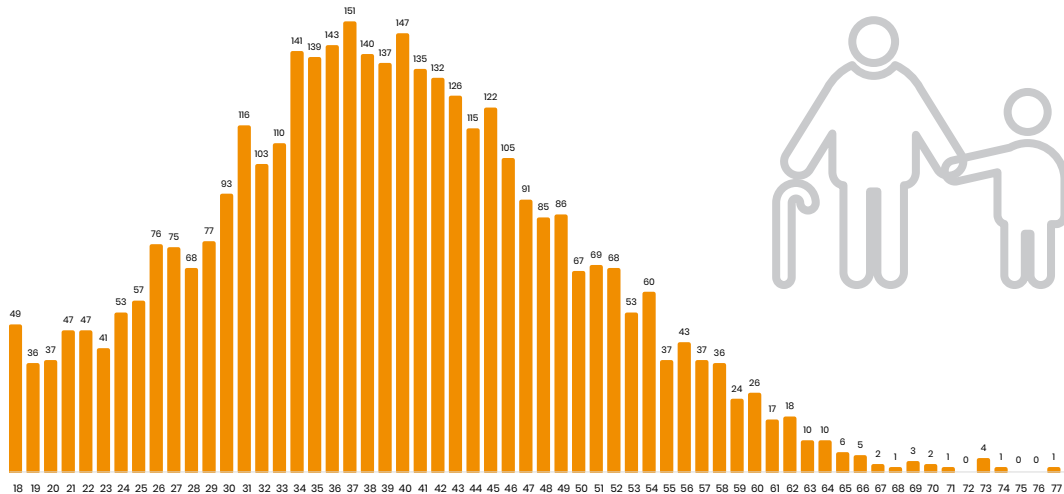
- In 2021, 18.1% of users were women and 81.9% men.
- Since the beginning of the series there have been minor fluctuations in the percentage of users by gender. However, comparing 2013 with 2021, the trend shows an increase in the number of women (from 13.8% to 18.1%).



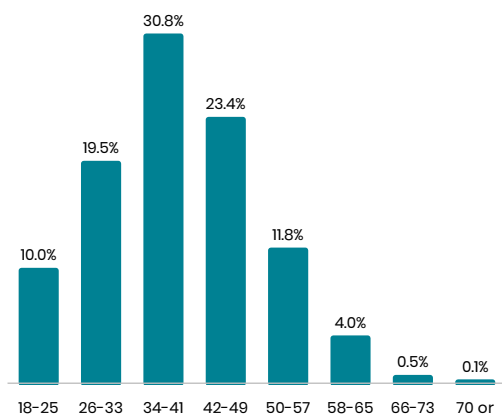


## AGE

Age, absolute frequencies, 2021  
Average age 2021: 39.4 years



Age groups, 2021

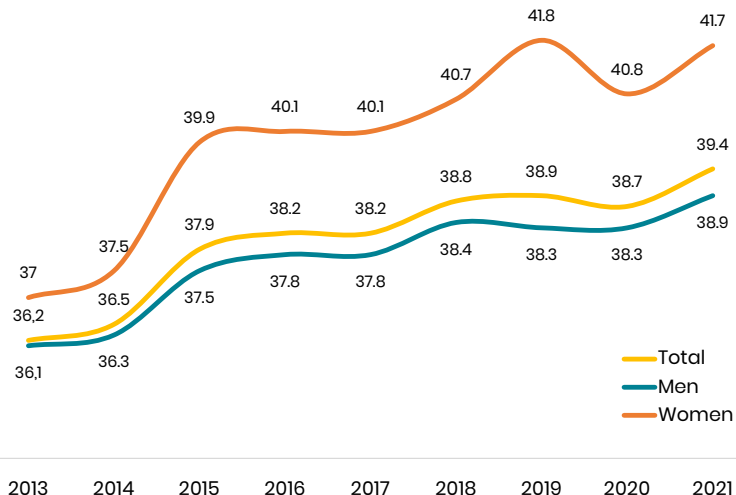


- The age range of people admitted to treatment in 2021, object of this study, is between 18 and 77 years of age, although from 65 years of age the sample is very small, 20 users. The average age of the users attended to is 39.4 years.
- By decades, the age group with the largest number of users in 2021 is the 30-39 age range, making up 34.6% of users. The lowest percentage is found among those over 70 years of age, just 0.2%.



## GENDER AND AGE

- The average age of users has increased by one year compared to 2020, a year which had marked the end of a continued increase since 2018. In these 8 years, the average age has risen from 36 to 39.
- The average age of women is around two years higher than that of men, almost being three higher in 2021.



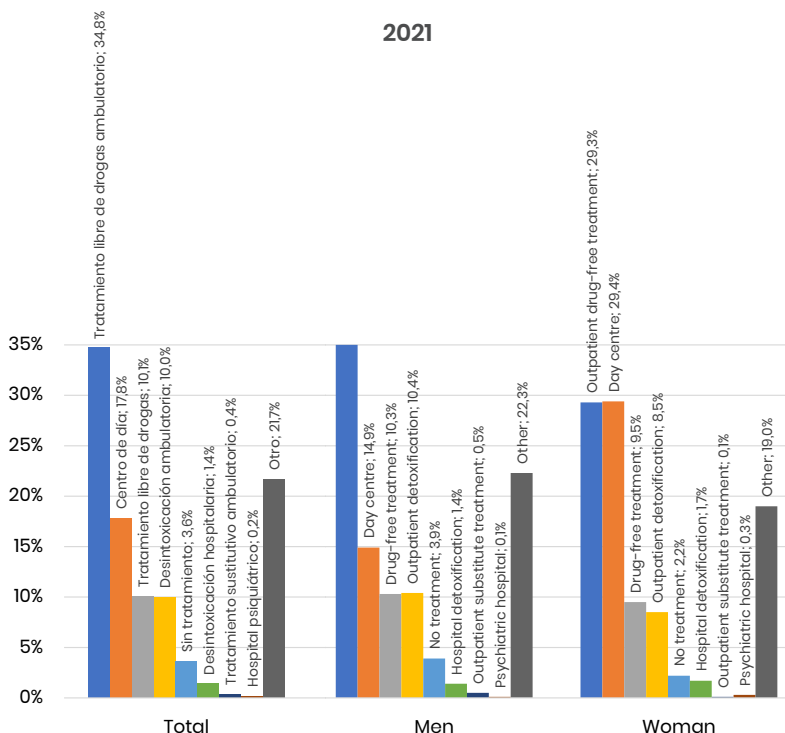


# Basic data

PH Galicia



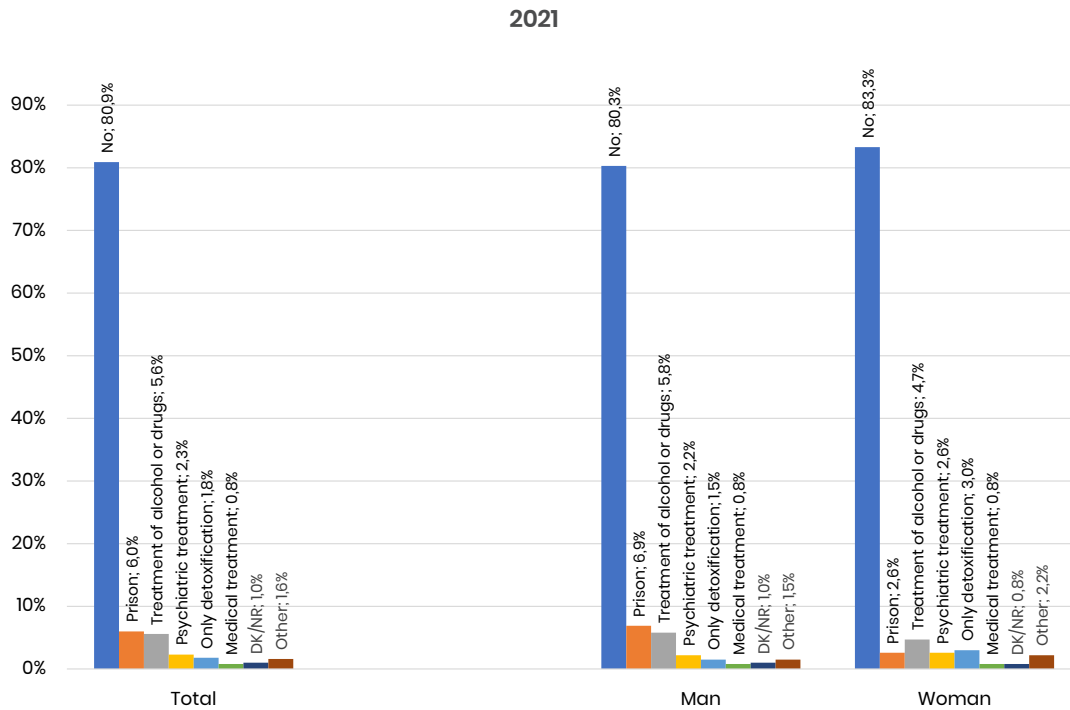
## TYPE OF TREATMENT



- Only 3.6% of users do not come from any prior treatment.
- Most of our users come from outpatient drug-free treatment programmes, almost 35%, followed by those from day centres, almost 18%. The lowest percentage comes from psychiatric hospitals, outpatient substitute treatments and hospital detoxification.
- Comparatively, the percentage of women in day centre treatments is higher, and lower than that of men in the other prior alternatives, especially with regard to outpatient drug-free treatment, and others.



**PRIOR ADMISSION IN THE PAST MONTH**



- In the month prior to the completion of the survey (in 2021), 81.0% of users have not undergone alternative treatment in another centre. 6.0% of the people attended to have been in prison and 5.6% have undergone treatment for alcohol or drugs.
- In the case of men, treatment for alcohol or drugs is slightly more frequent than for women, and significantly higher in terms of imprisonment.
- In the case of women, the levels of prior treatment as well as psychiatric treatments are lower than for men.



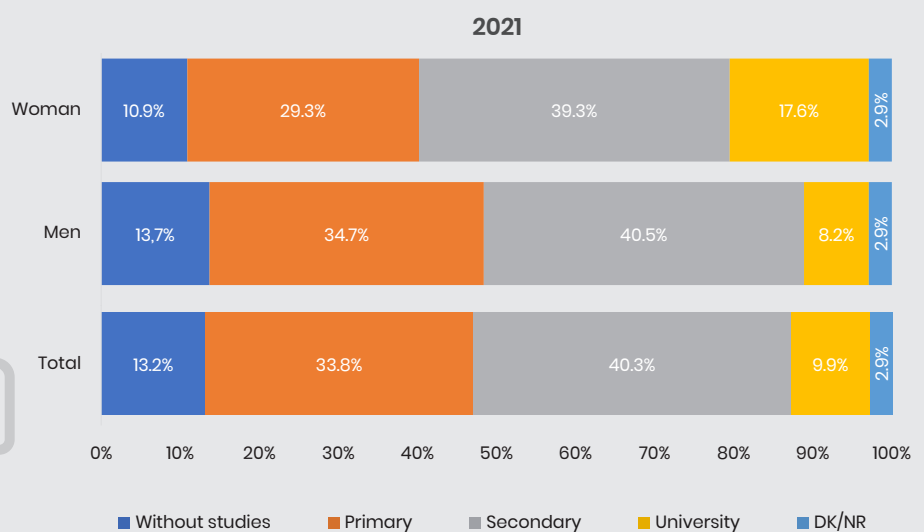




# Education, labour: employment / support

PH Galicia

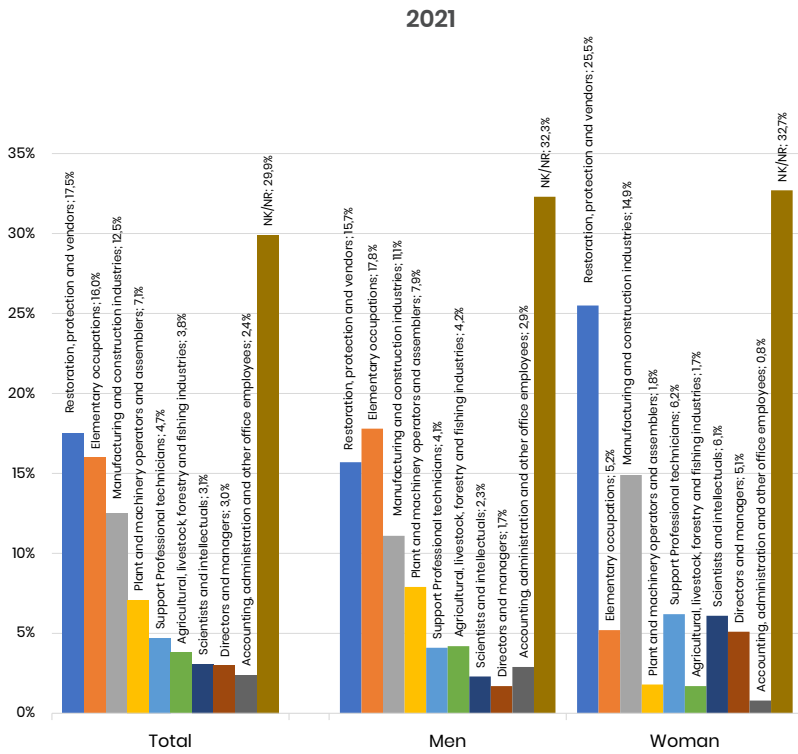
## → ACADEMIC LEVEL ACHIEVED



- The academic qualification achieved by the highest percentage of users is Secondary Education (40.3%), followed by Primary Education. Next, there are those who lack a formal education and, finally, those who have completed university studies (9.9%).
- In the case of women, the percentage with university studies is more than double that of men (17.6% compared to 8.2%).

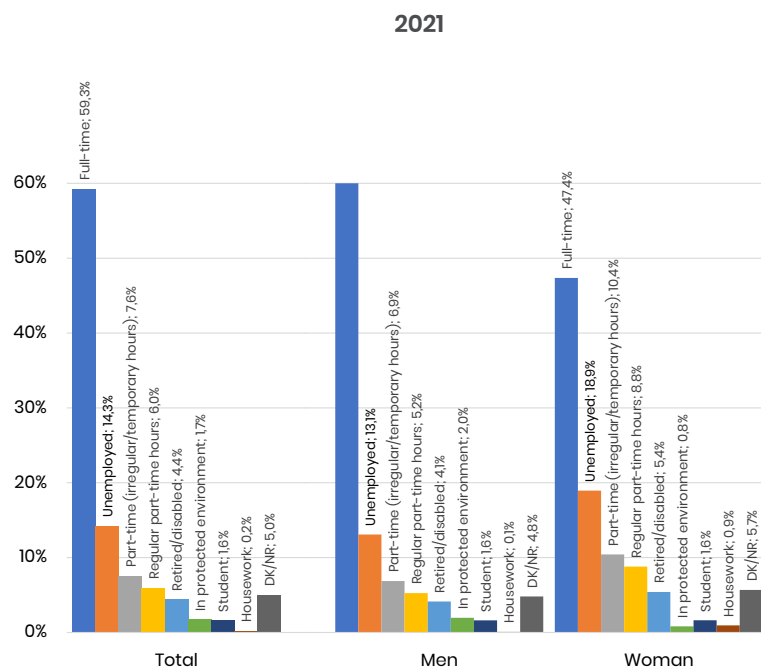


REGULAR (OR LAST) OCCUPATION



- 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 16.9%, with this figure significantly higher for men than for women.

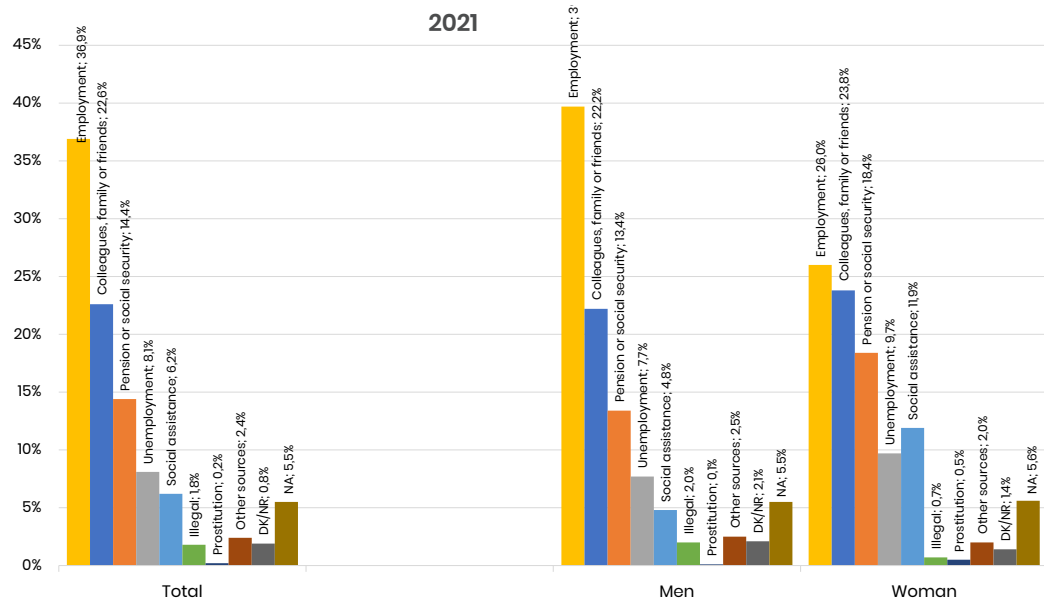
USUAL EMPLOYMENT PATTERN (LAST THREE YEARS)



- Most users, in the last three years prior to the completion of the survey, have worked in full-time employment (59.3%).
- By gender, levels of precarious work is higher in women: not only is the percentage of those in full-time work lower (47.4%), but both in the categories of unemployment and part-time employment (with regular/irregular or part-time hours), the percentage is higher than that of men and the average.



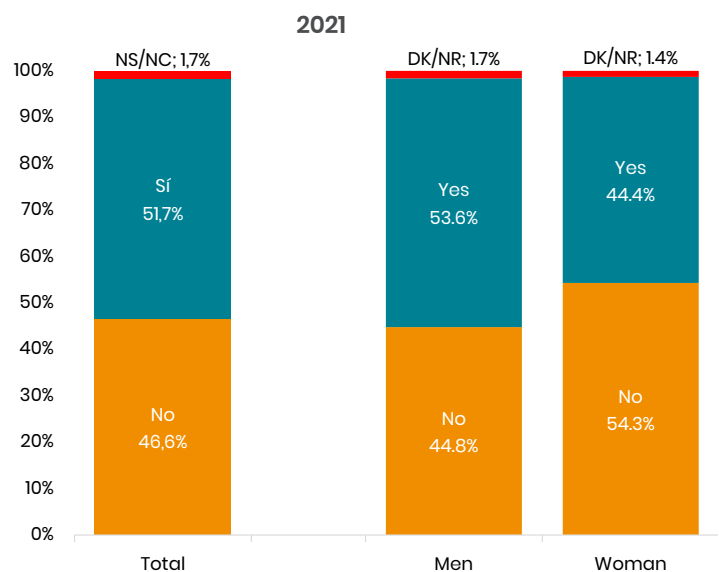
## MAIN SOURCE OF INCOME



- The main source of income of the users is employment (36.9%), followed by help from colleagues, family or friends (22.6%) and pension or social assistance (14.4%).
- Although the main source of income for both men and women is employment, the percentage is significantly higher among men.
- 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).



## INDEBTEDNESS



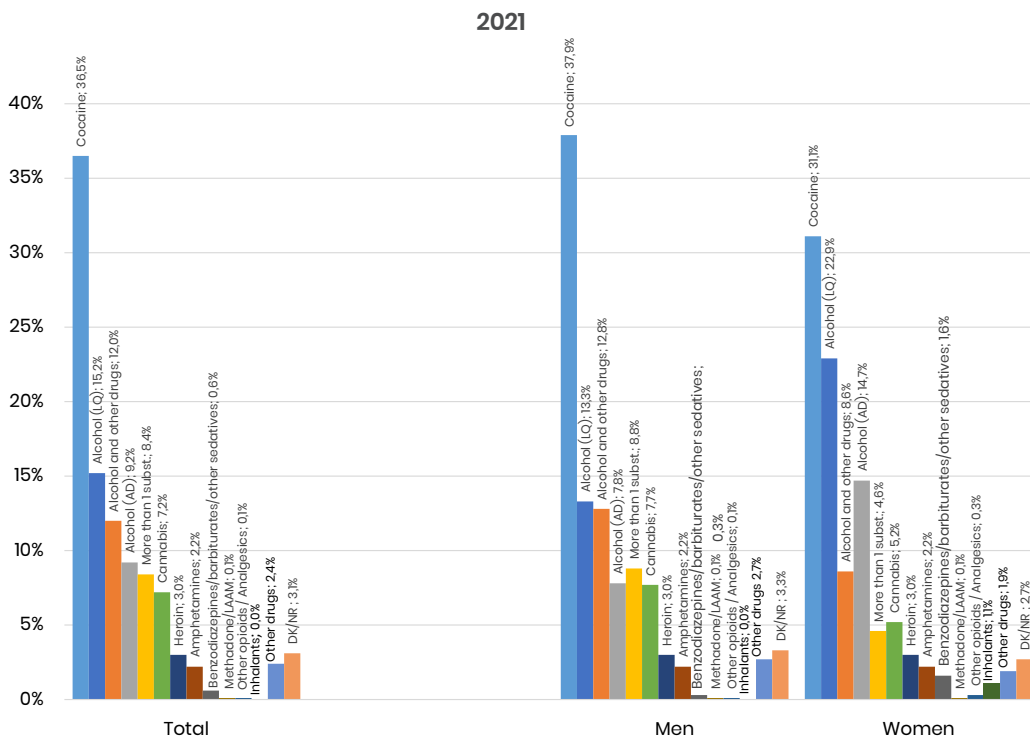
- 51.7% of users declare that they have debts.
- 53.6% of men compared to 44.4% of women.



# Use of Alcohol and Other Drugs

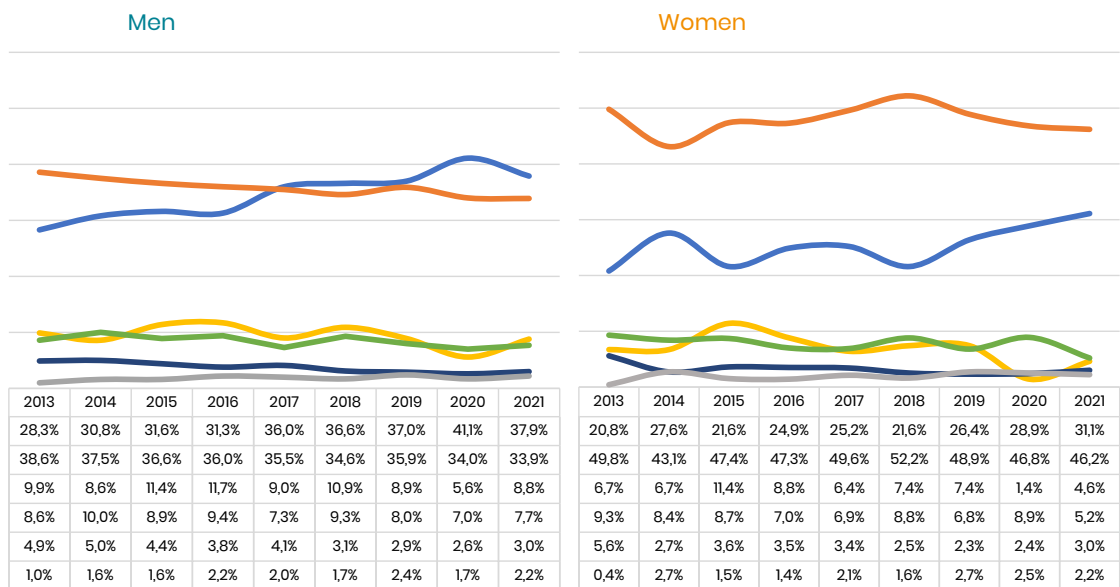
PH Galicia

## → WHICH SUBSTANCE IS THE MAIN PROBLEM?



- In 2021, the two main substances that continue to monopolize the majority of treatment demands among the people surveyed in Proyecto Hombre are cocaine and alcohol, with 72.9% of the total. Cocaine is the main reference substance (36.5%), with alcohol second in terms of problematic consumption (36.4%), regardless of the consumption pattern. (15.2% in large doses, 9.2% in any dose, and 12% taken together with other drugs).
- The third substance identified as the main substance that leads to the highest percentage of admission is cannabis (7.2%). While the combined consumption of several drugs simultaneously, without identifying any one particular substance as the main one, is observed in 8.4% of the cases.
- The combination of substances together with the consumption of these three main substances accounts for 88.5% of the total, with lower percentages of admission for opiates or sedative-hypnotics as the reference substance.
- In the case of women, the problematic consumption of alcohol (46.2%) is the main problem, followed by cocaine consumption (31.1%), unlike in men, where cocaine occupies first place (37.91%) with alcohol second (33.9%).
- Likewise, problematic consumption of cannabis is more prevalent in men (7.7%) than in women (5.2%).
- 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 (1.6%) compared to men (0.3%).

EVOLUTION BY GENDER. ONLY THE MOST PREVALENT SUBSTANCES



— Cocaine
— alcohol (AD+LQ)
— More than one drug
— Cannabis
— Heroin
— Amphetamines





**In men:**

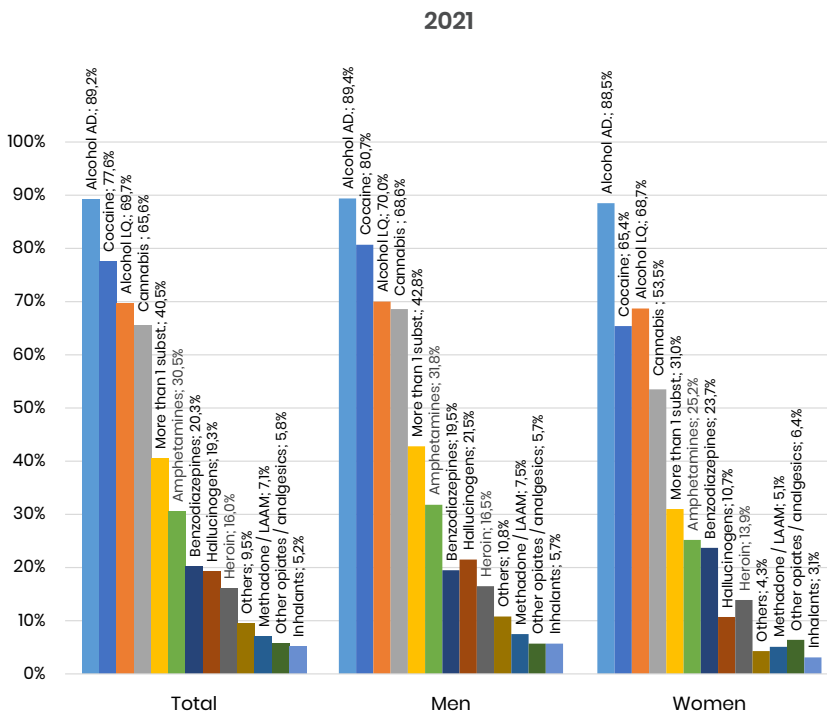
- Although cocaine use decreased in 2021, compared to the previous year, there is still an overall upward trend making it the main substance leading to admission in our programmes.
- Alcohol as the main substance in any form of consumption (large quantities, any dose or mixed with other drugs) shows a downtrend, although it is still very prevalent as the main substance in a third of cases.
- The combined consumption of various substances shows year-on-year fluctuations, but the overall trend is noticeably downward.
- Cannabis follows a slightly downward trend and heroin continues its also slight downward trend. Barbiturates (amphetamines and benzodiazepines follow stable and very minor trends).

**In women:**

- Alcohol in any form of consumption (large quantities, any dose or mixed with other drugs), has decreased significantly since 2018, but remains the main substance leading to admission in Proyecto Hombre for women.
- In the case of the second most prevalent substance, cocaine, we can see the upward trend continues, for the first time reaching 30% of the cases of admission for women.
- The combined use of several substances shows a slight increase reaching the same level as cannabis in terms of the main substance, but both are part of a slightly downward trend compared to the overall.
- Heroin, amphetamines and other barbiturates have remained in the 2%-3% range for several years.

➔ **REGULAR OR PROBLEMATIC SUBSTANCE USE THROUGHOUT LIFE (MULTIPLE CHOICE)**

Among those people admitted to Proyecto Hombre programmes in 2021, we have recorded regular or problematic consumption throughout their lives (without this necessarily being the main problem):

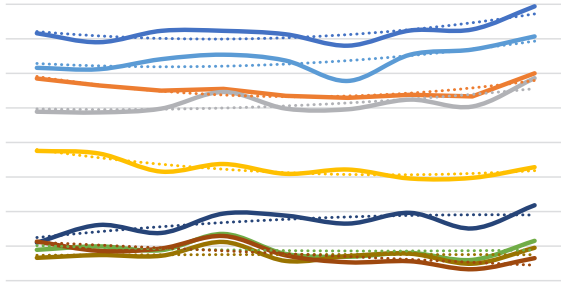


- Mostly of alcohol in any dose (89.2%) and alcohol in large quantities (69.7%); as well as cocaine (77.6%).
- The third most recorded substance in cases of problematic consumption is cannabis (65.6%).
- With a lower prevalence is the consumption of other stimulant substances such as amphetamines and derivatives (30.5%).
- Lower percentages are observed in the problematic consumption of benzodiazepines (20.3%), hallucinogens (19.3%) and heroin (16.0%).
- Problematic consumption in women is characterized by a considerably lower percentage of cocaine, cannabis hallucinogens, but a significantly higher consumption of benzodiazepines.



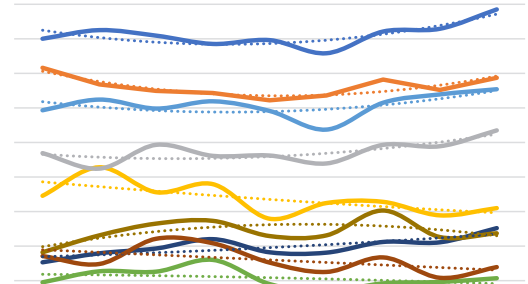
## REGULAR OR PROBLEMATIC SUBSTANCE USE THROUGHOUT LIFE (MULTIPLE CHOICE)

Men



2013	2014	2015	2016	2017	2018	2019	2020	2021
81,6%	79,0%	82,3%	82,3%	81,3%	78,0%	82,4%	82,7%	89,4%
68,5%	66,5%	65,0%	65,5%	63,5%	62,9%	63,8%	63,3%	70,0%
47,6%	46,8%	41,6%	43,8%	40,9%	42,2%	39,6%	39,8%	42,8%
18,9%	19,9%	18,8%	23,5%	17,7%	16,9%	18,0%	16,0%	21,5%
21,0%	26,1%	23,8%	29,4%	28,8%	26,5%	29,6%	25,1%	31,8%
16,6%	17,4%	17,2%	21,2%	15,7%	17,1%	17,8%	14,9%	19,5%
58,9%	58,7%	59,8%	64,6%	59,8%	59,6%	62,4%	60,4%	68,6%
71,6%	71,2%	74,1%	75,4%	73,7%	67,8%	75,4%	76,9%	80,7%
21,3%	18,6%	19,3%	22,9%	17,3%	15,3%	15,6%	13,3%	16,5%

Women



2013	2014	2015	2016	2017	2018	2019	2020	2021
80,0%	82,5%	80,9%	78,5%	79,6%	75,8%	82,1%	82,9%	88,5%
71,6%	66,8%	64,9%	64,3%	62,2%	63,6%	68,2%	65,2%	68,7%
34,5%	42,8%	35,6%	37,9%	27,9%	32,4%	32,8%	28,9%	31,0%
9,5%	12,7%	12,6%	16,0%	9,0%	6,9%	9,2%	9,6%	10,7%
15,3%	17,9%	19,3%	22,0%	18,2%	18,1%	21,2%	21,1%	25,2%
18,2%	23,1%	26,5%	27,3%	22,9%	23,1%	30,3%	22,6%	23,7%
46,9%	42,4%	49,3%	46,1%	46,2%	43,9%	49,3%	48,9%	53,5%
59,3%	62,4%	59,8%	61,9%	59,1%	53,7%	61,5%	63,9%	65,4%
17,1%	14,8%	22,1%	20,8%	15,2%	12,5%	16,7%	10,8%	13,9%

Alcohol AD
Alcohol LQ
More than 1 substance
Hallucinogens
Amphetamines
Hypnosedatives
Cannabis
Cocaine
Heroin

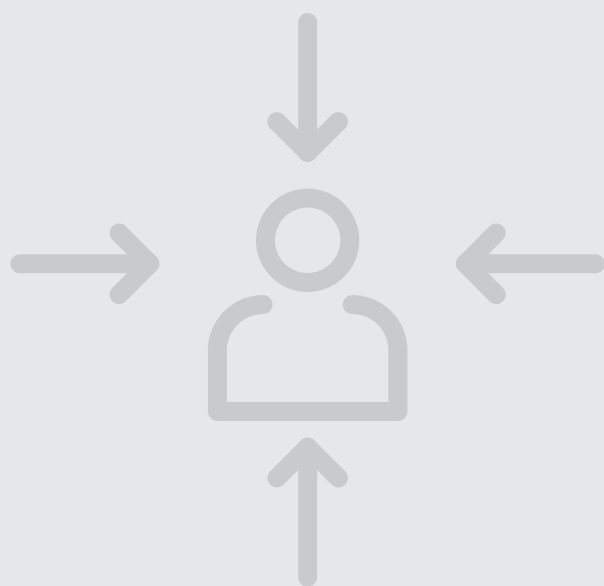
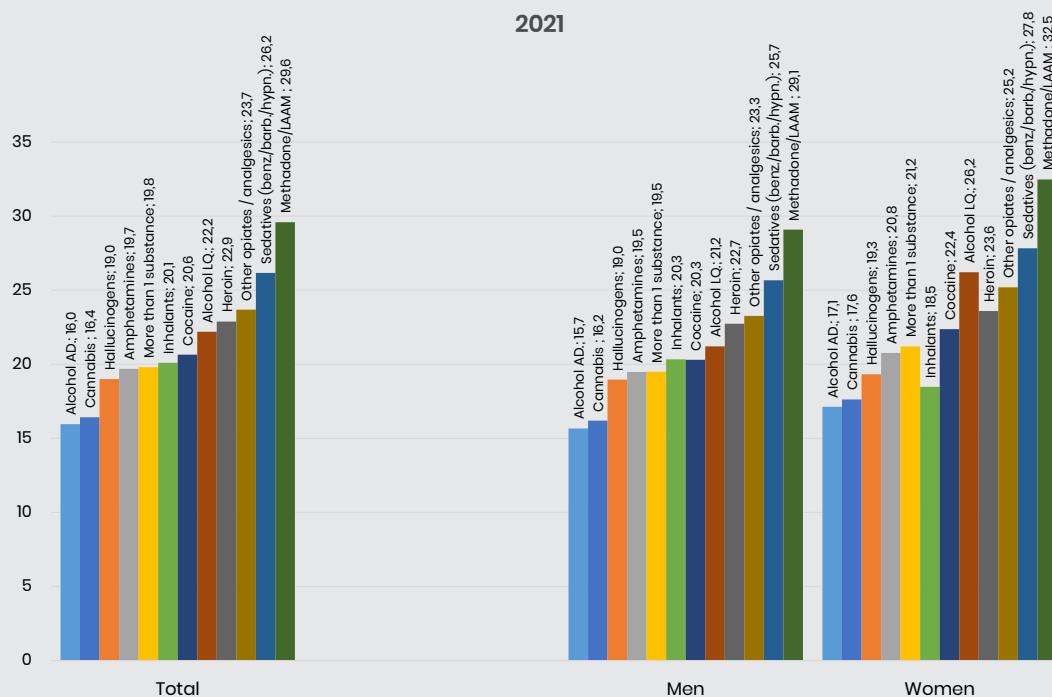
The following trends have been observed in recent years in problematic consumption broken down by gender:

- An upward trend in both genders in the percentage of people with problematic alcohol and cocaine use.
- The problematic use of cannabis also follows an upward trend for both genders.
- A decreasing global trend can be seen in the combination of reference substances and in heroin, although with year-on-year trend variations.





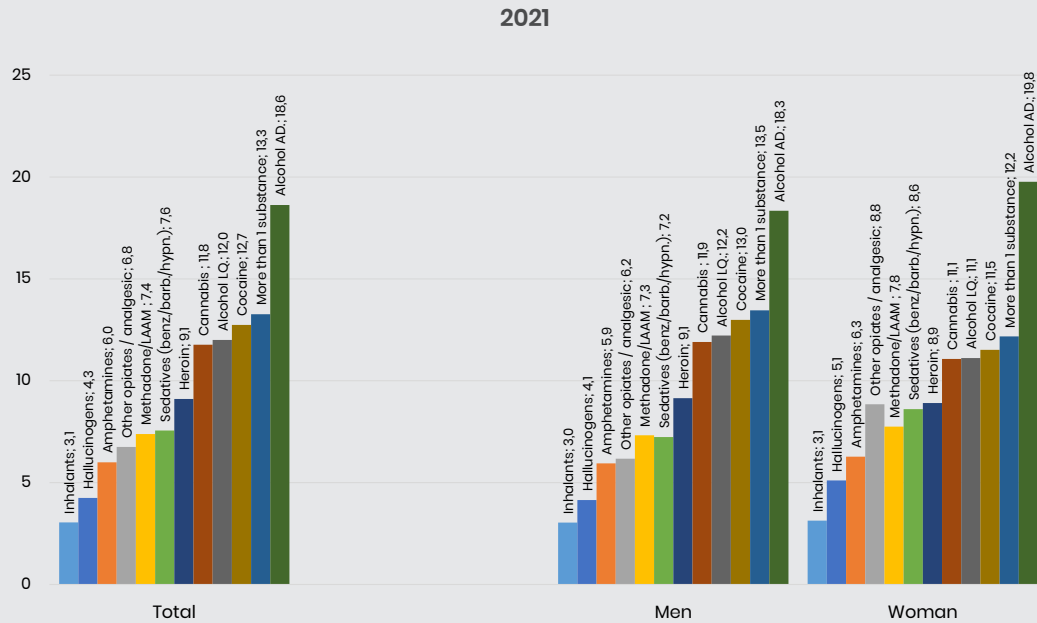
## AVERAGE AGE OF ONSET OF USE BY SUBSTANCE AND GENDER



- As for the age of onset of problematic use, the earliest onsets are associated with alcohol and cannabis, at 16 years on average.
- The onset of problematic use of other substances is later and the average age of onset has increased by three years, between 19 and 21 years. After that age, problematic use is recorded for hallucinogens, amphetamines, more than one substance, inhalants, and cocaine, in that order.
- The average age of onset of binge drinking, heroin, and other opiates tends to be between 22 and 25 years.
- The later onset of problematic use occurs in the case of sedatives, at an average age of 26.5 years and in methadone, at around 28.5 years.
- By gender, no major differences are observed in the order in which the substances are distributed according to the average age of onset of problematic use. The general trend is that women start regular or problematic consumption at an older age than men. Alcohol in large quantities stands out in particular (5 years later) and also, although with less difference, methadone (3 years), followed by cocaine and sedatives (2 years). The rest of the differences are one year or less.



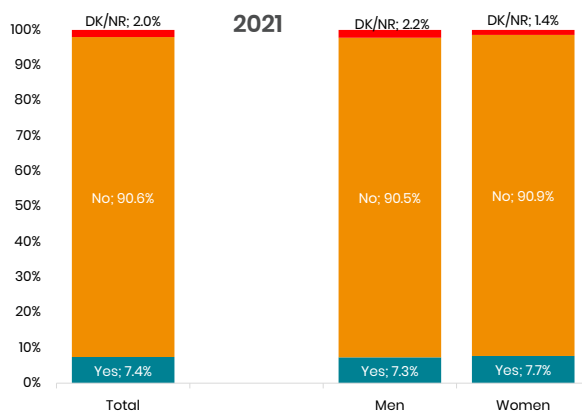
## YEARS OF CONSUMPTION THROUGHOUT LIFE



- People who were admitted to Proyecto Hombre in 2021 show different latency periods between the start of problematic use and admission to treatment, depending on the reference substance.
- The largest time interval is observed in the case of alcohol. Despite being the substance consumed at the earliest age, there is a significant delay before admission, with an average of 18.6 years.
- The next substance with the longest period of use is cocaine, with an average of 13.7 years. These two substances are also the ones that result in the highest percentage of admissions and those consumed by a higher percentage of the sample.
- The reference substances with the shortest time of use before admission (less than 6 years from the start of problematic use) are inhalants, hallucinogens and amphetamines.
- The period between the beginning of problematic consumption and admission to treatment tends to be longer in women than in men. The greatest difference occurs in sedatives and the case of alcohol stands out, which is the most frequent reference substance in women who take an average of almost two more years before entering the PH programme. However the trend for cocaine is the opposite.



## HAVE YOU EVER SHOT UP?



- In 2021, only 7.4% of users claim to have ever injected themselves. By gender, the percentage of women is similar to that of men.

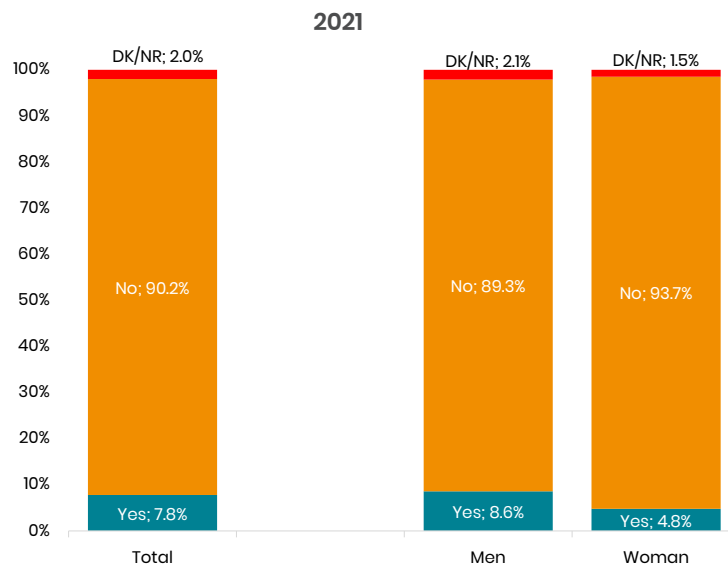




# Legal problems

PH Galicia

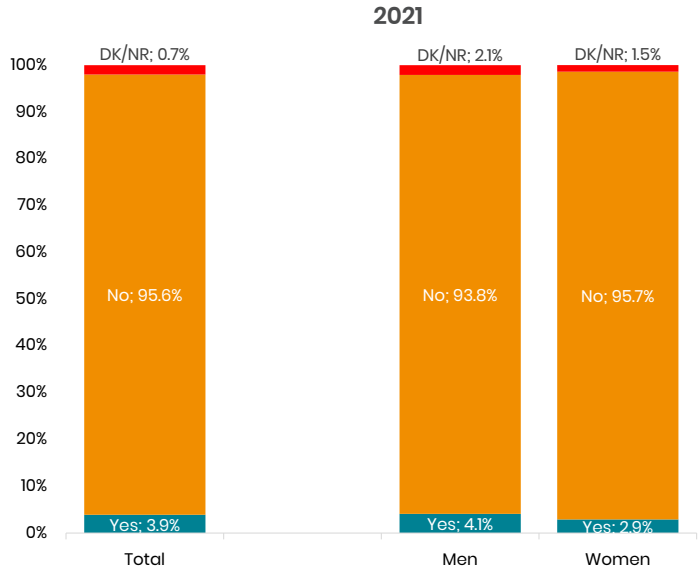
→ **WAS ADMISSION PROMOTED AS SUGGESTED BY LEGAL AUTHORITY?**



- 7.8% 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 (4.8%).

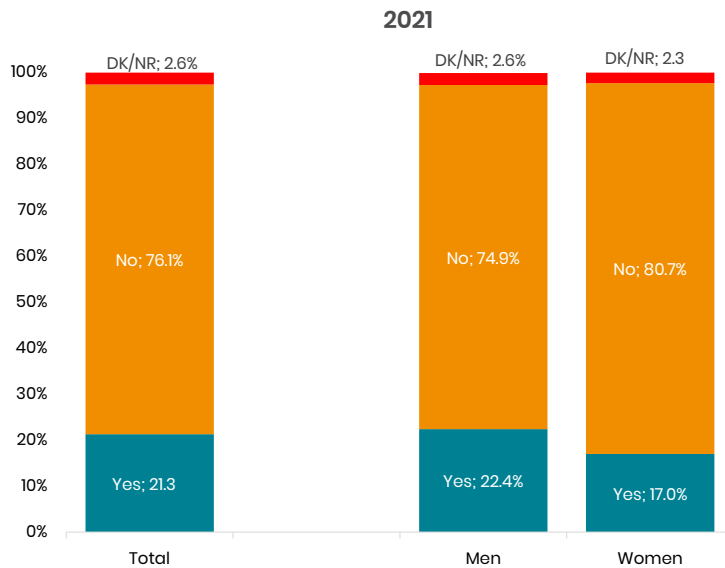


## ARE YOU ON PAROLE?



- The average of the accumulated data shows that 3.9% of the users are on parole. In this situation, the figure for men (4.1%) is higher than for women (2.9%).

## ANY PENDING CASES AT THE TIME OF ADMISSION?

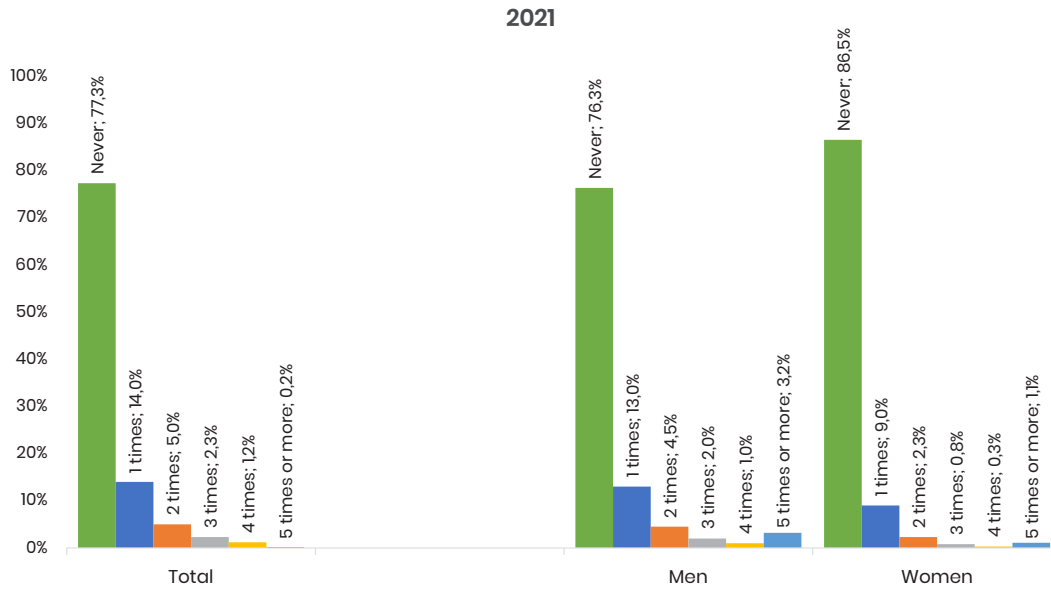


- The average of the accumulated data for 2021 shows that 21.3% of the users had pending legal proceedings at the time of admission.
- The percentage of men in this situation (22.4%) is higher than that of women (17.0%).





## 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 2021, users accused of drug possession and trafficking account for 22.7%.
- This proportion is made up mainly of those who have only been accused once (14), the rest account for smaller proportions.
- The percentage of women accused (13.5%) is much lower than that of men (23.7%).



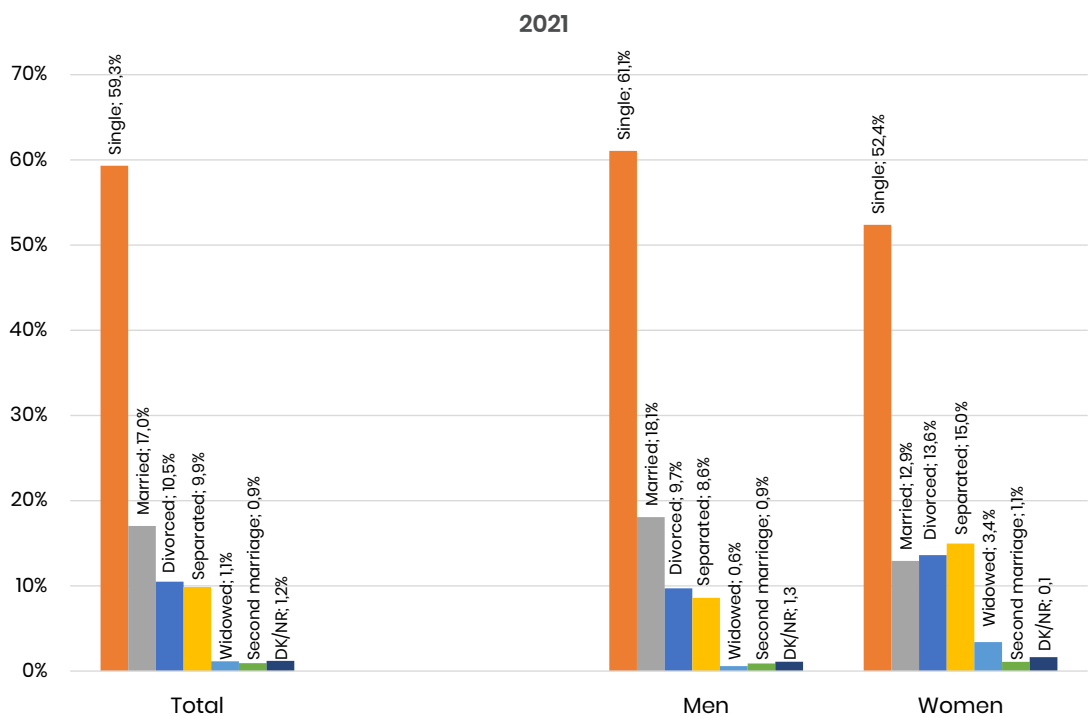




# Social and Family

PH Valladolid

## MARITAL STATUS

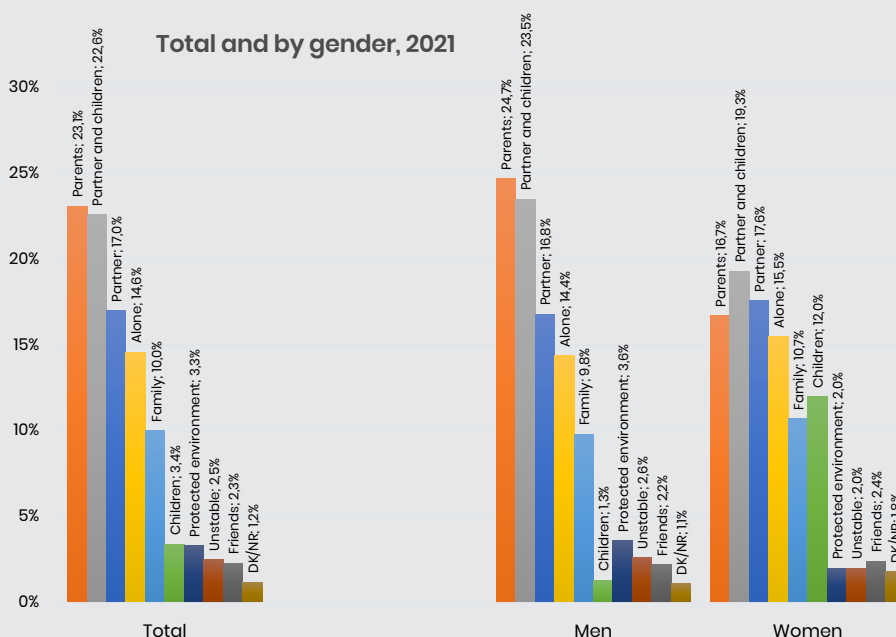




- Most of the people served by Proyecto Hombre are single, 59.3% of the cases, with some difference between men and women. Single men represent 61.1% of the cases while for women, the figure is 52.4%.
- A much lower proportion of people are married (17%), divorced (10.5%) and separated (9.9%). The percentage of widowers and remarried people is around 1%.
- Another notable difference between genders can be seen in the case of married people, the percentage being higher for men, with 18.1%, than for women (12.9%). As is logical, in the cases of divorced and separated individuals, the opposite occurs and there are more cases of women (13.6% and 15%) compared to 9.7% and 8.6% of men.
- The percentage of widowhood is also higher among women (3.4%) than among men (1.1%).

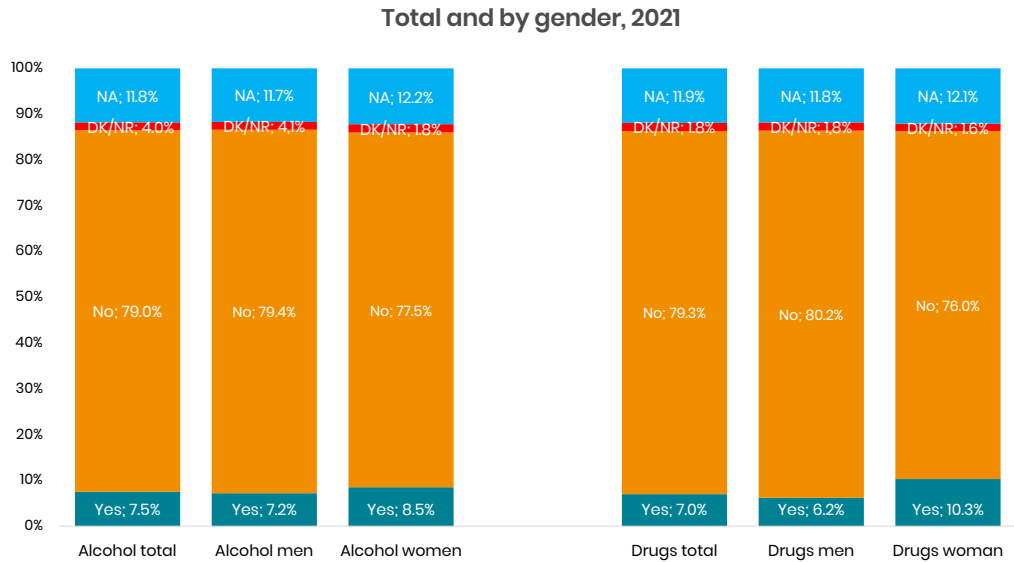


## FORMA DE CONVIVENCIA



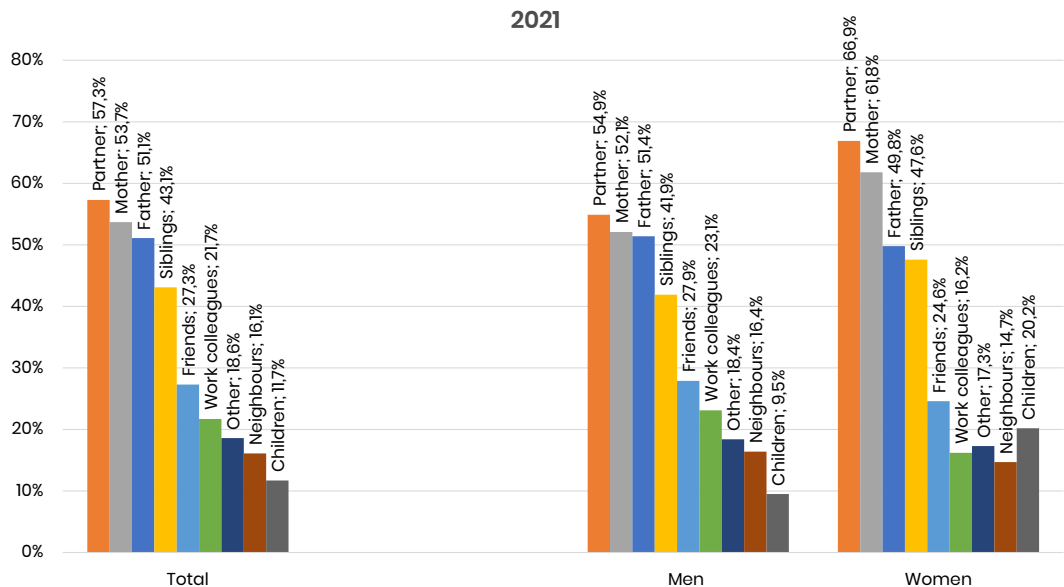
- According to the form of cohabitation, the majority of users live within some type of family group (76.1%). In what we call “Family of origin”, which includes those who live with their “parents” plus the “family” category, this represents 33.1% of the cases.
- Those who live with their “Nuclear family”, which comprises the categories of “partner and children”, “partner”, “children”, account for 43.0% of the total.
- In the remaining categories the percentages are lower: protected environment (3.3%); unstable situation (2.5%) and with friends (2.3%).
- Taking into account the differences by gender, we see that the forms of cohabitation can vary quite a bit. Of note is that percentage of women live alone with their children, 12% of cases, compared to men, only 1.3%.
- The main forms of cohabitation for women are with a partner and children (19.3%), with a partner (17.6%), with parents (16.7%) and alone (15.5%).
- Meanwhile, the type of cohabitation most common among men is with their parents (24.7%) and with their partner and children (23.5%). In the case of women, only 16.7% live with their parents and 17.6% with their partner and children.

→ **DO YOU LIVE WITH SOMEONE WHO HAS PROBLEMS WITH ALCOHOL OR DRUGS?**



- 7.5% of individuals undergoing treatment who live with someone do so with a person with alcohol consumption problems and 7.0% with a person with drug consumption problems.
- Women are more vulnerable both in the case of alcohol and drugs. The difference is greater in the case of drugs.
- We see that, compared to 6.2% of men who live with someone who uses drugs, there are 10.3% of women in this situation.
- The difference is smaller in the case of alcohol (8.5% of women compared to 7.2% of men).

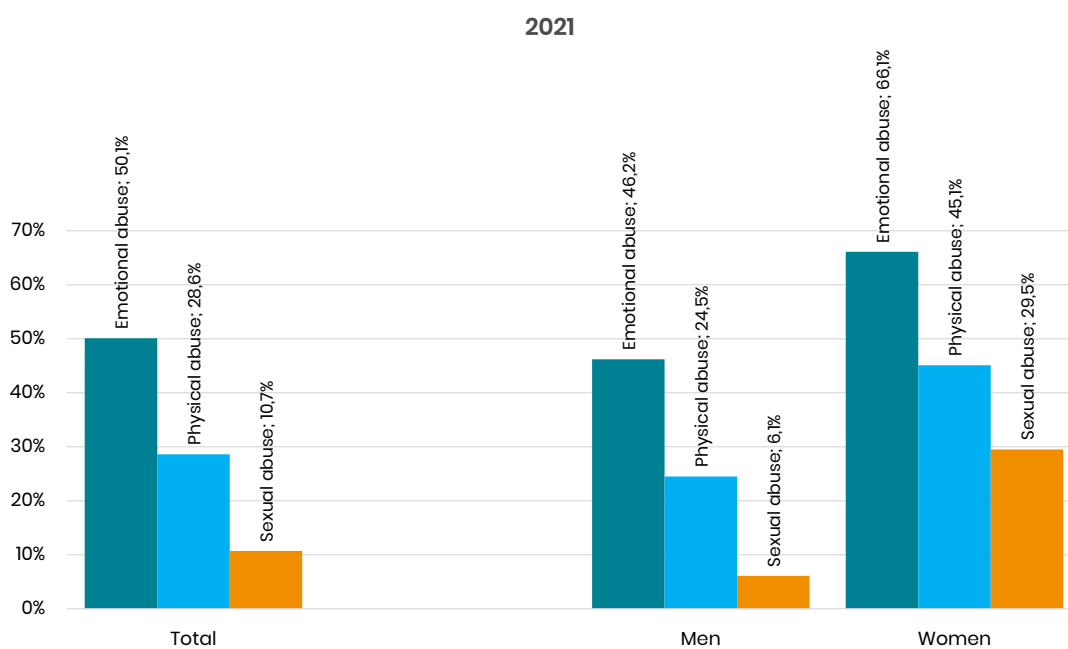
→ **CONFLICT. PERIODS (THROUGHOUT LIFE) SUFFERING SERIOUS PROBLEMS WITH...**



- In relation to the degree of conflict throughout life, there is a higher percentage of serious problems with partners (57.3%), followed by problems with parents (53.7% with mothers and 51.1% with fathers).
- This is followed by conflict with siblings (43.1%).
- Analysing the graph by gender, the percentage of conflict with partners is higher for women than for men, 66.9% compared to 54.9%.
- The second most notable difference occurs in conflict with children, where the figure is 20.2% for women compared to 9.5% for men.
- Finally, it is worth noting that women are more likely to have a troubled relationship with the maternal figure (61.8%) than with the paternal figure (49.8%) and although in the case of men the order is the same, the percentage difference of conflict with the mother is much lower (52.1%), and similar with respect to the paternal figure.



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



- Almost half of the people attended to at Proyecto Hombre have suffered some form of abuse throughout their lives, with emotional abuse the most prevalent form, affecting 50.1% of people admitted to the programme. Almost 3 out of 10 have suffered physical abuse (28.6%) and just over one out of 10 (10.7%) have been victims of sexual abuse.
- If we look at the differences by gender, women have suffered abuse more significantly than men: around 20 percentage points in cases of emotional and physical abuse and 23.4 points in the case of sexual abuse: 29.5% of women (almost one in 3) compared to 6.1% of men.



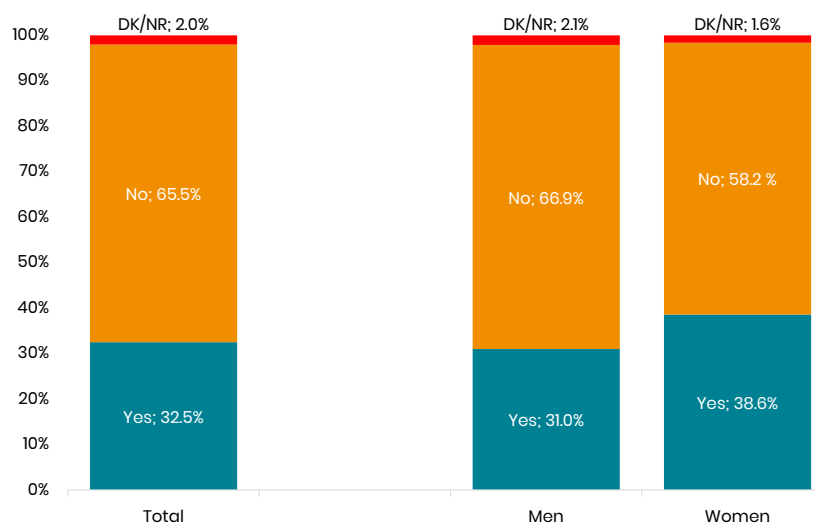
## Health and psychiatric problems

PH Galicia



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

2021

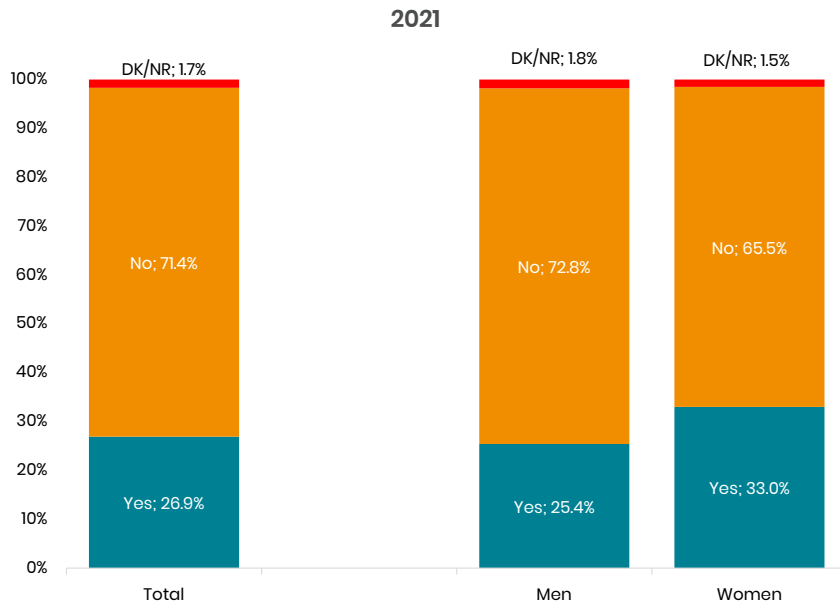


- 32.5% of people under treatment state to suffer from some chronic medical problem that interferes with their daily life.
- Women (38.6%) suffer these medical conditions to a greater extent than men (31.0%).





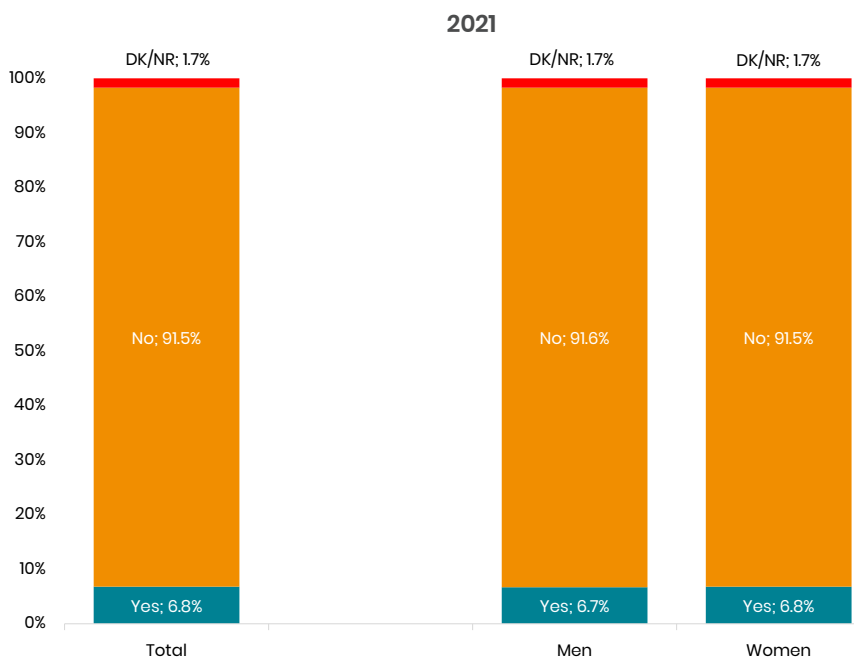
**DO YOU REGULARLY TAKE ANY PRESCRIPTION DRUGS?**



- 26.9% of Proyecto Hombre users claim to have taken some form of prescribed medication on a regular basis.
- A higher percentage of women (33.0%) regularly take some type of prescribed medication than men (25.4%).



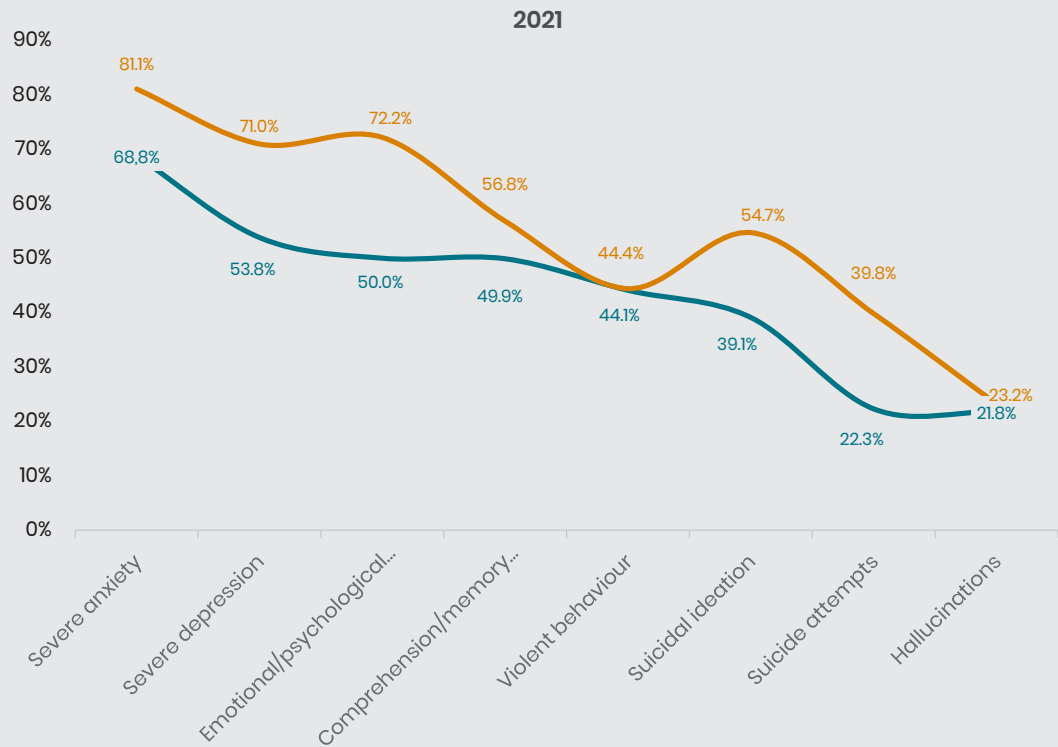
**DO YOU RECEIVE A DISABILITY PENSION?**



- Only 6.8% of Proyecto Hombre users receive some form of mental disability pension. These percentages are practically identical for men and women.

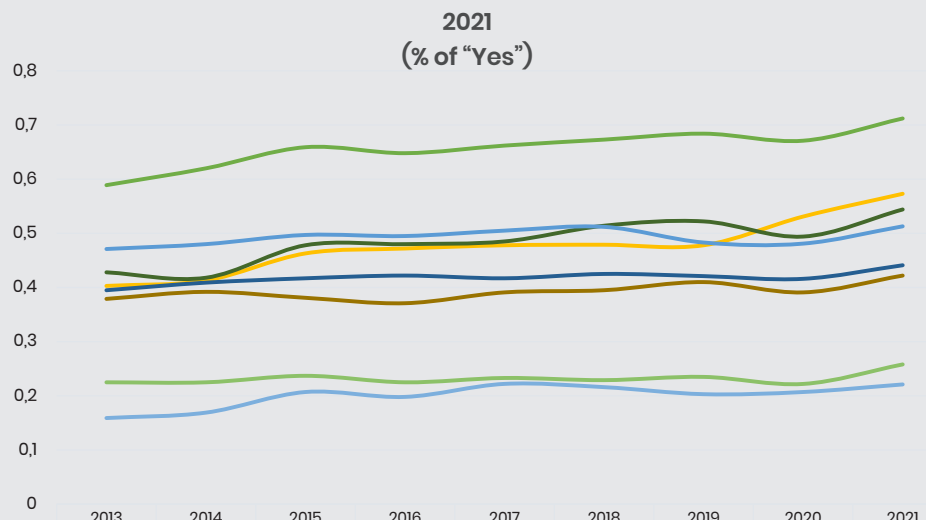


## HAVE YOU SUFFERED FOR SIGNIFICANT PERIODS OF TIME (THROUGHOUT YOUR LIFE), FROM...?



- There is a high incidence of associated psychiatric factors in people admitted to the Proyecto Hombre programme.
- It should be noted that for women, the percentages are higher than for men, in particular with regard to emotional problems in general (50% in the case of men, compared to 72.2% in the case of women).
- Only violent behaviour affects both genders similarly, around 44%.





	2013	2014	2015	2016	2017	2018	2019	2020	2021
Severe anxiety	58,9%	62,0%	65,9%	64,8%	66,2%	67,3%	68,4%	67,1%	71,2%
Severe depression	40,3%	41,3%	46,3%	47,2%	47,8%	47,9%	47,8%	53,1%	57,3%
Emotional/psychological problems	42,8%	41,8%	47,8%	48,0%	48,5%	51,4%	52,2%	49,4%	54,4%
Comprehension/memory problems	47,1%	48,0%	49,7%	49,5%	50,5%	51,2%	48,3%	48,1%	51,3%
Violent behaviour	39,5%	40,9%	41,7%	42,2%	41,7%	42,5%	42,1%	41,6%	44,1%
Suicidal ideation	37,9%	39,2%	38,1%	37,1%	39,1%	39,5%	41,0%	39,1%	42,2%
Suicide attempts	22,5%	22,5%	23,7%	22,5%	23,3%	22,9%	23,5%	22,2%	25,8%
Hallucinations	15,9%	16,9%	20,7%	19,8%	22,2%	21,6%	20,3%	20,7%	22,1%











03

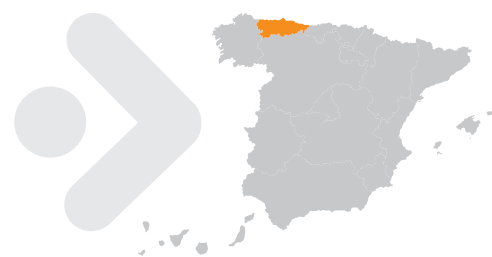


## **GENERAL DATA BY AUTONOMOUS COMMUNITY**



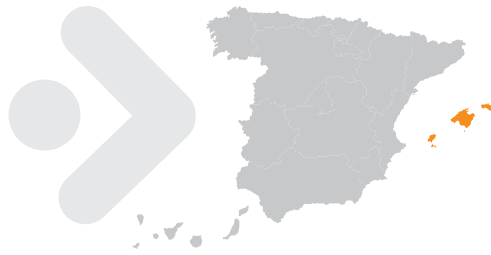
## Andalusia

		Man	Woman	Total
Gender	Man	100.0%	0.0%	84.7%
	Woman	0.0%	100.0%	15.3%
Age (ranges)	18 to 29	1.7%	4.1%	2.0%
	30 to 39	21.2%	17.3%	20.6%
	40 to 49	40.5%	37.8%	40.1%
	50 to 59	26.3%	23.5%	25.9%
	60 to 69	8.1%	13.3%	8.9%
	70 or older	2.2%	4.0%	2.5%
Usual employment pattern over the last 3 years	Full-time	64.3%	49.0%	61.9%
	Part-time (regular hours)	6.8%	12.2%	7.6%
	Part-time (irregular/temporary hours)	9.2%	9.2%	9.2%
	Student	2.0%	2.0%	2.0%
	Housework	0.4%	2.0%	0.6%
	Retired/disabled	2.4%	4.1%	2.7%
	Unemployed	9.0%	7.1%	8.7%
	In protected environment	0.0%	1.0%	0.2%
DK/NR/NA	5.9%	13.4%	7.1%	
Which substance is the main problem?	Alcohol AD	6.4%	11.3%	7.1%
	Alcohol above the threshold	13.1%	24.7%	14.9%
	Heroin	2.6%	5.2%	3.0%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.6%	1.0%	0.6%
	Benzodiazepines / Barbiturates / Other sedatives	0.2%	2.1%	0.5%
	Cocaine	44.0%	28.9%	41.7%
	Amphetamines	0.7%	0.0%	0.6%
	Cannabis	7.9%	4.1%	7.3%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	3.9%	5.2%	4.1%
	More than one drug	5.6%	2.1%	5.1%
	Alcohol and other drugs (dual addiction)	8.6%	7.2%	8.4%
Polysubstance use	0.4%	0.0%	0.3%	
DK/NR/NA	6.0%	8.2%	6.4%	



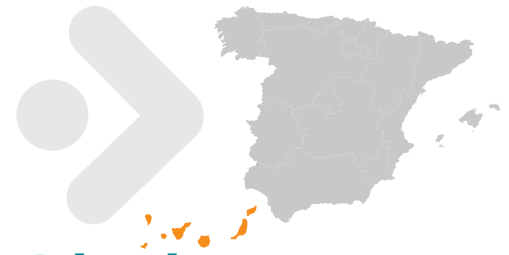
## Asturias

		Man	Woman	Total
Gender	Man	100.0%	0.0%	83.2%
	Woman	0.0%	100.0%	16.8%
Age (ranges)	18 to 29	0.0%	0.0%	0.0%
	30 to 39	22.2%	18.0%	21.5%
	40 to 49	32.5%	24.6%	31.1%
	50 to 59	29.1%	27.9%	28.9%
	60 to 69	13.9%	27.9%	16.3%
	70 or older	2.3%	1.6%	2.2%
Usual employment pattern over the last 3 years	Full-time	45.7%	41.0%	44.9%
	Part-time (regular hours)	4.3%	4.9%	4.4%
	Part-time (irregular/temporary hours)	6.0%	8.2%	6.3%
	Student	1.0%	3.3%	1.4%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	6.0%	8.2%	6.3%
	Unemployed	25.5%	29.5%	26.2%
	In protected environment	8.9%	1.6%	7.7%
DK/NR/NA	2.6%	3.3%	2.8%	
Which substance is the main problem?	Alcohol AD	3.3%	3.3%	3.3%
	Alcohol above the threshold	15.6%	36.1%	19.0%
	Heroin	4.3%	0.0%	3.6%
	Methadone/LAAM	0.3%	0.0%	0.3%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.3%	3.3%	0.8%
	Cocaine	39.1%	26.2%	36.9%
	Amphetamines	0.3%	1.6%	0.6%
	Cannabis	7.9%	4.9%	7.4%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.3%	0.0%	0.3%
	Other	2.6%	0.0%	2.2%
	More than one drug	0.0%	0.0%	0.0%
	Alcohol and other drugs (dual addiction)	14.9%	18.0%	15.4%
Polysubstance use	8.3%	3.3%	7.4%	
DK/NR/NA	2.8%	3.3%	2.8%	



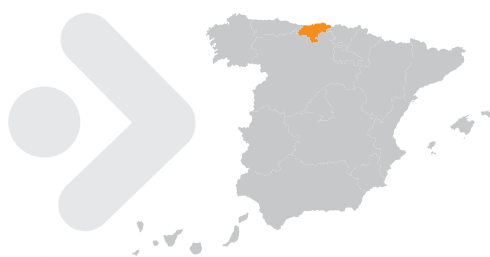
## Baleares

		Man	Woman	Total
Gender	Man	100.0%	0.0%	75.4%
	Woman	0.0%	100.0%	24.6%
Age (ranges)	18 to 29	0.7%	0.0%	0.5%
	30 to 39	20.6%	17.0%	19.7%
	40 to 49	39.9%	17.0%	34.2%
	50 to 59	25.2%	32.0%	26.8%
	60 to 69	11.1%	23.0%	14.0%
	70 or older	2.5%	11.0%	4.8%
Usual employment pattern over the last 3 years	Full-time	65.0%	67.0%	65.5%
	Part-time (regular hours)	5.9%	5.0%	5.7%
	Part-time (irregular/temporary hours)	8.2%	6.0%	7.6%
	Student	1.6%	0.0%	1.2%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	4.2%	5.0%	4.4%
	Unemployed	14.1%	16.0%	14.5%
	In protected environment	0.7%	0.0%	0.5%
	DK/NR/NA	0.3%	1.0%	0.6%
Which substance is the main problem?	Alcohol AD	6.2%	16.7%	8.7%
	Alcohol above the threshold	12.8%	19.8%	14.5%
	Heroin	1.0%	0.0%	0.7%
	Methadone/LAAM	0.3%	0.0%	0.2%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	2.1%	0.5%
	Cocaine	16.7%	6.3%	14.2%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	4.9%	4.2%	4.7%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	0.0%	0.0%	0.0%
	More than one drug	0.3%	0.0%	0.2%
	Alcohol and other drugs (dual addiction)	38.0%	35.4%	37.4%
	Polysubstance use	7.2%	7.3%	7.2%
DK/NR/NA	12.6%	8.2%	11.7%	



## Canary Islands

		Man	Woman	Total
Gender	Man	100.0%	0.0%	83.4%
	Woman	0.0%	100.0%	16.6%
Age (ranges)	18 to 29	0.7%	0.0%	0.6%
	30 to 39	14.9%	15.4%	15.0%
	40 to 49	44.8%	34.6%	43.1%
	50 to 59	23.1%	38.5%	25.6%
	60 to 69	15.7%	11.5%	15.0%
	70 or older	0.8%	0.0%	0.7%
Usual employment pattern over the last 3 years	Full-time	67.4%	50.0%	64.5%
	Part-time (regular hours)	4.3%	14.3%	5.9%
	Part-time (irregular/temporary hours)	4.3%	3.6%	4.1%
	Student	0.7%	0.0%	0.6%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	2.1%	7.1%	3.0%
	Unemployed	13.5%	14.3%	13.6%
	In protected environment	0.0%	0.0%	0.0%
	DK/NR/NA	7.7%	10.7%	8.3%
Which substance is the main problem?	Alcohol AD	12.6%	23.1%	14.3%
	Alcohol above the threshold	7.4%	7.7%	7.5%
	Heroin	10.4%	3.8%	9.3%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.7%	0.0%	0.6%
	Cocaine	44.4%	53.8%	46.0%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	5.9%	3.8%	5.6%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	1.5%	0.0%	1.2%
	More than one drug	1.5%	0.0%	1.2%
	Alcohol and other drugs (dual addiction)	5.9%	0.0%	5.0%
	Polysubstance use	0.0%	0.0%	0.0%
DK/NR/NA	9.7%	7.8%	9.3%	



## Cantabria

		Man	Woman	Total
Gender	Man	100.0%	0.0%	86.9%
	Woman	0.0%	100.0%	13.1%
Age (ranges)	18 to 29	0.0%	0.0%	0.0%
	30 to 39	13.7%	27.3%	15.5%
	40 to 49	41.1%	9.1%	36.9%
	50 to 59	30.1%	36.4%	31.0%
	60 to 69	11.0%	9.1%	10.7%
	70 or older	4.1%	18.1%	5.9%
Usual employment pattern over the last 3 years	Full-time	57.5%	27.3%	53.6%
	Part-time (regular hours)	11.0%	9.1%	10.7%
	Part-time (irregular/temporary hours)	6.8%	9.1%	7.1%
	Student	4.1%	0.0%	3.6%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	2.7%	9.1%	3.6%
	Unemployed	9.6%	18.2%	10.7%
	In protected environment	4.1%	18.2%	6.0%
DK/NR/NA	4.2%	9.0%	4.7%	
Which substance is the main problem?	Alcohol AD	4.1%	0.0%	3.6%
	Alcohol above the threshold	23.3%	36.4%	25.0%
	Heroin	2.7%	0.0%	2.4%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	1.4%	0.0%	1.2%
	Cocaine	30.1%	36.4%	31.0%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	8.2%	18.2%	9.5%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	12.3%	0.0%	10.7%
	More than one drug	1.4%	9.1%	2.4%
	Alcohol and other drugs (dual addiction)	11.0%	0.0%	9.5%
Polysubstance use	4.1%	0.0%	3.6%	
DK/NR/NA	1.4%	0.0%	1.1%	



## Castilla-La Mancha

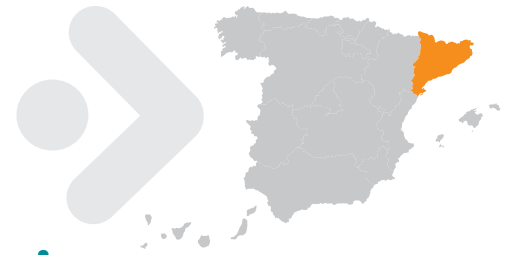
		Man	Woman	Total
Gender	Man	100.0%	0.0%	85.5%
	Woman	0.0%	100.0%	14.5%
Age (ranges)	18 to 29	4.3%	0.0%	3.6%
	30 to 39	23.4%	12.5%	21.8%
	40 to 49	40.4%	62.5%	43.6%
	50 to 59	23.4%	25.0%	23.6%
	60 to 69	4.3%	0.0%	3.6%
	70 or older	4.2%	0.0%	3.8%
Usual employment pattern over the last 3 years	Full-time	72.3%	75.0%	72.7%
	Part-time (regular hours)	4.3%	0.0%	3.6%
	Part-time (irregular/temporary hours)	2.1%	12.5%	3.6%
	Student	2.1%	0.0%	1.8%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	2.1%	0.0%	1.8%
	Unemployed	0.0%	12.5%	1.8%
	In protected environment	0.0%	0.0%	0.0%
DK/NR/NA	17.1%	0.0%	14.7%	
Which substance is the main problem?	Alcohol AD	10.6%	12.5%	10.9%
	Alcohol above the threshold	6.4%	0.0%	5.5%
	Heroin	0.0%	12.5%	1.8%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	0.0%	0.0%
	Cocaine	44.7%	62.5%	47.3%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	21.3%	12.5%	20.0%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	2.1%	0.0%	1.8%
	More than one drug	8.5%	0.0%	7.3%
	Alcohol and other drugs (dual addiction)	2.1%	0.0%	1.8%
Polysubstance use	0.0%	0.0%	0.0%	
DK/NR/NA	4.3%	0.0%	3.6%	





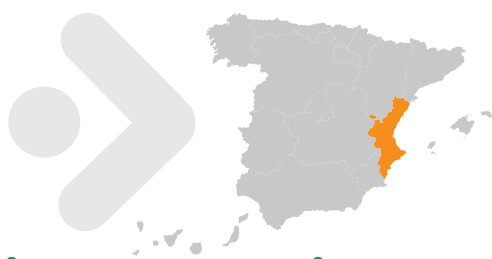
## Castilla y León

		Man	Woman	Total
Gender	Man	100.0%	0.0%	83.5%
	Woman	0.0%	100.0%	16.5%
Age (ranges)	18 to 29	0.9%	0.0%	0.8%
	30 to 39	22.5%	11.6%	20.7%
	40 to 49	35.3%	53.5%	38.3%
	50 to 59	30.3%	20.9%	28.7%
	60 to 69	8.7%	11.6%	9.2%
	70 or older	2.3%	2.4%	2.3%
Usual employment pattern over the last 3 years	Full-time	70.2%	51.2%	67.0%
	Part-time (regular hours)	5.5%	14.0%	6.9%
	Part-time (irregular/temporary hours)	4.6%	9.3%	5.4%
	Student	0.9%	4.7%	1.5%
	Housework	0.0%	2.3%	0.4%
	Retired/disabled	3.2%	4.7%	3.4%
	Unemployed	9.6%	4.7%	8.8%
	In protected environment	1.4%	2.3%	1.5%
	DK/NR/NA	4.6%	6.8%	5.1%
Which substance is the main problem?	Alcohol AD	6.5%	14.0%	7.7%
	Alcohol above the threshold	11.1%	23.3%	13.1%
	Heroin	5.5%	0.0%	4.6%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	2.3%	0.4%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	0.0%	0.0%
	Cocaine	37.3%	23.3%	35.0%
	Amphetamines	3.7%	7.0%	4.2%
	Cannabis	9.7%	14.0%	10.4%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	0.5%	2.3%	0.8%
	More than one drug	3.7%	2.3%	3.5%
	Alcohol and other drugs (dual addiction)	14.3%	4.7%	12.7%
	Polysubstance use	2.8%	2.3%	2.7%
DK/NR/NA	4.9%	4.5%	4.9%	



## Catalonia

		Man	Woman	Total
Gender	Man	100.0%	0.0%	83.2%
	Woman	0.0%	100.0%	16.8%
Age (ranges)	18 to 29	10.3%	8.9%	10.1%
	30 to 39	35.4%	26.7%	34.0%
	40 to 49	40.4%	28.9%	38.4%
	50 to 59	10.8%	22.2%	12.7%
	60 to 69	2.7%	11.1%	4.1%
	70 or older	0.4%	2.2%	0.7%
Usual employment pattern over the last 3 years	Full-time	60.1%	53.3%	59.0%
	Part-time (regular hours)	5.4%	13.3%	6.7%
	Part-time (irregular/temporary hours)	13.5%	4.4%	11.9%
	Student	0.9%	0.0%	0.7%
	Housework	0.0%	2.2%	0.4%
	Retired/disabled	4.5%	11.1%	5.6%
	Unemployed	11.7%	11.1%	11.6%
	In protected environment	0.4%	0.0%	0.4%
	DK/NR/NA	3.6%	4.4%	3.7%
Which substance is the main problem?	Alcohol AD	15.7%	31.1%	18.3%
	Alcohol above the threshold	7.2%	24.4%	10.1%
	Heroin	3.1%	2.2%	3.0%
	Methadone/LAAM	0.4%	0.0%	0.4%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.9%	0.0%	0.7%
	Cocaine	53.4%	26.7%	48.9%
	Amphetamines	2.7%	0.0%	2.2%
	Cannabis	5.4%	6.7%	5.6%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	2.2%	0.0%	1.9%
	More than one drug	3.1%	6.7%	3.7%
	Alcohol and other drugs (dual addiction)	4.5%	2.2%	4.1%
	Polysubstance use	0.0%	0.0%	0.0%
DK/NR/NA	1.3%	0.0%	1.1%	



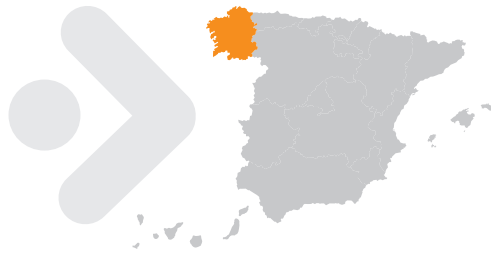
## Valencian Community

		Man	Woman	Total
Gender	Man	100.0%	0.0%	76.6%
	Woman	0.0%	100.0%	23.4%
Age (ranges)	18 to 29	3.1%	1.9%	2.8%
	30 to 39	13.7%	10.1%	12.9%
	40 to 49	33.0%	32.9%	33.0%
	50 to 59	38.0%	34.8%	37.3%
	60 to 69	11.0%	16.5%	12.3%
	70 or older	1.2%	3.8%	1.7%
Usual employment pattern over the last 3 years	Full-time	60.0%	39.9%	55.3%
	Part-time (regular hours)	3.7%	8.2%	4.7%
	Part-time (irregular/temporary hours)	6.9%	12.0%	8.1%
	Student	0.8%	1.3%	0.9%
	Housework	0.0%	1.9%	0.4%
	Retired/disabled	5.4%	5.1%	5.3%
	Unemployed	17.2%	27.8%	19.7%
	In protected environment	0.8%	0.0%	0.6%
DK/NR/NA	5.2%	3.8%	5.0%	
Which substance is the main problem?	Alcohol AD	10.6%	17.7%	12.3%
	Alcohol above the threshold	10.3%	17.1%	11.9%
	Heroin	1.7%	3.2%	2.1%
	Methadone/LAAM	0.2%	0.6%	0.3%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.4%	0.6%	0.4%
	Cocaine	42.9%	44.9%	43.4%
	Amphetamines	1.0%	0.0%	0.7%
	Cannabis	4.4%	1.9%	3.9%
	Hallucinogens	0.2%	0.0%	0.1%
	Inhalants	0.0%	0.0%	0.0%
	Other	2.7%	0.6%	2.2%
	More than one drug	4.3%	2.5%	3.9%
	Alcohol and other drugs (dual addiction)	11.0%	3.8%	9.3%
Polysubstance use	6.4%	4.4%	5.9%	
DK/NR/NA	3.9%	2.7%	3.6%	



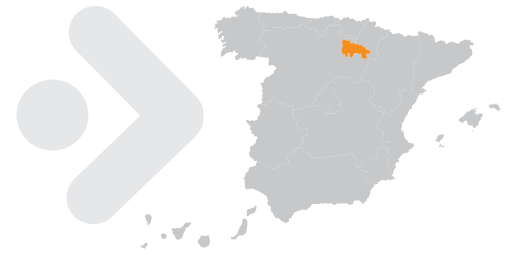
## Extremadura

		Man	Woman	Total
Gender	Man	100.0%	0.0%	85.0%
	Woman	0.0%	100.0%	15.0%
Age (ranges)	18 to 29	2.0%	0.0%	1.7%
	30 to 39	31.4%	11.1%	28.3%
	40 to 49	37.3%	66.7%	41.7%
	50 to 59	17.6%	11.1%	16.7%
	60 to 69	5.9%	0.0%	5.0%
	70 or older	5.8%	11.1%	6.6%
Usual employment pattern over the last 3 years	Full-time	68.6%	22.2%	61.7%
	Part-time (regular hours)	7.8%	11.1%	8.3%
	Part-time (irregular/temporary hours)	3.9%	22.2%	6.7%
	Student	2.0%	0.0%	1.7%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	2.0%	11.1%	3.3%
	Unemployed	3.9%	11.1%	5.0%
	In protected environment	0.0%	0.0%	0.0%
DK/NR/NA	11.8%	22.3%	13.3%	
Which substance is the main problem?	Alcohol AD	13.7%	25.0%	15.3%
	Alcohol above the threshold	5.9%	12.5%	6.8%
	Heroin	2.0%	12.5%	3.4%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	12.5%	1.7%
	Cocaine	54.9%	12.5%	49.2%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	3.9%	12.5%	5.1%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	2.0%	0.0%	1.7%
	More than one drug	5.9%	0.0%	5.1%
	Alcohol and other drugs (dual addiction)	3.9%	0.0%	3.4%
Polysubstance use	3.9%	12.5%	5.1%	
DK/NR/NA	3.9%	0.0%	3.2%	



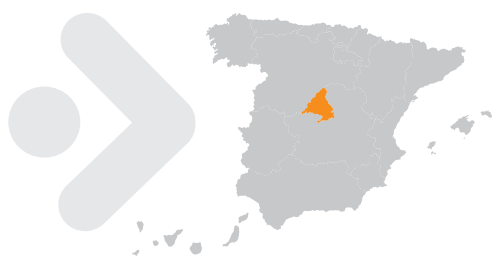
## Galicia

		Man	Woman	Total
Gender	Man	100.0%	0.0%	85.3%
	Woman	0.0%	100.0%	14.7%
Age (ranges)	18 to 29	0.5%	0.0%	0.5%
	30 to 39	28.0%	43.8%	30.3%
	40 to 49	39.8%	9.4%	35.3%
	50 to 59	17.7%	21.9%	18.3%
	60 to 69	12.4%	25.0%	14.2%
	70 or older	1.6%	0.0%	1.4%
Usual employment pattern over the last 3 years	Full-time	61.3%	46.9%	59.2%
	Part-time (regular hours)	4.3%	9.4%	5.0%
	Part-time (irregular/temporary hours)	7.0%	6.3%	6.9%
	Student	3.2%	3.1%	3.2%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	7.0%	0.0%	6.0%
	Unemployed	14.5%	34.4%	17.4%
	In protected environment	2.7%	0.0%	2.3%
	DK/NR/NA	0.0%	-0.1%	0.0%
Which substance is the main problem?	Alcohol AD	0.0%	0.0%	0.0%
	Alcohol above the threshold	25.8%	50.0%	29.4%
	Heroin	5.4%	3.1%	5.0%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.5%	0.0%	0.5%
	Cocaine	41.4%	25.0%	39.0%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	9.7%	3.1%	8.7%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	1.1%	0.0%	0.9%
	More than one drug	2.7%	3.1%	2.8%
	Alcohol and other drugs (dual addiction)	3.8%	6.3%	4.1%
	Polysubstance use	7.0%	6.3%	6.9%
DK/NR/NA	2.6%	3.1%	2.7%	



## La Rioja

		Man	Woman	Total
Gender	Man	100.0%	0.0%	85.1%
	Woman	0.0%	100.0%	14.9%
Age (ranges)	18 to 29	2.1%	4.0%	2.4%
	30 to 39	33.8%	28.0%	32.9%
	40 to 49	33.1%	24.0%	31.7%
	50 to 59	15.5%	24.0%	16.8%
	60 to 69	13.4%	20.0%	14.4%
	70 or older	2.1%	0.0%	1.8%
Usual employment pattern over the last 3 years	Full-time	60.1%	48.0%	58.3%
	Part-time (regular hours)	5.6%	8.0%	6.0%
	Part-time (irregular/temporary hours)	4.9%	0.0%	4.2%
	Student	2.8%	4.0%	3.0%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	4.9%	4.0%	4.8%
	Unemployed	8.4%	12.0%	8.9%
	In protected environment	4.2%	0.0%	3.6%
	DK/NR/NA	9.1%	24.0%	11.2%
Which substance is the main problem?	Alcohol AD	15.7%	16.7%	15.9%
	Alcohol above the threshold	11.4%	20.8%	12.8%
	Heroin	5.0%	8.3%	5.5%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	4.2%	0.6%
	Cocaine	22.1%	4.2%	19.5%
	Amphetamines	21.4%	20.8%	21.3%
	Cannabis	18.6%	12.5%	17.7%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	3.6%	4.2%	3.7%
	More than one drug	0.7%	0.0%	0.6%
	Alcohol and other drugs (dual addiction)	0.0%	0.0%	0.0%
	Polysubstance use	0.0%	0.0%	0.0%
DK/NR/NA	1.5%	8.3%	2.4%	



## Madrid

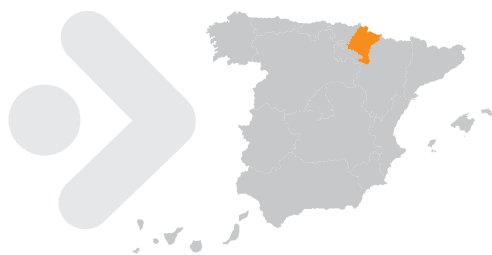
		Man	Woman	Total
Gender	Man	100.0%	0.0%	84.9%
	Woman	0.0%	100.0%	15.1%
Age (ranges)	18 to 29	0.0%	0.0%	0.0%
	30 to 39	23.4%	21.4%	23.1%
	40 to 49	28.6%	21.4%	27.5%
	50 to 59	35.1%	21.4%	33.0%
	60 to 69	13.0%	35.7%	16.5%
	70 or older	0.0%	0.1%	0.0%
Usual employment pattern over the last 3 years	Full-time	68.4%	42.9%	64.5%
	Part-time (regular hours)	2.5%	14.3%	4.3%
	Part-time (irregular/temporary hours)	6.3%	14.3%	7.5%
	Student	2.5%	0.0%	2.2%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	1.3%	14.3%	3.2%
	Unemployed	0.0%	0.0%	0.0%
	In protected environment	5.1%	0.0%	4.3%
DK/NR/NA	13.9%	14.2%	14.0%	
Which substance is the main problem?	Alcohol AD	6.3%	7.1%	6.5%
	Alcohol above the threshold	15.2%	21.4%	16.1%
	Heroin	0.0%	0.0%	0.0%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	7.1%	1.1%
	Cocaine	44.3%	21.4%	40.9%
	Amphetamines	1.3%	0.0%	1.1%
	Cannabis	10.1%	14.3%	10.8%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	2.5%	0.0%	2.2%
	More than one drug	1.3%	7.1%	2.2%
	Alcohol and other drugs (dual addiction)	2.5%	0.0%	2.2%
Polysubstance use	0.0%	0.0%	0.0%	
DK/NR/NA	16.5%	21.6%	16.9%	



## Murcia

		Man	Woman	Total
Gender	Man	100.0%	0.0%	90.2%
	Woman	0.0%	100.0%	9.8%
Age (ranges)	18 to 29	0.0%	0.0%	0.0%
	30 to 39	8.2%	8.3%	8.2%
	40 to 49	46.4%	58.3%	47.5%
	50 to 59	33.6%	25.0%	32.8%
	60 to 69	9.1%	8.3%	9.0%
	70 or older	2.7%	0.1%	2.5%
Usual employment pattern over the last 3 years	Full-time	61.8%	33.3%	59.0%
	Part-time (regular hours)	3.6%	0.0%	3.3%
	Part-time (irregular/temporary hours)	2.7%	33.3%	5.7%
	Student	1.8%	8.3%	2.5%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	3.6%	8.3%	4.1%
	Unemployed	19.1%	8.3%	18.0%
	In protected environment	2.7%	8.3%	3.3%
DK/NR/NA	4.7%	0.2%	4.1%	
Which substance is the main problem?	Alcohol AD	9.3%	0.0%	8.3%
	Alcohol above the threshold	15.7%	25.0%	16.7%
	Heroin	0.9%	0.0%	0.8%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	0.0%	0.0%	0.0%
	Cocaine	36.1%	66.7%	39.2%
	Amphetamines	0.0%	0.0%	0.0%
	Cannabis	1.9%	0.0%	1.7%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	3.7%	0.0%	3.3%
	More than one drug	1.9%	8.3%	2.5%
	Alcohol and other drugs (dual addiction)	27.8%	0.0%	25.0%
Polysubstance use	2.8%	0.0%	2.5%	
DK/NR/NA	0.0%	0.0%	0.0%	





## Navarre

		Man	Woman	Total
Gender	Man	100.0%	0.0%	78.3%
	Woman	0.0%	100.0%	21.7%
Age (ranges)	18 to 29	1.0%	0.0%	0.8%
	30 to 39	26.7%	3.6%	21.7%
	40 to 49	23.8%	39.3%	27.1%
	50 to 59	26.7%	35.7%	28.7%
	60 to 69	18.8%	17.9%	18.6%
	70 or older	3.0%	3.5%	3.1%
Usual employment pattern over the last 3 years	Full-time	63.4%	46.4%	59.7%
	Part-time (regular hours)	7.9%	7.1%	7.8%
	Part-time (irregular/temporary hours)	7.9%	14.3%	9.3%
	Student	2.0%	0.0%	1.6%
	Housework	0.0%	0.0%	0.0%
	Retired/disabled	4.0%	3.6%	3.9%
	Unemployed	12.9%	28.6%	16.3%
	In protected environment	0.0%	0.0%	0.0%
	DK/NR/NA	1.9%	0.0%	1.4%
Which substance is the main problem?	Alcohol AD	6.9%	14.3%	8.5%
	Alcohol above the threshold	22.8%	50.0%	28.7%
	Heroin	1.0%	0.0%	0.8%
	Methadone/LAAM	0.0%	0.0%	0.0%
	Other opiates / Analgesics	0.0%	0.0%	0.0%
	Benzodiazepines / Barbiturates / Other sedatives	2.0%	3.6%	2.3%
	Cocaine	13.9%	14.3%	14.0%
	Amphetamines	11.9%	14.3%	12.4%
	Cannabis	12.9%	0.0%	10.1%
	Hallucinogens	0.0%	0.0%	0.0%
	Inhalants	0.0%	0.0%	0.0%
	Other	4.0%	0.0%	3.1%
	More than one drug	5.0%	0.0%	3.9%
	Alcohol and other drugs (dual addiction)	12.9%	0.0%	10.1%
	Polysubstance use	1.0%	0.0%	0.8%
DK/NR/NA	5.7%	3.5%	5.3%	









04



# FINAL CONCLUSIONS



## ➤ GENERAL INFORMATION: GENDER AND AGE

Women under treatment in 2021 accounted for 18.1% of people attended to, compared to 81.9% of men. Looking at the evolution with respect to previous years, there has been a slight increase in the percentage of women.

The ages of the people attended to range between 18 and 77 years, with the average age for both sexes being 39.4 years. The most representative group of this sample are people aged between 34 and 41 years, making up 30.8% of the total, followed by the 42 to 49 age group (23.4%) and the group that includes those between 26 and 33 years of age (19.5). It is worth highlighting the increase with respect to 2020 in the 18 to 29 age range, which has gone up from 11.5% to 18.0%.

## ➤ GENERAL INFORMATION: BASIC DATA

Most of the users who are part of this study, in 2021, accessed drug-free outpatient treatment in the different Proyecto Hombre centres (almost 35%). This percentage was higher among men (36.2%) than among women (29.3%). Meanwhile, we found that, proportionally, women joined day centre treatments (29.4%) to a greater extent than men (14.9%).

It should be pointed out that 81.0% of users were not admitted to any centre in the month before entering the Proyecto Hombre programme (there are no significant differences by gender in this regard). There are differences by gender in relation to "incarceration" (men: 6.9%, women: 2.6%) and "treatment for alcohol or drugs" (men: 5.8%, women: 4.7%).





## ➤ LEGAL PROBLEMS

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In terms of legal problems, we can see that 7.8% of people who started treatment in 2021 did so through the application of judicial measures, allowing them to enter one of our programmes, in order to undertake a treatment and rehabilitation process. In this situation, the figure for men (8.6%) is higher than for women (4.8%).

It is worth adding that 3.9% of people who began treatment in 2021 were on parole at the time, of which 4.1% were men and 2.9% women.

Although the majority of people attended to did not have problems with justice (76.1%), one in five had pending charges, trials or sentences. This situation affects men (22.4%) more than women (17.0%).

An analysis of the types of offence those surveyed have committed at some point in their lives shows that in 22.7% of cases it was for drug possession and trafficking. Of these, 77.3% were accused only once, 14% twice and the rest (8.7%) three or more times. In relation to this matter, the percentage of women accused (13.5%) is much lower than that of men (23.7%).

## ➤ PSYCHIATRIC PROBLEMS

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The comorbidity observed between addiction and psychiatric disorders is, in general, high among the population that receives treatment. More than half suffer emotional and psychological problems (54.4%), as well as severe depression (57.3%) and up to 71.2% report having suffered severe anxiety for a significant period of time. Also of note is that 42.2% of the individuals have tried at some point to commit suicide.

Regarding the differences by gender, the prevalence among women with problems of a psychological-psychiatric nature is higher than for men in all the factors analysed, except for violent behaviour and hallucinations, for which the numbers are the same. The factors with the highest percentage differences are emotional and psychological problems, suicide attempts, severe depression and suicidal thoughts, with differences of 22.2%, 17.5%, 17.2% and 15.6% respectively.

Meanwhile, it is worth highlighting the increase with respect to the previous year in suicidal thoughts and attempts. Comparatively speaking, in 2020, 22.2% of the population served had attempted suicide at some point, while in 2021 this figure increased by 3.6 percentage points (25.8%). A clear increase in suicidal thoughts can also be observed, increasing by 3.1 points from 39.1% to 42.2% in one year.

## ➤ EMPLOYMENT/SUPPORT AND EDUCATION/LABOUR

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With respect to education, the low levels of education continue to be a constant among the population treated in Proyecto Hombre. Thus, among the sample of people who are admitted to treatment, 47% have an academic level lower than that of secondary education, 33.8% corresponding to a primary level and 13.2% 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 40.3% of people who have completed secondary education and 9.9% with university studies.

Analysing labour-related aspects (specifically the professional sectors with the highest prevalence) we can see gender differences among the population we serve.

Among men, the three most common sectors are: 1. Elementary occupations (18.7%) 2. Hospitality, protection and sales services (15.7%) 3. Craftspeople and skilled workers in manufacturing and construction industries (14.9%). Women, meanwhile, are more commonly involved in the following professional sectors: 1. Hospitality, protection and sales services (25.5%) 2. Craftspeople and skilled workers in manufacturing and construction industries (14.9%) 3. Technicians and support professionals (6.2%).

The above 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, protection and sales services) and others that are highly masculinized (for example, elementary occupations). In this sample, the higher presence of women in “director and manager” roles or “scientific and intellectual” occupations stands out.

Regarding the labour situation of users, most have a normalized profile, with the most common pattern of employment being full-time in the three years prior to admission (59.3%). Thus, 74.8% of users have had either a permanent or temporary full-time or part-time job; 14.3% have been unemployed; and 7.3% inactive.

“Employment” is the main source of income, accounting for 36.9%, followed by benefits, standing at 28.7% (this is the sum of pensions or Social Security payments, unemployment benefits and social assistance). People from the socio-family environment (family, colleagues and friends) are those who appear as the main economic support for 22.6% of the people treated.

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 2021 has come from benefits, accounting for 40%, and employment, accounting for 26% (far higher than the figure of 39.7% in the case of men, whose main source of income continues to be employment).



## ➤ HEALTH

There continues to be a high prevalence of health problems among the people attended to in Proyecto Hombre.

32.5% of people under treatment state to suffer from some chronic medical problem 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 26.9% taking some type of prescribed medication on a regular basis, higher, however, in women (33%) than in men (25.4%).

## ➤ SOCIAL AND FAMILY AREA CONCLUSIONS

The marital status of most individuals who were surveyed remains stable compared to previous years. Those who are single make up an average of 59.3% of both genders, which is more than 42 points above the next marital status with the highest representation, which is married (17%).

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 the categories of “separated” and “divorced” individuals, the percentage of women is around 10 points above that of men (28.6% compared to 18.3%).
- The percentage of widowhood is also higher among women (3.4%) than among men (0.6%).

In some form or other, we can say that women more frequently suffer the loss of their partner (+13.1%) than men.

As for the usual type of cohabitation, the largest category is made up of those who live with their family, either nuclear (43%) or family of origin (33.1%), with both groups comprising 76.1% of the total.

The next most frequent option is living alone, which is how 14.6% of the people attended to live.

Finally, it is worth pointing out that 3.3% live in a “protected environment” and 2.5% 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 (16.7% compared to 24.7% of men), but more of them live with their children: 12% compared to a 1.3% of men.

In general, the situations described which we observed to be stable compared to previous years, imply 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, especially if they have families to support.

The analysis of one of the risk factors for people in treatment shows that among the people who live with others with addiction issues, 7.5% do so with someone who has problems with alcohol and 7% 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 and in the case of drugs, of those who live with someone with these problems.

In terms of rates of conflict, it is worth highlighting that more than half of the people attended to have had problems with their partner, with their mother and/or with their father. The degree of conflict with siblings is also significant, so it is clear that living with these people is difficult, especially for their families.

Troubled relationships with friends (27.3%), co-workers (21.7%), etc. account for much lower percentages, although they are still significant figures.

The relationships with the lowest rate of conflict are those the users have with their children, only 11.7% of cases.

Clearly, this deterioration in their social and family relationships is an important factor to take into account in the treatment and in the process of recovery and normalization of the individual, for which the process of integration back into the family, the labour market and society is essential.

There is an important difference between the men and women attended to when it comes to conflictive relationships with their children: 20.2% of the women have had problems in this sense compared to 9.5% of the men. This data is related to the fact that the percentage of women who take care of their sons and daughters and live with them, is also higher, which is another factor to take into account in the treatment and reintegration processes.

Finally, it is worth highlighting that 61.8% of women have a troubled relationship with the maternal figure, compared to 52.1% of men. The percentage of women who have troubled relationships with their partner (66.9%) is also higher than that of men (54.9%).

Once again, these may be factors that make insertion processes more difficult for women due to the existence of greater conflicts with the people they are closest to.

The analysis of the experiences of abuse throughout life tells us that more than half of the people attended to have suffered at least some of the types of abuse analysed: 50.1% of those questioned say they have suffered emotional abuse, 28.6% physical abuse and 10.7%, 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: +19,9%
- Physical abuse: +20,6%
- Sexual abuse: +23,4%

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 and the inevitable consequences throughout their lives.

## ➤ USE OF ALCOHOL AND OTHER DRUGS

In relation to the use of psychoactive substances among the sample of people 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 2021 the main reference substance is cocaine for 36.5% of the people attended to, followed by alcohol in 36.4% of cases. However, alcohol continues to be a substance that generates a huge demand for treatment, and together with cocaine, these substances account for almost 3 out of 4 admissions (72.9%). 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 89.2%, a problem that is exacerbated by alcohol consumption in large quantities in 69.7% of cases of those undergoing treatment. The other substances with the highest percentages of non-exclusive consumption are cocaine and cannabis,



accounting for 77.6% and 65.6% of cases respectively. In the case of women, compared to men, the prevalence of psychoactive substances throughout life continues being 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, our sample of people treated as part of the Proyecto Hombre programme acknowledge having begun problematic consumption of alcohol and cannabis at the age of 16. 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 that order. 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 sedatives (26.2) and methadone (29.6).

Our sample shows different latency periods between the start of problematic use and admission to treatment, depending on the reference substance. The largest time interval is observed in the case of alcohol. Despite being the substance consumed at the earliest age, there is a significant delay before admission, with an average of 18.6 years. The next substance with the longest period of use is cocaine, with an average of 13.7 years. These two substances are also the ones that result in the highest percentage of admissions and those consumed by a higher percentage of the sample. The reference substances with the shortest time of use before admission (less than 6 years from the start of problematic use) are inhalants, hallucinogens and amphetamines. In general, the period between the beginning of problematic consumption and admission to treatment tends to be longer in women than in men.









05



## RECOMMENDATIONS

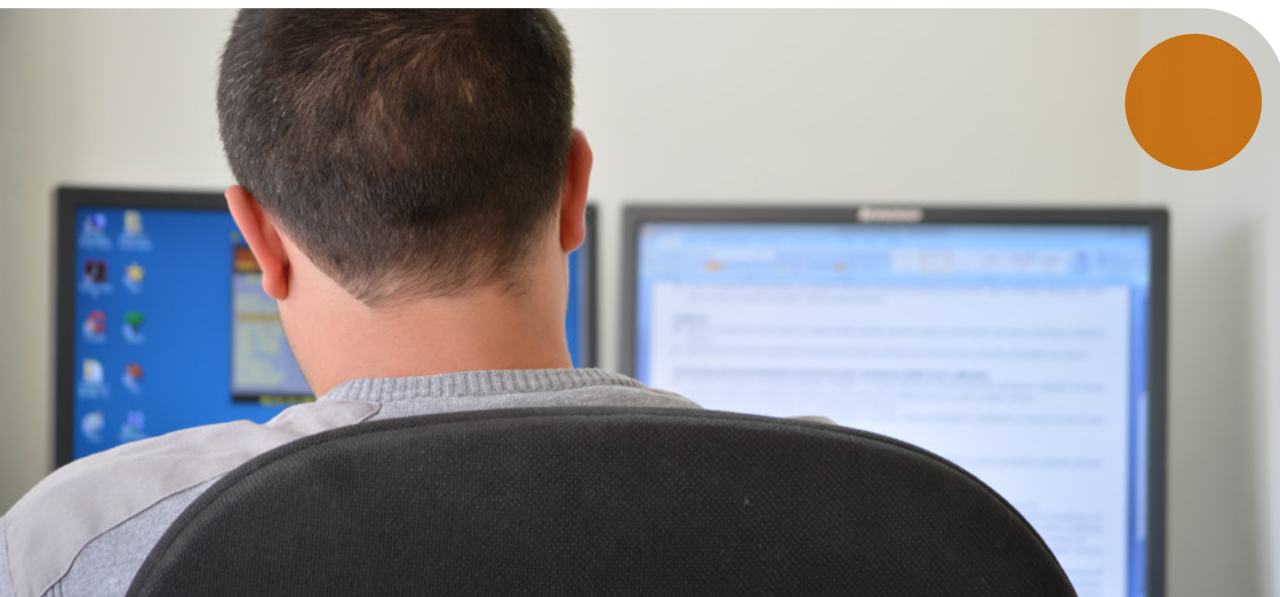


## RECOMMENDATIONS

1. The analysis of the 2021 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 biopsychosocial model** in the way addictions are addressed **and the need to continuously develop and improve the quality of the intervention** based on the approach of the model **in its three dimensions: biological, psychological and social**.
2. In addition to this **myriad of problems**, the **variety of profiles of people with addiction problems** must also be taken into account, according to numerous aspects such as age, gender, educational level, consumption pattern, employment status, and mental and psychological health, along with the social and family situation of each person and the existence of legal problems, including their number and level of severity. All this implies **the need to adapt and innovate**, in a continuous process, with regard to the various intervention tools available within the educational-therapeutic approach. Bearing this in mind, **the essential role of group intervention in the therapeutic approach to addictions must be complemented by individual intervention**. In this way, taking into account the diversity of profiles and personal problems and characteristics, **it is also necessary to offer a wide range of outpatient care mechanisms, day centres and residential options**. It is worth highlighting in the latter case the Therapeutic Communities, which continue to be valid alternatives thanks to their continuous adaptation, like the other mechanisms, to the evolution of society and the issue of addiction. **This also includes the need to develop and improve specific care programmes for behavioural or “non-substance” addictions** even though they are not the subject of the study that has led in this Report (since the EuropASI is a questionnaire specifically designed to assess the severity of addiction to alcohol and other drugs).
3. **A gender perspective should continue to be promoted as an essential aspect in both day-to-day intervention and in the development, updating and creation of centres, programmes and mechanisms. Women with addiction problems are subject to certain factors that preclude both their access to primary care and even having their addictive disorder properly addressed.** As a result, in terms of the women in the programme, we see a **higher average age, less access to employment, a more pronounced prevalence of alcoholism**, a longer **time period between the start of regular or problematic consumption** and the moment of admission, **less reliance on a social and family support network**, but with a **higher proportion of family responsibilities**. And, on top of this, a **higher incidence of psychological-psychiatric problems** (already high among the sample as a whole and whose coexistence with the addictive disorders themselves must be taken into account when improving treatments), as well as a **clear and a significantly higher incidence of having been victims of emotional, physical and sexual abuse** (with differences equal to or greater than 20 percentage points with respect to men for each type of abuse). We should not forget other problems and situations that affect women to a greater extent: the fact that 2 out of 3 women in our study state that they have suffered emotional abuse; almost half, physical abuse and almost one in three sexual abuse, cannot in any way be ignored when it comes to the prevention and treatment of addictions. And just as **improving care in general for addiction problems is a permanent objective, it is necessary to take into account, as part of this permanent objective, the inclusion of the gender perspective in the design and implementation of programmes, intervention tools, planning of activities and in the defining of objectives, improvement proposals and evaluation of the different programmes.**



4. Despite attending to people with all kinds of educational levels, from people with no studies to people with a university degree (because addictions are not exclusive to those with a certain academic background), the fact that almost half of the people in our sample have no studies or have only received primary education, means that the **problem of low educational qualifications** (which appears repeatedly in previous reports) **usually goes hand in hand with the issue of low employability**. For this reason, a comprehensive perspective regarding treatment (as offered by the bio-psycho-social model) **is necessary for developing and reinforcing training resources as well as all those that promote the social and labour market integration of the people we serve**.
5. The **high levels of conflict in the socio-family environment**, bearing in mind that more than half have been in relationships of conflict with their partner, as well as with their mother or father **highlights the importance of working with the social and 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. Just as with the previous report, even though 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**. And in this regard, **alternative measures to both incarceration and serving sentences in prisons must also be applied, promoting compliance with treatment and social reintegration programmes instead**.
7. Just as was observed in previous reports, 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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REPORT





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



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