OBSERVATORIO PROYECTO HOMBRE

SOBRE EL PERFIL DE LAS PERSONAS CON PROBLEMAS DE ADICCIÓN EN TRATAMIENTO

REPORT

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POR SOLIDARIDAD
OTROS FINES DE INTERÉS SOCIAL

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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 biopsychosocial 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 Drugs Plan 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.

INTERNAL PROYECTO HOMBRE TEAM

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EXTERNAL TEAM

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

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 was 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 the Communications team of the Proyecto Hombre Association.

REFERENCES

Bobes J., González M.P., Sáiz P.A. y 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.

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PRESENTATION

Presentation

Ms. Marta González Gutiérrez
President of the National
Evaluation Committee

We are pleased to present the fourteenth edition of the annual report of the Proyecto Hombre Observatory, a publication that has become a reference tool for professionals, researchers, the media, and all those interested in analysing the reality of addiction in Spain.

The Proyecto Hombre Observatory also serves as a strategic tool for knowledge generation, advocacy, and scientific transfer, and is regularly used in the national and international work of the Proyecto Hombre Association to strengthen its participation in organisations and specialised forums such as the United Nations, European institutions, Latin America, and various scientific conferences. In 2025, a key milestone was the coordination of the Bi-regional Meeting of Experts on Treatment, Rehabilitation and Socio-Occupational Integration in Addictions, held within the framework of the Interconecta Project of the Spanish Agency for International Development Cooperation (AECID), promoted by the Proyecto Hombre Association and the Government Delegation for the National Plan on Drugs of the Ministry of Health, with the support of the Evaluation Committee. A scientific publication was subsequently produced, including a specific chapter dedicated to the Proyecto Hombre Observatory.

This report provides an in-depth analysis of the characteristics of people who begin treatment in our centres, with the aim of generating robust evidence that helps optimise care processes, support rehabilitation, and facilitate the social and labour reintegration of those seeking help.

For this report, the EuropASI survey was used at the start of treatment as a tool for data collection and analysis. The data correspond to a sample of 4,396 users treated throughout 2025 across the twenty-eight centres and programmes of Proyecto Hombre. Of the total participants, 21.3% were women and 78.7% men. The cumulative data since 2013 correspond to a total of 42,521 people treated.

The study assesses the main sociodemographic, family, educational and employment characteristics of service users, as well as their physical and mental health status, substance use patterns, the presence of legal and family problems, and the most common treatment modalities.

It also incorporates a gender perspective, which makes it possible to identify relevant differences between men and women in variables related to social vulnerability, mental health, access to employment, family responsibilities, and treatment pathways, among others. Likewise, the report analyses the evolutionary trends observed in recent years, offering a comprehensive overview of the reality addressed and the main care-related challenges identified within the Proyecto Hombre network.

The results highlight the heterogeneity and complexity of the profiles treated within Proyecto Hombre, reinforcing the need for integrated interventions from a biopsychosocial approach. This approach should address, in a coordinated manner, physical and psychological health, education, labour market integration, and support for family and social environments.

The report also includes specific proposals derived from the data analysis, aimed at improving care and responding to the diverse realities identified, which are increasingly varied and complex.

We would like to express our gratitude to the people treated in our centres, to the professional teams who sustain this work on a daily basis, and to the organisations and specialists who have contributed to the preparation of this document.

In particular, we wish to acknowledge and highlight the work of the experts who make up the National Evaluation Committee, the technical team of the Proyecto Hombre Association, and the dedication of all professionals in the Proyecto Hombre network in Spain, whose involvement and commitment make possible the collection, analysis and interpretation of the information that underpins this report.

At the Proyecto Hombre Observatory, we reaffirm our commitment to the continuous generation of knowledge through annual reports, with the aim of strengthening the quality of prevention, treatment and rehabilitation services in the field of addictions in Spain. We encourage professionals, researchers and society as a whole to consult this report and to contribute to building more inclusive and healthier environments.

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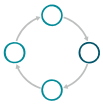
METHODOLOGY

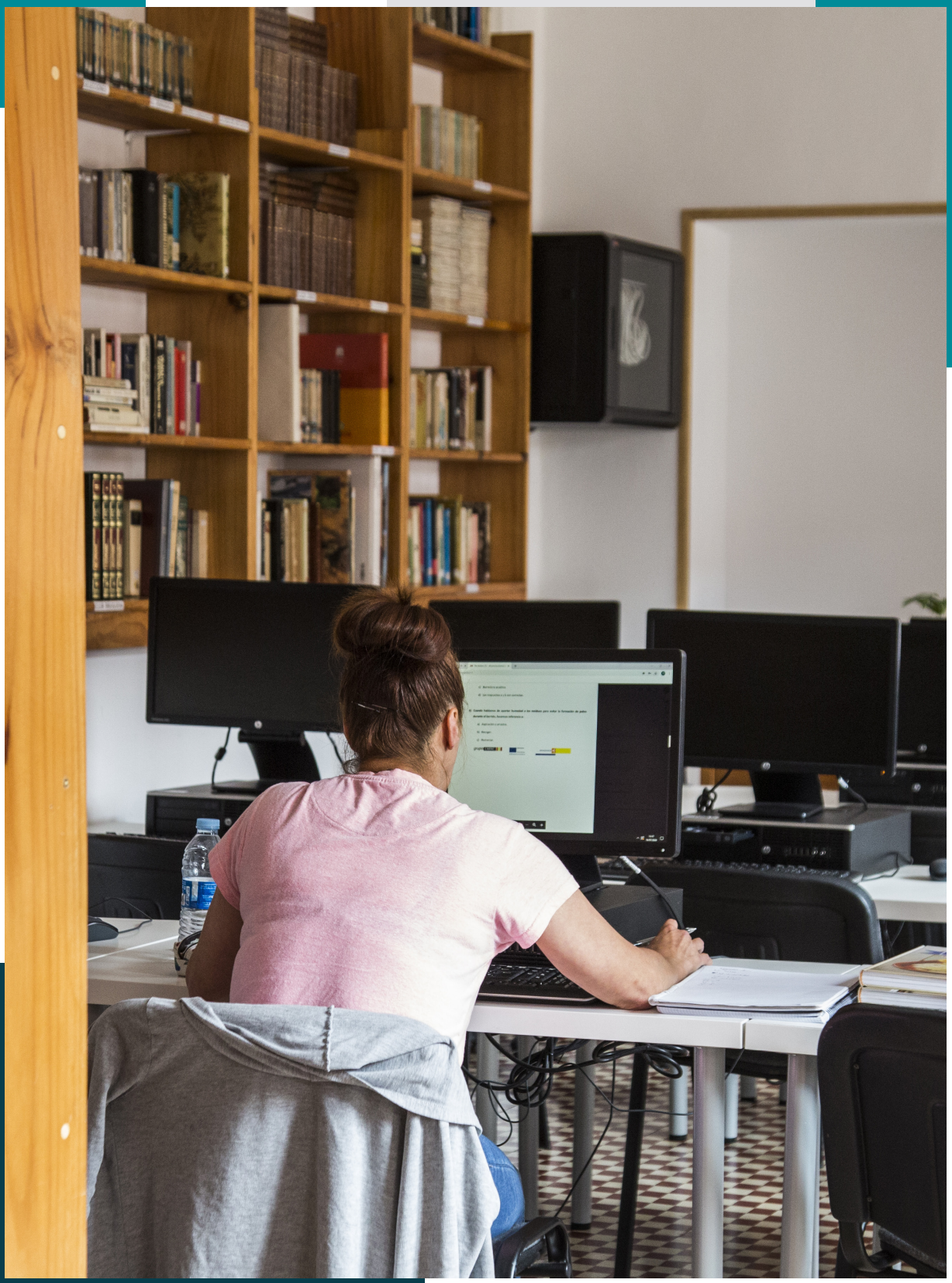
Methodology



The data, tables, and graphs presented in this annual report are based on the integration, into the general Observatory database, of the EuropASI surveys collected and tabulated by each centre throughout 2025.

These surveys were administered to newly admitted individuals. Therefore, the sample consists of users of Proyecto Hombre users over 18 years of age who began treatment in 2025 in any of the adult addiction treatment programmes and facilities across the 28 centres.

In total, data from **4,396 users have been tabulated**, with a cumulative total of **42,521** since 2013. As the survey is administered to the entire set of users, the sample matches the entire population. Therefore, no weighting has been applied and no margins of error are considered.



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EuropASI surveys

EuropASI surveys collected for the report

BY CENTRE

Province	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
ALICANTE	138	133	224	208	166	181	119	262	233	248	216	269	293	2690
ALMERIA	19	10	20	15	18	0	31	40	23	21	25	23	26	271
ASTURIAS	197	211	147	154	1	88	162	225	363	204	233	210	180	2375
BALEARIC ISLANDS	159	0	287	203	241	183	236	266	406	451	552	1019	933	4936
BURGOS	8	35	9	59	52	46	74	37	88	94	88	85	118	793
CADIZ	4	43	51	29	26	40	34	60	77	55	71	52	78	620
CANARY ISLANDS	145	139	130	120	98	22	90	127	169	162	220	149	162	1733
CANTABRIA	0	0	51	93	91	56	59	121	84	101	88	97	88	929
CASTELLON	0	0	0	0	31	0	86	89	90	75	103	149	125	748
CATALONIA	130	90	142	141	172	243	190	237	266	324	395	380	352	3062
CASTILLA LA MANCHA	64	49	71	133	120	120	121	79	55	140	169	167	160	1448
CORDOBA	58	34	0	0	0	0	43	141	119	59	122	98	91	765
EXTREMADURA	33	35	36	38	34	26	45	26	60	33	41	48	47	502
GALICIA	437	0	451	434	305	272	427	321	278	200	253	258	261	3897
GRANADA	53	74	155	99	158	186	231	203	161	135	110	131	93	1789
HUELVA	52	61	67	74	108	39	29	47	35	37	42	26	26	643
JAEN	0	0	0	0	0	0	0	0	19	6	22	29	4	80
LA RIOJA	78	69	110	77	126	100	209	139	168	142	180	154	173	1725
LEON CALS	23	28	23	20	23	10	5	23	18	29	61	55	39	357
LEON JOVEN	0	0	0	0	0	0	0	0	0	25	24	11	22	82
MADRID	52	103	85	71	49	43	71	27	96	75	99	82	122	975
MALAGA	157	169	139	60	105	78	0	74	73	114	134	154	106	1363
MURCIA	122	138	149	179	204	220	186	148	122	201	205	207	204	2285
NAVARRE	0	0	0	119	118	137	160	124	129	105	110	112	105	1219
SALAMANCA	51	56	46	56	78	52	61	52	67	45	78	45	69	756
SEVILLE	195	113	209	164	179	100	187	189	134	168	141	179	174	2132
VALENCIA	0	0	353	427	391	315	342	304	353	281	247	229	220	3462
VALLADOLID	67	60	79	77	66	49	62	46	88	66	12	89	125	886
Total	2242	1650	3034	3050	2960	2606	3260	3407	3774	3596	4041	4507	4396	42523

BY AUTONOMOUS COMMUNITY

AUTONOMOUS COMMUNITY	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	Total
Andalusia	538	504	641	441	594	443	555	754	641	595	667	692	598	7663
Asturias	197	211	147	154	1	88	162	225	363	204	233	210	180	2375
BALEARIC ISLANDS	159	0	287	203	241	183	236	266	406	451	552	1019	933	4936
C. Valenciana	138	133	577	635	588	496	547	655	676	604	566	647	638	6900
Canary Islands	145	139	130	120	98	22	90	127	169	162	220	149	162	1733
Cantabria	0	0	51	93	91	56	59	121	84	101	88	97	88	929
Cast. La Mancha	64	49	71	133	120	120	121	79	55	140	169	167	160	1448
Castilla and León	149	179	157	212	219	157	202	158	261	259	263	285	373	2874
Catalonia	130	90	142	141	172	243	190	237	266	324	395	380	352	3062
Extremadura	33	35	36	38	34	26	45	26	60	33	41	48	47	502
Galicia	437	0	451	434	305	272	427	321	278	200	253	258	261	3897
La Rioja	78	69	110	77	126	100	209	139	168	142	180	154	173	1725
Madrid	52	103	85	71	49	43	71	27	96	75	99	82	122	975
Murcia	122	138	149	179	204	220	186	148	122	201	205	207	204	2285
Navarre	0	0	0	119	118	137	160	124	129	105	110	112	105	1219
Total	2242	1650	3034	3050	2960	2606	3260	3407	3774	3596	4041	4507	4396	42523

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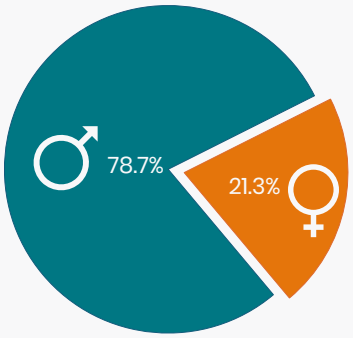
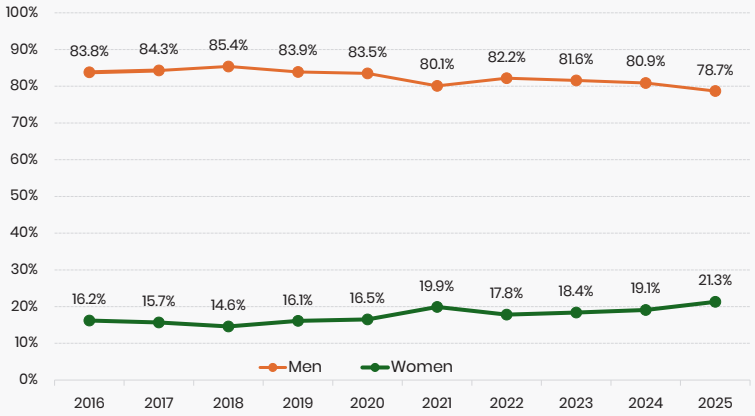
PART I: GENDER AND AGE

Gender and age

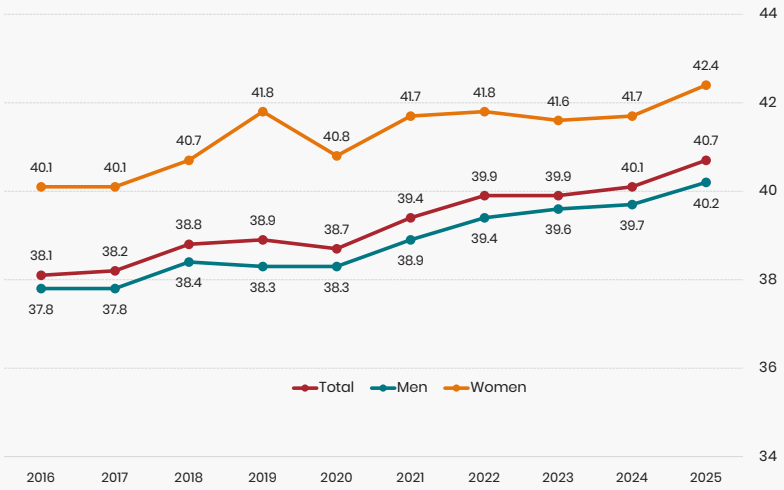
GENDER OF USERS





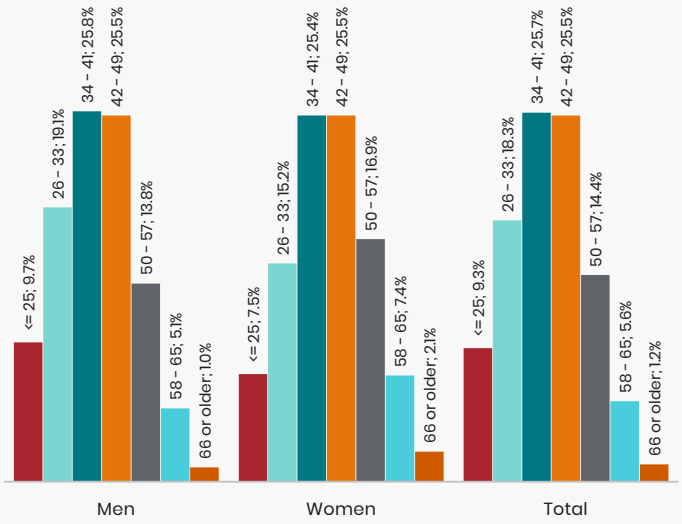
The distribution by gender of users in treatment in 2025 continues to show a clear male predominance (78.7%), compared with a female presence of 21.3%.
Although this gap remains significant, the trend since 2016 shows a gradual increase in the proportion of women entering treatment programmes, rising from 16.2% to 21.3% in 2025.

TREND IN THE AVERAGE AGE, BY GENDER



The average age of users continues its upward trend, reaching 40.7 years in 2025, compared with 38.1 years recorded in 2016, confirming a clear ageing trend in the treated population.
This progressive ageing is more pronounced among women, whose average age is over two years higher than that of men, consolidating a gap that began to widen from 2016 onwards.
Among men, although an increase is also observed, it has been more moderate.

AGE GROUPS



	TOTAL	MEN	WOMEN
18-25	9.30%	9.70%	7.50%
26-33	18.30%	19.10%	15.20%
34-41	25.70%	25.80%	25.40%
42-49	25.50%	25.50%	25.50%
50-57	14.40%	13.80%	16.90%
58-65	5.60%	5.10%	7.40%
66 or older	1.20%	1.00%	2.10%

The age distribution is mainly concentrated between 34 and 49 years, which represent the largest proportion of users treated.
Among women, there is a higher presence in older age groups, particularly from 42 years onwards, while the lower representation of younger people reinforces the importance of early detection and intervention.
This pattern is consistent with the overall trend towards an ageing treatment profile.

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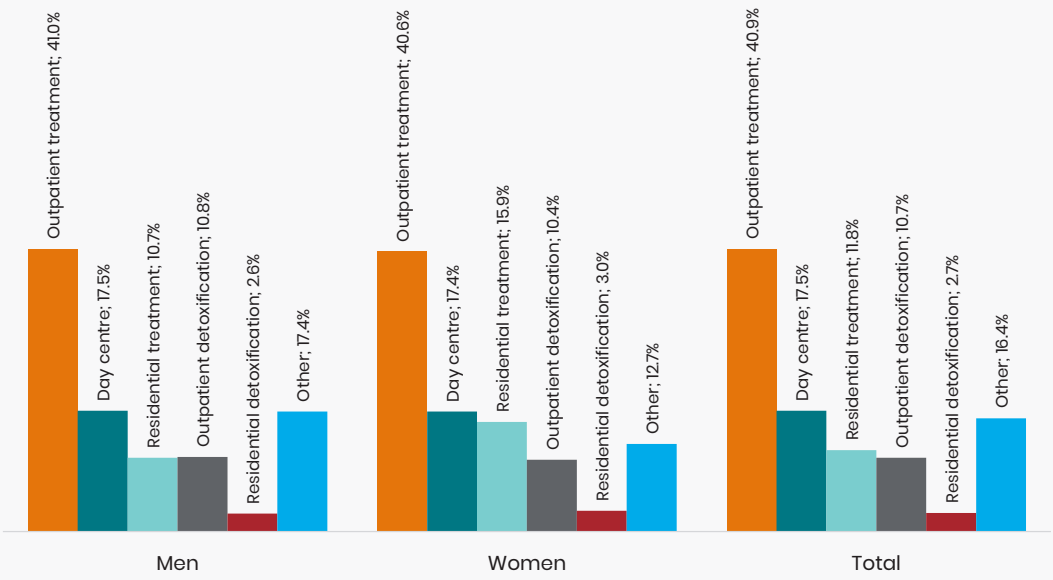
PART II: BASIC DATA

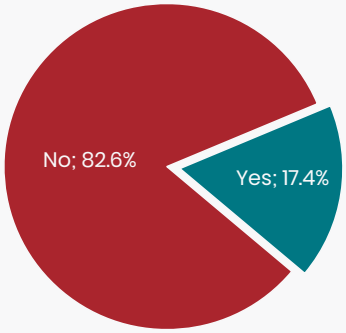
Basic data

TYPE OF CURRENT TREATMENT



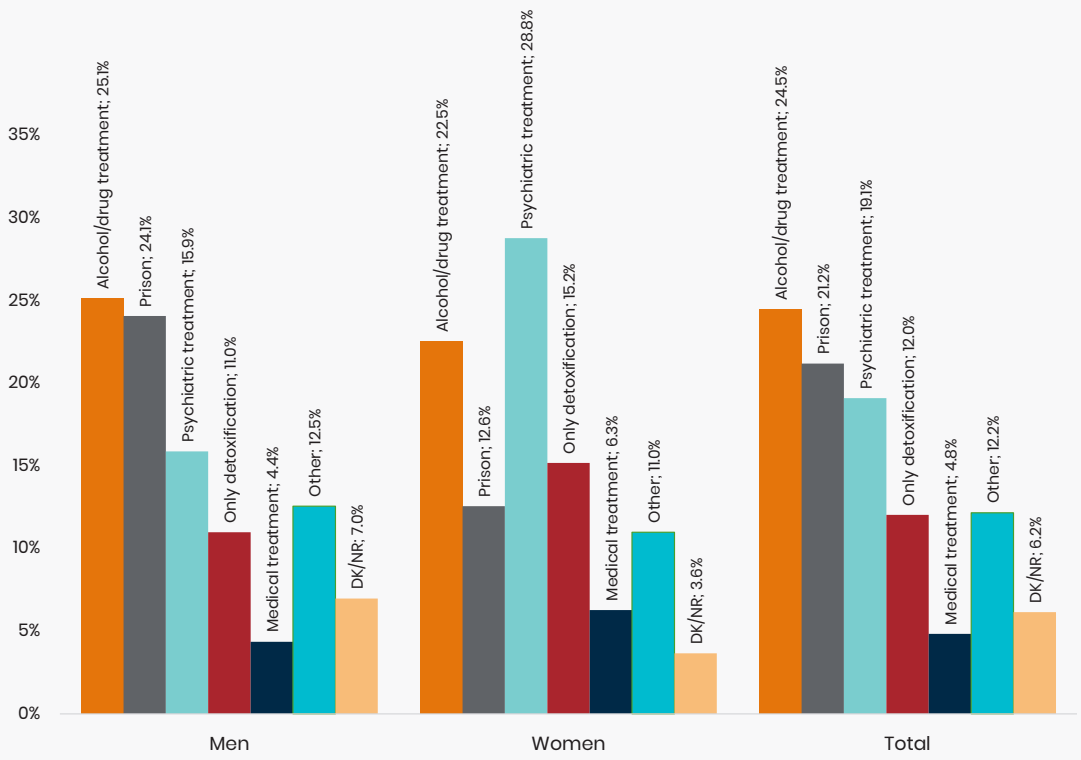
Outpatient drug-free treatment and day centre programmes account for more than half of all interventions (58.1%), making them the main care resources within Proyecto Hombre. The prominence of outpatient drug-free treatment indicates that a significant proportion of users are able to continue their therapeutic process without the need for residential care, while day centres cater for profiles requiring a more structured level of support without reaching residential treatment.
The distribution by gender is very similar, suggesting comparable access patterns and therapeutic needs among men and women.

HAVE YOU BEEN ADMITTED TO ANY SUCH CENTRE IN THE PAST MONTH?



In the month prior to data collection, the majority of users (82.6%) had not been admitted to any other treatment resources. However, 17.4% had experienced a recent admission.

HAVE YOU BEEN ADMITTED TO ANY SUCH CENTRE IN THE PAST MONTH?



Among users who had been admitted, the most common origin was addiction treatment centres for alcohol and other drugs (24.5%).
However, relevant differences are observed by gender. Among women, psychiatric treatment accounts for the largest proportion of admissions (28.8%), followed by addiction services (22.5%). Among men, by contrast, alcohol and drug treatment centres predominate (25.1%), with an also significant proportion coming from the prison system (24.1%).

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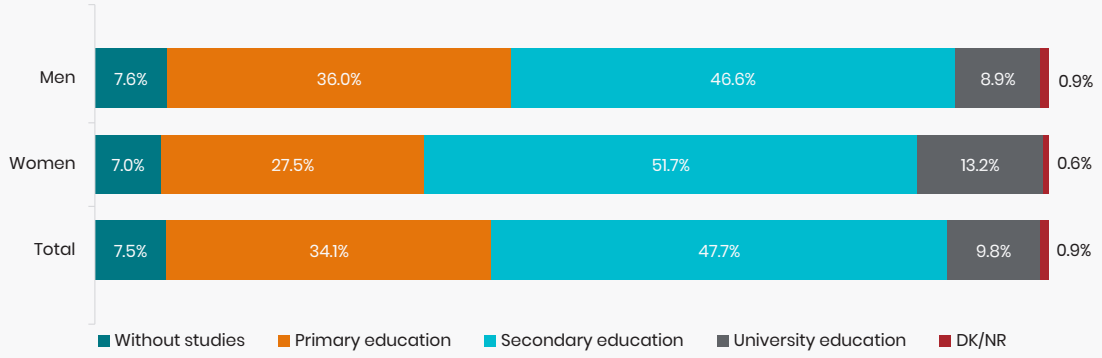
PART III: EDUCATION

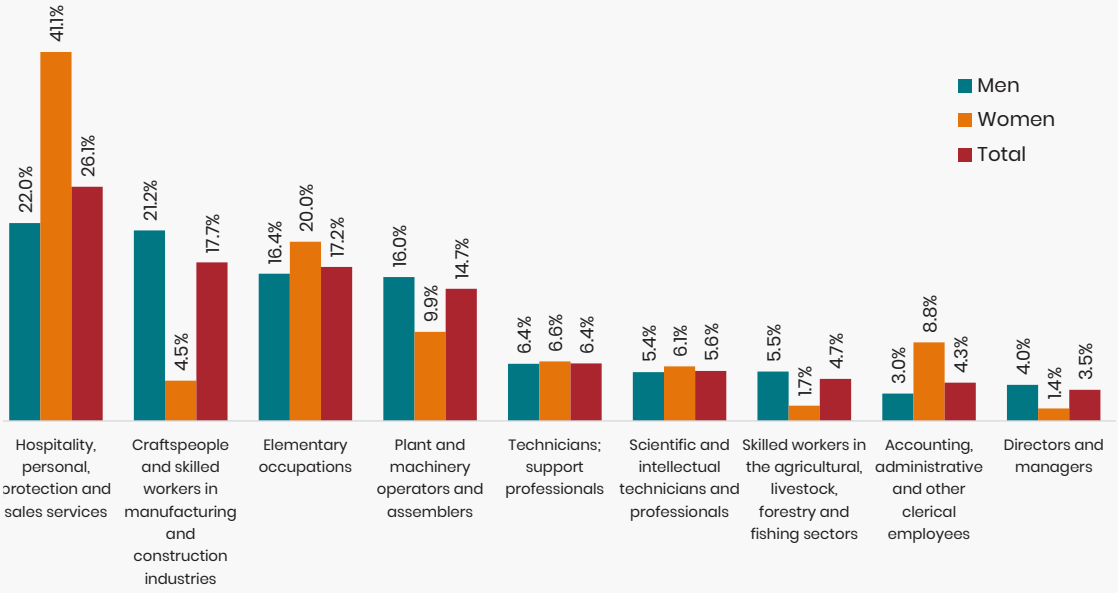
Education and employment

EDUCATION. ACADEMIC LEVEL ACHIEVED



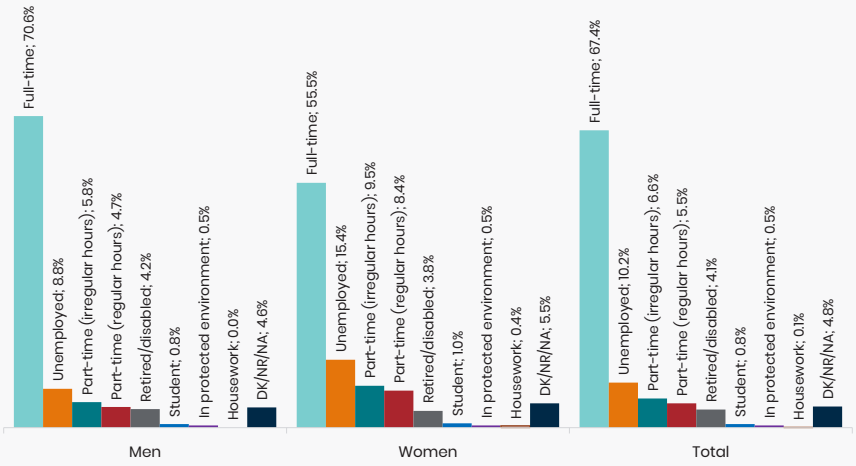
The majority of users have completed secondary education (47.7%), followed by primary education (34.1%), placing the predominant educational level in the middle ranges.
Higher and lower levels of education account for smaller proportions: 9.8% have accessed university studies, while 7.5% have no formal education.
By gender, slight differences are observed, indicating a higher educational level among women, with a lower proportion having no education (7.0% compared with 7.6%) and a higher proportion with university studies (13.2% compared with 8.9%).

REGULAR (OR LAST) OCCUPATION



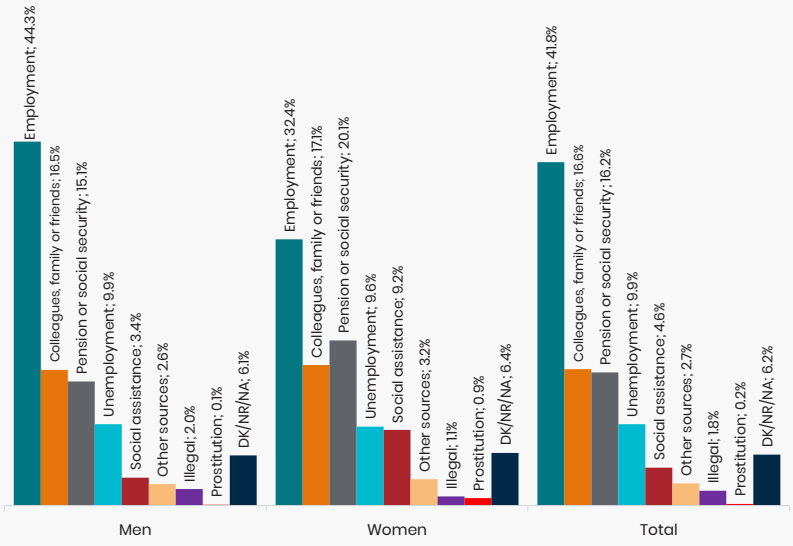
Users come from a wide range of occupational backgrounds, although there is a higher concentration in sectors such as hospitality, security and sales (26.1%), construction (17.7%) and elementary occupations (17.2%).
In contrast, technical, scientific and managerial occupations are less represented (5.6% and 3.5%, respectively), reflecting a lower presence of highly qualified profiles. By gender, significant differences are observed: women are mainly concentrated in hospitality and sales (41.1%), while men show a higher presence in construction and crafts (21.2%), sectors with a very low female representation.

USUAL EMPLOYMENT PATTERN (LAST THREE YEARS)



The majority of users have been in full-time employment over the last three years (67.4%), indicating a certain level of connection to the labour market.
However, when analysed by gender, higher levels of precarity are evident among women: full-time employment is less frequent (55.5% compared with 70.6% among men), while unemployment and part-time work carry a greater relative weight.

MAIN SOURCE OF INCOME



Employment is the main source of income for users (41.8%), followed by support from their close social network (16.6%) and pensions or social assistance benefits (16.2%).
Although employment is the main source in both genders, its weight is higher among men (44.3% compared with 32.4%), indicating greater direct reliance on labour income.
Among women, informal support networks are more significant, particularly social assistance benefits.

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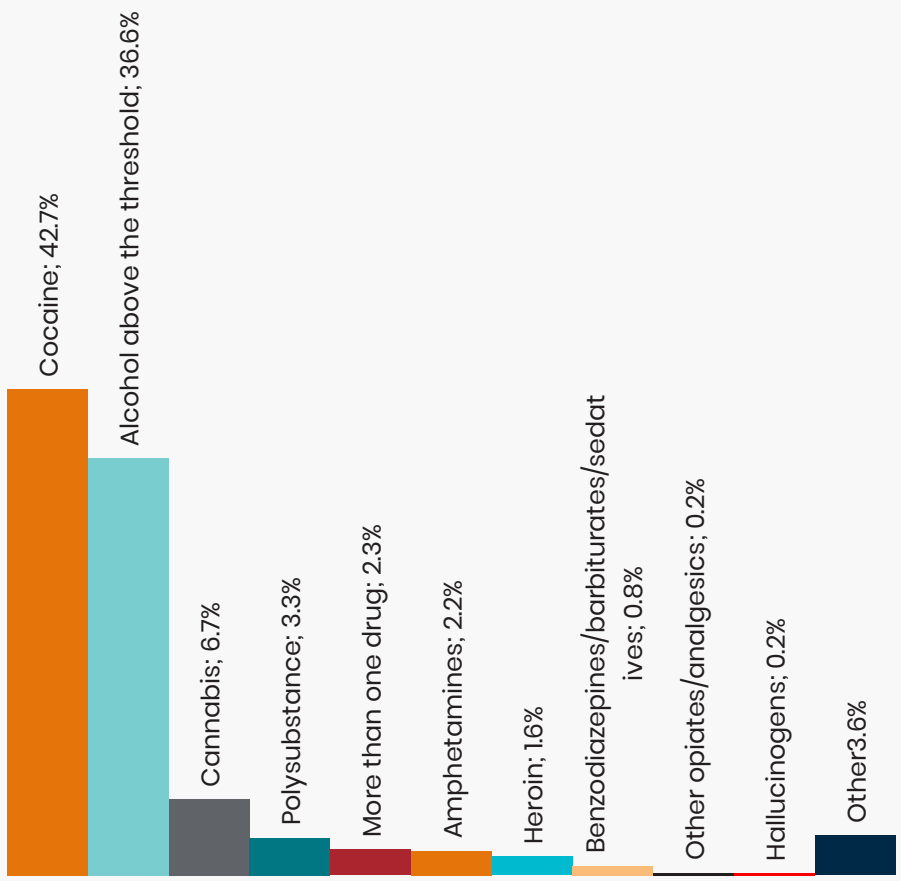
PART IV: USE OF ALCOHOL AND DRUGS

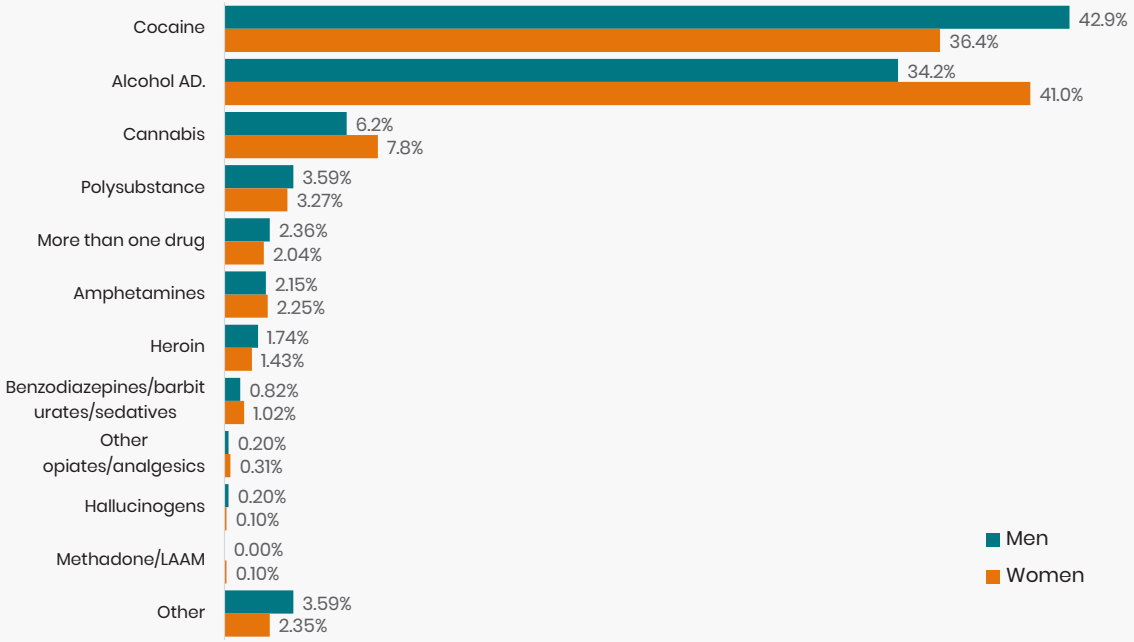
Use of alcohol and drugs

WHICH SUBSTANCE IS THE MAIN PROBLEM?



The distribution of the main substance shows a clear concentration around alcohol and cocaine, which account for the highest proportion of use among users in treatment at Proyecto Hombre.
In particular, cocaine accounts for over 40%, followed by alcohol, with similarly high and closely related percentages.
At a considerable distance, cannabis accounts for 6.7%, while the remaining substances represent a much smaller share as the main problem. These include polydrug use (3.9%) and use of more than one substance (2.3%), with heroin (1.8%) and other substances recorded at low levels.

WHICH SUBSTANCE IS THE MAIN PROBLEM?



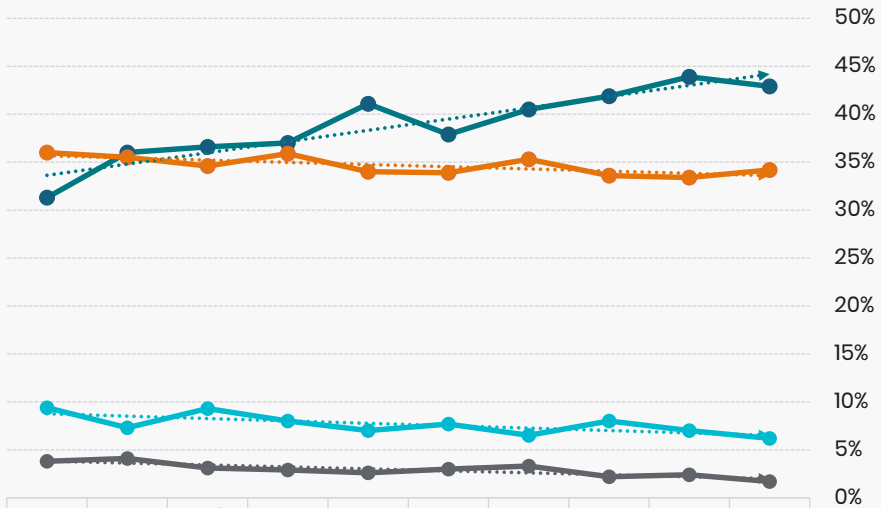
The distribution by gender shows clear differences in the main substance leading to treatment entry at Proyecto Hombre. Among men, cocaine is the main problem at 42.9%, while among women this percentage is lower (36.4%).
By contrast, alcohol carries greater weight among women (41%) than among men (34.2%), making it the predominant substance in their treatment pathways.
For the remaining substances, gender differences are much smaller. Cannabis is notable, with 6.2% among men and 7.8% among women, remaining the third most important substance, although far behind cocaine and alcohol.
Overall, these data reflect gender-differentiated consumption patterns, with men more closely associated with cocaine use and women with alcohol use, while the remaining substances show a more homogeneous incidence among users.

Use of alcohol and drugs

WHICH SUBSTANCE IS THE MAIN PROBLEM?

(Evolution by gender. Grouped and only the most prevalent substances).

MEN



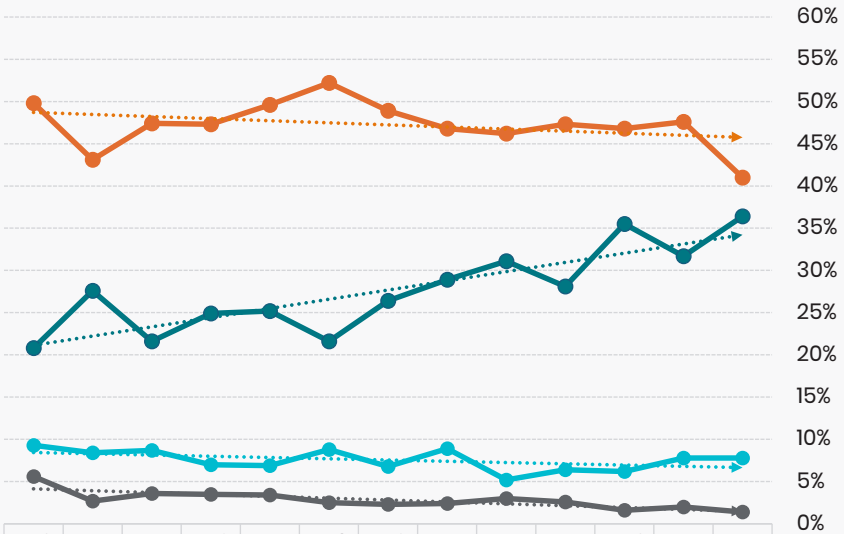
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cocaine	31.3%	36.0%	36.6%	37.0%	41.1%	37.9%	40.5%	41.9%	43.9%	42.9%
Alcohol (AD, LQ, mixed)	36.0%	35.5%	34.6%	35.9%	34.0%	33.9%	35.3%	33.6%	33.4%	34.2%
Cannabis	9.4%	7.3%	9.3%	8.0%	7.0%	7.7%	6.5%	8.0%	7.0%	6.2%
Heroin	3.8%	4.1%	3.1%	2.9%	2.6%	3.0%	3.3%	2.2%	2.4%	1.7%

Among men undergoing treatment in Proyecto Hombre, cocaine is established as the main substance of concern, showing an overall upward trend, increasing from 31.3% in 2016 to 42.9% in 2025, despite some intermediate fluctuations.
Alcohol remains relatively stable over the period, at around 34–36%, gradually narrowing the gap with cocaine in recent years.
At lower levels, cannabis shows a slight downward trend, decreasing from 9.4% to 6.2%, while heroin continues to decline as a primary substance, reaching 1.7% in 2025.

WHICH SUBSTANCE IS THE MAIN PROBLEM?

(Evolution by gender. Only the most prevalent substances).

WOMEN

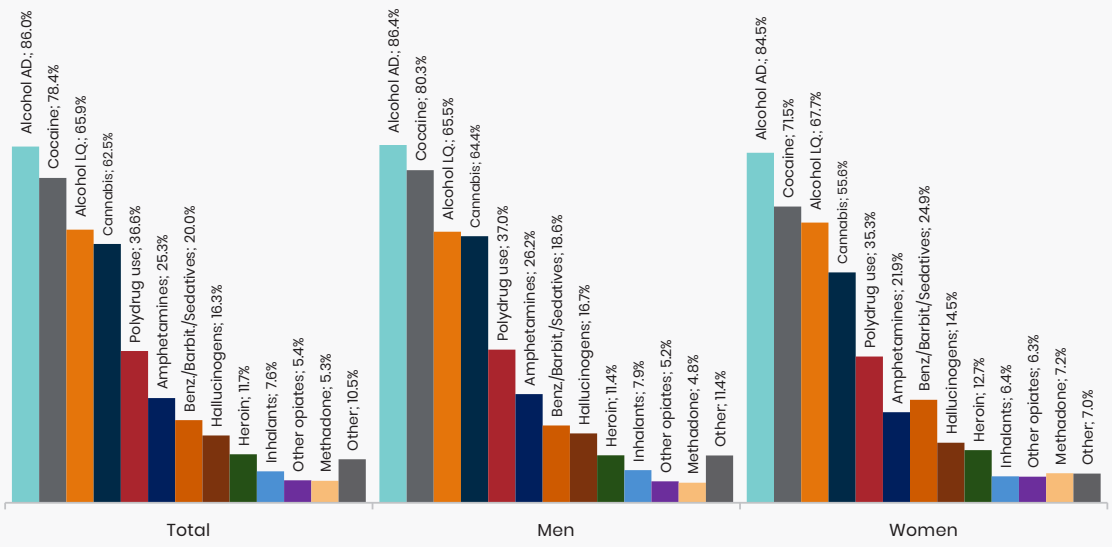


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cocaine	20.8%	27.6%	21.6%	24.9%	25.2%	21.6%	26.4%	28.9%	31.1%	28.1%	35.5%	31.7%	36.4%
Alcohol (LQ, AD, mixed)	49.8%	43.1%	47.4%	47.3%	49.6%	52.2%	48.9%	46.8%	46.2%	47.3%	46.8%	47.6%	41.0%
Cannabis	9.3%	8.4%	8.7%	7.0%	6.9%	8.8%	6.8%	8.9%	5.2%	6.4%	6.2%	7.8%	7.8%
Heroin	5.6%	2.7%	3.6%	3.5%	3.4%	2.5%	2.3%	2.4%	3.0%	2.6%	1.6%	2.0%	1.4%

Among women, alcohol remains the main substance of concern, although it shows a downward trend in recent years, falling from 52.2% in 2018 to 41.0% in 2025, its lowest value in the recent series.
Cocaine remains the second most common substance, showing an overall upward trend, increasing from 24.9% in 2016 to 36.4% in 2025, despite some intermediate fluctuations.
At clearly lower levels, cannabis remains stable at around 7–8%, with no significant changes, while heroin continues its gradual decline, reaching 1.4% in 2025.

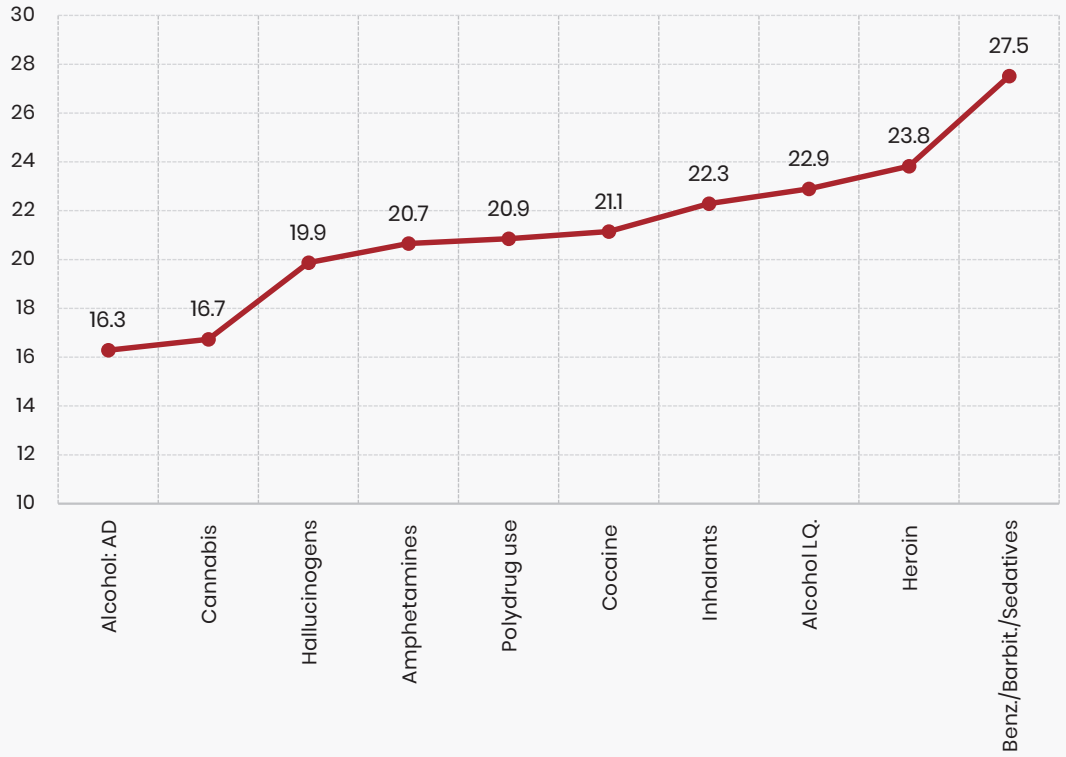
Use of alcohol and drugs

REGULAR OR PROBLEMATIC SUBSTANCE USE THROUGHOUT LIFE



Analysis of lifetime substance use highlights the presence of polydrug use patterns among users, reflecting complex trajectories involving multiple substances.
The most widespread consumptions are alcohol in any dose (86.0%) and cocaine (78.4%), followed by intensive alcohol use (65.9%) and cannabis (62.5%), underscoring the central role of these substances in consumption trajectories.
By gender, no substantial differences are observed in the most commonly used substances, with very similar patterns among men and women. However, a slightly higher prevalence of use is observed among men for most substances, particularly cocaine and cannabis, while among women certain substances, such as sedatives, carry relatively greater weight.
Note: Percentages do not add up to 100% as this is a multiple-response variable; the same user may have used more than one substance.

AVERAGE AGE OF ONSET OF PROBLEMATIC CONSUMPTION BY SUBSTANCE

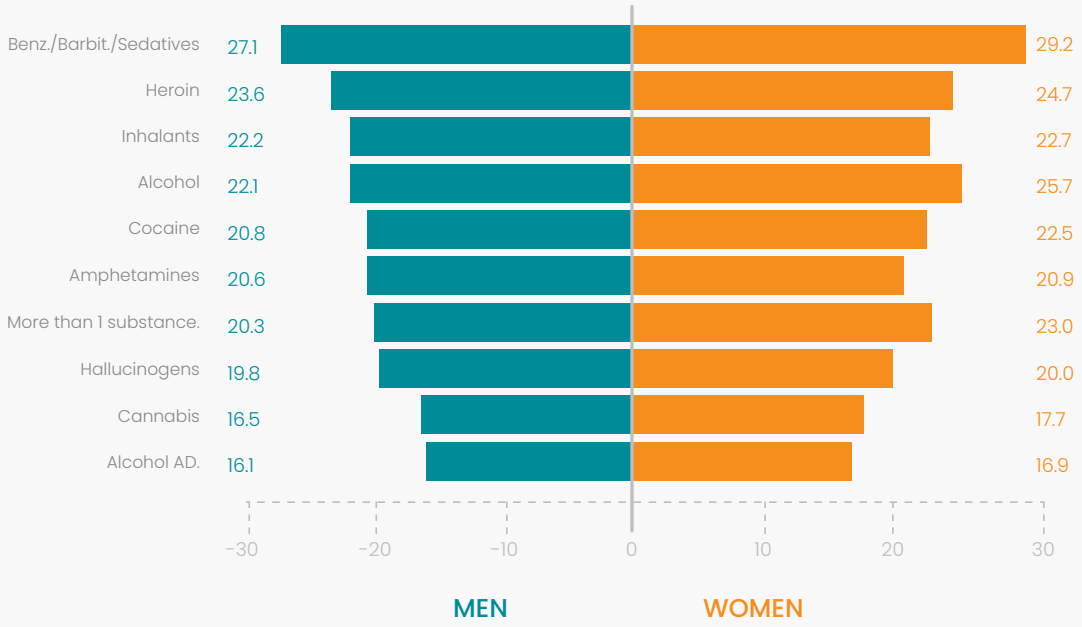


The average age of onset of problematic substance use occurs at early stages of life for some substances, particularly alcohol (16.3 years) and cannabis (around 16 years).
Onset of use of other substances, such as hallucinogens and amphetamines, generally occurs around the age of 20, while cocaine use tends to begin slightly later, between 20 and 21 years of age.
Problematic high-volume alcohol consumption tends to start at somewhat older ages, between 22 and 23 years.

Use of alcohol and drugs

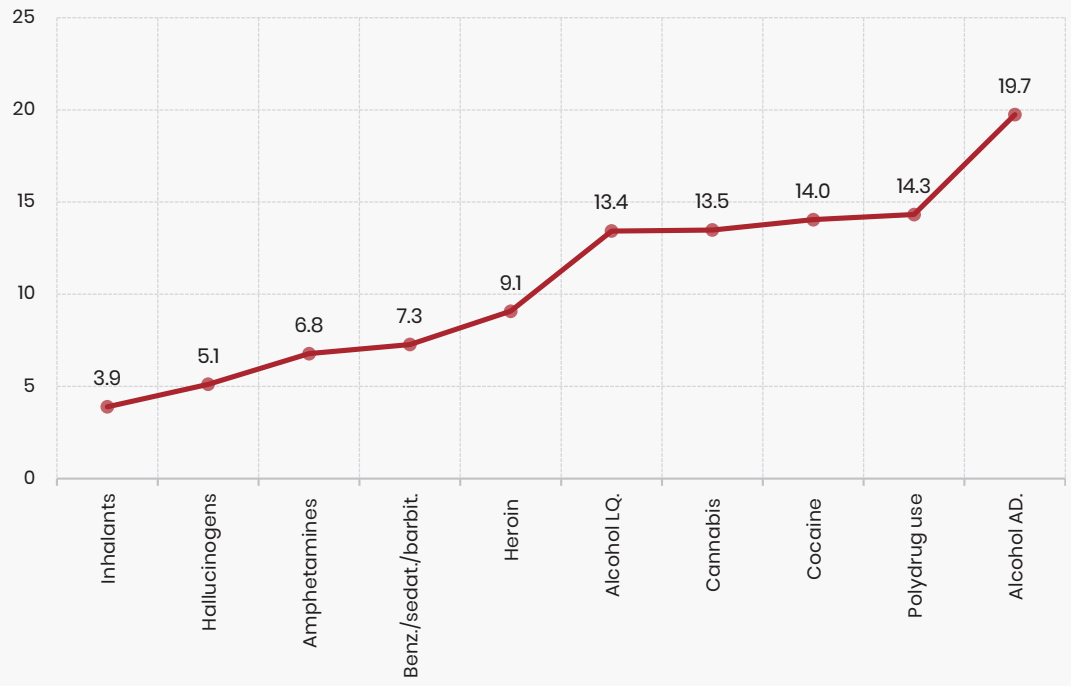
AVERAGE AGE OF ONSET OF PROBLEMATIC CONSUMPTION BY SUBSTANCE

Average age of onset of consumption by substance and gender



There are no significant differences in the order of onset of substance use between men and women, with similar patterns observed in the sequence of initiation across different drugs.
However, the overall trend indicates that women tend to begin problematic substance use later than men for most substances. For example, for cocaine, onset occurs at around 20.8 years in men compared with 22.5 years in women, and for cannabis at 16.5 versus 17.7 years, respectively.
This difference is more pronounced for certain substances, such as high-volume alcohol consumption, where onset is notably later (22.1 years in men compared with 25.7 years in women), as well as for sedative use, with differences exceeding two years (27.1 versus 29.2 years).

YEARS OF SUBSTANCE USE BEFORE STARTING TREATMENT

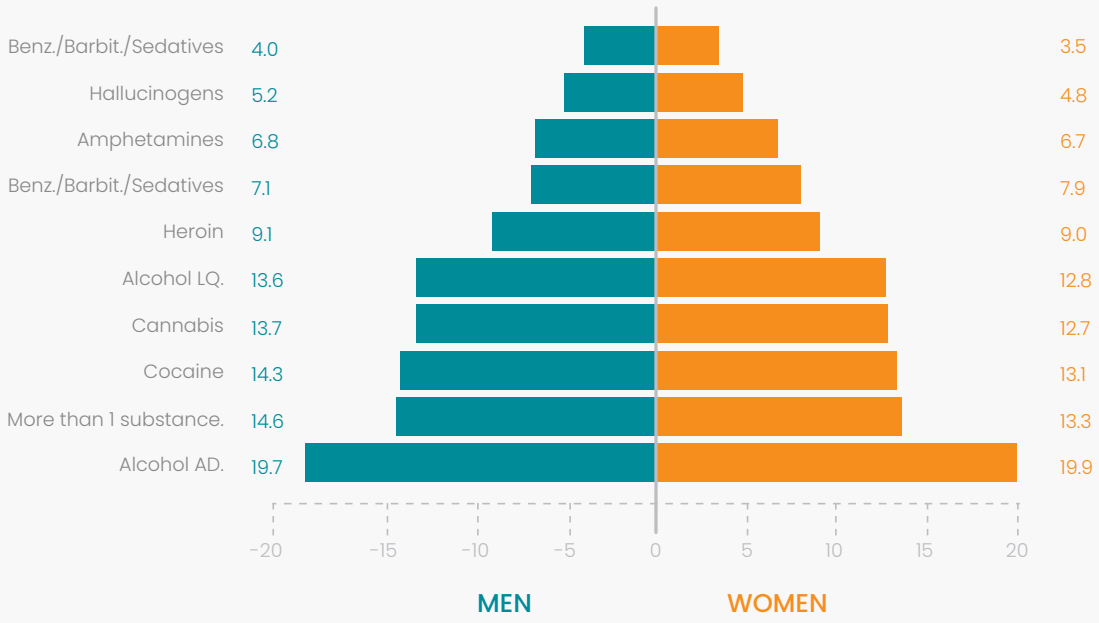


Before starting treatment at Proyecto Hombre, users present long consumption trajectories, particularly in the case of alcohol (any use), which averages over 19 years.
Polydrug use and cocaine also record long periods of consumption, at around 14 years, followed by cannabis and high-risk alcohol use, at approximately 13 years.
In the case of heroin, the average period of consumption prior to treatment is lower, at around 9 years.

Use of alcohol and drugs

YEARS OF SUBSTANCE USE BEFORE STARTING TREATMENT

Comparison by substance and gender



Women tend to show slightly shorter consumption trajectories than men before starting treatment, with average differences of between one and two years.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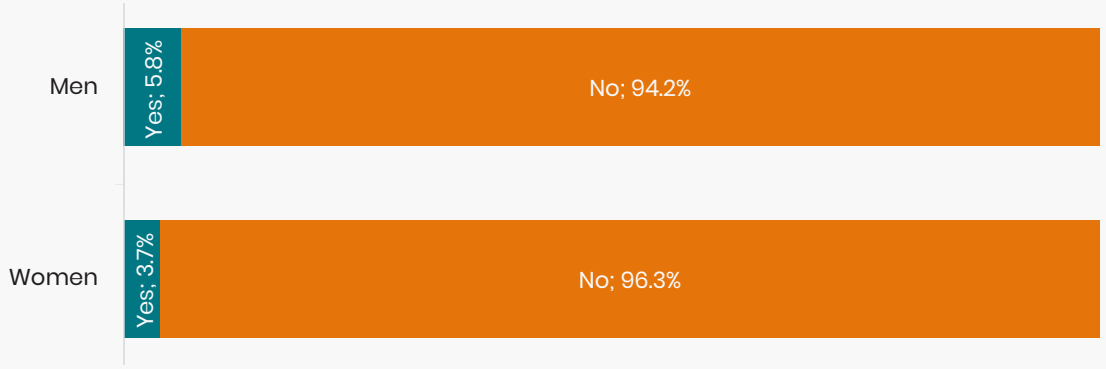
PART V: LEGAL PROBLEMS

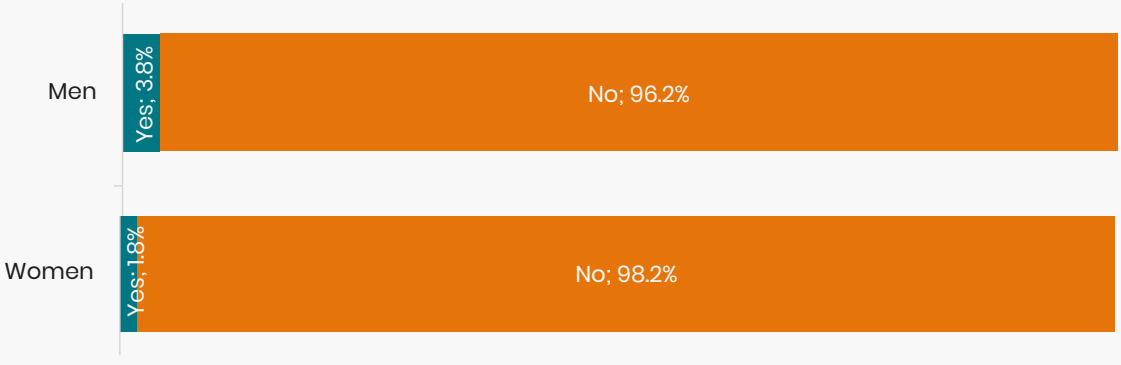
Legal problems

WAS ADMISSION PROMOTED AS SUGGESTED BY LEGAL AUTHORITY?



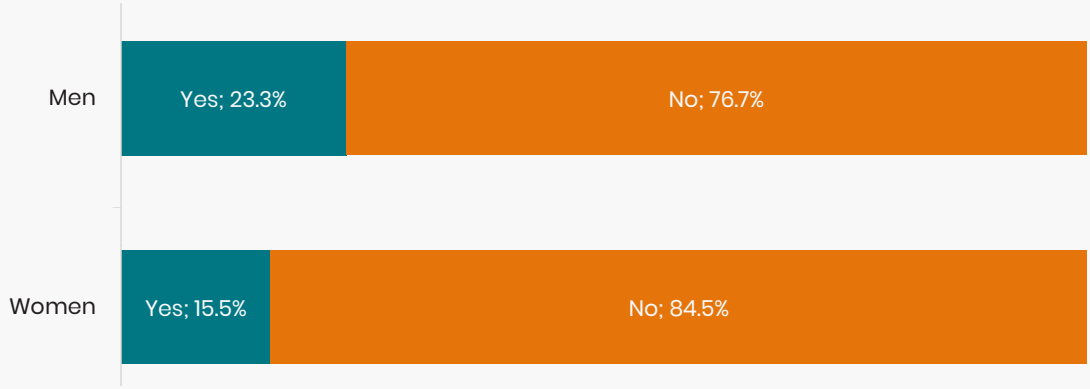
A minority of users access treatment at Proyecto Hombre following a suggestion from the legal authority, indicating that in most cases the start of the therapeutic process is driven by other factors.
By gender, this form of access is more common among men (5.8%) than among women (3.7%).

ARE YOU ON PAROLE?



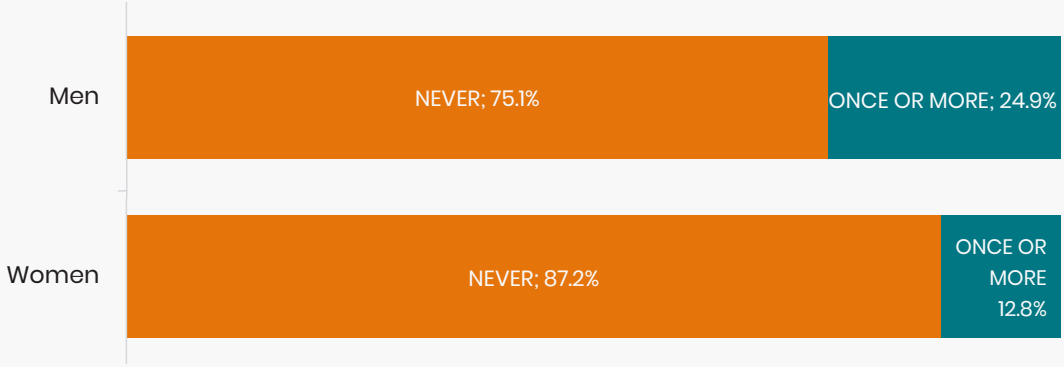
The proportion of users on probation at the time of starting treatment at Proyecto Hombre is low, making this a minority situation overall, although relevant differences are observed by gender.
Among men, 3.8% are in this situation, compared with 1.8% of women.

ARE THERE PENDING CHARGES, TRIALS OR SENTENCES?



The proportion of Proyecto Hombre users with pending legal proceedings shows notable gender differences at the start of treatment.
Among men, 23.3% are awaiting charges, trials or sentencing, compared with 15.5% of women.

HAVE YOU BEEN ACCUSED OF DRUG POSSESSION AND TRAFFICKING?



The proportion of Proyecto Hombre users who have ever been charged with drug possession or trafficking also shows clear gender differences.
Among men, 24.9% have been charged at some point, compared with 12.8% of women, indicating an incidence that is approximately twice as high.

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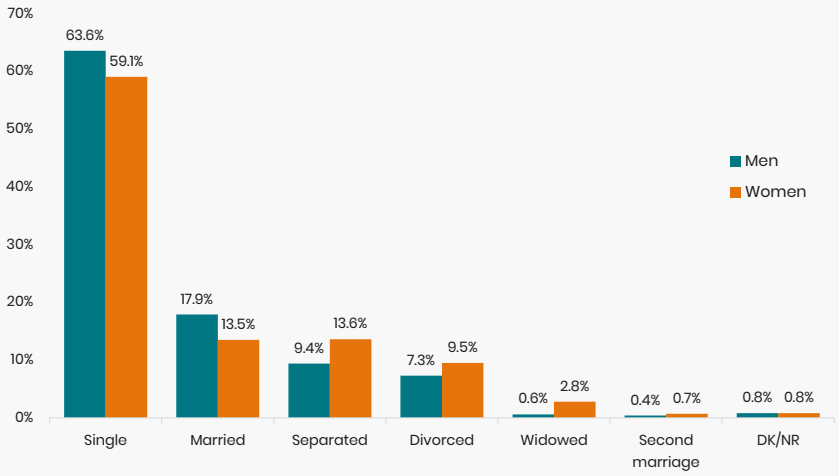
PART VI: SOCIAL AND FAMILY

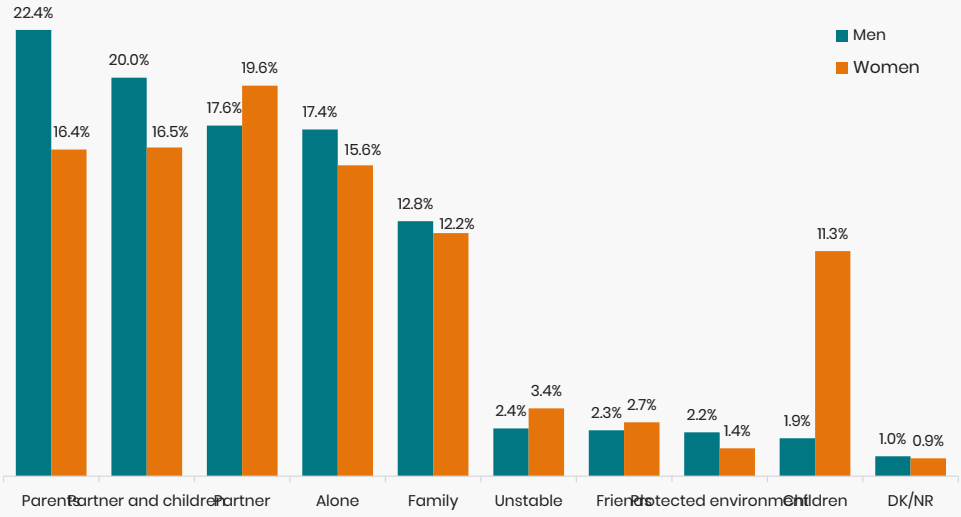
Social and Family

MARITAL STATUS



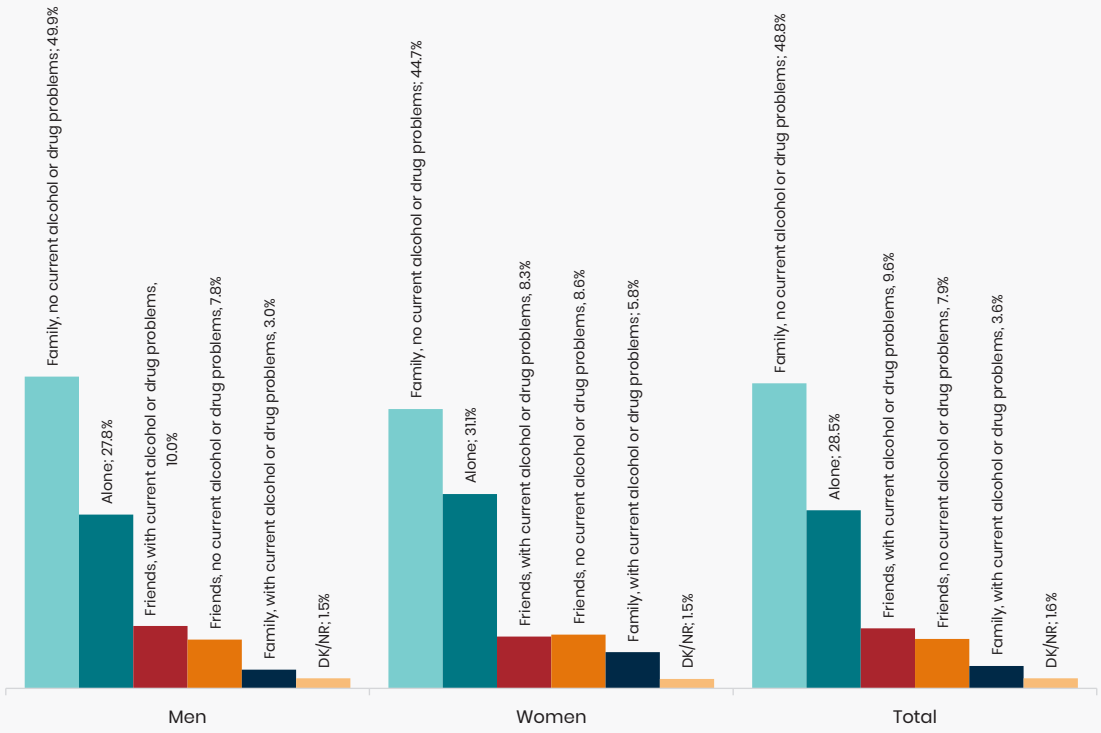
The most common marital status among users in treatment at Proyecto Hombre is single, accounting for over 50% in both genders, with a higher prevalence among men.
At a greater distance, married individuals are found, also with a higher relative weight among men. By contrast, in situations such as separation, widowhood or remarriage, percentages are higher among women, reflecting greater diversity in family life trajectories within this group.

USUAL FORM OF COHABITATION



The most common living arrangement among users is within the family setting, particularly in nuclear family structures (partner, with or without children), followed by living with the family of origin. Outside the family environment, living alone is the main alternative, while other arrangements (living with friends, in supported accommodation or in unstable situations) account for a smaller proportion.
By gender, notable differences are observed: living with children is significantly more common among women (11.3% vs 1.9% in men), while men are more likely to live with parents, with a partner, or alone.

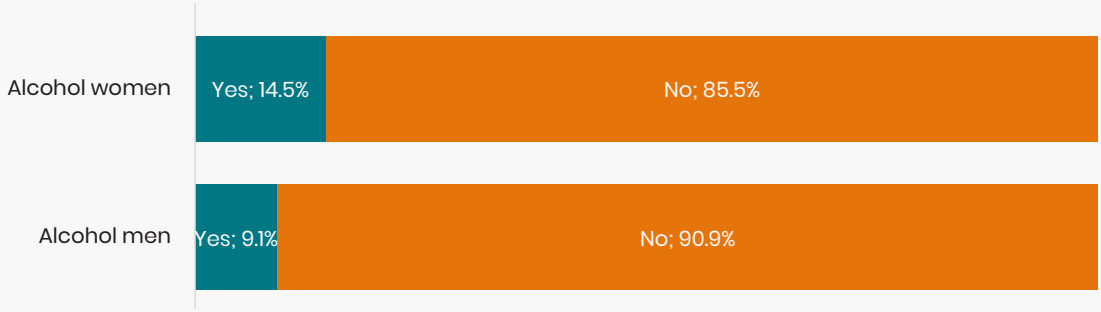
WITH WHOM DO YOU SPEND MOST OF YOUR FREE TIME?



A non-problematic family environment is the main social setting for free time among users of Proyecto Hombre (48.8%), in both genders.
However, situations of isolation are also significant, with a substantial proportion reporting spending most of their free time alone, around 25–30% in both cases.
Among women, there is also a slightly greater diversification of social environments, with a somewhat higher presence of other contexts.

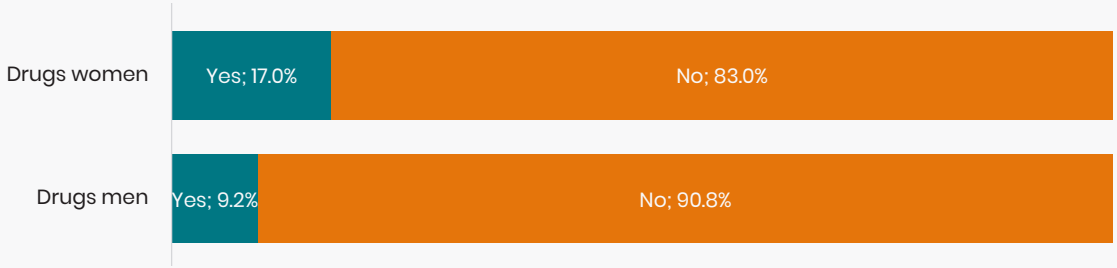
Social and Family

DO YOU LIVE WITH SOMEONE WHO HAS PROBLEMS WITH ALCOHOL?



Cohabitation with people who have alcohol use problems is a minority situation among Proyecto Hombre users, although relevant differences are observed by gender. Among women, 14.5% cohabit with someone with alcohol-related problems, compared with 9.1% of men.

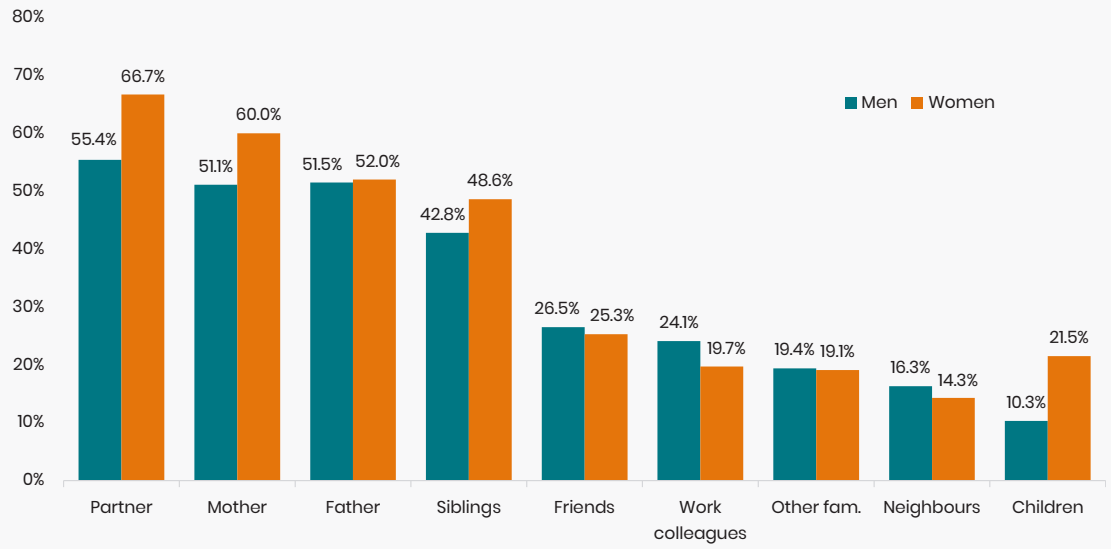
DO YOU LIVE WITH SOMEONE WHO HAS PROBLEMS WITH DRUGS?



Cohabitation with people who have drug use problems is a minority situation among users in treatment at Proyecto Hombre, although relevant differences are observed by gender. Among women, 17.0% cohabit with someone with this type of problem, compared with 9.2% of men. Conflict

CONFLICT

Have you had periods (during your life) when you have experienced serious problems with... (multiple variable. % represent "YES" response)

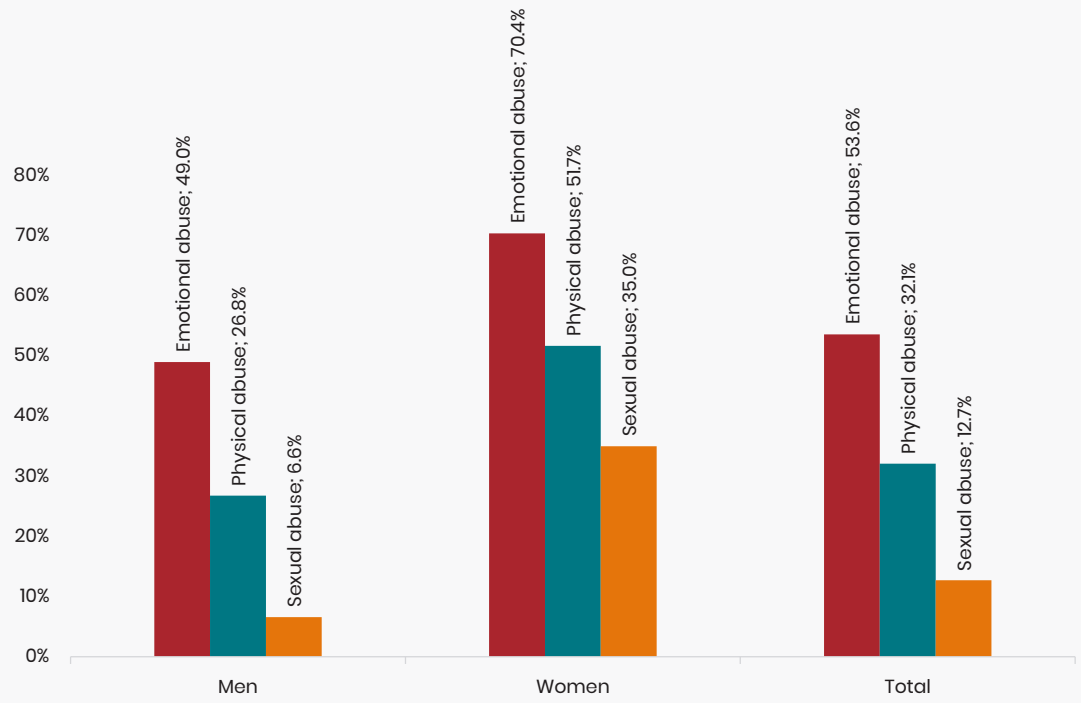


Conflict in personal relationships over the course of life is mainly concentrated in the partner relationship, where the highest percentages are recorded, particularly among women (66.7% vs 55.4% in men).
This is followed by conflict with parents and siblings, showing a similar pattern in both genders, although with greater intensity among women, especially in relation to mothers and children.
Overall, women report higher levels of conflict across most relational domains, while men show greater conflict in the workplace environment.

Social and Family

HAS ANYONE IN YOUR CIRCLE EVER ABUSED YOU THROUGHOUT YOUR LIFE?

(% represent "YES" response)



A significant proportion of users in treatment at Proyecto Hombre have experienced situations of abuse over the course of their lives, particularly emotional abuse (53.6%), followed by physical abuse (32.1%) and, to a lesser extent, sexual abuse (12.7%).
Differences by gender are highly significant: women show a considerably higher prevalence across all types of abuse, reaching 70.4% for emotional abuse (vs 49.0% in men), 51.7% for physical abuse (vs 26.8%), and 35.0% for sexual abuse (vs 6.6%), where the gap is particularly pronounced.

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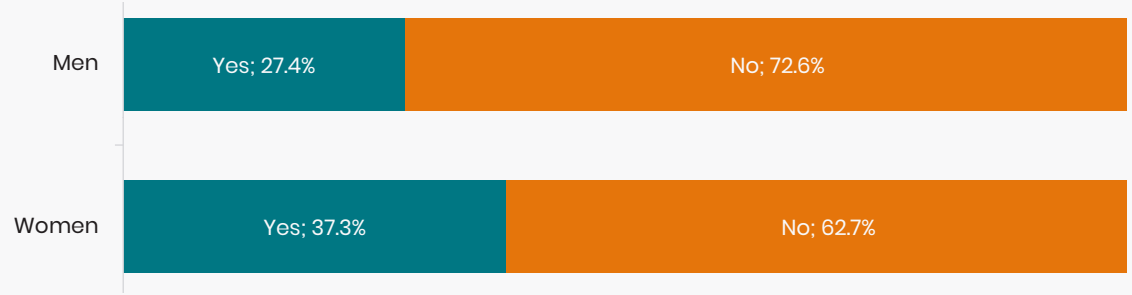
PART VII: MEDICAL AND PSYCHIATRIC CONDITIONS

Medical and psychiatric conditions

DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS WHICH CONTINUE TO INTERFERE WITH YOUR LIFE?

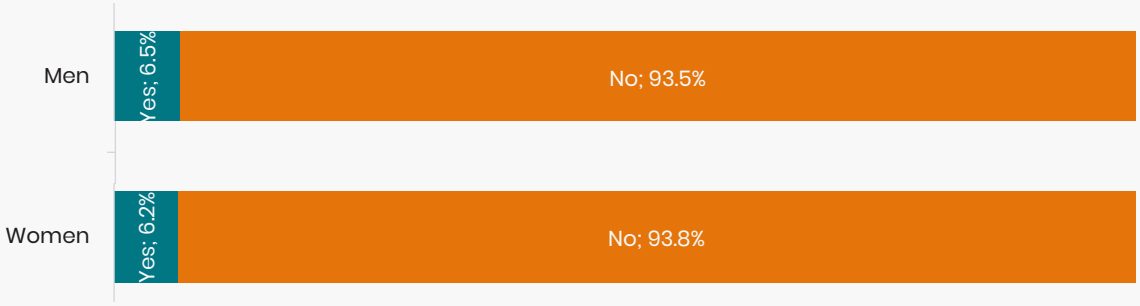
The presence of chronic medical conditions that continue to interfere with daily life shows relevant differences by gender among users in treatment at Proyecto Hombre.
Among women, 42.5% report this type of condition, compared with 33.6% of men.

ARE YOU TAKING ANY TYPE OF PRESCRIBED MEDICATION FOR A PHYSICAL CONDITION ON A REGULAR BASIS?



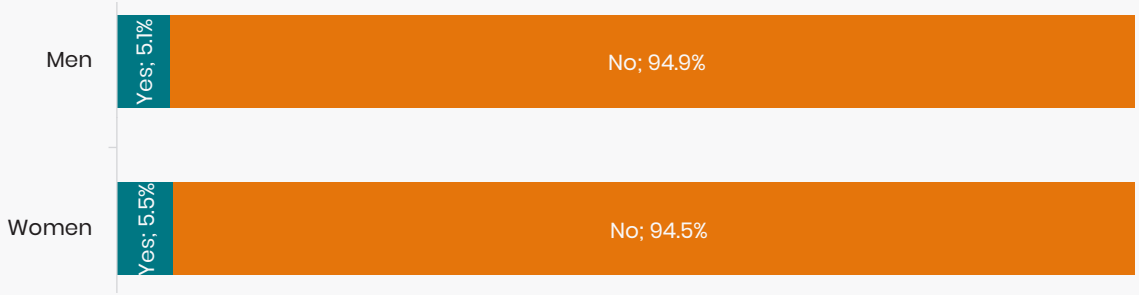
Regular use of prescribed medication shows relevant differences by gender among users in treatment at Proyecto Hombre.
Among women, 37.3% are on pharmacological treatment, compared with 27.4% of men.

DO YOU RECEIVE A MEDICAL DISABILITY PENSION?



Receipt of a disability pension is low among users in treatment at Proyecto Hombre and shows very similar values by gender.
Specifically, 6.5% of men and 6.2% of women are in this situation.

DO YOU RECEIVE A MENTAL DISABILITY PENSION?

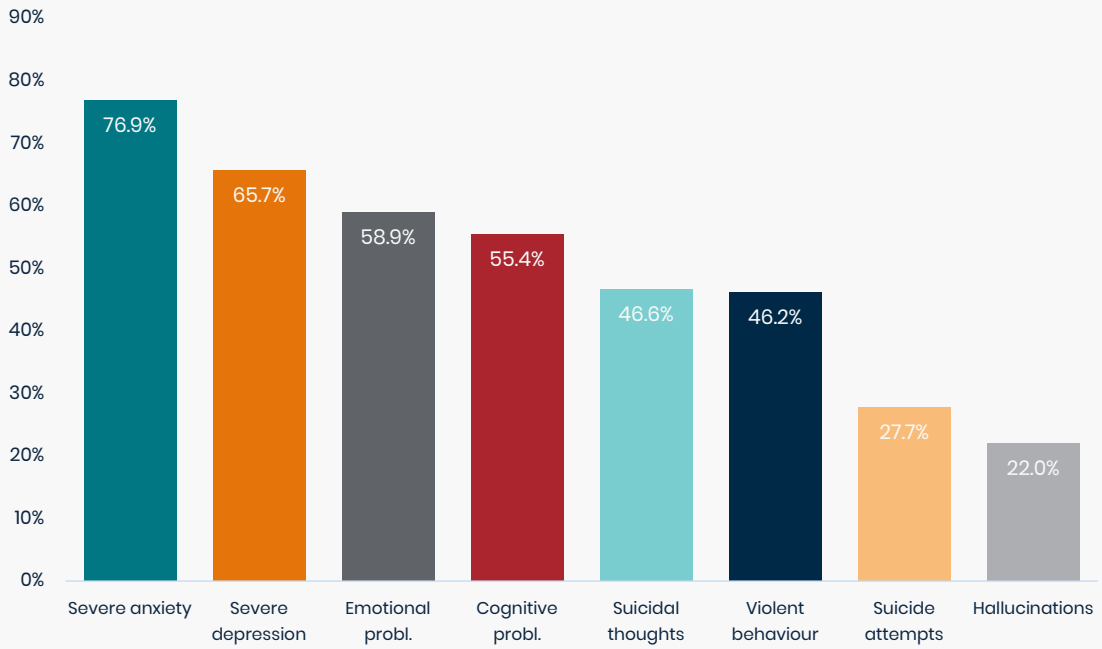


The proportion of users receiving a mental disability pension is also low and similar across genders.
Rates stand at around 5.1% among men and 5.5% among women.

Medical and psychiatric conditions

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

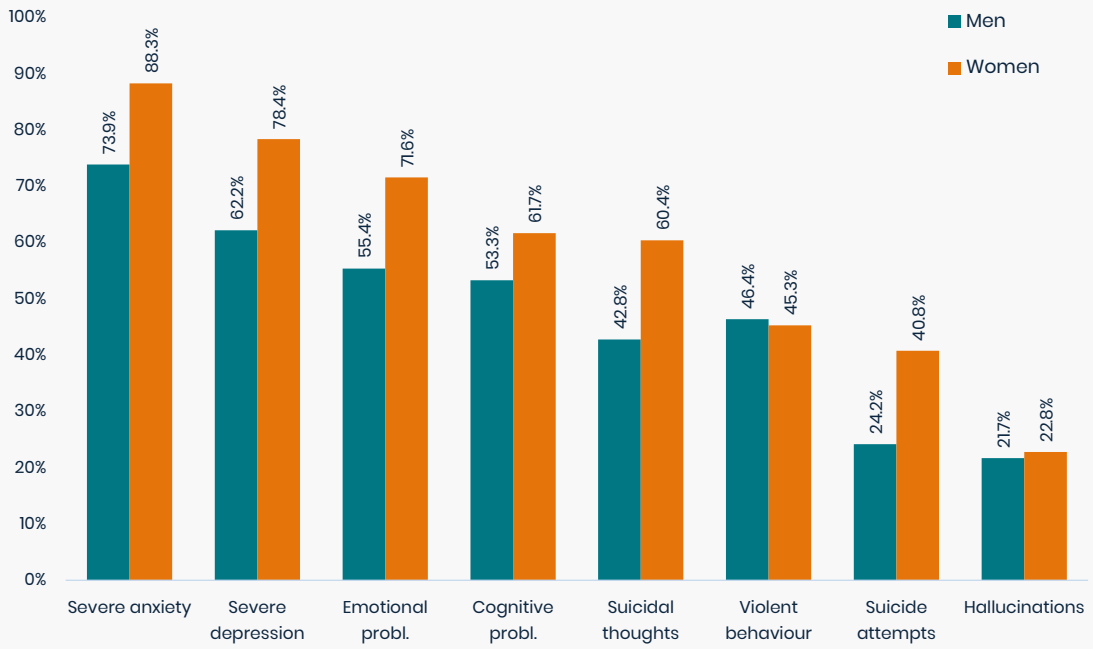
[multiple variable, figures represents the answer "YES"]



The presence of psychiatric conditions over the course of life is very high among users in treatment at Proyecto Hombre, particularly severe anxiety (76.9%) and severe depression (65.7%).
High prevalence is also observed for emotional conditions (58.9%) and cognitive conditions (55.4%), reflecting the complexity of the profiles treated.
The high prevalence of suicidal ideation is especially noteworthy (46.6%).
Note: Percentages do not add up to 100% as this is a multiple-response variable.

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

[multiple variable, figures represents the answer "YES"]



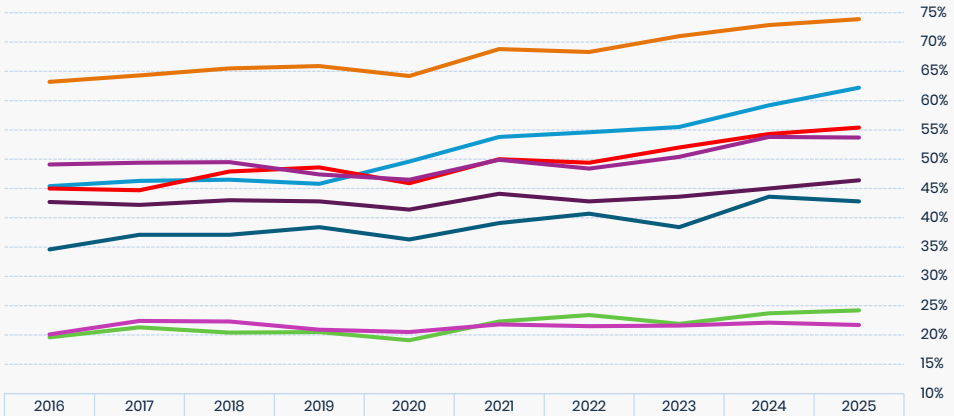
Psychiatric conditions show a high incidence in both genders, although prevalence is significantly higher among women across most indicators.
The most marked differences are observed in suicidal ideation (60.4% in women vs 42.8% in men) and suicide attempts (40.8% vs 24.2%), where the gap is particularly pronounced. Likewise, in severe anxiety, severe depression and emotional conditions, women show prevalence rates around 15 percentage points higher.

Medical and psychiatric conditions

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

[Trend in the answer "yes"]

MEN



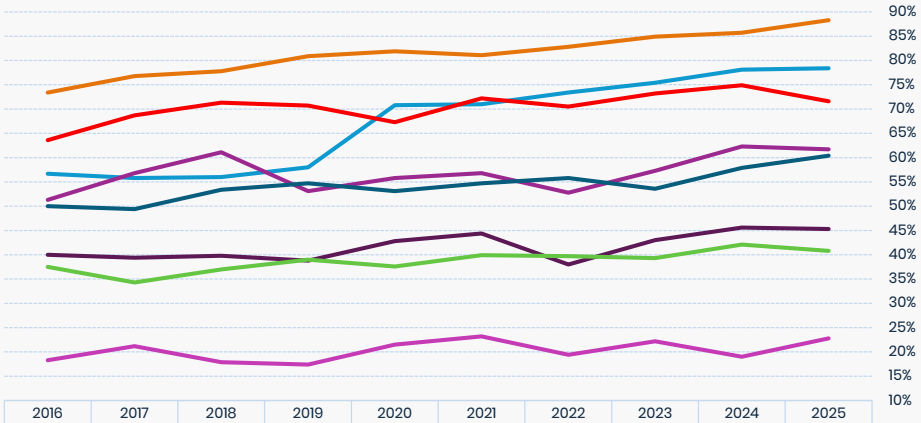
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Severe anxiety	63.2%	64.3%	65.5%	65.9%	64.2%	68.8%	68.3%	71.0%	72.9%	73.9%
Severe depression	45.4%	46.3%	46.5%	45.8%	49.6%	53.8%	54.6%	55.5%	59.2%	62.2%
Emotional probl.	45.0%	44.7%	47.9%	48.6%	45.9%	50.0%	49.4%	52.0%	54.3%	55.4%
Cognitive probl.	49.1%	49.4%	49.5%	47.4%	46.5%	49.9%	48.4%	50.4%	53.8%	53.7%
Violent behaviour	42.7%	42.2%	43.0%	42.8%	41.4%	44.1%	42.8%	43.6%	45.0%	46.4%
Suicidal thoughts	34.6%	37.1%	37.1%	38.4%	36.3%	39.1%	40.7%	38.4%	43.6%	42.8%
Suicide attempts	19.6%	21.3%	20.4%	20.5%	19.1%	22.3%	23.4%	21.9%	23.7%	24.2%
Hallucinations	20.1%	22.4%	22.3%	20.9%	20.5%	21.8%	21.5%	21.6%	22.1%	21.7%

Among men, there is an overall upward trend in most indicators of psychological distress. Severe anxiety is the most prevalent condition, increasing from 63.2% in 2016 to 73.9% in 2025. Severe depression also shows a sustained rise, from 45.4% to 62.2%, making it one of the indicators with the greatest increase.
Along the same lines, emotional conditions increase from 45.0% to 55.4%, while cognitive conditions remain relatively stable at around 50%.
Suicidal ideation also shows an upward trend (34.6% to 42.8%), as do suicide attempts, although with a more moderate increase (19.6% to 24.2%).
By contrast, hallucinations remain stable at around 20–22%, with no significant changes.

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

[Trend in the answer "yes"]

WOMEN



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Severe anxiety	73.4%	76.8%	77.8%	80.9%	81.9%	81.1%	82.8%	84.9%	85.7%	88.3%
Severe depression	56.7%	55.8%	56.0%	58.0%	70.8%	71.0%	73.4%	75.4%	78.1%	78.4%
Emotional probl.	63.6%	68.7%	71.3%	70.7%	67.3%	72.2%	70.5%	73.2%	74.9%	71.6%
Cognitive probl.	51.3%	56.8%	61.1%	53.1%	55.8%	56.8%	52.8%	57.3%	62.3%	61.7%
Violent behaviour	40.0%	39.4%	39.8%	38.8%	42.8%	44.4%	38.0%	43.0%	45.6%	45.3%
Suicidal thoughts	50.0%	49.4%	53.4%	54.7%	53.1%	54.7%	55.8%	53.6%	57.9%	60.4%
Suicide attempts	37.5%	34.3%	37.0%	39.0%	37.6%	39.9%	39.7%	39.3%	42.1%	40.8%
Hallucinations	18.3%	21.2%	17.9%	17.4%	21.5%	23.2%	19.4%	22.2%	19.0%	22.8%

Among women in treatment at Proyecto Hombre, there is a high prevalence and an upward trend across most mental health indicators.
Severe anxiety is the most prevalent condition, increasing from 73.4% in 2016 to 88.3% in 2025. Severe depression also shows a marked rise, from 56.7% to 78.4%, representing one of the most significant increases.
Suicidal ideation remains very high and continues to increase (50.0% to 60.4%), while suicide attempts show a more moderate evolution (37.5% to 40.8%).
Emotional conditions remain high, at around 70–75%, while cognitive conditions show relative stability, standing at 61.7% in 2025.
By contrast, hallucinations remain relatively stable at around 20–23%.

OBSERVATORIO
PROYECTO HOMBRE
SOBRE EL PERFIL DE LAS PERSONAS
CON PROBLEMAS DE ADICCIÓN
EN TRATAMIENTO

2025 REPORT

MAIN INDICATORS BY AUTONOMOUS COMMUNITY

Main indicators by Autonomous Community

Andalusia

		ANDALUSIA	
		Men	Woman
Age	<= 25	10.6%	6.5%
	26 - 33	20.4%	13.1%
	34 - 41	28.7%	28.0%
	42 - 49	22.2%	24.3%
	50 - 57	12.2%	16.8%
	58 - 65	4.3%	8.4%
	66+	1.6%	2.8%
Usual employment pattern over the last 3 years	Full-time	72.5%	59.8%
	Part-time (regular hours)	5.3%	9.3%
	Part-time (irregular/temporary hours)	7.7%	13.1%
	Student	1.2%	0.0%
	Housework	0.0%	0.9%
	Retired/Disabled	2.9%	2.8%
	Unemployed	3.7%	7.5%
	In protected environment	0.2%	0.0%
	DK/NR	0.0%	0.0%
	NA	6.5%	6.5%
Which substance is the main problem?	Alcohol AD.	8.4%	7.5%
	Alcohol above the threshold	12.6%	29.0%
	Heroin	1.6%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.9%
	Benzodiazepines/ barbiturates/sedatives	0.8%	1.9%
	Cocaine	50.7%	38.3%
	Amphetamines	1.4%	0.0%
	Cannabis	7.9%	11.2%
	Hallucinogens	0.4%	0.0%
	Inhalants	0.0%	0.0%
	Other	6.3%	5.6%
	More than one drug	4.5%	4.7%
	Alcohol and other drugs (dual addict.)	3.1%	0.0%
	Polydrug use	1.2%	0.9%
	Ns/Nc	1,0%	0,0%

Asturias

		ASTURIAS	
		Men	Woman
Age	<= 25	14.4%	10.4%
	26 - 33	20.5%	16.7%
	34 - 41	22.7%	33.3%
	42 - 49	18.9%	20.8%
	50 - 57	17.4%	14.6%
	58 - 65	6.1%	4.2%
	66+	0.0%	0.0%
Usual employment pattern over the last 3 years	Full-time	50.0%	43.8%
	Part-time (regular hours)	6.1%	6.3%
	Part-time (irregular/temporary hours)	3.0%	18.8%
	Student	1.5%	2.1%
	Housework	0.0%	0.0%
	Retired/Disabled	8.3%	0.0%
	Unemployed	27.3%	29.2%
	In protected environment	3.8%	0.0%
	DK/NR	0.0%	0.0%
	NA	0.0%	0.0%
Which substance is the main problem?	Alcohol AD.	3.0%	2.1%
	Alcohol above the threshold	10.6%	18.8%
	Heroin	0.8%	2.1%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	35.6%	33.3%
	Amphetamines	0.8%	0.0%
	Cannabis	4.5%	4.2%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.8%	0.0%
	Other	2.3%	0.0%
	More than one drug	0.8%	2.1%
	Alcohol and other drugs (dual addict.)	32.6%	16.7%
	Polydrug use	6.8%	14.6%
	DK/NR	1.5%	6.3%

Balearic Islands

		BALEARIC ISLANDS	
		Men	Woman
Age	<= 25	9.1%	9.2%
	26 - 33	19.6%	13.8%
	34 - 41	25.2%	26.7%
	42 - 49	27.1%	21.5%
	50 - 57	11.9%	15.4%
	58 - 65	5.8%	10.3%
	66+	1.2%	3.1%
Usual employment pattern over the last 3 years	Full-time	70.3%	54.4%
	Part-time (regular hours)	2.3%	7.7%
	Part-time (irregular/temporary hours)	10.0%	10.8%
	Student	0.4%	0.5%
	Housework	0.1%	0.0%
	Retired/Disabled	3.7%	4.1%
	Unemployed	9.1%	21.0%
	In protected environment	0.5%	0.0%
	DK/NR	0.0%	0.0%
	NA	3.5%	1.5%
Which substance is the main problem?	Alcohol AD.	5.8%	5.1%
	Alcohol above the threshold	17.8%	28.2%
	Heroin	2.2%	1.5%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.3%	0.5%
	Benzodiazepines/ barbiturates/sedatives	1.1%	1.0%
	Cocaine	28.6%	24.6%
	Amphetamines	1.4%	0.5%
	Cannabis	6.8%	9.7%
	Hallucinogens	0.3%	0.5%
	Inhalants	0.0%	0.0%
	Other	0.8%	0.5%
	More than one drug	1.8%	0.5%
	Alcohol and other drugs (dual addict.)	25.1%	20.0%
	Polydrug use	8.1%	6.7%
	DK/NR	0.1%	0.5%

C. Valenciana

		C. VALENCIANA	
		Men	Woman
Age	<= 25	11.0%	5.1%
	26 - 33	13.7%	11.5%
	34 - 41	24.9%	24.4%
	42 - 49	27.4%	34.0%
	50 - 57	16.6%	16.7%
	58 - 65	6.2%	7.1%
	66+	0.2%	1.3%
Usual employment pattern over the last 3 years	Full-time	65.1%	50.6%
	Part-time (regular hours)	5.4%	10.9%
	Part-time (irregular/temporary hours)	5.8%	7.7%
	Student	0.2%	0.6%
	Housework	0.0%	0.0%
	Retired/Disabled	5.6%	5.8%
	Unemployed	10.2%	16.0%
	In protected environment	0.0%	0.6%
	DK/NR	4.6%	3.8%
	NA	3.1%	3.8%
Which substance is the main problem?	Alcohol AD.	12.4%	16.0%
	Alcohol above the threshold	10.0%	19.9%
	Heroin	1.0%	2.6%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.2%	0.6%
	Benzodiazepines/ barbiturates/sedatives	0.2%	0.6%
	Cocaine	48.3%	38.5%
	Amphetamines	1.2%	1.3%
	Cannabis	2.3%	3.2%
	Hallucinogens	0.2%	0.0%
	Inhalants	0.0%	0.0%
	Other	4.8%	1.9%
	More than one drug	2.5%	3.2%
	Alcohol and other drugs (dual addict.)	9.1%	7.1%
	Polydrug use	2.7%	2.6%
	DK/NR	5.0%	2.6%

Main indicators by Autonomous Community

Canary Islands

		CANARY ISLANDS	
		Men	Woman
Age	<= 25	5.4%	0.0%
	26 - 33	15.4%	9.4%
	34 - 41	30.0%	25.0%
	42 - 49	28.5%	28.1%
	50 - 57	16.2%	28.1%
	58 - 65	4.6%	9.4%
	66+	0.0%	0.0%
Usual employment pattern over the last 3 years	Full-time	80.0%	62.5%
	Part-time (regular hours)	4.6%	9.4%
	Part-time (irregular/temporary hours)	4.6%	3.1%
	Student	0.8%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	0.0%	0.0%
	Unemployed	6.2%	12.5%
	In protected environment	0.0%	0.0%
	DK/NR	0.0%	0.0%
	NA	3.8%	12.5%
Which substance is the main problem?	Alcohol AD.	10.8%	12.5%
	Alcohol above the threshold	3.1%	15.6%
	Heroin	2.3%	6.3%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	3.1%	0.0%
	Cocaine	66.2%	62.5%
	Amphetamines	0.0%	0.0%
	Cannabis	4.6%	3.1%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	0.8%	0.0%
	More than one drug	1.5%	0.0%
	Alcohol and other drugs (dual addict.)	3.1%	0.0%
	Polydrug use	0.0%	0.0%
	DK/NR	4.6%	0.0%

Cantabria

		CANTABRIA	
		Men	Woman
Age	<= 25	7.7%	4.3%
	26 - 33	29.2%	17.4%
	34 - 41	23.1%	13.0%
	42 - 49	33.8%	21.7%
	50 - 57	4.6%	30.4%
	58 - 65	1.5%	8.7%
	66+	0.0%	4.3%
Usual employment pattern over the last 3 years	Full-time	76.9%	30.4%
	Part-time (regular hours)	1.5%	8.7%
	Part-time (irregular/temporary hours)	4.6%	21.7%
	Student	0.0%	0.0%
	Housework	0.0%	4.3%
	Retired/Disabled	4.6%	4.3%
	Unemployed	6.2%	17.4%
	In protected environment	3.1%	8.7%
	DK/NR	0.0%	4.3%
	NA	3.1%	0.0%
Which substance is the main problem?	Alcohol AD.	6.2%	17.4%
	Alcohol above the threshold	13.8%	26.1%
	Heroin	3.1%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	47.7%	30.4%
	Amphetamines	0.0%	0.0%
	Cannabis	6.2%	0.0%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	10.8%	0.0%
	More than one drug	0.0%	0.0%
	Alcohol and other drugs (dual addict.)	12.3%	17.4%
	Polydrug use	0.0%	4.3%
	DK/NR	0.0%	4.3%

Castilla la Mancha

		C. LA MANCHA	
		Men	Woman
Age	<= 25	8.6%	0.0%
	26 - 33	18.1%	13.6%
	34 - 41	19.0%	25.0%
	42 - 49	30.2%	31.8%
	50 - 57	16.4%	25.0%
	58 - 65	6.9%	4.5%
	66+	0.9%	0.0%
Usual employment pattern over the last 3 years	Full-time	79.3%	75.0%
	Part-time (regular hours)	5.2%	9.1%
	Part-time (irregular/temporary hours)	3.4%	6.8%
	Student	0.0%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	0.9%	0.0%
	Unemployed	3.4%	6.8%
	In protected environment	0.0%	0.0%
	DK/NR	0.0%	0.0%
	NA	7.8%	2.3%
Which substance is the main problem?	Alcohol AD.	13.8%	4.5%
	Alcohol above the threshold	18.1%	18.2%
	Heroin	0.9%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.9%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	54.3%	59.1%
	Amphetamines	0.9%	2.3%
	Cannabis	6.0%	4.5%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	2.6%	0.0%
	More than one drug	1.7%	4.5%
	Alcohol and other drugs (dual addict.)	0.9%	4.5%
	Polydrug use	0.0%	0.0%
	DK/NR	0.0%	2.3%

Castilla and León

		C. Y LEÓN	
		Men	Woman
Age	<= 25	10.7%	11.0%
	26 - 33	25.7%	20.5%
	34 - 41	27.3%	28.8%
	42 - 49	21.0%	30.1%
	50 - 57	9.7%	2.7%
	58 - 65	4.0%	2.7%
	66+	1.7%	4.1%
Usual employment pattern over the last 3 years	Full-time	75.3%	45.2%
	Part-time (regular hours)	4.3%	8.2%
	Part-time (irregular/temporary hours)	3.0%	8.2%
	Student	0.7%	2.7%
	Housework	0.0%	2.7%
	Retired/Disabled	4.3%	2.7%
	Unemployed	8.3%	24.7%
	In protected environment	0.3%	0.0%
	DK/NR	1.0%	1.4%
	NA	2.7%	4.1%
Which substance is the main problem?	Alcohol AD.	7.0%	13.7%
	Alcohol above the threshold	10.7%	13.7%
	Heroin	1.0%	1.4%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	1.0%	2.7%
	Cocaine	46.0%	42.5%
	Amphetamines	2.7%	6.8%
	Cannabis	7.3%	6.8%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	1.7%	1.4%
	More than one drug	1.0%	0.0%
	Alcohol and other drugs (dual addict.)	12.3%	5.5%
	Polydrug use	2.7%	2.7%
	DK/NR	6.7%	2.7%

Main indicators by Autonomous Community

Catalonia

		CATALONIA	
		Men	Woman
Age	<= 25	4.1%	4.6%
	26 - 33	16.0%	16.7%
	34 - 41	26.2%	24.1%
	42 - 49	33.2%	29.6%
	50 - 57	13.1%	16.7%
	58 - 65	6.6%	6.5%
	66+	0.8%	1.9%
Usual employment pattern over the last 3 years	Full-time	68.4%	63.0%
	Part-time (regular hours)	5.7%	8.3%
	Part-time (irregular/temporary hours)	5.7%	8.3%
	Student	0.0%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	4.9%	5.6%
	Unemployed	7.8%	4.6%
	In protected environment	0.0%	0.0%
	DK/NR	0.0%	0.9%
	NA	7.4%	9.3%
Which substance is the main problem?	Alcohol AD.	20.1%	20.4%
	Alcohol above the threshold	10.2%	13.9%
	Heroin	1.6%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.4%	0.0%
	Benzodiazepines/ barbiturates/sedatives	1.2%	1.9%
	Cocaine	46.3%	43.5%
	Amphetamines	2.9%	0.0%
	Cannabis	4.5%	11.1%
	Hallucinogens	0.4%	0.0%
	Inhalants	0.0%	0.0%
	Other	4.1%	4.6%
	More than one drug	4.1%	0.9%
	Alcohol and other drugs (dual addict.)	1.2%	3.7%
	Polydrug use	2.5%	0.0%
	DK/NR	0.4%	0.0%

Extremadura

		EXTREMADURA	
		Men	Woman
Age	<= 25	9.8%	33.3%
	26 - 33	17.1%	16.7%
	34 - 41	36.6%	33.3%
	42 - 49	17.1%	0.0%
	50 - 57	14.6%	16.7%
	58 - 65	4.9%	0.0%
	66+	0.0%	0.0%
Usual employment pattern over the last 3 years	Full-time	68.3%	16.7%
	Part-time (regular hours)	12.2%	0.0%
	Part-time (irregular/temporary hours)	0.0%	0.0%
	Student	2.4%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	2.4%	0.0%
	Unemployed	7.3%	66.7%
	In protected environment	0.0%	0.0%
	DK/NR	0.0%	0.0%
	NA	7.3%	16.7%
Which substance is the main problem?	Alcohol AD.	12.2%	33.3%
	Alcohol above the threshold	4.9%	0.0%
	Heroin	0.0%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	56.1%	50.0%
	Amphetamines	0.0%	0.0%
	Cannabis	4.9%	16.7%
	Hallucinogens	2.4%	0.0%
	Inhalants	0.0%	0.0%
	Other	7.3%	0.0%
	More than one drug	7.3%	0.0%
	Alcohol and other drugs (dual addict.)	4.9%	0.0%
	Polydrug use	0.0%	0.0%
	DK/NR	0.0%	0.0%

Galicia

		GALICIA	
		Men	Woman
Age	<= 25	15.8%	17.9%
	26 - 33	20.7%	25.6%
	34 - 41	25.2%	15.4%
	42 - 49	21.6%	20.5%
	50 - 57	11.7%	15.4%
	58 - 65	4.1%	0.0%
	66+	0.9%	5.1%
Usual employment pattern over the last 3 years	Full-time	63.5%	41.0%
	Part-time (regular hours)	4.5%	5.1%
	Part-time (irregular/temporary hours)	3.2%	7.7%
	Student	2.7%	7.7%
	Housework	0.0%	0.0%
	Retired/Disabled	8.1%	10.3%
	Unemployed	15.8%	20.5%
	In protected environment	1.8%	2.6%
	DK/NR	0.5%	5.1%
	NA	0.0%	0.0%
Which substance is the main problem?	Alcohol AD.	0.0%	0.0%
	Alcohol above the threshold	17.6%	12.8%
	Heroin	3.6%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.5%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	50.9%	53.8%
	Amphetamines	0.0%	0.0%
	Cannabis	5.9%	5.1%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	0.9%	0.0%
	More than one drug	3.6%	7.7%
	Alcohol and other drugs (dual addict.)	9.0%	7.7%
	Polydrug use	2.7%	5.1%
	DK/NR	5.4%	7.7%

La Rioja

		LA RIOJA	
		Men	Woman
Age	<= 25	6.9%	14.3%
	26 - 33	17.6%	14.3%
	34 - 41	28.2%	31.0%
	42 - 49	21.4%	21.4%
	50 - 57	18.3%	16.7%
	58 - 65	5.3%	2.4%
	66+	2.3%	0.0%
Usual employment pattern over the last 3 years	Full-time	68.7%	59.5%
	Part-time (regular hours)	9.2%	11.9%
	Part-time (irregular/temporary hours)	1.5%	4.8%
	Student	0.0%	2.4%
	Housework	0.0%	0.0%
	Retired/Disabled	4.6%	0.0%
	Unemployed	13.0%	9.5%
	In protected environment	0.8%	2.4%
	DK/NR	0.8%	0.0%
	NA	1.5%	9.5%
Which substance is the main problem?	Alcohol AD.	14.5%	19.0%
	Alcohol above the threshold	9.9%	16.7%
	Heroin	4.6%	4.8%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	2.3%	0.0%
	Cocaine	32.8%	9.5%
	Amphetamines	14.5%	23.8%
	Cannabis	15.3%	14.3%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	3.8%	7.1%
	More than one drug	1.5%	2.4%
	Alcohol and other drugs (dual addict.)	0.0%	0.0%
	Polydrug use	0.0%	0.0%
	DK/NR	0.8%	2.4%

Main indicators by Autonomous Community

Madrid

		MADRID	
		Men	Woman
Age	<= 25	5.6%	0.0%
	26 - 33	20.4%	21.4%
	34 - 41	27.8%	14.3%
	42 - 49	22.2%	21.4%
	50 - 57	14.8%	14.3%
	58 - 65	9.3%	28.6%
	66+	0.0%	0.0%
Usual employment pattern over the last 3 years	Full-time	80.6%	78.6%
	Part-time (regular hours)	7.4%	0.0%
	Part-time (irregular/temporary hours)	1.9%	7.1%
	Student	1.9%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	3.7%	7.1%
	Unemployed	0.0%	0.0%
	In protected environment	0.0%	0.0%
	DK/NR	0.9%	0.0%
	NA	3.7%	7.1%
Which substance is the main problem?	Alcohol AD.	9.3%	21.4%
	Alcohol above the threshold	25.0%	35.7%
	Heroin	1.9%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.9%	0.0%
	Cocaine	45.4%	21.4%
	Amphetamines	2.8%	0.0%
	Cannabis	7.4%	0.0%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	0.0%	7.1%
	More than one drug	0.0%	0.0%
	Alcohol and other drugs (dual addict.)	0.0%	0.0%
	Polydrug use	0.0%	0.0%
	DK/NR	7.4%	14.3%

Murcia

		MURCIA	
		Men	Woman
Age	<= 25	9.6%	11.5%
	26 - 33	16.3%	11.5%
	34 - 41	23.0%	23.1%
	42 - 49	32.0%	11.5%
	50 - 57	16.3%	26.9%
	58 - 65	2.2%	15.4%
	66+	0.6%	0.0%
Usual employment pattern over the last 3 years	Full-time	75.3%	69.2%
	Part-time (regular hours)	3.9%	7.7%
	Part-time (irregular/temporary hours)	3.4%	7.7%
	Student	1.1%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	2.8%	0.0%
	Unemployed	7.9%	15.4%
	In protected environment	0.0%	0.0%
	DK/NR	0.0%	0.0%
	NA	5.6%	0.0%
Which substance is the main problem?	Alcohol AD.	5.6%	3.8%
	Alcohol above the threshold	10.1%	15.4%
	Heroin	0.0%	0.0%
	Methadone/LAAM	0.0%	3.8%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	0.0%	0.0%
	Cocaine	33.1%	26.9%
	Amphetamines	1.1%	3.8%
	Cannabis	3.4%	7.7%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	11.8%	7.7%
	More than one drug	0.0%	0.0%
	Alcohol and other drugs (dual addict.)	27.0%	30.8%
	Polydrug use	5.6%	0.0%
	DK/NR	2.2%	0.0%

Navarra

		NAVARRE	
		Men	Woman
Age	<= 25	13.6%	0.0%
	26 - 33	23.5%	25.0%
	34 - 41	17.3%	20.8%
	42 - 49	17.3%	12.5%
	50 - 57	24.7%	29.2%
	58 - 65	1.2%	8.3%
	66+	2.5%	4.2%
Usual employment pattern over the last 3 years	Full-time	82.7%	75.0%
	Part-time (regular hours)	3.7%	4.2%
	Part-time (irregular/temporary hours)	2.5%	4.2%
	Student	0.0%	0.0%
	Housework	0.0%	0.0%
	Retired/Disabled	2.5%	8.3%
	Unemployed	7.4%	8.3%
	In protected environment	0.0%	0.0%
	DK/NR	1.2%	0.0%
	NA	0.0%	0.0%
Which substance is the main problem?	Alcohol AD.	4.9%	12.5%
	Alcohol above the threshold	25.9%	25.0%
	Heroin	0.0%	0.0%
	Methadone/LAAM	0.0%	0.0%
	Other opiates/analgesics	0.0%	0.0%
	Benzodiazepines/ barbiturates/sedatives	1.2%	0.0%
	Cocaine	33.3%	29.2%
	Amphetamines	11.1%	4.2%
	Cannabis	9.9%	16.7%
	Hallucinogens	0.0%	0.0%
	Inhalants	0.0%	0.0%
	Other	0.0%	0.0%
	More than one drug	1.2%	0.0%
	Alcohol and other drugs (dual addict.)	4.9%	4.2%
	Polydrug use	3.7%	0.0%
	DK/NR	3.7%	8.3%

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CONCLUSIONS GENERAL INFORMATION

GENDER, AGE AND ADMISSION PRIOR TO TREATMENT

Conclusions: general information

The profile of users in treatment at Proyecto Hombre shows a clear male predominance **(78.7%)**, although a progressive increase in the proportion of women has been observed since 2016, rising from **16.2% to 21.3% in 2025**. This suggests greater visibility of addictions among women and improved access to services within this group.

In parallel, a gradual ageing of the treated population is confirmed, with a steady increase in average age **(from 38.1 years in 2016 to 40.7 in 2025)** and a higher concentration of users in middle age groups, particularly between 34 and 49 years. This trend is more pronounced among women, who present a higher average age, by more than two years, and a greater presence in older age groups.

Overall, these findings highlight the need to adapt intervention strategies to older and more diverse profiles, as well as to strengthen early detection and intervention among younger populations.

In this context, the analysis of basic treatment data helps to further characterise users' trajectories. The Proyecto Hombre care model is mainly structured around outpatient and day centre treatments, which account for **58.1%** of interventions and address profiles that do not require residential admission, while maintaining a flexible therapeutic structure adapted to different levels of need.

Most users had not been admitted to other services in the month prior to starting treatment **(82.6%)**, indicating that access to Proyecto Hombre is generally not preceded by recent hospitalisation or residential care. However, **17.4%** present more complex trajectories, with recent admissions to other services.

In these cases, notable gender differences are observed in referral sources: among women, there is a higher proportion coming from mental health services (28.8% from psychiatric care), while among men there is a greater presence of addiction services **(25.1%)** and the penitentiary system **(24.1%)**.

These patterns reflect differentiated pathways and highlight the need to further strengthen coordination between health, social, and legal resources, as well as to tailor responses to the diversity of users' trajectories.

MEDICAL HEALTH

People in treatment at Proyecto Hombre present a high burden of health conditions, both physical and, in particular, psychiatric, highlighting the complexity of the profiles served.

In 2025, at the start of treatment, around one third of men and more than four in ten women report chronic medical conditions that interfere with daily life, indicating a higher level of impact among women.

This pattern is also reflected in the use of prescribed medication: more than a third of women are on regular pharmacological treatment, compared with just over one in four men.

By contrast, the proportion receiving a medical disability pension is low and very similar across genders, at around one in fifteen people, suggesting limited formal recognition of these conditions.

Overall, these findings point to the presence of significant physical health conditions from the outset of treatment, with greater impact among women and limited alignment with formal disability recognition. This pattern remains stable compared with previous years, suggesting a consolidated profile among people in treatment.

EMPLOYMENT, SUPPORT AND EDUCATION/LABOUR

Data for 2025 confirm the consolidation of a profile characterised by high socio-occupational vulnerability among people entering treatment for addictions at Proyecto Hombre, associated with limited qualifications, unstable employment histories and reduced financial autonomy.

In terms of education, a medium level of attainment by users predominates. 47.7% of users have completed secondary education and 34.1% primary education, while only 9.8% have accessed university studies and 7.5% have no formal education. This pattern shows a concentration in intermediate qualification levels, which limits access to more specialised employment. By gender, slight differences are observed in favour of women, who show a higher proportion of university education (13.2% compared with 8.9% in men) and a lower proportion with no formal education.

Regarding employment history, there is some connection to the labour market: 67.4% have worked full-time in the last three years. However, this participation is mainly concentrated in low-skilled sectors such as hospitality and retail (26.1%), construction (17.7%) and elementary occupations (17.2%), while technical or high-skilled roles have very limited representation (around 5.6% and 3.5%). This reflects fragile and poorly diversified integration in the labour market.

Gender differences reinforce this picture. Although more than half of women have had full-time employment (55.5%), this proportion is significantly lower than among men (70.6%). In addition, women show a higher prevalence of part-time work and unemployment, along with occupational concentration in sectors such as hospitality and retail (41.1%), indicating higher levels of precarity and labour segmentation.

In terms of income structure, employment is the main source of income for 41.8% of users. However, a significant proportion relies on family support (16.6%) or pensions and social benefits (16.2%), highlighting limited financial autonomy. These differences are more pronounced by gender: employment plays a greater role among men (44.3%), while women rely more heavily on informal support and social benefits, reflecting greater economic vulnerability.

Overall, the data depict a profile with some attachment to the labour market, but with significant difficulties in sustaining stable and continuous employment trajectories, which constrains financial autonomy and social inclusion processes.

In this context, socio-occupational integration is a key area of intervention, not only to improve economic conditions, but also as a central element in processes of social inclusion, personal autonomy and the development of more stable life projects. Programmes such as INSOLA and INSOLA+, implemented by Proyecto Hombre, have helped to consolidate an effective intervention line aimed at improving employability and facilitating access to more stable employment opportunities among people in vulnerable situations.

Conclusions: general information

USE OF ALCOHOL AND OTHER DRUGS

As in previous years, the main substances driving the majority of treatment demands among people entering Proyecto Hombre are cocaine (42.7%) and alcohol (36.6%), with the slight upward trend for cocaine continuing. At a considerable distance is cannabis (6.7%). This reflects the consolidation of problems associated with more widely used substances in society.

It is worth noting that distinct consumption patterns are observed by gender. For men, cocaine is the main problematic substance (43.95%), while for women it is alcohol (41.92%). Looking at trends over time, cocaine is becoming increasingly established as the primary substance among men, leading to a gradual decline in the relative weight of other substances. By contrast, trends among women show a gradual shift in consumption patterns, driven by a decrease in the proportion of alcohol-related cases alongside an increase in cocaine. However, when looking at regular or problematic use over the lifetime, patterns of polydrug use emerge, highlighting complex trajectories involving multiple substances. Once again, alcohol, cocaine and cannabis are the most commonly used substances over the course of users' lives.

Focusing on the average age of onset of problematic substance use, two groups can be identified: on the one hand, substances whose use typically begins in adolescence, such as alcohol and cannabis (around 16-17 years of age); and, on the other, substances whose problematic use tends to begin later in life, such as benzodiazepines, barbiturates and sedatives (around 27 years of age). The time elapsed between years of use and the start of treatment varies depending on the substance. The longest delay in seeking help is observed in the case of alcohol in any dose (almost 20 years), whereas for inhalants it is less than four years.

Another relevant finding is that, although there are no differences by gender in the order of substance initiation, women tend to begin problematic use later than men (up to almost four years later in the case of high-volume alcohol consumption). However, women tend to seek help earlier, meaning they present shorter consumption trajectories than men before entering treatment (with differences not exceeding two years).

LEGAL PROBLEMS

The relationship between people in treatment at Proyecto Hombre and the legal system is generally limited, particularly in relation to entry into treatment through legal authority **(5.8% of men and 3.7% of women)** or current parole status **(3.8% and 1.8%**, respectively).

However, a significant proportion present active legal situations at treatment entry, as reflected in pending charges, trials or sentences, which affect **23.3% of men compared with 15.5% of women.** This highlights the coexistence of legal issues in a substantial share of cases. In this context, clear gender differences are observed, with a higher proportion of men across all indicators analysed, including previous charges for drug possession or trafficking **(24.9% of men versus 12.8% of women).**

These findings point to a stronger involvement of men with the criminal justice system, whereas women's treatment pathways are less frequently shaped by this dimension.

Overall, the results underline the need to maintain and strengthen coordination between therapeutic and legal systems, particularly in the case of men, as well as to adapt interventions to different profiles according to gender.

SOCIAL AND FAMILY AREA

Among people treated at Proyecto Hombre in 2025, the most common marital status remains single, accounting for over 50% in both genders and with a higher prevalence among men (63.6% compared with 59.1% in women). Married individuals represent a smaller proportion than in the general population, with a slightly higher share among men (17.9% versus 13.5% in women). By contrast, situations such as separation, widowhood or divorce are more common among women, reflecting a greater diversity of family trajectories: 13.6% of women are separated and 9.5% divorced, compared with 9.4% and 7.3% of men, respectively. Widowhood and remarriage are marginal but also more frequent among women, pointing to differences in life trajectories by gender, with greater marital stability among men and a higher prevalence of relationship breakdowns and transitions among women.

Usual cohabitation is mainly centred around the family environment. Living with parents is most common (22.4% of men, 16.4% of women), followed by cohabitation with a partner and children (20% of men, 16.5% of women), and then living with a partner without children. Living alone is also a significant arrangement, particularly among men (17.4% compared with 15.6% in women). By gender, cohabitation with children is significantly more common among women (11.3% vs 1.9% in men), while men are more likely to live with parents or alone. This pattern suggests that motherhood acts as both a responsibility factor and a potential source of vulnerability, whereas men tend to remain within more stable family structures.

Regarding leisure time and social ties, the main relational space remains the non-problematic family environment (48.8%), for both men and women. However, a significant proportion spend most of their leisure time alone, around 25–30% in both genders, while women show greater diversity in their social contexts, engaging with a wider range of settings. This underlines the importance of the social environment in recovery processes and the need to address situations of isolation.

Cohabitation with people with substance use problems is uncommon, although clear gender differences are observed. In relation to alcohol, 14.5% of women live with someone affected, compared with 9.1% of men; regarding other drugs, the figure rises to 17.0% among women, almost double that of men (9.2%). These data indicate greater exposure among women to risk environments within their immediate surroundings, representing a relevant vulnerability factor.

Finally, conflict in personal relationships is mainly concentrated in the partner relationship, with higher levels among women (66.7% compared with 55.4% in men). This is followed by conflicts with parents and siblings, which show a similar pattern across genders, although with greater intensity among women, particularly in relationships with mothers and children. Overall, women report higher levels of conflict across most close relational domains, while men more frequently experience tension in work and external contexts. This pattern reflects a greater burden of strain within close relationships for women and a higher prevalence of conflicts in external settings for men.

Overall, the findings from the social and family domain show that women in treatment present greater vulnerability, both due to increased exposure to substance use within their immediate environment and in relation to motherhood and interpersonal conflict. Men, by contrast, are characterised by greater marital stability and a higher presence within stable family structures, but with more pronounced conflict in external contexts. This information is key to guiding individualised intervention strategies and family and social support programmes at Proyecto Hombre.

Conclusions: general information

PSYCHIATRIC PROBLEMS

People in treatment at Proyecto Hombre present a high burden of health conditions, both physical and, in particular, psychiatric, highlighting the complexity of the profiles served.

In the field of mental health, the prevalence of psychiatric conditions is very high in both genders, with particularly elevated levels of severe anxiety **(76.9%)** and severe depression **(65.7%)**, alongside a high prevalence of suicidal ideation **(46.6%)**. This reality highlights the close relationship between addiction and mental health, as well as the need for integrated approaches in treatment processes.

Gender differences are particularly relevant, with a higher prevalence and greater severity of psychiatric conditions among women, especially in critical indicators such as suicidal ideation **(60.4% in women compared with 42.8% in men)** and suicide attempts **(40.8% versus 24.2%).**

In addition, the time trend shows an increasing pattern across most indicators of psychological distress in both men and women, with particularly significant rises in anxiety and depression **(for example, among women, severe anxiety increases from 73.4% to 88.3% between 2016 and 2025).**

Overall, these findings reinforce the need to continue advancing integrated intervention models that jointly address addiction and mental health, incorporating a gender perspective and adapting responses to increasingly complex profiles.

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RECOMMENDATIONS

Recommendations of the Proyecto Hombre Observatory 2025

Based on the analysis of the data and the conclusions of the 2025 report from the Proyecto Hombre Association Observatory, a set of recommendations is proposed to guide intervention across the different centres, programmes and services within the addiction care network. These proposals maintain the comprehensive and multidisciplinary approach of previous years, while incorporating adjustments aligned with the trends and specific needs identified in 2025.

ON THE SOCIO-DEMOGRAPHIC AND FAMILY PROFILE, AND AGE-RELATED DIFFERENCES

Adapting interventions to age: ageing profiles and the need for early prevention

The 2025 analysis confirms the need to strengthen interventions tailored to the life stage of users. The increase in the average age to 40.7 years, together with a higher concentration of women in older age groups, calls for therapeutic responses adapted to profiles with longer substance use trajectories, greater accumulated deterioration, and more complex social and health needs. At the same time, the low proportion of young people highlights the importance of strengthening early detection and early intervention strategies, particularly in relation to initial problematic use of alcohol and cannabis, which typically begins around the age of 16.

Family dimension in intervention: gender inequalities and specific support needs

In the family sphere, it is important to continue strengthening socio-family intervention programmes, given that cohabitation is a central aspect of users' lives. Living within family units or with the family of origin remains the most common arrangement, although relevant gender differences persist. Women are more likely to have caregiving responsibilities and to live with children (11.3% compared with 1.9% in men), as well as greater exposure to vulnerable environments, including living with people who use substances (13.6% compared with 7.7%). These factors make it advisable to reinforce family support measures, psychosocial accompaniment and work-life balance strategies, incorporating actions that facilitate access to and retention in treatment.

ON GENDER DIFFERENCES AND ACCESS TO TREATMENT

Advancing women's care and consolidating a gender perspective

The steady increase in the proportion of women in treatment, reaching 21.3% in 2025 compared with 16.2% in 2015, reflects progress in access, while also highlighting the persistence of specific barriers. It is therefore essential to consolidate a transversal gender perspective across the entire network, ensuring that programmes are adapted to the specific needs of women, particularly those entering treatment at older ages and with greater caregiving responsibilities, higher levels of economic insecurity and poorer physical and mental health.

Improving access and treatment adherence among women in vulnerable situations

There is a need to continue developing specific resources and pathways that make access easier, reduce stigma and support treatment adherence. The higher rates of separation or divorce among women (23.1% compared with 16.7% in men), along with their greater exposure to situations of social vulnerability, highlight the importance of strengthening tailored support, safe therapeutic environments and personalised follow-up approaches. Special attention should also be given to women with children or other dependants, ensuring that organisational and social measures are in place so that these responsibilities do not become a barrier to starting or continuing treatment.

ON PHYSICAL HEALTH AND MEDICAL COMORBIDITIES

Integrating physical health into treatment with a gender perspective

The 2025 data highlight the need to strengthen integrated care for physical health within treatment processes. Women show a higher prevalence of chronic medical conditions (42.5% compared with 33.6% in men) and a greater use of regular prescribed medication for physical health problems (37% versus 27.2%). This profile supports the case for more comprehensive health assessments from the outset of treatment and improved coordination with primary and specialist care, in order to address addiction and related chronic conditions simultaneously.

Addressing complexity and chronicity in older profiles

The growing complexity of the populations in treatment calls for approaches that more systematically integrate monitoring of overall health status, medication adherence, health education, and coordinated access to healthcare services. This is particularly important for older profiles, whose care requires responses better adapted to multimorbidity, functional decline, and long-term treatment needs.

ON PSYCHIATRIC COMORBIDITY AND MENTAL HEALTH

Mental health and psychiatric comorbidity: greater impact and vulnerability among women

The high prevalence of mental health problems remains one of the main challenges in treatment. Severe anxiety (76.9% in women and 73.9% in the overall trend), severe depression, emotional difficulties and suicidal ideation form a clinical picture that requires a strengthened integrated approach. The situation is particularly concerning among women, who show significantly higher prevalence across most indicators, especially in suicidal ideation (60.4% compared with 42.8% in men) and suicide attempts (40.8% versus 24.2%).

Early assessment and detection of mental health risk

In light of these findings, it is recommended to consolidate systematic psychological and psychiatric assessments from the outset of treatment, with particular attention to the detection of suicide risk and severe emotional disorders. At the same time, multidisciplinary teams should be strengthened, along with coordination with mental health services, to ensure continuity of care, rapid referral pathways and joint follow-up of the most complex cases. The sustained increase in anxiety, depression and suicidal ideation in recent years also calls for a review and update of clinical protocols, prioritising care for profiles with higher levels of vulnerability.

Recommendations

ON EDUCATION, EMPLOYMENT AND SOCIO-OCCUPATIONAL INTEGRATION

Educational level and inequalities in access to employment

The educational and employment profile of people in treatment highlights the need to further strengthen socio-occupational integration as a core element of recovery. Medium levels of educational attainment predominate, with 47.7% having completed secondary education and 34.1% primary education, while the proportion with university studies remains low (9.8%). Although women show slightly higher educational attainment overall, significant inequalities persist in access to employment and job stability.

Socio-occupational integration as a key pillar of recovery

At the occupational level, the concentration in sectors such as hospitality and retail (26.1%), construction (17.7%) and elementary occupations (17.2%) reflects employment trajectories largely linked to lower-skilled and often less stable jobs. This vulnerability is more pronounced among women, who show lower levels of full-time employment over the last three years (55.5% compared with 70.6% in men) and a greater reliance on social benefits and informal support networks. These findings point to the need to strengthen vocational guidance, training and employment inclusion programmes, incorporating a gender perspective and placing particular emphasis on improving financial independence, skills development and access to more stable and inclusive employment opportunities.

ON SUBSTANCE USE AND THERAPEUTIC RESPONSE

Predominant consumption patterns and gender-responsive intervention

The 2025 data confirm that cocaine (42.7%) and alcohol (36.6%) remain the main substances associated with treatment demand. This underlines the need to maintain and update targeted programmes for these profiles. Gender differences should also guide intervention. Among men, cocaine predominates (43.9%), while among women alcohol carries greater weight (41.9%). This distribution supports the continued development of differentiated therapeutic strategies, tailored to patterns of use, progression over time and associated clinical and social needs.

Early onset of use and strengthened prevention among young people

Early initiation of problematic alcohol and cannabis use reinforces the need to intensify prevention efforts aimed at adolescents and young adults. Although cannabis has a lower prevalence as a primary substance (6.7%) and shows a downward trend, it remains relevant due to its early age of onset and its role in trajectories that may become chronic. In this regard, there is a need to strengthen selective prevention, risk education and early identification of problematic use at younger ages.

ON LEGAL PROBLEMS AND COORDINATION WITH THE JUSTICE SYSTEM

Relationship with the legal system and the need for coordinated intervention

Although only a small proportion of users enter treatment following legal authority referral or judicial suggestion, legal problems remain significant, particularly among men. In 2025, 23.3% of men are awaiting charges, trials or sentencing, compared with 15.5% of women. These findings highlight the importance of continuing to strengthen coordination with the judicial and penitentiary systems, promoting intervention pathways that combine compliance with legal obligations and engagement in therapeutic processes.

Strengthening coordination between legal and social systems to improve treatment adherence

It is therefore advisable to consolidate mechanisms of collaboration that facilitate access to treatment as an alternative or complement to other institutional responses, as well as to strengthen legal and social support for individuals with ongoing legal proceedings. This approach can help improve adherence to treatment, reduce interruptions in recovery processes and promote a more integrated response to situations of greater complexity.

ON FORMS OF TREATMENT AND PERSONALISED CARE

Consolidating outpatient services and adapting care to diverse needs

The prominence of outpatient programmes and day centres, which account for 58.1% of all interventions, highlights the importance of continuing to strengthen flexible, accessible services that can be combined with different personal and family circumstances. The relatively balanced distribution by gender suggests that these services respond to shared needs. However, differences in pathways into treatment point to the importance of further personalising responses.

Towards an integrated, evidence-based model

The 2025 report underscores the need to continue consolidating a biopsychosocial, integrated and person-centred model of care. The development of more granular analyses, such as age-based approaches, should be further strengthened to improve planning, evaluation and the effectiveness of interventions.

Differences in pathways to care and adaptation of therapeutic trajectories

Among women, entry into treatment is more frequently linked to psychiatric care (28.8%), whereas among men referrals more often come from alcohol and drug services (25.1%) and the prison system (24.1%). These findings highlight the need to adapt entry routes and therapeutic pathways to different profiles, strengthening inter-institutional coordination and the capacity to respond to complex needs. In this context, the inclusion of age-specific analysis in this edition represents a particularly valuable tool for developing more tailored, targeted and effective models of care.

FINAL SYNTHESIS (SUMMARY OF RECOMMENDATIONS)

Overall, the 2025 findings reinforce the need to consolidate a comprehensive, biopsychosocial and increasingly personalised intervention model. Reducing gender gaps, strengthening mental health care, adapting responses to age and family context, improving socio-occupational integration, and maintaining specialised interventions for cocaine and alcohol emerge as key strategic priorities for the Proyecto Hombre network in the coming years.

Based on the 2025 results, a set of practical recommendations is proposed to strengthen intervention across the Proyecto Hombre network, aligned with the trends identified and the current context of addiction care in Spain.

GENDER PERSPECTIVE

Across all programmes. It is essential to facilitate access, strengthen care related to trauma, mental health and violence, and develop specific interventions that respond to the differentiated needs of women.

MENTAL HEALTH

It is important to strengthen dual-diagnosis intervention models, improve coordination with mental health services, and incorporate tools for early detection and continuous monitoring of suicide risk.

PREVENTION

Selective and indicated prevention programmes for adolescents and young people should be enhanced, particularly in educational and community settings, using innovative methodologies and digital channels that engage this population.

EMPLOYMENT AND SOCIAL INCLUSION

Socio-occupational integration pathways should be strengthened in coordination with public employment services and social organisations, incorporating training in digital skills and adapting interventions to sectors with a higher concentration of users.

FAMILY AND SOCIAL CONTEXT

Interventions that systematically integrate work with the person's immediate environment should be consolidated. Greater emphasis should be placed on psychoeducational support and family involvement, especially in contexts where there is active substance use or existing vulnerability within the household. This approach can improve treatment adherence, reduce risk factors and support more stable and sustained recovery processes over time.

AGE

The life stage should be incorporated as a key variable in intervention design. Increasing age is associated with greater complexity in clinical profiles, including more health problems, higher levels of social isolation and longer substance-use trajectories. This calls for more integrated and tailored responses. At the same time, early onset of substance use highlights the need to strengthen prevention and early detection among young people, moving towards a model that combines early intervention with specialised care for older profiles.

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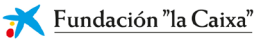
CON PROBLEMAS DE ADICCIÓN
EN TRATAMIENTO

2025 REPORT

ACKNOWLEDGEMENTS

Acknowledgements



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