




2017 REPORT



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

PROYECTO **ASOCIACIÓN
HOMBRE**

Sponsored by:



With the collaboration of:



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ACKNOWLEDGEMENTS

Once again this year, we would like to thank everyone who has collaborated to make this Observatory Report possible.

We would also like to thank the people who are represented in this report and who, thanks to therapists, volunteers and families, can resume their lives, along a path free from addiction.

Thank you all.



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LETTER FROM THE PRESIDENT

The work of dozens of Proyecto Hombre professionals from all over Spain on a restricted universe (over eighteen years and other requirements of the EuropASI data collection instrument), of more than 9,900 people who started treatment in one of our centres as throughout 2017, it has made it possible for us today to have this valuable Report in our hands.

Let my first words be of thanks to all of them.

Also, our recognition to the more than 2,900 anonymous users that made up the not insignificant sample (29.3% of the restricted universe and 17.1% of the total universe).

Thank you all for helping us understand you better to innovate and adapt the treatments that we propose, within the framework of our integral model of biopsychosocial approach.

It is not possible to close this section of acknowledgments without mentioning three fundamental axes that have made it possible, for the sixth consecutive year, for this Report to see the light:

- *The National Plan on Drugs and Obra Social la Caixa, for their support for the edition.*
- *The technical team of the Proyecto Hombre Association, for greasing all the gears.*
- *The specialists of our Evaluation Committee, for putting their science at the service and benefit of all.*

Having concluded the prologue of the essential collaborations, it is necessary to present the structure of the Report and its contributions, emphasizing from the beginning that it is not usual in our country to have studies of people under treatment for addictions, with a sample and a universe of these sizes. Here is one of the great values of this work.

But its strength is not merely quantitative. The analysis of the 192 variables of the validated EuropASI tool allows us to delve into the profiles of those who come to our centres:

- *Its basic personal characteristics*
- *The description of their social and family environments*
- *Their educational and work levels*
- *The use/abuse they have maintained of alcohol and other drugs, as well as their use patterns*
- *The associated medical problems (physical and psychiatric)*
- *The concurring legal circumstances*

Jesús Mullor Román
*President of the State Evaluation Commission
Director of the Observatory*



The novelties of this 2017 Report will be found in:

- *The analysis from the gender perspective of women under treatment in Proyecto Hombre, although its inclusion in our treatments dates back to a long time ago, with this Observatory we intend to provide elements for reflection and analysis from a national perspective.*
- *The value provided by the longitudinal view in the study of time series since the beginning of our Observatory (2012 to 2017). This report presents the evolution of only some of these variables over time, since the publication of the in-depth analysis of all of them will be carried out in a subsequent monographic issue by the Spanish Proyecto Hombre Evaluation Committee.*

We could already be satisfied with these descriptive purposes, both for what they can contribute to our continuous assessment and for what adds to the knowledge in the field for other researchers and external specialists, professionals, entities and institutions.

But, in addition, we would add to the above some recommendations: valuable guides fruit of the analysis of all the factors previously exposed; approaches that allow us not only to investigate along the way, but to deploy adaptations and readjustments that help us every day to improve the service we provide to those who knock on our door and to their families.

As other external specialists have done, I invite you to study this report in depth and send us your observations, analysis and recommendations.

Only from the acceptance that we should all be involved in the continuous improvement of our educational, social and health proposals, we can move forward so that others have optimal alternatives to rebuild their lives.

We at Proyecto Hombre Association are fully convinced of this.

This Report, among many other intentions, is a sample of this attitude.



■ Proyecto Hombre Seville (N.L.)



Definition of the Observatory and techniques

1

A. INTRODUCTION

■ PROYECTO HOMBRE OBSERVATORY

The Observatory of Proyecto Hombre was born out of the need to generate periodic information on the profile of people with addiction problems treated by Proyecto Hombre in Spain.

The Observatory has a clear vocation to provide quality information for the analysis of substance use problems and, in this way, to contribute to a better knowledge and adaptation of the programmes to the needs of users.

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

■ OBJECTIVE

In a more specific manner, the objective of the present study is to analyse and identify the psychosocial, epidemiological and sociodemographic characteristics of people with addiction problems at Proyecto Hombre centres throughout Spain. It also incorporates the analysis of possible influential factors in the problem of addictions: personal aspects, risk behaviours, emotional factors and social relationships.

This information contributes to:

- To gain a better knowledge of the reality of Proyecto Hombre, with the ultimate aim to improve the quality of life of users, their families and relatives.
- To provide information of interest on the profile of people with addiction problems in Spain to specialists and entities related to drug addictions.
- To make the different realities of addiction visible as a prelude to raising awareness of this social phenomenon.

■ TARGET POPULATION

These are precisely the main lines of the Observatory to make up a wide mosaic of the target population:

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



■ Proyecto Hombre Catalonia (N.L.)



■ Proyecto Hombre Galicia (C.E.)

■ SOURCE OF INFORMATION

The information in the Observatory comes from the internal database of Proyecto Hombre (PHNemos application), which collects information related to the people assisted in the treatment programmes. This information comes from the EuropASI management.

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 the collection of data relevant to the initial clinical evaluation of patients with addiction 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-psycho-social 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 PNSA recognizes 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 been the largest 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. In fact, 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. Specifically, it explores the following potentially problematic areas of life:

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



■ Proyecto Hombre Catalonia (N.L.)

B. TECHNICAL ASPECTS

■ UNIVERSE

The EuropASI of admission establishes its administration to people older than 18 years. Therefore, the universe of study is made up of users of Proyecto Hombre, of this age or higher, who have begun treatment in 2017 in programmes and units for adults with addiction problems in the twenty-seven centres of this association.

This restriction is due both to the implementation requirements of EuropASI itself, as well as to the inclusion of remarks to the characteristics of the people who enter annually (thus excluding those who continue to be treated from year to year). All this means a restricted universe of 9,900 people.

All this implies a restricted universe of more than 15,000 new users since 2013. From this figure, 12,817 surveys validated so far have been accumulated (incomplete or of low validity questionnaires have been eliminated), of which 2,960 correspond to the present 2017 report.

■ SAMPLE

Based on this universe, 12,817 validated questionnaires have been gathered so far, of which 2,960 correspond to the present 2017 Report.

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

■ VALIDITY AND GENERALIZATION OF RESULTS

Even though the 2,960 cases included in the present study correspond exclusively to people that were under treatment at Proyecto Hombre centres -therefore without including people from other entities dedicated to the treatment of drug addictions-, we think that the results presented in this report could be extrapolated to the theoretical population of people with addiction problems in Spain (about which there is no census) or to people receiving treatment for addictive disorders in Spain.

C. DEVELOPMENT TEAM

The Observatory has been prepared in a mixed manner by a team formed by:

Internal Proyecto Hombre Team

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

External Team: Gonzalo Adán, Doctor in Social Psychology.

The research design was carried out in a mixed manner and based on the experience of the Observatory team in previous editions.

The compilation, processing and perfecting of data have been fulfilled by the members of the internal team of Proyecto Hombre Association.

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

The interpretation of results and conclusions for each valuation were realised jointly by means of interjudges analysis and discussion groups.

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

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- Bobes J., González M.P., Sáiz P.A. and Bousoño M. (1995) European Addiction Severity Index: EuropASI. Spanish version. Gijón, Minutes of the IV 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.



■ Proyecto Hombre Granada (D.O.)



■ Proyecto Hombre Seville (N.L.)



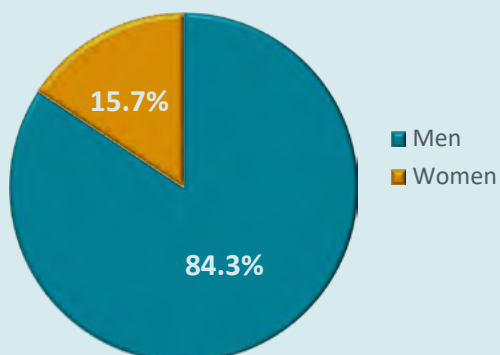


Data
analysis

2

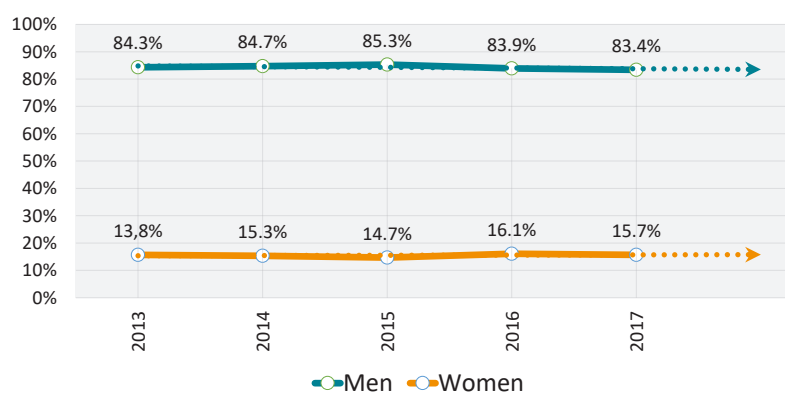


1. GENDER



15.7% of users are women.

2. EVOLUTION OF PEOPLE UNDER TREATMENT ACCORDING TO GENDER (2013-2017)

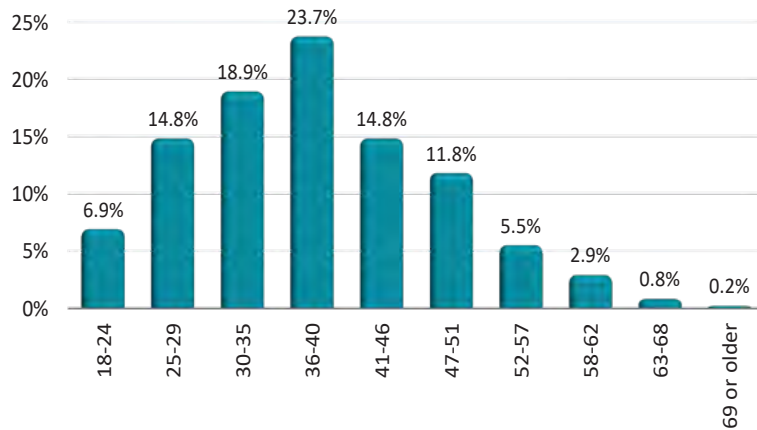


The proportion of women presents a stable tendency in regard to other years.



Proyecto Hombre Castellón (N.L.)

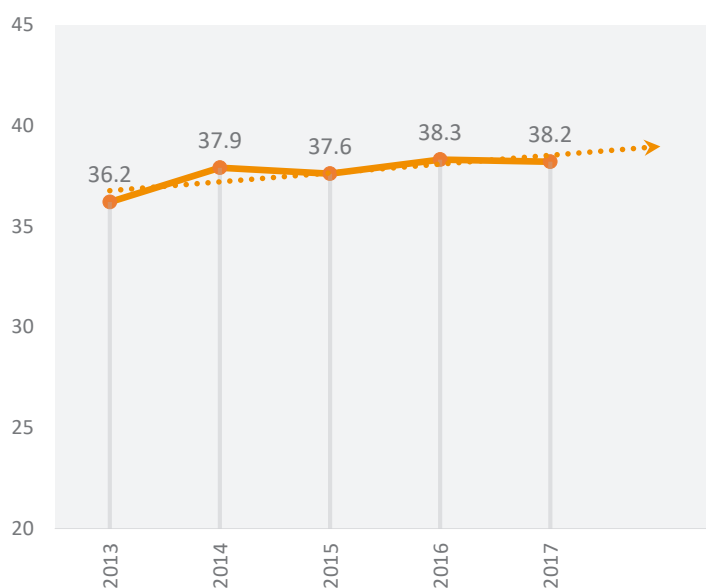
3. AGE OF PEOPLE AT THE START OF TREATMENT



	All	Men	Women
Interval	18-71	18-71	18-69
Arithmetic median	38.2	37.9	39.9
Median	37.0	36.0	39.0
Mode	36.0	36.0	40.0
Typical deviation	9.9	9.7	10.2

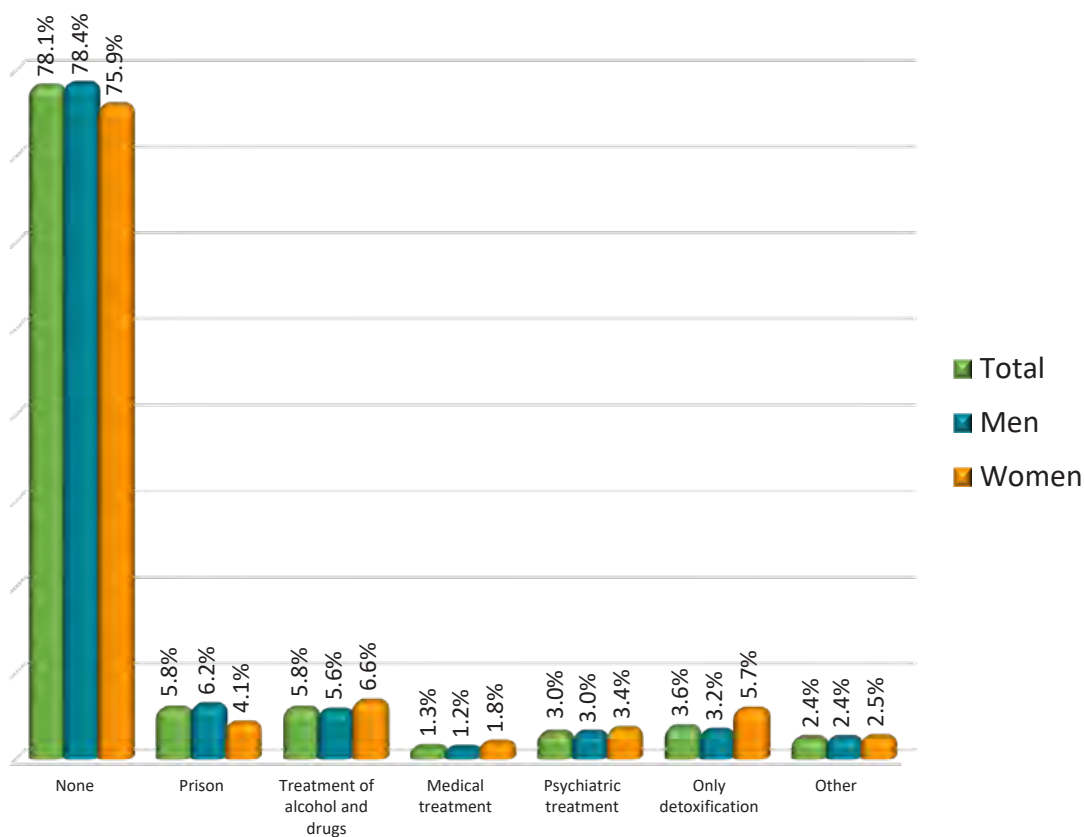
- The age range of people admitted to treatment in 2017 is between 18 and 71 years.
- The average age is 38.2 years, although the median is 37 years.
- The most common value within the sample is the group of 36 years old.
- Comparatively, the age of women is higher than that of men, both in relation to the average (39.9 years), the median (39 years) and the fashion (40 years).
- Grouping into age brackets, it can be seen that 21.7% are under 30 years old, while 9.4% are 52 or older.

4. EVOLUTION OF THE AVERAGE AGE OF START OF TREATMENT (2013-2017)



- 2017 shows an average age almost identical to that of 2016.
- Thus, what had been a growing tendency in previous years seems to stabilize.

5. CENTRE OF ORIGIN



Proyecto Hombre Granada (D.O.)

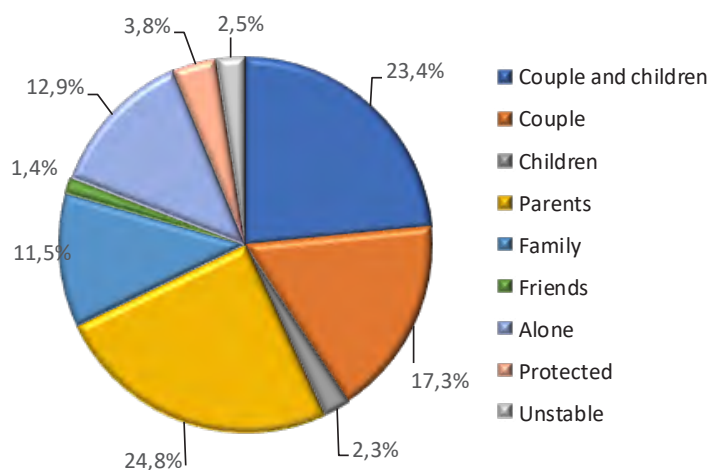
- Depending on the type of centre of origin, the vast majority, 78.1%, come on their own initiative (without referral).
- 6.2% of men come from a penitentiary detention centre. This percentage is only 4.1% in the case of women.
- If we look at the percentage value of people who come from some type of treatment, the proportions are reversed, being the majority percentage of women those that come from detoxification: 15.4% of men versus 20% of women.



SOCIAL AND FAMILY

Autumn Volunteer School (PV)

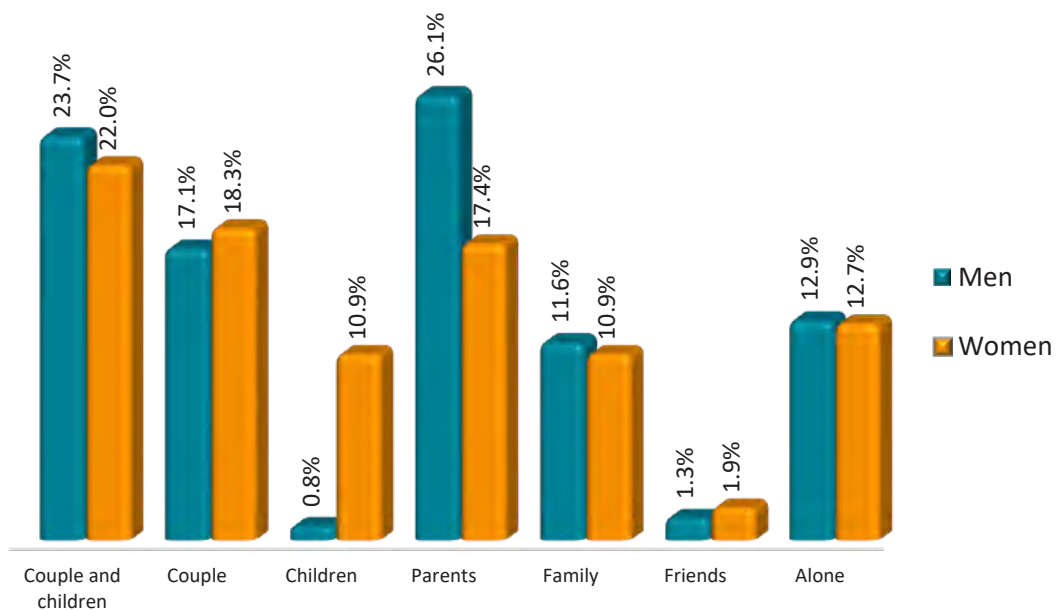
6. TYPES OF COHABITATION



- The distribution based on the type of cohabitation presents a high heterogeneity.
- The percentages are distributed between 24.8% who live with their parents, 23.4% with a partner and children, 17.3% who live only with their partner, up to 1.4% who live with friends.

7. TYPE OF COHABITATION ACCORDING TO GENDER

- Regarding the distribution by gender, significant differences are observed in the case of living together with parents, where 26.1% of men live with them compared to 17.4% of women.
- To highlight the differences between men and women who live only with their sons and daughters, being the difference of 10.1 points in favor of the group of women, that is, single-parent families under the care of women.

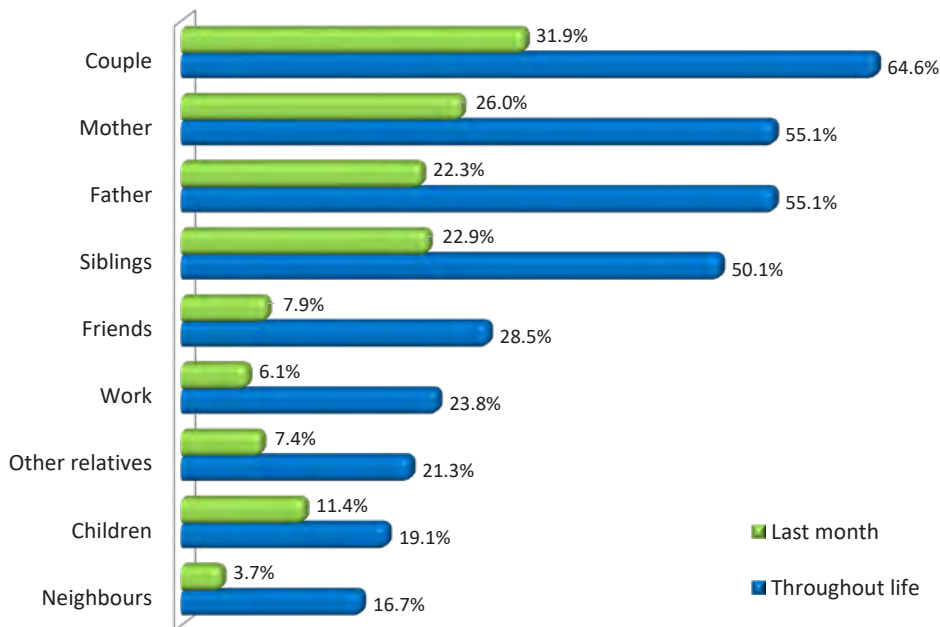


8. TYPES OF COHABITATION AND MARITAL STATUS

- Among married people or in first or second marriages, the highest percentages correspond to the category of those who live with a partner and children (66.9% - 49.5%) or only as a couple (22% - 29.7%).
- 34% of single people live with their parents.
- In the separated category, the percentage of people who live with their partner and children is 21.5%, followed by those who live with their parents or alone.
- In the divorced category, 21.8% live alone, 19.4% live with their parents and 17.5% live with their partner.

	Married	Remarried	Widower	Separated	Divorced	Single
Couple and children	66,9%	49,5%	7,5%	21,5%	16,0%	10,3%
Couple	22,0%	29,7%	14,2%	13,1%	17,5%	16,2%
Children	0,4%	1,0%	25,8%	6,1%	7,2%	1,1%
Parents	2,5%	5,0%	8,3%	18,9%	19,4%	34,0%
Family	2,5%	5,0%	6,7%	10,5%	9,0%	15,8%
Friends	0,2%			1,6%	0,7%	1,9%
Alone	2,7%	3,0%	26,7%	18,9%	21,8%	13,0%
Protected	1,9%	5,9%	9,2%	6,2%	4,5%	4,8%
Unstable	1,0%	1,0%	1,7%	3,1%	3,8%	2,9%
Total	100%	100%	100%	100%	100%	100%

9. CONFLICT RATES



Regardless of the degree of satisfaction in cohabitation, the couple is the main source of serious problems both in the last month (31.9%) and throughout life (64.6%).

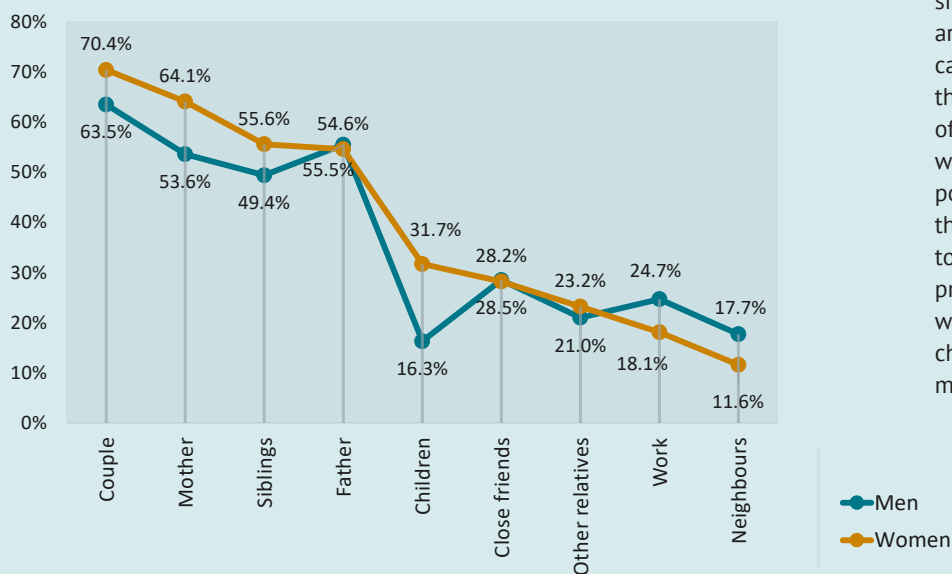
The second source of problems is the family of origin: mother (26% in the last month and 55.1% throughout of life), father (22.3% in the last month and 55.1% throughout of life) and siblings (22.9% in the last month and 50.1% throughout life).

In the case of problems experienced with children in the last month and throughout life, they are closer to each other than in the rest of the categories.

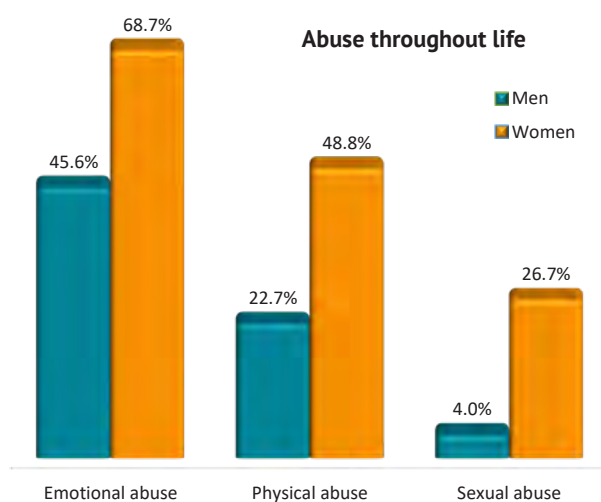
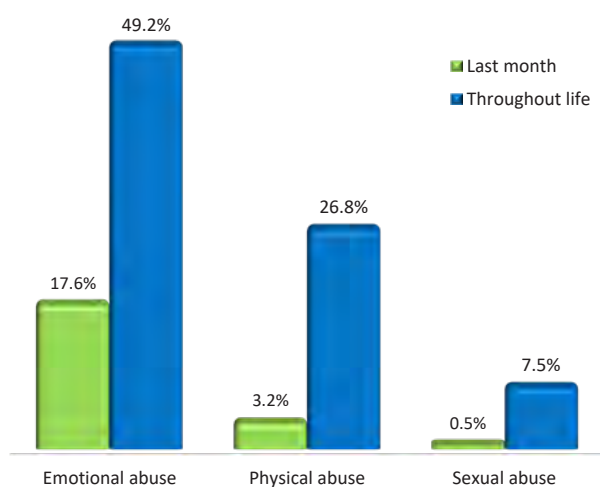
If we categorize the source variable of problems by gender, significant differences are observed in the cases of conflicts with the mother (10.5 points of difference) and with the children (15.4 points of difference). In this sense, women show to a greater extent the presence of conflicts with the mother and children compared to men.



Rates of conflict throughout life



10. EMOTIONAL, PHYSICAL AND SEXUAL ABUSE



- The types of abuse above mentioned present high values. 49.2% declared having suffered emotional abuse at some point in their lives, 26.8% physical abuse and 7.5% sexual abuse. Abuses that, although to a lesser extent, would also have occurred in the thirty days prior to admission.
- Comparing by gender, the female population presents, in all categories, an incidence of more than 20% compared to the male population (45.6-68.7% in emotional abuse / 22.7-48.8% in abuse). physical / 4-26.7% in sexual abuse).



■ Proyecto Hombre Seville (N.L.)

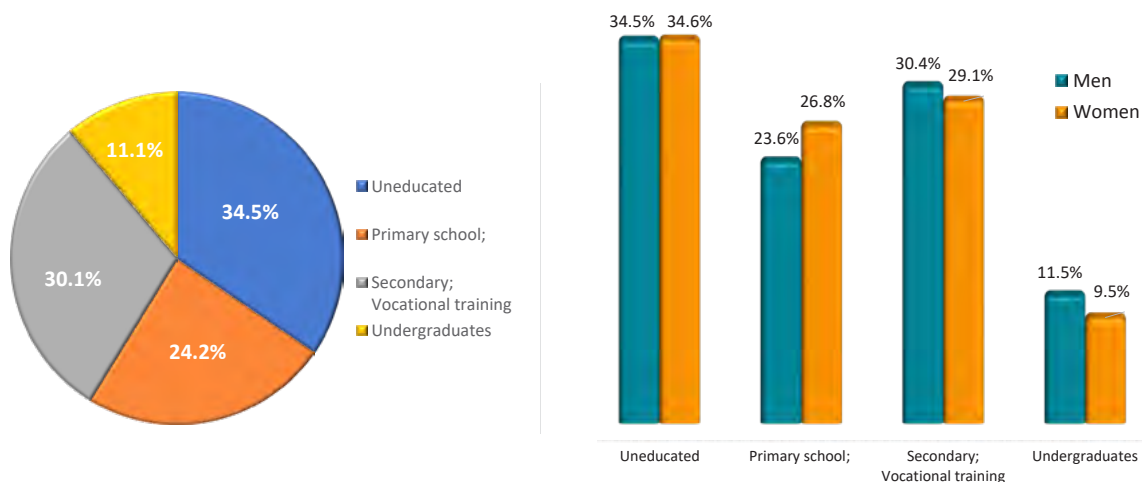


EDUCATION

■ Proyecto Hombre Catalonia (N.L.)

11. ACADEMIC LEVEL ACCORDING TO GENDER

- Seven out of ten people (70.8%) have a level of education lower than secondary.
- By gender, the educational levels are similar, although women have lower levels all in all.
- Thus, in studies lower than secondary there is 70.8% among women and 66.6% among men. In contrast, in higher education the proportion is 11.8% of men by 8.9% of women.



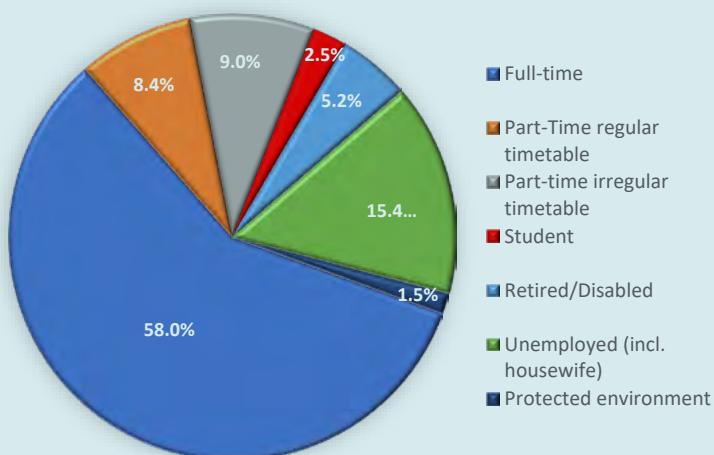


LABOUR FIELD: EMPLOYMENT/SUPPORTS

■ Proyecto Hombre Seville (N.L.)



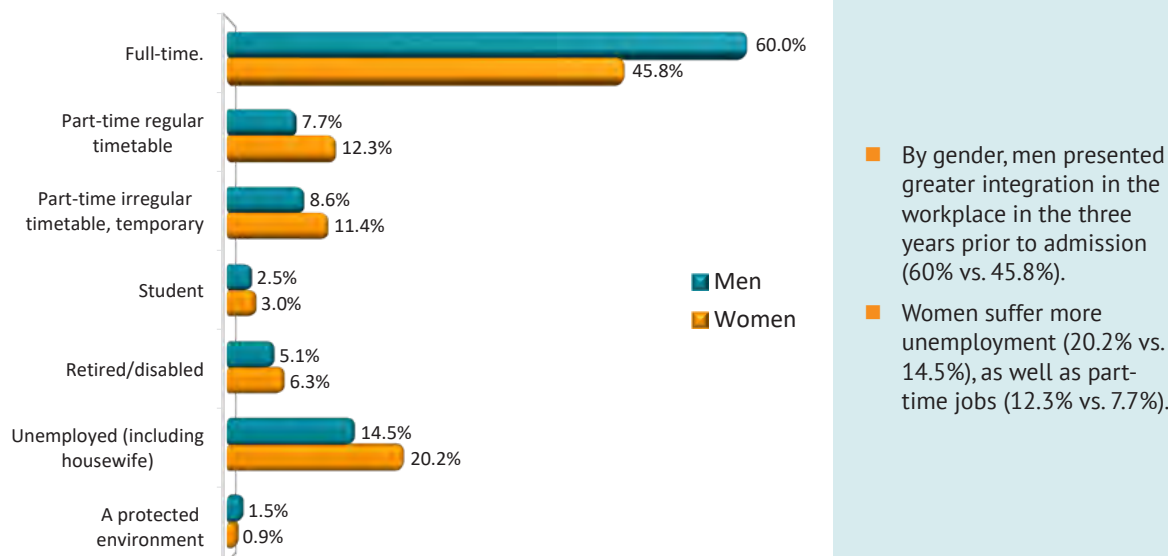
12. EMPLOYMENT SITUATION (USUAL PATTERN OF EMPLOYMENT IN THE LAST THREE YEARS)



■ The usual work situation in the three years prior to admission was mainly that of full-time employment (58%), followed subsequently by those who worked part-time with irregular timetable (9%) and part-time with regular timetable (8.4%). Regarding the other categories, people who were unemployed or doing household chores accounted for 15.4%.

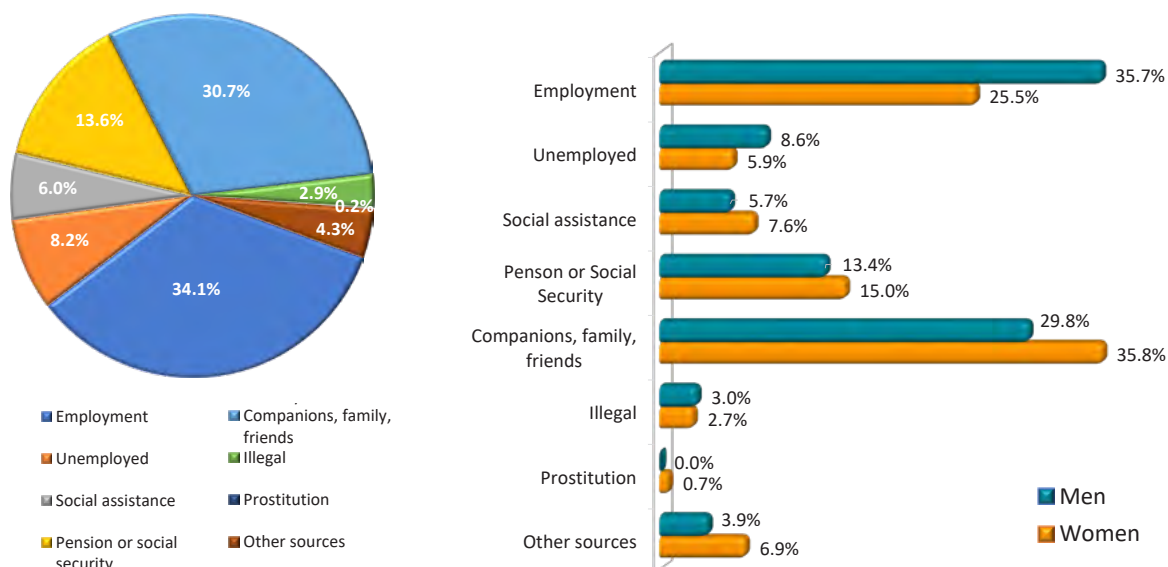
* The "housewife" concept is not equal to be unemployed. This category follows the EuropASI classification.

13. EMPLOYMENT SITUATION BY GENDER (USUAL PATTERN OF EMPLOYMENT IN THE LAST THREE YEARS)

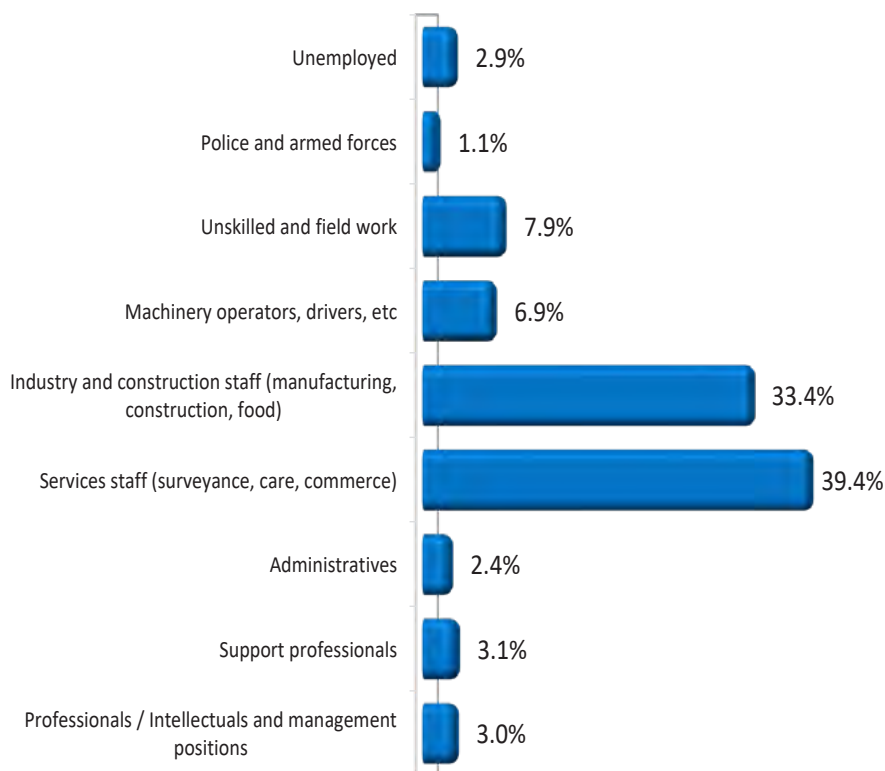


14. MAIN SOURCE OF INCOME IN THE LAST MONTH

- The main source of income in the last month is wide ranging, although the majority are those who have been working (34.1%) compared to those who have been unemployed, doing household chores or have received some kind of social assistance (14.2%).
- Likewise, there is a relatively significant percentage of people who receive some type of pension derived from work activity (13.6%).
- It is worth highlighting the negative evolution that can be inferred from the 75.4% that would have been working most of the time (either full-time or part-time) to 34.1% who in the month prior to admission had their main source of income in employment.
- It should be noted that workmates, relatives and friends (30.7%) represent the second source of income.

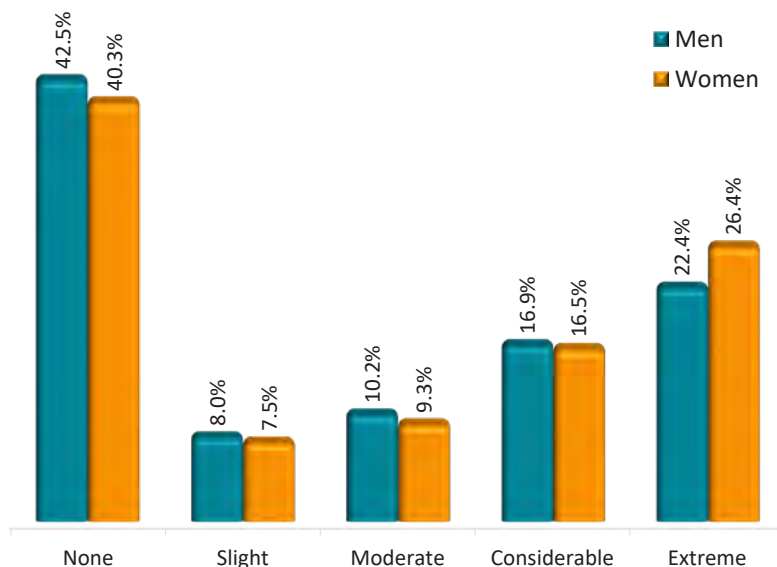


15. EMPLOYMENT/PROFESSIONAL CATEGORY



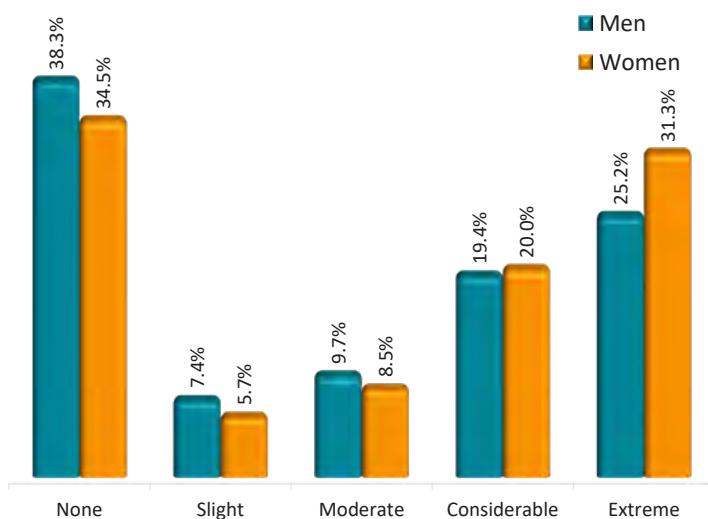
- Services staff (39.4%) together with industry and construction personnel (33.4%) are the two main references of the type of employment developed by people prior to their start of treatment.
- In the extremes, 1.1% of people from the law enforcement of the state, as well as 2.4% of administrative staff stand out.

16. HOW MUCH HAS YOUR WORKING SITUATION WORRIED YOU IN THE LAST MONTH?



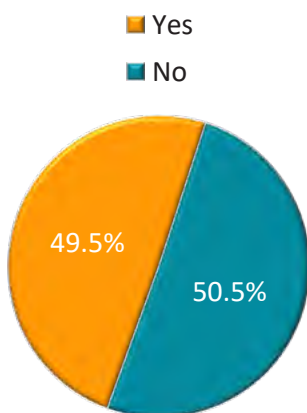
- The highest percentages of concern regarding employment are for both genders in the category of "None / slight" (42.5% men, 40.3% women), which means that four out of ten people do not think they need advice in this regard.
- On the other hand, 39.3% of men and 42.9% of women affirm that the need to receive advice in this regard is "considerable" or "extreme".

17. HOW IMPORTANT IS FOR YOU TO GET ADVICE ON YOUR WORK PROBLEMS?

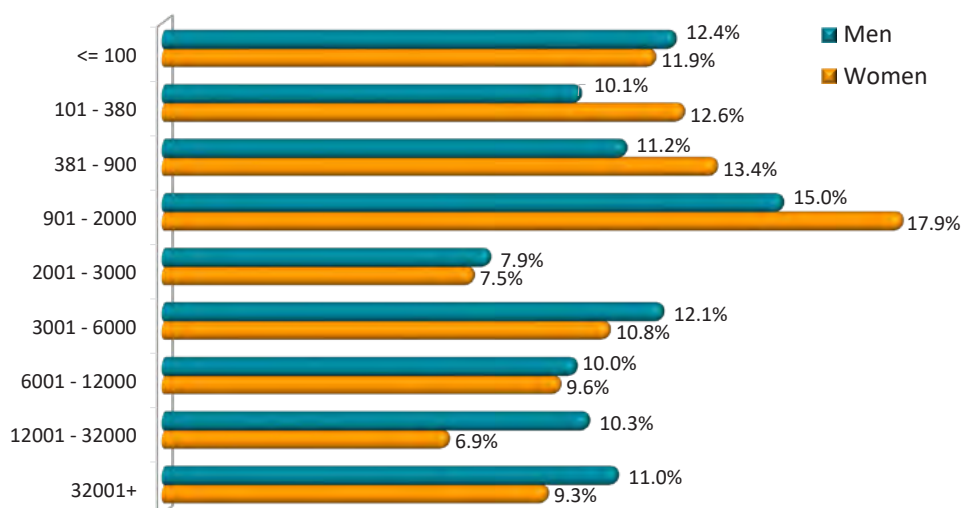


In line with the data of concern regarding labour problems, the values corresponding to low concern (none / slight: 45.7% of men, 40.2% women) and high concern (considerable / extreme: 44.6 % men, 51.3% women), are found in both poles of the sample, with women being the most concerned about this.

18. DEBTS



- This indicator includes debts to individuals and institutions (banks, taxes, finance, fees, etc.). Mortgages are not included. If the interviewee runs a company, the financial responsibilities of the company are not included, unless the money has been stolen for private purposes.
- 49.5% declare having some economic debt. The distribution of the volume of debt is very varied: while 34.2% would not exceed 900 euros, 10.8% would be above 32,000 euros.
- By gender, women with debts have a lower level of indebtedness than men. Thus, 37.9% would not exceed 900 euros (33.7% in the case of men) and 36.6% should more than 3,000 euros (43.4% for men).

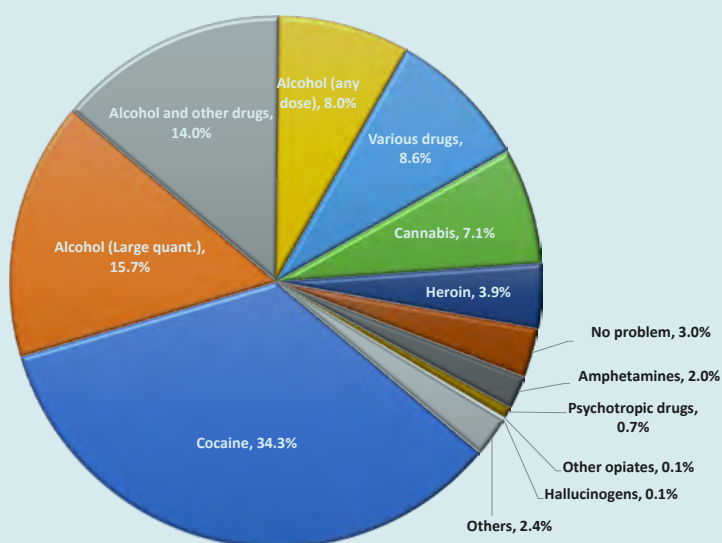


USE OF ALCOHOL AND OTHER DRUGS

Proyecto Hombre Galicia (C.E.)



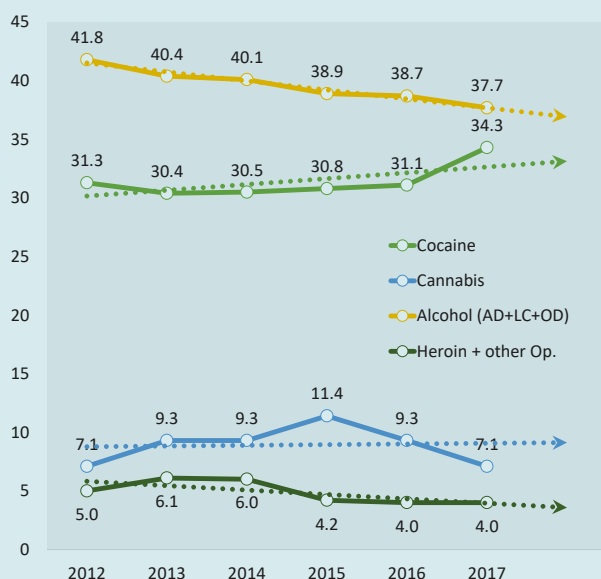
19. MAIN SUBSTANCE OF USE



- If broken down by main substance and use pattern, the highest demand for treatment remains for cocaine (34.3%).
- However, if alcohol is considered as a whole (either in large quantities or in any dose, as well as associated with other substances), it would be placed first, with 37.7%.
- In turn, the combined use of several drugs (8.6%) appears below in order of relevance; followed by cannabis as the main substance with 7.1%.



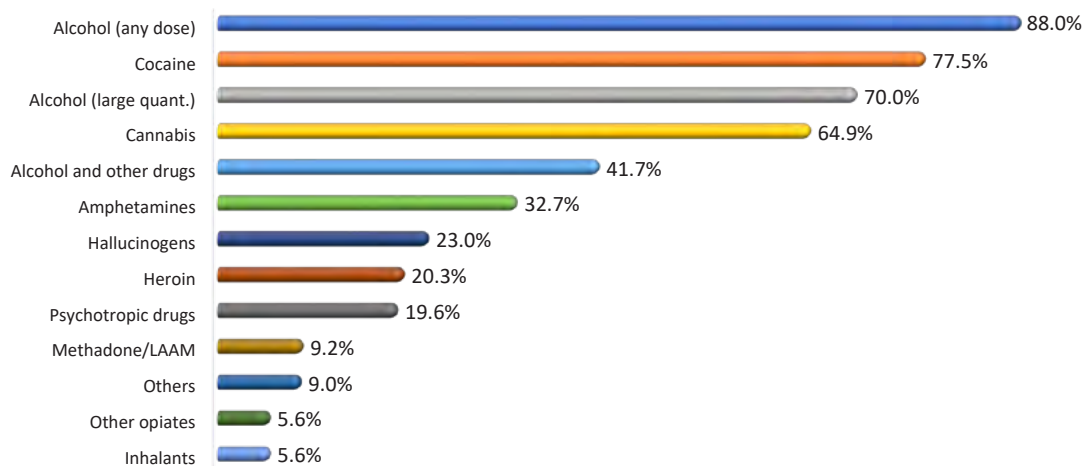
20. MAIN SUBSTANCE OF USE (2012-2017 EVOLUTION)



- The evolution of the main substance admitted by the adults that are treated by Proyecto Hombre continues to be mainly alcohol (37.7%) and cocaine (34.3%). Together they constitute around 70% of the attention of this entity throughout these years.
- As for the tendency reflected by these two substances in recent years, one can observe how cocaine has grown slightly to the detriment of alcohol as the main substance.
- Third, cannabis continues to be the main substance that generates the need for treatment. The last year shows a lower register than the previous ones (7.1%). However, the year-on-year tendency remains close to 9%.

21. REGULAR OR PROBLEMATIC USE OF SUBSTANCES THROUGHOUT LIFE

- Throughout life, extensive periods of use are registered, being defined as “three or more days per week” or “two consecutive days of use of important doses”.
- Thus, we found that the majority of the population treated has had problematic use of several substances throughout their lives, with alcohol (88%), cocaine (77.5%) and cannabis (64.9%) substances that report higher percentages of regular use.
- At an intermediate level, polydrug use (41.7%), amphetamines (32.7%), hallucinogens (23.0%), heroin (20.3%) and psychotropic drugs (19.6%).
- In a lower level are methadone (9.2%), other opiates (5.6%), inhalants (5.6%) and other drugs different from the previous ones (9.0%).



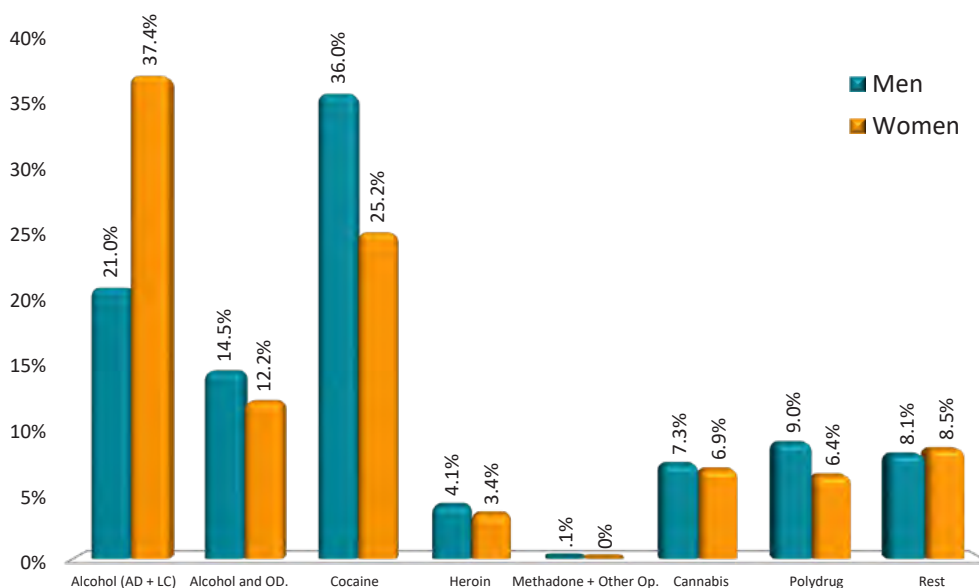
22. MAIN SUBSTANCE ACCORDING TO GENDER

- In most substances, no significant differences are detected between men and women in terms of percentages of the main substance that motivates the demand for treatment.
- An exception is the case of cocaine, with a comparatively higher incidence among men.
- Among women, the tendency in the prevalence of main use is higher in cases of alcohol and barbiturates.



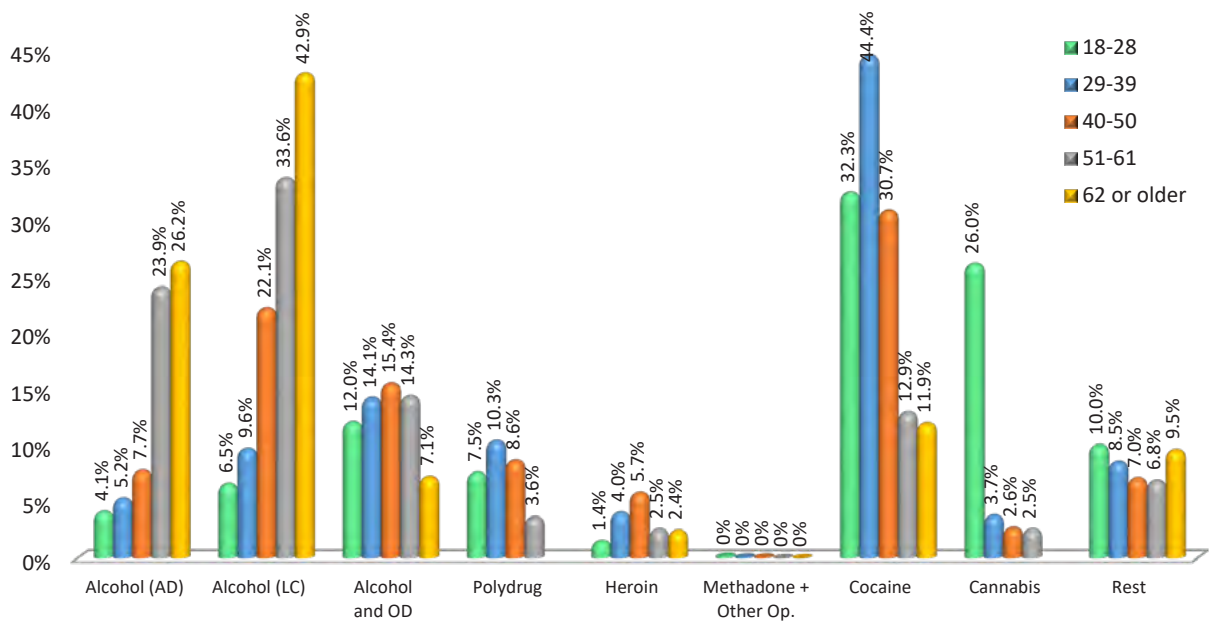
23. MAIN SUBSTANCE GROUPED BY GENDER

- The most significant differences between men and women in terms of the main substance for which they demand treatment are alcohol, which has a higher demand in the case of women (with a difference of 16.4%), and cocaine in the case of men, with a percentage difference of 10.8.



24. MAIN SUBSTANCE GROUPED BY AGE INTERVALS

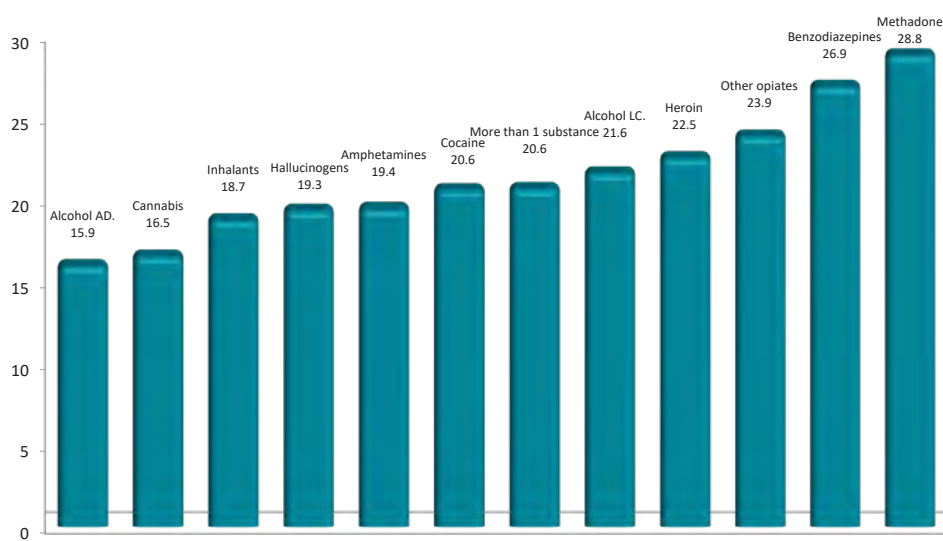
- The people of older ages that are treated in Proyecto Hombre mostly demand treatment due to the use of alcohol. In fact, there is a direct variation between the age groups and the demand for alcohol treatment.
- In younger populations, cocaine (32.3%) and cannabis (26%) stand out as the substances that most motivate the need for treatment.
- In the age group between 29 and 39 years old, cocaine was the main substance in 44.4%.



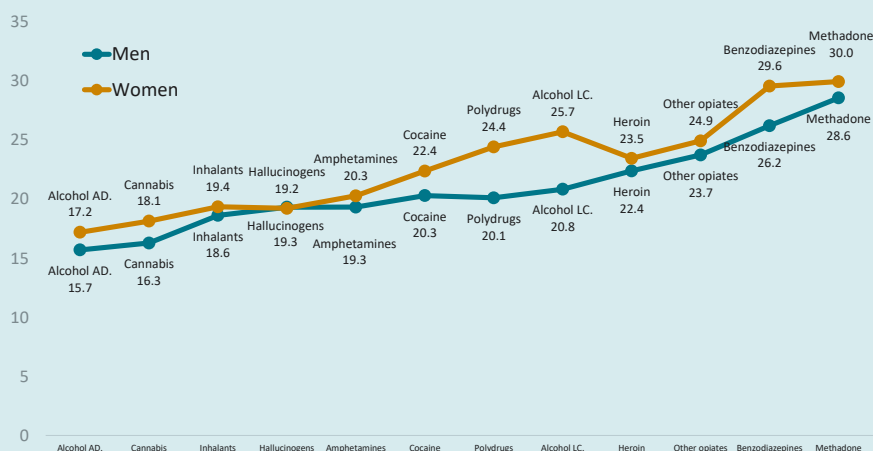
■ Proyecto Hombre Galicia (C.E.)

25. AVERAGE AGE OF ONSET OF USE BY SUBSTANCE

- The users recognize that they started alcohol use between 15 and 16 years old and that of cannabis between 16 and 17 years old.
- The use of inhalants, hallucinogens and amphetamines would begin around the age of 19.
- From the age of 20, they start using cocaine and different combinations of substances.
- The use of heroin and opiates appear from 22-23 years.
- The use of psychotropic drugs is performed on average at more advanced ages close to 27 years.



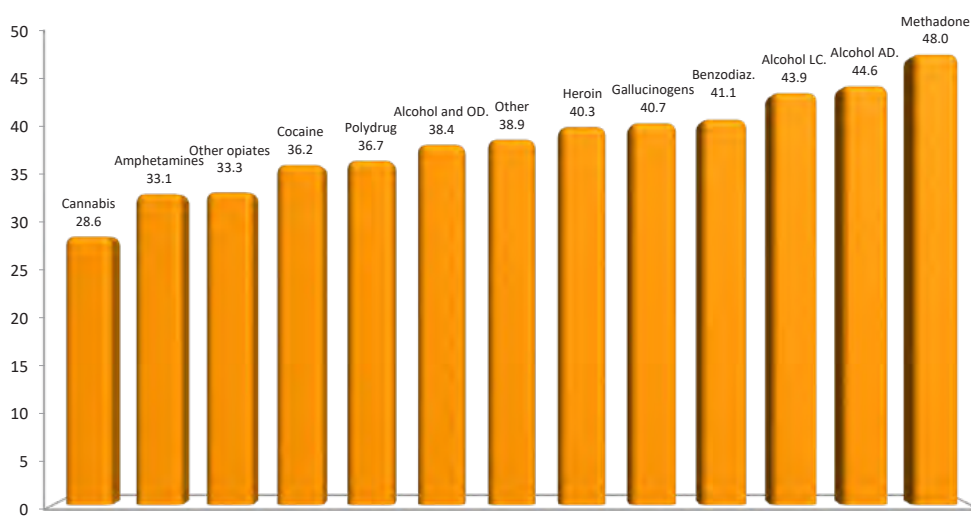
26. AVERAGE AGE OF ONSET OF USE BY SUBSTANCE AND GENDER



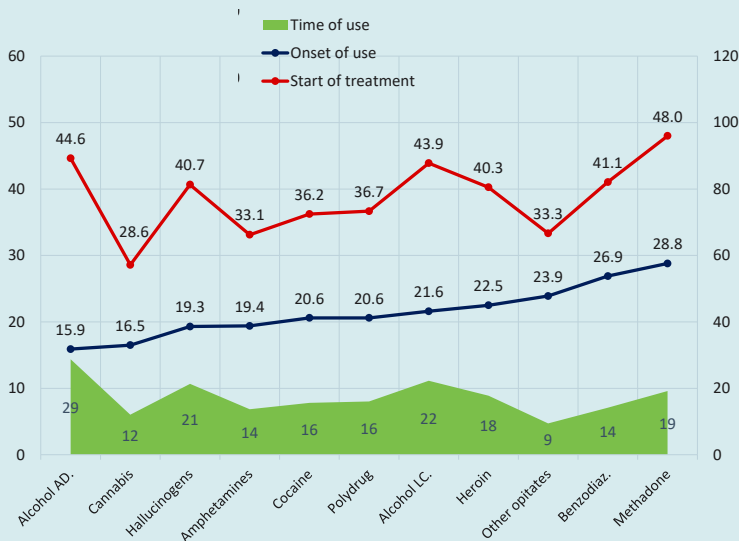
- By gender, no relevant differences are observed, although women tend to initiate regular or problematic use later than men and especially in alcohol in large quantities (almost five years later on average).

27. AVERAGE AGE OF START OF TREATMENT BY MAIN SUBSTANCE

- As observed in the youngest population seeking for treatment, is the one to admit cannabis as the main substance, with an average age of 28.6 years.
- Regarding the main substances that need treatment, the population with the main problem of cocaine use has an average age of 36.2 years, being one of the substances that previously become a need for treatment. In contrast.
- In the case of alcohol, demand generally occurs at older ages, around 43.9 years on average, despite being the substance whose use begins at younger ages.



28. AVERAGE TIME OF USE PRIOR TO TREATMENT BY MAIN SUBSTANCE



- This chart illustrates the latency period that runs from the start of the problematic use of the substance until the current treatment begins.
- The longest period is when the substance is alcohol (29 years), although it is reduced to 22 years when alcohol is used in large quantities.
- A shorter period is observed with cannabis, in which the difference is almost 12 years.
- In the case of cocaine, it is positioned in an intermediate situation with a temporary difference of 16 years.

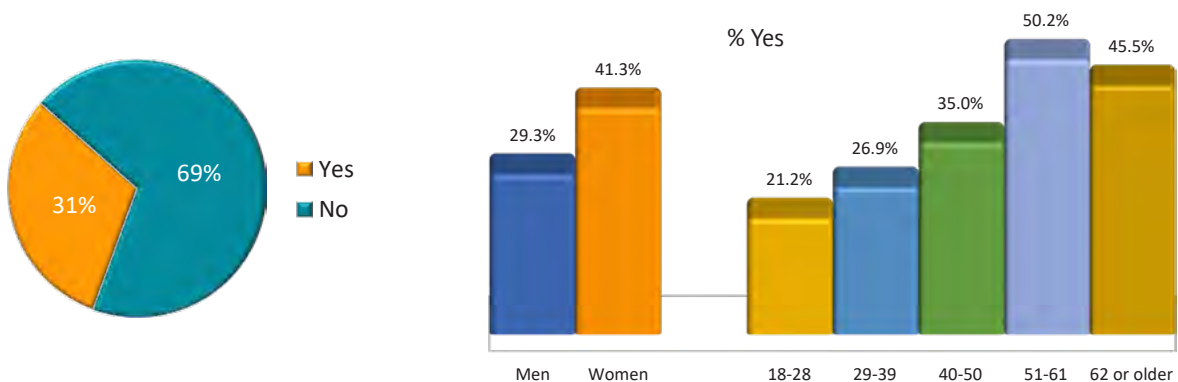


MEDICAL PROBLEMS

■ Proyecto Hombre Galicia (C.E.)

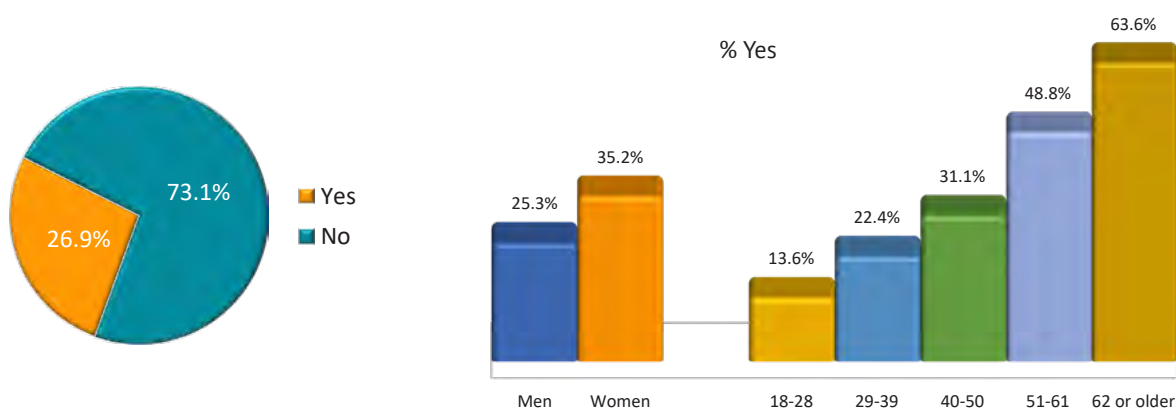
29. CHRONIC MEDICAL PROBLEMS THAT INTERFERE WITH DAILY LIFE

- 31.2% of people under treatment claim to suffer from a chronic medical problem that interferes with their lives.
- This percentage is higher among women: up to 41.3%.
- The chronic medical problems increase as the age of the users advances, reaching 50.2% in the age group from 51 to 61 years, where there is a higher prevalence of chronic medical problems.



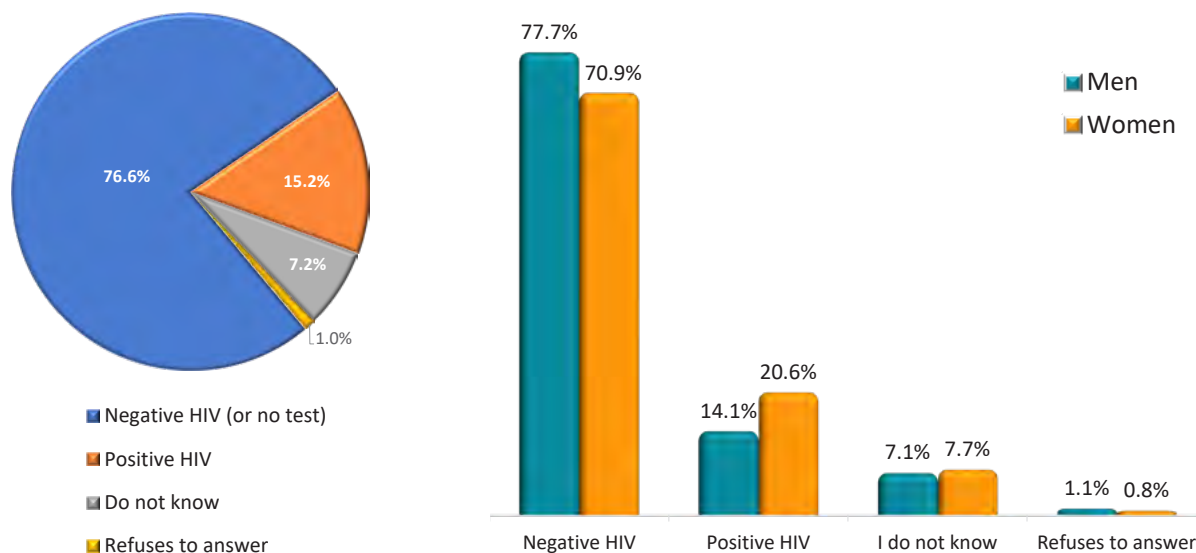
30. DO YOU TAKE ANY KIND OF MEDICATION REGULARLY BY MEDICAL PRESCRIPTION?

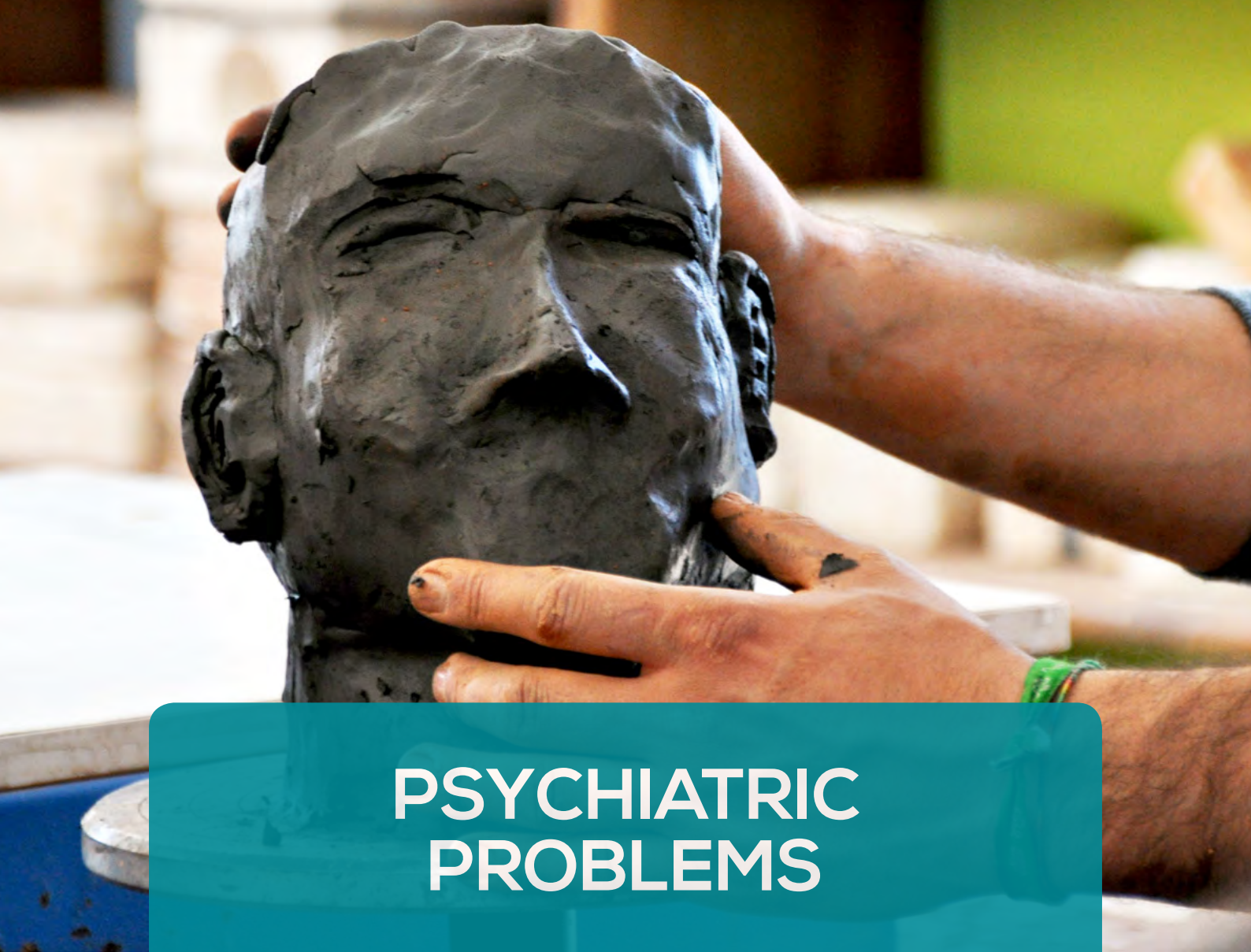
- 26.9% of people under treatment take some kind of medication on a regular basis by medical prescription. This percentage increases remarkably among women, reaching 35.2% compared to 25.3% of men.
- The progressive increase in the proportion of people taking medication as their age progresses is clearly seen, reaching 63.6% among those who are 62 or older.



31. HAVE YOU EVER BEEN TESTED FOR HIV? WHAT WERE THE RESULTS?

- 15.2% of the people surveyed are HIV positive.
- The percentage is significantly higher among women (20.6%) than among men (14.1%).



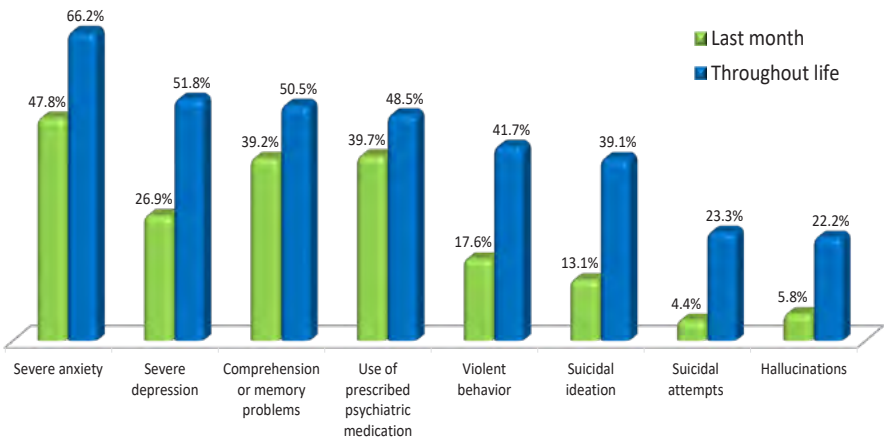


PSYCHIATRIC PROBLEMS

■ Proyecto Hombre Galicia (C.E.)

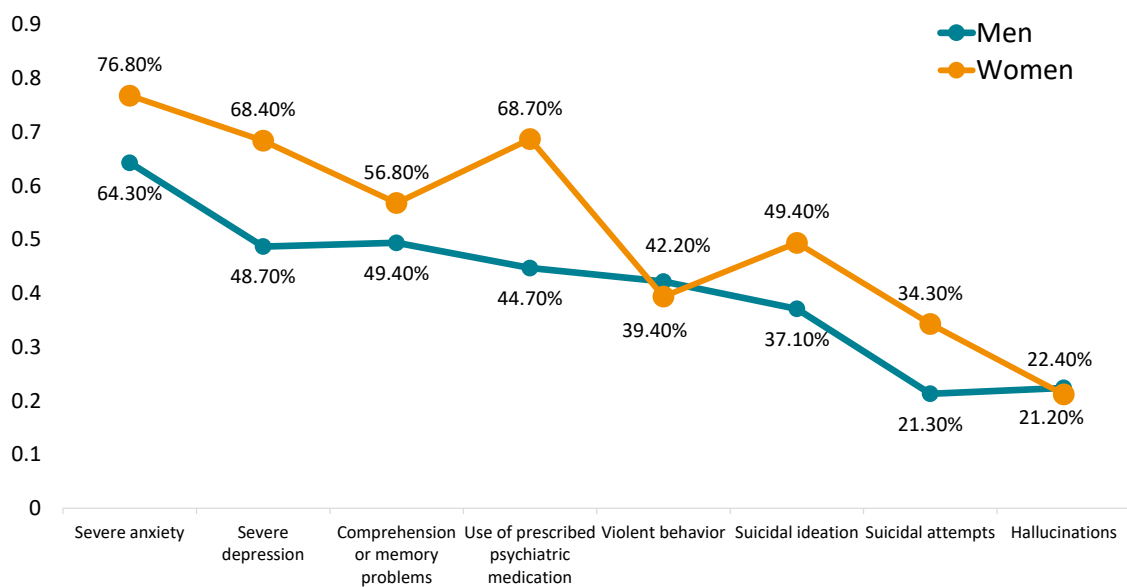
32. ASSOCIATED PSYCHIATRIC FACTORS (NOT BECAUSE OF USING ALCOHOL OR OTHER DRUGS)

- A high prevalence in the comorbidity of the addiction is observed with the presence of psychiatric disorders.
- In particular, it is worth mentioning the high lifetime incidence of severe anxiety disorders (66.2%), followed by severe depression (51.8%) and comprehension or memory problems (50.5%).
- Another indicator on the degree of mental health impairment in this population is that 48.5% have had or have been prescribed psychiatric medication.



33. ASSOCIATED PSYCHIATRIC FACTORS BY GENDER

- There are marked differences between men and women, with a higher proportion of women who say they have suffered some of the aforementioned problems, except in violent behavior, which is higher among men with 42.2% (compared to 39.4% of women), and have suffered hallucinations, where they get closer in both cases to 22%.
- Thus, 76.8% of women have suffered from anxiety, 68.4% severe depression and up to 56.8% comprehension and memory problems. In addition, 68.7% of them take psychiatric medication, compared to 44.7% of men.
- Severe depression and use of psychiatric medication are the two aspects where there are greater differences between the genders.



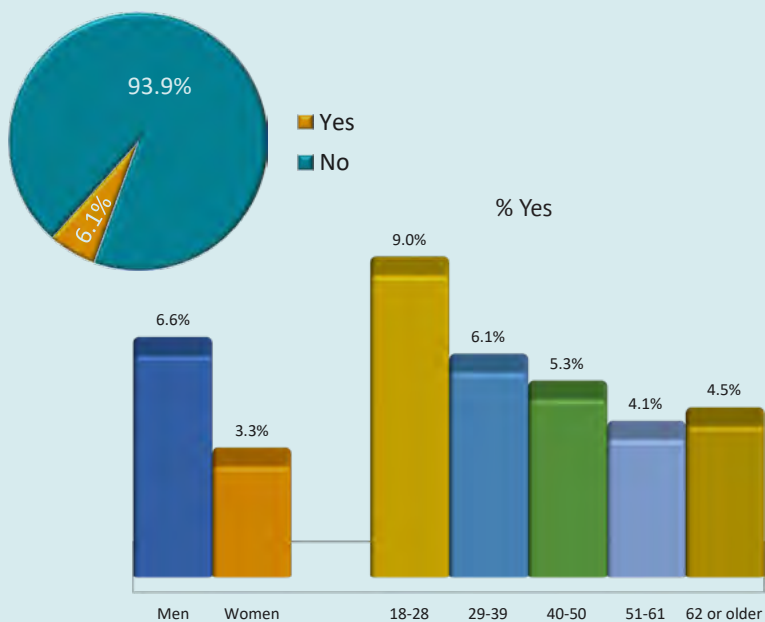
Proyecto Hombre Galicia (C.E.)

LEGAL PROBLEMS

■ Proyecto Hombre Granada (D.O.)



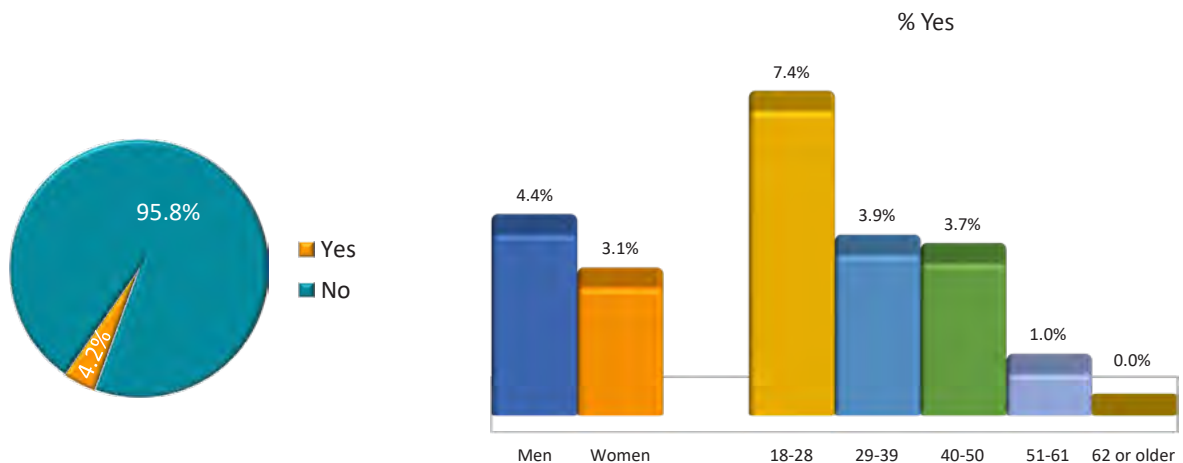
34. ADMISSION PROMOTED BY JUDICIAL SUGGESTION



- 6.1% of people started treatment motivated by the application of judicial measures that make it possible not to enter prison with the aim of undergoing a treatment and rehabilitation process.
- On the other hand, it should be noted that the proportion of men who were admitted this way (6.6%) is double that of women (3.3%)
- By age groups, the highest incidence of this situation occurs in the group of 18 to 29 years (9% of admissions in this age range).

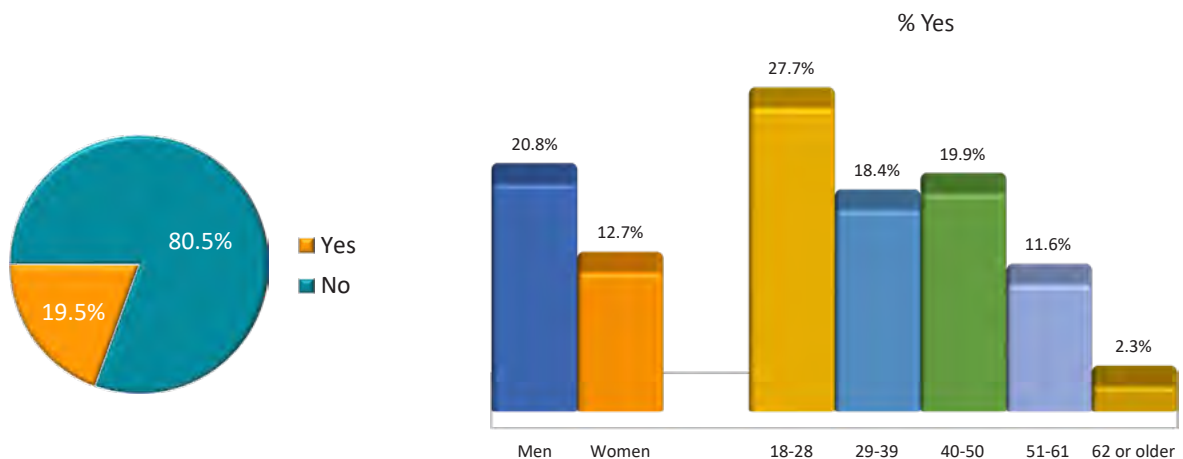
35. ON PROBATION

- Only 4.2% of people who started treatment were on probation at that time, no significant differences between men and women (4.4% of men versus 3.1% of women).
- By age groups, it can be seen that the older the percentage of people on probation is, lower at the beginning of treatment.



36. PENDING CASES AT THE TIME OF ADMISSION

- Although most people had not had problems with justice (80.5%), 1 in 5 had pending charges, trials or sentences at the time of starting treatment.
- This situation occurs to a greater extent among men (20.8%) than among women (12.7%) and more in the range of ages between 18 and 29 years (27.7%).





▪ *Proyecto Hombre Seville (N.L.)*





General data by Autonomous Regions

3

Andalusia



Gender	Man	87.8%	Usual employment pattern in the last three years	Full time	61.4%
	Woman	12.2%		Part time (regular)	9.1%
Age (grouped)	18 - 28	30.4%		Part time (temporary)	7.7%
	29 - 39	35.2%		Student	12.6%
	40 - 50	27.1%		Military service	1.3%
	51 - 61	4.3%		Retired / disabled	2.4%
	62+	0.3%		Unemployed / housewife	12.9%
Usual cohabitation (during the last three years)	Couple and children	25.1%	Which substance is the main problem?	Protected environment	1.4%
	Couple	14.0%		No problem	0.6%
	Children	3.8%		Alcohol (any dose)	11.3%
	Parents	27.8%		Alcohol (large quantities)	13.2%
	Family	17.0%		Heroin	2.9%
	Friends	0.7%		Methadone/LAAM	
	Alone	6.9%		Other opiates	
	Protected environ.	1.8%		Psychotropic drugs	0.8%
	Unstable	1.7%		Cocaine	36.5%
				Amphetamines	0.3%
				Cannabis	14.6%
				Hallucinogens	
				Other	4.9%
				Alcohol and other drugs	6.9%
				More than one drug/polydrug	7.6%

Balearic Islands



Gender	Man	77.0%	Usual employment pattern in the last three years	Full time	59.3%
	Woman	23.0%		Part time (regular)	10.6%
Age (grouped)	18 - 28	9.5%		Part time (temporary)	10.2%
	29 - 39	45.5%		Student	
	40 - 50	33.3%		Military service	
	51 - 61	8.6%		Retired / disabled	4.6%
	62+	3.2%		Unemployed / housewife	13.4%
Usual cohabitation (during the last three years)	Couple and children	25.9%	Which substance is the main problem?	Protected environment	1.9%
	Couple	21.5%		No problem	
	Children	5.3%		Alcohol (any dose)	12.0%
	Parents	14.0%		Alcohol (large quantities)	17.3%
	Family	7.0%		Heroin	0.4%
	Friends	0.9%		Methadone/LAAM	
	Alone	20.6%		Other opiates	
	Protected environ.	1.8%		Psychotropic drugs	0.9%
	Unstable	3.1%		Cocaine	24.0%
				Amphetamines	0.4%
				Cannabis	3.6%
				Hallucinogens	0.9%
				Other	
				Alcohol and other drugs	17.8%
				More than one drug/polydrug	22.7%

Canary Islands



Gender	Man	89.7%	Usual employment pattern in the last three years	Full time	52.7%
	Woman	10.3%		Part time (regular)	7.5%
Age (grouped)	18 - 28	13.4%		Part time (temporary)	10.8%
	29 - 39	42.3%		Student	1.1%
	40 - 50	29.9%		Military service	
	51 - 61	13.4%		Retired / disabled	3.2%
	62+	1.0%		Unemployed / housewife	24.7%
				Protected environment	
Usual cohabitation (during the last three years)	Couple and children	29.6%	Which substance is the main problem?	No problem	7.1%
	Couple	14.8%		Alcohol (any dose)	8.2%
	Children			Alcohol (large quantities)	9.2%
	Parents	23.5%		Heroin	16.3%
	Family	22.2%		Methadone/LAAM	
	Friends			Other opiates	1.0%
	Alone	8.6%		Psychotropic drugs	3.1%
	Protected environ.			Cocaine	36.7%
	Unstable	1.2%		Amphetamines	
				Cannabis	10.2%
				Hallucinogens	
				Other	
				Alcohol and other drugs	6.1%
				More than one drug/polydrug	2.0%

Cantabria



Gender	Man	86.6%	Usual employment pattern in the last three years	Full time	50.6%
	Woman	13.4%		Part time (regular)	13.5%
Age (grouped)	18 - 28	12.1%		Part time (temporary)	2.2%
	29 - 39	44.0%		Student	2.2%
	40 - 50	24.2%		Military service	
	51 - 61	16.5%		Retired / disabled	4.5%
	62+	3.3%		Unemployed / housewife	22.5%
				Protected environment	4.5%
Usual cohabitation (during the last three years)	Couple and children	26.7%	Which substance is the main problem?	No problem	3.4%
	Couple	18.9%		Alcohol (any dose)	3.4%
	Children	1.1%		Alcohol (large quantities)	22.5%
	Parents	15.6%		Heroin	
	Family	6.7%		Methadone/LAAM	
	Friends			Other opiates	
	Alone	21.1%		Psychotropic drugs	1.1%
	Protected environ.	10.0%		Cocaine	25.8%
	Unstable			Amphetamines	
				Cannabis	3.4%
				Hallucinogens	
				Other	16.9%
				Alcohol and other drugs	18.0%
				More than one drug/polydrug	5.6%

Castile-La Mancha



Gender	Man	85.6%	Usual employment pattern in the last three years	Full time	57.7%
	Woman	14.4%		Part time (regular)	7.2%
Age (grouped)	18 - 28	15.0%		Part time (temporary)	10.8%
	29 - 39	36.7%		Student	0.9%
	40 - 50	33.3%		Military service	
	51 - 61	12.5%		Retired / disabled	2.7%
	62+	2.5%		Unemployed / housewife	18.0%
Usual cohabitation (during the last three years)	Couple and children	19.5%	Which substance is the main problem?	Protected environment	2.7%
	Couple	21.2%		No problem	1.7%
	Children	1.7%		Alcohol (any dose)	10.8%
	Parents	19.5%		Alcohol (large quantities)	20.0%
	Family	9.3%		Heroin	5.0%
	Friends	3.4%		Methadone/LAAM	
	Alone	12.7%		Other opiates	
	Protected environ.	8.5%		Psychotropic drugs	
	Unstable	4.2%		Cocaine	37.5%
				Amphetamines	0.8%
				Cannabis	3.3%
				Hallucinogens	
				Other	0.8%
				Alcohol and other drugs	8.3%
				More than one drug/polydrug	11.7%

Castile and Leon



Gender	Man	82.7%	Usual employment pattern in the last three years	Full time	54.6%
	Woman	17.7%		Part time (regular)	4.0%
Age (grouped)	18 - 28	17.6%		Part time (temporary)	5.9%
	29 - 39	41.6%		Student	2.7%
	40 - 50	29.1%		Military service	
	51 - 61	9.1%		Retired / disabled	8.3%
	62+	2.5%		Unemployed / housewife	24.0%
Usual cohabitation (during the last three years)	Couple and children	20.7%	Which substance is the main problem?	Protected environment	3.7%
	Couple	16.2%		No problem	4.8%
	Children	2.3%		Alcohol (any dose)	6.9%
	Parents	26.8%		Alcohol (large quantities)	17.0%
	Family	7.2%		Heroin	2.9%
	Friends	1.6%		Methadone/LAAM	
	Alone	15.7%		Other opiates	0.3%
	Protected environ.	5.0%		Psychotropic drugs	
	Unstable	1.5%		Cocaine	37.8%
				Amphetamines	6.1%
				Cannabis	7.8%
				Hallucinogens	
				Other	1.5%
				Alcohol and other drugs	9.0%
				More than one drug/polydrug	5.2%

Catalonia



Gender	Man	85.2%	Usual employment pattern in the last three years	Full time	65.7%
	Woman	14.8%		Part time (regular)	9.0%
Age (grouped)	18 - 28	9.3%		Part time (temporary)	9.6%
	29 - 39	41.9%		Student	
	40 - 50	33.1%		Military service	
	51 - 61	12.2%		Retired / disabled	7.2%
	62+	3.5%		Unemployed / housewife	7.8%
Usual cohabitation (during the last three years)	Couple and children	28.0%		Protected environment	0.6%
	Couple	27.4%	Which substance is the main problem?	No problem	5.8%
	Children	1.8%		Alcohol (any dose)	14.0%
	Parents	15.2%		Alcohol (large quantities)	17.4%
	Family	7.3%		Heroin	5.8%
	Friends	1.8%		Methadone/LAAM	
	Alone	12.8%		Other opiates	
	Protected environ.	3.0%		Psychotropic drugs	
	Unstable	2.4%		Cocaine	49.4%
				Amphetamines	0.6%
				Cannabis	1.7%
				Hallucinogens	
				Other	2.3%
				Alcohol and other drugs	1.7%
				More than one drug/polydrug	1.2%

Extremadura



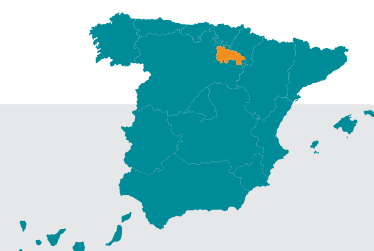
Gender	Man	90.9%	Usual employment pattern in the last three years	Full time	54.5%
	Woman	9.1%		Part time (regular)	12.1%
Age (grouped)	18 - 28	24.2%		Part time (temporary)	6.1%
	29 - 39	45.5%		Student	3.0%
	40 - 50	27.3%		Military service	
	51 - 61			Retired / disabled	3.0%
	62+	3.0%		Unemployed / housewife	18.2%
Usual cohabitation (during the last three years)	Couple and children	24.2%		Protected environment	3.0%
	Couple	12.1%	Which substance is the main problem?	No problem	5.9%
	Children	3.0%		Alcohol (any dose)	26.5%
	Parents	27.3%		Alcohol (large quantities)	8.8%
	Family	21.2%		Heroin	
	Friends			Methadone/LAAM	
	Alone	9.1%		Other opiates	
	Protected environ.	3.0%		Psychotropic drugs	
	Unstable			Cocaine	35.3%
				Amphetamines	
				Cannabis	2.9%
				Hallucinogens	
				Other	
				Alcohol and other drugs	2.9%
				More than one drug/polydrug	17.6%

Galicia



Gender	Man	83.0%	Usual employment pattern in the last three years	Full time	48.5%
	Woman	17.0%		Part time (regular)	3.3%
Age (grouped)	18 - 28	26.6%		Part time (temporary)	11.5%
	29 - 39	33.4%		Student	4.9%
	40 - 50	26.6%		Military service	
	51 - 61	12.1%		Retired / disabled	9.8%
	62+	1.3%		Unemployed / housewife	21.0%
Usual cohabitation (during the last three years)	Couple and children	14.9%		Protected environment	1.0%
	Couple	20.2%	Which substance is the main problem?	No problem	7.9%
	Children	1.3%		Alcohol (any dose)	
	Parents	27.5%		Alcohol (large quantities)	28.9%
	Family	15.2%		Heroin	3.6%
	Friends	1.7%		Methadone/LAAM	
	Alone	13.6%		Other opiates	
	Protected environ.	1.3%		Psychotropic drugs	0.7%
	Unstable	4.3%		Cocaine	32.1%
				Amphetamines	
				Cannabis	6.2%
				Hallucinogens	
				Other	1.3%
				Alcohol and other drugs	6.9%
				More than one drug/polydrug	12.5%

La Rioja



Gender	Man	84.0%	Usual employment pattern in the last three years	Full time	60.7%
	Woman	16.0%		Part time (regular)	12.3%
Age (grouped)	18 - 28	25.0%		Part time (temporary)	4.1%
	29 - 39	40.3%		Student	5.7%
	40 - 50	28.2%		Military service	
	51 - 61	4.8%		Retired / disabled	4.1%
	62+	1.6%		Unemployed / housewife	13.1%
Usual cohabitation (during the last three years)	Couple and children	26.4%		Protected environment	
	Couple	15.7%	Which substance is the main problem?	No problem	1.6%
	Children	2.5%		Alcohol (any dose)	12.1%
	Parents	16.5%		Alcohol (large quantities)	12.9%
	Family	16.5%		Heroin	4.8%
	Friends	0.8%		Methadone/LAAM	0.8%
	Alone	19.0%		Other opiates	
	Protected environ.	1.7%		Psychotropic drugs	
	Unstable	0.8%		Cocaine	19.4%
				Amphetamines	17.7%
				Cannabis	20.2%
				Hallucinogens	
				Other	7.3%
				Alcohol and other drugs	0.8%
				More than one drug/polydrug	2.4%

Madrid



Gender	Man	72.3%	Usual employment pattern in the last three years	Full time	65.3%
	Woman	27.7%		Part time (regular)	6.1%
Age (grouped)	18 - 28	10.2%		Part time (temporary)	10.2%
	29 - 39	49.0%		Student	2.0%
	40 - 50	26.5%		Military service	
	51 - 61	10.2%		Retired / disabled	2.0%
	62+	4.1%		Unemployed / housewife	14.3%
				Protected environment	
Usual cohabitation (during the last three years)	Couple and children	24.5%	Which substance is the main problem?	No problem	2.1%
	Couple	18.4%		Alcohol (any dose)	6.4%
	Children	6.1%		Alcohol (large quantities)	23.4%
	Parents	26.5%		Heroin	4.3%
	Family	6.1%		Methadone/LAAM	
	Friends			Other opiates	
	Alone	16.3%		Psychotropic drugs	2.1%
	Protected environ.	2.0%		Cocaine	40.4%
	Unstable			Amphetamines	
				Cannabis	2.1%
				Hallucinogens	
				Other	4.3%
				Alcohol and other drugs	12.8%
				More than one drug/polydrug	2.1%

Murcia



Gender	Man	86.8%	Usual employment pattern in the last three years	Full time	74.2%
	Woman	13.2%		Part time (regular)	13.7%
Age (grouped)	18 - 28	10.4%		Part time (temporary)	3.2%
	29 - 39	50.5%		Student	2.6%
	40 - 50	27.7%		Military service	
	51 - 61	10.9%		Retired / disabled	1.6%
	62+	0.5%		Unemployed / housewife	3.2%
				Protected environment	1.6%
Usual cohabitation (during the last three years)	Couple and children	28.0%	Which substance is the main problem?	No problem	5.0%
	Couple	20.0%		Alcohol (any dose)	6.4%
	Children	3.5%		Alcohol (large quantities)	10.4%
	Parents	21.0%		Heroin	2.5%
	Family	11.0%		Methadone/LAAM	
	Friends	0.5%		Other opiates	0.5%
	Alone	13.0%		Psychotropic drugs	0.5%
	Protected environ.	2.0%		Cocaine	35.1%
	Unstable	1.0%		Amphetamines	0.5%
				Cannabis	5.0%
				Hallucinogens	
				Other	3.0%
				Alcohol and other drugs	29.7%
				More than one drug/polydrug	1.5%

Navarre

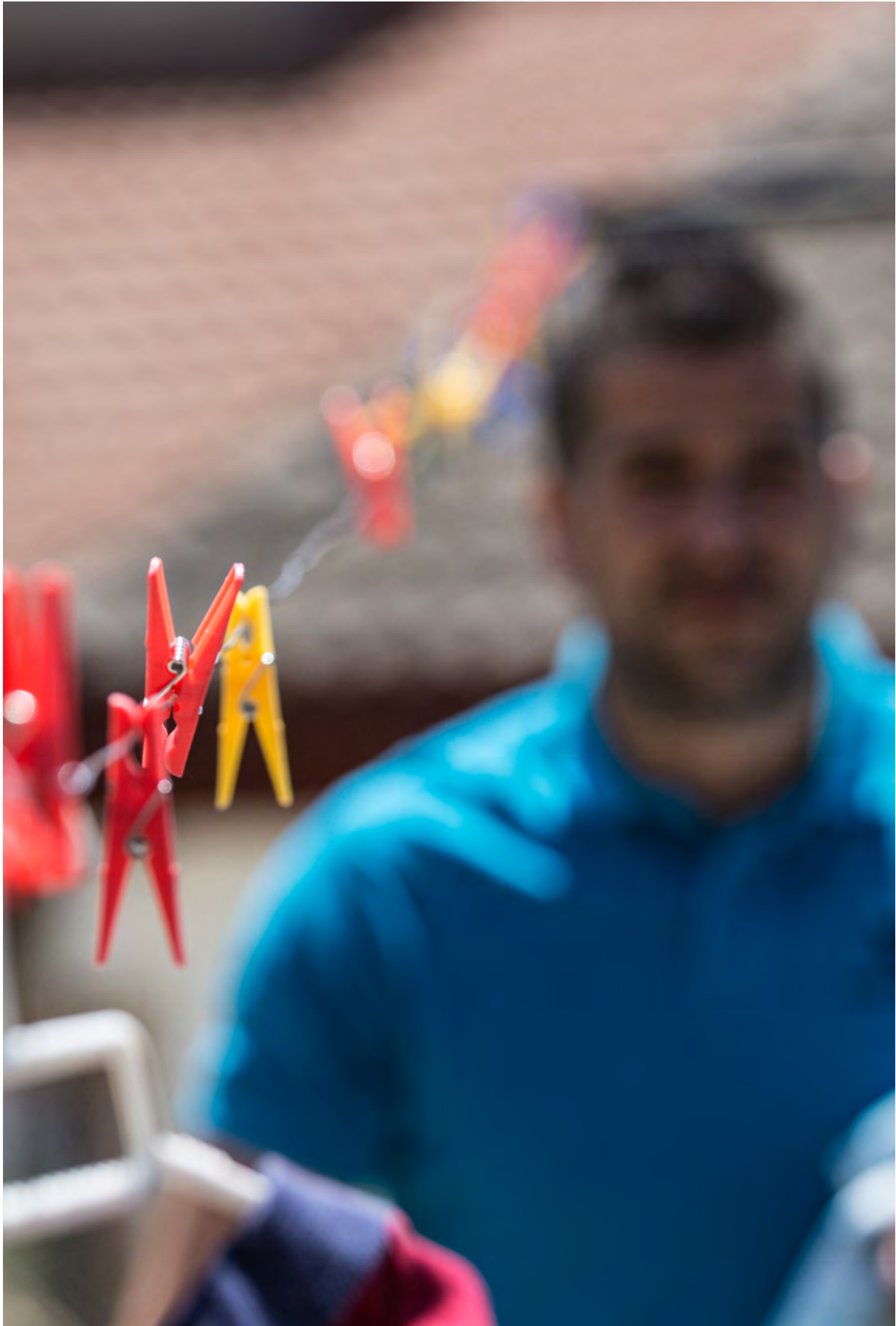


Gender	Man	84.6%	Usual employment pattern in the last three years	Full time	56.0%
	Woman	15.4%		Part time (regular)	7.8%
Age (grouped)	18 - 28	18.6%		Part time (temporary)	6.0%
	29 - 39	37.3%		Student	4.3%
	40 - 50	32.2%		Military service	
	51 - 61	10.2%		Retired / disabled	3.4%
	62+	1.7%		Unemployed / housewife	19.8%
Usual cohabitation (during the last three years)	Couple and children	25.4%	Which substance is the main problem?	Protected environment	2.6%
	Couple	11.9%		No problem	1.7%
	Children	1.7%		Alcohol (any dose)	15.3%
	Parents	22.0%		Alcohol (large quantities)	21.2%
	Family	12.7%		Heroin	2.5%
	Friends	0.8%		Methadone/LAAM	
	Alone	21.2%		Other opiates	
	Protected environ.	3.4%		Psychotropic drugs	
	Unstable	0.8%		Cocaine	15.3%
				Amphetamines	15.3%
				Cannabis	11.9%
				Hallucinogens	0.8%
				Other	1.7%
				Alcohol and other drugs	11.0%
				More than one drug/polydrug	3.4%

Region of Valencia



Gender	Man	93.1%	Usual employment pattern in the last three years	Full time	49.3%
	Woman	16.9%		Part time (regular)	8.7%
Age (grouped)	18 - 28	14.8%		Part time (temporary)	16.9%
	29 - 39	38.8%		Student	0.6%
	40 - 50	33.6%		Military service	
	51 - 61	10.6%		Retired / disabled	8.3%
	62+	2.1%		Unemployed / housewife	15.1%
Usual cohabitation (during the last three years)	Couple and children	22.9%	Which substance is the main problem?	Protected environment	1.0%
	Couple	11.6%		No problem	
	Children	1.9%		Alcohol (any dose)	2.6%
	Parents	30.9%		Alcohol (large quantities)	4.1%
	Family	17.8%		Heroin	2.6%
	Friends	0.6%		Methadone/LAAM	
	Alone	11.0%		Other opiates	
	Protected environ.	1.9%		Psychotropic drugs	
	Unstable	1.2%		Cocaine	30.9%
				Amphetamines	
				Cannabis	9.5%
				Hallucinogens	
				Other	2.7%
				Alcohol and other drugs	38.5%
				More than one drug/polydrug	8.8%



■ *Proyecto Hombre Granada (D.O.)*



■ Proyecto Hombre Seville (N.L.)



General conclusions

4

PERSONAL AND SOCIO- OCCUPATIONAL CHARACTERISTICS

Women accounted for 15.7% of people who started treatment in 2017, compared to 84.3% of men. This proportion presents a stable trend with respect to other years.

The average age is 38.2 years (with an interval ranging from 18 to 71 years), interrupting what had previously been an increasing trend. The 36-40 years interval is the predominant one (23.7%), although it should be noted that 21.7% are under 30 years old and 9.4% are over 51 years old.

The type of cohabitation presents multiple situations. For example, **24.8% live with their parents, 23.4% with their partner and children, 17.3% with their partner** and 1.4% live with someone from their circle of friends. It highlights the difference by gender between those who **live only with their children: only 0.8% of men compared to 10.9% of women**. It should be noted that the fact that this situation occurs in a greater extent among women, could be showing a key factor in relation to having more or less feasibility of access to treatment by some and others, respectively.

The fact that **only 40.7% of people would be living with their partner** at the time of initiating treatment and considering that it is an essentially adult population (78.6% are 30 or more years old) would be indicative of the difficulties that addiction problems generate when initiating and / or maintaining stable relationships.

In this sense, it is not surprising that **the highest rates of conflict occur with the couple (64.6% throughout life and 31.9% in the last month)**, followed by the closest people (mother / father 55.1%, and brothers 50.1%). In general, the conflict is greater in the case of women and, especially, in the relationship with the children, which is consistent with the differences indicated above in terms of the type of cohabitation.

In any case, all this would confirm the complexity of the problem in the relational field presented by people with addictive disorders and the consequent weakness or lack of availability of their socio-family circle of support in relation to the role they play as a factor of prevention and treatment support.

On the other hand, **it should be noted that half of the people under treatment would have been exposed to**



■ Proyecto Hombre Catalonia (N.L.)

some type of use throughout their lives, whether emotional (49.2%), physical (26.8%) or sexual (7.5%). In this case, women are victims to a greater extent of these traumatic situations, exceeding by more than twenty points men in the three areas described. Thus, 68.7% of them would have suffered emotional abuse, 48.8% physical abuse and 26.7% sexual abuse.

In the educational field, **the low levels of education continue to be a constant** among the population treated in Proyecto Hombre. Thus, 58.7% would have an academic level lower than the secondary, corresponding 24.2% at the primary level and 34.5% -the majority group- to people without studies. This data would highlight the importance of training as a preventive factor in relation to addictions. However, addictive disorders also reach all academic levels, as evidenced by 24.2% of people who have completed secondary education and 11.1% with university studies.

This leads to a lower capacity for professional qualification and a greater occupation in more labour-intensive sectors and activities. Among those who had worked, the majority belonging to the industry, construction and service staff, although among the people treated, the entire scale of labour categories was represented, rang-

ing from unskilled jobs (7.9%) to technicians, specialists and managers (6.1%).

With regard to the labour situation, a fairly normalized profile predominates, with most of the full-time work in the three years prior to admission (58%), with a total of 75.4% of the people who would have had an occupation in most of that period.

However, this situation changes radically when it is limited to the moment before income. Thus, **in the thirty days prior to the start of treatment, only 34.1% would have their main source of income in employment.** On the other hand, people from the socio-family environment (family, partners and friends) are those who appear as the main economic support for 30.7% of the people treated, ahead of income from pensions, Social Security, benefits for unemployment, and social assistance, which would constitute the main source of income for 27.8%.

In this way it would be appreciated how **in a relatively short period of time, a large part of these people would have become economically dependent.** Thus, four out of ten people consider that their need to receive employment advice is considerable or extreme.



USE OF ALCOHOL AND OTHER DRUGS

In relation to the use of psychoactive substances, as has been pointed out in previous reports, it is not usual to find “pure profiles” of users of a single substance, but the most common pattern implies, together with the main reference substance, the problematic use or even addiction to various substances. In this sense, it is necessary to point out that, throughout life, they have made regular and / or problematic use of alcohol by 88% (70% in large quantities and 41.7% in alcohol and other drugs); of cocaine, 77.5%; of cannabis, 64.9%; of amphetamines, 32.7% and 20.3% of heroin.

However, circumscribed to the main substance of use, **the highest demand for treatment corresponds to cocaine** (34.3% of total income), **although if we consider alcohol as a whole (alone or associated with other substances, it would occupy the first place**, with 37.7%. Then the combined addiction to several substances (exclud-

ing alcohol) would be placed with 8.6%, followed by cannabis as the main substance, with 7.1%.

Although alcohol and cocaine maintain their predominance as the main substance of use, the trend they have in the last five years is different: thus, **while alcohol decreases slowly but progressively its proportion in the group of people treated, cocaine shows a tendency slightly increasing, and somewhat more noticeable in 2017** (going from 31.1 to 34.3%), approaching more and more the alcohol record (which has gone from 38.7 in 2016 to 37.7% last year).

With regard to cannabis, it has seen its proportion reduced from the maximum registered in 2015 (11.4%) to the current 7.1%, returning to the same proportion reached in 2012.

Heroin as the main reference substance, currently represents 4% of total income, in a practically identical record in the last three years



■ Proyecto Hombre Seville (N.L.)



■ Proyecto Hombre Granada (D.O.)

In terms of gender, and within similar parameters of use in general, the greatest differences are with respect to alcohol (with an incidence among women of 12 percentage points higher than that of men) and in cocaine (where the prevalence between men outnumber women by 10.8 points).

A differentiated pattern according to age is observed. Thus, **among the youngest people (18 to 28 years old), cocaine and cannabis are the main substance. In the group of 29 to 39, cocaine** appears as the main substance (44.4%) and **in the oldest segments, alcohol is the reference substance that generates the treatment.**

The average age at the beginning of treatment by main substance also reflects this pattern: cannabis has the youngest average (28.6 years), while for cocaine it is 36.2 years and, finally, for people under treatment for alcohol, the start of treatment occurs at 43.9 years on average.

By relating the age of onset of regular or abusive use of each substance and the age of the beginning of treatment, the period between the two can be established. This analysis also presents differences, according to the reference drug. Thus, **in the case of alcohol, which is the substance with an earlier start (15.9 years) and a later start of treatment (44.6 years), the time elapsed**

is almost 29 years. In an intermediate situation, **cocaine would be found, with a difference of almost 16 years between the onset of problematic use and the start of treatment**, while for cannabis it would be reduced to 12 years between both periods. **In the case of heroin, there are 18 years elapsed between the onset of use and treatment.**

MEDICAL AND PSYCHIATRIC PROBLEMS

Health problems, whether they are added, parallel or directly derived from the addiction itself, present a high prevalence among the people treated in Proyecto Hombre.

31.2% manifest chronic physical problems of a physical nature that interfere in their lives, with a higher incidence among women. There is also a greater presence of chronic problems among the most advanced age groups (between 45 and 50% from 51 years old). However, it should be noted that one out of every five people treated between 18 and 28 years of age would also suffer from a chronic illness, which constitutes a more than significant percentage.

In fact, **26.9% would be taking some type of medication by prescription** (also with an increase that grows progressively as the age of the people treated advances).

As regards the field of mental health, **the comorbidity between addiction and psychiatric disorders is very marked. In fact, 48.5% had or had prescribed medication for the latter cause.** In this sense, the high percentage of people who suffer or have suffered different psychological or psychiatric problems is significant. Thus, between **two out of three people would have suffered severe anxiety, either during a significant period of their life (47.8% in the last month).** More than half (51.8%) would have been affected by severe depression. **41.7% experienced problems controlling violent behaviour and 22.2% hallucinations.** In addition, **almost one in four would have made at least one suicide attempt throughout their lives.** It should also be noted that women are affected by these problems to a much greater extent than men.

LEGAL PROBLEMS

6.1% of the people who began treatment were motivated by the application of judicial measures that made it possible not to enter prison, in order to be able to carry out a treatment and rehabilitation process.

In addition, **4.2% of the people who began their treatment in 2017 were in probation** at that time.

Although the vast majority of people treated did not present problems with justice (80.5%), 19.5%, **almost one in five had charges, trials or pending sentences.** This situation affected men more than women. And it also occurred **more frequently in the age range from 18 to 29 years (27.7%).**



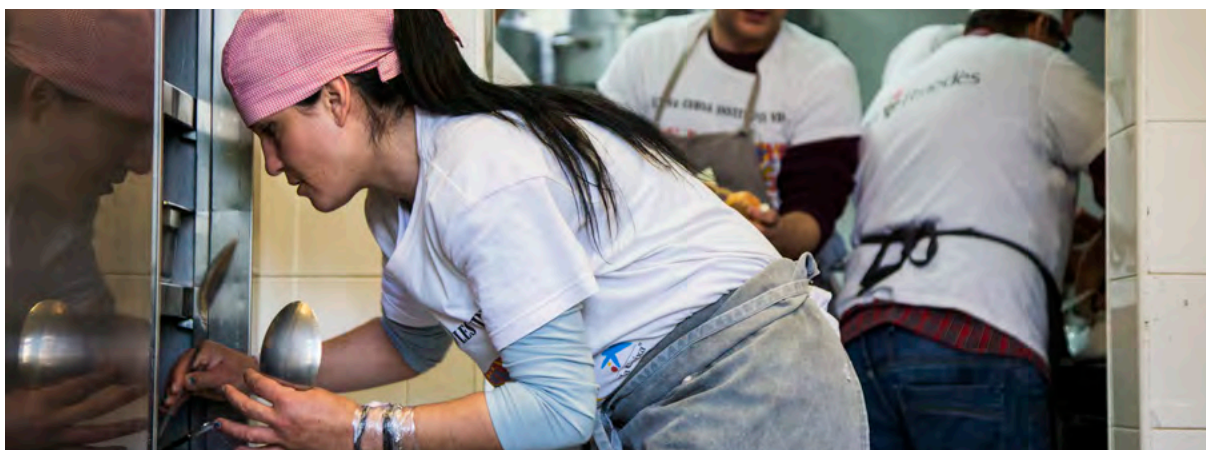
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WOMEN UNDER TREATMENT

IN PROYECTO HOMBRE:

A GENDER PERSPECTIVE

1. They represent between 15% and 16% of the people admitted, but their problems are very different in many aspects, more serious and require specific attention.
2. Their average age is two years older than men, exactly forty years old.
3. In a greater percentage they live independently from their parents (and, therefore, with less support and greater vulnerability): 11% live with their children, while among men it only reaches 1%.
4. Either as a cause or as a consequence, their proportion of conflict with children (31.7%) are higher than in the case of men (16.3%), as well as with the people around them, especially in relation to the couple, the mother and the brothers, even though, in return, they are lower with regard to the neighbours and in the field of work.
5. Throughout life, they have suffered abuse significantly higher than men, both emotionally (69% vs. 46%), physically (49% vs. 23%) and sexually (27% vs. 4%).
6. Their level of education is noticeably lower than in the case of men.
7. Their working status is also lower: higher unemployment, more domestic work and shorter working hours.
8. They live to a greater extent on external financial aid not derived from work: family, friends and social assistance.
9. The highest levels of concern in relation to employment problems are found in a higher percentage of women (26%) than in men (22%), and they need more labour-related advice (31%) than men (25%).
10. The profile of problematic use is essentially alcohol, compared to that of men, which is cocaine, although the age of use onset, both alcohol and other substances, is later in women than in men. In the case of alcohol in large quantities, the difference is high: 21 years in the group of men and 26 in that of women.
11. They declare suffering from chronic health problems that interfere in their life to a greater extent (41%) than men (29%).
12. As an example, they claim to be seropositive to a much greater degree (21%) than men (14%).
13. They take medication on a regular basis to a greater extent (35%) than men (25%).
14. Psychiatric problems and disorders follow the same pattern of severity: women suffer more anxiety, more depression, more empathy problems and more suicide attempts than men. Only in the case of violent behaviour, men report having more problems than women.
15. Consequently, the legal problems are much smaller with respect to men. Only pending causes at the time of admission are 13% of women compared to 21% of men, and only 3% of their admission to Proyecto Hombre has been suggested by a judge. In the same line only 3% is on probation.



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Observatory**
on the profile
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