REPORT ON

Behavioral addictions and other addictive disorders 2023

Admissions to treatment for behavioral addictions indicator. Gambling, gaming, problematic internet use and other addictive disorders in EDADES and ESTUDES drug surveys conducted in Spain.

Spanish Observatory on Drugs and Addictions
Government Delegation for the National Plan on Drugs

GOBIERNO
DE ESPAÑA

MINISTERIO
DE SANIDAD

SECRETARÍA DE ESTADO
DE SANIDAD

DELEGACIÓN DEL GOBIERNO
PARA EL PLAN NACIONAL SOBRE DROGAS

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Abbreviations

COVID-19 Coronavirus Disease 2019.

DGPNSD Government Delegation for the National Plan on Drugs.

DSM Diagnostic and Statistical of Mental Disorders.

EDADES Survey on Alcohol and Drugs amongst the general population in Spain.

ESPAD The European School Survey Project on Alcohol and Other Drugs.

eSports Electronic sports

ESTUDES Survey on Drug Use in Secondary Education in Spain.

ICD-11 11th Revision of the WHO International Classification of Diseases.

OEDA Spanish Observatory on Drugs and Addictions.

SEIDA State Information System on Drugs and Addictions.

WHO World Health Organization.

1.
Introduction

We live in increasingly dynamic and changing societies where new technologies have practically become standard. In this context, there is growing concern about a possible problematic use of the Internet, digital media and social networks, as well as about the role of new technologies as facilitators of access to, or enhancers of, other addictive behaviors, especially betting and online gambling among adolescents.

It is the responsibility of all the institutions and entities involved and, ultimately, of society as a whole, to prevent misuse and possible problems arising from this powerful incursion into our social reality.

The National Plan on Drugs is responding to this need. Thus, the National Strategy on Addictions 2017-2024 has incorporated non-substance or behavioral addictions as a new field in all lines of action, with special emphasis on betting (face-to-face or online) and addictions through new technologies, which are specified in concrete actions within its four-year action plans.

The Government Delegation for the National Plan on Drugs (DGPNSD), with the collaboration of Autonomous Communities and Cities, carries out two periodic national surveys: the Survey on Alcohol and Drugs in Spain (EDADES) and the Survey on Drug Use in Secondary Education in Spain (ESTUDES), completed every other year. ESTUDES began in 1994 and EDADES in 1995, each generating current results under fourteen editions. Both surveys make it possible to observe the evolution of prevalence in alcohol, tobacco use, hypnosedatives, opioid analgesics and illegal psychoactive drugs consumption, as well as other addictive behaviors.

Since 2014, a number of modules have been included in both surveys to understand the extent of problematic internet use, gambling and, from 2019, possible gaming disorder in the general or student population, as well as to explore the behaviors related to these patterns in more depth.

Survey information is complemented by information on treatment admissions for behavioral or non-substance addictions such as gambling disorders (also called problem gambling, pathological gambling or gambling addiction). In order to make this information available nationwide, the

indicator on treatment admissions for behavioral/non-substance addictions was created in 2021. In 2023, for the first time, national data are available, namely for treatment admissions in 2021.

Throughout this report, the results obtained in EDADES and ESTUDES survey modules are presented, as well as the results of the behavioral addiction treatment admissions indicator.

2.
Objectives

The general objective of ESTUDES and EDADES surveys and the behavioral addiction treatment admissions indicator is to provide relevant information with which to design and evaluate policies aimed at preventing the use and problems derived from substance abuse and other addictive behaviors.

The main objective of this monographic report is to contribute to understanding the current situation regarding behavioral addictions and, specifically, gambling, problematic Internet use and possible gaming disorder in Spain. In this way, it is hoped that it will ultimately help to prevent misuse and possible problems associated with these activities.

As part of this general objective, the following specific aims are established:

- To find out the prevalence of gambling, both online and face-to-face, in the 15 to 64-year age group in the Spanish population and in the 14 to 18-year student population age group, as well as its evolution since 2014.

- To determine possible differences in the extent of online and face-to-face gambling by sex, age, frequency, type of game and amount of money spent.

- To find out the prevalence of possible problem gambling and possible gambling disorder in the 15-64 Spanish population age group and in the 14-18 student population age group.

- To find out the prevalence of possible problematic internet use in the 15 to 64-year age group in the Spanish population and in the 14 to 18 student population age group, as well as its evolution since 2014.

- To find out the prevalence of gaming, as well as potentially associated disorders in the 14 to 18 student population age group

- To find out the prevalence of pornography use in the 14-18 student population age group.

- To know the number of people admitted to treatment for behavioral addictions, their profile and the type of behavioral addiction generating the addiction.

3.
Methodology

A descriptive study of gambling, gaming, Internet use and pornography use has been carried out on the basis of answers given to the specific questions included in the latest editions of the ESTUDES and EDADES surveys, which offer nationwide representative results.

Questions on gambling and internet use were introduced in 2014 in the ESTUDES survey in an exploratory way and have been accordingly modified with the aim of improving the quality of information obtained. For this reason, comparability between successive editions is limited to a certain extent. Questions on pornography have been included for the first time in the 2023 survey.

In 2014, a module on internet use and other related behaviors (gambling) was introduced for the first time in the ESTUDES survey. In 2016, questions on internet use and gambling continued to be asked, but were shorter, and the wording of the questions and placement in the questionnaire were modified, in order to include these questions into the leisure activities section. That same year, additional modules were introduced in the survey, requiring that other sections be shortened so as not to affect the overall response rate. In both 2014 and 2016, questions on the internet were included before questions on gambling, as presented in other similar European surveys (e.g. European School Survey Project on Alcohol and Other Drugs ESPAD)[1]. After analyzing question behavior, it was decided in 2019 to place them after the 'gambling' module in order to avoid confusion and interference between the internet and gambling questions. A module on gaming was also introduced that year.

In the EDADES general population survey, a module on internet use and related behaviors was introduced in 2015. It initially consisted of two questions, which were expanded to six in the 2018 edition. In that year, questions were also reordered so that internet questions came after those on gambling. This decision was made after finding that, in similar surveys conducted in other countries, including gambling module after internet use questions changed the results by decreasing prevalence, as respondents tended to understand the gambling questions as internet-related, to the detriment of face-to-face gambling responses. This change was also made in the European ESPAD 2019 survey after observing the same results.

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[1] ESPAD: The European School Survey Project on Alcohol and Other Drugs. http://www.espad.org/

With the aim of exploring possible problematic uses, different scales have been incorporated in both surveys to approach the actual situation. Thus, since 2014, the Compulsive Internet Use Scale (CIUS)[2] has been introduced, which allows us to find out the prevalence of possible problematic Internet use. In addition, a scale based on the DSM-5 diagnostic criteria for Gambling Disorders was introduced in the EDADES 2019 survey to explore the existence of possible problem gambling or gambling disorders. The possible occurrence of this problem gambling is investigated in the 14-18 student population age group in the 2019 edition of the ESTUDES survey through the Lie/Bet scale[3], which had already been tested and introduced in the European ESPAD survey. In this same edition, a scale based on DSM-5 criteria is incorporated as an exploratory analysis of the prevalence of possible gaming disorders.

The following definitions are applicable in this report:

- Possible problem gambling in the 15-64-year population: persons scoring 1-3 on the DSM-5 scale[4].

- Possible gambling disorder in the 15-64-year population: persons scoring 4 or more on the DSM-5 scale.

- Possible problem gambling in the 14-18 student population age group: persons scoring 1-2 on the Lie/Bet scale.

- Possible problematic Internet use: a person scoring 28 or more on the Compulsive Internet Use Scale (CIUS)[5], both in the 15-64 population age group and in the 14-18 student population age group.

- Possible gaming disorder: a person who scores 5 or more on the DSM-5 scale, both in the 15-64-year population and in the 14-18 student population age group.

In 2019, the need arose to design an indicator of admissions to treatment for behavioral/non-substance addictions a further component of the indicator program used by the State Information System on Drugs and Addictions (SEIDA). As a result, the current SEIDA is made up of four main indicators (treatment for psychoactive substance use, treatment for behavioral or non-substance addictions, emergencies and mortality) and two cross-sectional indicators that are obtained by crossing information from these indicators, surveys and other sources of information (problematic use of psychoactive substances and infectious diseases related to the

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[2] Meerkerk, G. J., Van Den Eijnden, R. J. J. M., Vermulst, A. A. y Garretsen, H. F. L. (2009). The Compulsive Internet Use Scale (CIUS): Some psychometric properties. *Cyberpsychology and Behavior, 12*, 1-6. doi:10.1089/cpb.2008.0181.

[3] Johnson EE, Hamer R, Nora RM, Tan B, Eisentsein N, Engerhart C. The Lie/Bet questionnaire for screening pathological gamblers. Psychol Rep, 80 (1997), pp. 83-8. http://dx.doi.org/10.2466/pr0.1997.80.1.83

[4] Study and analysis of the risk factors of gambling disorder. Directorate General for the Regulation of Gambling. Deputy Directorate General for Information, Documentation and Publications. Madrid: Ministry of Finance and Public Function, 2017.

[5] Meerkerk, G. J., Van Den Eijnden, R. J. J. M., Vermulst, A. A., y Garretsen, H. F. L. (2009). The Compulsive internet Use Scale (CIUS): Some psychometric properties. CyberPsychology & Behavior, 12, 1-6.

use of psychoactive substances). The four main indicators collect information on an annual basis and are processed as part of the National Plan on Drugs, as an inter-institutional venture where Autonomous Communities and Cities play a very active role, as well as the data source institutions (drug care network, behavioral addiction care network, hospitals, institutes of legal medicine and toxicological laboratories).

In 2023, data on admissions to treatment for behavioral addictions in Spain will be available for the first time, specifically for the year 2021.

The following tables summarize the main methodological aspects of the surveys and indicator used for this report:

EDADES 2015

GENERAL ASPECTS	
Title	EDADES. Survey on Alcohol and Drugs in Spain.
Survey description	Household survey of the general population (15-64 years old), conducted at home.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Consumer Affairs and Social Welfare (MSCBS).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Population residing in Spain ages 15 to 64, both inclusive.
Time scope. Frequency.	EDADES has been held every 2 years since 1995. In 2015-2016 the data collection period was from 1 to 18 December 2015 and from 7 February to 29 April 2016.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	Urban and rural population (municipalities with less than 2,000 inhabitants) in all Autonomous Communities and the autonomous cities of Ceuta and Melilla, living in the family home.
Sampling procedure	Three-stage cluster sampling without replacement. The first-stage units are census sections (36,127 in 2015), corresponding to 8,117 municipalities in 2015. In 2015, 2,277 census sections corresponding to 948 municipalities were selected. The second-stage units are family homes (households). In the third stage, one individual from each household was selected.
Weighting	The weighting for results analysis is carried out by autonomous community (19 groups), size of municipality (7 groups), age (7 groups) and sex (2 groups) to compensate for sample disproportionality with respect to the universe.
Sample size	22,541 valid questionnaires.
Sampling error	Maximum sampling error (95% confidence level for p=0.5) of 0.7%, ranging from 2% in the Valencian Community to 6.7% in Melilla.

FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Personal interview at home. The interviewer remains present throughout the process and collects the completed questionnaire. The questionnaire consists of two parts: interviewer questionnaire and self-administered questionnaire. The questionnaire is completed in writing (pencil and paper). Questionnaire available in all of Spain's official languages.
Response rate	The effective response rate in 2015 was 50.5%.
NOVELTIES	
Specific Modules	A module on cannabis (including the CAST scale), a module on hypnosedatives (including the DSM-5 scale) and a module on the internet (including the CIUS scale).

EDADES 2018

GENERAL ASPECTS	
Title	EDADES. Survey on Alcohol and Drugs in Spain.
Survey description	Survey of the general population living at home (15-64 years old), conducted at their home.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Consumer Affairs and Social Welfare (MSCBS).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results
Population scope	Universe: Population residing in Spain ages 15 to 64, both inclusive.
Time scope. Frequency.	EDADES has been completed every 2 years since 1995. The data collection period ran from 5 February to 27 April 2018.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	Urban and rural population (municipalities with less than 2,000 inhabitants) in all Autonomous Communities and the autonomous cities of Ceuta and Melilla, living in the family home.
Sampling procedure	Three-stage cluster sampling without replacement. The first-stage units are census sections (36,215 in 2017), corresponding to 8,125 municipalities in 2017. In 2017, 2,147 census sections corresponding to 954 municipalities were selected. The second-stage units are family homes (households). In the third stage, one individual from each household was selected.
Weighting	The weighting for results analysis is carried out by autonomous community (19 groups), size of municipality (7 groups), age (7 groups) and sex (2 groups) to compensate for sample disproportionality with respect to the universe.
Sample size	21,249 valid questionnaires.
Sampling error	Maximum sampling error (95% confidence level for p=0.5) of 0.8%, ranging from 2.1% in Andalusia to 4.7% in La Rioja.

FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Personal interview at home. The interviewer remains present throughout the process and collects the completed questionnaire. The questionnaire consists of two parts: interviewer questionnaire and self-administered questionnaire. The questionnaire is completed in writing (pencil and paper). Questionnaire available in all of Spain's official languages.
Response rate	The effective response rate in 2018 was 51%.
NOVELTIES	
Specific Modules	Alcohol module (including AUDIT scale), cannabis module (including CAST scale), new substances module, opioid analgesics module, gambling module (including DSM-5 scale) and internet module (including CIUS scale).

EDADES 2020

GENERAL ASPECTS	
Title	EDADES. Survey on Alcohol and Drugs in Spain.
Survey description	Survey of the general population living at home (15-64 years old), conducted at their home.
Survey manager	Ministry of Health.
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Population residing in Spain ages 15 to 64, both inclusive.
Time scope. Frequency.	EDADES has been completed every 2 years since 1995. The data collection period ran from 7 February to 13 March 2020.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	Urban and rural population (municipalities with less than 2,000 inhabitants) of all Autonomous Communities and the autonomous cities of Ceuta and Melilla, living in the family home.
Sampling procedure	The sample design took into account the latest data published at the time the research was planned (2018). Three-stage cluster sampling without replacement. The first-stage units are the census sections (36,288), corresponding to 8,123 municipalities. In this edition, 1,793 census sections corresponding to 744 municipalities were selected. The second stage units are family homes (households). In the third stage, one individual was selected from each household.
Weighting	The weighting for results analysis is carried out by autonomous community (19 groups), size of municipality (7 groups), age (7 groups) and sex (2 groups) to compensate for sample disproportionality with respect to the universe.
Sample size	17,899 valid questionnaires.
Sampling error	Maximum sampling error (95% confidence level for p=0.5) of 0.8%, ranging from 2.1% for Valencia to 8.6% for Melilla.

FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Personal interview at home. The interviewer remains present throughout the process and collects the completed questionnaire interview. The questionnaire consists of two parts: interviewer questionnaire and self-administered questionnaire. The questionnaire is completed in writing (pencil and paper). Questionnaire available in all of Spain's official languages.
Response rate	The effective response rate in 2019 was 37.2%.
NOVELTIES	
Specific Modules	Alcohol module (including AUDIT scale), cannabis module (including CAST scale), new substances module, opioid analgesics module, gambling module (including DSM-5 scale) and internet module (including CIUS scale).

EDADES 2022

GENERAL ASPECTS	
Title	EDADES. Survey on Alcohol and Drugs in Spain.
Survey description	Survey of the general population living at home (15-64 years old), conducted at their home.
Survey manager	Ministry of Health.
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Population residing in Spain ages 15 to 64, both inclusive.
Time scope. Frequency.	EDADES has been completed every 2 years since 1995. The fieldwork was carried out between 15 February and 3 June 2022.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	Urban and rural population (municipalities with less than 2,000 inhabitants) in all Autonomous Communities and the autonomous cities of Ceuta and Melilla, living at home.
Sampling procedure	The sample design took into account the latest data published at the time the research was planned, which was 2020. Tri-stage cluster sampling without replacement. The first-stage units are census sections 36,366, corresponding to 8,131 municipalities. In this edition, 2,639 census sections corresponding to 1,004 municipalities were selected. The second stage units are family homes (households). In the third stage, one individual was selected from each household.
Weighting	The weighting for results analysis is carried out by autonomous community (19 groups), size of municipality (7 groups), age (7 groups) and sex (2 groups) to compensate for sample dispropor-tionality with respect to the universe.
Sample size	26,344 valid questionnaires.
Sampling error	Maximum sampling error (95% confidence level for p=0.5) of ±0.71%, ranging from ±1.96% for the Region of Madrid to ±6.48% for Melilla.

FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Personal interview at home. The interviewer remains present throughout the process and collects the completed questionnaire. The questionnaire consists of two parts: interviewer questionnaire and self-administered questionnaire. The questionnaire is completed in writing (pencil and paper). Questionnaire available in the official languages of Spain.
Response rate	The effective response rate in 2022 was 32.45%.
NOVELTIES	
Specific Modules	Alcohol module (including AUDIT scale), cannabis module (including CAST scale), new sub-stances module, opioid analgesics module, Gambling module (including DSM-5 scale), inter-net module (including CIUS scale) and suicide module.

ESTUDES 2014

GENERAL ASPECTS	
Title	ESTUDES. Survey on Drug Use in Secondary Education in Spain.
Survey description	Survey of students (14-18 years old), carried out in schools.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Consumer Affairs and Social Welfare (MSCBS).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide with nationally representative results.
Population scope	Universe: Students between 14 and 18 enrolled in Secondary Education in Spain (3rd and 4th years of Compulsory Secondary Education, 1st and 2nd years of Baccalaureate, Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles).
Time scope. Frequency.	ESTUDES has been held every 2 years since 1994. The data collection period was from 14 November 2014 to 8 April 2015.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	The population of students enrolled in educational centers completing the 3rd and 4th year of Compulsory Secondary Education (ESO), 1st and 2nd year of Baccalaureate and Intermediate Vocational Training Cycles in Spain.
Sampling procedure	Two-stage cluster sampling, in which, initially, schools were randomly selected (first-stage units), followed by classrooms (second-stage units), providing the questionnaire to all students in attend-ance.
Weighting	By Autonomous Community, school owner (public, private) and type of studies (ESO, Baccalaure-ate, Intermediate Vocational Training), in order to adjust sample proportionality to the universe.

Sample size	Results are obtained from 941 schools and 1,858 classrooms, with a final valid sample of 37,486 stu-dents.
Sampling error	The maximum sampling error for a confidence level of 95.5% and p=q=0.5 is 0.6% for Spanish stu-dents ages 14-18.
FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Standardized and anonymous questionnaire completed in the classroom. The interviewer remains in the classroom throughout the process and collects the questionnaires upon completion. The questionnaire is "self-administered" and is completed in writing (paper and pencil) by all students in the selected classrooms during a regular class (45-60 minutes). The questionnaire is available in all of Spain's official languages.
Response rate	87% of the selected schools participated in the survey, 13% of the selected schools were replaced mainly due to refusal to collaborate or a high presence of pupils over 18 years of age. 85% of the students participated in the study, the percentage of absent students at the time of filling in the questionnaire was 15%.
NOVELTIES	
Specific Modules	The questionnaire includes a module on 'new substances', a module on 'problematic cannabis use' and a module on internet use and related behaviors.

ESTUDES 2016

GENERAL ASPECTS	
Title	ESTUDES. Survey on Drug Use in Secondary Education in Spain.
Survey description	Survey of students (14-18 years old), carried out in schools.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Consumer Affairs and Social Welfare (MSCBS).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Students between 14 and 18 enrolled in Secondary Education in Spain (3rd and 4th years of Compulsory Secondary Education, 1st and 2nd years of Baccalaureate, Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles).
Time scope. Frequency	ESTUDES has been held every 2 years since 1994. The data collection period was from 18 November 2016 to 8 March 2017.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	The population of students enrolled in educational centers with 3rd and 4th year of Compulsory Secondary Education (ESO), 1st and 2nd year of Baccalaureate, 1st and 2nd year of Basic Voca-tional Training Cycles and Intermediate Vocational Training Cycles in Spain.

Sampling procedure	Two-stage cluster sampling, in which, initially, educational centers (first-stage units) followed by classrooms (second-stage units) were randomly selected, providing the questionnaire to all the pupils present in them.
Weighting	Depending on the Autonomous Community, ownership of the center (public, private) and type of studies (ESO, Baccalaureate, Basic Vocational Training Cycles, Intermediate Vocational Training Cycles), in order to adjust sample proportionality with respect to the universe.
Sample size	Results are obtained from 863 schools and 1,726 classrooms, with a final valid sample of 35,369 stu-dents.
Sampling error	The maximum sampling error for a confidence level of 95.5% and p=q=0.5 is 0.5% for Spanish stu-dents ages 14-18.
FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Standardized and anonymous questionnaire administered in the classroom. The interviewer remains in the classroom throughout the process and collects the questionnaires upon completion. The questionnaire is "self-administered" and is completed in writing (paper and pencil) by all students in the selected classrooms during a regular class (45-60 minutes). The questionnaire is available in all of Spain's official languages.
Response rate	91.4% of the selected schools participated in the survey, 8.6% of the selected schools were replaced mainly due to refusal to collaborate or a high presence of pupils over 18 years of age.
NEWS	
Specific Modules	The questionnaire includes a module on 'new substances', a module on 'problematic cannabis use', a module on internet use and other related behaviors and a module on stimulant substances to increase studying capacity.

ESTUDES 2019

GENERAL ASPECTS	
Title	ESTUDES. Survey on Drug Use in Secondary Education in Spain.
Survey description	Survey of students (14-18 years old), carried out in schools.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health, Consumer Affairs and Social Welfare (MSCBS).
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Students between 14 and 18 enrolled in Secondary Education in Spain (3rd and 4th years of Compulsory Secondary Education, 1st and 2nd years of Baccalaureate, Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles).
Time scope. Frequency	ESTUDES has been completed every 2 years since 1994. The data collection period was from 4 February 2019 to 5 April 2019.

SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	The population of students enrolled at schools on the 3rd and 4th year of Compulsory Secondary Education (ESO), 1st and 2nd year of Baccalaureate, 1st and 2nd year of Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles in Spain.
Sampling procedure	Two-stage cluster sampling, in which, initially, schools were randomly selected (first-stage units), followed by classrooms (second-stage units), providing the questionnaire to all pupils in attend-ance.
Weighting	By Autonomous Community, school owner (public, private) and type of studies (ESO, Baccalaure-ate, Basic Vocational Training Cycles, Intermediate Vocational Training Cycles), in order to adjust sample proportionality to the universe.
Sample size	Results are obtained from 917 schools and 1,769 classrooms, with a final valid sample of 38,010 stu-dents.
Sampling error	The maximum sampling error for a confidence level of 95.5% and p=q=0.5 is 0.5% for Spanish stu-dents ages 14-18.
FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Standardized and anonymous questionnaire administered in the classroom. The interviewer remains in the classroom throughout the process and collects the questionnaires upon completion. The questionnaire is "self-administered" and is completed in writing (paper and pencil) by all students in the selected classrooms during a regular class (45-60 minutes). The questionnaire is available in all of Spain's official languages.
Response rate	93.2% of the selected schools participated in the survey. 6.8% of the selected schools were replaced mainly because of refusal to collaborate or due to a high presence of pupils over 18.
NOVELTIES	
Specific Modules	The questionnaire includes a module on 'new substances', a module on 'problematic cannabis use', a module on internet use, a module on gambling, a module on stimulant substances that increase studying capacity and a gaming module.

NOTE: Prevalence in this report with values below 1% should be interpreted with caution as they may be affected by a high sampling error.

ESTUDES 2021

GENERAL ASPECTS	
Title	ESTUDES. Survey on Drug Use in Secondary Education in Spain.
Survey description	Survey of students (14-18 years old), carried out in schools.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health.
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Students between 14 and 18 enrolled in Secondary Education in Spain (3rd and 4th years of Compulsory Secondary Education, 1st and 2nd years of Baccalaureate, Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles).
Time scope. Frequency.	ESTUDES has been completed every 2 years since 1994. The data collection period was from 8 March to 18 May 2021.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	The population of students enrolled at educational centers on 3rd and 4th year of Compulsory Secondary Education (ESO), 1st and 2nd year of Baccalaureate, 1st and 2nd year of Basic Voca-tional Training Cycles and Intermediate Vocational Training Cycles in Spain.
Sampling procedure	Two-stage cluster sampling, in which, initially, educational centers (first-stage units), followed by classrooms (second-stage units) were randomly selected, providing the questionnaire to all pupils in attendance.
Weighting	By Autonomous Community, school owner (public, private) and type of studies (ESO, Baccalaure-ate, Basic Vocational Training Cycles, Intermediate Vocational Training Cycles), in order to adjust sample proportionality to the universe.
Sample size	Results are obtained from 531 schools and 1,324 classrooms, with a final valid sample of 22,321 students.
Sampling error	The maximum sampling error for a confidence level of 95.5% and p=q=0.5 is 0.7% for Spanish stu-dents ages 14-18.
FIELDWORK. DATA INFORMATION	
Collection method. Questionnaires	Standardized and anonymous questionnaire administered in the classroom. Due to the pandemic, the interviewer was not present in the classroom and the teacher handed out the questionnaires to the students. The questionnaire is "self-administered" and is completed in writing (paper and pencil) by all students in the selected classrooms during a regular class (45-60 minutes). The questionnaire is available in all of Spain's official languages.
Response rate	88.7% of the selected schools participated in the survey.
NOVELTIES	
Specific Modules	The questionnaire includes a module on 'new substances', a module on 'problematic cannabis use', a module on internet use, a module on gambling, a module on stimulant substances to in-crease studying capacity and a gaming module.

ESTUDES 2023

GENERAL ASPECTS	
Title	ESTUDES. Survey on Drug Use in Secondary Education in Spain.
Survey description	Survey of students (14-18 years old), carried out in schools.
Survey manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health.
SCOPE OF THE SURVEY	
Geographical scope	The survey is conducted nationwide, with nationally representative results.
Population scope	Universe: Students between 14 and 18 enrolled in Secondary Education in Spain (3rd and 4th years of Compulsory Secondary Education, 1st and 2nd years of Baccalaureate, Basic Vocational Train-ing Cycles and Intermediate Vocational Training Cycles).
Time scope. Frequency.	ESTUDES has been completed every 2 years since 1994. The data collection period was from 5 Febru-ary to 28 May 2023.
SAMPLE DESIGN AND CHARACTERISTICS. WEIGHTING	
Sampling scope	The population of students enrolled at schools in the 3rd and 4th year of Compulsory Secondary Education (ESO), 1st and 2nd year of Baccalaureate, 1st and 2nd year of Basic Vocational Training Cycles and Intermediate Vocational Training Cycles in Spain.
Sampling procedure	Two-stage cluster sampling, in which, initially, schools were randomly selected (first-stage units), followed by classrooms (second-stage units), providing the questionnaire to all pupils in attendance.
Weighting	By Autonomous Community, school owner (public, private) and type of studies (ESO, Baccalaureate, Basic Vocational Training Cycles, Intermediate Vocational Training Cycles), in order to adjust sample proportionality to the universe.
Sample size	Results are obtained from 888 schools and 1,992 classrooms, with a final valid sample of 42,208 students.
Sampling error	The maximum sampling error for a confidence level of 95.5% and p=q=0.5 is +0.6% for Spanish students ages 14-18.
FIELDWORK. DATA COLLECTION	
Collection method. Questionnaires	Standardized and anonymous questionnaire administered in the classroom. The interviewer remains in the classroom throughout the process and collects the questionnaires upon completion. The questionnaire is "self-administered" and is completed in writing (paper and pencil) by all students in the selected classrooms during a regular class (45-60 minutes). The questionnaire is available in all of Spain's official languages.
Response rate	86.7% of the selected schools participated in the survey.
NOVELTIES	
Specific Modules	The questionnaire includes a module on 'problematic cannabis use', a module on 'new psychoactive substances', a module on 'internet use and other related behaviors', a module on 'gambling' and a module on 'stimulant substances to increase studying capacity, a module on 'gaming' and a module on 'pornography'.

ADMISSIONS TO TREATMENT FOR BEHAVIORAL ADDICTIONS INDICATOR

GENERAL ASPECTS	
Title	Admissions to treatment for behavioral/non-substance addictions indicator
Case study	Person admitted to outpatient treatment for a behavioral/non-substance addiction at a treatment center in a given year, in an autonomous community or city in Spain.
Indicator manager	Spanish Observatory on Drugs and Addictions (OEDA). Government Delegation for the National Plan on Drugs (DGPNSD). Ministry of Health.
INDICATOR SCOPE	
Geographical scope	Nationwide. Each Autonomous Community and Autonomous City will be responsible for collecting data in its territory and the number of admissions to treatment in each will be counted. Indicator value at the state level is determined by the sum of admissions to treatment registered in each Autonomous Community.
Population scope	The entire resident population in Spain.
Time scope. Frequency.	Data are collected continuously and on an annual basis. A calendar year applies for reporting purposes, i.e. each year includes admissions, i.e. treatment starts from 1 January to 31 December of that year. Admission to treatment in a facility will only be reported for the first time that year. If a person is admitted to treatment more than once during the same year and in the same Autonomous Community, only the first admission that year will be considered.
DATA COLLECTED	
Data collected	A protocol clearly specifies the variables to be recorded, as well as the reporting criteria: https://pnsd.sanidad.gob.es/profesionales/sistemasInformacion/ sistemaInformacion/pdf/2022_Protocolo_(behavioural_addictions).pdf

4.
Results

4.1.
The distribution of gambling competencies and the statewide gambling market

Gambling is an activity where prizes are offered in exchange for money or other economically assessable objects, which are staked on uncertain future outcomes that are dependent to some extent on chance, irrespective of the part played by player skills.

The **marketing of gambling** in Spain is subject to authorization from the competent regulating authorities.

If marketed within Spain, the competent regulator is the Directorate General for the Regulation of Gambling (DGOJ), except for ONCE, which is regulated by the Protectorate Council. If the scope corresponds to that of an Autonomous Community, competence is attributed to the competent regional administrative unit.

The **State is entrusted with competence** for statewide online gambling (betting, casino games, poker, slot machines and bingo), competitions and games subject to the reservation of activity (lotteries): SELAE and ONCE, whose gaming activity is supervised through the ONCE's Protectorate Council.

Each **Autonomous Community enjoys competence** for face-to-face gambling: casino games, bingo, slot machines and betting. Regional online gambling, regional lotteries and other traditional games.

In order to assist in documenting existing regulations, exerted by Autonomous Communities (CCAA) and the General State Administration (AGE) in the matter, one of the actions carried out by the Government Delegation for the National Plan on Drugs, as part of the Action Plan on Addictions 2018-2020 under the current National Strategy on Addictions 2017-2024, is a **review of all regional regulations on non-substance addictions.** For this, the DGPNSD has compiled the main restrictions regulated in regional legislation on gambling and betting to preventively protect the mental health and assets of gamblers and bettors, to particularly

include the most vulnerable, such as minors, and to specifically prevent pathological gambling and its negative effects[6].

Each year, the Directorate General for Gambling Regulation (DGOJ) reports on evolvement in the national online gambling market; this has been the case since June 2012, when regulated online gambling started up in Spain[7], through **Gambling Regulation Act 13/2011, of 27 May,** which basically regulates state-level gambling activity carried out through electronic, computerized, telematic and interactive channels (face-to-face instruments are accessory only). The Directorate General for Gambling Regulation is responsible for its authorization, supervision and control in order to guarantee adequate operations in the sector and the protection of all players and vulnerable groups.

The data shown below in this summary show the operations of non-reserved games operators with a national license. It does not include mutual betting under Sociedad Estatal de Loterías y Apuestas del Estado, carried out online. Such data were mainly obtained mainly from quarterly reports received by the DGOJ from authorized gambling operators.

In 2021, the GGR (Gross Gaming Revenue or **Net Gaming Margin**), i.e. the total monetary amounts spent by gamblers minus bonuses and prizes paid by the operator to participants, was **€815.30 million, 4.17% less than in the previous year.** Compared to the previous year, **bets** decreased significantly by -16.23%. This decrease is mainly due to both conventional and live counterparty sports betting. In 2021, the other counterparty betting market also fell by -69.93% and the horse-racing counterparty betting market recorded a loss of 4.48 million euros.

This €815.30 million GGR was distributed as follows: €305.88 million in Betting (37.52%); €14.47 million in Bingo (1.78%); €407.14 million in Casino (49.94%); €2.39 million in Competitions (0.29%) and €85.42 million in Poker (10.48%).

Bingo decreased in 2021 with an annual rate of change of -12.41%.

4.2.
EDADES survey. General situation of gambling (online and/or face-to-face) in the 15–64-year-old population

In 2022, 58.1% of the population ages 15-64 gambled (60.4% amongst men and 55.7% amongst women) (Table 1).

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[6] Government Delegation for the National Plan on Drugs. Current regional legislation on gambling and betting, for preventive purposes. Madrid: Ministry of Health, 2021. 106p.

[7] Activity Report 2020. Directorate General for Gambling Regulation (DGOJ). General Secretariat for Consumer Affairs and Gambling. Ministry of Consumer Affairs.

Table 1. Prevalence of gambling online and/or face-to-face in the last 12 months in the 15-64-year-old population, by sex (%). Spain, 2018-2022.

	2018			2020			2022		
	T	M	W	T	M	W	T	M	W
Never or not in the last 12 months	39.8	36.5	43.1	35.8	33.2	38.5	41.9	39.6	44.3
Have gambled (online and/or face-to-face) in the last 12 months	60.2	63.5	56.9	64.2	66.8	61.5	58.1	60.4	55.7

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

As in previous years, there continues to be a large gap between the prevalence of online gambling, with a prevalence in 2022 of 5.3%, and face-to-face gambling, with a prevalence of 57.4% (Chart 1).

Chart 1. Prevalence of gambling online or face-to-face in the last 12 months in the 15-64-year-old population (%). Spain, 2015-2022.
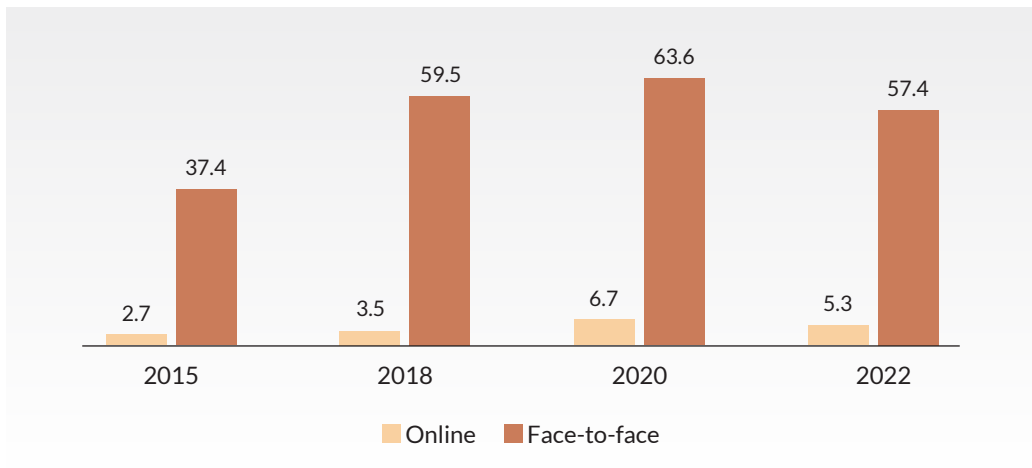
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES).

The prevalence of people who have gambled, both online and face-to-face, in the past year remains low (4.5% of the population), registering less than in 2020 (6.1% of the population) (Table 2).

Table 2. Prevalence of online and face-to-face gambling in the last 12 months in the 15-64-year-old population, by sex (%). Spain, 2018-2022.

	2018			2020			2022		
	T	M	W	T	M	W	T	M	W
Never or not in the last 12 months	97.2	95.3	99.0	93.9	91.9	96.0	95.5	93.2	97.7
Have bet money (online and face-to-face) in the last 12 months	2.8	4.7	1.0	6.1	8.1	4.0	4.5	6.8	2.3

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

With regard to the type of games played, there are important differences. In face-to-face gambling, players of conventional or instant lotteries prevail, whereas the most popular game among online players is sports betting, and this continues over the years (Chart 2).

Chart 2. Types of games used by the 15–64 population age group, gambling online or face-to-face in the last 12 months (%). Spain, 2018-2022.

	2018		2020		2022	
	Online	Face-to-face	Online	Face-to-face	Online	Face-to-face
Lotteries, *primitiva, bonoloto**	14.1	94.0	28.2	94.4	34.8	94.1
Instant lotteries**	5.2	22.1	12.5	24.9	8.8	30.0
Soccer pools and/or *quinigol*	10.4	16.4	14.1	14.6	10.2	12.5
Sport betting	64.9	6.4	50.1	5.3	45.9	4.8
Bingo	10.4	5.2	7.8	4.8	6.7	3.7
Slots, slot machines	6.6	3.4	6.2	3.4	4.1	2.6
Card games betting money***	17.2	1.8	13.3	1.3	11.2	0.9
Casino gambling	8.1	2.1	11.3	1.6	9.9	0.9
Gaming arcades	5.7	1.7	6.5	1.4	3.6	0.8
Horse racing bets	9.4	0.5	6.9	0.6	3.5	0.3
Video games	15.9	0.5	14.1	0.6	8.2	0.2
Compettitions****	5.8	0.2	3.6	0.2	1.4	0.2
Stock market	6.6	0.2	4.4	0.2	5.2	0.1

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

The highest amount of money spent in a single day by online or face-to-face gamblers is, in most cases, below 30 euros. A higher amount of money is spent in a single day amongst online gamblers, with this difference being higher in 2022 (Chart 3).

Chart 3. Maximum amount of money spent in a single day over the last 12 months in the 15-64 population age group, who have gambled online or face-to-face in the last 12 months (%). Spain, 2018-2022.

	2018		2020		2022	
	Online	Face-to-face	Online	Face-to-face	Online	Face-to-face
Less than 6 euros	27.3	32.3	33.5	33.8	26.4	29.8
Between 6 and 30 euros	42.5	45.7	38.5	45.7	43.0	48.9
Between 31 and 60 euros	16.3	13.0	15.6	12.1	14.0	13.9
Between 61 and 300 euros	8.1	7.4	9.3	7.3	9.8	6.3
More than 300 euros	5.8	1.6	3.1	1.1	6.8	1.0

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

In terms of the initial gambling age, initial face-to-face gamblers are still younger than online gamblers in the 15 to 64 age group (Table 3).

Table 3. Age at which the 15-64 population age group first gambled online or face-to-face (years). Spain, 2018-2022.

	2018	2020	2022
Age at which you first gambled online	26.8	25.9	26.3
Age at which they first gambled face-to-face	22.8	22.7	23.3

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

4.3.
ESTUDES survey. General gambling situation, online and/or face-to-face, in the 14-18 student population.

In 2023, 21.5% of all students between 14-18 have gambled online and/or face-to-face over the last 12 months. In terms of **sex**, there are significant differences, with a higher percentage of 29.4% for men and a lower 13.3% amongst women. With respect to 2021, this percentage has increased from 20.1% to 21.5% (Table 4).

Table 4. **Prevalence of gambling online and/or face-to-face over the last 12 months in the aged 14-18 population age group, by sex (%). Spain, 2014-2023.**

	2014			2016			2019			2021			2023		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Never or not in the last 12 months	77.7	66.4	88.8	83.9	75.0	93.1	74.5	64.4	83.9	79.9	72.4	87.4	78.5	70.6	86.7
Have gambled in the last 12 months	22.3	33.6	11.2	16.1	25.0	6.9	25.5	35.6	16.1	20.1	27.6	12.6	21.5	29.4	13.3

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The prevalence of face-to-face gambling still exceeds online gambling. However, these differences are smaller compared to 2021 as the prevalence of online gambling has increased from 9.4% to 10.7% and face-to-face gambling from 17.2% to 17.7% (Chart 4).

Chart 4. **Prevalence of gambling online or face-to-face over the last 12 months in the 14-18 population age group (%). Spain, 2014-2023.**
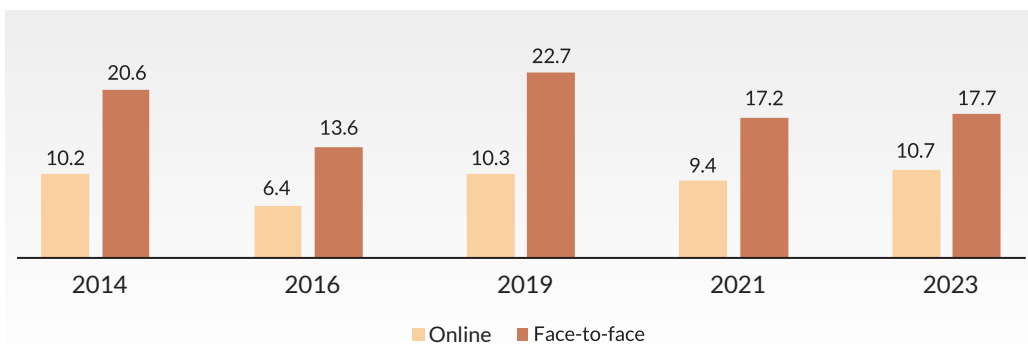
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In 2023, the prevalence of online and face-to-face gambling in the last 12 months among 14-18-year-old students is 6.9%. However, this prevalence rises to 11.0% amongst males and just 2.7% for females.

In evolutionary terms, this percentage has increased slightly compared to 2021 (6.4%) but without reaching 2019 levels (7.4%) (Table 5).

Table 5. **Prevalence of online and face-to-face gambling over the last 12 months in the 14-18 population age group, by sex (%). Spain, 2019-2023.**

	2019			2021			2023		
	T	M	W	T	M	W	T	M	W
Never or not in the last 12 months	92.6	87.6	97.1	93.6	90.0	97.2	93.1	89.0	97.3
Have gambled (online and face-to-face) in the last 12 months	7.4	12.4	2.9	6.4	10.0	2.8	6.9	11.0	2.7

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The **age of onset** is similar for online and face-to-face gambling, respectively 14.7 and 14.8 years (Table 6).

Table 6. **Age at which 14-18-year-olds first gambled online or face-to-face (years). Spain, 2019-2023.**

	2019	2021	2023
Age at which you first gambled money online	14.7	15.0	14.7
Age at which you first gambled money face-to-face	14.6	14.6	14.8

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In relation to the **type of game** used, Figure 5 provides an evolutionary overview of 14-18-year-old students who have gambled online or face-to-face in the last 12 months.

In 2023, with regard to **online gambling,** video games come first, where more than half of the younger population recognize having gambled (51.5%). This is followed by sports betting (35.2%) with "cryptocurrencies or trading" coming third, which broke into the statistical chart at 26.8%.

With regard to the type of betting with **physical money,** we find that "Lotteries, primitiva or bonoloto" ranks first at 40.6%, followed by Bingo at 35.9% and instant lotteries at 33.6%.

Chart 5. Types of games used among 14-18-year-olds who have gambled online or face-to-face in the last 12 months (%). Spain, 2019-2023.

	2019		2021		2023	
	Online	Face-to-face	Online	Face-to-face	Online	Face-to-face
Lotteries, *primitiva, bonoloto**	15.3	48.0	13.7	48.6	14.7	40.6
Bingo	18.0	30.9	16.6	29.4	15.6	35.9
Instant lotteries**	10.7	39.4	11.5	40.7	10.9	33.6
Slots, slot machines	17.3	20.0	14.8	17.7	18.2	27.5
Soccer pools and/or *quinigol*	25.1	39.2	22.4	32.5	19.5	27.5
Sports betting	45.5	36.9	40.6	31.0	35.2	26.9
Arcade games	2.1	22.9	3.4	17.3		21.2
Card games betting money***	20.1	20.6	18.9	21.1	16.9	20.8
Casino gambling	21.2	15.5	20.3	13.1	21.7	17.5
Video games	56.1	15.0	54.3	13.0	51.5	13.4
Horse racing bets	17.4	10.9	15.2	9.5	13.7	10.1
eSports or electronic sports	35.9	10.4	34.4	9.4	21.8	9.3
Cryptocurrencies, trading					26.8	

* ONCE tickets, participative Eurojackpot, 7/39; ** ONCE scratch cards; *** (Poker, mus, blackjack, baccarat...)
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

With regard to the evolution of the types of gambling, patterns amongst the younger population have changed. In **online bets,** there is a noted drop in eSports, from 34.4% in 2021 to 21.8% in 2023, and a weight loss in sports betting, from 40.6% in 2021 to 35.2% in 2023. As for **face-to-face gambling,** the largest increase is in slot machines, from 17.7% in 2021 to 27.5% in 2023, followed by bingo (29.4% vs. 35.9%).

4.4.
EDADES survey. Online gambling in the 15-64 population age group.

In 2022, 5.3% of the population ages 15-64 will have gambled online in the last year. In evolutionary terms, this represents a decrease of 1.4 percentage points when compared to 2020 (Chart 6).

Chart 6. Prevalence of online gambling in the 15-64 population age group during the last 12 months (%). Spain, 2015-2022.
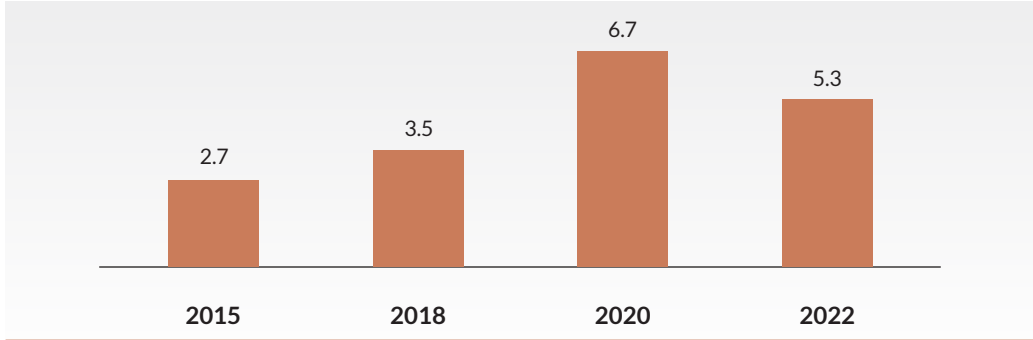
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

By sex, men register a higher prevalence of online gambling (Table 7).

Table 7. Prevalence of online gambling in the 15-64 population age group over the last 12 months, by sex (%). Spain, 2015-2022.

	2015			2018			2020			2022		
	T	M	W	T	M	W	T	M	W	T	M	W
Have not gambled online in the last 12 months or ever	97.3	95.4	99.2	96.5	94.2	98.8	93.3	90.9	95.8	94.7	92.0	97.5
Have gambled money online in the last 12 months	2.7	4.6	0.8	3.5	5.8	1.2	6.7	9.1	4.2	5.3	8.0	2.5

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

When analyzing prevalence by age group, 2022 evidences that the younger population, ages 15 to 34, are the ones who gamble online the most (6.5% of 15-24-year-olds and 8.4% of 25-34-year-olds), a situation similar to that found in 2020. Over time, there is a fall in prevalence in all age groups (Chart 7).

Chart 7. Prevalence of online gambling in the 15-64 population age group over the last 12 months, by age (%). Spain, 2015-2022.
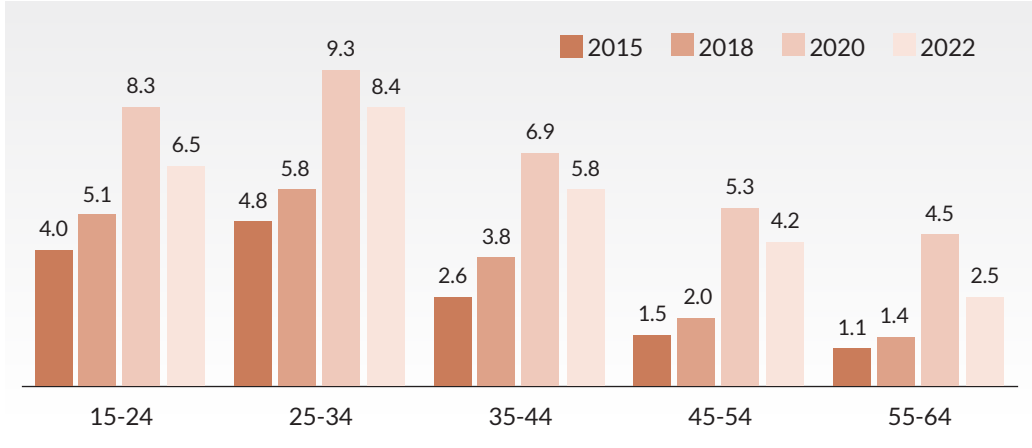
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Among men, there is a higher prevalence of online gambling among younger males. However, among women, the prevalence of online gambling is higher in the 25-34 age group (Chart 8).

Chart 8. Prevalence of online gambling in the last 12 months, by sex and age (%). Spain, 2022.
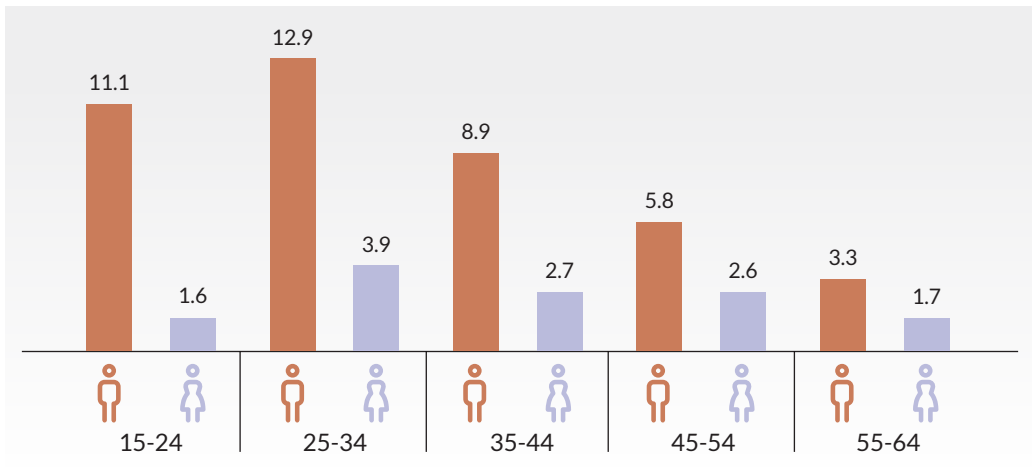
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

2022 evidences that despite a decrease in the prevalence of online gambling, gambling frequency has remained very stable compared to the 2020 survey (Table 8).

Table 8. Gambling frequency among the 15-64 population age group, who have gambled online in the last 12 months, by sex (%). Spain, 2015-2022.

	2015			2018			2020			2022		
	T	M	W	T	M	W	T	M	W	T	M	W
Annually	59.9	58.5	68.8	50.9	49.1	60.2	49.5	50.1	47.8	49.1	47.7	55.1
Monthly	23.2	23.7	19.8	29.6	31.6	19.3	35.0	34.1	37.5	37.8	39.3	31.2
Weekly	12.6	13.5	7.3	15.6	15.8	15.0	11.3	11.0	12.3	10.1	9.8	11.3
Daily	4.3	4.3	4.2	3.9	3.6	5.5	4.2	4.8	2.3	3.0	3.2	2.4

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Available data in 2022, help us analyze the various games played online by the 15-64 age group according to sex. Sports betting is the most common game in the male population, whereas amongst women the most popular games are lotteries and *primitiva*. This has also been the case in previous years (Chart 9).

Chart 9. Types of games that the 15-64 age group has gambled online in the last 12 months, by sex (%). Spain, 2018-2022.

	2018		2020		2022	
	M	W	M	W	M	W
Sports betting	71.5	32.9	58.8	22.6	53.9	17.8
Lotteries, *primitiva, bonoloto**	10.3	32.9	22.6	45.5	27.9	58.7
Card games betting money***	18.8	9.2	14.9	8.4	12.6	6.3
Soccer pools and/or *quinigol*	11.7	4.3	15.0	11.3	11.0	7.5
Casino gambling	9.5	1.6	12.2	8.6	10.5	7.7
Video games	15.6	17.6	14.4	13.1	8.9	5.8
Bingo	10.1	11.9	6.4	12.2	6.0	9.4
Instant lotteries**	5.5	4.0	8.3	25.5	6.0	18.9
Stock market	7.0	4.4	3.8	6.4	4.9	6.0
Slots, slot machines	6.7	5.8	6.4	5.6	4.5	2.7
Arcade games	6.9	0.0	6.1	7.7	3.4	4.4
Horse racing bets	11.0	1.5	6.4	8.3	3.3	4.2
Competitions****	7.0	0.0	3.0	5.8	1.1	2.6

* ONCE coupons, participative Eurojackpot, 7/39
** ONCE scratch cards
*** (poker, mus, blackjack, baccarat...)
**** television, radio, press... betting money
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Table 9 shows the maximum amount of money spent in a single day over the last 12 months by the 15-64 population age group. In 2022, 43.0% of players stated that the maximum spent in a single day was between 6 and 30 euros. Distribution by sex shows that female expenditure is below that of men.

Table 9. Distribution of the maximum money spent in a single day on online gambling over the last 12 months among the 15-64 population age group who have gambled online over the last 12 months, by sex (%). Spain, 2018-2022.

	2018			2020			2022		
	T	M	W	T	M	W	T	M	W
Less than 6 euros	27.3	25.0	38.7	33.5	29.0	45.5	26.4	24.6	34.6
Between 6 and 30 euros	42.5	41.8	46.0	38.5	39.8	35.2	43.0	44.3	36.9
Between 31 and 60 euros	16.3	17.6	9.3	15.6	17.5	10.5	14.0	15.0	9.3
Between 61 and 300 euros	8.1	9.2	2.5	9.3	10.2	6.8	9.8	8.9	14.3
More than 300 euros	5.8	6.3	3.5	3.1	3.4	2.0	6.8	7.1	5.0

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

4.5.
ESTUDES survey. Online gambling in the 14-18 student population.

In 2023, the prevalence of **online gambling** among students ages 14-18 in the last 12 months evidenced an upturn when compared to 2021 (9.4% vs. 10.7%), registering similar values to 2019 (10.3%).

Segmented by **sex,** in all editions, the prevalence of online gambling is higher among men than among women. However, note that 2023 evidences the highest prevalence of online gambling among women in historical terms (4.3%) (Table 10).

Table 10. Prevalence of online gambling among students ages 14-18 in the last 12 months, by sex (%). Spain, 2014-2023.

	2014			2016			2019			2021			2023		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
No online gambling in the last 12 months or ever	89.8	83.3	96.2	93.6	89.8	97.5	89.7	82.6	96.4	90.6	85.0	96.2	89.3	82.9	95.7
Have gambled online in the last 12 months	10.2	16.7	3.8	6.4	10.2	2.5	10.3	17.4	3.6	9.4	15.0	3.8	10.7	17.1	4.3

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The **prevalence of online gambling** among students ages 14-18 in the last 12 months indicates an upward trend, as in other measurements. Eighteen-year-old students continue to show the highest

propensity towards online gambling; this figure registered the highest increase from 15.3% in 2021 to 18.8% in 2023 (Chart 10).

Chart 10. Prevalence of online gambling among 14-18-year-old students in the last 12 months, by age (%). Spain, 2014-2023.
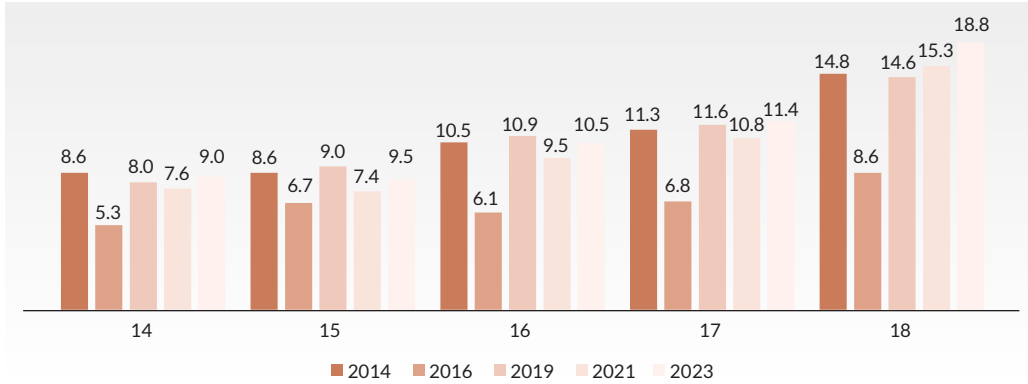
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

Concerning how **gambling frequency** evolves among students ages 14 to 18 who have gambled online in the last 12 months, it is still continuously decreasing; in 2023 the percentage of students who report gambling online one day a month or less increased once again, from 52.0% to 56.1%. In contrast, there is a decrease in all other frequencies analyzed concerning post-2016 data (Table 11).

If segmented by **sex,** women appear to bet more than men on an annual basis (66.9% vs. 53.8% respectively), whereas men have greater weight in monthly (23.7% vs. 17.6%) and weekly (16.0% vs. 8.7%) bets; however, in daily terms, women once again are the most frequent betters (6.9% vs. 6.5%).

Table 11. Frequency of gambling among 14-18-year-old students who have gambled online in the last 12 months, by sex (%). Spain, 2014-2023.

|	2014			2016			2019			2021			2023		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Annually (one day a month or less)	48.7	46.8	58.8	42.0	43.6	35.4	48.6	47.6	55.0	52.0	49.1	67.6	56.1	53.8	66.9
Monthly (2 to 4 days a month)	24.1	25.8	15.2	26.9	30.1	13.7	25.3	25.9	21.6	24.7	25.4	20.8	22.6	23.7	17.6
Weekly (2 to 5 days a week)	18.1	18.3	17.4	12.2	13.2	8.4	15.9	16.5	12.1	15.4	17.0	6.8	14.7	16.0	8.7
Daily (6 or more days a week)	9.1	9.1	8.7	19.0	13.2	42.5	10.2	10.0	11.3	7.9	8.4	4.9	6.6	6.5	6.9

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

With regard to the prevalence of the **types of game** played to gamble online in the last 12 months among students ages 14 to 18, video games still rank first, followed by sports betting for both men and women. However, in third place, there are in fact differences by sex, with cryptocurrencies in the case of men and Bingo in the case of women.

Compared to 2021, of interest is the fall in online gambling in eSports, with 13.2 percentage points less for men and 9.9 percentage points less for women (Chart 11).

Chart 11. Prevalence of online gambling in the last 12 months among secondary school students ages 14-18, by type of game and sex (%). Spain, 2019-2023.

	2019		2021		2023	
	Men	Women	Men	Women	Men	Women
Video games	56.1	56.5	54.7	52.3	51.8	49.9
Sports betting	46.8	39.5	41.3	37.7	36.5	28.9
Cryptocurrencies	–	–	–	–	28.5	19.2
Casinos	17.6	38.3	18.3	28.4	22.0	20.6
eSports	34.9	40.8	34.8	32.5	21.6	22.6
Pools	23.1	34.8	20.6	29.9	18.6	23.4
Slot machines	13.5	35.0	12.8	23.5	18.3	17.5
Card games	16.9	35.2	17.3	25.4	16.0	20.9
Bingo	14.8	33.4	14.2	26.6	13.7	24.4
Lotteries, *primitiva*	14.4	19.8	12.2	19.7	13.0	22.5
Horse racing bets	13.6	35.2	12.7	26.2	12.4	19.6
Instant lotteries	9.4	17.0	9.6	19.3	9.3	18.3

*ONCE tickets, participative Eurojackpot, 7/39 ** ONCE scratch cards *** (poker, mus, blackjack, baccarat…)
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In relation to the **largest amount of money spent in a single day** on online games in the last 12 months among 14-18-year-old students, of interest is an increase in the highest spending brackets, with the "between 61 and 300 euros" bracket rising from 6.0% in 2021 to 8.5% in 2023 and the "more than 300 euros" bracket from 3.9% in 2021 to 6.9% in 2023.

By **sex,** in the "between 61 and 300 euros" bracket, the largest increase is due to female expenditure (1.7% vs. 7.4%) and in the highest spending bracket, "more than 300 euros", men are accountable (4.0% vs. 7.5%) (Table 12).

Table 12. Largest amount of money spent in a single day on online games in the last 12 months among secondary school students ages 14-18 who have gambled online over the last year, by sex (%). Spain, 2019-2023.

	2019			2021			2023		
	T	M	W	T	M	W	T	M	W
Less than 6 euros	47.3	45.7	60.7	44.2	42.4	53.8	38.2	36.2	48.4
Between 6 and 30 euros	27.7	28.9	17.8	33.6	34.0	31.4	33.0	33.7	29.4
Between 31 and 60 euros	10.4	10.4	9.9	12.3	12.8	9.7	13.4	13.9	10.7
Between 61 and 300 euros	7.8	8.0	5.4	6.0	6.8	1.7	8.5	8.7	7.4
More than 300 euros	6.9	7.0	6.3	3.9	4.0	3.3	6.9	7.5	4.1

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.6.
EDADES survey. Face-to-face gambling among the 15-64 population age group.

In 2022, 57.4% of the 15-64 population age group report having gambled face-to-face in the last year; this figure is less than in both 2020 and 2018 (Chart 12).

Chart 12. Prevalence of face-to-face gambling in the 15-64 population age group over the last 12 months (%). Spain, 2015-2022.
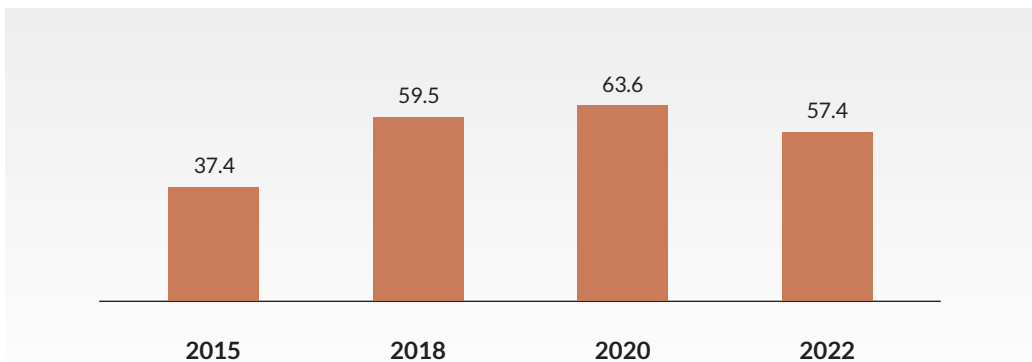
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

In 2022, irrespective of **sex,** more than half of the 15-64 population age group has gambled face-to-face in the last year, with a higher prevalence among men, as was the case for online gambling (Table 13).

Table 13. Prevalence of face-to-face gambling in the last 12 months in the 15-64 population age group, by sex (%). Spain, 2015-2022.

	2015			2018			2020			2022		
	T	M	W	T	M	W	T	M	W	T	M	W
No face-to-face gambling in the last 12 months or ever	62.6	59.5	65.7	40.5	37.6	43.4	40.6	37.9	43.2	42.9	41.0	44.7
Have gambled face-to-face in the last 12 months	37.4	40.5	34.3	59.5	62.4	56.6	63.6	65.9	61.2	57.4	59.2	55.5

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

If we analyze the prevalence of face-to-face gambling by **age,** as in previous years, this appears to increase the older the respondent (Chart 13).

Chart 13. Prevalence of face-to-face gambling in the 15-64 population age group in the last 12 months, by age (%). Spain, 2015-2022.
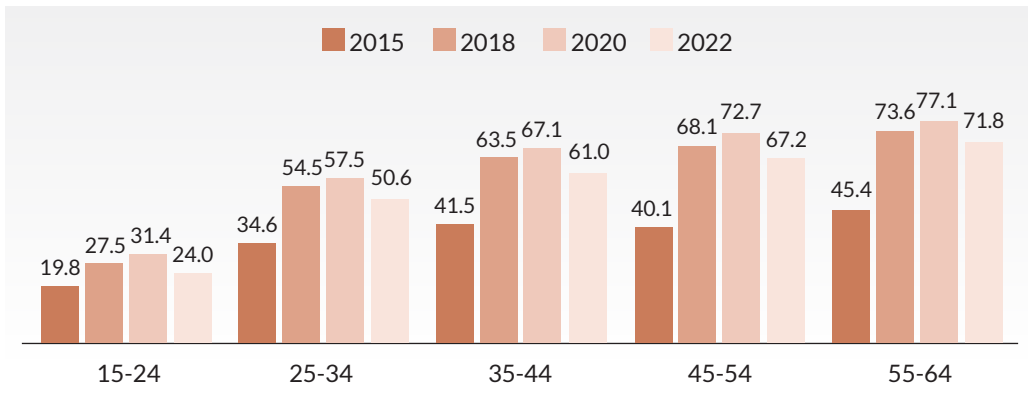
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

If we analyze the prevalence of face-to-face gambling by **age and sex**, the percentage of men who have gambled is higher regardless of the age group analyzed (Chart 14).

Chart 14. Prevalence of face-to-face gambling in the 15-64 population age group in the last 12 months, by sex and age (%). Spain, 2022.
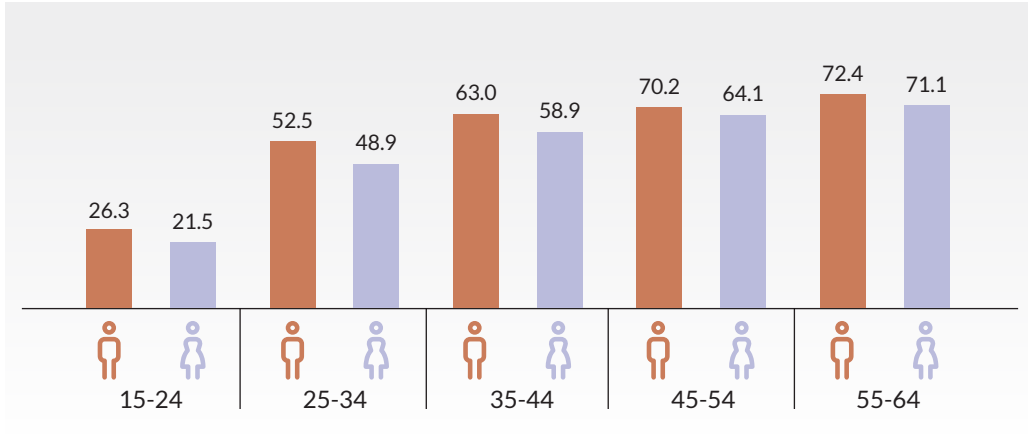
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Regarding the **frequency of face-to-face gambling** among the 15-64 population age group who have gambled face-to-face in the last year, in 2022, approximately half of these players gambled very occasionally, i.e. once a year (44.9% among men and 56.6% among women) (Table 14).

Table 14. Gambling frequency among the 15-64 population age group who have gambled face-to-face in the last 12 months, by sex (%). Spain, 2015-2022.

	2015			2018			2020			2022		
	T	M	W	T	M	W	T	M	W	T	M	W
Once a year	56.3	50.6	63.1	53.2	46.8	60.4	50.2	44.4	56.6	50.5	44.9	56.6
Once a month	31.8	34.7	28.2	34.6	38.1	30.7	39.4	43.2	35.2	37.6	41.0	34.0
Once a week	10.6	13.1	7.7	11.1	13.4	8.4	9.4	11.0	7.6	10.6	12.6	8.5
Once a day	1.3	1.6	1.0	1.1	1.7	0.5	1.0	1.4	0.6	1.2	1.5	0.9

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Among the 15-64 population age group who gambled face-to-face in 2022, the most popular games were lotteries (*primitiva*, *bonoloto*, etc.), played by a higher percentage of people, as was the case in 2020 and 2018.

By sex, there is a large difference between men and women in sports-related games (betting pools and sports betting) (Chart 15).

Chart 15. Types of face-to-face gambling played by the 15-64 population age group, in the last 12 months, by sex (%). Spain, 2018-2022.

	2018		2020		2022	
	M	W	M	W	M	W
Lotteries, *primitiva, bonoloto**	92.3	95.9	92.7	96.3	92.9	95.5
Instant lotteries**	22.3	22.0	25.1	24.7	30.1	30.0
Soccer pools and/or *quinigol*	26.5	4.8	24.1	4.4	20.9	3.4
Sports betting	10.6	1.6	9.1	1.1	8.3	1.0
Slots, slot machines	5.5	0.9	5.2	1.4	4.3	0.8
Bingo	4.9	5.6	4.1	5.4	3.5	3.9
Card games betting money***	2.6	0.9	2.0	0.6	1.5	0.3
Casino gambling	2.9	1.2	2.3	0.9	1.2	0.5
Arcade games	2.7	0.6	2.1	0.7	1.2	0.3
Horse racing bets	0.8	0.3	0.9	0.2	0.5	0.1
Video games	0.9	0.2	0.8	0.4	0.4	0.1
Stock market	0.3	0.1	0.2	0.1	0.2	0.1
Competitions****	0.1	0.4	0.2	0.3	0.2	0.3

* ONCE tickets, participative Eurojackpot, 7/39
** ONCE scratch cards
*** (poker, mus, blackjack, baccarat...)
**** television, radio, press... betting money
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Regarding the maximum daily amounts of money spent face-to-face in the last 12 months among the 15 to 64 gambling population, in 2022, almost half these players gambled a maximum in a single day of between 6 and 30 euros. If data are analyzed by sex, there is again a trend of higher male expenditure (Table 15).

Table 15. Distribution of the maximum amount of money spent in a single day, in face-to-face gambling, among the 15-64 population age group who gambled face-to-face in the last 12 months, by sex (%). Spain, 2018-2022.

	2018			2020			2022		
	T	M	W	T	M	W	T	M	W
Less than 6 euros	32.3	30.5	34.3	33.8	32.0	35.7	29.8	27.8	32.0
Between 6 and 30 euros	45.7	44.1	47.4	45.7	45.2	46.1	48.9	48.0	49.8
Between 31 and 60 euros	13.0	14.4	11.5	12.1	12.8	11.3	13.9	15.3	12.4
Between 61 and 300 euros	7.4	8.5	6.1	7.3	8.5	6.1	6.3	7.3	5.2
More than 300 euros	1.6	2.4	0.7	1.1	1.5	0.7	1.0	1.5	0.6

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

4.7.
ESTUDES survey. Face-to-face gambling in the 14-18 student population.

The prevalence of face-to-face gambling among 14-18-year-old students has remained stable when compared to 2021 data, registering just a 0.5 percentage point increase when compared to the previous measurement, from 17.2% in 2021 to 17.7% in 2023 (Table 16).

Throughout the historical series, men have a higher prevalence of face-to-face gambling; the latest measurement registered an increase of 0.7 percentage points.

Table 16. Prevalence of face-to-face gambling among 14-18-year-old students in the last 12 months, by sex (%). Spain, 2014-2023.

	2014			2016			2019			2021			2023		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
No face-to-face gambling in the last 12 months or ever	79.4	68.6	89.9	86.4	78.4	94.6	77.3	69.3	84.7	82.8	77.3	88.4	82.3	76.6	88.2
Face-to-face gambling in the last 12 months	20.6	31.4	10.1	13.6	21.6	5.4	22.7	30.7	15.3	17.2	22.7	11.6	17.7	23.4	11.8

T: total, M: men, W: women.
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The **prevalence of face-to-face gambling** among 14-18-year-old students in the past 12 months, as with online gambling, increases progressively as students get older (Chart 16).

Chart 16. **Prevalence of face-to-face gambling among 14-18-year-old students in the last 12 months, by age (%). Spain, 2014-2023.**
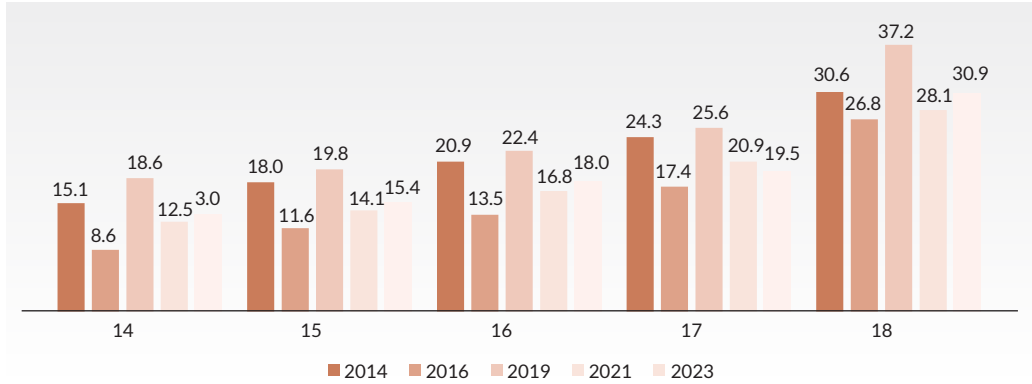

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In evolutionary terms, an upturn is clear following a general decline in 2021 in all age groups, except for 17-year-old students where the prevalence of face-to-face gambling continues to decrease (20.9% in 2021 and 19.5% in 2023).

In terms of **gambling frequency,** as in previous years, the majority of students aged 14-18 who have gambled face-to-face in the last 12 months have done so once per month or less during this period (59.4%), despite a decrease of 1.6 percentage points when compared to 2021. In contrast, the percentage of students who gamble weekly has increased in this measurement (9.9% vs. 11.4%). By sex, it is still evident that males gamble more frequently than females (Table 17).

Table 17. **Gambling frequency among 14-18-year-old students who have gambled face-to-face in the last 12 months, by sex (%). Spain, 2014-2023.**

	2014			**2016**			**2019**			**2021**			**2023**		
	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W
Once a year (one day a month or less)	55.6	49.8	73.7	48.0	43.4	66.5	57.0	52.6	70.7	61.0	57.5	72.5	59.4	54.9	74.9
Once a month (2 to 4 days a month)	27.9	31.4	16.9	33.8	36.5	23.3	26.2	28.3	19.8	25.5	27.3	19.7	25.6	27.8	17.8
Once a week (2 to 5 days a week)	12.6	14.6	6.3	14.4	16.0	7.9	11.9	13.7	6.4	9.9	11.2	5.9	11.4	13.3	4.9
Once a day (6 or more days a week)	3.9	4.1	3.1	3.8	4.2	2.3	4.9	5.4	3.2	3.5	4.0	1.9	3.6	4.0	2.4

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

When analyzing the **type of game** played by students with money and face-to-face, significant differences are observed according to sex. For men, the most popular games are lotteries, *primitiva*, *bonoloto*, sports betting and soccer pools and/or *quinigol*, while for women, Bingo is the most representative game, followed by lotteries, *primitiva*, *bonoloto* and instant lotteries (Chart 17).

Chart 17. **Prevalence of face-to-face gambling in the last 12 months among secondary school students aged 14-18 who have gambled face-to-face in the last 12 months, by type of game and sex (%). Spain, 2019-2023.**

	2019		2021		2023	
	Men	Women	Men	Women	Men	Women
Lotteries, *primitiva*	43.9	55.4	43.3	58.5	37.7	46.3
Sports betting	48.4	15.9	41.2	11.8	35.4	10.7
Pools	49.2	21.0	40.8	17.0	34.6	13.8
Slot machines	23.7	13.3	20.5	12.2	34.4	14.2
Instant lotteries	35.9	45.6	37.2	47.5	32.3	36.2
Bingo	23.7	44.1	21.6	44.3	29.3	48.5
Arcades	26.3	16.8	19.9	12.4	24.8	14.4
Card games	22.6	16.8	22.7	18.1	23.0	16.7
Casino	19.2	8.8	15.9	7.8	21.1	10.5
Video games	19.1	7.5	16.5	6.2	16.6	7.2
Horse racing bets	13.2	6.8	10.4	7.8	11.5	7.3
eSports	13.3	5.0	12,2	3.9	11.1	5.9

*ONCE tickets, participative Eurojackpot, 7/39; ** ONCE scratch cards; *** (poker, mus, blackjack, baccarat...)
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In terms of the **maximum amount spent** in a single day on a face-to-face basis among 14-18-year-old students, a fall of 5.6 percentage points is registered amongst students who report spending 'Less than 6 euros'. However, However, this drop is offset by increased spending in the 'Between 6 and 30 euros' (23.1% in 2021 to 26.6% in 2023), 'Between 31 and 60 euros' (5.0% in 2021 to 6.0% in 2023) and 'Between 61 and 300 euros' (2.8% in 2021 to 3.7% in 2023) brackets. By sex, to note is greater expenditure of between 6 and 30 euros amongst women (Table 18).

Table 18. Largest amount of money spent in a single day on face-to-face gambling in the last 12 months among secondary school students aged 14-18 who have gambled face-to-face (%). Spain, 2019-2023.

	2019			2021			2023		
	T	M	W	T	M	W	T	M	W
Less than 6 euros	68.1	63.8	77.1	66.8	63.4	74.0	61.2	57.8	68.9
Between 6 and 30 euros	21.1	23.2	16.8	23.1	25.3	18.4	26.6	27.6	24.5
Between 31 and 60 euros	5.2	6.0	3.3	5.0	5.2	4.5	6.0	7.2	3.4
Between 61 and 300 euros	3.1	3.8	1.8	2.8	3.4	1.7	3.7	4.7	1.7
More than 300 euros	2.5	3.2	1.0	2.3	2.7	1.4	2.4	2.8	1.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.8.
Problem gambling and Gambling Disorder.

When gambling becomes the center of a person's life, occupying a large part of his/her daily activity, thinking about how to gamble, when or where to procure enough gambling money, and are unable to stop gambling despite the negative consequences that seriously harm their family, work or personal relationships, the situation amounts to a gambling disorder.

The ability to engage in certain activities online encourages many possible addictive behaviors, including gambling disorders. Immediacy of the reward, easy accessibility and access 24 hours a day, anonymity and the intimate environment provided by new technologies, promote a loss of control.

A gambling disorder, or what is also known as pathological gambling, was initially considered an impulse control disorder since its recognition as a nosological disease in the U.S. classification of mental disorders, DSM-III[8], Diagnostic and Statistical Manual of Mental Disorders. According to the latest version of this manual, in DSM-5 a gambling disorder is defined as "persistent, maladaptive gambling behavior that results in clinically significant distress". Based on current evidence, in DSM-5[9] pathological gambling is classified under the "Substance-related and addictive disorders" chapter.

The World Health Organisation (WHO), which introduced pathological gambling as a disease in its ICD-10[4], also treats it as an impulse control disorder.

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[8] The American Psychiatric Association (APA). Diagnostic and Statistical manual of Mental Disorders (third edition). Washington DC, 1980.

[9] The American Psychiatric Association (APA). Diagnostic and Statistical manual of Mental Disorders (fifth edition). Washington DC, 2013.

The disorder usually begins in adolescence in males and later in life in females, going through various stages, but tending towards becoming a chronic problem. In other words, the problem is considered to have an onset, followed by periods of remission and exacerbation throughout adulthood. Typically, preoccupation, necessity and gambling behavior increase during periods of stress and, likewise, gambling-related problems tend to intensify gambling behavior[10].

With the appearance of DSM-IV, a new aspect is added to the diagnostic criteria for this problem by starting to emphasize both the consequences of gambling and its triggering factors, suggesting the need for both symptomatic and non-symptomatic treatment for this problem. Likewise, this edition adds a criterion to those of its earlier version, by referring to a new symptom: "gambling is used as an escape mechanism, or to mitigate a depressed or dysphoric state of mind".

Diagnostic Criteria 312.31 (F63.0)

A. Persistent and recurrent problem gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.

2. Is restless or irritable when attempting to cut down or stop gambling.

3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).

6. After losing money gambling, often returns another day to get even ("chasing" one's losses).

7. Lies to conceal the extent of involvement with gambling.

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

Gambling can be described as a continuum, with levels and stages reflecting the degree of gambling involvement. In this sense, different terms are used to classify people according to their gambling patterns[11].

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[10] World Health Organization (WHO). International Statistical Classification of Diseases and Related Health Problems. (CIE-10). Ginebra, WHO, 1992.

[11] National Research Council (NRC, 1999).

From this perspective, scoring 1 to 3 on the DSM-5 scale would be considered problem gambling, representing excessive gambling behavior, experiencing some related problem but without a very significant impact. In this category, there is a range of symptoms, you may have problems at home or feel guilty about having invested too much time or too much money in a gambling episode, etc.... A score equal to or greater than 4 would be considered a gambling disorder, differentiated into three levels according to the score: mild (DSM-5≥4 ≤5), moderate (DSM-5≥6 ≤7) or severe (DSM-5≥8 ≤9) gambling disorder.

EDADES survey results (15-64 population age group)

In the 2018 edition of the EDADES survey, a scale based on DSM-5 diagnostic criteria was introduced to identify any possible problem gambling and/or gambling disorder. The correction of the scale allows the possibility of two cut-off points, with a score equal to or greater than 1 indicating possible problem gambling, and a possible gambling disorder when a score of 4 or more is reached on the scale.

Throughout the report we will generally refer to possible problem gambling at scores above 1 on the DSM-5 scale, indicating specifically if a possible gambling disorder exists.

Taking this into account, it is estimated that, in 2022, 1.7% of the population would reveal possible problem gambling. This figure has been decreasing over time when compared to 2020 data, when the prevalence of problem gambling was 2.2%. This value is higher among men (Chart 18).

Chart 18. **Prevalence of possible problem gambling (DSM-5 ≥1) among the 15-64 population age group, by sex (%). Spain, 2018-2022.**
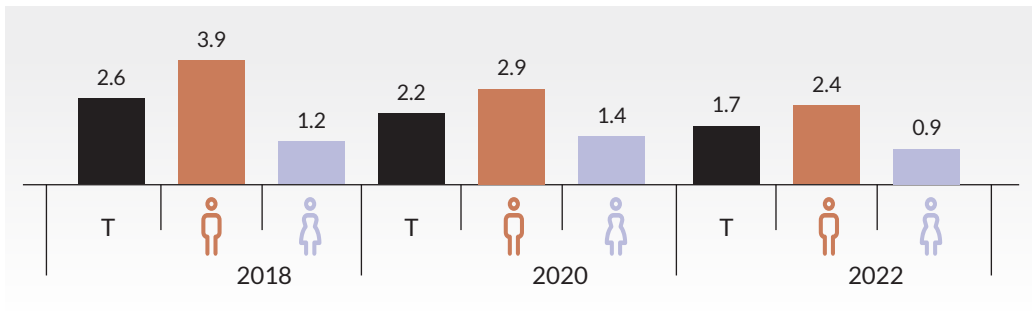
T: total, M: men, W: women.
SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Among gamblers in the last 12 months who have completed the DSM-5 scale, in 2022, 2.2% would exhibit possible problem gambling, having obtained a score of 1 to 3 on this scale, and 0.7% would have a possible gambling disorder, due to confirming 4 or more positive items on the DSM-5. According to these data, extrapolated to the Spanish population aged 15-64 years, this would indicate that 1.3% of these individuals could engage in possible problem gambling and 0.4% would have a possible gambling disorder (Table 19).

Table 19. Categorization of DSM-5 scale results among the 15-64 population age group and among gamblers in the last 12 months (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 population age group	Players last 12 months	15-64 population age group	Players last 12 months	15-64 population age group	Players last 12 months
Possible **problem gambling** (DSM-5 ≥1 and <4)	2.0	3.4	1.6	2.7	1.3	2.2
Possible **gambling disorder** (DSM-5 ≥4)	0.5	0.9	0.6	1.0	0.4	0.7

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Possible problem gambling (DSM-5 ≥1) is higher among people who gamble online than among those who gamble face-to-face; this situation remains stable over time and is present in both sexes. In 2022, 0.7% of the population aged 15-64 years were classified as possible problem gambling or online gambling disorder, which increased to 13.6% among online gamblers in the last year (Table 20).

Table 20. Prevalence of possible problem gambling (DSM-5 ≥1) among the population who has gambled online or face-to-face in the last 12 months (%). Spain, 2018-2022.

	2018		2020		2022	
	Online gambling	Face-to-face gambling	Online gambling	Face-to-face gambling	Online gambling	Face-to-face gambling
Possible **problem gambling** among those who **have gambled** online or face-to-face in the past 12 months	22.9	4.2	15.8	3.5	13.6	2.9
Possible **problem gambling** among the total population in the 15-64 age group	0.8	2.5	0.9	2.0	0.7	1.6

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

For both online and face-to-face gambling, people who engage in possible problem gambling are seen to gamble more frequently than the general 15-64 population age group (Tables 21 and 22).

Table 21. Frequency of gambling online over the last 12 months in the 15-64 population age group, who has gambled online over the last 12 months, and among possible compulsive gamblers (DSM-5 ≥1) (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 population age group	Possible problem gambling	15-64 population age group	Possible problem gambling	15-64 population age group	Possible problem gambling
Once a year	50.9	29.0	49.5	25.7	49.1	30.6
Once a month	29.6	34.0	35.0	40.0	37.8	35.4
Once a week	15.6	29.0	11.3	25.4	10.1	25.5
Once a day	3.9	8.0	4.2	8.8	3.0	8.5

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Table 22. Frequency of face-to-face gambling over the last 12 months in the 15-64 population age group, who has gambled face-to-face over the last 12 months, and among those with possible problem gambling (DSM-5 ≥1) (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 population age group	Possible problem gambling	15-64 population age group	Possible problem gambling	15-64 population age group	Possible problem gambling
Once a year	53.2	30.3	50.2	24.5	50.5	28.0
Once a month	34.6	40.8	39.4	39.6	37.6	37.1
Once a week	11.1	24.2	9.4	32.5	10.6	27.3
Once a day	1.1	4.8	1.0	3.3	1.2	7.6

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Concerning the types of games played **online** depending on whether or not possible problem gambling exists, sports betting appears to be the most frequent game in both cases, however, possible compulsive gamblers play a wider variety of games than the 15-64-year-old population as a whole (Chart 19).

Chart 19. Prevalence of <u>gambling online</u> over the past 12 months in the 15-64 population age group who has engaged in possible problem gambling (DSM-5 ≥1) and in the general 15-64-year-old population, by type of game played (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling
Sports betting	64.9	71.9	50.1	70.5	45.9	58.9
Lotteries, *primitiva, bonoloto**	14.1	7.6	28.2	10.2	34.8	13.5
Card games betting money***	17.2	20.3	13.3	24.1	11.2	22.8
Soccer pools and/or *quinigol*	10.4	20.3	14.1	13.4	10.2	13.1
Casino gambling	8.1	11.2	11.3	22.6	9.9	20.5
Instant lotteries**	5.2	2.2	12.5	6.8	8.8	6.6
Video games	15.9	20.8	14.1	22.9	8.2	13.4
Bingo	10.4	13.8	7.8	10.6	6.7	13.1
Stock market	6.6	7.7	4.4	6.1	5.2	9.3
Slots, slot machines	6.6	17.8	6.2	11.7	4.1	7.6
Arcade gaming	5.7	8.8	6.5	15.6	3.6	10.4
Horse racing bets	9.4	21.1	6.9	17.4	3.5	7.1
Competitions****	5.8	13,4	3.6	3.0	1.4	2.3

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

On the other hand, there are differences in the games played **face-to-face,** where it is clearly seen that the 15- to 64-year-old population just plays the lottery to a large extent, while people with possible problem gambling play a wider range of games; here, in addition to lotteries, there are also betting pools, sports betting, slot machines and bingo (Chart 20).

Chart 20. Prevalence of <u>face-to-face gambling</u> over the past 12 months in the 15-64 population age group, who have engaged in possible problem gambling (DSM-5 ≥1), and in the general population aged 15-64 years, by type of game played (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling
Lotteries, *primitiva, bonoloto**	94.0	87.7	94.4	82.6	94.1	82.3
Instant lotteries**	22.1	52.6	24.9	52.9	30.0	44.3
Soccer pools and/or *quinigol*	16.4	37.1	14.6	25.0	12.5	23.3
Sports betting	6.4	26.3	5.3	20.9	4.8	22.1
Bingo	5.2	27.7	4.8	20.8	3.7	26.9
Slots, slot machines	0.5	26.9	3.4	20.2	2.6	21.0
Card games betting money***	1.8	19.7	1.3	9.7	0.9	8.6
Casino gambling	2.1	17.4	1.6	13.1	0.9	11.2
Arcade games	1.7	16.2	1.4	13.4	0.8	10.1
Horse racing bets	0.5	3.5	0.6	4.6	0.3	4.9
Video games	0.5	1.4	0.6	2.5	0.2	2.8
Competitions****	0.2	0.8	0.2	0.5	0.2	0.7
Stock market	0.2	1.5	0.2	0.2	0.1	1.1

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

By comparing the maximum amount of money spent in a day it is found that, both online and face-to-face, higher amounts of money are spent among those with possible problem gambling (DSM-5 ≥1) (Charts 21-22).

Chart 21. Maximum amount of money spent in a single day in the 15-64 population age group, who have <u>gambled online</u> over the last 12 months, and among those with possible problem gambling (DSM-5 ≥1) (%). Spain, 2018-2022.

	2018		2020		2022	
	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling
Less than 6 euros	27.3	8.5	33.5	11.7	26.4	9.5
Between 6 and 30 euros	42.5	38.7	38.5	29.4	43.0	31.9
Between 31 and 60 euros	16.3	22.9	15.6	27.4	14.0	19.8
Between 61 and 300 euros	8.1	18.6	9.3	25.9	9.8	19.3
More than 300 euros	5.8	11.3	3.1	5.7	6.8	19.5

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

Chart 22. Maximum amount of money spent in a single day in the 15-64 population age group, who have gambled <u>face-to-face</u> over the last 12 months, and among those with possible problem gambling (DSM-5 ≥1) (%). Spain, 2022.

	2018		2020		2022	
	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling
Less than 6 euros	32.3	14.1	33.8	23.9	29.8	15.0
Between 6 and 30 euros	45.7	36.9	45.7	33.0	48.9	33.2
Between 31 and 60 euros	13.0	22.8	12.1	18.1	13.9	22.5
Between 61 and 300 euros	7.4	16.3	7.3	16.8	6.3	18.8
More than 300 euros	1.6	9.9	1.1	8.3	1.0	10.5

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

A higher prevalence of **risk behaviors,** such as drunkenness, binge drinking, risky alcohol consumption and daily smoking, is also found among possible compulsive gamblers (DSM-5 ≥1) (Table 23).

Table 23. **Prevalence of drunkenness and binge drinking in the past 30 days, risky alcohol consumption (AUDIT ≥8) and daily smoking in the past 30 days, in the general 15-64 population age group and amongst possible compulsive gamblers (DSM-5 ≥1) (%). Spain, 2018-2022.**

|	2018		2020		2022	
	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling	15-64 years	Possible problem gambling
Drunkenness	7.1	25.5	6.8	17.4	6.4	19.0
Binge drinking	15.1	38.6	15.4	43.2	15.4	40.2
Risky alcohol consumption alcohol (AUDIT ≥8)	5.1	24.9	4.2	21.5	4.8	22.6
Daily smoking	34.0	53.5	32.3	43.2	33.1	54.6

SOURCE: OEDA. Survey on Alcohol and Drugs in Spain (EDADES)

ESTUDES survey results (student population aged 14-18)

In the ESTUDES 2019 survey, the Lie/Bet questionnaire, a scale already used in the European ESPAD survey in 2015 and 2019, was introduced for the first time to explore possible problem gambling. It is a screening instrument that just includes two questions, asking whether the subject has felt the need to bet more and more or has lied to significant others about how much money he or she spends on gambling. The Lie/Bet questionnaire, developed by Johnson et al (1997) follows DSM-IV criteria and is a very useful screening tool.

In 2023, an increase in possible problem gambling was observed among the 14-18 student population, following a fall in 2021. This increase stems from increased prevalence among men, as gambling prevalence among women has remained stable over the last 3 editions (Chart 23).

Chart 23. **Prevalence of possible problem gambling estimated from the Lie/Bet scale among the secondary school student population aged 14-18, by sex (%). Spain, 2019-2023.**
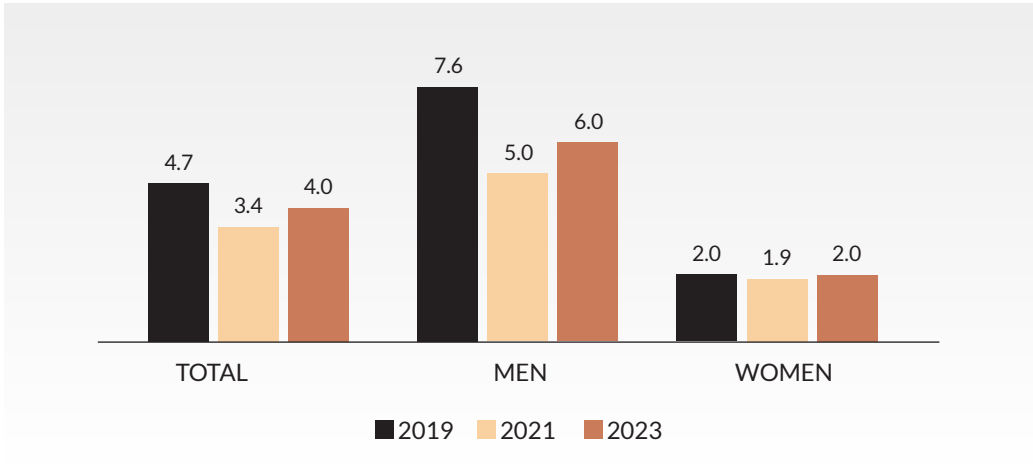
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

By **age,** it is observed that the prevalence of possible problem gambling increases the greater the age, with 18-year-old students showing the highest prevalence (8.3%). Furthermore, in 2023, with respect to previous editions, an increase in prevalence is detected in all age groups, after a clear drop in 2021 (Chart 24).
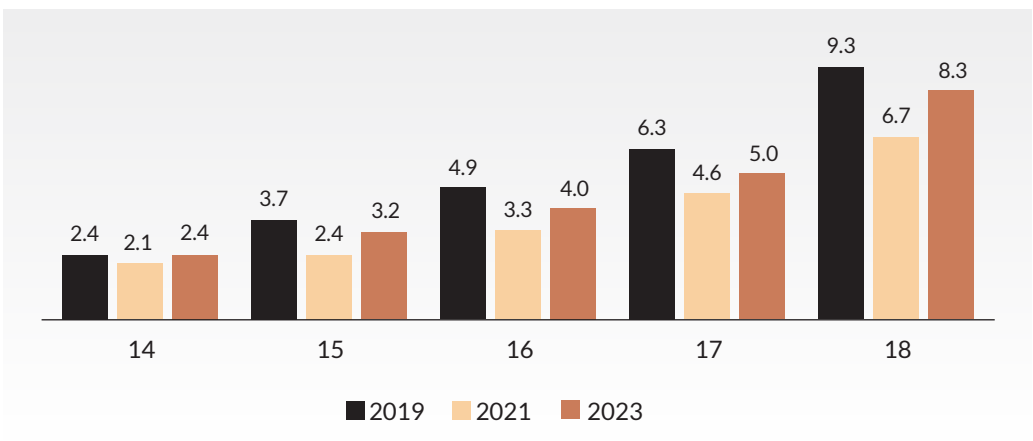
Chart 24. **Prevalence of possible problem gambling estimated from the Lie/Bet scale among the secondary school student population aged 14-18, by age (%). Spain, 2019-2023.**

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

According to the prevalence rate of possible problem gambling (Lie/Bet ≥1), 23.5% of all students who have gambled online in 2023 would be possible compulsive gamblers, whilst 20.5% is registered among face-to-face gamblers. When compared to 2021, these prevalence rates have increased, and to a greater extent for face-to-face gambling, from 18.2% to 20.5% (Table 24).

Table 24. **Prevalence of possible problem gambling (Lie/Bet ≥1) among students aged 14-18 who have gambled online or face-to-face in the last 12 months (%). Spain, 2019-2023.**

	2019	2021	2023
Have gambled online	26.4	23.0	23.5
Have gambled face-to-face	19.8	18.2	20.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In relation to the **amount of money spent** in 2023, this is higher among students who have gambled online and are possible compulsive gamblers than among total students who have gambled online in the more than 60 euros bracket (15.4% vs. 31.5%). This spending bracket of students who are possible compulsive gamblers has also increased when compared to 2021, with an increment of 14 percentage points (17.5% vs. 31.5%) (Table 25).

Table 25. **Largest amount of money spent in a single day in the secondary school student population aged 14-18, who have gambled online in the last 12 months, and in the gambling population with possible compulsive gamblers (Lie/Bet ≥1) (%). Spain, 2019-2023.**

	2019		2021		2023	
	14-18-year-old students who have gambled online	Possible problem gambling	14-18-year-old students who have gambled online	Possible problem gambling	14-18-year-old students who have gambled online	Possible problem gambling
Less than 6 euros	47.3	31.1	44.2	33.3	38.2	24.9
Between 6 and 30 euros	27.7	26.6	33.6	33.6	33.0	30.4
Between 31 and 60 euros	10.4	15.8	12.3	15.5	13.4	13.3
Between 61 and 300 euros	7.8	13.3	6.0	8.3	8.5	15.1
More than 300 euros	6.9	13.2	3.9	9.2	6.9	16.4

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)
Data refer to the gambling population of the last 12 months.

In face-to-face gambling, the difference in the amount of money spent is accentuated starting at the 6+ euro bracket (38.7% vs. 62.1%).

Table 26. Largest amount of money spent in a single day in the Secondary School student population aged 14-18 who have <u>face-to-face gambled</u> over the last 12 months and in the gambling population with possible problem gambling (Lie/Bet ≥1) (%). Spain, 2019-2023.

	2019		2021		2023	
	14-18-year-old students who have face-to-face gambled	Possible problem gambling	14-18-year-old students who have face-to-face gambled	Possible problem gambling	14-18-year-old students who have face-to-face gambled	Possible problem gambling
Less than 6 euros	68.1	45.5	66.8	46.0	61.2	37.9
Between 6 and 30 euros	21.1	29.6	23.1	29.7	26.6	34.8
Between 31 and 60 euros	5.2	10.3	5.0	10.7	6.0	11.8
Between 61 and 300 euros	3.1	7.6	2.8	6.7	3.7	9.1
More than 300 euros	2.5	7.1	2.3	6.9	2.4	6.4

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)
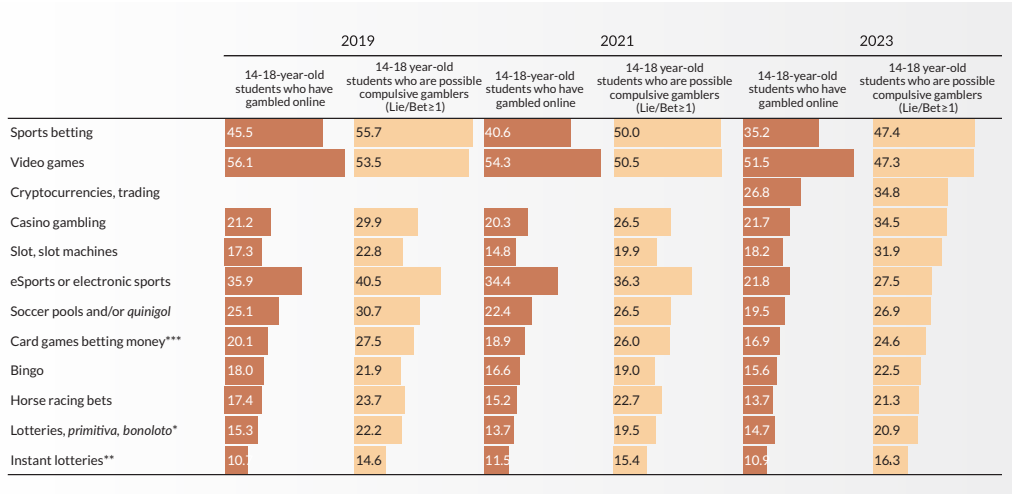Data refer to the gambling population of the last 12 months.

In evolutionary terms, the largest expenditure increases amongst students who are possible compulsive gamblers is in the 'Between 6 and 30 euros' (29.7% in 2021 and 34.8% in 2023) and 'Between 61 and 300 euros' (6.7% in 2021 and 9.1% in 2023) range (Table 26).

In relation to the **type of online games**, among the total number of students who have gambled online, video games appear as predominant (51.5%); however, among students who are possible compulsive gamblers, the most relevant games are sports betting. Although video games come second (47.4% and 47.3% respectively) (Chart 25), there are much higher percentages in online casinos and slot machine games. To note also is the higher participation in trading or cryptocurrencies among those with problem gambling (8% more).

When compared to other measurements, students who have gambled online and who are possible compulsive gamblers tend to make more use of slot machines and casino games with respect to previous editions (Chart 25).

Chart 25. Types of games used among 14-18-year-old students who have gambled online in the last 12 months and among student gamblers who have a possible problem gambling (Lie/Bet ≥1) (%). Spain, 2019-2023.

	2019		2021		2023	
	14-18-year-old students who have gambled online	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)	14-18-year-old students who have gambled online	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)	14-18-year-old students who have gambled online	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)
Sports betting	45.5	55.7	40.6	50.0	35.2	47.4
Video games	56.1	53.5	54.3	50.5	51.5	47.3
Cryptocurrencies, trading					26.8	34.8
Casino gambling	21.2	29.9	20.3	26.5	21.7	34.5
Slot, slot machines	17.3	22.8	14.8	19.9	18.2	31.9
eSports or electronic sports	35.9	40.5	34.4	36.3	21.8	27.5
Soccer pools and/or *quinigol*	25.1	30.7	22.4	26.5	19.5	26.9
Card games betting money***	20.1	27.5	18.9	26.0	16.9	24.6
Bingo	18.0	21.9	16.6	19.0	15.6	22.5
Horse racing bets	17.4	23.7	15.2	22.7	13.7	21.3
Lotteries, *primitiva, bonoloto**	15.3	22.2	13.7	19.5	14.7	20.9
Instant lotteries**	10.1	14.6	11.5	15.4	10.9	16.3

*ONCE tickets, participative Eurojackpot, 7/39; ** ONCE scratch cards; *** (poker, mus, blackjack, baccarat...)
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In the case of **face-to-face gambling,** the most popular game among students refers to lotteries, *primitiva, bonoloto* (40.6%); however, for students who are possible compulsive gamblers, the main game is slot machines (41.1%) (Chart 26). To note also is the difference in arcade games and sports betting between compulsive gamblers and other gamblers.

Compared to previous surveys, students who are possible compulsive gamblers tend to make less use of soccer pools and/or *quinigol* and sports betting (Chart 26).

Chart 26. Types of games used among 14-18-year-old students who have face-to-face gambled over the last 12 months and among student gamblers with a possible problem gambling (Lie/Bet ≥1) (%). Spain, 2019-2023.

	2019		2021		2023	
	14-18-year-old students who have gambled face-to-face	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)	14-18-year-old students who have gambled face-to-face	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)	14-18-year-old students who have gambled face-to-face	14-18 year-old students who are possible compulsive gamblers (Lie/Bet≥1)
Slot, slot machines	20.0	35.9	17.7	33.2	27.5	41.1
Lotteries, *primitiva, bonoloto**	48.0	48.4	48.6	47.2	40.6	40.7
Sports betting	36.9	53.0	31.0	43.3	26.9	37.2
Bingo	30.9	32.7	29.4	34.3	35.9	36.4
Instant lotteries**	39.4	42.4	40.7	45.7	33.6	36.0
Arcade games	22.9	39.7	17.3	31.0	21.2	35.4
Soccer pools and/or *quinigol*	39.2	48.1	32.5	35.3	27.5	32.5
Casino gambling	15.5	29.9	13.1	25.9	17.5	29.5
Card games betting money***	20.6	29.4	21.1	32.3	20.8	29.3
Video games	15.0	22.0	13.0	19.0	13.4	20.1
Horse racing bets	10.9	17.0	9.5	15.9	10.1	16.1
eSports or electronic sports	10.4	19.8	9.4	18.3	9.3	16.0

*ONCE tickets, participative Eurojackpot, 7/39; ** ONCE scratch cards; *** (poker, mus, blackjack, baccarat…)
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In 2023, it is still evident that students who are possible compulsive gamblers have higher prevalence of **risky substance use** than students in general. Compared to the 2021 data, the prevalence of students with a possible gambling problem has registered the highest increase in cannabis use over the past 30 days, from 35.2% to 40.7% (Table 27).

Table 27. Prevalence of drunkenness, *binge drinking* and cannabis use over the past 30 days and daily smoking in the past 30 days among secondary school students in the 14-18 age group and student gamblers with a possible problem gambling (Lie/Bet ≥1) (%). Spain, 2019-2023.

	2019		2021		2023	
	14-18-year-old students	Possible problem gambling	14-18-year-old students	Possible problem gambling	14-18-year-old students	Possible problem gambling
Drunkenness	24.3	46.5	23.2	45.1	20.8	41.2
Binge drinking	32.3	57.0	27.9	52.4	28.2	57.7
Cannabis	19.3	43.2	14.9	35.2	15.6	40.7
Daily smoking	9.8	21.5	9.0	21.3	7.5	19.9

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.9.
Problematic use of the Internet.

Internet use is widespread among the Spanish population. According to the EDADES 2022 survey, practically the entire population has used the Internet for recreational purposes at least once in their lives, in the last year and in the last month.

By age, the highest prevalence (around 99%) is observed among individuals aged 15-44 years, while prevalence drops to 90% for those aged 55 years and older. No differences are observed between men and women (Table 28).

Table 28. Prevalence of recreational internet use in the 15-64 population age group, by age and sex (%). Spain, 2022.

	Total	Sex		Age				
		M	**W**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**
First time	96.9	96.6	97.2	99.3	98.9	98.6	97.4	91.2
Over the last 12 months	96.6	96.1	97.0	99.3	98.9	98.3	97.0	90.4
Over the last 30 days	96.3	95.9	96.7	99.1	98.8	98.0	96.7	89.8

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

With regard to the average time spent using the Internet, young people seem to spend approximately twice as many hours using the Internet as those aged 54 and over (Table 29).

Table 29. Average number of hours per day of recreational Internet use in the 15-64 population age group, by age and sex (%). Spain, 2022.

	Total	Sex		Age				
		M	**W**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**
Average hours per day on **weekdays**	2.65	2.64	2.66	3.88	3.30	2.57	2.22	1.76
Average hours per day on **weekends**	2.59	2.64	2.54	4.18	3.17	2.48	2.12	1.63

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

Problematic internet use is a growing phenomenon of our time defined as pervasive and compulsive use of the internet, associated with a loss of control and negative consequences for the user[13]. Problematic internet use has not yet been recognized by diagnostic classification systems (ICD-10 or DSM-5), but is receiving increasing attention both in research and clinical practice. Scientific literature offers various terms that are used interchangeably to refer to the same phenomenon,

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[13] ORTUÑO-SIERRA, Javier et al. Problematic Internet use in adolescents: Spanish validation of the Compulsive Internet Use Scale (CIUS). Adicciones, [S.l.], Oct. 2022. ISSN 0214-4840.

including internet addiction, pathological internet use, problematic internet use, internet dependence, compulsive internet use or internet use disorder.[14, 15, 16, 17, 18, 19, 20, 21]

The psychological and behavioral consequences that problematic internet use has on people, especially amongst the younger population, require an effective response. One of the great challenges in this context is to have data allowing us to know the current situation in population terms. To this end, the ESTUDES 2014 and EDADES 2015 surveys introduced a scale to measure problematic internet use: The Compulsive Internet Use Scale, CIUS[22]. This is a validated scale used for the early detection of possible risk cases and consists of a total of 56 items, in which a score greater than or equal to 28 indicates possible problematic internet use. The results obtained by applying this scale in the EDADES and ESTUDES surveys are shown below.

EDADES survey results (population aged 15-64)

In 2022, 3.5% of the Spanish population aged 15-64 evidenced a possible problematic use of the internet, which would mean an estimated figure of approximately 1,096,000 people. In evolutionary terms, this figure is slightly lower than the one obtained in 2020.

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Table 30. Prevalence of possible problematic internet use among the 15-64 population age group (%). Spain, 2015-2022.

	Prevalence of possible problematic Internet use (ICUS score ≥28)
2015	2.9
2018	2.9
2020	3.7
2022	3.5

SOURCE: OEDA Spanish Alcohol and Drug Survey (EDADES)

Prevalence is similar between men and women in all editions of the survey (Table 31).
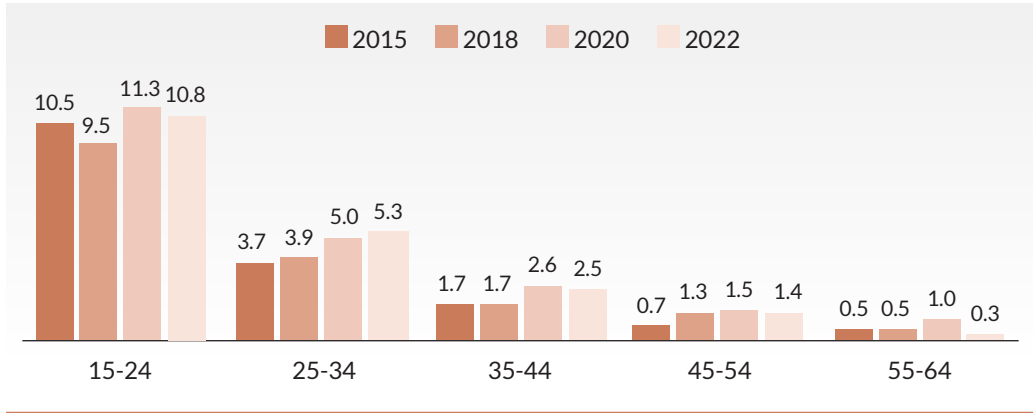
Table 31. Prevalence of possible problematic internet use among the 15-64 population age group, by sex (%). Spain, 2015-2022.

	Prevalence of possible problematic Internet use (ICUS score ≥28)	
	Men	Women
2015	2.8	3.1
2018	3.1	2.8
2020	3.9	3.5
2022	3.4	3.6

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

There are higher numbers among younger individuals (15-24 years), a pattern that has continued throughout all editions of the EDADES survey (Chart 27).
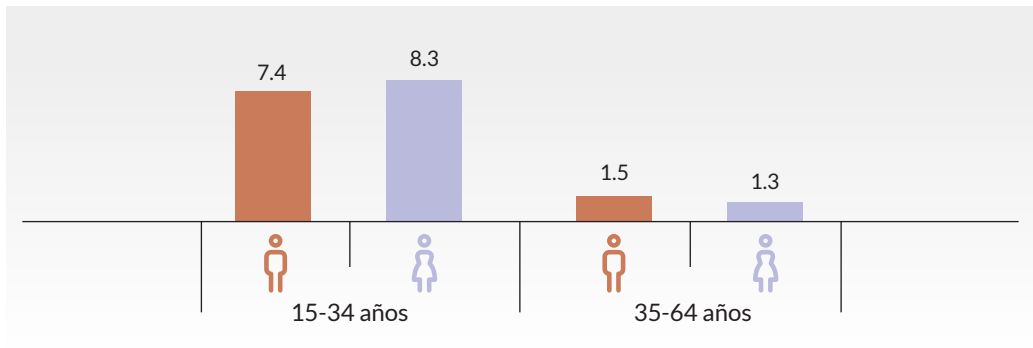
Chart 27. Prevalence of internet users with possible problematic internet use among the 15-64 population age group, by age (%). Spain, 2015-2022.

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

In the 15-34 age group, women show a higher prevalence of possible problematic internet use than men (Chart 28).

Chart 28. Prevalence of possible problematic internet use among the 15-64 population age group, by age and sex (%). Spain, 2022.

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

Both in 2022 and in previous editions, differences are observed in relation to other risk behaviors such as heavy alcohol consumption (drunkenness and binge drinking in the past 30 days) and cannabis use in the past 30 days, amongst the 15-64 population age group with possible problematic internet use and the general population in the 15-64 age group (Table 32).

Table 32. Prevalence of drunkenness, binge drinking and cannabis use in the past 30 days among the 15-64 population age group and the 15-64 population age group with a possible internet use problem (CIUS scale score ≥28) (%). Spain, 2015-2022.

	2015		2018		2020		2022	
	15-64 years	Possible problematic internet use	15-64 years	Possible problematic internet use	15-64 years	Possible problematic internet use	15-64 years	Possible problematic internet use
Binge drinking	17.9	32.3	15.1	30.0	15.4	29.1	15.4	30.5
Drunkenness	6.5	17.3	7.1	18.4	6.8	17.7	6.4	16.7
Cannabis	2.1	17.8	2.1	16.9	2.9	6.2	2.8	7.8

SOURCE: OEDA Survey on Alcohol and Drugs in Spain (EDADES)

ESTUDES survey results (student population aged 14-18)

In 2023, the average number of daily hours spent on recreational Internet among students aged 14 to 18 in the last 30 days is higher on the weekend than during the week, with a higher average number of hours per day among girls in both time periods. By age, both on weekdays and on the weekend, the average number of daily Internet use hours increases with age, although it decreases among 16- and 17-year-olds (Table 33).

Table 33. Average number of daily hours of recreational Internet use in the last 30 days among the 14-18 population age group, by age and sex (%). Spain, 2023.

	Total	Sex		Age				
		M	W	14	15	16	17	18
Average daily hours on **weekdays**	5.36	5.00	5.72	5.02	5.27	5.55	5.39	5.82
Average daily hours on **weekends**	6.97	6.67	7.26	6.88	7.00	7.10	6.79	7.19

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

The prevalence of students aged 14-18 years at high risk of problematic internet use in 2023 was 20.5%, registering a 3-percentage point decrease from 2021.

If this indicator is analyzed by **sex,** as in previous years, it becomes clear that possible problematic use of the Internet is higher among women (15.3% among men and 25.9% among women) (Table 34).

Table 34. Prevalence of internet users at high risk of possible problematic internet use (CIUS score ≥28) among the student population aged 14-18, by sex (%). Spain 2014-2023.

	Total	Sex	
		M	W
2014	16.4	14.7	18.0
2016	21.0	18.3	23.8
2019	20.0	16.4	23.4
2021	23.5	18.4	28.8
2023	20.5	15.3	25.9

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

Further to an **age** analysis, the prevalence of internet users with possible problematic use increases with age. Compared to 2021, prevalence decreases for all age groups except for 18-year-olds, which remains stable (23.3% vs. 23.6%) (Chart 29).

Chart 29. Prevalence of internet users with a possible internet use problem (CIUS score ≥28) among the student population aged 14-18, by age (%). Spain, 2014-2023.
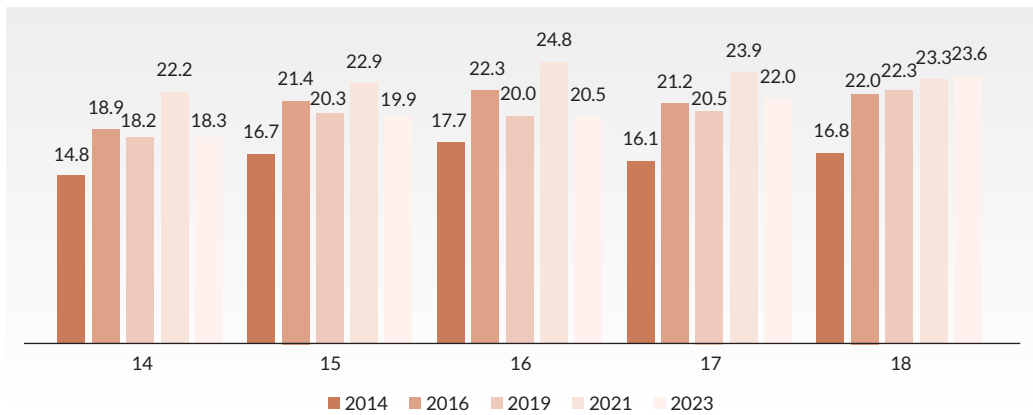
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In relation to other risk behaviors, just as for the general population (15-64 years), it appears that **intensive use** of alcohol, cannabis and daily smoking in the last 30 days is higher among students with possible problematic Internet use than among the rest of the student population (Table 35).

Table 35. Prevalence of drunkenness, *binge drinking,* cannabis use and daily smoking in the past 30 days among students aged 14-18 years and the student population with possible problematic internet use (CIUS score ≥28) (%). Spain, 2014-2023.

	2014		2016		2019		2021		2023	
	Students aged 14 to 18	Possible problematic internet use	Students aged 14 to 18	Possible problematic internet use	Students aged 14 to 18	Possible problematic internet use	Students aged 14 to 18	Possible problematic internet use	Students aged 14 to 18	Possible problematic internet use
Drunkenness	22.2	28.4	21.8	28.8	24.3	30.7	23.2	27.6	20.8	26.9
Binge drinking	32.2	40.4	31.7	39.3	32.3	37.9	27.9	31.5	28.2	32.2
Cannabis	18.6	22.9	18.3	21.7	19.3	23.0	14.9	16.7	15.6	18.4
Daily smoking	8.9	10.7	8.8	10.4	9.8	10.4	9.0	8.8	7.5	9.4

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.10.
Gaming.

In recent decades, the addictive potential of video games has been a widely discussed topic in the media and, in scientific literature since 1992, there are more than 1000 published scientific articles on the topic.

This scientific debate led the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association published in 2013, in section III, reserved for conditions requiring further study, to include the Internet Gaming Disorder, which only includes internet games that do not involve the betting of money.

Subsequently, in 2019, WHO included a gaming disorder in its 11th Revision of the International Classification of Diseases (ICD-11). The decision to include a gaming disorder in ICD-11 was based on reviews of current scientific evidence and reflected a consensus amongst multidisciplinary experts from different parts of the world who participated in the technical consultation process that WHO launched as part of the ICD-11 development process.

A gaming disorder is defined, according to ICD-11, as a pattern of gaming behavior ('digital gaming' or 'gaming') characterized by impaired control over gaming, increasing the priority given to gaming over other activities to the extent that gaming takes precedence over other interests and day-to-day life, together with continued gaming despite its negative consequences.

When diagnosing a gaming disorder, the behavioral pattern must be severe enough to cause significant impairment in personal, family, social, educational, occupational or other important areas of individual functioning and must usually be evident for at least 12 months.

The International Classification of Diseases (ICD) is the basis for identifying global health trends and statistics, acting as an international standard for reporting diseases and health conditions. It is used by professionals worldwide for the diagnosis and categorization of diseases. Inclusion of a disorder in the ICD is a consideration that countries take into account when planning public health strategies and monitoring trends in disorders.

The National Strategy on Addictions 2017-2024 includes, within its field of action as a fundamental backbone of the Strategy, non-substance or behavioral addictions, with special emphasis on gambling (face-to-face and online), as well as video games and other addictions promoted by new technologies.

Likewise, the Strategy indicates that so-called "non-substance addictions" or addictive behaviors that do not involve drugs (compulsive gambling, internet, video games, screens, etc.) have recently made a grand entrance and their presence is already generating healthcare demands.

Therefore, in 2019, a gaming module was included in the framework of the Secondary School Student Survey on Drugs and Addictions. The first part of the module included general questions on prevalence and frequency of use and, a second part posed questions based on DSM-5 criteria in order to detect possible gaming disorders. Questions on eSports use as a player or spectator were also included. The main results of its analysis are itemized below.

ESTUDES survey results (student population aged 14-18)

In relation to 2023 prevalence, 83.1% of all students report having played video games, 39.3% have played eSports and 52.5% have been eSports spectators. In evolutionary terms, a significant drop in eSports play is apparent, combined with a considerable increase in eSports viewership.

Regarding **sex** differences, as was the case in 2019 and 2021, all three activities are much more frequent among boys than among girls. The drop in eSports play is more pronounced for men (65.9% in 2021 and 53.2% in 2023). However, the increase in eSports viewership is more evenly spread between both sexes despite it being slightly higher for girls (18.8% in 2021 and 35.6% in 2023) (Chart 30).
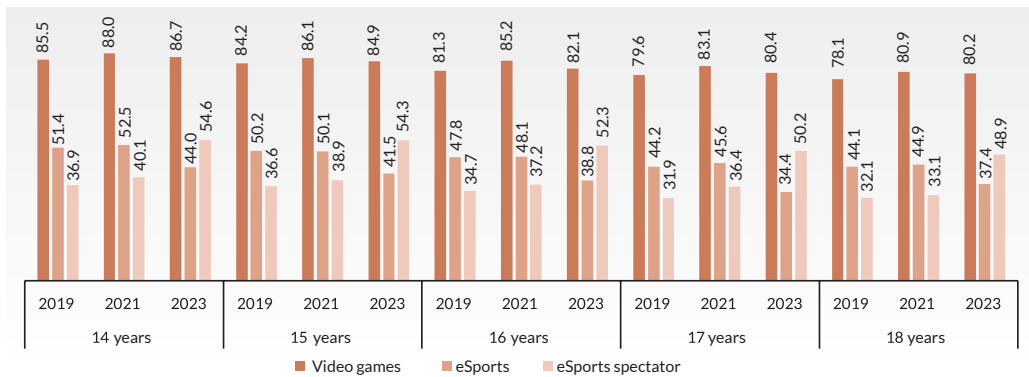
Chart 30. Prevalence of gaming, eSports use and viewership in the last 12 months among secondary school students aged 14-18, by sex (%). Spain, 2019-2023.
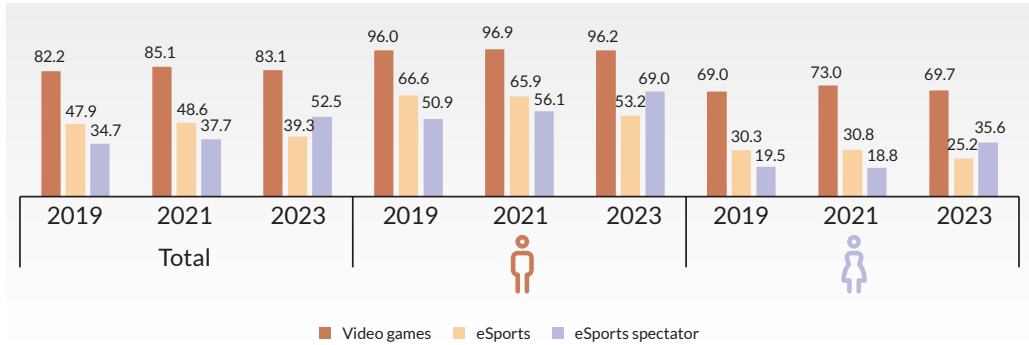
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In terms of **age,** there is a negative trend as age increases in all three activities analyzed, with the sole exception of eSports players, which increases slightly from 17 to 18 years of age (34.4% and 37.4% respectively) (Chart 31).
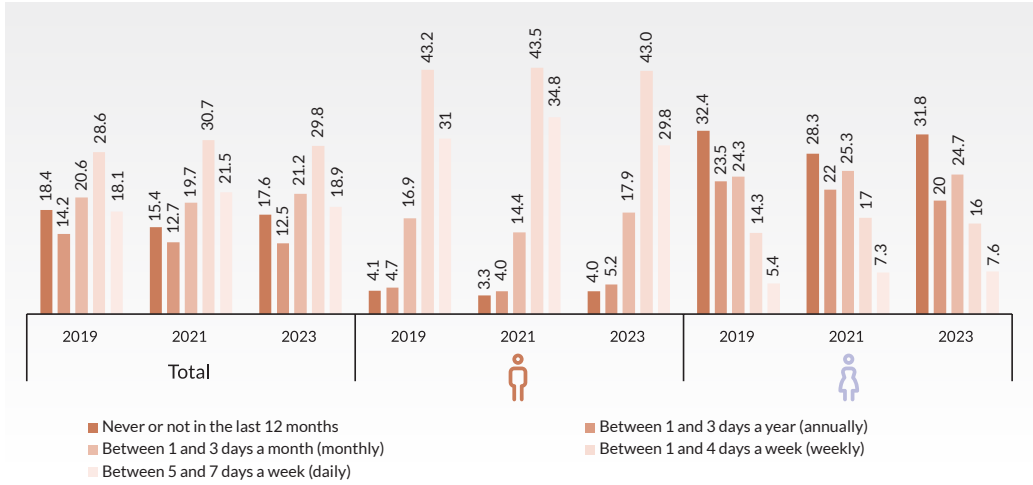
Chart 31. Prevalence of gaming, eSports use and viewership in the last 12 months among secondary school students aged 14-18, by age (%). Spain, 2019-2023.

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

When analyzing the **frequency of gaming** in 2023, weekly gaming appears to be the most common (29.8%). However, by **sex,** there are opposite trends between boys and girls. Forty-three percent of boys have played video games between 1 and 4 days a week in the last 12 months, while only 16.0% of girls have done so with this frequency (Chart 32).
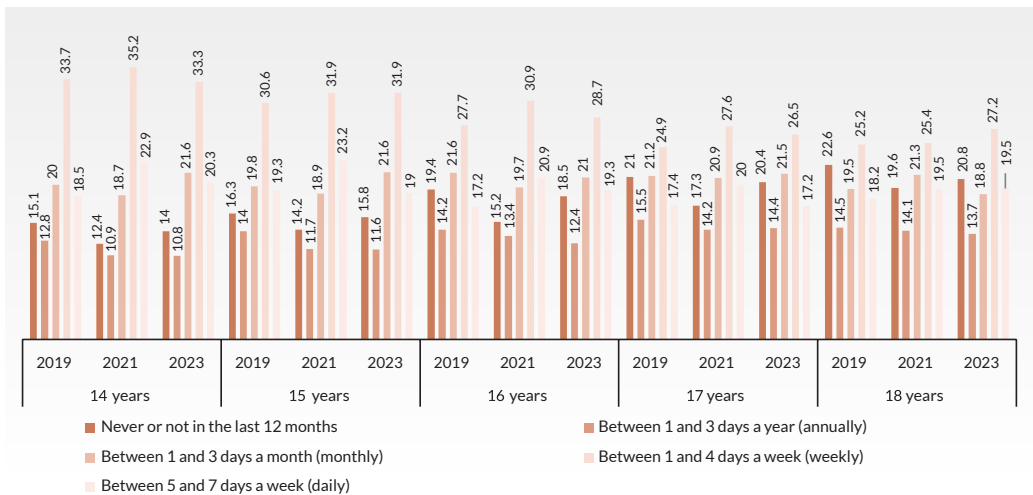
Chart 32. Frequency of gaming in the last 12 months among secondary school students aged 14-18, by sex (%). Spain, 2019-2023.

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

By **age,** there is a perceived decrease in the frequency of gaming as age increases from 14 to 17 years but, at 18 years of age, the frequency of playing video games at least once a week increases again (Chart 33).

Chart 33. Frequency of gaming in the last 12 months among secondary school students aged 14-18, by age (%). Spain, 2019-2023.
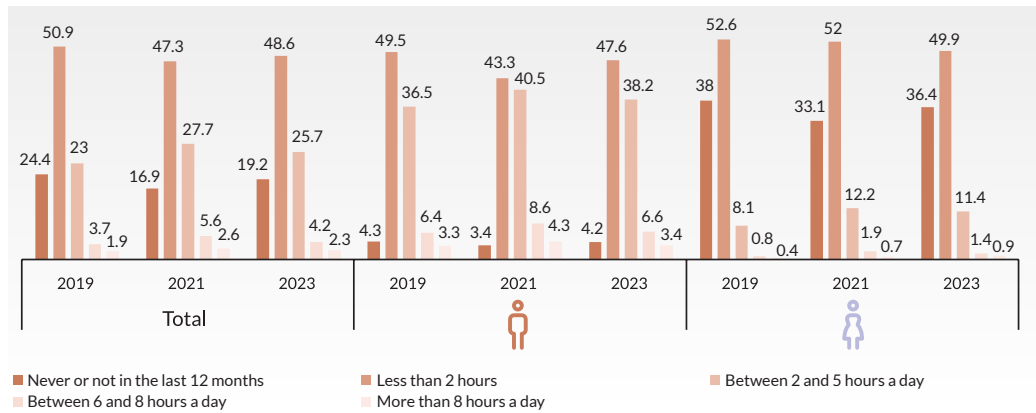

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

As for the number of hours spent playing video games, 48.6% of all students who have played video games in the last 12 months spend less than 2 hours a day and 6.5% spend more than 5 hours a day.

By **sex,** as in other measurements, boys are the ones who play a greater number of video game hours (Chart 34).

Chart 34. Time spent playing video games in the last 12 months among Secondary School students aged 14-18, by sex (%). Spain, 2019-2023.

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

By **age,** the time spent playing video games decreases slightly the older the gamer, from 14 to 17 years, with the trend changing again at age 18, with increased use of more than 5 hours a day, from 5.4% at age 17 to 7.5% at age 18 (Chart 35).
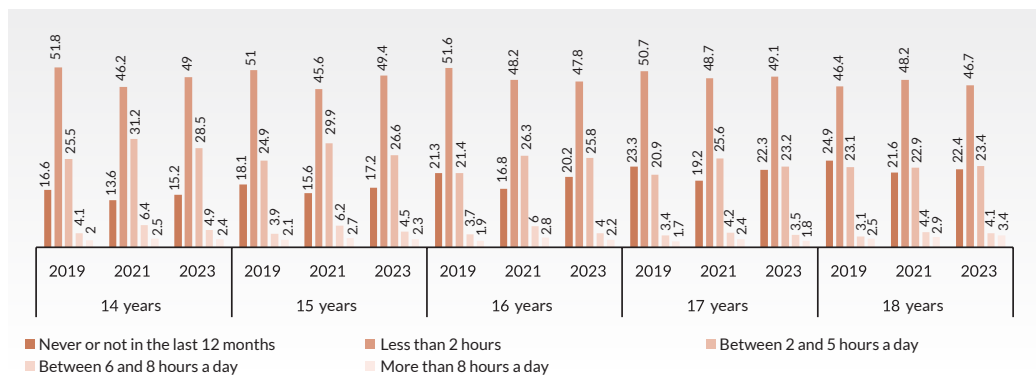
Chart 35. Time spent playing video games in the last 12 months among Secondary School students aged 14-18, by age (%). Spain, 2019-2023.
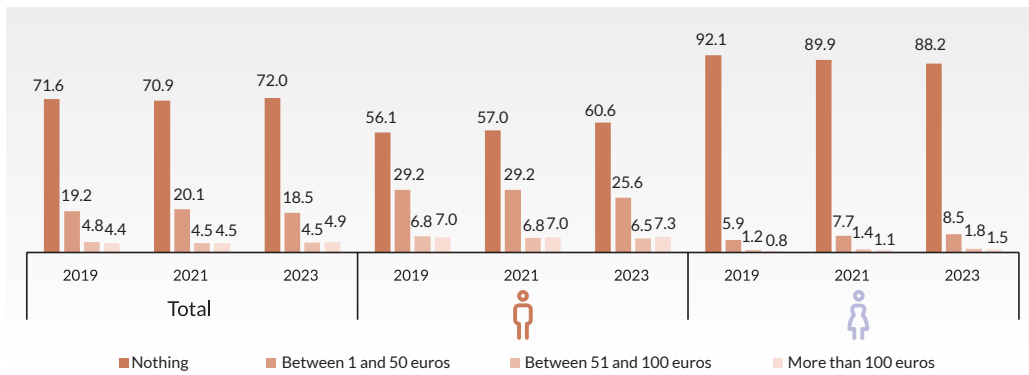

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

To note is that, in 2023, more than three out of four students report not having spent money on video games in the last 12 months to improve their position (72.0%), 18.5% spent less than 50 euros and only 9.4% spent more than 50 euros. When comparing the results with those obtained in 2021, there is a slight increase in the percentage of students who report not spending money on video games (70.9% vs. 72.0%) (Chart 36).

In relation to **sex,** men still spend more money on video games.

Chart 36. **Percentage of Secondary School students aged 14-18 according to total money spent on video games in the last 12 months to improve their position, avatar, accessories, appearance, etc., by sex (%). Spain, 2019-2023.**

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In terms of **age,** spending money on video games decreases as age increases between 14 and 17. The opposite is true from 17 to 18 years of age, as the percentage of students who report spending money on video games increases in the 100+ euro bracket (4.7% vs. 5.6%) (Chart 37).
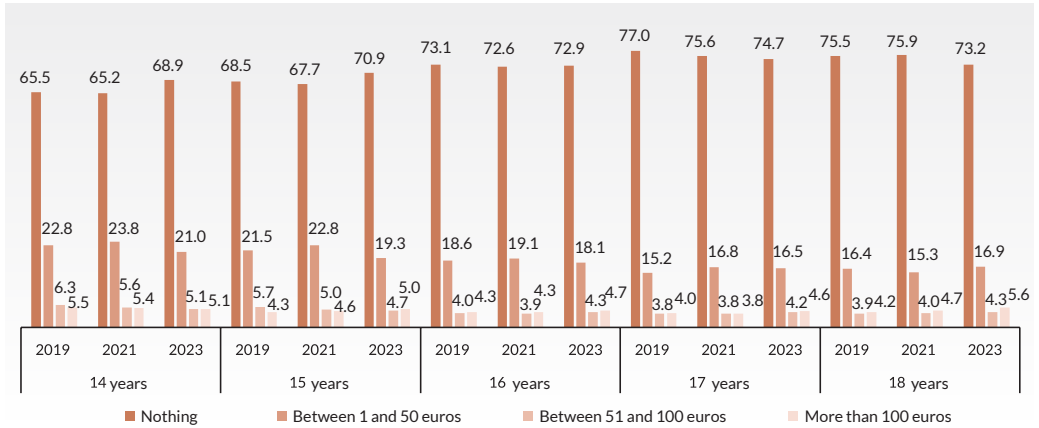
Chart 37. Percentage of Secondary School students aged 14-18 according to total money spent on video games in the last 12 months to improve their position, avatar, accessories, appearance, etc., by age (%). Spain, 2019-2023.

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

Possible gaming disorder in the 14-18 student population age group

According to the DSM-5 criteria-based scale, in 2023, 5.1% of all students aged 14-18 could have a possible gaming disorder. This is the lowest percentage recorded since 2019.

By **sex,** men are more likely to suffer from a gaming disorder, although this percentage has decreased considerably when compared to 2021 data (11.3% vs. 7.7%).

When analyzing prevalence by **age,** there is a generalized decrease with respect to 2021, except in the case of 18-year-olds, which is the age with the highest possibility of a gaming disorder, similarly to the percentage of 14-year-olds (5.9% and 5.8% respectively) (Table 36).

Table 36. Prevalence of a possible gaming disorder (DSM-5 ≥5) among the 14-18 student population age group, by age and sex (%). Spain, 2019-2023.

	Total	Sex		Age				
		M	W	14	15	16	17	18
2019	6.1	10.4	1.9	7.5	6.5	5.3	5.5	5.9
2021	7.1	11.3	2.7	8.7	7.6	6.6	6.2	5.7
2023	5.1	7.7	2.5	5.8	5.1	4.9	4.6	5.9

FUENTE: OEDA Encuesta sobre Uso de Drogas en Enseñanzas Secundarias en España (ESTUDES)

In relation to the **frequency** of video game use, it continues to be higher among students with a possible gaming disorder than among students who have played video games in the last 12 months (Table 37).

Table 37. **Frequency of gaming in the last 12 months among Secondary School students aged 14-18 who have played video games and among the students population with a possible gaming disorder (DSM-5 ≥5) (%). Spain, 2019-2023.**

	2019		2021		2023	
	14-18 student population age group	Possible gaming disorder	14-18 student population age group	Possible gaming disorder	14-18 student population age group	Possible gaming disorder
Annually (1 to 3 days a year)	17.4	1.9	15.1	1.9	15.1	2.8
Monthly (1 to 3 days a month)	25.3	6.9	23.3	5.0	25.8	7.0
Weekly (1 to 4 days a week)	35.1	33.0	36.3	31.9	36.1	28.0
Daily (5 to 7 days a week)	22.1	58.2	25.4	61.2	23.0	62.2

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

When analyzing the frequency of gaming in the last 12 months by number of hours, the same is true as for daily figures. Students with a possible disorder play more hours per day than other students aged 14-18.

Thirteen point five per cent of students with a possible gaming disorder spend more than 8 hours a day playing video games when compared to 2.8% of students aged 14 to 18 who have played video games in the last year; this last edition has registered the maximum among those with a possible gaming disorder (Table 38).

Table 38. **Frequency of gaming in the last 12 months (average number of hours spent playing video games per day) among Secondary School students aged 14-18 years and among the student population with a possible gaming disorder (DSM-5 ≥5) (%). Spain, 2019-2023.**

	2019		2021		2023	
	14-18 student population age group	Possible gaming disorder	14-18 student population age group	Possible gaming disorder	14-18 student population age group	Possible gaming disorder
Less than 2 hours	64.0	23.4	56.9	19.5	60.2	22.2
2 to 5 hours a day	28.9	50.5	33.3	49.3	31.8	47.6
6 to 8 hours a day	4.7	15.6	6.7	18.8	5.2	16.8
More than 8 hours a day	2.4	10.5	3.2	12.4	2.8	13.5

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

With regard to the **money spent on video games,** it is still higher among 14-18-year-old students with a possible gaming disorder than among 14-18 year-old students who have played video games in the last year.

When comparing the expenditure of students with a possible gaming disorder with previous years, the more than 100 euros bracket has increased (from 15.8% in 2021 to 19.1% in 2023), reflecting the highest percentage in this bracket for all the periods analyzed (Table 39).

Table 39. **Percentage of Secondary School students aged 14-18 who have played video games in the last 12 months and among the student population with a possible gaming disorder (DSM-5 ≥5), according to total money spent on video games in the last 12 months in order to improve their position, avatar, accessories, appearance, etc. (%). Spain, 2019-2023.**

	2019		2021		2023	
	14-18-year-old students who have played video games in the last 12 months	Possible gaming disorder	14-18-year-old students who have played video games in the last 12 months	Possible gaming disorder	14-18-year-old students who have played video games in the last 12 months	Possible gaming disorder
Nothing	71.6	34.8	70.9	37.9	72.0	38.3
Between 1 and 50 euros	19.2	33.4	20.1	34.1	18.5	31.3
Between 51 and 100 euros	4.8	14.5	4.5	12.2	4.5	11.4
More than 100 euros	4.4	17.3	4.5	15.8	4.9	19.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

If we look at **other types of behavior** amongst 14 to 18-year-old students with a possible gaming disorder, and as was the case in previous editions, the prevalence of gambling online, face-to-face or problem gambling is higher among students with a possible gaming disorder than among total 14 to 18-year-old students. When comparing the prevalence of students with a possible gaming disorder with those obtained in previous years, there is a notable increase in possible problem gambling with respect to 2021 (9.9% vs. 13.0%), although levels are somewhat lower than in 2019 (Table 40).

Table 40. Prevalence of online, face-to-face and possible problem gambling (Lie/Be t>1) among the population of Secondary School students aged 14-18 and among the student population with a possible gaming disorder (DSM-5 ≥5) (%). Spain, 2019-2023.

	2019			2021			2023		
	Online gambling over the last 12 months	Face-to-face gambling over the last 12 months	Possible problem gambling	Online gambling over the last 12 months	Face-to-face gambling over the last 12 months	Possible problem gambling	Online gambling over the last 12 months	Face-to-face gambling over the last 12 months	Possible problem gambling
Total 14-18-year-old students	10.3	22.7	4.7	9.4	17.2	3.4	10.7	17.7	4.0
Students with a possible gaming disorder	27.7	35.0	14.9	23.4	25.1	9.9	26.8	27.2	13.0

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

To conclude, when analyzing the **consumption of** legal **psychoactive substances** (cigarettes and alcohol) amongst 14-18-year-old students and students of the same age who present a possible gaming disorder, there are no major differences, as has been the case historically (Table 41).

Table 41. Prevalence of drunkenness, binge drinking and smoking in the past 30 days among the population of Secondary School students aged 14-18 years and among the student population with a possible gaming disorder (DSM-5 ≥5) (%). Spain, 2019-2023.

	2019		2021		2023	
	14-18-year-old student population	Possible gaming disorder	14-18-year-old student population	Possible gaming disorder	14-18-year-old student population	Possible gaming disorder
Drunkenness	24.3	24.9	23.2	20.9	20.8	21.2
Binge drinking	32.3	34.7	27.9	27.8	28.2	29.1
Smoking	26.7	29.3	23.9	24.0	21.0	22.1

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.11.
Use of pornography.

The term pornography refers to any literary, artistic, or cinematographic material that explicitly displays genitalia and sexual actions, which is primarily intended to arouse the viewer in a sexual manner.

Currently, access to pornography has changed drastically due to easy access through the internet and the emergence of new technologies[23][24]. Adolescents are initiated into this practice at a very early age and its consumption is increasing as explained by the "triple A" theory: easy access to content via the Internet (accessibility), the low or zero cost of this material (affordability) and internet anonymity (anonymity)[25]. Furthermore, normalized use of this type of content has promoted new sexual practices[26], especially among adolescents, such as "sexting" understood as "receiving or sending sexually explicit text messages, images or videos via mobile phones or social networks" or "revenge porn", which involves an exchange of sexually explicit content as revenge after a break-up.

Various research papers have indicated the impact of internet-distributed pornography on sexual behavior and sex relations (Peter and Valkenburg, 2016)[27].

Familiarity with risky practices, decontextualized sexuality, immediacy, simplification of interpersonal relationships, as well as the link to new forms of prostitution make pornography a particularly relevant phenomenon in the comprehension of interpersonal relationships (Döring, 2009)[28]. Research indicates that the adolescent population is at risk for the harmful effects of pornography consumption, mainly due to their current developmental stage.[29]

Therefore, in order to explore the prevalence of pornography use among young people, a module on pornography use was introduced in the 2023 ESTUDES survey.

[23] Peter, J. & Valkenburg, P. (2016). Adolescents and pornography: a review of 20 years of research. The Journal of Sex Research, 53(4-5), 509-531.

[24] Ballester, L., Orte, C. & Gordaliza, Y. (2019). New pornography and changes in interpersonal relationships amongst adolescents and young people. Editorial Octaedro.

[25] Cooper, A. (1998). Sexuality and the Internet: Surfing into the new millennium. CyberPsychology & Behavior, 1(2), 187–193. https://doi.org/10.1089/cpb.1998.1.187

[26] Villena Moya, A., Mestre-Bach, G. & Chicalana Actis, C. (2020). Use and problematic use of pornography in adolescents: an unresolved debate.

[27] Peter, J., & Valkenburg, P. M. (2008). Adolescents' exposure to sexually explicit internet material, sexual uncertainty, and attitudes toward uncommitted sexual exploration: Is there a link? Communication Research, 35, 569-601

[28] https://www.nicola-doering.de/wp-content/uploads/2014/08/D%C3%B6ring-2009-The-Internet%E2%80%99s-impact-on-sexuality.pdf

[29] Peter, J. & Valkenburg, P. (2016). Adolescents and pornography: a review of 20 years of research. The Journal of Sex Research, 53(4-5), 509-531.

The results show that 66.8% of all students admit to having used pornography at least once in their lifetime, 58.6% in the last 12 months and 44.5% in the last 30 days.

When differentiated by **sex,** there are large differences, with a much greater use of pornography among men than women for the three time periods analyzed. Use made in the last month is where the greatest divergences are found (68.4% of male students vs. 19.3% of female students).

By **age,** there is a direct relationship with pornography use, as the higher the age, the higher the prevalence of pornography use in the three periods considered (Table 42). Of interest is the fact that 37.1% of all 14-year-olds have viewed pornography in the last month.

Table 42. Prevalence of pornography use 14-18 student population age group, by age and sex (%). Spain, 2023.

	Total	Sex		Age				
		M	W	14	15	16	17	18
First time	66.8	86.3	46.7	57.1	63.4	69.3	72.8	74.6
Last 12 months	58.6	82.3	33.7	50.4	55.7	61.1	63.8	64.0
Last 30 days	44.5	68.4	19.3	37.1	41.1	47.2	49.1	49.8

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In terms of **the company with which pornography consumption takes place,** 85% of all students between 14 and 18 years of age consume it alone, increasing to 91% in the case of men. However, women register a higher rate of viewing with both partners and friends, with a notable difference of 12.3 percentage points between the two sexes (37.0% of women and 24.7% of men) (Chart 38).

Chart 38. Prevalence of pornography use according to the user's company, among secondary school students aged 14-18 who have used pornography, by sex (%). Spain, 2023.
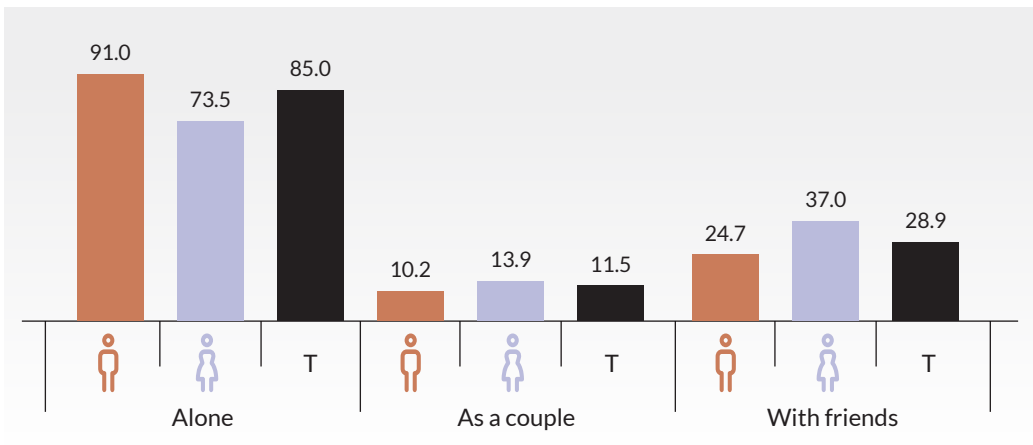
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

In relation to pornography viewing device, to note is that most pornography is viewed from cell phones (92.4%), followed by a computer or tablet (36.6%). When differentiated by **sex,** the greatest discrepancy is found in computer or tablet use, where 41.1% of men view pornography in this format, dropping to 27.9% for women (Chart 39).

Chart 39. Prevalence of pornography use by device used among Secondary School students aged 14-18 who have used pornography, by sex (%). Spain, 2023.
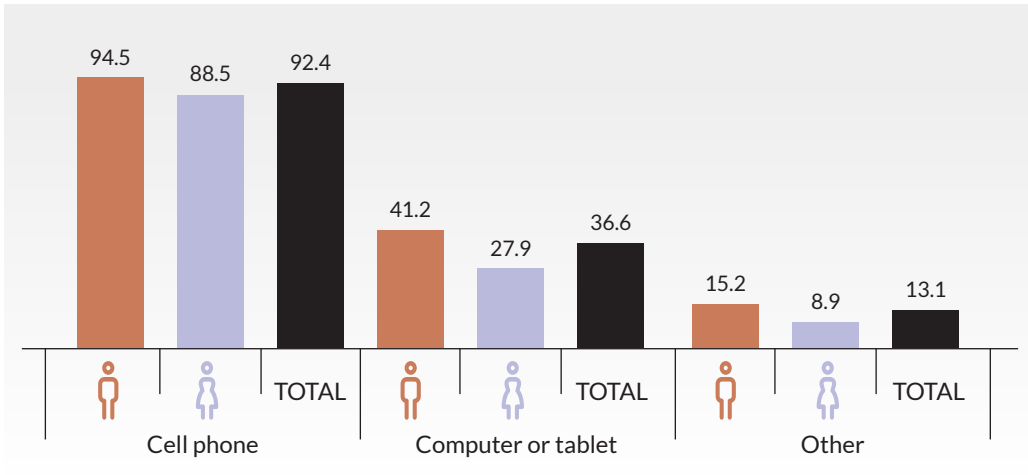
SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

Finally, when comparing the **consumption of** legal **psychoactive substances** (tobacco and alcohol) in the total student population aged 14-18 against the student population who has used pornography in the last 30 days in the same age group, there is a greater prevalence in the case of regular pornography users (Table 43).

Table 43. Prevalence of drunkenness, binge drinking and smoking in the last 30 days among the secondary school student population aged 14-18 and among the student population who has used pornography in the last 30 days. Spain, 2023.

	2023	
	In the 14-18 student population age group	In the student population who has used pornography in the last 30 days
Drunkenness	20.8	25.8
Binge drinking	28.2	34.8
Smoking	21.0	25.3

SOURCE: OEDA. Survey on Drug Use in Secondary Education in Spain (ESTUDES)

4.12.
Admissions to treatment for behavioral/non-substance addictions indicator.

Undoubtedly, the proliferation of Information and Communication Technologies (ICT) and new forms of gambling has been relevant in recent years; it is the responsibility of all the agents involved to prevent misuse and possible problems arising from this powerful incursion into Spain's social reality.

The National Plan on Drugs is already responding to this reality. Thus, the National Strategy on Addictions 2017-2024 incorporated non-substance or behavioral addictions as a new field in all its lines of action, with a special emphasis on gambling (face-to-face and online) and ICT addictions. Within the Action Plan on Addictions 2021-2024, 4 specific actions were proposed to both prevent and expand the data base available on the matter.

In 2020, the DGPNSD created the Admissions to Treatment for Behavioral or Non-Substance Addictions Indicator, as a register that collects individualized data on admissions to outpatient treatment for behavioral addictions in an Autonomous Community/City over a certain year. After a pilot study conducted in 2020, in which data were collected from just part of these Autonomous Communities, the indicator began to be collected in all Autonomous Communities and Cities in 2021. Admissions to treatment for behavioral addictions follow a different entry circuit to admissions for substance treatment, as they are largely carried out in treatment centers in the third social sector (generally subject to subsidized/agreed public aid, but not always included in the regional health service). All Autonomous Communities are currently making an effort to ensure center participation, and as the indicator is gradually consolidated, coverage is expected to expand.

The objective of this new indicator of admissions to treatment for behavioral addictions is to complement survey information with data on the treatment undergone by people diagnosed with behavioral or non-substance addictions. This indicator was conceived to generate nationwide information and its notification protocol may be accessed on the National Plan on Drugs (PNSD) website.

Participation of Autonomous Communities and Cities is essential to ensure the indicator's proper functioning, as data collection is dependent on them. They are responsible for providing indicator data to the Spanish Observatory on Drugs and Addictions (OEDA), which is in charge of the relevant analyses used to obtain information on the number and characteristics of persons admitted to treatment for behavioral or non-substance addictions.

This information, analyzed and interpreted together with other epidemiological data available in the OEDA, will allow us to comprehend current addiction situation in Spain, generating useful information for policy design, implementation and evaluation.

Methodology

The Admissions to Treatment for Behavioral or Non-Substance Addictions Indicator is a register that collects individualized data on admissions to outpatient treatment for behavioral/non-substance addictions in an autonomous community/city and in a given year.

A detailed protocol is available describing the variables included, the behavioral/non-substance addictions collected and any inclusion and exclusion criteria. This information is available on the National Plan on Drugs (PNSD) website.

Results

In 2021, 4,052 admissions to treatment for behavioral addictions were reported. Of these, 3,520 were admissions for men and 528 for women; 69,487 admissions to treatment for substance abuse or dependence including illicit drugs and alcohol were reported in 2021.

Admissions to treatment for behavioral/non-substance addictions (%). Spain, 2021.
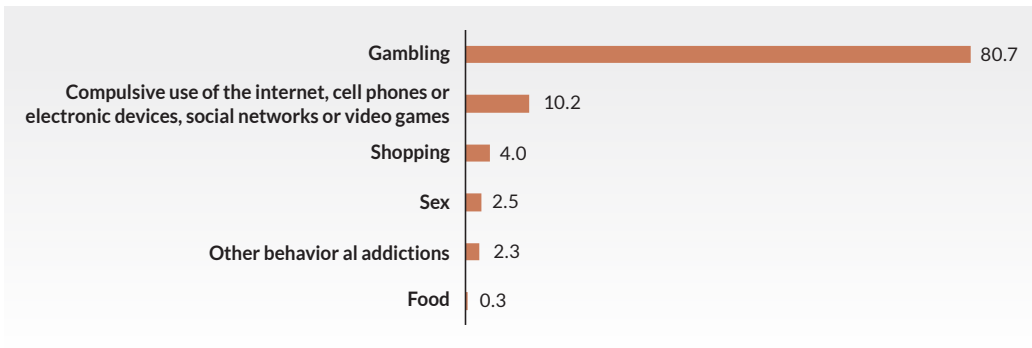
SOURCE: OEDA. Indicator Admissions to treatment for behavioral addictions

In 2021, 80.7% of treatment admissions were for gambling disorders, 10.2% for problematic use of the internet, mobile or electronic devices, social networks or video games, 4% for compulsive shopping and 2.5% for sex-related disorders.

The majority of those admitted to treatment were men (87%), which indicates a lower presence of women than in admissions to treatment for psychoactive substances (illegal drugs and alcohol). 72.6% are admissions to treatment for behavioral addictions in first-time treatment clients. The average age of those admitted to treatment is 36.6 years, with many differences depending on the behavioral disorder behind each admission. The majority of those admitted for these addictions have secondary education (52.8%), are employed (53.2%), act on their own initiative (36.7%) or are encouraged by family or friends (31.2%). They live with their family (42.9%) in stable accommodation (houses, flats, etc. 95.5%), 10% are foreigners.

Socio-demographic characteristics of all those admitted to treatment for behavioral/non-substance addictions, by prior treatment and sex (absolute number and %). Spain, 2021.

|		Total	Sex		Prior treatment	
			Men	Women	Yes	No
Total		4052	3520	528	1049	2782
Prior treatment	Yes	27.4	27.7	24.8	100.0	0.0
	No	72.6	72.3	75.2	0.0	100.0
Age		36.6	36.0	40.7	38.6	35.8
Sex	Male	87.0	100.0	0.0	88.4	86.8
	Female	13.0	0.0	100.0	11.6	13.2
Highest level of education	Uneducated	0.2	0.2	0.4	0.2	0.2
	Primary education	36.7	35.9	42.0	35.3	37.1
	Secondary education	52.8	53.9	44.9	55.8	51.8
	Post-compulsory higher education (ISCED 5 to 8)	10.3	10.0	12.7	8.6	10.9
Employment status	Employed	53.2	55.6	36.9	54.1	53.2
	Unemployed, never worked before	2.9	2.8	3.5	2.4	3.0
	Unemployed, having worked before	17.0	16.7	19.1	18.0	16.6
	Other	26.9	24.8	40.4	25.4	27.1
Main source of reference	Other drug dependence treatment service	2.2	2.1	2.8	3.3	1.8
	General practitioner, primary care physician	11.9	12.3	9.6	10.4	12.5
	Hospital, other health services	5.2	4.5	9.8	4.7	5.3
	Social services	3.0	2.8	4.8	1.9	3.4
	Prison, reform or internment center for minors	1.1	1.1	0.7	1.8	0.8
	Legal or police services	1.0	1.0	0.7	1.1	0.9
	Company or employer	0.2	0.2	0.2	0.4	0.1
	Family or friend(s)	31.2	32.0	25.9	21.3	34.6
	Own initiative	36.7	36.7	37.0	49.9	32.6
	Educational services	1.3	1.0	3.3	0.2	1.3
	Other. Specify	6.2	6.3	5.4	5.1	6.6
Living situation	Single	12.5	12.0	15.7	14.8	11.8
	With a partner only	14.2	14.4	12.8	13.8	14.3
	With children only	2.9	1.9	9.6	2.3	3.1
	With a partner and children	20.1	20.0	20.4	21.0	19.9
	With parents or parental family	42.9	44.3	33.6	39.1	44.2
	With friends	2.8	2.8	2.4	3.5	2.4
	Detainee: prison or social insertion center	1.2	1.2	0.8	1.6	1.0
	In non-detainee institutions	1.6	1.5	2.2	2.4	1.4
	Other: specify	2.0	1.9	2.4	1.6	1.9
Housing	Own house, flat, apartment	95.5	95.3	96.6	93.5	96.2
	House, flat, assigned or leased	1.4	1.5	0.6	1.6	1.3
	Prison (or similar)	1.5	1.4	1.6	2.6	1.2
	Other institution	0.3	0.2	0.8	0.6	0.2
	Guesthouse, hostel, hotel	1.0	1.2	0.2	1.3	1.0
	Unstable/precarious accommodation	0.3	0.3	0.2	0.4	0.3
Foreign	Yes	10.0	9.9	10.5	7.4	10.9
	No	90.0	90.1	89.5	92.6	89.1
Dual Pathology	Yes	23.7	20.7	43.6	32.2	20.5

SOURCE: OEDA. Indicator Admissions to treatment for behavioral addictions

With regard to social or health issues, 23.7% of those admitted have a dual pathology (a mental health diagnosis) other than the disorder for which they are receiving treatment.

This percentage is higher among women (43.6%) than among men (20.7%). In addition, different consequences associated with behavioral addiction are reported, mainly referring to family issues (28.1%), financial difficulties (25.7%) and health problems (16.2%). These consequences also vary according to the behavioral addiction behind each admission, but do not vary by sex.

With regard to the type of behavioral addiction behind each admission, differences are observed by sex. Despite the fact that gambling is the behavioral addiction generating the most admissions in both sexes, in the case of women this disorder accounts for 51.9%, with much more weight than among men, compulsive shopping and problematic use of the Internet, cell phones or electronic devices, social networks or video games.

Admissions to treatment for behavioral/non-substance addictions, by sex (%). Spain, 2021.

	Woman	Men
Gambling	51.9	85.0
Shopping	19.9	1.6
Compulsive use of the internet, cell phones or electronic devices, social networks or video games	16.5	9.2
Other behavior al addictions	8.9	1.3
Food	2.1	0.1
Sex	0.8	2.8
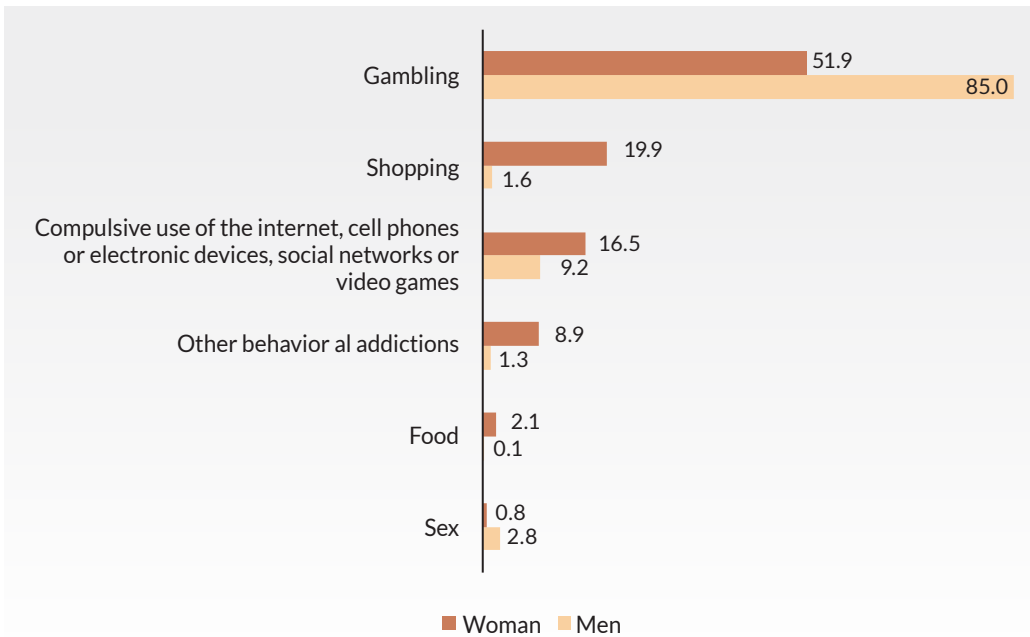
SOURCE: OEDA, Behavioral Addiction Treatment Admissions Indicator

Results by type of behavioral addiction

As discussed above and similarly to the case of substance treatment admissions, patient profile varies according to the behavioral addiction behind each admission.

Socio-demographic characteristics of the total number of people admitted to treatment for behavioral/non-substance addictions without substances, by type of addiction behind each admission (absolute number and %). Spain, 2021.

		Behavioral addiction					
		Gambling	Food	Sex	Shopping	Problematic internet use, cell phones or electronic devices, social networks or video games	Other behavioral addictions
Total		3269	14	102	162	412	93
Prior treatment	Yes	28.4	50.0	31.3	18.5	18.6	37.8
	No	71.6	50.0	68.7	81.5	81.4	62.2
Sex	Male	91.6	21.4	96.1	35.2	78.8	49.5
	Female	8.4	78.6	3.9	64.8	21.2	50.5
Age		38.0	37.4	39.3	45.1	21.0	38.2
Age of onset		26.3	16.2	25.4	34.0	16.2	25.1
Highest level of education	Uneducated	0.2	0.0	1.0	0.6	0.2	0.0
	Primary education	36.1	38.5	24.0	24.4	51.4	27.9
	Secondary education	54.3	38.5	49.0	51.9	42.0	55.8
	Post-compulsory higher education (ISCED 5 to 8)	9.5	23.1	26.0	23.1	6.4	16.3
Employment status	Employed	58.6	15.4	59.8	53.4	12.0	44.4
	Unemployed, never worked before	2.5	30.8	4.9	2.5	4.9	4.4
	Unemployed, having worked before	18.1	30.8	20.6	13.0	8.3	20.0
	Other	20.8	23.1	14.7	31.1	74.8	31.1
Foreign	Yes	10.0	14.3	14.9	6.8	9.3	11.0
	No	90.0	85.7	85.1	93.2	90.7	89.0
Main source of reference	Other drug dependence treatment service	2.4	0.0	1.1	4.2	0.8	1.3
	General practitioner, primary care physician	13.0	30.0	12.0	4.9	6.1	10.7
	Hospital, other health services	4.3	10.0	13.0	12.7	5.8	12.0
	Social services	2.4	10.0	2.2	2.1	7.8	6.7
	Prison, reform or internment center for minors	1.0	20.0	2.2	0.0	1.1	1.3
	Legal or police services	0.7	0.0	1.1	0.7	2.8	2.7
	Company or employer	0.2	0.0	0.0	0.0	0.0	0.0
	Family or friend(s)	30.1	0.0	15.2	20.4	53.2	16.0
	Own initiative	38.6	20.0	51.1	45.8	12.7	46.7
	Educational services	0.5	0.0	1.1	0.7	8.0	0.0
	Other. Specify	6.8	10.0	1.1	8.5	1.7	2.7

Living situation	Single	13.1	15.4	15.7	17.7	3.4	17.8
	With a partner only	15.6	15.4	12.7	15.2	3.6	11.0
	With children only	2.9	7.7	4.9	6.3	0.0	4.1
	With a partner and children	21.6	23.1	19.6	29.7	4.9	15.1
	With parents or parental family	38.9	23.1	40.2	25.9	82.8	42.5
	With friends	3.0	0.0	3.9	1.3	0.8	5.5
	Detainee: penitentiary or social insertion center	1.2	15.4	2.0	0.0	0.8	1.4
	In non-detainee institutions	1.7	0.0	0.0	1.3	1.8	0.0
	Other: specify	2.0	0.0	1.0	2.5	1.8	2.7
Number of children		1.4	0.7	0.7	0.9	0.1	0.7
Housing status	Own house, flat, apartment	95.3	84.6	95.1	97.5	96.6	97.4
	House, flat, assigned or leased	1.4	15.4	2.0	0.0	0.8	2.6
	Prison (or similar)	1.5	0.0	0.0	1.9	1.8	0.0
	Other institution	0.4	0.0	0.0	0.6	0.0	0.0
	Guesthouse, hostel, hotel	1.2	0.0	1.0	0.0	0.5	0.0
	Unstable/precarious accommodation	0.3	0.0	2.0	0.0	0.3	0.0
Consequences	Problems at work	8.6	14.3	10.2	5.2	24.6	11.7
	Family issues	27.5	28.6	24.0	27.6	34.9	28.7
	Losing a job	2.1	0.0	3.6	1.4	0.9	1.1
	Loss of family relationships (divorce, separation, loss of custody...)	7.1	0.0	6.6	5.6	4.9	7.4
	Health problems (headaches, high blood pressure, discomfort, nervousness, anxiety, insomnia...).	16.0	42.9	23.4	19.6	13.0	26.6
	Economic difficulties	28.7	0.0	11.4	32.5	3.3	6.4
	Legal problems	2.6	0.0	4.2	1.4	2.0	1.1
	Lack of self-care	3.6	14.3	10.2	2.4	9.9	6.4
	Loss of significant relationships (outside the family...)	3.9	0.0	6.6	4.2	6.6	10.6
Psychiatric history (dual pathology)	Yes	21.2	71.4	27.6	40.2	28.4	50.9
	No	78.8	28.6	72.4	59.8	71.6	49.1

SOURCE: OEDA. Indicator Admissions to treatment for behavioral addictions

Gambling disorder admissions

In 2021, 3,269 admissions for gambling disorder were reported, 71.6% of which were first-time admissions for this disorder. The usual patient profile is a male (91.6%), 38 years old, with secondary education (54.3%), who is employed (58.6%), is acting on his own initiative (38.6%) or on advice from family or friends (30.1%), lives with his parental family or with his own family (partner, and/or children) (60.5%) and in his own home (95.3%).

The age of onset of behavioral addiction is 26.3 years. Of those admitted, 21.2% have a dual pathology with the following main consequences associated with this addiction: financial difficulties (28.7%), family issues (27.5%), and health problems such as headaches, high blood pressure, discomfort, nervousness, anxiety, insomnia... (16%).
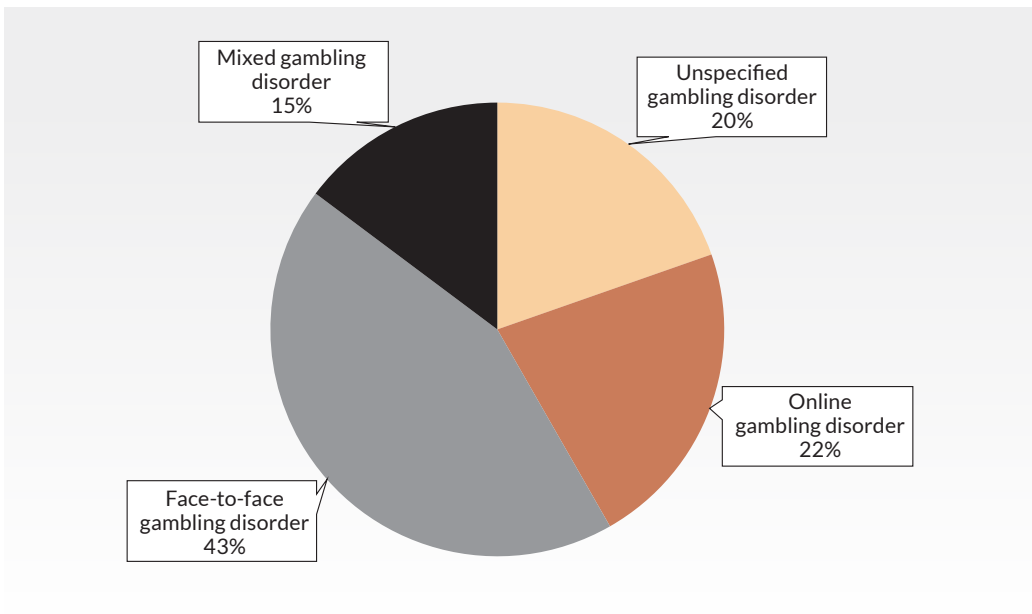
With regard to the type of gambling disorder, 43.5% refer to face-to-face gambling disorders, 22.1% are online gambling disorders and 14.8% are mixed gambling disorders; 19.6% of these gambling disorders are unspecified. No differences were found in the type of gambling by sex.

With regard to the types of gambling depending on how it is accessed, among those admitted to treatment for face-to-face gambling, the most common types of gambling are slot machines, both in hotels (34.1%) and in arcades (25.2%). Among those admitted to treatment for online gambling, the most common types of games are sports betting (46.3%) and roulette, Blackjack and other casino games in 17.8% of these cases.

In the case of those admitted to treatment for mixed gambling (players who gamble both online and face-to-face), 30.9% place sports bets (delayed or live), 24.3% play roulette, Blackjack and other casino games and 12.8% play slot machines.

A total of 39.5% of those admitted for gambling are registered at the general register of gambling prohibitions, and 30.5% are now gambling again. By type of access, there are fewer registrations at the general register of prohibitions among those admitted to treatment for face-to-face gambling (29.6%) than among those admitted for online gambling (51.3%).

**Distribution of gambling treatment admissions by type of access (%)
Spain, 2021.**

Mixed gambling disorder 15%

Unspecified gambling disorder 20%

Online gambling disorder 22%

Face-to-face gambling disorder 43%

SOURCE: OEDA, Behavioral Addiction Treatment Admissions indicator

Depending on the type of access, there are changes in the maximum bet placed in a day, which is higher among those who gamble online (€2,641) than among those who gamble face-to-face (€1,179); the amount is much higher among those who gamble in both formats (€3,013). The same

occurs with estimated debt at the start of treatment, which registers the highest numbers among those with a mixed gambling disorder (€24,293), followed by those with an online gambling disorder (€22,299); the lowest debt is held by those with a face-to-face gambling disorder (€14,836).

Women in general have lower maximum bets and less debt, regardless of the type of game.

With regard to the use of substances associated with behavioral addiction, among those admitted for gambling, 53.2% consumed alcohol whilst conducting their addictive behavior, 34.1% consumed stimulants other than cocaine, 26.1% cocaine and 19.4% cannabis. Alcohol is mainly associated with face-to-face gambling. The majority of those using a consumption-based substance are addicted to that substance.

Maximum daily bet and estimated debt when treatment commences, amongst gambling treatment admissions by type of access (average in euros), Spain, 2021.
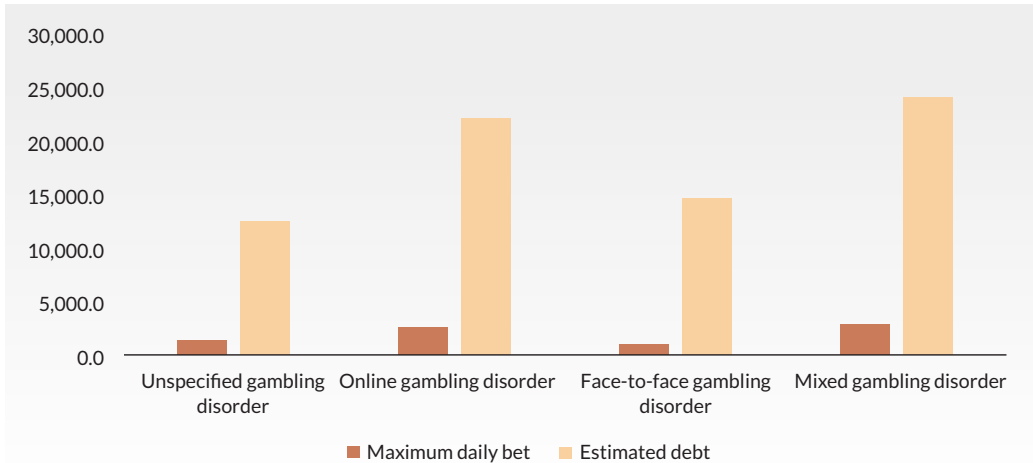
SOURCE: OEDA, Behavioral Addiction Treatment Admissions indicator

Admissions for problematic internet use, cell phones or electronic devices, social networks or gaming addictions

This category includes admissions to treatment for disorders related to video games, social networks, internet, cell phones or other devices. In 2021, 412 admissions were reported in this category. The majority of these were first-time treatment admissions (81.4%). Of these, 21.2% were women, including the youngest patients, 21 years old on average. Most of them have primary or secondary education and are currently studying. They seek treatment encouraged by family or friends (53.2%) and live with their parents or parental family (82.8%) in the family home (96.6%). The age of onset of the behavioral disorder is also the youngest, 16 years old. A total of 28.4% have a dual pathology and the main consequences reported are family issues (34.9%), problems at work/school (24.6%) and health problems (13%).

Admissions for compulsive shopping

In 2021, 162 treatment admissions for compulsive shopping were reported. Of these, 81.5% were first-time admissions to treatment. Compulsive shopping, along with eating disorders, affects a higher percentage of women than men (64.8% women). The average age at which treatment is sought is the highest in all addictions, 45.1 years, with behavioral addiction starting at 34 years of age.

Most of them have secondary education (51.9%) and are employed (53.4%). Only 6.8% of those admitted for this disorder are foreigners. They seek help at their own initiative (45.8%), are living with their parental family or have a family of their own (55.6%), at the family home (97.5%).

With regard to the type of shopping disorder, 31.5% of those admitted for treatment reported shopping in person, 36.4% shopped both online and in person, 12.3% only shopped online and 19.8% did not specify.

Of these, 40.2% have a dual pathology (mental health problems). In addition, they reported financial difficulties (32.5%), family issues (27.6%) and health problems (19.6%) such as anxiety, insomnia, headaches, etc...

Sex addiction treatment admissions

In 2021, 102 admissions to treatment for sex addiction were reported, most of whom were male (96.1%), 39.3 years old on average, whose problem began when they were 25.4 years old. These patients have completed secondary education, are employed and mostly live with their parents or parental family.

| | EDADES Survey 15-64 population age group | | | | | | | | ESTUDES Survey 14-18 student population age group | | | | | | | | | |
| | Online gambling | | | | Face-to-face gambling | | | | Online gambling | | | | | Face-to-face gambling | | | | |
	2015	2018	2020	2022	2015	2018	2020	2022	2014	2016	2019	2021	2023	2014	2016	2019	2021	2023
Prevalence last 12 months	2.7	3.5	6.7	5.3	37.4	59.5	63.6	57.4	10.2	6.4	10.3	9.4	10.7	20.6	13.6	22.7	17.2	17.7
Prevalence men (%)	4.6	5.8	9.1	8.0	40.5	62.4	65.9	59.2	16.7	10.2	17.4	15.0	17.1	31.4	21.6	30.7	22.7	23.4
Prevalence women (%)	0.8	1.2	4.2	2.5	34.3	56.6	61.2	55.5	3.8	2.5	3.6	3.8	4.3	10.1	5.4	15.3	11.6	11.8
Prevalence 15-24 years (%)	4.0	5.1	8.3	6.5	19.8	27.5	31.4	24.0	-	-	-	-	-	-	-	-	-	-
Prevalence 25-34 years (%)	4.8	5.8	9.3	8.4	34.6	54.5	57.5	50.6	-	-	-	-	-	-	-	-	-	-
Prevalence 35-44 years old (%)	2.6	3.8	6.9	5.8	41.5	63.5	67.1	61.0	-	-	-	-	-	-	-	-	-	-
Prevalence 44-54 years (%)	1.5	2.0	5.3	4.2	40.1	68.1	72.7	67.2	-	-	-	-	-	-	-	-	-	-
Prevalence 55-64 years (%)	1.1	1.4	4.5	2.5	45.4	73.6	77.1	71.8	-	-	-	-	-	-	-	-	-	-
Prevalence 14 years (%)	-	-	-	-	-	-	-	-	8.6	5.3	8.0	7.6	9.0	15.1	8.6	18.6	12.5	13.0
Prevalence 15 years (%)	-	-	-	-	-	-	-	-	8.6	6.7	9.0	7.4	9.5	18	11.6	19.8	14.1	15.4
Prevalence 16 years (%)	-	-	-	-	-	-	-	-	10.5	6.1	10.9	9.5	10.5	20.9	13.5	22.4	16.8	18.0
Prevalence 17 years (%)	-	-	-	-	-	-	-	-	11.3	6.8	11.6	10.8	11.4	24.3	17.4	25.6	20.9	19.5
Prevalence 18 years (%)	-	-	-	-	-	-	-	-	14.8	8.6	14.6	15.3	18.8	30.6	26.8	37.2	28.1	30.9
Frequency of daily gambling in the gambler population[a]	4.3	3.9	4.2	3.0	1.3	1.1	1.0	1.2	9.1	19.0	10.2	7.9	6.6	3.9	3.8	4.9	3.5	3.6
Spending > 300 euros in a single day amongst the gambler population	-	5.8	3.1	6.8	-	1.6	1.1	1.0	-	-	6.9	3.9	6.9	4.4	-	2.5	2.3	2.4

[a] Includes 5 days a week. In 2014, 2015 and 2018 daily means to 6 or more days per week.

5.
Conclusions

An analysis of EDADES and ESTUDES survey results starting in 2014 confirms that gambling, internet use and video games are widespread activities in society. In 2022, 58.1% of the population aged 15-64 has gambled in the last year (face-to-face, online or both) while 96.6% have used the internet for recreational purposes. In 2023, 21.5% of students aged 14-18 have gambled in the last year (face-to-face, online or both) and 83.1% have played video games.

As for online gambling, in 2022, 5.3% of the 15-64 population age group according to the EDADES survey have gambled in the last year (6.7% in 2020). As in previous editions, the percentage of online gamblers is higher in men (8.0%) than in women (2.5%), and is more frequent among younger people, with prevalence decreasing the greater the age. In the online gambler population, the predominant game among men is sports betting (53.9%), while among women, lottery-type games predominate, including *primitiva* or *bonoloto* (58.7%). The maximum amount played in a single day among most players is between 6 and 30 euros.

According to the ESTUDES survey, in the 14-18 student population age group, the prevalence of gambling online in the last year has reached an all-time high (9.4% in 2021 compared to 10.7% in 2023), which is much higher amongst men (17.1%) than for women (4.3%). The prevalence of online gaming increases the older the gambler, with 18-year-old students registering the largest increase (15.3% in 2021 to 18.8% in 2023). The most popular online games continue to be video games, followed by sports betting, but in third place this differs by sex, with men playing cryptocurrencies and women playing bingo. Online gambling expenditure has registered the highest figures, with 28.8% of students spending more than 30 euros in a single day over the past last year.

Face-to-face gambling is much more widespread; according to the EDADES survey, more than half the population aged 15-64 (57.4% in 2022) have gambled in the last year, mostly through conventional and instant lottery games. As with online gambling, the largest amount of money spent in a single day falls within a range of 6 to 30 euros. In face-to-face gambling, differences by sex are much smaller and, in contrast to online gambling, prevalence is notably higher the greater the age.

According to the ESTUDES survey, among the 14 to 18 student population age group, face-to-face gambling is also more prevalent than online gambling: 17.7%. In this type of gambling, men

once again register a higher prevalence (23.4%), which also increases with age. As for the most widespread types of gambling, there are differences by sex, with men playing lotteries, primitiva, bonoloto, while for women it is Bingo. With regard to spending money in face-to-face gambling, the largest amount of money spent in a single day falls with a range of less than 6 euros (61.2%), which is more frequent among women (68.9%).

As noted, gambling and internet use are highly prevalent in the Spanish population. However, not all types of use can be classified as problematic. In the EDADES 2018 survey, a specific scale was introduced to obtain an approximation of this phenomenon in population terms. Thus, applying the DSM-5 criteria, in 2022, 1.3% of the population aged 15-64 years would engage in **possible problem gambling** (DSM-5 ≥1 and <4) and 0.4% would have a **possible gambling disorder** (DSM-5 ≥4).

In 2023, the ESTUDES survey shows that 4.0% of 14-18-year-old students could present problem gambling according to the Lie/Bet scale, with boys (6.0%) registering as higher figure than girls (2.0%). This risk increases with age, rising to 8.3% among 18-year-old students. The type of gambling with the highest risk of problem gambling is still online gambling (23.5%) but has increased to a greater extent for face-to-face gambling (18.2% in 2021 and 20.5% in 2023). Students gamble larger amounts of money, both online and face-to-face, and have higher prevalence of heavy drinking, daily smoking and cannabis use in the last 30 days, with the latter registering the highest increase (from 35.2% in 2021 to 40.7% in 2023). However, in terms of the type of games most used by students to spend money as part of a possible gambling problem, there are differences between both types of games, with sports betting and video games in the case of online gambling and slots and slot machines in the case of face-to-face gambling.

With regard to Internet use, data from the EDADES survey indicate that in 2022, 3.5% of the 15 to 64 population age group evidences **possible problematic internet use,** which would mean an estimated figure of approximately 1,096,000 people. This figure hardly differs by sex and evidences a slight decrease with respect to 2020.

The ESTUDES 2023 survey shows that the prevalence of **possible problematic internet use** among 14-18-year-old students has decreased (20.5%) compared to 2021 (23.5%), with women registering the highest figure (25.9%). This prevalence increases the older the user. The prevalence of alcohol, smoking and cannabis use remains higher among individuals with a possible internet use problem than among those who are problem-free.

As regards **gaming** according to the ESTUDES 2023 survey, 83.1% of students report having played video games, which increases to 96.2% in the case of boys, and there is a negative trend in gaming as age increases. Approximately half of these video game players have played at least once a week in the last year, with less than two hours a day (48.6%) being the most frequent and without spending money to improve their position, avatar, accessories or appearance (72.0%).

When analyzing a possible **gaming disorder** according to the DSM-5-criteria-based scale, the number of possibly affected 14 to 18-year-old students drops to 5.1% (7.1% in 2021), due to a fall in this indicator for boys (from 11.3% to 7.7%), despite registering much higher figures than girls (2.5%). These students gamble more frequently, in terms of number of days and hours, than other

students. They also play larger amounts of money to improve their position in video games, with increased spending of more than 100 euros compared to 2021 (from 15.8% to 19.1%).

In addition, in this latest measurement of the ESTUDES survey, a module has been incorporated to examine **pornography** use, indicating that 66.8% of all 14-18-year-old students have viewed pornography at some time in their lives, reaching 86.3% for boys and 46.7% for girls. Pornography is usually viewed alone (85.0%), although girls are more likely to use it in company, either with a partner (13.9%) or with friends (37.0%), normally using their cell phone to access (92.4%).

Finally, incorporation of the admissions to treatment for behavioral/non-substance addictions indicator has completed the surveys' data, making it easier to assess the social and health impact of various addictive behaviors. Thus, this indicator shows that gambling is the behavioral addiction that generates the most admissions to treatment; it will be necessary to monitor all other addictions in order to assess the social impact of how new technologies are being used in the various population groups under analysis.

Spanish Observatory on Drugs and Addictions
Government Delegation for the National Plan on Drugs

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