

ACTION PLAN ON ADDICTIONS 2018-2020



MINISTERIO
DE SANIDAD, CONSUMO
Y BIENESTAR SOCIAL

SECRETARÍA DE ESTADO
DE SERVICIOS SOCIALES

DELEGACIÓN DEL GOBIERNO
PARA EL PLAN NACIONAL
SOBRE DROGAS

ACTION PLAN ON ADDICTIONS

2018-2020

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GOAL 1

TOWARDS A HEALTHIER AND BETTER INFORMED SOCIETY

STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

- 1.1 Reduce the presence and promotion of drugs and of other behaviours likely to generate addiction.
- 1.2 Limit the accessibility to drugs and to other addiction prone behaviours for minors.
- 1.3 Raise social awareness about the risks and harms caused by drugs and addictions, increase the perception of risk associated with their use and with certain behavioural addictions (gambling, ICTs) and encourage citizen participation in this endeavour.
- 1.4 Reduce the perception in society and especially among young users that drug use—essentially cannabis and alcohol—is normal.
- 1.5 Develop personal skills and capabilities that reduce vulnerability when it comes to drug use and other behaviours likely to cause addiction.
- 1.6 Promote healthy living habits, the healthy use of new technologies and healthy leisure alternatives that are incompatible with substance abuse and other behavioural addictions .
- 1.7 Detect problems early and prevent high risk use (use by minors, pregnant women, substance use when driving...).

AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

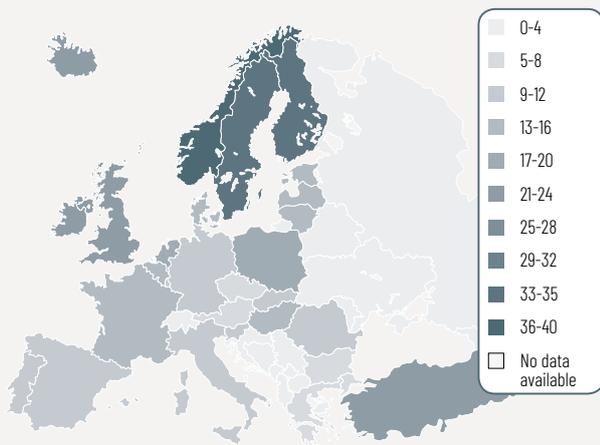
ACTION: Promotion of environmental/structural prevention measures

BASELINE

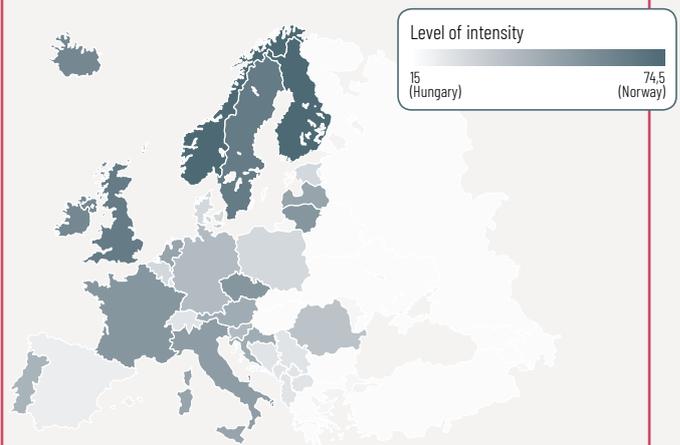
Environmental prevention is becoming more and more relevant in policies and programmes.

According to a recent study conducted by the EMCDDA¹ in relation to the situation of environmental prevention, Spain stands as one of the countries with a medium-low degree of development.

Environmental strategies: Alcohol Control Score (ACS) ¹



Local environmental policies ¹



OBJECTIVES

- Promote the incorporation of environmental/structural prevention measures into prevention programmes, especially those implemented at the local level

PARTICIPANTS

Government Delegation for the National Plan on Drugs (DGPNSD)/General State Administration (AGE)/Autonomous Communities (ACs)/Spanish Federation of Municipalities and Provinces (FEMP)/Spanish Council on Drug Dependence and Other Addictions (CEDA)/Experts/Local Corporations Plans on Drugs (PLD)

ACTIVITIES

a. Elaboration of a framework document on environmental prevention permitting identification of the elements and components of this type of prevention, as well as its incorporation into policies and programmes at national, regional and local level.

INDICATORS

a. Framework document produced (yes/no).

1. "Environmental substance use prevention interventions in Europe". Technical Report. EMCDDA. February 2018

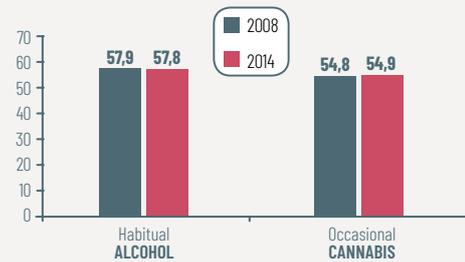
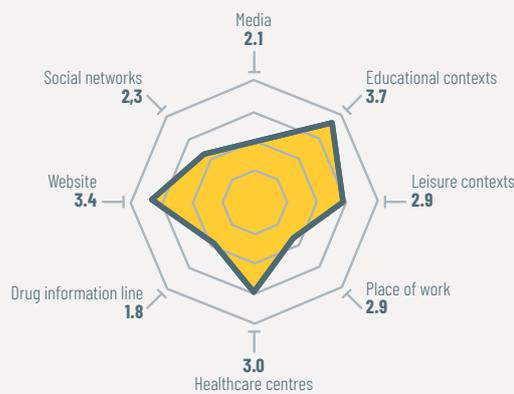
AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

ACTION: Communication addressed to the general population with special attention to minors

BASELINE

Low perception of risk by adolescents regarding drug use, especially for alcohol and cannabis, is an important risk factor. It is necessary to increase efforts to reach this population through credible messages and high penetration media channels.

Coverage of social awareness programmes (NDS Evaluation 2009-2016). Perception of risk of drug consumption in the adolescent population (Spanish Observatory on Addictions-OEDA, 2014)



Regular use of ALCOHOL: percentage of students considering that consumption of 1-2 alcoholic drinks per day may cause a lot/quite a few problems.

Occasional use of CANNABIS: percentage of students considering that smoking hashish/marihuana sometime may cause a lot/quite a few problems.

OBJECTIVES

- To contribute, through communication activities, to increase the social perception of risk related to drug consumption and other addictions

PARTICIPANTS

DGPNSD/Experts/CEDA/ACs

ACTIVITIES

INDICATORS

| | |
|---|--|
| a. Develop a new app primarily aimed at informing the general public on drugs and addictions. | a.1. Launching the app (yes/no). a.2. Number of app downloads. a.3. Number of users. |
| b. Prepare, disseminate and evaluate campaigns raising awareness on the risks of alcohol and other drugs use, either through the DGPNSD's own resources or DGPNSD's public grants management. | b. Number of campaigns developed, carried out or funded by the DGPNSD. |
| c. Participate in all professional and civil fora where a greater social awareness of the risks and harms caused by drugs and addictions can be promoted. | c.1. Presence of at least one member from the DGPNSD in these professional and civil fora (yes/no). c.2. Attendance (percentage) against the total of invitations/requests. |

AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

ACTION: Prevention of behavioural addictions

BASELINE

21% of students aged 14-18 meet criteria for compulsive Internet use; 4.6 percentage points higher than in 2014 (ESTUDES 2016²).

According to DGPNSD's own data, in 2016 6.4% of high school students gambled money online and 13.6% offline. (ESTUDES 2016).

Between 0.2% and 12.3% of adolescents meet the criteria for problematic gambling³.

To date, no information on prevention of behavioural addictions has been collected from the Autonomous Communities. Therefore, there is no baseline in this respect.

OBJECTIVES

- To promote the inclusion of behavioural addictions in the regulations and in the prevention plans and programmes

PARTICIPANTS

DGPNSD/ACs/FEJAR/DGOJ (Ministry of Finance)

ACTIVITIES

INDICATORS

| | |
|--|---|
| a. Elaboration of a protocol for the prevention of behavioural addictions for its implementation in school, community, health and family contexts. | a.1. Review of existing protocols (yes/no). a.2. Protocol produced (yes/no). |
| b. Dissemination of the protocol among the entities and institutions working in the prevention of addictive behaviours. | b. Number of entities to which the protocol is sent. |
| c. Review of existing Autonomous Communities regulation on behavioural addictions. | c. Report produced. |
| d. Elaboration of a proposal for common minimum standards to be included in the Autonomous Communities Regulations. | d.1. Proposal produced (yes/no). d.2. Number of ACs implementing the proposal. |

2. Survey on Drug Use in Secondary Education in Spain (ESTUDES 2016/2017).

http://www.pnsd.mscbs.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2016_2017_ESTUDES.pdf

3. Becoña, 2004; González-Roz et al, 2016

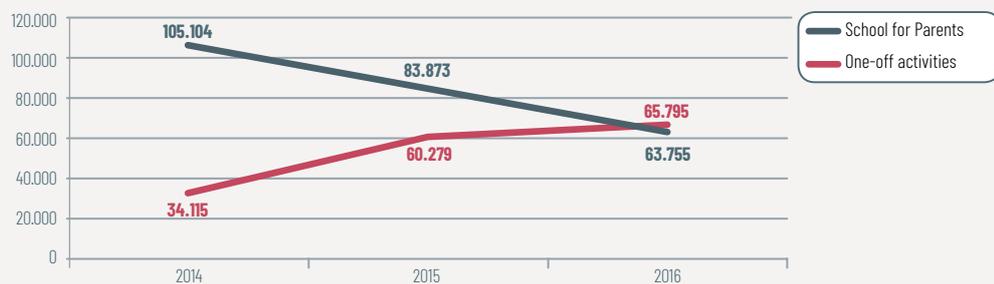
AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

ACTION: Project to improve universal, selective and indicated prevention programmes

BASELINE

The number of families participating in prevention programmes shows a clearly declining trend. Furthermore, the number of those participating in higher quality programmes are particularly decreasing, while those who do so in one-off activities with much less preventive potential are increasing.

Number of parents participating in family prevention programmes
(Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To increase the population coverage of those family prevention programmes which are most effective
- Early detection of risk cases in the school and socio-sanitary environment
- To incorporate the gender perspective in prevention programmes in a practical way

PARTICIPANTS

DGPNSD/Ministry of Education and Vocational Training/ACs

ACTIVITIES

INDICATORS

| | |
|--|--------------------------------|
| a. Elaboration of a report analysing barriers and opportunities for the extension of quality family prevention programmes. | a. Report produced (yes/no). |
| b. Design of a protocol for early detection and early intervention with vulnerable children in school and social services. | b. Protocol produced (yes/no). |
| c. Elaboration of a consensus document for gender mainstreaming in prevention programmes. | c. Document produced (yes/no). |
| | |

AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

ACTION: National Prevention Programme “Ocio seguro y saludable” (“Safe and Healthy Leisure”)

BASELINE

Since its implementation began in 2012, the programme “*Servicio Responsable*” (“*Responsible Service*”) has carried out its activities in approximately 184 municipalities of 14 Autonomous Communities in the country. Out of these Autonomous Communities, 6 Autonomic Governments: Asturias, Cantabria, Navarra, Extremadura, Andalusia and Balearic Islands have participated in the implementation of the programme. Of the 184 participating municipalities, 69.6% (132) have carried out activities that fit the model of the programme “*Responsible Service*”.

In 2017, 92% of the municipalities in which activities have been developed in the framework of the programme “*Responsible Service*” have used its materials and implementation mechanisms (28.5% in 2013). At present 1,000 catering professionals have received training in the programme and 832 establishments have joined it.

OBJECTIVES

- To promote the expansion of safe and healthy leisure in collaboration with the catering and tourism sector

PARTICIPANTS

DGPNSD/Ministry of industry, Trade and Tourism/FEHR/FEMP/NGOs

ACTIVITIES

INDICATORS

| | |
|--|---|
| a. Establishment of a collaboration agreement with the Ministry of Industry, Trade and Tourism for the promotion of safe and healthy leisure. | a. Agreement signed (yes/no). |
| b. Realization of a National Congress on Safe and Healthy Leisure to give visibility to the national programme. | b. Congress held (yes/no). |
| c. Updating the national programme “ <i>Ocio Seguro y Saludable</i> ” (“ <i>Safe and Healthy Leisure</i> ”), incorporating the latest evidence on effective interventions in recreational nightlife. | c. Updated programme materials (yes/no). |
| d. Expansion of the programme. | d.1. Number of municipalities that carry out the programme. d.2. Number of catering professionals with training in the programme. d.3. Number of catering establishments incorporated into the programme. |

AREA OF ACTION 1: PREVENTION AND RISK REDUCTION

ACTION: Early Detection and Brief intervention Programme on Alcohol within the Health Care System

BASELINE

According to the document drafted under Action 8 of the Action Plan 2013-2016 “*Summary of the assessment of the current situation and needs in the different ACs*”, 46.6% (N = 7) of the ACs claimed to have programmes or specific plans to implement screening and brief interventions in risky and harmful alcohol consumption in adult and young people in the area of primary care and hospital emergencies.

OBJECTIVES

- To generalise early detection and brief intervention programmes in high risk alcohol users in most ACs
- To incorporate minors as a target population of these programmes

PARTICIPANTS

DGPNSD/ACs/Sc.Ss

ACTIVITIES

INDICATORS

| | |
|--|---|
| a. Generalization of the implementation of the project “ <i>Improvement of early detection and brief intervention in high risk alcohol users (especially young) in primary care and emergencies</i> ” ⁴ in the Autonomous Communities and cities, with effective referrals, if necessary, to mental health and social services. | a.1. Number of ACs that implement the programme. a.2. Number of participating Primary care/ Emergency centers. |
| b. Broadening the scope of the programme to the juvenile population and to paediatric services. | b. Specific module for minors produced (yes/ no). |

4. “*Mejora de los procesos de detección precoz e intervención breve en bebedores y bebedoras de riesgo (especialmente jóvenes) en atención Primaria y Urgencias*” in Spanish.

STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

- 2.1. To guarantee comprehensive quality care through:
 - 2.1.1. The coordination of the addiction treatment network with the rest of the socio-sanitary system.
 - 2.1.2. Improvement of treatment and follow-up in health and social services of people with chronic addictions and of elder users.
 - 2.1.3. Integration of the approach to addictions into the community health plans.
 - 2.1.4. Evaluation of all actions.
- 2.2. To consolidate the incorporation of new addictions (with and without substance) care to the healthcare network.
- 2.3. To promote comprehensive care by means of tailored itineraries according to the patients' main features (chronic, dual pathology, homeless users, etc.).
 - 2.3.1. To design action protocols with other institutions, organizations and resources to develop actions aimed at vulnerable populations so that comprehensive care can be provided and access to resources facilitated.
 - 2.3.2. To implement programmes and provide enough facilities for intervention in dual pathology.
- 2.4. To guarantee that all actions are of quality and evidence based.
- 2.5. To include the gender perspective at all levels of the care process.
 - 2.5.1. To promote comprehensive care by incorporating in the analyses the gender conditions that explain drug consumption and abuse and other addictions, as well as the consequences of these conditions in women and men with problematic use, in particular in the case of women, where less visible substance use, greater stigma and guilt, less support and understanding, greater criticism reinforced by the idea of being mothers and the consequences for their children, are identified. It is necessary to take into account family responsibilities (being a fact that most of these fall overwhelmingly on women) as possible access barriers to the healthcare network and to the rehabilitation and social insertion processes and opportunities. In the case of men, they grant greater justification to violent attitudes, as well as more appreciation for values associated with masculinity that may reinforce consumption and risk behaviour.
 - 2.5.2. To promote treatments focused on women and their substance use based on comprehensive interventions that, in the case of psychopharmaceuticals, contemplate the aspects associated with prescription by the health system and develop non-pharmacological treatment alternatives.
 - 2.5.3. To promote comprehensive care and availability of specific facilities for women who suffer gender-based violence, as well as their children, to avoid institutional victimization.

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

ACTION: Project on elders and chronic diseases

BASELINE

Due to the ageing of the population in almost every country in the European Union, and therefore in Spain, social and health structures are in an ongoing adaptation process to respond accordingly to this challenge. In the collective imaginary dependence on psychoactive substances is associated for the most part with drug use among the youth, while reality shows that, the age of the consumers of classical drugs (heroin, cocaine) who remain or initiate treatment is steadily increasing compared with previous decades. Elderly drug users are suffering the negative social and health consequences of decades of drug use. Therefore, services must adapt their capabilities and knowledge to this growing phenomenon, to its peculiarities and evolution. In 2016, only 4 ACs carried out actions to improve the accessibility to treatment for people over 65 years old.

No. of ACs that carry out actions to guarantee the accessibility of the following profiles (max.19).
(Source: Final NDS Evaluation 2009-2016)

Equity



OBJECTIVES

- To develop health and social services treatment and follow-up protocols for people with chronic addictions, co-morbidities and elders

PARTICIPANTS

DGPNSD/ACs/NGOs /CCLL/ Geriatric Services

ACTIVITIES

INDICATORS

| | |
|---|--|
| a. Review of existing protocols and elaboration of questionnaire. | a. Questionnaire on existing protocols drafted (yes/no). |
| b. Synthesis of reviewed protocols and elaboration of proposals. | b. Synthesis document produced (yes/no). |
| c. Presentation to the ACs. | c.1. Presentation meeting/seminar for the ACs held (yes/no). c.2. Number of ACs adopting this protocol. |

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

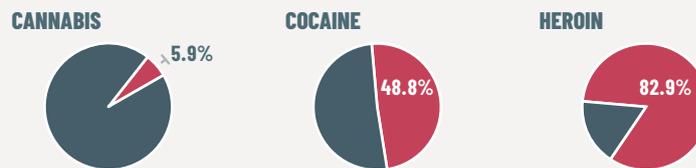
ACTION: E-Health Tools

BASELINE

According to the National Drugs Strategy 2009-2016⁵ evaluation report, the proportion of cannabis and cocaine users and problematic users who demand treatment is low. In addition, the number of years elapsed between onset of use and treatment is high and has increased for all drugs, especially for cocaine.

E-Health tools can improve accesibility, adherence to traeltment and patient follow-up.

Estimation of the percentage of people in treatment in relation to the number of problematic drug users 2015 (OEDA, 2015)



Number of years elapsed between the onset of use and treatment (OEDA, 2014)



OBJECTIVES

- To reach and capture problematic users who do not attend treatment, especially those who consume cannabis
- To improve adherence to treatment

PARTICIPANTS

DGPNSD/ACs/Sc.Ss/Experts

ACTIVITIES

INDICATORS

| | |
|--|--------------------------------|
| a. Review of available e-health tools in addictions. | a. List of available tools. |
| b. Design of tool. | b. Tool produced (yes/no). |
| c. Dissemination and launch of the tool. | c. Launching session (yes/no). |

5. National Drug Strategy 2009-2016 Final Evaluation Report
http://www.pnsd.msssi.gob.es/pnsd/estrategiaNacional/docs/2017_Informe_Evaluacion_Final_Estrategia_Nacional_sobre_Drogas_2009_2016.pdf

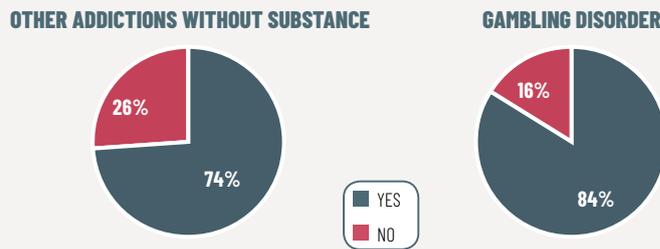
AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

ACTION: Addictions without substance

BASELINE

According to the National Drugs Strategy 2009-2016 Evaluation, 84 % of ACs offer treatment for gambling disorder, although with different approaches and 74% include addictions without substance in their social and healthcare programmes.

Percentage of ACs with treatment programmes for addictions without substance and gambling disorder (Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To elaborate guides and protocols for the diagnosis and treatment of addictions without substance

PARTICIPANTS

DGPNSD/ACs/Sc.Ss/Experts

ACTIVITIES

INDICATORS

| | |
|--|--|
| a. Setting up of a Working Group for the definition of diagnostic criteria and protocols according to DSM-V, WHO (ICD 11) and latest scientific evidence for gambling and gaming disorders (experts, researchers, social and healthcare services staff). Review of existing protocols. | a.1. Constitution of the WG. a.2. Number of WG meetings. |
| b. Elaboration of a diagnostic guide on gambling and gaming disorders. | b. Document of diagnostic protocols for gambling and gaming disorder produced according to WHO (ICD 11) and DSM-V criteria (yes/no). |
| c. Elaboration of a guide on treatment of gambling and gaming disorders. | c. Document guide on gambling and gaming disorders care produced (yes/no). |
| d. Presentation to ACs. | d.1. Presentation meeting/seminar for the ACs/ Inter-Autonomic Commission (yes/no). d.2. Number of ACs adopting the document. |

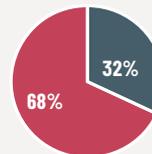
AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

ACTION: Access barriers to treatment due to gender

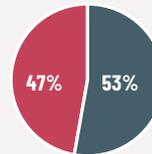
BASELINE

According to the National Drugs Strategy 2009-2016 Final Evaluation, most of ACs (14) have measures in place to facilitate access to treatment for women, although around 25% of them do not. Factors that may contribute to this objective are the training of professionals in gender perspective (10 ACs already provide this type of training) and the use of specific protocols addressing this issue (only 6 ACs have them).

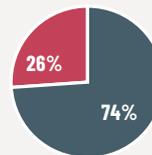
Percentage of ACs that have intervention protocols with gender perspective



Percentage of ACs that carry out training in gender perspective



Percentage of ACs that implement measures to facilitate women's access



(Source: Final NDS Evaluation 2009-2016)

OBJECTIVES

- To identify access barriers for women to social and healthcare programmes and facilities, especially for those with family responsibilities
- To propose measures to improve women's accessibility to treatment

PARTICIPANTS

DGPNSD/ACs/NGOs/Institute for Women (Ministry of the Presidency, Relations with the Parliament and Equality)

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Review and updating of evidence on gender and addiction treatment. | a. Report produced (yes/no). |
| b. Proposal for measures to overcome access barriers for drug-dependant women to the social integration and care network. | b.1. Elaborated proposal (yes/no). b.2. Number of ACs adopting the proposal. |

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

ACTION: Programme for proper use of psychopharmaceuticals

BASELINE

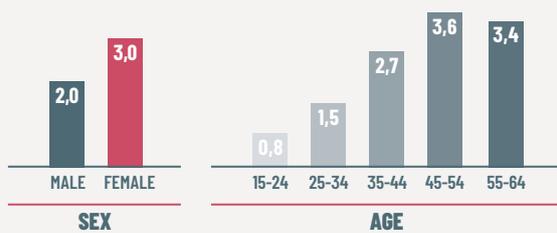
The consumption of hypnotosedatives is more widespread among women, especially among older ones: in the 35-64 year-old group, 30% of women have used these substances, and one in ten used them daily.

Problematic use of hypnotosedatives. Breakdown by sex and age. Last 12 months prevalence use (%). DSM-IV criteria. (Source: OEDA 2015)

775,762 people meet criteria for hypnotosedative problematic use

2.5% among 15-64 y.o. general population meet criteria for hypnotosedative problematic use

21% Last 12 month hypnotosedatives prevalence use among 15-64 y.o. general population

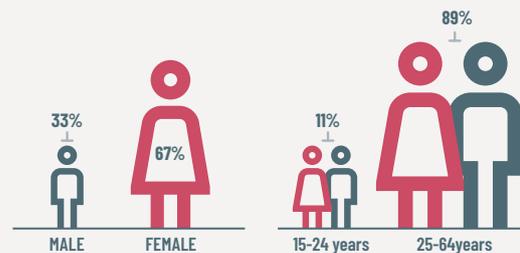


New hypnotosedatives users (Source: OEDA 2015)

544,000 Women started using hypnotosedatives in 2015

3,732,000 people used hypnotosedatives in 2015 (Last 12 months).

45 - 54 y.o. Highest percentage of people starting hypnotosedatives use is registered among women aged 45 to 54.



OBJECTIVES

- Elaboration of a programme for proper use of psychopharmaceuticals, promoting interventions focused on women's use of these drugs, based on a comprehensive approach contemplating aspects related to prescription by the healthcare system and to the development of non-pharmaceutical treatment alternatives
- To develop actions to raise awareness about the non-advisability to use these drugs without medical prescription

PARTICIPANTS

DGPNSD/ACs

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY

ACTION: Programme for proper use of psychopharmaceuticals

| ACTIVITIES | INDICATORS |
|--|---|
| <p>a. Elaborate the following guides:</p> <ol style="list-style-type: none"> 1. "Psychopharmaceuticals and sedatives. Abuse and addiction. Guide for pharmacists". 2. "Psychopharmaceuticals and sedatives. Abuse and addiction. Guide for primary care (physicians and nurses) <p>The guides will include:</p> <ol style="list-style-type: none"> (1) Advice and follow-up by pharmacists, prevention/detection of abuse, especially in patients older than 65. (2) Prescription protocols for psychopharmaceuticals drugs and sedatives (with attention to opioid sedatives such as fentanyl, tramadol...) in PC, follow-up on the patient -especially in those older than 65, and non-pharmacological alternatives. | <ol style="list-style-type: none"> a.1. Guide "Psychopharmaceuticals and sedatives. Abuse and addiction. Guide for pharmacists" produced (yes/no). a.2. Guide "Psychopharmaceuticals and sedatives. Abuse and addiction. Guide for Primary Care (physicians and nurses)" produced (yes/no). |
| <p>b. Design of "Programme for proper use of psychopharmaceuticals and sedatives in PC", to include the continuous training of health care professionals in the protocols for prescription, monitoring and detection of abuse and addiction to psychopharmaceuticals and sedatives (Scientific Societies, Healthcare Departments...) using a gender-sensitive approach of those over 65 years old.</p> | <ol style="list-style-type: none"> b.1. Programme produced (yes/no). b.2. Continuous training programme in psychopharmaceuticals and sedatives in PC produced. |
| <p>c. Understand the situation of the use of psychopharmaceuticals and sedatives in people over 65 years old.</p> | <p>c. Report produced (yes/no).</p> |

AREA OF ACTION 2: COMPREHENSIVE AND MULTIDISCIPLINARY CARE

ACTION: Addressing gender-based violence in healthcare services

BASELINE

Different studies show that the prevalence of gender-based violence among addicted women as victims is greater than in those who do not suffer addiction problems⁶. Addicted women who are victims of gender-based violence suffer from a double vulnerability. The protection measures that are put in place by the social services face considerable difficulties to provide adequate care to these women. Several studies (Atenea Foundation, Malva Project, Madrid Health institute of Addictions) have highlighted the need to act on this problem. More than 50% of the women receiving treatment refer having suffered abuse from their partners.

There is a lack of residential support and specific facilities for women suffering from both addiction and gender-based violence.

OBJECTIVES

- To promote a specialized and appropriate treatment for addicted women who are also victims of gender-based violence, especially those with family responsibilities

PARTICIPANTS

DGPNSD/DGVG/ACs

ACTIVITIES

INDICATORS

| | |
|---|--|
| a. Drafting of a report on on the situation of gender-based violence and substance abuse in Spain, review of the evidence and proposals for the joint approach to gender-based violence and substance abuse in care services. | a. Report produced (yes/no). |
| b. Drafting of a protocol to approach to gender-based violence and substance abuse in social and healthcare services, based on previous reports. | b.1. Protocol produced (yes/no). b.2. ACs that adopting the protocol. |
| c. Design and implementation of a pilot project for a specific residential supporting facility for women suffering from both addiction and gender-based violence. | c. Pilot project for residential facility implemented (yes/no). |

6. Genacis Project, (WHO 2004); Shipway 2004; WHO descriptive note: "Intimate Partner Violence and Alcohol" (OMS 2006).

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 3: HARM REDUCTION

- 3.1. To maintain, expand coverage and adapt harm reduction programmes to new consumer profiles.
 - 3.1.1. To extend opioid substitution treatment provision, improving access within the National Health System (SNS) to other opioid agonists or agonists/antagonists for people in which methadone based substitution therapy has failed.
 - 3.1.2. To extend provision and coverage of overdose prevention programmes (e.g. including prescription and delivery of naloxone to opiate users and patients in opiates substitution therapy).
 - 3.1.3. To improve syringe exchange programmes and increase their coverage in Primary Care.
 - 3.1.4. To promote the social incorporation of marginalised people with addictions and in harm reduction programmes.
 - 3.1.5. To reinforce harm reduction programmes where drug traffic and consumption take place.
 - 3.1.6. To extend this methodology to the consumption of substances by young people and adolescents.
 - 3.1.7. To maintain alternative measures to prison in patients with addiction-related problems.
- 3.2. To improve and expand the early diagnosis of infectious diseases (HIV, HCV...) and the access to treatment for drug users.
- 3.3. To integrate the harm reduction methodology into health care networks in a cross-cutting way.
- 3.4. To improve coordination with primary care and health care services for the detection of mental disorders and early intervention.
- 3.5. To include harm reduction strategies for the treatment of addictive behaviours in which avoidance is practically impossible or inadequate, e.g. those mediated by ICTs.

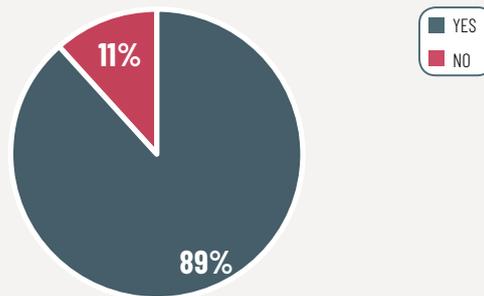
AREA OF ACTION 3: HARM REDUCTION

ACTION: Expanding opioid substitution therapy options to opioid users

BASELINE

All 19 ACs have methadone maintenance programmes; the majority of them (17) also offer buprenorphine/naloxone, but none of them dispense other opioid substitution options.

Percentage of ACs providing treatment programmes with buprenorphine/naloxone (Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To review the opioid substitution treatment options, improving access to other opioid agonists or agonists/antagonists within the National Health System for those in which methadone based substitution therapy has failed

PARTICIPANTS

DGPNSD/ACs/IIPP

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Elaboration of a questionnaire to review the situation of substitution medication (opioid agonists/agonists/antagonists) in the National Health System including the prison settings. | a. Questionnaire on the situation of opioids substitution medication provision and options (opioid agonists or agonists/antagonists) within the National Health System (including prisons) produced (yes/no). |
| b. Analysis and elaboration of a report with a proposal guaranteeing an equal provision of opioid substitution treatment to those in need throughout the country. | b. Report of analysis of the situation and proposal produced (yes/no). |
| c. Improvement of the coordination between community care and prison services in order to ensure continuity of addiction and mental health treatment provision of those released from prison. | c.1. Presentation meeting/seminar for the ACs/ Inter-Autonomic Commission held. c.2. ACs offering different opioids substitution treatment options. |

AREA OF ACTION 3: HARM REDUCTION

ACTION: Extension of overdose prevention programmes

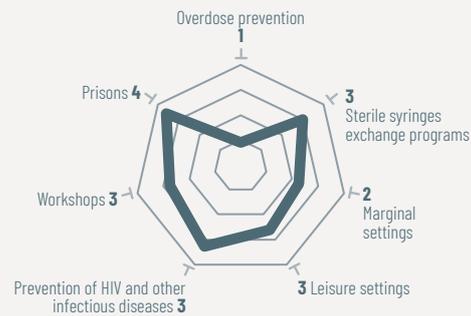
BASELINE

In 2016, only 7 ACs are running overdose prevention programmes; in addition, within these ACs, the territorial coverage is very limited (1 out of 4: exists in only a few relevant locations).

Number of ACs implementing programmes
(Source: Final NDS Evaluation 2009-2016)



Territorial coverage of programmes within the ACs
(Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To extend the supply and coverage of overdose prevention programmes in harm reduction centres (e.g., prescription and delivery of naloxone to opiate consumers and patients in treatment with opioids substitution treatment)

PARTICIPANTS

DGPNSD/ACs/IIPP

ACTIVITIES

- Review of overdose prevention programmes in Spain (including prisons): elaboration of a questionnaire.
 - Analysis and elaboration of a report including a proposal to guarantee access to overdose prevention programmes throughout the country.
 - Presentation to the ACs.
- Constitution of a work group (WG) for the elaboration of a protocol on healthcare provision and follow-up of drug-related non-fatal intoxications, specially focusing on surveillance and prevention of the polyuse of opioids and benzodiazepines/hypnotosedatives.

INDICATORS

- Questionnaire on overdose prevention programmes in Spain produced (yes/no).
 - Analysis report of overdose prevention programmes in Spain including a proposal to guarantee access to overdose prevention programmes throughout the country. (yes/no).
 - Presentation meeting/seminar for the ACs
 - ACs implementing or extending their programmes (yes/no).
- Drug-related Deaths Indicator.
 - Drug-related Emergency Episodes Indicator .
 - Number per year overdose deaths.

AREA OF ACTION 3: HARM REDUCTION

ACTION: Programme on alternative measures to prison

BASELINE

Currently, there are no running programmes on alternative measures to prison for people with gambling addiction. In the previous action Plan 2013-2016⁷, within the framework of Action 14, such a programme was launched for people dealing with drug addiction, which is currently active in 55 prison sentences management centers and is showing very positive results.

OBJECTIVES

- To maintain existing programmes on alternative measures to prison in patients with addiction problems and expand the target population to include people with gambling disorder (betting, including stock-market gambling)

PARTICIPANTS

DGPNSD/IIPP/Ministry of Justice/FEJAR/SIAD

ACTIVITIES

INDICATORS

| | |
|---|--|
| a. Review the current situation and drafting a report and a proposal for people with gambling problems to be included in the alternative measures to prison programmes. | a. Report on alternative measures to prison programmes in patients with addiction problems, including proposals for the inclusion of gambling, produced (yes/no). |
| b. Elaboration of a strategy and a document providing information oriented to raise awareness on gambling-related problems among professionals belonging to forensic, judiciary and prosecutor's offices staff. | b. Strategy and a document providing information oriented to raise awareness on gambling-related problems among professionals belonging to forensic, judiciary and prosecutor's offices staff produced (yes/no). |

7. http://www.pnsd.mscbs.gob.es/pnsd/planAccion/plan/productos/pdf/Accion_14_Evaluacion_Programa_Cuenta_conmigo.pdf

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 4: SOCIAL INCORPORATION

- 4.1. To define a common model of action in the area of social incorporation, both in terms of conceptual aspects and in the establishment of care processes ensuring continuity and individualized itineraries for the beneficiaries.
- 4.2. To extend the provision and to adapt the services and programmes (occupational services and especially of labour reintegration) to the new profiles of the people assisted (including non-substance addictions), to the different impact of addictions on women and men and to the special needs of elderly drug addicts.
- 4.3. To increase population coverage in coordination with the healthcare network.
- 4.4. To improve the quality of actions, promoting research and the search for evidence, the evaluation of programmes and interventions, the elaboration of programme catalogues and the establishment of a social incorporation information and evaluation system.
- 4.5. To improve inter-institutional coordination with other departments involved in this area: Health, Social Services, Employment, Education and Interior.
- 4.6. To increase the support provided by the DGPNSD and the Autonomous Communities' Drug Plans to Local Entities and NGOs for the implementation of social incorporation programmes.
- 4.7. To encourage the participation of Local Entities in labour reintegration and social incorporation programmes.
- 4.8. To encourage the participation of private non-profit organizations in the development of social incorporation and labour integration programmes through individualized itineraries.

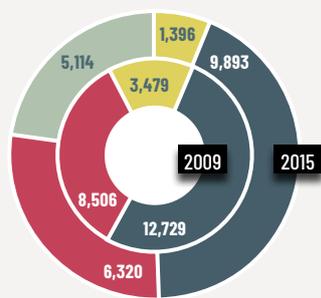
AREA OF ACTION 4: SOCIAL INCORPORATION

ACTION: Project to improve and extend Social incorporation (SI) programmes, with special focus on the needs of women

BASELINE

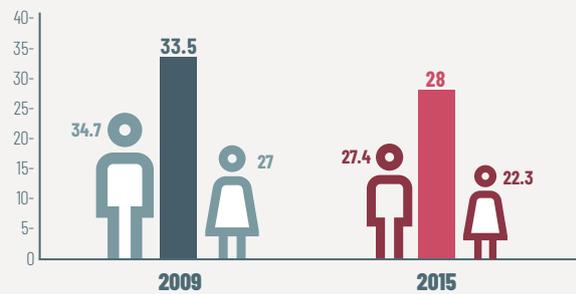
There is a fairly homogeneous provision of SI programmes, but a declining trend in the number of people reached is observed as well as an uneven territorial coverage within the ACs, lack of full accesibility for women and worse quality in average compared to the rest of intervention areas.

Number of cases in SI programmes

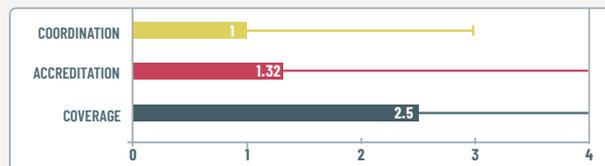


TOTALES
2009 24,714
2015 22,723

Percentage of cases with employment among those admitted to treatment for psychoactive substances abuse or addiction, 2009-2015



Average degree of coverage, accreditation and coordination of SI programmes: (Max 4-Min 0)



(Source: Final Evaluation end 2009-2016)

OBJECTIVES

- To define a common model of action in social incorporation, both in the conceptual aspects and in the establishment of continuity of care processes and in the individual itineraries of the users of the programmes, with a special focus on women

PARTICIPANTS

DGPNSD/ACs/IIPP/Ministry of Labour, Migration and Social Security/UNAD/FEMP

AREA OF ACTION 4: SOCIAL INCORPORATION

ACTION: Project to improve and extend Social incorporation (SI) programmes, with special focus on the needs of women

| ACTIVITIES | INDICATORS |
|--|---|
| <p>a. Drafting of a document containing:</p> <ul style="list-style-type: none"> • Theoretical models that underlie SI programmes • Common Social Diagnostic Model for healthcare and social incorporation (SI) resources and facilities • Processes, procedures, itineraries and involved actors • Collaboration and coordination protocols for the involved departments and services. • Evidence-based programmes and interventions • Information system for SI programmes including, among others: number and profiles of beneficiaries, number and type of programmes, programme outcome indicators • Mainstreaming gender perspective into SI programmes, with a special focus on accessibility | <p>a. Document produced (yes/no)</p> |
| <p>b. Approval of the document at the Inter-Autonomic Commission.</p> | <p>b. Document approved at the Inter-Autonomic Commission (yes/no).</p> |
| <p>c. Implementation of the document by the ACs.</p> | <p>c. Number of ACs implementing the action.</p> |

GOAL 2

TOWARDS A SAFER SOCIETY

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 5: SUPPLY REDUCTION AND CONTROL

- 5.1. To fight the cultivation, production, importation, distribution and sale of illegal drugs as well as any activity facilitating such actions, including those mediated by digital technology (Internet, dark web/deep web, etc.).
- 5.2. To strengthen the tools for the investigation of money laundering and training in this field, with special attention to the recovery of assets of illicit origin.
- 5.3. Maintenance of Police action plans in the surroundings of educational and leisure centres.
 - 5.3.1. To reinforce the role of Law Enforcement as social key prevention agents (“tutoring agent”).
- 5.4. To reinforce Police units specialized in fighting against drug trafficking.
- 5.5. To increase the control of retail drug selling points.
- 5.6. To study and propose the regulation changes that allow the control of the new psychoactive substances to be carried out by chemical groups or “*families*” instead of each chemical substance individually, thereby facilitating greater flexibility and effectiveness in this respect.

AREA OF ACTION 5: SUPPLY REDUCTION AND CONTROL

ACTION: Increase the effectiveness of the tools for money laundering investigation of training in this area, with special attention to the recovery of assets of illicit origin

BASELINE

The Intelligence Centre against Terrorism and Organized Crime (CITCO) is the national office, within the scope of the Ministry of the Interior, for asset recovery, participating in the EU Asset Recovery Platform (ARO), in the GAFILAT Asset Recovery Network (RRAG) and in the newly created Caribbean Asset Recovery inter-Agency Network (ARIN-CARIB).

The CITCO takes part in all aspects related to assets recovery, either operational or dealing with training.

OBJECTIVES

- To promote the participation and activity of the regional asset recovery networks in which the CITCO is taking part
- To ensure CITCO's capacity building activities, such as the organization of specialized training courses on assets, assets recovery and money laundering investigation, as well as specialized international seminars on these specific issues

PARTICIPANTS

The CITCO and rest of Spanish Law Enforcement System as well as from other countries participating in the different networks and platforms

ACTIVITIES

INDICATORS

| | |
|--|--|
| a. Active participation in the exchange of intelligence and information on assets recovery within the different regional networks and platforms, coordinating this national activity with the Spanish Law Enforcement agencies. | a. Annual report reflecting the results obtained (yes/no). |
| b. Capacity building and specialized training in Law Enforcement, money laundering and assets recovery has become a benchmark, so the CITCO will continue organizing training courses and participating in meetings in the related fora both at national and at international level. | b. Annual report reflecting the results obtained (yes/no). |

AREA OF ACTION 5: SUPPLY REDUCTION AND CONTROL

ACTION: Implementation of Instruction 7/2013 of the Secretariat of State for Security on the “Master Plan for Coexistence and Improvement of Safety in Schools and their Surroundings” and of Instruction 3/2011 on the “Strategic Plan for Police Response to Drug Use and Retail Traffic in Leisure Areas, Places and Venues”

BASELINE

With regard to the Master Plan, the Intelligence Centre against Terrorism and Organized Crime (CITCO) participates in all aspects of operational interest directly related to drug use and retail traffic in school settings.

The Strategic Leisure Plan is focused mainly in preventing the consumption and the retail sale of drugs in leisure areas as well as in their vicinity and routes of access. The Plan is to be implemented on a permanent basis throughout the year.

OBJECTIVES

- To ensure the implementation of the Master Plan, whose main purpose is to reduce the supply of drugs to the youngest consumers, mainly promoting preventive actions
- To reinforce the Strategic Leisure Plan, which focuses especially on young people, in order to reduce the supply of drugs to the consumer or to prevent their sale in leisure places or venues.

PARTICIPANTS

State Law Enforcement Forces and Bodies and Local Police.

ACTIVITIES

- The Master Plan is implemented by means of a number of specific measures aimed at preventing retail drug traffic within the school settings. A reinforcement round is to be launched every quarter of the calendar year, mainly during those time periods in which the greatest risk of retailing drug supply and demand usually takes place.
- The Intelligence Centre against Terrorism and Organized Crime (CITCO), elaborates an annual Operational Plan, in which reinforced Law Enforcement periods are established with the aim of preventing and limiting drug supply. A reinforcement round is to be launched every quarter of the calendar year.

INDICADORES

- Annual report on the implemented activities and results. (yes/no).
- Annual report on the implemented activities and results. (yes/no).

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 6: REGULATORY REVIEW

- 6.1. To review existing regulation on the sale, promotion, dispensation and consumption of legal drugs (especially if related with the protection of minors).
- 6.2. To improve the regulation on money laundering related to drugs trafficking as an activity generating huge benefits.
- 6.3. To improve regulation on the inclusion of New Psychoactive Substances in scheduling lists and to speed up inclusion procedures in particular. New Psychoactive Substances are not controlled by the United Nations Conventions, being their legal status that of “non prohibited” or “non-legal” as opposed to “illegal” until specific Governmental regulations are passed.
- 6.4. To review the regulations on international control of precursors that are susceptible to be diverted into the manufacture of drugs.
- 6.5. Review of (online) gambling and betting regulations with special regard to promotion, advertising and accessibility and focusing on the protection of minors.

AREA OF ACTION 6: REGULATORY REVIEW

ACTION: Improvement of the regulation on money laundering related to drug trafficking as an activity generating huge benefits

BASELINE

Law 10/2010 of 28 April on the prevention of money laundering and terrorism financing.

Organic Law 1/2015 of 30 March, which modifies Organic Law 10/1995, of 23 November, of the Criminal Code.

OBJECTIVES

- To review and propose changes in order to allow for a more effective regulation, at least at the national level, thereby facilitating a better and more effective response to drug trafficking and money laundering, keeping criminals who are engaged in these illicit activities from enjoying illicitly obtained assets.
- To pay attention to the regulatory changes that may take place, taking into account the operational implications that could derive from them, proposing and meeting the criteria for collaboration of all actors involved in tackling drug trafficking.

PARTICIPANTS

CITCO/State Law Enforcement and Bodies/Local Police.

ACTIVITIES

- To take into account developments in legislation with regard to Law Enforcement needs, so any regulatory changes deemed necessary can be proposed.
- Special attention will be paid to forthcoming new regulation that will be amending Law 10/2010 on the Prevention of money laundering and financing of terrorism, which will enable the transposition of some pending elements of both the IV EU Directive (2015/849) and the forthcoming V EU Directive on the prevention of the use of the financial system for the purpose of money-laundering or terrorism financing.

INDICADORES

- y b. Regulatory changes and approval of new legislation (yes/no).

AREA OF ACTION 6: REGULATORY REVIEW

ACTION: Update of regulation of New Psychoactive Substances (NPS)

BASELINE

The Spanish Early Warning System has been running for years and has allowed the control of numerous NPS. Nonetheless, some operational shortfalls need to be corrected to improve effectiveness and efficiency.

OBJECTIVES

- To study and propose regulatory changes that allow the control of New Psychoactive Substances (NPS) to be carried out by groups or chemical “families” rather than by each chemical individually, at least at the national level, thereby fostering a greater flexibility and effectiveness
- To develop a regulatory framework for the Spanish Early Warning System (SEAT), which sets out the roles as well as the collaboration criteria of all the involved actors
- To elaborate a regulatory proposal contributing to speed up procedures for inclusion of NPS in the lists of controlled substances at national level
- To approve a Royal Decree on the structure and operation of the Spanish Early Warning System (SEAT)

PARTICIPANTS

CITCO/DGPNSD (OEDA)

ACTIVITIES

INDICATORS

- | | |
|--|---|
| a. Regulatory proposal on NPS control. | a. Proposal drafted (yes/no). |
| b. Approval of the regulation by Royal Decree. | b. Royal Decree on NPS control approved (yes/no). |

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

AREA OF ACTION 7: NATIONAL AND INTERNATIONAL JUDICIAL AND LAW ENFORCEMENT COOPERATION

- 7.1. To increase and improve, through the appropriate mechanism, the internal cooperation of the Law Enforcement bodies as well as with the autonomic Police Corps, through the appropriate mechanisms, seeking for a better cooperation at the international level.
- 7.2. To improve information exchange mechanisms and to facilitate cooperation in joint operations and investigations at the national and international level, contemplating the use of special investigation techniques, including the Joint Investigation Teams.
- 7.3. To strengthen collaboration with financial institutions to detect large movements of capital.
- 7.4. To reinforce coordinated Police interventions by Law Enforcement bodies on criminal organizations and small and large-scale distribution networks.
- 7.5. To increase efforts on the part of the stakeholders involved in controlling the sale of alcohol to minors by the actors involved (Law Enforcement Bodies, Autonomous Communities Police Corps, Autonomous Communities).

AREA OF ACTION 7: NATIONAL AND INTERNATIONAL JUDICIAL AND LAW ENFORCEMENT COOPERATION

ACTION: Reinforcement of police interventions coordinated by Law Enforcement agencies with regard to criminal organisations and small and large-scale distribution networks

BASELINE

Instruction No. 9/2018 of the Secretariat of State for Security launching the Special Security Plan for Campo de Gibraltar.

OBJECTIVES

- To reinforce and integrate operational and intelligence fieldbased capacities that are available at the National Police and Civil Guard Corps, under the principles of joint action and effective support in operational interventions
- To reinforce the cooperation, coordination and communication between Law Enforcement Bodies and the Public Prosecutor's Office and the Courts

PARTICIPANTS

CITCO, Law Enforcement Bodies, Deputy Directorate of Customs Surveillance and Local Police Corps.

ACTIVITIES

INDICATORS

| | |
|--|---|
| a. An Operational Coordination Board will be set up to ensure coordination and cooperation between Civil Guard, National Police and Deputy Directorate of Customs Surveillance units; Meetings of the Coordination Board will be held on a weekly basis. | a. No. of meetings held. |
| b. A Cooperation Plan of the Local Police Corps of the municipalities of Campo de Gibraltar is established. | b. Cooperation Plan established * (yes/no). |

* The monitoring and evaluation of the Plan will be carried out by the Executive Committee for Coordination of the Secretariat of State for Security.

CROSS- CUTTING AREAS

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

T1. COORDINATION

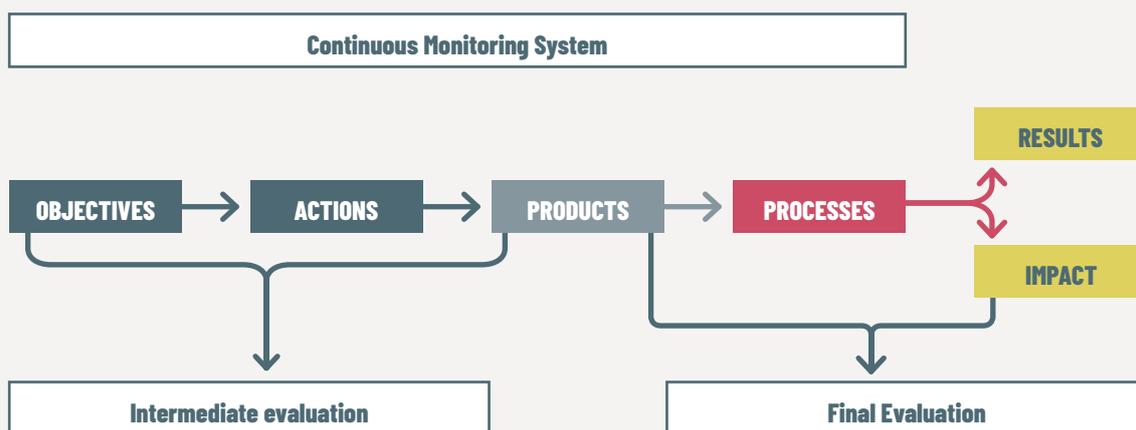
- T.1.1 To ensure synergies, coherence and effective practices among Public Administrations at all levels and among different institutions and initiatives to avoid duplication of efforts, to ensure an effective information exchange and the continuity of actions and to make an efficient use of resources.
- T.1.2 To promote and encourage the active and meaningful participation and involvement of the civil society (scientific and professional associations, NGOs, social agents, neighbourhood associations...).
- T.1.3 To promote coordination within and between the Autonomous Communities and those Local Entities engaged in their own Plan on Addictions in order to guarantee the continuity of actions.
- T.1.4 To ensure coordination with those Governmental Strategies and Action Plans affecting those social groups at which the National Strategy on Addictions is targeted (population at risk of social exclusion; adolescents; women and in particular the victims of gender-based violence; immigrants; prisoners).

T1. COORDINATION

ACTION: Action Plan Coordination Platform

In the Action Plan 2013-2016 a monitoring system was designed that will be used for the current one, with due adaptations.

BASELINE



OBJECTIVES

- To ensure the necessary logistical support for the development of the actions in the Action Plan on Addictions (APA)
- Monitoring the development of the APA
- Promote the coordination and synergies among the different actions in the APA

PARTICIPANTS

DGPNSD/APA action leaders

ACTIVITIES

INDICATORS

| | |
|--|--|
| a. Establishment of a coordination team to support the implementation and assessment of the actions in the Action Plan, ensuring synergies among them. | a. Coordination team set up (yes/no). |
| b. Design and implementation of a monitoring and follow-up system for each action in the APA. | b. Monitoring system designed and implemented (yes/no). c. Annual APA monitoring report (yes/no). |

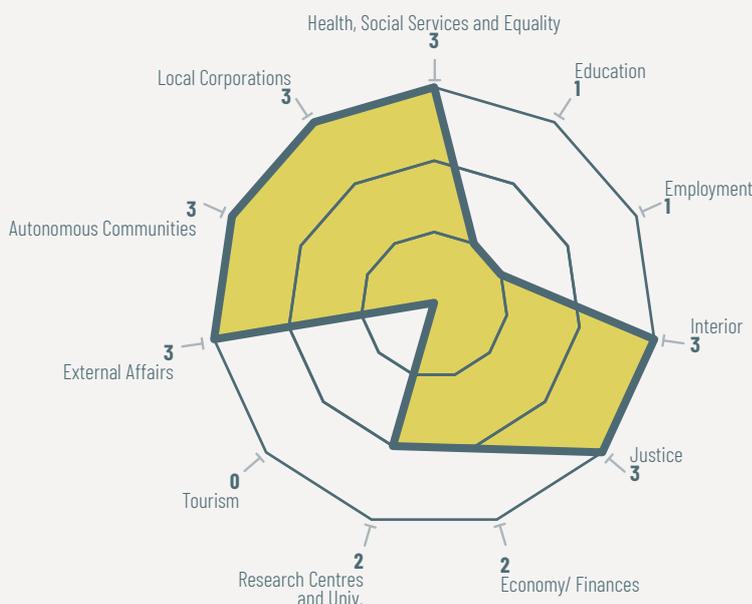
T1. COORDINATION

ACTION: National coordination

BASELINE

According to the National Drugs Strategy 2009-2016 evaluation, coordination at national level within the addictions sector is broad and intense. However, it is necessary to increase and strengthen it, particularly in some specific areas.

Level of coordination among the DGPNSD and other Public Administration bodies and entities. (Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To improve the coordination with key agents for the implementation of the Action Plan on Addictions: organizing meetings, setting up working groups and signing memorandums of understanding/ collaboration and partnership agreements

PARTICIPANTS

DGPNSD/FEMP/Ministry of industry, Trade and Tourism/ACs/Experts/NGOs/Sc.Ss

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Collaboration Agreement with FEMP. | a. Agreement signed (yes/no). |
| b. Ministry of industry, Trade and Tourism agreement. | b. Agreement signed (yes/no). |
| c. APA Working Groups. | c. Working Groups groups set up (yes/no). |

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

T2. KNOWLEDGE MANAGEMENT

INFORMATION SYSTEMS:

- T.2.1. To further develop and to strengthen the information systems and epidemiological surveillance tools to obtain and analyse updated data on the phenomenon of addictions, its patterns and trends and its impact on public health and citizen safety. All this in order to improve decision-making and to orient addiction policies, on the one hand and, on the other, to assess them, improving the response to this phenomenon.
- 2.1.1 To develop the Spanish Early Warning System (SEAT).
- 2.1.2 To integrate drug information systems into health and social services information systems.
- 2.1.3 To incorporate indicators of drug use and associated problems from other areas (traffic, Law Enforcement...) and revise and adapt already-consolidated indicators to the new circumstances.

RESEARCH:

- T.2.2. Research on addictions funded by Public Administration should be aligned with the strategy defined in the Spanish Plan for Scientific and Technical Research and Innovation 2017-2020, and with the Strategic Action on Health included within, promoting networking and partnerships between researchers and institutions, especially multicentre research teams, and enhancing the presence of Spain among international research teams, with the aim of increasing the efficiency in the use of available resources, increasing visibility and efficiency as well.
- T.2.3. To promote research in complementary areas of interest to the phenomenon of addictions, especially in the socio-sanitary and epidemiological fields, such as gender differences; new users' profiles; chronic and elderly drug users from a perspective of their needs in order to adapt existing services. Research activity will also be enhanced with regard to the effects of substance use when driving and to the prevention of injuries and deaths as a consequence of psychoactive substances-related road or other accidents, as well as accidents in the workplace.

TRAINING:

- T.2.4. Update training programmes for drug dependence and addiction prevention and care professionals and for other social agents involved, including specific training in behavioural addictions, making use of the new training tools (online training) which are more up-to-date and adapted to the present situation.
- T.2.5. To improve and expand the training of professionals working in the field of addictions, as well as the training of people who voluntarily collaborate both in the area of demand reduction and in the area of supply control, favouring the specialization in "addictions" of these professionals.
- T.2.6. To improve the knowledge and training of the different professional groups (education, health, driving, social services, penitentiary services, Justice, Law Enforcement Agencies, etc.) that either take part in the prevention of addictions or provide comprehensive care to people suffering from addictions, always considering both the demand reduction area and the supply control as well.
- T.2.7. To effectively improve and implement gender-perspective training for all sectors of the Public Administration, civil society and Academia, as one of the basic pillars of training in addictions.

T2. KNOWLEDGE MANAGEMENT

ACTION: Maintain and improve surveys

BASELINE

Drug surveys among general and school population are one of the main sources of information for the OEDA. Since their beginnings in 1994 they have been improving, expanding the study scope and the populations. The incorporation of addictions without substance as well as the increased concern for equality policies and for the consequences of substance use by minors, call for introducing modifications that contribute to a better understanding of these aspects. Their ultimate goal is to serve as support for the design of harm reduction policies and programmes, therefore it is necessary to improve the access to all this information by political and professional decision-makers, guaranteeing comparability with the historical series of the already existing data.

OBJECTIVES

- Maintain and improve the surveys promoted by the DGPNSD in order to adapt them to new needs and for them to be useful for guiding and designing actions in the area of response

PARTICIPANTS

OEDA/ACs

ACTIVITIES

INDICATORS

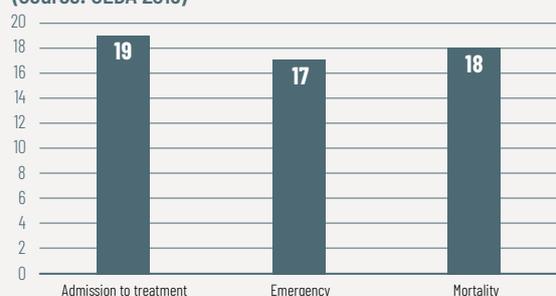
| | |
|--|---|
| a. Information: introduction of new questions adapted to the needs (work environment, use of opioid analgesics, non-prescription hypnotic sedatives, new substances, etc). | a. Number of new/adapted questions introduced in the surveys. |
| b. Analysis: addition of new analyses adapted to the needs (focus on gender, minors, profiles of new users, poly-substance use, distribution by ACs, etc). | b. Number of new/adapted analyses carried out, number of variables for which information disaggregated by sex is collected. |
| c. Dissemination: dissemination of databases (between ACs, research staff, etc.), reports and presentations of results (online or face-to-face meetings). | c.1. Number of people/institutions to which the databases have been provided. c.2. Number of reports/presentations/papers carried out or promoted by the DGPND to disseminate results. |
| d. Maintain and improve the coordination/collaboration with the ACs. | d. Number of workshops/meetings carried out with the ACs. |
| e. Assessment of new studies according to specific needs (e.g. substance use in ageing population). | e. Number of new specific studies assessed. |
| f. Adaptation to new European regulations. | f. Reporting adapted to new European regulations (yes/no). |

T2. KNOWLEDGE MANAGEMENT

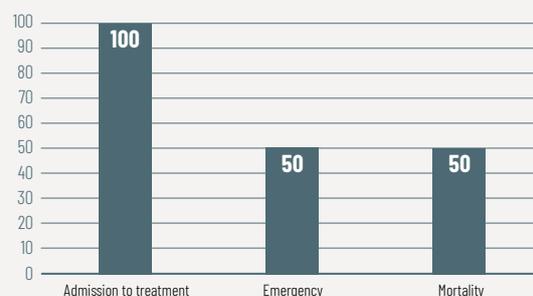
ACTION: Maintain and improve indicators

BASELINE

Number of Autonomous Communities reporting indicators
(Source: OEDA 2016)



Population coverage of indicators (%) (2016)
(Source: OEDA 2016)



OBJECTIVES

- To maintain and improve the indicators promoted by the DGPNSD (emergencies, treatment, mortality, infectious diseases and problematic drug use) in order to adjust them to them to new needs and for them to be useful for guiding and designing actions

PARTICIPANTS

OEDA/ACs

ACTIVITIES

- Improvement of the information on metadata from the ACs (emergency, treatment and mortality indicators).
 - Design of new metadata collection sheet by OEDA.
 - Submission of information on metadata by the ACs.
- Revision of the emergency indicator protocol.
- Increase of the age range of mortality, emergency and treatment indicators.
- Deepen the study of problem drug use.
- Maintain and improve the geographical coverage of the indicators.
- Adapt to new European regulations.

INDICATORS

- Availability of metadata collection sheet (emergency, treatment and mortality indicators). (yes/no).
 - Number of ACs that submit metadata information (emergency, treatment and mortality indicators).
- Agreements reached following the revision of the emergency indicator (yes/no).
- Number of ACs that increase the age range in their notification of mortality, emergency and treatment indicators.
- Number of studies on problematic drug use.
- Number of ACs that report mortality, emergency and treatment indicators.
- Reporting adapted to new European regulations (yes/no).

T2. KNOWLEDGE MANAGEMENT

ACTION: New indicators

BASELINE

There are currently no robust indicators to monitor behavioural/non-substance addictions at the national level. National surveys in the general population (EDADES) and schools (ESTUDES) have included content related to this area in their latest editions. However, it is necessary to deepen in this area in order to obtain information not only on incidence/prevalence of use but on the prevalence of gambling disorder (in its different varieties), by means of the inclusion of the appropriate tools in surveys and the collection of information on people admitted to treatment because of behavioural addictions.

The work in this field will be coordinated with the studies carried out by the Directorate-General with competencies on the regulation of gambling.

OBJECTIVES

- To design a new indicator to monitor behavioural/non-substance addictions

PARTICIPANTS

OEDA/ACs

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Design of an indicator to obtain information on gambling disorder and gaming disorder. This indicator will include information from surveys (EDADES and ESTUDES) and treatment information on people with these disorders (ACs). | a. File with a design of the indicator for information on gambling disorder and gaming disorder (yes/no). |
| b. Draft a study on the tools used in the surveys to identify these disorders. | b. Summary document with information about the tools used in the surveys to identify these disorders (yes/no). |
| c. Draft a study on the situation/responsible persons/system for collection of information on treatment for gambling and for gaming disorders in the ACs. | c. Summary document with information on the situation/responsible persons/system for the collection of information on treatment for gambling disorders and gaming disorder in the ACs (yes/no). |
| d. Data collection of the new indicator. | d.1. Number of ACs that fully/partially report on the indicator. d.2. Percentage of population with a gambling/gaming disorder. |

T2. KNOWLEDGE MANAGEMENT

Action: Maintain and improve the Spanish Early Warning System (SEAT)

BASELINE

| EARLY WARNING SYSTEM (SEAT) ACTIVITY INDICATORS | |
|---|-----|
| NPS detected in Spain and notified to the EWS (EU) | 43 |
| NPS detected in Spain and notified to the EWS (EU) for the 1st time in Europe | 3 |
| NPS detected in EU Norway and Turkey and disseminated through SEAT | 66 |
| Notifications in Spain concerning NPS received by SEAT | 110 |
| Alerts in Europe received from EMCDDA (intoxication, other deaths) | 15 |
| Alerts in Europe sent from Spain to the EMCDDA (intoxications, deaths, other....) | 1 |

Number of quarterly bulletins disseminated through the SEAT at 2016:4 (1 per quarter).
(Source: OEDA - 2017)

OBJECTIVES

- To maintain and improve the Spanish Early Warning System in order to adjust it to new needs and for it to be useful for guiding and designing actions

PARTICIPANTS

OEDA/ACs/NGOs/CITCO/other State General Administration bodies and institutions. (MSCBS, Ministry of the Interior, Ministry of Justice, Ministry of Defence, Ministry of Economy, Ministry of Finances).

| ACTIVITIES | INDICATORS |
|---|--|
| a. Dissemination of detection of new substances/alerts at national and international level. | a. Number of new substances/alerts disseminated at national and international level. |
| b. Elaboration and dissemination of quarterly information bulletins. | b. Number of information bulletins produced quarterly and disseminated. |
| c. Adaptation to new European regulations. | c. Operating regulations adapted to new European regulations. |
| d. Elaboration of protocols of action against risks derived from the circulation of especially dangerous new psychoactive substances within the national territory. | d. Protocol produced (yes/no). |

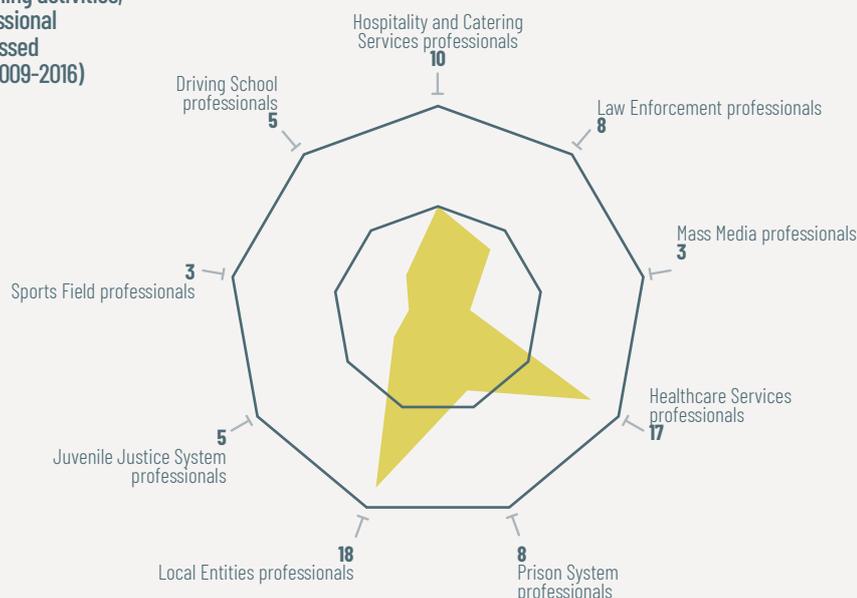
T2. KNOWLEDGE MANAGEMENT

ACTION: Training in addictions

BASELINE

There is currently a wide variety in terms of contents as well as of groups receiving training, it is necessary to prioritize specific thematic lines in accordance with the objectives of the NSA 2017-2024: gender, addictions without substance and quality in demand reduction. As an example, there are no training programmes accredited by the Administration on quality criteria and only 10 ACs provide training in the matter of gender in the field of addictions.

Number of ACs conducting training activities, depending on the type of professional groups to which they are addressed (Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To produce accredited training courses aimed at demand reduction professionals, especially considering: programs quality criteria, gender and addictions without substance

PARTICIPANTS

DGPNSD/ACs/Experts

ACTIVITIES

- a. Delivery of training courses on:
- Quality standards in demand reduction
 - Gender perspective
 - Addictions without substance

INDICATORS

- a.1. Number of courses delivered
a.2. Number of professionals trained

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

T3. LEGISLATION

- T.3.1. Implementation of comprehensive alcohol-related legislation, with special attention to minors.
- T.3.2. Drafting of a new standard regulation, protocols for the Early Warning System for the detection of NPS (including its working procedures...).
- T.3.3. Revision and drafting of regulations or procedures to increase the efficiency of the Fund of Seized Assets coming from drug illicit drug trafficking and other related offences.
- T.3.4. Revision of the regulation and a proposal of modification, if applicable, with regard to advertising related to gambling, sports betting and the online gaming.
- T.3.5. To reinforce the monitoring of compliance with the current regulations on addictions.

T3. LEGISLATION

ACTION: Protection of minors against gambling

BASELINE

GAMBLING. TRENDS

Online and Offline [Last 12 months] 14-18 year old students (2014/2015 and 2016/2017)

(Source: Spanish Student Survey on Drugs. ESTUDES 2016/2017)

Proportion of students gambling online



10,2



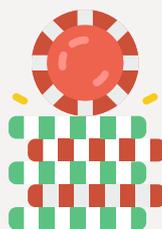
2014-2015

6,4



2016-2017

Proportion of students gambling offline (casinos, gambling houses, etc.)



20,6



2014-2015

13,6



2016-2017

OBJECTIVES

- To improve the protection of minors by implementing regulations for the whole national territory.

PARTICIPANTS

DGPNSD/DGOJ (Ministry of Finances)/ACs/NGOs

ACTIVITIES

INDICATORS

a. Revision of current regulations on offline and online gambling and betting houses in relation to accessibility and promotion, especially aimed at protecting minors and the most vulnerable populations, including regulation of gambling and betting games advertising.

a. Report produced (yes/no).

b. Drafting of a proposal for harmonisation of the regulation at national level.

b. Proposal for harmonisation produced (yes/no).

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

T4. INTERNATIONAL COOPERATION

- T.4.1. To coordinate and promote the political and technical participation of Spain in the international arena in the field of addictions.
- T. 4.2. To tackle addictions within the framework of the European Drugs Strategy (2013-2020) and maintain and strengthen the relations with third countries in fighting addictions.
- T.4.3. To follow up and contribute to the implementation of the operational recommendations of the UNGASS document, “Our joint commitment to effectively addressing and countering the world drug problem”, with special emphasis on defending human rights.
- T.4.4. To promote the integration of cooperation in the field of addictions in general political relations and within the framework agreements between Spain and its associates.

T4. INTERNATIONAL COOPERATION

ACTION: Coordination and promotion of the political and technical participation of Spain in the international arena in the field of addictions

BASELINE

The participation of Spain in international forums related to addictions has taken place almost since the very beginnings of the creation of the National Plan on Drugs.

Since then, it has maintained its presence with delegations of varying size according to the scenarios, which has granted awareness of the Spanish policy in international forums, many agreements reached and participation in the declarations of all the agencies and bodies in which Spain is a member or attends as an observer.

An important aspect of the relationship between Spain and other countries is the participation of Spanish representatives in the meetings and activities of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), both at the level of the Management Board, and in others of a more technical nature. Among the latter would be the regular meetings of the Heads of National Focal Points of the REITOX network, of the Early Warning System, of Legal Correspondents or of the 5 Key indicators, in addition to other technical meetings of a more specific nature. Likewise, the participation of Spain in the shaping of the reports prepared by the EMCDDA, including both the European Drug Report and the Country Report, is important, as well as the attention to specific information requests in relation to monographs or specific studies.

Additionally, the presence of the Third Sector of Social Action has been gaining force progressively in these meetings, which coincides with the effort made by Spain to support and encourage its active participation in the definition of addiction policies.

OBJECTIVES

- To maintain the presence in those multilateral forums in which resolutions are adopted that affect or may affect the Spanish addictions policies, adapting the participation at the level of each meeting and ensuring that the interests of Spain are acknowledged and defended
- To support the participation of Spanish NGOs in the areas of representation of the Third Sector in international forums

PARTICIPANTS

DGPNSD/Ministry of the Interior/Ministry of foreign Affairs, European Union and Cooperation/ Special Anti Drugs Prosecutor Office/Tax Agency/Civil Society

T4. INTERNATIONAL COOPERATION

ACTION: Coordination and promotion of the political and technical participation of Spain in the international arena in the field of addictions

| ACTIVITIES | INDICATORS |
|--|--|
| <p>a. Participation in the relevant meetings of:</p> <ul style="list-style-type: none"> • United Nations • European Union • Other multilateral agencies and bodies | <p>a. Number of sessions with Spanish participation (either from capital or from the corresponding Permanent Representation-REPER)</p> |
| <p>b. Spanish participation in meetings of the EMCDDA:</p> <ul style="list-style-type: none"> • Management Board • Periodic meetings: REITOX, Early Warning System, Legal Correspondents and the 5 Key Indicators • Other | <p>b.1. Number of meetings of the Management Board with Spanish participation</p> <p>b.2. Number of technical meetings with Spanish participation</p> <p>b.3. Number of exercises completing the forms for the European Drug Report by Spain</p> |
| <p>c. Contributions of Spain to the various periodical publications and specific studies of the EMCDDA</p> | <p>c. Number of contributions to specific studies of the EMCDDA</p> |
| <p>d. Facilitate the appropriate institutional support to promote the presence of the Third Sector in meetings of multilateral international agencies where such participation is envisaged</p> | <p>d. Number of Spanish NGOs present in these forums</p> |

T4. INTERNATIONAL COOPERATION

ACTION: Develop anti-addiction policies within the framework of the European Drugs Strategy (2013-2020). Maintain and strengthen relations with third countries in fighting addictions

BASELINE

In 2012, the European Drugs Strategy was approved with Spanish participation (2013-2020). Subsequently, its two Action Plans 2013-2016 and 2017-2020 have been successively approved, the last of which is currently in operation.

As a result, Spain has included in its own Strategy and Action Plans the implementation of the principles contained in the EU Strategy. In addition, as an EU Member State, it must contribute to evaluate its results and at the same time participate in the drafting of the new European Strategy to replace it, all through its participation in the meetings of the Horizontal Drugs Group (HDG).

It is necessary to ensure at all times that the Spanish position is heard in the HDG, in other European forums and in dialogues with third countries.

OBJECTIVES

- To implement the EU Drugs Strategy (2013-2020) and to contribute to its assessment in due time

PARTICIPANTS

DGPNSD/Ministry of the Interior/Ministry of Foreign Affairs, European Union and Cooperation/Civil Society

| ACTIVITIES | INDICATORS |
|---|---|
| a. Drafting of a document reflecting the general action lines to be defended as a Spanish position within the EU discussion fora. | a. Document produced (yes/no). |
| b. Implementation and assessment of the current EU Strategy. | b.1. EU Strategy assessed (yes/no). b.2. Number of HDG meetings held in relation with the implementation of the EU Strategy. |
| c. Participation in the drafting of the new EU strategy. | c. Drafting of the new EU strategy with the participation of Spain (yes/no). |

T4. INTERNATIONAL COOPERATION

ACTION: Monitoring and contribution to the fulfilment of the operational recommendations of the UNGASS document, “Our joint commitment to effectively addressing and countering the world drug problem”, with special emphasis on defending human rights

BASELINE

In 2009 the High-Level Segment of the Commission on Narcotic Drugs adopted the “Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem”, which will be assessed and revised in 2019.

On the other hand, the Special Session of the United Nations General Assembly (UNGASS) in 2016 adopted the Resolution A/RES/S-30/1 “Our Joint Commitment to Effectively Addressing and Counteracting the World Drug Problem”. A series of operational recommendations to fulfill such commitment is established in 7 chapters.

Both documents are mutually reinforcing, although UNGASS being more recent, is dealing with situations and problems that were not existing before. In this sense, the required assessment in 2019 should also include reflections and input on progress made on the basis of operational recommendations.

Action 42 c) of the EU Action Plan on Drugs, refers to the need to improve the cohesion, consistency and visibility of the EU in the United Nations, among other means through the preparation, coordination and adoption of EU common positions, allowing the EU to speak with one single voice.

OBJECTIVES

- To facilitate the evaluation of the 2009 United Nations Action Plan
- To follow up on the UNGASS recommendations and their implementation in Spain, counting with Civil Society and other effectors of the National Plan on Drugs, as a basis on which to build the Spanish position in this respect.

PARTICIPANTS

DGPNSD/Ministry of the Interior/Ministry of Foreign Affairs, European Union and Cooperation/Special Anti Drugs Prosecutor Office/Civil Society.

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Drafting of a document to be defended as a Spanish position by the administration authorities present in debates in the Commission on Narcotic Drugs of the United Nations. | a. Document produced. (yes/no). |
| b. Promotion of the assessment of the implementation of both the Action Plan adopted in 2009 by the United Nations and the recommendations of UNGASS 2016 Resolution with regard to Spanish policies on addictions. | b.1. Assessment of the implementation of the United Nations Action Plan adopted in 2009 (yes/no). b.2. Drafting of a periodic review on the implementation of 2016 UNGASS principles to the Spanish policies on addictions (yes/no). |

T4. INTERNATIONAL COOPERATION

ACTION: Promote the integration of cooperation in the field of addictions in general political relations and within the framework agreements between Spain and its associates

BASELINE

Spain has signed Memoranda of Understanding with various countries and multilateral agencies for the development of cooperation actions in various subjects in the field of addictions. Their implementation must be granted as long as the counterpart so desires.

In addition, Spain, and more specifically the Spanish Agency for International Development Cooperation (AECID) makes available its training resources in Latin America for the implementation of cooperation activities in the drugs field. The DGPNSD, at the request of multilateral agencies and NGOs, sponsors and facilitates that these activities are successfully carried out.

There are occasional relations, at the request of the interested party, with international bodies is not currently a member such as the Pompidou Group and with individual countries. It is advisable to promote these relationships that usually materialize in study visits made to Spain.

Finally, the National Strategy on Addictions and in particular this Action Plan must continue to guarantee the Spanish leadership in the cooperation with countries of Latin America and the Caribbean by virtue of its leadership of the European Union COPOLAD II Project.

OBJECTIVES

- To ensure the development of existing MoU, being such development the consequence of a shared willingness of the signatories to work and collaborate in the future
- To facilitate the proposal of training activities, within the annual or bi-annual plans determined by AECID, in order to promote cooperation in the field of drugs with entities that benefit from such activities (CICAD-OAS, PAHO, NGOs)
- To facilitate the celebration of specific actions requested by the Pompidou Group, other international bodies or directly by the public representatives of third countries
- To positively contribute to the development of the COPOLAD II project

PARTICIPANTS

DGPNSD/Ministry of the Interior/Ministry of Foreign Affairs, European Union and Cooperation/ Special Anti Drugs Prosecutor Office/Civil Society.

T4. INTERNATIONAL COOPERATION

ACTION: Promote the integration of cooperation in the field of addictions in general political relations and within the framework agreements between Spain and its associates

| ACTIVITIES | INDICATORS |
|---|--|
| a. Development of Joint Commissions in the context of monitoring and implementation of the MoUs signed by the Kingdom of Spain in the field of drugs. | a. Number of Joint Commission meetings carried out. |
| b. Activities carried out in the training centres of AECID in Latin America, sponsored by the DGPNSD | b. Number of activities carried out. |
| c. International cooperation activities with other international bodies or with third countries. | c. Number of activities carried out. |
| d. Participation of the DGPNSD in the COPOLAD II Project. | d.1. Number of COPOLAD II meetings. d.2. Participation in the COPOLAD II Project assessment exercises commissioned by the European Commission (yes/no). d.3. Participation in technical studies carried out by COPOLAD (yes/no). |

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

5. COMMUNICATION AND DISSEMINATION

- T.5.1. To promote the role of public administrations as a reference of knowledge on psychoactive substances and addictive behaviours by means of conveying a truthful, reliable and factual information, reinforcing the role of the DGPNSD as a benchmark in the field of information on addictions:
- 5.1.1. To enhance the website with evidence-based information (publications, monographs, best practice manuals...) in a structured way. The aim is for the PNSD website to contain the best, most comprehensive and most accessible Drug Documentation and Information Center in Europe, open both to citizens and professionals.
 - 5.1.2. Active dissemination of relevant information to groups of interest.
- T.5.2. To promote the exchange of knowledge and experiences by establishing communication spaces between professionals in the field of addictions and by making use of information and communication technologies.
- T.5.3. To incorporate the active participation of users, professionals, the institutions, and the citizens as a whole through channels that allow to detect their needs and expectations.

T5. COMMUNICATION AND DISSEMINATION

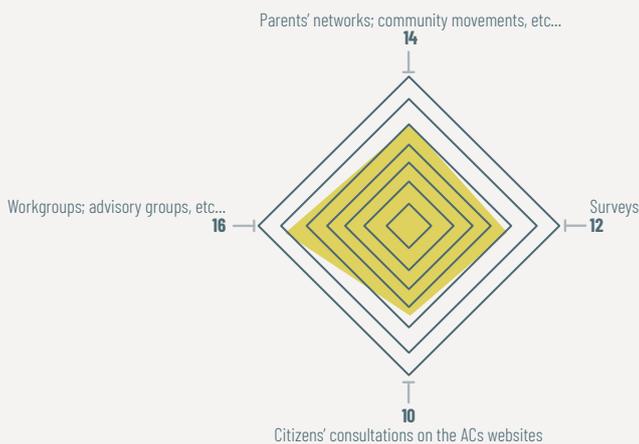
ACTION: Promote the exchange of knowledge and experiences between professionals as well as the role of the PNSD as a reference and reliable source for experts and society

BASELINE

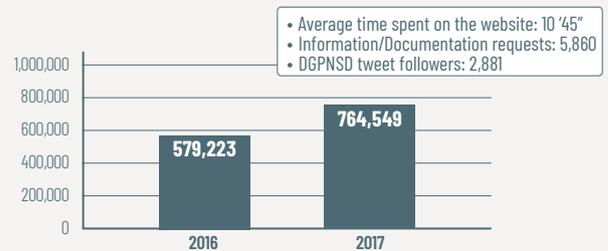
There is a good level of participation of civil society and professionals in the drafting and implementation of drug policies.

The National Plan on Drugs remains a reference for both professionals and citizens. To keep that role, adaptation to the new information and communication technologies should continue, thereby guaranteeing a better service to society.

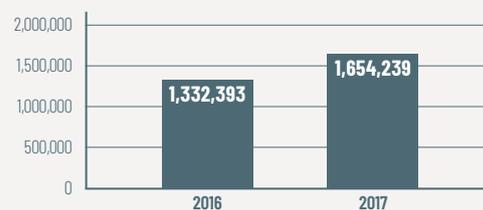
Number of ACs promoting social participation
(Source: Final NDS Evaluation 2009-2016)



DGPNSD website: number of visits



DGPNSD website: number of visualizations



OBJECTIVES

- To promote and improve the management of the DGPNSD communication channels and that of the PNSD as a whole: Website, social networks, newsletters, new apps, campaigns and others
- To incorporate additional participation strategies for both citizens and professionals to the DGPNSD communication channels

PARTICIPANTS

DGPNSD/Experts/CEDA/ACs

T5. COMMUNICATION AND DISSEMINATION

ACTION: Promote the exchange of knowledge and experiences between professionals as well as the role of the PNSD as a reference and reliable source for experts and society

| ACTIVITIES | INDICATORS |
|---|---|
| a. Management and interaction in social networks with professionals and institutions working in the field of addictions, and with other people interested in the sector (users, citizenship in general...). | <p>a.1. Number of followers on Twitter.</p> <p>a.2. Number of impressions (number of times that users of twitter see tweets published by @PNSDgob).</p> <p>a.3. Twitter profile interaction rate: interactions divided by the number of impressions.</p> |
| b. Creating a specific section in the new app aimed at providing materials, good practices and participatory exchanges with education and prevention professionals. | <p>b.1. This specific app section is ready to be used (yes/no).</p> <p>b.2. Number of users of this section of the app.</p> |
| c. Improvement of the structure and display of the contents, and new ways to promote the participation on the PNSD website for both professionals and society in general. | <p>c.1. Number of page views.</p> <p>c.2. Number of unique users.</p> <p>c.3. Average time spent.</p> |
| d. Presence of the DGPNSD in those professional and citizens' fora where truthful, reliable and evidence-based information on drugs and addictions may be conveyed. | <p>d.1. Participation of DGPNSD staff in this type of professional and citizen fora (number).</p> <p>d.2. Participation ratio of DGPNSD staff in this type of professional and citizens' fora (percentage; out of the total number of requests made at the DGPNSD).</p> |

NATIONAL STRATEGY ON ADDICTIONS 2017-2024 OBJECTIVES

6. EVALUATION AND QUALITY

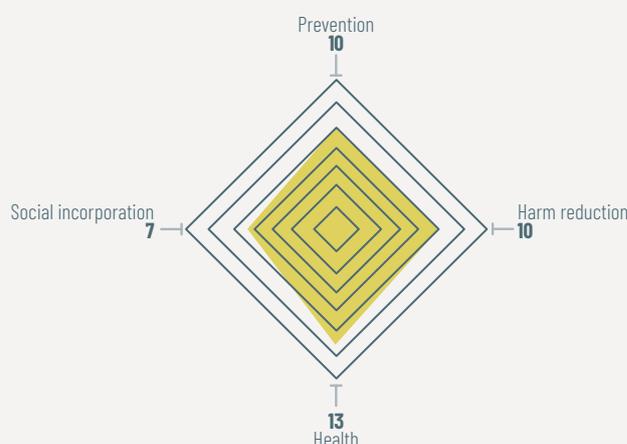
- T.6.1. To establish a minimum services portfolio at the national level specifying the characteristics of the therapeutic itineraries and guaranteeing the absence of barriers to it.
- T.6.2. To promote awareness of the minimum services portfolio with regard to prevention, health care and social incorporation programs, so planning and implementation can be efficient and effective.
- T.6.3. To establish a common evaluation system for those interventions in the field of addictions to be carried out by Public Administrations and Third Sector entities encouraging, as far as possible, the systematic evaluation of all the programmes actions in all areas (prevention, health care, social incorporation, etc.) especially in terms of the results.
 - 6.3.1. To establish proven criteria for the evaluation of programmes, especially in the field of prevention, where evaluation practices are more complex.
 - 6.3.2. To promote the creation of a minimum set of necessary indicators for the evaluation according to the different type of programmes.
 - 6.3.3. Promote the implementation of the evaluation of programmes with data disaggregated by sex and analysed from a gender perspective.
- T.6.4. To establish and disseminate through the web portal a catalogue of good practices based on programmes accredited by the PNSD, promoting that these programmes will be chosen to be implemented by Public Administrations.

T6. EVALUATION AND QUALITY

ACTION: Services Portfolio in demand reduction

BASELINE

Number of ACs with Services Portfolio
(Source: Final NDS Evaluation 2009-2016)



OBJECTIVES

- To establish a minimum services portfolio at national level in the area of demand reduction to ensure the absence of access barriers to those services offered
- To define a services portfolio for non substance addictions within the health care network
- To promote the dissemination and to raise awareness about the minimum services portfolio among the service providers, the professionals, the potential users and the Public Administration so these services can be provided effectively and efficiently

PARTICIPANTS

DGPNSD/ACs/DG of Basic Services Portfolio of the National Healthcare System and Pharmacy (MSCBS).

ACTIVITIES

INDICATORS

| | |
|---|--|
| a. Establishment of a working group to define the services portfolio to be provided in the field of addictions, including addictions without substance. | a.1. Record of the establishment of the WG. (yes/no). a.2. Number of WG meetings. |
| b. Drafting of a agreed services portfolio for the care of addictions. | b. Consensus document on the on the services portfolio for the care of addictions without substance produced (yes/no). |
| c. Presentation to the ACs. | c. Presentation Meeting/Seminar for the ACs/ Inter-Autonomic Commission held. (yes/no). |
| d. Implementation of the agreed services portfolio in the ACs after being approved at the Interterritorial Council (MSCBS). | d. Number of ACs that implement the agreed services portfolio. |

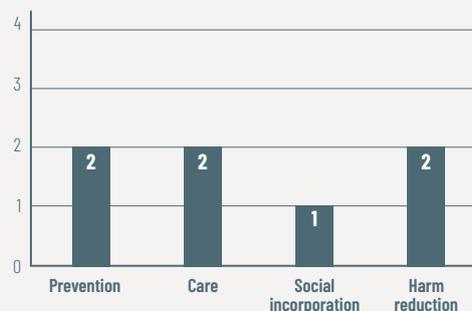
T6. EVALUATION AND QUALITY

ACTION: Good Practice in Demand Reduction Portal

BASELINE

Average degree of accreditation of programmes ACs

(Source: Final NDS Evaluation 2009-2016)



ACCREDITATION (0-4)

0: There are no criteria.

1: Low: there are quality assessment criteria and they are published.

2: Medium: there are instruments for criteria assessment and they are standardized.

3: High: there are instruments to assess them and are standardized.

4: Total: programmes and services are accredited according to quality criteria.

OBJECTIVES

- To promote the implementation and extension of evidence-based programmes and good practices in demand reduction
- To achieve accreditation of the best programs in the field of demand reduction
- To facilitate the training of professionals on the design, implementation and evaluation of programmes in the area of demand reduction according to agreed quality criteria
- To disseminate the evidence and to make available the necessary tools so professionals in the field of demand reduction may design and implement good quality programs and projects
- To develop quality databases by selecting, assessing and accrediting data

PARTICIPANTS

DGPNSD/ACs MURCIA

ACTIVITIES

INDICATORS

| | |
|---|---|
| a. Design, launch and dissemination of the of Good Practice Portal. | a. Act of presentation of the Portal carried out. (yes/no). |
| b. Selection, accreditation and dissemination of good practices in demand reduction. | b. Number of programmes included in the Portal. |
| c. Dissemination of available evidence. | c. Number of visits to the evidence section of the Portal. |
| d. Advice and technical support for designing good quality programmes. | d. Number of professionals/entities advised. |
| e. Promotion of quality criteria and common accreditation and evaluation systems. | e. Number of events/publications in which the criteria are presented. |
| f. Training of professionals in the field of demand reduction to promote good practice. | f. Number of trained professionals. |

ACRONYM INDEX

| | |
|-----------------------------|--|
| AGE | General State Administration (Administración General del Estado) |
| AECID | Spanish Agency for international Development Cooperation (Agencia Española de Cooperación internacional para el Desarrollo) |
| PC; AP | Primary Care (Atención Primaria) |
| ASECEDI | Association of Day-Care Centres (Asociación de Entidades de Centros de Día) |
| BBPP | Best Practices (Buenas Prácticas) |
| ACs; CCAA | Autonomous Communities and Cities (Comunidades y Ciudades Autónomas) |
| CEDA | Spanish Council on Drugs and Addictions (Consejo Español sobre Drogas y Adicciones) |
| CICAD-OAS; CICAD-OEA | Inter-American Drug Abuse Control Commission Organization of American States (Comisión interamericana para el Control del Abuso de Drogas – Organización de los Estados Americanos) |
| ICD; CIE | International Classification of Diseases (Clasificación Internacional de Enfermedades) |
| CITCO | Intelligence Centre against Terrorism and Organized Crime (Centro de inteligencia contra el Terrorismo y el Crimen Organizado) |
| DGPNSD | Government Delegation for the National Plan on Drugs (Delegación del Gobierno para el Plan Nacional sobre Drogas) |
| DGOJ | Directorate General on Gambling (Dirección General de Ordenación del Juego) |
| DGVG | Government Delegation on Gender-based Violence (Delegación del Gobierno para la Violencia de Género) |
| DSM | Diagnostic and Statistical Manual of Mental Disorders (Manual Diagnóstico y Estadístico de los Trastornos Mentales) |
| ECDC | European Centre for Disease Prevention and Control (Centro Europeo de Prevención y Control de Enfermedades) |
| NDS (END) | National Drugs Strategy 2009-2016 (Estrategia Nacional sobre Drogas 2009-2016) |
| NSA (ENA) | National Strategy on Addictions 2017-2024 (Estrategia Nacional sobre Adicciones 2017-2024) |
| EMCDDA | European Monitoring Centre on Drugs and Drug Addiction (Observatorio Europeo sobre Drogas y Toxicomanías) |
| ESTUDES | Survey on Drug Use in Secondary Education in Spain (Encuesta sobre Uso de Drogas en Enseñanzas Secundarias en España) |
| EDADES | Survey on Alcohol and other Drugs in Spain (Encuesta sobre Alcohol y otras Drogas en España) |
| FFAA | Armed Forces (Fuerzas Armadas) |
| FEHR | Spanish Hospitality Federation (Federación Española de Hostelería) |
| FEJAR | Spanish Federation of Rehabilitated Gamblers (Federación Española de Jugadores de Azar Rehabilitados) |

| | |
|---------------------|---|
| FEMP | Spanish Federation of Municipalities and Provinces (Federación Española de Municipios y Provincias) |
| HDG; GHD | Horizontal Drugs Group (Grupo Horizontal Drogas) |
| WG; GT | Working Group (Grupo de Trabajo) |
| IIPP | Penitentiary institutions (Instituciones Penitenciarias) |
| I. Mujer | Women's Institute (Instituto de la Mujer) |
| SI; IS | Social incorporation (Incorporación Social) |
| MoU | Memorandum of Understanding (Memorándum de Entendimiento) |
| MSCBS | Ministry of Health, Consumer Affairs and Social Welfare (Ministerio de Sanidad, Consumo y Bienestar Social) |
| NPS; NSP | New Psychoactive Substances (Nuevas Sustancias Psicoactivas) |
| OEDA | Spanish Observatory on Drugs and Addictions (Observatorio Español de Drogas y Adicciones) |
| WHO | World Health Organization (Organización Mundial de la Salud) |
| PAHO/OPS | Pan American Health Organization (Organización Panamericana de la Salud) |
| NGO; ONG | Non-Governmental Organization (Organización no Gubernamental) |
| APA; PLAD | Action Plan on Addictions (Plan de Acción sobre Adicciones) |
| PLD | Local Drug Plan (Plan Local sobre Drogas) |
| PNSD | National Plan on Drugs (Plan Nacional sobre Drogas) |
| DR; RD | Demand Reduction (Reducción de la Demanda) |
| REPER | Permanent Representation of Spain (Representación Permanente de España) |
| SEWS; SEAT | Spanish Early Warning System (Sistema Español de Alerta Temprana) |
| ISCDA;SIAD | Interdisciplinary Service for the Care of Drug Addicts (Servicio interdisciplinar de Atención a las Drogodependencias) |
| Sc.Ss; SSCC | Scientific Societies (Sociedades Científicas) |
| ICT; TICs | Information and communication technologies (Tecnologías de la información y la comunicación) |
| EU; UE | European Union (Unión Europea) |
| UNAD | Union of Associations and institutions of Care for Drug Addicts (Unión de Asociaciones y Entidades de Atención al Drogodependiente) |
| UNGASS | United Nations General Assembly on the world drug problem (Asamblea General de las Naciones Unidas sobre el problema mundial de las drogas) |
| UNODC; ONUDD | United Nations Office on Drugs and Crime (Oficina de Naciones Unidas contra la Droga y el Delito) |
| HCV; VHC | Hepatitis C Virus (Virus de la Hepatitis C) |
| HIV; VIH | Human Immunodeficiency Virus (Virus de inmunodeficiencia Humana) |



MINISTERIO
DE SANIDAD, CONSUMO
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SECRETARÍA DE ESTADO
DE SERVICIOS SOCIALES

DELEGACIÓN DEL GOBIERNO
PARA EL PLAN NACIONAL
SOBRE DROGAS