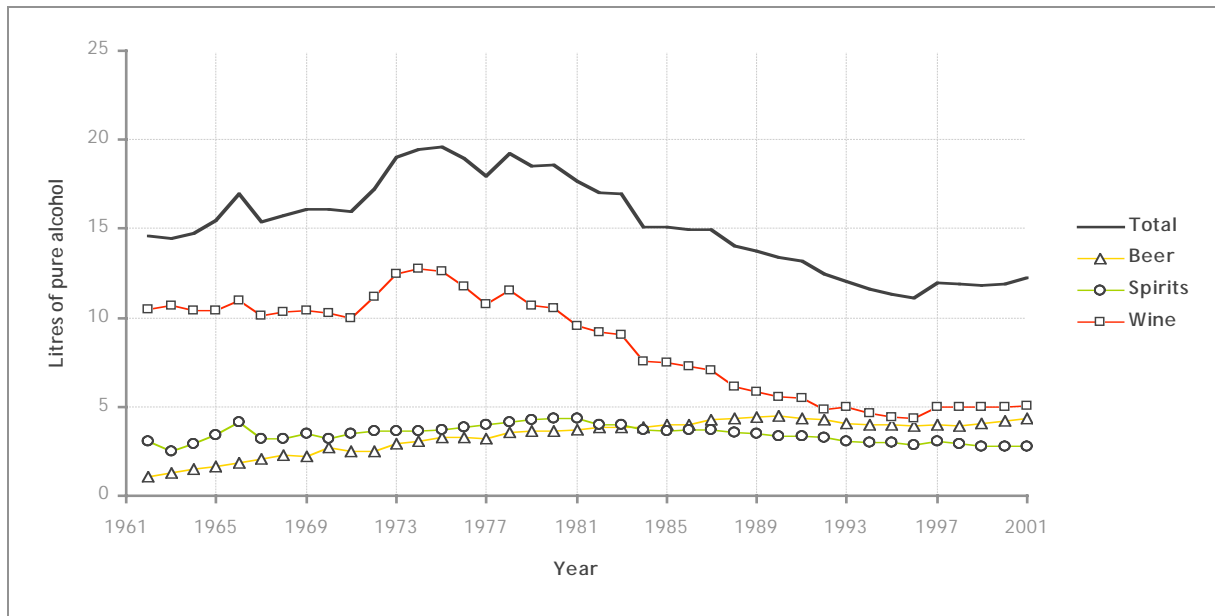


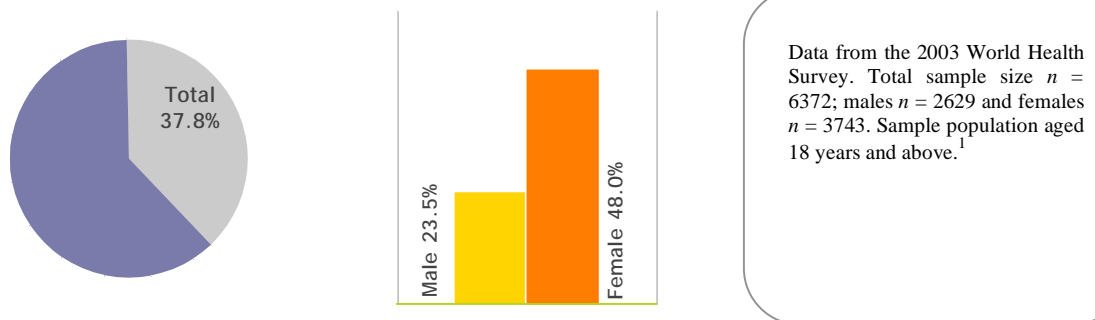
SPAIN

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Lifetime abstainers



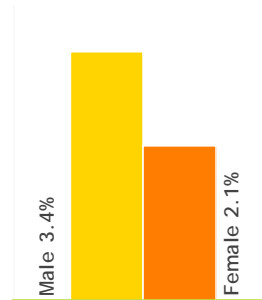
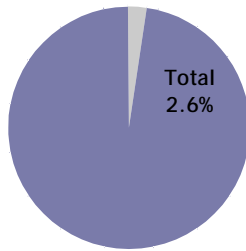
According to the *Drug Abuse Household Survey* of 2003 among people aged 15-64 ($n=12,033$ people), the proportion of lifetime abstainers was found to be 11.4% (6.2% males; 16.7% females). The proportion of last year abstainers was 23.4% (15.5% males; 31.6% females), and the proportion of last 30 days abstainers was 35.9% (24.2% males; 47.9% females). These proportions have risen slightly since 1997 (rise from 9.4% to 11.4% for lifetime abstainers, 21.5% to 23.4% for last year abstainers).¹⁹

According to the 2001 National Health Survey (total sample size $n = 22\ 012$; sample population aged 16 years and above), the rate of lifetime abstainers was found to be 37% (total), 22.7% (males) and 50.4% (females).²

According to the 2003 WHO GENACIS Study (regional survey; total sample size $n = 1377$, males $n = 688$ and females $n = 689$; age range 20 to 64 years), the rate of last year abstainers was 37.7% (total), 26.9% (males) and 48.7% (females).³

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 7% (males) and 24% (females). Data is for after year 1995.⁴

Heavy and hazardous drinkers



Data from the 2003 World Health Survey. Total sample size $n = 6372$; males $n = 2629$ and females $n = 3743$. Sample population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.¹

According to the 2003 WHO GENACIS Study (total sample size $n = 1377$, males $n = 688$ and females $n = 689$, age range 20 to 64 years; regional survey), the rate of heavy and hazardous drinking among the total population was 12.9% for men and 8% for women. Heavy and hazardous drinking was defined as daily consumption of 40 g or more of pure alcohol for men and 20 g or more of pure alcohol for women.³

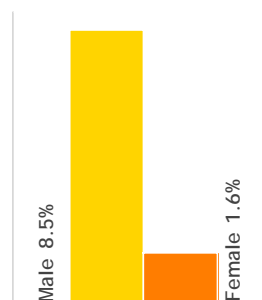
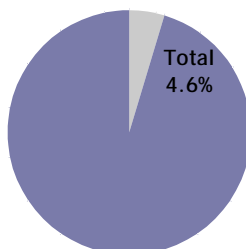
According to the 2001 National Health Survey (total sample size $n = 22\,012$; sample population aged 16 years and above), the rate of excessive drinkers was found to be 1.7% (total), 3.2% (males) and 0.2% (females). Excessive drinking was defined as consumption of more than 700 ml of pure alcohol per week.²

The 2003 *Drug Abuse Household Survey* shows that 5.3% (7.4% males and 3.1% females) of the 15-64 year old population are hazardous drinkers (criteria: ≥ 50 ml/day, in men, and ≥ 30 ml/day, in women). This figure is about the same of 2001. Drunkenness in the last 12 months has increased from 18.7% (26.5% males; 10.7% females) in 2001 to 21.2% (29.6% males; 12.7% females) in 2003.¹⁹

According to the 2003 World Health Survey (total sample size $n = 3569$; males $n = 1942$ and females $n = 1627$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 8.1 (total), 11.1 (males) and 4.6 (females).¹

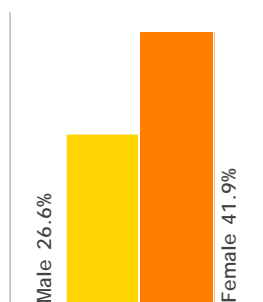
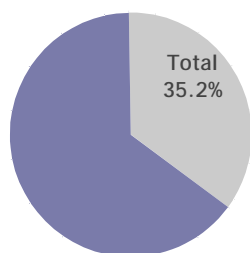
The 1997 National Health Survey with a representative sample of non-institutionalised Spaniards over the age of 16 ($n=6396$) found that 53.2% of respondents were weekly drinkers. Mean alcohol consumption among weekly drinkers was 22.6 g/day. Of weekly drinkers, 72.3% were light, 21% moderate and 6.7% heavy drinkers. 23.7% of the total sample surveyed were daily drinkers. Daily drinkers consumed a mean average of 40.7 g/day. As regards daily drinkers, 51.2% were light, 35.3% moderate and 13.5% heavy drinkers (light consumption for men was 21 units or less a week and for women 14 units or less a week; moderate consumption for men was 22 to 50 units a week and for women 15 to 35 units a week; heavy consumption for men was more than 50 units a week and for women more than 35 units a week.⁵ The Spanish standard drink unit was set at 10 grams of pure ethanol, as opposed to the 8g when the drinking definitions were originally established).²⁰

Heavy episodic drinkers



Data from the 2003 World Health Survey. Total sample size $n = 6372$; males $n = 2629$ and females $n = 3743$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Youth drinking (lifetime abstainers)



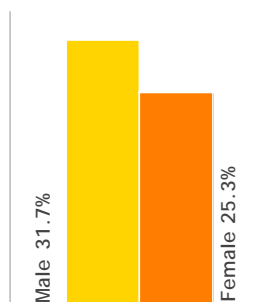
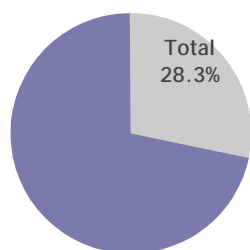
Data from the 2003 World Health Survey. Total sample size $n = 405$; males $n = 187$ and females $n = 218$. Sample population aged 18 to 24 years old.¹

A study comparing two surveys among high school students in Barcelona aged between 13 and 20 years old: one in 1992–1993 (total sample size $n = 1137$; 53.8% male and 46.2% female) and another in 1994–1995 (total sample size $n = 1094$; 53.3% male and 46.7% female) found that the lifetime prevalence rate of alcohol use was 92.5% in the 1992–1993 sample and 77% in the 1994–1995 sample. The percentages of drinkers consuming (for men) more than 280 g pure alcohol per week (about 40 g per day) and (for women) more than 168 g of pure alcohol per week (about 24 g per day) were 8.8% of males and 7.8% of females in 1992–1993 and 7.4% of males and 8.4% of females in 1994–1995. Case-control studies indicate that alcohol-related risks are much higher at these levels of consumption.⁶

A representative sample of 14-19 schools students in Catalonia in 2001 ($n=6,952$) showed that 89% of girls and 84% of boys had consumed alcohol at some point in their life.²¹

The biannual 2004 School Survey on Drugs of the National Plan on Drugs among 14-18 year-old students ($n= 25,521$ from 573 private and public schools) showed that 80.6% had drunk at some stage, starting on average at 13.7 years old. 79.8% had drunk in the last year, and 64.0% in the last 30 days. Lifetime consumption has risen from a low of 75.7% in 2002, with similar rises also visible from lows in 2002 of 74.8% for last-year drinking and 55.1% for past-30 day drinking.^{22, 23}

Youth drinking (drink at least weekly)

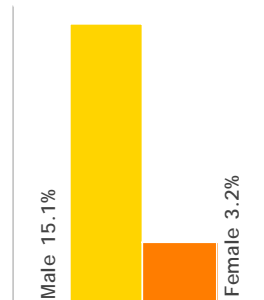
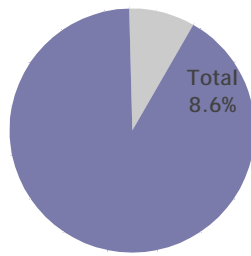


HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1756$.⁷

A representative sample of 14-19 schools students in Catalonia in 2001 ($n=6,952$) showed that 89% of girls and 84% of boys had consumed alcohol at some time; 30% of girls and 25% of boys were drinking at weekends. 57% of girls and 52% of boys had been drunk in their lifetime.²¹

The biannual 2004 School Survey on Drugs of the National Plan on Drugs among 14-18 year-old students ($n= 25,521$ from 573 private and public schools) showed that the age of starting weekly consumption was 15.1 years. Adolescents mainly drink at the weekend in pubs and discos (74%), on the streets or parks (38.1%) or in bars and coffee-shops (31.1%), and their preferred drinks are mixed drinks (spirits + soft drinks).^{22,23}

Youth drinking (heavy episodic drinkers)



Data from the 2003 World Health Survey. Total sample size $n = 405$; males $n = 187$ and females $n = 218$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1756$), the proportion of 15-year-olds who reported ever having been drunk two or more times was 24.7% for boys and 25.9% for girls.⁷

The biannual 2004 School Survey on Drugs of the National Plan on Drugs among 14-18 year-old students ($n = 25,521$ from 573 private and public schools) showed that 46% had got drunk in their life and 27.3% in the previous month, with a mean of 2.7 drunkenness episodes. Past-month drunkenness was reported by 19.4% of adolescents in 2002 but by 27.3% in 2004. The risk perception has also decreased in parallel, with only 39.3% perceiving some risk in drinking 5/6 drinks at the weekend (42.9% in 2002).^{22,23}

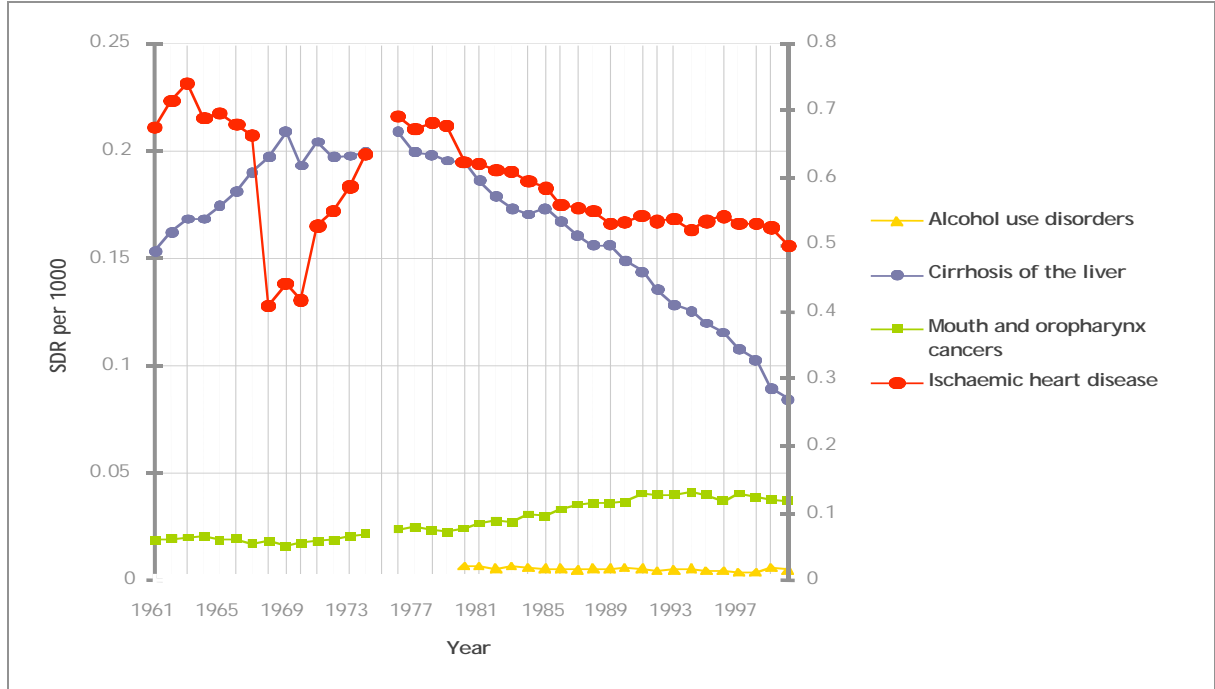
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Spain is estimated to be 1.0 litre pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).⁴

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

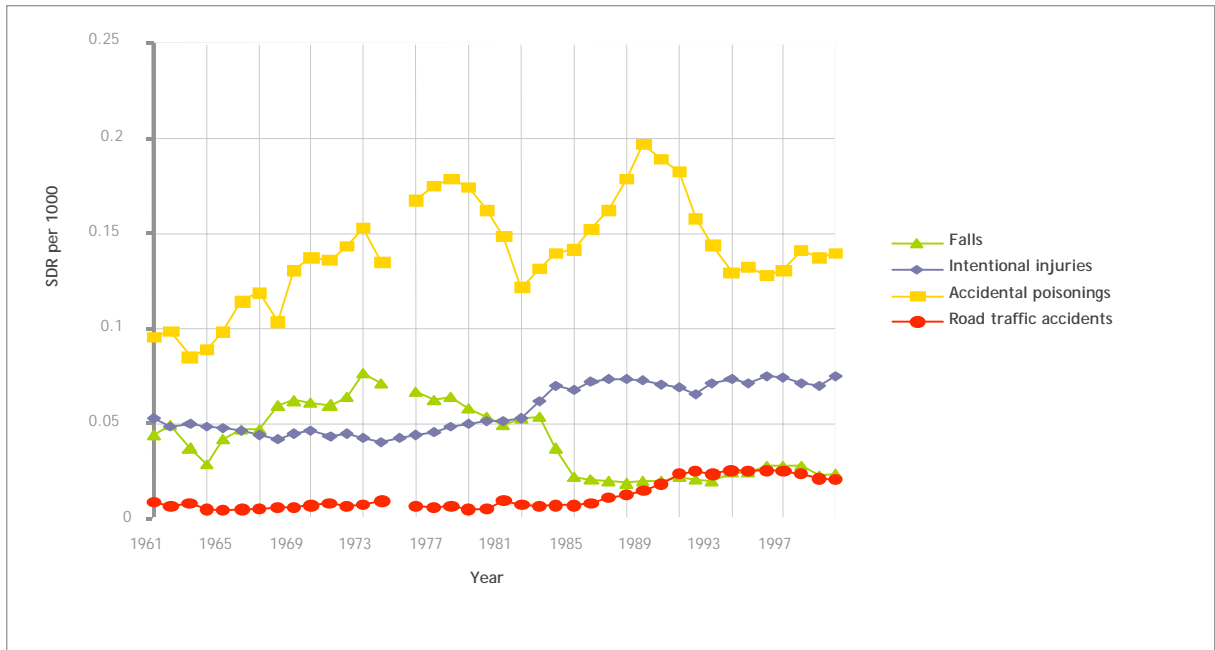
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

A study reported that 17% of all occupational accidents can be attributed to alcohol consumption.⁸

According to official statistics for 1998, 41% of all fatal traffic crashes were alcohol-related and 29% were over the illegal limit (80 mg/100 ml).⁹

The mortality rate for various chronic disorders per 100,00 inhabitants in 2001 (2000; 1999) was 0.85 (0.70, 0.82) for alcohol use disorders; 14.5 (15.3; 16.0) for cirrhosis of the liver; 5.4 (5.5.; 5.5) for mouth and oropharynx cancers; 60.2 (62.8; 64.8) for myocardial infarction and 35.3 (36.6; 37.9) for other ischaemic heart diseases.²⁴

The mortality rate for various acute disorders per 100,00 inhabitants in 2001 (2000; 1999) was 3.66 (3.76; 3.67) for falls, 7.85 (8.50; 8.21) for suicide and self-harm, 1.03 (1.03; 0.88) for homicide and intentional injury, 1.64 (1.75; 1.88) for accidental poisoning for psychotropic drugs and abuse substances, and 14.0 (15.1; 15.1) for road traffic accidents.²⁴

Since 1998, the number of road traffic fatalities has been: 6,154 (1998), 5,799 (1999), 6,019 (2000), 5,696 (2001), 5,347 (2002), and 5,400 (2003).²⁴ In 2003, there were 5,399 traffic fatalities, 26,300 severe casualties and 124,330 non-severe injuries.²⁵

Alcohol above 0.3 g/litre was found in 37.3% of analysed cases (40.2% males; 11.2% females). In 26% of dead drivers, the BAC was above the legal limit (0.5 for drivers in general and 0.3 for professional and novice drivers), with levels of > 1.5 g/l in most of the cases. The age group with the most BAC positive fatal crashes was 31-40 year-olds (45%), followed by the 21-30 age group (40.5%). The percentage of drivers with a positive BAC rose 1999-2001 before returning to the 1999 level in 2002-3. Dead pedestrians were found to have a positive BAC in 31.5% of cases (42.4% males; 12.6% females).²⁴

Variables associated with being admitted in an emergency department with a traffic crash and a positive BAC (≥ 0.2 g/l) have been studied among an adult sample as part of research into a brief intervention. Related characteristics were found to be being male (OR 2.5, CI 95% [1.2-5.4]), in need of hospitalisation (OR 2.7, CI 95% [1.3-5.4]), and attending at the weekends (OR 3.6, CI 95% [2.0-6.7]) during the night (10.00 p.m. to 5.59 a.m.) (OR 4.6, CI 95% [2.0-10.4]) or morning hours (6.00 a.m. to 1.59 p.m.) (OR 3.6, CI 95% [1.5-8.5]).²⁵

Night-time fatal crashes and male-driver single-vehicle night-time fatal crashes was found to be strongly associated with alcohol-related fatal crashes in Spain. No relationship was observed between night fatal crashes and alcohol consumption at the population level. The traffic crashes death rate was statistically associated with the gross domestic product, the relationship being mainly attributable to changes in the km travelled.²⁶

A 1993 study looking at patterns of alcohol consumption among Spanish drivers (1016 men and 484 women) found that those who drove regularly were more likely to drink and had a higher alcohol intake. The majority of drinkers recognized that they drove after drinking and 14.3% even acknowledged that last year on some occasions they drove "in a drunken state". Drinking and driving was more frequently reported by men than by women. Drinking patterns were also related to self-report road accidents in the past three years: 25.3% of regular drinkers were involved in road accidents, a considerably higher frequency of accidents than that found among occasional drinkers (19%), former drinkers (12.2%) or abstainers (12.9%).¹¹

A study looking at the association between regular alcohol consumption and accidents found that for the occurrence of any type of accident, the odds ratios for the 16 to 25 years age group were: 1.37 for moderate drinkers, 1.87 for great drinkers and 2.55 for heavy drinkers. The odds ratios for the 25 to 44 years age group were 1.28, 1.65 and 2.11 for the same levels of consumption.¹⁴

A study found that of a total of 2913 admissions to the Internal Medicine Unit of a hospital in the Canary Islands, in 278 cases (9.5%), heavy alcohol consumption was present (drinking alcoholic beverages in excess of 80 g for males and 40 g for females daily). The majority of heavy drinkers are men (90.69%).¹²

In a 2000 study looking at acute intoxications attended at the Emergency Services of the Hospital "Doce de Octubre" of Madrid, alcohol was found to be the predominant non-pharmacological toxic substance involved (representing 75% of non-pharmacological toxic substances involved).¹³

A time series analysis conducted for the period 1950–1995 found that total alcohol sales was positively and statistically significantly associated with the homicide rate in Spain.¹⁵

In a study describing death rates and years of life lost prematurely (YLLP) in relation to alcohol consumption in the Canary Islands, it was found that between 1980 and 1998, the number of alcohol-related deaths was 12 614, averaging 6.4% per year and with a male-to-female ratio of approximately 2:1. The main causes of death and YLLP in both men and women were malignant neoplasms, diseases of the digestive system, and alcohol-related accidents, although accidents were by far the main cause producing 50.6% of alcohol-related YLLP in men and 55.5% in women.¹⁶

A recent study identified five variables on which performance by children of alcoholic parents was poorer: intelligence, repeating a grade, low academic performance, skipping school days and dropping out of school.¹⁸

Country background information

Total population 2003	41 060 000	Life expectancy at birth (2002)	Male	76.1
Adult (15+)	35 311 600		Female	83.0
% under 15	14	Probability of dying under age 5 per 1000 (2002)	Male	5
Population distribution 2001 (%)			Female	5
Urban	78	Gross National Income per capita 2002	US\$	14 430
Rural	22			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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