Gender perspective and behavioural addictions in regional addiction plans. A reality to be taken into account

Perspectiva de género y adicciones comportamentales en los planes autonómicos de adicciones. Una realidad a tener en cuenta

Sara González-Álvarez, Marta Ruiz-Narezo, Josu Solabarrieta

Facultad de educación y deporte. Universidad de Deusto, España

ORCID Sara González-Álvarez: https://orcid.org/0000-0002-7456-7275

ORCID Marta Ruiz-Narezo: https://orcid.org/0000-0002-6834-6070

ORCID Josu Solabarrieta: https://orcid.org/0000-0002-8350-6300

Recibido: 18/06/2024 · Aceptado: 18/10/2024

Cómo citar este artículo/citation: González-Álvarez, S., Ruiz-Narezo, M., & Solabarrieta, J. (2024). Gender perspective and behavioural addictions in regional addiction plans. A reality to be taken into account. *Revista Española de Drogodependencias*, *49*(4), 30-43. https://doi.org/10.54108/10095

Abstract

The Regional Addiction Plans set the roadmap for preventing, coordinating, and treating addictions in Spain's Autonomous Communities. This article examines these specific plans, as well as the mental health and preventive plans of the Autonomous Communities in Spain, to understand how what are termed behavioural addictions and the gender perspective are included. Other frameworks of interest are also reviewed, such as the Spanish National Strategy on Addictions (ENA). Through this analysis, we seek to comprehend the way in which the approach strategy is structured around these two highly relevant concepts in Spain, identifying elements that may offer valuable insights for developing future documents, plans, and interventions.

Keywords

Behavioural addictions; Regional addiction plans; Gender perspective.

– Correspondence::
Ana Estévez
Email: aestevez@deusto.es

Resumen

Los planes autonómicos de adicciones marcan la hoja de ruta en materia de prevención, coordinación y tratamiento de las adicciones en las comunidades autónomas. En este artículo se realiza una revisión de los planes autonómicos de adicciones, de los planes de salud mental y de los planes preventivos de las comunidades autónomas de España, para conocer cómo se realiza la inclusión de las denominadas adicciones comportamentales y de la perspectiva de género en el documento. También se revisan otros documentos de interés, como la Estrategia Nacional de Adicciones. Mediante esta revisión se busca comprender el modo en el que se está estructurando la estrategia de abordaje alrededor de estos dos conceptos tan importantes en España, señalando aquellos puntos que puedan resultar de interés para la creación de futuros documentos, planes o intervenciones.

Palabras clave

Adicciones comportamentales; Planes autonómicos de adicciones; Perspectiva de género.

1. INTRODUCTION

Behavioural addictions, non-substance addictions, and excessive behaviours that can result in addiction are some of the concepts that are commonly used to group together a series of behaviours that, despite not involving substances, bear similarities with addictions or substance abuse. Examples of behaviour that can be classified as behavioural addictions are pathological gambling, gaming disorder, and problematic Internet use (Departamento de Salud del Gobierno Vasco, 2017; González, 2020).

Both phenomena, substance and non-substance addictions, typically begin in adolescence. While such experimentation is common for this age group, it sometimes needs to be addressed (Santibáñez et al., 2020). Addictions, whether involving substances or not, share important challenges in key areas such as prevention, treatment, and potential cognitive impairment (Buiza-Aguado et al., 2017; González-Bueso et al., 2018; Lopez-Fernandez, 2018; Small et al., 2020; Yau & Potenza, 2015).

In spite of these similarities, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies almost all behaviours with addictive characteristics as impulse control disorders, with two exceptions. The first to be reclassified as an addictive disorder in the DSM-5 was

pathological gambling, making it the first officially recognised behavioural addiction. The second, included in section III, is Internet Gaming Disorder, with behaviours that should be further studied due to their relevance (American Psychiatric Association (APA), 2013; González-Bueso et al., 2018; González, 2020; Yau & Potenza, 2015).

For its part, the International Classification of Diseases (ICD-11) does not classify most of these behaviours as addictive disorders either, with the exception of the aforementioned pathological gambling. The main difference with the DSM-5 is that the ICD-11 includes gaming disorder, both online and offline, as an addictive disorder (APA, 2013; World Health Organization (WHO), 2020).

The complexity of terminology is an obstacle that prevents a consensual classification in diagnostic manuals. However, the fact that these differences exist does not mean there is no problem, and citizens have been demanding solutions (González, 2020).

Given this reality, the ENA (Spanish National Strategy on Addictions), EDADES (*Survey on Alcohol and Other Drugs in the General Population in Spain*) (Tristán et al., 2020), ESTUDES (*Survey on Drug Use in Secondary Education in Spain*) (Tristán et al., 2020), as well as the various Regional Addiction Plans, have had to be updated and adapted to respond to this new state of affairs (González, 2020; Tristán et al., 2020). Since 2014, both EDADES and ESTUDES have included questions on compulsive Internet use and gambling, while a section on video game use was added to ESTUDES in 2018 but not EDADES (Tristán et al., 2020).

Meanwhile, ENA 2017-2024 has incorporated behavioural addictions across all its strategies, prioritising pathological gambling and addictive behaviours that may arise from new technologies and the use of screens (Delegación del Gobierno para el Plan Nacional Sobre Drogas (DGPNSD), 2017; Tristán et al., 2020).

The Regional Addiction Plans are also being updated in this respect, though not all Autonomous Communities are doing so at the same pace, nor are they focusing on the same problems. These plans have to follow the line of work of previous plans, paying special attention to state and Autonomous Community regulations, current legislation, and the reality of the Autonomous Community itself.

In light of the importance of these updates, this article carries out a review of documents of interest, such as the ENA and the Regional Addiction Plans. The objective is to understand how the strategy for tackling behavioural addictions in Spain is being structured and the inclusion of the gender perspective.

2. REGIONAL ADDICTION PLANS

The Autonomous Communities in Spain draw on European, national, and regional documents, strategies, and conceptual frameworks to design their Regional Addiction Plans. Along with research into the realities and needs of the population, these documents serve to develop theoretical frameworks that contextualise actions and programmes. The actions included in the plans not only reflect this theoretical

framework but are also the roadmap for the interventions to be carried out during the plan's period of validity. Consequently, whether or not a Regional Addiction Plan includes behavioural addictions or the gender perspective (discussed in greater depth in section 3) will play a role in influencing the prevention and treatment strategies for these issues in the Autonomous Community.

Thus, Regional Addiction Plans can be coordinated with various strategies, framework documents, and benchmarks, both at the international and national level. For example, at the European level, there is the European Union Drugs Strategy 2021-2025, and at the national level, the ENA. Other documents may also be relevant, such as the Regional Addiction Plans of other Autonomous Communities and regional strategies like the strategic health frameworks and mental health plans (DGPNSD, 2017; European Union (EU), 2021).

Several of these documents provide a guide for designing Regional Addiction Plans, such as the ENA, which has six cross-cutting areas of work. Although it has a clear macro-social perspective, its theoretical design is frequently an archetype for creating institutional documentation (DGPNSD 2017). The importance given to scientific evidence and literature review stand out in the ENA. One such example is the review of the role played by new technologies as a gateway and enhancer of certain addictive behaviours (DGPNSD 2017).

Although many of the behaviours analysed by the ENA are not recognised as addictions in the DSM-5 or ICD-11, it acknowledges that current research seems to point to broad similarities with substance addictions (APA, 2013; DGPNSD, 2017; González, 2020; WHO, 2020). According to authors such as Buiza-Aguado et al. (2017), González-Bueso et al. (2018), Lopez-Fernandez (2018), Small et al. (2020), and Yau and Potenza (2015), these similarities range from phenomenology to treatment and prevention, including ages of onset, comorbidity, functional impairment, epidemiology, and neurobiological mechanisms, among others.

The significance of these similarities is reflected in the inclusion of behavioural addictions in one of the ENA's core dimensions, which emphasises not only gambling but also video games and other addictions that may develop through new technologies (DGPNSD 2017).

2.1 Regional Addiction Plans in Spain

This section focuses on reviewing and examining the Regional Addiction Plans at a national level. Table 1 provides a summary of the current situation of behavioural addictions in the various Regional Addiction Plans across Spain. For this purpose, the following points have been studied: 1) whether the Autonomous Community currently has a Regional Addiction Plan, 2) the dates on which it has been in effect, 3) any relevant observations, and 4) the percentage of actions aimed at targeting behavioural addictions relative to the total number of actions in these plans. This analysis has been carried out using the subsequent formula:

$$\left(\frac{\textit{no. of actions in the plan that include behavioural addictions}}{\textit{total no. of actions in the plan}}\right)$$

Table 1. Percentage of behavioural addictions in Regional Addiction Plans

Autonomous Community	RA Plan	Dates	Observations	Weight of BA (%)
Galicia	No	-		-
Valencian Community	No	-		-
Balearic Islands	No	-		-
Autonomous City: Melilla	No	-		-
Autonomous City: Ceuta	No	-		-
Madrid	No	-	MHP and RA Plan in conjunction	-
Principality of Asturias	No	-	Included in MHP	-
Cantabria	No	-	Included in MHP	-
Castilla-La Mancha	No	-	Included in MHP	-
Navarre	No	-	Prevention plan	-
La Rioja	No	-	Prevention plan	-
Canary Islands	Yes	2022 - 2024		25
Basque Country	Yes	2017 - 2021		22
Aragon	Yes	2018 - 2024		23
Catalonia	Yes	2019 - 2023		93
Castilla y León	Yes	2017 - 2021		0
Extremadura	Yes	2018 - 2023		51
Region of Murcia	Yes	2021 - 2026		60
Andalusia	Yes	2016 - 2021		50

Note: RA Plan = Regional Addiction Plan; BA =Behavioural addictions; MHP= Mental Health Plan

As shown in Table 1, Galicia, Valencia, the Balearic Islands, and the autonomous cities of Ceuta and Melilla do not currently have a Regional Addiction plan.

Similarly, Madrid, the Principality of Asturias, Cantabria, and Castilla-La Mancha do not have a Regional Addiction Plan as such but state that it is included in their corresponding Autonomous Community's Mental Health Plan (MHP). After reviewing the MHP associated with these Autonomous Communities, it could be concluded that when the Regional Addiction Plan is included in the MHP, it is typically less in-depth, as it does not have its own sections, analysis of the situation, or specific actions, among other issues (Consejería de Sanidad. Servicio Regional de Salud, 2017; Consejería de Sanidad y Servicios Sociales, 2015; Oficina Regional de Coordinación de Salud Mental y Adicciones, 2022).

Considering the social relevance and repercussions of addictions, with or without the involvement of substances, it is surprising to limit their theoretical framework, analysis, and actions to a few lines in the MHP. Moreover, these plans tend to be mainly oriented

towards work in hospitals and specialised units and do not usually include psychological or socio-educational treatment and intervention centres for addictions with or without substances.

Regarding the MHP of the Principality of Asturias, it differentiates between substance addictions and non-substance addictions, using the term addictive behaviours for the latter. This term includes behaviours related to gambling and all those related to the excessive use and abuse of Information and Communication Technologies (ICT), though it does not specify which behaviours are included. The MHP acknowledges the need to create a new plan for addictions that is independent of the mental health plan (Consejería de Salud del Principado de Asturias, 2023).

In the case of the Cantabrian plan, although it recognises sex, gambling, and the Internet as addictive behaviours, none of these interventions are developed in the MHP (Consejería de Sanidad y Servicios Sociales, 2015; González, 2020).

For Castilla-La Mancha, its MHP makes a single mention of pathological gambling, acknowledging that it should be diagnosed and treated (Consejería de Sanidad. Servicio Regional de Salud, 2017; González, 2020).

Meanwhile, although Navarre does not have a Regional Addiction Plan, it does have a drug and addiction prevention plan. This framework distinguishes between substance-related addictions and behavioural addictions, referencing the Internet, social networks, video games, online and offline gambling, and other new technology-related addictions. It points to a growing concern about the use of these technologies and the impact they may have on children and young people and their socialisation habits. It stresses the critical need to make this problem visible, train professionals, identify and control behavioural addictions, and comply with legislation (Castiella et al., 2018; González, 2020).

Equally, La Rioja has no Regional Addiction Plan either, but like Navarre, it has a drug and addiction prevention plan. This initiative makes a distinction between substance addictions and behavioural addictions, focusing on the latter. It specifically targets addictions associated with the use of ICT by minors, including Internet gambling, online sex addiction, Internet Gaming Disorder, and excessive mobile phone use (Rioja Salud, 2018).

The Community of Madrid has a joint mental health and addiction plan, seeking a combined approach. However, the predominant emphasis of the plan is on the mental health strategy, placing addictions in a secondary position in terms of the actions included. Concerning behavioural addictions, these mainly focus on the relationship between young people and technologies, whether as facilitators of addiction (e.g., online gaming), their dysfunctional use (e.g., cyberbullying), or abuse and/or addiction per se (Oficina Regional de Coordinación de Salud Mental y Adicciones, 2022).

The remaining Autonomous Communities have established a Regional Addiction Plan. Below is a brief description of the analysis carried out after their study.

The addiction plan in Aragon is highly technical and targeted towards coordination and organisation processes. Its content includes non-substance addictions, focusing on both online and offline gambling. In alignment with the ENA, it acknowledges that there is some consensus on behavioural addictions and that,

in certain cases, they may resemble substance addictions and problem gambling (Dirección General de Salud Pública, 2018). Behavioural addictions are mentioned in 23% of the actions, although these are mainly oriented towards pathological or problem gambling.

The proposal from the Basque Country advocates for the need to tackle substance and non-substance addictions, mainly pathological gambling, social networks, digital technologies, and their new applications. The plan draws attention to the widespread use of the Internet and social networks, which facilitate access to online platforms, notably among the younger population. In the section on actions, the terminology "addictions" is used without specifying whether this term also includes behavioural addictions (Departamento de Salud del Gobierno Vasco, 2017). Actions that clearly refer to behavioural addictions represent 22% of the total.

The Catalan plan on drugs and behavioural addictions incorporates the latter. The abbreviation DAC (drogues i les addiccions comportamentals) is employed in its discourse to refer to drugs and behavioural addictions, which are considered equivalent to substance addictions (Estrada et al., 2019). In this plan, behavioural addictions are understood as those linked to new technologies which can facilitate access to online gambling. A major area of concern is the normalisation of gambling and the use of screens, particularly among young people and adolescents (Estrada et al., 2019). In this regard, 93% of the proposed actions are related to behavioural addictions, generally included under the abbreviation DAC (Estrada et al., 2019).

The regional plan for drugs in Castilla y León differs from the others. While it does consider areas of work, it does not mention what actions will be taken within those areas, so it is unknown what exactly the community's work will be (Comunidad de Castilla y León. Consejería de familia e Igualdad de Oportunidades, 2017). Furthermore, there is no reference to non-substance addictions, and pathological gambling is not even included as an addiction (Comunidad de Castilla y León. Consejería de familia e igualdad de oportunidades, 2017; González, 2020).

The concerns of the Autonomous Community of the Canary Islands regarding behavioural addictions are concentrated on gambling (offline or online), video games, and those linked to ICT (such as social networks or the Internet). An analysis and review of addictions are provided in the theoretical framework of the Canarian plan, distinguishing between the concepts of behavioural addictions and substance abuse or substance addictions. Nevertheless, in the objectives and actions section, the term addictions is frequently employed without specifying what type of addiction is being addressed. In this plan, behavioural addictions account for 25% of its actions (Consejería de Sanidad del Gobierno de Canarias, 2022).

The Extremadura addictions plan is characterised by two key factors: a strong inclusion of the gender perspective in the actions of its plan, and the adoption of neutral terminology. Their efforts are directed at addictive behaviours and do not differentiate between substance and non-substance addictions, except in cases when it is necessary, such as when carrying out a situation analysis or specifying a particular action in the plan (Castillo et al., 2019; González, 2020). Behavioural addictions account for 51% of the total number of actions in the plan.

One of the most recently created regional plans on addictions is that of Murcia, which follows in the footsteps of Extremadura's plan. It uses neutral terminology, in this case, addictions, to refer to substance and non-substance addictions (Consejería de Salud. Comunidad Autónoma de la Región de Murcia, 2021). One of the priorities is dedicated to behavioural addictions, specifically gambling, video games, and other addictions through new technologies (Consejería de Salud. Comunidad Autónoma de la Región de Murcia, 2021). Behavioural addictions are present in 60% of the actions.

The Andalusian drug and addiction plan is highly detailed in its actions, with more than 300 concrete actions outlined (González, 2020; Arenas & Ballesta, 2016). This plan makes a distinction between substance addictions, termed "drugs", and behavioural addictions, labelled as "addictions". Furthermore, this strategy separates substance and non-substance addictions throughout its development, both in the theoretical framework and the development of actions. The behavioural addictions considered in this plan are leisure and information technologies, like the Internet, mobile phones, and video games, as well as pathological gambling, whether in its offline or online form (Arenas & Ballesta, 2016; González, 2020). The Andalusian plan has 330 actions, with 50% related to behavioural addictions, which is remarkable given that it is one of the oldest plans analysed.

A number of these plans do not incorporate behavioural addictions in their preventive programmes, which may result in a lost opportunity for effective prevention during childhood and adolescence. Such prevention could act as a safeguard and thus lead to "no use" or responsible use, depending on the case (Becoña, 2007; Lamas et al., 2018a).

3. INCLUDING THE GENDER PERSPECTIVE IN REGIONAL ADDICTION PLANS

Another essential and pertinent factor in an addiction plan is the gender perspective. Including it in a plan, both in the conceptual part and in the actions to be carried out, is a crucial step to align with the principles of universality, solidarity, and equity while adapting to today's new demands (Departamento de Salud del Gobierno Vasco, 2017; Martínez et al., 2021).

A gender-differentiated analysis of needs would make it easier to adapt to the actual requirements of women. Among the fundamental points to be considered in addiction plans are recognising the differences between men and women in substance use and behavioural addictions, equating addictive behaviours and consumption, and implementing gender-sensitive programmes to overcome barriers to treatment access. (Departamento de Salud del Gobierno Vasco, 2017; Martínez et al., 2021).

Framework documents such as the ENA highlight the need to carry out social inclusion programmes with a gender perspective. Given that women face specific challenges, such as family responsibilities, which are less common in men, they require a differentiated and personalised approach. Furthermore, integrating and improving the gender perspective is also crucial in the prevention, approach, and treatment of addictions (Aróstegui & Martínez, 2018; DGPNSD, 2017).

However, this differentiated analysis typically does not include behavioural addictions, despite the fact that gender differ-

ences are indeed relevant. This is also in line with several research studies and manuals, such as those carried out by the Centro de Documentación de Drogodependencias del País Vasco (*Basque Country Documentation Centre on Drug Addiction*), the Federation of Rehabilitated Gamblers (FEJAR), and the Deusto Institute of Drug Dependencies (IDD) (Aróstegui & Martínez, 2018; Bacigaluope & Martín, 2020; Calderón et al., 2019; Deusto Institute of Drug Addiction, 2020a; Lamas et al., 2018b).

Similar to the varying recognition of behavioural addictions, the inclusion of the gender perspective is uneven across Regional Addiction Plans.

The Castilla-La Mancha plan examines the situation of women in the mental health network, their greater demand for care, the delays they suffer regarding diagnosis and treatment, and the lower use of rehabilitation resources. The treatment that women receive is often more complex because they tend to have the role of caregiver in their families. When it is the woman who is ill, it is frequently the case that no one assumes the caregiving role, leaving them helpless. The plan seeks not only to raise awareness among the male population so that they can identify subjective psychological distress, but also to support integration in rehabilitation programmes, aid for family care, and school care programmes for women with minor children under their care (Consejería de Sanidad. Servicio Regional de Salud, 2017; González, 2020).

These concerns are mirrored in the Canarian plan, which adopts a gender perspective in many of its actions and places a different emphasis on women's issues, as reflected in its theoretical framework (Consejería de Sanidad del Gobierno de Canarias, 2022).

The 7th Basque Addiction Plan underscores the parity in alcohol and tobacco consumption, the potential misuse of psychotropic drugs by women, and the need for a gender-sensitive approach (Departamento de Salud del Gobierno Vasco, 2017; Martínez et al., 2021).

The Rioja plan also takes into account how biopsychosocial and cultural factors influence the differentiation between men and women, and that it is paramount to strengthen women's protective factors through self-care and empowerment (Rioja Salud, 2018).

Castilla y León has conducted an analysis of women's role in care interventions, finding that they are often more economically dependent, with a greater tendency to suffer violence and abuse. Furthermore, they face a higher degree of psychological and social vulnerability, typically assuming the role of the head in single-parent families, which is a notable risk factor for worsening situations (Comunidad de Castilla y León. Consejería de familia e igualdad de oportunidades, 2017).

Murcia, for its part, stresses that women frequently face delays in receiving treatment stemming from the difficulties and obstacles they encounter simply because they are women (Consejería de Salud. Comunidad Autónoma de la Región de Murcia, 2021).

The gender perspective is an issue that has been addressed, studied, and transformed into manuals and strategies, but it is not always implemented. In order to continuously improve interventions, it is crucial that the gender perspective is effectively incorporated from the design of the

Regional Addiction Plan to its execution and subsequent evaluation.

In most of the plans studied, it can be observed that the gender perspective is more prevalent in the theoretical sections than in the practical ones, resulting in a dissonance between the theoretical framework and the plan's actions. It is vital to consider not only the differences between men and women but also the gender roles that make it difficult for women to reach resources, feel safe and supported, develop adherence to treatment, have access to support, and achieve complete detoxification and social reintegration.

The current line of work should be continued but adapted to new research emerging from organisations such as Spain's National Drugs Plan, FEJAR, and IDD (Aróstegui & Martínez, 2018; Bacigaluope & Martín, 2020; Calderón et al., 2019; IDD, 2020a; Lamas et al., 2018b), among others.

4. CONCLUSIONS

Beyond the debates surrounding the classification of behavioural addictions, it is clear that they represent a serious concern and that institutions must develop policies to respond to these new situations and promote the social inclusion of those at risk (Buiza-Aguado et al., 2017; Departamento de Salud del Gobierno Vasco, 2017; González-Bueso et al., 2018; González, 2020; Lopez-Fernandez, 2018; Small et al., 2020; Yau & Potenza, 2015). Moreover, these policies should avoid the terminological ambiguity that has been observed in many Regional Addiction Plans, as disregarding this reality could exacerbate inequalities in terms of access to treatment and prevention, among other issues, further perpetuating situations of social exclusion (Elías & Rincón, 2017; González, 2020).

Authoritative references like the ENA highlight how crucial scientific evidence is for designing addiction strategies and plans and the need for ongoing research into the role of new technologies as a gateway and enhancer of addictive behaviours and how these interact with other risk behaviours.

Recognising the problem is only a first step. Regional Addiction Plans must be brought up to date to adapt to current needs and not only concentrate on gambling (offline and online). It is critical that other behavioural addictions, such as problematic Internet use and video games, are also taken into account and adequately incorporated in Regional Addiction Plans, as well as an appropriate analysis of the theoretical framework, the specific requirements of the environment, and prevalence (Calderón et al., 2019; DGPNSD, 2017; González de Audikana et al., 2021; González, 2020; IDD, 2020b; Ruiz-Narezo et al., 2020; Santibáñez et al., 2020; Tristán et al., 2020).

In many of the documents mentioned above, there is a concern about the new channels and forms of access provided by new technologies primarily focused on young people, fueled by public alarm. Nonetheless, that does not mean that we should overlook other groups who are also highly exposed; for instance, numerous studies have shown that women are at a greater risk of excessive use of social networks (Arenas & Ballesta, 2016; Castillo et al., 2019; Comunidad de Castilla y León. Consejería de familia e igualdad de oportunidades, 2017; Consejería de Salud. Comunidad Autónoma de la Región de Murcia, 2021; Dirección General de Salud Pública, 2018; Estrada et al., 2019; González, 2020).

Several Regional Addiction Plans show discrepancies between the theoretical framework and the actions outlined in the plan. No matter how thoroughly a theoretical framework is developed and contextualised, failing to integrate these concerns and technical needs into the actions creates a gap between theory and practice, both of which are vital components. Actions must be developed on the basis of a theoretical framework that is aligned with them, maintaining a consistent argument and methodology.

The sections on prevention also reveal shortcomings, with behavioural addictions typically overlooked, which tends to make these problems invisible and perpetuate them over time. Indeed, this lack of recognition can delay the necessary assistance and care, ultimately leading to more complex problems that require a deeper and more comprehensive approach. A holistic approach, networking, and early care can prevent the onset or development of behavioural addiction (Arenas & Ballesta, 2016; Becoña, 2007; Castillo et al., 2019; Comunidad de Castilla y León. Consejería de familia e igualdad de oportunidades, 2017; Consejería de Salud. Comunidad Autónoma de la Región de Murcia, 2021; Dirección General de Salud Pública, 2018; Estrada et al., 2019; González, 2020; Isorna, 2019; National Institute on Drug Abuse (NIDA), 2003; Sloboda & David, 1997; Tristán et al., 2020).

Mental Health Plans do not appear to be the appropriate framework to address the problem of addictions, indicating the need for a distinct, specific document. That does not imply that it should be excluded from consideration in the health system, particularly in the area of mental health, nor that the various agents should not work together in a coordinated and networked manner. Few Autonomous Communities have Regional Addiction Plans, and of those that do have a document currently in force, not all explicitly refer to behavioural addictions. In fact, these are included in the actions at a percentage rate ranging from 22% in the Basque addiction plan to 93% in that of Catalonia (Arenas & Ballesta, 2016; Estrada et al., 2019; González, 2020; Laespada & Estévez, 2013).

The Catalan and Andalusian plans both incorporate behavioural addictions in their actions carefully and meticulously, yet follow very different strategies. Whereas the Catalan plan uses an inclusive terminology that allows them to treat the phenomenon of addictions as a whole at all times, including both substance and non-substance addictions, the Andalusian plan uses two distinct terminologies to describe this phenomenon: drugs to refer to substance addictions, and addictions to refer to behavioural addictions. Nevertheless, the two strategies allow behavioural addictions to be integrated into the actions more carefully, seeking to achieve a greater proportional presence of behavioural addictions (Arenas & Ballesta, 2016; Estrada et al., 2019; González, 2020).

Finally, the gender perspective should be integrated into all aspects of Regional Addiction Plans, from data collection and analysis to creating actions. What is observed in many of the plans and documents reviewed is how the gender perspective is included within the theoretical framework of the plan, yet not incorporated in detail in the actions (Aróstegui & Martínez Redondo, 2018; Bacigaluope & Martín, 2020; Calderón et al., 2019; DGPNSD, 2017; Departamento de Salud del Gobierno Vasco, 2017; IDD, 2020a; Lamas et al., 2018b; Martínez et al., 2021), thus perpetuating gender inequality.

REFERENCES

Arenas, F., y Ballesta, R. (2016). *III Plan Andaluz sobre Drogas y Adicciones, 2016-2021*.

Aróstegui, E., y Martínez Redondo, P. (2018). *Mujeres y drogas: manual para la prevención de recaídas con perspectiva de género* (Deusto). Universidad de Deusto.

American Psychiatric Association Americana de Psiquiatría. (2013). *Manual diagnóstico y estadístico de los trastornos mentales (DSM-5)* (5th ed.). American Psychiatric Publishing.

Bacigaluope, A., y Martín, U. (2020). *Emakumeak eta psikofarmakoak. Mujeres y psicofármacos* (Drogomedia (Ed.); Vol. 8). Dirección de salud pública y adicciones del departamento de salud de Gobierno Vasco. https://issuu.com/siis/docs/md_08

Becoña, E. (2007). Bases psicológicas de la prevención del consumo de drogas. *Papeles Del Psicólogo*, *28*(1), 11–20.

Buiza-Aguado, C., García-Calero, A., Alonso-Cánovas, A., Ortiz-Soto, P., Guerrero-Díaz, M., González-Molinier, M., y Hernández-Medrano, I. (2017). Psicología Educativa Los videojuegos: una afición con implicaciones neuropsiquiátricas. *Psicología Educativa*, *23*, 129–136. https://doi.org/10.1016/j.pse.2017.05.001

Calderón, C., Ruiz-Narezo, M., Iglesias-López, N., y González, M. (2019). Desigualdades de género en materia de drogas ¿cómo afecta realmente el alcoholismo a las mujeres? *DEUSTO Social Impact Brirfing*, *4*.

Castiella, F., Cava, J., Echauri, M., González, R., Huarte, J., Mateo, M., y Sancha, C. (2018). *III Plan de prevención. Drogas y adicciones 2018 - 2023* (Instituto de salud pública y laboral de Navarra (Ed.)). Gobierno de Navarra.

Castillo, M. M., Corté, M., Gallardo, A., Guijarro, P., Morcillo, M. P., Santos, J. A., y Vas, A. M. (2019). *Plan de Adicciones de Extremadura 2018-2023*.

Comunidad de Castilla y León. Consejería de familia e igualdad de oportunidades. (2017). ACUERDO 22/2017, de 25 de mayo, de la Junta de Castilla y León, por el que se aprueba el VII Plan Regional sobre Drogas (2017-2021). *Boletín Oficial Del Castilla y León*, *Núm. 100*, 19247–19425. https://familia.jcyl.es/web/es/drogas/plan-regional-sobre-drogas.html

Consejería de Salud. Comunidad Autónoma de la Región de Murcia (Ed.). (2021). *Plan regional sobre adicciones 2021 - 2026*. Región de Murcia.

Consejería de Salud del Principado de Asturias (Ed.). (2023). *Plan de Salud Mental de Asturias 2023-2030* .

Consejería de Sanidad del Gobierno de Canarias. (2022). IV Plan Canario sobre adicciones 2022-2024. *Boletín Oficial de Canarias*, *201*, 39322–39414

Consejería de sanidad. Servicio Regional de Salud (Ed.). (2017). *Plan de salud mental de Castilla - La mancha 2017 - 2025*.

Consejería de sanidad y servicios sociales (Ed.). (2015). *Plan de salud mental de Cantabria 2015 - 2019*. Gobierno de Cantabria.

Delegación del Gobierno para el Plan Nacional Sobre Drogas. (2017). *ESTRATEGIA NACIONAL SOBRE ADICCIONES 2017-2024*.

Departamento de salud del Gobierno Vasco (Ed.). (2017). *VII Plan de Adicciones: Euskadi 2017-2021*. Servicio Central de Publicaciones del Gobierno Vasco. https://www.euskadi.eus/contenidos/informacion/acicciones_plan/es_def/adjuntos/VII_plan_adicciones_es.pdf

Dirección general de salud pública (Ed.). (2018). *III plan de adicciones de la comu-*

nidad autónoma de Aragón. 2018 - 2024. Gobierno de Aragón. https://pnsd.sanidad.gob.es/pnsd/planesAutonomicos/mapa/pdf/2019_III_Plan_Adicciones_Aragon_2018_2024.pdf

Elías, A., y Rincón, L. (2017). Políticas que favorecen la inclusión. *Zerbitzuan*, *64*.

Estrada, M., Ibas, A. M., Ruiz, G., y Segura, L. (2019). *PLA de DROGUES i ADDICCIONS COMPORTAMENTALS 2019-2023* (Agència de salut pública de Catalunya. Sistema de salut de Catalunya (Ed.)). Generalitat de Catalunya.

González-Bueso, V., José Santamaría, J., Fernández, D., Merino, L., Montero, E., y Ribas, J. (2018). Association between Internet Gaming Disorder or Pathological Video-Game Use and Comorbid Psychopathology: A Comprehensive Review. *International Journal of Environmental Research and Public Health*, *15*(4). https://doi.org/10.3390/ijerph15040668

González de Audikana, M., Ruiz-Narezo, M., Moro, A., y Aróstegui, E. (2021). *Consumo de drogas y conductas de riesgo en la adolescencia*. Graó.

González, S. (2020). *Adicciones comportamentales. Una oportunidad laboral para el educador social* [Universidad de Oviedo]. https://www.eduso.net/wp-content/uploads/2021/02/Adicciones-comportamentales.pdf

Instituto Deusto de Drogodependencias (Ed.). (2020a). *Mujeres y psicofármacos: Avances en drogodependencias*. Universidad de Deusto.

Instituto Deusto de Drogodependencias. (2020b). *Adicciones sin sustancia y otros trastornos del control de los impulsos*. Universidad de Deusto.

Isorna, M. (2019). Elementos centrales que conforman el fenómeno de las adicciones (con y sin sustancia) en la actualidad. In P. municipal sobre drogas Ayuntamiento de Oviedo (Ed.), *XXI Jornadas Municipio y Adicciones*.

Laespada, M. T., y Estévez, A. (Eds.). (2013). ¿Existen las adicciones sin sustancia? Deusto Digital.

Lamas, J. J., Santolaria, R., Estévez, A., y Jáuregui, P. (2018a). *Guía clínica específica. Jóvenes y juego online* (J. J. Lamas y M. V. Micó (Eds.)). Federación Española de Jugadores de Azar Rehabilitados.

Lamas, J. J., Santolaria, R., Estévez, A., y Jáuregui, P. (2018b). *Guía clínica específica. Mujer y juego* (J. J. Lamas y M. V Micó (Eds.)). Federación Española de Jugadores de Azar Rehabilitados.

Lopez-Fernandez, O. (2018). Generalised versus specific internet use-related addiction problems: A mixed methods study on internet, gaming, and social networking behaviours. *International Journal of Environmental Research and Public Health*, *15*(12), 2913. https://doi.org/10.3390/ijerph15122913

Martínez, P., Vicente, O., Martín, M. V, Fernández, A., Rodríguez, G., Echeverría, A. M., Reyes, C., Capdepón, L., Criado, B., Mejía, X., Fratto, V., Molina, C., y Barros, R. (2021). *La perspectiva de género en el ámbito de las drogas y las adicciones. Recursos y experiencias para promocionar y consolidar su aplicación integral*. Red Iberoamericana de ONG que trabajan con drogas y adicciones. https://riod.org/wp-content/uploads/2021/11/RIOD_PERSPECTIVA-GENERO-EN-AMBITO-DROGAS-1.pdf

National Institute on Drug Abuse. (2003). *Preventing Drug Use among Children and Adolescents Acknowledgments. A research-Based Guide for Parents, Educators, and Community Leaders* (U.S. Department of health and human services (Ed.); 2nd ed.).

Oficina Regional de Coordinación de Salud Mental y Adicciones (Ed.). (2022). *Plan*

estratégico de salud mental y adicciones de la Comunidad de Madrid 2022-2024. Dirección General del Proceso Integrado de Salud. Servicio Madrileño de Salud.

Organización Mundial de la Salud. (2020). *CIE-11 - Estadísticas de mortalidad y morbilidad*. https://icd.who.int/browse11/l-m/en#/http%3A%2F%2Fid.who.int%2Ficd%2Fentity%2F1448597234

Rioja salud (Ed.). (2018). *Plan de prevención de adicciones de La Rioja 2018 - 2024*. Gobierno de La Rioja. https://www.infodrogas.org/files/Plan-de-Prevencion-de-Adicciones.pdf

Ruiz-Narezo, M., Santibáñez, R., y de Audikana, M. G. (2020). Modelos y teorías explicativos de las conductas problema en la adolescencia. Recorrido con perspectiva evolutiva. In R. Santibáñez, M. Ruiz-Narezo, y M. G. de Audikana (Eds.), *Factores de riesgo y conductas de riesgo en la adolescencia* (pp. 113–144). Editorial síntesis.

Santibáñez, R., Ruiz-Narezo, de Audikana, M. G., Moro, A., Fonseca, J., y Pérez, J. (2020). *Factores de riesgo y conductas de riesgo en la adolescencia* (R. Santibáñez, M. Ruiz-Narezo, y M. G. de Audikana (Eds.); Editorial síntesis).

Sloboda, Z., y David, S. (1997). *Preventing Drug Use among Children and Adolescents: A research-Based Guide*. National Institute on Drug Abuse.

Small, G. W., Lee, J., Kaufman, A., Jalil, J., Siddarth, P., Gaddipati, H., Moody, T. D., y Bookheimer, S. Y. (2020). Brain health consequences of digital technology use. *DIALOGUES IN CLINICAL NEUROSCIENCE* •, *22*(2), 179–187. https://doi.org/10.31887/DCNS.2020.22.2/gsmall

Tristán, C., Brime, B., Llorens, N., García, N., León, L., López, M., Molina, M., y Sánchez, E. (2020). *Informe sobre Adicciones Comportamentales 2020: Juego con dinero, uso de videojuegos y uso compulsivo de internet en las encuestas de drogas y otras adicciones en España EDADES y ESTUDES* (Observatorio Español de las Drogas y las Adicciones (Ed.)). Ministerio de Sanidad. DGPNSD. https://cpage.mpr.gob.es/

Unión Europea. (2021). Estrategia de la UE en materia de lucha contra la droga 2021-2025. *Diario Oficial de La Unión Europea*, *13932/20*. https://www.boe.es/buscar/doc.php?id=DOUE-Y-2021-70034

Yau, Y. H. C., y Potenza, M. N. (2015). Gambling Disorder and Other Behavioral Addictions: Recognition and Treatment HHS Public Access. *Harv Rev Psychiatry*, *23*(2), 134–146. https://doi.org/10.1097/HRP.0000000000000051