Papeles del Psicólogo, 2007. Vol. 28(1), pp. 21-28
http://www.cop.es/papeles

PREVENTION OF DRUG ABUSE IN SPAIN: THE ROLE OF PSYCHOLOGISTS

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This article sets out to analyze the role of psychology and psychologists in the field of drug prevention. To this end we review the development of this field in Spain, highlighting some of the main contributions made by Spanish psychologists to the improvement of the relevant expertise and practice. Subsequently, we attempt to define the role professionals from our sector should play in drug prevention, as well as the training requirements it involves.
Key words: *Psychology, psychologists, contributions, drug prevention, training, Spain.*

El presente artículo trata de analizar el papel de la psicología y los psicólogos en el campo de la prevención de las drogodependencias. Para ello, proponemos un repaso de la evolución de este campo de trabajo en España, resaltando algunas de las contribuciones hechas por psicólogos que han propiciado la mejora del conocimiento y la práctica. Posteriormente, trataremos de definir el rol que deberían desempeñar los profesionales de nuestro sector en la prevención y las exigencias formativas que ello conlleva.
Palabras clave: *Psicología, psicólogos, aportaciones, prevención de drogodependencias, formación, España.*

INTRODUCTION

In recent years our society has undergone profound changes in numerous important areas: family structure and relationships, predominant values, diverse inter-related cultural variables, the new technologies and the novel forms of learning they have ushered in, new codes of interpersonal communication, and so on. These factors of a sociocultural nature weave unprecedented contexts in which the individual must operate in as adaptive a way as possible.

The use of drugs is one of the new problems our society faces, and a challenge for which, until relatively recently, there was no clear response. The prevention of drug dependence is also a relatively new concept, as is, indeed, prevention in general, and it is only in the last ten years or so that its development has been given the boost it needed, at least in Spain and the rest of Europe.

This intervention strategy has won ground, along with alternative approaches, in efforts to deal with the drug problem and others in which human behaviour plays a central role. Advances in this field have been made progressively, in step with the generation of a body of evidence on which to base preventive activity.

Apart from psychology, many other disciplines have been involved in the construction of this body of knowledge, including anthropology, sociology, epidemiology, statistics, political science and preventive medicine. All have contributed important elements for understanding the phenomenon and for developing intervention strategies, but psychology has undoubtedly played – and continues to play – a central role in these processes.

The body of knowledge developed from psychology, both on the origin and maintenance of the behaviour and on the variables that determine and predict it, confer upon our discipline a protagonism that we should not underestimate, taking advantage of our pivotal position to modify not only behaviours, both of the individual and of the group, but also the contexts and organizations in which they develop.

But what exactly have psychology and psychologists contributed to prevention? What does prevention involve as a new field of work for the psychologist? These are the questions raised in the present work, and in relation to which we shall try to offer some ideas that might help to outline the future role of our profession in this field.

To this end, we shall begin by reviewing the history of prevention in Spain and the role played in it by psychologists. We shall continue by analyzing the activity of psychologists in each area of prevention. Finally, we shall attempt to sketch a professional profile of the

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psychologist involved in prevention that can serve as a guide for determining the training and background necessary for working in this field.

HISTORICAL OVERVIEW OF PREVENTION IN SPAIN AND ITS IMPLICATIONS FOR THE ROLE OF PSYCHOLOGISTS

Here we review the development of prevention in Spain, which can be divided in three stages corresponding roughly to the last three decades. While not pretending to offer an exhaustive review, we shall mention some of the most significant events, stressing the contributions of psychologists.

First stage: the 1980s

The phenomenon of drug dependence and its sudden irruption into Spanish society at the end of the 1970s led first to a significant social response, followed by the introduction of the first government legislation on drugs. This was a time before the sector was professionalized, and when it lacked a body of knowledge on which to base practice.

The year 1985 saw the setting-up of the National Plan on Drugs, followed by regional and municipal initiatives. The National Plan was strongly focused on the treatment of addicts, despite the starting point for its creation being a parliamentary motion aimed at drawing up a "Plan for the prevention of drug use also covering the social reinsertion of drug addicts". This at least indicates the existence of a political will to promote prevention. This government initiative was based on non-specific prevention – that is, aimed at improving living conditions and preventing marginality. It also embraced some elements of prevention that remain in today's conception of it, such as the need for coordination, citizens' participation and the promotion of health as a framework for preventive actions in the area of drug dependence.

At the same time, a series of priorities were established in relation to prevention, such as the implementation of information campaigns in schools, work with parents and teachers, the publication of specialist journals, the promotion of experimental prevention programmes, research on epidemiology and risk factors, and the creation of municipal information and counselling services and social cooperation programmes.

But despite this evident interest, the reality was that in this first period practically all the resources were devoted to the healthcare response to cases of drug dependence. Prevention initiatives were mostly confined to isolated activities in school and community contexts; to campaigns by neighbourhood associations in poor areas, where such problems were close to home, involving mainly the prevention of drug use by minors; to the training of outreach personnel (without a clear idea of whom to recruit); and to a wide range of sporadic and one-off actions. Such initiatives lacked sound bases, were non-specific and fairly unstructured, and depended more on intuition and goodwill than on the expertise and professionalism of those involved.

Somewhat more encouragingly, community prevention committees were set up to serve as models of reference for the work of local organizations.

Little by little the drug-dependence sector became professionalized. At the same time, care and treatment services began to be set up, giving rise to a substantial network which received large quantities of human and material resources.

The creation of healthcare services was key for the development of a whole body of knowledge that grew inductively, that is, from practice to theory. Psychologists played an important role in these services, and apart from their clinical activity they began to be responsible for a series of other tasks, such as management, coordination and planning, thus emerging from their traditional function, focused on direct clinical care and work with individuals.

Their involvement in prevention was at this time much less than in healthcare and treatment, not least because the demand from society was for an immediate response to drug dependence and the social alarm it generated; moreover, it was this area that offered more stable job opportunities.

Second stage: the 1990s

The early 1990s, with the drug-addiction healthcare and treatment network in place and established, saw the gradual introduction from regional and local government of prevention services in which the professional profile was not clearly defined, in contrast to the case of treatment services, where the psychologist had a highly specific role. This meant that professionals from a range of different fields could become involved in this type of resource; psychologists did not consolidate a clear position in these services, and continued to orient their professional interests more towards treatment, where they fitted perfectly and had no problems of adaptation.

Nevertheless, many psychologists formed part of prevention teams, working either in associations – often as volunteers – or within local government, in both prevention and management.

As far as preventive practice was concerned, although the methodology had improved, there were still many one-off or sporadic initiatives, with little or no scientific rigour, deficient planning and almost no systematic assessment, despite the existence of other, more structured and better quality programmes.

But in spite of the technical shortcomings of the early programmes, the fact is that the area of prevention gradually began to take shape, and professionals began to show a concern with improving their expertise and activity. It was around this time that the Spanish Psychological Association began to offer courses on prevention, and there appeared publications in Spanish that facilitated the dissemination of relevant knowledge and information.

This stage also saw the introduction of the so-called IDEA-Prevention system, which systematizes the preventive activity emerging over recent years. This system also has a specialist journal to back it up and help to disseminate knowledge in relation to prevention.

Furthermore, the school context, already recognized as an appropriate one in which to implement preventive actions, became more receptive to such initiatives after the 1990 Education Act (LOGSE), which introduced Health Education throughout the school system. This new legislation made the educational community more sensitive to the need for prevention, and led to the development of school programmes, training courses for teachers and extra-curricular activities related to prevention.

Gradually, the psychologist's work begins to become more well- defined, and to include the design of programmes (school, family, community), their application and assessment, the training of prevention workers and the creation of materials.

At the same time, prevention began to form part of expert and masters courses on drug dependency at several Spanish universities, and a substantial portion of those taking these courses were psychologists.

But the phenomenon had ceased to be a problem affecting only marginal populations. Consumption was increasing in all strata of society and its patterns were changing, not only in relation to the type of consumer, but also to forms of use, the drugs used, the contexts of use and the age of first contact. Prevention programmes began to be diversified and to focus on new objectives and with new populations (alternative leisure programmes, risk-reduction programmes, information and sensitization campaigns for young people, etc.).

In the mid-1990s the National Plan on Drugs drew up a set of Technical Guidelines on the standardization criteria of preventive programmes. These included a series of basic requirements for the design and planning of programmes, many of which were actually generic – that is, useful for the planning of any type of programme, including those of prevention (it was stated that preventive programmes must be suited to needs, define their objectives, be subject to assessment, and so on), which highlights the precarious methodological state of the sector at that time.

In 1996, the Ministries of Health and Education signed an agreement for the promotion of Education for Health in schools, and it was in this framework that a number of relevant actions took place. A review of drug-dependence prevention materials in schools revealed that there were more than 600 types of such material. A pilot project was also introduced in the school prevention context with the application and evaluation of Botvin's Life Skills programme, which is characterized by being inspired entirely in intervention models and methodologies of proven effectiveness derived from psychology.

Prevention in schools becomes generalized, and by 1999 there are more than 40 schools programmes validated and applied by regional governments throughout Spain (PND, memoria 2000). Preventive activity is extended to other areas, such as those of the family, the workplace, the media and leisure; strategies are diversified with alternative leisure and risk-reduction programmes; and prevention begins to embrace the new technologies.

Third stage: 2000 and beyond

The year 1999 sees the drawing-up of the National Strategy on Drugs 2000-2008, which updates and reappraises the responses to the phenomenon of drug dependency, first of all because the phenomenon itself has changed considerably, and secondly because the responses have also undergone changes. This document stresses the need to give priority to prevention in policies on drugs. It has become evident by this stage that there is a need for integrated policies to reduce supply and demand, and for the inclusion of prevention within the framework of health promotion. This document reflects how far prevention has evolved, not only in terms of its

generalization, but also of its conceptual and methodological progress.

This strategic plan also emphasizes the need to consolidate and generalize universal prevention programmes and to promote selective and indicated prevention. Furthermore, attention is drawn to the need to improve the quality of the programmes applied. Finally, there is a recommendation to diversify objectives and areas of activity, among which are the recreational, health and communications media contexts.

Although by this time there has accumulated a large quantity of published research on drug-dependence prevention worldwide, much of it fails to make an impact on professionals in Spain due to the lack of publications and translations in Spanish.

Perhaps in response to the shortage of such literature, significant publications in Spanish begin to appear, produced by psychologists who thus help to bring a large portion of the body of theoretical and empirical knowledge on the subject to a Spanish readership. Elisardo Becoña's (1999) book on theoretical models is of crucial importance, and soon becomes a classic work of reference for those involved in prevention in Spain. Moreover, much more quality literature begins to appear: handbooks for intervention with minors or in leisure contexts; planning guides, catalogues of programmes, and so on (Arbex, 2002; Salvador, 2002; González, Fernández Hermida & Secades, 2004) – in the majority of cases produced by psychologists.

This period sees the continued improvement of the quality of interventions, but there are still considerable shortcomings in aspects related to practice. Despite the fact that clear criteria of prevention have been established, methodological deficiencies still emerge in the design of programmes. Only a small part of what is done is actually evaluated, and there is continual application and investment of resources in actions and programmes of doubtful efficacy; at the same time, others that have demonstrated their effectiveness disappear or are not at all widely used. All of this highlights the gap between theory and practice, which has the effect of making it difficult to use the evidence on prevention in the most advantageous way. It could indeed be said, and quite categorically, that there is plenty of will to work in prevention but a lack of belief in it.

In contrast to the somewhat inconsistent trajectory of prevention, the field of healthcare and treatment has developed strongly, boasting stable services and professionals with well-defined functions. Although there are prevention sections in all the different drug-dependence projects and campaigns, preventive practice is almost always in the hands of NGOs totally dependent on grants and subsidies.

In 2005 the National Strategy on Drugs publishes its interim report, highlighting some deficits, which the Plan of Action for 2005-2008 attempts to correct. Among its most important recommendations is the need to promote prevention in the area of healthcare and in the communications media, in order to provide a response to rising consumption trends, related to significant reductions in the perception of the risks people associate with substance use.

THE CONTRIBUTION OF PSYCHOLOGISTS IN THE DIFFERENT CONTEXTS OF PREVENTION

Psychologists have always understood the importance of their role in the field of drug-dependence. The theoretical-scientific resources and flexibility provided by our discipline and all its areas of study (clinical, educational, community, social, etc.) amply equips us for developing intervention techniques valid in diverse community contexts, for passing on our knowledge to other social agents, for setting up studies to provide solutions to the different problems associated with addictive behaviours, and in sum, for detecting, publicizing and effecting the relevant social changes in this area (Bender, 1972, Silverman, 1978, Costa & López, 1986). In this context the psychologist emerges, together with other social agents, as a crucial figure capable of modifying and influencing environments and individuals to facilitate the development of healthy lifestyles.

As early as 1986, the Spanish Psychological Association had published a series of articles in the journal *Papeles del Psicólogo* (vol. 4 nº 24; January 1986) on psychologists' role in the field of addictions. The editorial to this issue warned of the need to avoid making the same mistakes as other sectors, which had failed to pay sufficient attention to the foundations, quality and consistency of interventions, underlining the need for psychology to propose criteria and strategies guaranteeing a concern for these important aspects.

Looking back, it can indeed be said that psychologists have played an important role in the development of prevention, and have made considerable contributions to its growth. We have not only provided relevant theoretical foundations, but have also carried out research, given important advice for

the progress of policies and intervention, designed, applied, and assessed programmes, and introduced psychological instruments and techniques. It should not be overlooked that many of the programmes in use today, especially educational ones, are constructed on the basis of criteria contributed by psychology.

Psychologists have succeeded in situating themselves in positions that span the continuum covering the theory, practice and management of prevention. Thus, today we find psychologists working in prevention in universities; in specialized departments of central, regional and local government; in the employment context, with prevention services; in diverse types of association and NGO, and so on.

In sum, their unique position in the field and their professional qualifications provide psychologists with the capacity to make substantial contributions to the improvement of expertise and practice in the area of prevention, including:

- **Improvement of the quality of interventions**: psychologists have the training and background that equips them to design and plan quality programmes, becoming guarantors of the methodological rigour of the programmes. They are qualified for initiating the tasks involved, as well as for the management and coordination of prevention teams, given their knowledge of the theoretical bases of psychology. Furthermore, this background and these qualifications provide us with the vision necessary for resolving future issues that arise, along with the flexibility for adapting to new challenges.
- **Integration of theoretical and practical expertise**: the psychologist is in the perfect position for combining the information deriving from theory and practice, that is, for occupying the middle ground between research and action. Their work, in collaboration with that of professionals from other disciplines, permits them to consider perspectives and crucial elements that often provide the key to the success of programmes. In sum, it permits them to adapt programmes from an ecological perspective. We should not forget that this is currently one of the great challenges for prevention: to understand why similar programmes do not yield the same results in different intervention contexts. Likewise, it is necessary to be aware of the keys to good practice. Universities should listen to the professionals who apply the programmes and are familiar with the reality, as well as the obstacles to their applicability; otherwise, we run the risk of generating marvellous programmes that are out of touch with the needs of the community.
- **Support for professionals from other sectors**: psychologists' work often consists in making sure that others assimilate their perspectives and the elements these involve in their own approaches to prevention. In the case of school prevention, where psychologists work together with teachers, this is essential, as it is in the communications media, where they must collaborate with and advise professional journalists; but this aspect is also of crucial importance in healthcare contexts; with families, and so on. In all of these cases psychologists contribute their knowledge and techniques so that they can be applied by others.
- **Transfer of knowledge**: despite the substantial efforts of psychologists in recent years to obtain, collate and disseminate empirical data on prevention, the crucial nature of this aspect cannot be emphasized too highly. Moreover, there is still a large quantity of relevant international literature that is not translated or does not reach a sufficient proportion of the Spanish professional community.
- **Role as expert in the field**: currently, clearly conflicting messages are reaching the public on the subject of drugs; at the same time, among professionals themselves there is ambivalence in relation to the most suitable intervention strategies. It is necessary for psychologists to achieve credibility and assume the role of experts in either context.

Bearing in mind all of the above, we shall now propose some of the relevant training content, skills and challenges for psychologists if they are to be able to carry out these and other functions in the field of prevention.

TOWARDS A PROFILE OF THE PSYCHOLOGIST WORKING IN PREVENTION

The development of drug-dependence prevention has led to a change in the psychologist's role, traditionally more focused on the area of treatment. Today it is universally accepted that prevention programmes should be situated within the framework of Health Promotion (Plan Nacional sobre Drogas, 1985, 2000.), whose strategies are aimed at modifying environments and lifestyles, these being understood as more or less organized, complex and stable constellations of behaviour clearly conditioned by the situations in which people live (Costa & López, 1996). This implies that psychologists must abandon their traditional clinical role, adopting a more active one,

without simply waiting for the problems to arrive on their doorstep, and should become actively involved with the target population in order to be able to identify and respond to their needs and demands.

Furthermore, the very complexity of the phenomenon demands from psychologists a much wider perspective of the problems they deal with, less subject-centred, obliging them to intervene at a range of levels including those of theoretical development and research, advice on intervention policies, training, programme design, the direct application of programmes and their assessment, as described above.

This complexity forces psychologists to straddle various disciplines in their work, with all the advantages and disadvantages that this involves. Among the clearest advantages is the possibility to give comprehensive responses tailored to the problems in question, thus increasing the effectiveness and efficiency of the actions designed. However, interdisciplinary work means greater pressure to define the functions of the different professionals involved, and a more global but at the same time more specific training, providing them with a reference from which to guide their work and a common language through which to design their interventions.

We should avoid as far as possible two of the faults most commonly encountered in interdisciplinary work: the mere sum of functions, which hinders a global approach to the intervention; and the overlapping of tasks, which leads to confusion in methodology and, in turn, confusion among the population with which we are working.

In order to fulfil their tasks successfully, psychologists should take into account a series of theoretical and practical elements. From the outset, the National Plan on Drugs stressed the need (PND, 1985) to ensure adequate training in the area of drug dependence, including prevention, for students of those disciplines most directly related to the field (medicine, nursing, social work, sociology, psychology, etc.), as well as supporting efforts to update and recycle the knowledge and skills of professionals already in service. Crucial to the achievement of these objectives are the work of the different professional associations and the study programmes of universities.

Currently, all members of the Spanish Psychological Association are aware of the risks to adequate training and practice in our profession represented by the proposals of the Ministry of Education and Science in relation to courses in psychology. The proposal does not involve a common syllabus for either degree courses or masters courses, and thus fails to guarantee an appropriate and homogeneous training for future psychologists. However, leaving to one side this present controversy, and trusting in the possibility of reaching solutions that will ensure such suitability and homogeneity, we believe the psychologist's training should cover a certain range of content if our profession is to be a competitive one in the field of drug-dependence prevention. Among our suggestions for such content would be the following:

- Theoretical-practical bases of health promotion and drug-dependence prevention: knowledge about explanatory theoretical models of use, about risk and protection factors and about the different preventive strategies of health promotion and education.
- Theoretical concepts related to drugs and drug dependence, in addition to knowledge about substances and their characteristics, effects and risks and about different user profiles and consumption trends.
- Knowledge about the planning and assessment of programmes.
- Knowledge about applied research and scientific methodology.
- Information on the different prevention programmes and resources available.
- Understanding of the elements that determine decision-making in health policies to ensure that they take into account the available evidence.
- The legislative framework in relation to drugs.
- Techniques for transmitting scientific information, basically to relevant populations and other professionals.
- Notions on different treatment options and evidence on their effectiveness.
- Understanding of different developmental stages so as to adapt programmes to different ages.
- Skills and strategies for individual, group and community work appropriate to the different levels of prevention: universal, selective and indicated.
- Coordination and motivation of work teams.

Such content should be deemed essential in undergraduate, post-graduate and masters courses, giving priority to particular aspects depending on the student's professional specialization.

However, in the case of psychologists working on selective and indicated programmes it is necessary to take into account certain aspects:

Traditionally, psychologists have basically carried out their work most effectively in controlled intervention contexts, where individuals come, more or less reluctantly, to try and solve some problem that is preventing them from living a satisfactory everyday life. In such environments the therapeutic relationship is established relatively easily. Our verbal and non-verbal communication, our condition as experts, and even the physical separation of ourselves and the client in the surgery context help to define the boundaries. If members of the client's family, their partner or friends are involved in the sessions, it is always at our request and where feasible, and they also come to us. In sum, we are in our own territory.

In prevention in general, and with risk populations in particular, psychologists face the challenge of working with subgroups of the population who themselves express no need for our services, where our condition as experts is not indicated by a diploma hanging on the wall, where the communication codes and channels are often alien to us, and where the environment demands our greater involvement and commitment, thus making it harder to delimit our professional role. We are in their territory.

Given the elements that make up this context, the psychologist's training will need to be specialized, at both the knowledge and skills levels, based primarily on the principles of prevention but within a wider framework that embraces, among others: educational, developmental, community and clinical psychology. In this area it is naturally of crucial importance to be familiar and up to date with the principles governing the acquisition of addictive behaviours, but it is equally important to know, for example, which knowledge we need to transmit, the strategies that best permit the learning and assimilation of such knowledge, how to modify the environment in order to promote healthy behaviours, which developmental, cultural or gender factors influence certain behaviours, or how to make it possible for individuals to change.

In this context we must abandon our sedentary practices, actively recruiting the target population, analyzing their needs, finding out *in situ* how they relate to their environment and how it, in turn, determines the development or inhibition of healthy behaviours and the true applicability of the programmes we design. In order to carry out these tasks, wholehearted commitment to and involvement in them are essential, since these population subgroups are traditionally situated in contexts offering few incentives, where the relationship between expectations and results is clearly unsatisfactory, leading to behaviours of rejection and mistrust in relation to intervention from outside their natural group, especially if it comes from institutional services.

CONCLUSIONS

Despite the fact that prevention is a relatively young field in the Spanish context, it has in recent years acquired a substantial scientific and empirical base. A range of disciplines have contributed to this development, permitting the generation of a field of scientific and technical knowledge that improves and enriches the work in an area so intimately bound up with personal and social variables that it is almost impossible to break it down into independent constituent parts. Such enrichment has made it easier to abandon reductionist models that proved ineffective in their approach to and understanding of addictions.

Our intention throughout this article has been to describe, in a general way, the special contribution of psychologists to the growth and consolidation of prevention over the different stages of development of the drug-dependence field in Spain. Their contributions, which have made an impact at various levels, most notably include: research and development for the theoretical models on which their actions are based; the welding, thanks to their position in the field, of theory and practice, adapting programmes to the different social realities and assuming the role of expert; the dissemination of knowledge and an active involvement in training; and the incorporation of strategies and methodology for use by other professionals. Nor should we forget their role in the management and coordination of resources. It can be concluded that psychologists currently possess a wealth of expertise and experience that permits them to carry out quality work in the field of drug-dependence prevention.

Given the complexity of the phenomenon in question and, as we have seen, the possibilities for intervention our discipline permits, psychologists are required to take a broader view, not so strongly focused on the individual, assuming their role at different levels covering the theoretical, methodological and practical elements of preventive actions, training, advisory work in relation to intervention policies, and so on. It is therefore necessary to design global and homogeneous programmes for the training of psychologists and the updating of their expertise – at the undergraduate, post-graduate and

masters levels – that guarantee their capacities and consolidate their roles. Such training and education should cover not only the theoretical and practical aspects directly relevant to prevention, but also more general knowledge (legislative, educational, pharmacological, healthcare-related, and so on) deriving from related fields.

The need to abandon excessively traditional postures in the approach to prevention and become involved in the community in which we are working is clearly reflected, furthermore, in the design and application of programmes addressing groups at risk, where other disciplines occupy positions for which we psychologists are not yet prepared. Only by taking up such positions shall we be able to deal with the problems involved from more ecological perspectives, not just modifying individual behaviours but also helping to bring about the social changes necessary for the development of the desired behaviours.

We should not conclude this reflection on psychologists' role in prevention without encouraging all those involved in prevention work itself, in the transmission of knowledge and experience to the rest of the community (both scientific and social), in the publication of journals, in the organization of conferences and even in the creation of Scientific Committees to strive to consolidate our position in this field.

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