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PSYCHOLOGY AND DRUG-ADDICTION CARE IN SPAIN: A HISTORICAL VIEW

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The history of drug addiction care in Spain is brief but highly intense. The present work reviews the main events and advances that have marked its development, in parallel with the process of incorporation of psychology into this area of intervention. The article also analyzes and assesses the role of psychologists in the different historical stages, highlighting both the achievements and shortcomings in the construction of a body of professional and scientific knowledge and experience.
Key Words: *Psychology, Drug Addiction, Historical review, Spain.*

La historia de la atención a la drogodependencia en España es breve pero muy intensa. Este artículo revisa los principales acontecimientos y avances que jalonan su desarrollo estableciendo un paralelismo entre éstos y el proceso de implantación de la psicología en este ámbito de intervención. También se analiza y valora el papel desempeñado por los psicólogos en las diferentes etapas históricas resaltando tanto los logros como las deficiencias en la construcción de un cuerpo de conocimientos y experiencias profesionales y científicos.
Palabras clave: *Psicología, Drogodependencia, Historia de la drogodependencia en España*

This monograph once again offers us the occasion to reflect upon the complex relationship between psychology and drug addiction; a relationship marked by a curious parallelism in their respective developments that does not have a long journey but is very intense in both cases. Thus, the two previous monographs in this same issue pertain to significant but quite different historical stages in the evolution of the attention to the phenomenon of drug addiction in our country. The first was carried out in 1986, when the National Plan on Drugs was recently approved and when the *Colegio Oficial de Psicologos* (COP) started to create a framework for its study and a strategy in order to bring our profession closer to the Public Institutions in charge of this matter. The second, fourteen years later, in the year 2000, after a long process of consolidation characterized by the wide-spread presence of psychologists in every technical area and in many institutional fields (Martín, 2000).

From that time until now barely seven years have gone by; in this brief period there have not been novel changes in the configuration of the phenomenon, however certain tendencies that had been pointed out in previous stages have been established and directly affect the public policies regarding drugs that have been applied in our country. The most relevant is, without any doubt, the growing appropriation of the discourse regarding drugs by certain health sectors. In a field that was traditionally characterized by interdisciplinarity, a biomedical reductionist orientation prevails with more and more clarity, which is progressively biasing intervention styles and capitalizing on institutional, political and consequently media spaces. As a consequence, the presence of psychologists seems to have been held back and the specific weight that our discipline had acquired in certain areas runs the risk of moving backwards.

Regarding this reality that few argue about and its consequences for the immediate future, we can propose numerous questions about the role played by psychologists for more than twenty years, both concerning the correct decisions and mistakes by psychology professionals who have been working in this field as well as about the degree of use that, as a profession, we have achieved with the indisputable opportunities that the drug addiction field has offered us. What is the level of development of psychology on the different planes of intervention with respect to drugs? What unmistakable contributions have psychologists provided in this field? What place do psychologists hold with respect to the diverse fields that intervene? What learning can we extract from the balance of the experience accumulated during this phase? With what expectations can we face the upcoming years?...

The following lines will try to answer these and many other questions that this topic brings. For this, we will

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resort to a historical revision (Historia magister vitae) that coincides in its methodology with other reflections that have been made from very different sectors during the last two years due to the twentieth anniversary of the National Plan on Drugs.

HISTORICAL EVOLUTION

We will try to establish a parallelism between the evolution that the drug phenomenon has undergone in our country and the incidence that psychology has had in its development. We will divide this evolution into four great stages that go from the configuration of the problem as such and as it has been perceived and is still perceived by most of the Spanish population, to the current situation which is conditioning the immediate evolution of drug addiction care in our country.

Before continuing, and since along these lines we will constantly be referring to different intervention models and professionals from one discipline or another, it is convenient to clarify that this reflection has been undertaken trying to avoid, at all times, exclusive positions, the justification (or denigration) of models or the global consideration-always unjust-of professional collectives and of corporative positions. Nobody owns the truth, and an absolute truth probably does not exist with respect to the varied aspects we are dealing with here. On the other hand, we can find different people and behaviours in every profession. If we think about psychologists themselves, in spite of having made an indisputable effort in defending interdisciplinarity, we have also found traditionalist, arrogant and intolerant positions. Similarly, not all psychologists who intervene in this field have boasted of all the knowledge and technical, professional competencies proper of psychology and have made those mistakes and simplifications that with such ease we attribute to other professionals.

A NEW PROBLEM, A YOUNG PROFESSION

Coming back to the historical division, we can chronologically set the first stage between 1975 and 1985. The first date coincides with the massive expansion of illegal drugs in our country and the second with the approval of the National Plan on Drugs. Both elements deserve to be highlighted: in one case for the alarmism that characterizes the decade of the eighties and in the other for being the first initiative promoted by the National Government in this field that has an administrative structure- the Government Delegation for the NDP- and a budget endowment with an aim.

Although we should not forget that in the late sixties an important increase in alcohol consumption took place which was the beginning of the alcoholization process of Spanish society, what is most outstanding in this stage is the appearance and rapid expansion of heroin, its impact and the important demand for health care that its consumption generated in the first half of the eighties. It can be said that this phenomenon surprised Spanish society which, for years, had been defenceless against a problem that was expanding in a breeding ground such as the socio-political context that our democratic transition offered. In fact, in the motivations of many opiate consumers lay counter cultural attitudes and ideologies related to a very characteristic phenomenon of the time known as “pasotismo” (couldn’t-care- less attitude) an expression that very graphically represented the positions of disillusionment, dissatisfaction and nihilism that impregnated the vital attitude of certain juvenile sectors.

The institutional response in this period was minimal. In the beginning, the only existing nation-wide services were the *Dispensarios Antialcohólicos*, centres devoted specifically to the treatment of alcoholism, created in the sixties. Despite their scarce incidence - they were very few and dispersed around the country - they had some value as references for the subsequent out-patient centres for drugs. Curiously, with these centres psychologists appear in this field for the first time as secondary components of teams led by and composed mainly of psychiatrists.

It is also fair to point out two territorial realities which had a pioneering character: Cataluña and País Vasco. In the same way as the rest of the Autonomous Communities did later, these two communities took advantage of the emergent drug-related phenomena to provide themselves with competencies while awaiting the bulk of transferences. Despite having different organizations and development, both have very similar characteristics: they configure the first public autonomous and municipal programs on drugs (DAK, DROSS...), they propose the first health service networks and the incorporation of multidisciplinary teams with a definitely more relevant presence of psychologists than in the previous case.

But, the truth is that the available care for the affected individuals who began to demand help in the early eighties, sometimes in an anxious manner, continued to be very scarce in the country as a whole for several years. In practice, the first substantial offers for places came from social initiatives occasionally linked to family associations that had already begun to be organized.. The pioneer

associations originated beyond our borders; although having a distinctive nature and quality of care, we are obliged to mention the associations "El Patriarca" and "Proyecto Hombre". The latter offered a more structured therapeutic program which included going through a therapeutic community, whereas in the case of "El Patriarca" as in the majority of the remaining associations, the most usual measures were the so-called "granjas" (farms).

Farms of very different characteristics emerged depending on the composition of their teams, the incorporation or not of religious elements and the functioning of the centre. But, on the whole, they were conceived as single therapeutic elements, self-sufficient and situated in a rural environment, that is, isolated from the everyday reality of drug addicts. Heirs of self-help models such as that of SYNANON, they had full confidence in the curative power of the community and its therapeutic atmosphere and they did not conceive the consumption of drugs as a medical problem but as based on social or personal causes.

These aspects which may appear as anecdotic are without any doubt of great relevance in the subsequent evolution of the topic at hand. The framework of analysis that has conditioned the social imagery of drugs in our country is a product of processes generated by historic circumstances as precise as those that occurred at the beginning of the eighties and by the connotations of a substance such as heroin, linked in a symbolic way to all the strange, unknown, threatening, violent, marginal, morbid and lethal aspects of drugs.

A very illustrative example is the establishment during this stage of an attitude which for years has overridden the technical intervention on drug addiction which considers it as "a specific form of wisdom", a matter for the initiated rather than a specialty in the conceptual and methodological framework of the different professionals who work in this field. This problem is not exclusive of psychologists but it has affected us very directly and has cost many years to fight against it; regardless, today there are still remains of that discourse.

I would not like to end this stage without making a brief reference to prevention. The pressure of the demand for attention in the presence of an objective shortage of adequate resources caused prevention to play a very small role. The few existing prevention activities consisted of concrete initiatives that did not continue over time. They had a pronounced informative character and they placed their emphasis on illegal substances which, in those days, constituted the centre of interest regarding drug problems.

As for the presence of psychologists during this stage, it could be considered disperse and secondary; in any case, not very relevant collectively speaking. For this reason, a landmark was the first training program for psychologists financed by a state organ, specifically the *Dirección General de Acción Social*, which in the year 1984 financed the first general and specific training courses on drug addiction for psychologists. This training process has been maintained without interruption since then by COP with the support of the National Plan on Drugs.

AN OPORTUNITY FOR PSYCHOLOGY

The second stage, although very short, deserves specific treatment because of its transcendence and intensity. For the five years that followed the approval of the National Plan on Drugs in 1985 until the end of the decade, the majority of the Autonomous Plans on Drugs and some of the most important Municipal Plans are approved in our country. The creation of a global plan, based on institutional, social and political consensus, generated great expectations which, spurred on by social pressure and the recoil of the emerging autonomies, resulted in an authentic convulsion for the policies on drugs in our country.

The consequences did not take long to appear: important specific budget endowments were assigned for the attention of drug addiction; the Government Delegation for the National Plan on Drugs was created as a driving and coordinating organ for the Plan, and the implementation of some effective structures for the planning, management and autonomous coordination that were generically denominated Autonomous Plans on Drugs.

The creation of plans implies the implementation of an institutional response model based on the coordination of overall policies which, despite being in an embryonic state, will influence the policies regarding drugs in our country and will later be exported to different European and Latin-American countries. But it will especially make possible the creation of numerous care networks. This fact contributes to the empowerment of the associative movement related to drugs and generates a noticeable increase in the human resources dedicated to this matter.

It can be said that the great incorporation to of professionals to this field, specifically of psychologists, took place during those years. It was an exceptional occasion for job promotion by psychologists and a historical opportunity to apply their professional skills in

numerous fields –clinical, preventive, management, planning….. There is an illustrative fact: already in 1990, the Governing State Body of the *Colegio de Psicólogos* feels the need to reflect on the nature of this intervention and to know the dimensions of professional practice of psychologists in this field. The study (COP, 2003) is based on a sample of 357 psychologists who completed the questionnaires although the authors had sent a total of 1000 questionnaires to other professionals identified through official records and a centre by centre search.. This means that this figure could in some way be approximate to the real one. Currently there are not any similar studies that would allow us to make a comparison; the most recent data corresponds to a study from the National Plan on Drugs (2003) that permits us to estimate a minimum of 825 as the number of psychologists who work in Autonomous Plans, to which we would have to add those corresponding to the ones who do not offer these data (Cataluña, Baleares, Canarias & País Vasco) and those professionals working in NGOs with their own attention networks (Proyecto Hombre, Cruz Roja, etc.) which, therefore, would not have been included in this account. Consequently, we can say that although the actual volume of psychologists who intervene in this field greatly surpasses those registered in 1990, it is reasonable to think that the major part of placements comes from that quinquennium.

There are other facts to highlight in this study such as the age of the professionals, the organisms that generate these jobs and the place that psychologists occupy in them. With respect to age, we can point out the distinct youthfulness of this population who in 85% of the cases are under 35 and half of them are under 30. On the other hand, two thirds of the generators of these jobs are Public Administrations, of which almost half (46.7%) belong to the filed of social services; finally, we have to point out that in 53% of the teams studied, psychologists occupied a coordinating position, followed by doctors who reached 30.7%.

In short, it would not be exaggerated to say that the massive incorporation of psychologists and the occupation of positions of responsibility in such a short period of time is an exceptional fact in the history of psychology in Spain. As we will see next, this intense and accelerated implantation has had more than a few consequences with respect to the consolidation of psychology in this field.

An aspect worth highlighting in this stage is the conceptualization of care networks. Having overcome the previous stage of single elements, it was considered that a network for the attention of drug addictions should be composed of a group of programs, services and resources with a functional order and organization capable of responding to all the assumptions and needs of people with problems related to the consumption and abuse of drugs (Becoña & Martín, 2004). The result was the creation of wide networks with regard to its objectives, diversified by its variety of resources and professionalized, that is, integrated by interdisciplinary teams with a great variety of academic degrees (psychologists, doctors, social workers, occupational therapists, nursing graduates, etc.).

The theoretical exposition that underlay this decision, shared by social and institutional entities, was based on the certainty that the therapeutic approach for drug addicts requires a coordinated combination of different resources which should establish individualized care objectives in which a biological, psychological and social approach will be carried out..

Another relevant aspect of this stage is that networks had two much generalized identity signs: they were directed almost exclusively towards problems generated by heroin and their objectives were basically based on abstinence and, in the last instance, social insertion of the drug addict.

In order not to ignore the state of prevention, it is enough to mention that there were no advances during those years worth mentioning, with the exception of a few programs with a purely emblematic value. One of the most graphic testimonies of this stage is without doubt the "Report for the planning of drug prevention in the school community" (Aguado, Comas & Martín, 1986), carried out due to a petition from the Ministry of Science and Education, that had no practical consequences on school prevention policies.

THE CHANGES AND THE DIVERSIFICATION OF THE NINETIES

We usually refer generically to this third stage as "the decade of great changes" because during these years the drug phenomenon suffered its greatest transformations. It was so much this way that the nineties ended with a configuring scenario much more diverse and complex than that existing in previous stages. If we had to summarize these multiple changes we could reduce them to two: with relation to consumption habits, the stabilization and subsequent decrease in heroin consumption that coincides with the so-called recreational

use of drugs and, if we focus on the policies adopted by Public Administrations, the extremely important development of programs and services for damage reduction linked fundamentally to the problem of AIDS among intravenous drug users (IDUs).

The first of these phenomena has to do with the appearance of new drugs and new consumption patterns. It is what several authors have valued as an authentic change of cycle in the drug crisis in our country (Gamella & Álvarez, 97). These are weekend consumptions, outside the family environment, in public spaces or premises and with the main motivation of diversion. But there is also an underlying aspect which it is convenient to state clearly, which is that these consumptions do not generally entail counter-cultural positions or marginal behaviours as happened in the previous model. What started to be conceived in the past decade were not simply new ways of relating to drugs but rather new ways of being in society which affects very important sectors of youth who are relatively well-integrated in other spheres of life. It is what Parker (1998) exposed as a process of normalization where the extension of an activity considered deviant goes from the margins to the centre of juvenile culture where it can be added to other risky conducts.

All this explains how in the second half of the decade a prevention strategy that would cope with the phenomenon of recreational consumption was demanded, one that would not only focus on school centres but that would involve the family and that would introduce the generation of alternative leisure activities; in short, a new way of conceiving and promoting prevention strategies.

The advances favoured during these years, although insufficient, have contributed to the establishment of solid bases capable of making possible a process in the generalization of prevention. Specifically, advances in the area of school prevention carried out by both public administrations and social organizations, have been repeatedly weighted by international organisms such as the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA).. In fact, the effort made by researchers, technicians and educators in the field of school prevention led the EMCDDA to place Spain amongst the most advanced countries in prevention matters: "In Spain, Ireland and the United Kingdom, a clear quality control system has been developed, prevention policies are based on evidence and there is an intention to reinforce this line" (EMCDDA, 2003). An international expert such as Burkhart (2002) declares that "…in this country (he is referring to Spain), the level of methodology in its programs is quite high: clear descriptions, utilization of the better known models, interest for evaluation, application of the most recent models…". This is reflected in the program EDDRA regarding good practice in the European Union which included Spanish programs superior to the mean of the remaining member countries. Although it is also true that this assessment of school prevention has not been extended to other areas of prevention (family, community, labour…) and that these achievements have not been rounded off by the necessary expansion.

The leading role played by psychologists in this drive for prevention is unquestionable. It would be enough to review the list of written works and programs designed, applied and assessed regarding prevention to confirm that the presence of psychologists is overwhelming. In all areas (universities, educational centres, municipalities, families…) where prevention programs have been applied there have been psychologists present and to them we owe the main contributions made in our country in this field during this decade; having said this we do not want to lessen the invaluable role that other professionals have played especially those belonging to the social and educational fields.

On the other hand, the diversity of consumption that characterizes the decade of the nineties also ended up having repercussions on the demand for assistance. This way, cocaine was already responsible for 31% of first admissions at the end of the decade (Report from the Spanish Observatory on Drugs nº4). For this reason, the existing current assistance networks are forced to deal with the new treatment demands that have progressively been proposed to them by a relatively young population where the problems of the abuse of certain drugs (cocaine, alcohol, cannabis or synthetic drugs) are made compatible with acceptable levels of social integration. This way, in the mid-nineties a process of the reorientation of the resources offered by assistance networks was initiated, characterized by the need to simultaneously attend the emerging new demands and the old problems associated to drug abuse. It is a challenge facing the diversification and versatility of the assistance offer which yet today many institutions and professionals are involved in and that is characterized by providing networks of greater flexibility.

In order to understand the second phenomenon referring to the extension of programs for damage reduction, it is necessary to review some facts and events that happened

during that stage. Even though the nineties began under the impact of heroin, in the following years there was a decreasing tendency with respect to this drug that has continued until the present. After 1992 the admissions for treatment due to this substance stabilized and they have decreased since 1996. Parallel to this, the cases of AIDS in IDUs, which had increased rapidly since 1982, placed us for a long period of time at the head of the European Union countries.

Consequently, the antiquity in drug consumption of many IDUs with the subsequent personal deterioration and the severe diseases associated (AIDS, hepatitis, tuberculosis…), combined with the inability of attention networks to attract an important number of heroin addicts, more than justifies the great boom in these programs whose main exponent are the treatment programs with methadone that multiplied by 23.9 times in ten years, going from 3043 cases in 1990 to 78806 in 2000 (PND, 2001).

The main consequence of these policies was that Spain reduced the percentage of AIDS among drug injectors. Of the 1465 diagnosed cases in the year 2001, 52% of the total was attributable to the injection of drugs when in 1990 we had reached the highest level with a percentage of 69.6%. Another fact that correlates directly with this result is that obtained with the change of method in the administration of drugs: the use of injection as the main method used went from 60-70% in the eighties to 17% in the year 2000.

All these facts brought difficulties of integration in the attention network with them throughout most of the decade which forced great efforts of adaptation to be made.. These difficulties did not only appear due to the integration of the different types of programs –free of drugs and damage reduction- but, essentially, due to the different ways of perceiving and valuing the priorities in therapeutic intervention.

Here we have one of the most controversial debates about the role played by psychologists in relation to that of other professionals. It is true that not all psychologists showed the same receptivity regarding the urgency made evident by the data and that compelled them to resort to these emerging programs without delay. It could even be said that certain sectors of institutional officials, among whom some psychologists were found, slowed their response down excessively. But it is no less certain that most psychology professionals shared the necessity of promoting these programs from the beginning and actively participated in their implementation. That is why some accusations that have been generically dumped on psychologists as a whole are so unjust. The attention networks in our country, in general terms, have been capable of coping successfully with this challenge and on most of those teams there was and there is a wide presence of psychologists.

Another very different matter are the doubts that were exposed then and that are still being exposed today about the way of conceiving and applying these programs, even after having demonstrated their efficacy and enjoying almost unanimous acceptance. In the same manner, we should not hide the fact that the great thrust of programs for damage reduction has brought with it an incomprehensible withdrawal of the debate and research regarding the efficacy of drug free programs.

SOME SIGNS OF THE CURRENT STAGE

It is more difficult to relate the history of the fourth stage which takes us from the year 2000 up to the present and that is marked by the implementation of the National Strategy on Drugs 2000 – 2008. This entails a reality which is still being configured. However, as we said at the beginning, some recent events deserve a brief commentary.

The Government of the Nation, following the guidelines set out by the United Nations, in 1999 carried out a thorough, revision of its policies on drugs and after an in depth debate with institutional and social agents, approved the Strategy which begins by stating "The National Plan on Drugs" (….) after almost fifteen years of being in force and of permanent updating, needs to adapt to the current reality of the drug phenomenon, as well as to anticipate predictable changes in the phenomenon of drug addiction" (1999). In other words, in practice, this document represented the birth of a new plan. Some years later, at the half-way point in its development and after a partial evaluation in 2004 of its degree of compliance, the National Plan introduces a Plan of Action that does not offer practically any novelty with respect to the spirit and proposals of the previous text.

In short, what do these new institutional policies propose? Basically, to reaffirm the necessity of continuing in the direction that was taken at the end of the previous decade; that is, the guarantee of full assistance coverage adapted to the diversity of demand, the proposal to prioritize and generalize prevention and a greater insistence in the quality of the programs, evaluation and training .It could not be any other way given the

tendencies in the consumption of drugs that are becoming evident in our country.

In relation to the attention networks, the fundamental proposal revolves around the wager for the "coordinated integration of attention networks for drug addictions in the Public Health Systems and Social Services", with the double objective of making the existing resources cost effective within these systems and of normalizing intervention.

With respect to diversification, there is a clear consensus to consider as consolidated the existence of a mixed structure of drug free/damage reduction programs in almost all the networks in our country regardless of their being public or private. However, some professionals are worried about the mechanistic instrumentalization that is being made of the damage reduction programs. We believe in the insistence that they should be impregnated with a psychological, social and support perspective which permits the better development of these people's lives whenever possible without renouncing the elimination of the dependency. The restrictive outlook by some medical sectors towards these programs seems to have silenced other ways of understanding them and making them efficient. However, there are valid models by psychologists (Insúa, 1999) which open new lines of intervention in the damage and risk reduction programs.

The time also seems to have come to close the circle with respect to this juxtaposition in programs because if it is true that drug free programs need the complement of damage reduction programs, today we know that these cannot be seen in themselves as a definite solution to the problems of drug dependencies, more so when the new demand for treatment becomes a reality. All this makes urgent the application of a renovated impulse towards investigation and the application of treatments, fundamentally psychological, which have been confirmed as the most efficient in light of the scientific evidence available. (Fernández Hermida & Secades, 2003; Álvarez & Becoña, 2006).

Otherwise, we run the risk of moving towards a normalization that is very different from the one proposed in the National Strategy which would mean confusing normalization with assimilation. It is true that the consideration of drug dependencies to all effects as "common disorders", as set out in diverse autonomous laws, has permitted the image of the drug addict to be dignified and to consider the addict as an ill person, as all others, worthy of receiving the rights and services offered by the National Health System. .However, we might ask ourselves if an inadequate management of these theoretical advances is not occasioning renewed problems such as the inhibition of other networks (social services, educational…..) and generating new errors in the social perception of the drug phenomenon that leads to an increased demobilization (according to the barometer of CIS in November, 2006, drugs were perceived as a problem which personally affected only 1.6% of citizens).

More can be said about prevention policies. From the Health Ministry itself, a message about the supposed failure of prevention is being sent, which is contributing to the discouragement of the few groups who work in this field. As well as being an unfair appreciation as only four years have gone by since the approval of the Strategy, prevention programs in Spain continue to count with little support (according to PND, they received 15.9% of the budgets of the Autonomous Plans in 2000 and 21.4% in 2004) and they face consumer tendencies that have been in constant growth for decades. It seems obvious that something is not clear in the usual concept of prevention and of the demands that this poses for our public powers.

FINAL CONSIDERATIONS

Without wanting to fall into defeatist arguments, it seems obvious that there are sufficient indications that point to the increasing pre-eminence of a lineal vision of the problem, that affects the substances more than the people, based on a model of disease and very far from the assumptions that psychology proposes–coinciding, on the other hand, with those of the WHO- that propose a global vision of the phenomenon and a bio-psycho-social model which, without avoiding the predisposing factors of a biological character, consider the use of drugs as a kind of human behaviour, understood in its cognitive, affective and behavioural dimensions and greatly influenced by its interpersonal, social and cultural environment. It seems that it is not difficult to find a relationship between this and other contentions that psychology has proposed in its recognition as a health profession. Here as well we are confronted with an underlying health model that seriously limits our presence and our full professional practice in the drug addiction policies.

This will inevitable affect the role that psychologists will be able to play in the future. However, as has been demonstrated on previous pages, psychologists have demonstrated their capacity and audacity to offer an adequate response to the social demands during the eighties, a response that proved appropriate and effective

facing a difficult challenge that few disciplines took on. In the same manner, we have generated a body of theory and we have made noticeable contributions in every area of intervention promoting a global, integrated and interdisciplinary model. On the whole, we can affirm that a clear recognition of psychologists in this framework of activity has been achieved.

However, now is the moment to reflect sincerely on our deficiencies. There is no doubt that we have wasted good occasions in key moments and that we have not made sufficiently profitable the conceptual, technical and methodological baggage that psychological research has offered us. To all this we can add our traditional limitations as a profession (scarce investigation, few publications, shortages in the systematization of knowledge, difficulties of organization as a group…). In addition, at the present time, we find barriers proper of the health administrations due to our minimal presence in them, which places us in a vulnerable position with respect to other health professionals.

What are our opportunities? Above all, to extract all the possibilities that psychological research offers us in areas such as prevention and treatment of the new attention demands, applying and evaluating programs, systematizing knowledge and methods that will allow us to offer rigorous models based on scientific evidence. All this is joined together in a solid and identifiable collective project. The *Colegios de Psicólogos* and the Council could once again become idoneous platforms to renovate this project.

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