PŘEHLEDOVÝ ČLÁNEK

Historie svépomocných a „kvazi-svépomocných“ skupin v České republice: Vývoj a současný stav v institucionálním kontextu služeb pro uživatele drog

GABRHELÍK, R., MIOVSKÝ, M.

Centrum adiktologie Psychiatrické kliniky, 1. lékařská fakulta Univerzity Karlovy v Praze a Všeobecná fakultní nemocnice v Praze

Citace: Gabrhelík, R., Miovský, M. (2011). History of Self-help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services. [Reprinted from Gabrhelik, R., Miovsky, M. (2009). History of Self-help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services. *Journal of Groups in Addiction & Recovery*, (4)137–158.] *Adiktologie*, 11(2), 100–112.

SOUHRN: *Historický kontext vývoje svépomocných skupin působících v České republice se liší od sousedních zemí jako Rakousko, Německo nebo Polsko. Zčásti v důsledku poměrů v komunistickém režimu byl celkový rámec pro fungování svépomocných skupin jiný. Užívání alkoholu bylo pro totalitní režim něčím „těžko přijatelným“. Problematika závislosti na alkoholu však byla díky epidemiologické situaci více méně akceptována, což umožnilo vznik „kvazi-svépomocných“ skupin vedených odborníky na léčbu závislostí. Spolupráce s těmito skupinami byla tolerována a později i podporována. Situace v oblasti prevence a léčby užívání nelegálních drog byla mnohem horší, neboť oficiálně žádný drogový problém neexistoval. Po pádu komunistického režimu musely tyto intervence začít téměř od nuly. Podobně tomu bylo v případě svépomocných aktivit. Do té doby více méně nelegální svépomoc uživatelům drog, mající téměř charakter protirežimních aktivit, dostala prostor pro další rozvoj v 90. letech 20. století. Nicméně dodnes je v České republice patrný menší vliv svépomocných principů a současné léčebné programy do značné míry stále ovlivňuje expertní model.*

KLÍČOVÁ SLOVA: SVÉPOMOC – KVAZI SVÉPOMOC – ALKOHOL – TABÁK – NELEGÁLNÍ DROGY – ODBORNÁ LÉČBA

Došlo do redakce: 7 / ŘÍJEN / 2010 **Přijato k tisku:** 12 / KVĚTEN / 2011
Přetištěno z: *Journal of Groups in Addiction & Recovery*, (4)137–158, s laskavým svolením vydavatele.
Grantová podpora: IGA MZ NR 9447-2

Korespondenční adresa: Mgr. Roman Gabrhelík, Ph.D. / gabrhelik@adiktologie.cz / Centrum adiktologie PK 1. LF UK v Praze a VFN v Praze, Ke Karlovu 11, 120 00 Praha 2

REVIEW ARTICLE

History of Self-help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services

GABRHELÍK, R., MIOVSKÝ, M.

Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague, Czech Republic

Citation: Gabrhelík, R., Miovský, M. (2011). History of Self-help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services. [Reprinted from Gabrhelik, R., Miovsky, M. (2009). History of Self-help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services. *Journal of Groups in Addiction & Recovery*, (4)137–158.] *Adiktologie*, 11(2), 100–112.

SUMMARY: Historically, the context of the development of self-help groups operating in the Czech Republic differs from that experienced in the neighbouring countries, such as Austria, Germany, or Poland. Partly because of the circumstances under the communist regime, the general framework for the operation of self-help groups was different. The totalitarian regime found alcohol use to be something which was "difficult to accept". The issue of alcohol dependency was more or less recognised because of the epidemiological situation and this made it possible for "quasi-self-help" groups – groups led by addiction treatment professionals – to emerge. Cooperation with these groups was tolerated and later even supported. The situation in the prevention and treatment of illicit drug use was much worse, as no drug problem officially existed. After the fall of the communist regime, such interventions had to start virtually from scratch. Similarly, this was also the case with self-help activities. Until then, self-help for drug users was nearly illegal and viewed almost as an activity aimed against the communist regime. It gained the basis for its further development in the 1990s. Nevertheless, the current treatment programs in the Czech Republic are still governed by the expert model to a great extent and the influence of self-help principles has been less apparent.

KEY WORDS: SELF-HELP – QUASI-SELF-HELP – ALCOHOL – TOBACCO – ILLEGAL DRUGS – PROFESSIONAL TREATMENT

Submitted: 7 / OCTOBER / 2010 **Accepted:** 12 / MAY / 2011
Reprinted from: *Journal of Groups in Addiction & Recovery*, (4)137–158, with kind permission of the publisher.
Grant support: IGA MZ NR 9447-2

Address for correspondence: Roman Gabrhelík, Ph.D. / gabrhelik@adiktologie.cz / Centre for Addictology, Department of Psychiatry, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague, Ke Karlovu 11, 120 00 Prague 2, Czech Republic

1 INTRODUCTION

Apart from professional treatment or natural recovery (e.g. Mohatt et al., 2008), another type of intervention that is applicable in addressing substance abuse and chemical dependency is the use of self-help groups, often called mutual support groups. The purpose of self-help groups is to provide mutual help and rehabilitation on a non-professional basis (Vobořil and Kalina, 2003). Self-help groups have potential benefits as a result of various psycho-social processes such as friendship, emotional support, experiential knowledge, identity, meaningful roles, a sense of belonging (VandenBos et al., 2007), confession, catharsis, and the removal of stigmatised feelings (Mäkelä et al., 1996), and professionals may not be able to provide some of them.

At present, over 50 organisations are registered in the Czech Republic, providing interventions intended for individuals with various diagnoses (including compulsive disorders[1]) and a range of psychosocial problems, or facing difficult situations in their lives (Vobořil and Kalina, 2003). At the same time, a number of self-help groups in the Czech Republic operate on an informal basis. The paper deals exclusively with the history of self-help groups for people with alcohol, tobacco, and drug problems in the Czech Republic[2].

The paper addresses the notion of self-help in broader terms, as some of the programs and activities for dependent individuals which came into being in the Czech Republic (such as KLUS – see below) cannot be considered as purely self-help projects. Nevertheless, these groups use certain elements which are characteristic of AA-type self-help groups. We have decided to refer to these groups which employ self-help principles as "quasi-self-help" groups.

Self-help movements emerge and exist in a certain context (e.g. political, treatment system, etc.) and time (Mäkelä et al., 1996). Therefore, the article will first consider the use of alcohol, tobacco, and drugs from both the historical and present-day perspectives. The next section will provide an outline of the alcohol and drug services in this country prior to 1990, as well as the current state of addictology[3] services. Finally, the issue of self-help with respect to alcoholism, illegal drugs, and tobacco will be covered.

For this study, the authors completed a content analysis of published literature and relevant information sources dealing with self-help issues in this country. Analytical work with presented qualitative data was mainly based on capturing patterns or themes (Miles & Huberman, 1994) and narrative discourse (Bamberg, 1997; Čermák, 2002). The diversity and lack of homogeneity among the various sources consulted necessitated the consistent enforcement of data validity checking techniques (Čermák & Štěpaníková, 1998; Miovský, 2006). One of the major problems encountered by the authors in preparing this paper was the lack of information available from professional periodicals, popular magazines, and the internet. Frequently, the authors had to seek and contact the protagonists and/or members of self-help programs themselves.

2 ALCOHOL, TOBACCO, AND DRUG USE IN THE CZECH LANDS

In this country, alcohol and tobacco use has always been legal and widespread. During the First Republic (1918–1938), other drugs were almost exclusively an issue in the capital city, Prague (Čáp, 2007). Although opium tinctures and solutions, as well as morphine, were readily available from pharmacies as over-the-counter preparations, it was cocaine, available both at pharmacies and on the black market, that enjoyed particular popularity (Čáp, 2007).

Both before and after WWII, treatment interventions were mainly focused on the harmful use of alcohol as a legal habit-forming substance and the one that was most commonly used. The 1950s saw the rise of the use of pharmaceuticals containing opioids, often combined with alcohol (Zábranský, 2007). In the 1960s, there was an evident continuous trend of the increasing misuse of medicaments (including benzodiazepines, hypnotics, and barbiturates). The 1970s saw a rise in the use of home-made methamphetamine (also called "pervitin") and an opiate called "brown" (hydrocodone), which were manufactured on a makeshift basis using the raw pharmaceuticals then available (Zábranský, 2007). In the 1980s, in addition to pervitin, volatile substances were also used (Miovský, 2007). With the change of the political system in 1989, the country experienced a relatively rapid spread of drug use. The most common drugs include cannabis and the above-mentioned pervitin, which still remains a leading drug among problem drug users[4], but the home-made brown has been totally replaced by imported heroin (Kalina, 2007).

The European Union (EU) is the heaviest-drinking region in the world (Anderson & Baumberg, 2006). At pres-

1/ Especially women, who have food addiction problems and suffer from eating disorders, can meet in at least three groups of Anorexics and Bulimics Anonymous. The Anabell association runs these groups in Prague, Brno, and Ostrava. The Bohnice Psychiatric Hospital hosts the "Gamblers Anonymous" group, which is attended by individuals, mostly men, for a change, who have experienced problems with gambling.

2/ The Czech Republic became an independent state following the division of Czechoslovakia in 1993.

3/ The term "addictology" (*adiktologie* in Czech) was coined by adding the "-ology" ending to the Latin word "addictus". In the Czech language, this term is used to refer to a new field of study concerned with addiction. In the Czech Republic, this field of study has already been granted the status of an independent non-medical health discipline and is part of the academic curriculum of the 1st Medical Faculty, Charles University in Prague.

4/ According to the EMCDDA definition, problem drug use includes injecting drug use and/or the long-term or regular use of opioids and/or amphetamines and/or cocaine (e.g. Scalia Tomba et al., 2008).

ent, as far as the EU countries are concerned, the diagnoses listed under sections F.10–F.19[5] of the International Classification of Diseases (ICD) are among the most frequent psychiatric disorders in the adult population (Kessler et al., 2005), with approximately 7.2, 2, and 37 million people dependent on alcohol, drugs, and tobacco respectively (Andin-Sobocki et al., 2005). Reportedly, the current average consumption of pure alcohol *per capita* in Czechia is at an annual level of 14.94 litres (Radimecký, 2008) – nearly twice as much as in the U.S.A in 2005 (7.57 litres = 2.24 gallons (NIAAA, 2008)). The consumption of beer, in which the Czech Republic is the world leader, accounts for the largest part. The results of the 2006 Public Opinion Survey on Health and Health Care and the AUDIT questionnaire used (N = 2,326) show that almost one fifth of the adult population (i.e. over 1.3 million people in the Czech Republic aged 18–64) engages in risky or harmful alcohol use. Tobacco is smoked daily by nearly one in four people (24.3%; N = 1.612) over 15 years of age (Sovinová et al., 2006).

The outcomes of the European School Survey Project on Alcohol and Other Drugs[6] (ESPAD) and the National Study on the Use of Drugs (NASUD) (Csémy et al., 2006) from 2003 (N = 15,092) indicate that 98.4% of Czech students aged 15–16 have had experience of alcohol during their lifetimes. Ninety-five per cent of students had used alcohol in the past year, and 68% admitted to having been drunk (Csémy et al., 2006), with both figures above the EU average of 81 and 50 per cent respectively (Hibell et al., 2004). Forty-three per cent of 16-year-olds had smoked tobacco in the past 30 days (Csémy et al., 2006); higher rates in the European Union were found only in Austria (49%), Bulgaria (46%), and Germany (45%) (Hibell et al., 2004). 27% of these respondents reported smoking tobacco daily (Csémy et al., 2006). A small increase was identified for volatile substances (9% of respondents admitted to having such an experience in their lives), but nevertheless this was still below the 10% EU average (Hibell et al., 2004).

Approximately 20% of the adult population, 25% of basic school pupils, and 50% of secondary school students have used illicit drugs at least once in their lifetime (mostly cannabis and ecstasy) (Mravčík et al., 2007). In 2006 the estimated number of problem drug users was approximately 30.2 thousand (comprising 10.5 thousand opiate users[7] and 19.7 thousand pervitin users), including 29 thousand injecting drug users (Mravčík et al., 2007). Cocaine use is still at a low level.

● 3 ALCOHOL AND DRUG SERVICES IN THE CZECH LANDS

The first alcohol treatment facility was established in Velké Kunčice, Moravia, in 1909 and a year later an alcohol dependency counselling centre came into existence in Brno (Skála, 2003). At that time, today's Czech Republic was part of the Austro-Hungarian Empire[8]. Both establishments ceased to exist five years later.

Various interest associations, such as the Non-Smoking League (*Liga nekuřáků*) and the Czechoslovak Union of Abstainers (*Československý abstinentní svaz*), emerged during the so-called First Republic. The Czechoslovak Union of Abstainers existed from 1921 to 1950. For example, in 1924 the Union established an alcohol treatment facility in Tuchlov, near Teplice, with a capacity of 30 beds (Skála, 2003). However, the abstinence union in Silesian Ostrava must have already been active in 1920 when it requested from the National Assembly of Czechoslovakia the "prohibition of the manufacturing, sale, and public serving of liquors and liqueurs, as well as anti-alcoholism measures" (Parlament České republiky, 1920, 18).

Under the Communist regime, from 1948 to 1989, psychiatric services were gradually specialised to address the needs of alcohol users, for the most part, and later on also the users of other drugs[9] (Skála et al., 1994). Research into the field of addiction, mainly associated with the name of Luděk Kubička, also developed. An outstanding figure of that period was Jaroslav Skála, who, despite the socialist health care system, established *"U Apolináře"* (At Apollinaire's) in Prague, the first specialised AT[10] ward for men, and, later on, a 'drunk tank' medical unit[11], a therapeutic community, an outpatient department, and an outpatient centre for children, youngsters, and families (Kalina, 2007). Apart from his many other achievements, in 1971 he also established a drug addiction outpatient centre for medication abusers, as well as for illegal drug users. Additionally, in 1987, the first needle and syringe exchange and opiate substitution programs were initiated (Kalina, 2007).

In the 1980s outpatient AT departments were opened in each administrative district and region (by 1982 there were 233 of them; Skála, 2003). After 1990, after the fall of the communist regime, there was a profound change in the existing health care system. A national drug policy was drawn up (see Radimecky, 2007), social services developed, and the non-governmental non-profit sector of drug services began to grow (Kalina, 2007). Nowadays, the treatment system consists of a comprehensive network of low-threshold

5/ Diagnoses according to ICD; corresponds with DSM-IV TR Substance-related disorders.

6/ A project seeking to collect reliable prevalence estimates of alcohol and drug use among young people aged 15-16.

7/ Opiate users include approximately 4.3 thousand problem users of the substitution product Subutex® (buprenorphine)

8/ Also referred to as Cisleithania and Transleithania.

9/ In 1980 additional specialisation in the treatment of alcoholism and other toxicomanias was officially recognised (Kalina, 2007).

10/ Alcoholism and toxicomanias.

11/ In 1951; probably the first in the whole world (see Kalina, 2007).

services, outpatient treatment, in-patient treatment, therapeutic communities, aftercare, substitution (maintenance) treatment, and services in prisons (Kalina, 2003).

4 SELF-HELP AND ALCOHOLISM

The above-mentioned Jaroslav Skála was very versatile, innovative, and interested in new trends. In 1946, at the very beginning of his professional career, Skála participated in a general meeting of the Czechoslovak Union of Abstainers at which he was offered the chance to attend the first post-war conference on alcoholism, held in Brussels, Belgium (Popov, 2008). After returning from the conference he immersed himself in studying professional literature on alcoholism. In the process, he came across information about the Alcoholics Anonymous movement, which had existed in the USA for over ten years. On 5 February 1948, several days prior to the onset of the totalitarian regime, Skála founded a sociotherapeutic club named KLUS (*Klub léčených u Skály* [Club of People Treated by Skála] for patients and those who had already completed treatment; later on it was renamed *Klub lidí usilujících o střízlivost* [Club of People Seeking Sobriety]) (KLUS HB, 2008a). When establishing KLUS, Skála learnt a great deal from the Alcoholics Anonymous and the Good Templars movements (Kalina, 2006), based on the idea of self-help and striving for sobriety (Popov, 2008). The Alcoholics Anonymous movement is built on 12-step principles and a belief in a higher power, which was, however, unacceptable for the communist ideology. Therefore, an acceptable Czech alternative to the movement that was based purely on self-help, while not, however, formally professing the AA philosophy, was conceived. KLUS was founded approximately half a year before the "*U Apolináře*" alcohol treatment department was opened. Until then the KLUS members met once a week (Skála, 2003) in the National Health Institute, located in the Prague neighbourhood of Vinohrady (Popov, 2008). In 1963 a patients' social club was established in the Luxor alcohol-free café. In addition, as part of KLUS, so-called "Apollines" – emergency hotlines run by non-professionals – were introduced by the staff of the "*U Apolináře*" treatment facility in 1966. KLUS members were available on the phone to people calling in who, for example, were about to relapse, or to deal with other alcohol-related problems (Gabrhelík, 2008).

KLUS, which still operates today, associates abstainers, including their families and friends. The KLUS mission is to "associate people dependent on alcohol, drugs, and gambling machines and help each other with our incurable disease, as we are only recovering, not recovered" (KLUS HB, 2008b, para. 1). At present, meetings are held approximately once a month at different locations both in the Czech Republic and Slovakia. KLUS uses self-help principles which provide alcoholics with an efficient form of contact and support from one another within an alcohol-free environment. Meetings may also be attended by patients in treatment.

The KLUS sessions have predominantly been led by addiction treatment professionals. KLUS maintains links with treatment agencies and organisations. Therefore, KLUS cannot be considered a pure self-help program, but what we have termed "quasi-self-help". Quasi-self-help refers to a group formation process which was largely influenced by the so-called expert approach, and in which the self-help element, although applied, was somewhat sidelined.

Apart from a few exceptions, neither the majority of addiction professionals, nor the KLUS patients and members, seemed to be aware of the 12-step program idea that was successfully spread and developed in the western world in the 20th century. The official website of AA in the Czech Republic indicates that the relevant information on the existence and the principles of the AA movement was available before the fall of the communist regime in 1989 (AA – ČR, 2008), but the same source also states that the communist regime discouraged any earlier establishment and growth of the AA movement in this country. Therefore, we considered how and when AA groups were founded in the countries neighbouring the then Czechoslovakia.

Slovakia became independent with the peaceful division of Czechoslovakia in 1993. In Slovakia AA has operated since 1990[12]. Nowadays in Slovakia there are 22 AA groups in 17 municipalities (Vojtová, 2007). AA in Slovakia publishes the PRAMEŇ magazine, which has come out on a quarterly basis since 2002. Czech and Slovak AA groups meet regularly.

AA in Hungary, a country bordering Czechoslovakia to the south, was established in the late 1980s. The AA movement in Hungary celebrated their 20th anniversary at the 14th AA National Meeting held in Szolnok, Hungary in July 2008.

As presented on the website of AA in the German-speaking countries (AA im deutschsprachigen Raum, 2008), the history of AA in West Germany began in 1953, when the first AA group was started in response to an advertisement published in a 1953 weekend issue (31 Oct. / 1 Nov.) of a Munich newspaper (Münchner Zeitung) and placed by American soldiers – alcoholics affiliated with AA – announcing that on 2 November 1953, at 2 p.m., at Munich's Leopold Hotel, they would like to transmit the recovery message to German alcoholics. This is how the first AA group, comprising three Germans and one American, came into being. Before long additional groups had been established in Karlsruhe and Hamburg (both in 1961), in Berlin

12/ Apart from AA, the Al-Anon, Narcotics Anonymous, Overeaters Anonymous, Adult Children of Alcoholics, and Alateen organisations also operate in Slovakia (Vojtová, 2007).

and Düsseldorf (1962), and in Frankfurt am Main and Wiesbaden (1963). In 1977 there were approximately 800 AA groups in the Federal Republic and West Berlin, and 20 years later there were about 2,700 AA groups, some of which existed as part of hospitals, clinics, or prisons. In Austria, the first AA group was formed a little later, between 1959 and 1960, in Vienna. However, the Central Committee of AA in Austria was not established until 1992. Nowadays there are approximately 145 groups in Austria (AA im deutschsprachigen Raum, 2008). The "information void", which was ubiquitous in the communist era, seems even to have affected the free circulation of the AA notion.

In this regard, it is noteworthy that the first group based on the 12-step tradition in Poland, the country bordering former Czechoslovakia to the north, came into existence in 1974 (information on AA reportedly reached Poland as early as 1957; Anonimowi Alkoholicy, 2008). In 1984 the Polish AA members organised their first AA Convention, with the participation of 34 AA groups; two years later there were already 140 groups, and no fewer than 238 AA groups participated in the 1988 congress in Wrocław (Anonimowi Alkoholicy, 2008).[13] Thus, it may seem surprising that Czech alcoholics learnt about the 12-step movement from Vladimír S., a Czech American, at a time when the AA movement was already well established in Poland. It should be pointed out that Poland, like Czechoslovakia, was a country belonging to the communist bloc, which made communication between both countries possible, in contrast with the disrupted interaction between the communist Eastern Bloc and the West. Furthermore, in 1984 AA in Poland began publishing the AA magazine "Zdrój" (Anonimowi Alkoholicy, 2008), which again increased the probability of information on the self-help movement finding its way to Czechoslovak alcoholics.

As mentioned previously, information on AA was available in Czechoslovakia prior to 1990, despite the sociopolitical situation under the communist regime. Besides several practitioners, contact with the General Service Office (GSO) of AA in New York was also maintained by two AA members, Stanislav K. of Prague and Vladimír S. of Dobruška, Eastern Bohemia (AA – ČR, 2006). Independently of these two "loners", the Czech American Vladimír S., an AA member in Santa Barbara, California, USA, began pursuing activities aiming at the proliferation of the AA idea behind the "Iron Curtain". It was he that translated the first chapters of the AA Big Book into Czech and planned to distribute it while in Prague visiting his family (AA – ČR, 2006). In the first half of 1988 three AA members from Santa Barbara, Vladimír S., George P., and Greg B., and the two "loners" Stanislav K. and Vladimír S., hosted the first international closed AA meeting at the Communal House on the *Kubánské náměstí* square in the Prague 10 District. In total there were seven meetings[14] (AA- ČR, 2006). The meetings were held in secrecy. The Czech American Vladimír S. used the occasion of the first meeting in June to introduce his translation of the first two chapters of the Alcoholics Anonymous book.

In view of the fact that the treatment of alcoholics was institutionalised in Czechoslovakia (see Kalina, 2007), the founding members of Czech AA mostly approached alcohol treatment facilities and clubs for recovering alcoholics - KLUS (AA – ČR, 2006). On 5 May 1988 the "*U Apolináře*" alcohol treatment facility in Prague hosted the first open and non-public AA meeting. The meeting was led by the AA friends from Santa Barbara, Greg B. and Vladimír S. At this first meeting, they introduced the AA program to both the current and former patients of the treatment centre, told their own stories, and answered the questions raised by the participants (AA – ČR, 2006). Later on, in the same year, the AA members from Santa Barbara went to a summer camp held for the patients of the "*U Apolináře*" centre in Dobronice, South Bohemia. They also participated in the National Convention of "A" Clubs (recovering former patients of treatment facilities), held on 19-21 May 1988 in Turčianské Teplice, Slovakia (AA – ČR, 2006). By 1988 AA representatives from foreign countries, including the USA, Federal Republic of Germany, and Denmark, had begun arriving in Czechoslovakia (AA – ČR, 2006). Following the collapse of the communist regime, the first Czech AA group, referred to as the "Serenity Group", was officially established on 14 December 1989 (AA – ČR, 2008). Since 1991 more groups have been founded in various places in the Czech lands, including Ostrava, Karlovy Vary, Brno, and Pacov (AA – ČR, 2006). In Prague, where the membership was quite strong, AA first met in churches and then they leased premises in the basement of the house at Na poříčí 16, in the Prague 1 District, where they remain based to this day (AA – ČR, 2006). In 2006, in the Czech Republic, there were 32 AA groups in eighteen municipalities; in 2008, i.e. 19 years after the fall of communism – meetings were taking place in 21 municipalities (AA – ČR, 2006). Alcoholics Anonymous (*Anonymní alkoholici*) may be considered the largest and most influential organisation which currently operates in the Czech Republic (Nešpor, undated). AA has the General Service Office of AA which acts as the central service organisation of Czech AA and maintains their website (AA – ČR, 2008). The individual AA groups have an opportunity to meet at the Czech-Slovak Alcoholics Anonymous Convention, held annually.

The AA organisation continues working with some treatment facilities and has had an impact on the adjustment of treatment programs. For example, in the Bohnice

13/ There are over 1,800 groups in Poland now (Anonimowi Alkoholicy, 2008).

14/ Held on 25 April, 29 April, 3 May, 6 May, 13 May, 6 June, and 9 June 1988.

Psychiatric Hospital, Prague[15], the patients are informed about the existence of AA and have an opportunity to attend AA meetings on the basis of a "leave of absence"; on the occasion of its Open Door Day, the Červený Dvůr Psychiatric Hospital organises annual lectures delivered by AA members for the patients of this treatment facility.

The most common reported problems in establishing new AA groups in other municipalities in the Czech Republic include misunderstanding on the part of the potential owners of the premises where AA could hold their regular meetings and a persistent reluctance on the part of health practitioners to communicate with AA (AA - ČB, 2008).

The course of meetings of Czech AA has been described by various authors (e.g. Pešek et al., 2005). No substantial differences from AA meetings in other countries (e.g. Mäkelä et al., 1996) were noted. As in other North American and European countries, Czech AA meetings are not only attended by people dependent on alcohol, but also by people dependent on non-alcoholic substances and pathological gamblers (Nešpor, 2002).

Recently, problem alcohol users from the Czech Republic have been able to join the internet group of Alcoholics Anonymous named "Sober Area" (*Triezvy priestor;* http://www.triezvypriestor.net/), which was set up in Slovakia in 2006 (AA – TR, 2008). The internet group follows the same rules as an ordinary AA meeting. Specific topics are assigned for each day and the AA steps are worked through. One of the reported benefits is that a member can chat "non-stop" with a number of people.

● 5 SELF-HELP AND (ILLEGAL) DRUGS

Various Czech professional and popular science publications, whether printed or electronic, refer to the reportedly existing self-help groups of Narcotics Anonymous (*Anonymní narkomané*) in Czechia. The information provided by drug users themselves shows (e.g. Gabrhelík et al., 2005; Vacek et al., 2005) that no such association of present or recovering drug users operates in the Czech Republic. The most recent information available from the National Focal Point for Drugs and Drug Addiction (http://www.drogy-info.cz/) and the practitioners from organisations providing field programs and outreach centres in the largest cities of the Czech Republic (including Prague, Brno, Olomouc, and Ostrava), who are more or less in permanent contact with drug users, indicate that no such organisation is active. The Narcotics Anonymous World Services website (http://www.na.org/), where Regional and Area Website Links are indicated, makes no reference to the Czech Republic. Nevertheless, when searching for an NA Meeting Location at the same website, we found a reference to an NA Meeting Room at the address where AA is based. The meetings are advertised as taking place twice a week[16], both meeting days being open to the public. Unfortunately, at the time of writing, when we arrived at the location, no sessions were being held. We learnt from one AA member that the NA meetings are irregular and are largely attended by foreigners. The informal conversation further revealed that the NA members are regarded as unreliable and fail to contribute to the rent for the premises; reportedly, everything seems to be moving towards AA "saying goodbye" to NA soon.

Another Narcotics Anonymous group operating in Prague in the late 1990s was a group with a Christian background, as reported by an ex-user, currently a patient of the methadone substitution treatment program delivered by the Substitution Unit of the Addiction Treatment Department of the General Teaching Hospital. According to information from the parish priests (Church of the Sacred Heart), they supposedly met in Prague three times, each of them in a different church (AN, undated). Unlike NA, the group seems to have had the nature of movements such as Overcomers Outreach (1985; 2008), who advocate the foundations of Christian philosophy. However, given that the information on the group was mediated and we have not met any members of this group, our conclusions remain at a hypothetical level.

A slightly different orientation was pursued by the efforts of another group of (ex-) drug users who had sought inspiration from the Irish and Dutch models of a group promoting drug users' interests. At the 9th National Conference of the Society for Addictive Diseases and the 42th Conference of the AT Section of the Czech Medical Association of Jan Evangelista Purkyne, held in May 2003, Jakub Chudomel (2003), together with the foreign guests from Ireland (Larkin, 2003; Larkin & Ritzer, 2003) and the Netherlands (Ritzer, 2003), introduced to the Czech professional community the notion of UISCE (The Union for Improved Services Communication and Education) and the so-called Users' Forum. UISCE is a drug users' forum operating in Dublin, Ireland; its main goal is to "ensure that those in need of services have their voice heard by policy-makers and practitioners. UISCE represents the voice of drug users in many relevant fora" (UISCE, 2007, para. 1) and with other key activities[17]. As abroad, the objective of the Users' Forum (UFO) emerging in the Czech Republic was to advocate the interests and needs of the drug user community – particularly the most vulnerable groups – in relation to the providers of drug services, i.e. communication was to be primarily channelled from drug users via the UFO towards the

15/ The head physician of the Addiction Treatment Department at the Bohnice Psychiatric Hospital, K. Nešpor, M.D., has long been concerned with the issue of AA and other self-help movements.

16/ On Mondays and Fridays, from 19:00.

17/ For more information see: http://www.nicdtf.ie/

drug services and stakeholders (Gabrhelík et al., 2005). In 2003 the UFO launched its magazine *Dr. ufo*, where contributions by drug users and ex-users themselves were also published. The magazine was distributed in the streets by so-called "UFO people", streetworkers for the Users' Forum whose task was to carry out an anonymous questionnaire survey among the user community in order to identify the problems the users have to face (Právo, 2003). However, it was not possible to ensure that the magazine was published regularly. In contrast with the typical 12-step self-help groups, the UFO did not present itself as apolitical and did not seek to "therapeutise" all and any issues (Gabrhelík et al., 2005). At the same time, the movement admitted that engaging in the UFO is "an ideal activity for a group of active users who also have a certain capacity to function within a structured environment" (Gabrhelík et al., 2005). Since 2004 the UFO has developed no activities.

In 1984, when the country was still ruled by the oppressive communist regime, a self-help group began forming in Brno. The founding members were ex-users of addictive substances who collaborated with the underground Catholic Church (Podané ruce, 2008) – mainly with the priest Jaroslav Smejkal. The group's activities were monitored by the National Security Service[18] and its members were subjected to interrogations (Podané ruce, 2008). At that time the founding members of the group had no professional background in the field; the association had no official status and the entire project operated on a voluntary basis. Self-help provided within the group included lay counselling and work involving elements of motivational training. This project managed to address the heaviest drug users (mostly methamphetamine users; for more information on the history of methamphetamine use in the Czech lands see, for example, Zábranský, 2007) with long drug careers, dual diagnoses, and a prolific criminal history. In 1991 the Podané ruce Foundation[19] (official legal status granted for the first time) was established and negotiations with Katholieke Nooden (an association of Dutch Catholic endowments) were initiated in order to support the growing activities (Podané ruce, 2008). The establishment of the foundation meant the conversion of the self-help group into a quasi-self-help organisation. In 1992, in Moravia, the foundation opened the first resettlement program for long-term addicts, the first streetwork projects were launched, focusing on drug flats, and the first outreach centre was opened in Olomouc. Soon afterwards the foundation obtained free premises for the provision of other services. As the activities expanded in the course of time, the local government and other institutions began to cooperate with the Podané ruce Foundation (from 1994 operating under the legal status of a civic association *Sdružení Podané ruce, o.s.*) (Podané ruce, 2008).

In 1992 Podané ruce established liaison with the Brno-Černovice Psychiatric Hospital, the then director of which, Dr. Jana Novotná[20], together with Ivana Bartošíková, offered the foundation's team the chance to undergo, free of charge, one-year training focused on work in a therapeutic community (Podané ruce, 2008). Undoubtedly, the training of lay therapists and the more intensive collaboration facilitated the gradual professionalisation of the services (Bartošíková, 2007). Until the second half of the 1990s Podané ruce still operated on a semi-professional basis; none of the members of the association had the required training, and yet, at that time, they had been enrolled in specialised academic programs and had passed the necessary training and courses. The professionalisation process was completed approximately between 1998 and 2000, when the Elysium Day-Care Psychotherapeutic Sanatorium (a day hospital) in Brno was put into operation (Podané ruce, 2008). Nowadays the Podané ruce association is the second largest provider of drug services in the Czech Republic (for information on the range of programs and services provided visit http://www.podaneruce.cz/en/).

In comparison to the Czech Republic, NA works a great deal better in Slovakia. It was still active in 2007, when its website was last updated. The records show that they met twice a week, on Tuesdays and Sundays, in the capital city, Bratislava (AN, 2007; Vojtová, 2007). Unfortunately, we do not have any information on when the group came into existence and whether NA still operates in Slovakia[21].

6 SELF-HELP, PARENTS ANONYMOUS, AND PARENT GROUPS

Parents Anonymous (PA [*Anonymní rodiče*]) defines itself as a "loose association of active parents of drug-dependent children" (AR, 2004, para. 1). PA in Prague was founded in the late 1990s. This project was inspired by a Dutch model based on mutual support between the parents of children who experiment with drugs or are dependent on them. Drawing from their experience with the providers of drug services offering counselling to parents, the founding members of PA concluded that the services then available were not sufficient for parents (they had to deal with a range of problems, including legal issues concerning minors, paying debts for minors, and responses from schools, relatives, and paediatricians). With the help of Evžen Klouček, a team member of the Prague "Drop In" foundation, PA established

18/ Political police serving the communist regime were used to eliminate any opponents of the regime; they were also known by the acronym StB.

19/ Meaning "Outstretched Hands" in English.

20/ Dr. Novotná had the courage "to use her name and authority to shield the emerging NGO which, apart from great (and, indeed, later mostly successful) plans, had had no experience" (Bartošíková, 2007).

21/ The e-mail address given on the website was not working in July 2008.

a civic association and underwent training in various interventions, including crisis counselling and parent group work. Subsequently, PA obtained the necessary financial support for their operations and premises. Assisted by various institutions (such as "Drop In") and the regional drug coordinators and authorities[22], PA organised a number of meetings and training events with lectures (AR, 2008a).

There were eight founding members of PA; the regular meetings were attended by four to six parents, usually including one new member. There were far more phone calls. PA obtained a mobile phone and made a duty chart so as to be available almost around the clock. PA distributed leaflets to different institutions and agencies, including the police, physicians, drug coordinators, district authorities, and various magazines' editorial offices. PA published several issues of their own magazine. The greatest benefit of PA was for parents to have an opportunity to talk to somebody without a feeling of shame. A number of parents communicated to PA that "it was very important for them to see with their own eyes that the parents may overcome all the adversity with relative dignity and that there was a place where they could speak out and share their experience with "insiders". In the years to come it was also great for us to be able to tell them that our children did abstain from drugs!" (AR, 2008a, para. 4).

After several years of intensive work, the founding members passed the management of PA on to other members. Until 2006 the PA group in Prague convened in the Centre for Social Services on the Palacké náměstí square in the Prague 2 District. After the Centre moved, the group's efforts to find a new meeting place failed. According to one PA member, since its establishment, approximately 50–60 parents have passed through the organisation (AR, 2008b). At present, an appointment may be arranged by phone (AR, 2008b); the telephone contact for people from within Prague is provided on the PA website[23] and still works. In addition, the old website of the Noah Outreach Centre in Třebíč[24] gives the telephone numbers of four more regional contacts, but these do not work. According to the information provided by a founding member of PA, the association practically does not exist any more (AR, 2008a).

AP was in touch with various practitioners: in Prague, for example, with Ms. Čtrnáctá from the Parent Counselling Centre of the Sananim civic association, and outside Prague, for example, with Dr. Dobiášová from the Outpatient Centre of the Laxus civic association. These guided self-help groups differ from true self-help groups mainly in their degree of centralisation, strategies for change, and the level of participation of professionals (Nowinski, 2003). Nevertheless, these groups, too, sought to help individuals tackle their drug problems (Nowinski, 2003). From 1997 to 2004, Dr. Dobiášová organised open groups for parents of drug users. The group was attended by approximately five people, and the maximum numbers reached 10 people per session. The meetings were held once a month, or once in two weeks in the event that pressing problems occurred. In addition, parents were offered telephone or personal consultations. The agency resumed its groups "for parents, partners and other relatives or friends of people using or experimenting with drugs" in 2008 (Laxus, 2008, para. 1). The potential self-help features of these parent groups may include the opportunities to meet people in a similar life situation, to exchange experience, to provide support and encouragement (Laxus, 2008), and look for solutions to problems. In the Czech Republic there are numerous agencies operating on a similar basis within the framework of drug services.

● 7 SELF-HELP AND THERAPEUTIC COMMUNITIES

In 2006 there were 15 therapeutic communities (TCs) for drug users in the Czech Republic[25] (Mravčík et al., 2007). Therapeutic communities offer their clients mid- and long-term drug-free residential care (6 to 15 months in duration; Mravčík et al., 2007) and social rehabilitation (Adameček et al., 2003). The first residential unit for the treatment of alcoholism – very close to TC principles – was established in 1948 at the Charles University Teaching Hospital in Prague by Jaroslav Skála (Kalina, 2006). The first autonomous TC for drug addicts was established in January 1991 (Kalina, 2006). TCs in the Czech Republic are operated on a professional basis. Nevertheless, the 1990s witnessed several attempts, mostly unsuccessful, at the establishment of TCs on an ex-user basis, some of which turned to professionalism[26] (Kalina, 2006). However, ex-users participate in therapeutic teams and contribute to the treatment process, and their involvement in treatment may be considered a self-help element. Additionally, most Czech TCs treat clients who have been in treatment repeatedly, which makes them "quasi-therapists" (Radimecký, 2006) – individuals who further enhance the group's treatment potential. Moreover, TCs use a range of self-help components such as home rule (featuring a certain share in authority involving responsibility for the operation of the community; within certain periods of time selected clients are put in charge of the operation of different sections of the community, such as kitchens and workshops, or the entire

22/ In the municipalities of Liberec, České Budějovice, Třebíč, Sokolov, Hradec Králové, Brno, and Kladno.

23/ http://rodice.webpark.cz/

24/ http://www.volny.cz/kackotr/rodice/aar.html

25/ According to the data available from 12 TCs, in 2006, out of a total number of 451 users treated in Czech TCs, 83% (N=375) injected drugs before treatment, and 62% (N=281) used methamphetamine; the average age was 25.1 years (Mravčík et al., 2006).

26/ e.g. the Podané ruce association; see above.

house), "pairs" (matching senior residents with clients in the initial stage of treatment), and "senior board" (providing weekly feedback on the developments in the group). Some of the self-help elements are still topical and present in today's TCs since the model of concept-based TCs was inspired by the self-help abstinence-orientated Synanon commune in Santa Monica, California (Kalina, 2008).

8 SELF-HELP AND TOBACCO

Approximately 30% of adult Czechs aged 15–64 smoke tobacco on a regular basis (Sovinová et al., 2003). Tobacco chewing is not very common in the Czech Republic. Cigarette smokers among 16-year-olds constitute about the same proportion (27%) (Csémy et al., 2003). More than one third (36%) of cigarette smokers have no intention whatsoever of stopping smoking and one third (32%) of smokers reported that they might do so "some time later"; nevertheless, the remaining third (32%) could set a concrete date (Sovinová et al., 2003). Whilst one third of Czech smokers are ready to cease to smoke, the information available does not suggest the existence of any active self-help group for tobacco smokers in the Czech Republic[27].

9 DISCUSSION AND CONCLUSIONS

The previous text may suggest that the mindset and attitudes in the Soviet Bloc countries did not encourage addicts to self-help or foster them to seek self-help interventions. Also according to Mäkelä (1991), in the mid-1980s, AA activities were typically present in non-socialist, developed, and wealthy societies. This assumption might have been supported by looking at the history of AA in Germany or Austria, belonging to the Western Bloc, in comparison to the formation of AA in Hungary, as a representative of the Eastern Bloc. Undoubtedly, the political mindset of the communist regime shaped recovery efforts to a vast extent. Nevertheless, by looking at the spread of AA activities in Poland, a Catholic former socialist country (see Mäkelä et al., 1996), social and cultural preconditions (Mäkelä, 1991) might not be the only set of factors associated with the strength of AA. In the case of the Czech lands, another factor might have played a role. Jaroslav Skála, the founder of the field of addiction treatment in this country, and the driving force behind innovative recovery efforts, offered a quasi-self-help alternative to his patients. Despite the fact that the program was created and led by addiction treatment professionals, the quasi-self-help programs offered Czech alcoholics an alternative similar to a true 12-step-based directive and a motivational enhancement approach.

In terms of self-help groups, the development prior to and after the year 1989 created an extremely interesting phenomenon. On one hand, it is possible to clearly identify the existing strong-potential self-help activities receiving recognition and support on the part of the professional public. On the other hand, this potential is not fully capitalised on and, indeed, stagnation is observed. Thus, two interpretations may be drawn, each cancelling out the other. The authors failed to find sufficient data to support either of the versions. Therefore, they offer both of them. The first feasible construction is based on the assumption that the post-1989 development in this country was marked by a relatively progressive growth of drug services and their networking. In this way, it was possible to create rather a sophisticated prevention and treatment model showing a high standard of quality. In addition, this model is currently also supported by the existence of an autonomous discipline of "addictology", conceived as an academic study program featuring an independent scientific and research base. The question is whether this development, given its liberal and open nature, did not actually substitute for or replace self-help groups in certain aspects. This hypothesis may be applied to explain why NA fared better in Slovakia, where there is quite a different institutional context of services for illicit drug users. There are only a certain number of drop-in centres with poor financial and political support (the key financial source was provided by the Open Society Fund, while participation by ministries or the government remains low). A relatively higher level of social stigmatisation and shortcomings in terms of capacities, quality, and special services (such as special programs for female patients with psychiatric comorbidity) for illegal substance users (mainly methamphetamine and heroin) seem to be the cause of the more intensive activities of the NA groups, which may reflect the lack of opportunities for wider and more comprehensive health and social support. This simplistic explanation also seems to have support in the findings of research conducted with professionals from drug services (Masaryk & Mikliková, in press). Certain situations encountered in focus groups during research indicated that some of them tend to use language featuring very strong restrictive and control overtones, resembling the rhetoric of the police and prison staff.

However, there is also a second perspective. The system of so-called "chief narcologists" in the countries which used to be in the Russian sphere of influence strongly emphasised the so-called expert approach of the medical model of addiction (Kalina, 2007). In some countries, including Slovakia (see Grund et al., 2008), a strong emphasis on the medical model may still be traced in some residual routines. Thus, it may also be that the self-help element

27/ Institutionalised tobacco dependency treatment centres, e-mail and telephone smoking cessation counselling services (for more information visit http://www.clzt.cz/) and the NGO Czech Coalition against Tobacco (http://www.dokurte.cz), associating individuals and legal entities whose aim is to reduce the number of cigarette smokers, operate in the Czech Republic.

simply did not prosper in the Czech lands as it was literally "castrated" by the "expert approach" and was chronically disparaged, left unsupported, and minimised to such an extent that it was totally sidelined. Thus, self-help activities may be viewed as challenging conventional (medical) authority (Valverde & White-Mair, 1999). This unflattering interpretation may find a certain grounding in the state of self-help groups in other countries and the support that they received there. On the other hand, it is somewhat contradicted by the flourishing activities related to self-help among Czech alcohol users.

REFERENCES

- AA České Budějovice, AA – ČB (2008). History of Self-help and 'Quasi-self-help' Groups in the Czech Republic: An interview with Líba from České Budějovice. *Unpublished raw data*.
- Adameček, D., Richterová-Těmínová, M., Kalina, K. (2003). Rezidenční léčba v terapeutických komunitách [Residential Treatment in Therapeutic Communities]. In K. Kalina (Ed.). *Drogy a drogové závislosti: Mezioborový přístup 2 [Drugs and Drug Addiction: An Interdisciplinary Approach 2]*. Praha: Úřad vlády České republiky; pp. 201–207.
- Achtenberg, J. (2002). *Imagery in Healing: Shamanism and Modern Medicine*. London: Shambhala.
- Anderson, P. & Baumberg, B. (2006). *Alcohol in Europe: A Public Health Perspective*. London: Institute of Alcohol Studies.
- Anonimowi Alkoholicy (undated). Historia Anonimowych Alkoholików. Retrieved on 15 July 2008 from: http://www.aa.org.pl/aa_histora.html
- Anonymen Alkoholiker im deutschsprachigen Raum (2008). Retrieved on 15 July 2008 from: http://www.anonyme-alkoholiker.de/content/08dat/08gede.php
- Anonymní Alkoholici – Česká republika, AA – ČR (2006). Vít B.: Historie Anonymních alkoholiků (AA) v České republice [History of Alcoholics Anonymous in the Czech Republic]. Retrieved on 15 July 2008 from: http://www.sweb.cz/aacesko/
- Anonymní Alkoholici – Česká republika, AA – ČR (2008). Anonymní alkoholici – Česká republika [Alcoholics Anonymous – Czech Republic]. Retrieved on 15 July 2008 from: http://www.sweb.cz/aacesko/
- Anonymní alkoholici, Triezvy priestor internet group (AA – TR) (2008). Vitajte v Triezvom priestore [Welcome to Sober Area]. Retrieved from: http://www.triezvypriestor.net/
- Anonymní narkomani (undated). Retrieved on 25 June 2008 from: http://knihovna.adam.cz/drogy99/anonym.htm
- Anonymní rodiče, AR (2008a). *Svépomocné skupiny: Anonymní rodiče [Self-Help Groups – Parents Anonymous].* Unpublished manuscript.
- Anonymní rodiče, AR (2008b). *Anonymní rodiče v České republice [Parents Anonymous in the Czech Republic].* Verbal communication.
- Anonymní Rodiče; AR (2004). Anonymní rodiče [Parents Anonymous]. Retrieved on 15 August 2008 from: http://rodice.webpark.cz/
- Bamberg, M. (Ed.) (1997). *Narrative Development: Six Approaches*. Mahwah, New Jersey: Lawrence Erlbaum Ass.
- Bartošíková, I. (2007). Medailon MUDr. Jany Novotné [Profile of MUDr. Jana Novotná]. *Adiktologie, 7(4)*, 485-487.
- Csémy, L., Lejčková, P., Sadílek, P, & Sovinová, H. (2006). *Evropská školní studie o alkoholu a jiných drogách (ESPAD). Výsledky průzkumu v České republice v roce 2003 [The European School Survey Project on Alcohol and Other Drugs. 2003 Survey Results for the Czech Republic]*. Praha: Úřad vlády České republiky.
- Csémy, L., Sovinová, H., Sadílek, P. and Lejčková, P. (2003). ESPAD 03: Přehled hlavních výsledků z let 1995, 1999 a 2003 [Summary of Main Results from 1995, 1999, and 2003]. Praha: Psychiatrické centrum Praha. Press release.
- Čáp, J. (2007, August). Návrat bílého prášku [Return of the White Powder]. *Lidové Noviny*. Retrieved from http://www.lidovky.cz/navrat-bileho-prasku-navrat-bileho-prasku-fiz-/ln_noviny.asp?c=A070825_000095_ln_noviny_sko&klic=221072&mes=070825_0
- Čermák, I. (2002). Myslet narativně: Kvalitativní výzkum „on the road". In I. Čermák & M. Miovský (Eds.), *Kvalitativní výzkum ve vědách o člověku na prahu třetího tisíciletí*. (pp. 11–25). Sborník z konference. Tišnov: SCAN.
- Čermák, I., & Štepáníková, I. (1998). Kontrola validity dat v kvalitativním psychologickém výzkumu [Data validity control in qualitative psychological research]. *Československá psychologie, 42*, 50–62.
- Česká asociace pro psychické zdraví (2003). Česká asociace pro psychické zdraví [Czech Association for Mental Health]. Retrieved on 20 June 2008 from: http://www.sweb.cz/capz-esprit/
- Gabrhelík, R. (2008). History of Self-help and 'Quasi-self-help' Groups in the Czech Republic: An interview with Arnoštka Maťová. *Unpublished raw data*.
- Gabrhelík, R., Charvát, M., & Miovský, M. (2005). Kvalitativní analýza potřeb klientů využívajících nízkoprahové služby ve Středočeském kraji [Qualitative Needs Assessment of Clients Using Low-Threshold Services in the Region of Central Bohemia]. pp. 22–33. *Adiktologie, (5)1*, 2005.
- Gabrhelík, R., Vacek, J., Miovská, L. & Miovský, M. (2005). Analýza současného stavu a potřeb v oblasti drogových služeb na území hl. m. Prahy určených příslušníkům národnostních menšin a přistěhovalcům [Analysis of the Current State and Needs of Drug Services in Prague Intended for Members of Ethnic Minorities and Immigrants]. *Unpublished raw data*.
- Grund, J.-P. C., Zabransky, T., Irvin, K., & Heimer, R. (2008). Stimulant use in Central & Eastern Europe: How Recent Social History Shaped Current Drug Consumption Patterns. In R. Pates (Ed.), *Amphetamines and Methamphetamine*. London: Blackwell Publishing (In Press).
- Hibell, B., Andersson, B., Bjarnason, T., Ahlström, S., Balakireva, O., Kokkevi, A., & Morgan, M. (2004). *The ESPAD Report Alcohol and Other Drug Use Among Students in 35 European Countries*. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs.
- Chudomel, J. (2003). Mise, cíle a význam nezávislé skupiny UFO v České republice [The Mission, Objectives and Significance of the UFO Independent Group in the Czech Republic]. Paper presented at the 42° National AT Conference and the 9° Conference of the Society for Addictive Diseases of the Czech Medical Association of Jan Evangelista Purkyne. 19–23 May 2003, Měřín – Czech Republic.
- Kalina, K. (2006). Therapeutic Communities for Addicts in the Czech Republic – Roots, Recent Development and Current Profiles. *International Journal of Therapeutic Communities, 27(1)*, Spring edition.
- Kalina, K. (2007). Developing the System of Drug Services in the Czech Republic. *Journal of Drug Issues, 37(1)*, 181–204.
- Kalina, K. (2008). Terapeutická komunita. *Obecný model a jeho aplikace v léčbě závislostí [Therapeutic Community. General Model and its Application in Addiction Treatment]*. Praha: Grada.
- Kalina, K. (Ed.) (2003). *Drogy a drogové závislosti: Mezioborový přístup 1 [Drugs and Drug Addiction. An Interdisciplinary Approach 1]*. Praha: Úřad vlády České republiky.
- Walitzer, K. S., Dermen, K. H., & Barrick, C. (2009). Facilitating involvement in Alcoholics Anonymous during out-patient treatment: a randomized clinical trial. *Addiction, 104*, 391–401.
- KLUS Havlíčkův Brod, KLUS HB (2008a). 60 let KLUSu Apolinář [60 Years of KLUS Apollinaire]. Retrieved from: http://www.klushb.estranky.cz/clanky/aktuality/60_vyroci-klus-apolinar

● KLUS Havlíčkův Brod, KLUS HB (2008b). Vítejte na stránkách KLUSu Havlíčkův Brod [Welcome to KLUS Havlíčkův Brod Website]. Retrieved from: http://www.klushb.estranky.cz/

● KLUS Poprad (2008). KLUS Poprad. Retrieved from: http://slavino.sk/content/view/13/38/

● Králíková, E. (2003). Tabák a závislost na tabáku [Tobacco and Tobacco Dependency]. In K. Kalina (Ed.). *Drogy a drogové závislosti: Mezioborový přístup 1 [Drugs and Drug Addiction. An Interdisciplinary Approach 1]*. Praha: Úřad vlády České republiky; pp. 205–210.

● Kudrle, S. (2003). Historie užívání a zneužívání psychotropních látek [History of Psychotropic Substance Use and Misuse]. In K. Kalina (Ed.). *Drogy a drogové závislosti: Mezioborový přístup 1 [Drugs and Drug Addiction. An Interdisciplinary Approach 1]*. Praha: Úřad vlády České republiky; pp. 83–89.

● Larkin, T. (2003). Users Forum as an Advisory Board for the Government. UISCE as an organisation, Its Significance for Users and Society. Workshop at the 42° National AT Conference and 9° Conference of the Society for Addictive Diseases of the Czech Medical Association of Jan Evangelista Purkyne. 19–23 May 2003, Měřín – Czech Republic.

● Larkin, T., Ritzer, S. et al. (2003). Workshop: Foreign Input to the Topic of Users Forum. Workshop at the 42° National AT Conference and 9° Conference of the Society for Addictive Diseases of the Czech Medical Association of Jan Evangelista Purkyne. 19–23 May 2003, Měřín – Czech Republic.

● Laxus (2008). Pro rodiče a osoby blízké: Rodičovska skupina [For Parents and Significant Others: Parent Group]. Retrieved on 15 August 2008 from: http://www.laxus.cz/index.php?page=skupina-pro-rodice

● Laxus (2008). Pro rodiče a osoby blízké: Rodičovska skupina [For Parents and Significant Others: Parent Group]. Retrieved on 15 August 2008 from: http://www.laxus.cz/index.php?page=skupina-pro-rodice

● Mäkelä, K. (1991). Social and cultural preconditions of Alcoholics Anonymous (AA) and factors associated with the strength of AA. *Addiction 86(11)*, 1405–1413.

● Mäkelä, K., Arminen, I., Bloomfield, K., Eisenbach-Stangl, I., Bergmark, K.H., Kurube, N., Mariolini, N., Olafsdottir, H., Peterson, J.H., Phillips, M., Rehm, J., Room, R., Rosenqvist, P., Rosovsky, H., Stenius, K., Swiatkiewicz, G., Woronowicz, B., & Zielinski, A. (1996). Alcoholics *Anonymous as a Mutual-Help Movement: A study in eight societies*. Madison, WI: University of Wisconsin Press.

● Masaryk, R., Miklikova, S. (in press). Assessing Impact of Policy Changes on Helping Professionals: Preliminary Results from a Focus Group Study. Journal of Groups in Addiction and Recovery, in press.

● Miovský, M. (2007). Changing patterns of drug use in the Czech Republic during the post-communist era: A qualitative study. *Journal of Drug Issues, 37(1)*, 24–36.

● Miles, M.B., & Huberman, A.M. (1994). *Qualitative Data Analysis. An Expanded Sourcebook*. London, New Delhi: Sage, Thousand Oaks.

● Miovský, M. (2006). *Kvalitativní přístup a metody v psychologickém výzkumu [Qualitative approach and methods in psychological research]*. Praha: Grada.

● Mohatt, G. V., Rasmus, S. M., Thomas, L., Allen, J., Hazel, K., Marlatt, G. A., Tucker, J. A. (2008). Risk, resilience, and natural recovery: a model of recovery from alcohol abuse for Alaska Natives. *Addiction, 103(2)*, 205–217.

● Mravčík, V., Chomynová, P., Orlíková, B., Škrdlantová, E., Trojáčková, A., Petroš, O., Vopravil, J., Vacek J. (2007). *Výroční zpráva o stavu ve věcech drog v České republice v roce 2006 [Annual Report on Drug Situation 2006 – Czech Republic]*. Praha: Úřad vlády České republiky.

● National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2008). Total per capita alcohol consumption in gallons of ethanol by State, United States, 2005. Retrieved 16 November 2008 at: http://www.niaaa.nih.gov/Resources/GraphicsGallery/consfigs4text.htm

● Nešpor, K. (2002). Organizace Anonymní alkoholici představuje efektivní pomoc závislým [The Alcoholics Anonymous Organisation as a Representative of Efficient Help for Addicts]. *Alkoholizmus a drogové závislosti, 37(3)*, 167–175.

● Nowinski, J. (2003). Self-help groups. In J. L. Sorensen, R. A. Rawson, J. Guydish, & J. E. Zweben (Eds.), *Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships That Work* (pp. 55–70). Washington, DC: American Psychological Association.

● Overcomers Outreach (1985). *FREED (Fellowship in recovery, Reconciliation to God, Education about chemicals and addiction, Edification through faith in Christ, Dedicated service to others)*. Anaheim, CA: Author.

● Overcomers Outreach (2008). Overcomers Outreach. Retrieved on 15 August 2008 from: http://www.overcomersoutreach.org/

● Parlament České republiky (1920). Národní shromáždění československé 1918–1920: Tisky [National Assembly of Czechoslovakia 1918–1920: Prints]. Retrieved on 16 July 2008 at: http://www.psp.cz/eknih/1918ns/ps/tisky/T2655_00.htm

● Pešek, R., Kotrbová, K., Masár, O., & Vurm, V. (2005). Racionální analýza významných faktorů terapeutické účinnosti svépomocného společenství Anonymních alkoholiků [Rational analyses of meaningful factors involved in the therapeutic effect of the self-support fellowship Alcoholics Anonymous]. *Adiktologie, 5(4)*, 488–501.

● Podané ruce (2008). Podané ruce: Historie sdružení [Helping Hands: History of the Association]. Retrieved on 20 August 2008 from: http://www.podaneruce.cz/cz/sdruzeni/historie-sdruzeni.html?PHPSESSID=0fccfcb46c83110108c137f159f9105d

● Popov, P. (2008). Skála adiktolog – životní dráha zakladatele [Skála the Addictologist – Career of the Founder]. *Zaostřeno na drogy, 6(1)*, 3–4.

● Právo (27 May 2003). Závislí na drogách mají svůj časopis [Drug Addicts Have a Magazine of Their Own]. Retrieved on 19 June 2008 from: http://www.drogy-info.cz/index.php/info/monitor/domaci_media/2003/vyber_z_domaciho_tisku_2003_05_27_27_kvetna_2003#33996

● Radimecký, J. (2006). Očekávání pracovníků terapeutických komunit vs. proces změny chování klientů [Expectations of Practitioners in Therapeutic Communities vs. Client Behaviour Change Process]. *Adiktologie, 6*(1), 42–53.

● Radimecký, J. (2006). Očekávání pracovníků terapeutických komunit vs. proces změny chování klientů [Expectations of Practitioners in Therapeutic Communities vs. Client Behaviour Change Process]. *Adiktologie, 6(1)*, 42–53.

● Radimecký, J. (2007). Rhetoric versus Practice in Czech Drug Policy. *Journal of Drug Issues,* 37(1), 11–44.

● Radimecký, J., Nevšímal, P., Pánová, S., Doležalová, P., & Miovský, M. (2008). *Návrh koncepce ambulantní adiktologické péče v České republice. [Proposed Conceptual Framework for Outpatient Addiction Care in the Czech Republic]*. Unpublished material.

● Ritzer, S. (2003). A Brief History of L.S.D., Users Forum as a Non-profit Organisation. Paper presented at the the 42° National AT Conference and 9° Conference of the Society for Addictive Diseases of the Czech Medical Association of Jan Evangelista Purkyne. 19–23 May 2003, Měřín – Czech Republic.

● Roach, J. (July 18, 2005). 9,000-Year-Old Beer Re-Created From Chinese Recipe. National Geographic News. Retrieved on 7 April 2008 from: http://news.nationalgeographic.com/news/2005/07/0718_050718_ancientbeer.html

● Scalia Tomba, G.P., Rossi, C., Taylor, C., Klempova, D., & Wiessing, L. (2008). *Guidelines for Estimating the Incidence of Problem Drug Use*. EMCDDA, Lisbon.

● Skála, J. (2003). Historie léčby závislostí v České republice [History of Addiction Treatment in the Czech Republic]. In K. Kalina (Ed.). *Drogy a drogové závislosti: Mezioborový přístup 2 [Drugs and Drug Addiction. An Interdisciplinary Approach 2]*. Praha: Úřad vlády České republiky; pp. 91–96.

● Skála, J., Kalina, K., & Bém, P. (1994).*Substance abuse in the Czech republic*. Praha: Alfa.

● Sovinová, H., Sadílek, P., & Csémy, L. (2006). Czech smoking prevalence survey 2005. Praha: Statní zdravotní ústav. Retrieved 10 September 2008 from: http://www.szu.cz/dokumenty_soubory/ZPR2A.pdf

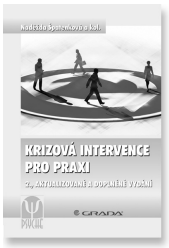
● Sovinová, H., Sadílek, P. and Csémy, L. (2003) *Vývoj prevalence kuřáctví v dospělé populaci ČR a postoje občanů k tabákovým výrobkům a jejich užívání v letech 1997–2002 [Development of the Prevalence of Tobacco Smoking in*

the Adult Czech Population and Citizens' Attitudes to Tobacco Products and Use in 1997–2002]. Research report. Praha: Státní zdravotní ústav.

- Vacek, J., Gabrhelík, R., Miovská, L., & Miovský, M. (2005). *Analýza současného stavu a potřeb v oblasti drogových služeb na území hl. m. Prahy určených příslušníkům národnostních menšin a přistěhovalcům [Analysis of the Current State and Needs of Drug Services in Prague Intended for Members of Ethnic Minorities and Immigrants*]. Research report. Tišnov: Sdružení SCAN.
- Valverde M. & White-Mair K. (1999). 'One Day At A Time' and other slogans for everyday life: the ethical practices of Alcoholics Anonymous. *Sociology, 33*, 393–410.
- VandenBos, G. R. (Ed.) (2007). *APA Dictionary of Psychology, 1st ed*. Washington: American Psychological Association.
- Vobořil, J., Kalina, K. (2003). Svépomocné programy [Self-Help Programs]. In K. Kalina (Ed.). *Drogy a drogové závislosti: Mezioborový přístup 2 [Drugs and Drug Addiction. An Interdisciplinary Approach 2*]. Praha: Úřad vlády České republiky; pp. 84–89.
- Vojtová, H. (2007). Anonymní alkoholici a ich program dvanástich krokov [Alcoholics Anonymous and Their 12-Step Program]. Retrieved on 5 June 2008 from: http://www.klubabstinentov-nz.sk/modules.php?name=News&file=article&sid=45
- Zábranský, T. (2007). Methamphetamine in the Czech Republic. *Journal of Drug Issues, 37(1)*, 155–180.

KRIZOVÁ INTERVENCE PRO PRAXI – 2., AKTUALIZOVANÉ A DOPLNĚNÉ VYDÁNÍ

KNIHY



Špatenková Naděžda a kolektiv

Co vás jako první napadne, když se řekne krize? Možná si vzpomenete na nějaké neštěstí, které potkalo někoho jiného, možná na nějaký vlastní traumatický zážitek. Abyste pocity strachu, nejistoty a paniky v souvislosti s krizí a krizovou intervencí zažívali co nejméně, přichystali jsme pro vás tuto publikaci. Při setkání s lidmi v krizi často nevíme co dělat a co říci, bojíme se, abychom neudělali něco nepatřičného, abychom „nešlápli vedle", a proto někdy neuděláme vůbec nic. Renomovaní čeští autoři se proto pokusili identifikovat jednotlivé kroky, které můžete při poskytování krizové intervence sledovat, a tak – krok za krokem – provázet klienta jeho krizí.

Grada Publishing, a.s., 167 × 240, brožovaná vazba, 200 stran, cena 299 Kč, 12,86 €, ISBN: 978-80-247-2624-3, kat. číslo 2152

Publikaci si můžete objednat na stránkách **www.adiktologie.cz** (časopis Adiktologie, online objednávka).

Redakce časopisu Adiktologie, Centrum adiktologie PK 1. LF UK v Praze,
Ke Karlovu 11, 120 00 Praha 2 / e-mail: journal@adiktologie.cz / www.adiktologie.cz

ZAKÁZANÉ PŘESVĚDČOVACÍ TECHNIKY

KNIHY

Basu Rintu

Jak snadno přesvědčit ostatní, aby v různých situacích udělali to, co chcete? Dozvíte se v této neocenitelné příručce! Naučíte se, jak pomocí metod vycházejících z neurolingvistického programování dosáhnout svých cílů téměř nepozorovaně, aniž by se druhá strana cítila být manipulována. Autor na mnoha konkrétních příkladech ze soukromého i pracovního života ukazuje, jak vypadají přesvědčovací vzorce v praxi a jak si je procvičovat. Kniha je určena všem, kteří potřebují o něčem přesvědčit ostatní, tedy například manažerům, prodejcům, rodičům, učitelům, koučům, partnerům i jednotlivcům, zaměstnancům, zákazníkům, prostě komukoliv, kdo chce získat více toho, oč usiluje.

Grada Publishing, a.s., 144 × 207, brožovaná vazba, 160 stran, cena 198 Kč, 8,51 €, ISBN: 978-80-247-3722-5, kat. číslo 3771.

Publikaci si můžete objednat na stránkách **www.adiktologie.cz** (časopis Adiktologie, online objednávka).

Redakce časopisu Adiktologie, Centrum adiktologie PK 1. LF UK v Praze,
Ke Karlovu 11, 120 00 Praha 2 / e-mail: journal@adiktologie.cz / www.adiktologie.cz