Academic education in addictology (addiction science) in the Czech Republic: Analysis of the (pre-1989) historical origins

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ABSTRACT
BACKGROUND – In the Czech Republic, education in addiction science consists of a distinctive and interconnected system of non-medical healthcare education on the Bachelor’s (Bc) and Master’s (MA) levels, followed by a doctoral study programme (PhD). Addictology (addiction science) as a new term is defined as a distinct and independent field of scientific inquiry on addictive behaviours and the risk environment of substance use, aiming at scientific and professional excellence relevant to society. AIMS – This case study seeks to identify, describe and explain important events in shaping the historical context of the Czech education and research programmes in addictology. DESIGN – The historical review is based on qualitative content analysis of central written documents. RESULTS – In the 19th century Czech territory, problematic alcohol use was addressed through self-help activities in the second half of the nineteenth century. During the 1950s and 1960s, a new generation of Czech psychiatrists emerged with an interest in alcohol treatment and in research of hallucinogenic drugs. A patient education bulletin Apolinárský zápisník [Apolinar Diary] was launched in 1951 and was later also used for education of treatment professionals in connection with other self-help and quasi-self-help activities. The monographs Alkoholism (1957) and Toxicomany (1973) conceptualised the core of abstinence-oriented historical traditions and developments. A separation of approaches to legal and illegal drugs can be observed in the 1970s. In 1967, a new and intensive training model was introduced for psychiatrists and psychotherapists, leading into specialisation in psychotherapy and addiction. Because of the Iron Curtain, Czech practitioners had to develop their own concept of addiction and ideas on training psychotherapists so they could not be labelled western or anti-state, or be subject to intense state control. CONCLUSIONS – The final profile of the study programmes is the outcome of a long-term process that commenced in the 1950s but with roots in the interwar years, when addictology in the Czech Republic reflected traditional healthcare-oriented models of training and education. In this context the historical development in Czecholovakia and later Czech Republic can be characterized as a combination of early interest in self-help activities followed by the development of specialized treatment programmes both affected by a futher 40 years behind the “iron curtain” and intensively confronted with harm and risk reduction interventions after the Velvet revolution.
KEYWORDS – academic study programme, historical review, addictology, addiction science, education, content analysis

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Introduction: the Czech addictology

After the fall of communism in 1989/1990, most post-Soviet countries were confronted with rapidly emerging open drug scenes. In the Czech Republic, traditional abstinence-only alcohol treatment services attracted few drug users, and new, non-governmental and often community-based services for problem users of drugs (mostly methamphetamine) were soon established and expanded rapidly. These services were staffed and managed by a new generation of therapists and service providers that were actively networking, in search of and developing new services for drug users who were not attracted to or did not fare well in traditional abstinence-based treatment services (compare with Butler, 2011a, 2011b). This reorientation and expansion of services for drug users more or less coincided with growing concerns about HIV infection among people who inject drugs (PWID) and the development of the evidence base for harm reduction worldwide. Around 1995, most of the new Czech drug services embraced the harm reduction paradigm (Rhodes & Hedrych, 2010). In the years that followed, harm reduction was incorporated into the addictology paradigm in the Czech Republic (Radimecký, 2007, Bullington, 2007), and HIV prevention services, such as needle exchange, were introduced in already existing outreach programmes and drop-in centres. The changing face of addiction and the rapid expansion of new drug services raised a need for education and skills training that was identified early on (Miovsky, Kalina, Libra, Popov & Pavlovská, 2014).

The first attempts at developing a modern, systematic and interdisciplinary programme in addiction education was prompted by this expansion of low-threshold addiction services in the Czech Republic halfway through the 1990s. These new organisations were dealing with a rapid influx of new and young staffers without appropriate education. The goal was to establish a certified professional qualification for addiction care workers. During the 1990s, these training activities were funded by both national sources and international donors, while European Union funding became a major driver of training activities in the 2000s.

The increasing need in the Czech Republic for specialised education, advocacy activities of self-help groups, for NGOs and the involvement of an established psychiatric institution accelerated the development of interdisciplinary education (Miovsky et al., 2014a). This became a key impetus for the establishment of an independent academic addictology programme at the Department of Addictology, First Faculty of Medicine, Charles University in Prague, which opened its doors in 2005, with a bachelor’s degree programme. This educational milestone was added to in 2008 with the revision of the Law on Paramedical Health Care Professions (No. 96/2004), which for the first time recognised addictologists, graduated from the Bachelors’ programme, as healthcare professionals eligible to work in addiction services and healthcare in general, without the supervision of other medical staff. That same year, the Czech Association of Addictologists was established as an independent professional society.

As a scientific and educational entity, addictology aims to build and cultivate the
identity of this newly emerging profession and study area in the Czech Republic, independent from but well connected to the medical disciplines, psychology, social work and other specialisations. The Czech concept of addictology is sensitive to the rivalry between abstinence-based and harm reduction approaches that have evolved in the country. Indeed, with research and evidence addictology aims to reconcile and integrate both philosophical schools. The local experiences in drug policy and the historical context of the Czech addiction field and its traditions have all made important contributions to shaping the intellectual and research focus of the addictology programme. In what follows, we will present a historical analysis focusing on these local experiences. Likewise, the collective experience of both professionals and officials involved in developing the present Czech drug policy framework (see http://www.adiktologie.cz/en/ “Addictology field”) is clearly tangible in the addictology programme, represented in the curriculum and by those who teach it. The curriculum includes a strong emphasis on practical working skills and experience in a wide range of prevention, treatment and harm reduction services for drug users that represent the pragmatic drug policy mix of the country (see, for instance, Radimecký, 2007). The focus on establishing a national evidence base through research and evaluation studies has further strengthened the position of the study programme (see also Miövský, Gabrhelik, Libra, Popov, & Pavlovska, 2014b). In 2009, the MA programme in addictology commenced, and the PhD programme first gained accreditation in 2012. In 2013 we finalised the first national policy document in education in addiction field and science (Miovs´ky et al., 2014a, 2014b).

In this paper, we discuss the specific social political context in the Czech Republic prior to and after the 1989 “Velvet Revolution” that – among other things – resulted in the establishment of a relatively unique academic study programme in addictology. Ten years after establishing this programme, we raise a number of questions on the programme’s historical roots that emerged in the development of the PhD programme, including: (i) How far does the present concept of addictology draw on the original concepts and practices that evolved in the interwar period and the early 1960s in the Czech addictology field; (ii) Are there (still) influences of the communist era discernible in the present system of addictology education; and (iii) What can be considered the original Czech contributions to the present-day concept of addictology?

We were inspired for this historical analysis by a case study approach (Yin, 1989) applied on qualitative analysis of published historical monographies, papers and other published documents. The basic documents used in our analyses were collected and sorted into analytical categories and subsequently evaluated, using Plummer’s criteria (Plummer, 2001) like document type, internal and external characteristics, intentionality etc.

**Definitions**

*Addictology*, or addiction science, is defined in this study program as a distinct and independent field of scientific inquiry on addictive behaviours and the risk environment of substance use, aiming at scientific and professional excellence relevant...
to society. Addictology merges biomedical, psychological and social scientific perspectives within a transdisciplinary, issue-driven research framework, that of the risk environment of substance use and addictive behaviours. Addictology’s goal is to advance physical, mental and public health by contributing to research-based prevention, treatment, harm reduction and drug market interventions, including legal and economic aspects. Pivotal concepts in addictology are addictive behaviour, risk environment and transdisciplinary research efforts.

The concept of addictive behaviour centres around compulsive substance use, identified as addictive by the diagnostic criteria of the International Classification of Diseases (ICD). However, it extends the scope of inquiry to a broader range of human activities that may involve compulsive (and thus addictive) propensities, such as pathological gambling, gaming or internet use, and result in individual or societal harm (Goodman, 1990). Addictive behaviours do not exist in a vacuum, but are subject to dynamically interlocking influences, for example, from the interaction between drugs and brain chemistry to the relations between substance use patterns and regimes of drug control.

The concept of risk environment is a framework for studying both fundamental and applied research questions in addictology, promoting an integrative understanding of drug use patterns, addictive behaviours and the associated harms, as well as their management and reduction. The focus is not necessarily on direct cause and effect relationships but on factors contingent upon social context, subject to an environment where multiple biological, psychological and social factors meet and exercise mutual influence (Rhodes, Mikhailova, et al., 2003; Rhodes, 2009).

These dynamic concepts require expertise and collaborations across traditional disciplinary boundaries in transdisciplinary research efforts (Stokols, Fuqua, et al., 2003; Choi and Pak, 2006). Transdisciplinarity applies to research efforts focused on problems that cross the boundaries of various disciplines, such as medicine (genetic, neuroscience, etc.) and public health, social and behavioural sciences, or the law. It also encourages the integration of non-academic participants, such as policy makers, service providers, interest groups and the public towards a new and shared understanding.

**Historical evolution**
The first self-help activities addressing problematic alcohol use on the historical territory of the Czech Republic emerged during the Austro-Hungarian monarchy in the second half of the nineteenth century. For instance, as early as in 1884, Karel Adámek (writer and politician) referred to the “many years of tradition” of the Society Against Drunkenness in the Hradec Králové region (Adámek, 1884, p. 69). In his book Adámek referred to alcohol-related problems and alcohol addiction as the “plague of hooch”, and, probably influenced by German and British scholars, using the terms “alcoholism”, “drunkard” and “boozer” in the context of a both moral and social model of addiction.

Both professional addiction care and self-help activities in the Czech Republic – then Czechoslovakia – have their historical roots in the period of the “First Repub-
lic” (1918–1939). Its first president, T. G. Masaryk, other senior politicians, such as Eduard Benes, prime minister of the newly elected government, and prominent scholars at Charles University, including Professors Kabrhel (professor of medicine specialising in health and hygiene) and Foustka (philosopher and sociologist), strongly supported self-help activities and the first treatment programmes for “alcoholics” (or “drunkards”, which was also used in this context).

The first specialised treatment institution for inpatients (“alcoholics”) was established in 1924 in Tuchlov, near the city of Teplice, with a capacity of 30 beds. This treatment programme was closed at the start of World War II in 1939, when Czechoslovakia became a “protectorate” of the Third Reich, and was not continued after the war. The same unexpected ending befell the first outpatient treatment programme for “alcoholics”, established in Prague in 1928 (Skála, 1957). In those days, Prague hosted a bustling scene of artists and film stars where use of alcohol and cocaine was common.

“Apolinar”, the first post-World War II department for alcohol addiction treatment in the country, was established under the umbrella of the Psychiatric Clinic at the First Faculty of Medicine, General Teaching Hospital in September 1948 and continues to provide drug treatment services until today (Gabrhelík & Miovský, 2009). Just before, in March that year, KLUS was created as a quasi-self-help group that combined self-help group activity and professional services (see below). In connection with this club, in 1951, Apolinar first published a small patient education bulletin called Apolinářský zápisník [Apolinar Diary], later also used for education of professional staff. It stressed the two-way principle in treatment, combining a fully professional structured programme and quasi-self-help strategies. Between 1952 and 1955, this bulletin became an important pillar of the facility’s internal education system for patients, ex-users, member of KLUS, as well as for the staff of the Apolinar treatment department (Gabrhelík & Miovský, 2009). Eventually this model/tradition spread out into other areas of Czechoslovakia. For instance in 1984, a self-help group of drug users was established in Brno, the capital of Moravia, the eastern region of the Czech Republic that used lay counselling and elements of motivational training within a self-help framework.

During the 1950s and 1960s, a new generation of Czech psychiatrists emerged with an interest in hallucinogenic drugs (Miovský, 1996). Such psychiatrists as Jiří Roubicek, Milan Houzner, Vladimír Doležal and Stanislav Grof produced high-quality addiction research studies, experimenting with LSD-25, psilocybin and other hallucinogens. This paved the way for numerous scientific studies into psychoactive substances other than alcohol during the 1960s and early 1970s, when there was considerable scientific interest in both the therapeutic and “personal growth” value of altered states induced by psychedelic drugs (see also Winkler, Csémy, 2014). The escalation of the war on drugs that started with its declaration by US President Richard Nixon in June 1971 drastically reduced scientific inquiry into these areas, also in the Czech Republic.

The first fully professional journal for Czechoslovakian drug treatment profes-
sionals Protialkoholní obzor (Anti-alcohol horizon) was launched in 1965. After the “Velvet Divorce” (the dissolution of Czechoslovakia in January 1993), this journal continued as the Slovak national journal and was renamed “Alcoholism and Drug Addictions” in 1995.

In 1967, practitioners such as Eduard Urban, Jaroslav Skála and Jiří Rubeš created a new and intensive training model – SUR (Skála, Urban & Rubeš) – for psychiatrists and psychotherapists who specialised in psychotherapy and addiction. This training programme provided well-structured education and training for those working in addiction treatment in the Czech Republic. But it conflicted with the official ideology of the communist regime, which considered all social sciences, particularly psychology, to be “para-disciplines” that had no place in “modern socialist society”. Generations of Czech therapists have been trained in this model of practical and integrative psychotherapy, and the programme continues until today. Interestingly, there were clear links between the advent of general psychotherapy in the country and psychotherapy training programmes in the addiction field. The Apolinar treatment programme in Prague facilitated the first training activities in psychotherapy in the Czech Republic, and training graduates were practitioners in both the addiction field and in general psychotherapy.

This activity was tolerated by the communist regime, but the tolerance was limited. For example, explicit links to western (“capitalist”) theories or treatment concepts could reverse state acceptance. Navigating this fine line of state repression was crucial to the further development of the addiction field in the Czech Republic and to the emerging training and study programmes. Because of the Iron Curtain, the Czech had to develop their own approach to addiction.6

The founding generation, represented by Skála, Urban, Rubeš and others, originally developed their own concept of addiction and ideas on training psychotherapists quite devoid of western or international influences but, as long as the evolving concept and practices could not be labelled western or anti-communist, also not subject to intense state control. For instance, terms such as psychoanalysis or gestalt therapy were considered politically incorrect by the communist authorities, and foreign publications on the ideas these represent “bourgeois pseudo-science” and “Spetskhran,” Soviet phraseology for “Special Storage Section” or limited access only (Graham, 2004). Educational institutions organizing training programmes in these classic approaches would risk persecution and closure for not adopting “the correct ideological position”, while training materials or other written politically incorrect materials could be classified Samizdat (publishing and underground distribution of censored information, considered a serious form of dissident activity) (Graham, 2004). This is probably the best example of why we had to develop an integrative concept and tradition for psychotherapy in additions.

This “détente” significantly influenced the Czechoslovak drug services landscape from the 1950s until the Velvet Revolution made an end to the communist regime in 1989 and intellectual borders opened up. Nonetheless, the communist era spurred the independent development of the Czech
concept of “addictology” and provided a robust foundation for the emerging tradition in the training and education programme in addiction treatment and prevention, as well as in psychotherapy. Two significant publication milestones of that time mirrored these clinical and investigative advances. The first book was called *Alkoholismus: Terminologie, diagnostika, léčba a prevence* [Alcoholism: Terminology, diagnostics, treatment and prevention] (Skála, 1957) and the second, *Toxicomany* (Urban, 1973). At the time, these were considered first-rate and modern textbooks targeted to substance use-related issues in Czechoslovakia, and fostered nationwide education and training activities.

“Alcoholism” presented an interdisciplinary model of “alcoholic toxicomania” (see note no. 4) that included biological, psychological, social and cultural aspects, a definition of the field of alcohol-related problems, as well as suggestions for demand and supply reduction measures (Skála, 1957). “Toxicomania” addressed a wider range of psychoactive substances (Urban, 1973). Interestingly, Urban published the book during the harsh political “normalisation” period that followed the Prague Spring in 1968. Publishing this work in the 1970s when the communist state repression was in full swing was an extraordinary and courageous act, as the book openly criticised the massive increase in legally prescribed drugs on the pervasive black markets in the Czechoslovakian socialist society.

During the 1970s we start to see a separation between the approaches to legal and illegal drugs in the addiction field, expressed, for example, by papers published in the national journal (*Protialkoholní obzor*), which followed Urban’s *Toxicomany* (1973), such as the works of Dritl (1978) and Budka et al. (1987).

The traditional stream/branch represented by abstinence-oriented approaches built on alcohol treatment and self-help followed different trajectories. During the 1970s and 1980s we see the relatively strong influence of a series of publications by the sociologist Martin Butora (e.g. Butora, 1979, 1988). His ideas merged with those of Jaroslav Skála and colleagues (1987) and provided a well-structured and interdisciplinary abstinence-based approach to alcohol and alcohol addiction treatment. Before 1989, this approach strongly influenced drug services training and education and resulted in two monographies published shortly before the Velvet Revolution by Jaroslav Skála et al. (1987) and Stanislav Kunda et al. (1988).

Importantly, they paralleled and informed the emerging drug services that targeted people using illegal substances. The first official specialised drug treatment programme, the Centre for Drug Addictions, was founded by psychiatrist and psychotherapist Jaromír Rubeš in 1974 within the Apolinar department in Prague. These developments were mirrored by an increasing public interest in the “drug issue” and depictions of drug use in Czechoslovak films and fiction during the 1980s.

Many of the current harm reduction and prevention efforts that developed after 1989 can be traced back to this initial NGO initiative. From then on a separate branch in drug service provision developed that opposed the abstinence-oriented tradition of the existing (alcohol) treatment programmes. This rapidly emerging alternative approach to drug service provision...
had a significant impact on training and education programmes during the 1990s.

Although many staff members involved in the new harm reduction activities came from, or continued working, in abstinence-based treatment programmes, the rapid emergence of harm reduction programmes and its growing importance in training and education programmes resulted in an ideological conflict which culminated between 1995 and 2005 and facilitated the development of new drug policies, services, training and education in the Czech Republic. This is also when addictology came to be recognised as an independent field and profession in the country (see also Miovský et al., 2014a, 2014b).

Discussion
To gain a better understanding of the circumstances in which addictology was established as an independent discipline, separate of psychiatry, it is necessary to consider the preceding developments in interdisciplinary approach in medicine. In this field of medicine, interdisciplinary approaches to various types of disorders have gradually been taking shape in recent decades. Psychiatry, psychosomatic medicine and, more recently, public health (infectious diseases) and clinical psychology have all contributed to building both the profession and “school” of addictology in the last 60 years.

In terms of professional specialisation in the field of addictions, there is, from a historical perspective, a gap in the area of addiction services, which has prevailed until today. For instance, a 1980s study on staff composition in substance use treatment units showed three groups of staff members: professional counsellors without personal experiences of addiction, ex-addict paraprofessional counsellors without degrees, and paraprofessional counsellors with neither a degree nor a history of (problem) drug use (Aiken, LoSciuto, & Ausetts, 1985).

The Czech experience presents an example of the emergence of a new profession with an issue-oriented professional identity and an increasingly transdisciplinary scientific and epistemological framework, introduced through an independent and unified educational curriculum. To what extent this approach is applicable within the international context of addiction studies and addiction professionals remains to be seen. With respect to comparison with relevant academic degrees, the authors are not aware of any other programme that provides a continuum of all three levels of higher education. This remains a unique feature of the approach taken in the Czech Republic. At the same time, two main lines of study specialisation on the MA level can be identified in the international context: an interdisciplinary line in substance use or drugs and alcohol studies, and a counselling line. The Czech approach accounts for both, introducing the counselling level as the main focus of the bachelor’s programme, and one of the two directions in both the MA and the PhD programme.

In terms of professional specialisation, the Czech approach incorporates one of two possible directions that a qualification in addictology can take in the future. The first is an addictology specialisation within existing treatment professions, such as counsellors, psychologists, psychiatrists, nurses, social workers, etc. The second is an “addictologist” as an independent pro-
professional, implying the “emergence of a new profession” — as, for instance, Shane Butler (2011a and 2011b) put it with respect to the development of the profession of an “addictology counsellor” in Ireland. The two approaches should not be considered mutually exclusive, given that all the professions that are currently involved are likely to remain in addiction prevention and treatment even when the profession of an “addictologist” enters the field. The fact that an addictologist is licensed as a separate and independent paramedical profession in the Czech Republic indicates that his/her level and specificity of competences is similar to physiotherapy or clinical psychology. Addictology graduates do not represent competition (in the traditional sense of the word) for any of the existing professions, for they cannot replace a doctor or a nurse, or any other existing profession.

Although the historical roots of the addictology profession in the Czech Republic go back to the 1950s, its development was accelerated in 2004–2005 with the establishment of the bachelor’s curriculum at the Charles University in Prague. Since then, the educational programme has expanded rapidly and the current Bachelor’s, MA, and doctoral-level programmes now train more than 270 students a year (all programmes are also provided in a distance learning mode) in the Czech Republic.

The genesis of addictology was greatly facilitated by the efforts of a number of academic, governmental, EU and non-governmental organisations, as well as by important policy changes, and widespread support among addiction services. At this point, the conditions have been created for it to mature into adulthood. The present-day risk environment of drug use and addictive behaviours is, however, much more dynamic and fast-paced than in previous decades (Katz, Levin, & Hamilton, 1963; O’Donnell & Jones, 1968; Parker, Bakx, & Newcombe, 1988; Nabben, Benschop, & Korf, 2012), with the rise of New Psychoactive Substances (NPS) being a case in point, and one of the upcoming research foci of the Department of Addictology. Addictology’s transdisciplinary nature, uniting various disciplines that elsewhere often compete, is key to its current status in the Czech Republic and is basic to a comprehensive understanding of the complex and dynamic risk environment of substance use and addictive behaviours.

Conclusions
Historically, different professions have approached the study of drug use and addiction from their own perspective, with limited cross-fertilisation of ideas. Addictology provides a comprehensive scientific framework for understanding drug use and addiction that goes beyond individual disciplines. Transdisciplinary work merges scientific traditions and intellectual capital of professional disciplines as well as stakeholders involved in a common frame of reference, aiming at improved understanding of a complex bio-psycho-social phenomenon and rapidly diffusing the insights thus gained into clinical practice, public health and stakeholder communities.

Addictology does not aim to replace, but to work in tandem with other disciplines and professions and to support the integration of relevant theory and methodologies towards improved, evidence-
based explanations of and solutions to “one of the great problems of our time”. In this context we can talk about specific conditions and historical development in Czechoslovakia and later Czech Republic that can be characterized as a combination of early interest in self-help activities followed by development of specialized treatment programmes both affected by further 40 years behind the “iron curtain” and intensively confronted with harm and risk reduction interventions after the Velvet revolution. We feel that with its unique and innovative nature, blending transdisciplinary science, education and clinical practice, addictology is ready to face the challenges and changes that may await the field of substance use, drug services and policy in the years ahead.

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Declaration of interest
The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

NOTES

1 The term denotes the first historical period when Czechoslovakia was governed democratically after gaining independence from the Austrian-Habsburg monarchy through the post-World War I arrangements.

2 Before Masaryk became the first president of Czechoslovakia, he published several interesting works about alcohol use and its ethical and sociological aspects (e.g. Masaryk, 1912). As a politician and philosopher he was interested in psychology, sociology, cultural norms and behaviour, emphasising ethics and moral norms. Alcohol-related problems were close to his heart throughout his life.

3 Both prominent professors were very active...
in social life and on the political scene and were part of a wave of intellectuals engaged in social and political discussions led by T.G. Masaryk. These discussions had a significant impact on the formation of social and moral norms in Czech society during the closing phase of the Austria-Hungarian Monarchy and the emergence of the new sovereign state called Czechoslovakia (established later in 1918).

4 Skála used the term “alcoholic toxicomania” for alcohol addiction and also spoke about such concepts as “pathological addiction” and “alcoholic, drunker, alcoholism, chronic alcoholism” in this context (e.g. terminological chapter in Skala, 1957, pp. 9–11).

5 English translation: Club of people seeking sobriety.

6 See also special issue on the post-Velvet Revolution Czech drug scene and drug policy published in the Journal of Drug Issues in 2007 (Bullington, 2007 and other papers).

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