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THE RESOCIALIZATION PROCESS OF PEOPLE WITH ADDICTIONS
IN SOCIAL WORK: THE EXPERIENCES OF NGOs

Master’s thesis

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SUMMARY

Resocialization Process of People with Addictions in Social Work: the Experiences of NGOs. Master Thesis. The study is aimed at analyzing the resocialization process of addicts in social work and revealing the experiences of NGOs. The analysis of the theoretical sources revealed that to this day, the resocialization process system and its trends in social work have not yet been fully developed and close cooperation between institutions and integrality of the applied methodic measures in all stages of addict resocialization without discerning either of the links of the integral service model structure are imperative. The resocialization process is time-consuming and integral to the environment where the individual in question lives. The empirical research focused on the NGO case studies of the resocialization process in Lithuania, Italy and Ukraine revealed that such activities were based on the principles of empowerment and integral psychosocial assistance. Long-term help from specialists, possibility to apply oneself in professional activities, remaining in a “safe environment” and volunteering to assist and motivate other individuals with addictions help to continue leading a drug-free life even after completing community-based rehabilitation programs. The study revealed the strengths of the resocialization process and the related matters that needed further improvement in social work with addicts. The importance of the social support networks, rendered professional services, State support and practically employed good experience are depicted as the foundation of a successful resocialization process existing nowadays in social work with addicts. The following were indicated as the main problematic areas in the resocialization process that needed further improvement: no financial support during the resocialization process, limited duration of the resocialization programs, lack of variety in methodic measures and the negative attitude of the society towards addicts. Positive results could be achieved by relying on the models employed in the resocialization process and further developing its strengths and reducing any detected issues, i.e. integration into the society and labor market would be successful and the probability of relapses would be reduced to the minimum.

Contents

Summary	2
Introduction	4
1. POSSIBILITIES OF EMPLOYING RESOCIALIZATION PROCESS MODELS FOR ADDICTS IN TERMS OF SOCIAL WORK.....	9
1.1. Concept, Models and Analysis of Resocialization	9
2. THEORETICAL ANALYSIS OF SYSTEMS OF PROVIDING SOCIAL SERVICES TO ADDICTS.....	15
2.1. Legal and Organizational Background of Social Service Provision Determining the Provision of Social Services to Addicts in the Republic of Lithuania.....	18
2.1.1. NGOs in Social Service Provision.....	24
2.2. Legal and Organizational Background Determining the Provision of Social Services to Addicts in Ukraine	25
3. METHODS OF RESEARCH AND METHODOLOGY.....	30
3.1. Analysis of Addict Resocialization Process Experiences in Europe.....	33
3.2. Case Study of NGOs.....	35
3.2.1 San Patrignano, Italy.....	35
3.2.2. My Guru Resocialization Project in Lithuania	37
3.2.3. Road to Life Resocialization Project in Ukraine.....	40
4. ANALYSIS OF SEMI-STRUCTURED INTERVIEW DATA.....	43
4.1. Revealing the Strengths of Resocialization in Social Work.....	46
4.2. Revealing Resocialization-Related Matters to be Improved in Social Work.....	54
4.3. SWOT Analysis of the Resocialization Process in Social Work with Addicts.....	61
Conclusions	63
Recommendations	65
References	66
Summary	74
Appendices	75

INTRODUCTION

Relevance of the topic and research question. Psychoactive drugs continue to threaten human health and welfare across the world and their use endangers the economic and social stability and security of entire regions. Almost in all cases, drugs and increase in criminal activity is closely related and addiction to psychoactive drugs tends to further exacerbate the more often than not low social and economic development. The problems encountered by addicted individuals stretch throughout all areas of their lives, e.g. relationships with family, friends, work-related activities and career, and public life. Such people suffer from extreme physical, psychological, emotional, economic and social anguish (Bulotaitė, 2004, Fleming, Murray, 2000)

According to the report of 2014 issued by the United Nations Office on Drugs and Crime (UNODC) on drug prevalence among common population, in 2012, 3.5-7% of all residents on Earth aged 15-64 years old used one or another kind of illegal drugs within the last few years and 16-39 million of people in the world are addicted to psychoactive drugs. Based on the data presented by the Lithuanian State Mental Health Center, a total of 5,847 individuals were registered on December 31, 2013 in personal health care institutions catering to the needs of people with mental and behavioral disorders caused by the use of narcotic drugs and psychotropic substances (5,935 individuals in 2012 and 5,890 individuals in 2011). In 2013, there were 198.7 instances per 100 thousand people of addiction to narcotic drugs (199.8 instances per 100 thousand people in 2012, 196.1 instances per 100 thousand people in 2011, 198.4 instances per 100 thousand people in 2010). However, the precise number of drug addicts is unknown as their registration data do not always correspond to the actual data. According to the data available to the Institute of Hygiene, 70 deaths were directly related to psychoactive drug abuse in 2012. There were 183,000 cases of death worldwide in the same year (data of the UNODC). According to the Department of Information Technology and Communications under the Ministry of Interior, there were 2354 criminal acts related to illegal use of narcotic drugs and psychotropic substances registered in 2013. This statistical information shows that addictions comprise a relevant issue in our society. Meanwhile, the increasing need of social services for addicts brings about various discussions on effective provision of such services with the positive result of complete resocialization of the addicted individual.

An addiction is defined as a chronic and repeatedly occurring illness which requires specialized and person-oriented treatment. According to the ICD classification, addictions are included in the ICD-10-AM systemic disease list under mental and behavioral disorders. They are categorized under the F10-F19 block depicting mental and behavioral disorders due to psychoactive substance use. The majority of addicted individuals are incapable of overcoming

social exclusion themselves due to the nature of their disease even if they have the motivation. Due to this reason, addicts need society's help in all stages of their rehabilitation. They require complex assistance comprised of medical, psychological and social help. Such services are provided by various health care institutions, e.g. addiction treatment centers, mental health centers, various associations, foundations and non-governmental organizations (NGOs). Measures of assistance must encompass all aspects of the individual's life so that its main goal of reintegration into the society is reached (Bulotaitė, Rimkutė, Kondrašovienė, Vaitiekus, 2006).

Resocialization of addicts into local communities and society is recognized as one of the constituents of the battle strategy against narcotic drugs as its implementation is largely focused on the improvement of social skills, education, work opportunities and housing. In consideration of the social needs of patients treated from addictions, drug use may be reduced and long-term abstinence may be maintained (Laudet *et al*, 2009). Such scientists as Magura S. (2003), Lawless M. (2000), Silverman K. (2001), García-Fernández G., Secades-Villa R., García-Rodríguez O. (2011) and many others analyze social rehabilitation and integration of addicted individuals as prerequisite to social exclusion by accentuating the possibilities of involving socially excluded persons into the community via work opportunities.

Resocialization is a complex process of certain actions aimed at returning addicts back to socially acceptable life. Many member states acknowledge that resocialization is significantly less developed compared to treatment; thus, it is essential to grant social reintegration more focus and financial support. The United Nations and the Council of the European Union see social reintegration as part of an approach to reducing the demand for drugs. The EU Drugs Strategy 2013–2020 (Council of the EU 2012) includes social reintegration as part of a comprehensive approach of drug demand reduction for solving the problem of illicit drug use in the EU and Norway with the broad aim of achieving concrete, identifiable and measurable results.

The Resolution of the Lithuanian Government *Concept (Guidelines) for Creating the System of Addiction Prevention, Treatment, Rehabilitation and Reintegration Services* (Official Gazette, 2012, No. 121-6078) brings attention to the fact that the continuity, accessibility and quality of services rendered to addicts is not ensured. Thus, it is planned to create legal, administrative and financial conditions for the development and improvement of an effective prevention, treatment, rehabilitation and reintegration service system in the Republic of Lithuania. It is also planned to further expand social and other services provided to individuals with mental and behavioral disorders due to psychoactive drug abuse after these individuals successfully complete a treatment course at a health care institution and to provide short-term social care (psychological and social rehabilitation) with the aim to integrate the said individuals back into the society. Based on the data of research titled *Assessment of the Situation, Needs and*

Result Efficiency of Social Integration of Socially Vulnerable Persons at Social Risk with the Aim to Productively Use EU Structural Support for 2007-2013 (2011) and carried out by the Labor Market Research Institute, the following four key needs, i.e. issues encountered by addicts after successful completion of community-based rehabilitation, can be discerned: lack of purposeful activity, lack of resources, underdeveloped social network, lack of motivation and self-sufficiency. It is imperative to lay out social work models in the resocialization process and ensure successful continuity of social services to individuals who have undergone psychosocial rehabilitation programs. This way, abstinence and reintegration into the society will be successful. Based on the EU Drugs Strategy 2013–2020 (Council of the EU 2012), a review of the articles published by the aforesaid researchers, the resolutions of the Government of the Republic of Lithuania (hereinafter referred to as the RL) and the researches carried out, assumptions can be made that the analyzed research question is relevant in modern times, because the addict resocialization system and its directions in social work have not been fully developed and the roles of non-governmental organizations and state enterprises in the provision of psychosocial services are not yet on equal standing.

The research object is the Resocialization Process of People with Addictions in Social Work: The Experiences of NGOs

The goal of the study is to reveal the resocialization process of addicts in social work based on the experiences of NGOs.

Research objectives:

1. Employ the theoretical analysis to reveal the resocialization process models applied to addicts in terms of social work.
2. Employ case study method to present the good experience of Italian, Ukrainian and Lithuanian NGOs in addict resocialization process.
3. Reveal the advantageous sides of the resocialization process in social work with addicts and things to be improved by employing the interview method (verbal and written) and content analysis.

The respondents of the study are NGOs rendering services and catering to addicts in rehabilitation communities as well as internal and external experts (7).

Methodology and methods of research. The methodological basis of the research is the systemic social work model which takes into consideration the entirety of all circumstances influencing the individual. The systemic analysis allows looking at the individual structurally, i.e. to view the client's problem (microsystem) as a part of larger mezzo and macrosystems which may assist (or hinder) changes (Bertalanffi L., 1972, Bartlett H.M., 1970, Goldstein J., 1982). This social work theory follows the holistic approach which perceives each person as a

whole embodying in itself biologicity, human experience, science, emotions and thinking. The study also relies on the humanistic theory model which claims that the object of social help is a personality, i.e. a unique, integral, open and constantly changing system (Rogers K., 1997). Each individual has inherent potential characteristics for further development and can best perceive his/ her own problems and needs (Olport G. 1998, Maslow 1987). The success of social help lies in the endeavors of both social worker and treated individual. The paper includes an analysis of scientific literature and legal norms as well as a semi-structured interview. The research data were processed by applying the method of content analysis.

The following research methods were used in the paper: theoretical analysis, i.e. analysis of scientific literature and legal norms, empirical research, i.e. case studies of Italy, Lithuania and Ukraine, a semi-structured interview and SWOT analysis. Research data were processed using content analysis. The generalization method was used to sum up the theoretical and empirical data, present the conclusions and formulate the key statements. The analysis of scientific literature was carried out by analyzing reports of scientific conferences held by Lithuania and foreign researchers, monographs and articles in various publications with the aim to understand the possibilities presented to addicts by the resocialization process. The data analysis method was employed to collect the primary data, analyze the legal norms of Lithuania and Ukraine regulating the management of social service provision to addicts, and review the implementation of the EU programs and the tendencies of using experience from other member states. The SWOT analysis was aimed at assessing the resocialization process in social work with addicts, the efficiency of possibilities and the ability to adapt to the influence of external factors. Also case studies were carried out detailing the system of providing services to psychoactive drug addicts in Italy, Lithuania and Ukraine. These three countries were chosen due to their success in integrating the NGOs into social service provision to addicts and due to the fact that the author of the paper had a possibility to intern in Italy and participate in joint cooperation projects between these three countries. The semi-structured expert interview was applied to assess the possibilities of the resocialization process for addicts and to prepare the model of their possibility integration into social service provision to the target group.

Master Thesis structure. The paper consists of the abstract, introduction, four parts, conclusions, references and annexes.

Keywords.

Addict: an individual with a physical, mental or emotional addiction to psychoactive substances (definition by World Health Organization and International Narcotics Control Board of United Nations).

Resocialization: preparing an individual to reintegrate into society's life or live in a community where living conditions have changed following a crisis, trauma or change of lifestyle (Barker R.L., 1994). It is the use of various measures to restore the social status and value to an individual who had lost the social trust of his surroundings (Kučinskis V., Kučinskienė R., 2000).

Social rehabilitation: the entirety of social and psychological measures encouraging the self-independence of individuals, increase of participation possibilities and reduction of activity restrictions with the aim to ensure equal rights and possibilities in public life. Social rehabilitation services are provided to people with the goal to either form or restore their social and self-sufficient life skills, to assist them in acquiring education and to ensure possibilities of participating in public life and labor market (Description of project financing conditions (dated January 1, 2011) for Measure VP1-1.3-SADM-02-K: Integration of Persons at Social Risk and Socially Excluded Persons into the Labour Market under Priority 1 Quality Employment and Social Inclusion of Human Resources Development Operational Programme for 2007–2013)

Social exclusion: it is a complex phenomenon depicting an occurrence of certain groups which have little to no possibilities to participate in public life due to their weak integration into the society (Medaiskis, 2012).

Integration of addicts into the society encompasses the process of treatment and rehabilitation of psychoactive drug addicts, during which medical, psychological and social services are provided on a need basis with the aim to help the addict abstain from alcohol, drugs or psychoactive drugs, restore various skills, relations to family and community and reintegrate into the labor market (Official Gazette, 2001, No. 129/518).

Psychoactive drugs: substances causing mental and behavioral disorders classified in the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) pursuant to Order No. 542 of October 28, 1996 passed by the Minister of Health of the Republic of Lithuania (Official Gazette, 2001, No. 50-1758).

NGOs – non-governmental organizations.

1. POSSIBILITIES OF EMPLOYING RESOCIALIZATION PROCESS MODELS FOR ADDICTS IN TERMS OF SOCIAL WORK

1.1. Concept, Models and Analysis of Resocialization

The concept of resocialization took root at the beginning of the 20th century when the foundation of resocialization lay in the idea of treatment, i.e. psychological and medical actions, when individuals were treated for their criminal and asocial behavior. Eventually, resocialization was redirected from directly influencing the individual towards the creation of an environment promoting the person's conscious wish to change. Employment, education, moral influence and discipline are the key elements of resocialization (Mathiesen, 1990). The idea of resocialization embodies the principles of respect to human rights. Thus, in a broader sense, resocialization is considered as the process of change encompassing the levels of behavior, world-view and moral beliefs.

As already established, clients requiring social work services are individuals of various social risk groups undergoing certain crises and receiving resocialization aid. Thus, it is of the utmost importance to look for more effective methods and measures to reduce the probability of relapses and create more favorable conditions for the positive expression of socialization. The goal of resocialization is the change of values and behavior models (Butvilas, 2008; Guščinskienė, 2001; Juodraitis, Merkys, Ruškus, 2002). Resocialization is the process of learning new attitudes and norms required for a new social role. It is the relearning of cultural norms and sanctions, on their return to a social system, by those who voluntarily or involuntarily left that system, so that they can again be fully accepted within that system (A Dictionary of Sociology, Gordon (Marshall G., 1998). According to V. Kučinskas (Kučinskas V., Kučinskienė R., 2000), resocialization is the use of various means to restore the social status and value to an individual who had lost the social trust of his surroundings.

No unanimous definition of the concept of resocialization exists. Scientists have divided opinions on what exactly could be defined as resocialization and what its constituent elements are. It should also be noted that frequently authors use different terms, e.g., social rehabilitation, reintegration, adaptation, upbringing, correction, etc., when speaking of the same goal. The concept of resocialization is usually used in the context of criminology when referring to the process of reintegration of convicted persons into the society; however, it is also applied when depicting the resocialization process of other persons at social risk (including addicts).

According to Broom L. (1992), resocialization is a process during which an individual rejects one lifestyle for the sake of another which largely differs from the first one. Meanwhile, Christie N. (1999) notes that the idea of resocialization is not directed towards directly

influencing an individual but rather towards the correction of the environment instilling a conscious willingness to change into the said individual. It could be said that the aim of resocialization is not only a changed individual but also a changed environment and eliminated factors of social de-adaptation. In the opinion of Clarkson C.M.V. (1995), resocialization is one of the main goals of institutions catering to people at social risk. When summing up the wide variety of resocialization concepts, Leliūgienė I. and Liaudinskienė G. (2007) accentuate that resocialization is a process of unlimited actions aimed at returning an offender into a socially acceptable life. The resocialization phenomenon is also discussed in scientific educational literature (Merkys, Ruškus, Juodraitis, 2002; Kvieskienė, 2005).

Liaudinskienė G. (2005) depicts resocialization as a complex and integrated process with a multi-stage program. She also establishes the following five fundamental professions in the field of resocialization: *educators, social workers, psychologists, lawyers and police officers*. These specialists represent law enforcement and socio-educational institutions. It should also be noted that successful resocialization of individuals at social risk depends on the competency of the said specialists. A well-played role of an institution employee based on his/her qualification and competence may positively motivate an individual to change the socially unacceptable behavior model. This is also confirmed by Tolman's theory (Adair, 2006) establishing that the level of motivation can be affected by expectations if the consequence is the reaching of the set goal. In this case, this goal could be the successful resocialization of addicts. In institutions, the effectiveness of the resocialization process could be conditioned by the interrelations of employees and clients based on motivation, whenever such relationships correspond to the expectations of the said persons. Summing up the statements of the previously mentioned authors, it can be said that *resocialization* may be deemed a purposeful holistic process aimed at positive return to public life via the prism of integrated aid and socio-educational means.

As previously mentioned, the term of resocialization is most often used in the context of criminology. As a result, the formation of resocialization models was firstly influenced by the criminal policy of the country. Of course, the cultural, social, economic and political backgrounds as well as the ongoing social changes in the society were also significant. The Hungarian researcher Henkes B. (2000) depicts the following five historically formed models of resocialization: security model, penal model, penal justice of minors model, two-stage (double standard) model and holistic model.

Meanwhile, Žilinskienė L. and Tumilaitė R. (2011) discern the following two models prevalent in the contemporary resocialization process: *Risk-Need-Responsivity Model* (hereinafter referred to as the RNR) and *Good Lives Model* (hereinafter referred to as the GLM).

Risk-Need-Responsivity (RNR) Model. The formation of this model is related to the focus on the importance of risk management in the society. The RNR model was developed in the eighties of the 20th century in Canada. It later reached the USA, Europe and other countries across the world. The main principle of the RNR model is the reduction of the damage caused to the society. The model was formed as an alternative to the depiction of criminal activities prevalent during those times which accentuated poverty and socially unfavorable status in the society as the underlying criminogenic factors. The RNR model is best defined by the following concepts: risk, needs and response. Firstly, the **risk** of the individual repeating the crime and behaving in an unacceptable way in terms of established norms should be assessed. The risk factors prevalent in the model are categorized under four groups as follows: disposition (e.g., qualities of asocial personality), background (e.g., previous crimes, if any, previous use of psychoactive drugs), relationship context (e.g., social relations with deviant groups, etc.) and clinical (e.g. mental disorders). The supporters of the model discern the following eight main risk factors: qualities of asocial personality, background, attitude, circle of friends, relationship at home, school or work, free-time activities and use of drugs. The risk factors are related to personal **needs** as failure to satisfy the latter may increase the risk to act inappropriately. The supporters of the RNR model discern criminogenic and non-criminogenic needs. However, according to them, only the elimination of criminogenic needs should be focused on as the non-criminogenic needs have no impact on the formation of risk factor (Ward, Maruna 2007). Yet another important element of the RNR model is **responsivity** which is related to the attitude of the person at social risk, his/her motivation to change and relation to the applicable resocialization means. The resocialization program should be adapted to the individual's learning style, personal and inter-personal circumstances. It is imperative to consider motivation, gender and cultural aspects (Ward, Maruna 2007).

The determination of risk and personal needs is a complicated process for it is related to values. Also, some of the convicts with a high degree of risk may have no apparent needs for criminal activity. In such cases, determining the risk and needs may be especially difficult. Risk is a social construct which is impossible to be measured and calculated objectively or be presented with one suitable risk elimination solution. The RNR model is criticized due to the less attention being paid to the social and cultural factors which in turn may also influence the perception of risk. In a society, where risk control is most important, the fear of crimes, etc. is artificially promoted and, consequently, individuals belonging to risk groups are left beyond the society as they are overly feared. Thus, the risk increases evermore because such individuals are prevented from reaching their goals using legal ways (Ward, Maruna, 2007).

An important aspect of critique aimed at the RNR model is that the benefit to the society is deemed the main goal of resocialization. However, the problem lies in the fact that raising such goal as the main one makes it difficult for the persons at social risk to find the motivation to participate in the resocialization programs as they hardly see any real benefit for themselves. Studies have shown that focusing on achievements is much more effective in motivating convicts to change compared to focusing on avoidance (Mann, Webster, Schofield, Marshall 2004; Ward, Maruna 2007). Thus, positive motives are more significant in the process of resocialization than the negative ones.

Good Lives Model (GLM). The GLM was created in 2004. Currently, it is widely employed for offenders serving their sentence for various crimes in such countries as Sweden, Ireland, England, Canada, Australia, New Zealand and the USA. The supporters of the model claim that the need for asocial behavior may be eliminated by strengthening the social qualities acceptable to the society and creating a better life quality. Various scientific studies reveal that general human needs exist and failure to satisfy them may encourage the individual to commit a crime or risk. Such needs include life quality, education, employment and professional conduct, self-independence, sociality, mental stability, etc. (Ward, Maruna 2007). The reduction of risk retains its importance in the model but the process of resocialization is directed towards focusing on the personal needs so that the individual is motivated to reach the goals important to him/her. The supporters of the GLM agree that risk, needs and responsivity should remain the key aspects in the assessment process; however, they also add the fourth constituent, i.e. priorities, due to which individual may be motivated to change. This can be achieved through creating possibilities to reach for one's goals, especially those considered priority to the certain individual. The GLM supporters believe that it is important to grant the individual the freedom to choose and that the effectiveness of the program is conditioned by the willingness to change.

The GLM gives a wider perspective of the risk itself which is influenced not only by the personal qualities but also by social, cultural and situational factors. As risks are not static and may depend on the changing environment, it is important to consider all the aforesaid aspects when evaluating the said risks. The goal is to avoid the seeking of goals via criminal acts by encouraging better life by socially acceptable means. To reach their goals, the individuals firstly need certain knowledge and skills that can be gained during learning sessions. The support of other society members (relatives, friends, community) is also very important (Žilinskienė L. and Tumilaitė R., 2011). Thus, both internal personal circumstances and external ones should be considered.

Compared to the RNR model, the GLM pays more attention to social and cultural circumstances because the person's behavior is conditioned by the interaction of various factors,

e.g. biological, psychological, social and cultural ones. The social and cultural contexts form the majority of person's needs and measures to satisfy them. Hence, it is most important to grant the addict the skills and possibilities necessary to enter into social relationships with the community members following the norms and able to help the addict reintegrate into the society and lead a full-fledged life. Separating illegal actions and conduct from personal qualities of the individual also bears some significance. When motivating the client to change, the key objective is to ensure that the individual feels the social worker's trust, respect and wish to help them start a better life. From this approach, the GLM could be considered to be a humanistic resocialization model which does not refute assumptions of risk but also corrects the weakest links and integrates other important aspects of resocialization of individuals belonging to social risk groups.

SEL SID SON model (*SEL – social emotional learning, SID – social inclusion by design, SON– self-organizing narratives*) is closely related to the GLM. The neurocriminological SEL SID SON model described by Hilborn (2011) is designed for successful return of convicts having served their imprisonment sentence into the society and encouragement of socially accepted behavior. However, it can be said that the principles of this model may also be directly applied to addicted individuals who have completed the psychosocial rehabilitation programs. The aim of such would be to avoid their repeated return to the community. The SEL SID SON model was created in 2002–2004 with the aim to assist individuals addicted to regular imprisonment (an equivalent in case of addictions would be seeking to reenter community-based rehabilitation). The foundation of the model is comprised of three interrelated processes helping the individuals to successfully reintegrate into the society, encouraging them to absorb socially accepted roles, form social skills and nurture the principles of socially acceptable behavior. The first stage is social emotional learning focused on the instilling of the individual's skills of solving social and other sorts of problems, anger management, manifestation of socially accepted values, etc. At this stage, the most important element is the motivating interview during which the individual must decide what life he/she considered purposeful and good. It is imperative to discover the things the individual would say 'yes' to and the ones that would improve his/her life for the better.

The second stage is social inclusion by design accentuating the cultural shock problem. For example, having been accepted into community-based rehabilitation, the individual has to adapt to its culture and subculture where the values, social roles and communication methods are very different from the ones used by people in the outer world. After the successful completion of the rehabilitation program, the individual must go back and adapt to the former social environment which has more often than not changed. The individual coming back to the society

is unsure how to act as the social environment seems alien and unrecognizable. This may in turn be a stimulus to go back to the usual behavior models, e.g. psychoactive drug abuse or criminal activities. According to Hilborn, almost all convicted offenders face the following issues after regaining their freedom: dwelling, relationships with family and friends, addictions, health and stigmas. The majority of such individuals experience discrimination and prejudice as well as fear by other people. Thus, at the stage of returning to the society, it is important to help the individual solve these issues and try to ensure that the environment encourages the social acceptable behavior model. The participation of the communities and NGOs is also of high significance in this process.

The third stage of the discussed model is self-organizing narratives. This stage is the most complex, longest and requiring a lot of endeavor. It involves the creation of a new social identity where the social acceptable behavior is getting increasingly easier. The goal is to make the socially acceptable behavior regular and easy attainable for the individual. Yet, this may require a long time. The process is also integral to the environment where the individual lives. SEL SID and SON models must be implemented together. Several of the aspects of the SEL SID SON model coincide with the principles of the GLM; however, the differences lie in the neurocriminological approach and rejection of the risk element.

It is of the utmost importance not to forget that the participation in resocialization is founded on the principle of willingness. No model applied in social work with addicts will be effective if the individual himself/herself has no motivation to seek resocialization.

2. THEORETICAL ANALYSIS OF SYSTEMS OF PROVIDING SOCIAL SERVICES TO ADDICTS.

Quite often, whenever touching the topic of psychoactive drug addiction in the society, people are quick to share their thoughts and resentment detailing that it is the choice of the individual himself/herself lacking in cultural and moral values. However, people should understand that an addiction is a chronic disease that changes both brain structure and function. Addictions required specialized and person-oriented treatment. The word “addiction” is derived from a Latin term for “enslaved by” or “bound to”. Addiction exerts a long and powerful influence on the brain that manifests in three distinct ways: *craving* for the object of addiction, loss of *control* over its use, and *continuing* involvement with it despite adverse consequences. In other terms, the three **3 Cs** (Craving, Continued involvement, loss of Control) is the simplest scheme to detect an addiction. However, only a physician has the right to diagnose an addiction to psychoactive drugs

The World Health Organization uses the following definition of addiction: “A state of periodic or chronic intoxication produced by the repeated consumption of drugs affecting the central nervous system which in turn results in psychological or psychological and physical addiction and damage to the individual and through him to the entire society”. The Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10) defines the dependence syndrome as being a cluster of physiological and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value.

The underlying causes of addictions are biopsychosocial (Fleming, Murray, 2000). Their origins are conditioned by biological (heredity, genetics), psychological and social factors. Based on A. Stekens, Ch. Hallam, M. Trace (2006), services rendered to addicts may be categorized as follows:

- Services under the low-threshold treatment programs (focused on treatment of drug addiction)
- Abstinence-based treatment
- Opioid replacement therapy
- Psychological and social intervention programs
- Alternative treatment.

Low-threshold treatment programs are various harm-reduction based programs aimed at injectable drug use, society’s health care and prevention of infectious diseases. The term *low-threshold* defining such programs means that they require no fundamental changes in behavior of their participants. *Abstinence-based treatment* is depicted as personal health care services (NIDA, 1999), the goal of which is to suppress symptoms of abstinence by taking medication. Abstinence-based treatment is ineffective if not used along with addiction treatment. *Opioid*

replacement therapy is the prescription of substitute opioids (methadone, buprenorphine) or opioid antagonists (naltrexone). Such therapy is typically long-term and is combined with psycho-social measures (conversations) to affirm positive behavioral changes (NIDA, 1999). *Alternative treatment* includes traditional methods of various nations, e.g. acupuncture, massage. These methods are often applied in combination with widely recognized ones. *Psychological and social intervention programs* include a variety of programs (most often medication-free treatment) based on which individual or group conversations are held. The goal of these programs is to change the individual's conduct, encourage the formation and consolidation of positive behavior and habits. These programs also include therapies based on 12 step anonymous drug addict programs (Minnesota programs) and therapeutic communities, also known as psychosocial rehabilitation centers (Reintegration of Narcotic and Psychotropic Drug Addicts into the Society and Labor Market: Solving Problems of Social Exclusion, 2008).

Hence, based on the features of carried out activities, social services rendered to addicted individuals may be categorized into the following stages: detoxification (the initial rehabilitation stage at addiction treatment centers, i.e. treatment involving medications and lasting from three days to three weeks), day care centers (methadone maintenance treatment or social and psychological rehabilitation services), community-based rehabilitation (social and psychological rehabilitation services provided to residents of therapeutic communities), and resocialization. Treatment of addictions is a multi-stage process and according to the scientists and practical researchers of the field it is only effective when the treatment is integrated and all the required stages are closely related. The following key stages to successful resocialization can be discerned (Fig. 1):

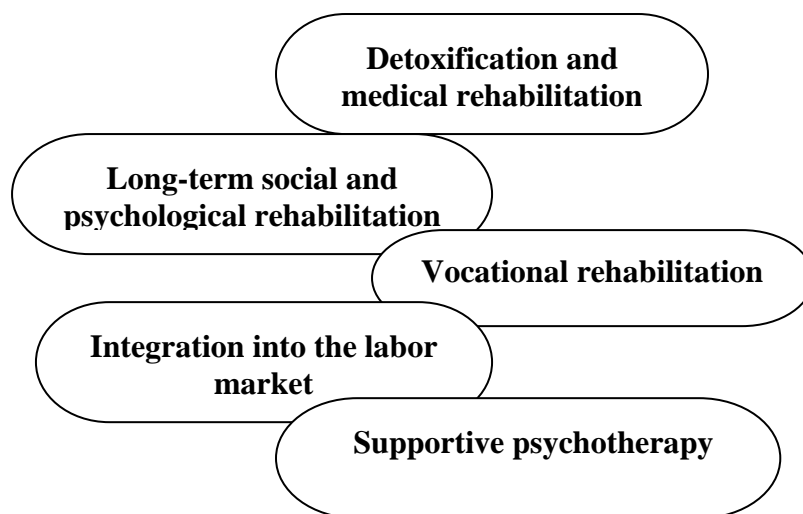


Fig. 1. Stages of Successful Resocialization

Motivation could also be discerned as one of the stages, yet, currently, it receives insufficient attention. Motivation is aimed at:

- acknowledging an addiction
- finding arguments and reasons to change one's lifestyle and treat an addiction
- believing that such a change is possible
- evaluate one's desire and ability to participate in the entire process spanning the treatment, detoxification, rehabilitation and reintegration stages and to mentally prepare to participate in the said process till its end.

The analysis of scientific resources studying the effectiveness of the measures employed to aid psychotropic substance addicts allows making the assumption that the fundamental link in the complex service model structure is the long-term social and psychological rehabilitation encompassing both vocational rehabilitation and integration into the labor market. *Social and psychological rehabilitation* is a set of purposeful social and psychological services aiding addicts in restoring previously lost psychological mechanisms, nurturing social and healthy lifestyle skills, self-sufficiency, self-confidence and other skill required to lead a full-fledged social life. The social and psychological rehabilitation model is applied in Lithuania pursuant to the Order on the Requirements for Psychological and Social Rehabilitation Institutions Providing Services to Persons Addicted to Psychoactive Drugs issued by the Minister of Social Security and Labor of the Republic of Lithuania (hereinafter referred to as the RL) (Order No. A1-25 of February 11, 2003).

Long-term community-based rehabilitation programs are usually depicted as therapeutic communities as a community is deemed the foundation of such rehabilitation programs (NIDA, 2002). A therapeutic community is defined as a structured environment various social activities and group processes are purposefully employed for the resocialization of addicts and their integration back into the society.

Community-based rehabilitation programs encompass such integrated social and psychological activities as individual and group counseling, training sessions, learning and education, occupational therapy and vocational education, cultural and free-time activities. The effectiveness of the rehabilitation process is closely tied to the duration of the program. On average, the effect of the rehabilitation program manifests as positive changes in victims of psychotropic drug abuse no earlier than 90 days later. Traditionally, the duration of one full rehabilitation course is 18 to 24 months.

The final goal of social services is to aid socially excluded persons restore their ability to function within the society so that the said person could live self-sufficiently. These services are oriented towards comprehensive satisfaction of personal needs. It should be noted that the

current social help system for addicts fails to encompass one very important link of reintegration into the society model, i.e. the aid in reintegrating into the labor market. Many member states admit that resocialization has been much less developed compared to the treatment itself (EU Drugs Strategy 2013–2020).

An independent stage supplementing psychosocial rehabilitation involving social services directed towards resocialization and rendered to addicts after successful completion of community-based rehabilitation programs is defined as **social integration services**. These services are aimed at the integration of people falling under the categories of social risk, social vulnerability and social exclusion into the social life and labor market. Social integration services include a part of social services and a part of occupation support services comprised of social and vocational rehabilitation services (see Fig. 1 in Annexes hereto) (Assessment of the Situation, Needs and Result Efficiency of Social Integration of Socially Vulnerable Persons and Persons at Social Risk with the Aim to Productively Use EU Structural Support for 2007-2013, 2011). The services rendered to addicts are aimed the provision of social and psychological services to fight social exclusion. The development of vocational and occupational skills promotes the restoration of possibilities of addict reintegration into the labor market. This stage of integrated social and psychological rehabilitation must utilize social work as a tool aiding in considering the multifaceted and long-established issues of addicts for the purposes of encouraging the said individuals to work and grant them real possibilities to integrate into the labor market, acquire a desired profession, find a likeable job and appropriate salary, and remain in the labor market.

2.1. Legal and Organizational Background of Social Service Provision Determining the Provision of Social Services to Addicts in the Republic of Lithuania

Social services encompass services provided to individuals (families) requiring aid due to age, disability, social problems or due to full or partial lack of, failure to acquire or loss of skills and possibilities to handle personal (family) life and participate in social life (Law on Social Service of the LR, 2006). Marcinkevičiūtė L. and Petrauskienė R. (2007) define social services as a way of implementing the main state programs of social nature, i.e. social security, education, occupation, and non-medical services rendered by social security institutions.

Provision of social services is one of the fundamental methods of battling social exclusion and a constituent of social security system. The state social policy ensures proper functioning of the social service system and encompass a whole range of services that help

people overcome social exclusion, further develop their skills and possibilities to solve pertaining social issues. Various groups of people may receive social services and the latter can be rendered either at social service institutions or at the home of the individual in need of help. The definition of social services is integral with the concept of social work. Hence, social services are frequently perceived as the key form of social work and planning social help in the contemporary society (Pilipavičienė E., 2006). The goal of social work and social services is to help maintain and restore the individual's relationship with the society when the former is unable to do so himself/herself.

Pursuant to the Law on Social Services of 2006 (Official Gazette, 2006, No. 17-589), social services are provided based on the following principles: *cooperation, participation, complexity, accessibility, social justice, suitability to individuals, effectiveness and comprehensiveness.*

The following are the main functions of social services:

1. *Social control.* Social services are aimed at not only helping socially vulnerable people but also at ensuring the social security of the entire society.
2. *Promotion of change.* Social services enhance the individual's ability to solve issues and create possibilities for changing and further improvement.
3. *Provision of aid.* Social services help people satisfy their fundamental needs with the aim to reduce or prevent social exclusion.

Municipalities are the main organizers of social service provision. They are responsible for continual provision of social services to the local residents by planning and rendering social services and by controlling the quality of general social services and social care. The municipalities assess and analyze the social service needs of residents, use the collected data to forecast and determine the scope and types of social service provision, and assess and depict the need for financing social services. Each year, the municipalities prepare and approve the social service provision plan based on the methods of outlining social services as adopted by Order No. 1132 of November 15, 2006 passed by the Government of the Republic of Lithuania.

The planning and provision of social services in the Republic of Lithuania are regulated by the following (Žalimienė, 2003):

- Laws, Governmental decrees and ministerial orders on the national level
- Documents approved by municipality councils on the regional level
- Employee job descriptions, norms, codes of ethics and codes of conduct on the institutional level.

The management, allocation, provision and financing of social services is regulated by the Law on Social Services of the RL (Official Gazette, 2006, No. 17-589). The law lays out that

the functioning of the social service system is ensured by the state social policy encompassing such services as aiding people in various non-monetary means and benefits with the goal to restore their ability to take care of themselves and integrate into the society. As set forth in the Law on Social Services of the RL (Official Gazette, 2006, No. 17-589), social service management is defined as activities covering such functions as planning and organizing social services, distribution of competence, assessment of social service quality, its maintenance and control on the national and local level.

The following are the main institution managing social services:

- Ministry of Social Security and Labor (implements the state social service policy)
- Municipalities (responsible for ensuring social services to their residents by planning and organizing social services and controlling the quality of general social services and social care)
- Department of Supervision of Social Services under the Ministry of Social Security and Labor (assessment, supervision and control of social service quality).

The Law on Social Services of the RL (Official Gazette, 2006, No. 17-589) also regulates the management of social services provided to psychoactive drug addicts. Below are the main laws and decrees on the basis of which work with the said target group is planned:

- Addiction Treatment and Rehabilitation Standards (Official Gazette, 2002, No. 47- 1824; Official Gazette, 2007, No. 90-358)
- Addiction Treatment Program 2009–2012 (Official Gazette, 2009, No. 4-108; Official Gazette, 2009, No. 20-803)
- Concept of Psychoactive Drug Addict Integration into the Society (Official Gazette, 1999, No. 76-2291; 2001, No. 8-235)
- National Drug Control and Drug Addiction Prevention Program 2010–2016 (Official Gazette, 2010, No. 132-6720).

National-level institutions substantiate and develop the country-wide service development strategies and standards, while municipalities ensure that these strategies and standards are implemented in their communities. The services are provided by service provision institutions which may be incorporated as budget institutions, NGOs or private enterprises. The Resolution of the Government of the RL concerning the approval of the program of 2012-2014 (inter-institutional action plant) (22-SEP-2011, Official Gazette, 2011, No.: 115-5415; 28-SEP-2012, Official Gazette, 2012, No.: 112 -5684) mentions that preparations of the national drug control and drug addiction prevention program draft for 2009-2016 are underway. The goal is to prepare and start implementing a new national drug control and drug addiction prevention

program as one of priority tools in health care, rehabilitation, social integration, etc. of narcotic and psychotropic drug addicts.

Organizational background. The field of implementing social rehabilitation programs for addicts is dominated by non-governmental organizations, i.e. public institutions, charity and support foundations, and associations regulated by the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania (former NKD) as of 2004. The Drug, Tobacco and Alcohol Control Department (hereinafter referred to as the DTACD) participated in shaping the State policy in regard to drugs, tobacco and alcohol control as well as drug addiction prevention. This institution also plans and implements the said programs according to its competence and controls activities related to the predecessors of narcotic and psychotropic drugs (Resolution No. 244 of February 23, 2011).

The following institutions can be discerned in the field of organizing social services to psychoactive drug addicts (Fig. 2) (www.ntakd.lt):

<ul style="list-style-type: none"> ▪ Motivational institutions 	<p>Rehabilitation services are provided according to programs approved by the institution, including temporary accommodation services. Services are provided up to two months.</p>
<ul style="list-style-type: none"> ▪ Psychological and social rehabilitation institutions 	<p>Rehabilitation services are provided according to programs approved by the institution, including temporary accommodation services. Services are provided from eight to eighteen months.</p>
<ul style="list-style-type: none"> ▪ Day care psychological and social rehabilitation institutions 	<p>Rehabilitation services are provided according to programs approved by the institution, except temporary accommodation services</p>
<ul style="list-style-type: none"> ▪ Adaptation institutions 	<p>Rehabilitation services are provided according to programs approved by the institution, including possible temporary accommodation services. The goal of adaptation institutions is to offer final-stage programs of social adaptation, labor market reintegration, job search and family relations to community members, i.e. clients living in social secure environment. All clients must have already completed the rehabilitation course, i.e. adaptation institution continue the rehabilitation and reintegration services according to its approved programs. The services are provided up to twelve months.</p>
<ul style="list-style-type: none"> ▪ Mixed type institutions 	<p>The services provided correspond to more than two types of the above listed services rendered by the institutions.</p>

Fig. 2. Source: Criteria for assessing the operations of drug addict rehabilitation institutions, definitions of the main social and psychological services. Scientific research report, 2002

According to the reports of the DTACD, it is imperative to employ a multi-functional rehabilitation system largely focused on solving problems related to accommodation, vocational training, social skill and general skill development and employment. Hence, the Lithuanian system of providing social services to psychoactive drug addicts looks like this (Fig. 3):

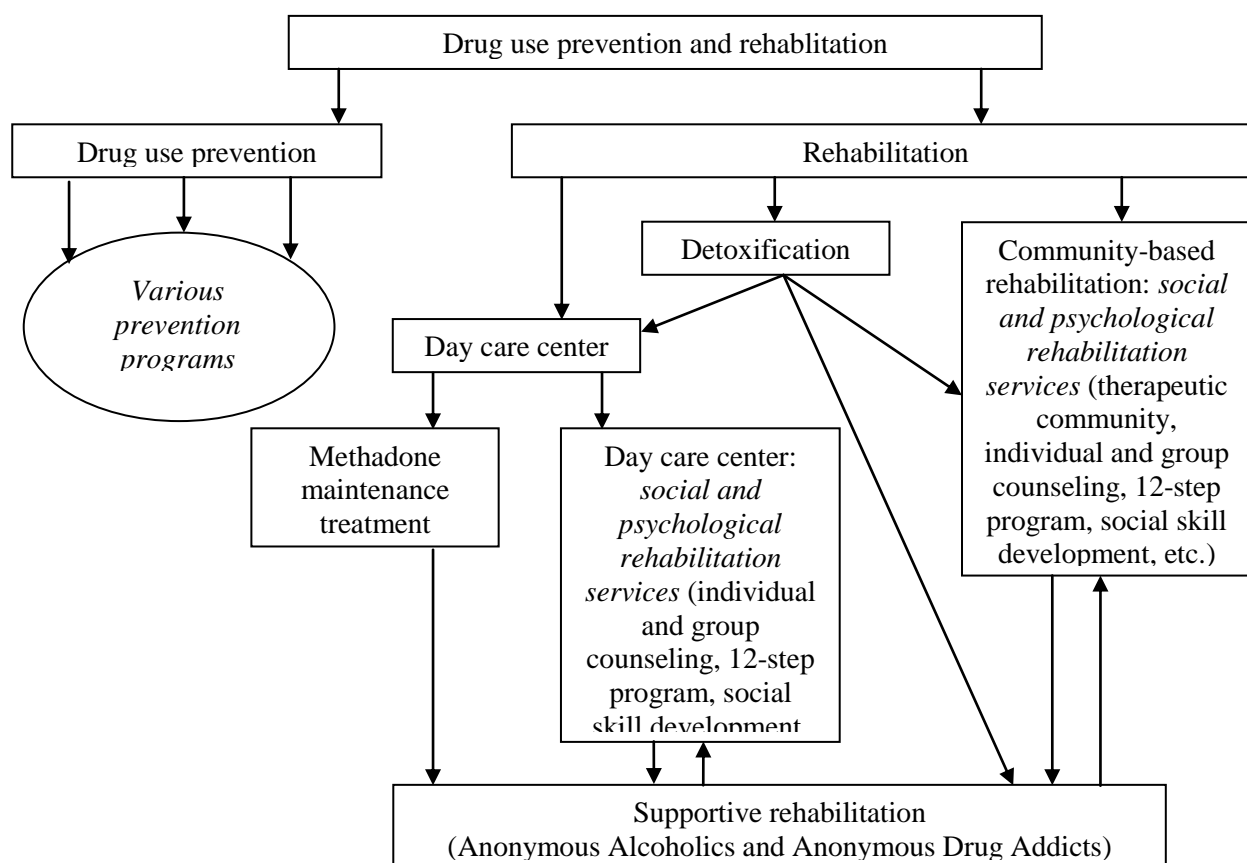


Fig. 3. Drug use prevention and rehabilitation. Source: Criteria for assessing the operations of drug addict rehabilitation institutions, definitions of the main social and psychological services. Scientific research report, 2002 m.

The above presented diagram show that rehabilitation institutions may be classified as follows (Fig. 4):

Classification of social services to addicts, sorted by service type

Motivational services	Detoxification services	Psychosocial rehabilitation services	Adaptation services
Day care centers, self-help groups under various social institutions (family centers, churches,	Addiction treatment centers, detoxification and toxicology clinics, psychiatry wards	Community-based rehabilitation programs, addiction treatment centers	Community-based rehabilitation programs, adaptation centers, day care centers, self-help groups

<p>Anonymous Drug Addicts, Anonymous Alcoholics), youth help institutions, mental health centers, addiction treatment centers, detoxification and toxicology clinics, psychiatry clinics, community-based rehabilitation programs, adaptation centers, employment institutions (Labor Market), and public police.</p>			<p>under various social institutions (family centers, churches, Anonymous Drug Addicts, Anonymous Alcoholics), addiction treatment centers, employment institutions (Labor Market).</p>
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Table 4. Source: Drug, Tobacco and Alcohol Department under the Government of the Republic of Lithuania (2008). *Reintegration of Narcotic and Psychotropic Drug Addicts into the Society and Labor Market: Solving Social Exclusion Issues*. Vilnius: 173-207 p.

Every year, the DTACD analyzes the issues of psychological and social rehabilitation along with social and vocational integration of psychoactive drug addicts and related solutions. During the first half of the year 2013, the DTACD carried out a survey of institutions providing psychological and social rehabilitation services to addicts. There are currently 19 long-term psychological and social rehabilitation communities and seven day care centers for addicts in Lithuania. The social rehabilitation centers established by the NGOs and the state can treat over 300 individuals with addictions. Establishments in Vilnius, Kaunas and Šiauliai Region can accept the largest number of patients.

Lithuania also has the Lithuanian Association of Addiction Rehabilitation Communities which is a voluntary union of legal entities. The association carries out the tasks and functions assigned by its members with the aim to promote addiction prevention and rehabilitation and coordinate the activities of public entities specializing in addiction prevention and rehabilitation. The main goal of the association is to coordinate the operations of establishments dealing with narcotic and psychotropic drug addictions, take care of the mental and physical health and safety of Lithuanians, decrease and impede the spreading addictions, take up preventative measures and carry out rehabilitation and reintegration of addicted members of the society pursuant to the health policy guidelines adopted by the Seimas of the Republic of Lithuania, Government of the Republic of Lithuania, United Nations, World Health Organization and EU.

2.1.1. NGOs in Social Service Provision

A nongovernmental organization is a public entity independent from the state or municipality institutions and establishments and acting voluntarily for the benefit of the society or its group. Its goal is not to profit, gain political power or implement religious goals (Law on Development of Nongovernmental Organizations of the RL, 2013). These organizations operate on the principle of volunteering. They are established by the will of the people and are aimed at ensuring and satisfying the needs of its members or clients (Pilipavičienė E., 2006). The most distinct feature of the NGOs as member of the social service provision system is the fact that they are incorporated without any initiative of the Government. The main operations of the NGOs are directed towards social help and social services to reduce social insecurity and they promote transparency in the Government's actions and raise the awareness level of the society.

The following are the attributes of the representatives of the third sector (i.e. NGOs): representing the interests of their members and society groups; lower expenditure but the same level of quality and effectiveness in terms of solving problems and rendering services; uniting citizens and encouraging them to accept communal responsibility for matters of the state (Gineitienė, Vaidelytė, Vaisvalavičiūtė, 2010). Nongovernmental organizations are recognized as being better adapted to satisfy separate needs and interests of the society because the specialists employed by these organizations usually have deeper knowledge of the issues pertaining to their field, resulting in less expenditure to solve such problems.

Only organizations incorporated on the free will of citizens pursuant to the Law on Associations, Law on Charity and Support Foundations, and Law on Public Institutions of the RL may be listed as nongovernmental organizations. In Lithuania, associations, charity and support foundations as well as many public institutions with the below listed characteristics are deemed nongovernmental organizations: legal entities; inherent independence from governmental and governing institutions; non-profitability principle; self-management and volunteering; serving the society; no pursuit of power or direct participation in the elections.

The position of nongovernmental organizations in providing psychosocial services is significant and valuable due to the wider range of available and offered services and their flexibility. Nongovernmental organizations are often defined as innovative institutions that are constantly experimenting, identifying new problems and needs and actively seeking the best solutions. This is the prerequisite to quickly and efficiently adapt to the changes in the society, in this case, the growing number of addicts. The implementation of the goals of social services for

psychoactive drug addicts spurs the growth of the role of nongovernmental organizations in the service management area (Čepėnaitė, 2009). Their participation in the process of social service provision helps ensure the continuous rendition of social services and their quality in case of inactivity by local communities, insufficient quality of available services or failure to guarantee the expansion of service network (Čepėnaitė, 2009).

2.2. Legal and Organizational Background Determining the Provision of Social Services to Addicts in Ukraine

In Ukraine, drug addicts are treated pursuant to the normative and methodical documents approved by the Ministry of Health of Ukraine. These documents encompass standards, norms, protocols and guidelines that has differentiated requirements of preventive, curative and rehabilitative measures in treating outpatients and inpatients. Based on the data of the Center of Medical Statistics of the Ministry of Health of Ukraine, approximately 47 separate drug treatment facilities funded by the state have been founded as of 1 January 2011. These facilities included 44 drug treatment clinics and three substance abuse hospitals¹.

Governmental institutions and NGOs carry out social and preventive campaigns aimed at helping psychoactive substance users. As of 1 January 2011, 217 establishments comprised the national network of social and preventive services. In their operations, these institutions follow the standards of work laid down in the industry standard of social services. In 2010, 39 357 psychoactive substances users, including 29 414 drug users, asked for the help of the Services.

The participants of harm reduction programs receive the below-listed basic services (Balakireva O.M., Bondar, T.V., Sazonova Y.O., Sarkisian K.A., 2010):

- 1) sterile needles and syringes, alcohol wipes and/or condoms, voluntary counselling and HIV testing using rapid tests. The services are rendered in stationary or mobile needle exchange units, and through outreach work;
- 2) diagnosis and treatment, counselling on HIV and drug use, as well as information on other prevention and treatment programs that are offered in the region (opioid substitution treatment program, medical treatment);
- 3) a system of accessing specialized experts when specialized medical, legal or other advice are necessary. If needed and/or available, social support and relevant services are provided for clients;¹

¹<http://www.moz.gov.ua/ua>

- 4) regular self-help groups and therapeutic groups, training and support with required literature and information materials;
- 5) prevention of overdosing on opiates and stimulants;
- 6) distribution of medicines of general use and intimate hygiene items;
- 7) organized leisure activities, training and employment for project participants.

Basic components of the relevant service package are implemented by all public organizations and are required for all projects. These services are mainly project-based, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the program of the US Agency for International Development (USAID), Levi Strauss and the Open Society Institute.

In 2007, a total of 51 NGOs were active in the field of harm reduction; in 2008, there were 37 community centers; in 2009, there were 71; and in 2010, approximately 81 centers delivered harm reduction services (Berleva G.O., Dumchev K.V. Kobyshcha Y. V., 2010).

According to Order No. 634 of 29 July 2010 issued by the Ministry of Health of Ukraine, the table defining new legal thresholds for small, large and especially large amounts of drugs that would be classified as criminal liability was amended. Administrative responsibility is applied when the amount of drugs does not exceed the 'small' amount. However, the use of drugs in Ukraine is not considered a criminal act. At the same time, drug use in public places can incur imprisonment of up to three years pursuant to the Criminal Code of Ukraine. The term of imprisonment for illegal possession of drugs can range from three to 12 years in respect of aggravating circumstances. In September 2009, the instructions for identifying the signs of alcohol, drug or other intoxication or the state of being under the influence of drugs that reduce attention and the speed of response in vehicle drivers were approved by a joint Order issued by the Ministry of Internal Affairs and Ministry of Health of Ukraine (Order No. 400/666).

The National Coordination Council (NCC) on combating drug abuse at the Cabinet of Ministers of Ukraine is the institution responsible for coordinating the national policy related to narcotic drugs, psychotropic substances and precursors. In November 2010, the responsibility of guidance in such matters was again passed on to the Deputy Prime Minister of Ukraine. However, due to the alignment of the Cabinet of Ministers with the Constitution of Ukraine, the President of Ukraine terminated the position of the Vice Prime Minister who was responsible for security issues. In other words, neither of the three Deputy Prime Ministers were able to lead the NCC according to their functions. The current functions allocated to the designated Vice Chairmen of NCC are the Minister of Interior and the Head of the State Service for Drug Control

²(SSDC). Three possible options for the presidency of the NCC were considered by the Cabinet, i.e. the Prime Minister, the Deputy Prime Minister and the Chairman of SSDC.

On August 28, 2013, the Cabinet of Ministers of Ukraine ratified the *National Strategy for Fighting against Drugs (for Period up till 2020)*. The strategy lays out the goals to reduce the supply of available illicit drugs as much as possible, use any measures to help overcome addiction to narcotic drugs, and lessen the consequences of such negative social phenomenon as drug addiction. The development of this strategy was bought upon by the fact that during the last decade the drug abuse and addiction had become one of the most severe social problems in Ukraine, which results in harm to human health, negative impact on social security as well as a threat to national security. Meanwhile, the country lacks qualified specialists capable of effectively using their knowledge and practical experience to fight psychoactive drug addictions and a number of other negative phenomena such as infectious diseases, crime and social exclusion.

The strategy is based on the Constitution of Ukraine, national legislation and the relevant international legal instruments of the UN, Council of Europe and the EU, including the European Convention on Human Rights. The strategy laid an anthropocentric approach: it is the person's life and health, honor and dignity, integrity and security that are recognized as the highest social value. The new direction of the government policy on drugs caused its need for a radical overhaul as a factor in health, safety and future of the nation.

The said national strategy against drugs sets forth the following: ensuring proper state control over drug trafficking, development and implementation of measures to reduce the amount of illegal drug trafficking in Ukraine; concentration of efforts on drug policy preventing drug abuse, development of protective barriers for individuals and society as a whole and promoting a healthy lifestyle; organization of early detection of the illegal use of drugs as a prerequisite for disease prevention and effective drug treatment. The strategy defines the directions and mechanisms for reducing illicit drug supply and demand for them to balance the state drug policy between punitive measures for drug trafficking and ensuring their availability for medical purposes. It also encompasses the following: involvement of people dependent on drugs, their participation in medical and social programs that are based on the principle of harm reduction; psychosocial rehabilitation; introducing the practice of therapeutic measures as an alternative to criminal punishment for drug addicts who have committed minor offenses; creating conditions for socialization; implementation of certain programs of training and retraining of pedagogical staff of modern methods of preventive work to overcome the negative effects of children, pupils and students. The attitude of society towards drug addicts should radically

² <http://zakon2.rada.gov.ua/laws/show>

change. To overcome the stigma and discrimination of drug users and those who are HIV-positive, the government is pursuing a policy aimed at raising awareness about these issues, establishing liability for violation of drug addicts and HIV-infected, especially if such violations are based to discriminate against them. In particular, the implementation of this policy is provided by the following: implementation of public awareness seminars for representatives of authority, educational, law enforcement agencies at all levels of medical and social workers for tolerance to drug users and people living with HIV³.

The national strategy of battling psychoactive drugs also discerns:

The area of treatment and rehabilitation should include the following: development of a comprehensive, accessible, effective, science-based and accountable system of treatment and rehabilitation based on an assessment of real needs; creating conditions and guaranteeing the timely receipt of medical care for individuals suffering from drug addiction; introduction of new methods and coordinated biopsychosocial approach and pharmacological treatment based on the interaction of health care, social services, public and non-governmental organizations, including groups and self-help programs; health care tailored to the individual patient's needs, especially during long-term treatment (stabilization, support, reducing doses); facilitation of the provision of necessary medical care and drug rehabilitation to persons, their families and other dependent persons, as well as organization of social reintegration centers for drug addicts, especially youth; long course of voluntary treatment and rehabilitation for offenders willing undergo such courses instead of punishment by imprisonment.

The policy providing rehabilitation services can be improved by: increasing public funding for the provision of rehabilitation services to drug-dependent persons; developing and implementing state control over the activities of drug treatment and rehabilitation centers all forms of ownership in order to prevent the use of violence and scientifically proven methods of rehabilitation; exercising rehabilitation for drug-dependent persons forming motivation for gradual release of drug addiction recovery skills of social inclusion, stability, instilling self personality traits, especially the ability to full life; creating self-help groups involving family members of drug dependent persons, former drug addicts, representatives of charities, religious organizations that are engaged in activities near their places of residence, during rehabilitation; providing psychological support rehabilitation activities aimed at restoring the positive emotional outlook drug addicts; forming a single interconnected system of rehabilitation treatment as a phased return process of drug dependent persons in public life; improving the social services provided to the individuals undergoing rehabilitation, providing socio-medical, socio-economic and legal services and employment, facilitating their adaptation

³ <http://zakon2.rada.gov.ua>

to new social environment; organizing appropriate training for psychologists and social workers, employees of the penitentiary system for training and therapeutic work with high-risk groups.

The strengthening of the control of drug trafficking requires the optimal balance between ensuring compliance to prevent drug trafficking and at the same time their availability for medical, scientific and other needs⁴. Activities carried out in Ukraine and related to drug abuse prevention, reduction of damage, etc., are regulated by the State Service of Ukraine on Drug Control (*ДСКН України*), central executive authorities of Ukraine and is directed by the Cabinet of Ministers of Ukraine. DSKN Ukraine was the main body of the central executive authorities in the formulation and implementation of national policy on narcotic drugs, psychotropic substances, their analogues and precursors, combating illicit trafficking, as well as coordination of executive power on these issues.

⁴ <http://www.narko.gov.ua/>

3. METHODS OF RESEARCH AND METHODOLOGY

The method of theoretical analysis was employed to reach the set goals and objectives. The analysis revealed the resocialization process models applied to addicts. The empirical research included an analysis of the system of social service provision, its management and the importance of nongovernmental organizations in social service provision. The case study disclosed the good practice of the resocialization process experienced by addicts and the NGOs in Italy and Lithuania. The latter two cases were chosen due to their success in practical approach towards resocialization and because the author of the final paper participated in several related joint projects. **The research data were collected by applying the method of** semi-structured interview. According to J.M. Ruane (2005), an interview has the general meaning of interchange of personal information between several individuals participating in the conversation. The qualitative research was carried out by employing the semi-structured interview which has an inherent internal structure, yet, it raises no difficulties for the respondents to express their thoughts (Wolfendale, 1999). The key idea of the semi-structured interview is that the researcher outlines only the main questions and then improvises during the interview. The qualitative interview was chosen with the aim to reveal the advantages of the resocialization process in social work with addicts as well as disclose any related matters that require improvement and to foresee the possibilities of resocialization process modeling when working with the said target group.

The semi-structured interview had a general survey outline, i.e. open-ended questions were presented to the respondents who were asked to express their opinions. The structured interview was constructed based on two main topics which helped reveal the goal of the study. The expert interview involved “persons who had the highest competence as well as reliable and sufficiently detailed information about the research problem due to their professional and general life experiences. They can provide the researcher with the maximum comprehensive data about the object of the research, discuss and verify the hypotheses, assess various research methods and outline a more accurate research process program” (Tidikis, 2003).

Qualitative research sample. The application of qualitative methods in social research signifies that the reality of life is studied not by measuring it but rather by understanding it and empathizing with it (Denzin, Lincoln, 1998). Based on M. Paston (1990) (cit. Bitinas, Rupšienė, Žydžiūnaitė, 2008) and the suggested qualitative research sampling methods, 16 purposive sampling methods were discerned. The researcher chose the criterion-based sampling method as the goal was to reveal the advantages of the resocialization process in social work with addicts and areas to be improved. Thus, it is especially important to have high quality data, i.e. not only

the completed situation analysis but also the deep insights of experts. The experts were selected based on the below listed criteria:

- work experience in providing social services to addicts (governmental and NGO sector)
- no less than two years of work experience in the field
- the respondents are the directors or social workers at institutions providing social services to addicts.

To protect the identities of the experts, their full names are not disclosed in the research data. The experts were introduced to the research data and the interview was carried out after getting their consent. During the data collection, the researcher followed the principles of ethics introduced by W. Trochim (2006): the consent to participate in the research was received, the main idea of the research was discussed, the principles of anonymity, ethics, confidentiality, goodwill, respect to the person's dignity and justice were followed at all stages of the research (Bitinas *et al.*, 2008).

The methodological foundation of the research was the systemic social work model when the entirety of all circumstances influencing the individual is considered. The model is based on the systems theory. The systemic analysis allows to view the individual's situation from the structural approach, i.e. to consider the client's problem (microsystem) as a part of the larger mezzo and macrosystems which may assist (or impede) the changes (Bertalanffi L., 1972, Bartlett H.M., 1970, Goldstein J., 1982). This social work theory follows the holistic approach which perceives each person as a whole embodying in itself biologicity, human experience, science, emotions and thinking.

The systemic analysis is suitable for analyzing, constructing and modeling complex phenomena and systems, e.g. social help for people organized by social work or personality development process handled by education studies (Vaicekauskienė V., 2009). In this paper, the social system theory as an integrating social work model was chosen because it largely focuses on the changes of surroundings and the analysis of its influence on the individual with the aim to preserve and develop relations between the distinct systems of environment and individual, include the person into various systems and solve personal social issues based on the changes in system relations and by carrying out practical interventional social work. The resocialization process is not a separate system as it encompasses a large number of various systems, each influencing the successful (or not) reintegration of the addicted individual into the society and labor market and helping restore personal relationships. Prior to and when working with the addict at the stage of resocialization process, the social worker must foresee the entire set of systems capable of affecting the resocialization process. The goal and tool of professional social

work is intervention, i.e. activities related to the pursuit of changes in terms of systemic approach. “The social worker intervenes into the client’s life aiming for sustainable changes in the individual, his/her way of thinking, behavior, situation and environment, which would in turn enable the individual to live self-sufficiently and successfully (Vaicekauskienė V., 2009)”. According to the social system theoreticians (G. Bateson, N. Luhmann, H. Wagner, H. Wilke), the following two main systems are involved in the intervention process: the first one is the mental system, the object of which is the person; the second is the social system or group of individuals residing in certain environment and their relationships existing due to the communication skills of humans. These two systems are closely intertwined and dependent upon one another. Based on the general systems theory, addiction is caused by larger social systems that surround an individual. In order to understand the behavior of a single cell, we need to understand the whole system and the body, in which the cell is functioning. These are the objectives of a social worker when working with addicts that are revealed by the qualitative research.

The final paper relies on the humanistic theory model where the object of social help is the personality, i.e. a unique, integral and constantly changing open system (Rogers K., 1997). The personality is a product of interaction between inherent needs and social norms. Each individual has inherent potential qualities to be developed and can best understand his/her issues and needs (Olport G. 1998, Maslow 1987). The success of social help depends on both the social worker and the individual treated. It is important to encourage the client to rediscover himself/herself and restore the connection to the world this way. Various theoretical models are employed in social work when implementing psychoactive drug abuse prevention programs. However, it should be noted that work with addicts who have already completed community-based rehabilitation programs and no longer take psychoactive drugs is relatively the same preventive work, i.e. daily search for a pivot point, change of attitude and motivating the individual to stop using drugs. The humanistic model accentuates the “emotional” basis of employed preventive tools, i.e. emotional aspects must be overcome in pursuit of behavioral and attitude changes. According to Raths *et al* (1966), values are formed when a person can choose from several alternatives and has the possibility to analyze the future consequences of each choice. The development of decision-making and renouncement skills is an important element of psychoactive drug abuse prevention.

The idea of alternatives to psychoactive drug use was first formulated by *Cohen* (1968) and later on improved by *Dohner* (1972). The theory accentuates that people take psychoactive drugs to satisfy certain needs or when desiring to experience new sensations (*Chamin*, 1969). It is possible that the needs the individual attempts to satisfy by using psychoactive drugs will be

fulfilled by giving the individual the possibility to try out certain activities. The following four types of programs based on the behavioral model of psychoactive drug use alternatives may be discerned:

- offering specific positive activities giving rise to strong emotions and outlining the prevailing over various obstacles (e.g., traveling);
- encouraging to take part in various practices of positive activity;
- individual activity in consideration of specific needs of the individual's personality;
- forming support groups and participating in their activities.

The approach based on the humanistic model also accentuates that the psychoactive drug use is generally influenced by emotional (values, convictions and predispositions) and cognitive (decision-making process, information processing mechanisms) variables.

3.1. Analysis of Addict Resocialization Process Experiences in Europe

Members of the EU widely apply measures of addict reintegration into the labor market. Financial measures play the key role in occupation increase. In many member states, the resocialization policy and social benefits paid to such individuals are closely related to the requirement that they actively seek employment and participate in various social and vocational integration programs. Also, counseling, rehabilitation, requalification and vocational training services are provided. Several countries (e.g. Holland, Slovakia, Lithuania) grant subsidies to employers who employ recipients of social benefits, including addicts. An analysis of the policies of several member states successfully implementing resocialization of addicts is presented below.

Greece. The entire process of addict treatment is centralized, i.e. a single organization called OKANA (an equivalent to the Lithuanian DTACD) acts as a large system consisting of several different departments which encompass all stages of treatment. Branches of this organization are established across the entire territory of Greece. The resocialization stage is implemented immediately after rehabilitation when individuals leave the therapeutic communities and are accepted into the social integration centers for three months to live separately from their families and relatives. During the said period, the participants of the program must find a permanent place of residence separately from their parents but often with other individuals having completed the community-based rehabilitation. They also need to find a job and get employed. Specialists provide consulting services for six months following the completion of rehabilitation. The resocialization process lasts for two years. During the second year, the participants of the program receive only supportive therapy and have monthly meetings.

Once a quarter of a year meetings of all participants of the program are held. During these workshops, self-help networks are created and participants of the social reintegration program interact with each other, listen to lectures on healthy lifestyle and other relevant topics, and participate in personality and social skill development sessions.

In Greece, both current and former participants of the reintegration program can at any time contact the specialists of the social integration center if they are in need of any aid, mediation, etc. At the same time there is an alternative to this social integration model: after successful completion of rehabilitation, addicts may choose to live in social integration center and participate in the occupational rehabilitation program which involves working and learning at specifically established social institutions. Occupational rehabilitation lasts for six months. When the individual acquires a profession and work skills, he/she receives help in finding a suitable job. However, the network of such social institutions has not been well developed yet.

It should be noted that the planning of psychological care is integral and, if possible, the addict usually interacts with the same specialist during the entire process since its very beginning. Thus, the centralization of all services guarantees the coordination and attunement of all treatment stages and harmonization of all undergoing programs. The specialists work with five to six thousand addicts in total distributed throughout different treatment stages.

Norway. This country has a wide network of non-stationary social services. The rehabilitation centers providing services to addicts are of complex nature and oriented towards comprehensive aid to clients. Volunteers also actively participate in social service provision. The Norwegian rehabilitation communities rendering services to addicts supply the required information, counseling and consultations designed for the integration of their clients into the labor market. Rehabilitation communities have excellent possibilities to plan staff training and qualification development and to raise the general service quality this way. If the addicts have no possibilities to satisfy their needs in the accommodation market, these communities are responsible for planning and providing aid in acquiring accommodation. The addicts are also provided with other social services such as guidance (by assigning a social worker to act as a coordinator or counsellor) and financial assistance.

3.2. Case Study of NGOs

3.2.1 San Patrignano, Italy

The **San Patrignano** community is a non-governmental organization (NGO) recognized and accredited by the United Nations. It holds the status of “special advisor to the Economic and Social Council of the UN”. This community is the largest residential treatment center in the world treating Persons Who Are in the Situation of Addiction. The rehabilitation community is located in Rimini, Italy. San Patrignano is deemed to be one of the finest drug rehabilitation programs in the entire world. Based on the studies carried out by the University of Urbino and University of Pavia, the rehabilitation programs conducted by San Patrignano have the success rate reaching 72%. This follow-up success rate of drug addicts who have completed the San Patrignano long-term program is the magic number that gives an unforgettable impression (especially when compared to the US institutions with success rates lower than 30%)⁵.

The main strategy of San Patrignano when helping people to overcome their addictions is simply *taking responsibility*. For the last thirty years, this residential treatment center has been doing its best to help drug addicts achieve full recovery. The center’s program involving rehabilitation, skills training and full social reintegration is completely free of charge and requires a four-year stay in the community (parents are not allowed to give any money or donations). Since its foundation in 1978, more than 25,000 people have participated in the long-term residential rehabilitation program (usually lasting four years) and have received successful treatment. Currently, the center has 1,300 residents (based on the data of February 2015). The community funds are gathered from private donations and selling the goods produced by the community, e.g. furniture, farm produce, wine, bread and a number of other fine products. The residents do not have to pay any fees. The community is not financially supported by the government but it operates on about 25 million Euro per year ⁶.

The live-in community has over 1,500 young people from all over the world residing in it and is a totally self-sufficient mini city stretching over 260 hectares of fine vineyards and prosperous farm houses. The rehabilitation community is managed by 109 volunteers and 313 collaborators and consultants. Approximately 32.5% of these people have completed the rehabilitation program in the community themselves. The community also has around 70 children whose parents are the operators or residents of the community currently participating in

⁵ <http://www.unipv.eu/site/home/area-stampa/pubblicazioni.html>

⁶ <http://www.sanpatrignano.org/it/il-metodo-di-recupero>

the rehabilitation program. There are many families and over 30 minors who have had problems related to marginalization and drug abuse ⁷.

The community residents may choose from 57 different areas of employment and are given the opportunity to rediscover themselves. Available professional training: furniture building, frame making, web-design, cheese making, animal care, food preparation, wine production, plumbing, carpentry and horse training. All of the professional development programs are offered in-house by respective specialists of the chosen field. The community also has an animal shelter caring for abandoned dogs and training them to be therapy and service pets. The community residents work in the facilities and discover the joy of helping others.

The San Patrignano community also has a hospital which accepts patients from all over the world, even those who are completely dependent on medical care. Many of these patients suffer from HIV or other contagious diseases. The community also has elementary and secondary schools, playgrounds and cutting-edge sports facilities. Moreover, The San Patrignano community has a library with over 10,000 books and two facilities for film and television broadcasting. This ensures both adults and children receive sufficient information and a varied program schedule. There is also a multifunctional facility with sports equipment, a gym, and an open-air pool available for use in the summer. At San Patrignano, the community residents plan their own free time trying to ensure that everyone's needs are satisfied.

The rehabilitation method. The therapeutic program is an education and rehabilitation-based one. The person is not considered to be afflicted by an "illness". Thus, no pharmacological treatments to combat drug abuse are applied. Instead, when necessary, physiotherapeutic and psychiatric interventions are conducted to address specific individual problems. During the time of rehabilitation, each resident receives increasing levels of responsibility both in their specific sectors and community activities (e.g. sports, artistic and cultural activities). As time passes, they themselves become tutors for others who require assistance. This way, the community residents slowly rediscover the joy of being useful both for themselves and others and experience new forms of gratification which are on the other end of the spectrum of the illusory gratification received during drug use. The rules of community life are based on regular civil coexistence, respect to oneself, others and the environment.

San Patrignano has over 50 life and training sectors. Young people are integrated into these sectors depending on the number of residents who can supervise them and on the specific propensities and inclinations that the new arrivals may have. When these young people learn a profession, their self-esteem and interpersonal relationships grow. This is also the key to full

⁷ <http://www.sanpatrignano.org/it/chi-siamo>

reintegration into society. Each resident also has the opportunity to go back to their studies at any academic level if such studies may have been abandoned in the past. This special facility provides the opportunity to fill in any educational gaps and aim for a new professional qualification or diploma. Since 1989, thanks to San Patrignano's training centers and projects financed by the Italian Regions and the European Social Fund, more than 1,000 students have studied at our center. Middle school diplomas were awarded to 479 of them while 168 students received vocational training, 312 of them obtained high school diplomas and 23 students graduated university.

Families are recommended to follow a program parallel to that of their loved one and to often come over to one of the many associations located all over Italy and the world. A year or so later (depending on individual), the family can visit the community for the first time. Such meetings can be then increased to three or four times per year. Approximately three years later, community residents are allowed to come home for the first time. Such a home visit can last from for seven to ten days.

The basic principles upon which the educational and therapeutic program is based (i.e. respect for life, oneself, others and the environment) are recognized globally by various religious faiths and approved by the Italian Constitution.

3.2.2. My Guru Resocialization Project in Lithuania

My Guru (Lith. Mano Guru) is an innovative concept and a type of social institution. Similar projects have already been implemented in other member states, e.g. social cooperatives in Italy or social companies in France, Belgium and Great Britain. The nature of operations of such companies is subtle coordination of social goals and business. The goal of My Guru Café social project is to motivate addicts to participate in the labor market and receive legal income as well as to develop their work skills in public foodservice and servicing areas. The service is available for participants of rehabilitation programs and those who have successfully completed such programs. The program lasts for six months.

The program relies on the principle of empowerment: addicts are given real possibilities to work, i.e. to be successfully employed, acquire a profession and work skills, learn at the workplace, gain work experience and recommendations. The social company presents opportunities to create harmonious relationships with colleagues. Usually, addicts have an inherent rapid change of moods and they find it difficult to communicate with people who have not been in the same situation as they feel misunderstood. Hence, one of the main elements of

occupational rehabilitation model is learning to cooperate, understand one another and tolerate others. One of the project products, i.e. employer motivation program, is designed for this purpose (methodical material from the ESF seminar, 2011).

The café publicly declares that it is an occupational rehabilitation center for addicts. This grants self-confidence to the project participants as they no longer need to hide who they were and they can be themselves, all the while implementing their right to have a “second chance” in life. Self-expression and consolidation are the key elements in the road of creating a new personality and purposeful pursuit of a different life.

Another no less important goal of occupational rehabilitation is to help the addicts find a job – a desirable, high quality job with sufficient salary enabling them to satisfy their general needs and granting possibilities to further improve in the future. This stage of healing from an addiction helps the individual understand that it is only the beginning of a drug-free life and there are always possibilities to learn and strive for more. Occupational rehabilitation in a café grants the addicts, who have successfully completed community-based rehabilitation, the possibilities to acquire the necessary skills and profession while working and earning for a living from being employed as a waitress, cook or barman.

The addict participating in the My Guru project at a social company works together with a psychologist and social worker during the entire process of occupational rehabilitation. They develop a customized development plan encompassing not only the occupational rehabilitation training and achievements but also helping outline the further personal goals of the individual.

The resocialization project known as My Guru social project includes such activities as:

- rehabilitation in a non-protected environment;
- creation and implementation of customized development plan;
- aid of psychologists and social workers;
- vocational training at the workplace: working together with employees who have no addictions and their motivating aimed at creating a friendly and open-minded team, and further motivation of the target group by implementing the customized development plan;
- other social services: accommodation, reimbursement of transportation costs, planning free-time activities, work with families, maintenance of relationships with addicts who have already completed occupational rehabilitation;
- educational functions: fighting stereotypes with non-traditional means by subtly presenting such elements as an alcohol-free café promoting delicious, high quality and healthy food and holding quality cultural events (exhibitions). In other words, aiming for awakening of a

friendlier and more tolerant attitude of the society towards addicts (methodical material from the ESF seminar, 2011).

Occupational rehabilitation should be implemented by monitoring the mental and social condition of its participants and creating the possibilities to receive external help. Hence, the prerequisite to occupational rehabilitation is constant supervision and control by a social worker or psychologist: both individually for each participant and collectively for all employees.

The social worker usually solves social issues encountered by the participants of occupational rehabilitation, e.g. relationships with bailiffs, finding proper place of residence and education. Social workers help to decide which fields to study or continue studying, where to find suitable educational institutions, etc. They also carry out certain mediating functions by assisting in solving communication problems and conflicts occurring at workplaces, helping determine social roles, raising the perception of self-value, instilling sense of responsibility and ability to discover the good personal qualities and use them both at work and families. Meanwhile, the psychologists help the participants of occupational rehabilitation programs to integrate into the closest environment and solve any mental issues impeding the integration process. The role of the psychologist is to discover and solve potential and frequently hidden conflicts among coworkers (Public Institution Social Support Projects, 2011).

Individual meetings with psychologist or social worker are held once per week on average depending on the current situation and issues to be solved. When the integration process is successfully underway, less meetings can be organized; however, it is mandatory to constantly monitor the condition of each participant of the occupational rehabilitation program. Along with the said specialists, an assistant social worker also provides aid. This person is also an addict who has already successfully started rehabilitation and integration into new life. The goal of this consultant is to prevent relapses, motivate the participants to follow the twelve-step program and promote participation in measures offered by the association of anonymous drug addicts. The work methods of this consultant include friendly and close relationship to the participants of the occupational rehabilitation program, personal experience and special authority in the eyes of the participants. The possibility to give him/her a call at any time of the day or night grants a very valuable status to this specialist.

Hence, the My Guru occupational rehabilitation model encompasses theoretical and practical training of the target group at a social institution carrying out economic activities. This specifically planned resocialization program helps addicts to successfully reintegrate into the society and labor market (Public Institution Social Support Projects, 2011).

3.2.3. Road to Life Resocialization Project in Ukraine

World without Addictions (ukr. *Світ без залежності*) is a community-based rehabilitation program offered in Kiev (Ukraine) as of 2001. This organization provides rehabilitation services according to the Christian-based program titled Discover the Truth, which is approved by the Ministry of Health of Ukraine. This charity organization provides social, psychological, medical and spiritual help to people with addictions. The participants of the program also receive assistance during the reintegration and adaptation periods. All activities in this rehabilitation center are based on the principles of Christianity. Anyone needing help may come here and the services are free-of-charge. The majority of the specialists aiding addicts are volunteering, i.e. they receive no remuneration for their assistance (<http://www.rehab.in.ua/reabilitaciya>).

The World without Addictions community provides long-term help to those who wish to get rid of their addiction. The program lasts from six to twelve months. The participants live in one of the several houses belonging to the center. The houses are located in the outskirts of Kiev (in a radius of 50 km), most often in a remote and rural location or a grange. Here, the addicts receive help from specialists and undergo group therapy as well as sports and exercises. The daily schedule is rigorous and all participants of the program must adhere to it. Occupational therapy (vegetable growing, husbandry, crafts and manufacture) is also available and helps the community sustain itself⁸.

Out-patients are also accepted into the community-based rehabilitation programs. A day care center welcomes everyone daily offering certain services and possibilities to interact with fellow addicts and then leave home in the evening. The day care center mostly employs former addicts who have completed the in-patient rehabilitation program and desire to help other people afflicted with addictions.

Each summer, addicts can participate in the held Freedom Island summer camp. The camp is located somewhere remote and accessible only by a boat. It is similar to a shorter version of the rehabilitation program, during which the largest focus is on self-help, healthy free-time activities and praying. During the summer camp most of the participants experience the taste of drug-free life, gain new energy, desire and motivation to move on the same addiction-free road and aim to finish the long-term rehabilitation program.

The World without Addictions charity organization also carries out preventive activities, educational activities for young people and rehabilitation self-help groups for family

⁸ <http://www.rehab.in.ua/stacionar>

members and relatives of addicts. There are also self-help groups for addicts who have completed the long-term rehabilitation program, HIV carriers, out-patient medical center, etc.

Since 2014, the organization has been working on the Road to Life project which has been developed based on the National Strategy for Fighting against Drugs 2013. The goal of this resocialization project is to help addicts return to the society and their families by providing them with social and psychological help during the reintegration period. The project is funded by Kiev City Municipality.

The program was outlined by considering medical, psychological and social recommendations for work with addicts. The resocialization program includes the provision of integral psychosocial help in all areas of life to addicts who have completed long-term community-based rehabilitation program. The reintegration process into the society is gradual and considers each individual's qualities and life experience with the aim to find the optimum method of providing aid.

The following principles are applied when working with clients:

- ✓ Active stance of the addict in pursuit of successful resocialization process, taking responsibility for one's actions;
- ✓ Outlining a customized work plan in consideration of the individual's and his/her family's needs and issues, labile and flexible work, individual approach towards each participant;
- ✓ Interdisciplinary approach towards the resocialization process, reliance on approaches of different specialists working in the field of addictions (psychiatrists, psychotherapists, medical employees, social workers, etc.);
- ✓ Continual and gradual treatment.

The foundation of these principles is the integrated therapeutic model encompassing the therapeutic environment and socialization model, psychological correction and family counseling.

The Road to Life resocialization program has three stages (duration: nine months in total) and is carried out at day care centers.

During the first stage (the 1st – 2nd month), the addicts are granted the possibility to take part in psychotherapy and self-discovery workshops; they are taught the ABC of relationship creation and maintenance, interaction and communication ethics; spiritual workshops, art therapy and physical therapy sessions are held.

The second stage (the 2nd – 6th month) enables the participants of the resocialization project to take up volunteering activities and assist the participants of in-patient rehabilitation programs at the adaptation stage. They are taught basic life and time management skills.

Thematic healthy lifestyle workshops, physical therapy sessions, financial literacy and effective communication training are held. Also, STOP training is organized with the aim to discuss and teach addicts how to avoid situations that might lead to relapses. Autogenic training sessions teach how to handle social pressure and exclusion. Various vocational training, occupancy, art therapy and self-help groups are also available.

The third stage (the 6th – 9th month) is designed for volunteering and charity activities. The participants receive help in finishing or acquiring education and searching for or solidifying their positions at work. They also have the same possibilities to participate in self-help groups, art therapy and physical therapy sessions. Drama therapy is also available.

Even though only a brief period of time has passed since the beginning of the project, several positive changes have already been noticed in the lives of addicts who have completed the rehabilitation program and started the next resocialization stage. Within the first year after leaving the rehabilitation center, as many as 80% of participants avoided relapses. It is a relatively high indicator, which shows further success of the resocialization project in the future. Addiction is a chronic disease requiring continual treatment. Long-term rehabilitation programs are not sufficient as addicts require constant emotional support, especially during the reintegration period. Regrettably, the funding of the Road to Life project is currently cancelled due to the unstable situation in the country and its future is unclear. Hope dies last, however, and volunteers continue their work with the participants of the program.

4. ANALYSIS OF SEMI-STRUCTURED INTERVIEW DATA

The qualitative research was carried out by employing a semi-structured interview which has a certain internal structure which, however, does not impede the respondents from expressing their thoughts (Wolfendale, 1999). According to J.M. Ruane (2005), in a wider sense, an interview is perceived as an exchange of personal information between individuals participating in a conversation. The key idea of a semi-structured interview is that the researcher outlines only the main questions and is always ready to improvise during the interview.

The semi-structured interview carried out in the study had a general outline, i.e., open-ended questions were presented and the respondents were asked to tell and express their opinions. The semi-structured interview was based on the main two topics which helped to reveal the goal of the study. The expert interview involved “persons who had the highest competence as well as reliable and sufficiently detailed information about the research problem due to their professional and general life experiences. They can provide the researcher with the maximum comprehensive data about the object of the research, discuss and verify the hypotheses, assess various research methods and outline a more accurate research process program” (Tidikis, 2003).

The application of qualitative methods in social research signifies that the reality of life is studied not by measuring it but rather by understanding it and empathizing with it (Denzin, Lincoln, 1998). Based on M. Paston (1990) (cit. Bitinas, Rupšienė, Žydžiūnaitė, 2008) and the suggested qualitative research sampling methods, 16 purposive sampling methods were discerned. The researcher chose the criterion-based sampling method as the goal was to reveal the advantages of the resocialization process in social work with addicts and areas to be improved. Thus, it is especially important to have high quality data, i.e. not only the completed situation analysis but also the deep insights of experts. The experts were selected based on the below listed criteria:

- ✓ work experience in providing social services to addicts (governmental and NGO sector);
- ✓ no less than two years of work experience in the field;
- ✓ the respondents are the directors or social workers at institutions providing social services to addicts.

The methodological foundation of the research was the systemic social work model when the entirety of all circumstances influencing the individual is considered. The systemic analysis allows to view the individual's situation from the structural approach, i.e. to consider the client's problem (microsystem) as a part of the larger mezzo and macrosystems which may assist (or impede) the changes (Bertalanffi L., 1972, Bartlett H.M., 1970, Goldstein J., 1982).

The qualitative research was chosen to reveal in detail all the strengths and weaknesses of the resocialization process noticed by specialists in social work working with addicts. The qualitative analysis allows revealing and modeling the resocialization process stages to reflect the current situation. It also grants the possibility to estimate the needs of addicts who have already completed the community-based rehabilitation programs, efficient possibilities of satisfying those needs and the directions of the NGOs operations. The semi-structured interview was based on the two key topics which revealed the goal the study. The first topic of the interview and its supplementary questions were aimed at revealing the strengths of the resocialization process in contemporary social work with addicts who have already completed the community-based rehabilitation programs. The second topic touched upon the determination of things to improve in the resocialization process in terms of social work aimed at satisfying the psychosocial needs of the target group (Table 5). The formulation of the questions was determined by the theoretical analysis of the systems of social service provision to addicts, the analysis of the resocialization process in member states and the analysis and presumptions of the effective NGO experiences. When outlining the questions of the semi-structured interview, the conclusions of the research titled *Assessment of the Situation, Needs and Result Efficiency of Social Integration of Socially Vulnerable Persons and Persons at Social Risk with the Aim to Productively Use EU Structural Support for 2007-2013 (2011)*. The research was carried out by the Labor Market and Social Research Institute.

Table 5

Formulation of the semi-structured interview questions	
Main questions	Supplementary questions
1. In your opinion, what are the strengths of the resocialization (reintegration) process in contemporary social work with addicts who have already completed community-based rehabilitation programs?	If possible, could you please provide examples of the resocialization process into addict communities and society? How are the continuity, accessibility and quality of provided services ensured after successful completion of community-based rehabilitation programs so that people can lead a drug-free life and their reintegration into the society is successful?
2. Which areas of the resocialization (reintegration) process require further improvements?	Which social work models (methods) would you recommend to ensure successful continuity of social services? What could be done to reduce the scope of such problems as purposeful activities, lack of material

	resources, poorly developed social networks, and lack of motivation and self-sufficiency?
3. Please provide your demographic information (age, work experience with the target group).	

The content analysis allowed discerning and systematizing the sampling units of the semi-structured interview. The sampling units were then rated based on the subjective expression of respondents' thoughts and assessed based on the frequency of their use. The received results were validated by employing the expert evaluation method: external expert evaluation involved persons who did not participate in the study but were related to activities with addicts (N=3) and the internal expert evaluation included the respondents (N=4). After respective categories were created, the experts were asked to assess and approve them (i.e. the aim was to either approve or dismiss the listed categories). The opinion of the experts coincided with the preliminary titles of the categories listed by the author of the paper.

The entire data received during the interview, i.e. authentic experience of the respondents, evaluation of the resocialization process, were processed by applying content analysis (Guba, Lincoln, 1994). The empirical indicators were categorized: the statements were grouped (categorized) based on their semantic (content) similarity and later categories were formed by giving them a title reflecting their subject matter. All the research data (categories, subcategories, illustrating statements and their frequency rate) were presented in tables based on their rating (sorted by their frequency. i.e. highest to lowest). The results of the employed methods were used to create the model of integrating the possibilities of resocialization process of addicts.

To protect the identities of the experts, their full names are not disclosed in the research data. The experts were introduced to the goal of the study and the research data and the interview was carried out after getting their consent. During the data collection, the researcher followed the principles of ethics introduced by W. Trochim (2006): the consent to participate in the research was received, the main idea of the research was discussed, the principles of anonymity, ethics, confidentiality, goodwill, respect to the person's dignity and justice were followed at all stages of the research (Bitinas *et al*, 2008). Upon general consensus, the interview was abstracted and in case of lack of possibility to interact directly due to geographical reasons, a remote interview method was chosen, i.e. the presented questions were answered in writing by e-mail. The research was carried out November 2014 through December 2014 and January 2015 through February 2015.

Seven social work specialists working with addicts participated in the research (N = 7). The following are the demographic characteristics of experts:

Table 6

SAMPLE FEATURES	N
Profession	
Social Worker	6
Age	
Younger than 30 years old	2
Younger than 40 years old	1
Younger than 50 years old	3
Over 50 years old	1
Sex	
Male	2
Female	5
Work experience with target group	
2 years	1
5 years	2
6 years	3
9 years	1

All respondents work in the field of social work in community-based rehabilitation programs or other institutions catering to addicts. The age of the respondents is from 26 to 54 years old inclusively. The majority of the respondents have 5-6 years of work experience with the target group (N=5). Two respondents replied that their work experience with addicts was two and nine years respectively. Most of the respondents were females (N=5). In total, 111 statements were received which were deemed empirical indicators revealing the resocialization process of addicts in terms of social work.

4.1. Revealing the Strengths of Resocialization in Social Work

In the analysis of the interview data, the statements (empirical indicators) revealing the strengths of resocialization in social work with target group comprise one separate category titled *Strengths of the Resocialization Process for Addicts*. The category is comprised of smaller subcategories and reply blocks. Based on the frequency (rating) of the responses of the semi-structured interview revealing the strengths of the resocialization process to this day, the following to main categories could be discerned: *Structure of social support networks* (N = 25) and *Possibilities of rendered professional services* (N = 27). The two are closely followed by *State support* and *Examples of good practice*.

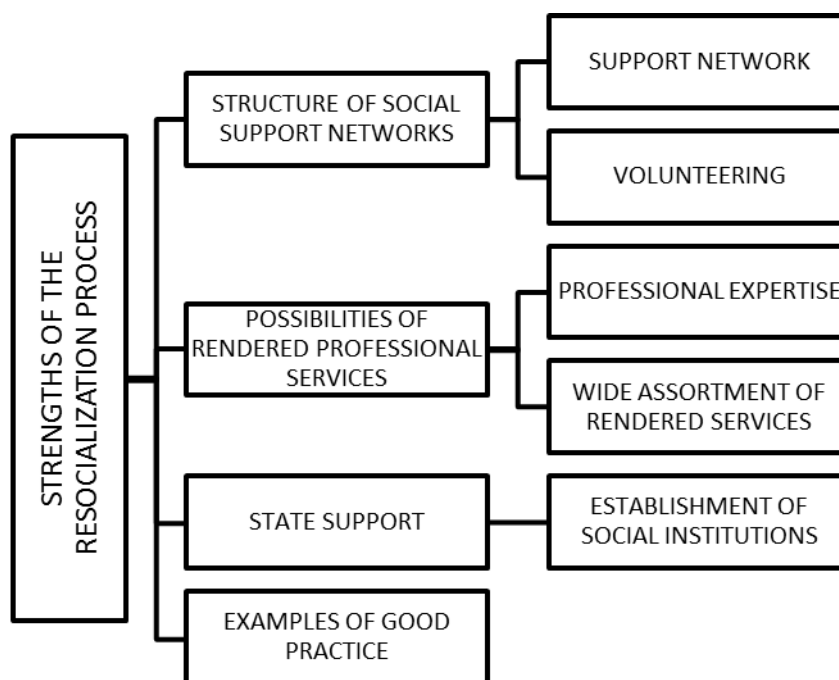


Fig. 7: Strengths of the Resocialization Process for Addicts.

As mentioned previously in the theoretical part, measures employed to help addicts must encompass all aspects of life to implement the main goal of addict reintegration into the society (Bulotaitė, Rimkutė, Kondrašovienė, Vaitiekus, 2006). Resocialization into their local communities and society is acknowledged as the main constituent of the battle strategy against psychoactive drugs. During the resocialization process, the highest focus is given to the improvement of social skills and education, promotion of employment possibilities and satisfying housing needs. The aforementioned are discerned in the expert statements (Table 8). The respondents reveal the variety of long-term rehabilitation services and possibilities of receiving professional help as a probable indicator of successful resocialization for addicts.

Table 8

Possibilities of Rendered Professional Services

Wide assortment of rendered services and professional expertise		
Category	Statements by respondents	N
Development of general skills, career planning	“<...> grant possibilities to work, learn and gradually return to own environment with the help of specialists and volunteers”; “<...> employees help look for a job and mediate in the employment process”; “<...> development of general skills, vocational training, career planning, support after getting employed”; “<...> a lot of attention is paid to vocational training and return to the labor market”;	10
Comprehensive assistance to the client	“<...> if needed, housing is provided”; “<...> help in finding housing and a job”; “<...> our center employs the 12 Step program based on Christian principles”; “<...> discusses various matter ranging from mental ones to household-related issues”; “<...> and moral support along with supply of information”;	5
Supply of information and mediation	“<...> various consequences of the “wrong” way of life of addicts are handled: employees mediate and help deal with bailiffs, take them to the doctors to restore their health condition, handle labor exchange, probation	5

	<i>institutions and other matters”; “<...> during the process, the addicts receive mediation in getting employed, dealing with health conditions and law enforcement issues, etc.”; “<...> the addicts are informed who to contact after leaving the community, which support groups to join to avoid relapses”; “<...> solving problems is especially important to ensure that people who have completed rehabilitation programs could lead a normal and self-sufficient life”;</i>	
Professional expertise and aid by specialists	<i>“<...> the stronger community is the one which has many years of experience in working with addicts and a well-established professional and strong team”; “<...> I would like to highlight that for several years now the Lithuanian Government has been requiring for anyone doing social work to have respective education in the same field. Previously, no such strict regulation were applied”; “<...> it is especially important for them to be able to rehabilitate with the help of qualified specialists”; “<...> drug-dependent people receive all the necessary help from social workers and psychologists as well as assistance related to any matters of integration into the labor market, etc.”.</i>	7
	(“Due to content repetition, not all the empirical statements were included into the table, i.e. 17 statements out of 27 were provided. All respective statements were given in the annexes”, author’s note)	
	Total	27

The majority of the respondents’ statements on the wide range of possibilities of rendered services to addicts discern the importance of the development of general skills and preparation for the labor market (career planning) (N=10). It is much easier to start the next independent resocialization stage when the individuals have the possibility to develop their personalities and communication skills while still in long-term rehabilitation, where they are surrounded by a drug-free and safe environment and where they learn self-sufficiency and responsibility as well as receive individual and group consultations. Of course, they also need to be prepared for the labor market and estimate possible careers where they could apply themselves as specialists. To achieve these goals, the addicts are given the possibility to acquire education, undergo vocational training, develop their existing skills and reintegrate into the labor market: *“<...> the individual has the possibility to apply himself/herself in various fields: acquire a new profession or develop existing skills, have a place to live in and receive income”.*

The experts participating in the research pointed out the solving of legal and health-related problems as the strengths of resocialization: *“<...> various consequences of the “wrong” way of life of addicts are handled: employees mediate and help deal with bailiffs, take them to the doctors to restore their health condition, handle labor exchange, probation institutions and other matters.”.* During the period of drug use addicts usually lead an asocial life and are often faced with law enforcement institutions, bailiff and severe health problems. The information and mediation services provided by social workers allow addicts to start a new drug-free life with less burdens than before and facilitate their resocialization. Social workers also supply information on how to prevent relapses after completing the rehabilitation program and list

certain institutions or support groups which the addicts may contact for further information or aid (N=5). The experts also accentuate spiritual and emotional support, constant communication with the client or direct material help in providing or assisting in finding housing, help in looking for or getting employed (N=5). During the analysis of the respondents' statements, this entire wide assortment of rendered services is specified as one of the strengths of the resocialization process in terms of social work with addicts.

The competence and professional expertise (Table 8) of the staff working with addicts are no less important (N=7): "*<...> it is especially important for them to be able to rehabilitate with the help of qualified specialists*". The interview reveals that only social workers and psychologists possessing certain competencies can work with addicts. The resocialization process is also greatly influenced by the experience of the rehabilitation community: the longer the community has been working with the target group, the higher the level of the expertise of its specialists. Many years of experience in working with addicted individuals grant more resocialization-related possibilities, methodic recommendations and time-tested work models: "*<...> the stronger community is the one which has many years of experience in working with addicts and a well-established professional and strong team*".

Liaudinskienė G. (2005) depicts resocialization as a complex and integrated process with a multi-stage program. Hence, it can be said that successful resocialization of people at social risk depends on the competence of such specialist as social workers and psychologists: "*All of this creates better possibilities for such people to successful adapt in the society after the completion of the rehabilitation program*". The resocialization process is comprised of many parts and stages; however, based on the statement frequency ratings (N=23), the participants of the semi-structured interview accentuate and highlight the adaptation/ reintegration period as one of the most important units of social support network structure and one of the strengths of the resocialization process these days.

Table 9

Social Support Network Structure (Part I)

Volunteering		
Category	Statements by respondents	N
Specialists volunteering to work with clients who have already completed community-based rehabilitation	<i>"Work with client continues even after leaving the long-term rehabilitation community but it is usually based on volunteering as no programs allocate any payment for continued work"; "<...> most often, social workers continue to interact with the clients even after the rehabilitation is complete; they consult the clients on various matters, help find a job or a place to live in, assist in interpersonal relationships"; "A person who has completed the rehabilitation program is not left alone to the mercy of fate" "<...> the employees of the rehabilitation center help addicts look for a job, mediate in the employment process and, most importantly, continue to support them and constantly motivate them so that they do not abandon everything at the first</i>	15

programs	<i>obstacle</i> "; "Rehabilitation centers interact with individuals on volunteering-basis as there are no funds allocated for that"; "<...> the key factor is that if the individual stays in our town and wishes himself to continue the relationship, we do not leave him alone and continue meeting with him, interacting and providing information and assistance" ("Due to content repetition, not all the empirical statements were included into the table, i.e. 6 statements out of 15 were provided. All respective statements were given in the annexes", author's note)	
Clients volunteering to work at the rehabilitation community after its successful completion	<i>"The community itself understands how important it is for a dependent person to keep close to their "comrades" until they are physical and mentally capable, thus, the community provides the possibility to remain at the center after the rehabilitation program by granting such individuals the status of volunteer"; "<...> if there is such a possibility, the individual remains in the community as a volunteer and is allowed to live in the same place for a while until he/she can rent a home independently and earn money for a living"; "<...> the possibility to provide supportive period of adaptation into the labor market and the society for at least the first few months after the completion of the community-based rehabilitation program"; "I know <...> communities that grant the possibility to stay and work nearby without leaving the community after completion of the rehabilitation program. However, these possibilities are usually provided as volunteering services and are not considered as part of the program"</i>	4
	Total	19

As can be seen in the above table, the respondents accentuate the long-term importance of social support of addicts by specialists aimed at preventing relapses and giving addicts the possibility to contact specialists when in needs of specific information or emotional support. Nowadays, such further work with clients is usually carried out on volunteering basis: *"Work with client continues even after leaving the long-term rehabilitation community but it is usually based on volunteering as no programs allocate any payment for continued work"*. The employee himself/herself and the internal rules of the community are the main factors in deciding whether the said employees wishes to (and can) continue working with the client who has already completed the long-term rehabilitation program. This widely propagated practice is categorized by experts under the strengths of the resocialization process as the support network created by specialists is prerequisite to leading a drug-free life and helps prevent relapses and avoid a situation where an addict finds himself/ herself in a "social vacuum" with no old relationships remaining, yet, no new ones formed either.

The same principle applies to volunteering activities carried out by former participants of the rehabilitation program. They can be useful to others by performing certain given assignments and helping the newly accepted community members. Such volunteering is also beneficial to former program participants as they can remain in the safe and drug-free environment. At the same time, they receive aid from nearby specialists and are most often granted the possibility to reside at the same place until they find a job or can live independently and lead a self-sufficient life: *"<...> if there is such a possibility, the individual remains in the community as a volunteer*

and is allowed to live in the same place for a while until he/she can rent a home independently and earn money for a living”.

Summing up the replies of the respondents, the importance of the social support network could be discerned, in other words, integral assistance of the specialists, community and self-help groups directed at addicts during the stage of resocialization (N=7) (Table 10). It is most important and imperative for such individuals to feel the support of the community, specialists, and “comrades”, resulting in them being able to share their troubles and joys and receive the necessary aid in a timely manner during the stage of reintegrating into the society and the labor market. It is also important to feel responsibility and obligation towards others, not only oneself, to follow the daily schedule and to arrive at the scheduled meetings on time. This way, the sense of self-control helping prevent and recognize the symptoms of relapses is further developed.

Table 10

Social Support Network Structure (Part II)

Support network		
Category	Statements by respondents	N
Support of the rehabilitation community to addicts who have completed the program	<i>“<...> if an individual wishes for and needs support, the relationship is continued indefinitely even after the completion of the rehabilitation program”; “<...> an individual is not strong enough to function in the society independently and needs the support of specialists to avoid relapses”; “<...> there are several communities creating certain conditions after the rehabilitation programs for the clients to stay nearby and receive emotional or other type of support which in turn allow to grow stronger and independent from narcotic drugs”; “<...> I would accentuate assistance in finding housing and work along with moral support and information provision”;</i>	4
Self-help groups	<i>“<...> moral and emotional support. Men gather together once per week in the premises provided by the Evangelical community. <...> weekly meetings seem to be a sort of continuation of the services provided in the rehabilitation centers”; “<...> of course, there are also Alcoholics Anonymous and Drug Addicts Anonymous”.</i>	3
	Total	7

The Resolution of the Lithuanian Government *Concept (Guidelines) for Creating the System of Addiction Prevention, Treatment, Rehabilitation and Reintegration Services* (Official Gazette, 2012, No. 121-6078) establishes the procedure to develop social and other sorts of services to individuals with mental and behavioral disorders due to psychoactive drug abuse after the completion of their treatment at health care institutions along with short-term social care (psychological and social rehabilitation) provision with the goal to integrate them into the society. The specialists of social work also mention this during the semi-structured interview. They reveal that state support has already been noticed (N=5), employment of addicts is supported and social companies are incorporated: *“<...> contributed to by the government setting*

forth preferential terms and conditions for the incorporation and operation of such companies” (Table 11).

Table 11

Governmental resolutions		
Category	Statements by respondents	N
Incorporation of social companies	<i>“<...>Communities establish social companies where addicts who have already completed rehabilitation programs may work in a safe environment”; “<...>many of the Lithuanian rehabilitation communities have their own social companies and communes next to their centers which help addicts to gradually reintegrate into the society”; “<...> the possibility to work in social companies owned by rehabilitation centers”.</i>	3
State support to addicts	<i>“<...> the State has directed its attention to such a problem as addictions and there are recommendations on how the reintegration of addicts into the society should be carried out after the completion of community-based rehabilitation programs”; “<...>contributed to by the government setting forth preferential terms and conditions for the incorporation and operation of such companies”.</i>	2
	Total	5

Such advancement is of special significance in social work with addicts as it is not limited to preventive work and addiction treatment only. One should note that there is a lack of social services for addicts who have already completed rehabilitation programs to make sure that their resocialization is successful. This “vacuum” in the field of social services and reintegration process has been long discussed by respective specialists and, finally, this issue has been addressed by the Government.

The good practice of Lithuanian institutions and those in other countries in the field of social work with the target group is also deemed one of the strengths of the resocialization process. This good practice is also the goal of several long-term communities. During the research, N=8 statements have been discerned reflecting the aforementioned (Table 12).

Table 12

Examples of good practice		
Category	Statements by respondents	N
Experience of foreign countries in resocialization process implementation	<i>“<...> I had the opportunity to visit Italy. There, the addict rehabilitation and adaptation process lasts for 4 years. After completing the program, the individual has a chance to apply himself/ herself in various fields: acquire a new profession or further develop existing skills, have a place to live in and receive income”; “<...> I have heard that in such countries as Norway or Italy a lot of attention is paid to the resocialization process, i.e. assistance and support is provided for a number of years”; “<...> the Sant Patrignano Community located in Italy is especially successful as rehabilitation there is not limited to a period of 0.6-1.5 years and the work is continued so that the addict can participate in the program for 5 years”.</i>	5
Experience of the Republic of	<i>“<...>only several of the Lithuanian rehabilitation centers apply this practice. Also, such activities last only for about 1.5-2 years (12-18 months of rehabilitation and 6 months of work in social companies). Such practice is employed by the Guru Project and Full House Community)”;</i> “<...>One of	3

Lithuania in resocialization process	<i>examples of success is the Guru Salad Bar, where addicts who have completed rehabilitation programs are employed</i>	
	(“Due to content repetition, not all the empirical statements were included into the table, i.e. 5 statements out of 8 were provided. All respective statements were given in the annexes”, author’s note)	
	Total	8

The majority of the respondents’ statements revealed the good experience of foreign countries (N=5). The countries that were mentioned most frequently were Italy (3 statements) and Norway (2 statements). These two countries were discerned as examples of a resocialization process encompassing integrated long-term assistance to addicts. Statistical researches also confirm the effectiveness of the said methods (*“<...> I believe this method of addiction treatment combining many stages of resocialization is much more effective than the short-term treatment and the success ratio of this model also proves its efficiency (approximately 70% and more people continue to lead a drug-free life after the completion of this rehabilitation program)”*). Switzerland was also mentioned as an example of good practice in the resocialization process (1 statement). Three respondents pointed out the Lithuanian project titled My Guru as an example of good practice in working with addicts: *“<...> the project employs both males and females who have completed the rehabilitation center programs”*. One respondent also mentioned the rehabilitation center known as the Full House Community which implements a project aimed at client integration into the labor market.

When generalizing the data received during the interview and its statements (empirical indicators) reflecting the strengths of the resocialization process in social work with the target group and evaluating them based on their repetition frequency (rating), the following two main categories can be discerned: *Structure of social support networks* and *Possibilities of rendered professional services*. These two categories condition the highest possibilities for a successful resocialization process. Then, based on the statement repetition frequency, *Examples of good practice* and *State support* follow. A separate category of 66 empirical statements is constituted by the aforementioned statements of the semi-structured interview revealing the strengths of the resocialization process in social work with addicts. This allows assessing the advantages of the resocialization process to this day. An assumption can be made that positive results, i.e. successful integration into the society and labor market, solidifying social skills and reducing the probability of relapses to the minimum, can be achieved by providing services to the target group based on the social work methods and measures discerned in the said categories.

4.2. Revealing Resocialization-Related Matters to be Improved in Social Work.

In social work with addicts, it is imperative to search for more effective measures and methods to reduce the probability of relapses and create favorable conditions for positive manifestation of socialization. It could be said that the end result of resocialization is not only a changed individual but also a changed environment, because success is determined by personal qualities and social, cultural and situational factors. The analysis of the interview data shows that a separate category is comprised from the statements (empirical indicators) aimed at revealing the resocialization-related matters in social work with addicts that need improvement. This category is titled *Addict resocialization-related matters to be improved* and consists of several smaller subcategories and reply blocks. Based on the repetition frequency (rating) of the statements revealing the resocialization-related matters to be improved and received during the semi-structured interview, the following two main categories can be discerned: *Lack of variety in employed methodic measures* (N=14) and *Limited duration of the resocialization program* (N=12). These two are closely followed by *Position in the society* and *Lack of support system for the resocialization process* (Fig. 13).

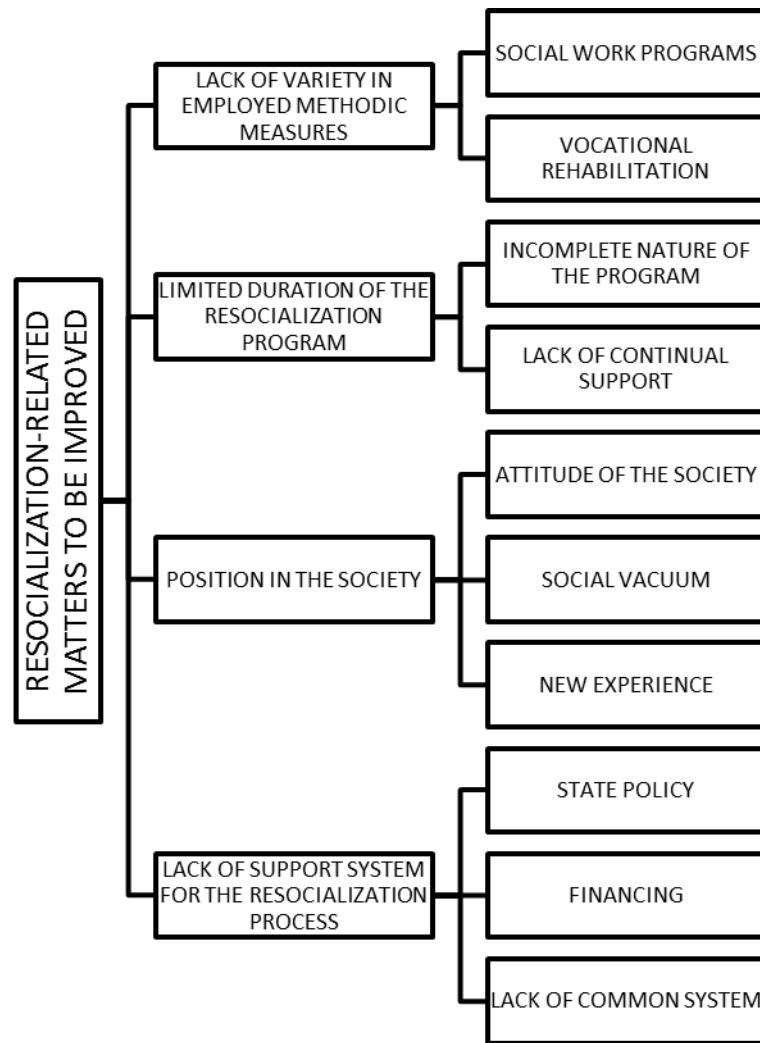


Fig. 13. Addict resocialization-related matters to be improved

As mentioned previously, addiction is a disease requiring specialized and person-oriented treatment. Treatment is a multi-stage process and, according to the scientists and researchers working in the field, this process is only efficient when treatment is integral and all the required stages are interconnected. The analysis of scientific sources studying the effectiveness of the measures of providing assistance to addicts allows making an assumption that the most important link in the integral service provision model is the long-term social rehabilitation encompassing the entire resocialization process. Many member states admit that resocialization has been much less developed compared to the treatment itself (EU Drugs Strategy 2013–2020). This is also revealed by the statements received during the semi-structured interview.

The respondents accentuate the lack of variety in methodic measures employed in the resocialization process and note that diversity is imperative when working with the target group to make the process more effective (N=9): “<...> *successful rehabilitation requires various work methods: individual and group social counseling, professional orientation and counseling, case management, occupational therapy, self-help groups, development of self-sufficiency, etc.*”.

It should be noted that motivation and self-sufficiency should be encouraged and assistance should be provided in creating a social network (Table 14).

Table 14

Lack of variety in employed methodic measures		
Category	Statements by respondents	N
Limitations of social work groups aimed at the target group	<i>“<...> employing the psychodynamic social work model would be purposeful in promoting motivation and self-sufficiency and development of social networks”; “<...> it is important to provide emotional or other necessary support”; “<...> it is acknowledge that resocialization programs receive too little attention”; “<...> all social work methods are important, e.g. individual and group counseling, assistance in creating a social network, organizing self-help groups, career planning, mediation in profession-related matters”; “<...> perhaps the behavioral therapy model otherwise known as sociobehaviorism model could be employed”; “<...> the largest focus should be given to the external factors of the individual and environment as they highly influence the successful results”; “<...> supportive services are practically non-existent”; “<...> pay as much as possible attention to the consultations of psychologists and social workers aimed at raising motivation, developing self-sufficiency, restoration of social networks”; “<...>successful rehabilitation requires various work methods: individual and group social counseling, professional orientation and counseling, case management, occupational therapy, self-help groups, development of self-sufficiency, etc.”.</i>	9
Insufficient attention to vocational rehabilitation	<i>“<...> one more area to be improved would be giving the program participants better possibilities and wider assortment of acquiring new professional qualifications”; “<...>many of them have no vocational education which encumbers work search”; “<...> to achieve better results, the rehabilitation process should be supplemented with career planning, profession-related mediation and support, social network development, vocational training and vocational rehabilitation”; “<...> more attention should be paid to the development of work skills of addicts”; “<...> conditions should be created for such people to acquire professional qualifications and theoretical knowledge. This way, they would have a higher chance in finding jobs and could choose from specialized professional directions”;</i>	5
	Total	14

The analysis of the received data revealed that the end goal of social services is to restore the ability of socially excluded people to function in the society so that they can take care of themselves independently. Therefore, addicts should receive services aimed at satisfying all their needs. One should note that during the resocialization process, the possibilities granted by vocational rehabilitation should be further improved (N=5) to make sure that the addicts feel like full-fledged members of the society: *“<...>to achieve better results, the rehabilitation process should be supplemented with career planning, profession-related mediation and support, social network development, vocational training and vocational rehabilitation”*. It is important to ensure that along with the employed methodic measures, the following could also be introduced: *“<...> a wider assortment of various professional qualifications to acquire”*.

During the interview, the social work specialists discerned one more area in the resocialization process to be improved, i.e. the limited duration of the resocialization program which does not allow the addicts to successfully integrated into the society and the labor market (Table 15). The resocialization programs do not always present the possibility to continue the assistance measures employed during the long-term rehabilitation. Meanwhile, each person is unique and requires a different kind of assistance. Hence, early termination of social service provision has certain negative consequences such as relapses: “<...> after successful completion of the rehabilitation program, the addicts remain “hanging” somewhere in between, i.e. they have been leading a drug-free life for some time now; yet, they are not strong enough to function self-sufficiently in the society”. Thus, the resocialization process seems to be incomplete, “<...> there is practically no system whatsoever ensuring the continual provision of services to those who have already completed community-based rehabilitation programs”.

Table 15

Limited duration of the resocialization program		
Category	Statements by respondents	N
Incomplete nature of the rehabilitation program	“<...> after successful completion of the rehabilitation program, the addicts remain “hanging” somewhere in between, i.e. they have been leading a drug-free life for some time now; yet, they are not strong enough to function self-sufficiently in the society”; “<...> the rehabilitation process is yet not complete”; “<...>there is practically no system whatsoever ensuring the continual provision of services to those who have already completed community-based rehabilitation programs”; “<...> the time there is mostly limited and lacking to achieve full resocialization”; “<...> the addict rehabilitation process in Lithuania is incomplete in nature”; “<...> either way, the Lithuanian system has not yet been fully developed”; “<...> it is important to ensure continuity after rehabilitation”.	7
Lack of continual support to individuals who have completed community-based rehabilitation programs	“<...> the program should be continued, only in another and new social environment, i.e. not in the community”; “<...> after all, it is known that after leaving the community <...> the addict requires specialized professional help, only, unfortunately, ...”; “<...> it happens often that the completion of the rehabilitation program by the addict is confirmed by an employment agreement in spite of other no less important signs”; “<...> it is imperative to expand the active process implementation period by supplementing it with new content and aiming for efficient results”; “<...> narcotic drug addicts require continual help as well”.	5
	Total	12

The respondents also highlight that there is a lack of continual support for addicts (N=5), because during the resocialization process the individual must adapt to the new social environment and he requires comprehensive assistance and counseling from specialists.

During the stage of returning to the society, it is important to apply the systemic social work model and ensure that the environment surrounding the addict promotes socially acceptable behavior. Based on the empirical statements received during the qualitative analysis, this is revealed in the next category titled *Position in the society* (Table 16). Many addicts are discriminated and judged based on preconceived notions. Thus, they often feel a sense of fear during the process of reintegration into the society which in turn encumbers their reintegration into the labor market. These conclusions are revealed by the following statements of respondents: “<...> I believe the underlying problem to be the negative attitude of the society towards addicts. This impedes them from strengthening their positions in the labor market”; “<...> the majority of the former clients turn back to drug abuse when they encounter bigger problems and receive no support from the society”.

Table 16

Position in the society		
Category	Statements by respondents	N
Attitude of the society towards addicts	“<...>I believe the underlying problem to be the negative attitude of the society towards addicts. This impedes them from strengthening their positions in the labor market”; “<...> few employers have a favorable attitude towards previously convicted employees or those who have had troubles with psychoactive drug abuse”; “<...>the majority of the former clients turn back to drug abuse when they encounter bigger problems and receive no support from the society”	3
Social vacuum after leaving the community	“<...>after leaving the community, the former program participant is faced with social vacuum, i.e. he can no longer interact with his old friends but he has no new ones either”; “<...>successful reintegration into the society requires for the addict to receive constant support and someone to fall back to when his motivation falls due to some reason”; “<...> most often, the individuals remain alone after completing the program”;	3
New experience	“<...>following the completion of the rehabilitation, the client encounters a number of new challenges”; “<...> people with many years of substance abuse, the majority of whom have been previously convicted, have lost their social and work skills and also been deprived of spiritual and moral values”.	2
	Total	8

Returning to the society is a new experience for addicts. This experience is not always a positive one. They are faced with many new challenges and have to follow the long-established moral norms of the community (even though they have often forgotten them while in social exclusion), all the while employing newly acquired or rediscovered social skills. An addict must create new social relationships and maintain them as “<...> after leaving the community, the former program participant is faced with social vacuum, i.e. he can no longer interact with his old friends but he has no new ones either”. Quite frequently, when an individual is unable to find a place in the society or receive the necessary assistance, he/she loses the motivation to lead a

drug-free life and gradually returns to old habits. Thus, it is imperative to carry out social work not only with the addicts but also with their close relatives and the society itself.

Evidently, one of the key roles in the addict resocialization process is played by financial tools aimed at increasing the level of occupancy and the quality of the rendered services. The state resocialization practice and social monetary support provided in many countries is often related to the requirement to actively search for a job and participate in various programs promoting social and vocational integration. Counseling, rehabilitation, requalification and training assistance is also outlined. However, to this day, this field has not yet been fully developed as financial support in carrying out such activities is lacking and the specialists implementing the resocialization process are usually unpaid (Table 17).

Table 17

Lack of support system for the resocialization process		
Category	Statements by respondents	N
Insufficient financing of the programs	<i>"<...>in any case, everything falls back to finance. If enough funds are available, more purposeful activities could be held and more various specialists could be hired to ensure the implementation of such activities"; "<...> none of the programs allocate any pay for the continual work";</i>	2
Consistency of the State policy	<i>"<...> State support is necessary. However, it should be very simple and specific so that there is no need for project drafting which takes time needed to carry out direct duties"; "<...> the State supplies no consistent aid or employment programs"; "<...>it is imperative to do so on a State level" (implementation of resocialization programs, authors' note); "<...> I have no idea how Lithuanian state enterprises do it"; "<...> speaking of the ones who have already completed the programs at the rehabilitation centers, I have not heard of and am not aware of any State support programs";</i>	5
Lack of common system	<i>"<...> the process should be approved on a State level, there should be a system encompassing all areas of the individuals life"; "<...> a strong inter-institutional cooperation should exist so that at each stage of the resocialization process, the addicts know who to contact, what dangers might arise and when the relapses might occur".</i>	2
	Total	9

Even though the Resolution of the Lithuanian Government *Concept (Guidelines) for Creating the System of Addiction Prevention, Treatment, Rehabilitation and Reintegration Services* (Official Gazette, 2012, No. 121-6078 aims to ensure successful addict reintegration into the society by outlining the development of social and other services to addicts after they complete their treatment according to the community-based rehabilitation programs, no common system is clearly defined: *"<...> a strong inter-institutional cooperation should exist so that at each stage of the resocialization process, the addicts know who to contact, what dangers might arise and when the relapses might occur"*. The implementation of resocialization programs lack financial support and the funding of social work specialists carrying out such activities is not depicted:

“<...> none of the programs allocate any pay for the continual work”. The information on the available support programs for the target group during the stage of resocialization is not always supplied: “<...> speaking of the ones who have already completed the programs at the rehabilitation centers, I have not heard of and am not aware of any State support programs”. To sum up the statements in this category, it can be said that the implementation of resocialization programs on a State level is still under development and the support system has not yet been fully implemented.

One respondent also mentioned qualification development of specialists working with the target group (“<...> perhaps the specialists should be “better” prepared and fully qualified to work with individuals who have already completed the rehabilitation program and are trying to adapt”) as an area of the addict resocialization process to be improved. Finally, one more statement of a respondent could be discerned as generalizing all the above mentioned categories that were noted by the respondents as matters to be improved in the addict resocialization process: “<...>an entire bundle of problems and the addiction itself encumbers the work of both social workers and other specialists”.

To sum up the data received during the interview, the statements (empirical indicators) revealing the resocialization-related matters to be improved in social work with the target group could be distributed under the following main categories based on their repetitiveness (rating): *Lack of variety in employed methodic measures* (N=14) and *Limited duration of the resocialization program* (N=12), followed by *Position in the society* (N=8) and *Lack of support system for the resocialization process* (N=9). A separate category of 43 empirical statements is constituted by all of these statements received during the semi-structured interview and revealing the resocialization-related matters to be improved in social work with addicts. In turn, this allows assessing areas to improve in the resocialization process at the current moment.

Based on the semi-structured interview data, it could be said that only in case of systematic development of the resocialization process, favorable results could be achieved in the field of reintegrating addicts into the society and labor market. These positive changes are brought about by:

- ✓ Diversity of the rendered social services
- ✓ Structure and development of the social support networks
- ✓ Qualified specialist work
- ✓ Resolutions of the Government of the Republic of Lithuania encompassing long-term treatment of the target group along and reintegration process regulation.

The provision of social services to addicts should be based on one common system and integral assistance achieved starting with the primary (medical) services and ending with the implementation of the resocialization process.

4.3. SWOT Analysis of the Resocialization Process in Social Work with Addicts

SWOT analysis, i.e. analysis of strengths, weaknesses, opportunities and threats, is one of the main methods of evaluating the addict resocialization process in terms of social work. The analysis is aimed at assessing the efficiency of the possibilities of the resocialization process in social work with addicts and its respective ability to adapt to external factors. The SWOT method is the systemization of information related to the internal and external environment of the studied phenomenon and the transformation of the assessed data into strategic goals (Mikulskienė B., 2011, p.86).

The SWOT was compiled by the author based on the empirical statements received during the analysis of the semi-structured interview data. Its goal is to assess the strengths of resocialization in social work with addicts, determine the external and internal threats, recognize the weaknesses and estimate new opportunities for the optimum effectiveness of the resocialization process. The SWOT statements were selected and approved as suitable by internal and external experts.

STRENGTHS:

- ❖ The structure of the social support network. It encompasses further volunteering work of specialists with addicts following the completion of long-term psychosocial community-based rehabilitation program, self-help groups and volunteering work of clients in the community.
- ❖ Possibilities granted by professional services. This encompasses the integrality of the rendered services and their diversity along with the expertise and competencies of the employees aiming for a favorable result, i.e. the successful reintegration of addicts into the society and labor market.
- ❖ State support. The recently adopted resolutions of the Government of the RL provide opportunities to incorporate social companies and establish tax deductions for employers who hire addicts. One should also note the lack of services provided to the target group after completing the treatment at rehabilitation institutions.
- ❖ Examples of good practice. Taking over the good experience of foreign countries with the aim to actively search for and incorporate the best methods of solving problems and satisfying needs when working with the target group during the resocialization process.

WEAKNESSES:

- ❖ Lack of variety in the employed methodic measures. When insufficient attention is paid to the development of vocational rehabilitation, the social work methods are often unsuitable for working with the target group and lack of diversity in the work methods is prominent.
- ❖ Limited duration of the resocialization program. This is one of the weakest links in the resocialization process, because the addicts have no possibilities to receive sufficient professional services until they are fully reintegrated into the society and labor market.
- ❖ Position in the society. During the resocialization process, the individuals are faced with negative attitude of the society and as a result they encounter difficulties when affirming their positions in the labor market or creating new social relationships.
- ❖ Lack of support system for the resocialization process. Even though in the recent years, the Government of the RL has directed its attention towards the reintegration process as a probability of success when working with addicts, the financial support in terms of social services during the resocialization process remains insufficient.

OPPORTUNITIES:

Social advertising revealing the complex nature of the diseases afflicting addicts and the necessity for the creation of a systemic model, image creation in the society with the help of the media. Solutions regarding the provision of social services to addicts could be included in the future strategic plans of municipalities to ensure the continuity of social service provision during the resocialization process. New methodic measures should be created to include the good practice from other member states.

THREATS: Unfavorable or condemning attitude of the society towards people with addictions may influence the provision of social services during the resocialization process and decrease the received support, including vocational rehabilitation. Failure to employ the methodic measures applied successfully abroad in the local rehabilitation programs due to the lack of material resources and insufficient professional expertise of the specialists in their work with addicts.

CONCLUSIONS

The following conclusions were made based on the methods employed in the research:

1. The method of theoretical analysis was employed to reveal the resocialization process models applied to treat addicts in terms of social work. The analysis revealed that to this day, the resocialization process system and its trends in social work have not yet been fully developed, even though successful resocialization is one of the key goals of institutions providing social help to addicted individuals. To achieve this goal, psychologists and social work specialists work with the target group purposefully aiming to positively motivate the addicts to change the behavioral model deemed unacceptable by the society. The SEL SID SON (Hilborn J., 2011) resocialization model principles (*SEL – social emotional learning, SID – social inclusion by design, SON – self-organizing narratives*) are employed in social work with addicts. These principles encompass three interrelated processes helping to successfully reintegrate into the society and stimulating individuals to take on socially acceptable roles, form social skills and develop socially acceptable behavior principles. The goal of this resocialization model is to ensure that the socially acceptable behavior becomes regular and easily attainable to the addicts. However, this process is time-consuming and integral to the environment where the individual in question lives. Thus, it requires a close cooperation between institutions and integrality of the applied methodic measures in all stages of addict resocialization without discerning either of the links of the integral service model structure.

2. To reveal the good experience of the resocialization process to the addicts, the method of case study was employed in the paper, i.e. cases of the NGOs operating in Italy, Lithuania and Ukraine were studied. The empirical research revealed that gradual and continuous treatment was especially important when aiming to achieve successful resocialization of addicts. Long-term help from specialists, possibility to apply oneself in professional activities, remaining in a “safe environment” and volunteering to assist and motivate other individuals with addictions help to continue leading a drug-free life even after completing community-based rehabilitation programs. Such activities are based on the principles of empowerment and integral psychosocial assistance.

3. The employed content analysis revealed the strengths of the resocialization process and the related matters that needed further improvement in social work with addicts. During the interview, the respondents accentuated the importance of the social support networks, rendered professional services, State support and practically employed good experience as the foundation of a successful resocialization process existing nowadays in social work with addicts. The

following were indicated as the main problematic areas in the resocialization process that needed further improvement: no financial support during the resocialization process, limited duration of the resocialization programs, lack of variety in methodic measures and the negative attitude of the society towards addicts as a no less important factor complicating successful resocialization. A conclusion can be drawn that positive results could be achieved by relying on the models employed in the resocialization process and further developing its strengths and reducing any detected issues, i.e. integration into the society and labor market would be successful and the probability of relapses would be reduced to the minimum.

RECOMMENDATIONS

In consideration of the carried out theoretical analysis of the scientific literature and the qualitative research in the field of resocialization possibilities in social work, the following recommendations are given to the *creators and researchers of social policy* and *providers of social services to individuals with addictions*.

1. The creators of social policy are recommended to prepare projects related with the implementation of social service policy and encompassing all stages of resocialization, to outline integral methodic measures without excluding either of the resocialization stages, i.e. to equally distribute the funds to the medical, psychological and social rehabilitation stages, vocational rehabilitation, occupational integration and supportive psychotherapy, to estimate possibilities of involving the NGOs into the decision making process, and to include local communities, local government institutions and NGO representatives in the management process.
2. The researchers (carrying out studies in the field of social service management) are recommended to perform studies aimed at assessing the need of social services for addicts in separate regions of the country, to analyze the good practice of foreign countries and the possibilities of its application locally and to present the research results to the policy creators and the society so that all interested parties have a clear view of the situation.
3. The providers of social services implementing the social policy are recommended to employ consistent and high quality resocialization models when working with drug addicts, to encourage the development of inter-institutional cooperation, to aim for a common system between the institutions providing services to the target group and to inform the society about the undertaken activities and problematic nature of the disease to prevent negative attitudes towards individuals with addictions.

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SANTRAUKA

Asmenų, esančių priklausomybės situacijoje, resocializacijos procesas socialiniame darbe: NVO patirtys. Magistro baigiamasis darbas.

Magistro darbe nagrinėjamas asmenų, esančių priklausomybės situacijoje, resocializacijos procesas socialiniame darbe, atskleidžiamos NVO patirtys. Teorinių šaltinių analizė atskleidė, kad resocializacijos proceso sistema, jos kryptys socialiniame darbe šiai dienai vis dar nėra pilnai išvystytos, yra būtinas glaudus bendradarbiavimas tarp institucijų ir taikomų metodinių priemonių vientisumas visuose asmenų, esančių priklausomybės situacijoje, resocializacijos etapuose, neišskiriant nei vienos kompleksinio paslaugų modelio struktūros grandies. Resocializacijos procesas yra ilgalaikis ir turi būti neatsiejamas nuo aplinkos, kurioje gyvena asmuo. Empirinis tyrimas, analizuojant resocializacijos proceso nevyriausybinių organizacijų atvejus Lietuvoje, Italijoje ir Ukrainoje atskleidė, kad veikla yra vykdoma remiantis kliento įgalinimo ir kompleksinės psichosocialinės pagalbos principu. Ilgalaikė kompleksinė specialistų pagalba, galimybė realizuoti save profesinėje veikloje, buvimas „saugioje aplinkoje“, bei savanoriškos veiklos vykdymas suteikiant pagalbą kitiems asmenims, esantiems priklausomybės situacijoje, jų motyvavimas, padeda išlaikyti blaivybę ir po reabilitacinės bendruomenės baigimo. Darbe buvo atskleistos stipriosios ir tobulintinos resocializacijos proceso sritys socialiniame darbe su asmenimis, esančiais priklausomybės situacijoje. Socialinio palaikymo tinklų svarba, suteikiamų paslaugų profesionalumas, valstybės parama, taikoma gerosios patirties praktika, išskiriami kaip sėkmingas resocializacijos proceso pagrindas esantis šiai dienai socialiniame darbe su asmenimis, esančiais priklausomybės situacijoje. Pagrindinės probleminės sritys, resocializacijos procese, kurias vis dar reikėtų tobulinti yra: nenumatyta finansinė parama resocializacijos proceso laikotarpiu, resocializacijos programų trukmės ribotumas, metodinių priemonių įvairovės stoka, neigiamas visuomenės požiūris į asmenį, esantį priklausomybės situacijoje. Remiantis resocializacijos proceso taikomais modeliais, toliau vystant šiai dienai esančias stipriąsias resocializacijos proceso puses bei tobulinant problemines sritis, galima pasiekti teigiamų rezultatų: integracija į visuomenę ir darbinę rinką bus sėkmingi, o atkryčio pavojaus tikimybė bus sumažinta iki minimumo.

APPENDICES

FORMULATION OF THE SEMI-STRUCTURED INTERVIEW QUESTIONS	
Main questions	Supplementary questions
1. In your opinion, what are the strengths of the resocialization (reintegration) process in contemporary social work with addicts who have already completed community-based rehabilitation programs?	<p>If possible, could you please provide examples of the resocialization process into addict communities and society?</p> <p>How are the continuity, accessibility and quality of provided services ensured after successful completion of community-based rehabilitation programs so that people can lead a drug-free life and their reintegration into the society is successful?</p>
2. Which areas of the resocialization (reintegration) process require further improvements?	<p>Which social work models (methods) would you recommend to ensure successful continuity of social services?</p> <p>What could be done to reduce the scope of such problems as purposeful activities, lack of material resources, poorly developed social networks, and lack of motivation and self-sufficiency?</p>
3. Please provide your demographic information (age, work experience with the target group).	

THE TABLE OF SEMI-STRUCTURED INTERVIEW DATA CATEGORIES

REVEALING THE STRENGTHS OF RESOCIALIZATION IN SOCIAL WORK		
Category	Statements by respondents	N
Development of general skills, career planning	“<...> grant possibilities to work, learn and gradually return to own environment with the help of specialists and volunteers”; “<...> employees help look for a job and mediate in the employment process”; “<...> development of general skills, vocational training, career planning, support after getting employed”; “<...> a lot of attention is paid to vocational training and return to the labor market”; „...inclusion of the new services to the treatment programs“; “... For the performance of this process all relevant social work methods; individual and group counseling, help in creating a social network of self-help groups in the organization, career education, professional mediation and so on. “; “... It is granted the opportunity to work, learn, slowly return to your surroundings helping professionals and volunteers”; “... Staff helps him to look for work, mediates employment process”, “... Basic skills, vocational training, career planning, maintenance assistance to work”; “... Given the opportunity to work in rehabilitation centers for social enterprises”; “... the person has the opportunity to test themselves in various professional fields: acquire a new craft or develop professional skills, to have a place of residence, receive the revenue”; “... there is a lot of focus on vocational training, return to the work market”; “... Methodological guidance creation and application of the rehabilitation program of best practices by the foreign countries are the driving force for more successful reintegration into society”;	10
Comprehensive assistance to the client	„<...>if needed, housing is provided“; “... Help to find a place of residence, work”; “... In the center of our work by the 12 steps program, which is based on Christian grounds”; “<...> discusses various matter ranging from mental ones to household-related issues”; “... As well as moral and information support”;	5
Supply of information and mediation	“... It is processed by various” wrong “life consequences - mediate workers and helps them to deal with bailiffs, accompanied by doctors in order to restore health, have relations with labor exchanges, probation services and so on” ... The process of the dependent to provide mediation assistance and employment, solving health problems as well as problems with law enforcement, and the like”; “... It provides where a person can go forth from community support groups in what he can visit in order to avoid relapse”; “... To solve the problem is very important to that person, who has completed the rehabilitation program, to self-initiate a normal life”; “... Meaningful activities can offer many and varied, it is important that the man himself would”;	5
Specialists volunteering to work with clients who have already completed community-based rehabilitation	“The whole community aware of the importance of the dependent person to stick as close to their fate brothers until completely strengthened physically and spiritually, give him the opportunity to stay in the middle, even after rehabilitation, only giving him the status of a volunteer.”; “... Often social workers, even after the completion of rehabilitation communicate with their customers, advise a wide range of issues and helps labor and housing searches, dealing with interpersonal relationships.” “Working with the customer does not break even in the long-term community have closing the door, but it is usually done on a voluntary basis, the program does not provide for any such ongoing work pay”; “... If there is a possibility - a person remains in the community as a volunteer, he is allowed to live there for a while too, as long as it can autonomously rent housing starts to earn money for their maintenance”; “... Social workers in constant touch with him to help the reintegration process”;	17

<p>programs. Clients volunteering to work at the rehabilitation community after its successful completion</p>	<p><i>"Rehabilitation centers employees regularly helps addicts to adapt to society, in their efforts to remain a secure environment and rehabilitation after closure"; „Upon completion of the rehabilitation program, no one is left behind. The rehabilitation center helps him look for work, mediates employment process, and most importantly - continue to support the continuous motivation that only the person first problem arose dropping everything "; "... The opportunity to provide maintenance adaptation to the labor market and society in a period of at least the first few months after the completion of the program in the community; "I know ... communities, enabling program and after graduation to live and work side by side, without departing from the community. However, this opportunity provided by the larger part of a more voluntary and is no longer part of the program"; "... With a successful rehabilitation program for persons returning after a work and help them when they are employed, begins to live independently"; "... At least several months after the rehabilitation of these workers supports a dependent person, strengthens the motivation to remain in the labor market"; "... Experts provide help and support a person after he completes a rehabilitation program"; "... Our staff help find their place of residence and work"; "... Man is not left alone with him Meeting every week, if necessary, he gives support, information and so on"; "... Our center helps to find a living space, work, trying not alone, and keep in regular contact, we organize weekly meetings"; „Rehabilitation centers with a person communicates only on a voluntary basis, there are no funds allocated to project“; "... The essential thing, if he stays in our city, if he so wishes, we nenutraukiame communication with him, continue to communicate, meet, provide information and assistance“.</i></p>	
<p>Support of the rehabilitation community to addicts who have completed the program. Self-help groups</p>	<p><i>"... It is not so strong, that could function independently in society, it is still necessary specialist support in order to avoid relapse"; „<...>if he wants to support him and his needs, then the connection remains indefinitely after the completion of the rehabilitation program“; "... There are some communities that even after the program provides the opportunity to be close to customers and thus provide emotional or other support, which makes it even more stronger dependent on drugs for humans"; "... Is the care to find a place of residence, work and moral and information support; „<...>moral, emotional support. Men prefer one day of the week together, evangelical community premises. ... Weekly meetings are like a continuation of what has been Rehab. centers; „<...>"... Of course, there are AA and AN groups“</i></p>	<p>6</p>
<p>A wide range of services provided</p>	<p><i>"... Meaningful activities can offer many and varied, it is important that the man himself would; "... The process of the dependent to provide mediation assistance and employment, solving health problems as well as problems with law enforcement, and the like; "... It is processed by various" wrong "life consequences - mediate workers and helps them to deal with bailiffs, accompanied by doctors in order to restore health, have relations with labor exchanges, probation services and so on." "... To solve the problem is very important to that person, who has completed the rehabilitation program, to self-initiate a normal life;"... Staff helps him to look for work, mediates employment process"; "... Basic skills, vocational training, career planning, maintenance assistance to work"; "... New services to treatment programs inclusion"; "... Methodological guidance creation and application of the rehabilitation program of best practices by the foreign countries are the driving force for more successful reintegration into society"; "... Given the opportunity to work in rehabilitation centers for social enterprises"; "... For the performance of this process all relevant social work methods; individual and group counseling, help in creating a social network of self-help groups in the organization, career education, professional mediation and so on", "... the person has the opportunity to test themselves in various professional fields: acquire a new craft or develop professional skills, to have a place of residence, receive the revenue"; "... If need be granted residence"; "... Is a lot of focus on vocational training, return to the</i></p>	<p>20</p>

	<i>work market; "... It provides where a person can go forth from community support groups in what he can visit in order to avoid relapse"; "... It is granted the opportunity to work, learn, slowly return to your surroundings helping professionals and volunteers".</i>	
Professional expertise and aid by specialists	<i>"... The stronger the community, which already has: the long-term work with addicts experience; formed a strong and professional team; „<...>strengths that are long-term rehabilitation programs“; "... I would like to emphasize the fact that for several years now Lithuania has required that a person who works in social work, have the necessary training. Previously, it was not as strictly regulated"; "... It is important that they can rehabilitate with the help of qualified professionals“; “Dependent persons receive the necessary assistance from social workers and psychologists, as well as working with them a lot of integration into the labor market and so on. All this creates greater opportunities for such persons to successfully adapt society upon completion of the rehabilitation program”, "... Staff regularly helps addicts to adapt to society“; "... Social workers in constant touch with him to help the reintegration process”.</i>	7
Incorporation of social companies	<i>"... The community which social enterprises with a safe environment to work addicted person has completed the program”, "... Many Lithuanian rehabilitation communities have their own social enterprises, municipalities, near the center, which helps the dependent to gradually reintegrate into society“; "... The opportunity to work in rehabilitation centers for social enterprises.</i>	3
State support to addicts	<i>"... Pointed to problems such as addiction, and has prepared recommendations for how to move the reintegration of addicts into society upon completion of rehabilitation of communities“; „<...>contribute and the government by providing preferential treatment to such business creation and maintenance”</i>	2
Experience of foreign countries and Experience of the Republic of Lithuania in resocialization process implementation	<i>"... I had to visit Italy. Ten persons in a situation of dependence, rehabilitation and adaptation process takes 4 years. After completing the program, a person has the opportunity to test themselves in various professional fields: acquire a new craft or develop professional skills, to have a place of residence, receive the revenue“; "... Lithuania this practice is applied only to part of the rehabilitation centers. And such activity takes about 1.5-2 years (12-18 months. Rehabilitation is going, and 6 months. Work in social enterprises). Such practices are applied project "Guru", "Full House community“;” I have heard that example. Norway, Italy resocialization process on huge significance, vol. y. there for many years provided assistance, support; "... The most common, what will work, where to live, what will be surrounded by the micro and macro environment, or will the maintenance of social reasoning support and so are streamed access to performing those activities in Norway, it should be noted that the all that has been mentioned above, are paid special attention; "... Last year, we met with the rehabilitation center (something like that with us as ACL) manager in Switzerland. ... Individuals who rehabilitate the center and then it ends, if necessary given residence, help them find a job. Those who nesusiranda work they handle, repairs center acquired premises (they are gradually expanding, ie the center acquires more new space)", "... As an example of good practice (non-state project, but non-governmental organizations) are working in Vilnius salad bar" My Guru ". It employed persons who have completed rehabilitation centers, both men and women“; "... One of the most successful cases - the salad bar" Guru ", which employs dependent persons completed the rehabilitation program; "... Particularly successfully employed in Italy in Sant Patrignano community where rehabilitation is not limited to 0.6-1.5 years, the work is carried out and further, a person in a situation of dependence program continues for 5 years, he is given the opportunity to work, learn, slowly return to your surroundings helping professionals and volunteers. I think this, a lot of re-socialization stages involving addiction treatment is really effective for a short-term, and the model and the success rate proves its effectiveness (about 70 percent and the number of people who have completed the rehabilitation program, remains sober and below)“.</i>	8

REVEALING RESOCIALIZATION-RELATED MATTERS TO BE IMPROVED IN SOCIAL WORK		
Category	Statements by respondents	N
Limitations of social work groups aimed at the target group	"... An addict who successfully completed the program remains a sort of" between earth and sky ": it has been a sober, but still not so strong, that could function independently in society"; „<...> reabilitacinis procesas iki šiol stokoja išbaigtumo“; "... Quite often as the dependent's program shows only the completion of the employment contract acquisition, in spite of all the others, no less important, feature; "... The program should continue, but already another, the new social environment, not in the sense in the community" ... Well it is known that after leaving the community ... while the dependent person in need of special, professional help but, unfortunately ..", "... In practice there is no system for ensuring continuity of services who have completed rehabilitation communities“; "... It is necessary to expand the active process duration, filling it with new content, and in the process performance“; "... They usually Limit time and this time is often a lack of full resocialization“; "... Lithuania ongoing rehabilitation process of dependent persons lack of maturity“; "... Addicted to drugs people are required and continuous assistance“; "... Anyway Lithuania the system is still underdeveloped“; "... It is important that after rehabilitation would be continuity"	12
Insufficient attention to vocational rehabilitation	"... Another area where you can improve, it may be that the rehabilitation program participants have greater opportunities and a wider range of options for obtaining various qualifications in“; "... Most of them usually have no professional training, so it's too complicated job search“; "... In order to promote motivation and independence, as well as the expansion of social networking is appropriate to apply psychodynamic social work model“, "... It is important to provide emotional or other support; „<...>It recognizes that the re-socialization programs are paid too little attention“; "... To achieve better results, it is worth rehabilitation process of enriching career education, vocational mediation-support, social networking, training and vocational rehabilitation systemic proportions"; "... All relevant social work methods - individual and group counseling, help in creating a social network of self-help groups in the organization, career education, vocational mediation; "... Should be more focus on addiction situation of persons working skills“; "... One would allow such individuals to acquire any qualifications in theoretical knowledge. In this way they have a better chance to find work, to specific professional choice direction“; "... Perhaps could be applied behavioral therapy, known as sociobehavioral model“; "... The greatest attention must be paid to the person and the person's environment external factors that have a significant impact on the success of its intended result“; "... Palliative care services where are no almost“; "... For the attention of psychologists and social workers for consultation on strengthening the motivation, empowerment, social networking playback“; "... The successful rehabilitation of individuals require different working methods: individual and group social counseling, vocational guidance and counseling, case management, occupational therapy, self-help groups, self-sufficiency education and so on."	14
Attitude of the society towards addicts. Social vacuum after leaving the community.	"... I think the main problem is the negative public attitude towards these persons. This hinders them a foothold in the labor market", "... Rare employer in favor of an employee who has been convicted, had problems with the use of psychoactive substances; "... A large part of former customers in the event of larger problems, without public support once again begin to use drugs“; "... After leaving the rehab client face numerous new challenges; "... Came out of the former program participant communities faced with social vacuum - with old friends can no longer communicate, and haven't meet new one yet; „<...>individuals with considerable experience with most passed through places of detention, are lost	7

New experience	<i>not only the social and professional skills, but also weaken the spiritual and moral values“;”... That reintegration into society is to succeed, the dependent person needs constant support, holding something to lean on, when for some reason weakened motivation; ”... Usually it happens that after completion of training, the person is alone.”</i>	
Incomplete nature of the rehabilitation program	<i>”... Everything in any case relies on finances. If sufficient funds, then you can organize a more meaningful activities involve more and a wider variety of professionals who ensure those activities; ”... Any program does not provide a continuous work pay“; ”... This process should be validated at the national level should be a system that includes all the dependent areas of human life“; ”... There should be a strong inter-institutional communication, in each stage of re-socialization must be clear where to go, what dangers arise when there are potential risks of relapse“, ”... It is just necessary to do and at national level“; ”... As the state institutions Lithuania does not even know“;”... In terms of those who have already completed the centers that are carried out in some kind of state aid programs have not heard or do not know“; ”... It must be state aid. But very concrete and simple, that should not be occupied projects correspondence, which takes away a lot of time and there is no push to do the work; ”... From the state aid is not consistent with the employment programs“.</i>	9
Lack of continual support to individuals who have completed community-based rehabilitation programs	<i>“<...> the program should be continued, only in another and new social environment, i.e. not in the community“; “<...> after all, it is known that after leaving the community <...> the addict requires specialized professional help, only, unfortunately, ...“; “<...> it happens often that the completion of the rehabilitation program by the addict is confirmed by an employment agreement in spite of other no less important signs“; “<...> it is imperative to expand the active process implementation period by supplementing it with new content and aiming for efficient results“; “<...> narcotic drug addicts require continual help as well”.</i>	5
Insufficient financing of the programs	<i>“<...>in any case, everything falls back to finance. If enough funds are available, more purposeful activities could be held and more various specialists could be hired to ensure the implementation of such activities“; “<...> none of the programs allocate any pay for the continual work“;</i>	2
Consistency of the State policy	<i>“<...> State support is necessary. However, it should be very simple and specific so that there is no need for project drafting which takes time needed to carry out direct duties“; “<...> the State supplies no consistent aid or employment programs“; “<...>it is imperative to do so on a State level” (implementation of resocialization programs, authors’ note); “<...> I have no idea how Lithuanian state enterprises do it“; “<...> speaking of the ones who have already completed the programs at the rehabilitation centers, I have not heard of and am not aware of any State support programs“;</i>	5
Lack of common system	<i>“<...> the process should be approved on a State level, there should be a system encompassing all areas of the individuals life“; “<...> a strong inter-institutional cooperation should exist so that at each stage of the resocialization process, the addicts know who to contact, what dangers might arise and when the relapses might occur”.</i>	2