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THE VOCATIONAL REHABILITATION FOR PEOPLE WITH ADDICTIONS AS THE PRECONDITION OF INTEGRATION IN LABOUR MARKET: THE ASPECT OF SOCIAL WORK

Master's thesis

Supervisor of the Master's thesis -

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Summary

The Master Thesis presents a theoretical analysis of vocational rehabilitation of people with addictions as precondition of integration into the labor market. The following hypothesis was selected: presumably, vocational rehabilitation is one of the key factors determining the success of integration into the labor market.

A research was carried out by employing a questionnaire-based survey and interview. The goal of the study is to analyze the conjecture that vocational rehabilitation of people with addictions is precondition to integration into the labor market. A statistical quantitative analysis (descriptive analysis of general statistical indicators: mode, median, standard deviation, quartiles, frequencies, mean values and correlations, reliability of the research instrument) qualitative content analysis and case study of Ukraine were performed.

The respondents of the research were 82 people with addictions who received employment or requalification services during seven long-term community-based rehabilitation programs. The respondents answered to 82 closed type questions and three semi-structured expert interviews were performed.

The following are the key conclusions of the empirical research:

1. The social exclusion experienced by people with addictions is perceived as an integral phenomenon when one group within the society has less possibilities to participate in social life due to its weak integration.

2. To ensure successful integration of people with addictions, especially those participating in long-term rehabilitation programs, into the labor market, it is imperative to create suitable conditions for them to learn and acquire an appropriate profession corresponding to the market needs and to increase their motivation to get employed by teaching them effective job hunting methods.

3. The statistical quantitative analysis showed that more than a half of the respondents had no profession and their work experience was rather low. Also, the longer period of psychoactive drug abuse by the addicts, the lower their possibilities to maintain the position in the labor market.

4. The qualitative content analysis helped discern the following reasons of the problems related to the integration into the labor market: negative attitude of the society towards people with addictions, limited perception of the rehabilitation process, lack of competence of the employees at rehabilitation centers, incomplete nature of the projects and lack of State support.

5. The structure of vocational reintegration as integration into the labor market was modeled based on vocational training involving the development of general and vocational skills to prepare addicts for integration into the labor market.

Keywords: people with addictions; vocational rehabilitation; integration into the labor market; social exclusion.

Contents

Introduction

Pursuant to the data provided by the State Mental Health Center, as at December 31, 2013, a total of 5,847 individuals were registered at health care institutions as afflicted with mental and behavioral disorders due to psychoactive substance use (5,935 individuals in 2012, 5,890 individuals in 2011, and 6,056 individuals in 2010). In 2013, substance dependency was diagnosed in 198.7 cases out of 100,000 residents (199.8 cases out of 100,000 residents in 2012, 196.1 cases out of 100,000 residents in 2011, and 198.4 cases out of 100,000 residents in 2010). The said statistical data confirm that the spreading substance and alcohol dependence is a prominent problem in the society because globalization only further enhances the "principle of boomerang", i.e. ecological problems are caused by industrialization while the so called "social diseases" are induced by improper lifestyle or professions (Guogis, 2009).

Scientific relevance. The spreading dependency on psychoactive substances is one of the most significant problems in present Lithuania. The topic of people with addictions is becoming the focus of various scientists and practices more frequently. Dependency on psychoactive substances is comprised not only of drug abuse but also of various other dysfunctional behavior and skewed values which result in hindrances to regular family, work, community or society life. Even after abandoning the use of psychoactive substances, these behavioral tendencies and values do not change by themselves. In addition to the negative attitude held by the society, (Ruškus, Mažeikienė, Balčiūnas, Blinstrubas, 2005; Room, Babor, Rehm 2005; Conyers, Boomer, 2012) former people with addictions are often faced with such problems as loss or lack of family or place of residence (acquisition and maintenance of a house is obstructed by financial and juridical obstacles, inability to retain real estate, failure to pay the bills and debts), truancy, financial difficulties, etc. Therefore, both social and psychiatric rehabilitation should encourage the people with addictions to get treatment, return to society and re-integrate into the labor market (Tamutienė, Reingardė, Civinskas, Baltrušaitytė, 2008).

The theme of professional orientation and counseling for people with addictions is particularly relevant because in Lithuania here it has long paid attention to young people in professional orientation and career counseling in organizations. However, the lack of focus on the working age population requalification issues, especially for people with addictions as a special needs group guidance area. Therefore, to ensure successful integration of people with addictions, especially those taking part in long-term rehabilitation programs, into the present-time labor market, the following actions are essential: creating proper conditions for learning, assistance in acquiring a proper profession or professional qualification corresponding to the needs of the labor market, and enhancing their motivation to get employed by teaching them efficient job hunting methods. This topic is further researched by such scientists as K. Hadzi-

Miceva (2008), G. Waddell, A.K. Burton, N. AS. Kendall (2008), L. Conyers, K.B. Boomer (2012), H. Sumnall, A. Brotherhood (2012), etc.

The selected subject is relevant, whereas the majority of society members have very little information about people with addictions and their opportunities of education and employment, and often consider them worthless part of society, who cannot take care of themselves; which is the only chance of survival is a state support. Such an attitude may change when society is more widely informed about of these people with addictions education, vocational education possibilities as well as the ability to take care of themselves.

Salary is the main source of livelihood of men. Most frequently, the people with addictions have sufficient physical and intellectual capabilities to participate in the labor market; however, they are incapable of reintegrating into the said market due to the negative attitude of the society, mental and social problems, and unsatisfactory occupational skills.

The research object is the vocational rehabilitation for people with addictions as the precondition of integration into the labor market.

The goal of the study is to analyze the precondition of vocational rehabilitation for people with addictions as integration into the labor market.

Objectives:

1. To reveal the presumptions for social exclusion of people with addictions by employing the secondary source and theoretical analyses.
2. To depict vocational rehabilitation factors by employing secondary sources and theoretical analyses.
3. To identify the possibilities of vocational rehabilitation as integration into the labor market by employing quantitative research.
4. To reveal the problems related to people with addictions integration into the labor market by employing content analysis.
5. To model the structure of vocational rehabilitation as integration into the labor market based on the conclusions of quantitative analysis, qualitative analysis and case study.

Hypothesis: it is probable that vocational rehabilitation is one of the key factors determining integration into the labor market success.

Research methods. The research was carried out by combining the quantitative and qualitative research methods. The analysis of scientific literature sources and legal norms, questionnaire-based survey and semi-structured expert interview, Ukraine case study were performed. The research data were processed by applying statistical data analysis (the data were calculated by using the SPSS software) and content analysis.

Respondents. 82 people with addictions who received employment or requalification services during seven long-term community-based rehabilitation programs and 3 experts.

Relevancy and practical significance of the research results. The topic of social rehabilitation is mentioned in the following publications: *Assessment of Evaluation of the Situation, Needs and Effectiveness of Social Integration Services for Socially Vulnerable Groups or Groups at Social Risk for the Purposes of Efficiently Utilizing the EU Structural Funding of 2007-2013* prepared in 2011, and *Methodical Recommendations for Creating and Developing a Network of Psychosocial Support Services for Addicts* and *Study of Possibilities to Adapt, Transfer and Apply the Norwegian Experience in Out-Patient Social Services in Lithuania* prepared in 2010. However, there are no publications fully revealing the studied topic. Hence, the performed research may be used in creating vocational rehabilitation methods, the starting point of which would be the successful application of the model of individual's integration into the labor market in long-term rehabilitation programs.

The key concepts.

Person with addiction: a person who has physical, psychological or emotional dependence on psychoactive substances (definition established by the International Narcotics Control Board of the World Health Organization and United Nations) Neuroscience of Psychoactive Substance Use and Dependence. 2004).

Integration of persons afflicted with diseases of psychoactive substance dependence into the society: the term comprises treatment and rehabilitation process for persons afflicted with diseases of psychoactive substance dependence. During the said process, medical, psychological and social services meeting the needs of the patients are provided with the aim to help the addict renounce the use of alcohol, narcotic and psychotropic substances, to assist them in restoring their skills, family and community connections, and to reintegrate them into the labor market (Concept of Integration of Persons Addicted to Psychoactive Drugs into the Society, Official Gazette, 2001, No. 129/518).

Social rehabilitation: the entirety of social and psychological measures promoting the social independence of the individual, the enhancement of participation possibilities and reduction of activity limitations for the purposes of ensuring equal rights and possibilities to participate in public life. The social rehabilitation services are provided to individuals in order to formulate or restore their social and independent life skills, to help acquire education, to ensure the possibilities to participate in public life and the labor market (Description of project funding conditions of Measure "VP1-1.3-SADM-02-K. Integration of Persons at Social Risk and Socially Excluded Persons into the Labor Market" of priority Axis 1 "Qualitative Occupation and Social

Cover" for the Human Resources Development Operational Programme of 2007–2013, dated January 1, 2011)

Integration into the labor market: inclusion of addicted and socially excluded persons into the labor market by solving their social, psychological and economic problems, overcoming the negative attitude of the society, requalifying or acquiring the required work and social skills (Description of project funding conditions of Measure "VP1-1.3-SADM-02-K. Integration of Persons at Social Risk and Socially Excluded Persons into the Labor Market" of priority Axis 1 "Qualitative Occupation and Social Cover" for the Human Resources Development Operational Programme of 2007–2013, dated January 1, 2011)

Social exclusion: a complex phenomenon when a society has certain groups that have less or no possibilities to participate in public life due to their weak integration into the society (Medaiskis, 2012).

Vocational rehabilitation – person's working capacity, professional competence and recovery of ability to participate into the labor market or increasing the educational, social, psychological, rehabilitation and other means of impact (Law on Social Integration of People with Disabilities of the RL adopted in 2005 (Official Gazette, 1991, No. 36-969; 1998, No. 98-2706; No. 115-3229, 3273; 1999, No. 113-3284; 2004, No. 21-620).

Master's thesis structure: summary (in english language), introduction, 2 sections, conclusions, recommendations, references (126 resources), summary (in lithuanian language), appendices. The research data is illustrated by 14 tables and 15 figures. The appendices provide questionaire (appendix 1), questions of the semi-structured expert interview (appendix 2), employment of special measures when working with people with addictions (appendix 3), interview minutes (appendix 4). Master's thesis consists of 102 pages.

1. THEORETICAL AND PHILOSOPHICAL ANALYSIS OF INTEGRATING PEOPLE WITH ADDICTIONS INTO THE LABOR MARKET

1.1. Concept of Social Exclusion of People with Addictions

Social exclusion is defined as a phenomenon encompassing both personal qualities and those pertaining to the society. Various aspects of social exclusion have been studied by such foreign researchers as B. Jordan, H. Silver, R. Atkinson, P. Broda-Wysocki, etc., Lithuanian researchers R. Lazutka, L. Žalimienė, I. Zaleskienė, S. Mikulionienė, R. Brazienė, J. Guščinskienė (2008) and many others. However, in general, social exclusion could be perceived as:

- Segregation of various groups of society from the possibility to participate in the main developmental processes of society;
- Restriction of civic rights for certain groups of people in the society;
- Society rejecting its members due to their non-compliance to socially accepted standards, e.g. low education, lack of required material resources, unsuitable life style, various behavior disorders, etc.;
- A process where a person is incapable of using certain inherent capabilities due to specific factors (in case of disability) (Brazienė, Guščinskienė, 2004).

People with addictions constitute one of socially excluded groups. According to the ICD classification, mental and behavioral disorders due to psychoactive substance use are categorized under the F10-F19 block. An addiction is defined as a chronic and repeatedly occurring illness which requires specialized and person-oriented treatment. It is incredible difficult to overcome an addiction and addicts usually suffer from extreme physical, mental, emotional, economic and social anguish (Fleming, Murray, 2000; Bulotaitė, 2004).

According to D. Stanytė (2007), people with addictions often lack social adaptation skills, i.e. they become socially excluded. Scientific literature defines social exclusion as the society rejecting certain members because their lifestyle does not comply with the expectations of the society or because they are unable to maintain the usual social interactions due to the lack of the necessary material resources, education, etc. (Fischer, 2011; Medaiskis, 2012).

The conclusions of the drug-related social exclusion research carried in 2002 by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) discerned the following three ways for drug addicts to fall under the social exclusion category: as a risk factor for drug use and other harmful behaviors; as a consequence - direct or indirect - of drug use; social exclusion and drug use as co-occurring phenomena (Fig. 1).

Fig. 1. Correlation of social exclusion and drug use
Note. Reproduced from In EMCDDA 2003 Annual report on the state of the drugs problem in the European Union and Norway. Social exclusion and reintegration.

Psychoactive drug use causes serious health disorders as well as mental and social consequences. As a result, people with addictions fall into the category of social exclusion. Social consequences of psychoactive drugs are damaging not only to the individual but to the entire society as well: the safety of other people is put in danger and large material losses are incurred on the scale of the whole country. Furthermore, the attitude formed by the society largely influences the addicted individual himself and the development of his personality. The conduct of other people with addictions impact the behavior and adaptation to the surroundings of the latter: the respect and tolerance of surrounding people along with the feeling of safety help the individual seeking a righteous lifestyle to develop self-respect, self-esteem and self-consciousness while negative attitude and discrimination shapes inadequacy or aggression and provokes relapses. Thus, evidently, social exclusion is closely related to the use of psychoactive drugs.

The statement that people with addictions fall under the social exclusion category was confirmed by the research conducted by the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania in 2006. The goal of the study was to analyze the problems of psychological and social rehabilitation as well as social integration of addicts and methods of solving such issues. The results showed that based on the data available to rehabilitation institutions treating drug addicts, the most relevant problem of these individuals was of social nature, i.e. unemployment. It was conditioned by the lack of rudimentary job skills, professional qualification and specialization.

The following are the factors determining the social exclusion of people with addictions (Combating age barriers in employment, 2005):

1. *Displacement*: economic and labor market circumstances. Different measures are selected for the integration of addicted individuals into the labor market in case of shortage or surplus of employees.

2. *Encouragement.* State policy: employment-related subsidies (direct or indirect), guarantees of specialized learning tools and funding of creating job positions for people with addictions. Central and local governmental institutions may employ the good practice in a variety of ways, e.g. by encouraging further improvement; controlling the occurrence of changes, etc.

3. *Inclusion.* Organizational culture: traditions of planning labor force when HR politics and management methods may encourage the good practice by destroying or suppressing the barriers of integrating people with addictions into the labor market. However, case studies show that HR politics are usually one directional and negative. Social partnership may help to avoid any negative consequences. Cultural context has a favorable impact on the preservation and employment of people with addictions and employed individuals in companies fostering traditional crafts or family businesses. At times, it is necessary to fundamentally change the organizational culture to maintain good practice in all areas of the company. In such cases, changes in the approach towards employees become one of the key aspects of the changes in organizational culture while scrupulous planning and preparation guarantee success. Other examples of good practice include consulting with specialists and their responsibility as well as public discussion of relevant problems. It was noticed that discrimination barriers most often arise due to discriminating attitudes, approaches and conscious aiming for certain business goals or all of the previously listed.

Occupational segregation defined as an isolation of an addicted individual is yet another social exclusion barrier (Žilys, 2013). Due to the negative attitude of the society, the isolated individual has little opportunity to be employed, i.e. he/she can only work jobs requiring low qualification, receive low salary and carry out monotonous tasks.

Such situation is related not only to the individual physical or intellectual shortages of people with addictions but also to the under-developed labor market and the attitude of employers and society towards individuals experiencing social exclusion. As the economics of the Lithuanian labor market is not yet fully developed, the adaptation of job positions for people with addictions is considered as non-beneficial and undesirable by employers (Кавокин, 1993).

The majority of people with addictions lack self-confidence and motivation and see no meaning to life. The opinions, indifference and condemnation by the society bring about various psychological problems. Meanwhile, on the contrary, the society should be encouraging these people to improve, take up some sort of an activity and be included back into the society. The

negative attitude of the society, inefficiency of the activities by governmental institutions and the physical and mental features of people with addictions themselves are closely interlinked; thus, positive changes in one of these factors could very well impact changes in all of the others.

For example, the Ukrainian society does not perceive problems of some minorities, which face social exclusion. It concerns traditionally vulnerable population groups - disabled, ethnic minorities - as well as new groups, which appeared rather recently; they are HIV/AIDS-infected people; drug consumers (in particular, injection users). On general, tolerant attitude toward such people is combined with intolerance of staying in their neighborhood that leads to social isolation of these groups in all spheres of life (Libanova, Makarova, Cherenko, Tkachenko, Palii, 2009).

Causes of social exclusion are closely related to social policy. Even though according to the Conception of Integration of Psychoactive Drug Addicts into the Society of 2001 (Official Gazette, 2001, No. 8-235), the main goals of integrating drug people with addictions into the society are to eliminate the individual‘s addiction to psychoactive drug use, restore the individual‘s abilities and help the individual become an employable person, who is integrated into family, labor market and society, these goals are not fully viable. The underlying reasons for such are the unfavorable possibilities to use the education and development opportunities, inferior position in the labor market and low income. Unemployment and decreased social security threaten social participation and integration of an addicted individual. According to T. Barnes, J. Holmes (2009), participation in the labor market and material resources are the predominant categories conditioning the prospects of the individual’s opportunities in the society. Allocating financial support for socially excluded people, in this case, the aforesaid individuals, is far from being sufficient. It is purposeful to teach them skills that would help them reintegrate into the labor market or use another positive activity to include them into the society and prevent them from resorting back to addictions (Gruževskis, 2002). The social integration of people with addictions ends after completing the psychosocial rehabilitation program. Thus, employment of professional rehabilitation would be a purposeful measure in applying the theoretical knowledge in practice by teaching individuals how to strengthen their positions in the labor market and reach the final goal, i.e. comprehensive integration into the society. Reduction of social exclusion is pursued on an international level by preparing and implementing the European Tackling Poverty Plan and Agenda for New Skills and Jobs (Communication of the European Commission 2020, Europe)

In conclusion, the majority of addicted individuals fall under the category of social exclusion because they have no permanent dwelling, they are not regularly employed and most often they have been previously imprisoned. Social exclusion is also aggravated by the negative

attitude of the society towards people with addictions. Therefore, it is necessary to satisfy not one but many of their needs to help these people get better and reintegrate them into the society. In turn, this requires comprehensive assistance, e.g., medical, social, psychological, spiritual and vocational.

1.2. Social Service System for People with Addictions

The underlying causes of addictions are usually biopsychosocial (Fleming, Murray, 2000) as their origins are determined by both biological (e.g., heredity, genetics) and psychological and social factors. Due to the said reasons, the following is the globally accepted diagram of helping addicted individuals (see Fig. 2):

Fig. 2. Diagram of helping addicted individuals (prepared by the author)
Note. Source: Conception of Integration of Psychoactive Drug Addicts into the Society. Decree by the Government of the Republic of Lithuania. *Valstybės Žinios,* 04-OCT-2001, No. 129/518.

The first two links comprise medical rehabilitation provided by institutions, the activities of which are focused on detecting and treating people with addictions (general practice doctors, addiction treatment centers). Any further data on people with addictions are relayed to mental health service centers and municipality social support departments which take care of the rehabilitation and social integration of such people. The mental health service centers and social support departments aim to help people with addictions and must cooperate closely, maintain communication with rehabilitation centers, labor markets, children's right protection services, family crisis centers, prisons, police headquarters and other institutions (Official Gazette, 2001, No. 88-3106).

Ph. D. Alan I. Leshner, Director of the National Institute on Drug Abuse of the USA (2001), discerns the key goals of treatment and rehabilitation. According to him, treatment of psychoactive drug addiction should help people:

- Cease using psychoactive drugs,
- Maintain a healthy and drug-free lifestyle;
- Function in a family productively;
- Function in work productively;
- Function in the society productively.

According to A. Stekens, Ch. Hallam and M. Trace (2006), services rendered to people with addictions may be categorized under the following types:

- 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 harm-reduction based programs of various types focused on injectable drug use, society's health care and prevention of infectious diseases. The term *low-threshold* used to define such programs means that the programs demand no fundamental changes in behavior of their participants. *Abstinence-based treatment* is depicted as (NIDA, 1999) personal health care services, the goal of which is to suppress symptoms of abstinence by taking medication. Abstinence-based treatment is ineffective if not used in conjunction 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., powdered iboga (*Tabernanthe Iboga*) root bark in several countries of Africa. Acupuncture and massage are often applied in combination with widely recognized therapy methods. After the completion of the treatment program, the individual undergoes rehabilitation and integration. *Psychological and social intervention programs* include a variety of programs (most often medication-free treatment) based on which individual and/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 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, p. 32).

The following are the main stages of psychosocial rehabilitation for people with addictions:

⇒ The initial stage of rehabilitation lasts 30–60 days after ceasing the use of psychoactive drugs. This stage is aimed at introducing the general rehabilitation procedure (community rules), regulations and daily regime, and building connections with the staff and other persons undergoing rehabilitation. Those that have resolved to lead a healthy life style, receive assistance in evaluating themselves and the situation, admitting to having an addiction and finding out more information on the peculiarities of its manifestation. Any institution coming into contact with people with addictions and their family members should

help both the patients undergoing rehabilitation and their families during the initial stage. Such assistance must be provided by general practice and other doctors belonging to the primary health care system; schools, educational and psychological service institutions and other establishments that have the possibility to come into contact with individuals abusing psychoactive drugs or their family members;

⇒ The main stage of rehabilitation lasts from 9 to 12 months. It requires participation in an intensive psychosocial rehabilitation program encompassing development of steadily increasing social convictions and conduct, individual and group psychotherapy and other activities (occupational therapy, art therapy, etc.). This stage teaches addicted individuals to be honest, take responsibility for their actions and also to cooperate with other members of the community. By taking larger responsibility, participants of the rehabilitation program gain authority among other community members. Seeking to change the individual's approach towards work, sense of responsibility and participation in society, the rehabilitation communities may also use other measures (e.g. development of general skills, occupational therapy, etc.);

⇒ During the reintegration stage, having successfully completed the set out tasks, the participant of the rehabilitation program gradually prepares to return to his/her life in an open society, starts attending school or a vocational education institution and attempts to find a job accepted by the society. After finding a permanent job and place of residence, the individual undergoing rehabilitation may safely leave the community. A crucially important role is played by self-help groups at this stage. Thus, all persons who successfully complete the rehabilitation program are strongly encouraged to participate in activities held by Anonymous Drug Addicts (ADA) or Anonymous Alcoholics (AA).

Community-based rehabilitation programs rely upon social learning theory and promotion of positive changes in behavior and thinking (Morris, Marzano, Dandy, O'Brien, 2012). The communities usually employ a hierarchical model with stages reflecting the gradually increasing social responsibility level of the treated people with addictions. One of the most important components of the rehabilitation program is the inter-influence of the community members. This influence manifests via various group processes and is utilized to help the person suffering from substance abuse to assimilate the healthy lifestyle and social values and norms as well as develop social skills. The key feature of community-based rehabilitation is active participation of the staff, community members and the individual resolved to stop taking psychoactive drugs. By communicating with each other both formally and non-formally, community members influence one another and change their way of thinking, behavior and worldview.

The provision of social services to individuals addicted to psychoactive substances on a state-wide scale is regulated by the Law on Social Services of the Republic of Lithuania (hereinafter referred to as the RL) (Official Gazette, 2006, No. 17-589). The other related main laws are provided in the table below (see Table 1).

Table 1

Legal Framework for the Provision of Social Services to People with Addictions

Legal Framework:
• Resolution No. 259 On Granting Authorizations for Implementing the Law on Social Services of the Republic of Lithuania adopted by the Government of the RL on March 16, 2006 (Official Gazette, 2006, No. 31-1092) • Resolution No. 978 On Financing of Social Services and Approval of Fund Calculation Methods adopted by the Government of the RL on October 10, 2006 (Official Gazette, 2006, No. 110-4163) • Order No. 129/518 Regarding the Approval of the Concept of Integration of Addicts into the Society issued by the Minister of Social Security and Labor of the RL and the Minister of Health of the RL on October 4, 2001 (Official Gazette, 2001, No. 88-3106) • Order No. A1-25 Regarding the Approval of 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 RL on February 11, 2003 (Official Gazette, 2003, No. 17-759) • Order No. 1.2-56 On the Approval of the Methods for Determining the Prices for Psychological and Social Rehabilitation Services issued by the Director of the Drug, Tobacco and Alcohol Control Department under the Government of the RL on September 20, 2005 (Official Gazette, 2005, No. 114-4183) • Order No. A1-92 Regarding the Qualification Requirements of Social Workers and Assistant Social Workers, Procedure of Qualification Development of Social Workers and Assistant Social Workers and Procedure of Attestation of Social Workers issued by the Minister of Social Security and Labor of the RL on April 5, 2006 (Official Gazette, 2006, No. 43-1569) • Order No. A1-93 Regarding the Approval of Social Service List issued by the Minister of Social Security and Labor of the RL on April 5, 2006 (Official Gazette, 2006, No. 43-1570, 2008, No. 2-72), • Order No. A1-94 On the Procedure of Determination of the Individual's (Family's) Need for Social Services and Their Allocation and the Approval of the Methods of Determining the Elderly's and Adult's Need for Social Care issued by the Minister of Social Security and Labor of the RL on April 5, 2006 (Official Gazette, 2006, No. 43-1571) • Order No. A1-317 Regarding the Approval of the Norms of Working Time of Social Care Providers issued by the Minister of Social Security and Labor of the RL on November 30, 2006 (Official Gazette, 2006, No. 132-5011), • Order No. A1-46 Regarding the Approval of the Description of Social Care Norms issued by the Minister of Social Security and Labor of the RL on February 20, 2007 (Official Gazette, 2007, No. 24-931). • Order No. V-1288 Regarding the Approval of Addiction Treatment Program 2009-2012 issued by the Minister of Health of the RL on December 31, 2008 (Official Gazette, 2009, No. 4-108). • Order No. V-788 Regarding the Approval of the Procedure for Providing Psychosocial Rehabilitation Services to Individuals Suffering from Mental Disorders issued by the Minister of Health of the RL on August 21, 2012 (Official Gazette, 2012, No. 100-5109). • Order No. 1246 Regarding the Approval of the Concept (Guidelines) for Creating the System of Addiction Prevention, Treatment, Rehabilitation and Reintegration Services issued by the Minister of Health of the RL on October 10, 2012 (Official Gazette, 2012, No. 121-6078).

Note. Source: prepared by the author

In 2008, the legal framework of the drug control policy was improved, the awareness of governmental and other institutions, establishments and the society was expanded, and the

accessibility of services by addicted individuals was increased. The following are the main laws and resolutions upon which work with the target group is organized:

- 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 Integration of Persons Addicted to Psychoactive Drugs into the Society (No. 129/518 of October 4, 2001),
- National Drug Control and Prevention Program 2010–2016 (Official Gazette, 2010, No. 132-6720).

Since 2013, social care institutions have been licensed pursuant to Resolution No. 528 On the Approval of Licensing Rules for Social Care Institutions adopted by the Government of the Republic of Lithuania on May 16, 2012 (Official Gazette, 2012, No. 57-2864). As of 2015, only psychological and rehabilitation institutions carrying respective licenses may provide short-term social care to people with addictions at social risk. Drug, Tobacco and Alcohol Control Department under the Government of the RL (formerly known as the NKD) included certain actions into its agenda for the year 2013. These actions were related to the implementation of provisions laid out in Article 13 of Annex 5 to Order No. A1-566 dated December 11, 2012 of the Social Security and Labor Minister of the RL Regarding Amendments to Order No. A1-46 Regarding the Approval of the Description of Social Care Norms issued by the Minister of Social Security and Labor of the RL on February 20, 2007 (Official Gazette, 2012, No. 148-7602). The said Article sets forth that rehabilitation institutions shall coordinate their psychological and social rehabilitation programs with the Drug, Tobacco and Alcohol Control Department.

In Lithuania, most of the social rehabilitation programs for people with addictions are offered by non-governmental organizations (NGOs), i.e. public institutions and charity and support foundations. These institutions are governed by the Drug, Tobacco and Alcohol Control Department under the Government of the Republic of Lithuania. Presently, approximately 350 individuals addicted to psychoactive drugs can receive treatment at psychosocial rehabilitation centers established by the NGOs and the State.

Every year, the Drug, Tobacco and Alcohol Control Department under the Government of the RL (hereinafter referred to as the DTACD) analyzes the issues of psychological and social rehabilitation along with social and vocational integration of people with addictions 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 people with addictions. There are

currently 22 long-term psychological and social rehabilitation communities and eight day care centers for people with addictions in Lithuania (NTAKD, 2015). The rehabilitation institution network has been under development since 2000.

Social rehabilitation centers are some of the social institutions and establishments responsible for successful reintegration of the treated individual into the society which in turn encompasses all areas of social life. While being treated at such institutions, the people with addictions receive social services enabling them to recover lost social skills, fully change harmful habits and old behavior models and helping to prepare for an independent and full-fledged life in the society. In this case, the social rehabilitation centers play an important role of a mediator between the people with addictions and the society. The rehabilitation centers (communities) are relatively isolated due to certain clear purposes – their goal is the maximum possible result in the resocialization process. The community is a competent and authoritative participant of the reintegration process; therefore, the rehabilitation of the person with addictions has a long-term positive impact on the correction of one's lifestyle.

Even though the medicinal and psychotherapeutic treatment of people with addictions is considered to be one of the initial treatment stages, the coordination of various treatment measures, intervention and services tailored to the problems and needs of each person with addictions is also highly relevant. It is deemed the key to success which in turn helps him to efficiently function in his family and the society (Stanytė, 2007). To solve the addiction-related problems in the society effectively, continuity of medical assistance, psychosocial rehabilitation and social integration must be ensured (Tamutienė, Reingardė, Civinskas, Baltrušaitytė, 2008).

1.3. Assumptions of Social Integration of People with Addictions

Endeavors are made to develop the social service system for people with addictions along with the expansion of the social integration system in the society. In June 2006, the Public Institution Social Policy Group carried out an anonymous survey of social rehabilitation needs of persons addicted to psychoactive drugs. The analysis of the survey results revealed three main needs of this group of people, i.e. treatment, psychological counseling and social integration. It was determined that most of the problems encountered by people with addictions were related to social integration.

Social integration services are services intended for the integration of socially vulnerable persons that are under social risk and experience social exclusion into the society and labor market. Social integration services encompass a portion of social services and a portion of employment support services which comprise blocks of social and vocational rehabilitation services (see Table 1) (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, Pages 15-16). The services rendered to people with addictions are focused on social and psychological services aimed at fighting social exclusion. Meanwhile, vocational and employment skill development promotes the restoration of the possibilities people with addictions have when integrating into the labor market (see Table 2).

Table 2

Social Integration Services

PSYCHOSOCIAL REHABILITATION	**Information, counseling, mediation and representation** (provision of information and counseling on solving various social issues and required social help by mediating between the individual and institutions or specialists dealing with various legal, employment, health care and other social problems)
	Psychosocial assistance (development of personal qualities, e.g., trust, improvement of social competency, increasing motivation, psychological counseling for overcoming crises, etc.)
	Sociocultural services (free-time planning aimed at avoiding or preventing social issues by reducing social exclusion and encouraging the participation of society)
	Development and maintenance of social skills (skills required for various independent functions in public and personal life, e.g., using public services, paying taxes, etc.)
VOCATIONAL REHABILITATION	**Professional orientation and counseling** (when choosing a profession, searching for a job, changing qualification);
	Development of general work-related skills (computer literacy, language skills, entrepreneurship, etc.)
	Vocational education (non-formal education for acquisition of on-demand work skills; vocational education, requalification) + **Active labor market measures** (vocational education, employment subsidies, supported work, public works)

Note. Source: 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). Assessment Report by Public Policy and Management Institute and Labor and Social Studies Institute.

Social inclusion is achieved in Lithuania through projects aimed at specific socially excluded groups. The process is implemented by both NGOs and state enterprises preparing projects and receiving funds for a specific project. Such targeted intervention projects are usually of limited duration. They are implemented in specific municipalities and aimed at certain society groups. Also, provision of social integration services by financing separate projects hardly ensures equal accessibility of such services in the entire Lithuania.

The policies of social security, social inclusion and employment are closely and complexly inter-connected. The satisfaction of mandatory personal social needs may also be of high significance when striving for psychosocial and vocational rehabilitation goals. Social reintegration means: 1) general vocational rehabilitation; 2) drug treatment; 3) criminal justice interventions; 4) housing support; 5) education and vocational training; 6) employment support; 7) general policy; and 8) advocacy and reducing stigma (Sumnall, Brotherhood, 2012).

When referring to psychosocial rehabilitation of people with addictions, the *Report on 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* (hereinafter referred to as the Assessment Report) laid out that that the EU structural support allowed to create a sufficient service network for the said target group.

On September 1, 2009, 12 agreements on project financing and administration for receiving funds from the EU according to the measure Integration of Persons at Social Risk and Socially Excluded Persons into the Labor Market were concluded at the Ministry of Social Security and Labor. The amount allocated from the EU structural funds for the project implementation was LTL 30,675,270.00. Based on Minutes No. 2009-SADM-PO39 dated 12-AUG-2009 of the meeting of the committee evaluating the applications to receive the EU financing, on September 1, 2009, the Drug, Tobacco and Alcohol Control Department under the Government of the RL cancelled the financing of the EU-funded psychological and social rehabilitation institution projects from the Lithuanian state budget to avoid double financing (Drug, Tobacco and Alcohol Control Department data, 2011). During 2009–2012, based on the measure Integration of Persons at Social Risk and Socially Excluded Persons into the Labor Market, funds were allocated from the EU structural funds to 15 projects providing short-term social care services to adult people with addictions at social risk. About 34.1 million Lithuanian Litas were given to implement these projects (www.esparama.lt). However, since 2014, the EU support has been cancelled and as of 2015, a portion of the funds will be covered by the state budget (additional conditions apply to social care institutions) and other EU structural fund programs.

According to the Assessment Report of 2011, one of the underlying problems of satisfying the social integration service demand (supply) is not the scope of services but the lack of complexity of the said services. This issue arises from insufficient communication between institutions and failure to ensure the continuity of services. The possibilities of involving NGOs as a partner in providing social integration services are also too low.

Due to the ever increasing number of people with addictions, the NGOs establish rehabilitation communities as an encouraging initiative. The development of psychosocial services reflect the most significant beneficial goals of the society, such as international cooperation, social security and labor, and health care. Thus, the social integration of people with addictions into the society may be successful when the integration process takes into consideration not only the needs of the society but also the skills and needs of the people with addictions.

In communities, social skills are formed by teaching how to resist the need to take psychoactive drugs and implementing relapse prevention, showing how to control and express feelings, encouraging personal development and self-respect, perceiving problems, restoring familial relations and solving family conflicts and issues (Psychological and Social Rehabilitation, Social Integration and Reduction of Social Exclusion of Psychoactive Drug Addicts, 2013).

In conclusion, it could be said that many of people with addictions are incapable of overcoming social exclusion by themselves even if they have the motivation to do so. Due to this reason, they require the help of the society in all stages of re-socialization and especially in the final step of integration into the labor market. The analysis of scientific literature studying the effectiveness of measures of assisting people with addictions allows to make the assumption that long-term social and psychological rehabilitation encompassing vocational rehabilitation and integration into the labor market is the key link in the complex rehabilitation service model structure.

1.4. Vocational Rehabilitation of People with Addictions as Precondition of Integration into the Labor Market

1.4.1. *Occupational and Vocational Activity as a Factor in Personality's Social Adaptation and Socialization*

One of the key conditions of preserving the individual's dignity is common activity by the members of the community; therefore, a significant role in the socialization process is played by occupational and vocational activities (Klemienė, Jaseliūnienė, 2009). Successful mastering and performance of these activities ensure not only financial independence and participation in the development of a certain product (either material or spiritual) which in turn influences both personal and social satisfaction, but also the possibility to come to the true potential of one's skills, develop self-respect and self-esteem and take an adequate social place in the structure (Baranauskienė, Juodraitis, 2008). Occupational activities have a positive effect on the individual as they grant the possibility to learn and adapt to the real world as well as condition the pursuit of maturity (Фернхем, Хейвен, 2001).

The following is prerequisite when seeking to ensure successful integration of people with addictions (especially those participating in long-term rehabilitation programs) into the current labor market: creating proper conditions for learning, helping acquire a suitable profession and vocational qualification in respect of the market needs, boosting motivation in pursuit of employment by teaching the people with addictions individuals effective job hunting methods (Stanytė, 2007). One of the key objectives of social exclusion reduction is helping

people with addictions integrate into the labor market (Conyers, Boomer, 2012). This is an important objective of individual's reintegration because according to J. McIntosh, M. Bloor and M. Robertson (2008), being in paid employment:

- enables the recovering drug user to fill his or her time constructively,
- promotes economic independence,
- helps reintegration to wider society by moving the individual away from the drug-using network and towards drug-free social relationships ,
- enhances self-esteem and helps build new sense of self, which protects against relapse ,
- conveys status, which acts as an important symbol to the individual of their ability to return successfully to a conventional life.

The main source of income in everyone's life is employment. According to the data provided by rehabilitation institutions catering to people with addictions s, the social problem of unemployment remains the most relevant issue encountered by participants of the rehabilitation programs. In 2012, 410 individuals (66%) faced unemployment (Psychological and Social Rehabilitation, Social Integration and Reduction of Social Exclusion of Psychoactive Drug Addicts, 2013). The competitive edge of people with addictions in the labor market is downsized by the lack of elementary employment skills, qualification and specialization (Winkelman, 2006). The job hunting process of certain individuals is also encumbered by their own mental instability and reluctance to work (Gataūlinas, 2013). The employment issue is further aggravated by unfavorable attitude of employers towards people with addictions. The latter usually have sufficient physical and intellectual skills to enter the labor market; however, due to the negative attitude of the society and psychological and social problems along with lack of work skills, they are incapable of integrating into the labor market. Thus, it is important to ensure that the final social integration of an individual would be implemented systematically (see Fig. 3).

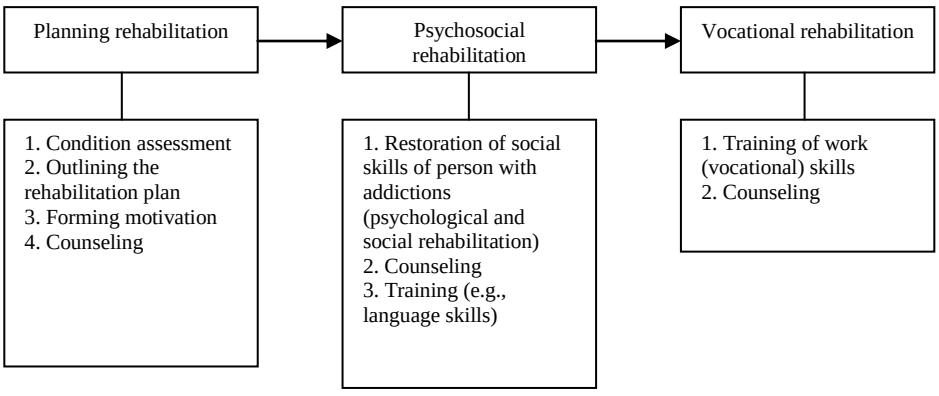

Fig. 3. The key methods of the system for working with people with addictions
Note. Source: prepared by the author

Many member states acknowledge that social integration is significantly less developed compared to treatment (in Lithuania as well); thus, it is essential to give it more focus and funds. Also, psychological and social services should be closely followed by education, vocational training and employment, i.e. an entire integrated service set should be provided (Psychological and Social Rehabilitation, Social Integration and Reduction of Social Exclusion of Psychoactive Drug Addicts, 2013).

Currently, both state institutions and non-governmental organizations in Lithuania are catering to the education, rehabilitation, occupancy and employment of people with addictions. Yet, despite all this endeavor, the majority of people of work suitable age remain unemployed. Lately, an increasing number of people with addictions have been contacting labor market institutions but they do not always receive effective assistance from specialists. This happens due to the lack of needed information, skills and an efficient people with addictions support system. The unemployment issues of people with addictions are often conditioned by the alienation by their colleagues as most often employers have a negative attitude towards people with addictions. Admittedly, the people with addictions themselves are not well prepared for the integration into the labor market as well even after successful social rehabilitation. The majority of the target group hardly has a profession. Their general skills are lacking and they have no pre-formed employment and/or vocational skills. Pitiful level of education and low motivation contribute to the overall situation as well (Psychological and Social Rehabilitation, Social Integration and Reduction of Social Exclusion of Psychoactive Drug Addicts, 2013). These results in lack of self-confidence, work motivation, flawed relationships with other employees and other integration and employment issues (Sprong, Dallas, Melvin, Koch, 2014).

According to C. M. Stello (2011), the main motivational factors conditioning the individual's approach towards work and encouraging to choose one or another profession may be categorized into intrinsic and extrinsic ones. This is based on the F. Herzberg Two-Factor Theory. The extrinsic motivation factors comprise the system of stimuli employed in an organization, i.e. salary, assessment of employee's suitability, evaluation of achievements, promotion, etc. The intrinsic motivation factors are defined as the person's wish to be active and work for the work itself. Internal motivation is the source of human improvement which refines personality, promote vocational expertise and broaden individual knowledge and skills. This way, a personality striving to prove itself in all fields of life is formed (Elliott, Leung, 2004).

Occupational and vocational activities during social rehabilitation stimulate the social adaptation and socialization processes of the person with addictions. Employment has also been shown to be a positive factor in the recovery process (Magura, Staines, 2004; West, 2008). Based

on the information supplied by the rehabilitation institutions, the following services are rendered to ensure purposeful learning (www.agapao.lt):

- Instilling healthy lifestyle values (sports, strict daily schedule, development of personality);
- Occupational therapy (landscaping, gardening and vegetable growing, husbandry and aviculture);
- Art therapy (art, music and bibliotherapy)
- Computer literacy courses;
- English courses or Lithuanian courses for native speakers of Russian;
- Other vocational training courses, formation of job hunting skills, counseling concerning employment possibilities, etc.

Meanwhile, during vocational rehabilitation, i.e. at the stage of adaptation, the highest focus is on the following:

- Finding a job or studying;
- Finding a place of residence;
- Finding new friends and learning how to have fun without using drugs;
- Learning how to manage money;
- Recognizing high risk situations.

In conclusion, it can be stated that people with addictions often have no vocational training and general or occupational skills or those skills have deteriorated and are insufficient for contemporary labor market. Usually such people have yet to make up their minds where they would like to work. Hence, one of the biggest issue is unemployment conditioned by lack of motivation, inadequate self-assessment, communication problems and inability to carry out assignments consistently and methodically. In case of insufficient occupancy, people with addictions are quick turn back to their old habits. Integration into the labor market becomes the main goal, i.e. helping these individuals adapt to contemporary labor market requirements and find employment.

1.4.2. Theoretical and Practical Assumptions of Vocational Rehabilitation of People with Addictions

The concept of vocational rehabilitation is defined in the Law on Social Integration of People with Disabilities of the RL adopted in 2005 (Official Gazette, 1991, No. 36-969; 1998, No. 98-2706; No. 115-3229, 3273; 1999, No. 113-3284; 2004, No. 21-620). Pursuant to this law, vocational rehabilitation is a new possibility for people with disabilities to develop or restore

with work capacity and increase their possibilities to find a job. However, this concept is universal and could be successfully used to describe the vocational rehabilitation of people with addictions as well.

Vocational rehabilitation is depicted as the restoration and increase of the individual's work capacity, professional competence and capability to participate in the labor market by employing educational, social, psychological, rehabilitation and other means (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). According to I. Baranauskienė and A. Juodraitis (2008), vocational rehabilitation is perceived as a phenomenon encompassing the below listed principles:

- Vocational rehabilitation and social justice ideas are integral;
- It is a complex system comprised of vocational skill assessment, career orientation and counseling, restoration and/or development of vocational skills, and assistance in finding a job;
- The cornerstones of such rehabilitation are active participation of people with addictions, purposeful aid by specialists, i.e. mediating at all stages of vocational rehabilitation, accessibility and openness of the institutional system of vocational rehabilitation,
- Vocational rehabilitation is a constantly improving system affected both by the expectations of people with addictions and the needs of the society,
- The vocational rehabilitation system finds both the results and the process itself valuable.

Vocational rehabilitation means all those processes, ideas or interventions that enable individuals with functional, psychological, developmental, cognitive and/or emotional impairments or health conditions to overcome barriers to accessing, maintaining or returning to employment or other useful occupation (Vocational Rehabilitation Standards for Practise, 2011). Vocational Rehabilitation is a process of facilitation, grounded by a belief in the dignity and worth of all people, designed to assist people with impairments or health conditions to secure employment and to integrate into the community (Elliott, Leung, 2004).

The following principles of vocational rehabilitation are discerned (*Vocational Rehabilitation Standards for Practice*) (Study of Standardizing the Provision of Vocational Rehabilitation Services to People with Disabilities, 2011):

- Principle of decentralization. Vocational rehabilitation should be carried out as close to the individual's place of residence as possible, community-based rehabilitation programs are more advantageous than institutional centralized rehabilitation.

- Principle of complexity. The feature of the entire biopsychosocial and vocational rehabilitation comprised of the following two elements is important:

a) Vocational rehabilitation cannot be taken separately from other forms of rehabilitation, i.e. medical and general social rehabilitation. The latter ones are preparatory stages of vocational rehabilitation and it foundation;

b) Vocational rehabilitation is a complex process comprised of several stages which are not necessarily consecutively distributed in a single timeline.

- Principle of equality (antidiscrimination) warrants the three main human rights: to learn and acquire a profession; to work and earn for a living; and to participate in the community and social life. The standards of vocational rehabilitation services should be aimed at the maximum pursuit of this principle.
- Principle of purpose, adequacy and benefit. The standards of providing vocational rehabilitation services should foresee the possibility to effectively use such services and reach the final goal of getting employed. Also, the possible benefit, both personal and general (moral and economic efficiency) is determined.
- Principle of dynamics and orientation to an individual. Specialists of various fields declare the importance of evaluation and effect differentiation, individualization and orientation towards the client.
- Principle of rehabilitation consistency. Vocational rehabilitation is the final stage of the entire rehabilitation. Usually the starting point is treatment which is followed by medical rehabilitation (strengthening bodily functions and health). However, many functions and activities most important to the social functioning of an individual exist. For example, if an individual's eyesight is significantly impaired, he must be taught orientation and mobility, Braille alphabet or the use of information technologies, and daily life tasks.
- Principle of complexity and cooperation. As mentioned before, vocational rehabilitation services are significant but they are not the only ones. The laws of the RL indicate many other services provided by specialists of different fields. Thus, vocational rehabilitation services should not be rendered separately from other services (educational, medical or other social rehabilitation services).
- Principle of motivation and subsidiarity. Due to the prevalent subcultural and financing traditions, people with disabilities are not highly motivated in terms of employment and lack internal stimuli for self-sufficiency. The same can be applied to people with addictions as well. The standards in question should encourage people with disabilities to work and be more self-reliant.

- Principle of coverage. Even though the outlined standard is not aimed at all disability groups (the exceptions include neurological and somatic disorders), it should still attempt to encompass as many people belonging to the above listed disorder groups as possible (especially people of working age).
- Principle of efficiency and expeditiousness. The standard must be efficient and expeditious, i.e. encourage the vocational rehabilitation process and guarantee its well-coordinated course.

According to W. Rossler (2006), the vocational rehabilitation program (cycle) consists of the following services:

1. Assessment of vocational skills;
2. Professional orientation and counseling: an analysis of an individual's motivation to work and learn and personal qualities, counseling on the issues of the course of career, its adequacy and career planning, information on vocational training and employment possibilities, practical examination of vocational skills, helping individuals choose or change profession in respect to personal qualities (interests, skills, inclinations), peculiarities of specific professions, possibilities of learning, studying and working, and restoration or development of vocational skills. It is the restoration of basic skills necessary for work, development of current but insufficient skills and/or instilment of new skills by employing social, psychological, rehabilitation, work imitation (restoration and/or development of vocational skills by imitating a realistic work process in an as real as possible working environment created with the help of various tools and equipment) and other means;
3. Help in finding a job, i.e. collection and analysis of information on the situation in the labor market, searching for a possible workplace for clients and looking for potential employers, mediation services in employing individuals, formation of job hunting skills, counseling employers on the issues of workplace adaptation and employment.

Professional orientation and counseling relies on psychodiagnostic tests, psychological counseling, analysis of the situation in the labor market, forecasts and career consultation and preparation for career services. Their goal is to help the individual consciously choose a profession and to consider the individual's aspirations and career possibilities when making career-related decisions, estimating steps towards future career and implementing the career plan (Sargautytė, Juozapavičienė, Šatienė, 2013).

Rational approach towards the career decision is important when choosing a profession. The following stages of rational selection of a profession can be discerned (Petrauskaitė, 1996):

1) discovering and evaluating personal qualities;

2) determining the characteristics of the chosen profession;

3) evaluating whether or not personal qualities correspond with the profession requirements;

4) practical evaluation of the experience of the chosen profession.

At the stage of making the decision concerning one's profession, the aspect of practical application, i.e. an alternative choice should be foreseen and the demand of such professions in the labor market should be considered, the prognosis of the demand of such professions and the occurrence of new professions on the labor market should be taken into consideration (Nazelskis, 2011; Parker, Patterson, 2012).

The topic of professional orientation of people with addictions undergoing vocational rehabilitation is especially relevant as for a long time now the focus of Lithuanian researchers has been directed towards the professional orientation of such individuals and career planning in organizations. Meanwhile, not enough attention is paid to the issues of requalification of employable persons and especially the field of professional orientation of people with addictions s as a group with special needs. Other research has found that employment significantly predicted substance abuse treatment completion (Melvin, Davis, Koch, 2012) thus indicating that a collaborative effort between Vocational Rehabilitation and substance abuse treatment is mutually beneficial.

Professional orientation in terms of life-long learning is defined as one of the key elements ensuring the individual's competitiveness in the ever changing labor market (strategy for Ensuring Life-Long Learning, 2004; National Lisbon Strategy Implementation Program, 2005). The professional orientation and counseling services are provided in accordance with the Law of the Minister of Social Security and Labor of the Republic of Lithuania titled Description of the Requirements for Institutions Providing Vocational Rehabilitation Services (2005). The below listed parts of professional orientation and counseling are discerned:

1) analysis of the individual's motivation to learn and his/her personal qualities,

2) counseling on the issues of the course of career, its adequacy and career planning,

3) informing about the vocational training and employment possibilities,

4) practical examination of vocational skills,

5) helping individuals choose or change profession in respect to personal qualities (interests, skills, inclinations), peculiarities of specific professions, possibilities of learning, studying and working (Sargautytė, Juozapavičienė, Šatienė, 2013).

The success of the vocational training and adaptation of people with addictions is also heavily influenced by the prevalent vocational training models. The vocational training model currently employed in Lithuania is deemed ineffective, i.e. it is not sufficiently oriented towards

the development of the person's with addictions possibilities in the labor market. Traditionally, a lot of focus is laid on the theoretical background of the profession. Thus, training conditions are often distant from the actual manufacturing process, no relations with employers are maintained, the curriculum is not scientifically substantiated and the general skills of students are not adequately developed. It is especially important to bring the training conditions closer to the market conditions: "(…) educational institutions must imitate real manufacturing processes, in other words, training should be conducted in conditions as close to real ones as possible" (Baranauskienė, Ruškus, 2004, p. 18).

One of the most suitable vocational training models for people with addictions is the vocational competitiveness (dual) model which aims to instill a profession and also prepare the student for independent work and life (Baranauskienė, Juodraitis, 2008). Yet another significant field directly affecting the vocational adaptation and successful integration of person with addictions is the integration of general skill training into the vocational training curriculum. General skills comprise the entirety of skills suitable for many fields of professional activities and necessary for any individual seeking to further improve and successfully adapt in the society (Skriptienė, 2001). Such general skills as foreign languages, computer literacy, entrepreneurship, etc. are instilled during the rehabilitation and integration process of people with addictions.

1.4.3. Application of Social Participation and Arrangement Model in Vocational Rehabilitation Activities for People with Addictions

The training model and subject matter of social rehabilitation and integration into the labor market is best depicted by the Social Participation Arrangement Model adapted by Prof. J. Ruškus (2007). This model is employed to describe the arrangement of social participation of people with disabilities and other socially excluded people. The following four main stages of arranging social participation are discerned in this model:

1. Determining and coordinating the needs, expectations and interests of the participants;
2. Goal definition and personal obligations;
3. Initiating and implementing new activities;
4. Process evaluation and reflection.

The principle of deduction should be applied to understand to social participation arrangement model, starting with the generalized participation of all society members in a certain medium of social interaction (or many media), i.e. in the society and labor market which is not neutral but rather raising certain requirements for each participant. Accordingly, the terms of the share of social status and social roles carried out, each participant has certain rights and obligations. One must follow the laid out norms and expectations to fully participate in social

life. If the set rules are violated, respective sanctions are applied. Thus, to actively participate in social life and reach the best results in the labor market, it is necessary to follow the rules of the "game" (Fig. 4).

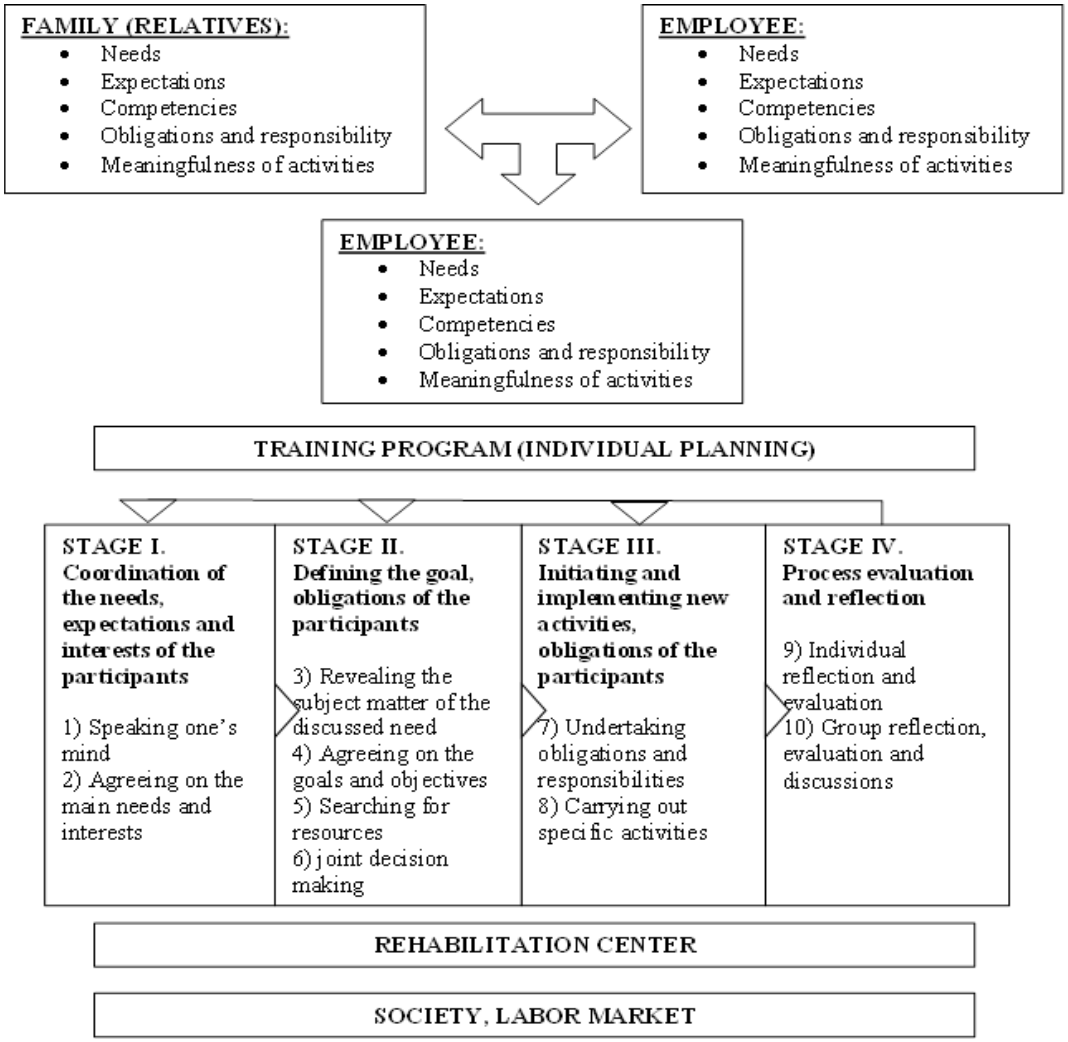

Fig. 4. Social participation arrangement model
Note. Source: Ruškus, J. (2007). Arrangement of Social Participation of People with Disabilities and Other Socially Excluded People. Kaunas: VDU

Further analysis of the model brings the focus towards the rehabilitation center (community) offering social and vocational rehabilitation programs to people with addictions. A social rehabilitation community is one of the social institutions and organizations responsible for a successful reintegration of the treated person into the society. In this case, the social rehabilitation community (center) is important in terms of its mediator role between the person with addictions and the society (Brijūnaitė, Steponavičiūtė, Litvinienė, Metrikienė, 2010). The rehabilitation community is relatively isolated due to very clear goals, i.e. pursuit of maximum possible results in the resocialization process. Thus, it is a competent and authoritative participant of the reintegration process (McIntosh, Bloor, Robertson, 2008).

During the process of social participation arrangement, a client and an assigned employee meet in a venue which is the social rehabilitation community. The following social

rehabilitation participants indirectly influencing them "remain" beyond the medium of interaction (the specific social rehabilitation program): family members, relatives, other social rehabilitation participants, employees of the center, broken off social relationships (friends, colleagues, employers, etc.), and the society.

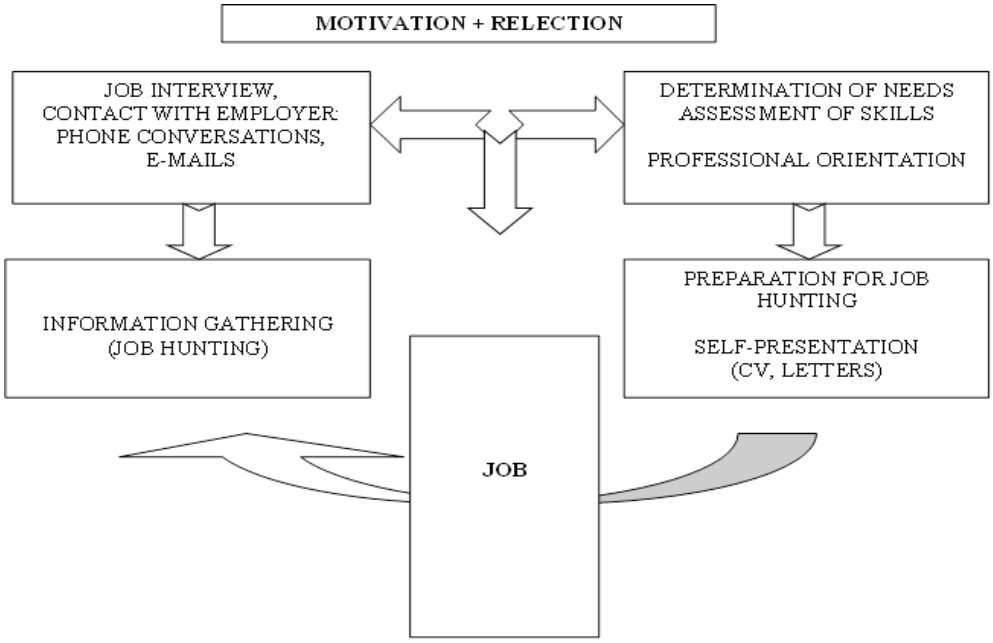

Fig. 5. Social participation arrangement model
Note. Source: Ruškus, J. (2007). Arrangement of Social Participation of People with Disabilities and Other Socially Excluded People. Kaunas: VDU

It is imperative to highlight that the process of preparation for working must be well planned independently from whether certain matters are more familiar or not. The goal of the participants of the program is to become fully prepared, independent and motivated participants of the labor market within the estimated training period (Card, Ibarraran, Villa, 2011). This goal must be frequently accentuated. To reach this goal, the participants must "train", i.e. complete certain assignments and get familiar with new subjects so that whatever they face in their real lives does not come as unexpected or new, raise stress or negatively affect their emotional stability which could be very dangerous taking into consideration their risk of relapse. The participants should be reminded that earning money is not a goal in itself. The main goal is to apply yourself via professional activities and earn for a living (Fig. 5).

The following are job hunting stages that must be completed to prepare for a successful work search:

1. Identification of personal expectations and assessment of skills. The vocational profile of the individual is determined;

2. Preparation for job hunting: creation of curriculum vitae (CV), writing letters of motivation, creating an e-mail account, writing e-mails, etc., requirements for apparel, etiquette, language culture, etc.

3. Job hunting and information gathering are methods which help access the necessary information sources and distribute information and notices about oneself as a potential employee.

4. Direct contact with employer: selection for a position, phone conversations, e-mailing. The entire process of preparation for work and career is generalized by motivation and reflection which is present in each stage and acts like a roof covering the house and protecting it from rain and wind.

An important role in the psychosocial rehabilitation programs is played by occupational therapy which is aimed at preparing the client for social life. Occupational therapy is the use of work processes for treatment. In case of certain disorders or diseases, occupational therapy is applied to raise the body tone and regulate metabolism. It also facilitates integration into the labor market (Melvin, Davis, Koch, 2012).

The influence of colleagues has a therapeutic and preventive importance in the work process. The main goal of occupational therapy is to change the negative attitude towards work formed during the period of drug abuse, help formulate work skills and adapt the person to daily work (Magura, Staines, 2004; West, 2008). The rehabilitation center must focus on providing a wide range of possibilities for work activities (e.g. workshops, gardens, greenhouses, husbandry, repair works, etc.).

Professional orientation of people with addictions may be divided into the following three stages:

1. Propaedeutics of vocational training: general training for work; identification of work interests; making the decision concerning work and profession; making work-related decisions based on profession groups, etc.

2. Professional suitability assessment: career-related decisions; choosing a vocational training institution; participating in professional suitability assessment (testing vocational theoretical knowledge and practical work skills); identifying work motives and personal interests;

3. Familiarizing with work/ profession reality: self-testing at work; control of learning motivation; vocational, professional and practical training; getting to know manufacturing-like work environment; assessment of employment consistency; gathering information on possibilities of qualification development and requalification.

In communities people with addictions have more possibilities to prepare solve social issues, restore connections to their closes surroundings and create new social networks, develop

and improve work skills, correct old values and create new value systems, outline and implement career and self-sufficient life plans, receive suitable learning conditions, and get help in acquiring a proper profession or qualification. Communities can serve as intermediary institutions when transferring from dependent to self-sufficient life, reduce the risk of relapses and failures and increase the possibilities of drug-free, self-sufficient and high quality life.

2. MODELING VOCATIONAL REHABILITATION OF PEOPLE WITH ADDICTIONS AS INTEGRATION INTO THE LABOR MARKET

2.1. Methodology and Methods of the Research

System Theory in Intervention-Based Social Work with People with Addictions. T. Parsons, N. Luhmann, G. Bateson, H. Willke, A. Hartman and others are considered to be the creators and representatives of social work theory. By relying on the versatility and complexity of the disciplinary system theory, they formulated and conceptualized the main features of social system theory. Thus, the theoretical foundation for social work was lain (Vaicekauskienė, 2009).

The social work theory which analyzes an individual in a social situation follows the holism approach deeming that each person should be perceived as a whole where sociality and biology, human experience and science, emotions and rational mind are interlaced. According to D. Alifanovienė (2003), contemporary social work shifts the focus of the analysis from the impact of the subject on the object to the matter of interaction between the subject and object. Social situations involving an individual may be interpreted in different social work theory models, such as: psychodynamic, behavioristic, systematic and ecological, social, psychological and communicative, cognitive, humanistic and existentialistic.

The social system theory and one of the key social problem solution models, i.e. the systemic approach in social work, was formed on the basis of system theory and systematic principle method in social work. This approach is fundamental and most popular in social work area (Vitkauskaitė, 2001). The underlying idea of the systemic approach in social work is the system theory accentuating systemic and structural cognition of reality and recognizing the dynamic constancy of "chaotic systems" and their regulation using analytical and logical methods by employing the individual's self-regulation and possibility to adapt via external and internal relations (Vaicekauskienė, 2009). According to Thomlison (2002), when social help is based on the systemic approach, the client and his/her family are viewed as an integral solid unit and a whole while social (along with professional and educational) problems experienced by one member also affect all other members of the family.

Intervention, i.e. the main activity of social work, may be studied by employing the social system theory. According to V. Vaicekauskienė (2009), the term itself was used at the end of the fifties and the beginning of the sixties when systemic and communication theories were started to be applied in social work. At that time, social work theory researchers (e.g. H. M. Barlett, C. Meyer, A. Minachan, A. Pinkus, M. E. Richmond) were studying and developing such concepts as social functioning, act of intervention and intervention repertoire.

Intervention is the goal and measure of professional social work and it is related to the seeking of change in terms of systemic approach. This process is carried out when in his/her interaction with a client, the social worker aims to change the client's way of thinking, behavior, situation or environment, thus enabling the individual to succeed in living independently (Morris, Marzano, Dandy, O'Brien, 2012).

The following systems are involved in the intervention process: mental (individual) and social (group of individuals living in a certain environment and affected by interrelations) (Gvaldaitė, Švedaitė, 2005). The two systems are closely related and impacted by one another. The main act of intervention is communication aimed at entering into, creating and maintaining a relationship with the client for the purpose of enacting change (Liobikienė, 2006).

According to A. Vareikytė (2010), social workers are deemed professionals when their social work interventions are capable of changing the relation between the individual and environment as social work in terms of people and social institutions ensures human rights. As previously mentioned, in his interaction with the person with addictions, the social worker aims for positive changes in the former's behavior and way of thinking: assimilating healthy lifestyle and social values and norms, developing social, general and vocational skills i.e. becoming an independent and active individual integrating into the society and labor market.

The most important goal of intervention-based social work is the changing of the systemic relationships of the client addicted to psychoactive drugs improving the individual's functioning. According to V. Vaicekauskienė (2009), based on the social system theory and practice, a separate system, i.e. interventional interaction system, should occur and operate between the social worker and client. Within this system, the social worker analyzes all need and functioning-related interactions of the person with addictions and seeks to thus create an internal communication model enabling the individual to change. This interaction in turn transforms the social worker into a bringer of change, i.e. the goal is to encourage the individual to learn, change and systematically reach for a way out of the addiction.

Observing is one of the fundamental methods of intervention. The role of the social worker is to observe the client's system, i.e. to perceive the client's internal structure and logic deeper. Meanwhile, the role of the client during the intervention process is to first observe himself, i.e. own internal meanings, values and behavior, and then to reflect all of it.

According to V. Vaicekauskienė (2009), the following is prerequisite to implementing the guidelines for systemic intervention actions taken by the social worker:

- Creating possibilities for internal change of the client;
- Reconstruct the internal meanings and values of the client's system;

- Creating the conditions for the client to recognize and name his problems and then to reflect them.

When working with people with addictions it is important to use all available resources, e.g. the client himself, his family, closest relatives, friends; client's social network; sources set forth in the laws and those publicly available (e.g., community centers, schools, labor market, etc.); mutual assistance, community and religious groups (AN, AA); membership-based sources (e.g., sports clubs); specialized laws setting forth volunteer sources to which people are directed (Butler, Roberts, 2004).

In conclusion, the main goal and measures of professional social work with addicts are related to the aim of change in terms of systemic approach. Based on the social system theory and practice, it can be concluded that the change of systems is not the goal of change. The essential purpose of intervention-based social work is the change of client's systems influencing the improvement of the person's with addictions functioning in social and vocational rehabilitation.

Research methodology and methods. To reach the set goal and objectives, a qualitative analysis of the scientific literature in Lithuanian and foreign languages, legal norms, laws of the RL and EU, decrees, and classical content analysis of rehabilitation program documents was carried out aimed at substantiating vocational rehabilitation of people with addictions as prerequisite to integration into the labor market. To determine the features of person with addictions integration into the labor market, triangulation was employed, i.e. quantitative and qualitative researches were combined. According to Babbie (2011), triangulation is perceived as combining various methods, data and collection techniques. It is the blending of a variety of methods (both qualitative and quantitative). Triangulation also encompasses a multi-faceted approach towards the research object. This research methods studies a phenomenon from several approaches.

The research was structured and outlined. The research methods and data measuring tools were constructed prior to the research. The research itself was carried out in several stages as follows:

1. The information provided in scientific literature and legal norms, data of performed scientific studies and their results on vocational rehabilitation of people with addictions as prerequisite to integration into the labor marker were analyzed and systemized,
2. Following the analysis of the available data, to research tools were prepared: closed-ended questionnaire (survey) and semi-structured expert interview questions,

3. The purposive questionnaire-based survey of people with addictions was completed (82 respondents),
4. An in-depth expert interview was carried out with individuals (three experts) actively participating in the process of developing vocational rehabilitation as continual social rehabilitation,
5. Research results were analyzed. The received quantitative data were entered into the SPSS (Statistical Package for the Social Sciences) 11.0 matrix and statistical characteristics were calculated. Content analysis was used to process interview minutes. The research data were provided in tables and figures, then analyzed and summarized.
6. The re-socialization and re-integration into the labor market policy and practice of people with addictions: the case study of Ukraine was analyzed.
7. On the basis of the research a model of the structure of vocational rehabilitation as integration into the labor market was prepared.
8. Research conclusions and recommendations were submitted.

A survey comprised of the following diagnostic sections was used to gather quantitative data:

• **Demographic questions**. The aim of this section is to determine the respondent's gender, age group, education, addiction term, profession if any, work experience and whether the respondent has been employed within the last five years.

• **Assessment of difficulties in getting employed**. The section is comprised of one question with 16 statements aimed at determining how the respondent's inability to get employed is influenced by insufficient professional skills, lacking work experience, failure to present oneself to the employer or find a job corresponding to one's needs, dissatisfaction with the offered salary, negative attitude of employers, unsatisfactory health condition, low self-value and family circumstances obstructing work conditions, etc. The responses were assessed in a 1-5 score system.

• **Assessment of indicators of work motivation**. The goal is to find out if the target groups are registered at the labor market, if they desire to improve their qualification or acquire a new profession, if they could agree to work for the minimum wage or at a rehabilitation institution or receive no salary for a period of time, what salary they deem satisfactory, if they need assistance in developing work skills, job hunting or during the first several months after getting employed. The section is comprised of 4 – 17 questions.

• **General skill assessment**. The section is focused on determining how the respondents asses their relationships with other people, life satisfaction, communication skills, ability to

handle negative emotions, criticism, etc. This block consists of the 21st question containing 35 statements.

The statistical analysis of quantitative data (descriptive statistics, rates: the value that appears most often in a set of data (Mode); the number separating the higher half of a data sample, a population, or a probability distribution, from the lower half (Median); a measure that is used to quantify the amount of variation or dispersion of a set of data values (Standard deviation); a nonparametric measure of statistical dependence between two variables (Spearmen's rank correlation coefficient); quartiles, arithmetical mean) is done (Raudonius, 2008). The histograms and pie charts illustrating the data were created with Ms Excel.

The quantitative data were processed using the SPSS 11.0 software and the methods of statistical analysis:

Qualitative empirical data were collected from non-structured interview (minutes enclosed as annexes). The interview was completed with three experts who actively participate in the process of developing vocational rehabilitation as continual social rehabilitation. Content analysis was used to process the collected data.

Semi-structured expert interview. According to J.M. Ruane (2005), an interview in general is depicted as exchange of personal information between conversing individuals. The semi-structured interview is such an interview where the researcher outlines only the general questions and is always ready to improvise during the interview. A general survey plan was outlined for the semi-structured interview. Open-ended questions were supplied to encourage respondents to express their opinions.

The expert interview involves "persons who have 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, p.467).

The formulation of questions was determined by the performed qualitative content analysis of scientific literature substantiating vocational rehabilitation of people with addictions as prerequisite to integration into the labor market (Appendix 1).

Quantitative research sample. Pursuant to the report on psychoactive drug addict psychological and social rehabilitation, social integration and social exclusion reduction of 2013, a total of 545 people with addictions received employment and requalification services during the period from 2009 to 2012. The research was carried out at seven rehabilitation centers providing psychosocial services to men. Respondents receiving social and partially vocational rehabilitation services were asked to complete the questionnaires.

The following formula was chosen to calculate the sample size of people with addictions receiving employment or requalification services (Kardelis, 2007):

$$n = \frac{z^2 * S^2}{\Delta^2 + \frac{z^2 * S^2}{N}}$$

Here, n is the number of required respondents, z equals 1.96 as the required confidence level is 95%, Δ (deviation) = 5, S is the mean squared error, N (total sample) = 545.

The calculated n was equal to 225. A total of 225 surveys was distributed. 82 surveys were returned to the researcher (reciprocity: 36.44%). The research was performed from January to March 2015.

Qualitative research sample. According to the qualitative research sampling methods of M. Paston (1990) (cit. Bitinas, Rupšienė, Žydžiūnaitė, 2008, p.304), 16 purposive sampling methods were discerned. The researcher chose the criterion-based sampling method. Experts were selected based on the following criteria:

- Work experience in providing social services to people with addictions;
- Experience in interdisciplinary and intersectoral collaboration when preparing joint projects related to the integration of vocational rehabilitation into the provision of social services to people with addictions,
- Experience in creating and implementing social policies.

Three experts (two men and one woman) agreed to take part in the research. The interview was held via the Internet, i.e. e-mail conversations. To protect the identities of the experts, their full names are not revealed in the research material. The research was performed in March 2015. The interview was held after receiving the consent of the experts to participate in the research and disclosing the research details to them (Appendix 2).

The experience of the experts participating in the research were as follows (3 experts in total):

1. Director of X rehabilitation center. Work experience: 14 years.
2. Social project coordinator, incorporator of X rehabilitation center. Work experience: 7 years.
3. Director of X rehabilitation center. Work experience: 5 years.

During the data collection of both researches, the principles of ethics laid out by W. Trochim (2006) were followed: 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, p.304).

2.2. Features of the Sample of Quantitative Research of People with Addictions

The demographic data presented in the surveys were relevant to the research in revealing the connection to the characteristics of other constituents of psychosocial and vocational rehabilitation. 82 respondents participated in the survey in writing (N=82).

Based on the *Reintegration of Narcotic and Psychotropic Drug Addicts into the Society and Labor Market: Methods of Solving Social Exclusion Issues* (2008), gender is one of the general and main features defining psychoactive drug users. For example, other differences in characteristic features of males and females taking psychoactive drugs were determined: their number, drug type, consumption method and quantity. The rehabilitation needs may show the desires of certain gender and difficulties of psychoactive drug use and rehabilitation pertaining to that gender. The researcher has social work experience only with males from rehabilitation communities; thus, the respondents were men.

The distribution of the respondents based on age is presented below (Fig. 6). The diagram shows that the majority of the respondents were between 26 and 35 years old and between 36 and 50 years old.

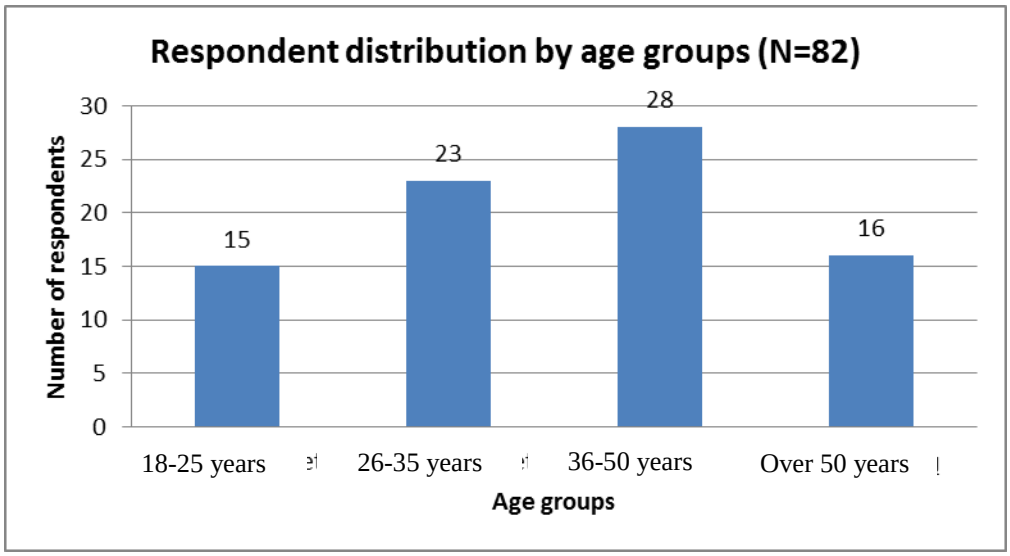

Fig. 6. Respondent distribution by age (N=82)

The data can be explained by the fact that, having acknowledged their psychoactive drug addiction, adult men are ready to change their lifestyle and seek a drug-free life. Drug use problems are often associated with significant difficulties in the personal lives of the users and of their families. These may include break down in family life and personal relationships, money problems, poor educational achievement, and loss of employment or of the home. Where these

difficulties arise, other forms of social support and reintegration interventions may be required if treatment of drug addiction is to be effective in the long-term (Buckley, 2009).

Based on the research data, as many as 48 respondents contacted communities providing rehabilitation services due to their addiction to drugs, 22 sought help due to alcohol abuse and the remaining ones had issues with several kinds of psychoactive substances.

Information on the period of drug abuse and the number of attempts to get treated helps determine earlier treatment experiences of the person with addiction and better evaluate the needs of psychoactive drug users by applying various treatment programs (Fig. 7 and 8)

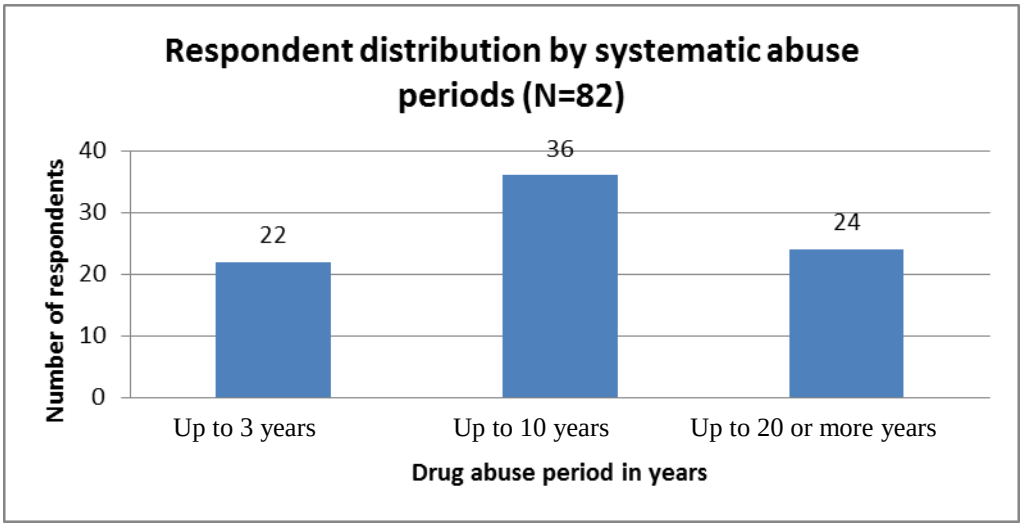

Fig. 7. Respondent distribution by systematic abuse periods (N=82)

The data of the systematic abuse periods show that drug use by the respondents lasts more than a few years. 24 of the respondents claimed to have used drugs for up to and over 20 years while the majority of the respondents (i.e. 36) indicated their period of drug abuse to be up to 10 years. Acknowledging that one needs help may take decades or more.

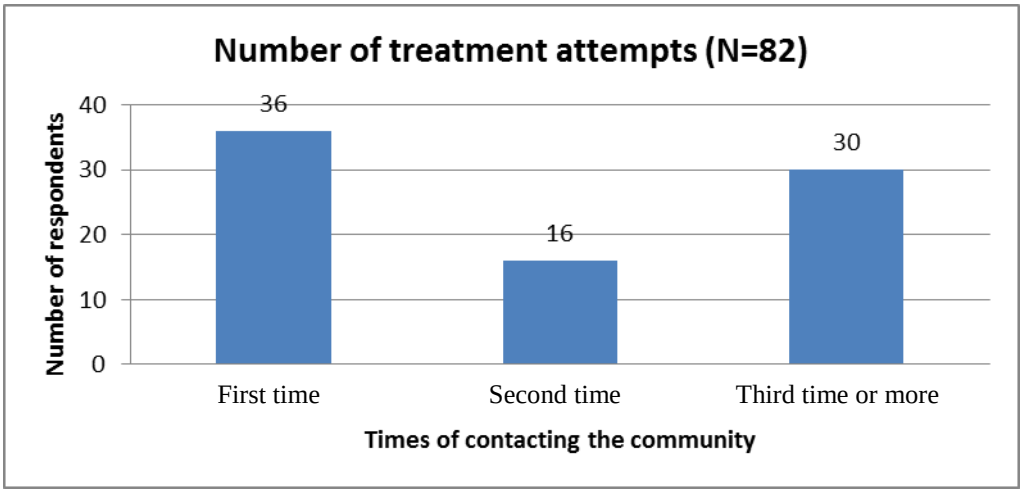

Fig. 8. Respondent distribution by number of attempts at treatment (N=82)

Yet another significant factor is the number of treatment attempts. As many as 30 respondents have returned to the rehabilitation communities for the third time or more. This is conditioned by

frequent relapses. The ability to resocialize and actively participate in the labor market requires proper preparation during the rehabilitation and adaptation in the society period (Conyers, Boomer, 2012). When a person is trying to change a long-lasting behavioral issue, turning back to old ways of thinking and conduct is natural. The relapse itself as a manifestation of natural changes may help reveal that some goals are unreal and some strategies are ineffective or underdeveloped (Reintegration of Narcotic and Psychotropic Drug Addicts into the Society and Labor Market: Methods of Solving Social Exclusion Issues, 2008).

Acquired education is also an important question for the respondents as the possibility to find and choose a job usually largely depends on the level of education. This information is imperative when assessing the needs of separate clients and analyzing the needs and problems of people with addictions. The distribution of respondents is shown in Fig. 9. Evidently, six respondents have higher education and 28 respondents have vocational training. More than a half of the respondents have no profession which results in difficulties in attempting to remain in the labor market. Following the completion of a rehabilitation program, lack of vocational training may lead to failed reintegration into the labor market, which in turn conditions the probability to face social exclusion (McIntosh, Bloor, Robertson, 2008).

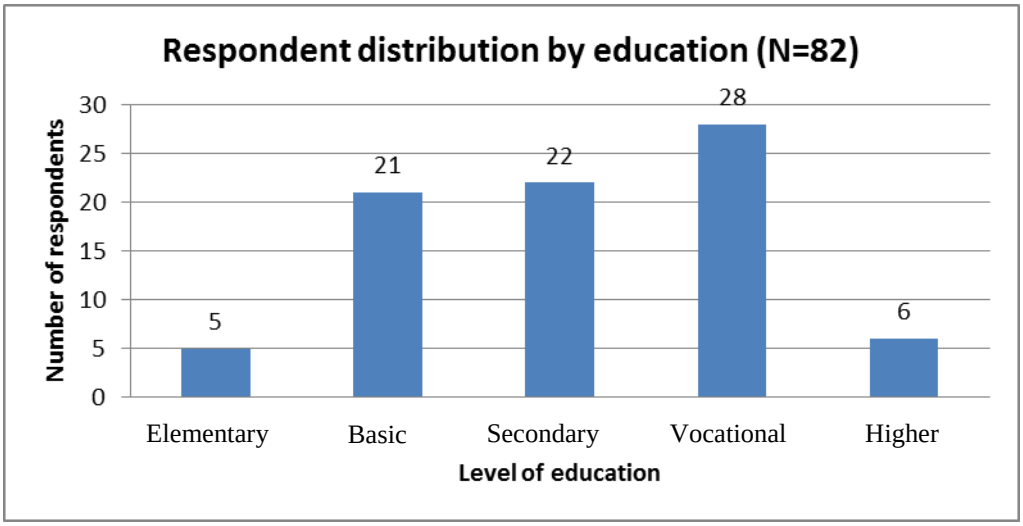

Fig. 9. Respondent distribution by acquired education (N=82)

The needs of the client's education and occupancy comprise the field related to client's social functioning, education and occupancy needs. The solution of these problems is closely intertwined with the effectiveness of the client's rehabilitation (Buckley, 2009). Based on the presented data, the majority of the respondents by their age group (over 50 years old) have more than five years of work experience and their education is mostly vocational. This shows that the held profession allowed the individuals to participate in the labor market for a while; however, their addiction to psychoactive drugs and lost work skills constituted the problem to be solved during rehabilitation (see Fig. 10).

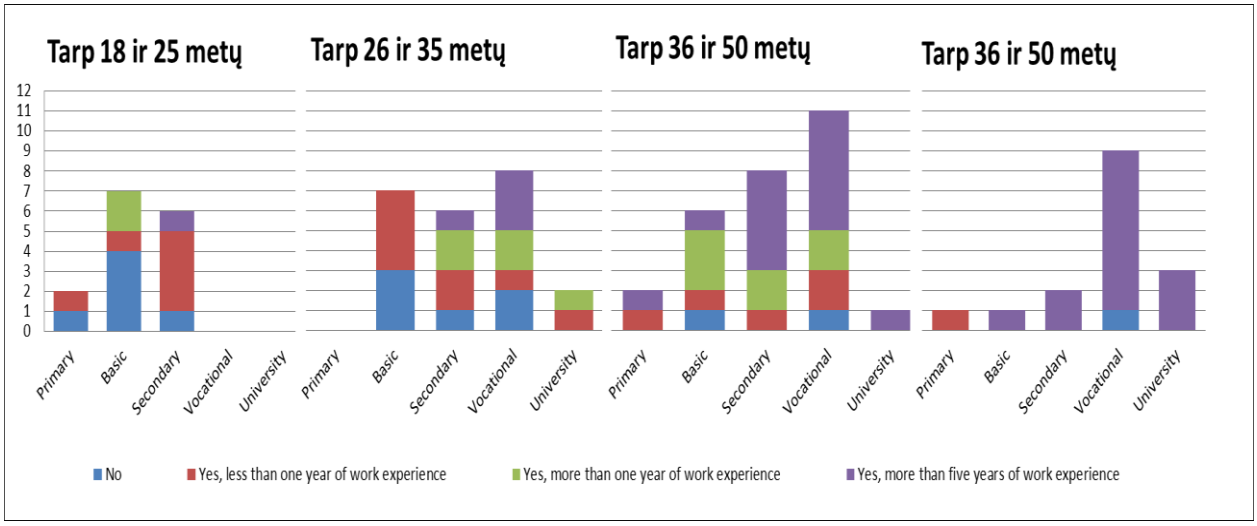

Fig. 10. Respondent distribution by education and work experience in different age groups (N=82)

Correlation analysis revealed that work experience is related to acquired education, held profession and work throughout the last five years. A moderately strong and statistically significant direct connection exists between experience from employment and self-employment and having a profession ($r = 0.46398$, $p < 0.01$); profession and education ($r = 0.417$, $p < 0.01$) and being employed during the last five years and profession ($r = 0.62$, $p < 0.01$). A strong correlation and connection were noticed between profession and education: possibly, the higher the level of education acquired, the more often the respondent has one or another profession ($r = 0.72$, $p < 0.01$). According to the data of V. Čekanavičius and G. Murauskas (2000), this is a statistically significant correlation.

To sum up, it could be said that the majority of the respondents had a lower level of education and less work experience. Also, the longer the period of psychoactive drug abuse, the lower the possibilities of the person with addictions to retain his position in the labor market.

2.3. Reasons of Failure to Get Employed by People with Addictions

According to the data available to Statistics Lithuania (2015), the unemployment level in 2014 reached 10.7% and was lower than in 2013 by 1.1%. In 2014, there were 158,000 of unemployed people, i.e. less than in 2013 by 14,400 (8.4%). There were 89,800 unemployed men and 68,300 unemployed women. The data confirms that unemployment remains a severe issue of the society in terms of occupancy.

Having completed the rehabilitation program, the people with addictions are faced with the next challenge of reintegrating into the labor market. Due to the high level of unemployment in the country, social excluded persons may find this task difficult to implement. Having failed to find a job, people with addictions often experience relapses. However, employment could also be

conditioned by other factors. Thus, the goal of the research was to determine causes of respondents' failure to find a job and retain it. To complete the task, a question measured by a separate score was prepared. The statements were evaluated from one to five points. The higher the evaluation, the more relevant the reason for unemployment was for the respondent. Unemployment reasons as assessed by the respondents are provided in Fig. 11.

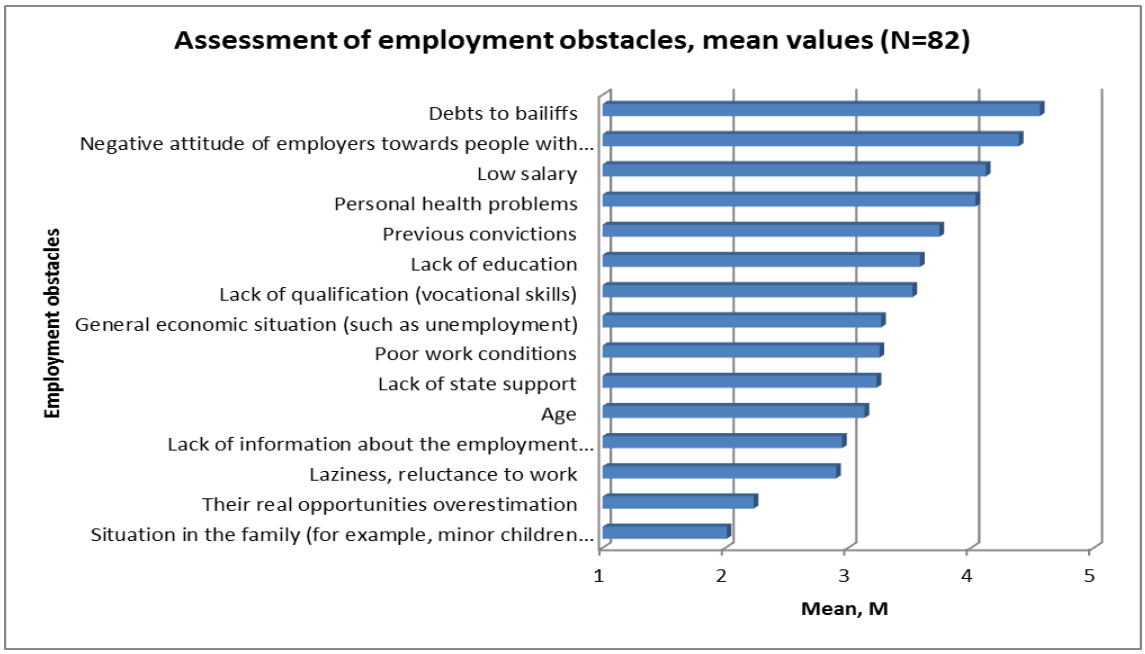

Fig. 11. Assessment of employment obstacles, mean values (N=82)

The Cronbach's alpha (estimate of the reliability of the scale) is equal to 0.835942. This score shows high reliability of the data. The figure confirms that people with addictions relate their difficulties in finding a job with negative attitude of employers towards people with addictions, previous convictions (criminal background) and large debts to bailiffs. According to L. Bauld, G. Hay, J. McKell, C. Carroll (2010), crime can be a barrier to employment due to the fact that many drug users engage in illegal activity, often to finance their drug use. The result is that drug users tend to have previous convictions which can be very discouraging for employers.

The respondents claim that lack of education and vocational skills in terms of getting employed fall to Position 6 or 7. Debts to bailiffs are a relevant problem for all respondents. When employers hire employees with debts, they encounter larger difficulties when handling salary accounting matters. Presumably, these debts decrease the motivation of people with addictions to seek employment. Low salary and high amounts deducted for repayment of debts result in low income. Individuals who have finished rehabilitation programs and aim for self-sufficiency find it difficult to get by with such income for they need to pay for their dwellings and support their families. Thus, they are either forced to look into illegal jobs or receive state benefits. A conclusion can be made that successful vocational rehabilitation is highly influenced by client motivation to honestly participate in the labor market. Also, raising one's qualification

and developing work skills would bring in the possibility of higher salary. Thus, both internal and external motivation factors influence the peculiarities of participating in the labor market (Stello, 2011).

When analyzing the unemployment reasons indicated by the respondents, it is imperative to analyze other statistical characteristics of their assessment (Table 3).

Table 3

Statistical indicators of assessing unemployment reasons (N=82)

Statistics	Mode	Median	Mean	Standard deviation	Quantile		
					25	50	75
Negative attitude of employers towards people with addictions	5	5	4.39	0.91	4	5	5
Lack of State support	4	4	3.23	1.45	2	4	4
General economic situation in the country	4	3.5	3.27	1.32	2.25	3.5	4
Lack of qualification (vocational skills)	4	4	3.52	1.19	3	4	4
Lack of education	4	4	3.59	1.15	3	4	4.75
Lack of information on employment possibilities	3	3	2.95	1.28	2	3	4
Personal health problems	5	4	4.04	1.23	4	4	5
Previous convictions	5	4.5	3.74	1.54	3	4.5	5
Poor work conditions	4	4	3.26	1.32	2	4	4
Laziness, reluctance to work	4	3	2.90	1.38	1	3	4
Family situation (e.g., minor children)	1	1.5	2.01	1.26	1	1.5	3
Low salary	5	4	4.12	1.05	3	4	5
Debts to bailiffs	5	5	4.56	0.90	4	5	5
Overestimation of own capabilities	1	2	2.23	1.37	1	2	3
Age	5	3	3.13	1.57	1	3	5

The calculations showed that all assessments of unemployment were situated in an interval from one to five, i.e., the lowest chosen value was equal to 1 and the highest one was 5. The modes of the family situation and overestimation of own true capabilities were equal to 1. In other words, these statements are not considered as reasons impeding employment. Yet, all respondents are hindered by the negative attitude of employers towards them and debts to bailiffs (the mode and median are equal to 5, standard deviation (SD) was between 0.9 and 0.91, M (mean) > 4). Low salary and personal health problems are indicated as strong factors negatively influencing participation in the labor market: the statistical mean of chosen assessment values (M) is 4.12 and 4.04 respectively.

Table X contains quartile characteristics revealing detailed indicators. A quarter of the respondents seeking a job are not impeded by age, laziness, reluctance to work, family situation or overestimation of their own capabilities. Meanwhile, unemployment of over half respondents is conditioned by low salary, poor work conditions, health problems, and lack of education, qualification and State support.

The correlations of unemployment reasons are provided in Table 4. There are statements that correlate to each other. Thirteen mean correlations and mean relations are

statistically significant. They are related to such reasons as age, lack of State support, general economic situation in the country, lack of qualification, education and information on employment, previous convictions, poor work conditions, laziness and reluctance to work, family situation and overestimation of own capabilities. Presumably, the level of difficulty of getting employment due to age further condition difficulties related to such underlying causes as lack of State support (r=0.623, p<0), lack of qualification (r=0.666, p<0), lack of education (r=0.620, p<0), lack of information on employment (r=0.605, p<0), previous convictions (r=0.584, p<0), poor work conditions (r=0.569, p<0), laziness and reluctance to work (r=0.661, p<0), family situation (r=0.608, p<0), overestimation of own capabilities (r=0.588, p<0). As all the listed p-values are lower than 0.001, it can be said that the chosen variables have a statistically significant connection.

Table 4

Correlations of Assessing Reasons Impeding Employment (N=82)

		Negative attitude of employers	Lack of State support	General economic situation in the country	Lack of qualification	Lack of education	Lack of information on employment	Health problems	Previous convictions	Poor work conditions	Laziness and reluctance to work	Family situation	Low salary	Debts to bailiffs	Overestimation of own capabilities	Age
Negative attitude of employers	r		0.302	0.298	0.319	0.282	0.229	0.327	0.029	0.138	0.189	0.143	0.285	0.055	-0.046	0.417
	p		0.006	0.007	0.003	0.01	0.039	0.003	0.796	0.216	0.089	0.2	0.009	0.624	0.682	0
Lack of State support	r			0.372	0.353	0.326	0.168	0.403	0.4	0.282	0.14	0.176	0.078	0.276	0.105	0.623
	p			0.001	0.001	0.003	0.131	0	0	0.01	0.21	0.114	0.486	0.012	0.348	0
General economic situation in the country	r				0.53	0.516	0.169	0.327	0.322	0.354	0.303	0.057	0.215	0.375	0.198	0.718
	p				0	0	0.129	0.003	0.003	0.001	0.006	0.611	0.052	0.001	0.075	0
Lack of qualification	r					0.416	0.164	0.331	0.338	0.347	0.226	0.107	0.32	0.25	0.187	0.666
	p					0	0.141	0.002	0.002	0.001	0.041	0.339	0.003	0.024	0.093	0
Lack of education	r						0.141	0.371	0.119	0.198	0.292	-0.009	0.273	0.342	0.181	0.62
	p						0.206	0.001	0.287	0.075	0.008	0.936	0.013	0.002	0.104	0
Lack of information on employment	r							0.314	0.117	0.284	0.453	0.023	0.12	0.387	0.188	0.605
	p							0.004	0.295	0.01	0	0.837	0.283	0	0.091	0
Health problems	r								0.161	0.205	0.325	0.083	0.281	0.156	0.374	0.456
	p								0.148	0.065	0.003	0.458	0.011	0.162	0.001	0
Previous convictions	r									0.348	0.224	0.25	0.202	0.21	-0.037	0.584
	p									0.001	0.043	0.024	0.069	0.058	0.741	0
Poor work conditions	r										0.198	0.441	0.147	0.28	0.162	0.569
	p										0.075	0	0.188	0.011	0.146	0
Laziness and reluctance to work	r											0.187	0.232	0.343	0.341	0.661
	p											0.093	0.036	0.002	0.002	0
Family situation	r												0.135	0.576	0.367	0.608
	p												0.227	0	0.001	0
Low salary	r													-0.132	-0.138	0.262
	p													0.237	0.216	0.017
Debts to bailiffs	r														0.103	0.403
	p														0.357	0
Overestimation of own capabilities	r															0.588
	p															0
Age	r															
	p															

In conclusion, it can be said that the possibilities of getting employed of people with addictions are most hindered by debts to bailiffs, negative attitude of employers towards people with addictions and low salary aggravating self-sufficiency. However, people of older age and those with previous convictions or no qualification also have difficulties in getting employed.

2.4. Analysis of Assessing the Indicators of Person with Addictions Motivation for Work

Assessment of vocational skills is the evaluation of physical and psyhosocial skills of an individual and the comparison of the assessment results with the requirements for the future profession (Order No. A1-159 of the Minister of Social Security and Labor of the RL Concerning the Approval of Requirement Description for Institutions Providing Vocational Rehabilitation Services, Official Gazette, 04-JUN-2005, No. 70-2543; 11-MAY-2006, No. 511897). Having performed the assessment of vocational skills during rehabilitation, a team of specialists prepares recommendations concerning possibilities to work in the chosen field, the development of current vocational skills, restoration of lost skills or ingraining new ones. However, employment possibilities are related to the expectations and prejudice of the very individual seeking integration into the labor market, i.e. the individual's minimum requirements for the future employment, whether he is inclined to agree or disagree with the work proposals of the employer, and the minimum work conditions he finds satisfying.

Based on the data supplied by respondents, 40 respondents have been unemployed for a long time (i.e. registered in the labor exchange for more than a year) and 28 of them have been registered in the labor market for less than a year. The data confirm that the majority of the respondents have difficulties when integrating into the labor market. Registration in the labor exchange grants such social guarantees as free-of-charge social security and the right to receive social benefits. When registered in the labor exchange register, the individuals are required to actively seek employment. They are constantly offered new job proposals, however, the low probability of getting employed is conditioned by such factors as high level pf unemployment in the country and lack of qualification and work experience. 14 respondents are not registered in the labor exchange, yet, the reasons were not determined.

57 of the respondents (69.5%.) would agree to learn with the aim to acquire a new profession; yet, 24 respondents (29.3%) would consent only if they were paid a scholarship. 22 persons (26.8%) replied positively to the question if they could work free-of-charge for a period of time, given the guarantee of being given a permanent position later. 38 respondents (46.3%) would agree to work for no salary only for no more than a month. 20 respondents (24.4%) would agree to work for the minimum salary while 28 respondents (34.1%) would refuse such a

proposal. Yet, 34 respondents (41.5%) would consent to the minimum wage condition if they got a raise after a year at the latest. 39 respondents (47.6%) indicated that their desired minimum net salary per month (working full day) is over EUR 550. 33 respondents (40.2%) would be content with receiving EUR400-550.

This shows that the motivation of the respondents to work is rather high. Expectation to receive a high salary is understandable, yet, they are not the main motive for getting employed. The desire of the respondents to acquire a new profession is a welcome initiative as it would increase their possibilities to successfully integrate into the labor market. Granting scholarships would attract the larger number of people wishing to increase their qualification. This could be listed as one of the motivational measures.

Based on the research data, the majority of the respondents express their desire to receive assistance in developing their work skills (85.4%, i.e. 70 respondents) and searching for a job (91.5%, i.e. 75 respondents). Also, 64 of them (78%) admitted to be in need of help during the first few months after getting employed. 68 respondents (82.9%) replied positively to the question of whether they could agree to work in a social company along with other persons undergoing rehabilitation. It should be noted that social companies employ individuals who had lost their profession or general work capacity, who are economically inactive and incapable of competing in the labor market on equal grounds (www.ldb.lt). The goal of such companies is to create conditions for people no longer using drugs to rehabilitate and reintegrate into the society and labor market. Presumably, the respondents believe that working in social companies further improves their competencies acquired during vocational rehabilitation and positively influences their further integration into the labor market.

2.5. Assessment of the General Skills of People with Addictions

During psychosocial rehabilitation, increasingly more attention is paid to vocational training aimed at returning the individual to the society and labor market (Sumnall, Brotherhood, 2012). Vocational rehabilitation is perceived as a set of services focused on restoring the individual's work capacity, and increasing the possibilities of finding a job or participating in employment programs independently. After determining the client's education level, the following main services of vocational rehabilitation are provided: professional orientation, counseling; assessment of vocational skills; restoration of vocational skills or development of new ones; vocational training; assistance In getting employed (Rossler, 2006).

This part of the research is focused on determining how the respondents assess their relationships with other people, satisfaction with life, communication skills, ability to control negative emotions, career planning, learning of other professions, etc.

The respondents were asked how they would assess the development of such skills and abilities in long-term community-based programs. They could choose one of the four available answers (very good was equal to 1, good – 2, unsatisfactory – 3, poor – 4). Ten statements with the lowest evaluations were chosen out of all 35 statements. The following were indicated as the most problematic areas: the mechanism of making profession-related decisions and learning of possibilities to receive information on vocational training (Fig. 12).

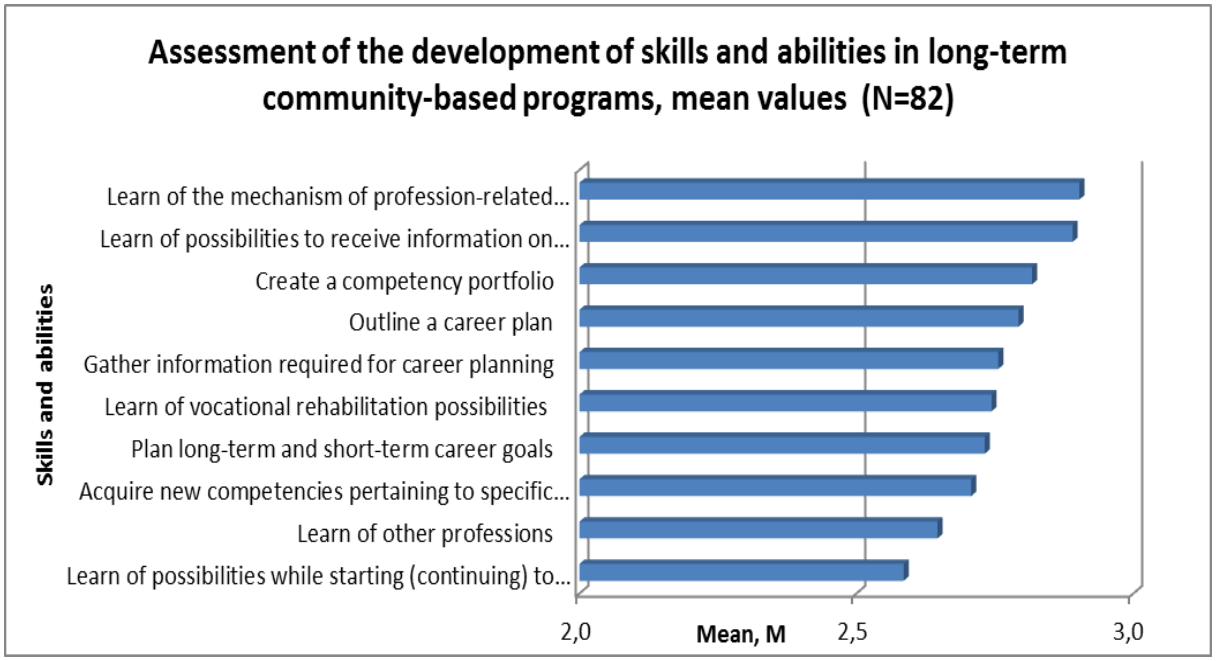

Fig. 12. Assessment of the development of respondents' skills and abilities in long-term community-based programs, mean values (N=82)

The statistical assessment indicators shown in the table confirm that many answers provided by the respondents were slightly further away from the mean value of the assessment. The standard deviation varies from 0.52 to 0.7. The quartiles show that a quarter of the respondents excellently assessed the development of the following general skills in long-term community-based rehabilitation programs: communication, conflict resolution, teamwork, recognizing and properly expressing one's feelings, goal formulation, activity planning and time management, development of abilities and work skills, learning of one's strengths and weaknesses, coordinating work interests and hobbies (M (mean)<2, assessments from "very good" to "good"). Most criticism was given to statements No. 15 through No. 34 (the statements are provided in the survey attached hereto as an annex 1).

Table 5

Statistical assessment indicators of the development of skills and abilities in long-term community-based rehabilitation program (N=82)

Statistics	Mode	Median	Mean	Standard deviation	Quantile		
					25	50	75
Communication	2	2	1.60	0.56	1	2	2
Conflict resolution	2	2	1.68	0.63	1	2	2
Teamwork	1	2	1.57	0.59	1	2	2
Recognizing and properly expressing one's feelings	2	2	1.67	0.63	1	2	2
Goal formulation	2	2	1.80	0.66	1	2	2
Activity planning and time management	2	2	1.72	0.67	1	2	2
Self-analysis and self-estimation	2	2	2.06	0.69	2	2	2
Identifying and solving problems	2	2	2.02	0.70	2	2	2
Analyzing and assessing the results of performed activities	2	2	2.12	0.66	2	2	2.75
Improve self-discovery skills	2	2	1.94	0.62	2	2	2
Learn of own character qualities	2	2	1.89	0.61	2	2	2
Develop own abilities and work skills	2	2	1.80	0.67	1	2	2
Learn of own strengths and weaknesses	2	2	1.74	0.62	1	2	2
Coordinate work interests and hobbies	2	2	1.87	0.64	1	2	2
Learn of labor market development trends	2	2	2.39	0.64	2	2	3
Learn of vocational rehabilitation possibilities	3	3	2.74	0.62	2	3	3
Learn of other professions	3	3	2.65	0.64	2	3	3
Learn of the mechanism of profession-related decisions	3	3	2.90	0.54	3	3	3
Learn of possibilities to receive information on vocational training	3	3	2.89	0.61	3	3	3
Acquire new competencies pertaining to specific activities	3	3	2.71	0.68	2	3	3
Manage the documents confirming competency	3	3	2.52	0.67	2	3	3
Create a competency portfolio	3	3	2.82	0.63	2	3	3
Learn of possibilities while starting (continuing) to learn	3	3	2.59	0.63	2	3	3
Use the provided help to overcome learning obstacles	2	2	2.48	0.69	2	2	3
Learn of possibilities to receive learning support	3	3	2.57	0.63	2	3	3
Learn of non-formal education ant is significance	3	3	2.57	0.65	2	3	3
Outline a career plan	3	3	2.79	0.58	2	3	3
Gather information required for career planning	3	3	2.76	0.62	2	3	3
React to the changing situation and circumstances in the labor market	3	3	2.56	0.63	2	3	3
Plan long-term and short-term career goals	3	3	2.73	0.65	2	3	3
Participate in job interviews	2	2	2.28	0.61	2	2	3
Prepare the documents required for employment	2	2	2.12	0.57	2	2	2
Sort through work proposals	2	2	2.22	0.59	2	2	3
Collect information on employers of interest	2	2	2.29	0.64	2	2	3
Use and accept the assistance of others	2	2	2.05	0.52	2	2	2

The Cronbach's alpha (estimate of the reliability of the scale) is equal to 0.9520141. This shows high reliability of the data.

The correlation analysis shows that there are strong and statistically significant correlations and connections. All linear relations are positive and there are seventeen of them. Presumably, the better the communication skills, the better the individual is at resolving conflicts ($r=0.74$, $p<0.001$), recognizing and expressing feelings ($r=0.72$, $p<0.001$). It is possible that the better developed the self-analysis and self-estimation skills, the better the individual is at identifying and solving problems ($r=0.75$, $p<0.001$) as well as using and accepting the help of other people ($r=0.72$, $p<0.001$). It seems that the better the individual is at using the provided

help in overcoming learning obstacles, the better he is at learning of the possibilities of receiving learning support ($r=0.71$, $p<0.001$) as well as using and accepting the help of other people ($r=0.71$, $p<0.001$).

There is a statistically significant linear relation of moderate strength between the development of the following skills and abilities in long-term rehabilitation-based community: improve self-discovery skills, formulate goals, learn of own character qualities, etc. Presumably, the more successful the individual is at developing self-discovery skills, the better he is at learning about his character qualities ($r=0.68$, $p<0.001$) and his strengths and weaknesses ($r=0.63$, $p<0.001$). The development of job interview skills also conditions the ability to prepare the documents required for employment ($r=0.68$, $p<0.001$) and the ability to sort through work proposals ($r=0.64$, $p<0.001$). It should be noted that the majority of the respondents agreed with the statement that the skills of identifying and solving problems were developed well.

Social rehabilitation communities are social institutions and organizations responsible for a successful reintegration of the individual under rehabilitation into the society (Buckley, 2009). The theoretical part of the paper outlined that vocational rehabilitation was perceived as a continuation of social rehabilitation. Having successfully completed the rehabilitation program, a set of adaptation into the society services is required. The main constituents of this set are the vocational rehabilitation services.

The respondents were asked how well the below listed skills were developed in the community. They could select one of four available responses (excellent was equal to 1, developed – 2, poorly developed – 3, not developed – 4). The opinions of the respondents are provided in Figure 13.

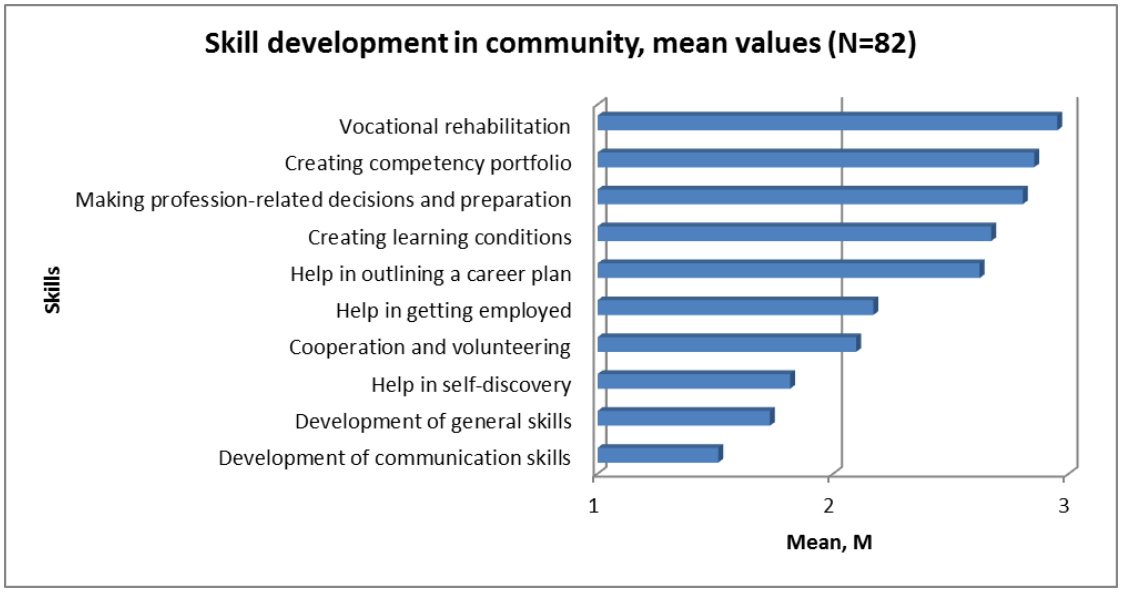

Fig. 13. Assessment of development of respondents' skills in community, mean values (N=82)

The results show that the weakest developed skills in the community are those of vocational rehabilitation, creation of competency portfolio, making profession-related decisions and relative preparation. The statistical assessment indicators in the table (Table x) show that communication skills were the most developed (mode was equal to 1, median was 1.5, and the mean value was 1.51). The assessment means of general skill development and assistance in self-discovery were equal to 1.73 and 1.82 respectively. This means that the said skills were also developed well. The standard deviation varied from 0.5 to 0.7.

Table 6

Statistical assessment indicators of skills developed in long-term communities (N=82)

Statistics	Mode	Median	Mean	Standard deviation	Quantile		
					25	50	75
Development of communication skills	1	1.5	1.51	0.53	1	1.5	2
Development of general competencies	2	2	1.73	0.50	1	2	2
Assistance in self-discovery	2	2	1.82	0.59	1	2	2
Making profession-related decisions and preparation	3	3	2.80	0.60	2	3	3
Vocational rehabilitation	3	3	2.95	0.68	3	3	3
Creating competency portfolio	3	3	2.85	0.70	2	3	3
Creating learning conditions	3	3	2.67	0.65	2	3	3
Assistance in outlining a career plan	3	3	2.62	0.64	2	3	3
Assistance in getting employed	2	2	2.17	0.58	2	2	2
Cooperation and volunteering	2	2	2.10	0.56	2	2	2

The results of the linear correlation analysis show a statistically significant linear relation between the creation of competency portfolio and learning conditions (r=0.7, p=0, the correlation and relation are strong). It can be said that if the competency portfolio creation skills are not developed, then the skills of creating learning conditions are not cultivated as well. The same connections can be noticed between the poor development of the following skills: between cooperation and volunteering and making profession-related decisions and preparation (r=0.7, p=0), competency portfolio creation (r=0.77, p=0), creation of learning conditions (r=0.83, p=0), assistance in outlining a career plan (r=0.77, p=0). The Cronbach's alpha (estimate of the reliability of the scale) is equal to 0.847624. This shows high reliability of the data (see table 7).

Table 7

Correlation of skill development in community (N=82)

		Development of communication skills	Development of general competencies	Assistance in self-discovery	Making profession-related decisions and preparation	Vocational rehabilitation	Creating competency portfolio	Creating learning conditions	Assistance in outlining a career plan	Assistance in getting employed	Cooperation and volunteering
Development of communication skills	r p		0.420	0.160.151	-0.030.789	-0.030.789	0.070.532	0.030.789	0.270.014	0.210.058	0.380
Development of general competencies	r p			0.280.011	-0.150.179	0.060.592	0.140.21	0.10.371	0.20.072	0.230.038	0.410
Assistance in self-discovery	r p				0.250.024	0.290.008	0.290.008	0.210.058	0.160.151	0.240.03	0.570
Making profession-related decisions and preparation	r p					0.490	0.50	0.480	0.240.03	0.350.001	0.70
Vocational rehabilitation	r p						0.550	0.490	0.330.002	0.370.001	0.660
Creating competency portfolio	r p							0.70	0.30.006	0.510	0.770
Creating learning conditions	r p								0.480	0.530	0.830
Assistance in outlining a career plan	r p									0.520	0.770
Assistance in getting employed	r p										0.620
Cooperation and volunteering	r p										

The respondents were asked to tell which of the measures applied in long-term rehabilitation program combined the most of successful vocational rehabilitation elements and were effective in terms of successful rehabilitation and integration into the society. The respondents could mark one of four available answers (very effective means 4, effective – 3, little effect– 2, almost ineffective – 1). According to the respondents, the Twelve Step program was the most effective tool (Figure 14).

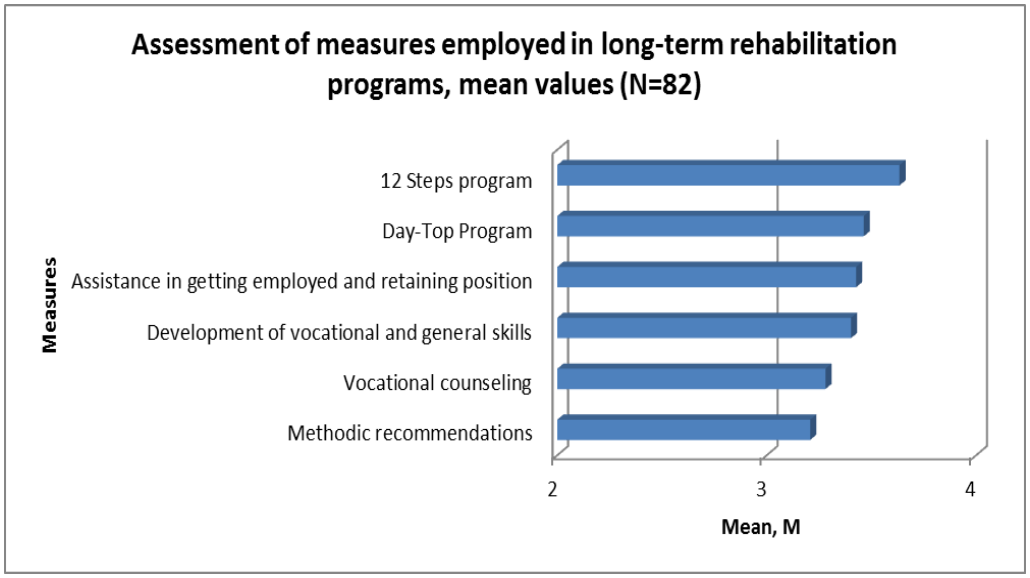

Fig. 14. Assessment of measures employed in long-term rehabilitation programs by respondents, mean values (N=82)

Based on the statistical assessment indicators, the 12 Step and Day Top programs are considered as the most effective measures in terms of rehabilitation and integration into the society (modes and medians are equal to 4). The mean value interval of the measures employed in the rehabilitation program fluctuate from 3.21 to 3.63. These data show that all applied measures are deemed effective. The standard deviation ranges from 0.51 to 0.78.

Table 8

Statistical assessment indicators of measures employed in long-term rehabilitation program (N=82)

Statistics	Mode	Median	Mean	Standard deviation	Quantile		
					25	50	75
12 Step Program	4	4	3.63	0.51	3	4	4
Day-Top Program	4	4	3.46	0.61	3	4	4
Methodic recommendations	3	3	3.21	0.78	3	3	4
Vocational counseling	3	3	3.28	0.67	3	3	4
Assistance in getting employed and retaining the position	3	3	3.43	0.59	3	3	4
Development of vocational and general skills	4	3	3.40	0.65	3	3	4

The results of the linear correlation analysis showed that there was a statistically significant linear relation between the 12 Step program; Day Top program; methodic recommendations; vocational counseling; assistance in getting employed and retaining the position; and development of vocational and general skills. The results of the linear correlation analysis indicated a statistically significant linear relation between vocational counseling and development of vocational and general skills (r=0.91, p=0, the correlation and relation are strong); assisting in getting employed and retaining the position and development of vocational and general skills (r=0.89, p=0, the correlation and relation are strong); between methodic recommendations and development of vocational and general skills (r=0.83, p=0, the correlation and relation are strong); vocational counseling and); assisting in getting employed and retaining the position (r=0.85, p=0, the correlation and relation are strong); Day Top program and development of vocational and general skills (r=0.8, p=0, the correlation and relation are strong). The Cronbach's alpha (estimate of the reliability of the scale) is equal to 0.917387. This shows high reliability of the data.

Table 9

Correlation of measures employed in long-term rehabilitation program (N=82)

		12 Step Program	Day-Top Program	Methodic recommendations	Vocational counseling	Assistance in getting employed and retaining the position	Development of vocational and general skills
12 Step Program	r p		0.380	0.450	0.610	0.60	0.70
Day-Top Program	r p			0.610	0.610	0.680	0.80
Methodic recommendations	r p				0.610	0.710	0.830
Vocational counseling	r p					0.850	0.910
Assistance in getting employed and retaining the position	r p						0.890
Development of vocational and general skills	r p						

Based on the opinion of the respondents, the correlation of the measures employed in the rehabilitation program is statistically strong; therefore, almost all employed measures combine to form a successful vocational rehabilitation process and are effective in terms of successful rehabilitation and integration into the society.

In conclusion, the results achieved by the participants of the rehabilitation program may be assessed in different terms. The two main aspects are as follows: completion of the rehabilitation program and client's education and occupancy following his graduation. In the first case, a successful result is the completion of the entire rehabilitation program by its participant. For the purpose of rehabilitation process analysis, information on the reasons impeding the individual from completing the entire rehabilitation program is collected. In the second case, the client's activities following the completion of rehabilitation are important. For this purpose, the client's social integration indicators are used, e.g. social status, education (including the one acquired during rehabilitation) and employment. These criteria help the organizations providing rehabilitation services analyze their own operations, i.e. the said criteria allow discerning various client groups based on their rehabilitation results and analyzing what features are inherent to them and what type of a service package has been provided.

2.6. Problems of People with Addictions Integration into Labor Market: Analysis of Qualitative Research

Vocational rehabilitation is perceived as a complex system brimming with ideas of social justice and influencing a person's successful functioning in the labor market (Baranauskienė, Juodraitis, 2008). Such rehabilitation is built upon active participation of people with addictions and purposeful support of specialists, e.g. mediating at all stages of vocational rehabilitation and institutional accessibility and openness of the vocational rehabilitation system. The highest focus of this rehabilitation is directed towards the process itself rather than the final result.

The carried out qualitative research revealed the underlying causes of slow integration of vocational rehabilitation into the system of providing social services to people with addictions (Table 10).

Table10

Underlying Causes of Slow Integration of Vocational Rehabilitation into the System of Providing Social Services

Category	Statements by respondents	N
Negative attitude towards people with addictions by the society	*"<...>related to the prejudice prevailing in the society that the addict is a damaged person having no will or desire to stop using drugs."* *"<...>addicts are frequently condemned for their lifestyle, mistrusted, feared and avoided"* *"<...>such people are denounced and the focus is redirected to those living in poverty, orphans or persons with disabilities."*	**3**
Limited perception of the rehabilitation process	*"<...>the program up till now has mostly been aimed at the rehabilitation process itself, the restoration of physical and mental power, maintaining abstinence and reconstruction of social skills."* *"<...>for many years now the social services provided to addicts have been perceived as restoration of previously lost social skills and development and retaining of new skills."* *"<...>the designed program is mostly focused on the rehabilitation itself, i.e. provision of psychosocial services with the aim to maintain abstinence and restore self-sufficient living skills."*	**3**
Lack of competence of employees at rehabilitation centers	*"<...>lack of competency of the participants."* *"<...>not everyone understand that these services should not be limited to just that – it is imperative to improve and apply an open-minded approach towards aiding an individual."* *"<...>the prevailing opinion is that remaining abstinent will by itself give positive results in professional activities."*	**3**
Incomplete nature of projects / lack of state funding	*"<...>I would also like to note that the incomplete nature of projects also bears negative influence."* *"<...>activities are based on projects, the continuity of which is not ensured."* *"<...>unstable financial support of the activities designed for vocational rehabilitation."*	**3**
	Total	**12**

The key reason is the negative attitude of the society on the topic. According to the respondents, vocational rehabilitation possibilities are mostly used in the reintegration of

disabled people into the labor market. people with addictions are more often than not categorized under the group of socially excluded persons who garner the least desire to help them: *"<...>related to the prejudice prevailing in the society that the addict is a damaged person having no will or desire to stop using drugs."* The integration of such people into the labor market become ever more so complex because part of the society rejects its separate members due to their lifestyle not corresponding to the expectations of the society or their inability to maintain the usual social relations (Medaiskis, 2012). People with addictions become socially excluded and, in this case, alienated from the possibilities presented by the labor market to easier integrate into the society.

Limited perception of the rehabilitation process also bears an impact on the aggravated integration of vocational rehabilitation into the system of providing social services to target groups. The long-term community-based rehabilitation programs are mostly oriented at the social rehabilitation of the person with addictions, i.e. provision of psychosocial services with the aim to maintain abstinence and restoration of self-sufficient life skills. However, an increasing number of relapses has been noticed after the completion of the rehabilitation program as the person in question is faced with difficulties in the working environment due to the quick transition from one environment to another. As time passes by, observations are made that social rehabilitation services alone are not sufficient: a more open-minded approach towards aiding an individual is required. The same ideas are confirmed by L. Bauld, G. Hay, J. McKell, C. Carroll (2010).

The integration of vocational rehabilitation into the system of providing social services to people with addictions is further encumbered by the lack of competency among specialists. The latter believe that the maintenance of abstinence and development of self-sufficiency should be enough to bring positive results in vocational activities. Furthermore, the incomplete nature of the projects also contributes to the slow course of the process. Up till now, the projects have paid little attention to the solutions of adaptation problems in the society (www.esparama.lt).

The factors influencing the provision of vocational rehabilitation services to people with addictions are listed in categories shown in Table 11.

Table 11

Factors Influencing the Provision of Vocational Rehabilitation Services

Category	Statements by respondents	N
Importance of experience in specialists	*"<...>input by specialists in providing these services."* *"<...>considering the input of specialists."*	**2**
Level of competence of specialists	*"<...>if the employee rendering such services is incompetent, apparent results are unlikely."* *"<...>competent specialists having work experience with addicts."*	**2**
Boosting the motivation of the participants of the rehabilitation process	*"<...>when providing vocational rehabilitation services, the specialist must firstly put a lot of effort in successfully motivating the individual and then even more effort in maintaining that motivation."* *"<...>the motivation of the clients themselves to carry on with vocational rehabilitation."*	**2**
Importance of cooperation between institutions	*"<...>close cooperation between institutions."* *"<...>having strategy and implementing it, well-coordinated mechanisms of organization, planning, management and control."*	**2**
Expansion of legal framework	*„<...>legal framework."* *„<...>fair and unbiased assessment of the situation, perspective, purposeful and reasonable political decisions."*	**2**
Coordination of financial resources	*"<...>available financial resources."* *"<...>ensuring the continuity of projects."*	**2**
	Total	**12**

Firstly, such factors as experience and competence of specialists working with people with addictions are listed. According to the experts, many future positive results await if employees have experience and raise their qualification. The process of integrating vocational rehabilitation into the provision of social services is under way but it needs time. When providing vocational rehabilitation services, the specialist must firstly put a lot of effort in successfully motivating the individual and then even more effort in maintaining that motivation. The course of this process depends on the boost of the motivation of the clients for successful return to the labor market (Magura, Staines, Blankertz, Madison, 2004). The external factors influencing the process of providing vocational rehabilitation services include cooperation between institutions, improvement of legal framework and coordination of financial resources.

The legal framework of providing social services to people with addictions is constantly updated. New drafts of laws aimed at continual rehabilitation of target groups are being prepared. Preparation and funding of projects for the integration of socially excluded persons and persons at social risk into the labor market are outlined in the measures of Strategy Europe 2020 (European Commission Communique 2020 Europe).

All experts had an unanimous reply to the question of what changes should occur to ensure the vocational rehabilitation services provided to people with addictions are better adapted to successful integration into the labor market: support of the society is the most important factor (Table 12).

Table 12

The Changes which must be Adapted to Successful Integration into the Labor Market to Ensure the Vocational Rehabilitation Services to People with Addictions

Category	Statements by respondents	N
Society supporting people with addictions	*"<...>kinder attitude of the society towards addicts when they attempt to actually integrate into the labor market."* *"<...>firstly, the attitude of the society towards these individuals should change."*	**2**
Completely planned rehabilitation programs	*"<...>of course, the system of helping the individual successfully join the labor market after completing the rehabilitation program should be well developed."* *"<...>the resocialization system itself should be 'refined' as much as possible."* *"<...>continue the development of social network after completing the rehabilitation program."*	**3**
Legal regulation of employment issues	*"<...>employment possibilities should be determined."* *"<...>certain requirements should be put in place to obligate the employers to accept socially excluded persons into their companies to gain work experience."* *"<...>I would adopt principles of stability, consistency, competence and serving the man, especially when preparing employment-related documents."*	**3**
Promotion of cooperation between institutions	*"<...>an entire group of interested institutions finds common focal points in this field: the DTACD, imprisonment department, health care institutions, municipalities, labor market, educational institutions, etc. These forces should be better unified."* *"<...>all managing structures."*	**2**
	Total	**10**

The opinion formed by the society also has a high influence on the person with addictions himself/herself and the development of his/her personality (Bauld, Hay, McKell, Carroll, 2010). The behavior and adaptation to the environment of the addicts largely depend on how the surrounding people interact with them. Thus, maintenance of social environment and tolerance, especially from employers, comprise the medium which positively affects the person's reintegration process (Sprong, Dallas, Melvin, Koch, 2014).

The purpose of the intervention-based activities of social work in long-term community-based rehabilitation programs is the changes in the client's systems, which in turn influence the improvement of the functioning of the person with addictions in terms of social and vocational rehabilitation. Hence, experts once again confirm how important it is for the rehabilitation programs to be planned completely. This can be achieved by legal regulation of employment issues (e.g., completion of subsidy program) and encouragement of cooperation between institutions at various management levels: "<...> *an entire group of interested institutions finds common focal points in this field: the DTACD, imprisonment department, health care institutions, municipalities, labor market, educational institutions, etc. These forces should be better unified."*

The results of the expert interview helped determine how NGOs contribute to the provision of vocational rehabilitation services to people with addictions (Table 13).

Table 13

NGOs Contribution to the Provision of Vocational Rehabilitation Services

Category	Statements by respondents	N
NGOs as initiators and implementers of projects	*"<...>most probably, by drafting and implementing projects which outline the provision of vocational rehabilitation services."* *"<...>searches for ways to better render vocational rehabilitation services, prepares projects and established social companies."* *"<...>this is how projects are drafted, e.g. determining what the person needs for his/her return to the society to be a success."*	**3**
NGOs as holders of volunteering activities	*"<...>NGOs satisfy the key needs of socially excluded individuals, e.g. help the individual reintegrate into the labor market when he/she needs it without any reimbursement and only by employing the help and support of other people."* *"<...>contribute by making available their human resources: vocational rehabilitation services are rendered on volunteering basis and comprehensive aid is provided long-term even after the completion of the rehabilitation program."*	**2**
	Total	**5**

Project preparation and volunteering are said to contribute to the distribution of vocational rehabilitation services. During 2009–2013, the EU Structural Funds financed 15 projects according to the measure Integration of Socially Excluded Persons and Persons at Social Risk into the Labor Market. These projects were aimed at providing short-term social help to people with addictions at social risk (www.esparama.lt). This allowed long-term therapeutic communities to create the mechanisms of integration into the labor market: services of specialists focused on integration into the labor market, development of general skills, qualification development courses, and incorporation of social companies. However, new projects must be drafted to continue the started activities. Currently, vocational rehabilitation services are provided on volunteering basis. A conclusion can be made that the main business operations of NGOs are social assistance and social services aimed at reducing social insecurity. Even though NGOs are not subservient to administrative structure of the state, they contribute to a more purposeful management of social services (Gineitienė, Vaidelytė, Vaisvalavičiūtė, 2010). This further confirms that NGOs are strong social partners to the State. They have fresh ideas for solving the issues of the society and are able to attract both financial and human resources to reach the said goal (Bagdonienė, Daunorienė, Simanavičienė, 2011).

According to the experts participating in the research, the most successful vocational rehabilitation measures out of all those employed in long-term rehabilitation combine the twelve step and Day top programs (Table 14). These two are deemed the most effective tools of successful rehabilitation and integration into the society.

Table 14

The Measures which Combine the most Elements of Successful Vocational Rehabilitation

Category	Statements by respondents	N
12 step program – the most effective constituent of successful rehabilitation program	*"<...>it would be the 12 step program because it begins at the acknowledgement of the problem and throughout a long period of time gradually moves on towards the integration of the individual into the society, planning professional activities, etc."* *"<...>firstly, I would mention the 12 step and Day top programs."*	**2**
Other vocational education measures	*"<...>when the fundamental daily habits are acquired, the remaining measures become especially important as well, e.g. vocational and general skill development, vocational counseling, assistance in finding a job and retaining the position."* *"<...>still under development, yet, crucially important, e.g. vocational counseling, assistance in finding a job, etc. I believe it impossible to maintain the position in the labor market without the aforementioned."*	**2**
	Total	**4**

Other measures influencing the successful integration of people with addictions into the labor market include methodic recommendations, vocational counseling, assistance in finding a job and retaining the position, and development of vocational and general skills (Sumnall, Brotherhood, 2012).

In conclusion, the integration of vocational rehabilitation as continual social rehabilitation services into the system of providing social services to people with addictions positively affects the success of the reintegration of the individual into the society and his/her active functioning in the labor market. However, the hostility of the society, lack of cooperation between institutions and motivation of clients to find employment as well as the incomplete nature of projects under implementation are the factors impeding the process of vocational rehabilitation.

2.7. The Re-socialization and Re-integration into the Labor Market Policy and Practice of People with Addictions: the Case study of Ukraine

The medical and social importance of the alcohol and drug abuse problems are caused by its considerable spread in society. In Ukraine alcohol addiction prevalence over 1 million people and alcohol is the second leading risk factor for disease and mortality after tobacco (Detsyk, Karpinets, 2013). As of 1 January 2011, around 114 645 people with drug problems were registered in the drug registration center.

Up to 2011 targeted research on the prevalence of drug use among the general population had not been conducted. Only in 2010 a socio-demographic survey, Youth of Ukraine, was conducted. The random sample of the study included 1 800 respondents aged 15 to 34 years from all regions of Ukraine. The survey results showed that 9 % of respondents aged 15

to 34 years had consumed illicit drugs at least once in their lives. This indicates that alcohol and drug abuse is a very big youth problem for Ukraine sočiety (Yorick, Skipalska, Suvorova, Sukovatova, Zakharov, Hodgdon, 2012)

In 2010, according to the Center of Medical Statistics of the Ministry of Health, some 17 391 people were registered for drug problems identified for the first time in their life (acute intoxication, harmful use, addiction, psychotic states, etc.), including over 5 926 people (12.94 per 100 000 population) who underwent medical observation because of drug use dependence. Among them were 5 241 men (86.9 %) and 685 women (13.1 %), including 47 people under 18 years of age (www.emcdda.europa.eu).

According to European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2013), in Ukraine, drug-related treatment is provided in accordance with the normative-methodical documents approved by the Ministry of Health of Ukraine, such as standards, norms, protocols and guidelines establishing differentiated requirements of preventive, curative and rehabilitative measures in outpatient and inpatient treatment (Balakireva O.M., Bondar, T.V., Sazonova Y.O., Sarkisian K.A., 2010).

In 2010, the development of the network of integrated healthcare centres, which would provide all medical, psychosocial and preventive measures in a single institution without the need to refer patients to other institutions, continued within the programme 'Overcoming the HIV/AIDS epidemic in Ukraine', supported by Global Fund to Fight AIDS, Tuberculosis and Malaria grants in nine regions of Ukraine. A total of 18 centres were established — three in AIDS centres, three multipurpose centres, four tuberculosis clinics, and eight drug and psychiatric hospitals and clinics. It shows that most drug treatment programs are based on the medical care.

Social and preventive work with psychoactive substance users is conducted by the government and NGOs. As of 1 January 2011, the national network of the social and preventive services consisted of 217 units. These services apply the standards of work listed in the industry standard of social services. In 2010 the assistance of the Services was requested by 39 357 psychoactive substances users, including 29 414 drug users.

Ukraine continues to participate in the European survey project on alcohol and other drugs (ESPAD), which organize all kinds of programmes. The clients of harm reduction programmes have access to the following basic services:

- sterile needles and syringes, alcohol wipes and/or condoms, voluntary counselling and HIV testing using rapid tests. The services are provided in stationary or mobile needle exchange units, and through outreach work;

- diagnosis, treatment and counselling on HIV and drug use, as well as information about other prevention and treatment programmes that operate in the region (opioid substitution treatment programme, medical treatment);
- a system of accessing specialised experts when there is a need for specialised medical, legal or other advice. If necessary and/or available, the social support is provided for clients within relevant services;
- regular self-help groups and therapeutic groups, training and support with necessary literature and information materials;
- prevention of overdose by opiates and stimulants (some projects carry out this work using naloxone);
- distribution of medicines of general use and intimate hygiene items;
- organised leisure activities, training and employment for project clients.

Basic components of the package of these services are implemented by all public organisations and are required for all projects. These services are mainly project-based, financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the programme of the US Agency for International Development (USAID), Levi Strauss and the Open Society Institute (Vlasova, 2006).

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

Social and preventive work with psychoactive substance users also are conducted by the government and NGOs (Amjadeen, Andrushchak, Zvershkhovska, Zyabryav, Kashchenkova, Konoplytska, Lysenko, Martsynovska, Pryvalov, Sayenko, Yakobchuk, 2005). There is the liberal system of drug treatment in Ukraine, which is based on the passive detection and handling of patients for voluntary treatment, against psychological characteristics of patients, who usually deny own disease and the necessity of treatment, in addition to long-term hiding the problems by patients' families, often leads to delay detection or even lack of proper medical care. Regulations governing the terms of temporary surveillance under the supervision of addiction in Ukraine do not exist. How long patients remain under narcological supervision in the drug treatment facilities depends on the successful outcomes of preventive and therapeutic interventions.

Depending on the social needs of a region and the availability of a local budget and other financial sources, local authorities are also able to create centres for people with addictions (Curtis, 2010). By 1 January 2011, some 79 centres for youth with addictions were created by NGOs. In 2010, a total of 2 448 people were included in rehabilitation programmes and 1 228 had completed the full rehabilitation cycle. The drop-out rate was 58 %.

Coordination of national policy related to narcotic drugs, psychotropic substances and precursors is performed by the National Coordination Council (NCC) on combating drug abuse at the Cabinet of Ministers of Ukraine. In November 2010 guidance on this was again returned to the Deputy Prime Minister of Ukraine. But due to the alignment of the Cabinet of Ministers with the Constitution of Ukraine, the position of the Vice Prime Minister responsible for security issues has been cancelled by the President of Ukraine. Thus none of the existing three Deputy Prime Ministers, according to the functions, could head the NCC. The functions currently assigned to the designated Vice Chairmen of NCC are: Minister of Interior and the head of the State Service for Drug Control (SSDC). The Cabinet considered three possible options for the presidency of the NCC: the Prime Minister, the Deputy Prime Minister and the Chairman of SSDC (www.emcdda.europa.eu). International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" (Alliance Ukraine) is a leading professional organization fighting HIV/AIDS epidemic in Ukraine in cooperation with the key civil society organizations, Ministry of Health and other governmental bodies by managing prevention programs and providing high quality technical assistance and financial support to the local organizations. All these efforts are targeted at achieving the universal access in Ukraine and effective community-level response based on the achieved results and best practices (www.aidsalliance.org.ua).

International documents, existing laws and regulations showed that drug treatment policy must be reorganized in Ukraine. So in 2012 (21-23 of May) Resolution of the High-level International Conference „Ukrainian society and drug: developing a new strategic approach" comprehensive and integrated approach to prevention and treatment of drug addiction and HIV/AIDS co-morbidity was adopted (www.wftod.org).

In 2013, 28 of August, the Ukrainian Cabinet of Ministers approved The National Drug Strategy (through 2020). It provides as much as possible to reduce illicit drug supply and aims to support a variety of means to help overcome addictive drugs, and reduce the negative consequences of social phenomena such as drug abuse (zakon2.rada.gov.ua). This strategy resulted in the emergence of the fact that Ukraine's addiction on psychoactive substances has become one of the country's most urgent social problems.

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 a person's life and health, honor and dignity, integrity and security are recognized as the highest social value. The new policy direction of government policy on drugs caused it needs a radical overhaul as a factor in health, safety and future of the nation.

The Strategy provides for:

- ensuring proper state control over drug trafficking, and the development and implementation of measures to reduce the amount of illegal drug trafficking in Ukraine;
- concentration of efforts on drug policy actors prevention of drug abuse, the development of protective barriers of the individual and society 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. Also provides for involvement of people with addictions, 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 people with addictions 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 people with addictions should radically change. To overcome the stigma and discrimination of drug users and of those who are HIV-positive, the government is pursuing a policy aimed at raising awareness about these issues, establishes liability for violation of people with addictions and HIV-infected, especially if such violations are based to discriminate against them. In particular, the implementation of this policy is provided by implementation of public awareness seminars for representatives of authority, education, law enforcement agencies at all levels of medical and social workers for tolerance to drug users and people living with HIV (zakon2.rada.gov.ua).

Accordint to the The National Drug Strategy (through 2020), in the area of treatment and rehabilitation (community) should include:

- creating a comprehensive, accessible, effective, science-based, accountable system of treatment and rehabilitation, based on an assessment of the real needs;
- creating conditions and guarantee the timely receipt of medical care for individuals suffering from drug addiction;
- introduction of new methods 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;
- the health care tailored to the individual patient's needs, especially during long-term treatment (stabilization, support, reducing doses);

- facilitate the provision of necessary medical care and drug rehabilitation persons, their families and other dependent persons, as well as the organization of social reintegration centers for people with addictions, especially youth;
- course of voluntary treatment and rehabilitation rather than punishment of imprisonment for by the state forces offenders with drug addiction wishing to such courses (www.wftod.org).

Improving policy providing rehabilitation services includes:

- increase public funding for the provision of rehabilitation services to people with addictions;
- 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;
- exercise rehabilitation for people with addictions forming motivation for gradual release of drug addiction recovery skills of social inclusion, stability, instilling self-personality traits, especially the ability to full life;
- the creation of self-help groups involving family members of drug dependent persons, former people with addictions, 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 people with addictions;
- formation of a single interconnected system rehabilitation treatment as a phased return process of drug dependent persons in public life;
- improvement of social services individuals undergoing rehabilitation, providing socio-medical, socio-economic and legal services and employment, facilitating their adaptation to new social environment;
- organize appropriate training psychologists and social workers, employees of the penitentiary system for training and therapeutic work with groups of high-risk.

Employment also has been identified as an important element in the rehabilitation of drug abusers and, together with abstinence from illicit drugs and criminal involvement, is frequently used as a criterion of treatment outcome.

To strengthen the control of drug trafficking should achieve the optimal balance between ensuring compliance to prevent drug trafficking and at the same time their availability for medical, scientific and other needs (www.narko.gov.ua).

The National Strategy of Ukraine on Drugs (until 2020) and relevant Action Plan based on the principles of the EU DRUGS Strategy (2013-2020), particularly on balanced approach to

reduction of supply and demand of illegal drugs. The fight against drug addiction spreading in Ukraine is based on the law, so the developed system is properly implemented.

In conclusion, social and preventive work with psychoactive substance users is conducted by the government and NGOs. Mots of social services which are provided to persons in the situation of addiction had not deviated from medical rehabilitation. The vocational rehabilitation services are at the stage of creation.

The rehabilitation center “СТУПЕНИ” due to the combined program and highly qualified specialists find an individual approach to each patient. Due to this, it can achieve really good results by professionally adapted program “12 Steps” (http://www.stupeni.org.ua/).

Rehabilitation program offers a non-repressive, humanistic approach to helping people who have problems with substance abuse. According to these principles, the access to treatment has any client, regardless of race, color, religion, age, marital status, sexual orientation, religion, nationality or disability. Clients of organizations have every right to be protected from threats or actual physical violence. Clients can talk freely about their concerns, issues, thoughts and feelings. There are the principle of anonymity and confidentiality.

The main task of Drug Rehabilitation Center is to create a "warm" relationship of trust between employees and clients of the rehabilitation center in Kiev. The construction of “Horizontal relations” with the client, based on the principles of mutual trust and partnership, as the main mechanism of equal, a communicative interaction. Thus, it is possible to overcome the high level of stigma and discrimination of drug users and people living with HIV, current perceptions in Ukraine.

The methods of social and psychological rehabilitation to help clients with mental and behavioral disorders due to use of psychoactive substances (PAS), stop, or greatly reduce, the reception of any surfactant and improve their quality of life.

Objectives of the programme are to help clients achieve complete abstinence from all alcohol and surfactants, to develop a lifestyle free of drugs or at least reduce the frequency of use and the amount consumed surfactants significantly reduce risky behavior, in particular, to abandon the use of intravenous (for not abstinent clients); improving the physical, emotional and psychological health of the client; improving family and other interpersonal relations client; improvement in the area of employment, training; improved social functioning; refusal to illegal activities; informing customers about HIV/AIDS.

To achieve these goals, the following tasks: methods of drug treatment programs. To work with the clients uses:

1. Counselling individual and group, in particular: the method increase motivation, confrontational method, group interaction (peer pressure), cognitive-behavioral approach;

2. 12-step program and principles of therapeutic community;
3. Social phased support (Case Management);
4. Emotive-rational methods;
5. Relaxation techniques and autogenous training as anti-stress technique;
6. The elements of systemic family therapy.
7. The elements of Gestalt psychotherapy.

All these methods are well tested in therapeutic practice and have no contraindications for people with mental and behavioral disorders due to use of psychoactive substances.

Expected results: Clients who complete the course of treatment of drug addiction rehabilitation, characterized by the following features:

1) Did not use a surfactant for at least 6-7 months and;

2) Have a coordinated plan for professional maintenance therapy and further work with their psychological problems;

3) Mastered the basic concepts of chemical dependency and how to relapse prevention;

4) Prepared for the regular attendance at meetings of self-help groups for people living with HIV or, participation in the program antirelapse;

5) Focused on further improving the subsequent socialization and family relationships.

3 months after completion of the program 50% of customers do not return to the systematic use of surfactants (estimated on the basis of examination and interviewing family members), to improve their health and social status (on the basis of documents and physical examination), ready or partially ready to receive antiretroviral drugs.

Philosophy of addiction treatment. Chemical dependency (drug addiction, alcoholism) is a chronic, relapsing, relapses can occur throughout life, progressive, because, as a rule, leads to the degradation and destruction, multimodal, affecting dependent physically, mentally and spiritually, and multifactorial, ie arising due to various (genetic, familial, social) causes of the disease. Because of the cumulative nature of the disease, the optimal drug treatment for alcoholism should focus on the physical, emotional, spiritual and interpersonal customer needs. The two most important element of the philosophy of the program:

1) Recognition of the disease model,

2) Understanding that there is a spiritual dimension of healing.

It is these elements distinguish this approach from other types of treatments that are used today. The model of the disease suggests that addiction - a chronic illness that does not allow a person to control what is happening, not just a moral deformity, in which it is free to choose for themselves a certain pattern of behavior.

A component of spirituality is a general concept and is not related to any particular religion. The three main principles of spirituality according to the philosophy of Narcotics Anonymous are honesty, openness and willingness to change. The presence of the spiritual component means that if the recovery is going to happen, that abstinence is only the first step in the recovery, not the ultimate goal. The program encourages the full development of the individual, which means that recovery is a way to self-esteem through honesty with oneself and others.

Program Structure: information sessions on the concept of illness and recovery; family education; sex education; philosophy of spirituality; anti-stress program information sessions on the theme "Living with HIV" information sessions on the prevention of infectious diseases (hepatitis, tuberculosis, and so on. d.). In the course of the rehabilitation program of patients oblige self-help groups to attend meetings of Narcotics Anonymous (AN) at least 3 times a week. Families are encouraged to participate chemically dependent people in groups alanon (adult family members) and Alateen (child groups).

Staff therapeutic program: the head of the therapeutic program; a psychologist; doctor-consultant; infectious disease; psychologist therapist; Lead a small group (expert Consultant); Instructor recovery (Counselor) Consultant of Chemical addiction - (4); The social worker (assistant consultant) - (4).

In 2010, our rehabilitation center for people with addictions sought to help from 90 people, but a full rehabilitation course, which lasts for 6 months, were able to pass 48 people, including 32 people completely abandoned the use of psychoactive substances and have a stable remission - more than six months, 6 people from this number today are volunteers of our organization. 11 reduced the frequency of use and the number of used surfactants, as well as significantly reduced risky behavior.

For this type of centers is using rehabilitation program without substance use, the result of 35% of clients who have successfully completed rehabilitation and returned to substance use, can be regarded as a positive results. But 39 people (about 65%) of those who applied to the center, returned to the use of psychoactive substances, 28 of them returned to their former socially dangerous way of life, and the systematic use of drugs. 19 people arbitrarily interrupted rehabilitation program, with 15 contract was canceled due to the systematic violation of the rules of stay in the center.

In conclusion, the services for people with addictions are more focused on the medical care. However, the part of NGOs is providing social and vocational rehabilitation services. Vocational rehabilitation services are not clearly defined, because they do not perform a leading role in rehabilitation. Priority right is set on the medical and social services. It is believed that

upon completion of the rehabilitation program, a person will be able to go back into society and the labor market as well.

2.8. Modeling the Structure of Vocational Rehabilitation for People with Addictions as Integration into the Labor Market

The theoretical part of the study made clear that vocational rehabilitation is seen as a continuation of social rehabilitation, when the long-term social rehabilitation is covered by social integration services. After the completion of the rehabilitation program it is necessary the adaptation to society service package. Its main constituent is named vocational rehabilitation support services. They found that the vocational rehabilitation program (cycle) consists of services such as: assessment of vocational skills, professional orientation and counseling, help in finding a job. It is very important to prepare people for independent life and integration into the labor market.

According to the research analysis, it was found that showed that more than a half of the respondents had no profession and their work experience was rather low. Also, the longer period of psychoactive drug abuse by the addicts, the lower their possibilities to maintain the position in the labor market. Next to personal motivational factors for integration into the labor market occurs and external problems which adversely affect the active participation in the labor market. To solve the problems is trying to model the professional rehabilitation as integration into the labor market structure (Fig. 15).

People with addictions difficulties in finding employment tend to be linked to employers' negative attitude to people with addictions, to former criminal convictions or huge debts for bailiffs. It is concluded that providing vocational rehabilitation services is essential to develop clients motivation to achieve fair participation in the labor market, in addition to training or job skills training would lead to higher wages opportunity. Vocational rehabilitation is perceived as a service package for the return to increase of a person's capacity to work and ability to self-employment or participate in employment programs.

In Ukraine, employment also has been identified as an important element in the rehabilitation of drug abusers and, together with abstinence from illicit drugs and criminal involvement, is frequently used as a criterion of treatment outcome.

The Social Integration of People with Addictions

↓

Social rehabilitation + Vocational rehabilitation

↓ ↓

Independence education	Vocational education
Psychosocial services package includes: *12 Steps Program;* *Day-Top Program;* *Work therapy;* *Art therapy (art, music, singing, poetry, etc.);* *Social skill for effective communication development;* *The development of motivation to live soberly;* *Activity planning and time management;* *Spiritual education.*	**Vocational services package includes:** *Professional orientation and counseling (when choosing a profession, searching for a job, changing qualification);* *Development of general work-related skills (computer literacy, language skills, entrepreneurship, etc.)* *Vocational education (non-formal education for acquisition of on-demand work skills; vocational education, requalification) + Active labor market measures (vocational education, employment subsidies, supported work, public works)* ***Developing:*** *Self-analysis and self-assessment;* *Identifying and solving problems;* *Analyzing and assessing the results of the completed activities;* *Learning about one's personal qualities;* *Developing one's abilities and occupational skills;* *Learning one's strengths and weaknesses;* *Learning about labor market development trends;* *Learning about the variety of available professions;* *Learning about the process of choosing a profession;* *Acquiring new competencies in respective fields;* *Learning about the possibilities to restore former competencies;* *Managing the competence confirmation documents;* *Creating a competence portfolio;* *Learning about the current competence requirements;* *Learning about possibilities to start (continue) learning;* *Assistance in planning the learning process;* *Assistance in overcoming obstacles preventing learning;* *Learning about possibilities to receive aid for learning;* *Learning about possibilities and significance of non-formal education;* *Creating a career plan;* *Estimating the strategic career trends;* *Gathering the information necessary for career planning* *Reacting to the changing situation and circumstances* *Forming long-term and short-term career goals* *Participating in job interviews* *Preparation of documents required for employment* *Selection of job proposals* **3 main points:** **Help in finding a job;** **Preparation for job hunting;** **Information gathering; direct contact with employer.**

↓

Adaptation Period

Fig. 15 The model of Vocational Rehabilitation Structure for People with Addictions as Integration into the Labor Market

In most cases where vocational education and training interventions are being made in support of unemployed persons, the primary focus is on improving their skills and preparing them for employment. In contrast, when dealing with unemployed drug misusers, the first requirement is often for stabilisation of the situation of the individual in terms of drug misuse and in ensuring that basic needs (such as housing and health care) are met. Once this is achieved, there may be potential through education and training to assist in the personal development of clients, including in the development of basic education and personal coping skills. In the longer term, there may be potential to deliver training and help develop the potential of the individual to avail of job opportunities.

Drug rehabilitation programmes usually include elements aimed at the development of personal coping skills. Depending on the prior education level and employment experience of the individual concerned, further education and training in basic life skills may be required just to prepare a recovering person with addictions for formal work training, and to motivate them to seek employment (Buckley, 2009).

To summarise, the various treatments, interventions and social services of every person with addictions, problems and needs of the application (complex) is the ultimate personal integration into the labor market and social exclusion guarantor.

Conclusions

1. The social exclusion experienced by people with addictions is perceived as an integral phenomenon when one group within the society have less possibilities to participate in social life due to its weak integration. Drug use problems are often associated with significant difficulties in the personal lives of the users and/or of their families. These may include breakdown in family life and personal relationships, money problems, poor educational achievement, and loss of employment or of the home. Where these difficulties arise, other forms of social support and reintegration interventions may be required if treatment of drug addiction is to be effective in the long-term. Social exclusion is also aggravated by the negative attitude of the society towards people with addictions. Therefore, it is necessary to satisfy not one but many of their needs to help these people get better and reintegrate them into the society. Long-term social rehabilitation centers are some of the social institutions and establishments responsible for successful reintegration of the treated individual into the society which in turn encompasses all areas of social life. While being treated at such institutions, people with addictions receive social integration services encompassing a portion of social services and a portion of employment support services which comprise blocks of social and vocational rehabilitation services. In Lithuania, services rendered to people with addictions are focused on social and psychological services aimed at fighting social exclusion. Meanwhile, vocational and work skill development promotes the restoration of the possibilities people with addictions have when integrating into the labor market; however, the process is not yet complete. The situation in Ukraine is different: the medical services to people with addictions are much better developed here. Some of the rehabilitation centers provide social services; however, the vocational rehabilitation services are not yet widely developed.
2. The analysis of scientific literature studying the effectiveness of measures of assisting people with addictions allows to make the assumption that long-term social and psychological rehabilitation encompassing vocational rehabilitation and integration into the labor market is the key link in the complex rehabilitation service model structure. To ensure successful integration of people with addictions, especially those participating in long-term rehabilitation programs, into the labor market, it is imperative to create suitable conditions for them to learn and acquire an appropriate profession corresponding to the market needs and to increase their motivation to get employed by teaching them effective job hunting methods. Evidentially, occupational and vocational activities during social

rehabilitation stimulate the social adaptation and socialization processes of the people with addictions.

3. The statistical quantitative analysis showed that more than a half of the respondents had no profession and their work experience was rather low. Also, the longer period of psychoactive drug abuse by the people with addictions, the lower their possibilities to maintain the position in the labor market. A strong correlation and relation between profession and education was detected: presumably, the higher the education of the individual, the more chance the respondent had one or another profession. The analysis showed that the respondents were inclined to relate their difficulties in finding a job with negative attitude of employers towards people with addictions with previous convictions or large debts to bailiffs. A quarter of the respondents excellently assessed the development of the following general skills in long-term community-based rehabilitation programs: communication, conflict resolution, teamwork, recognizing and properly expressing one's feelings, goal formulation, activity planning and time management, development of abilities and work skills, learning of one's strengths and weaknesses, coordinating work interests and hobbies. The following were indicated as the most problematic areas: the mechanism of making profession-related decisions and learning of possibilities to receive information on vocational training. Meanwhile, successful vocational rehabilitation is highly influenced by client motivation to honestly participate in the labor market. Also, raising one's qualification and developing work skills would bring in the possibility of higher salary. Based on the opinion of the respondents, the correlation of the measures employed in the rehabilitation program is statistically strong; therefore, almost all employed measures combine to form a successful vocational rehabilitation process and are effective in terms of successful rehabilitation and integration into the society.
4. The qualitative content analysis helped discern the following reasons of the problems related to the integration into the labor market: negative attitude of the society towards people with addictions, limited perception of the rehabilitation process, lack of competence of the employees at rehabilitation centers, incomplete nature of the projects and lack of State support. Meanwhile, the factors influencing the process of rendering vocational rehabilitation services were as follows: the importance of experience of specialists and their competency, increasing the motivation of the participants of the rehabilitation process, the importance of inter-institutional cooperation, development of the legal framework and regulation of financial resources. To the question of what changes should occur to ensure the vocational rehabilitation services provided to people

with addictions were better adapted to successful integration into the labor market, the experts replied that the most important factors were the support of the society towards people with addictions, completely developed rehabilitation programs, promotion of inter-institutional cooperation and legal regulation of all employment-related questions. The responses during the expert interview helped to determine that NGOs also contributed to the provision of vocational rehabilitation services to people with addictions: the NGOs were depicted as initiators of project preparation, project executors and planners of volunteering activities. According to the experts participating in the research, the Twelve Step and Day Top programs were the ones to combine the most elements of successful vocational rehabilitation out of all measures employed in long-term rehabilitation. These two are deemed the most effective tools of successful rehabilitation and integration into the society; however, methodic recommendations, vocational counseling, assistance in getting employed and retaining the position, and development of general and vocational skills also influenced the success of people with addictions in integrating into the labor market.

5. In Ukraine, employment also has been identified as an important element in the rehabilitation of drug abusers and, together with abstinence from illicit drugs and criminal involvement, is frequently used as a criterion of treatment outcome. The integration of vocational rehabilitation as continual social rehabilitation services into the system of providing social services to people with addictions positively affects the success of the reintegration of the individual into the society and his/her active functioning in the labor market. The structure of vocational rehabilitation as integration into the labor market was modeled. In this structure, vocational education and training interventions are being made in support of unemployed persons, the primary focus is on improving their general skills and preparing them for employment. Of course, the 12 steps and top day programs remain the essential long-term social rehabilitation measures. In addition to these programs, the application of adaptation into society and the labor market process will not be effective.

The following **hypothesis** which was selected: presumably, vocational rehabilitation is one of the key factors determining the success of integration into the labor market, is confirmed.

Recommendations

According to a scientific and legal analysis of the literature and research data obtained are presented in the following recommendations:

- Educate the society in order to change negative attitudes towards people with addictions experiencing social exclusion, and misleading stereotypes.
- Encourage NGOs to continue to develop projects that are aimed to get better integration into the labor market for social risk and socially excluded people and also for people with addictions;
- For people with addictions: to raise their motivation to achieve successful integration into the labor market, strengthening demand for learning and career development assessment; to take full advantage of professional development opportunities.

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Summary

Raimonda Vaičekonė

ASMENŲ, ESANČIŲ PRIKLAUSOMYBĖS SITUACIJOJE, PROFESINĖ REABILITACIJA KAIP INTEGRACIJOS Į DARBO RINKĄ PRIELAIDA: SOCIALINIO DARBO ASPEKTAS

Magistro darbas

Magistro darbe atlikta *teorinė* asmenų, esančių priklausomybės situacijoje, profesinės reabilitacijos kaip integracijos į darbo rinką prielaidos *analizė*. Iškelta *hipotezė*: tikėtina, jog profesinė reabilitacija yra vienas esminių veiksnių, lemiančių integracijos į darbo rinką sėkmę.

Anketinės *apklausos* ir *interviu metodais* buvo atliktas tyrimas, kurio tikslas – ištirti asmenų, esančių priklausomybės situacijoje, profesinės reabilitacijos kaip integracijos į darbo rinką prielaidą. Atlikta *statistinė* (aprašomoji bendrųjų statistinių rodiklių: modos, medianos, standartinio nuokrypio, kvartilių, dažnių, vidurkių ir koreliacijų, tyrimo instrumento patikimumo) *duomenų analizė, kokybinių duomenų turinio analizė* bei *Ukrainos atvejo analizė*.

Tyrime dalyvavo 82 asmenys, esantys priklausomybės situacijoje, kuriems suteiktos įdarbinimo arba perkvalifikavimo paslaugos iš 7 ilgalaikės reabilitacijos bendruomenių. Buvo užpildyti 82 uždaro tipo klausimynai bei atlikti 3 pusiau struktūruoti ekspertiniai interviu.

Svarbiausios empirinio tyrimo *išvados*:

1. Asmenų, esančių priklausomybės situacijoje, patiriama socialinė atskirtis, suvokiama kaip kompleksinis reiškinys, kuomet ši visuomenėje atsiradusi grupė, turi mažiau galimybių dalyvauti visuomenės gyvenime, nes yra silpnai į ją integruota.

2. Siekiant užtikrinti sėkmingą asmenų, esančių priklausomybės situacijoje, ypač dalyvaujančių ilgalaikėse reabilitacijos programose, integraciją į esamą darbo rinką, būtina jiems sudaryti tinkamas sąlygas mokytis, padėti įgyti tinkamą profesiją bei profesinę kvalifikaciją, atitinkančią rinkos poreikius, stiprinti jų motyvaciją siekiant įsidarbinti, mokant juos efektyvių darbo paieškos metodų

3. Atlikus statistinę kiekybinių duomenų analizę identifikuota, jog daugiau nei pusė tyrime dalyvavusių asmenų neturi įgiję specialybės, o turima darbo patirtis nėra didelė. Be to, kuo asmuo, esantis priklausomybės situacijoje, turi ilgesnę psichoaktyvių medžiagų vartojimo patirtį, tuo silpnesnės jo galimybės išsilaikyti darbo rinkoje.

4. Atlikus kokybinių duomenų turinio analizę išskirtos šios integracijos į darbo rinką problemas apibūdinančios priežastys: neigiamas visuomenės požiūris į asmenis, esančius priklausomybės situacijoje, ribotas reabilitacinio proceso suvokimas, dirbančiųjų reabilitaciniuose centruose kompetencijos stoka, projektų neišbaigtumas kartu su valstybės paramos trūkumu.

5. Sumodeliuota profesinės reabilitacijos kaip integracijos į darbo rinką struktūra, kuri remiasi profesiniu ugdymu, kai ugdant bendruosius ir profesinius gebėjimus asmuo, esantis priklausomybės situacijoje, yra rengiamas integracijai į darbo rinką.

Esminiai žodžiai: asmenys, esantys, priklausomybės situacijoje, profesinė reabilitacija, integracija į darbo rinką, socialinė atskirtis

APPENDICES

Appendix 1

QUESTIONAIRE

Dear respondent,

The theme of this study is: VOCATIONAL REHABILITATION OF PERSONS IN THE SITUATION OF ADDICTION AS A PRECONDITION OF INTEGRATION IN THE LABOR MARKET: ASPECT OF SOCIAL WORK

The research results will be used in the master thesis and to provide suggestions for creating methods for the integration of people with addictions into the labor market.

Please note that this survey is anonymous.

***Please mark the corresponding answer as follows*: ☒**

1. Your gender:
- ☐ Male ☐ Female

2. You age:
- ☐ From 18 to 25 years old
- ☐ From 26 to 35 years old
- ☐ From 36 to 50 years old
- ☐ Over 50 years old

3. I am addicted to:
- ☐ Alcohol
- ☐ Narcotics
- ☐ Other psychoactive substances

4. Period of regular substance abuse:
- ☐ up to 3 years
- ☐ up to 10 years
- ☐ up to 20 years or more

5. How many times have you attempted to get treated?
- ☐ This is my first treatment
- ☐ This is my second treatment
- ☐ This is my third or subsequent treatment

6. Your education:
- ☐ Primary
- ☐ Basic
- ☐ Secondary
- ☐ Vocational
- ☐ Higher

7. Do you have any professional qualification?
- ☐ Yes ☐ No

8. Would you like to upgrade the existing (acquiring new) qualifications?
- ☐ Yes ☐ No

9. Do you have any hired or autonomous work experience?
- ☐ No
- ☐ Yes, work experience is less than a year
- ☐ Yes, work experience is more than 1 year
- ☐ Yes, work experience is more than 5 year

10. Have you ever had a job during the past 5 years?
- ☐ No
- ☐ Yes, once
- ☐ Yes, 2-4 times
- ☐ Yes, more than 4 times

11. Are you registered in the Labour Exchange?

☐ Yes, more than one year
☐ Yes, less than one year
☐ No

12. Would you agree to study in order to gain a new profession?

☐ Yes ☐ Yes, if I get a stipend ☐ No

13. Would you agree to work without pay for a time, if you are sure that after that you'll get a permanent job?

☐ Yes ☐ Yes, for a month, but no longer ☐ No

14. Would you agree to work for minimum wage?

☐ Yes ☐ Yes, for a year, but no longer ☐ No

15. What is the minimum wage (in the hands) of a month you agree for a full day of work?

☐ From 250 to 400 euros
☐ From 400 to 550 euros
☐ More than 500 euros

16. Do you need assistance in improving your working skills?

☐ Yes ☐ No

17. Do you need the assistance finding a job?

☐ Yes ☐ No

18. Do you need the assistance during the first few months after the employability?

☐ Yes ☐ No

19. Do you agree to work in the Social Firm, together with other persons who are in rehabilitation?

☐ Yes ☐ No

20. Which of these reasons, in your opinion, can be a major barrier to get a job?

(The scale, where 1 means that there is no obstacle for the reason stated, 5 - high barrier)

No.	Statement	Number (1-5)
1	The negative viewpoint of employers to persons who are in a situation of addiction	
2	The lack of of state support	
3	General economic situation (for example, unemployment)	
4	The lack of qualifications (professional knowledge)	
5	The lack of education	
6	The lack of information about employment opportunities	
7	Personal health problems	
8	Impedes the former criminal convictions	
9	Poor working conditions	
10	Laziness, unwillingness to work	
11	The family situation (for example, are grown the minor children)	
12	The low salary	
13	The debt to bailiffs	
14	The overestimation of real possibilities	
15	The age	
16	Other (please specify).....	

Please assess the statements provided in the table below and mark the most suitable answers with an "X" in the corresponding fields.

21. How would you assess the development of these skills and abilities in the long-term rehabilitation community?

No.	Statement	Very good	Good	Insuffi-cient	Poor
1	Communication skills				
2	Conflict resolution				
3	Teamwork				
4	Recognition and proper expression of feelings				
5	Goal formation				
6	Activity planning and time management				
7	Self-analysis and self-assessment				
8	Identifying and solving problems				
9	Analyzing and assessing the results of the completed activities				
10	Self-cognition skill development				
11	Learning about one's personal qualities				
12	Developing one's abilities and occupational skills				
13	Learning one's strengths and weaknesses				
14	Coordinating occupational interests and hobbies				
15	Learning about labor market development trends				
16	Learning about vocational rehabilitation possibilities				
17	Learning about the variety of available professions				
18	Learning about the process of choosing a profession				
19	Learning about the possibilities to receive information for vocational training				
20	Acquiring new competencies in respective fields				
21	Managing the competence confirmation documents				
22	Creating a competence portfolio				
23	Learning about possibilities to start (continue) learning				
24	Assistance in planning the learning process				
25	Learning about possibilities to receive aid for learning				
26	Learning about possibilities and significance of non-formal education				
27	Creating a career plan				
28	Gathering the information necessary for career planning				
29	Reacting to the changing situation and circumstances				
30	Forming long-term and short-term career goals				
31	Participating in job interviews				
32	Preparation of documents required for employment				
33	Selection of job proposals				
34	Collecting information on employers of interest				
35	Using and accepting help from other people				

Please assess the statements provided in the table below and mark the most suitable answers with an "X" in the corresponding fields.

22. How are these skills developed in the community?

No.	Statement	Well developed	Developed	Weakly developed	Not developed
1	Development of communication skills				
2	Development of general competencies				
3	Assistance in self-cognition				
4	Career choice and vocational training				
5	Vocational rehabilitation				

6	Creating a competence portfolio				
7	Creating education possibilities				
8	Assistance in creating a career plan				
9	Assistance in job hunting				
10	Collaboration and volunteering				

Please assess the statements provided in the table below and mark the most suitable answers with an "X" in the corresponding fields.

23. Which of the following of the mediation way, in your opinion, the most effective for vocational rehabilitation and integration into the labor market?

- ☐ Redirection to pre-vocational training
- ☐ Vocational information
- ☐ Vocational counseling combining specific desires and real possibilities
- ☐ Vocational guidance
- ☐ Strength the motivation for work
- ☐ Search of opportunities to overcome the difficulties caused by geographical environment
- ☐ Social support during the choice of profession
- ☐ Rational maintenance influence after the employment
- ☐ Other (please specify).....

24. Which of the following community measures combines the most elements of SUCCESSFUL VOCATIONAL REHABILITATION and is the most effective for you in terms of successful rehabilitation and integration into the society?

Measure	Very effective	Effective	Poorly effective	Almost ineffective
12 Steps Program				
Day-Top Program				
Methodic recommendations				
Vocational counseling				
Assistance in job hunting and retain a job				
Development of general and vocational competencies				
Other (please specify).....				

Thank you for your time!

Appendix 2

Questions of the Semi-Structured Expert Interview

Dear colleague, this interview is aimed at determining your opinion on the conjecture that vocational rehabilitation of addicts is prerequisite to integration into the labor market.

Thank you for your participation. The full names of respondents and the names of their institutions shall not be disclosed.

1. The Lithuanian legal framework for the development of vocational rehabilitation of people with disabilities is rather favorable. Also, various projects are held and institutions cooperate with each other closely. Yet, the integration of vocational rehabilitation of addicts into the provision of social services is considerably slow. What are the underlying reasons for such situation?

   .....
   .....

   - In your opinion, what are the factors influencing the provision of vocational rehabilitation services?

     .....
   - How do the NGOs contribute to the provision of vocational rehabilitation services?

     .....

2. What should change to make vocational rehabilitation services provided to addicts better adapted for successful integration into the labor market?

   .....
   .....

   - What would you change in State-issued documents? Municipality documents?

     .....
   - Which administrative structures could contribute to these changes?

     .....

3. In your opinion, which of the below listed measures applied in long-term rehabilitation program combine the most of successful vocational rehabilitation elements and are effective in terms of successful rehabilitation and integration into the society? (see the table below)

Measures
12 Step Program
Day-Top Program
Methodic recommendations
Vocational counseling
Assistance in getting employed and retaining the position
Development of vocational and general skills

.....

Thank you for your responses!

Appendix 3

Employment of Special Measures when Working with People with Addictions

When working with people with addictions (addiction to psychoactive drug use), various measures are employed.

For employees:

- Free-of-charge vaccinations from infectious diseases (parasites, hepatitis)
- X-ray scan as preventive measure (due to tuberculosis) and general medical examination
- Hand disinfectants
- Security measures (CCTV, phones, gloves)
- Security improvement (secure and clearly visible location for appointments (see-through glass doors)
- Avoiding raising the aggression of intoxicated clients (do not store or use psychoactive drugs at the institution)
- Workplace (ventilation, proper room temperature, safe furniture, sufficient space, locked cabinets),
- Cooperation with police and self-defense courses
- Unprovocative apparel to avoid sexual harassment (for women)
- Lecture cycles for employees: stress management, safe counseling, prevention of infectious diseases, first aid to HIV carriers, conflict prevention.

For clients:

- Total body and clothes' disinfection upon arrival
- Medical certificate on diseases, infections and other physical or mental disorders
- Strip search upon arrival (all sharp items are confiscated, e.g. knives, used syringes, etc.)
- Residential rooms (ventilation, proper room temperature, safe furniture, sufficient space, upkeep of tidiness)
- Proper apparel, shoes and tools for work (during occupational therapy)
- Occupational safety instructions when working in forests with various machines
- Lecture cycles on prevention of infectious diseases
- Following principles of cleanliness when making food: use of disinfectants and gloves if hurt
- Proper light fixtures and other equipment in classes and recreation rooms

INTERVIEW MINUTES

Questions of the Semi-Structured Expert Interview

(Expert X)

Dear colleague, this interview is aimed at determining your opinion on the conjecture that vocational rehabilitation of addicts is prerequisite to integration into the labor market.

Thank you for your participation. The full names of respondents and the names of their institutions shall not be disclosed.

- The Lithuanian legal framework for the development of vocational rehabilitation of people with disabilities is rather favorable. Also, various projects are held and institutions cooperate with each other closely. Yet, the integration of vocational rehabilitation of addicts into the provision of social services is considerably slow. What are the underlying reasons for such situation?

I believe that to some extent the main cause of this situation could be depicted as "stagnation". For a number of years, social services provided to addicts have been perceived as restoration of previously lost social skills, development and maintenance of new skills, etc. Perhaps, the understanding that these services should not be limited as they are now and that further improvement and a more open attitude towards helping addicts is imperative has not yet reached everyone. In other words, it is equally important to help the individual learn how to lead a drug-free life and then be able to successful integrate into the labor market and retain that position. The negative attitude of the society should not be discarded as well. People with disabilities receive more support and others wish to help them and feel compassionate towards them. Meanwhile, addicts are usually condemned for their lifestyle, mistrusted, feared and avoided.

- In your opinion, what are the factors influencing the provision of vocational rehabilitation services?

The highest impact to the process itself is most probably held by the input of specialists in providing these services. If the employee providing services is incompetent, there will hardly be any results. Usually, addicts are not sufficiently motivated to start working and to earn money fairly. Due to this reason, the specialist providing vocational rehabilitation services must first endeavor to successfully motivate the individual and then try even harder to constantly maintain that motivation.

- How do the NGOs contribute to the provision of vocational rehabilitation services?

Most probably, by preparing and implementing projects which lay out the provision of vocational rehabilitation services.

- What should change to make vocational rehabilitation services provided to addicts better adapted for successful integration into the labor market?

Firstly, the attitude of the society towards addicts should change. It is natural that employers tend to avoid employing people having such issues. This hardly contributes to the success of integrating into the labor market. Of course, the system of helping individuals successfully integrate into the labor market after the completion of the rehabilitation program should be well-established.

- What would you change in State-issued documents? Municipality documents?

I am not proficient enough in matters related to the legal framework to be able to present any specific suggestions on what should be changed. However, I believe that employment possibilities should be decided upon.

- Which administrative structures could contribute to these changes?

I cannot answer this question.

In your opinion, which of the below listed measures applied in long-term rehabilitation program combine the most of successful vocational rehabilitation elements and are effective in terms of successful rehabilitation and integration into the society? (see the table below)

Measures
12 Step Program
Day-Top Program
Methodic recommendations
Vocational counseling
Assistance in getting employed and retaining the position
Development of vocational and general skills

I could not discern a single measure as all of them are equally important and necessary when integrating into the labor market. If I had to choose one, though, I think it would be the 12 Step program as it starts with learning of the problem and then gradually (step by step) moves on towards the integration of an individual into the society, planning employment activities, etc.

Thank you for your responses!

Questions of the Semi-Structured Expert Interview

(Expert Y)

Dear colleague, this interview is aimed at determining your opinion on the conjecture that vocational rehabilitation of addicts is prerequisite to integration into the labor market.

Thank you for your participation. The full names of respondents and the names of their institutions shall not be disclosed.

1. The Lithuanian legal framework for the development of vocational rehabilitation of people with disabilities is rather favorable. Also, various projects are held and institutions cooperate with each other closely. Yet, the integration of vocational rehabilitation of addicts into the provision of social services is considerably slow. What are the underlying reasons for such situation?

I think this is related to the long-established attitude of the society that addicts are ruined people with no will or drive to stop using narcotics. Even though psychoactive drug addiction is recognized by the WHO as a chronic disease that cannot be treated, both the legislators and law enforcement institutions seem to ignore the problem. This truth seems uncomfortable and perhaps even blasphemous when comparing addicts to people with disabilities. Thus, more popularity is gained by projects for people with disabilities and various employment support programs are implemented to create and maintain workplaces, etc. Meanwhile, the integration of addict vocational rehabilitation into the provision of social services is a rather slow process because the entire so far developed program is mostly focused on the rehabilitation itself, restoration of physical and mental skills, retaining a drug-free live and restoration of social skills. Vocational rehabilitation receives especially little attention and it is mostly a formality. The prevailing opinion is that the preservation of abstinence should in itself give positive results in occupational activities, even though the addicts require constant support and aid.

- In your opinion, what are the factors influencing the provision of vocational rehabilitation services?

Competent specialists with experience in working with addicts, close cooperation between institutions, legal framework, available material resources and the motivation of addicts themselves to undergo vocational rehabilitation.

- How do the NGOs contribute to the provision of vocational rehabilitation services?

Generally, non-governmental organizations contribute with their human resources: vocational rehabilitation services are provided on volunteering basis and long-term comprehensive assistance is offered even after the completion of the rehabilitation program. When working with addicts and noticing cracks in the reintegration system, most NGOs look for ways to provide vocational rehabilitation services more successfully, prepare projects and establish social companies.

2. What should change to make vocational rehabilitation services provided to addicts better adapted for successful integration into the labor market?

The resocialization system should be well and completely established. Close cooperation between institutions, continual and at least partial financing of addicts who had already completed rehabilitation programs are imperative. The specialists working with addicts should not divide their attention between preparing projects and volunteering activities all the while looking for ways to help their clients, who had successful undergone rehabilitation programs, survive without a permanent source of income or a roof above their heads. Instead, they should perform their direct duties and work with their clients by employing all their professional expertise and competency. For this to work, the entire system and State support should be well established so that individuals, having acquired certain vocational skills and work experience, could successfully integrate into the labor market with the help of specialists.

- What would you change in State-issued documents? Municipality documents?

Even though I am not sufficiently competent to solve such issues, I would suggest introducing certain quotas for the employers to be obligated to employ socially excluded persons who would gain work experience at their companies. This way, social exclusion would be reduced and the attitude of the society towards addicts would change. The issue of temporary housing should also be solved.

- Which administrative structures could contribute to these changes?

All administrative structures.

3. In your opinion, which of the below listed measures applied in long-term rehabilitation program combine the most of successful vocational rehabilitation elements and are effective in terms of successful rehabilitation and integration into the society? (see the table below)

Measures
12 Step Program
Day-Top Program
Methodic recommendations
Vocational counseling
Assistance in getting employed and retaining the position
Development of vocational and general skills

On principle, all these programs are employed to ensure the success of vocational rehabilitation and integration into the society. I could hardly pick one which would have the least impact on successful resocialization. I believe that addicts should always receive the entire package of these measures. In my opinion, at the beginning of the rehabilitation, the Day-Top program is

most important. When the basic daily skills are cultivated, the remaining measures also become significant, e.g. development of vocational and general skills, vocational counseling, assistance in getting employed and retaining the position.

Thank you for your responses!

Questions of the Semi-Structured Expert Interview

(Expert Z)

Dear colleague, this interview is aimed at determining your opinion on the conjecture that vocational rehabilitation of addicts is prerequisite to integration into the labor market.

Thank you for your participation. The full names of respondents and the names of their institutions shall not be disclosed.

1. The Lithuanian legal framework for the development of vocational rehabilitation of people with disabilities is rather favorable. Also, various projects are held and institutions cooperate with each other closely. Yet, the integration of vocational rehabilitation of addicts into the provision of social services is considerably slow. What are the underlying reasons for such situation?

The integration of vocational rehabilitation of addicts into the provision of social services is a slow process because the program is mostly aimed at the rehabilitation itself, i.e. provision of psychosocial services to retain a drug-free life and restoration of self-sufficient life skills. Vocational rehabilitation receives a shockingly small amount of attention and is mostly related to the restoration of work skills during occupational therapy. I would also add that that the incomplete nature of projects contributes negatively as well. Even though the problems to be solved are of complex nature; however, inappropriate assessment of its constituents may lead to failure in solving these issues. It is said that returning addicts into the society and labor market is important. Yet, it is difficult to help an individual reintegrate into the labor market when he/ she lacks the basic skills, professional qualification, work skills and motivation to work. The financial resources for activities pertaining to vocational rehabilitation are also insufficient. These activities are based on projects, the continuity of which is not ensured. I think this problem should be solved in the course of the project by creating and applying relative mechanisms. I would also add another reason – the lack of competency of the participants of the process of integrating vocational rehabilitation into the provision of social services also impedes the entire procedure. The decisions made are unsubstantiated and involve a lot of prejudice, etc. Generally, this is also conditioned by the complex economic and political situation of the country. People belonging to the social stratum which finds itself on the precipice of social exclusion tend to emigrate upon seeing no possibilities to handle their lives properly, the scope of addictions increase and crime and corruption seem to flourish. Such people are condemned and more attention is directed towards orphans and people with disabilities living in poverty.

- In your opinion, what are the factors influencing the provision of vocational rehabilitation services?

Correct and objective assessment of the situation, perspective, reasonable and well-substantiated political decisions, ensuring the continuity of projects, having and implementing a strategy, coordinated mechanisms of organizing, planning, management and control. Respecting the input of specialists.

- How do the NGOs contribute to the provision of vocational rehabilitation services?

They satisfy the needs of separate social strata. This is how projects are created, e.g., determining the needs of an individual for a successful return to the society. The NGOs satisfy the most important needs of people experiencing social exclusion, e.g. helping the individual return to the labor market at no charge when the individual needs it by using the support and aid of other people.

2. What should change to make vocational rehabilitation services provided to addicts better adapted for successful integration into the labor market?

It is important to develop the social network at the same time after the completion of rehabilitation. The possibilities of applying oneself should not be presented with the goal of "getting employed anywhere" but rather people should be encouraged to discover themselves and improve professionally. Theoretical knowledge is not enough. An entire package of services is required along with a more favorable attitude of the society towards addicts during the stage oh helping tem integrate into the labor market in practice.

- What would you change in State-issued documents? Municipality documents?

I would introduce the principles of constancy, consistency, competency and serving the man, especially when preparing documents for solving employment-related issues. It is important to understand for what purposes the law is prepared and whether it is going to be beneficial in practice.

- Which administrative structures could contribute to these changes?

Many institutions can find common points of interest in this field: the DTACD, prison department, health security institutions, municipalities, labor exchange, educational institutions, etc. These institutions should cooperate better.

3. In your opinion, which of the below listed measures applied in long-term rehabilitation program combine the most of successful vocational rehabilitation elements and are effective in terms of successful rehabilitation and integration into the society? (see the table below)

Measures
12 Step Program
Day-Top Program
Methodic recommendations
Vocational counseling
Assistance in getting employed and retaining the position
Development of vocational and general skills

Firstly, I would discern the 12 Step and Day-Top programs. These programs were taken over by rehabilitation communities from the USA and adapted in Lithuania. Then, I would add the creation and application of methodic recommendations based on experience. The employment of other measurements comes after that. Therefore, I believe that all these measures are listed in a correct sequence from the most important to the ones still under development, yet, equally important, e.g. vocational counseling, assistance in getting employed, etc. In my opinion, it would be practically impossible to effectively retain position in the labor market without these measures.

Thank you for your responses!