

# **Drug Addiction Counseling Development in Vietnam**

**By**

**David J. Powell, Ph.D., and Nhu Nguyen , MD , Ph.D.**

## **Introduction**

Drug addiction has been a major cause of HIV, premature death, and social disability in Vietnam. HIV/AIDS spread rapidly in Vietnam from the first HIV infection detected in December 1990 to 116,565 officially reported cases 16 years later (December, 2006). However, estimates of the actual number of people living with HIV/AIDS are far higher and range from 218,000 to 308,000, 85 percent of whom are thought to be among males. Injecting drug use accounts for 52 percent of reported cases of HIV/AIDS.

In the early 1990's, the epidemic of HIV/AIDS was confined primarily to older heroin injection drug users (IDUs), primarily in the south, and among sex workers in An Giang Province adjacent to Cambodia. The epidemic of drug use among youth came relatively late to Vietnam, but in 1998 an explosive epidemic of HIV broke out in young drug users in Guang Xi Province China on the Vietnam border, which also included northern Vietnam. From 1990 to 2000, there was a 13-fold increase in the official number of drug users. The actual number of IDUs in Vietnam is unknown, but is estimated at 128,000 to 183,000. HIV has spread at an increasingly faster pace in the early part of the 21st century, doubling between 2000 and 2005. Main route of HIV transmission among IDUs in Vietnam is sharing needle, syringes and injecting equipments. According to Ministry of Public Security, by the end of the year 2010, there were about 170,000 known IDUs in Vietnam, 30 percent of whom were living with HIV or will become infected with HIV.

Before 2008 when the Methadone Maintenance Program (MMT) was initiated, a drug rehab detention center was the only solution for opioid dependent individuals where they received detoxification, education, and put on "labor therapy" for 2-5 years. Little to no counseling was available in the center. Relapse rates after release were high. Addiction counseling was a new concept, introduced to Vietnam in 2006 when it was first applied in a pilot transitional program helping releasees from the detention rehab center to integrated into the community and prevent relapse. The program was implemented by HCMC Provincial AIDS Committee with support from PEPFAR Vietnam via The US Agency of International Development (USAID). The development of this approach has been a collaborative effort between FHI and the WHO Collaborating Center for Research on Treatment of Drug and Alcohol Problems located at Adelaide University in Australia<sup>[1]</sup>.

Addiction counseling has improved the quality of drug treatment outcomes by moving providers away from "telling and giving advice" to evidence-based practices. The approach is client-oriented and allows drug users to discuss the most suitable treatment option. Skilled drug counselors now offer care and support in the community for people who use drugs and for those

who are transitioning out of the rehab centers. Providing services in a community-based setting is more cost effective than center-based interventions and more people can access the services.

### **The expanding need for drug counseling**

One of the greatest impediments to expanding the capacity for community-based drug dependence treatment is the lack of skilled counselors. Many in the field requested information of drug counseling in an easy-to-understand and practical format. Also, there has been no training or textbooks readily available in local languages or useful in local settings. There is a need for drug counselors to offer the following services:

Methadone counselors for MMT clinics. Vietnam is expanding MMT to 30 provinces/cities with more than 80,000 opioid dependents on MMT by the end of 2015. Thus leads to the need for 600-800 drug counselors for MMT clinics;

- Drug counselors for transitional programs and community-based drug treatment programs to serve recovering drug users and returnees from rehab centers; and,
- Counselors at the HIV outpatient clinic, and health educators with knowledge and skills in working with IDUs. It is considered as one component for other counselors working in the HIV/AIDS prevention, care and treatment.

Some of the challenges faced were that since addiction counseling was a new concept to Vietnam , counselors faced high workload, working on weekend and holidays. There are a high number of drug users with complex psychosocial needs. There is a lack of referral services available. Effective management and supportive supervision is needed to ensure that case managers and counselors are fully integrated into the growing number of service providers that deliver addiction counseling in clinics and other community-based sites. While there are many existing examples of training curricula for clinicians in English, there is a paucity of training materials, job aides and procedures appropriate for methadone counselors and case managers in the Vietnam setting.

### **A Current Need**

What is now needed is quality clinical supervision. David Powell has trained many counselors who can grow into the role of clinical supervisors. However, the current need is for an individual who can provide clinical supervision throughout Vietnam , modeling effective supervisory practices. Therefore, there is a job opportunity for a Vietnamese-American addiction counselor, with experience as a clinical supervisor to work in Vietnam in June-July, 2011 under the auspices of FHI under the capacity building program funded by HHS-CDC. This individual would be appropriately compensated for their time and expenses. For additional information, contact David Powell at [djpowell2@yahoo.com](mailto:djpowell2@yahoo.com).

Also, in October, 2011, a drug conference will be held in Ha noi to advocate for evidence based drug treatment, enhance the clinical practice of trained addiction professionals, and promote community and family to support drug users/former drug users. The conference will be hosted by Government of Vietnam with support from SAMHSA. Clinical training will be provided by American and Vietnamese addiction professionals. American veterans of the Vietnam War (called the “American War” in Vietnam), can attend and perhaps participate in the conference. Again, for additional information contact David Powell at the above email address.