

INCLUSION OF MOTIVATIONAL INTERVIEWING AND SOCIAL WORK INTERVENTION MODEL IN DRUG TREATMENT IN VIETNAM: A CALL FOR A COLLABORATIVE ACTION

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Tóm tắt: Bài viết nhằm chia sẻ với bạn đọc một cách khái quát về vấn đề sử dụng ma túy ở Việt Nam và vai trò của nhân viên công tác xã hội trong điều trị cai nghiện ma túy. Trọng tâm của bài viết tập trung vào kêu gọi việc công nhận và áp dụng phương pháp phỏng vấn tạo động lực (motivation interviewing - MI) - phương pháp đã được kiểm chứng trên thực tiễn cùng với sự tham gia tích cực của nhân viên công tác xã hội trong điều trị cai nghiện ma túy, thông qua việc sử dụng dữ liệu thứ cấp. Bên cạnh đó, bài viết nhấn mạnh tầm quan trọng của việc đào tạo nghề công tác xã hội ở Việt Nam thông qua hợp tác quốc tế. Vận dụng hiệu quả mô hình can thiệp kết hợp giữa công tác xã hội và phỏng vấn tạo động lực có khả năng cải thiện đáng kể các chương trình điều trị cai nghiện hiện nay ở Việt Nam. Sự thành công của mô hình này phụ thuộc rất nhiều vào nỗ lực từ nhiều phía bao gồm: các nhà hoạch định chính sách, các trường đào tạo công tác xã hội và các tổ chức quốc tế.

Từ khóa: Điều trị cai nghiện ở Việt Nam; chính sách; phỏng vấn tạo động lực; can thiệp công tác xã hội.

Abstract: The objective of this paper is to provide an overview of illegal drug use in Vietnam and the role of social workers in drug addiction treatment. Specifically, this paper uses secondary data analysis to call for the recognition and adoption of motivational interviewing (MI), an evidence-based treatment method, together with the active participation of social work practitioners in drug addiction treatment. This paper also highlights the importance of professional social work training in Vietnam through international cooperation. The effective application of intervention model combining social work and motivational interviewing has the potential to make a significant improvement in drug addiction treatment programs in Vietnam. The success of this model requires concerted efforts from many stakeholders including policymakers, schools of social work, and international organizations.

Keywords: Drug addiction treatment in Vietnam; policy; motivational interviewing; social work intervention.

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Introduction

Illegal drug use has been a major social problem in Vietnam historically and has become increasingly problematic in recent years (WHO, 2010). In their review of drug problems in Vietnam, Nguyen and Scannapieco (2008) found that the majority (approximately 90%) of individuals who use illicit drugs in Vietnam were male; the percentages of individuals who use illicit drugs in Vietnam vary significantly among regions namely 62%, 32%, and 8% of them living in low-land region (e.g., Hanoi, Hai Phong, and Ho Chi Minh city), the northern mountainous region (e.g., Dien Bien, Lai Chau, and Son La), and the central region respectively. These researchers also reported that 81% of individuals who use illicit drugs were Kinh, the majority ethnic group. Presently drug problems have spread throughout the 63 provinces in Vietnam and are negatively impacting the lives of many Vietnamese citizens (Nguyen, 2013; Nguyen & Scannapieco, 2008). According to the Vietnam Ministry of Labor, Invalids and Social Affairs (MOLISA, 2018), 225,099 Vietnamese citizens were dependent on drugs in 2018. However, the actual number of individuals dependent on drugs is thought to be much higher due to underreporting (World Bank, 2011). There are three common groups of illicit drugs in Vietnam that are consumed including opioids, cannabis, and amphetamine-type stimulants. Heroin is the most commonly used drug, accounting for 70% of drug consumption (UNODC, 2010; MOLISA, 2018).

It is unfortunate that Vietnamese culture, including health practitioners, regards addiction as a “moral weakness” or “social evil” rather than a medical disease (World Bank, 2011). A similar perspective is still evident in the U.S., although, it is lessening given greater acceptance among health practitioners of addiction as a chronic health condition (Broyles et al., 2014). Current drug policy in Vietnam is more punitive and is characterized by forced labor therapy in residential treatment centers (WHO, 2010). Forced labor therapy (i.e., individuals who use illicit drugs must involuntarily work long hours to meet daily production quota at treatment centers) (International Labor Rights Forum, 2014) discourages individuals who use illicit drugs from developing intrinsic motivation to change. Therefore, many individuals who use illicit drugs hesitate to enroll in treatment services in Vietnam because of concerns regarding the effectiveness of current treatment programs (Martin et al., 2009). Drug addiction treatment in Vietnam results in approximately 90% of the clients relapsing after treatment (Martin et al., 2009), compared to approximately 50% in the U.S. (NIDA, 2009). Another significant challenge of the current treatment system in Vietnam is the inability of providers to establish therapeutic relationships with clients; given that the relationship between clinicians and clients is often hierarchical producing unidirectional communication (Nguyen et al., 2012). That clinicians understand clients’ beliefs in their drug use behavior is essential to ensure effectiveness in drug addiction treatment (Payne, 2010). In order to help individuals who use drugs to change, clinicians need to accept their two common beliefs including (1) natural tendency to want to feel better about their drug use and (2) ambivalence about changing their drug use behavior (Miller & Rollnick, 2002). Initially created by William Miller in 1983, motivational interviewing (MI) is a client-

centered and directive method of communication for promoting intrinsic motivation to change by exploring and resolving ambivalence (Miller & Rollnick, 2002). This evidence-based practice has five major principles including (1) expressing empathy, (2) developing discrepancy, (3) avoiding arguments and direct confrontation, (4) adjusting to discord in the therapeutic relationship, and (5) supporting self - efficacy (Miller & Rollnick, 2002).

Expressing empathy means that clinicians, through feelings, attitudes, and behavior, must demonstrate their acceptance and openness to clients by reflective listening. In line with expressing empathy, clinicians need to point out the contradictions or discrepancies between the clients' drug use behavior and their goals, values, and priorities. Also, clinicians need to roll with clients' resistance since arguing or attempting to persuade clients to change often increases their defensiveness and resistance to change. Besides, clinicians need to recognize any discordance in relationships with clients and adjust their behaviors accordingly. Importantly, clinicians need to focus on building up clients' self-efficacy, which aims to increase clients' confidence and make them believe in their ability to change (Miller & Rollnick, 2002). The major difference between MI and traditional confrontational methods is that clinicians use supportive strategies to elicit clients' own arguments for change instead of attempting to impose change (Miller & Rollnick, 2002). MI has been widely used in drug addiction treatment in the U.S. for many years (CSAT, 1999).

Research has shown that social workers serve multiple roles and have made numerous contributions to the prevention and drug addiction treatment through their active participation in developing, implementing, monitoring, and evaluating clinical trials (Daley & Feit, 2013). Unlike other treatment providers, social workers bring unique and empowerment-based approaches to drug addiction treatment and emphasize human relationships with clients (NASW, 2017). These characteristics of the social work profession are consistent with expressing the empathy principle of MI which values the therapeutic relationship (Wahab, 2005; Sobell & Sobell, 2008). Other social work values on the dignity and worth of the person (NASW, 2017) also underscore and support four other principles of MI. People struggling with drug problems need treatment which emphasizes human dignity, worth of the person, and the value of human relationships (NASW, 2017).

The passage of Decision 32 by the Vietnam Prime Minister dated March 2010 is a major step for the development of the social work profession in Vietnam. The legislation of Decision 32 emphasizes the importance of workforce development in professional social work, international educational exchanges, and inclusion of social workers in the drug addiction treatment system and other areas of social service delivery. For example, the decision mandates the training of 60,000 professional social workers by 2020, establishing professional standards and ethics for social workers treating individuals who use drugs, instituting outpatient and private services in addition to state-run facilities, and promoting international educational exchanges in social work (Section 2, 3).

Despite this important move forward for drug addiction treatment and social work in Vietnam, professional social workers are still not included in drug addiction treatment

programs in Vietnam (MOLISA, 2013). Lack of formal training and qualified social workers remain major challenges for drug addiction treatment nationally. Eighty-five percent of the individuals with the title of social worker in Vietnam have never received formal training in social work, nor have they been educated in professional practice with a curriculum accredited by the Council on Social Work Education (MOLISA, 2013). Meanwhile, those who have received formal training lack practical skills to deal with drug problems in the community (Hugman, Nguyen, & Nguyen, 2007).

Given the high number of individuals dependent on drugs in Vietnam, social stigma, ineffective treatment programs, inadequately trained social workers, and the inactive participation of professional social workers in the drug addiction treatment system, this paper aims to: (1) call for the application of motivational interviewing (MI) to drug addiction treatment in Vietnam and (2) recommend strategies to develop the social work profession in drug addiction treatment policy and programming in Vietnam.

Application of Motivational Interviewing to Drug Addiction Treatment System in Vietnam

Social stigma among health practitioners and punitive methods of intervention are major challenges for the delivery of effective drug addiction treatment in Vietnam. These elements discourage motivation for positive behavioral change among individuals who use drugs, which is a major contributor to the current high relapse rates seen nationally (Martin et al., 2009). Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior (Miller & Rollnick, 2002). Motivational Interviewing encourages voluntary treatment and stimulates intrinsic motivation for positive behavioral change. Practicing the principles of MI can lead to increased rates of abstinence among individuals who use drugs (Martino, Carroll, Nich, & Rounsaville, 2006; Miller, Yahne, & Tonigan, 2003; Tevyaw & Monti, 2004). Despite continuing efforts by the government of Vietnam to improve the current drug policy, addiction is still regarded culturally as a social evil committed by an individual who uses drugs instead of a social problem. Therefore, the application of motivational interviewing (Miller & Rollnick, 2002), which views addiction as a social problem, not a crime, could help create a cultural shift and diversify treatment models, having the potential to reduce the current high relapse rate in Vietnam. Such a change will require changes in the current legal framework focusing on rehabilitation perspective characterized by the therapeutic relationship, voluntary treatment, and encouragement of intrinsic motivation for change rather than punishment. Thus, the foremost strategy should be policy reform, which would be initiated at the central government or ministerial level. Changes at this level would have a significant impact on program implementation in the localities. Specifically, it is important that the Ministry of Labor Invalids and Social Affairs, which is a key stakeholder for this issue in Vietnam, recognizes the advantages of MI and recommends the adoption of the method as an effective evidence-based practice intervention

for drug addiction treatment. Adoption at the national level is critical for implementation at local levels in Vietnam because treatment providers can only adopt and implement MI if it is approved and supported at the central government level. The application of MI could lessen or eliminate social stigma among health practitioners since it is a person-centered and goal-oriented approach which aims to help clients confront their ambivalence and promote intrinsic motivation for change (Miller & Rollnick, 2002).

As in other countries, individuals who use drugs, and their families, are avoided or isolated by their neighbors in Vietnam. Consequently, many Vietnamese individuals who use drugs do not want to seek treatment services because of shame and stigma. The application of MI can encourage individuals who use drugs to seek treatment since this is a non-judgmental approach to treatment. Further, practice knowledge reveals one-way communication is rarely effective in supporting people to change their desired behaviors (Wahab, 2005). The application of MI can facilitate a therapeutic alliance between clinicians and individuals who use drugs. The presence of this alliance is witnessed by the client when they feel someone is listening and understands their situation. This effective engagement is the first step towards facilitating a commitment to change.

For those with persistent ambivalence, about their drug use, the therapeutic process of MI (Martino, Carroll, Nich, & Rounsaville, 2006), recognizes clients' uncertainty, competence, and coping ability. With its overarching mission for creating and supporting self-efficacy (Miller, Yahne, & Tonigan, 2003; Smedslund et al., 2011), MI can help individuals who use drugs in Vietnam increase their awareness of problems related to drug use, evoke motivation, and increase self-efficacy for positive change. Motivational Interviewing can help to promote belief in their own ability to maintain sobriety or reductions in use.

The Role of Social Workers and Motivational Interviewing Implementation in Vietnam

With the core values of the social work profession such as service, dignity and worth of the person, importance of human relationships, and the empowerment of vulnerable groups (NASW, 2017); social workers can make a significant contribution to drug addiction treatment in Vietnam. The inclusion of social workers into the drug addiction treatment system could significantly improve the implementation of MI in Vietnam because social workers accept individuals who use drugs from "where they are". Demonstrations of empathy indicate social workers can imagine the client's situation. This together with the attributes of trust, patience, genuineness, honesty, are characteristics of effective social work practitioners. These attributes are critical to effectively apply the principles of MI and subsequently work to evoke intrinsic motivation for positive change among individuals who use drugs. A skilled social worker would not bombard individuals who use drugs with the benefits of non-drug use. Instead, the social worker would discuss the client's reluctance to change (Curtis & Christian, 2012).

The values social workers possess regarding collaboration and therapeutic alliance have the potential to help individuals who use drugs in Vietnam feel close to treatment staff. Closeness with treatment staff will lay the foundation for the establishment of a therapeutic relationship that can empower individuals who use drugs to believe in their ability to change, make a plan for change, and commit themselves to improvement. Strategies such as these are critical to ensure long-term and positive change. Using social workers to implement MI in Vietnam is appropriate and feasible because given that MI and social work value human dignity and use a non-judgmental approach. Importantly, they both focus on empowering individuals who use drugs to make a positive change by themselves instead of imposing them to change.

Taking into account (1) Decision 32 by the Vietnam Prime Minister, (2) numerous strengths of MI, and (3) unique contribution of social work profession to drug addiction treatment in Vietnam—we call on MOLISA for imperative action. Specifically, MOLISA should implement a new drug policy that encourages the implementation of MI and recognizes the importance of professional social workers in the drug addiction treatment system. In tandem with that action, the new policy should diversify treatment by facilitating the establishment of outpatient programs. Outpatient programs such as intensive day treatment, which are comparable to residential programs in the delivery of services and outcome effectiveness, save time and cost less than residential or inpatient programs (NIDA, 2009). For example, outpatient treatment usually runs from four to six weeks; meanwhile, residential treatment often extends to six or twelve months. Another advantage of an outpatient program is that individuals who use drugs can still engage in daily activities (e.g., going to work/ school or spending time with family and friends) while receiving treatment, which significantly reduces participant burden. Importantly, outpatient programs, which treat individuals who use drugs as clients or consumers, could stimulate cooperation and voluntary participation in treatment among individuals who use drugs. Moreover, the establishment of outpatient programs will provide individuals who use drugs in Vietnam more treatment options suitable for their readiness for change.

To build evidence supporting such as policy change and implementation of these system-level changes, MOLISA should fund and conduct pilot studies on the application of MI with the active participation of social workers. MOLISA should likewise work with a school of social work in Vietnam, as well as, a school of social work accredited by the Council on Social Work Education (CSWE) in another country to design and conduct an intensive training course on MI for a core group of qualified social workers from Vietnam. Finally, it is imperative to teach those receiving MI training to effectively examine and evaluate their use and ability to train others in MI in both rural and urban areas and residential and non-residential settings.

Recommendations for the Sustainable Development of Motivational Interviewing and the Social Work Profession in Vietnam

That adoption of MI, the inclusion of social workers into the drug addiction treatment system, and the implementation of pilot studies on MI are important but fundamental steps

to improve the drug addiction treatment system in Vietnam. For the sustainable development of MI and the social work profession, systematic and concerted efforts from key stakeholders such as MOLISA, schools of social work, and international organizations are required.

The Ministry of Labour - Invalids and Social Affairs (MOLISA)

MOLISA has the capacity to play a vital role in the successful application of MI and the development of the social work profession. In addition to the adoption of MI and the inclusion of social workers within the drug addiction treatment system in Vietnam, MOLISA should also focus on workforce development, capacity building, and professional training for both lecturers at schools of social work and social work practitioners in the field of practice. These are paramount elements for the successful implementation of MI given the fact that the effectiveness of MI largely depends on clinicians' knowledge of MI principles and the way in they adhere to the principles of the model (Moyers, Miller, & Hendrickson, 2005; Smedslund et al., 2011). Therefore, MOLISA should prioritize improving the quality of the social work profession through allocating adequate funding toward the training of lectures and social work practitioners. In addition, MOLISA should implement a preferential policy to recruit qualified lecturers and professional social workers in the field of drug addiction treatment. This is critical for the development of the social work profession and the effectiveness of MI implementation in Vietnam.

In the U.S, the National Association of Social Workers (NASW) has an important role in the continued development of professional social work practice. It represents the voice of social workers in policy advocacy. It also provides professional support and resources for social workers in their career development (NASW, 2017). Therefore, establishing such an association in Vietnam would make a significant contribution to building up capacity for social workers who work in the field of drug addiction treatment. MOLISA should provide a supportive legal framework for the establishment of a national professional social work association in Vietnam. With authorization and support from MOLISA, schools of social work and civic agencies should also be able to establish and expand such a national organization to all localities in Vietnam. Lecturers from schools of social work and civic agencies should be able to provide professional support or technical assistance for the establishment and operation of the national professional social work association in Vietnam through their active participation in its management board, provision of professional consultancy, and sharing knowledge in seminars/workshops. Successful establishment of the national professional social work association in Vietnam will help social workers network, seek assistance when needed, and share their knowledge with each other in the field of drug addiction treatment.

Schools of Social Work

A shortage of qualified faculties at schools of social work is a major hindrance to the development of the social work profession in Vietnam. Of the total 40 schools of social work in Vietnam, only two lecturers hold doctoral degrees in social work, and approximately 40 lecturers possess a Master's degree in social work (MOLISA, 2013). Vietnam has

been working in partnership with a number of schools of social work in countries such as the University of New South Wales, Australia, the School of Nursing and Social Work at Memorial University, Canada, and the School of Social Work at San Jose' State University in California (USA) to train social workers (Hines et al.,2010). However, current international partnerships are typically limited in time and scope and only available in particular schools of social work in some cities, such as Hanoi and Ho Chi Minh. Continuous partnerships with international schools of social work would enhance professional support for the development of professional social work training and implementation of MI across Vietnam. For instance, international partnerships can help schools of social works in Vietnam to train MI and other drug addiction treatment modalities. Schools of social work in Vietnam, therefore, must establish long-term relationships with schools of social work in developed countries and expand the development of international partnerships to schools of social works nationwide. Specifically, schools of social work in Vietnam should regularly invite professionals, social work practitioners, academics, and researchers to disseminate information on MI and other professional development topics. This could be achieved in numerous ways such as training courses, seminars, guest speaker series, and webinars. Similarly, social work practitioners and faculty members from schools of social work in Vietnam should also regularly conduct professional and professorship visits to overseas countries to improve their professional knowledge and expertise in the field of drug addiction treatment. Moreover, schools of social work in Vietnam must establish relationships with research institutes and drug addiction treatment programs in other countries in order to share knowledge and practice experience.

International Non-profit Organizations

International agencies and non-profit organizations have had a major part in social work development and drug addiction treatment in Vietnam for many years (Hines et al., 2010; Nguyen, Hugman, & Briscoe, 2010). For example, international and non-profit organizations such as the United Nations Volunteers program (UNV), the United Nations Children's Fund (UNICEF), and Save the Children Fund Sweden have sponsored international experts to provide short-term skill development training courses for social workers in Vietnam (Nguyen, Hugman, & Briscoe, 2010). International organizations have also provided financial and technical assistance for drug use and HIV/AIDS prevention and treatment projects in Vietnam (UNODC, 2010). To effectively implement MI in Vietnam, MOLISA should closely work with international organizations/agencies on how to introduce and implement MI into the drug addiction treatment system in Vietnam. For example, in collaboration with UNODC and other international organizations, MOLISA should organize conferences for international experts, government officials, and treatment staff to discuss the advantages of MI and how to effectively integrate the model into Vietnamese culture. In addition, international organizations/ agencies should provide technical and financial support to implement MI through partnership projects.

Conclusion

As discussed above, the combination of MI and social work profession is necessary and feasible to make positive changes in the current drug addiction treatment system in Vietnam. The principles of MI will stimulate intrinsic motivation to change among individuals who use drugs. Simultaneously, the core values of the social work profession will help establish a therapeutic relationship between health practitioners and their clients, which creates trust, confidence, and desire to change among the clients. Application of MI and inclusion of social workers into the drug addiction treatment system will bring a new and needed perspective to drug addiction treatment services in Vietnam. The successful application of this model will make a significant contribution to improving the current drug addiction treatment system in the country. It has the ability to positively alter health practitioners' attitudes and behaviors toward individuals who use drugs. Importantly, given the current high relapse rates in Vietnam, the application of this model will have the potential to attenuate relapse and improve public health. This success will require concerted and sustained efforts from MOLISA, schools of social works, and international organizations.

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