

# **Vietnam**

---

## **Training Needs Assessment and Analysis**

Training Needs Analysis in Vietnam was presented by Mr. Tran Viet Trung, Deputy Director for Department of Social Evils for Prevention, Ministry of Labor, Invalids and Social Affairs. Presentation was translated into English by Mr. Vi Cuong Tran, International Project Coordinator AD/VIE/H68 Office on Drugs and Crime, United Nations

**Alcohol and drugs situations.** Vietnam has experienced a rapid increase in opiate use and injecting drug use within the past twenty years. Heroin remains the most popular illicit drug in Vietnam; however use of ATS is also increasing. The HIV epidemic in Vietnam is largely fuelled by unsafe injecting practices. Needle sharing has been reported to be common among IDUs countrywide. Methadone treatment is currently being piloted in Ho Chi Minh City and Hai Phong City. Moving from a traditionally punitive approach to drug use, the government has gradually endorsed harm reduction approaches. Despite official endorsement, harm reduction programs remain largely at the pilot stage and their coverage remains limited.

**Methodology of the TNA.** There were three approaches for data collecting, self assessment questionnaires, focus groups and key informant interviews. The strategy involved of identifying diverse profile of workforces working with substance abuse and other drug users, increasing local participation in the TNA process, reflecting a balance of gender and service types, developing a national level report that reflects representation and participation of a cross section of drug treatment facilities both government and non-government to inform the development of an accredited course for improve substance abuse and other drugs treatment across the region.

TNA was conducted in 2 cities and 1 province, Hanoi, Hai Phong and Hai Duong with 3 different settings as following:

1. Community based centers; using self-assessment questionnaires with 120 respondents, they were community workers, social workers, and peer educators
2. Treatment and rehabilitation centers; using key informant interview with 15 interviewees, they were doctors, nurses, staff and peer educators
3. Sub-branches of DSEP (Department of Social Evil Prevention); using focus group, they were managers

**Demographics of the survey.** Most of staff working in drug treatment had 2 to 5 years experiences. Very few people worked for a long time in this field (more than 10 years). 62% of respondents were generalists whereas 38% were specialists. However, most of the staff working in the drug treatment was unprofessionally trained. Some of them have been trained on drug treatment; others have attended some short courses (3-7 days) with separate subjects. The majority of the staff was untrained.

Respondents spent their time in many other activities. Because drug treatment workforces were unprofessionally trained then they were not specialized in drug treatment work. Percentage of time were mostly spent on identification, managing withdrawal, alcohol and drugs education or advice, assessment including diagnosis, CBT, responding to critical situations, treatment planning. Respondents spent less time on exit planning, referral, motivational interviewing, working with families and network/liaison work.