

# Psychosocial interventions for Patients using Amphetamine (ATS) in Vietnam

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## Abstract

*Drug addiction problems in the world in general and in Vietnam in particular are happening more and more complicated. The addictive substances used also change constantly and focus on ATS type. This is a challenge because the intervention of Methadone is not effective with ATS patients. Currently, some studies have shown that psychosocial interventions have positive effects in supporting ATS users. This article is the result of a study conducted in 3 drug treatment clinics in Hanoi and Hai Phong - Vietnam.*

**Keywords** - Patients, amphetamine (ATS), intervention

## I. INTRODUCTION

According to the report of the United Nations Agency for Drugs and Crime (UNODC), the trading market and drug abuse of amphetamine (ATS) tend to increase sharply in recent years. UNODC's 2017 Drug Situation Report confirms that ATS is the second most popular drug in the world after marijuana with an estimated 37 million people using ATS globally. ATS also creates a very high burden of disease and is second only to drugs belonging to the opiate group. The report also shows that the ATS trading market has been increasing steadily in recent years. In 2015, the world recorded a high number of arrests of Amphetamine and Methamphetamine, especially in areas such as Southeast Asia and South Asia.

In Vietnam, according to the Ministry of Public Security's Anti-Drug Standing Agency, at the end of 2017, there were 222,582 addicts with management records. In particular, the number of people addicted ATS continues to increase; According to data reported from 21 localities, there are statistics and classification, the number of people using synthetic drugs is 15,447 people (accounting for 46% of drug users). Especially, there are some localities with the rate of over 80% like Tra Vinh 90.7%; Da Nang 86%; Quang Tri 84% ... the number of new drug users was found mainly using ATS and psychotropic substances.

Disorders use ATS caused by many factors. In addition to factors related to the substance (substance, purity, dose used), the intervention should pay special attention to environmental factors and individual factors of patients. Environmental factors include group culture (friends use should feel the need to use and acceptable

use), living in an environment with drug trafficking problems. Personal factors include biological and genetic characteristics (e.g., people feel like the effects of methamphetamine from the first time they are used, while most people find it uncomfortable), psychological (e.g., injury psychology due to family conflict, abuse when young ...) or mental disorder (e.g. depression). Many patients share that social acceptance is important to help maintain their morale when trying to quit drugs. Psychological therapy should be included in the treatment process and designed to suit each patient. During the intervention, therapists should pay attention to:

- Assist patients to focus on their own good points, overcome stigma from outside and self-discrimination.
- Help patients understand harmful of ATS, help patients set life goals and put meaningful activities to replace use.
- The issue of employment, economic, social and marriage status of patients is very important. The therapist should work with the social worker or the family, the agency involved and with the patient himself to improve the above problems.

Recognizing the above situation, supported by The Substance Abuse and Mental Health Services Administration (SAMSHA) and University of California, Los Angeles (UCLA), Center for Technology Transfer of HIV Addiction Treatment (VHATTC) of University of Labor and Social Affairs (ULSA) has applied the ATS psychological intervention model developed by Hanoi Medical University (HMU) and approved by the Ministry of Health (MOH) based on the decision No. 786/2019 to intervene patients using ATS patient in 3 clinics in Hanoi and Haiphong.

In this model, ULSA will conduct trainings and workshops to enhance capacity of staffs in 3 clinics about drug treatment. After that, ULSA assigned experts to give technical assistance for each clinic to during treatment to assure the result. Experts are well trained about drug and they had master of social work.

## II. OBJECT OF INTERVENTION

Patients:

- Screening with ASSIST: 705 patients
- ATS intervention based on results of ASSIST: 45 patients

Intervention staff: They are working in the clinic and trained on how to implement the intervention.

### III. INTERVENTION AREA

- Kien An clinic - Hai Phong (Technical assistance by Mrs. Do Ngoc Bich)
- Dong Da clinic- Hanoi(Technical assistance by Mrs. Nguyen Thi Lien)
- No. 5 clinic- Hanoi(Technical assistance by Mrs. Nguyen Kim Loan)

### IV. INTERVENTION DURATION

- 4 months: From 6/2018 to 9/2018

### V. ATS INTERVENTION STEPS

Table 1. ATS intervention steps

ATS intervention steps	Activities
<b>Step 1. Open group education</b>	Organize group education to provide information and raise awareness of patients about ATS
<b>Step 2. Screening and Evaluation before intervention</b>	Screening risk of using ATS by ASSIST
	Mental Health Screening (Dass-21, Psychosis Serener) and need for HIV testing
<b>Step 3. ATS intervention</b>	
Week 1 -2	Motivation Interviewing(IM) and motivational enhancement treatment (MI-MET)
	Urine test
Week 3-4-5-6	Contingency management (CM)
	Urine test
Week 7	Urine test
<b>Step 4. Evaluation after intervention</b>	Re-evaluation ASSIST and mental health issue

**ASSIST** (Alcohol, Smoking, Substance Involvement Screening Test): is a screening tool for assessing levels of risk associated with alcohol, tobacco and drug use, developed by professionals and clinical interventions of the World Health Organization (WHO).

**DASS-21** (The Depression, Anxiety and Stress Scale - 21 Items): is a set of three self-reports scales designed to measure the emotional states of depression, anxiety and stress.

**Open group education:** Activities that provide information to groups of patients using ATS so that

they can improve drug awareness, readiness and determination to participate in intervention program.

**MI:** is a counseling method that helps patients resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult to make life changes.

**MET:** is an approach that helps patients resolve their ambivalence about engaging in treatment and stopping their drug use. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process.

**CM:** During this intervention, positive behavioral management is selected to encourage and encourage patients to be "negative" with ATS use when tested for urine. Positive behavior management activities will be rewarding that patients wish to receive (not cash) such as phone cards, compliments ...

**Urine test:** Once a week, staff at the facility will use test strips to test whether the patient is negative (drug free) or positive (drug use). Through the urine test results, the staff will know the patient's drug use thus plan to have appropriate psychosocial interventions.

### VI. RESULTS OF IMPLEMENTATION OF INTERVENTION

#### A. Open education group

Organize 4 group education sessions open at each clinic. Specific contents in group education include:

- Overview of substances abuse.
- The relationship between ATS use and HIV.
- Information on HIV / AIDS and delivery services.
- Deal with the craving for memory.

After open group education sessions, 45 patients were equipped with knowledge about drugs, ATS, HIV, and skills to cope with the cravings. Thus, it helps to encourage them to join the intervention activities.

#### B. Screening results with ASSIST (N = 705)

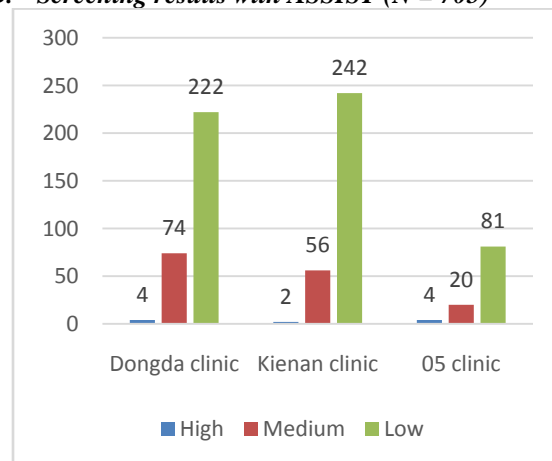
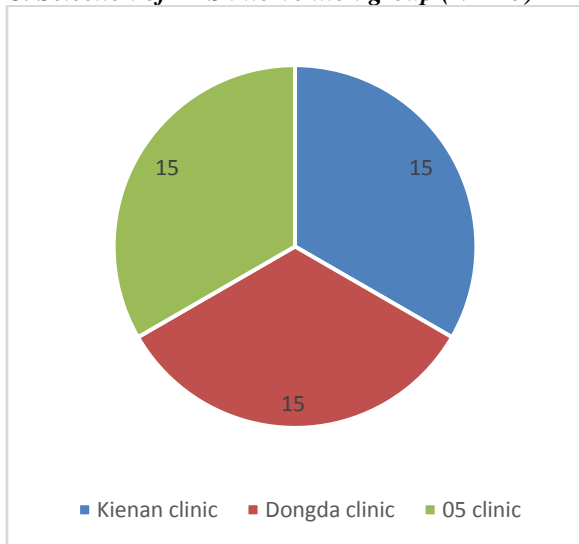


Chart 1. Screening results with ASSIST

**C. Selection of ATS intervention group (N = 45)**



**Chart 2. Selection of ATS intervention group**

**C. Evaluation before intervention (N = 45)**

	Dongda clinic		
	High/Serious	Medium	Low/Light
ASSIST		15	0
DASS21	1 depression 2 anxiety		
Psychosis screener	6/15 patient has at least one sign of mental disorder		
	Kienan clinic		
	High/Serious	Medium	Low/Light
ASSIST		15	
DASS21	1 depression 2 anxiety		
Psychosis screener	1/15 patient has at least one sign of mental disorder		
	05 clinic		
	High/Serious	Medium	Low/Light
ASSIST		15	
DASS21	2 anxiety		
Psychosis screener	No sign of mental disorder		

**Table 2. Evaluation before intervention**

**D. Evaluation after intervention (N = 45)**

	Dongda clinic		
	High/Serious	Medium	Low/Light
ASSIST		12	3
DASS21	1 anxiety		
Psychosis	1/15 patient has at least one sign of		

screener	mental disorder		
	Kienan clinic		
	High/Serious	Medium	Low/Light
ASSIST		14	1
DASS21			
Psychosis screener	No sign of mental disorder		
	05 clinic		
	High/Serious	Medium	Low/Light
ASSIST		12	3
DASS21			
Psychosis screener	No sign of mental disorder		

**Table 3. Evaluation after intervention (N = 45)**

**E. Urine test results (N = 45)**

Center 05: (15 patients)

- 4 patients kept results of (-) after 4 weeks
- 10 patients kept results of (-) for 7 weeks.
- Only 1 patient has result of (+) after 7 weeks participating in the program.

Dongda clinic: (15 patients)

- 3 patients have result of (+) until the third week
- There are 2 patients have result of (+) until the fourth week
- Only one patient has the result of (+) to the 7th week: This patient is experiencing some problems in family relationships (conflicts with his parents, often quarreling with his wife, his wife is pregnant soon, born but left to the foreign house ...), the patient himself did not have a stable job and still socialized with the old friends he was using.

Kienan clinic: (15 patients)

- There are 4 patients who keep the results of (-) from the beginning to the end of the program. These patients are people with good determination and adherence to MMT treatment.
- There are 02 patients have result of (+) in the first 2 weeks, after participating in the program, there has been marked improvement after they have been clean during the remaining 5 weeks of the program.
- Other patients with results (-) (+) interwoven, some patients keep clean for 1 week, but when friends invite or go to birthday, or having family problem, they continue to use ATS.

**VII. DISCUSSION**

Most patients, in the beginning, are not ready. However, after MI-MET intervention, the patients turn to the "Action" stage, meaning they are encouraged and be ready to stop using drug. Patients at clinics, after 2

weeks of MI-MET intervention, participated in the intervention activities of the program very actively and enthusiastically. However, time is quite short so the model needs more time for psychosocial intervention because some patients have many problems that will require more time to intervene.

- Through 4 weeks of intervention, staff in clinics conducted random urine samples. After having urine test results, all patients were met separately to discuss with the counselor about test results as well as being informed of equivalent rewards. Many patients have very positive urine test results: 8 weeks of (-); There are many patients, the first weeks of intervention still have results of (+), but after participating in the program, receiving encouragement and encouragement as well as being equipped with knowledge about ATS, so it reduces the use of ATS. It is demonstrated with results of (-); But there are also patients who only keep not using Meth for a few days. Most of these patients have psychological problems in their lives: Family conflicts, economic difficulties, not refusing to invite friends to use or due to family problems that affect them collapse and use of drugs again...So, this model needs to have more social support activities in the community. Because interventions for patients focus in the clinic while their time is mostly in community and family. So, more social support is needed in the order to get more effective in the intervention.

- Interventions need maintenance step because of the fact that even though the patients have kept clean (without using drugs), they still need to be monitored and encourage to maintain the cleanliness. They should refer to active group or refer, enable them to have job. It helps them to integrate better in community and family thus avoid drug.

- There is a need for involvement of local authorities to make social support more effective.

## VIII. CONCLUSION

Drug addiction in general and ATS in particular are becoming a hot issue in society. Along with the complicated changes in drug addiction, the intervention methods have also changed a lot, not only focusing on the medical side but psychological intervention methods are also proving more and more effective in supporting drug addicts especially ATS addicts. Research by ULSA-VHATTC in the application of psychosocial models supporting ATS addicts has brought positive results. However, to further improve the effectiveness of the intervention, the study also showed that more time for intervention was needed, more focused on social interventions at home and in the community and the active involvement of organizations to provide comprehensive services in the care and support for ATS addicts.

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