



**UNIVERSITY
OF TAMPERE**

**ADMINISTRATIVE REFORM AND MECHANISM FOR
PROVIDING PUBLIC SERVICES IN DRUG ADDICTION
TREATMENT IN VIETNAM**

THESIS

**FOR THE GRADUATION OF MASTER PROGRAMME OF PUBLIC
POLICY AND FINANCIAL MANAGEMENT**

SUPERVISOR : Ph.D. KIRSI HANSANEN

STUDENT : PHAN DINH THU

COURSE : PUBLIC POLICY AND FINANCIAL MANAGEMENT

ID : DP423671

DATE : NOVEMBER, 2018

DECLARATION

I declare that this thesis is finished as the result of my own work. I also confirm that all sources of information and data that supported to this thesis have been acknowledged and referenced. Additionally, all research results and the thesis have not been published in any other research.

20th November 2018

AUTHOR

Phan Dinh Thu

TABLE OF CONTENTS

ABSTRACT v

CHAPTER 1: INTRODUCTION 1

 1.1. Research Background 1

 1.2. Research data 3

 1.3. Research purpose 4

 1.3.1. Main research question 4

 1.3.2. Sub-questions 4

 1.4. Structure of the research 4

CHAPTER 2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK 6

 2.1. Literature review on drug addiction treatment services 6

 2.2. Overview of public services, administrative procedure and mechanism of public services delivery 10

 2.2.1. Concept of public services 10

 2.2.2. Characteristics of public services 12

 2.2.3. Classification of public services 13

 2.2.4. Theory of administrative procedure of public services 13

 2.2.5. Theory of mechanism of public services delivery 17

 2.2.6. Organizational model of public services delivery 19

 2.3. Drug, drug addiction and drug addiction treatment; services in drug addiction treatment 20

 2.3.1. Drug, drug addiction and drug addiction treatment: definitions and some related issues 20

 2.3.2. Principles in treatment of drug addiction and disorder due to addictive substances use 23

 2.3.3. Services in drug addiction treatment 24

 2.3.4. Organizational model of drug addiction treatment services 27

CHAPTER 3: RESEARCH MATERIAL AND METHOD 32

 3.1. Research method 32

3.2. Sample design.....	33
3.3. Research procedure.....	33
3.4. Collecting data.....	34
3.5. Data analysis.....	35
CHAPTER 4: RESULTS.....	36
4.1. Brief analysis of the management model of the provision of drug addiction treatment services in Vietnam	36
4.2. Analysis of drug addiction treatment in Vietnam in 2013-2016	39
4.2.1. Analysis of regulations of Vietnamese law on drug addiction treatment	39
4.2.2 Analysis of data collected from drug addiction treatment facilities and interview with drug addicts.....	46
CHAPTER V: CONCLUSIONS, RECOMMENDATIONS AND CONTRIBUTIONS .	54
5.1. Conclusion and recommendations.....	54
5.1.1. Conclusion	54
5.1.2. Recommendations.....	56
5.2. Thesis contributions	60
5.3. Limitations of the research	60
5.4. Further research	61
REFERENCES	62
APPENDICES	64
Appendix 1: Survey on satisfaction level of drug addiction treatment user.....	65

LIST OF FIGURES

Figure 1: Service organization pyramid 25

Figure 2: Comprehensive services delivery facility 28

Figure 3: Model of community-based care and treatment 29

Figure 4: Model of case-management and treatment and care for people who use drugs and are affected by drug use disorders..... 30

Figure 5: Essential supports for achieving rehabilitation and social reintegration 31

Figure 6: Management model of drug addiction treatment services delivery in Vietnam..... 38

Figure 7: Current situation of drug addicts participating in drug treatment facilities..... 47

ACRONYMS

UNODC	United Nations office on Drugs and Crime.
WHO	World Health Organization
ASEAN	Association of Southeast Asian Nations
UN	United Nations
FHI	Family Health International
NIDA	National Institute on Drug Abuse
MOLISA	Ministry of Labour - Invalids and Social Affairs
MPS	Ministry of Public Security
MOH	Ministry of Health
DSVP	Department for Social Vices Prevention

ABSTRACT

University of Tampere: Faculty of Management
Author: PHAN DINH THU
Title of Thesis: *Administrative reform and mechanism for providing public services in drug addiction treatment in Vietnam*
Master' Thesis: 66 pages
Time: 2018
Key words: Administrative reform and mechanism for providing public services in drug addiction treatment.

The reform of administrative procedure and mechanism for providing public services in the field of drug addiction treatment in Vietnam is studied in this thesis. The objective is to increase the number of drug addicts accessing the services for drug addiction treatment, to meet the actual needs of the society and requirements of the Vietnamese Government. First of all, through studying previous researches and projects relating to providing public services in drug addiction treatment, theories of public services, administrative procedure and international standards for drug treatment are presented. Secondly, I have studied laws and regulations of Vietnam, practices in providing drug treatment services in Vietnam. Finally, through these studies, I have made recommendations to change the opinion that drug addiction is a disease and social evil; to modify some models in drug addiction treatment to partially meet the recommendations of the United Nations Office on Drug and Crime and of the World Health Organization given to Vietnam; to amend articles in the Law on Drug Prevention and Fight, decrees of the Government that have violated human rights, privacy rights of users of drug addiction treatment services, as well as procedures that have caused difficulties for drug addicts to access drug addiction treatment services.

CHAPTER 1: INTRODUCTION

1.1. Research Background

Drug abuse and drug addiction are still a global challenge to health, safety and welfare, especially for young people and their families. To address this problem, it is necessary to have measures that relate to all aspects of both supply and demand reduction, meanwhile ensuring the formulation and implementation of policies on drug addiction treatment fully respect the rights, fundamental freedoms and dignity of users and drug addicts.

The Resolution of the United Nations General Assembly on International Cooperation to Address and Counter the World Drug Problem (A/ARES/64/182, 2009) also emphasizes that reducing drug use and its consequences require initiatives to reduce demand. Recently, the United Nations General Assembly passed a Joint Commitment to Effectively Addressing and Countering of the World Drug Problem (A/ARES/S-30/1, 2016) stresses the urgent need to have a measure to promote the health and welfare of all people, families and communities through promoting healthy lifestyles and scientific-based initiatives to reduce the demand that are comprehensive and effective at all levels; to assure to have measures to prevent, early intervene, treat, care, recover, rehabilitate and reintegrate to the society; and measures to minimize the consequences of drug abuse on the society and public health. (UNODC, 2016).

Countries around the world are also seeking for effective treatments for drug addiction. The adoption of any treatment depends on the viewpoints of understanding drug use and drug addiction. Countries often take the same strict penalties for the drug trafficking and drug-related violent crimes, but differ in dealing with drug abusers and addicts. Some countries with judicial system recognizing that dependence on drug is an extenuating circumstances for other drug-related offenses, and adopt punishments less strict than those who do not depend on drug, especially if they are prepared for addiction treatment (Rosmarin & Eastwood, 2012). However, in general, all countries around the world are aiming to apply international standards for treatment of drug use disorders which have been promulgated by UNODC and WHO.

The Government of Vietnam has long been acknowledged that drug abuse and addiction are

long-term challenge requiring a multi-sectoral response, so the Government has taken important steps to develop legal framework and comprehensive policies to prevent and counter drug abuse. The law also shows the efforts of Vietnam in preventing drug addiction and treatment, namely the Law on Drug Prevention and Fight No. 23/2000-QH10, the Law No. 16/2008/QH12 issued in 2008 to amend and supplement some articles of the Law on Drug Prevention and Fight. The law creates the premise for addressing the problems of drug use and dependence that all individuals, families, organizations, agencies and the whole society are responsible to prevent and fight (Article 4).

To implement commitments and affirm determination in investing necessary resources in treatment and rehabilitation, facilitating the social reintegration (UN, 1998). The Government of Vietnam, in the Scheme on renewing drug treatment in Vietnam to 2020, sets the objective of by 2020, 90% of drug addicts having management profiles get treatments (equivalent to about 225.000 people – Decision no. 2595, 2013). However, from 2013 by now, although the Vietnamese Government has provided sufficient resources to provide drug treatment services, only about 30% of drug addicts with management profiles have access to drug treatment services (equivalent to nearly 67,500 people). There is no study that comprehensively evaluates administrative procedure and mechanism for services delivery to increase the number of drug addicts having access to drug treatment services. The current researches have some limitations that most of proposals are for policy orientation or general proposal to change the model, etc., on the basis of approach from the viewpoint of drug addiction is a social evil not from the perspective of drug addiction is considered a disorder or brain disease.

Therefore, the research objective is to increase the number of drug addicts having access to drug addiction treatment services, in which, focuses on researching regulations on administrative procedure and mechanism for providing drug addiction treatment services in Vietnam. Based on the research results, the author will make specific recommendations for the reform of administrative procedure stipulated in the current law on the drug treatment services delivery and the renewal of mechanism in drug treatment services delivery towards the approach of international standards on drug treatment, principles of drug dependence treatment and experiences of some countries in ASEAN and around the world.

1.2. Research data

In implementing this research, firstly, the author collects documents for the theoretical basis including basic literatures on public services, administrative procedure, mechanism of public services delivery, especially, documents and studies on public services in the field of drug addiction treatment in accordance with international standards for the treatment of drug use disorders and some studies, regulation of Vietnamese Law on providing drug addiction treatment services, evaluation reports in Vietnam and in the world. The theoretical basis part is fundamental and has significant implications for addressing the problems of this research. Secondly, the author analyzed the current situation of drug treatment in Vietnam in 2013-2017, in which, in-depth analyzed legal regulations in drug addiction treatment services delivery and the mechanism of service delivery in Vietnam, as well as, reports on the results of drug addiction treatment in Vietnam. In addition, during the analysis, the author compared the current situation of regulations on drug treatment in Vietnam to international standards on drug addiction treatment. Finally, the authors have used 8 days in October 2017, and May, June, July 2018 when being on business trips in Hochiminh City, Hanoi, Thai Nguyen province and Hung Yen province to collect information and documents on the treatment users of drug addiction treatment facilities in June 2016 to June 2017, and to assess the satisfaction level of 120 users of drug addiction treatment services (30 people per localities) in terms of administrative procedure for participating in drug addiction treatment, use of provided treatment services. The author also interviewed 04 managers of drug addiction treatment services facilities, and 01 policy maker of drug addiction treatment on the current situation of drug addiction treatment and policy orientation of Vietnam in providing drug addiction treatment services, especially, in terms of administrative procedure and mechanism of drug addiction treatment services delivery. Based on this result, the author analyzes, commented and proposed for reforming administrative procedure and mechanism of providing drug addiction treatment services in accordance with international standards for treatment of drug use disorders and how to increase the number of drug addicts having access to drug addiction treatment services in Vietnam.

Therefore, the thesis title is *“Administrative reform and mechanism for providing public*

services in drug addiction treatment in Vietnam”.

The author expects that the research will be a reference for the Ministry of Labour-Invalids and Social Affairs, advisory bodies of the Government in promulgating policies for drug addiction treatment to refer, study and implement reform of administrative procedure and mechanism for public services delivery in drug addiction treatment in accordance with international standards on treatment for drug use disorders to address the needs for treatment of drug addicts on the basis of respecting basic human rights.

1.3. Research purpose

To have a theoretical and practical basis for proposing solutions to reform administrative procedure and mechanism for public services delivery in the field of drug addiction treatment, the research purpose is to answer the following questions:

1.3.1. Main research question

How does the reform of administrative procedure and mechanism for public services delivery in drug addiction treatment can increase the number of drug addicts having access to drug addiction treatment services?

1.3.2. Sub-questions

(1) What are the policies/regulations related to administrative procedure that make drug addicts unwilling to access to drug addiction treatment services?

(2) How do drug addicts evaluate the current satisfaction level on administrative procedure and current drug addiction treatment services?

(3) How policies/laws, mechanism of public services delivery in drug addiction treatment can be reformed to be in line with the practice in Vietnam and meet the international standards and principles on drug addiction treatment?

1.4. Structure of the research

The thesis includes five chapters. The first chapter is the introduction to research context and purpose as well as structure. More specifically, this chapter introduces the detailed purpose of the research and describes the linkages of five chapters of the thesis.

The second chapter is about the literature review and theoretical framework. Firstly, this chapter gives overviews of relevant studies on drug addiction treatment services. The research topics that have been mentioned in previous studies and the research gap that is briefly summarized in this chapter. Secondly, this chapter also presents an overview of theories of public services, administrative procedures and public services delivery to provide consistent understanding on theoretical framework. Finally, this chapter presents basic concepts of drug, drug addiction and drug addiction treatment in accordance with international standards on the treatment of drug use disorder.

The third chapter presents research methods and materials, including methods, sample design, research process, data collection method, data analysis method.

The fourth chapter is about the research results, including: the current situation of model of drug addiction treatment services delivery in Vietnam; drug addiction treatment activities in Vietnam for 2013-2016, including the results of analysis of policies and laws on drug addiction treatment and analysis of drug addiction treatment results from January 2016 until December 2016; the analysis of interviews with leaders of drug addiction treatment facilities and policy makers of drug addiction treatment policies.

The final chapter presents limitations of the research, conclusions on research results and recommendations. Specifically, the recommendations are about the change of approach, model of organizing services, application of some treatment methods as recommended by the United Nations Office for Drugs and Crime (UNODC) - World Health Organization (WHO). Particularly, specific recommendations about the necessary to change each articles of law to increase the accessibility to services of drug addicts. Finally, the author proposes a research idea for the future that this research has not explored.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Literature review on drug addiction treatment services

In recent years, there have been a number of studies related to the change of viewpoints about drug addiction, models, policies and services of drug addiction treatment, namely:

Policies of drug in Vietnam in the future (Simom Baldwin, FHI360, 2014) analyses and aggregates various information sources about drug policies. The report assesses more deeply the economic, social and health aspects, policy recommendations of developed countries to propose the reform of public services delivery model for drug addicts to move from professional drug treatment facilities to develop the community care model for Vietnam, mainstreaming services in the community with voluntary participation of drug addicts. The report also analyzes and proposes a model of coordination between ministries and sectors related to drug prevention and fight to have appropriate solutions for each group of drug users, addicts. The report also gives a number of solutions to reduce the number of illegal drug trafficking, promote drug prevention programs, etc. However, as the report serves the development program of opiates addiction treatment by Methadone in Vietnam so it only studies at the level of how to promote the alternative treatment program, when proposing solutions, the report does not specify what are policies need to be amended in the context of Vietnam?

Drug, brain and behavior, addiction science (NIDA, 2014) mentions an important scientific evidence that “drug addiction is a brain disease that can be treated” does not confirm that “is possible to completely cure addiction”. This book provides important scientific evidence on addiction in developing policy of scientific evidence-based service treatment delivery.

The research on reintegration for drug addicts, barriers in settling new life and seeking jobs (Klee H., Hilary Klee L., Lain Mclean and Christian Yavorsky C, 2002) mentions the reintegration for drug addicts, difficulties in new life and seeking jobs. The authors state difficulties and risks of drug addicts as well as the possibility to reintegrate the community, including: firstly, impacts of experience in school and family on drug addicts through behavioral and emotional contact; secondly, the impact of modern lifestyle on the risk of being drug addiction of each individual; thirdly, satisfaction level of drug addiction on social services. The research also shows that when drug addicts reintegrate into community, they

feel scared and unprepared for a new life. If the social security system does not meet the needs of drug addicts, their lives will face many difficulties. Fourthly, it is difficult for drug addicts to find a job because the employers do not trust their commitment, unstable lifestyle and lack of confidences of drug users. Fifthly, the prejudice of employers towards drug addicts.

This research mentions the influence of reintegration for drug addicts and policies. With this viewpoint, the authors only state the external difficulties without paying attention to the internal psychological difficulties when accessing employment opportunities of drug addicts as well as developing support services for drug addicts. These are limitations of this research.

Research on employment policy for drug addicts (Dennis M. L., Karuntzos G. T., McDougal G. L., French M. T., Hubbard R. L, 1993) emphasizes that the mainstreaming treatment by medicines and job creation policy for drug users is an effective solution in the treatment process. Particularly, drug users are lacked of working skills and employment opportunities which may lead to the risk of re-addiction and increase of the crimes. Having a stable job will help people re-integrate into the community sustainably and bring a positive impact on the social psychology for drug addicts. The research also points out the inadequacies from outdated and inappropriate policies as barriers to access to employment for drug addicts. It can be said that the approach in studying support policies for drug addicts drew a picture of the necessary for employment in treatment process.

However, this research only focuses on assessing limitations in terms of finding jobs of drug users, not to mention the development of services to support drug addicts so that they can have access to more support services.

Research of Do you know your right (Ministry of Health and Human Services of the US, 2000) studies on people who are in the rehabilitation process after detoxification as a guidebook of legal rights for them. Drug addicts when being aware of their rights, will know how to protect themselves against discrimination of society in different areas, such as: housing, Government service programs, health, education as well as employment. The area of employment and improving working skills is referred as a right firstly given in this research. Employers are not allowed to refuse or lay-off those who are in the treatment phase unless they have mental disorders that affect their performance. Employers should provide accommodation and working hours that are appropriate with the treatment condition of

workers. Employers must keep confidential personal information of workers and job applicants, including past information and information on the current situation of drug use. These rights are applied for local and federal firms in the US.

Thus, the research has human rights-based approach which brought a humanistic perspective on drug addicts. In order to meet the needs of drug addicts, they must be equipped with knowledge on the laws, policies and especially their legitimate rights that they will receive from social work services. The results and ideas of the research not only affect in scale of the US but also are highly applicable in many countries. The research has a comprehensive view and highlights the role of services in supporting drug addicts to reintegrate into the community. However, these support services for drug addicts have no cohesiveness and consistency each other to have the best support for drug users, this is a limitation of this research.

The report of Assessment on compulsory drug addiction treatment for drug users in Cambodia, China, Malaysia and Vietnam (WHO, 2009) provides an overview of the current situation of drug addicts in the world, in Asia, Cambodia, China, Malaysia and Vietnam, and HIV-injected drug addicts. The report assesses that therapies implemented at treatment facilities do not really guarantee the rights of people taking compulsory drug addiction treatment in terms of health care, reduction of harm and HIV/AIDS treatment. The report also provides general recommendations for services delivery for people taking compulsory treatment at facilities, developing policies to minimize harm, roles of non-governmental organizations and community-based addiction treatment organizations. However, as other researches, this research does not specifically point out what policies need to be changed to provide services for drug addicts.

The report of Policies on Drugs in Malaysia (Pascal Tanguay, Drug Policy Alliance, 2011) assesses the change of policies on drugs in Malaysia from 2003 to 2010. It mentions the provision of Methadone alternative treatment services for Heroin addicts at drug treatment facilities and in prisons. Recommendations to increase the scale up the public health service delivery, reduction of harm; to convert compulsory treatment facilities into community-based voluntary care and treatment facilities, etc., are appropriate for Vietnam as recommended by some organizations in recent time.

An analysis of the economic and public health aspects on responses of facilities and

community against the use of drug and HIV/AIDS in Vietnam (MOLISA, 2008) is based on the analysis of data on the costs for treatment in two treatment and rehabilitation facilities in Hanoi and Yen Bai. The research provides forecasts for two provinces about costs for treatment and rehabilitation at facilities, funding structure as well as the impact of investment costs on treatment in the context of drug use in Vietnam. The report does not mention the policy reform to provide services to drug addicts.

The ministerial project of study and forecast the development of methods for treatment, reintegration into community for drug addicts (Nguyen Thi Van, 2012, ministerial project) explores deeply the current situation of drug addiction in Vietnam, forecast on the drug addiction in the future and the development of drug addiction treatment methods. Some proposals of the project have been applied in the Scheme of renewing drug addiction treatment works in Vietnam to 2020. However, the project is only within the scope of proposing general policies, not specific policies or changing any current policies to provide drug addiction treatment services.

The ministerial project of Solutions for Transforming public services delivery model into non-public services delivery model for drug treatment facilities (Ngo Dong Hoan, 2008, Ministerial Project) is done on the country scale but mainly studies on both public and private drug treatment systems, giving forecasts on the possibility of transforming model as well as recommendations on the roadmap to transform and solutions to support the transforming. Actually in Vietnam, drug addiction treatment services are very difficult to socialize, mainly are public services provided by the Government. The project does not mention specific services and solutions to renew the mechanism of drug addiction treatment delivery in Vietnam.

Research on Social work services for drug addicts in the community from the practice in Khanh Hoa province (Le Phuong Thao, 2017) explores theoretical issues, current situation and impact factors on social work services for drug addicts to make solutions for the improvement of social work services for drug addicts. The research results on the content of social work services activities for drug addicts in the community, including: counseling, health care, support, connection, which are activities carried out in Khanh Hoa province. In addition, the research also investigates factors affecting social work services for drug addicts. Subjective factors are as: self-esteem, inferiority, lack of necessary social skills, lack of

information and skills. Objective factors are as: social prejudices, living environment, organizations and units providing social work services for drug addicts, qualification of staff, policy. This is a fairly comprehensive research on social work services for drug addicts and the necessity of using social work services to support drug addicts to limit their relapse possibility as well as current situation of participating in social work services of drug addicts in Khanh Hoa.

In summary, from reviewing researches related to public services delivery in drug addiction treatment in the world and in Vietnam, it can be seen that these research are approached by different directions and viewpoints on the basis of the need on support to reintegrate into the community. Researches mainly refer to social services such as employment support service to reduce the burden on society, to facilitate drug addicts in re-integration through employment support programs, setting up social order. Some researches provide scientific evidence on addiction to develop policies for services delivery from the viewpoint of addicts. Additionally, researches also propose new models or mention to the aspect of psychology to deal with the social reintegration issue to make psychological balance for drug addicts, proposing the alternative treatment services, developing community-based drug treatment. However, in order to study and propose concrete solutions to reform administrative procedures and mechanism for public services delivery in drug addiction treatment in Vietnam based on international standards on drug treatment, there have been no systematic research in terms of both theoretical and practical aspects to increase the number of drug addicts having access to drug treatment services, successfully implementing the objective of the Scheme on renewing drug treatment in Vietnam to 2020.

2.2. Overview of public services, administrative procedure and mechanism of public services delivery

2.2.1. Concept of public services

Through studying, it can be seen from the development history of society that public services are associated with the birth and development of the ruling state, are one of the important functions of the State in association with serving the essential needs and interests of citizens, organizations to promote human rights, justice, security and social security.

The State of any regimes also includes two basic functions: the management function (or

governance function) and serving function (also known as the function of services provision to society). These two functions penetrate each other, in which the serving function is major and the management function, if considering more deeply, also aims for serving. By its own power, the State through macro management tools such as legislation, planning, policies, manages and regulates public services delivery, thereby increasing the effectiveness of public services delivery in the whole society.

There are various definitions of public services and the role of the State in providing public services. Public services consist of all activities regulated, guaranteed and monitored by the State to realize and promote the interdependence among social subjects. They all serve the interests of citizens (L. Duguit, 2005). Public services include activities for general benefits of the community and society undertaken by the State or private (Petit Larousse French Dictionary, 1995). Public services can be understood as supporting activities (such as support the participation in transportation, health care, etc.) provided by the State or official organizations. These activities are not for profit to support members in the society (Oxford dictionary, 2000).

In Vietnam, Dinh Van An and Hoang Thu Hoa (An & Hoa, 2006) said that public services are also understood as activities to serve essential needs of the society, for common interests of the community and society, directly undertaken by the State or delegated to private sector. Similarly, Le Chi Mai (Mai, 2004) said that public services are activities to serve common essential interests, basic rights and obligations of citizens and organizations, directly undertaken by the State or delegated to non-state agencies to implement, to ensure the social order and justice.

Therefore, despite of different definitions of public services, there is a consistency in identifying same providers as well as objectives, specifically:

Firstly, public services are linked to the nature of the State, serving the common essential needs and interests of the society and community, not for profits. The State plays a role in securing these services for the society. Even when the State transfers a part of public services delivery works to the private sector, it still has a role in regulating the fairness in distributing these services and overcome shortcomings of the market. There is only difference among

public services in the types of services and the ways in which they are implemented.

Secondly, approaching from management function, public services are activities of the State agencies to implement the State administrative management functions and ensure the provision of services serving common essential needs of the society. This understanding emphasizes the role and responsibility of the State on public services delivery.

Thirdly, approaching from beneficiaries, the main characteristic of public services is the activity to serve the essential needs of the society and community, and the implementation of that activity may be undertaken by the State or authorized private units.

2.2.2. Characteristics of public services

Public services are considered as an operation field associated with the role and management function of the State in which products are public goods, with following characteristics:

Firstly, public services are provided to all people to ensure the public goods for the society and ensure fair distribution in order to overcome defects of the market.

Secondly, public services include basic services (education, training, health, health care, science, technology, culture-information, physical activities, sports, environmental sanitation, clean water supply, public lighting, etc.), basic rights and obligations of organizations and citizens.

Thirdly, the State is responsible to ensure these services are provided to all organizations and citizens as stipulated in law and not for profit. Even when the State transfers a part of public services delivery works to the private sector, it still has a special role in regulating the fairness in distributing these services and overcome shortcomings of the market

Fourthly, the provision of public services done by public agencies or delegated private organizations are implemented on the basis of specific transactions with customers (organizations and citizens).

Fifthly, the provision of public services is usually through full market relation. Normally, users of public services do not directly pay or rather, pay in the form of paying tax to the State budget. However, there are also some services where the users pay a part or all, the State is responsible that these services do not aim at profits.

2.2.3. Classification of public services

By the nature and effects of public services

Firstly, the public administrative service: activities of the administrative agencies regarding the granting of permits, family registration, tax, security, national defense, etc. The only provider of this service is the state agencies or organizations established by the State and delegated to provide public administrative service.

Secondly, public business service: to serve spiritual and health needs of citizens such as education, culture, health, sport, etc. People use this service not follow the supply and demand relationship and market price, but through the payment of fees or fares to the State administrative agencies. This fee is to support to the State budget.

Thirdly, public utility service: the provision of goods, basic and essential services for people and community such as: environmental sanitation, waste treatment, clean water supply, urban public transport, natural disaster prevention, etc., mainly done by the State-owned enterprises.

By providers of public services

According to Dr. Dinh Van An and Hoang Thu Hoa, if classifying by the providers, it includes:

Firstly, the public services are provided directly by the State agencies, including: basic and essential services such as national security, general education, public health care, social protection, etc.

Secondly, the public services are provided by the non-governmental organizations and private sector: services that the State is responsible to provide but not directly carry out, they delegate to non-governmental and private organizations to implement under the supervision and monitoring of the State. For example, public works are funded by the Government constructed by private companies.

Thirdly, the public services are done by the collaboration between the State, NGOs or private organizations: this kind of services delivery is increasingly common in many countries. For example, the establishment of security system in residential areas is done by the coordination of public security agency and service organizations at the residential areas (An & Hoa, 2006).

2.2.4. Theory of administrative procedure of public services

Definition of administrative procedure of public services

There are different interpretations of administrative procedure. It is an instrument for the exercise of a certain authority of the State apparatus, which is a way to do the work of the State agencies in relation with agencies, organizations and individuals.

Administrative procedure includes regulations on the organization, powers, tasks of the State agencies, and rights, obligations of citizens and social organizations in the field of State administrative management. These norms and regulations constitute the content of the law on administration.

Besides these norms and regulations, there is a number of regulations on the sequence, forms in addressing the citizens' requirements for state administrative agencies or requirements within the state administrative agencies (Encyclopedia, 2005).

According to Vietnamese legal documents, administrative procedures are the order, methods of implementation, dossiers and requirements, conditions stipulated by the State agencies or competent persons to address specific case/work that is related to individuals or organizations.

Therefore, from the State management side, administrative procedure is considered as an important tool, mean for administrative agencies perform their management on each sector, area. From the social side, administrative procedure is identified as a bridge to transfer regulations in policies of the State into life, to ensure that citizens and organizations have access and well implement policies, including, the performance of legitimate rights and benefits of them.

Administrative procedure of public services is the order, methods of implementation, dossiers and requirements, conditions stipulated by the competent administrative agencies to address service activities related to the law enforcement, not for profit purpose, issued by competent State agencies (or delegated organizations, enterprises) to organizations and individuals in the form of legal documents in the field under their management.

Therefore, subjects of administrative procedure of public services are State agencies, State management agencies or organizations/agencies authorized by State agencies to take the responsibility of provision of public services for people to meet people's requirements according to administrative procedure and process stipulated in relevant legal documents in the state management fields that public services providers operate.

Administrative procedure of public services has the role of strengthening the social management capacity of the State, harmonizing social relations and benefits, ensuring the operation of the society in an organized and stable manner, and at the same time, affecting the socio-economic development of the country; additionally, through the provision of public services following certain procedures stipulated in the law, the State uses its powers to ensure citizens' democratic rights and other legitimate rights.

Characteristics of administrative procedure of public services

Regarding the right to promulgation and legal form: administrative procedure of public services must be stipulated in legal documents issued by the State agencies or competent persons, and presented in the form of normative administrative procedure.

Regarding contents of administrative procedure of public services: according to the Decree No. 4621/VBHN-BTP, administrative procedure consists of 11 components, including 8 mandatory components and 3 non-mandatory components, namely: (1) name; (2) order of implementation; (3) methods of implementation; (4) dossiers; (5) time limit for settlement; (6) subjects of application; (7) implementing agency; (8) results of administrative procedure; (9) administrative forms; forms of implementation results of administrative procedure (if any); and (11) fees (if any). These are the important signs to recognize an administrative procedure of public services.

Regarding subjects in the relation of addressing administrative procedure of public services: Include implementing agencies and applicants of administrative procedure, specifically:

Implementing agencies are agencies or authorized persons as stipulated in legal documents of administrative procedure for each type of public services within their state management field. This is a mandatory subject in the relation of administrative procedure. This can be divided into two groups, as follows:

Group 1: The State administrative agencies, cadres, civil servants are subjects who have competence to directly address administrative procedure as stipulated in the Decree No. 4621/VBHN-BTP.

Group 2: Competent organizations and individuals are authorized by law or the State in providing one or a number of administrative public services. The participants of administrative procedure include individuals and organization.

Individual: Vietnamese citizens; foreigners, etc.

Organization: State agencies; non-state organizations legally established in accordance with the law of Vietnam; foreign organizations legally established in Vietnam and abroad, etc.

Classification of administrative procedure of public services

According to Vietnamese Encyclopedia ((Encyclopedia, 2005), administrative procedure of public services are very diversified, but can be divided into two basic types:

Type 1: Procedure for implementing works belong to the internal relations of State management agencies;

Type 2: Procedure for implementing works belong to the relations between State agencies and citizens, social organizations. Each procedure consists of many separate procedures applied in each work and each management area.

Administrative procedure belong to the relations with citizens and social organizations includes 2 important types:

- i) Administrative procedure when state agencies consider and settle legitimate rights of citizens and social organizations, and when citizens and social organizations sue a State agency;
- ii) Administrative procedure when competent agencies consider administrative responsibility and penalize the violations of citizens and social organizations (also known as procedure for handling administrative violations, or administrative proceeding)

Principles in regulation and implementation of administrative procedure of public services

Pursuant to the Decree No. 4621/VBHN-BTP dated 12 June 2013 of the Ministry of Justice, the regulation and implementation of administrative procedure of public services must be in accordance with the following principles:

Regulating administrative procedure must ensure: simple, convenient, easy to understand and implement; in line with the objectives of state administrative management; ensure the right to equality of participants of administrative procedure; time and money saving for individuals, organizations and State agencies; ensure the constitutionality, legality, consistency, uniformity and effectiveness in regulating administrative procedure; administrative procedure must be stipulated by competent state agencies on the basis of ensuring the interconnection

between other related administrative procedures, assigning and decentralizing in clear, transparent and reasonable manner; projects and drafts of normative legal documents regulating administrative procedure must be finalized by the State agencies who have the competence to manage.

The implementation of administrative procedure of public services must be ensured: publicity and transparency of administrative procedures are being implemented; fairness and equality in implementing; inter-connection, timely, accurate, no troubles in implementing administrative procedures; the right to complaint and propose of individuals and organizations against administrative procedures; heighten the responsibility of cadres, civil servants in addressing works for individuals and organizations.

2.2.5. Theory of mechanism of public services delivery

Concept, content of mechanism of public services delivery

According to Vietnamese Dictionary (Dictionary, 1999), mechanism is the way to organize to make a guideline, basis for the implementation. For example, market mechanism, mechanism of labour management. The Le Petit Larousse Dictionary (1999) explains the mechanism (mécanisme) is performance method of a set of factors that depend each other.

Therefore, mechanism of public services delivery is a method to implement and provide services serving essential needs, basic rights and obligations of organizations and citizens, not for profit purpose, and is established according to a structure or socio-economic organization of the State or private body authorized by the State.

Contents of mechanism of public services delivery:

The first: mechanism of public services delivery is a number of actions that interact with each other and are implemented in a certain social structure. As the social structure changes, the public services delivery mechanism also changes.

The second: each State establishes a system of policy institutional on the basis of a selective inheritance method or new supplement, so the public services delivery mechanism always has the imprint of inheriting from each period of development or transformation of the State as well as the new imprint of the ruling state. Therefore, the public services delivery mechanism is stable and innovative in line with the stability and development of the State and society.

Additionally, the mechanism of public services delivery is influenced significantly by the production method of the society because the economy is always the decisive factor, dominating the policy and receiving the feedback from policy. Their conformity, harmony is the foundation for the harmonious development of society.

Characteristics and classification of public services delivery mechanism

The public services delivery mechanism has a variety of manifestations, each containing one or several characteristics. Particularly:

By management level: the public services delivery mechanism at the State level usually has the overall meaning, direction, domination and legal basis for the local authorities to apply to the specific situation of each locality.

The public services delivery mechanism at local level is detailed and partially implements (if not meet all conditions for implementation) or fully regulations of the public services delivery mechanism at the State level. The harmonious coordination in the public services delivery mechanism at all levels will serve the common and essential interests, basic rights and obligations of organizations and citizens.

By operation sectors, areas: include: labour-employment, economy, population, education, health, etc.

In each of above areas, the public services delivery mechanism has its own characteristics according to the targets. The public services delivery mechanism in the field of labour-employment aims to serve needs and interests of workers. In the field of health, the public services delivery mechanism aims to ensure the needs and benefits in health care of all citizens. In the field of education, the public services delivery mechanism aims to ensure the right to education of people.

By beneficiaries: many contents of the mechanism can be similar (such as issuance of birth certificate, citizen identification card), but may also differ (such as beneficiaries of health services differ those of education services). The similarity assures the uniformity of the public services delivery mechanism by decentralization as well as by sectors, operation areas. The difference is to ensure legitimate rights and interests of each target group.

2.2.6. Organizational model of public services delivery

The organization of public services delivery is the mean of expressing the measures for the provision of public administrative services and public business services to people and social organizations under the regulations of the competent State agencies to implement services related to law enforcement, not for profit purposes, done by organizations and individuals who are authorized by the State agency (or delegated organizations, enterprises)

From the classification of public services by providers, there are 3 organizational models of public services delivery (Tapchitaichinh.vn, 2014):

The State provides finance and directly organizes the public services delivery

In this model, only the State agencies have the legal status to directly provide public services. The public services delivery complies with the principle of not for profit purposes; attaches importance to the fulfillment of plans and directives set by the State, ensuring all necessary conditions for public services delivery for the society. The State shall be proactive in providing goods and services to meet the needs of the society through the budget subsidy mechanism, designating State-owned enterprises to organize the provision of public services from the State budget.

This is a model that the State plays an absolute role in organizing and providing public services, this leads to the increase in pressure on the State budget as well as the overloading in providing all public services. As a result, there is no guarantee for both the quantity and quality of public services, not meet the needs of people and organizations for public services.

State and private sector jointly provides finance and public services

This model is being widely applied and becoming the common trend in the world. Accordingly, the State and the private sector will jointly invest and provide public services. Depending on the level and areas of cooperation, there are following forms of provision:

The State provides finance and the private sector organizes public services delivery

In this model, the State plays the role of investor, designating, ordering or organizing the bidding for public services delivery. Projects and areas are invested on the basis of the State's plan and specific needs of the society. This model is based on the market mechanism under the supervision and management of the State, ensuring the social needs and interests of the

private sector. Thus, this model is being applied in countries that clearly define the functions of the State and the society in public services delivery.

The private sector provides finance and the State provides public services

In this model, the private sector or people are investors, mobilizing capital and calling the participation of the State-owned enterprises in the provision of public services in accordance with the needs of society in association with the lives of people. The model is based on the market mechanism in the areas that are relatively equal, beneficiaries have favourable living standards and similar needs.

The State and the private sector jointly invest and provide public services

This model demonstrates very close cooperation between the public sector and the private sector. As a result, they both play the role of investors and public services providers. In order to do that, the State and the private sector often cooperate to form business link in which the State and the private sector are institutional shareholders.

The private sector provides finance and organizes the provision of public services

In contrast to the previous model, the State in this model gives the right to invest and organize public services delivery to the private sector. Accordingly, the private sector will be based on supply-demand balance for public services to organize the provision. This regulation is expressed through tools such as tax, preferential policies, incentives or price subsidy, order, etc., for the private sector to ensure enterprises in this sector can offset costs or may make profit when participating in this activity.

This is a model that maximizes the role of the private sector, significantly improves the quality of public services as well as increases the effectiveness in public services delivery. However, the fact that some essential public services should still be provided by the State, rather than absolutize the role of the private sector.

2.3. Drug, drug addiction and drug addiction treatment; services in drug addiction treatment

2.3.1. Drug, drug addiction and drug addiction treatment: definitions and some related issues

Definitions of drug

According to Clause 1 Article 2 of the Law on Drug Prevention and Fight 2000, *Narcotic substances are addictive substances, centripetalneurotropic substances, prescribed in the lists*

promulgated by the Government". And the Clause 3, Article 2 also clearly defines "*Centripetalneurotropic substances are those which stimulate or inhibit nerves or cause illusion, may cause addiction to users if they are used repeatedly for many times*". Therefore, it can be seen that centripetalneurotropic substances, in essence, are also addictive substances. That means the drug is addictive substances. So what are addictive substances?

There are many different definitions of addictive substances and the meaning of addictive substances are very different in legal documents on drug control, in medicine and in the common sense. However, currently, the most common definition of addictive substances in the world is the definition of the World Health Organization (WHO), addictive substance is "...any substance, when entering the body, changes the function of the body both physically and (or) psychologically" (FHI360, 2009). Addictive substance, in a broad meaning, is a substance that can alter normal body function when absorbed by a living body.

Classification of drugs

Depending on the approach, there are four basic ways to classify drugs as follows:

Based on the source of addictive substance: drugs can be divided into three groups, including: a) natural origin such as opium, marijuana or some kinds of mushrooms, etc.; b) semi-synthetic substances such as heroin, cocaine, etc., c) synthetic substances such as ecstasy, amphetamine or methamphetamine, ketamine, etc.

Based on the main pharmacological effect of addictive substance: it can be divided into two groups, including: a) medicine (such as morphine, seduxen, methadone) and b) addictive substances not medicine (heroin, cocaine, etc.). Based on the legality of addictive substance, it can be divided into: a) legal addictive substance (e.g. nicotine/cigarette, alcoholic drink, wine, beer in Vietnam, marijuana in Netherlands, etc.) and b) illegal addictive substance (e.g. opium, heroin, cocaine, marijuana, ecstasy, etc., in Vietnam, and wine and beer in some Muslim countries, etc.). In Vietnam, drugs are often understood as illegal addictive substances in the list of prohibited by the Government. Based on the main effects of the addictive substances on the central nervous system: addictive substances can be divided into 3 groups: a) central nervous system depressant such as alcoholic drink, opiate substances (opium, heroin, morphine, etc.), low dose of marijuana; b) central nervous system stimulation such as cocaine, caffeine, nicotine, amphetamine, methamphetamine, low dose of ecstasy; c) hallucinogenic effects such as high dose

of ecstasy, high dose of marijuana, ketamine, psilocybe pelliculosa, etc.

Biological nature – behaviour of drug addiction

Drug addiction, as defined by WHO, is a chronic and recurrent disease of the brain that is manifested by a behaviour of compulsive search and use despite the consequences of use (FHI, 2009).

According to the guidance on classification of international diseases and health problems (ICD – 10) of the World Health Organization (WHO, 2007), to diagnose a person as drug addict, the person must have at least 3 to 6 signs within 12 months prior to assessment: i) there is an intense drug craving or a sense of compulsive need to use; (ii) difficulties in controlling the use of drugs as starting, terminating or level of use; (iii) have a syndrome of substance withdrawal, expressed by symptoms that can occur when reducing or stopping use drug such as: shivering, chills, cramps, convulsions, poor awareness, lack of concentration, emotional problems, even death, etc. (iv) there is an evidence of tolerance, is a state where a person no longer responds to a drug (addictive substances) they have used before and they need to use a higher dose to achieve the same effect as before; (v) increasingly distract past hobbies and increasingly spend time on drug use; (vi) continue to use the drug despite clearly knowing the harmful consequences of its use.

Drug addiction treatment

Addiction is a recurrent chronic disease. Addicts have different behaviors of use and levels of dependence, as well as different supports in the treatment process. Thus, there is no treatment that is effective for all addicts. For most addicts, addiction treatment is a long-term process that requires a lot of efforts and diversified supports and coordination. The goal of drug treatment should ensure that treatment services are provided to the right person at the right time and in right way. Determining the appropriate treatment for each patient requires accurate assessment of the patient's condition, needs, difficulties and resources to support the treatment process.

According to the National Institute on Drug Abuse (NIDA), an effective drug treatment program is a comprehensive program of admission, assessment, treatment planning, therapeutic medicine, regular care, monitoring of use, self-support groups, counseling and behavioral therapy, case management, vocational training, mental health care, health services, education, legal aid, financial support, housing, family-related issues, HIV treatment

(UNODC, 2010). Drug addiction treatment may include psychosocial and behavioral therapies, pharmacotherapy, or combination of behavioral and pharmacological therapies.

Behavioral and psychosocial therapy. Behavioral therapy gives patients methods to cope with drug craving, teach them how to avoid re-using drugs, relapse fighting and help them deal with relapse if it occurs.

Treatment by medicine such as methadone, buprenorphine and naltrexone, are beneficial for patients addicted to opiate substances (such as opium, heroin, morphine). Medicines such as antidepressants, mood stabilizers or tranquilizers may be necessary for the success of treatment when a patient has co-occurring psychiatric disorder such as depression, anxiety, emotional disturbance or mental disorder.

2.3.2. Principles in treatment of drug addiction and disorder due to addictive substances use

UNODC and WHO have given the viewpoint that drug addiction and disorders due to addictive substances use can be effectively treated through a range of interventions by medicine and psychotherapy, and given basic principles of treatment as follows:

Principle 1. Treatment must be readily available, assessable, attractive and relevant to the needs of patients (UNODC/WHO, 2016). This principle means that drug addicts at different stages will have different access, screening, inpatient treatment, outpatient treatment, depending on their needs but must be met and the coverage of services should be from rural to urban areas, and the service delivery time is spread throughout the day and minimal waiting time.

Principle 2. Ensure ethical standards in treatment services (UNODC/WHO, 2016). Treatment services, as recommended by UNODC – WHO, should be built on the basis of respect for international standards on morality, respect for human rights and remembrance, and anti-discrimination, non-compulsory treatment time. Additionally, the right to ensure privacy of persons in treatment process and not provide information to anyone without their consent, not for health and treatment purposes.

Principle 3. Encourage the treatment of disorders in drug use through effective coordination between the justice system, health and social services (UNODC/WHO, 2016). This principle encourages policymakers to incorporate elements of the judicial system such as mandatory inpatient treatment, detoxification, treatment of disorders in drug use and legal aid services,

vocational training, cultural education, job search assistance, etc.

Principle 4. Treatment must be based on the scientific evidence and individual needs of patients with drug use disorders (UNODC/WHO, 2016), as recommended that only apply method of using medicine and psychosocial science has proven the effectiveness in science or approved by international agencies and experts. In particular, the time and intensity (dose) of the intervention must follow evidence-based guidelines. This principle also warns that existing interventions need to be consistent with the culture and financial situation of each country without undermining the core elements identified by science to ensure an effective output.

Principle 5. Respond to the needs of patient groups and special conditions (UNODC/WHO, 2016). This principle recommends groups such as adolescents, elderly, women, pregnant women, sex workers, gender and sexual minorities, ethnic and religious minorities, individuals related to the criminal justice system, marginalized individuals, these people need to have a specialized treatment plan. In particular, children and adolescents should not be treated at the same facility with adults; and need to be treated at a facility that can address other problem that this patient encounters, and the facility must have/cooperate health care services, education, social services with families, schools.

Principle 6. Ensure a good clinical management structure for services and programs for treatment of drug use disorders (UNODC/WHO, 2016). In addition, it is recommended that quality and effective treatment services for drug use disorders need reliable and effective clinical management in order to achieve treatment goal. This principle also warns that the leaving of employees working in this field is recognized and organizations should have more methods to support, motivate, encourage their employees for better services delivery.

2.3.3. Services in drug addiction treatment

Treatment methods and interventions

UNODC and WHO have introduced six treatment methods and interventions for people with drug use disorders, including: (1) community based approach; (2) screening, short intervention and referral to treatment; (3) short-term inpatient treatment; (4) outpatient treatment; (5) long-term inpatient treatment; (6) rehabilitation management (UNODC/WHO, 2016). Treatment methods and interventions are defined and briefly described with goals, clients, assessments, recommendations and personnel mechanism, etc. In these methods, the

main focus is the content of professional, not to list necessary services in each method because each method will be duplicated if fully listed.

Characteristics of an effective system in treatment service delivery for drug use disorders

According to UNODC and WHO, a national system for treatment of drug use disorders requires a supportive response, combining many elements to provide services to different target groups depending on the severity level of disorders and normally, the public health system are prioritized in treatment services delivery for disorders, often in close collaboration with social care services and other community services (UNODC/WHO, 2016).

To develop a comprehensive treatment system, in the context of available resources and meeting the needs of patients, UNODC and WHO recommend the principle of “providing intervention should be at the most effectiveness and the lowest cost” (UNODC/WHO, 2016).

In drug addiction treatment delivery, UNODC and WHO provides a chart of “service organization pyramid” to propose to build a drug addiction treatment system with the principle of: available, accessible, affordable, scientific base and diversified (UNODC/WHO, 2016)

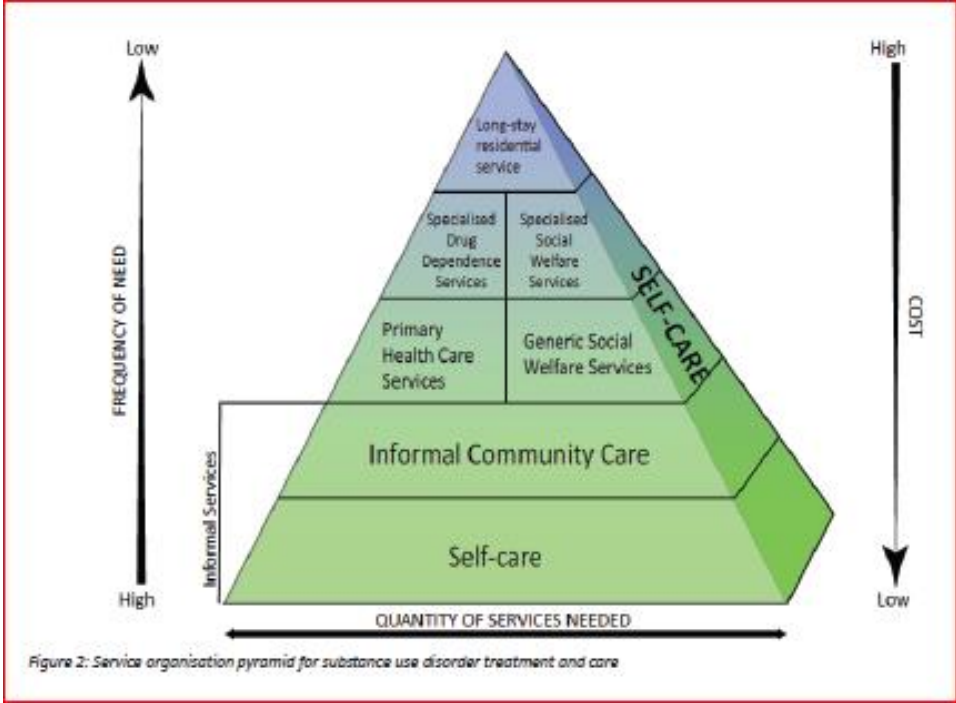


Figure 1: Service organization pyramid

At the same time, with “Service organization pyramid”, UNODC and WHO also introduce

“Proposed interventions at different levels of services”.

Level of services	Possible intervention
Informal community care	Access to informal self-support groups through friends and family
Preferred health care services	<p>Review, overall interventions, basic health care, referral to treatment</p> <p>Continuing support to patients in treatment, linking with intensive treatment services</p> <p>Basic health services include first aid, wound management</p>
General social welfare	<p>House/ residential areas</p> <p>Food</p> <p>Unconditional social support</p> <p>Ensure access to intensive health and social services when needed</p>
Intensive drug addiction treatment	<p>Assessment</p> <p>Case management</p> <p>Treatment plan</p> <p>Treatment</p> <p>Psychosocial interventions</p> <p>Treatment with medicine</p> <p>Relapse prevention and fighting</p> <p>Rehabilitation management service</p>
Intensive health care services	<p>Mental health treatment</p> <p>Internal medicine</p> <p>Treatment for dental, HIV and hepatitis type C</p>
Intensive social welfare	Support from family and community re-integration

services	Vocational training/education program Livelihood/Loan Plan for relaxing Rehabilitation management service
Long-term inpatient services	Accommodation Vocational training Safe environment Life skills training Support in treatment process Rehabilitation management service

Therefore, through treatment methods and interventions, it can be seen that drug addiction treatment services include: counseling, assessment, screening, basic health care, referral to treatment, accommodation, food, treatment with medicine, treatment, psychosocial intervention, alternative treatment, relapse prevention, mental health treatment, opportunistic infection treatment, HIV treatment, treatment of hepatitis (B,C), vocational training, cultural education, loans, life skills training, etc.

In addition, UNODC and WHO recommend that should have a data system and development of national information system on addictive substances and drug addiction treatment.

2.3.4. Organizational model of drug addiction treatment services

Facilities provide comprehensive services for disorders treatment

According to UNODC and WHO, there are any ideas on the needs of people suffering drug use disorders are proposed that a system of social health services should be available. According to this model, drug addicts can have access to all treatment services at “Comprehensive services delivery facility” (UNODC/WHO, 2016)



Figure 2: Comprehensive services delivery facility

Community-based care and treatment

Under the model of “drug addiction community-based care and treatment” that UNODC and WHO introduce, a community-based network with broad partnerships can be formed not only between public health services and public society but also with other community-related parties. This model, when operating, will mobilize and utilize all available resources at the community, and will have positive impact on drug addicts thanks to the association with community (UNODC/WHO, 2016).

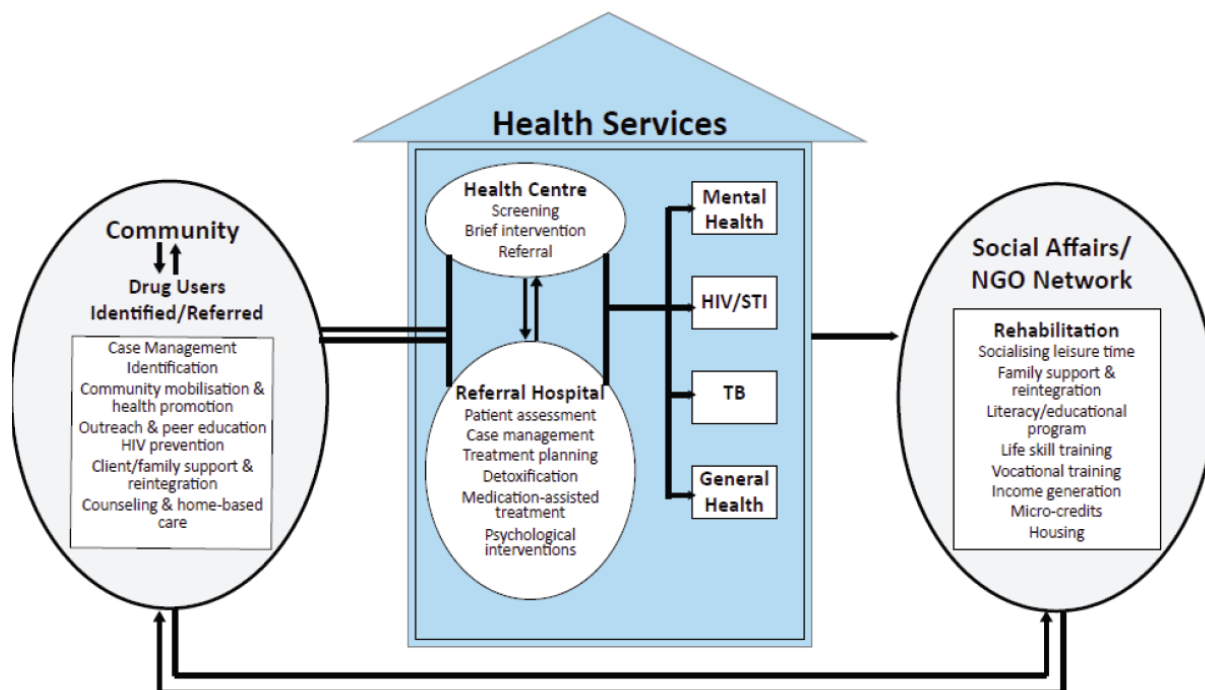


Figure 3: Model of community-based care and treatment

Also in the figure 3, partners in a network of community-based services should work closely to provide the best support for patients through effective referral and case management strategy to ensure the continuing care. The figure 3 also shows that community-based care and treatment model also provides appropriate and diversified level of intervention, allow drug addicts easily access to different care and treatment services.

Case management and care, treatment for drug addicts and drug use disorders

According to UNODC and WHO, to ensure patients are linked and sent to services that are appropriate with their needs, case management is an important factor (UNODC/WHO, 2016).

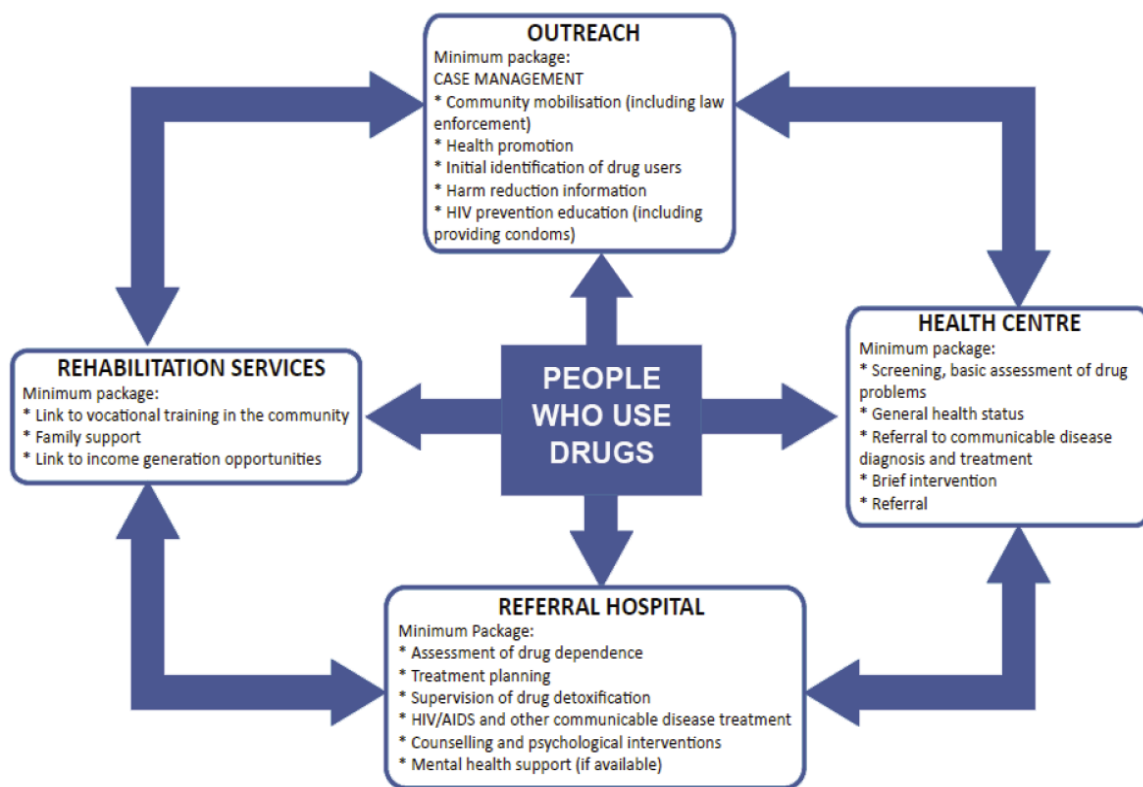


Figure 4: Model of case-management and treatment and care for people who use drugs and are affected by drug use disorders

According to figure 4, the role of people in charge of case management is who work with patients, member of treatment team and services or organize to select the best connection. Case management also provides a continuing assessment on the treatment process. By doing this, case management still ensure that the network of referral and other support services are still maintained the accessibility and effective use of resources (UNODC/WHO, 2016).

Case management also provides continuous assessment of treatment progress. In this way the case manager ensures that the referral network and other support services remain accessible and effective use of resources. The following diagram describes a case management system that works from the perspective of drug users and enters the treatment system.

Rehabilitation management

Rehabilitation is considered "a continuous process and experience through individuals, families, and communities using internal and external resources to address issues related to

addition and addictive substance abuse, keeping control over their vulnerability to such problems, and build a healthy, productive and meaningful life” (W.While, 2007). In treatment of addiction, rehabilitation is the ultimate goal of treatment, so access and support during this stage is essential, particularly in terms of accessibility, basic support and harm reduction. substance use to reintegrate into the community. Continuity of services should be ensured to assist people with substance use disorders and focus on the need for rehabilitation, reintegration and self-recovery (UNODC/WHO, 2016).

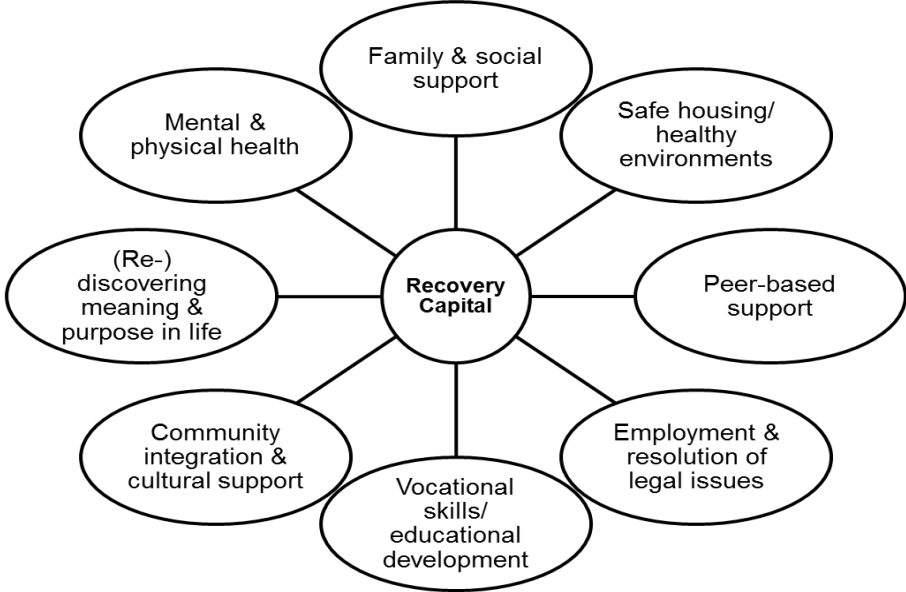


Figure 5: Essential supports for achieving rehabilitation and social reintegration

CHAPTER 3: RESEARCH MATERIAL AND METHOD

In this chapter, the author presents the research method. The author describes the method I am for collecting and analyzing the data and explaining the choice of method. In addition, the author also reflects honestly, qualitatively, ethically on the unfavorable aspects in applying this method.

3.1. Research method

The research method of this thesis is qualitative and qualitative research which mainly collects data in words and is an approach that tries to describe and analyze the characteristics of the group from the perspective. anthropologist's point. The research method used for this research is qualitative research method because qualitative research seeks answers to a question, systematically uses a predefined set of procedures to answer the question, collects evidence, produces findings that were not determined in advance and rich data, and produces findings that are applicable beyond the immediate boundaries of the study (Mack et al., 2005). In addition, the author selects qualitative research because qualitative research is particularly valuable in the assessment of drug addiction treatment services, which allows for: exploring difficulties and little-known issues relating to drug addiction, leadership's awareness of drug addiction, feasibility acceptability and appropriateness of drug treatment programs, identify shortcomings of interventions are being implemented, and give appropriate solutions for these shortcomings. Finally, the author chooses the qualitative method because he was given the help to well know the research subjects are those using the drug addiction treatment service and the research places are drug addiction treatment facilities

The main source of data is literature from studies, books and newspapers published by some authors in Vietnam and in the world; data from the report of the Ministry of Labor-Invalids and Social Affairs, Ministry of Public Security, Ministry of Health and through interviews directly with drug addicts at drug treatment facilities, leaders of drug treatment facilities and data of facilities. The Ministry of Labor-Invalids and Social Affairs has short-term and long-term policies and reports from 2013 to 2017. After data collection, data are processed and

classified in groups to answer the practical issues that the thesis set.

3.2. Sample design

Interview

Because of the limited time and resources, the interview method is mainly used in this thesis. Firstly, for interviewing drug addicts, the author uses a structured interview method using a scoring scale. Each question is divided into four different levels to assess the level of satisfaction of drug addicts for addiction treatment services, especially the administrative procedure and the quality of addiction treatment services. (not satisfied, moderately satisfied, satisfied and very satisfied). Each questionnaire consisted of 8 questions, including 4 questions on administrative procedures and 4 question on the quality of drug treatment services. Interviewees are 120 drug addicts being treated at four drug addiction treatment facilities in Ho Chi Minh City, Hanoi, Hung Yen and Thai Nguyen. Each interview takes between 20 minutes and 30 minutes, depending on the time spent explaining the question and the scoring scale for drug users to understand and answer the question correctly.

Secondly, for managers of drug treatment facilities and policy makers of drug addiction treatment, the author uses a structured interview method, through the questions, the author looks for thoughts and share on the administrative procedures, quality of services that drug addicts are involved in treatment, on policies of the state and future direction. The policy maker gives 90 minutes to conduct the interview, while the four managers of drug addiction treatment facility give only 60 minutes for the interview.

3.3. Research procedure

The study was conducted according to the following procedure. Firstly, the author collects materials related to the topic on drugs, drug addiction, legal documents on drug addiction treatment, drug research papers, relevant international conventions, relevant international standards for the treatment of drug use disorders. The secondly, the preliminary research of the material to identifies the research question to answer the content of the topic. In the third step, the author collects more material, deeply studies the previous topics, researches and

develop the theoretical framework. In the fourth step, the author chooses the research method described in Section 3.1. The next step is to conduct qualitative data collection and analysis, to analyze the qualitative data in order to find out the actual evidence for explaining the problems that the research questions have asked. At the end of the research process, the author compares the results of the research, found out in the process of the research, compared them with the theoretical framework and previous studies and concludes. In this section, from the theoretical and practical framework, the author makes recommendations on reforming administrative procedures and reforming the provision of drug addiction treatment services so as to increase the number of drug addicts having access to drug addiction treatment services.

3.4. Collecting data

Review of policies related to administrative procedures

This is also very important in the research because the main purpose is to propose administrative procedure reform so that drug users can easily access drug addiction treatment services. The review of policies, legal documents also takes a lot of time to detect unreasonable from the perspective and specifically detect any article and clause in the current legal documents on administrative procedures that obstruct drug addicts have access to drug treatment services

Study documents, reports of ministries, sectors, drug addiction treatment facilities

As a qualitative research method, the results of interviews and literature review can help to understand the current situation of drug treatment results in Vietnam, from 2013 to 2017. Information from interviews with policy makers and four drug treatment facility leaders, interviews with drug addicts provides trends in policy formulation and expectations of leaders of drug addiction treatment facility.

The survey was conducted in October 2017 and May, June, July, and July 2018, using a questionnaire on satisfaction of 120 drug treatment participants. At the time of the survey, 120 respondents were interviewed, including 40 had compulsory drug treatment and 80 were voluntary inpatients. Participants in voluntary outpatient treatment and methadone treatment

were not included in the survey.

3.5. Data analysis

Objectives of data analysis of this qualitative research method are describe variation and individual experiences, to describe and explain relationships (Mack et al.,2005). Firstly, the author synthesizes data collected from theoretical sources, previous studies and interviews with leaders in drug treatment facilities and policy makers. Secondly, the author analyzes the legal policy system, assess the issues related to administrative procedures. Third, the author analyzes the data provided by drug treatment facilities to understand the situation of drug addicts participating in drug treatment. Finally, the author analyzes each data collected to see the problem that the thesis needs to address.

CHAPTER 4: RESULTS

This chapter focuses on presenting the results obtained from the review of the overall legal policy on the model of providing treatment services in Vietnam, administrative procedure and services delivery mechanisms in the treatment of drug addiction in Vietnam; Results of the satisfaction assessment of drug addicts, drug treatment facility leaders and policy makers. Expected data will serve as a platform to answer the question of how to reform the administrative procedure and reform the service delivery mechanism in the field of drug treatment in order to increase the number of drug addicts having access to drug addiction treatment services.

4.1. Brief analysis of the management model of the provision of drug addiction treatment services in Vietnam

The management model of the provision of drug addiction treatment services in Vietnam is illustrated in Figure 6. In Vietnam, the National Assembly is the highest body in the management of drug treatment services delivery through the issuance of legal documents - policy framework, the Government is the unit to organize the implementation of the law, the issuance of other normative legal documents and direct the implementation of the law, also reflects, report to Congress issues arising in practice and proposed amendments

The Ministry of Labor-Invalids and Social Affairs is the state management agency at the central level and is responsible to the Government for the treatment of drug addiction, the formulation of mechanisms, policies, medium, long-term and annual drug treatment strategies; to direct, guide and inspect the provincial People's Committees in working out plans on organizing drug treatment; To direct, inspect and guide the department of Labour-Invalids and Social Affairs on professional activities for drug addiction treatment and inspection of drug addiction treatment facilities in the implementation of the law on drug addiction treatment. Other ministries and sectors shall promulgate policies related to drug addiction treatment, which have close cooperation with other ministries.

As in the central level, in local, Department of Labour- Invalids and Social Affairs shall be

unit to assist the provincial People's Committees in managing drug addiction. The Labour-Invalids and Social Affairs shall directly manage public drug treatment facilities and manage professional activities of private drug treatment facilities.

Other relevant departments shall also directly direct professional activities at drug treatment facilities such as: medical activities complying with the guidance of department of Health, Security activities under the guidance of the provincial police, etc.

District-level People's Committees shall carry out procedures to request the courts to send people to compulsory detoxification at the provincial drug addiction treatment facilities; management of drug treatment facilities in the community

Provincial drug addiction treatment facilities provide a full range of drug treatment services from detoxification treatment, inpatient treatment, vocational training, labour therapy, etc.

The drug addiction treatment facilities in the community shall organize the detoxification or counseling only, the detoxification activities may be transferred to purchase services of the provincial drug addiction treatment facilities. From the management model of drug addiction treatment services delivery in Vietnam, it can be seen a close relationship between agencies and organizations, in terms of management, professional guidance, report and reflection on each other's interaction, aiming to the quality assurance and effectiveness of drug treatment.

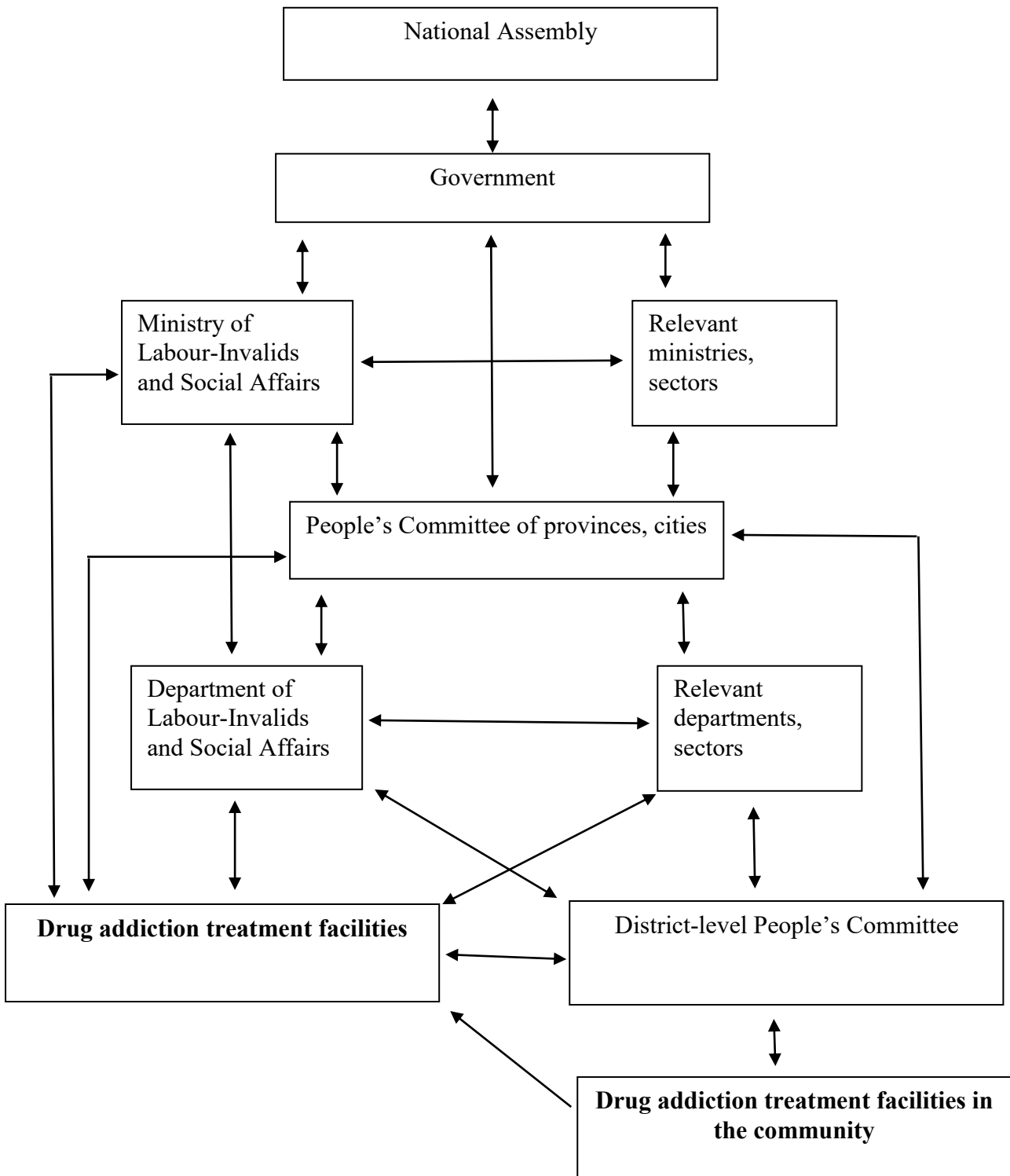


Figure 6: Management model of drug addiction treatment services delivery in Vietnam

4.2. Analysis of drug addiction treatment in Vietnam in 2013-2016

4.2.1. Analysis of regulations of Vietnamese law on drug addiction treatment

The Government of Vietnam has long acknowledged that drug abuse is an important and long-term challenge that requires a multi-sectoral response and so that the Government has taken important steps to develop a comprehensive legal framework for drug prevention and fight. Vietnam is a participant of the United Nations key conventions on drug control - the United Nations Convention on Narcotic Drug (1961), the United Nations Convention on Psychotropic Substances (1971) (as amended by the 1972 Protocol) and the United Nations Convention against Illicit traffic in Narcotic Drugs and Psychotropic Substances (1988).

On June 3, 2008, the National Assembly promulgated the Law amending and supplementing the Law on Drug Prevention and Fight, thereby encouraging organizations and individuals to participate in treatment and support for the integration of drug addicts into the community; encourage drug addicts to declare their addiction condition and register for voluntary treatment; to diversify the forms of treatment (at home, in the community, at the public facility, at the private facility) with voluntary and compulsory measures. Thus, the provisions of the Law on drug treatment in Vietnam, if compared with the theoretical framework for public services, public service delivery mechanisms and models of public service delivery, are appropriate

The Law amending and supplementing the Law on Drug Prevention and fight also stipulates compulsory treatment at public facilities from 12 to 24 months, treatment in the community for 6 to 12 months; supplementing of harm reduction interventions, applying nationwide the post-detox management policy for 12 to 24-month; at the same time, "drug addiction" remains close to "drug crime" and is considered "drug-related evils" (DSVP, 2015). Comparing to international standards for treatment of addiction, this provision is not appropriate, since international standards refer to "drug addiction as a disease" and "flexible inpatient-outpatient treatment

In order to better guarantee human rights and implement international conventions which

Vietnam has signed or participated in, the National Assembly issued the Law on the Handling of Administrative Violations No. 15/2012/QH13 dated 20th June 2012, whereby "district-level people's courts are competent to decide on the application of the measures of consignment to reformatory consignment to compulsory education institutions and consignment to compulsory detoxification" (DSVP, 2015). This is an important step in the reform roadmap, increasing the transparency of the proceedings, increasing the right of defense in administrative proceedings. It also complies with the United Nations Human Rights Recommendation and is consistent with international standards for the treatment of drug use disorders.

For further analysis and evaluation, in this thesis, the author analyzes in detail each specific policy and law in Vietnam.

Law on drug addiction treatment at home and in the community

Drug treatment at home and in community as stipulated in Article 27 of the Law on Drug Prevention and Fight are detailed in the Government's Decree No. 94/2010/ND-CP dated 9th September, 2010 on home treatment and community treatment (Decree 94/2010/ND-CP). Drug treatment at home and in the community include voluntary home-based, community-based treatment and compulsory community-based treatment, to link treatment to daily life and work, to take the advantage of encouragement, sharing of family and community to help them "detoxication, restore health, behavior, personality, ability to study and labour to improve the capacity of community reintegration""(DSVP, 2015).

Community treatment is a commune-level treatment that is supported by local mass organizations and the involvement of families in the care and sharing. However, the application of compulsory treatment in the community is carried out by the administrative decision of the President of the People's Committee at the commune level, limiting some human rights, so it does not conform to the international convention on human rights and the standard of treatment for drug use disorders. Article 29 of Decree 94/2010/ND-CP stipulates that voluntary participants of family treatment and community treatment who are not policy beneficiaries have to pay all the expenses are unreasonably. Because the ability to pay of drug

addicts is very low, while the procedures to participate is very complicate and disclose the information of the drug addicts (DSVP, 2015), so not encouraging the drug addicts to participate in treatment at home and in the community.

As a result, in 2011-2016, Vietnam organized voluntary treatment at home and in the community for 51,962 people (accounting for 27.38% of the total number of people treated in different forms); vocational training for 2,677 people; employment creation for 1,762 people. By now, 2,719 communes, wards and townships in 20 provinces and cities have set up drug treatment teams. Forms of treatment are implemented in accordance with local conditions. Some provinces and cities have created innovative ways to invest resources for treatment at home and in the community. However, at present, the availability of services is not guaranteed, so the drug users have difficulty accessing services; lack of facilities, lack of manpower and professional limitations to provide drug treatment services; The main activities are only services of detoxication, lack of management solutions, support after the detoxication phase; Lack of policy encouraging many people to voluntarily participate. Since 2014, the number of people treated at home and in the community has declined sharply, with 5,687, 58% in 2013 and only 3,566 in 2016.

Law on voluntary treatment at public treatment facility

Voluntary drug treatment at public treatment facility defined in Clause 3, Article 28, those drug addicts who voluntarily file their applications for detoxification shall be admitted for detoxification at compulsory detoxification establishments and not be considered having been handled for administrative violations (DSVP, 2015), and Clause 2, Article 29, drug addicts aged between full 12 and under 18 years, who apply either voluntarily on their own or under their families' applications for detoxification shall be admitted in to compulsory detoxification establishment reserved for them (DSVP, 2015), which detailing the provisions in the Government's Decree No. 135/2004 / ND-CP prescribing the regime on application of measure of sending to medical treatment establishments and organization and operation of disease treatment establishments under to the Ordinance on Handling of Administrative Violations and the regime applicable to minors and volunteers to come to disease treatment

establishments. This Decree is amended and supplemented in 2011 (referred to as Decree 135/2004 / ND-CP for short). Accordingly, volunteers who apply for treatment will be admitted to treatment at compulsory treatment establishments and will not be considered as having been administratively sanctioned.

The Law on Drug Prevention and Fight does not stipulate the labour regime for voluntary participants, while Article 47 of Decree No. 135/2004/ND-CP stipulates that "persons voluntarily apply for entry into drug treatment facilities.... comply with the labour regime ... prescribed by drug treatment facilities ... ". Thus, the labour regime for voluntary drug dealers is mandatory; this is unreasonable because the relationship between the voluntary participants and the treatment facility is contractual, on the basis of agreement. The regulations on information disclosure and management in the Decree 135/2004 / ND-CP are very complex, so that the participants fear of being exposed (DSVP, 2015), they do not voluntarily go to public treatment facilities.

Therefore, it should remove the "labour regime" in the drug treatment facility and the administrative procedures which are application of a voluntary person to apply for treatment, a copy of the identity card or household registration book (Article 26, decree 135/2004/ND-CP), should edit the time for reviewing the dossier is seven days (Article 27 of Decree 135/2004/ND-CP), the time for treatment and rehabilitation is at least 6 months, and should abolish the regulation of at the end of drug treatment time, the director of the drug treatment establishment shall "send copy of the certificate to the commune-level People's Committee". These have violated the principles of drug treatment, the international standards for the treatment of drug use disorders by WHO and UNODC recommended.

As a result, by the end of 2016, there are 79 public drug treatment facilities in Vietnam having comprehensive functions (compulsory and voluntary treatment and alternative treatment with methadone). 18 Public drug treatment facilities are only for voluntary drug treatment and methadone alternative treatment. In the period 2011 - 2016, 79 public drug treatment facilities receive treatment for nearly 31.000 people, on average every year, public drug treatment

facilities have received and treated for 5,000 people.

Law on non-public drug addiction treatment

The voluntary non-public addiction treatment is regulated at clause 1, 3, 5 article 25 the Law on drug prevention and fight, detailing in the decree no. 147/2003/ND-CP dated 02 December 2003 of the Government prescribing the conditions, procedures for granting permits to the management of operation of voluntary drug treatment facilities and decree no.94/2011/ND-CP amending and supplementing decree no. 147/2003/ND-CP.

Administrative procedures for dossiers requesting treatment have not yet simplified are not flexible, violated the principle of confidentiality of information; time to review "application for treatment; a copy of identification or household registration (Article 19 of Decree No. 147/2003 / ND-CP); receiving the dossier within 7 days, must notify the receipt or not (Article 20 of Decree No. 147/2003 / ND-CP) "thus making it difficult for drug addicts while they pay for drug treatment voluntary

Article 22 of Decree No. 147/2003 / ND-CP regulates the time of drug treatment "to implement a process of at least 20 days; The whole process of minimum 6 months "is not flexible, voluntary treatment is willingly paid money by the drug addicts. If they are not happy with the treatment facility, they have the right to leave.

Article 23 of the Decree No. 147/2003 / ND-CP stipulates that "Upon the expiration of the treatment duration, certificates shall be sent to the People's Committee of the commune where he/she resides" it is not realistic (100% of private drug treatment facilities do not implement), and this provision inadvertently discourages voluntary treatment and violates the privacy principle.

As a result, by the end of 2016, there were 22 voluntary drug treatment facilities of individuals and organizations were licensed, of which seven had stopped. There are two facilities receiving less than 60 people per year and 13 facilities receiving over 100 people per year for treatment. On average, these facilities have treated more than 4,000 people (4,620 in 2016). In addition to medical staff are trained intensively, the rest must

be multi-tasked and not properly trained, so the consulting activities, psychological support for drug addicts are still limited.

Law on compulsory treatment at public drug treatment facilities for drug addicts aged 18 and over

The compulsory treatment at facilities for persons aged from full 18 years prescribed in Article 28 of the Law on Drug Prevention and Fight, Article 26 of the Ordinance on Handling Administrative Violations, detailing in the Government's Decree No. 135 / 2004 / ND-CP. From 01/4/2014, the order and procedures for the measure of sending to drug treatment facilities shall comply with Article 95, Article 96, Article 103 and Article 131 of the Law on Handling of Administrative Violations. Decree No. 221/2014 / ND-CP dated 30/12/2013 of the Government providing for the application of administrative measures to be taken into compulsory treatment establishments and Decree 136/2016 / ND- CP amending and supplementing Decree 221/2014 / ND-CP (referred to as Decree 221/2014 / ND-CP for short).

Clause 2, Article 30 of the Law on Drug Prevention and fight states that during compulsory treatment time, drug addicts have the responsibility "2. Labour, study and have medical treatment for detoxication and contribute to ensuring the life". Article 32 of Decree 135/2004/ND-CP stipulates the obligation "to comply with the regime and working time in accordance with the labour law". Thus, labour is compulsory for the trainees, while both the Law on Drug Prevention and Fight and the Law on the Handling of Administrative Violations and Decree 135/2004/ND-CP do not regulate their rights under the Labour Code.

Thus, the regulations on labour in treatment facilities are not reasonable, unclear rights and obligations, need to be amended to comply with the Labour Code and other laws and in accordance with national commitments of Vietnam.

In the period of 2013 - 2016, the whole country managed and treated 189,724 people, of which the cumulative number from 2010 moved to about 70,549 people. The new reception number is 119,175 people. On average every year, treatment for about 43,000 people, equivalent to over 20% of drug addicts have management records.

Law on compulsory treatment at public drug addiction treatment facilities for persons aged under 18

The compulsory treatment at drug treatment facilities for persons under 18 years of age prescribed in Clause 1, Article 29 of the Law on Drug Prevention and Fight (DSVP, 2015) and detailed provisions in Section 2, Chapter II and Section 2, Chapter III of the Decree. 135/2004 / ND-CP. This is a compulsory method, one to two years of community quarantine for: drug treatment, counseling, cultural education, vocational training, behavioral rehabilitation, personality and community integration.

Article 29 of the Law on Drug Prevention and Fight does not regulate the authority to decide on the application of compulsory treatment at treatment establishments for persons aged under 18, but according to Clause 1, Article 12 of Decree No. 135/2004 / ND- "The president of the district-level People's Committee decides to put them into medical treatment establishments." However, this is a measure of community isolation for persons aged under 18 (including children) from one to two years, but not determined by judicial authority; No guiding, legal aid and inconsistent with the International Convention on the Rights of the Child, Vietnam was one of the first countries to ratify the United Nations Convention on the Rights of the Child and other international standards on treatment of drug use disorders. Therefore, adjustment and adaptation should be studied, whereby solutions need to be focused on care, counseling, assistance, and therapeutic intervention and recovery support.

Article 70 of Decree No. 135/2004/ND-CP stipulates: trainees who are aged under 18, if they refuse to participate in labour or study, may be subject to disciplinary measures such as: limited visit of relatives, public works. This provision is unreasonable and inconsistent with the Convention on the Rights of the Child, as: (1) "Limiting visits to relatives" is a sanction, strengthen the isolation of children with their family, while the care and sharing of the family is a good support for the recovery process. This measure adversely affects the children's integration into the family and the community, contrary to the spirit of the Convention on the Rights of the Child; (2) "public works" is an educational measure on community

responsibility for children. But if "public works" is a punishment, it is "forced labour" that must be removed under Article 3 of Convention 182 on the elimination of the worst forms of child labor.

As a result, since January 1, 2014, the compulsory treatment of people aged under 18 has ceased, while voluntary treatment has not attracted many people. Drug addicts under the age of 18 are currently being ignored, and in many places, affecting the social order.

4.2.2 Analysis of data collected from drug addiction treatment facilities and interview with drug addicts

The information below is based on a total of 1,495 people who have participated in drug addiction treatment services at drug treatment facilities in Ho Chi Minh City (Drug Counseling and Treatment Facility), Ha Noi (Drug treatment facility No. 5), Hung Yen (drug treatment facility of Hung Yen province) and Thai Nguyen (drug addiction treatment facility of Thai Nguyen). The information is provided by these facilities (for the period of 1/2016-6/2016). There are 134 drug addicts in the detoxification (10-20 days) and 1,361 drug addicts have moved to inpatient and outpatient treatment.

Drug addicts are sent to drug addiction treatment services:

In 1,495 drug addicts participating in drug addiction treatment service at drug treatment facilities, 464 were court-ordered as compulsory treatment (31%), 1,031 voluntary treatment (69%), including 200 people in drug counseling and treatment facility in Ho Chi Minh City, participated in opiate addiction treatment by methadone.

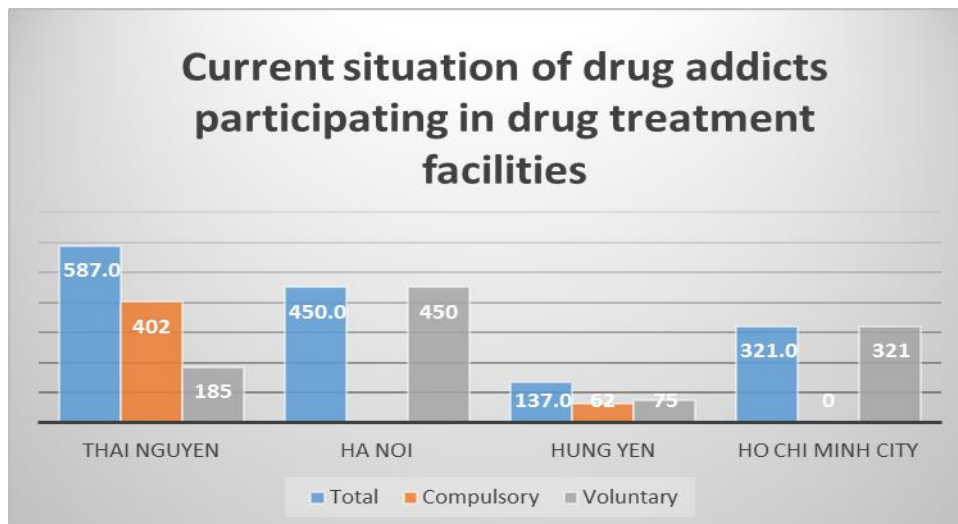


Figure 7: Current situation of drug addicts participating in drug treatment facilities

In figure 7, Hochiminh City and Hanoi have no participant in compulsory treatment, because it is community-based drug treatment facility, only for voluntary treatment (inpatient, outpatient and methadone).

In more than 1,031 people participating in voluntary drug treatment, most are sent by family and friends to treatment. The rest are known drug treatment facilities from the local government and the media.

Age: The median age of 1,495 participants is 29.5 years.

Family circumstances: Most of the participants' families are employees (71%), workers (22%). A few families do farming and community service (7%).

Education: 11% of participants completing primary school, 46% completing secondary school, 39% completing high school, 3% completing universities, colleges and 1% illiterate.

Age at first-time drug use: The median age at first drug use is 23 years.

Drug selection: Participants reported that 52% using synthetic amphetamines, 48% using opiate substances

Form of drug use: Drug addicts who participated in the drug service said that they used drugs through inhalation (66%), injection (23%) or inhaled (11%).

Frequency of drug use: Most drug users use 1-2 times a day (46%), 3-4 times / day (42%), (8%) drug use 5-6 times every day, (3%) clients use drugs only occasionally (several times a week or a month).

Detected health problems: Among 1,495 clients involved in drug treatment, 104 (7%) tested positive for HIV.

Analysis of treatment results from 1/2016-12/2016

Analysis of data provided by drug addiction treatment facilities

The following is a summary of data on treatment results reported by the drug treatment facility. Customers are treated and use services for: detoxification (10-20 days), inpatient treatment (compulsory, voluntary), outpatient treatment (not use methadone).

Service	Total	Completing treatment	Not completing
Detoxification	134	117	17
Voluntary inpatient	791	666	125
Compulsory inpatient	464	460	4
Outpatient treatment without methadone	106	37	69

Attendant data for the detoxification service: The above table shows that the majority of clients admitted to detoxification have 87% completed the program and 13% non-adherence treatment, the average number of days for detoxification is 11-13 days. In the post-detoxification phase, 101 clients (nearly 70%) continue treatment and transition to inpatient services. Of these, 46 had completed the inpatient treatment program upon agreement in the treatment program and 55 did not complete, due to various reasons such as non-compliance treatment, working, schooling, transition to outpatient treatment, etc.

Data of compulsory inpatient treatment: 791 participants (at least 6 months of contract), 666 completed (nearly 84.2%), 125 did not complete (nearly 15.8%). Those who did not complete

the treatment program were mainly unhappy with the services of the addiction treatment because there were fewer services provided to participants in voluntary drug treatment.

Data of compulsory treatment: 99.6% completed (464 people), 4 people not completed due to referral and severe illness were excluded from participating in the remaining treatment period (less than 3 months).

Voluntary outpatient treatment without methadone: This is a new experimental form of contractual treatment of 1 month to 6 months, of which 7-15 days of inpatient treatment (including detoxification, treatment of slight mental disorders), remaining time spent on outpatient treatment through psychotherapy counseling. Results: 106 participants, 37 completed, 69 not completed (65%), due to: 33 non-compliance with counseling process for treatment drugs on non-medicine use treatment, and is counseled to transfer to the methadone treatment program for 10 people, 4 people working away from home, 19 people quitted the program can not be contacted.

Assessment of the satisfaction level of participants in drug treatment services

Overall assessment of administrative procedures related to access to and use of drug treatment services: 27.5% are dissatisfied, 39.2% relatively satisfied, 23.3% satisfied and only 10% of drug users are very satisfied. For this content, when analyzing and investigating, those who go on compulsory treatment of drug addiction have satisfaction level is high and very high. The reason is basically due to compliance with the decision of the Court.

Assessment of satisfaction with administrative procedures on registering drug treatment: 18.3% dissatisfied, 31.7% relatively satisfied, 30.8% satisfied and 19.2% very satisfied. As in question 1, 49% of the respondents are dissatisfied and relatively satisfied with voluntary drug treatment, while the majority of those who were compulsively treated for drug addiction were satisfied and very satisfied.

Assessment of time for inpatient treatment: 18.3% are dissatisfied, 30.8% relatively satisfied, 35.8% satisfied, and 15% very satisfied. In this question, 100% of compulsory drug addiction treatment users are not satisfied because they have to stay in compulsory drug treatment

facilities for 12 months to 24 months.

Assessment of notifying family and local authorities on the completion of the drug treatment program: In this regard, the number of people dissatisfied is 49.2%, 25% relatively satisfied, 20.8% satisfied and only 5% are very satisfied. In fact, 100% of voluntary drug treatment users were dissatisfied with reporting to local authorities, while only compulsory drug treatment users were satisfied and very satisfied.

Assessment of expected services: 12.5% are dissatisfied, 44.2% relatively satisfied, 25% satisfied, and 18.3% very satisfied. The service that is dissatisfied and relatively satisfied are mostly assessed by compulsory drug treatment users, but most of voluntary drug addiction treatment users rate it as satisfied and very satisfied.

Assessment of the response of the services they received: 18.3% are dissatisfied, 30.8% relatively satisfied, 29.2% satisfied, and 21.7% very satisfied. In general, the rating scale between dissatisfaction and satisfaction in the ability in response to the service they receive is relatively equal, but the compulsory drug user is mainly dissatisfied and satisfied. After deeper investigation, this is because they have to be in a private area and have services provided differently from voluntary drug treatment.

Assessment of counseling drug addicts on admission to the program: Surprisingly, the majority of respondents rated serviceability as not high, but nearly 70% of respondents will introduce friends to use drug treatment services.

Assessment of possible return to drug treatment services: 63.4% are willing to return to service if they need help, while the number of people assessing their ability to return to service is low with 12.5%. Data shows that the rate of return to service is mostly from voluntary drug treatment users. After finding out, if the voluntary treatment in locality where they reside, the State will give financial support although they do not like the regulation of notification to local authority.

The analysis also shows that in the results of 4 questions about administrative procedures, 60% are dissatisfied or satisfied with the administrative procedures, generally voluntary drug

treatment users are dissatisfied with the administrative procedures, especially the regulation of notification to the local authorities where they reside. For 4 questions on services, nearly 55.8% are satisfied or very satisfied with the service, but the majority of the satisfied group are voluntary drug treatment users.

Analysis of interview results with policy makers and managers of drug addiction treatment facilities

Policy makers on drug addiction treatment: Assessment of drug addiction and the impact of drug addiction, respondents answered "Drug addiction in Vietnam has complicated developments, the situation of drug addiction has been a great change in the past few years; in the past, drug addiction was mainly opiate substances, now it is rapidly changing to synthetic drugs; Changing drug addiction to synthetic drugs addiction is very dangerous for the addicts themselves and society because they have mental disorders when they use and being addicted". The policy makers also share the effects on the economy "Drug addiction is a chronic disease caused by brain disorders," however, the law Vietnamese drug is now regulated "Drug addiction is a social evil". This is in line with the author's reading of international and Vietnamese legal documents.

About the models of drug addiction treatment services delivery: "Currently, the Government diversifies the models of addiction treatment services delivery, provides either full or partially by private providers of services. However, it is still mainly by the public facilities. Currently, we are researching the model in that the State orders the drug addiction services". The experts provide more information and orientation about the service delivery model in the future, helping us to see the Vietnamese government is approaching modern management trends in the world

Regarding the management of drug addiction treatment services providers: "Vietnam's central agencies shall promulgate policies and legislation on drug treatment services; Local administrations shall organize the provision of services and organize the financial payment for public service providers; manage the detoxification facilities in the locality". Thus, the

management model is decentralized and uniformly implemented in accordance with policy and legal regulations from central agencies are being implemented in Vietnam.

Regarding administrative procedures that prevent drug users from accessing services, respondents said that "It is very obstructive for drug addicts, as most drug addicts are aware of the harmful effects of drug addiction and want to go to treatment, but the policy of declaration, registration, post treatment notification, etc., leading to the fear of exposure identity, discrimination, etc., so not register for early treatment services, until they are heavily dependent on drugs and sent to voluntary treatment by a family or relatives, or when the court applies mandatory treatment on them".

Regarding the quality of services "currently, mainly are administrative management, it needs to renovate the care and treatment works for drug addicts".

When being asked the viewpoints and orientation for policy development in the coming time, the interviewees shared: "We are working on developing a viewpoint on dealing with illegal drug users, because using synthetic drug is a fast-growing trend - while synthetic drug is difficult to determine addiction situation to treatment; will study, regulate the decentralization of local authorities to license the operation of private drug treatment facilities; It is important to study more about considering drug addiction as a disease in legal documents, as there are not many countries in the world view drug addiction as a disease; The state will calculate the economic-technical norms of the services, the price bracket of treatment services, and, the state will buy services from competent facilities.". In general, the sharing of experts in policy development on drug treatment is appropriate with scientific aspect and current circumstances in Vietnam.

Management leaders of drug treatment facilities: Through interview with leaders of drug treatment service providers, most leaders assessed that the situation of drug addicts in facilities is increasingly synthetic drug addiction with an average of nearly 70%. Regarding the legal policy and the current mechanism of providing services, the majority said that it is basically is favorable for the provision of drug treatment services, although the regulation of

"12 months to 24 months" for compulsory inpatient treatment, where the state has not issued criteria how to classify as 12 months, 14 months and 24 months leading to the comparison between those who are sent for compulsory drug treatment. Thus, it is difficult for staff to explain to compulsory drug addiction treatment users.

When asking about the viewpoints of leaders on the administrative procedure to help drug addicts in easily access services, "although it is stipulated that the time for processing is from 3 days, the fact is that all of applicants are reviewed to sign contract of voluntary treatment services delivery when they come – Mr. Trong – Director of the Drug addiction treatment facility No. 5 – Hanoi". This question also has the same answer with other leaders/managers. However, regarding the procedure for notifying the local authorities after completing voluntary treatment, all four leaders said that "we make notification paper but not send, because drug addicts do not want to do that and are scare that they will not return to use our facilities next time". All leaders complain about the facilities to provide comprehensive drug treatment services and about the "non-cooperation" of service users because most of addicts are sent by their family.

When asking about the desire for legal policy in the coming time to attract more people to voluntary drug treatment, the common answer is spoke first is "increasing financial support for participants in drug treatment at facilities; increasing investment to upgrade, repair and add equipment for drug treatment". Leaders of drug treatment facilities in Ho Chi Minh City and Hanoi propose to not stipulate voluntary drug treatment time, which depends on the agreement between the provider and the user of services.

Therefore, the data of drug addicts in the treatment service facilities with assessment, interviews show that the current situation of synthetic drug addiction is increasing, the administrative procedure is a big barrier for drug addicts not want to go to drug treatment facilities. If they come in, the leaders of drug treatment facilities also do not fully comply with the law because they want their clients to return to use their services.

CHAPTER V: CONCLUSIONS, RECOMMENDATIONS AND CONTRIBUTIONS

5.1. Conclusion and recommendations

5.1.1. Conclusion

The basic objective of the Government of Vietnam is to increase the number of drug addicts participating in drug treatment services. Over the past few years, the Government of Vietnam has made great efforts to invest in both resources, the number of drug addicts using addiction treatment services has increased year by year. However, the number of drug addicts participating in drug treatment services has not met the target of the Government. Through the study of international literature, researches related to the drug addiction treatment in the world and Vietnam, the legal provisions of some countries and of Vietnam on the organization and provision of drug treatment services; assessment of satisfaction with administrative procedures and addiction treatment services; interviews with policy makers and managers of drug treatment facilities. It can be seen that the organizational models of drug treatment in Vietnam is relatively diversified, however, the access to services is not convenient, as there are 79 public facilities and 22 private facilities in the country, while the Vietnam's terrain is wide, people living scattered. In addition, administrative procedure is not confidential in terms of personal freedom, and privacy of drug addicts resulted in nearly 50% of treatment participants dissatisfied with the regulation on notifying the completion of treatment programs to local authorities and some violations of human rights and human rights in regulations such as "forced labour" or compulsory treatment in initial time is not in with international recommendations; The lack of separate areas to provide services to special groups such as children is a violation of the Convention on the Rights of the Child. Based on the results of the research, it is found that there are many contents of drug addiction, legal policy and organizational model need to be changed, but the scope of this research is to find out what is inappropriate, propose general modifications to the model of service delivery, abolish specific provisions related to administrative procedure in the legal policy to increase the number of drug users access to drug addiction treatment services in the specific conditions of Vietnam.

Firstly, in the book “Drugs, brain and behaviour, science of addiction” (NIDA, 2014) mentions scientific evidence that drug addiction is a treatable brain disease. Simmon Baldwin's study on Vietnam's drug policy in the future is also based on the viewpoint that drug addiction is a disease, whereas Vietnam's legal policy still prescribes drug addiction as a social evil. In the previous studies, especially the research of organizations and individuals in Vietnam is based on the viewpoint of addiction is a social evil so the calculation, approach, proposal to convert models are on the current legal basis, does not propose to change the viewpoint of drug addiction as a disease. From that, it has the approach, legislative formulation, policy formulation and provision of services to patient.

Secondly, through the research and analysis, it can be seen that regarding the service delivery model, although Vietnam has also diversified models from families, communities and public and private drug treatment facilities. But compared with the UNODC/WHO recommendation models, it does not meet and response to all seven drug treatment principles, drugs use disorders, and six treatment methods and measures for drug users. Viet Nam's models do not have a wide coverage from rural to urban (UNODC/WHO, 2016), so it is not easy for drug addicts to access drug treatment services. The services offered in each model are available in Vietnam simply by detoxification in the community-based model, not associated to the community, without extensive connections, mobilizing available resources in the community and provision of services at an appropriate and accessible level as recommended by the UNODC/WHO. For the model of public drug addiction treatment facilities, each locality has one private facility. There are only 22 private facilities in 10 provinces and cities with the services only of detoxification, inpatient treatment, outpatient treatment, vocational training, etc., without comprehensive models for the provision of drug treatment services and treatment of drug use disorders. Thus, on the viewpoint of the services delivery model, the thesis points out that the Vietnamese government needs to change its organizational model in line with the recommendations of international organizations and in line with the current situation in Vietnam.

Thirdly, through review and analysis of current regulations, policies of Vietnam, it is found

that many regulations violate international conventions on human rights such as: restriction of citizenship rights when forcing detoxification in the community; Forced labour in the form of labour therapy; sending people under 18 years old into drug treatment facilities isolated from family and community without the judgment of the court, etc., so need to change the legal policy, organizational model to no longer violate basic human rights while participating in drug treatment.

In summary, in the long run, Vietnam's policies and laws need to be modified from the viewpoint of approaching drug addiction as social iver to disease, thereby formulating policies, laws and treatment models in line with the United Nations Convention on Human Rights, in line with international standards for the treatment of drug use disorders. In the near future, it is necessary to amend the documents relating to administrative procedures in order to avoid raising concerns and preventing drug addicts from accessing addiction treatment services, renewing the model of services delivery at existing drug treatment facilities in accordance with international standards for the treatment of drug use disorders.

Finally, I believe that the change of viewpoints on drug addiction, the change of mechanism and service delivery model, the revision of legislation to reduce administrative procedure to ensure human rights, confidential information, services met the needs of drug addicts. By doing that, the number of drug addicts reaching access to services will increase, by 2020, it is expected to be more than 200,000 people taking drug treatment services.

5.1.2. Recommendations

In this research, with the basic knowledge on reform of public administrative procedure and mechanism for public service delivery in the field of drug treatment presented in Chapter II and the results of research in Vietnam Nam presented in Chapter IV, so in order to increase the number of drug addicts having access to treatment services, the author makes some specific recommendations, as follows:

Regarding viewpoint of approach

The National Assembly of Vietnam should replace the concept that “drug addiction” is “a

social evil” in clause 8, article 2 of the Law on Drug Prevention and Fight by “Drug addiction is a treatable brain disease”. From this viewpoint, a legal policy system will be developed in line with international standards for the treatment of drug use disorders.

Regarding organizational model of drug addiction treatment services delivery

Firstly, Vietnam needs to distinguish between the compulsory drug treatment model according to the court decision and the voluntary drug addiction treatment model (inpatient and outpatient). Currently, an addiction treatment facility is performing both functions. This is necessary because each target group will have different levels of management and interventions and be in line with the recommendations of international standards for drug treatment.

Secondly, community-based drug treatment models should be organized according to the model of "community-based addiction treatment and care model" of the international drug addiction treatment standards described in Section 2.3.3. of Chapter II. However, the implementation of this model should be linked to commune-level health stations and district-level hospitals on the condition of available doctors and nurses. This is in line with the principle that "treatment should be readily available, accessible, attractive and relevant to the needs of patient" (UNODC/WHO, 2016), spreading from rural to urban areas to help drug addicts have easy access to services.

Thirdly, Vietnam should implement the "Model of Public and Private Sectors Cooperate in Financial Supply and Public Service Delivery", especially the State provides finance and the private sector is in charge of service delivery as presented in Chapter II. This is in line with the undertaking of mobilizing social mobilization of the Vietnamese State, especially in the field of providing drug treatment services.

Regarding the application of treatment methods and interventions for drug use disorders as recommended by UNODC/WHO

On the basis of existing drug addiction treatment facilities and staff working in addiction treatment facilities, Vietnam needs to develop a plan, guiding document and training to

implement as recommended by UNODC/WHO. The importance of applying the above contents does not violate Vietnamese law.

Regarding the amendment of laws, policies

Through reviewing policies, laws in Chapter IV, in order to increase the number of drug addicts participating in drug addiction treatment and ensure the rights of citizens, human rights, in the coming time it needs:

Amendment, supplement:

To amend, supplement “*voluntary drug addiction treatment at family and in the community*”: the voluntary treatment at home and in the community ensures compliance with international commitments of Vietnam, especially human rights and citizenship rights. It is necessary to continue to maintain this measure because this is a good environment for drug addicts to receive care from their family and community, so that the whole society can share and care. But it must be comprehensively renewed to ensure its rationality, feasibility and effectiveness. Accordingly, the State guarantees funds for all drug addicts taking voluntary treatment at home and community; assigns commune-level health stations, Counseling and drug treatment centers in the community to directly implement; to develop a contingent of professional and permanent social workers; taking the employment settlement and sustainable livelihoods support as a focus.

To amend and supplement the regulation on “*voluntary drug addiction treatment*”: accordingly, voluntary treatment at facilities established by organizations and individuals, or at public facilities is done by a same socialization policy, regardless of whether public or private. The State guarantees funds for basic services for all voluntary treatment users.

Propose to abolish:

To abolish the policy of “*compulsory drug treatment in the community*”, as stipulated in article 27 of the Law on Drug prevention and fight as analyzed in Chapter IV, it is the violation of civil rights. Therefore, it is necessary to abolish regulation that President of

Commune-level People's Committee restricts the rights of drug addiction treatment users at community, and to abolish the administrative procedure of application, personal profile and treatment plan of drug addicts (Article 9 of Decree No.94/2010/ND-CP). At the same time, it is necessary to modify the time of reviewing application for drug treatment at home for 3 days (Article 10, Decree no. 94/2010/ND-CP). These regulations are not in line with international standards on drug addiction treatment.

To abolish the policy of "sending to compulsory drug treatment facilities" for drug addicts aged from 12 to under 18 according to the Article 29 of the Law on Drug Prevention and Fight as analyzed in Chapter IV, it violates the International Convention on the Rights of Child and Human Rights.

To abolish the "labour regime" in drug treatment facilities and to abolish administrative procedures is the application of the voluntary person for treatment, the copy of the people's identity card or household registration book (Article 26 of Decree No. 135/2004/NĐ-CP), and edit the time for reviewing the dossier shall be seven days (Article 27 of Decree 135/2004/ND-CP). The time of treatment and rehabilitation must be at least 6 months. To abolish the regulation that director of a drug treatment facility shall send a copy of the certificate to the commune-level People's Committee after completing the treatment process.

To abolish article 19 and 20 of Decree No. 147/2003/ND-CP: within 7 days, the receipt of application must be notify or not.

To abolish Article 22, Decree no. 147/2003/ND-CP stipulating the time for drug treatment of "implementation of a minimum process of 20 days; the whole process of at least 6 months". This regulation is not flexible, because voluntary treatment users have the right to abandon the treatment if they are not satisfied with the treatment facility.

To abolish Article 23 of the Decree No. 147/2003/ND-CP stipulates that "Upon expiry of the treatment process, certificates shall be made and sent to the commune-level People's Committees of the localities where patient resides." This is not realistic (100% of private providers do not comply with), and this provision discourages voluntary

treatment and violates the confidentiality of information.

5.2. Thesis contributions

The thesis has studied both theory and international standards on addiction treatment and review, evaluation of previous studies, some regulations of other countries, review of legal policies related to administrative procedure in Vietnam, and assessment of satisfaction level of drug addicts. The thesis will be a reference for the Ministry of Labour-Invalids and Social Affairs to advise the management agencies and policy makers and legal policy researchers to develop, amend legal policies on drug addiction treatment.

In fact, the thesis has many contents that policy makers can change contents of current regulations and laws, especially propose specific models and services that the author has referred from international standards on drug use disorders. This is also a valuable information for organizing at localities.

5.3. Limitations of the research

With more than one year of research, with a new approach that requires for scientific and ethical research, reliable data analysis as required by the University of Tampere. The scope of the research is broad, with three categories of "public services", "administrative reform" and "service delivery mechanism reform", the research has tried to focus on problem solving that the reality in Vietnam is posing. As a result, the research can not go into details of all three areas, but mainly explore the concepts, definitions and theories of public services, public administration procedure reform, and international definitions and standards in treatment of drug use disorders, and in-depth study of the Vietnamese law on administrative procedures affecting the access to drug treatment services of drug addicts.

First of all, with the scope of research in the country, the sample size is only 120 people participated in rating satisfaction level with administrative procedures and services; 05 interviewees. This leads to incomplete, not truly reliable reflection. At the same time, due to the small sample size, I do not use specialized software for analysis, so the analysis, cross-comparison of samples has not been done.

Secondly, Vietnam has not implemented international standards for treatment of drug use disorders so the comparison with reality of laws of Vietnam is mainly on the theoretical aspect at some basic points, that cannot cover all aspects leading to some shortcomings.

Thirdly, the review of legal documents regulating administrative procedures requires a lot of time. In Vietnam, apart from the Law, there are also subordinate regulations such as the Decree, the Resolution and the Circular. Therefore, the missing of relevant regulation shall affect the proposal to abolish or change.

Finally, in a limited time, I could not compare the laws, legal regulations of other countries in the region and in the world with regard to drug addiction, the organization of treatment services delivery for drug addicts. In particular, it is not possible to compare previous studies, theoretical frameworks and international standards for the treatment of drug use disorders so the results are not as expected.

5.4. Further research

Within the scope of the thesis, the author has focused only on developing the theoretical framework of public services in the field of drug treatment, but has not yet deeply explored the normative legal documents related to administrative procedures and international standards on treatment of drug use disorders. As an offer for further study, the author proposes two potential research projects. Firstly, the rights of drug users to access drug treatment services in Vietnam in comparison with international standards for the treatment of drug use disorders. Secondly, the drug addiction treatment policy in Vietnam in the future.

REFERENCES

1. Ari Rosmarin and Niamh Eastwood (2012). *A quiet revolution: Drug decriminalization policies in practice across the globe*. Release publication. London.
2. Ass. Prof. Dr. Le Chi Mai (2004). *Public services management*. Statistics Publishing House, Hanoi.
3. Ass. Prof. Dr. Le Chi Mai (2001). *National Academy of Public Administration, Ministry of Home Affairs, Public administrative services reform in Vietnam*. Ministerial project.
4. Ass.Pro. Dr. Hoang Van Hai and M.s. Tran Thi Hong Lien (2010). Journal of Sciences, Hanoi National University, Economics and Business 26. *The core value of the public administration services: Experiences from Canada and New Zealand*.
5. Beckhard R. & Harris R. (1987). *Organizational Transitions: Managing Complex Change*. Addison-Wesley Publishing Company, Boston.
6. Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. David McKay Co Inc, New York.
7. Center for Substance Abuse Treatment – CSAT (2016). Treatment Improvement Protocols (TIPs). Rockville, Maryland, USA: Substance Abuse and Mental Health Services Administration - SAMHSA. Retrieved from website: http://colombo-plan.org/icce/wpcontent/uploads/2016/03/ICCE_TRAINING_GUIDE_FINAL-1.pdf Cawsey T., Deszca G., & Ingols C. (2012).
8. Dennis M. L., Karuntzos G. T., McDougal G. L., French M. T., Hubbard R. L, (1993) Research on employment policy for drug addicts. *Evaluation and Program Planning*. 1993; 16:73-86
9. Dinh Van An and Hoang Thu Hoa (2006). *Renewing public services delivery in Vietnam*. Statistics Publishing House, Hanoi.
10. DSVP (2015). *Law on drug addiction treatment*. Social Labour Publishing House, Hanoi.
11. Government (2013). *Scheme for innovation in drug rehabilitation in Vietnam until 2020*. Retrieved from website: http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=2&_page=1&mode=detail&document_id=171574
12. Kirkpatrick, Donald L. (1998a). *Evaluating Training Programs: The Four Levels*. BerrettKoehler Publishers, Oakland.
13. Klee H., Hilary Klee L., Lain Mclean and Christian Yavorsky C (2002) . *The research on reintegration for drug addicts, barriers in settling new life and seeking jobs*. York Publishing Services Ltd, York.

14. Léon Duguit (2012). *Theory of public service in the workplace*. Retrieved from Journal of Modern and Contemporary History 2005/3 website: <https://www.cairn.info /revue-d-histoire-moderne-et-contemporaine-2005-3-page-88.htm>
15. Mack et al (2005). User research – different approaches and methods.
16. Ministry of Health and Human Services of the United States (2000). *Research of Do you know your right*. Discussion Paper.
17. MOLISA (2008). *Report on analysis of economic and public health aspects of facility and community responses to drug injecting and HIV/AIDS in Vietnam*. Ministerial project.
18. MOLISA (2012). *Research, predicting the development of detoxification forms, reintegration into community for drug addicts, Dr. Nguyen Thi Van*. Ministerial project.
19. M.s Vu Thanh Son (2012). Ho Chi Minh National Academy of Politics. *Expanding competition in the public sector to improve the efficiency of goods and services supply in Vietnam today*. Ministerial project.
20. Ngo Dong Hoan (2008). *The solutions for switching from the public providers model to private providers model for drug rehabilitation facility*. Ministerial project
21. NIDA (2014). *Drug, brain and behavior, addiction science. A research based guide*. NIH Publication, Maryland.
22. Osborne, D. & Gebler, T (1993). *Reinventing Government*. New York.
23. Pascal Tanguay, Drug Policy Alliance (2011). *The report of Policies on Drugs in Malaysia*. Discussion Paper.
24. Report of the Molisa, MPS, MOH 2013, 2014, 2015, 2016, 2017.
25. Some models for the provision of goods, public services and experience in law finalization for Vietnam, 23/06/2014. Retrieved from website: <http://tapchitaichinh.vn/nghien-cuu--trao-doi/trao-doi-binh-luan/mot-so-mo-hinh-cung-ung-hang-hoa-dich-vu-cong-va-kinh-nghiem-hoan-thien-phap-luat-doi-voi-viet-nam-50575.html>
26. Simom Baldwin (FHI360, 2014). *Policies of drug in Vietnam in the future*. Discussion Paper.
27. Vietnamese Encyclopedia (2005). Encyclopedia Publishing House, Hanoi.
28. Vietnamese Dictionary (1999). Culture-Information Publishing House, Hanoi.
29. WHO (2009). *The report of Assessment on compulsory drug addiction treatment for drug users in Cambodia, China, Malaysia and Vietnam*. Discussion Paper.
30. WorldBank (1997). *From Plan to the market*, Development report of the Worldbank. Discussion Paper.
31. UNODC-WHO (2016, 14-22 March). *International standards for treatment of drug use disorders*. A research based guide.

32. UNODC-WHO (2008, March). *Principles of Drug dependence treatment*. A research based guide.

33. UNODC (2016). *Mainstreaming Gender Issues into Drug-related Policies*. Retrieved from the United Nations Office on Drugs and Crime website:

https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Resolution_59_5.pdf

APPENDICES

Appendix 1:

SURVEY ON SATISFACTION LEVEL OF DRUG ADDICTION TREATMENT USER

Hello, my name is Phan Dinh Thu. I am currently working on a master’s thesis. In which, I would like to do the survey to assess the satisfaction level of drug addiction treatment users when doing administrative procedure in drug addiction treatment, services that you are provided. The information of this survey will be studied to propose the change in policies and laws serving the reform of services in the future.

As a rule, all your personal information will be kept confidential. Your answers will be included in the database for master’s thesis including recommendations for administrative reform and improvement of quality of treatment services. Please answer on the following questions. During the survey, if there is any questions that you do not want to answer or you want to end this interview at any time please let us know. Your wishes will be fulfilled without any trouble for you.

- 1. Full name:2. Gender:.....
- 3. Age: 4. Occupation before participating in drug addiction treatment program:.....
- 5. On a scale of 1 to 4, please give your satisfaction level when doing administrative procedure to participate in drug addiction treatment, and treatment services that you are provided (1= dissatisfied, 2= relatively satisfied, 3= satisfied, 4= very satisfied)

TT	Content	Satisfaction level			
		1	2	3	4

1	Overall assessment of administrative procedure related to access to and use of drug addiction treatment services?				
2	Do you satisfy with the administrative procedure for registration of drug addiction treatment?				
3	Do you satisfy with the regulation on time for inpatient treatment?				
4	Do you satisfy with the regulation on notifying family and local authority that you have completed the treatment process?				
5	Do you receive services as expected?				
6	How do the program meet your needs?				
7	If one of your fiends needs the same support, do you recommend he/she to the program?				
8	If you need support again, will you return to the program?				