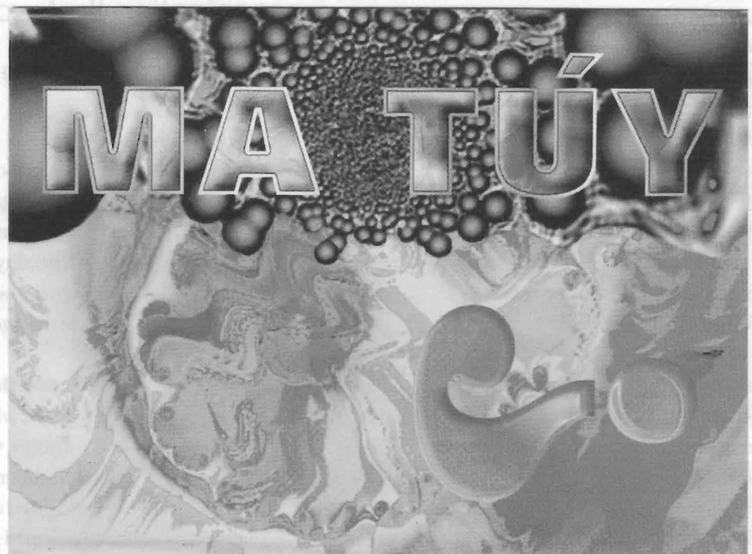
feature

Dean Whittington

Nang Tien Nan

Princess opium in Deptford

Princess opium was a royal guest of the Vietnamese in refugee camps in Hong Kong. She and they now reside in Deptford. The creation of a Vietnamese service taught important lessons, with implications for wider treatment networks and aftercare.



The first referrals were directed to Drugs in Deptford (DID) in 1993 by a Vietnamese community worker, My Tang, who organised a Vietnamese women's project. The women confided that they had debt problems because of their husbands' drug use. My Tang directed these clients to DID and translated their needs into English. The men were using heroin, and had been addicted since their stay in camps in Hong Kong.

The next step was to build upon the links we had with GPs, who created a Vietnamese translation service at their surgeries. There were positive and negative aspects to this, as people felt embarrassed to have an interpreter, a member of their own community, knowing all of their problems.

Dean Whittington is the Manager of Drugs in Deptford now renamed Orexis

Confidentiality

The Vietnamese social network is small, so confidentiality was vital to develop the service. A community agency that catered specifically for Indo-Chinese people existed in Deptford, but local Vietnamese emphatically did not want to go there. They feared leakage of information that would shame the family. This had a major impact upon the way our service grew.

Another issue was making the clients feel welcome. The reception area is a fairly informal environment, to help diminish initial fears and tensions about coming forward for help.

There were divisions among the 'Vietnamese' who settled in the UK, which we had to be sensitive to as will be seen. Antagonisms had been exacerbated by 40 years of war. Issues of conflict and solidarity surfacing between Chinese, North Vietnamese, South Vietnamese and tribal people.

The next stage in developing the service, came after we had five regular users. My Tang could no longer translate for us due to her workload. We appointed a sessional counsellor, Lam Tram, a qualified social worker who had emigrated from South Vietnam. I supported him on substance misuse issues, while he worked with the cultural and language barriers.

We then began to operate a clinic on a Thursday morning between 10 and 12 am. Five users attended regularly and through word of mouth other

Vietnamese men came forward. The most important concept at this stage, as the client base expanded, was trust.

User participation

One Friday afternoon Lam Tram, My Tang and I sat with the group of Vietnamese service users to discuss their needs. The meeting confirmed that heroin use was endemic among Vietnamese refugees known as 'late arrivals' – recent refugees from the Hong Kong camps where they had been introduced to heroin.

In Deptford they came into contact with crack cocaine, as they sustained their heroin habits. Thus drug using social networks became established. The scale of drug use was very high, with approximately 200 users between Deptford and Woolwich: a transient population of Vietnamese men who congregated in flats to smoke away the time.

Linked to drug use was domestic violence. Families were torn apart over lack of money and the changing role of the man – from breadwinner to liability. Other issues surfaced such as isolation, homesickness and the disruption of the extended family. The problems appeared immense.

After this meeting a joint bid was prepared to fund a part-time worker for development work. Working with Lam Tram our understanding of the issues for the agency became more focused. He emphasised the differences between the North and South Vietnamese and established that the majority who settled in Deptford came from a particular part of North Vietnam, Quang Ning, which surrounds the northern port of Hai Phong.

Lam explained that it would be easier for a counsellor who came from the North to work with them, because of shared experiences and understandings. He also said that it would be difficult to get someone already trained with the specialist skills, as North Vietnamese tend to look down upon social work and prefer to go into their own businesses. We would need to invest time and money to support a part-time Vietnamese counsellor.

The post was specialised, as we wanted someone who either had previous experience as a counsellor, or who could undertake training. We were looking for someone from a recently arrived refugee group, who would have limited knowledge of Western traditions of substance misuse and therapeutic practice. We appointed a North Vietnamese man, Vu Long Nguyen, who had a background in community work, but required training in substance misuse and counselling.

At this point we had ten Vietnamese clients; there were many more who wanted help but were afraid to come in – they were concerned about being reported to the authorities. In Vietnam few organisations are independent; clients could not understand an organisation that would not report people to the police. They were suspicious about how information was used. Once again trust was vital to advance the service. We had to stress confidentiality and explain that no information was available to anyone outside the agency.

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Client profile

From 1995, when Vu Long first began at the agency, we have seen an increase in the numbers of people coming forward. Two distinct client groups have emerged: the older group of refugees who have little knowledge of the social system in the UK; and a younger group whose first language is English – they speak Vietnamese but cannot write it.

This group is caught across two cultures – trapped in the isolation of their parents' Vietnamese culture, and enticed by the material and moral freedoms of the UK. They also bear the burden of their parents' tribulations: wars in Vietnam, exile, loss of identity, life in the closed camps of Hong Kong, and resettlement in Deptford.

Cultural hurdles

The major problems in working with this group initially involved timekeeping – 'rubber time' in Vietnamese slang. The cultural concept of punctuality is one issue we work with. Another is deference to age, which is enshrined in the language. Careful negotiating had to be undertaken to work with older clients. The same type of issue applies to gender, deference being given to older men.

Part of our problem was that therapy organisations don't exist in Vietnam; the support network is the extended family. Problems are discussed in the family and advice is given by the older generation. They are not used to talking intimately to strangers, even if they are Vietnamese. Intimacy needs long term trust.

Few secondary care agencies for onward referral have experience of Vietnamese culture. Once someone ceases substance misuse, family networks help to support them. Those who do not have this support become stranded, as they don't have confidence to approach secondary care organisations. This is a major issue.

Once trust has been developed people begin to present a variety of other problems that need attention. Referral links need to be cultivated to cope with this. For instance people bring issues of immigration, divorce, and DSS questions.

One other step we took was the occasional home visit to people who ceased using. This was welcomed by them, as it showed that they were 'equals'. They felt deep stigma in needing help, and wanted to demonstrate their ability to live without drugs.

Lessons

The key things we have learnt are the importance of trust, and to engender a feeling of comfort when people enter the building. This eases many preconceived problems and creates the most effective form of publicity – word of mouth recommendation.

The Vietnamese are gently appreciative of the service they receive at DID, which makes working with them easier, but if trust evaporates they disappear. Publicity leaflets in Vietnamese help people to contact the service. They discover that they feel at ease with us, so are happy to return. The agency then sets effective boundaries around attendance, which creates respect about the need to take the program seriously. This is the key to undertaking effective work ■