THE WHITE PATH

The Experiences of Young Vietnamese-Australian Heroin Users Returning to their Homeland

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

Naomi C. K. Ngo

BSocWk

School of Global Studies, Social Science and Planning
College of Design and Social Context
RMIT University
June 2010
DECLARATION

I certify that except where due acknowledgment has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; any editorial work, paid or unpaid, carried out by a third party is acknowledged; and, ethics procedures and guidelines have been followed.

Naomi Châu Khánh Ngô
To the two most influential men who were in my life:
My beloved father, Ngô Minh Hùng, who instilled in me a natural love for my homeland;
and
My dear friend and mentor, John Michael Byrne, who provided me with valuable support and guidance in my work with the Vietnamese-Australian community.
ACKNOWLEDGMENTS

I have been fortunate and privileged to be surrounded by supportive family members, friends and colleagues, who have provided me with valuable support and encouragement throughout the lengthy course of this PhD study.

My colleagues have been most supportive in their unwavering confidence and belief in me. They have been a source of optimism, inspiration and intellectual challenge. Their ongoing interest in my PhD study was thoughtful and encouraging to its progress as some have spent valuable time reading my thesis and providing me with feedback.

My immediate family have been very proud and supportive of me for pursuing this endeavour, yet not knowing the full details of the research.

My husband has provided me with enormous love, respect and unconditional support in every decision and action I have taken in relation to our lives together.

My Maltese Terriers have provided me with unconditional love. I truly appreciate their beautiful presence and positive company throughout the entire writing process, because without them, it would have been a very isolating and depressing experience.

The many supervisors who have travelled (briefly) with me on this PhD journey: Patricia Moynihan, Linda Briskman, James Rowe, Judith Bessant, Chris Chamberlain and Jacques Boulet. I am mostly indebted to Jacques and Chris for coming on board in the last year and agreeing to supervise me during the final and critical stage of my PhD. Their valuable support and genuine interest in my study, and in me as a person, have greatly contributed to the completion of this work.

Finally, I am forever in debt to the Vietnamese-Australian young people, their mothers and their workers who participated in my study. Without them, this PhD would not have been possible. I will never forget the time, effort and stories they have provided me and the contributions they have made to my personal life, and academic and professional career.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Acknowledgments</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>V</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>VII</td>
</tr>
<tr>
<td>Summary</td>
<td>1</td>
</tr>
<tr>
<td><strong>Chapter 1: Introduction</strong></td>
<td></td>
</tr>
<tr>
<td>Aim of Study</td>
<td>7</td>
</tr>
<tr>
<td>A Synopsis of the Chapters</td>
<td>9</td>
</tr>
<tr>
<td>The White Path</td>
<td>11</td>
</tr>
<tr>
<td><strong>Chapter 2: The Most Researched Migrant Group</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>13</td>
</tr>
<tr>
<td>Vietnamese Boats, Ghettos, Gangs and Crime</td>
<td>14</td>
</tr>
<tr>
<td>Mr. Sin Fat and the Young Vietnamese Drug Dealer</td>
<td>16</td>
</tr>
<tr>
<td>The Risk Behaviours of Young Vietnamese-Australian Heroin Users</td>
<td>21</td>
</tr>
<tr>
<td>Conclusion</td>
<td>28</td>
</tr>
<tr>
<td><strong>Chapter 3: Researching Marginalised Young People</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>30</td>
</tr>
<tr>
<td>Framing the Research Design and Research Questions</td>
<td>30</td>
</tr>
<tr>
<td>Implementing the Tools of Ethnographic Research</td>
<td>33</td>
</tr>
<tr>
<td>Implementing ethical research</td>
<td>33</td>
</tr>
<tr>
<td>Sampling and selection</td>
<td>34</td>
</tr>
<tr>
<td>Reflecting on reflexivity</td>
<td>41</td>
</tr>
<tr>
<td>Conducting the interviews</td>
<td>44</td>
</tr>
<tr>
<td>Sharing and Validating Processes and Knowledge</td>
<td>45</td>
</tr>
<tr>
<td>Going Native as a Native</td>
<td>47</td>
</tr>
<tr>
<td>Conclusion</td>
<td>52</td>
</tr>
<tr>
<td><strong>Chapter 4: The End of White Australia?</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>54</td>
</tr>
<tr>
<td>The White Australia Policy and the Arrival of the Vietnamese Boat People</td>
<td>55</td>
</tr>
<tr>
<td>Vietnamese Settlement and the Debates of the 1980s</td>
<td>60</td>
</tr>
<tr>
<td>Vietnamese Marginalisation and the Debates of the 1990s</td>
<td>67</td>
</tr>
<tr>
<td>Conclusion</td>
<td>71</td>
</tr>
<tr>
<td><strong>Chapter 5: The Vietnamese Settlement Experience</strong></td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>72</td>
</tr>
<tr>
<td>The Settlement Experiences of Vietnamese-Australians</td>
<td>72</td>
</tr>
<tr>
<td>The Experience of Belonging in White Australia</td>
<td>75</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of South-East Asian Nations</td>
</tr>
<tr>
<td>BBV</td>
<td>Blood borne virus</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
</tr>
<tr>
<td>COM</td>
<td>Committee of Management</td>
</tr>
<tr>
<td>HCV</td>
<td>Hepatitis C virus</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug user</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government areas</td>
</tr>
<tr>
<td>MoCC</td>
<td>Mary of the Cross Centre</td>
</tr>
<tr>
<td>MYJC</td>
<td>Melbourne Youth Justice Centre</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle syringe program</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmissible infection</td>
</tr>
<tr>
<td>VCA-Vic</td>
<td>Vietnamese Community in Australia – Victoria Chapter</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
</tbody>
</table>
SUMMARY

Negative media coverage of young Vietnamese-Australians began in the mid 1980s, with media reports accusing these young people of being illicit drug users and depraved drug traffickers. The drug in focus was heroin – an illegal and highly politicised drug. The frenzied media reportage produced a sense of threat and moral panic that ultimately created the perception of a ‘heroin crisis’ in Australia. The responses to this crisis included a National Illicit Drug Strategy “Tough on Drugs”, the introduction of severe penalties for drug offending, intensive police drug operations, community forums, government investigations, and a program of government funded research that focussed on the risk behaviours of Vietnamese-Australian heroin users.

Almost all studies on Vietnamese-Australian heroin users have expressed concerns over their risk behaviours, particularly in relation to young people travelling to Vietnam for drug related reasons. The latter were considered liable for potentially transporting HIV from Asia into the Australian community and sustaining the current epidemic of hepatitis C among injecting drug users. Although these studies have produced valuable findings on the profile of and the risk factors affecting these young people, they have not focused on the experiences and motivations of these young people for whom the issues of heroin are very much a part of their daily lives.

Consequently, my study aimed to provide a much needed ethnography that has addressed the research question: What are the experiences and needs of young Vietnamese-Australian heroin users who have travelled to Vietnam as a means of addressing their heroin related issues? This aim was largely achieved by recording the personal narratives of the young people, their family members and the relevant professionals who work with them. A qualitative methodology, influenced by a critical ethnographic approach was also adopted. Thus, this study is discursive and interpretive as I have used my own professional knowledge and experiences in the Vietnamese-Australian community in an attempt to describe the multiple layers of meanings contained in the body of relevant literatures and in the narratives of my research participants.

Since this study is concerned with the needs, motivations and experiences of young Vietnamese-Australians travelling to Vietnam to address their heroin issues, this thesis describes the migration and settlement experiences of the young people and their families to provide insight into their personal backgrounds and circumstances. Following on from this, I explore the experiences that have led them to become involved with the use and sale of heroin, as well as the reasons that motivated them (and their families) to reach the decision to go to Vietnam as a means of addressing their heroin issues. Then I discuss the young people’s experiences in Vietnam, including
their ability to meet their families’ and their own objectives in relation to drug detoxification and abstinence. Finally, I examine their return to Australia and their experiences in relation to their health status, drug use, family relationship, and their expectations for the future.

Throughout this thesis, I have attempted to understand the experiences and worldview of my research participants. Given the qualitative methodology in which this study is situated, I perceive the lives and experiences of young Vietnamese-Australians to be located within the political, economic, social and cultural context of Australian society. I believe research should be committed to empowering people and bringing about social change and justice. As a result, this thesis concludes with recommendations and strategies for change by proposing a primary health care approach – a social model of health – for addressing the range of social determinants of health and the inequalities that exist in our society.
INTRODUCTION

Truong is an 18 years old Vietnamese-Australian young man who arrived in Australia in 1985 at the age of three. Truong, together with his two siblings and father were sponsored by his mother, who came to Australia as a refugee. Soon after the family reunion, Truong’s parents got divorced which had a negative impact on him as he struggled to come to terms with their separation. His encounter with racism during his adolescence, both at school and around the Collingwood area where he lived, led him to enter into numerous violent fights that resulted in his expulsion from all the secondary schools he attended.

Truong was introduced to heroin when he was hanging out with “the wrong group of friends” and initially found it useful in dealing with the sadness he harboured towards his “family breakdown”. Once he became addicted to heroin, he got into dealing to support his habit, which brought him into contact with the wrong side of the law and the juvenile detention centre.

It was Truong’s mother who came up with the idea of sending him to Vietnam so he could effectively detoxify from heroin, regain both his mental and physical health and be supported and supervised by the extended family. She hoped that once he recuperated he would be able to return to Australia and start a new life. Truong has travelled to Vietnam at least three times to address his heroin related issues and on each occasion he successfully detoxified from heroin and remained abstinent. He identified the factors contributing to this success were the absence of drug-using friends, “a lot of support” from his extended family and the way of life in Vietnam.

Whenever Truong returned to Australia from Vietnam, he was healthy and hopeful with plans to find a job, work hard, “make all this money and go back to Vietnam”. However, within two to three months, Truong would relapse to heroin use and return to his former life of drug addiction and selling.

I met Truong in 1998 when I was working as a Program Co-ordinator at the Melbourne Youth Justice Centre (MYJC). MYJC is a custodial facility for young men aged 15 to 20 years who have been sentenced by either the Children’s Court or an appropriate adult court to a custodial sentence. At the time of my employment, MYJC had significant numbers of young Vietnamese-Australian men – almost all of whom were there for

---

1 Collingwood is a dynamic and culturally diverse inner-city suburb of Melbourne in Victoria.
heroin related offences. My role was to ensure that a range of educational, vocational and recreational programs were provided to young men, aged 17 to 20 years, who were incarcerated at the Senior Youth Training Centre of MYJC, which was also home to the majority of young Vietnamese-Australian detainees.

My interest in young Vietnamese-Australians with heroin issues developed when I was completing my Bachelor of Social Work course in 1996 and I volunteered as an honorary probation officer for a metropolitan juvenile justice unit that was receiving increasing numbers of Vietnamese-Australian young offenders placed on probation by the Courts or parole by the Parole Board. Due to my ethnic background, I was allocated the responsibility of supervising and assisting Vietnamese-Australian young men with heroin related offences. My time in this position was brief, but my interest in young Vietnamese-Australians with heroin issues deepened when I obtained my first job towards the end of 1996 as a Youth Worker at the Inner West Migrant Resource Centre in Footscray, Victoria. Footscray is the business centre of the City of Maribyrnong, a municipality that was, and still is, a notorious drug “hot spot”\(^2\) with a high Vietnamese-Australian population.

My Youth Worker role included supporting newly-arrived young migrants, refugees and asylum seekers from culturally and linguistically diverse (CALD)\(^3\) backgrounds with their resettlement. During this time, young Vietnamese-Australians were becoming increasingly visible in the street heroin market, a street-based drug using and selling scene. As a result, I came to know some of these young people who sought my support and assistance. I also noticed a number of newly arrived young Vietnamese-Australians who I was working with dropping out of school for a variety of reasons and becoming involved in the street heroin market. I found the plight of these young people distressing. I was also very frustrated with the ‘band-aid’ effect of my work on the lives of these young people, who appeared to be caught in a vicious cycle of disadvantage, crime, rehabilitation and re-offence. I felt that I needed to change the Australian systems in order to break this vicious cycle. Consequently, I took up the opportunity to work within the juvenile justice system.

I was an idealistic young person who previously graduated from a relatively progressive social work course and felt confident that I could make a positive difference. I had considered my role at MYJC to be a very important one because I felt I was responsible for ensuring that the young men developed the necessary skills to

\(^2\) Due to the intensity and publicly open nature of drug using and selling on these streets, these scenes have been referred to by governmental bodies and workers in the drug and alcohol sector as “hot spots”. In Victoria, these “hot spots” have been associated with five localities: the Cities of Maribyrnong, Port Phillip, Greater Dandenong, Yarra and Melbourne.

\(^3\) For the purpose of this study, I have used the terminology ‘culturally and linguistically diverse’ and its abbreviated form ‘CALD’ to refer to “groups and individuals who differ according to religion, race, language and ethnicity except those whose ancestry is Anglo-Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander” (Office of Multicultural Interests 2009). CALD is the current terminology used by government and NGOs in recognition of the complexity embodied in cultural identification and linguistic background.
prevent them from re-offending. However, the patriarchal nature of MYJC and its work culture at the time proved too challenging for me, forcing me to recognise the reality of the struggle involved in changing the status quo. This realisation came with the loss of my naivety and romanticism about social work and social change. I subsequently lost the motivation to work in this sector and yearned to return to the academic world of theories and thoughts where I felt secure and positive. Hence, in mid 1999 I began to consider pursuing a study that would explore the needs and issues of young Vietnamese-Australians who were using and selling heroin. The purpose of this study was to provide information to assist policy makers and workers in the field, as well as the Vietnamese-Australian community and families. I had hoped that this would provide them with a better understanding of the situation of these young people and be better equipped to find ways of addressing some of the problems associated with illicit drugs in our society.

I began to share my research idea with colleagues, who were working with heroin-affected Vietnamese-Australian young people, so as to obtain their feedback. Through my conversations with colleagues and the Vietnamese-Australian young men at MYJC, I noticed a trend amongst CALD families (such as African, Cambodian and Vietnamese families), who have children experiencing heroin related problems to send their children to their homeland for a period of time. This trend was most common amongst Vietnamese-Australian families and was done in the hope of detoxifying and getting their children away from the networks and environment that were blamed for creating the problem. I was told that there was a common belief that in Vietnam the situation is different, their children would be safe, supervised and cared for by relatives, and would eventually leave their involvement with heroin behind them (J Byrne 1999, pers. comm.). I was also aware that a number of my colleagues were actively supporting and assisting these young people and their families with their trips to Vietnam. This included advocating on their behalf during their court case and recommending to the judge that they spend time in Vietnam as an alternative option to sentencing, assisting the young people and their families to make travel arrangements, supporting and assisting them with their detoxification before and after their arrival in Vietnam, and accompanying them on their trips to Vietnam.

Aside from anecdotal evidence, the action of sending young Vietnamese-Australians to Vietnam as a way of addressing their heroin related issues, an act I call the option of return, has emerged in a number of research studies on Vietnamese-Australian heroin users prior to the commencement of my study in 2000.

---

4 Byrne later documented these views in his report titled, Drug Culture in Vietnam (1999).
5 This was later documented and advocated as a drug treatment option by one of my colleagues who worked in the Victorian juvenile justice program (see Vu, S. 2001).
6 As mentioned previously, these reasons include detoxifying and getting away from associates, friends and the environment that are considered to be the cause of their heroin problems.
(see Ezard 1997; Louie et al. 1998; Maher & Swift 1997; Kelsall et al. 1999). These studies identified the option of return whilst exploring alternative treatments for heroin addiction in the Vietnamese-Australian community and investigating the risk behaviours of Vietnamese-Australian heroin users. Almost all of these studies raised concerns about heroin-affected young people being sent to Vietnam by their parents for drug related reasons because of the high rates of HIV among Vietnamese injecting drug users (IDUs) in Vietnam. Although these studies did not explore the experiences of these young people while they were in Vietnam, the knowledge that some of them injected drugs in Vietnam prompted most of the studies to raise alarm about a potential HIV epidemic occurring in both the Vietnamese-Australian and wider communities.

In addition to these research studies, the over-representation of young Vietnamese-Australians involved in the street heroin market and within the Victorian juvenile justice system prompted an investigation into drug culture in Vietnam, funded by the Victorian Department of Human Services and conducted by John Byrne (1999). I had received a youth leadership award in the previous year that provided a travel scholarship, which I subsequently used to accompany Byrne on his trip in Vietnam. Although Byrne’s (1999) investigation did not explore the phenomenon of young Vietnamese-Australians travelling to Vietnam for drug related reasons, his report briefly discussed the relevance of the Vietnam experience to Australia in relation to Vietnamese-Australian families sending their children to Vietnam as a way of addressing their drug issues.

Byrne (1999) recommended that Vietnamese-Australian young people with heroin issues, their families and the Vietnamese-Australian community should be informed about the current situation in Vietnam in relation to illicit drugs. The families, in particular, should be made aware of the advantages and possible consequences of sending their heroin-affected children to Vietnam, which entail the risks of exposure to both blood borne viruses (BBV) and the severity of Vietnamese laws and penalties in relation to the possession and trafficking of heroin. Both the report by Byrne and my travel experience helped to inform my PhD proposal and deepened my understanding of Vietnam and the lives of Vietnamese-Australians.

In perusing the international literature, there are indications that there is a precedence of these actions occurring in other parts of the world. For example, a research project conducted by Pearson and Patel on young Asian-British IDUs and their access to available services found that Pakistani-British young men who were caught using heroin by their families were sent back home “for a convalescent period and to sever their links with the corrupting influence of western society” (1998, p. 213). Despite these findings, it appears that attempts have not been made to explore in detail the action of young people travelling to their homeland for drug related reasons. Consequently, my study attempts to explore this fascinating occurrence with a focus on
young Vietnamese-Australians, while at the same time fill an apparent gap in existing research literature.

**Aim of Study**

There are many benefits to be gained by a young person travelling to Vietnam; however, careful discussion and planning needs to occur when that young person is doing so to address his or her heroin related problems (Byrne, J. 1999). As Byrne (1999) has highlighted in his report, this is because there are legal and international diplomacy considerations, duty of care considerations for workers and parental responsibilities at stake in making such a decision. Since there is an absence of scholarship in this area, my study aims to provide a description and understanding of the experiences and needs of young Vietnamese-Australian heroin users living in the state of Victoria, Australia, who have travelled to Vietnam as a way of addressing their heroin related issues.

I expect the findings of my study will first and foremost provide useful information to assist professionals who work with drug-affected young people, their families and the young people themselves – especially those from the Vietnamese-Australian community – to make an informed decision when considering the option of return. Secondly, I hope to provide a detailed description of and increase understanding of the experiences, motivations and needs of young Vietnamese-Australian heroin users, who have travelled to Vietnam for drug related reasons. Flowing on from this, I believe this thesis can be used as a tool for community education to generate meaningful discussion on particular findings and assist with planning and policy developments for adopting particular strategies in response to young people with drug issues. Thirdly, I anticipate that this study will provide a social and cultural dimension to the discourses and debates on drug dependency and drug treatment models and programs. Finally, I hope to provide a much needed critical ethnography on young Vietnamese-Australian heroin users travelling to Vietnam for drug related reasons, which I consider is absent in the research literature on Vietnamese-Australian heroin users.

In accordance with the aim of the study, my main research questions are: What are the experiences and needs of young Vietnamese-Australian heroin users, who have travelled to Vietnam as a means of addressing their heroin related issues? And how are their experiences and needs perceived by their families, their support workers and the young people themselves? I have included the views of family members and workers because the option of return has largely been a decision made by these young people’s parents and was supported and assisted by the relevant professionals working with them.
The primacy of the family in a Vietnamese individual’s life cannot be understated since it is considered to be the “backbone of Vietnamese society” (Victoria University 1996, p. 2). The family is also the traditional source of strength and support for the Vietnamese individual, but since this traditional support system has been disrupted by dislocation, migration and settlement experiences, the role of the professional support worker has become increasingly prominent in Vietnamese-Australian family life, particularly in the lives of young Vietnamese-Australian heroin users. Hence, I considered it of equal importance to ascertain the families’ and the workers’ level of understanding in relation to the experiences and needs of these young people.

Consequently, I have turned to the critical ethnographic approach and the personal narratives of the following three groups of participants to address the underlying questions of my study: young Vietnamese-Australians who have travelled to Vietnam for drug related reasons; family members who have sent their children to Vietnam; and professionals who work with young Vietnamese-Australians with heroin issues.

I have interviewed a total of 16 young Vietnamese-Australians between the ages of 15 to 25 years who comprised of two groups. The first group was eight young people who were interviewed in Melbourne after travelling to Vietnam for drug related reasons. Out of these young people, four had travelled to Vietnam for the first time to address their heroin problems; while the rest had travelled to Vietnam more than once, ranging from two to six times. The second group was another eight young people who I interviewed in Vietnam: for half of them, it was their first time in Vietnam for drug related reasons; while for the others, it was their second (n=3) and third (n=1) time.

A total of five family members, mostly mothers, were interviewed about their experiences in sending and/or accompanying young people to Vietnam. The family members were four mothers and an aunt, most of whom were interviewed in Australia (n=4) and one was interviewed in Vietnam whilst travelling with her child. I was only able to recruit female family members because the welfare of children is traditionally considered the responsibility of women. Furthermore, I believe I was not able to recruit more family members for my study because of the high level of stigma and shame that are attached to illicit drug use in the Vietnamese-Australian community, which will be discussed in this thesis.

The last group of research participants is 10 professionals, which included workers as diverse as a solicitor, a drug counsellor and a researcher. These workers were the ‘gate-keepers’ to the young people and their family members. The established and good working relationships I had with most of these workers proved to be valuable and useful for my study.
In addition to the personal narratives of my research participants, I have used a number of visual images of the people and places of Vietnam in support of the stories provided by my research participants to effectively communicate a sense of what it is like for young Vietnamese-Australians who travelled and stayed in Vietnam to address their heroin related problems. These images were taken from Terra Galleria Photography at www.terragalleria.com, photographed by a French-born Vietnamese, Quang-Tuan Luong, who currently lives with his family in the United States.

A Synopsis of the Chapters

This thesis begins with a scholarly search and critical review of the literature on young Vietnamese-Australians with heroin issues, which is embodied in Chapter Two – The Most Researched Migrant Group. The purpose of this chapter is to set the scene for subsequent chapters by situating my study within a broader context. In doing so, I provide an explanation, and a historical outline of the events leading to the focus on young Vietnamese-Australians and their heroin related activities by the Australian media and research community.

After locating the study within the body of literature on young Vietnamese-Australian heroin users, I present the rationale for the research design and research questions in Chapter 3 – Researching Marginalised Young People. In this chapter, I describe the original research that I carried out. I also provide justification for adopting an interpretative, critical ethnographic approach for my study and discuss my fieldwork experiences and the various issues that come with studying and working with two politically sensitive sites of investigation – the Vietnamese-Australian community and illicit drug use – especially as an insider in a community that has been heavily researched.

In Chapter Four – The End of White Australia? – I review past literature to examine Australia’s responses to the arrival of Vietnamese refugees beginning in the late 1970s, following the demise of the White Australia Policy. Such an examination is required to provide an understanding of the Australian context in which many of my Vietnamese-Australian research participants arrived. Consequently, I argue that Australia’s responses to Vietnamese arrival and settlement have generally been negative and racist, which have had the effect of marginalising our community in Australia.

In Chapter Five – The Vietnamese Settlement Experience – I explore the migration and settlement experiences of young Vietnamese-Australian heroin users and their families, with a focus on their perceptions of Australia, their experiences and responses to racism, their socio-economic status and the extent of their inclusion and
integration into Australian society. The insight gained through an examination of these various factors will provide an appreciation of the situation of the young people and their families, as well as their personal backgrounds and circumstances.

Chapter Six – Young People Chasing the Dragon – describes the experiences that have led young Vietnamese-Australians to become involved with heroin and the heroin street market by using the metaphor of the dragon in its symbolic representation of wealth and power. In this chapter, I argue that these young people’s involvement with heroin is directly related to their marginalisation and theirs and their families’ experiences of social exclusion and socio-economic disadvantage. I also argue that the level of exclusion these young people experience from the legitimate economy and Australian society generally has compelled many of them to become involved in the street heroin market where they can achieve wealth and a sense of success and belonging.

Chapter Seven – The Vietnamese Family vs. the Australian System – explains the reasons for the young people and their families to reach the decision to go to Vietnam as a way of addressing their heroin related issues. I argue that the traditional family support system has been disrupted by the dislocation, migration and settlement experiences of Vietnamese-Australians. As a result, the loss or disintegration of a familiar support system is acutely felt by many Vietnamese-Australian families who have young people with heroin issues. I present both research literature and my own data to argue that when these families turn to the Australian service system for support, they are confronted with ideologies and service models that are culturally and linguistically inappropriate and insensitive to their needs as these services are based on a highly individualistic and Western culture. As a result, these Vietnamese-Australian families decide to send their heroin-affected children to Vietnam, to a familiar society that has a familial support system, which has in the past effectively addressed the needs of the family.

Chapter Eight – Returning to the Homeland – flows from the previous chapter and encompasses an in-depth discussion of the experiences of young Vietnamese-Australians travelling to Vietnam to address their heroin issues. In this chapter, I explore the positive and negative factors that are involved in the young people’s experiences in Vietnam. More importantly, I also determine whether these young people have been able to meet their families’ and their own objectives in relation to drug detoxification and abstinence while they were in Vietnam.

In Chapter Nine – Relapsing in Australia – I examine the young people’s experiences and the outcomes after their return to Australia in relation to their health status, drug use, family relationship, sense of belonging and expectations of the future. I also discuss the views of the young people, their mothers and their workers on the effectiveness of the option of return, as well as the solutions they propose for addressing
heroin issues amongst young Vietnamese-Australians. Furthermore, I argue that current public and scientific views of drug dependency and treatment must take into consideration socio-cultural factors, which have an impact on people’s lives and behaviours.

Finally, in the concluding chapter, I provide a review of what I have attempted and learned, and highlight the implications for policy and practice. I recommend that a social model of health is required if Australia is committed to addressing the factors that cause ill-health (such as drug abuse) and to providing a better quality of life for all Australians.

The White Path

The slang word for heroin in Vietnamese is ‘white’ (trắng) because of its white powder form. Consequently, when people become involved with heroin it is said that they have gone down the ‘white path’. This is the expression that was used by some Vietnamese-Australian families in reference to their children’s involvement with heroin. Yet ‘white’ is also commonly used as a metaphor for the colour of people’s skin, in particular, to refer to people of European descent and the West. As a result, I view the white path as a powerful metaphor that represents the main areas that I have explored in this study. Firstly, the white path represents the journey that many Vietnamese have taken in their migration to and resettlement in Australia – a predominantly white and Westernised society. Secondly, the white path illustrates the experiences of young Vietnamese-Australian heroin users (and their families), who have become involved with heroin. Thirdly, the white path refers to the young people’s return to Australia and their eventual relapse to heroin use.

Lastly, on a personal note, the white path has been for me an academic, professional and personal journey – one that I have attempted to convey in this thesis. This research undertaking has largely been for me a journey of learning about and understanding, the past experiences of my homeland, my people and my family. As a result of embarking on this study and the research approach I have adopted, not only was I a Vietnamese-Australian living in a Vietnamese populated area of Victoria, I was also travelling to Vietnam on an annual basis for study and personal reasons, and taking up employment with the peak Vietnamese-Australian community organisation in Victoria, the Vietnamese Community in Australia – Victoria Chapter. This was the first time in my life where I engaged with my ‘Vietnameseness’ on almost all levels in a relatively intense way – living it, studying it, working with and for it, and travelling to and from it.
The experiences have been very rewarding and have enriched my life immensely as I have gained a deeper understanding of the Vietnamese-Australian community, a strong sense of belonging to both the Vietnamese-Australian community and the wider Australian community and landscapes, and the realisation that my life and future is located in Australia as it is my home. It is for this reason that The White Path has been of great importance to me, because by taking this journey, I have found ways in which positive social change can be achieved in Australia, whereby a future path can be forged to improve the situation of marginalised young people, families and communities—regardless of their race.
Chapter 2

THE MOST RESEARCHED MIGRANT GROUP

Introduction

The overall aim of this chapter is to provide a literature review that sets the broader context for my research topic – young Vietnamese-Australians who have travelled to Vietnam for drug related reasons. Through an extensive review of relevant literature, including copious media stories, I have come to share the view held by some scholars that the Vietnamese-Australian community is the most researched migrant group, particularly in relation to our settlement (Hawthorne 1991) and use of illicit drugs (Beyer & Reid 2000). I have also found that the reactions of the Australian media and wider community towards Vietnamese arrivals and the association of young Vietnamese-Australians with heroin are not the first of their kind. In fact, their origin is located 150 years ago when Chinese migrants began arriving in Australia during the gold rush. During this time, anti-Chinese sentiments contributed to the development of the White Australia policy (Jupp 1991; Inglis et al. 1992), while Chinese opium smoking provided the focal point for the development of anti-opium legislations, which are Australia’s first drug laws (Manderson 1993).

Therefore, in this chapter I will briefly illustrate the parallels in the ways both the Chinese and Vietnamese have been portrayed and treated by the wider Australian community in relation to ‘their’ drug use. More specifically, I will provide a historical context to the events leading to the concentration on young Vietnamese-Australians and heroin related activities by the Australian media and research community. I believe this historical framework and comparison will assist in understanding the rationale behind the high level of attention placed on young Vietnamese-Australian heroin users by the Australian media and research community from the mid 1990s to the early 2000s. Moreover, through the works of Manderson (1993; 1997), I will advance the argument that the media’s treatment of young Vietnamese-Australian heroin users has been motivated by fear and antipathy towards Asians and that heroin is used as a symbol of xenophobic fear, consequently igniting interest from the research community.
Vietnamese Boats, Ghettos, Gangs and Crime

Public concerns and controversies over Vietnamese arrivals in Australia began when a number of Vietnamese boats, with approximately 400 Vietnamese refugees, landed unexpectedly on Australia’s northern shores in November 1977. The historic significance of the so-called Vietnamese ‘boat people’ and the series of challenges they posed to Australia are well covered by Viviani (1980; 1984; 1996), who has argued that the situation of the Vietnamese in Australia is of considerable importance because it tapped into Australia’s long established fears of an invasion from Asia and presented a threat to Australia’s sovereignty and self perception of a predominantly white and Western nation.

The fear of an Asian invasion was particularly evident in the media during the late 1970s, where the use of dramatic and misleading headlines gave the impression Australia was in danger of being overtaken by hordes of Vietnamese (see White & White 1983). The increasing numbers of Vietnamese in Australia soon gave rise to concerns over social cohesion, which eventually sparked a number of racially divisive debates throughout the 1980s and 1990s. These debates were centred on Asian immigration and multiculturalism, and were initiated by prominent academics and politicians (Blainey 1984; Hanson 2007) whose messages not only struck a chord in public debate, but also politicised the issue of Asian immigration (Markus & Ricklefs 1985; Bligh 1997). Furthermore, these debates had the effect of marginalising the Vietnamese-Australian community and creating public concerns over the perceived inability of Vietnamese people to integrate into the Australian society, particularly in relation to our apparent propensity to settle in clusters in specific urban areas in major cities and our high levels of unemployment (Seaton 1985; Trinh 1988). Much of these debates and the effects they had on the Vietnamese-Australian community are explored in Chapter Four.

Up until recently, the twin problems of residential concentration and high unemployment have been the focus of Australian public and academic discourses on Vietnamese settlement, many of which will be canvassed in subsequent chapters. So much so that Viviani et al believed that they “have become the defining characteristics of reference” to the Vietnamese-Australian community and together with race, “they form a powerful stereotype informing Australian attitudes and possibly some behaviour” toward Vietnamese-Australians (1993, p. 1). These negative Vietnamese stereotypes have largely been promoted, refined and reinforced by the Australian media, which frequently portrayed suburbs with high Vietnamese-Australian populations as ghettos, where ‘Asian gangs’ and ‘Asian crime’ are rife. These news

stories often resort to myths, stereotypes and sensationalism without the need to check for accuracy or sensitivity to the damage and division they caused to the Vietnamese-Australian community and to the wider Australian community, respectively (Kerkyasharian 1998).

From the mid 1980s to early 2000s, not a week or month went by without a prominent media story linking Asians to an undesirable or illegal activity (Kerkyasharian 1998). This media trend soon directed its attention to the involvement of young Vietnamese-Australians in criminal activities and maintained this focus up until the event of September 11 in 2001. Since this event and the subsequent ‘war on terror’, media coverage in Australia has shifted its focus on Middle Eastern and Muslim communities, contributing to an increased level of anti-Muslim sentiment (Gale 2006). Much of the media focus today rests on the new and emerging African communities who have become the new ‘other’. These racist media reports in opposition to ‘other’ migrant groups in Australia are the effects of Australia’s long history of racism and fear. Given my research focus, I will now explore the effects of negative media coverage about young Vietnamese-Australians.

Sensational and negative media attention on young Vietnamese-Australians began with the portrayal of these young people as violent and dangerous gangsters. So great was the number of media reports on the alleged extent of their criminal activity that in 1989 the Department of Immigration, Local Government and Ethnic Affairs funded a study to provide authoritative data on this issue (see Easteal 1989). This study found that young Vietnamese-Australians (aged 10 to 24 years) had a significantly lower crime rate than their non-Vietnamese counterparts and sensational media reports had grossly misrepresented the level of criminal activities within the Vietnamese-Australian community, resulting in our community – particularly our young people – being stigmatised (Easteal 1989). However, this crime rate has changed since that time, reflecting the changing socio-political environment which will be elaborated below.

Nevertheless, the media continued its relentless negative coverage on young Vietnamese-Australians that exploded in the mid 1990s, with media reports of young Vietnamese-Australians as precarious drug users and depraved drug traffickers. In news stories after news stories, young Vietnamese-Australians were implicated in the rise of unsafe cities as a result of violent and drug related crime, with such headlines as ‘Doing deadly business’ (Hansen 1996a), ‘Viet drug role alarm’ (Buttler 1997) and ‘New faces of the dragon’ (Martin 1997).

Young Vietnamese-Australians were also blamed for the emergence of ‘new heroin street markets’ and the creations of the ‘heroin crisis’ and ‘heroin city’, both of

which have turned into a ‘drug war’ and ‘war zone’, respectively, as elaborated under sensational headlines such as, ‘Secret casualties of our war on drugs’ (Crofts 1996), ‘Heroin crisis: drug trade booms’ (Hansen 1996b), ‘Heroin city’ (Gleeson 1997) and “We want them out! – traders back police on dealers’ (Dean 1997). Taken as a whole, the Vietnamese-Australian community was considered as the biggest heroin distributor within Australia (Conford 1999) and Vietnamese-Australian drug sellers® were accused of preying on the innocent, luring ‘children’ as young as 13 years of age “into using heroin and dealing on the streets by being offered the drug initially for free” (Parsons 1997b).

**Mr. Sin Fat and the Young Vietnamese Drug Dealer**

The negative media representation of Vietnamese-Australians, especially young Vietnamese-Australians in association with heroin, is actually a recurrence of Australia’s past. Racist stereotypes of Asians by the Australian media and prominent members of the community have shaped Australians’ relations with Asians and the settlement of Asian migrants for over 150 years (Collins 1994). Many of the charges levelled at Vietnamese-Australians in the late twentieth century had been used to attack Chinese migrants of the late nineteenth century, in particular, the connection between Asians and drugs. As racist beliefs and racial concerns over the arrival and presence of the Chinese in Australia provided the foundation for anti-Chinese political actions that led to the White Australia policy (Jupp 1991; Inglis et al. 1992), opium smoking among the Chinese also provided a focal point against them that consequently brought about Australia’s first modern drug laws (Manderson 1993).

Manderson (1993), who has examined the development of Australia’s drug laws, argued that drug prohibition in Australia began with and continues to reflect underlying concerns about race and difference. He explained that opium smoking among the Chinese was simply a feature of anti-Chinese sentiments and as many Chinese smoked opium, which almost no white-Australians did because the latter took their opium in laudanum or patent medicines, the “purpose of consumption along with its mode and demography therefore distinguished ‘their’ opium use from ‘ours’” (1993, p.22).

In support of his argument, Manderson (1993; 1997) pointed to the way the Australian media created the notorious fiction of the ‘yellow’ and ‘filthy Chinaman’ and portrayed opium smoking as the active agent through which the ‘sensual Chinaman’ corrupted ‘the innocent [white] girls’. This can be seen in The Bulletin – considered as

---

8 I have chosen to use the word ‘seller’ rather than ‘dealer’ as the latter has negative connotations. In addition, I want to acknowledge the perception held by young Vietnamese-Australians involved in the street heroin market that their heroin ‘dealing’ is actually a business transaction, that is, the solicited purchase and sale of heroin as a commodity. This view is discussed in detail in Chapter 6.
the most important weekly at the time in informing public opinion – where it began a series of anti-Chinese stories and cartoons in 1888 that introduced a fictional character appropriately named Mr. Sin Fat. Mr. Sin Fat was an overweight Chinaman who operated a lucrative opium den and was married to a white woman addicted to opium. Mr. Sin Fat enjoyed luring teenage girls into his opium dens, which eventually led to his death after his wife discovered that one of his young victims was her daughter and she subsequently killed her husband when he refused to give up his protégée (Manderson 1997).

Manderson has argued that the fictional character and the name of Mr. Sin Fat were “created by White Australians to pander their prejudices” and the word “‘Sin’ suggests moral indulgence”, while “‘Fat’ suggests bodily indulgence” (1993, p.27). Therefore, white-Australians not only adopted the character of Mr. Sin Fat to stereotype the Chinese but also to characterise opium smoking as an agent of Chinese vice and evil. The character of Mr. Sin Fat and attitudes towards opium smoking at the time can be compared to the contemporary stereotype of the young, male, Vietnamese drug seller in the street heroin market. As can be seen in the media pictorials below, young Vietnamese-Australians have been portrayed as the modern day drug pushers, tricking the innocent white, female victim into a life of addiction and crime through the supply of heroin – as the Sin Fats had done with opium during colonial Australia. The repeated theme is to blame the ‘other’ for the so-called ‘drug problem’ by portraying the supplier as the evil Asian and the victim as a white-Australian.

From the front page of The Age, with the headline, ‘The trade no local business wants’ (Parsons 1997a).
In examining the reasons why drugs and race have been frequently connected in this way, Manderson argued that,

In xenophobic societies such as the ‘white’ colonies and excolonies of the British Empire in the nineteenth century, non-Anglo-Saxon immigration was itself seen as the violation of nascent cultural and geographic boundaries and, therefore, as a challenge to self-identity (1997, p. 389).

Manderson pointed out that today’s migrant groups, such as the Vietnamese, Africans and people from the Middle East, have also been accused of being filthy or dirty, whereby dirt is a “symbol of boundary violation” – a metaphor of the “matter out of place” or a group of people who do not belong in a white society (1997, p. 389). Manderson further explained that drugs are another symbol of boundary violation as their use violates and dissolves the legal and customary boundaries of society:

Drugs threaten a loss of physical control and break down the mind-body distinction... just as the immigration of a different culture invites a loss of social control and breaks down the self-other distinction. The image of a drug, like the idea of dirt, was therefore a useful metaphor for those fears of difference... (1997, p. 389).

For white-Australians during colonial times, opium smoking symbolised “the very presence of the Chinese in Australia” and “the fears of invasion”; hence opium was treated as a feature of their dirtiness and polluted nature (Manderson 1997, pp. 391, 394). Consequently, opium smoking was prohibited throughout the various colonies in the late nineteenth century because of its symbolic meaning and association with the Chinese. These laws did not penalise the concealment of opiates in patent medicines nor the habit of laudanum drinking, but they clearly and merely penalised the Chinese form of opium consumption.10

In present day Australia, the fear and antipathy towards Asians continue to exist within sections of the community and drugs have also continued to be a symbol of xenophobic fears. The debate in the media from the early 1980s to the early 2000s about ‘Asian drug gangs’ and ‘Viet drug role’ in the creations of the ‘heroin crisis’ and ‘heroin cities’, again distinguished ‘Asian’ drug crimes and violence as different from, or worse than, the ‘Australian’ kind. Furthermore, they are perceived as corrupting imports that are polluting and violating Australian society, as evidenced in a Herald-Sun article titled, ‘An unwelcome import’ (29 November 1995).

---

10 For example, the Victorian Opium Smoking Prohibition Act, 1905, clearly states:
2. No person shall smoke opium.
3. No person shall sell or deal or traffic in opium in any form suitable for smoking.
4. No person shall prepare or manufacture opium in any form suitable for smoking.
5. No person shall have in his possession order or disposition opium in any form suitable for smoking (Opium Smoking Prohibition Act 1905 (Vic) 5 Edw VII No 2003 ss.2 5, cited in Manderson 1992, p.510).
Similarly to the responses generated by the fear and hatred of the Chinese and their opium smoking, the flurry of media sensationalism on young Vietnamese-Australians and their heroin dealings produced a public threat and moral panic that generated a series of events in response to the perceived heroin crisis. These responses included the launch of a National Illicit Drug Strategy “Tough on Drugs” in November 1997 (Department of Health and Ageing 2007) and the introduction of severe penalties for drug offending and ‘special police operations’ in hot spots with high Vietnamese-Australian residency, which saw a dramatic increase in the number of arrests for heroin related offences (Beyer et al. 2001).

The pressure to address the heroin crisis was heaviest in Victoria, which also had the highest heroin related arrest rate per 100,000 for 1997/98 and 1998/99 – doubling that of New South Wales (Beyer 2003). In 1997/98, the arrest rates for alleged heroin trafficking offences per 100,000 aged 15-24 years were 4,301 for Vietnam-born as compared with 83 for Australian-born (Beyer 2003). This equates to an arrest rate for Vietnam-born young people to be more than 50 times that of the Australian-born. Due to harsher penalties, large numbers of young Vietnamese-Australians were entering both the juvenile justice system and adult prisons, almost all for drug related offences (Carcach & Grant 2000; Beyer & Reid 2000). In 1997/98, Vietnam-born offenders represented over 20 percent of Victoria’s juvenile justice clients (Beyer & Reid 2000) and approximately 5.7 percent of the total number of Victorian (male and female) prisoners (Office of the Correctional Services Commissioner 2003), while the Vietnam-born population at the time made up approximately 1.3 percent of Victoria’s total population and almost 1 percent of Australia’s overall population (McMurray 1999).

Public alarm surrounding the perceived heroin crisis also created threats to public health and safety that subsequently sparked numerous community forums on drug use in the Vietnamese-Australian community (such as Ethnic Youth Issues Network et al. 1996; Epidemiology and Social Research Unit of the Macfarlane Burnet Centre for Medical Research 1997) and government research on drug use in local communities (for example Premier’s Drug Advisory Council 1996; Cameron 1998; Australian Bureau of Criminal Intelligence 1999; Fitzgerald et al. 1999; Beyer & Reid 2000; Reid et al. 2000), with some specifically focussing on Asian crime in Australia (such as Parliamentary Joint Committee on the National Crime Authority 1995) and alcohol and drug use in the Vietnamese-Australian community (see Bertram et al. 1996; Ng et al. 1999; Ali et al. 2000). In addition to this, a program of government funded research commenced in 1995 that focussed on the ‘risk behaviours’ of Vietnamese-Australian heroin users, many of which will be reviewed in this chapter.

11 In 1998 Vietnam-born prisoners represented approximately 2.4 percent of the total Australian prison population (Mukherjee 1999).
In an attempt to ascertain the level of involvement of Victoria’s ethnic communities with illicit drugs, a comprehensive study was conducted in 1999 by the Victorian Public Health Division that found,

There is a widely held perception that people from the Vietnamese community are involved with illicit drugs to a greater degree than are other communities in Victoria. The evidence from health and criminal justice databases suggests that this perception is correct. However, a number of deficiencies in the databases – and the fact that the Vietnamese are more visible, and thus more easily targeted than other groups – means that it is impossible to say confidently to what degree their involvement with illicit drugs is higher than that of other communities. What can be said with confidence is that the Vietnamese community does have a high rate of involvement – especially by young Vietnamese – in both the use and the sale of heroin in Melbourne. Like any community though, involvement in illicit drug use is directly related to the level of socioeconomic disadvantage and level of exclusion from the legitimate economy experienced within that community (Beyer & Reid 2000, p. 20).

The social structural explanation provided by the current study has also been given by other studies on the same subject, in particular, a report prepared for the Department of Immigration and Multicultural Affairs on ethnicity and crime in Australia (Mukherjee 1999). In addition to socio-economic disadvantages, the Victorian Public Health Division’s study identified the stress and trauma related to the refugee and migration experience as other sources of social marginalisation among young Vietnamese-Australian illicit drug users (Beyer & Reid 2000), which also featured in a Masters study focussing on Vietnamese heroin users in Victoria (Phat 1997). Furthermore, the former study has found that the Vietnamese-Australian community has become the most researched ethnic group in relation to illicit drug use and suggests that this may be due to our well-documented refugee and migration experience (Beyer & Reid 2000).

I have also found from my review of relevant literature and personal communication with one of the main researchers on Vietnamese-Australian heroin users (P Higgs 2008, pers. comm.) that nowhere in the world have (young) Vietnamese heroin users been scrutinised to the extent that they have been in Australia. In addition to this, Ezard (1997) has found in her literature review that despite a growing body of research on ethnicity and drug use in the United States, they were not directly relevant to the Australian context because the research participants were usually African-American and Hispanic/Chicano. Similar findings were made by Byrne (1999) when he embarked on a Churchill Fellowship study to explore the social impacts of illicit drugs on Vietnamese young people in the four countries with the largest Vietnamese population outside Australia – the United States, Canada, France and Vietnam. Byrne (1999) has found a lack of research literature in these countries on Vietnamese people and illicit
drugs as they were often deemed as a lesser issue in comparison with other racial groups. Furthermore, in countries such as France, young people from Vietnamese backgrounds were generally viewed positively and did not seem to experience problems relating to anti-social behaviours or illicit drugs (Byrne 1999).

The Risk Behaviours of Young Vietnamese-Australian Heroin Users

Illicit drug users, such as heroin users, experience enormous shame, stigma and discrimination as they are perceived as deviants by the community; hence many are isolated from and marginalised within the community (Australian Injecting and Illicit Drug Users League 2006b). Those who inject illicit drugs are further stigmatised and feared as they are at risk of contracting and transmitting (incurable) blood-borne viruses (BBVs), such as HIV and the hepatitis C virus (HCV) – both of which are already highly stigmatised (Tarantola 2006). Vietnamese-Australian heroin users, therefore, experience multiple layers of stigma and discrimination (Australian Injecting and Illicit Drug Users League 2006a) due to their race, choice of drug, drug-taking practices, potential infections and ability to infect others.

Since 1995, a number of government funded studies began to explore the so-called ‘risk behaviours’ of Vietnamese-Australian heroin users, including the re-using and sharing of injecting equipment and the spread of HIV and other BBVs and sexually transmissible infections (STIs). Most of these studies were designed and implemented by the University of New South Wales in Sydney and the Burnet Institute in Melbourne, and were conducted in both these cities as they have large numbers of Vietnamese-Australians. In spite of having the same research topic, these institutions adopted slightly different foci. Most of the research conducted by the University of New South Wales employed an ethnographic approach that focused on ‘Indo-Chinese’12 heroin users and was careful not to further stigmatise these communities, hence exploring the social and environmental determinants that contribute to the risk and harmful behaviours of this particular group. While research conducted by the Burnet Institute in Melbourne focused exclusively on Vietnamese heroin users, but also adopted ethnographically informed methods that included training and using peers to recruit and interview participants.

One of the first studies on Vietnamese-Australian heroin users in Australia was conducted in Melbourne in 1995, part of a program of research and resource

12 The term ‘Indo-Chinese’ generally refers to the Cambodian, Laotian and Vietnamese communities and people; however it often refers to Vietnamese-Australian people as this group outweighs the other two in both the size of its population and community in Australia. I prefer and have encouraged people not to use the term ‘Indo-Chinese’ because it is a French colonial term that encompasses three countries, which since the mid 1970s have obtained independence. More importantly, they have highly dissimilar cultures and languages, and differ vastly in their size, composition and settlement in Australia.
development, aimed at gauging the levels of risk and knowledge about HIV and other BBV transmission among Vietnamese-Australian injecting drug users (IDUs) (Louie et al. 1998). After interviewing 100 Vietnamese-Australian IDUs (almost all were male), aged between 15 to 48 years (average age 29 years), the profile that emerged was,

A relatively isolated group whose social world often related only to other Vietnamese-speaking drug users, they were engaging in unsafe sex and unsafe injecting and were unfamiliar with procedures for cleaning injecting equipment and where they could seek out information and services, including needle exchanges (Louie et al. 1998, p. 481).

This sample of Vietnamese-Australian heroin users also had high levels of unemployment (87 percent) and low levels of education, high prevalence of HCV and a high rate of incarceration (24 percent). The study also identified the lack of responsiveness of mainstream health services to the needs of Vietnamese-Australian IDUs and subsequently stressed the need to provide and promote culturally appropriate education and services to prevent the transmission of HIV and other BBVs and STIs.

In addition to these findings, the authors pointed to a “worrying phenomenon” that was not reported, but came to their attention during the research – that is, the “increasing numbers of Vietnamese-Australians returning to Vietnam for holidays or to get away from the drug scene who are injecting drugs and having unsafe sex in Vietnam” (Louie et al. 1998, p. 483). This phenomenon was perceived to be of great concern because of the high prevalence of HIV and other BBVs among IDUs and sex workers in Ho Chi Minh City (Louie et al. 1998). Since those research participants (30 percent) who were tested for HIV returned a negative result in the current study, the “worrying phenomenon” raised alarm bells for the authors about a possible entry of HIV from Asia into Australia:

This, together with the indications from this study of Vietnamese IDUs’ lack of participation in treatment services and their position in the chain of heroin distribution, obviously raises the potential for the entry of HIV infection largely unobserved by current surveillance (Louie et al. 1998, p. 483).

Similar studies involving Vietnamese-Australian heroin users conducted in South Western Sydney (based in Cabramatta) at roughly the same time as the Melbourne study (Maher & Swift 1997; Maher et al. 1998; Swift et al. 1999; Maher 2000a; Dixon & Maher 2002), produced the same profile, but with a younger Vietnamese-Australian sample (with the average age being between 18 and 23 years) and included more females. These studies also found that in comparison to their Caucasian counterparts, Vietnamese-Australian users tended to initiate heroin use by smoking or ‘chasing the
dragon’ as it is more culturally acceptable, but often made the transition to injecting and subsequently injected more frequently and experienced higher levels of dependency. They were also subjected to more routine harassment, intimidation and mistreatment by police officers, often conducted in a climate of fear, racism and hostility (Dixon & Maher 2002).

In one of the Sydney studies, it was revealed that more than one in ten of its participants reported using heroin in Southeast Asia, with eight participants reporting injecting heroin in Vietnam (Maher & Swift 1997). In another Sydney study focussing on ‘Indo-Chinese’ heroin users’ experiences of detoxification, it appeared that parents either take or send their children to their homeland to remove them from “the immediate environment and their peers… [to give] them an opportunity to explore their cultural background and identity” (Maher 2000a, p. 21). Although most of the young people who were interviewed “did not relish the prospect of being separated from their friends, many felt that returning to their cultural – if not geographical – birthplace was an important rite of passage, especially for those seeking the strength to deal with drug problems” (Maher 2000a, p. 21). Moreover, it was found that when young people were sent to their homeland their drug use was often kept secret from their extended family. However, when the families were aware of the situation they experienced difficulties understanding the problems faced by the young people in Australia and subsequently perceived their drug use as a failure to “make the most of the opportunities available in the ‘lucky country’” (Maher 2000a, p. 22).

It appears that research findings on travel to and from Vietnam by Vietnamese-Australian heroin users for drug related reasons are more prominent in Melbourne. A Victorian feasibility study trialling new pharmacotherapies among Vietnamese-Australian heroin users, conducted by an alcohol and drug agency, found that most Vietnamese-Australian heroin users do not remain engaged with treatment services in the longer term and received information of “an increasing propensity for concerned parents to send their children to Vietnam” (Ezard 1997, p. 310). The knowledge of the high rate of HIV among IDUs in Vietnam also raised concerns for the author, who stated that “the Vietnamese community is at great risk of an HIV epidemic” (Ezard 1997, p. 310).

Subsequent research projects in Melbourne (based in Footscray), conducted by the Burnet Institute, broadened their focus to obtain a clearer understanding of the patterns of drug use amongst Vietnamese-Australian heroin users (Kelsall et al. 1999; Kelsall et al. 2001). The first study interviewed 203 Vietnamese-Australian IDUs (Kelsall et al. 1999), while the second study interviewed 200 Vietnamese-Australian heroin users who had used heroin (including having ever smoked heroin) at least once in the six months prior to interview (Kelsall et al. 2001). These studies explored almost the same areas covered by previous studies in Melbourne and Sydney, such as prison history,
sexual behaviour, experience of drug use (including routes of administration and transitions), poly drug use (for example the injecting of benzodiazepines and temazepam), risk behaviours (covering the extent to which the context and location impacted on individual behaviour and drug use) and the utilisation of relevant services. The only new area that can be identified in these studies is the ‘worrying phenomenon’ that was noticed in the first Melbourne study – the travel to and from Vietnam by Vietnamese-Australian heroin users.

With a total sample of 403 Vietnamese-Australian heroin users (this time with a younger group whose average age were 21 and 24, respectively) the findings that were highlighted by these two Melbourne studies (Kelsall et al. 1999; Kelsall et al. 2001) were very similar to previous studies exploring the same areas. However, the only exception is that in contrast to previous studies, the participants seemed less marginalised and more integrated, more likely to access needle syringe programs (NSP), have completed secondary schooling and be employed. In relation to travel to and from Vietnam, the first of the two studies revealed 18 percent of research participants (37 out of 203 participants) reported travelling to Vietnam for “drug related reasons” as a result of “family pressure” and “wanting to get away from drug related friends and associates” (Kelsall et al. 1999, p. 21). Out of these research participants, only eight claimed to have injected drugs whilst in Vietnam, but none of them reported sharing needles and syringes, with only two who were aware of NSP in Vietnam and identified the most common source of injecting equipment as the pharmacy.

The numbers of Vietnamese-Australian heroin users travelling to Vietnam increased to 32 percent (64 out 200 participants) in the second study, with more than half (38 of the 64 participants) stating that their trip was primarily for drug related reasons (Kelsall et al. 2001). This time, twenty-four research participants reported using heroin while they were in Vietnam, but only nine reported injecting. Out of those who injected in Vietnam, three injected in a ‘shooting gallery’ and one revealed sharing needles and syringes; five stated that injecting equipment was easy to access, whilst three found it somewhat easy and one found it very difficult to obtain; and six had no idea of the legality of injecting equipment in Vietnam. Although both studies acknowledged the low numbers of research participants travelling to and from Vietnam, they maintained that,

The issue of well-meaning families dispatching their sons and daughters back to Vietnam, as a method of rehabilitation in response to their drug use and to get them away from the drug scene in Australia, remains an area of major concern. A high and ever increasing prevalence of HIV/AIDS amongst IDUs had been documented in Vietnam. As

---

13 These studies came up with a definition of a shooting gallery in Vietnam based on accounts provided by research participants as “a modern equivalent of an opium den where the dealer/supplier sells and also injects the dose, often with a used needle/syringe” (Kelsall et al. 2001, n.p.)
well, reports abound as to the ease of availability and the inexpensive cost of heroin in Vietnam in conjunction with unsafe injecting practices in the local context. These factors combine to provide ample justification for ongoing alarm and vigilance (Kelsall et al. 2001, n.p.).

As a result, concerns similar to those raised by the Melbourne studies prompted the Department of Human Services in Victoria to commission a brief investigation conducted by Byrne (1999) into the drug culture, the illicit drug industry and its impact on young people, families and society in Vietnam. As I have mentioned in the previous chapter, although Byrne’s (1999) investigation did not explore the phenomenon of young Vietnamese-Australians travelling to Vietnam for drug related reasons, his report briefly discussed the relevance of the Vietnam experience to Australia in relation to Vietnamese-Australian families sending their children to Vietnam as a way of addressing their drug issues. Byrne (1999) pointed out that although he was aware that many young people who travelled to Vietnam for drug related reasons experienced positive outcomes, this may not be the case for every young person. He was concerned that those who do not have a close attachment to Vietnam may experience alienation, isolation, boredom and culture shock. Byrne (1999) also expressed concerns over the possibility of young Vietnamese-Australians contracting HIV and unknowingly spreading the virus to others upon their return to Australia.

The concern over the epidemic of BBVs among IDUs by young Vietnamese-Australian heroin users climaxed following the implementation of a research and risk reduction partnership project between the University of New South Wales and the Burnet Institute, targeting young ‘Indo-Chinese’ IDUs aged 15 to 24 years in Sydney and Melbourne. The objectives of this project were to investigate the patterns of drug use and injection-related risk behaviours among young ‘Indo-Chinese’ IDUs and to subsequently develop a pilot targeted peer education intervention (Maher et al. 1999; Maher et al. 2001). The research component of the project recruited 184 young people, with 77 percent of participants identifying Vietnam as their country of birth. The study concluded that,

Young Indo-Chinese IDUs occupy a sentinel position in the heroin marketplace. The data presented here indicate high levels of risk behaviours and low levels of knowledge about blood-borne viruses. Combined with evidence of increased population mixing and case reports of HIV infection acquired in South-East Asia, our results suggest that young Indo-Chinese IDUs may play a pivotal role in sustaining the current epidemic of hepatitis C among IDUs. The accumulation of risk, reflected in both the injecting practices and use environments of young Indo-Chinese IDUs, indicates an urgent need for integrated, co-ordinated and sustainable programs designed to reduce risk and prevent the transmission of blood-borne viruses in this population (Maher et al. 2001, p. 53).
The disquieting reference to case reports of HIV infection acquired in Southeast Asia in the previous study is attributable to the discovery of a small group of HIV infected Vietnamese-Australian IDUs in Victoria. As Victoria is the only state that collects information on ethnicity since 1996 as part of its HIV notification, an analysis of HIV surveillance between 1996 and 2001 revealed that out of the 38 notifications of HIV in Victoria in individuals with histories of intravenous drug use, eleven (29 percent) reported Vietnam as their country of birth (Hocking et al. 2002). This disproportionate figure of HIV infection amongst Vietnamese-Australian IDUs has not yet been seen in national HIV/AIDS surveillance data (Elliott et al. 2003) nor in seroprevalence studies on Vietnamese-Australian IDUs in Melbourne (such as Louie et al. 1998; Kelsall et al. 1999; Kelsall et al. 2001). These 11 HIV infected Vietnamese-Australian IDUs were all men and significantly younger (mean age 23.3 years) than other IDUs (mean age 31.3 years) who were notified during this time (Hocking et al. 2002).

A subsequent investigation aimed at characterising the HIV epidemic occurring among Vietnamese-Australian IDUs in Australia and determining whether travel to Vietnam could be considered a significant risk factor for HIV acquisition (Ryan et al. 2004), concluded that the location of the HIV infection is uncertain, but the results suggest that infection may occur either prior to travelling to Australia or during return trips to Vietnam:

It is possible that some Vietnamese Australian IDUs have acquired their infection in Australia from people infected in Vietnam. The results highlight the need to develop harm reduction programs that effectively target this subgroup of IDUs in Australia and the need to educate IDUs and their families about the risks of returning to Vietnam and injecting unsafely during that time (Ryan et al. 2004, p. 1366).

All these findings aroused enormous concerns and alarm over the incidence of young Vietnamese-Australian IDUs travelling to Vietnam, who were exposing themselves to dangerous health risks and posing a public health threat to the Australian community upon their return. These concerns were considered justified with Australia’s success in maintaining a low prevalence of HIV among its IDU population through harm reduction programs (Elliott et al. 2003). However, with the increased HIV infection amongst young Vietnamese-Australian IDUs, some researchers believed that this may cause a “spread of HIV from Asia into the Australian community” (Hocking et al. 2002, p. 192):

Recent evidence of increased sharing of injection equipment between ethnic Vietnamese and non-Vietnamese IDUs... and the widespread epidemic of HCV in Australian IDUs... would suggest that higher rates of HIV transmission would not remain isolated to the Vietnamese community (Elliott et al. 2003, pp. 140-141).
This concern was put to rest when a study exploring the risk practices of nine HIV infected Vietnamese-Australian IDUs in Melbourne, conducted between 2003 and 2006, found that despite the discovery of a small group of HIV positive Vietnamese-Australian IDUs in early 2000s, and the potential for broader transmission amongst IDUs generally, no continuing outbreak of HIV apparently occurred for this population (Higgs, Yohannes et al. 2007). The findings of this study suggested that specific strategies employed by this group together with early and effective management by health care workers may have helped to contain the transmission of HIV beyond this group of IDUs. Additionally, this study identified the key barriers for accessing support to include culturally derived stigmas, and stigma and alienation from the mainstream health sector (Higgs, Yohannes et al. 2007).

Nevertheless, the alarm and concerns over the spread of HIV in the community by young Vietnamese-Australian IDUs generated further studies (mainly based in Melbourne), which maintained the focus on the risk behaviours of Vietnamese-Australian heroin users. These studies also explored areas such as the practice of groin injection (Higgs, Dwyer et al. 2007), the social networks of Vietnamese-Australian IDUs (Aitken et al. 2008), the way gender and culture impact on their vulnerability to risk and harm (Ho 2006; Higgs, Owada et al. 2007), and the barriers to and their experiences in accessing relevant programs (Ho & Maher 2008; Higgs et al. 2008).

One of these studies conducted in 2003 in Melbourne with 127 Vietnamese-Australian IDUs found that 59 participants (46.5 percent) had travelled to Vietnam in the past five years for an average of three months (the usual length of a tourist visa) and half of these reported doing so for drug related reasons (Hellard et al. 2006). Out of these 59 participants, 32 used heroin while in Vietnam and 24 had injected, with 3 reported ever sharing injecting equipment after someone else. Based on information available on 31 of the 35 participants who did not inject drugs while in Vietnam, 13 (42 percent) reported injecting within one month of returning to Australia; whilst those who injected during their time in Vietnam were more likely to report injecting within the first month after they returned to Australia than those who did not inject in Vietnam (Hellard et al. 2006).

Since 24 of the 59 participants injected drugs while in Vietnam, the study by Hellard et al. (2006) concluded that the option of return appears to have failed. As this study focussed on the risks involved in “travelling home”, it suggested that the prevalence of HIV among a small number of Vietnamese-Australian IDUs may be related to travel to Vietnam and therefore expressed the following concern:

The increased travel to Vietnam to detoxify combined with evidence of sharing while in Vietnam and the considerably increased risk of contracting HIV if a person was to share needle and syringes while in Vietnam is of grave concern. The potential benefits of the
trip to Vietnam (abstaining or having a break from drug use) must be weighed up against the potential risk of contracting HIV while in Vietnam and the high likelihood of the person relapsing to injecting soon after they return to Australia (Hellard et al. 2006, p. 524).

The findings on Vietnamese-Australian heroin users travelling to Vietnam for drug related reasons are certainly concerning. They also point to an extremely marginalised and relatively young and isolated at-risk group, experiencing significant harms as a result of their heroin use and lack of access to relevant health information and services, and resorting to travelling to Vietnam as a way of addressing their drug issues. While these findings have highlighted the need to be cautious about the option of return, caution also needs to be taken in light of the evidence on these young people as little is known about the context of their drug use and their travels to Vietnam for the purpose of addressing their heroin related issues.

Much of the studies conducted on Vietnamese-Australian heroin users have focused on their ‘risk behaviour’, which has identified risk factors for the transmission of HIV and other BBVs, such as, the number of Vietnamese-Australian heroin users who have travelled to Vietnam for drug related reasons, the number that have used and/or injected drugs while in Vietnam and the number that have injected upon their return to Australia. Clearly, these findings have alerted us to the risk factors affecting the health and illness of young Vietnamese-Australian heroin users. However, what these findings do not show are the context or settings in which these young people address their heroin related problems, an explanation of why they have resorted to the option of return, the thoughts and behaviours that governed their actions, and an account of what happened to them when they returned to Australia. As a result, the over-arching purpose of my thesis is to provide a detailed description and understanding of the experiences, motivations and needs of young Vietnamese-Australians travelling to Vietnam for drug related reasons.

**Conclusion**

Since our arrival in Australia after the end of the Vietnam War, Vietnamese people have until recently been the subject of much public attention and discourse. This is most notable in the Australian media where the Vietnamese-Australian community and individuals have been portrayed as living in ‘ghettos’ and belonging to violent ‘gangs’, respectively, and young Vietnamese-Australians have been blamed for generating a ‘heroin crisis’ and creating unsafe cities (Crofts 1996; Hansen 1996b; Gleeson 1997). From the mid 1980s to the early 2000s, young Vietnamese-Australians seemed to capture the imagination and attention of the Australian community, mass media,
governments and academia in a way that few other groups of young people were capable of doing. In the media, young Vietnamese-Australian heroin users in particular, were demonised and stigmatised as they were perceived to be corrupting the innocents. In research studies, they were perceived as threats to public health and safety, especially young Vietnamese-Australian heroin users who travelled to Vietnam for drug related reasons because they were considered liable for potentially transporting HIV from Asia into the Australian community (Hocking et al. 2002; Elliott et al. 2003) and sustaining the current epidemic of hepatitis C among injecting drug users in Australia (Maher et al. 2001).

Almost all of the studies on Vietnamese-Australian heroin users have expressed concerns and alarm over their risk behaviours, particularly in relation to young people travelling to Vietnam for drug related reasons. These studies have produced valuable findings on the profile of and the risk factors affecting these young people. However, they have not focused on the experiences, motivations and needs of these young people for whom the problems associated with the use and sale of heroin are very much a part of their daily lives. Therefore, it is this gap in the existing literature that my research study has attempted to address, which will be elaborated in the next chapter where I provide justification for my research study and research design.
Chapter 3

RESEARCHING MARGINALISED YOUNG PEOPLE

Introduction

I have shown in the previous chapter that the existing research literature has been treating the option of return as a ‘risk behaviour’ amongst young Vietnamese-Australian heroin users travelling to Vietnam for drug related reasons. Studies on these young people have also produced predominantly epidemiological data and as a result, I have found most of the existing literature to be implicitly prescriptive rather than descriptive. Although they raise awareness about the health risks of these young people, they do not provide details of their family backgrounds, the experiences that led them to become involved in the use and sale of heroin, their motivations for and experiences in travelling to Vietnam for drug related reasons, and the outcomes once they returned to Australia.

In this chapter, I will be situating my study within the widening circle of concern regarding this particular group of young Vietnamese-Australian heroin users, by outlining the purpose of my study and the gaps and research questions it has attempted to address in the existing body of literature. I will also describe my fieldwork and discuss the issues I have experienced as a Vietnamese-Australian, conducting a research study on members of my own ethnic community – a population group that is marginalised.

Framing the Research Design and Research Questions

In the context of fear, concern and alarm over young Vietnamese-Australians travelling to Vietnam for drug related reasons, my study serves the purpose of providing a description and understanding of the experiences, motivations and needs of these young people, and to a lesser extent, their families. As a result, my study is designed specifically to address the question: What are the experiences, motivations and needs of young Vietnamese-Australian heroin users, who have travelled to Vietnam as a means of addressing their heroin related issues? Together with this research question, I have also attempted to answer the question: How are their experiences and needs perceived by their families, their support workers and the young people themselves? As I have stated in the introductory chapter, I have sought the views of family members
and workers because the option of return had largely been a decision made by the young people’s parents, and supported and assisted by the relevant professionals working with the young people and their families. Hence, their understanding of the experiences and needs of the young people are equally important and their stories also provide the opportunity for triangulating different sources of information.

It is also important to obtain the views of the young people and their families because the existing body of research has not explored in detail the meanings that people who are actively involved in the option of return have ascribed to their heroin related problems and their experiences in travelling to Vietnam as a way of addressing these problems. Presently, their voices have been silent on this matter while the authoritative voices of concerned and alarmed researchers, epidemiologists and medical personnel have been strong and heeded, particularly by governments and the public health sector.

It is well recognised that the issues associated with the use and sale of heroin amongst young Vietnamese-Australians are complex (Higgs et al. 1999; Beyer & Reid 2000; Higgs et al. 2001). Hence, we need a detailed understanding of the issues, which as Creswell has pointed out, “can only be established by talking directly with people, going to their homes or places of work, and allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature” (2007, p. 40). In doing this, we also “empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study” (Creswell 2007, p. 41).

During my social work studies, I was required to undertake research where I was exposed to both quantitative and qualitative methodologies. However, my social work curriculum embraced and advocated the qualitative methodology and perceived social work practice and research to be about empowering people and bringing about social change and justice. The overall aims of the qualitative methodology are also consistent with my understanding of the purpose of research, that is, to attempt to understand experience as it is felt and lived by people (Blaxter et al. 1996); explore social reality for its own sake or in order to make further research possible; to evaluate the status of social issues and their effects on society; to suggest possible solutions to social problems; and to empower and liberate people (Sarantakos 2005).

Given the focus of my study, the research questions I posed, as well as my social work training and ethnic background, I have adopted a qualitative methodology that is influenced by a critical ethnographic approach, located within an interpretive framework. Young Vietnamese-Australians who are involved in the street heroin market are a marginalised group both within the Vietnamese-Australian and wider communities, and their lives and problems are very much located within the political, economic, social and cultural context of Australian society. Hence, I strongly believe
that research that engages with people should be committed to empowering them and bringing about social change and justice.

I hope the findings of my study will provide useful information to assist professionals who work with drug-affected young people and their families – especially those from the Vietnamese-Australian community – to make an informed decision when they consider the option of return, as well as assist with planning and policy developments in relation to adopting particular strategies in response to young people with drug issues. The latter is another reason why I have sought the views of professionals working with young Vietnamese-Australian heroin users. They are referred to and expected to act as agents of change and, for that reason, it was important to ask them to consider and articulate what they hoped to achieve for these young people and their families, as well as for themselves.

In addition to this, I hope this study will provide a much needed critical ethnography on young Vietnamese-Australian heroin users travelling to Vietnam for drug related reasons, as it is lacking in existing research literature on Vietnamese-Australian heroin users. Lisa Maher, who has conducted both ethnographic and epidemiological research projects on Vietnamese-Australian heroin users in Sydney, has argued that engagement at the level of ethnographic fieldwork is essential in understanding and addressing drug related vulnerabilities experienced by individuals and communities:

Ethnographic research has the capacity to ‘unpack’ the vulnerabilities flagged by epidemiological data to identify the dynamic contexts of belief and action and the role of cultural disjunctions and local/global linkages in determining the health of populations (2002, p. 321).

In this study I aim to focus on the lived experiences of young Vietnamese-Australians who have travelled to Vietnam for drug related reasons, to tell their stories from their perspective and that of their families and support workers. At the same time, I am acutely aware of the limitations of my ability to objectively conduct and write up a study in which I am deeply involved as a member of the Vietnamese-Australian community. Indeed, this study has also been my personal investment as a Vietnamese-Australian who has grown up in and has been educated by a Western society. Yet, I have inherited the rich Vietnamese culture that has been passed onto me and I have consciously chosen to live and work with people from culturally and linguistically diverse backgrounds (CALD), especially Vietnamese-Australians. Consequently, I acknowledge that my own experiences and background have inevitably shaped my interpretation of my reading of the literature and the meanings my research participants have given about their lives and experiences. This reflexivity will be further discussed below.
Therefore, this study is discursive and interpretive because I have attempted to understand and describe the many layers of meanings contained in the body of literature and in the stories of my research participants. Additionally, this study encompasses my first hand experience, cultural understanding, knowledge and personal insights, which I hope will enrich, validate and legitimate Vietnamese-Australian’s cultural well-being, experiences and lives in Australia.

**Implementing the Tools of Ethnographic Research**

*Implementing ethical research*

All researchers owe a duty to themselves and their participants to exercise responsibility in the processes of data collection, analysis and dissemination (Blaxter et al. 1996). Ethical research involves taking every step to ensure that participants are well informed about the research project and its intended aims, as well as their roles and rights in the research process. This includes participants’ right to withdraw from the research project at any time and not to answer any questions that they do not wish to. In addition to this, participants must agree to the uses of the data and how they are to be analysed and disseminated.

All research undertaken by students and staff at RMIT University must conform to the ethical principles adopted by RMIT. As a result, research involving participants in any way required ethical clearance from the Faculty of the Constructed Environment Ethics Sub-Committee. Before my research was approved by this committee, there were a few concerns raised. The first related to the technique adopted to recruit young people and family members. The steps that I took in recruiting young people and family members involved requesting workers to seek interest from their clients, that is, young Vietnamese-Australian heroin users and their families. Those interested then provided their consent to their workers to pass their contact details to me. Only then did I make contact with these young people and their families about the research study.

Although none of the participants were in a dependent relationship with me as the researcher, young people and family members who participated were in a dependent relationship with the workers, who were involved in recruiting them. In considering the nature of the relationship between workers and their clients, there were grave concerns that workers may pressure their clients to take part in my study. Therefore, it became necessary for me to explain and emphasise to workers that in seeking the interest of the young people and family members, it was imperative they did not apply any pressure or coercion. I also asked the workers to stress to the young people and family members that their participation in the research was voluntary.
I also did not disclose to the workers whom I have interviewed so that the identity of the young people and family members remained anonymous and confidential. Furthermore, when I met with the young people and family members for an interview, I also clearly explained to them their rights in the research project. I also explained my position as a researcher in relation to the relationship between them and their workers, that is, I was independent and separate from their workers and anything that were to be said between us would not be passed on to their workers unless they directed me to do so.

Another concern related to participants who were considered as ‘minors’ (under 18 years of age) and who would take part in an individual, face-to-face interview. Where this was the case, consent from their guardians was formally sought and an explanation of any likelihood of risk to the young people was provided before the interview proceeded. Finally, a concern that is worthy of mention relates to the information on illicit drug use and drug sales that were collected for the research. It was feared that the information collected might place some participants in a vulnerable position. Therefore, care was taken to ensure that any discussion that occurred on these topics was brief and would relate to the factors that contributed to illicit drug use and/or drug sales.

Sampling and selection

In conducting this study, I have found that my ‘insider’ status, both as a Vietnamese-Australian and a worker in the field, has proven to be my greatest asset and, because of this, I was able to ‘hit the ground running’ once I started it. The established and existing relationships that I had with workers in the field were particularly valuable and proved extremely helpful. The good working relationships and rapport I had with these workers encompassed familiarity and trust that brought about a range of support and resources, from information sharing and guidance to the provision of research participants. If I would not have had an established relationship with these workers, who I perceived to be ‘gate-keepers’, I would have encountered enormous difficulties in getting young Vietnamese-Australians and their families to participate in the research. Therefore, these relationships were critical and determining factors in the overall success of this project.

Since I knew quite a number of workers working with young Vietnamese-Australian heroin users who had travelled to Vietnam for drug related reasons, I adopted purposive and snowball sampling strategies to recruit a selected number of workers. I felt encouraged by both the level of interest and the number of workers who wanted to participate in my study, generating even more potential participants than needed. I decided to interview a total of 10 workers based on their occupations and backgrounds, while at the same time ensuring that I had a good mix
of Vietnamese (n=4) and non-Vietnamese workers (n=6). As a result, I obtained a
diverse range of workers with the following roles, though regrettably comprising only
two women:

- **Researcher** – involved in the implementation of peer based action research
  and community development projects with predominantly Vietnamese-Australian heroin users.
- **Community Worker** – provided outreach support and assistance to marginalised young people aged 15-25 years, largely from the western region of Melbourne.
- **Solicitor** - provided legal advice and representation to people charged with a criminal offence in the western region of Melbourne.
- **Manager of an Intensive Case Management Service** – provided case management to up to 36 young people at highest risk in the southern region of Melbourne.
- **Youth Intensive Support Worker** – provided settlement, welfare and support services to Vietnamese-Australian young offenders and their families in the southern region of Melbourne.
- **Consultant** – conducted cross-cultural consultancy, education and training to government and non-government agencies on cultural diversity, with a primary focus on the needs and issues of CALD young people.
- **Regional Community Worker** – provided resources, training and outreach work to at risk CALD young people in the north-western region of Melbourne.
- **Drug Counsellor** – involved in research, education and clinical services targeting people 18 years and over with substance abuse.
- **Case Manager** – supervised young people on court order, aged 10-21 years from Cambodian, Laotian and Vietnamese backgrounds in the southern region of Melbourne.
- **Juvenile Justice Liaison Officer** – provided support to young men residing at a youth custodial facility, aged 10-21 years from Cambodian, Laotian and Vietnamese backgrounds.

I was able to recruit the majority of the young people and family members through these workers using snowball sampling, which is considered a very effective technique for recruiting research participants who are transient or elusive (Sarantakos 2005). Consequently, I was able to recruit and interview sixteen young people, aged between 15 to 25 years, and five family members who were all women.
The young people were divided into two groups. The first group comprised of the following eight young people who had returned to Australia after travelling to Vietnam for drug related reasons:

- **Cuc** – an 18 years old young woman who was born in a refugee camp in Thailand. Her parents were refugees and her family arrived in Australia in 1983 when she was three years old. She is living at home with her parents and is currently doing her Victorian Certificate of Education (VCE). She spends her free time with her friends “going out, night clubbing”. Cuc has travelled to Vietnam four times for drug related reasons, staying from one to eight months.

- **Dao** – a 23 years old young man who came to Australia in 1992 when he was 14 years old. He had stayed at a refugee camp for three years. He is unemployed and lives at home with his mother, step-father and siblings. Dao spends most of his time with his older brother and close friend, watching Asian movies. He has travelled to Vietnam once for drug related reasons where he stayed for just over a year.

- **Hung** – a 19 year old young man who was sponsored to Australia in 1995 by his father. Hung was 14 years old when he came to Australia and studied until year 10 before dropping out of school. He lives with his parents and helps them with their sewing business at home. Hung has travelled to Vietnam twice for drug related reasons, each time staying for three months. The last time he was in Vietnam, he got engaged and is currently trying to save money to marry and sponsor his fiancé to Australia.

- **Loan** – an 18 years old young woman who was born in Australia. Her parents came to Australia in 1981 as refugees. Loan was doing year 10 when she left home and managed to complete the first half of year 11 before she dropped out of school. She has since returned home to live with her parents. Loan also recently returned to Australia after travelling to Vietnam for the first time for drug related reasons, where she stayed with her relatives for five months. Since coming back to Australia, she has stayed at home looking after her younger brother, watching television and playing computer games.

- **Phong** – a 21 years old young man who came to Australia when he was 3 years old. Phong and his parents arrived in Australia in 1981 as refugees. He
managed to reach year 12 at secondary school, but was not able to complete it. He is currently unemployed and is living at home with his family. Phong has travelled to Vietnam six times for drug related reasons, each time staying between one and three months.

- **Thành** – a 17 years old young man who was born in Australia. His parents were refugees who came to Australia in 1978. He lives at home with his family and is completing year 11. Thanh has been to Vietnam once for drug related reasons where he stayed with family friends for nearly nine months. Since returning to Australia, he spends most of his free time doing athletics and dreams of becoming a professional athlete.

- **Trương** – an 18 year old young man who came to Australia in 1985 when he was 3 years old. He was sponsored by his mother who was a refugee. He is unemployed and lives with his father. Trương has travelled to Vietnam twice for drug related reasons where he spent two and three months respectively. A detailed biography of Trương is on page three in the introductory chapter.

- **Tiên** – a 23 year old young woman who came to Australia in 1991 as a refugee when she was 14 years old. She lives at home with her mother and sister and is currently unemployed. She spends most of her time with her boyfriend and enjoys watching Asian movies. Tien has travelled to Vietnam once for drug related reasons where she stayed for seven months.

The second group of young people were interviewed in Vietnam and include the following eight young people:

- **Ken** – a 17 years old young man who came to Australia in 1988 when he was 5 years old. He and his parents were refugees and had stayed at a refugee camp in Thailand for two years before coming to Australia. Ken’s parents are divorced and he was living at home with his mother and younger brother. He was studying year 11 (on and off) before his current travel to Vietnam for drug related reasons. He has been to Vietnam twice to detoxify: the first time he stayed for three months; and currently he has been in Vietnam for six months. Ken has been staying in a private drug detoxification centre located on the outskirt of Ho Chi Minh City (Saigon). He was uncertain when he would return to Australia.

- **Keo** – an 18 years old young man who was born in Vietnam and he and his
mother were sponsored to Australia by his father when he was 4 years old. While Keo’s parents were busy making a living, Keo was getting into trouble at school through fighting and eventually getting involved in the street heroin market. Keo has been in the juvenile justice detention centre a few times and has also travelled to Vietnam a couple of times for drug related reasons, spending from two to three months staying with his grandparents. He recently travelled to Vietnam for the third time for drug related reasons and plans to stay for up to three months.

- **Khiet** – a 25 years old young man who was born in Vietnam and came to Australia in 1985 when he was 10 years old. He is Truong’s brother. In Australia, Khiet was unemployed and was living with his mother, step-father and youngest brother. Khiet has travelled to Vietnam three times for drug related reasons, including his current trip. He has been in Vietnam for five months and plans to stay for as long as possible. He recently got engaged and is currently living with his future in-laws.

- **Hong** – a 18 years old young woman who was born in Australia. Her parents arrived in Australia in 1980 as refugees and are divorced. In Australia, Hong lived with her mother and brothers until she became involved in heroin. She has spent the last two years in Australia living what she referred to as the “drug street life”. She is in Vietnam for the first time for drug related reasons and has been staying with her maternal aunt for six months. She misses listening to ‘pump’ music and dancing. Hong does not know when she will go back to Australia and is worried about her court case when she returns.

- **Linh** – a 19 years old young woman who was born in Australia. Her parents came to Australia in 1980 as refugees and divorced after their arrival. In Australia, Linh was living at home with her mother, step-father and younger sister. She is currently in Vietnam with her mother, travelling for drug related reasons. They have been in Vietnam for over a month and plan to stay for another month before returning to Australia.

- **Man** – a 25 years old young man who was born in Vietnam. He and his parents arrived in Australia in 1980 as refugees when he was five years old. Man was working in a Cadbury factory when his heroin addiction consumed his life. He had travelled to Vietnam for the first time for drug related reasons. His mother and brother in-law accompanied him during his first few
months in Vietnam to provide him with support. Man has been in Vietnam for four months and plans to stay for six months before returning to Australia.

- **Phuc** – a 16 year old young man who was born in Australia. His parents came to Australia in 1978 as refugees. Phuc was studying year 10 (on and off) before he travelled to Vietnam for drug related reasons with his father. They have been in Vietnam for three months and Phuc does not know when he will return to Australia. Phuc has had a problematic adolescence and relationship with his parents. He became involved in heroin at a young age and has run away from home several times.

- **Tuan** – a 19 years old young man who was born in Vietnam. He and his family came to Australia in 1983 as refugees when he was two years old. He was living at home with his parents and was struggling to complete year 12 because of his heroin addiction. He has lost an older brother in a fatal ‘gang’ related stabbing incident a few years earlier. Tuan is concerned that his involvement with heroin may have a negative influence on his younger brother. The first time Tuan travelled to Vietnam for drug related reasons, he stayed for three months. This was his second time in Vietnam and he had stayed for six months.

The five family members who I interviewed include three mothers and an aunt, who were interviewed in Australia, and one mother, who was interviewed in Vietnam whilst accompanying her heroin-affected daughter. These women were:

- **Hanh** – a 40 years old woman who came to Australia in 1986 as a refugee. She lives with her husband and two primary school aged children. Her husband works in a car painting shop, while Hanh stays home to look after the house and the children, as well as studying English part-time. She has taken her three nieces and nephews to Vietnam to detoxify while their parents remained in Australia to provide financial support. Hanh has promised herself that she will never do it again.

- **Hoa** – a 40 years old woman who came to Australia in 1981 as a refugee when she was 18 years old. She is Phong’s mother and is pre-occupied with house duties. Hoa lives with her husband, two sons and a daughter. Both her sons are involved in the use and sale of heroin. She has organised and accompanied her sons to Vietnam for drug related reasons.
• Kim – a 44 years old woman who arrived in Australia in 1983 as a refugee. She is Truong and Khiet’s mother. She has a hairdressing business and she works long hours. She spends her free time doing house work, watching Asian movies and listening to Vietnamese music. Kim has been instrumental in organising her sons’ travels to Vietnam.

• Thao – a 46 years old woman who was sponsored to Australia in 1993 by her daughter. She lives with her husband, daughter and son in a rental house. She currently sews at home, which allows her to take care of the house. Thao’s 19 years old son is involved in the use and sale of heroin. He has also been detained in a juvenile justice detention centre. Thao organised for her son to go to Vietnam to stay for almost three months to detoxify.

• Nga – Linh’s mother who chose not to provide her personal details.

The modest size of my research sample does pose limitations to my study. Although I had expected to recruit a larger sample, this was not met because of cultural and social barriers that I experienced, which will be elaborated below. Due to my sample size, I cannot claim a representative Vietnamese-Australian sample despite my attempts to seek out participants who closely matched the social demographic and spatial characteristics of the Vietnamese-Australian community at the time. However, I believe the elements of this ethnography have brought context to my study, particularly my personal background as a Vietnamese-Australian and my professional experience working with the Vietnamese-Australian community during the course of my study. More importantly, the ethnographic nature of my interviews that included ongoing dialogue with some of my research participants has enabled me to obtain a rich set of data.

Another limitation of my study is the over-representation of male research participants. Like almost all other research studies with Vietnamese Australian heroin users, the young men (n=12) in my sample outnumbered the young women (n=4). It has been established that the epidemiology of injecting drug use in Australia suggests men outnumber women two to one (O’Brien et al. 2007 cited in Higgs, Owada et al. 2007). In addition to this, it has also been argued that stigma within CALD communities renders women from these communities, who are drug users, less visible and probably less numerous than their male counterparts; thus making them more difficult to access for research purposes (Higgs, Owada et al. 2007). As for my sample of family members, there was no surprise that all of them were women since the care of children in Vietnamese society is traditionally the responsibility of the women. However, I did meet
and spoke with one father who was accompanying his heroin-affected son during his travel in Vietnam, but he apologetically refused to participate in this study.

Reflecting on reflexivity

I was not able to recruit as many young people and family members as I had planned and I believe this is because illicit drug use and sale carry extreme stigma and shame for all those involved. Stigma, shame and secrecy have featured in a number of research studies on drug and alcohol issues in the Vietnamese-Australian community (such as Bertram et al. 1996; Maher & Swift 1997; Louie et al. 1998; Beyer & Reid 2000). This is because the Vietnamese value system, based on Confucianism, is founded on four fundamental and inter-related principles: allegiance to the family, yearning for a good name or maintaining ‘face’, love of learning and respect for other people (Victoria University 1996). I have already mentioned the importance of the family in my previous chapter and wish to add that Vietnamese individuals generally operate within a collective framework and thus by “virtue of the principle of collective and mutual responsibility, each individual will strive to be the pride of his family” (Victoria University 1996, p. 2). The misconducts, achievements and successes made by individuals reflect on their families and ancestors (Victoria University 1996). Therefore, Vietnamese-Australian individuals and families tend to hide or keep secret the misconducts or misfortunes of their family members for fear of causing a loss of face for their entire family.

Vietnamese people are also expected to show respect to those who are senior to them in age, status or family position (Victoria University 1996). Respect is part of the concept of filial piety and is expressed in words and actions. Those who are most respected and admired in Vietnamese society are educated people, including scholars, writers and teachers. They enjoy a great deal of prestige – even if they are poor because education is valued over wealth and material success (Victoria University 1996). For this reason, I was very conscious of the impact my personal background might have on the young people and family members who were involved in my study.

Most Vietnamese people would regard my educational qualification, family background and work experience as highly commendable. Although my achievements have brought much pride to my family, they can and did cause young people with heroin issues and their families to feel a sense of failure and shame whilst being in my presence. For them to participate in my study was to risk losing face if they were to share with me their personal problems and stories. Another perceived risk was that I might have divulged their confidences within our community and thus bring further shame. In this respect, my insider status as a Vietnamese-Australian could be perceived as a disadvantage.
Nevertheless, whilst conducting the interviews, which lasted between 45 minutes to a few days\textsuperscript{14}, I was able to build trust and develop rapport with the majority of young people and their family members. Most of the mothers saw my visit as an opportunity to review the strategies they had used with their children and to learn other ways of addressing their children’s heroin related problems. Similarly, some of the young people found the interview process helpful and stated that it made them see how they got involved in heroin and where they wanted to go in their lives. As to the young people I interviewed in Vietnam, some welcomed the company of a visitor from Australia, while others saw me as offering an opportunity to converse in English and to get updates on what was happening in Melbourne. Despite the trust and rapport I developed with the majority of young people and family members and the empowering dialogues I had with them, I have no doubt that my relationship with them always remained a hierarchical one because of the cultural respect that is accorded to the researcher by the researched.

In spite of these cultural factors, it was actually the combination of my age and gender that proved somewhat problematic. I was 26 years of age when I started the research interviews and given that the majority of the young research participants were males, a few of them were attracted to me and indirectly sought my interest in pursuing a romantic relationship with them. As I was not used to the indirect communication generally practiced by Vietnamese people to avoid a loss of face, I initially misunderstood the young men’s request and thought they wanted to see me again for further assistance, since I made referrals to relevant support services and workers during our interviews. Consequently, I agreed to see them again and it was only when I saw them the next time and they took me to an expensive seafood restaurant or when they gave me more details of how we were going to see each other that it became clear what they expected of me—or us! As soon as I became aware and overcame my shock, I diplomatically declined and maintained a very professional relationship with them. From these incidents, I learned that just because I knew I was bounded by the ethics of research and marriage, I should not assume that my research participants were also aware of these boundaries.

It is difficult to minimise the effect of the researcher on the research, and to attempt to be wholly objective is considered foolish (Blaxter et al. 1996). Qualitative methodologies consider the play of subjectivity amongst the researcher, participants and the research project as a phenomenon to be greeted with celebration, however many writers have advised that it is important for researchers to critically analyse the sources of social power in their lives, how these sources appear in their research (Swigonski 1993) and to be open in recording and recognising these effects (Blaxter et

\textsuperscript{14} During my field work in Vietnam, I travelled with one of the young participants to visit his brother that involved an overnight stay and constant conversations with him about his experiences.
For non-white researchers who are researching their own ethnic communities, the issues surrounding researchers’ reflexivity are framed somewhat differently. For non-white researchers who received their research training from and succeed in Western academy and research communities, there is a range of “issues about the ways we relate inside and outside of our own communities, inside and outside the academy, and between all those different worlds” (Smith 1999, p. 14). Smith (1999), a theorist of Kaupapa Maori research – research by Maori, for Maori and with Maori – has referred to this as insider and outsider research.

Smith (1999) has pointed out that the critical issue with insider research is the constant need for reflexivity because the researcher belongs to the community as a member with a different set of roles and relationships, and social position. As insider researchers, together with our families and communities, we have to live with the consequences of our research processes on a daily basis, we have to think critically about our processes, our relationships and the quality of our data and analysis. It is for this reason and the complexities of insider research that Smith (1999) has suggested the establishment of the following support mechanisms for insider researchers:

- To build specific research-based support systems and relationships with our communities.
- To be able to define clear research goals and have “lines of relating” which are specific to the research project and “somewhat different from their own family network” (p. 137).
- To define closure and have the confidence to say “no” or “continue”.

More importantly, insider researchers and our research need to be as ethical and respectful, as reflexive and critical. Smith (1999) has stated that Indigenous (and CALD) communities tend to be persuaded into participating in research projects not by the technical designs, but by the open and ‘good’ intentions of the researchers. Communities and their members also appreciate and expect honesty. Therefore, it is important to inform the communities and their participants of the research project’s limitations, as well as the needs and issues that are not addressed. In addition to this, idealistic ideas of community collaboration and active participation need to be measured against the reality of a community’s resources and people’s capabilities, even in the presence of enthusiasm and goodwill. Lastly, one of the difficult risks insider researchers can take is to ‘test’ our own taken-for-granted views about ‘our’ community (Smith 1999). Smith (1999) explained that it is a risk because it can unsettle beliefs, values, relationships and the knowledge of different histories. For researchers to assume that their own experience is all that is required is blatantly arrogant.
Conducting the interviews

The semi-structured, face-to-face individual interview was my primary method of data collection. My interview questions were grouped into five main areas, each area addressing the following research questions:

- What are the migration and settlement experiences of young Vietnamese-Australian heroin users and their families?
- What are the experiences that have led these young people to become involved with the use and sale of heroin?
- How do these young people and their families explain their motivations for travelling to Vietnam for drug related reasons?
- What are the young people’s experiences in Vietnam?
- What are the outcomes once these young people return to Australia?

The interview schedule and consent form were translated into Vietnamese for those participants who were more fluent and/or comfortable with the Vietnamese language. I had asked a friend who had a strong command of the Vietnamese language to do the translation instead of a professional translator because I wanted to ensure that the research participants would be able to easily read and understand the translated documents. Written Vietnamese is generally very formal and sophisticated and, as a result, may exclude those who are semi-illiterate, whereas colloquial Vietnamese is spoken and understood by everyone. As a result, I asked my friend to use common words and once he completed the translation, we both market-tested it with a few people who were representative of my Vietnamese-Australian research sample to see how well they understood the nature of my study and the rights and responsibilities of the researcher and research participants.

The interviews were easily arranged and conducted between September 2000 and March 2001. The majority of the interviews with workers and young people were carried out in English, while all the interviews with family members were conducted in Vietnamese. All thirty-one research participants completed one in-depth interview and although I had planned to maintain contact with the majority of them to conduct follow-up conversations, I was only able to do this with the majority of the workers and a handful of the young people through casual conversations via electronic mail, telephone and/or in person. Over the last 10 years, I have also been kept informed about the progress of the majority of the young people through informal conversations with their workers, family members and friends.

I know I am not alone in identifying that one of the biggest and frustrating challenges in working with young people with heroin issues is maintaining contact with
them. This is because their lives are very chaotic and transient as a result of their problematic heroin use and its consequences such as arrest, court appearance, incarceration, overdose, hospitalisation and homelessness. Although the lives of the family members are not transient and as chaotic as those of the young people, I was aware of how busy they were with their work to support both their families in Australia and in Vietnam – sewing at home, running their own businesses and looking after their children; hence I was very reluctant to request more of their time since they were not being reimbursed for spending it with me.

All the interviews were tape recorded, except for one interview with a mother who requested not to be taped. In addition to tape recording, I also took brief notes during the interviews and recorded my observations, thoughts and feelings while ‘out in the field’. The notes I took of participants’ responses during the interviews also proved very valuable for the times that I did not realise the batteries of my tape recorder were flat, the tape had run out or where parts of the recording were not audible. Added to these frustrations was the extremely long time it took me to transcribe all the interviews using Microsoft Word, whereby I felt embarrassed to notice I was not as good a listener as I previously thought I was. I also did all Vietnamese-to-English translations myself, but where there were Vietnamese phrases that I was uncertain of, I sought the assistance of my Vietnamese-savvy parents-in-law and the many Vietnamese-English dictionaries in my possession.

Sharing and Validating Processes and Knowledge

After transcribing all interviews and typing up the field notes, I highlighted the findings that I considered to answer the five research questions above. I organised and tabulated these findings under each of the research questions, categorising the responses in each of the three research groups. This allowed me to identify patterned regularities and irregularities in the data, which as Wolcott explains, is “where we look for and discuss the relationships, the what-goes-with-what that realizes in the study… the potential for understanding something beyond it” (1994, p. 33). I subsequently contextualised my account of the findings in a broader analytical framework by drawing connections with external authorities, such as the many references that I have come across in my literature review. I also made connections with my own personal and professional experiences as a Vietnamese-Australian, who have worked with Vietnamese-Australian young people and families.

Since there was a high level of interest in the study and support from my colleagues, I felt it was important for me to share my theories and account with them. Smith (1999) refers to this process as ‘sharing knowledge’ and considers it to be
important in informing the way knowledge and information are constructed and represented. While other scholars such as Wolcott (1994) and Creswell (2007) perceive it as a process of rigorous analysis through validation. Together with two of my close colleagues and friends, John Byrne and Maree Pardy, who were also conducting PhD studies on the Vietnamese-Australian community, we formed a support group that met roughly every four to six months for three years until John’s unexpected death in mid 2005. During these meetings we debriefed and discussed our progress, shared and critiqued drafts of our developing chapters, while we met in local restaurants or at each other’s homes.

As John’s study explored the support needs of Vietnamese-Australian families of illicit drug users, his fieldwork was based at Mary of the Cross Centre (MoCC) – a service of Centacare Catholic Family Services – which provides support for families and individuals affected by problematic substance use. Since its inception in 2000, MoCC has developed particular expertise in working with the Vietnamese-Australian community and employed a number of Vietnamese-Australian workers. Consequently, John organised a half day session in 2004 for me to present my study and its findings to relevant workers at MoCC that generated valuable exchanges of information, views and experiences among workers working with Vietnamese-Australian families experiencing illicit drug issues. This also occurred when I presented my findings to workers in the drug and alcohol sector in April 2009, which was organised by Hepatitis C Victoria, a peak body for people affected by hepatitis C. I have also shared drafts of relevant chapters with three research participants (two workers and one young person) and relevant workers in the field who were my colleagues. Whilst I did not receive a response from the young person, all workers enthusiastically offered their thoughts, experiences and analysis, which provided a complement to and often a confirmation of my findings.

More importantly, I endeavoured to share my study with the Vietnamese-Australian community. When I began my PhD study, I only knew Vietnamese-Australian workers working in mainstream agencies and had almost no contact with Vietnamese-Australian workers and community leaders in Vietnamese-Australian organisations. While the former organisations work with specific groups of Vietnamese-Australians (for example, those experiencing drug and alcohol issues), it is the latter that work directly and effectively communicate with the general Vietnamese-Australian community in Victoria; therefore, some of these Vietnamese-Australian agencies are also politically active. As my mother was a close friend of a Vietnamese-Australian community leader in the south-eastern region of Melbourne, I organised a meeting with him before I commenced my interviews with research participants to discuss ways in which I could conduct my study in a culturally appropriate way and to share it with our community. After explaining the nature of my
study and my desire to inform our community and to seek collaboration, he told me what I already knew – that is, collaboration is impossible or limited due to the high level of stigma, shame, secrecy and sensitivity that are attached to illicit drug use in our community.

Nonetheless, I believe that just because there are sensitivities about a certain issue, this should not be a reason to justify the exclusion or lack of consultation with the community and its members in terms of sharing processes and knowledge. What it does mean is that as a researcher, I need to be culturally sensitive to the needs and issues of my community and to work in ways that are culturally respectful and appropriate. Consequently, my mother’s friend and I agreed that public announcements in the Vietnamese-Australian media were the most appropriate and effective ways of informing our community about my study as this provided anonymity to those affected by illicit drug use.

Since my mother’s friend was a journalist for a number of Vietnamese-Australian media companies, announcing the study to our community was achievable. Before he went about doing this, he convinced me that he also needed to promote me in order for members of our community to respect and trust me, thus encouraging their support and participation when I would approach them. I was very grateful for his support, but was very embarrassed to learn that my entire personal history, including the date of my marriage and details of my husband’s well-known family, was disclosed to the entire Vietnamese-Australian community. I had to accept that this was how respect was commonly earned in our community and was comforted by the fact that my biography was a positive one, which together with details of my study was broadcasted on a popular Vietnamese-Australian community radio station, 974 FM, and published in two prominent Vietnamese-Australian print media, The Vietnamese Golden Guide Weekly and Viề̃t Luận.

Going Native as a Native

I have found my time in the field travelling, meeting, interviewing and speaking to my research participants, to be the most enjoyable aspect of the study. The interviews with workers, young people who had returned to Australia after travelling to Vietnam for drug related reasons and all (except for one) family members were conducted in Victorian suburbs with a high residential concentration of Vietnamese-Australians, such as Footscray, Richmond, Springvale and Dandenong. I met and interviewed the research participants in places of their choice and where they felt comfortable, which included their office or home, coffee shops and restaurants.
In relation to the research participants who were residing in Vietnam for drug related reasons, I was more than happy to travel to Vietnam to interview them for two particular reasons. Firstly, I thought that it was important for me to get a sense of the environment and conditions in which these young people lived in order to have an understanding of how familial, social and cultural factors in Vietnam affected their lives and their heroin related issues. Secondly, I wanted to spend sufficient time in Vietnam (which I did not have in previous trips) to travel around the country, learn about its history and state of affairs, become more acquainted with my extended family and attempt to understand my own displacement and meanings of home and the homeland.

I embarked on my expedition to Vietnam with my mother in late 2000 and was able to stay there for over two months, in which time we celebrated the lunar new year festival, tết – the most important celebration for Vietnamese people that involved the reunion of families. Like for most visitors to Vietnam, my senses were thrilled by all the sights, sounds, tastes and smells of a society rich in culture, custom, tradition, history and natural resources. The sights of bustling street life, endless sceneries of green rice fields manually tended by peasants in conical hats, forest covered mountains and pristine unspoilt beaches were just some glimpses of the overwhelming beauty of Vietnam and its people. Since my family and the families of the young Vietnamese-Australians who were in Vietnam for drug related reasons were from the southern part of Vietnam, I based myself in Saigon or Ho Chi Minh City.

Prior to my departure to Vietnam, I obtained consent from and made arrangements with the young people’s workers and families in Australia, as well as their carers in Vietnam, to visit and interview the young people. Once I arrived in Vietnam, I contacted the young people and arranged meeting times with them. Most of the young people were staying in Saigon, while others resided in the Mekong Delta region or in provinces neighbouring Saigon. Most interviews were conducted in their primary place of residence, where they lived with extended family members. Two interviews took place in a café and a drug detoxification and rehabilitation centre in the outskirts of Saigon.

Like those I conducted in Victoria in the young people’s homes, the interviews in Vietnam provided me with valuable insights into the ‘lived experiences’ of these young people. Although most of the interviews in Vietnam were conducted in the young people’s places of residence, it was hard to escape from Vietnam’s vibrant life: the sights and sounds of children laughing and yelling as they played on the streets, people starting and riding off on their scooters, Vietnamese music being played out loud by one of the neighbours, roosters crowing and food sellers advertising their specialties at

---

15 The majority of Vietnamese-Australians are from the southern part of Vietnam because many left the country after the Communist regime of northern Vietnam took over the south in 1975.
the top of their lungs as they carried or pushed their food trolleys. At times I was busy
concentrating on the interview at hand and forgot to notice these sights, sounds and
smells, but fortunately my temperamental tape recorder captured all the sounds of
these activities and filled me with nostalgia when I was transcribing the interviews in my
quiet and isolated home office back in Melbourne.

After travelling to various parts of Melbourne and Vietnam, and seeing and
speaking to young people, their families and workers, I felt inspired by their stories and
grateful for their time and efforts in my study. I also gained a deep love for Vietnam
and our people and, subsequently, an enhanced understanding and appreciation of
the dynamics of the Vietnamese-Australian community and the needs and issues of our
members. For these reasons, I felt it was time to give something back to
Vietnamese-Australian young people and their families and make some positive
contributions to our community. Little did I realise at the time that my desire for
reciprocity – one of the central features of ethnography – would lead me to become
heavily involved in addressing the needs and issues of the Vietnamese-Australian
community in Victoria through advocacy and community development.

Prior to commencing this study, I deliberately stayed away from
Vietnamese-Australian community organisations because many of these seemed more
concerned about homeland causes and anti-Vietnamese Communist campaigns than
wanting to address the needs and issues of our community in Australia. This is most
notable in the works of the Vietnamese Community in Australia (VCA), otherwise known
as the Vietnamese Community Association (Viviani 1996), a peak representative body
for Vietnamese-Australians that was formed in 1976 when Vietnamese people began
arriving in Australia after the fall of Saigon. Consequently, the VCA established
‘chapters’ in states with large Vietnamese-Australian populations, with the overall
stated aim of preserving and promoting Vietnamese cultural heritage and responding
to the needs and issues of Vietnamese–Australians.

Upon my return from my fieldwork in Vietnam in early 2001, I had a change of
heart about getting involved with Vietnamese-Australian community organisations
when my friend, John Byrne, informed me of a new and relatively young Committee of
Management (COM) at the Vietnamese Community in Australia – Victoria Chapter
(VCA-Vic). John also encouraged me to join him on its Youth Committee that aimed to
represent young Vietnamese-Australians in Victoria on issues directly affecting them.
Soon after joining the Youth Committee, I accepted a research project to identify the
existing needs and issues of young Vietnamese-Australians to provide the VCA-Vic
Youth Committee with a starting point to effectively perform its role and responsibilities.
Following this project, I was asked by the VCA-Vic COM to replace the VCA-Vic Youth
Worker by becoming the Youth Co-ordinator, which involved conducting community
development projects and supervising two support workers working with
Vietnamese-Australian young people and families. A year later, in 2002, I was promoted to the position of the VCA-Vic Co-ordinator, responsible for staff management as well as the effective management and innovative development of services.

During my time at the VCA-Vic from 2001 to 2004, I worked on my PhD research part-time and used it to inform my work, and vice-versa. I was fortunate to obtain a number of grants that allowed me to expand the range of services provided by the VCA-Vic whereby I implemented several projects that focussed on Vietnamese-Australian young people and families. These projects included a travelling photographic exhibition, produced by young Vietnamese-Australians that aimed to portray and promote a positive image of Asian young people and to raise awareness and understanding about their needs and issues; two research projects that documented the needs of Vietnamese-Australian young people (Byrne 2002) and young women (Pardy 2003); an annual Vietnamese-Australian youth forum to consult about and discuss with young people their needs and issues; a youth leadership program for young Vietnamese-Australians; the establishment of a Youth Committee for the VCA-Vic, made up of young Vietnamese-Australians; and working groups that involved relevant service providers and individuals to provide a co-ordinated response in addressing the needs and issues of Vietnamese-Australian young people and families, such as the Police and Young People Working Group and Supporting Vietnamese Families Working Group.

Foley and Valenzuela have argued that researchers “who are involved directly in the political process are in a better position to understand and theorize about social change” (2005, p. 231). This certainly applied to me and not only have I been able to theorise about social change, but I could implement it by advocating for the needs and issues of and representing Vietnamese-Australians on a number of government committees that included the Victorian Ministerial Advisory Council on Cultural and Linguistic Diversity16 and the Victorian Multicultural Commission17. I became an obvious and popular advocate and representative of the Vietnamese-Australian community in Victoria because I was one of the very few Vietnamese-Australians with social work training and experience in community development, who also had a good command of English and was out-spoken.

My distinct status was only possible because many Vietnamese-Australians of my generation chose to enter career paths in law, science, medicine and commerce. As a result, I was often asked to represent the Vietnamese-Australian community on

---

16 The Ministerial Advisory Council informs the planning and delivery of human services that are responsive to the cultural and linguistic diversity of the Victorian community.

17 The Victorian Multicultural Commission (VMC) is an independent statutory authority that provides independent advice to the Victorian Government to inform the development of legislative and policy frameworks as well as the delivery of services to Victoria’s culturally, linguistically and religiously diverse society. I was one of two co-opted Youth Commissioners on the VMC.
community projects and agency boards, all of which I agreed to. Additionally, I also presented in and conducted numerous training for a variety of mainstream organisations and workers to increase their understanding of the Vietnamese-Australian community, develop a shared understanding of the barriers experienced by our community in accessing services, and explore culturally appropriate ways for working with Vietnamese-Australians. Half of these presentations and training were on young Vietnamese-Australians (with illicit drug issues), delivered to Victoria Police and the health sector.

My intention for providing a description of my work with the VCA-Vic is not to boast about my achievements, but rather to demonstrate how studies conducted within a critical ethnographic framework can lead researchers to serve and advocate for the emancipation of marginalised groups in society (Foley & Valenzuela 2005; Thomas 1993, cited in Creswell 2007). The dual role that I played as a researcher (through my PhD study) and a worker for my community has also led me to closely identify with the Vietnamese-Australian community and to share in the struggles that come with being a racialised, marginalised and stigmatised group of people.

More importantly, this role allowed me to see how research can empower, as well as disempower, local communities and marginalised groups. As a result, I became critical of researchers and research institutions when they approached me as the Co-ordinator of the VCA-Vic to support or collaborate in their research proposals that targeted various groups in the Vietnamese-Australian community. I ultimately decided that we would only enter into partnerships with and/or support organisations in their research proposals if their partnership with the VCA-Vic and the Vietnamese-Australian community generally, was one that was supportive, meaningful and empowering – that is, if the VCA-Vic would be adequately consulted, supported and resourced to participate in such projects rather than merely provide human resources without any reimbursement, which was often the case.

In addition to this, it was imperative that the Vietnamese-Australian community had ownership of the research findings so that we would be informed and empowered to address the issues in our community together with the co-operation, collaboration and support of the partner organisation. I considered this to be necessary when it came to research proposals with Vietnamese-Australian IDUs and issues around illicit drugs and BBV, because ignorance has generated fear and discrimination towards people affected by these issues in both the Vietnamese-Australian and wider communities. It is for this reason that the VCA-Vic and the Vietnamese-Australian community have been reluctant to tackle these sensitive and dire issues in the past and they therefore needed to be empowered and supported to address them.

Regrettably, I have found through my study and other work that most of the research conducted on the Vietnamese-Australian community by research institutions
or academic groups or individuals end up in libraries, and they generally benefit the institutions and their researchers instead of the researched communities. Furthermore, the methodology and methods adopted often lack cultural sensitivity and appropriateness. In view of these research proposals and projects, I have written to relevant government funding bodies and heads of research institutions about my concerns and encouraged them to take them into consideration when funding or writing up research proposals, respectively. I also became very disillusioned with research and academia in general, and consequently, lost the passion for and faith in my own PhD study. Since I found that I could make more positive contributions to the Vietnamese-Australian community as a worker than a researcher, I abandoned my study for a few years.

To ‘go native’ and not complete the study (or be compromised in the study) is a challenge and issue that has been identified in conducting ethnographic research (Foley & Valenzuela 2005; Creswell 2007). Fortunately, I eventually realised that without my study I would not have identified with the Vietnamese-Australian community and subsequently have the opportunity to take direct action and make positive contributions to both the Vietnamese-Australian and wider communities. Furthermore, my moral and ethical commitment to my research participants, especially the Vietnamese-Australian young people and their families, acted as a constant reminder of my obligations as a researcher to tell their stories in order for social change to take its course. It is this very reason that has motivated me to return to my PhD study in recent years and to make the commitment to complete it.

**Conclusion**

Within the context of concerns and alarm over the ‘risk behaviours’ of young Vietnamese-Australians travelling to Vietnam as a means of addressing their heroin related issues, my study serves the purpose of providing a description and understanding of their motivations, needs and experiences. To achieve this purpose, I have adopted a critical-interpretive ethnographic approach for my study since young Vietnamese-Australian heroin users are a highly stigmatised and marginalised group both within the Vietnamese-Australian and wider communities, and their lives and problems are very much located within the political, economic, social and cultural context of Australian society. More importantly, this approach allows the young people, their family members and workers – all those who are actively involved in the option of return – to tell their stories and to have their voices heard as they are currently silent on the subject matter.
Therefore, the remaining chapters of this thesis will be discursive and interpretive in telling the story of the experiences, motivations and needs of young Vietnamese-Australian heroin users, who have travelled to Vietnam for drug related reasons. This narrative is constructed from the findings of other studies and the perspectives of young Vietnamese-Australian heroin users, their family members and their workers – told by a Vietnamese-Australian woman, who is passionate about and has been deeply involved with the Vietnamese-Australian community.
Chapter 4

THE END OF WHITE AUSTRALIA?

Introduction

The fall of Saigon in 1975 brought an abrupt end to Western imperialism in Southeast Asia that produced dramatic social, economic and political changes in the region as Vietnam emerged as an independent and united country. The reunification of Vietnam under a communist leadership created problems of security and stability that were particularly felt by many in southern Vietnam, including members of my family and some of my research participants. As a result, many of us attempted to leave our homeland by sea and subsequently sought asylum in neighbouring countries in Southeast Asia. Symbolically, we were referred to as ‘the boat people’ and the perilous conditions of our escape, often on unseaworthy and over-crowded small vessels, captured the world’s attention and sympathy. Moreover, the exodus of Vietnamese refugees and the crisis it generated caused enormous concerns for governments, humanitarian organisations and the United Nations as they posed a major challenge to the international community to settle over a million people (see Grant 1979).

The political events of 1975 and the exodus of Vietnamese refugees that followed have also had significant and lasting effects on Australia’s social and political life, as well as its foreign and immigration policies. This is because the arrival of Vietnamese refugee boats in Australia beginning in 1976 had come just a few years after Australia abandoned the White Australia policy. Additionally, the Australian government’s eventual acceptance of Vietnamese refugees marked a precedent in Australia’s history, whereby for the first time as a nation state it settled a significant number of Asian refugees (Viviani 1984). For that reason, I will provide a brief historical account of the development and demise of the White Australia policy in this chapter and explore how the arrival of Vietnamese refugees in the late 1970s was the first real test to the end of this racist policy (Viviani 1984; Viviani 1996). In doing so, I aim to provide an Australian context in which my family and many of my Vietnamese-Australian research participants arrived, and examine the responses from the wider Australian community. Subsequently, I will argue that the overall negative reactions Vietnamese people received from the Australian community in relation to our arrival and settlement, have effectively marginalised our community in Australia.
The White Australia Policy and the Arrival of the Vietnamese Boat People

Australia’s initial involvement with Vietnamese refugees has been considered to be rather shameful due to its reluctance to accept people whose racial or cultural backgrounds were dissimilar to its predominantly white population (Grant 1979; Manne 1984; Viviani 1996). The fall of Saigon had come just two years after Australia had abandoned the White Australia policy. This policy was the *Immigration Restriction Act 1901*, which through the implementation of a dictation test¹⁸ effectively excluded Asians and other non-Europeans from settling in Australia from 1901 to 1958 (Inglis et al. 1992; Jupp 2002). It was the first major policy initiative of the newly formed Australian Commonwealth at the turn of the twentieth century and was developed mainly in response to the arrival of many thousands of Chinese migrants who were attracted to Australia by the gold rush in the 1850s (Inglis et al. 1992; Jupp 1991, 2002).

The influx of Chinese migrants during the gold rush had brought the realisation to many white-Australians of Asia’s proximity to Australia and the ease with which Asians could migrate to Australia (Walker 1999). This fear was expressed through the use of the populist phrase ‘yellow peril’, which referred to the perceived threat of a cultural annihilation to Western nations that is posed by a potential Asian expansion (Walker 1999)²⁰. Consequently, many white-Australians felt that Australia should be safeguarded from the inferior, coloured races that surrounded and were willing to invade her shores and argued for the preservation of Australia for the white race (Markus 1979).

As a result, the concept of a ‘white Australia’ became a major argument in favour of the eventual federation of the separate colonies and was subsequently supported by voters and politicians across the political spectrum (Markus 1979). Hence, the White Australia policy was considered as a cornerstone of the new nation of Australia that confirmed the anti-Asian sentiments and racist ideology based on white supremacy, which in turn, provided the essential guiding principles for the protection and administration of the newly formed Federation (Jupp 1991; Jayasuriya & Pookong 1999; Walker 1999).

According to Jupp, by 1947 Australia became “one of the ‘Whitest’ countries in the world outside northwestern Europe”, with only 0.25 per cent of the total population

---

¹⁸ This was essentially a language test, whereby officials were allowed to give a dictation test of 500 words to immigrants upon their arrival. Though nowhere stated, the test could be conducted in any language chosen by the officials and if the immigrants failed it, they were not permitted to stay in Australia. Thus, the dictation test allowed Australia to discriminate against undesirable immigrants without singling out specific nations.

¹⁹ The *Immigration Restriction Act 1901* is commonly referred to as the White Australia policy. The dictation test was removed from the 1958 Act and it was not until 1967 when the policy was amended to allow the entry of unskilled non-Europeans that there was a growth in Asian migration to Australia (Inglis et al. 1992; Jupp 2002).

²⁰ It also formed a part of what has been referred to as the “invasion narrative”, which has been defined by Walker as “a discourse upon vulnerability at a time of growing anxiety about the decline of British power against a background of intensifying European rivalries” and the emergence of Asian nations into greater world prominence (1999, p. 98).
representing non-Europeans (excluding Aborigines) (2002, p. 9). During this time, the cultural inferiority argument was replaced by the need to maintain social harmony as the Australian government claimed that “anyone who looked different would provoke social unrest in a totally homogenous white British society” (Jupp 2002, p. 9). However, the international changes that occurred following the end of World War II effectively helped to bring an end to Australia’s racist and discriminatory immigration policy.

The dismantling of the White Australia policy has been examined by Mackie, who explains that the changes involved diverse factors and political processes:

Among the most important of these have been the changes in the international environment facing Australia after World War II and in the domestic politics of how best to respond to those changes. The collapse of colonial rule in Asia and Africa after 1945 was accompanied by an increase in international pressures for Australia to end the White Australia policy, which gave rise to calls from groups within Australia to change it. Simultaneously, worldwide shifts in attitudes towards all forms of racial discrimination and to policies implying racial inferiority were occurring... all of which were making the policy much harder to defend after 1945 than it had been in 1901... Meanwhile the damage the White Australia policy was doing to Australia’s efforts to find a place in the new Asia-Pacific international system soon became increasingly apparent (1997, p. 11).

Thus, international pressures combined with domestic calls for reform eventually created major changes to government policies and public attitudes that were in favour of Asian immigration. This trend began in the 1950s and was maintained throughout the 1960s and 1970s when the White Australia policy was “quietly abandoned” (Mackie 1997, p. 13). The policy was officially abolished in 1973 when the federal government removed all racial restrictions from Australia’s immigration legislation and moved towards a policy of multiculturalism. The latter encouraged and celebrated distinctive migrant cultural trappings such as dance, dress, food, religion, language and social relations, which promoted multicultural enlightenment and diversity rather than assimilationist homogeneity (Collins 1991).

Mackie has regarded the shift in both government policies and public attitudes towards Asian immigration to be “quite remarkable” for “a country that previously took such pride in being almost 100 per cent Anglo-Celtic” (1997, p. 11). It is also surprising that the abolition of the White Australia policy took place with little public outcry or serious controversy (Mackie 1997). Nevertheless, the pendulum soon swung back in the opposite direction in the late 1970s when Vietnamese boat people began arriving at Australia’s northern shores unauthorised and unannounced. The sudden and unexpected arrival of Vietnamese refugee boats on Australia’s coastline began in April 1976 when five Vietnamese refugees sailed into Darwin harbour on a small fishing boat after being refused permission to stay in Malaysia, Singapore
and Borneo (Tran 1981). Despite the unprecedented nature of their arrival, these first boat people did not attract media sensation or public attention until the numbers of arrivals increased in the following years (Tran 1981). In November 1977, when numerous boats with approximately 400 Vietnamese refugees arrived in Australia, intense fears among Australians of an Asian invasion were aroused (Manne 1984). The Australian press also greeted the refugee boats with hysteria and used dramatic and misleading headlines such as, Armada of Viet Refugees on the Way and Two Thousand Refugees Coming: Report (cited in White & White 1983, p. 120). These headlines gave the impression that Australia was being swamped by hordes of Vietnamese refugees. Journalists, such as Wilkie (1977), raised concerns about the survival of white civilisation in the Asia Pacific region and saw the issue as going “to the heart of our longterm problem of national survival”.

In spite of initial public fears, the Australian community’s opinion on the boat people was generally positive. White and White’s (1983) analysis of press reports during the time found that, overall, there were sympathetic responses to the plight of the refugees and the actors who were given a voice in the press tended to evaluate the refugees’ situation in compassionate terms. White and White commented that,

Given Australia’s long standing negative attitude towards Asian immigration and the controversy surrounding the recent relaxation of its racially orientated immigration policy, it is surprising to see that the Vietnamese immigration was viewed so positively. One factor contributing to the relatively sympathetic coverage could be that the Vietnamese refugees were seen to be a consequence of Australia’s involvement in the Vietnam war (1983, p. 131).

Interestingly, it was government politicians in general, and the Minister for Immigration in particular, who tended to raise the issue of the Vietnamese as a liability more frequently than as assets to Australia (White & White 1983). Manne (1984) has explained that for the Australian government and politicians, the arrival of Vietnamese boats seemed to pose a major political problem that created a turning point for Australia. Whilst the Australian government feared an electoral backlash, which “they thought might occur if it came to be believed that their actions portended some ultimate change in the demographic balance of the nation”, it also realised that in order to curb the flow of boat people arriving on Australian shores, Australia had to obtain the co-operation from the Association of South-East Asian Nations (ASEAN) by

---

21 See Tran (1981) for a detailed account of the first Vietnamese boat people in Australia, their background, reasons for leaving Vietnam, their journey to Australia and their reception in Darwin.
supporting an international program for the resettlement of Vietnamese refugees in countries such as Australia (Manne 1984, p. 16). Manne stated that,

In these curious and rather unheroic circumstances the Fraser Government embarked upon the most significant humanitarian enterprise of its period of office – and Australia upon the first large and visible Asian immigration programme of its history (1984, p. 16).

The historic importance and effects of Vietnamese migration to Australia have been comprehensively documented by Nancy Viviani, who is the most prominent historian and researcher on the Vietnamese-Australian community. Viviani has captured the social and political debates and ambience of the Vietnamese boat arrivals and subsequent migration in a paper titled The Vietnamese in Australia: New Problems in Old Forms (1980), which was later elaborated in her books The Long Journey: Vietnamese Migration and Settlement in Australia (1984) and The Indochinese in Australia: From Burnt Boats to Barbecues (1996). Viviani (1984; 1996) has argued that the arrival of Vietnamese boats was of great significance because of two historic factors. Firstly, the sudden arrival of Vietnamese refugee boats had an enormous impact on Australia’s long established fears of an invasion from Asia and, secondly, the settlement of Vietnamese in Australia presented a threat to Australia’s sovereignty that harked back to the historical fear “that differences in race threaten ‘traditional’ Australian values” – a key tenet of the White Australia policy (Viviani 1996, p. 7).

Viviani (1996) asserted that the initial fear had been reinforced for Australia during World War II when Japanese aircrafts started bombing the northern port of Darwin in 1942. During this time, the Japanese presence and the destruction that followed made many Australians feel that a Japanese invasion was imminent. Consequently, the arrival of approximately one thousand boat people from Vietnam at the end of 1977, more than three decades later, posed a similar threat. Viviani (1996) contended that although many Australians perceived the Vietnamese boat arrivals as a peaceful invasion, it fuelled the fear that the entry of people of different racial backgrounds would either cause fragmentation in Australian society or at least produce one in which traditional Australian (British) culture would ultimately be usurped. This has led to the second historic factor, Australia’s eventual compliance with the settlement of large numbers of Vietnamese, which according to Viviani, created a precedence in Australia’s history because:

The only other comparable migration I suppose, combining race and politics, was the arrival of the First Fleet (1980, p. 3).

---

22 In 1979, the Australian government supported and adopted the Orderly Departure Program to facilitate the migration of Vietnamese people.
Therefore, the fear that racial and political differences threatened the Australian (British) way of life and the fear of Australia’s vulnerability to an Asian invasion, have formed what Viviani identified as “a deep-seated threat mentality among Australians of all political persuasions” (1996, p. 7). For that reason, Viviani (1996) alleged that Australian politicians were aware of the public’s fear and saw it as a threat to their policies on Asian immigration and as a factor in Australian electoral politics. Even though the Australian government had adopted a non-discriminatory immigration policy, it was not committed to taking Vietnamese refugees until the unexpected arrival of Vietnamese boats posed the threat of a mass movement from Asia to Australia. Furthermore, Australia was under enormous pressure from the international community – in particular from the ASEAN countries, the United States and the United Nations High Commissioner for Refugees (UNHCR). These pressures conflicted with domestic opinions that were divided between Asian xenophobia and tolerance, which were further complicated by party political stances on the Vietnam War and Australia’s attempts to develop a political relationship with ASEAN states.

Apparently, the pressures and complexities of the situation posed a dilemma for the Australian government as well as for politicians from both sides of Parliament, who eventually ended the political struggle over these issues through a bipartisan approach to “protect themselves from any backlash and to keep the issue off the agenda of electoral politics because of its predictability” (Viviani 1996, p. 8). This decision signifies the beginning of what has been referred to as “The Era of ‘Elite Consensus’” (Manne 1984, p. 6). Viviani elaborated that, in adopting a bipartisan policy, Australian politicians silenced the wider electorate, reluctantly accepted significant numbers of Vietnamese refugees, brought an end to the days of White Australia and forced Australians “to live with an ongoing Vietnamese migration” (1984, p. 53).

In light of adverse domestic and international circumstances over the settlement of Vietnamese refugees, Viviani (1984; 1996) has affirmed that the Australian government’s policy on the Vietnamese refugees, overall, was a success. This is because the policy provided Australia with several advantages: the co-operation that the Australian government forged with the Indonesian government in surveillance deterred further boat arrivals and subsequently re-established Australia’s control of its borders, which was its major priority. More importantly, the act of receiving Vietnamese boat people presented Australia as a fair and compassionate country to the international community, while simultaneously satisfying strong humanitarian lobby groups in Australia and allaying the traditional fear of invasions from the north. Finally, for Australia, the settlement of Vietnamese refugees “formed the first and most difficult

23 Those on the left of politics perceived a communist takeover of South Vietnam as an “inevitable triumph of the forces of history over a corrupt puppet government”, while those at the other end of politics saw a communist victory as an “ominous failure of will among Western governments to oppose communism” (Viviani 1984, p. 55).
test case” of the abolition of the White Australia policy, and according to Viviani, a test successfully passed (1996, p. 1).

Nevertheless, as I will demonstrate below through an examination of the key social and political debates on Vietnamese settlement in Australia, whilst the visible Vietnamese presence may signify the end of the White Australia policy, concerns over social cohesion and fear of cultural diversity in relation to Asian immigration – which underlied the White Australia policy – continued to exist in the wider Australian community, ultimately marginalising the Vietnamese in Australia.

**Vietnamese Settlement and the Debates of the 1980s**

Since white settlement, Australia has been a nation of migrants and the arrival of the Vietnamese in Australia in the twentieth century represents a small fraction of the population that has entered this country as part of the wider and longer history of migration. Although the first arrival of Vietnamese to Australia is generally believed to have occurred around 1975, the first known Vietnamese arrived in Australia in 1920 when a group of 38 Vietnamese indentured labourers were shipwrecked near Townsville, Queensland (Bureau of Immigration and Population Research 1994). After World War II, Australia began to increase its involvement in Asia and, during the 1950s, actively participated in the Colombo Plan, an aid program that sponsored Asian students to study in Australian institutions (Lowe & Oakman 2004). When Vietnam joined the Colombo Plan in 1954, Vietnamese students began arriving in Australia from 1958 to undertake university education.

As Australia became involved in the Vietnam War in the early 1960s, a number of Australians serving in Vietnam as members of government or military married Vietnamese nationals who subsequently accompanied them upon their return to Australia. In addition to this, between 1972 and 1975, Australian families adopted hundreds of Vietnamese babies and infants who were orphaned by the devastation, displacement and fatality caused by the war. Hence, by 1975 it is estimated that there were approximately 1,000 Vietnam-born people living in Australia, including Colombo...

---

24 This oversight has also been made by the former Minister for Immigration and Multicultural Affairs, the Hon. Philip Ruddock MP, in the forward page of his department’s report, titled, Community Profiles 1996 Census Viet Nam Born (McMurray 1999).

25 The Colombo Plan is considered to have occupied a prominent place in the history of Australia’s relationship with Asia (Lowe & Oakman 2004). The conception and motivation behind the Colombo Plan was political as the Australian Government of the day believed the aid program would assist in improving the living standards in Asia, which would create political stability and subsequently counter the expansion of communism in the region. The Australian Government also perceived the Colombo Plan as a vehicle through which the White Australia policy would become more acceptable in Asia, but as Lowe and Oakman (2004) argue, the result was the exact opposite and the former became a significant catalyst for the demise of the latter. This is because the Colombo Plan helped to address the fear and stereotypes of Asians by demonstrating that (educated) Asians could fit into Australian society and were not a threat to the social fabric or Australian way of life.
Plan and privately funded students (465), Vietnamese orphans (537) and a number of
Vietnamese nationals married to Australians (Department of Immigration and
Multicultural Affairs 2001).

Following the fall of Saigon in 1975, Australia experienced further waves of
Vietnamese migration that have been numerous and diverse. The first of these largely
comprised of southern elites associated with the South Vietnamese government or
military, who left Vietnam immediately before or after the fall of Saigon in fear of
reprisals from the new government (Lewins 1985)\(^\text{26}\). The second wave of refugees were
mainly urban middle-class Vietnamese who experienced social and economic
persecution, loss of personal freedom, detention in re-education camps and feared
being sent to new economic zones (Senate Standing Committee on Foreign Affairs and
Defence 1982). This second group of people left Vietnam between June 1975 and late
1977. The third wave was mainly ethnic Chinese whose departure from Vietnam
beginning in 1978 was triggered by the closure of private (Chinese) businesses and the
conflict that erupted between Vietnam, Cambodia and China at the time.

Following the ethnic Chinese in 1979 was a fourth wave that was mainly made
up of Vietnamese small traders, rural and urban workers and the unemployed. This
group is known as ‘economic refugees’ and was labeled as such because they were
considered by some politicians and journalists as people who were seeking an easy life
and therefore should not have been given refugee status to settle in Australia (see
National Executive and Council of Vietnamese Organisations in NSW 1981; Tsamenyi
1983). Finally, since the mid 1980s, a fifth wave of Vietnamese migration has been
identified that largely consists of family members of Vietnam-born Australians who have
entered under the family reunion program, including parents, spouses and children. In
recent years, I have noticed the emergence of a sixth wave, comprising of international
students and skilled migrants from Vietnam\(^\text{27}\).

In general, Vietnamese migration to Australia can be categorised according to
three distinct immigration programs: the humanitarian program assisting orphans
between 1972-1975, a primarily refugee resettlement program during 1975-1985; and
lastly, a family reunion program since 1985 (Bureau of Immigration and Population
Research 1994). Therefore, the migration patterns of Vietnamese in Australia are varied
and reflect the diversity of the Vietnamese-Australian community that may appear as a
homogenous group with similar backgrounds and needs, but instead comprises an
enormous diversity of regional, class, religious, educational and occupational
backgrounds – all of which impact on their settlement experiences in Australia.

\(^\text{26}\) See Lewins (1985) for an examination of the experiences of the first wave of Vietnamese refugees who
arrived in Australia after leaving Vietnam in the days immediately before and after the fall of Saigon.

\(^\text{27}\) Vietnamese people who come to Australia as skilled migrants or international students in recent times are
generally looked upon by some established members of our community with suspicion because they are
considered to be products of the Vietnamese Communist regime or associated with high ranking Vietnamese
government officials.
From approximately 1,000 people in 1975, the number of Vietnam-born settlers in Australia reached almost 160,000 in the 2006 Census, with an additional 54,284\textsuperscript{28} Australian-born persons who have identified Vietnamese as their ancestry. In view of this, the Vietnamese-Australian community and our migration to Australia have been considered by some scholars to be “unusual” as compared to other migrant groups because we have arrived in large numbers over a short period of time (Hawthorne 1991; Thomas 1997). The total intake of Vietnamese to date means that we are the most numerous migrant group from Asia to settle in Australia. As a result, Thomas has stated that,

The arrival of a large number of Vietnamese people in Australia and the establishment, in spite of great hardships, of a dynamic Vietnamese community, have been highly significant to the changing nature of Australian cultural life (1997, p. 275).

For a country that had been traditionally hostile to Asians, the increased presence of Vietnamese people in Australia, with our racially distinctive characteristics, generated mixed responses. The initial responses were generally positive and the bulk of literature on Vietnamese-Australians beginning in the late 1970s seemed to adopt the aim of building community understanding about Vietnamese culture and people, as well as promote community and government support in the resettlement of Vietnamese in Australia. They included: the anguish and sadness associated with the separation from families, the homeland and familiar supportive lifestyles (Hawthorne 1982; Bennoun et al. 1984); the hazards faced by Vietnamese boat people and the conditions of the refugee camps (Bewley 1982; Hawthorne 1982); the high levels of stress and mental health issues among Vietnamese refugees as a result of dislocation and resettlement (Phan 1981; Boman & Edwards 1984); settlement problems such as financial and language difficulties, housing, unemployment, cultural differences and social isolation (Nguyen 1978; Bui 1980; South East Asian Community Association Centre 1981; Barker 1982; Cox 1983; Gardner et al. 1983; Jarvis 1983; Iredale 1983; MSJ Keys Young Planners Pty Ltd 1983; Victorian Ethnic Affairs Commission 1984); the Vietnamese traditional systems of support and Vietnamese people’s low access to support services (Kelly & Bennoun 1981; Smith 1981; Department of Immigration and Ethnic Affairs 1982).

In spite of this, adverse public opinion over the government’s decision to settle Vietnamese refugees in Australia brewed and subsequently exploded in 1984 as a result of concerns raised by Professor Geoffrey Blainey, an eminent Australian historian. Blainey (1984) claimed that ‘ordinary Australians’ were opposed to the increasing

---

\textsuperscript{28} This number includes both second and third generation Vietnamese-Australians, that is, Australian-born people who have identified Vietnamese as their ancestry. According to the Australian Bureau of Statistics (2003), an ancestry question was only asked in the 1986 and 2001 Census. Between those years, significant research, testing and refinement have resulted in the 2001 question that attempts to capture current ethnic or cultural affiliations, which are self-perceived, rather than attempts to document actual historic family origins.
Asianisation of Australian society, especially at a time of high unemployment because Asian migrants took away Australians’ jobs and competed successfully for scarce resources. He believed that Asians did not share in the Australian culture, pointing to suburbs of high Vietnamese residential concentration or so-called ‘ghettos’, and further argued that if the current Asian immigration level was maintained with the policy of multiculturalism, this would threaten national cohesion and bring about social instability through the erosion of Australian values.

Blainey’s views generated mass media responses that included readers’ opinions and editorials, as well as poll reports, reports on various aspects of the lives of Vietnamese-Australians and the race debate, condemnation from politicians of both parties (The Age Education Unit 1985), responses from peak ethnic bodies (Milne & Shergold 1984) and challenges from his academic peers (Markus & Ricklefs 1985). Although the storm about the Blainey controversy blew over in a few months, it had struck a chord in public debate about the increasing presence of Vietnamese in Australia.

Blainey’s messages not only politicised the issue of Asian immigration, they also appealed to sections within the community who shared his nostalgia of a lost, ‘old’ white Australia (Markus & Ricklefs 1985). In addition to this, Blainey set the tone for all attacks on Asian immigration and multiculturalism for the rest of the century by igniting a divisive debate that finally broke the political and elite consensus on the question of Asian immigration (Manne 1984; Jupp 2002). This occurred in 1988, during the Australian bicentennial year when John Howard, in his first term as leader of the Liberal Party, declared that, as Prime Minister, he would constrain Asian immigration if necessary and replace multiculturalism with a ‘One Nation’ policy (Collins 1994). Howard suffered a similar fate to Blainey by receiving a backlash from his own party; however, the public and media took an intense interest in Howard’s remarks with opinion polls indicating a majority opposition to the rate of Asian immigration (Goot 1991).

In response to Howard’s remarks the then Prime Minister, Bob Hawke, called upon the Opposition to return to bipartisanship on non-discriminatory immigration policy. To offset public fears around social cohesion, the government elevated multiculturalism into a national norm by launching the National Agenda for a Multicultural Australia in July 1989 (Department of Immigration and Citizenship 2007). The report was a result of extensive community consultations that received bipartisan political support. It acknowledged that Australia was no longer “a nation descended exclusively from British and Irish migrants” and recognised that Aboriginal people have a special status in Australia, together with migrants and refugees from different

---

29 Residential concentration for this purpose is the proportion of a birthplace group compared to the total population of the local government area.
countries who have contributed to the changing composition of the Australian population (Department of Immigration and Citizenship 2007, n.p.).

Hence, the *National Agenda for a Multicultural Australia* (Department of Immigration and Citizenship 2007) represented the government’s policy response to the challenge of Australia’s racial and cultural diversity. It defined multiculturalism as a term that described Australia’s cultural and ethnic diversity, and as a public policy that outlined government measures for managing the consequences of cultural diversity. This included the right of all Australians to social justice, to express and share their cultural identity “within carefully defined limits” (sic), and to maintain, develop and use their individual skills and talents (Department of Immigration and Citizenship 2007, n.p.).

Despite the promotion of multiculturalism, the racially divisive debates generated by Blainey had shifted the community’s focus by producing widespread public concerns over Vietnamese people’s inability to integrate into the Australian society, which in turn created a powerful context for the settlement of Vietnamese in Australia. These public concerns relate to our apparent tendency to reside in specific urban areas in major cities and our high unemployment rate, which have subsequently generated numerous government reports and academic studies about our community.

The majority of these studies were motivated by perceived socio-economic problems experienced by our community including high residential concentration (Cox 1983; Coughlan, J. E. 1989; Viviani et al. 1993); high unemployment (Tran & Holton 1991; Coughlan, J. 1989; Coughlan 1991, 1994; McAllister 1991; Viviani et al. 1993); and low levels of English proficiency, education and income (Facer 1985; Nguyen 1986; Morris & Thi Huong 1986; Sang 1986; Coughlan 1992; Thomas 1997). For that reason, some scholars have claimed that the Vietnamese-Australian community “have had their settlement process submitted to more rigorous scrutiny than any other migrant group entering this country” (Hawthorne 1991, p. 1).

The general conclusion that is drawn from these reports and studies about the Vietnamese-Australian community all point to a relatively disadvantaged group in comparison to the rest of the Australian population due to its dominant socio-economic features. The concerns over our settlement subsequently sent out alarm bells that fed directly into the Australian media, which produced racially based headlines and sensational, negative media reports on the particular problems faced by our community (Kerkyasharian 1998), many of which have been canvassed in my earlier literature review.

Media reports linking Vietnamese ‘ghettos’, gangs and crime – especially drug related crimes committed by young Vietnamese-Australians – reached a crescendo on the 5th of September 1994 when John Newman, a Labor member in the New South Wales Parliament, was tragically shot dead outside his home in Cabramatta – a suburb
otherwise known as ‘Vietnamatta’. Newman was renowned for his campaign against crime in his electorate and immediately after his death media attention zoomed on Cabramatta, rendering images of Asian businesses and people (Collins 1994). While commercial talk-back radio provided a forum for people to express their racism towards Asians, some newspaper editorials blamed multiculturalism for Newman’s death, such as the one in the Sydney Sun-Herald on the 11th of September 1994:

> Politicians and the media must not be cowed by the state-subsidised, professional defenders of multiculturalism. This term has been debauched and employed as a convenient smokescreen. It is interestingly used as a tool of verbal emotional blackmail to prevent the publicising of oppressive and often illegal practices in various ethnic groups. It is these activities – most notably ethnic crimes – which are imperilling the remarkable tolerance that has developed in this country (quoted in Collins 1994, p. 27).

In exploring the contemporary stereotyping of Asian-Australians and Asian crime, Collins has contended that:

> The subsequent media debate canvassed issues of Asian crime – and by implication the place of Asians in Australian society – and the issues of ethnic diversity, social cohesion and Australian multiculturalism (1994, p. 27).

Collins argued that the causes of crime are complex and include socio-economic inequality, hence any attempt to avoid social conflict and to move towards a culturally diverse nation “requires not the abandonment of multiculturalism, but an extension of Australian multicultural policy to further shore up access and equity and anti-racist programs” (1994, p. 45).

Related to this argument is that of the failure or contradiction of multiculturalism that can be seen in the coexistence of migrant disadvantage and discrimination. This argument has been supported by the results of a 1980s research on the settlement of Vietnamese refugees in Perth (Knowles 1983), which pointed to three main factors affecting Vietnamese integration: the contradiction between multiculturalism and the assimilationist expectations of Australian society; the cultural gap between the refugees and the Australian community; and the racist paternalism in Australian society.

This state of contradiction, cultural divide and racism that exist in Australia’s multiculturalism has led scholars, such as Hage, to argue that multiculturalism is “merely a different way of reinforcing White power” and he consequently referred to the policy as ‘White multiculturalism’:

> Multiculturalism here becomes an instrument used to special effect by a White Australian will in the process of presenting the Australian national body on the international scene... In so far as it is an exhibition of cultural diversity, it is less an exhibition of a culturally
diverse Australia than an exhibition of the cultural diversity that (White) Australia has (1998, pp. 19 & 149).

It appears then, that multiculturalism has been more successful in the area of lifestyle than in the area of life chances (Collins 1994). As a result, both Collins (1994) and Hage (1998) proposed a deeper commitment to a more far-reaching multiculturalism that embraced the notion of a ‘multiculturalism of being’ rather than a ‘multiculturalism of having’. As Hage explained,

While the former establishes a unified Australia ‘we’ where Whites and non-Whites fuse in a ‘consubstantial state of being’, the latter always establishes an extrinsic relation between a White possessor and non-White possessed (1998, p. 140).

However, the ‘multiculturalism of being’ ran against the dominant trend among the main political parties in Australia at the time (Hage 1998) and their instinctive reaction was to shy away from being multicultural. For example, instead of developing meaningful policy responses to address the lack of equity and access in the Australian society, particularly in relation to the Vietnamese-Australian community, the federal government at the time responded to the contentious issues of ‘Asian crime’ by producing a discussion paper titled, Asian Organised Crime in Australia (Parliamentary Joint Committee on the National Crime Authority 1995). This paper not only fed directly into the community’s insatiable interest in Asian crime, heightened by the murder of John Newman, but together with the popular media stories it so heavily relied upon for its contents, added to the exaggeration of criminality among Asian-Australians and further reinforced the negative stereotypes of Asians.

The use of the term ‘Asians’ in reference to Asian gangs and Asian crime by broadcast media and sensationalist literature, such as the discussion paper and tabloid print media, have conveniently and unfairly homogenised a group of very diverse people. In addition to this, the use of the term ‘Asian’ implies that all Asian-Australians are not ‘Australian’ and they pose criminal problems of a worse or more dangerous kind than that of white Australians. The notion of ‘Asians’ and ‘Asian crime’ as distinct and alien to the Australian way of life has inevitably exacerbated community fears and intensified community racism and prejudice against Asians, who are forever perceived as the ‘foreign’, the ‘strange’, the ‘other’ and associated with fears of invasion. Consequently, Australia’s underlying fears of invasion, social disharmony and cultural identity in relation to the Asian presence reinvigorated debate on Asian immigration in the 1990s.
Vietnamese Marginalisation and the Debates of the 1990s

Similarly to the Asian immigration debate of the 1980s, the debate of the 1990s adopted a powerful political dimension. This occurred in a change of government in March 1996, when John Howard’s Coalition government achieved a landslide victory against a Labor Party government that had been in power for 13 years. Bligh (1997) stated that, since the change in government, Australia has been undergoing a neo-conservative transformation. Although this change was comparable to that which had occurred in Britain, the United States, Canada and New Zealand somewhat earlier, what was distinctly Australian about this experience was the presence of Pauline Hanson in Australia’s political landscape (Bligh 1997).

Hanson, an independent member for Oxley in south east Queensland, was elected to the Australian House of Representatives at the same time the Howard government was elected. In her maiden speech to parliament in September 1996 she declared:

Immigration and multiculturalism are issues that this government is trying to address, but for far too long ordinary Australians have been kept out of any debate by the major parties. I and most Australians want our immigration policy radically reviewed and that of multiculturalism abolished. I believe we are in danger of being swamped by Asians. Between 1984 and 1995, 40% of all migrants coming into this country were of Asian origin. They have their own culture and religion, form ghettos and do not assimilate. Of course, I will be called racist but, if I can invite whom I want into my home, then I should have the right to have a say in who comes into my country. A truly multicultural country can never be strong or united. The world is full of failed and tragic examples, ranging from Ireland to Bosnia to Africa and, closer to home, Papua New Guinea. America and Great Britain are currently paying the price (Hanson 2007).

Hanson’s speech led to an outbreak of public and media comments on related issues, much of it aired on talkback radio (see opinion pieces from Sir William Deane (1996) and Cam Nguyen (1996)). The style and content of her political position was referred to as ‘populism’, which might be described as “a political scream, motivated by a heart-felt perception that injustices have been visited on people” (Bligh 1997, p. 8). As a result, her words effectively tapped into the unease within the general community on Asian immigration and appealed to those who felt ignored and disadvantaged by the policies that were leading to uncertainty and change by offering easy scapegoats (Gawenda 1996; Coughlan & McNamara 1997).

More importantly, Hanson’s views on race have also functioned as a focal point for reflection on Australia’s identity and what it means to be Australian. Mark Baker, The Age Southeast Asia correspondent at the time, has described the Hanson debate as,
a curious if unsettlingly familiar manifestation of Australia’s identity crisis, and the apparent inability of Australians to come to terms with the geographic, economic and political realities of where they live and where their future lies... Australia suffers from persistent image problem in Asia that even the energetic work of successive governments over the past two decades has failed to dispel... For all the achievements of its flourishing democracy and modern multiculturalism, in many parts of Asia Australia still carries the baggage of a brutal colonial era and a racist past. Many Asian decision makers, rightly or wrongly still see a nation of transplanted Anglo-Saxon elitists, and have vivid memories of the white Australia policy and a not-too-distant era when Arthur Caldwell was declaring that “two Wongs don’t make a white” (1996).

Upon reflecting on thirty years of Vietnamese settlement in Australia at a Vietnamese community conference, Cahill has argued that it is the Vietnamese who have challenged the Australian sense of identity since Federation:

The Vietnamese ‘other’ with its stories and myths and refugee legends will, as part of the Australia-Viet Nam story, have to be incorporated into the enlarged Australian identity. But this incorporation process is a map for the future rather than a trail through the past. The Vietnamese have already negotiated their niche in Australian society, and this process will continue. National identity is not merely something we carry like a passport, but a process of discovery and rediscovery, almost every day, of who we Australians are as a people. The core of Australia’s identity has decidedly shifted with the coming of the Vietnamese for the core is not a solid, but a liquid core. The Vietnamese, despite the nostalgia for the homeland, now feel more comfortable at home in Australia than in Viet Nam. They are no longer ‘the other’; they are ‘us’ (2005, n.p.).

Cahill (2005) also shared the views of other writers, such as Coughlan (1997), that the debates on Asian immigration and notions of identity – individual, group and national – should be had in order to challenge misconceptions and misgivings that exist in the community. However, the ugliness that Hanson unleashed and the then Prime Minister Howard’s reluctance to condemn her views and not countering her arguments with facts, re-launched Australia as a white nation and produced a resurgence of racism. This racism has been perpetuated by the Australian mass media, which has profited from spreading and promoting Hanson’s highly contentious and sensational claims, especially through the portrayal of negative and destructive stereotypes of Asian-Australians generally, and Vietnamese-Australians more specifically (Coughlan & McNamara 1997). Furthermore, it has contributed to the increased racial abuse and

It has been widely reported that young Vietnamese-Australians have frequently been the target of police attention and drug ‘crackdowns’ whereby they experienced fear, unfair treatment and racism (Doan 1995; Lyons 1995; Dixon & Maher 2002), which have led to high arrest rates of Vietnamese-Australians (Beyer et al. 2001; Beyer 2003). Studies conducted in both Melbourne and Sydney, have found that young Vietnamese-Australians were subjected to routine harassment, intimidation and racial stereotyping and mistreatment by the police (Lyons 1995; Dixon & Maher 2002). Young Vietnamese-Australians, particularly those identified by the police as heroin users and sellers, were often detained and searched unlawfully, involving body and strip searches where they were denied their human dignity and legal rights (Lyons 1995; Dixon & Maher 2002).

The overwhelming negative attention placed on Vietnamese-Australians by the Australian media and the Asian immigration debates in the 1980s and 1990s have also effectively marginalised our community. Where were the voices of the Vietnamese amongst these public debates? Aside from the newspaper articles where Vietnamese-Australians were interviewed to provide counter arguments to negative allegations relating to our settlement in Australia, I could only find an opinion piece from Cam Nguyen (1996) who was also interviewed in a few newspaper articles in 1984 in response to concerns raised by Blainey (see Prior 1984; Triaca 1984). Nguyen was one of the few most educated, articulate and assertive people in our community at the time, coming from a very privileged background. She also headed the Australian Vietnamese Women’s Welfare Association, based in Melbourne, and was therefore one of the Vietnamese-Australian community leaders. However my question remains: Where are the voices of other Vietnamese-Australian community members?

Cahill has found that despite the existence of relatively strong leadership in the Vietnamese-Australian community, much of the focus has been on the past:

Since 1975, at the national level the Vietnamese community has been very well led, led by persons well qualified to lead, namely, former diplomats, senior bureaucrats, medical doctors and engineers. As cultural bridges, they understood Australia well, they understood the importance of good working links with the government and were able to make the necessary accommodations. At the state and local levels, much of the leadership was less in tune, handcuffed to a past that had gone or to a vision of a free

---

30 John Howard was criticised widely by academics and certain sections of the media for not condemning Hanson’s views immediately following her maiden speech. For example, Bligh asserts that John Howard’s handling of Hanson’s comments reveals “just how deeply and intrinsically conservative he is... What it does display is a lack of moral imagination, an implicit unwillingness on the Prime Minister’s part to attempt to fully recognise the position of others who are genuinely different from him” (1997, p. 9).
It is quite common for people who come to Australia as refugees to maintain a degree of preoccupation with both their past life and the circumstances of their country of origin (Guerra 1990). Prejudice, racism and discrimination can intensify people’s preoccupation with their country of origin because of their experiences of social exclusion in their new country (Barnes 2001), which can subsequently disempower and prevent people from exercising their rights. Stepan Kerkyasharian, who was the Chair of the NSW Ethnic Affairs Commission, has ironically, spoken about the effects of the mainstream media on migrant and refugee settlement at a multicultural celebration hosted by the Vietnamese in Australia – NSW Chapter in late 1997. Kerkyasharian (1998) claimed that negative media reporting affects migrants and refugees in a number of ways, both at individual and group levels, including negative self perception and low self-esteem that can lead to feelings of rejection by the wider community, rebellion against one’s family or society that often occurs amongst young people of second generation, and creating, as well as reinforcing, false and often undesirable images of ethnic communities that produce widespread fear and prejudice in the wider community:

Community problems, of course, have to be acknowledged and dealt with, but sensational reporting on them by the media often compounds the situation as it can lead to increased racism against members of the groups in question. It then becomes difficult for them to get accepted in their new country. This is particularly the case when the issues are picked up by television current affairs programs or by the talk-back radio stations, and are spread far and wide throughout the nation (Kerkyasharian 1998, p. 54).

Unlike most other ethnic communities, the Vietnamese-Australian community did not attempt or threaten to take legal action against inaccurate and damaging media reports (Kerkyasharian 1998), because the public debates have reinforced our vulnerability and powerlessness. This state of being that is experienced by many Vietnamese-Australians has been poignantly expressed in an article in *The Sun* (8 September 1984) where a Vietnamese-Australian man, who came to Australia as a refugee, stated in response to Blainey’s allegations,

> If Prof. Blainey stops to realise what he has done to fellow human beings, I believe he will stop… But in the meantime, we can’t win… If we work, Prof. Blainey says we are keeping Australians out of jobs. If we don’t work, he says he is paying tax to support us… We have a proverb in Vietnam: ‘Silence is a good answer’. So we are staying silent. What else is there for us to do? (p.27)
The effects of negative reactions to Vietnamese settlement by various sections of the Australian community cannot be underestimated. Not only have they effectively marginalised our community, but they have also added to the existing division, isolation and defensiveness between our own and the wider community, generating fear and prejudice (Leiber & Rodd 1997). In addition to this, the negative media reports and their accompanying images have resulted in the stigmatisation of our community and its members – especially our young people (Easteal 1989).

**Conclusion**

For Australia, Vietnamese settlement has meant the end of the White Australia policy and the continual struggle to deal with the historic fears of invasion, social disharmony and cultural identity. Similarly to Australia’s responses to Chinese arrivals during the mid-nineteenth century, the public debates on Asian immigration and the negative attention placed on Vietnamese settlement in Australia in the late twentieth century, clearly demonstrate the vital role Asians in general and the Vietnamese in particular have played in the way these underlying fears are resolved in Australia.

Australia’s responses to Vietnamese settlement have been, on the one hand, compassionate and humanitarian, and on the other, racist and dogmatic. By and large, the debates generated by Blainey and Hanson and the negative media sensationalism, as well as the public and government attention they brought to bear on the Vietnamese-Australian community, have effectively marginalised, stigmatised and alienated our community and people. These effects have certainly influenced the settlement experiences of Vietnamese-Australians, an area that I will subsequently explore through the experiences of young Vietnamese-Australian heroin users and their families.
Chapter 5

THE VIETNAMESE SETTLEMENT EXPERIENCE

Introduction

While the Australian community grappled with the increasing Vietnamese presence through divisive public debates on Asian immigration and multiculturalism, the Vietnamese-Australian community itself was grappling with the reality of a refugee and migration experience, and the difficulties and struggles entailed in resettlement. In this chapter, I will explore the settlement experiences of our community from the 1980s through to the 1990s as documented by the Australian literature and compare these with the narratives of my research participants. In particular, I will focus on the young people’s and their families’ perception of Australia, their response to experiences of racism, their socio-economic status, and their level of exclusion and integration in Australian society following their resettlement.

The Settlement Experiences of Vietnamese-Australians

The factors that determine the particular settlement experiences of any person are diverse. In general, these factors include: age on arrival, gender, languages spoken, family circumstances, socio-economic background, visible differences, educational qualifications, existing support groups and networks in Australia, circumstances in Australia at time of arrival, length of residence in Australia and personal disposition (Guerra 1990). Settlement experiences thus depend on how all these factors intermingle with the attitudes, behaviour and institutions of the Australian society (Guerra 1990).

Among the sixteen young Vietnamese-Australians who participated in my study, three came to Australia when they were 14 years old in the early 1990s, with two of them arriving in Australia as refugees with their families while the other was sponsored by his father. The rest were either born in Australia (n=5) or came to Australia between the ages of two and five (n=8) with their families during the period from 1978 to 1988.

Young people who came to Australia during their early teenage years experienced the culture shock and temporary, but necessary, adjustment that come with being in an unfamiliar society. Like many other newly-arrived young migrants and
refugees, their adjustment to Australia’s social, educational and welfare systems was fraught with confusion (Guerra & White 1995). Their settlement difficulties were made worse by a lack of English language proficiency upon arrival, leading to frustration over their inability to communicate and causing a barrier for them to gain access to basic resources and opportunities in their initial years of settlement. A few of them also had a history of disrupted schooling due to their refugee experience, which may have contributed to their failure in completing their formal education and finding employment. Culturally, these young people are considered to be much closer, and can relate better, to their parent’s generation than the second generation, due to their bi-lingual skills and shared life experiences (Luu 2005). Yet, unlike their parents, they arrived in Australia in their teens and therefore were able to absorb new linguistic and social skills without undue difficulties, allowing them to navigate their way in the Australian society with a fair degree of ease.

As for the other group of young people who either came to Australia during their prepubescent years or were born in Australia, most were too young to have internalised much of their parents’ culture, customs and language. Hence, their assimilation into the Australian culture was simple and their acquisition of the English language was quick. For most of them, especially the second generation, personal knowledge of their parents’ migration and settlement experiences is non-existent. As a result, most did not experience nor could understand the initial hardship that came with resettlement in a completely foreign country. Even though they do not carry the ‘baggage’ their parents had brought to Australia – that is, their ethnicity, culture and language – their lives in Australia have been inevitably impacted upon by their parents’ baggage, as will be discussed later in this chapter and in the next.

For the parents, on the other hand, the transition into a new culture and society was a much more difficult and long term process due to their lack of English language skills and unfamiliarity with the structures and systems of a predominantly Western, English-speaking, modern, capitalist society. They found these barriers to be insurmountable and felt an overwhelming sense of dislocation in their attempts to resettle in a strange new country. Everything was different: the sights, the smells, the language and the social, economic, political and legal practices.

Although resettlement in Australia solved some problems for the parents, it also added others that included culture shock, language difficulties, inadequate accommodation, unemployment, social and racial discrimination, financial worries, identity loss, isolation and grief. They were also forced to cope with disappointed expectations, major family disruption, worrying news from their family back in Vietnam and intrusive memories of the past.

When I came over here, the first seven months I lived in Adelaide and I couldn’t find work. I had friends from the refugee camp who were living in Melbourne so I went to
Melbourne to live and shared a house with them. At the time I was alone; my husband and children hadn’t come over [to Australia] yet. I came here [to Melbourne] and looked for work. I started working at a Vietnamese hairdressing salon in 1984 part time. I only worked part time while I waited for the arrival of my children and to also learn the trade. I got the Certificate of Hairdressing in 1986 and at the end of that year I opened a salon here in Footscray. By that time my husband and children had arrived. I worked for a period and then I got pregnant so I sold the salon in 1987 and stayed home and didn’t go to work. In 1989 of November, I went into a business partnership with someone. I agreed for them to use their name to register the business because my English was poor. I let them register the business and then they ripped me off. So I stayed home to look after the children and worked part time until 1993 when I opened my own salon again (Kim, 44 years old mother).

When we first came over here we had a lot of difficulties. I will always remember the first days in Australia. Although people assisted us, our greatest difficulty was with the language. I learned the language in Vietnam and in Malaysia but they were only provisional and just covered the general stuff. So when I went to work I had a lot of difficulties with the language because I was working in a Western factory and when they spoke I couldn’t understand them. That’s why I feel that even though this country is called a multicultural society, the main language is English and you must go to English classes. Whether you know a little or a lot, you have to know enough to be able to socialise and deal with people. If you don’t have any English you would be useless and helpless (Hanh, 40 years old Vietnamese-Australian mother).

Aside from one mother who was sponsored by her daughter and later arrived in Australia in 1993, the remaining four mothers came to Australia as refugees during the 1980s. Most of them left Vietnam to escape from the restrictive and oppressive Communist regime and to seek a better future for themselves and their children.

Before I came here, my family was involved with the former south Vietnamese government so after 1975 when the Communists took over Vietnam we were bounded, restricted in all aspects. We couldn’t go to school, we couldn’t do anything. We were forced to congregate at the New Economic Zone31. All my older brothers had to go to the re-education camp. I was studying but was then forbidden to go to school because we were considered to be traitors so my family organised for my escape. I escaped in 1985 with my younger brother who was 19 years old and my daughter, Diem, who was only 8 months old. My husband had escaped a year before and we met up in Malaysia. From Malaysia, my family was sponsored by Australia to come here as humanitarian refugees. When I arrived here I found that Australia was very good and compassionate and helpful towards refugee people. I find living in Australia, although distant from my families and homeland, I feel very happy and determined to try and construct a new life.

31 Following the official proclamation of a unified, independent Vietnam in 1976 the new Vietnamese government implemented a re-settlement program to relocate millions of people out of urban areas to so-called ‘new economic zones’ in the countryside in an attempt to address high unemployment.
in a country that is free and full of resources. The resources and the way of life here were things that I aspired to have and have dreamed about, which were eventually realised (Hanh, 40 years old Vietnamese-Australian mother).

Despite the difficulties they have experienced in their initial settlement in Australia, all of the mothers considered life in Australia to be “very good” and “better than in Vietnam” because of the opportunities available for them to make a living and the excellent health, welfare and education systems that exist for their families. They also believed that any difficulties they face could be overcome through strong will, hard work, resilience, perseverance and time. They were mindful of and have attempted to live their lives in ways that would make a constructive contribution to the Australian society.

Consequently, all the mothers were proud that they had been able to set up a new life for their families in Australia and to provide for them with all the necessities required in life, notwithstanding their children’s problematic drug use. Some of the mothers have been able to establish businesses for themselves, including shops in Vietnamese populated areas or sewing at home, whereas a few of them were content to stay home to look after their children and attend to house duties while their husbands worked in factories. The employment status of the mothers was similar to the other parents of the young people involved in my research: half of their parents were unemployed, with some of them sewing at home for additional income, while the other half mainly ran their own businesses that included a medical clinic, a farm, a restaurant, a sewing machine store and a butchery – almost all of which located in Vietnamese populated areas.

The Experience of Belonging in White Australia

The situation and attitudes displayed above by the Vietnamese-Australian mothers participating in my study are very similar to those in a research conducted by Barnes (2001), with 14 Vietnamese refugees who had lived in Australia for 15 to 20 years. Barnes’ (2001) research explored the factors influencing resettled refugees’ level of attachment to their original homeland and the country in which they resettled. The findings of this research have pointed to the importance of experiences of social inclusion and exclusion in determining whether resettled refugees feel they ‘belong’:

- If they have experienced the resettlement country as being socially inclusive of them, they are likely to want to ‘repay their debt’ before leaving. On the other hand, continued residence in the resettlement country does not necessarily imply a sense of ‘belonging’ to that country. Refugees who have experienced pervasive social exclusion
both in the country of origin and in the resettlement country are likely to remain living in
the latter purely because they have no better alternative... [Additionally,] the strength of
their attachment to their country of residence will affect the amount of physical and
emotional energy that resettled refugees invest in social participation (Barnes 2001, p.
409).

Similarly to Barnes’ (2001) research participants, all the mothers in my study had
personal goals upon their arrival in Australia and subsequently invested emotional and
physical energy to achieving them, which required social participation in the Australian
society. However, their experiences of racism and cultural and language barriers
limited the extent of their achievements and participation in society:

When I went to work, a lot of people could see that my English wasn’t good and that I’m
Asian. I’m not going to tell you who specifically was racist, but generally when they were
racist, they could see that because my English wasn’t good, and the main thing was, I
couldn’t express my thoughts, so they would look down on me. Or they would think that
Asian people come here only to live at someone’s expenses. To speak more precisely I
feel it’s ultimately about the issue of drugs [that have generated racism for Vietnamese
people]. When you watch the TV or the radio, they say that they’ve caught heroin, but
generally speaking if it was Chinese people they wouldn’t say it’s Chinese people, but
they would say it’s Vietnamese people (Hanh, 40 years old Vietnamese-Australian
mother).

The mothers’ experiences of social exclusion caused them to identify with their
ethnic minority status, withdraw their efforts from participating in mainstream society
and turn inwards to their own ethnic community. This was evidenced in their
establishment of businesses and residency in high Vietnamese populated areas, as well
as their predominant association with other Vietnamese-Australians in personal, social
and business transactions. This context of social exclusion has led one of the mothers to
become extremely isolated, spending most of her time at home, working long hours
sewing and only leaving her house to go to familiar places where there are
Vietnamese-Australians.

In exploring the experiences of racism amongst the young people and mothers,
it was interesting to hear a few of them say that they did not come across racism and
the main reasons given were because they “usually hang around Asian people” and
“hardly go anywhere other than Footscray so wouldn’t know”. Their emotional and
social disengagement with the broader community is obviously a result of their sense
and experience of social exclusion in Australia, brought about by subtle forms of racism,
which they were unable to identify, and their inability to or lack of success in entering
mainstream society. This state of being is also shared by the other mothers and almost
all of the young people who have affirmed their experiences of racism.
For the young people in my study, not only have most of them been confronted with overt racism because of being Asians, they have also experienced the brunt and brutality of law enforcement because they carry the additional stigma associated with illicit drugs:

Racism is always there. It happens everywhere. It happens on the streets, happens in the school. I think it’s stupid because you know, who are we to judge others on what they look like or where they come from. Everyone is equal (Thanh, 17 years old Vietnamese-Australian young man).

The police picked me up from the street and I think one time because I was selling. And ‘cause like they think everyone in the city are Asians, they think you’re hoons and then they strip search you. They hit the boys, but with girls they’re less rough. With the boys, they bruise them yeah. Last year, it got really bad. I got strangled once. They hurt me quite bad. I got bruised around the neck and I think the shoulders too. Like the CIB, the undercover police, they’re very, very mean. Even the uniform police, they’re really rough and it’s ‘cause so much people have OD [over-dose], especially these years. They’re really angry and think it’s ‘cause of all the dealers on the streets and everything. That’s why like they’re really mean and that. But then it’s just the dealers have to support their habit and that’s the only way they know how to (Hong, 18 years old Vietnamese-Australian young woman).

[The police] They’re shit! They treat people like they don’t give a fuck. I mean you know, it’s dirty to say it, but looks like they are racist towards Asians you know, especially a drug dealer (Tien, 23 years old Vietnamese-Australian young woman).

These young people strongly felt targeted, fearful and not understood or accepted by the wider community. Whenever they felt they were racially targeted and discriminated against, they would experience diminished self-esteem, become defensive and express anger and violence. Amongst the 11 young men in my study, half stated that they normally reacted violently to racism, while the others would accept and ignore it, even though it made them very upset. The latter response is also shared by most of the mothers, who often felt frustrated because they lacked the English language skills to respond in their defense.

Everywhere you go there’s racism. I get angry but there’s nothing you can say. They can call me whatever they want, I don’t really care. I just know that them kinds of people are bad people. Yeah, I just ignore them (Man, 25 years old Vietnamese-Australian young man).
I experience racism on the streets. It makes me angry that I can’t speak English so I can make people understand. So I accept defeat. I don’t know what else to do because this is their country (Hoa, 40 years old Vietnamese-Australian mother).

Despite being a multiracial and multicultural country that embodies the policy of multiculturalism, racism, prejudice and discrimination continue to be an ever-present reality for Vietnamese-Australians, as well as ‘other’ newcomers. The impact of racism cannot be understated even though most of the young people and mothers have been forced to come to terms with it. Racism has reinforced their feelings of insecurity and discomfort and has emphasised the differences between them and White Australians. Racism has also created feelings of not being a part of Australia and has led them to feel excluded and to experience alienation and marginalisation.

Nevertheless, all the mothers in my study have willingly put aside their experiences of racism because they were grateful for the chance to build a new life for themselves and their families in Australia, following disruption, dislocation and displacement that were caused by war and the refugee and migration experience. This stance is also taken up by many other Vietnamese-Australians of their generation (Kerkyasharian 1998; Trinh 2001) because they all want to be able to pursue their new life successfully and contribute socially and economically to Australia, even though within their hearts they do not feel they belong because of their experiences of social exclusion.

The Experience of Freedom in White Australia

The most common positive experience in Australia that was identified by the mothers is the ability to be ‘free’, that is, to be free from the restrictions and oppression of a communist regime and the freedom that comes with having basic human rights and services. The positive experience of freedom among Vietnamese-Australian women has also featured in a PhD study conducted by my friend and colleague, Maree Pardy (2005). In exploring the lives of Vietnamese-Australian women, Pardy found that women emphasised freedom as central to the way in which they experience their lives in Australia:

The women talk about freedom from communism, from poverty and from violence. These are the gifts of affluent liberalism, of a society with the capacity and apparent desire to care for its citizens and a willingness to focus on the specificities of women and their needs. These gifts of care take the form of laws pertaining to domestic violence, services to protect and support women and children, a social security system that staves off absolute poverty, and juridical conditions that enable, even oblige citizens to respond
to those who are in need and protect those in danger. This is the context within which the
women have experienced acts of care and generosity from citizens, neighbours and the
state (2005, pp. 142-143).

When I asked the young people about the ‘things’ that made them happy in
Australia, they struggled to come up with answers. I interpreted their response to be a
reflection of their current state of life, which I will elaborate later when I discuss their
integration in Australia. When they did come up with answers to my question, the three
common ones were their families and friends, and interestingly – freedom, which was
the most frequent answer:

Just from all the freedom, the rights we have over here and everything’s much better off
in Australia. More opportunities, more chances (Phong, 21 years old
Vietnamese-Australian young man).

‘Cause I’m free and I can do things I like without anyone insulting or anything (Cuc, 18
years old Vietnamese-Australian young woman).

Unlike the mothers, the young people’s sense of freedom also entailed
autonomy and individuality – the freedom to be who they want to be and to choose
how they live their lives – the fundamental aspects of a liberal, individualistic, modern
Western society. As the young people acculturate in Australia, they learned that they
can choose to reject or accept certain aspects of Vietnamese culture and tradition.
Moreover, they felt relieved from having to conform to the traditional roles and
responsibilities that they have been born into as sons and daughters. Ironically, it was
this very aspect of freedom that was enjoyed and embraced by the young people that
has caused their mothers the greatest grief living in Australia.

Materially speaking, in Australia it’s better than in Vietnam where you would have to
worry, but here you can’t teach your children. It’s difficult to educate your children.
Every time they get angry they get up and leave. That’s where the difficulty is. If you
have a job, wherever you work in Australia, you can make money. Everything in Australia
is good except that it is too free so you can’t teach your children. Or, I’m not too sure,
because we’re Vietnamese and we follow the Vietnamese customs and our children go
to school and they follow the Australian customs (Hoa, 40 years old
Vietnamese-Australian mother).

The ‘Vietnamese custom’ that was referred to is the Vietnamese parenting style
and the traditional family form of communication and behaviour. Vietnamese-Australian parents generally practice a parenting style referred to as
‘affectionless-control’, which has been found to be adaptive in collectivist cultures,
“imparting positive information to the child about how their obedience is important to the family and the society as a whole” (Herz & Gullone 1999, p. 745). Since Vietnamese society is collective in nature, the family rather than the individual is the most fundamental and important unit of society. Hence, obligations are firstly to the family, taking priority over community and individual interests.

Traditional Vietnamese cultural values relating to family structure and relationships are based on Confucianism, a social philosophy that advocates a code of social behaviour that venerates (in chronological order) heaven, earth, the emperor, parents and one’s teachers (Leung & Boehnlein 1996). It provides clear guidelines around an individual’s relationship and obligations to other people. In the family, the father holds the dominant role and is responsible for educating the children and punishing members who violate rules or bring embarrassment or dishonour to the family (Phung 1993). Traditional Vietnamese family rules or values include harmony, filial piety, mutual obligation, hard work, obedience and discipline (Phan 2004). They are taught to children both directly and indirectly by the community, schools and the family. In the family, these teachings are normally in the form of story-telling that takes place at meal times and during conversations with members of the extended family. The traditional line of communication in the family is parent to grandparent, wife to husband and younger child to eldest child, thereby emphasising total “respect to elders and obedience to parents” (Phung 1993).

Central to the Confucian family tradition is filial piety, or hiếu thứ, a love and respect for one’s parents and ancestors. Filial piety is considered as “the basis of Vietnamese morality and ethics... the key value in Vietnamese society... [that] makes the Vietnamese family larger in time as well as in space” (Phung 1979, p. 80). From a very young age, children are taught to be respectful, loyal, polite and obedient towards their parents. Children have a responsibility towards their parents and are expected to carry out their instructions and family rules without question (Phung 1993). As a result, parenting practices in Vietnam are characterised by high levels of over-protection and control, and low overt displays of affection and acceptance of individuality (Herz & Gullone 1999).

Herz and Gullone (1999) have found a high incidence of affectionless-control parenting practices in Vietnamese-Australian families that is consistent with the bulk of past research, which shows this style of parenting to have continued after migration to an individualistic society, such as Australia. However, the affectionless-control parenting practice that is adaptive in traditional Vietnamese society is no longer adaptive once young people have acculturated the values of the host culture (Herz & Gullone 1999). Many young Vietnamese-Australians who have internalised Western values and adopted the Australian way of doing things, have an idealised view of family life in a Western family that encompasses what appears to be individual
freedom, open communication and overt displays of affection. The consequent incongruence between their parents’ experiences and the personal values experienced by young people who have acculturated constitutes a clash of cultures.

Our family relationship issues relate to our children because they live with two different cultures. In the family, when they come home they live with the Oriental culture of the Vietnamese people but at school they follow the Western culture. Sometimes when these two cultures meet, I feel frustrated. For example, I tell them to do it this way and they refuse and they say that their school told them to do it another way. So I have difficulties with that. According to Vietnamese custom, children have to listen to their parents, but at school they’re taught otherwise; they’re considered mature, they’re able to think, they go where they want to go, they can choose their own path, it’s up to them and we can’t force them to do otherwise. There are many things that I think are right, but there are things that I think are wrong. So that’s the problem that I have (Hanh, 40 years old Vietnamese-Australian mother).

There’s no doubt that young Vietnamese-Australians are certainly stuck between two cultures and it’s not like being stuck between two Asian cultures, they’re stuck between an Anglo Saxon culture and an Asian culture which is probably different from being stuck between two Asian cultures and I think that makes it really hard because the children think in an Australian way with a Vietnamese influence but the parents think in pure Vietnamese even if they’ve been here for fifteen years, they’re still thinking in pure Vietnamese. I think that’s really hard and I think there’s no way around that, only time gets us around that. There can be some education but the education is in a sense, is in the experience, it’s not in something you can teach, it’s living it is the education more than anything (Community Worker).

For many of the young people and the mothers involved in my research, the clash of cultures was the source of family conflict and tension – and for some, the cause of family breakdown. A number of the young people, especially all of the young women, told me how they left home due to the restrictions and subsequent family conflicts they experienced with their parents. However, after a period of time being away from their families, the young people eventually returned home to find that their parents have undergone a complete transformation:

At first it was really hard. They were really strict you know and after that I moved out and after I come back they’re really nice (Trang, 23 years old Vietnamese-Australian young woman).

At the start I had family problems, that’s why I left home but now, now I reckon that it’s pretty easy. They don’t tell me off anymore. They don’t say anything anymore. Just
scared I’m going to leave here (Loan, 18 years old Vietnamese-Australian young woman).

This suggests that many of the young people’s parents have had to relinquish their traditional positions of authority and control in Australia in order to keep their families intact. Leaving the family home as a result of conflict is very much an undesirable outcome for any family, particularly for Vietnamese families, because of the emphasis placed on retaining the family unit at all costs. This familial unit becomes even more important when the family has been uprooted, separated, relocated and eventually settled in an unfamiliar society, such as Australia, and experiences racism and alienation, which is very much the case for the mothers and the families of the young people involved in my research.

Nonetheless, it is heart-breaking and difficult for both parents and young people when the family unit breaks up because it involves a battle between the young people, who are resisting and defying family rules, and the parents, who are exercising control over their children. Therefore, the fear of losing their children and breaking up the family unit can be so great that the parents often sacrifice their traditional powers by succumbing to their children. This must have been a very difficult experience for the parents since they have had to undergo a process of disempowerment and a loss of status in their families. The parents’ comments above and their behavioural changes in relation to their children also reveal their sense of powerlessness in a foreign Western society where they have experienced racism, marginalisation and social exclusion.

It is also clear that by escaping from an oppressive Communist regime to obtain freedom in a liberal, individualist Western society, the parents have risked losing their children over the very values they sought to achieve in coming to Australia. While the parents embraced freedom from oppression, their children embraced autonomy and individuality – conditions of being that contradict and clash with Vietnamese collectivist culture and family rules. Ultimately, it was the importance of the family unit and the reasons for the parents to leave Vietnam – to seek a better life and future for themselves and their children – which justified the loss the parents experienced and the sacrifices they have made in their lives in Australia.

**The Experience of Socio-Economic Disadvantage in the ‘Lucky Country’**

It is common for many Vietnamese refugee and migrant families who have left Vietnam to establish a new life in another country to justify the loss of their previous lives by what their children can achieve in their new country of settlement (MSJ Keys Young Planners Pty Ltd 1983; Caplan et al. 1989). It is with great disappointment that the hopes of the parents of the young people in my research had not been realised. Almost all the
young people were unemployed (88 percent), as were half of their parents. As the majority of the young people were either born in Australia or arrived as babies or children, their spoken English was between good to excellent, which was much better than their parents who mostly spoke little or no English. The young people were also bi-lingual and they all spoke Vietnamese at home. Despite their impressive bi-lingual verbal communication skills, most only attained an educational level of year ten or lower (75 percent), while a few were attempting to complete year eleven (25 percent). This profile was consistent with that of the many young Vietnamese-Australian heroin users who I have met through my work, as well as in the research conducted in Melbourne and Sydney on Vietnamese-Australian injecting drug users that were covered in the literature review.

In modern civilisation and throughout developed countries, employment provides individuals with purposes in life, a means of achieving economic goals, “a source of personal status and identity”, a form of socialisation outside the family, and a way of structuring and organising time and activities (Jahoda, 1989 cited in Coughlan 1991, p. 47). It is for these reasons that many academics believe that employment produces social cohesion and social control, whereas unemployment has the potential to create social and personal insecurities, and therefore, is perceived as “one of the greatest tragedies of modern society” (Coughlan 1991, p. 47). This tragedy has been an outstanding feature in the settlement of the Vietnamese-Australian community throughout the 1980s and 1990s, which I will briefly elaborate here and will explore in detail in the following chapter in relation to young Vietnamese-Australians’ involvement in the street heroin market.

The arrival of the Vietnamese coincided with the demise of many old certainties that previously gave Australia the appearance of a ‘lucky country’: the White Australia Policy was dismantled, Australia was coming to the realisation of its true geographic location, and both the egalitarianism and abundance that many white Australians regarded as their birth right were being diminished (Dean 1997). The inflow of Vietnamese refugees also came at a time of economic restructuring, which altered the economic location of migrant labour and the employment of migrant workers. Their effects have generally been detrimental to the work situation and life chances of ethnic migrants, in particular, Vietnamese-Australians. From 1975 to 1996, there were three recessions that not only led to increasing national unemployment rates, but also coincided with periods when there were high numbers of Vietnamese arriving in Australia (Coughlan 1991; Viviani 1996).

Census data from 1981 to 1996, the period when large numbers of Vietnamese arrived in Australia, reveal that our community has had consistently high rates of unemployment at around 30 percent – at least three times more than the total Australian population and relatively higher in comparison with other ethnic groups.
Of the unemployed Vietnamese-Australians, approximately half were long-term unemployed. As for those aged between 15 to 25 years, unemployment among Vietnam-born young people reached 56 percent in 1991, while the general youth unemployment rate was over 30 per cent (Bureau of Immigration and Population Research 1994).

The constantly high unemployment rate in the Vietnamese-Australian community, particularly amongst young Vietnamese-Australians, have raised concerns amongst scholars (Viviani et al. 1993; Guerra & White 1995) as well as workers working with young Vietnamese-Australians:

I think there’s a lot of chronic unemployment in certain parts of the Vietnamese communities and you know, you’ve got second, third generation levels of unemployment now so that makes it very difficult and I think when you’ve got parents and grandparents who’ve never worked in Australia, that’s a real issue for young Vietnamese people (Researcher).

Employment would have to be a huge issue and not just getting a job but having really fulfilling, worthwhile, interesting, challenging employment. And having a sense that that’s really a right, that everybody should be able to have that (Solicitor).

Scholars studying unemployment amongst Vietnamese-Australians consider English proficiency to be more essential in obtaining employment than possessing the skills to enter the job market (Viviani et al. 1993). Although this may be true for the older generation in the Vietnamese-Australian community, for many young Vietnamese-Australians I believe education rather than (only) English proficiency determines their employment prospect. Education is without a doubt highly regarded in the Vietnamese-Australian community, as it is for most Asian communities generally, because it commands respect, grants status to those who achieve academic excellence and is perceived as a means of securing economic gains and social mobility. The importance Vietnamese-Australian families place on education, particularly tertiary education, cannot be underestimated and is documented in much of the literature on Vietnamese people (such as Barnes 1998).

The amount of personal and financial investment that Vietnamese diaspora families have made towards their children’s education is immense, including some of the families of the young people involved in my study. In their research on Vietnamese-American families, Caplan et al (1989) argue that these efforts are perceived by the families as necessary in providing a framework for their children’s future. In addition to this, education is a means of escaping economic marginalisation in the next generation. Research conducted by MSJ Keys Young Planners, which
interviewed 200 Vietnamese refugees in Melbourne and Sydney, also found that most Vietnamese refugees base their decision to escape from Vietnam on the fact that “they had nothing to lose” and although there would be little improvement in their own lives, their hope rested in providing their children with a better future (1983, p. 95).

The motivational forces that have led Vietnamese families to settle in Australia and the cultural values they have brought from Vietnam have certainly been influential in the lives and futures of their children, particularly their children’s academic achievements. Vietnamese-Australians have exceeded other Australians in tertiary entry (25 percent and 14 percent respectively) (Beyer & Reid 2000), but this achievement is undone by the under-representation of Vietnamese-Australians in vocational training and skilled trades and technical areas, thereby contributing to high levels of unemployment in our community (McMurray 1999). The bifurcation of ‘high achievers’ and ‘delinquents’ in our community can also be seen in media stories featuring Vietnamese-Australian students with high academic scores that are often contrasted with sensational and negative portrayals of young Vietnamese-Australians involved in criminal activities (Leiber & Rodd 1997).

As Vietnamese culture imposes filial piety and parental control, children find themselves under enormous pressure to fulfil their parents’ academic hopes and expectations. Some children do meet their families’ aspirations through hard work and personal sacrifice and it is this group of young and educated Vietnamese-Australians who constitute the upwardly mobile group in our community (Viviani 1996). Cahill has observed that ‘young Vietnamese-Australian professionals’, now in their 20s to 40s, are having and will have a major impact on Australia:

Many of them had only three or four years of high school in Australia but this was sufficient to gain places in courses in areas such as accountancy, business, architecture, engineering and all the health care areas. It was fortuitous that their entry into the universities coincided with the beginning of the IT revolution and they have taken advantage of this. These young professionals will not allow themselves to be ignored, contributing to all facets of Australian society. Well-educated and highly motivated, they are already contributing and will continue to contribute to most professional and paraprofessional areas with policing being one major exception. Nor have they excelled in sport (2005, n.p.).

For those young people who are not academically inclined, the pressure can be overwhelming, leading them to opt out of education altogether, as is the case for many young people in my study:

There are incredibly high expectations as with any people who were displaced by a war in their home country that was experienced by their parents, their grandparents and their great grand parents or their ancestors. Especially when you come from a zone of war
and you’re gonna leave your country or your people. I think you have high expectations of what that country is going to deliver for you and your children because there’s so many things we can claim we do for our children and it’s really difficult if you come to an area where there’s high unemployment, there’s not a lot of job opportunity or trade opportunities, and your children are really cut out to be labourers or electricians like some of us are and you want them to be a brain surgeon. I think the expectations are, and the expectations on a lot of children in Vietnamese-Australian families are very high and in some ways it’s unrealistic and it can really crush certain young people who are very un-Vietnamese in many of their ways and there’s the normal pressures of every Australian no matter what their heritage is that you are subjected in your life (Community Worker).

As I have mentioned above, the feature of low education is conspicuous in the profiles of the young people who participated in my research, a feature that has also been identified in my interviews with their workers:

A lot of the people that I’ve dealt with, particularly who are connected with drug use and therefore coming in contact with the criminal law system, there are two major factors that seem to recur. One is the difficulty in having a family who operate with more traditional Vietnamese expectations and ways of living and the kids are adopting a more Australian way of life. And the other thing is the history of broken education, so being pushed into mainstream education with a lack of foundation for that and sort of struggling along. You know maybe starting school year at late primary school or early high school, and getting by year to year but really not having a solid educational background (Solicitor).

Academic achievement not only anticipates economic integration of young people into labour markets, but is also the main source of social integration for young people to enter into civil society and institutions, such as marriage and family, business and corporation, and institutionalised politics (Teese & Polesel 2003). In this context, Teese and Polesel pointed out that “falling achievement weakens the links between individual and institutions, and lowers the prospects of social integration”, thereby increasing the risk of social marginalisation (2003, p. 215). Academic achievement is also closely linked with socio-economic status. Teese and Polesel (2003) have also found that economic marginalisation through school is commonly experienced by young people with parents who are low-skilled workers or unemployed, thus perpetuating the poverty cycle. These young people often experience learning difficulties and are most likely to leave school early or be refused a tertiary offer and are at risk of unemployment upon completion of school (Teese & Polesel 2003). Furthermore, in areas with high unemployment, of which the majority contain high concentrations of Vietnamese-Australians (Viviani 1996), young people are most vulnerable to academic failure and truancy. Not surprisingly, young people who live in
these areas actually experience the greatest educational disadvantage and disengagement from school (Teese & Polesel 2003).

The Integration of the Vietnamese in White Australia

The socio-economic factors explored above were applicable to the young people involved in my research; almost all of them and their families lived in areas with high concentrations of Vietnamese-Australians, high unemployment and social problems. In addition to this, the majority of the young people were from low educated and low income or unemployed families. All of them had experienced truancy, with the majority of them dropping out of school altogether. Educational marginalisation, unemployment and residential concentration in low socio-economic areas are clear indications of social exclusion and the lack of integration being experienced by these young people and their families. They were facing long-term unemployment, with limited or no opportunities and a bleak future wherein they were deprived of the means and financial resources to contribute to society and to experience independence and control over their lives in the ways they and their families hoped they would.

The indications of a lack of integration amongst young Vietnamese-Australian heroin users have also been confirmed by their workers:

I think a lot of the Vietnamese young people that I have come in contact with have a low sense of what life has to offer them... And not, perhaps not much sense of being able to change that a whole lot you know, not maybe being able to break into the mainstream (Solicitor).

For the young people involved in my research, integration and the policy of multiculturalism had certainly failed. However, it is unclear whether integration has also failed for the majority of Vietnamese-Australians given our community’s constantly high unemployment rates, high incarceration rates (as pointed out in the literature review before), low-incomes and residential concentration in Vietnamese populated, poor socio-economic areas. Studies on issues relating to the integration of Vietnamese-Australians have had mixed results. Social mobility, measured in terms of employment and occupational status, has been commonly used by researchers to determine the overall integration of Vietnamese-Australians. Coughlan’s (1994) study of Vietnamese-Australian households in metropolitan Melbourne during 1990-1991, found that since our initial settlement there has been a marginal upward occupational mobility. However, after examining the more reliable data of socio-economic status in terms of occupation, there were clear signs that there was considerable downward mobility.
Viviani (1996) has asserted that information on Vietnamese-Australian social mobility from the 1980s to the 1990s underlines the need to take a balanced view of Vietnamese settlement in Australia. Hence, she provided the following overview:

A proportion of Vietnamese, perhaps 20 to 30 per cent, are moving up the status ladder and this trend will be reinforced by that group of young Vietnamese now in tertiary education. A somewhat larger group (perhaps 40 per cent) have blue-collar occupations and are unlikely to experience mobility in their generation. Then there are the 30 to 40 per cent who are unemployed and who have endured downward mobility with relatively little prospect of doing better. The young and educated are shifting the upwardly mobile group while the young and uneducated dominate the unemployed group (Viviani 1996, p. 88).

With improved economic conditions over the last decade, the most recent data based on the 2006 Census show a similar, but slightly improved, general picture to the one provided by Viviani (1996). The unemployment rate among Vietnam-born people aged 15 years and over was 11.4 percent, compared to 5.2 percent for all Australian-born (Department of Immigration and Citizenship 2006). Over 60 percent of our community members did not have higher non-school qualifications and for those who were employed, the majority were in low-skilled occupations, while 21.8 percent were employed in a Skill Level 3 occupation, 8.9 percent in Skill Level 2 and 12.2 percent in Skill Level 3 (with corresponding rates in the total Australian population of 28.7 percent, 10.7 percent and 15.1 percent respectively). The median weekly income for the Vietnam-born ($349) was comparatively lower than for all overseas-born ($431) and for all Australian-born ($466).

When looking at the socio-economic outcomes for second generation Vietnamese-Australians, a first-ever comprehensive study conducted on the demographic and socio-economic situation of second-generation children of post-war migrants, has produced concerning results:

The second generation with parents from countries such as Malaysia, Hong Kong, India or South Africa lived in relatively high income households with parents who were well educated, highly skilled and employed. However, second generation Australians with parents born in Lebanon, Turkey or Viet Nam were more disadvantaged, with a disturbingly high proportion in low income households where there was no employed parent or a parent employed in a low skilled occupation (Khoo et al. 2002, p. 142).

32 The Skill Levels are based on the Australian and New Zealand Standard Classification of Occupations (ANZSCO) as follow:
- Skill Level 1 Bachelor degree or higher qualification
- Skill Level 2 Associate Degree, Advance Diploma or Diploma
- Skill Level 3 Certificate III or Certificate IV
This situation is made worse when the incarceration rates of Vietnamese-Australians in the new millennium are explored, which has led Cahill to exclaim that,

there is a dark side, much darker than for almost all settling communities, to the settlement of the Vietnamese in the problems associated with drug trafficking and gambling and best summed up in the imprisonment figures. Whereas the Vietnamese imprisonment rate during the 1980s was quite low as it usually is for almost all immigrant groups, it climbed very rapidly during the late 1990s and into the new millennium. In 2000, there were 127 male Vietnam-born prisoners in Victorian prisons whereas by 2004 it had climbed to 193, representing a rate of one in every 20 prisoners. At this moment in time here in Victoria, approximately one in every 150 Vietnamese males is in prison, about 6 – 7 times the normal rate. The situation is comparatively worse with regard to Vietnamese-born women, and whilst female imprisonment rate is very small though growing, one in every ten women in Victoria’s prisons is from Vietnam (2005, n.p.).

From my membership on the Women’s Correctional Services Advisory Committee in Victoria, which was established by the Minister for Corrections in 2003 to provide an external source of expert advice on the delivery of correctional services to women, I have learned that the number of Vietnam-born women in Victorian prisons has almost reached 20 percent of the female prison population. Of these women, approximately half are Vietnamese nationals who have been charged with drug importation; however, the high and increasing number of Vietnamese-Australian women in prison remains of great concern. I have also learned from managing a recent resource development project targeting young men in custody that the number of young Vietnamese-Australians in detention is zero to very low – a complete contrast to my time at the Melbourne Youth Justice Centre more than ten years ago. I assume, though, that many of the young men I worked with at the time have graduated to the adult male prisons, thereby contributing to the increased number of incarceration among Vietnam-born male prisoners.

Despite the gloomy outlook and “dark side” of Vietnamese settlement, some scholars (such as McAllister 1991; Tran & Holton 1991; Viviani et al. 1993) have provided positive reports and remained optimistic about the social mobility of Vietnamese-Australians. For example, Tran and Holton have concluded in their research report that the Vietnamese-Australian community has made “some significant advances in upward social mobility”, but acknowledged that these were limited due to the obstacles we faced in the labour market:

Problems of concentration in unskilled and semi-skilled jobs, high and protracted unemployment, failure to recognise overseas skills and qualifications and restricted mobility chances for women, are prominent features of the settlement process for
Vietnamese people. For every successful Vietnamese professional and business person, there are at least a dozen others who are employed either as factory workers, labourers and domestic outworkers, or who remain unemployed (1991, p. 172).

At the same time, Tran and Holton have pointed out that,

While Australian observers may judge Vietnamese settlement very largely in terms of economic achievements and upward social mobility, the Vietnamese seek economic prosperity within a wider framework of freedom from war, social conflict and political coercion. This search means above all else putting down roots. Successful employment is a vital part of this process, but not the only part (1991, p. 173).

These scholars have, therefore, maintained optimism about the future social mobility of our community and rested faith in our young people who are expected to spend more time in the Australian education system, be more fluent in English and thus have better employment opportunities – an optimism based on the settlement experiences and history of the Greek and Italian migrant communities (McAllister 1991; Tran & Holton 1991; Coughlan 1992). Additionally, other scholars have argued that it is necessary to remain open-minded about the situation of the Vietnamese-Australian community and to take care not to stereotype the attributes of our community members as there are significant social differentiations as well as important class, status and ethnic differences (Thomas 1997). It was also pointed out that the majority of Vietnamese-Australians have experienced trauma, dislocation and disorientation in an unfamiliar Western society, also contributing to our community’s settlement experience in Australia (Viviani et al. 1993).

Conclusion

Many Vietnamese-Australians have experienced cultural and language barriers, racism and social exclusion in establishing a new life for themselves and their families in Australia. Despite the racism and difficulties they have endured, most of them consider life in Australia to be better than in Vietnam because they value the freedom that comes with living in a liberal, individualistic Western society, the educational and employment opportunities available and a positive future for their families – in particular, their children. Thus, the settlement experiences of Vietnamese-Australians have been varied: some have done extremely well in their academic and vocational pursuits, while the majority have somewhat achieved their goals, with many having to modify them in the face of obstacles they encountered; and some have ended up in the ranks of the (long term) employed and socially marginalised.
For young Vietnamese-Australian heroin users, the hopes their parents had and the sacrifices they made for them in coming to Australia have not been realised as most of them experience educational marginalisation, unemployment and residential concentration in low socio-economic areas. They have formed an under-class in both the Vietnamese-Australian and wider Australian communities since they experienced a lack of integration, social exclusion and marginalisation.
The dragon is deeply rooted in Chinese and Vietnamese mythology and culture. It represents spiritual supremacy and embodies heavenly and earthly powers, wisdom and strength. It was, therefore, also a symbol of the emperor whose wisdom and divine power assured the well-being of his subjects. It is commonly believed that the dragon drives away evil spirits and brings wealth, success and good luck. It is for this reason that dragon dances are popularly performed during the lunar new year or at the opening of businesses, weddings and the commencement of any major undertakings. For many Vietnamese-Australians, life in Australia is about chasing the dragon – that is, the pursuit of prosperity and good fortune. More specifically, it is about leaving behind the evil spirit – the oppressive communist regime in Vietnam – and starting a new life with the hope that it would encompass freedom, certainty and socio-economic successes – especially for their children.

In the previous chapter, I have showed that the hopes and aspirations the parents of the young people in my study have placed on them had not been forthcoming. These young people had not achieved the socio-economic success and fortune their parents had expected in their new lives in Australia. Instead, they have experienced socio-economic disadvantage, social exclusion and marginalisation, which as I will illustrate in this chapter, have led them to become involved with the use and sale of heroin. For young Vietnamese-Australian heroin users, chasing the dragon means smoking heroin. However, I will argue that these young people also pursue the dragon in the same way as their parents – that is, to gain material and financial success. Consequently, I will describe how the level of exclusion these young people experience from the legitimate economy and the Australian society generally, has led them to become involved in the street heroin market where they can achieve wealth and a sense of success, as well as obtain support and belonging amongst their peers.
the circumstances in which many find themselves involved with the use and sale of illicit drugs (Jordens 1996; Ethnic Youth Issues Network et al. 1998; Beyer & Reid 2000). Socio-economic disadvantage, which includes factors such as unemployment, inadequate education and low income, is often considered to be the main determinant for the involvement in illicit drugs by people generally, regardless of their cultural and racial backgrounds (Pearson & Patel 1998; Reid, Aitken et al. 2001). However, it has also been argued that the socio-economic disadvantage experienced by Australia’s ethnic communities generally, and the Vietnamese-Australian community specifically, is more profound and therefore heightens their vulnerability with illicit drugs (Reid, Aitken et al. 2001; Reid et al. 2002).

The distinct factors that are considered to compound the socio-economic disadvantage experienced by ethnic communities in Australia include their low English proficiency and their lack of knowledge of and access to the Australian systems and services (Reid, Aitken et al. 2001). Although these distinct factors apply to the older generation of the Vietnamese-Australian community, they are generally not applicable to the majority of the young people involved in my study because they were either born in Australia or came to Australia at a very young age.

As I have pointed out in the previous chapter, many of these young people speak English fluently. In addition to this, they are familiar with the Australian systems and do access the main services available, which I will explore in the next chapter. However, I need to point out that even though these young people do not carry the baggage of the refugee and migrant experience, nor share the language difficulties and social dislocations experienced by their parents, their parents’ settlement experiences and backgrounds do impact on their lives. This point has already been made in Australian literature dealing with culturally and linguistically diverse (CALD) young people (Guerra & White 1995; Cunneen & White 2002) and will subsequently be elaborated in this chapter in relation to the reduced social and economic opportunities experienced by both young Vietnamese-Australians and their families after their settlement in Australia.

A crucial factor and experience that the young people in my research share with their parents is Australia’s social and economic circumstance during their migration to and settlement in Australia. I have covered Australia’s social and political environment in relation to the arrival of the Vietnamese in Chapters Two and Four and have demonstrated how the negative and racist responses to our settlement have stigmatised and marginalised our community and people, particularly young Vietnamese-Australians. I now wish to draw attention to the economic circumstance in Australia during the 1980s and 1990s when all my Vietnamese-Australian research participants arrived and settled in Australia, with a focus on the early to mid 1990s, when the young people became involved with the use and sale of heroin. This
particular circumstance was brought to my attention by one of the workers when I asked about the factors contributing to Vietnamese-Australian young people’s involvement with heroin:

I think around the late ‘80s with the recession hitting and a lot of the manufacturing industries closed down, a lot of Vietnamese families experienced a massive increase in unemployment rates and so I think families were struggling, there wasn’t the money around to adequately support their families. And so that had an impact on young people in terms of they couldn’t get access to the material things they needed. So I guess with those sorts of things happening, it in a way created a situation where for some Vietnamese-Australian young people they were in a situation where the future didn’t look that bright because their families started facing this unemployment barrier. That time the numbers on the unemployment list were very high. And also with the sort of young people who were coming in at that stage in the early 90s they’d been in camps longer, they had disrupted schooling. They found it difficult to get through the Australian education system and therefore the future again didn’t look that positive about going onto university and getting a good job and all those sorts of things (Consultant).

This observation on the economic circumstances surrounding young Vietnamese-Australians and their families during the 1980s and the 1990s and the subsequent impact of unemployment on their lives is useful in understanding the time period of Vietnamese migration to Australia. Other workers and, least of all, the young people and mothers, did not identify the impact of economic conditions as contributing factors for young people’s involvement with heroin and their views on this matter will be covered later in this chapter. In perusing census data and relevant literature on Vietnamese settlement, it became clear to me that the economic situation identified and described by the Consultant closely reflects the circumstance facing many young Vietnamese-Australians and their families during that time, and therefore requires a brief discussion as follows.

The period following World War II saw Australia embark on an ambitious post-war re-construction and expansion plan that gave way to an unprecedented large-scale migration program, which was triggered by an economic boom and the belief that substantial population growth was essential for Australia’s future border protection (Department of Immigration and Multicultural Affairs 2001). Low-skilled labour was desperately sought by Australia, which saw considerable proportions of migrants from northern and southern Europe entering Australia to work in its expanding manufacturing industries and infrastructure development projects, such as the Snowy Mountains Hydro-Electric Scheme (Department of Immigration and Multicultural Affairs 2001).

The post-war period of economic prosperity and political and social stability was followed by a process of globalisation and restructuring, which began in the 1970s and
accelerated in the 1980s by government policies (Osborne & Gaebler 1992). These policies embodied the doctrines of laissez-faire and economic rationalism that aimed to achieve greater efficiencies and international competitiveness in Australia’s economy (Ergas 1993; Pincus 1993). The resulting changes consisted of the de-regulation of the financial and banking systems; the location of Australia’s domestic institutions and practices within the changing economic global world; and a major reduction in the government's economic and social interventions (Ergas 1993; Pincus 1993). At a micro level, these changes included the reduction of protection in Australia’s manufacturing industries; a restructure of the labour force; and the introduction of new technology (Coughlan 1991).

As Australian companies began investing overseas to remain competitive, the manufacturing industry experienced a drastic decline in the numbers of jobs. Between 1971 and 1991, this industry shed nearly half of its workforce (Viviani 1996), creating a situation of high unemployment amongst low-skilled workers – particularly Vietnamese-Australian workers because they were, and still continue to be, over-represented in the manufacturing industry due to low English proficiency and lack of skills and qualifications. Vietnamese-Australians and other ethnic migrants and refugees who arrived in Australia during these periods of economic downturn, thus experienced greater difficulties finding work and adjusting to settlement (Viviani 1996).

From 1981 to 1996 – a period which encompassed large numbers of Vietnamese arrivals and the emergence of the street heroin market – the unemployment rate for the Vietnamese-Australian community was around 30 percent, which as I highlighted in the previous chapter, was at least three times higher than the overall unemployment rate (Bureau of Immigration Research 1990; Bureau of Immigration and Population Research 1994; McMurray 1999). In addition to this, census data covering this period consistently recorded a direct connection between high unemployment, low income and high residential concentration for Vietnamese-Australians. More than 70 percent of Vietnamese-Australians reside in the states of New South Wales (NSW) and Victoria, the highest number in the former. The local government areas (LGAs) that have had consistently high numbers of Vietnamese-Australian residents in these two states are Fairfield and Bankstown in NSW; Maribyrnong, Brimbank and Greater Dandenong in Victoria (Coughlan 2008). All these areas have for some decades experienced declining industries, burgeoning unemployment and socio-economic problems.

In relation to youth unemployment, Viviani et al (1993) found that although unemployment rates are generally high for those in the age groups between 15 to 24 years and those over 45 years regardless of race and ethnicity, this pattern is extreme for the Vietnamese-Australian community. This extreme form of age-related unemployment has been termed a “twin peaks” phenomenon (Viviani et al. 1993, p. xv). The first peak of unemployment is among Vietnam-born young people, which
reached 56 percent in the 1991 census as compared with 19 percent for all Australian-born young people and representing approximately 20 percent of the unemployment rate amongst Vietnam-born Australians (Viviani et al. 1993; Bureau of Immigration and Population Research 1994), while those aged 45 years and over make up 7 percent of the overall unemployment rate.

Reasons given for the unacceptably high rate of unemployment amongst young Vietnamese-Australians include their disrupted education in Vietnam or during their stay in refugee camps; their lack of experiences and skills; inadequate written and spoken English proficiency; and the lack of unskilled jobs on offer for young people (Viviani et al. 1993). This has led Viviani to later declare that,

Given their ages, at least half of them will have unemployed parents. And given their concentration in areas of high concentration and high unemployment, there are very few job opportunities for these unskilled, poorly educated young people...That over half of young Vietnamese should be without jobs and with little prospect of finding them where they live is a cause of great concern to the Vietnamese community and to the wider Australian community. These circumstances not only have outcomes in developing a negative youth culture, problems of drugs, gangs and youth crime... but they also result in problems of intergenerational stress, family breakdown, undermining of community norms and the creation of a major problem for social relations in these communities and in the areas in which they are concentrated. This is the problem that is probably the most acute in this community, now and for the foreseeable future (1996, p. 76-77).

These circumstances and their outcomes are very much a reality in the lives of the young people who participated in my research. The lack of jobs and adequate income combined with the young people’s residential location in poor socio-economic areas and low-income families, as well as their lack of skills and qualifications have inevitably provided them with a lack of vision for themselves and their future. The state being experienced by the young people has been described by one of the workers as “a lack of a sense of life holding lots of opportunities and fulfilling work”. For these young people who are faced with a bleak future that is devoid of any positive options, heroin provides a means to escape from the realities in their lives. This was clearly identified by some of their workers:

They don’t have that sense that they are able to contribute, you know in a productive kind of way. In a sense the use of drugs is like an opting out kind of thing. I don’t think it starts off that way obviously in terms of a conscious kind of decision. It’s something to do that is a social thing, a ritual kind of thing but definitely becomes a way of having to think about things, especially in the case of heroin (Researcher).
The lack of vision for the future and the lack of a sense of opportunities and fulfilment in their lives had also created a sense of boredom for these young people. They were faced with little or no productive alternatives in how to use their time. The result has been a state of tedium and vulnerability whereby drug use provided an escape from the reality of their lives that encompassed a range of issues, which have been identified by their workers to include poor educational achievements, unemployment, family problems, low self-esteem, feelings of isolation and alienation. Almost all of the young people in my study spend most of their free time either at home or with their friends. It is through the latter that they were introduced to drug use, an experience that I will explore later in this chapter.

The majority of young people (n=9) started using drugs (referred to as ‘playing’) as a way to deal with the boredom and problems in their lives.

I have like I got this best friend and I go with her to a friend’s house and she was playing and I just sit there and watch her. I broke up with my ex and yeah I got really depressed and I thought see how it is and I played. [Interviewer: So why did you keep on playing?] Firstly because I was depressed. Secondly it was like I was at home and nothing to do. After I first played, I thought you know play another time and another time and another time and got hooked onto it (Linh, 19 years old Vietnamese-Australian young woman).

I was always looking to something else, something else in life that could fulfil me, make me feel better you know. One day I was actually in a youth group, a Christian youth group. That was when I didn’t believe, I was only doing it for a social reason. And this girl asked me if I wanted to burn, I had no idea what it was. Next thing I knew I was just following the steps and she said, “Smoke this and then keep it in and then have a puff of this cigarette and really suck it in”. When I did that the feeling was just, I just felt like it was the best thing in life. It’s just the feeling to get out of everywhere, you know, all the problems on my shoulder they were all gone and I could get out of this place. And that place was just like a relief for me. And then I wake up the next day you know, all my pain would come back so I want to go back to that same place again (Thanh, 17 years old Vietnamese-Australian young man).

I was pissed off with my mum. I argued with her and then I left home and looked for my boyfriend. My boyfriend, he was a user and ‘cause I was really sad he goes, “Taste it”. I tried it. Then, I knew it was a drug but I still tried you know. Then I started to get addicted (Tien, 23 years old Vietnamese-Australian young woman).

Vietnamese people, young and old, generally refer to drug use amongst young people as playing, which derives from the literal translation of the Vietnamese word, chọi, meaning play. This is largely due to the general perception that young people are introduced to drugs by their friends in a social or recreational setting, which was the case for the young people in my study. Therefore, their use of drugs is considered to be
of a recreational nature. The lack of money certainly restricted young people on where they can go and what they can do with their time, especially preventing them from participating in commercial leisure and entertainment. Since many initially received their heroin from their friends for free, heroin use became a convenient recreational activity for the lack of productive activities available and an effective remedy for the dismal realities of their lives.

The Street Heroin Market – A Niche in the Black Economy for the Marginalised

Once young Vietnamese-Australians become dependent on heroin they soon realise that they must find ways to finance it. Regrettably, the illegal nature of heroin combined with the lack of skills, qualifications and socio-economic backgrounds of these young people, leave them with extremely limited and/or no legitimate options to make money but to sell heroin.

You use, you have to deal. No one wants to, you know, deal and get caught. No one wants to do it, but you’ve got no choice you know. How can you support your habit if you don’t deal? And you don’t want to go and steal, rob anyone. You don’t want to do that (Phong, 21 years old Vietnamese-Australian young man).

When these young people were asked about the difference between using and selling heroin, they were quite clear about the moral and personal implications that each of these separate, yet inter-related activities had on them and on others around them. Most expressed guilt and discomfort about their involvement with the sale of heroin, but felt trapped by the vicious cycle of addiction.

I do it to support the habit and then when you’re around those friends they were doing it too to support their own habit. When you stop [selling heroin], there’s no other way to support it unless you rob houses and that you know. None of us work or anything. Even if you work, when you’re on it you can’t work. [Interviewer: How do you feel about the two, about drug using and dealing?] They’re the same kind of ‘cause you do it so you can use. It’s just a different way of living life. I see life as two ways of living: a clear life, a straight life or a bad kind of life… I’ve been in the drug life, street life… You’re always busy. Can’t do anything. Can’t even visit your family, can’t do nothing ‘cause [begins to cry] you’re always like out looking for it, just to support your habit. Don’t have time to do nothing. Yeah, quite a nightmare (Hong, 18 years old Vietnamese-Australian young woman).

They’re both wrong that’s for sure. I guess, they’re both really selfish because drug dealing is just killing other people, killing other people’s lives you know. And drug use is
killing your life, although you don’t see it. They’re both selfish. (Thanh, 17 years old Vietnamese-Australian young man).

If I can turn back time I prefer to be a drug dealer than a drug user. If that’s the only two options I have because it’s a different lifestyle. You have more face than a drug user ‘cause a drug user is like the lowest, people don’t take you as nothing. It’s like you’re worse than a beggar. A beggar still has face in the street. But you use you know, you’re like nothing. It’s like a dead body walking around. But if you’re a drug dealer, it doesn’t mean like everyone knows you’re a drug dealer. You can still walk in the street and people think you’re just a normal person, a student or some normal working guy or whatever (Ken, 17 years old Vietnamese-Australian young man).

It was interesting to note that many young Vietnamese-Australians who used heroin preferred to sell it rather than participate in theft to support their habit. They understood that selling heroin and stealing are illegal but they viewed the latter activity as morally wrong. This was because they perceived the selling of heroin as a business transaction that involved choices on the part of the seller and the buyer; that is, both parties have to agree to take part in the activity. This observation has also been made by other workers working with young Vietnamese-Australians (Ethnic Youth Issues Network et al. 1998) and is reflected in juvenile justice statistics in relation to the type of offences committed by these young people. According to the Department of Human Services (2000), an analysis of the Juvenile Justice Client Information System in Melbourne for the period of 1997-1998 reveals that young Vietnamese-Australian drug offenders are much less likely to commit violence or property offences as compared to other Australian offenders. The same finding has been made in Sydney-based research (Maher et al. 1998), while others have found that young Vietnamese-Australian drug offenders generally do not have long prior criminal histories and few other offending concurrent with their drug offending (Beyer et al. 2001).

It has therefore, been advocated by youth and drug and alcohol workers that a distinction needs to be made between selling and dealing (Ethnic Youth Issues Network et al. 1998). Dealing implies a high level of consistency and a hierarchical organisation, whereas the majority of young Vietnamese-Australians in the street heroin market sell to support their habit and they operate within a fluid and flattened distribution network on a smaller scale (Ethnic Youth Issues Network et al. 1998). According to Maher,

It’s very different from the culture for example in New York. There it’s very hierarchical; everyone had their own turf. Here, they’ll walk around together, it’s all very social and they’ll move according to where the police are and what’s happening in the street. The street dealers don’t know where it’s coming from and they don’t know what’s in it. The whole trade is not some Asian crime organisation. It’s much more fluid, people move in and out of it all the time; there are not the opportunities for moving up the ladder. At the
street level, roles change. The person you buy from may be buying himself the next day. One day you might be selling caps, and the next day half-weights. There’s not the strict hierarchy (L. Maher, pers. comm., quoted in Ethnic Youth Issues Network et al. 1998, p. 51).

A first-time study of the emergence of the street heroin market in Melbourne by Fitzgerald et al. (1999) has also shed light on this phenomenon. Fitzgerald et al explain that the features of this market place are twofold and involve the emergence of a “‘takeaway’ heroin ethic that characterises the consumer street heroin market” and the establishment of drug consumption and sale on commercial shopping strips “as a result of irresponsible media coverage and ineffective policing” (1999, p. 113). The shift to a street heroin market is considered not to be an aberration, but reflects the changes in consumer culture and business climate of the streets that are geared towards speed of service and reduced personal contact, thereby producing a take-away or self-service style of trade. In relation to Vietnamese-Australian young people’s involvement in the street heroin market, Fitzgerald et al. (1999) found that many drug users preferred to buy heroin from Asian drug sellers because they are perceived to be more reliable, honest and discrete in their business dealings, whilst non-Asian heroin sellers are generally considered aggressive and untrustworthy. Hence, the distinctions drug users make between drug sellers on the basis of ethnicity reveals the role that young Vietnamese-Australians play amongst other racial groups in the street heroin market (Fitzgerald et al. 1999; Fitzgerald 1999).

In times of social and economic changes, the street heroin market certainly presents opportunities for marginalised young Vietnamese-Australians. Selling heroin not only provides them with a means to finance their own drug habit, it is also a source of income. White’s (1999) research into young people’s use of their time and what they do to obtain money found that criminal activity is a significant source of income for them, particularly theft and the sale of drugs. White explains that:

many of the young people felt that they have been denied the basic means of life – the tools, skills, opportunities and rights essential to the fulfilment of their present and future needs... It is in this context – one characterised by high levels of youth unemployment, poverty, reductions in state welfare and educational services and benefits, and a social culture of competitive individualism – that we began to see the attractions and necessities of involvement in the criminal economy (1999, p. 30).

This finding is consistent with the experiences of some of the workers working with young Vietnamese-Australians who were interviewed for my research:

33 A phrase that drug users frequently verbalise is, “never buy from a round eye”, which refers to non-Asian dealers as opposed to the slanty eye Asian dealers (Fitzgerald 1999).
Some young people were saying, “Because I’m no good at school, I’m not going to do well there, I won’t be able to get a job, for various reasons, no factory jobs or I’m Vietnamese, who’s going to employ me or I can’t read or write properly, my life’s no good unless I can go out and sort of you know, either lose myself in drugs or get into trafficking where I can make big money you know, there’s a gamble but you know, you gotta try everything in life” (Consultant).

The economic rewards that come with selling heroin are undoubtedly an attractive option for those young people who have been excluded from legitimate avenues of access to material wealth. The street heroin market can be a very lucrative business for young people. During the height of the trade in the late 1990s, half a gram of heroin cost a street seller two hundred dollars, which could be divided into 14 to 18 caps [Ethnic Youth Issues Network et al. 1998]. As each cap was sold for approximately thirty dollars, a heroin seller would break-even after selling seven caps and could use the remaining caps to play or make a profit.

Young Vietnamese-Australians who are involved in the street heroin market are generally not respected by both the Vietnamese and mainstream communities; however, the money they can make selling heroin enables them to acquire material wealth and subsequently respect from their peers. Vietnamese culture is materialistic and ostentatious; material goods are indications of success and wealth that evoke respect, admiration and envy from people. As appearance or ‘face’ is also important for Vietnamese people, the display – not the declaration34 – of material goods, wealth and generosity are often practiced. With young Vietnamese-Australians, as it is with other young people, possessing fashionable clothes and spending generously on entertainment with friends and the opposite sex provides them with a sense of status and respect. This was articulated by some young people in my study:

Every teenager’s dream is to be you know rich and always have money everywhere so that was a big thing, you just wanna have fat pockets with a lot of bills (Thanh, 17 years old Vietnamese-Australian young man).

At the time I was selling as well and I kind of like the money and the way of life of living. I was staying in a hotel, got everything in front of me and all the stuff. The money’s good but then, you have to always hide them from the cops (Tuan, 19 years old Vietnamese-Australian young man).

34 To verbally boast about one’s material wealth or financial situation to non-family members is considered shameful because it contradicts Confucian moral virtues of generosity and disdain for material gains.
Even though these young people cannot totally enjoy their money and material possessions due to fear of confiscation by the police or, more often, having to sell them when times get bad, their ability to access material wealth provides them with a sense of personal achievement and success. It is their aspiration to material wealth – one that is shared by many – and their lack of skills and qualifications which are in demand in the current labour market that make them susceptible to the street heroin market.

White’s (1999) research also found that the largest category of criminal activity identified by young people was selling drugs. In addition to this, the degree of involvement and reliance on selling drugs as a means of making money increased with the age of those involved. For the older group, selling drugs is not only a productive activity, but it is also the chief source of income that provides economic resources and therefore is more serious and systematic in nature. White deems the results of his study to be disturbing for several reasons:

They appear to indicate a large and growing “drug culture” among young people, both in terms of sources of income and as a way to deal with the boredom of everyday life. While some care has to be taken in interpreting the data, the findings do suggest that problems experienced in other sectors of the economy (e.g. unemployment and/or low levels of income support) are creating the conditions for the expansion of a drug-based economic sphere. Young people will be directly implicated in any such expansion (1999, p. 33).

For marginalised young Vietnamese-Australians, the collapse of the youth labour market and the decline of low-skilled jobs during the 1980s and 1990s seem to have forced those with entrepreneurial minds to create employment and income generating opportunities for themselves in the street heroin market. From my interviews with workers and young Vietnamese-Australians, I have come to view that these opportunities were realised by creating a demand for heroin. This was achieved by young people introducing other young people to heroin, initially supplying the heroin for free.

The people that were letting me try it they were actually drug dealers themselves so they couldn’t always give it to me for free. I had to go make it myself. I didn’t have any money (Thanh, 17 years old Vietnamese-Australian young man).

About ’93, ’94 I started to get the first young people coming through who were developing issues around heroin usage. At that time there was a really clear distinction between those young people who were trafficking and those young people who were using. And the traffickers would often say, “Well, I’m doing it because I need money to help my family out because they’re unemployed. Or I want money to be as successful as other young people I see”. And those who were using were introduced to it through their friends who were selling because the friends selling had to find a market and at that
stage they weren’t really confident to go out and sell to the mainstream Australian market. But sure enough some of them did get involved that way. And then as it became more and more available and they knew the contacts, we found more young people getting involved in using it (Consultant).

I suggest that the emerging presence of young Vietnamese-Australians in the street heroin market in a self-employed capacity parallels the increasing establishment of Vietnamese ethnic small businesses in Vietnamese concentrated areas—both of which can be seen as symptomatic of changing economic global processes. By exploring the phenomenon of ethnic small businesses, I was able to obtain a clearer understanding of Vietnamese-Australian young people’s involvement in the street heroin market. Although there are a number of research reports on ethnic businesses in Australia, there is very limited information on Vietnamese-Australian ethnic businesses, let alone research and literature on young Vietnamese-Australians in the street heroin market. Nevertheless, the literature that explores the phenomenon of ethnic businesses in Australia (in particular, Castles et al. 1991; Lever-Tracy et al. 1991) can be applied to the Vietnamese-Australian situation. The findings of these studies have led their authors to argue that the shift to self-employment by many migrants and refugees is largely a result of their experience of blocked mobility in the mainstream labour market, caused by the processes of economic restructuring (Castles et al. 1991; Lever-Tracy et al. 1991). Furthermore, these studies reveal that the effects of chain migration created the presence of ethnic enclaves and subsequently opportunities for the development of ethnic businesses to meet the increasing demands from their own ethnic communities.

Castles et al (1991) found that ethnic businesses generally started out filling ‘ethnic niches’, providing goods and services to meet the needs of their respective ethnic groups, but later became commercial developments that attracted other Australian consumers. As a result, Castles et al argue that migrant entrepreneurs do not create an ‘enclave economy’ as there is little evidence of cultural explanations in relation to ethnic business activity:

‘Ethnic predilections’ may affect the choice of business activity to some extent, and ‘ethnic solidarity’ may play a part in providing capital or establishing business networks, but the crucial factor seems to be the opportunity structures provided by the economy at a specific point in time… Immigrants participate in this trend, and, indeed, are often overrepresented, but this is because their opportunities of mobility through other channels are blocked. Small business, on the other hand, is a possible way out of factory work. The choice of type of business venture may have an ethnic dimension, but it is more strongly influenced by other factors: capital required, absence of barriers (such as licensing requirements), market opportunities, possession of necessary skills and the like. Our evidence leads us to support a combination of structural and situational approaches: changing economic structures provide new niches for small business; the
situation of particular immigrant groups makes them able and willing to fill them (1991, pp. 133-4).

This is also the case for many Vietnamese-Australians who have opened small businesses since the recession, including half of the parents of the young people in my research. As these businesses are mainly situated in areas with high Vietnamese population, they helped to form the stereotype of ‘Vietnamatta’ or, as Viviani eloquently states,

It remains in its visible appearance the sign of ‘Asia in Australia’, standing in some Australian eyes as a symbol of entrepreneurship and enterprise while in others it is the symbol of the ghetto (1996, p. 92).

The visibility of young Vietnamese-Australians in the street heroin market is also another symbol of the ghetto – the ill effects of Vietnamatta. Comparisons can also be drawn between their involvement in the street heroin market and that of other Vietnamese businesses. These young people have experienced blockages in their attempts to enter the mainstream labour market and, as a result, have created business opportunities for themselves. They have filled an ethnic niche in the distribution and sale of heroin for Vietnamese-Australians, as well as created more demand for heroin by introducing the use of heroin to their peers so that the trade and their business can be sustained. Their business is essentially another form of ethnic businesses and, like other ethnic businesses over time, their enterprise and commodity attracted the attention of other Australian consumers, not to mention other members and agencies in both the Vietnamese-Australian and mainstream communities. Similarly to small businesses, selling heroin on the street requires little start-up capital or goods and does not need licensing or qualifications. In addition, in both businesses the competition can be tough, leading to low returns and the need for long working hours.

Nevertheless, the stark difference between ‘regular’ small businesses and selling heroin on the street is that the first are legal and the other is not, with the latter involving high risks and detrimental consequences. These consequences have been articulated by Jay Jordens, who has done intensive community support work with marginalised young Vietnamese-Australians:

The contemporary orthodoxy of economic rationalism does not accommodate for the needs of marginalised young people. For young people who have long been marginalised from opportunities to participate in mainstream economic activity, involvement in a criminal economy can offer opportunities for income generation and full-time occupation. For those young people who engage in the criminal economy, their activities require skills, but employed in the context of criminal activity, a very high risk of arrest, incarceration, violence, and death (1996, p. 58).
In addition to the risks identified by Jordens (1996), the development of a street heroin market has also led to the emergence of a street-based injecting culture that draws many drug users (Maher et al. 1998; Fitzgerald et al. 1999), particularly young Vietnamese-Australian heroin users. This has created a high risk environment with concerning public health implications that threaten public health and safety, which generated the previously mentioned abundance of research on the risk behaviours of Vietnamese-Australian heroin users canvassed in the second chapter. To reiterate, these health hazardous behaviours include the sharing of injecting equipment and sexual risk-taking that pose a significant risk for the transmission of HIV and other blood-borne viruses and sexually transmissible infections. As this research found, many young Vietnamese-Australian heroin users have little or no knowledge about the risks they were taking with their health and their lives, nor were they aware of the heartbreak and despair they were bringing upon themselves and their families (Crofts et al. 2000).

‘Bad Friends’

Peer influence and peer pressure have often been identified in research literature as strong predictors of illicit and licit drug use amongst young people (Maddahian et al. 1985; Carpenter et al. 1985; Hawkins et al. 1992; Williams et al. 1999). The peer factor, not necessarily peer pressure, has featured most prominently in the research data I collected, whereby some workers, and interestingly, all of the young people and mothers have blamed peers or what they refer to as ‘bad friends’, to be the chief factor for young Vietnamese-Australians to become involved in heroin use.

When I met my ex-boyfriend he was already into it without me knowing and when I knew, all the friends I had then and all his friends, they were all getting into it... That’s how I got into it yeah (Hong, 18 years old Vietnamese-Australian young woman).

The factor that has led him down that path is due to him coming across friends who aren’t good. If young people want to turn out good then they need to know how to choose friends. At the time, I neglected that and I wasn’t careful so he chose bad friends. He’s easily influenced by his friends (Thao, 46 years old Vietnamese-Australian mother).

One of the things I keep thinking about is why some people fall into that bucket? They’re from exactly the same backgrounds. You’ve got a whole lot of kids on the housing estate where I used to work who were living there who were studying medicine and their families were from the same background, but then you had other kids who were using drugs or had got into that kind of scene. There was no real answer as to why one had
turned out [that way]. I guess, part of it has to do with social networks and the kinds of people that you start hanging around with and the opportunities you see for yourself (Researcher).

Aside from one young person who was introduced to heroin by his uncle, all the other young people in my study became involved with heroin through their friends, the latter being all Vietnamese-Australians. It was also these friends, often groups of friends, whom the young people spend most of their free time with and who were the main reason for them to become truant and eventually drop out of school altogether. Subsequently, it was the combination of the ‘bad friends’ and truancy that was the primary cause of the young people’s conflicts with their parents. Although the young people were not able to articulate the underlying reasons for the importance they place on being with their group of friends, most of their workers were able to see that their association with particular peer groups stemmed from their need for a sense of identity and belonging, which for some workers was reinforced by peer pressure.

If you get a group of young people who are confused, unsure about where they fit in and not coping with school and it’s not so much school but the system of school, and also struggling with relating at home. If you get a group of people like they influence one another greatly, peer pressure comes into that. The main factor is the peer pressure, but you give into peer pressure because you’re feeling a sense of you know, loss. And yeah, peer pressure makes you feel like, “Oh if I do this then I feel belonged, a sense of place, just feel confident about who I am”. And just finding their own identity in terms of that. So a lot of the young people I think give into peer pressure because of that sense of not knowing who they are and a sense of loss. And drug use is, it gives them a sense of status, of confidence of who they are, a sense of belonging, but also an escape to all these feelings of isolation or loss (Regional Community Worker).

In particular with Vietnamese, they don’t want to miss out with their friends going out. They love going out! And I think another thing, when all things are going bad at home, then there’s peer pressure, and then because they can’t find comfort at home, then they’ll find comfort with their friends and say their friends are bad when they get introduced to drugs to try it out and to fit in. That’s part of the peer pressure is to fit in. So they amalgamate that way, they amalgamate in order to be accepted so once they’re accepted then they introduce themselves not just to a couple of friends, but all the other [social] networks as well. So before they know it, they’re trapped in this net without realising it and it’s all fun, because it’s been enhanced by the friends. And then because of that factor, they perform bad at school (Juvenile Justice Liaison Officer).

The points made above by the workers in relation to young people’s state of confusion and loss will be elaborated later in this chapter, as I firstly want to address the point they make about peer pressure. I suggest that some of the workers have
misinterpreted young people’s association with their peers as ‘peer pressure’, instead of ‘peer preference’, which accounts for the dynamic and reciprocal relationship between the young person and the peer group. This misinterpretation has also been made by the majority of studies on adolescent development and drug use that ultimately support peer pressure theories and models (such as Carpenter et al. 1985 and Maddahian et al. 1985). However, some studies and observers have argued that young people are not coerced into drug use by their peers; instead, most young people choose or seek out friends who will provide them with the support and validation that they need (Sheppard et al. 1985; Tolone & Tieman 1990; Coggans & McKellar 1994).

Sheppard et al. (1985) have argued that the concept of peer pressure is a misconception and needs to be revisited or discarded because it does not explain why some young people use drugs and most do not. They explain that children, young people and adults are constantly in the process of self-identification. As children become more exposed to other people, their families are no longer the primary socialising unit or reference point. Consequently, children and young people are introduced to various norms, values and goals that they will identify with and differentiate from their own, whereby they will make choices about which reference group will have the most influence on them in certain situations.

[Young people] are evolving and need validation of their values and behaviours... This validation is obtained from peer group members and significant others... If a group satisfies a person’s needs at a specific time, then that person will participate in the group... [A]ll people move into and out of groups depending upon the need of the moment. Just because an adolescent is at present part of a drug-using group, does not necessarily mean he or she will remain a part of the group or always participate in the drug-taking behaviour (Sheppard et al. 1985, p. 951).

Sheppard et al. (1985) have concluded that, with peer drug use, the individual young person has already made the decision to use drugs and the peer group merely provides both access to drugs and a congenial social setting for the young person to use drugs. Hence, it is the dynamics of the peer groups and their social contexts where drugs are concerned, rather than peer ‘pressure’, that needs to be questioned and explored.

The profile of the young people and their peer groups who have participated in my study is very similar to that of other Vietnamese-Australian heroin-using peer groups who have been studied. Generally, they are relatively alienated and marginalised as a result of the dislocation and economic and social exclusion they and their families have experienced. Hence, they relate largely to other young Vietnamese-Australians who share the same ethnic identity and socio-economic background, as well as the need
for social belonging that includes friendship, support and protection. As other youth workers in the drug and alcohol sector have noticed, the process of alienation and marginalisation can and has placed many young Vietnamese-Australians at risk and in a state of vulnerability (Jordens 1996; Morley 1996; Vu, S. 2001). This situation has led many young people, including those in my study, to identify and become involved with a sub-culture where they can obtain a sense of belonging and acceptance, and also receive a range of benefits that include social support and income through the use and sale of heroin (Jordens 1996; Morley 1996; Vu, S. 2001).

It is also apparent that these groups of young Vietnamese-Australian heroin users often feel ‘lost’, as identified by one of the workers above. This is because they have experienced stigmatisation, hostility and alienation from both the Vietnamese-Australian and wider communities – not to mention their own families – due to their association with heroin. They also share with each other the experiences of family conflict, physical abuse or violence, limited education, unemployment, drug abuse and problems with the law (to name a few). As a result, to be in the company of their peer group provides them with a strong sense of belonging and identity that, in turn, supplies them with support and validation. For young people without families in Australia or having been disowned by their families, their group of friends functions as surrogate families, providing them with familial resources such as love, respect, loyalty and physical protection (Maher 2000b).

The dynamic nature of these peer groups is also complex and binding. It is not just a friendship, but also a familial and friendly business partnership and venture based on heroin consumption and trade, which I have attempted to describe above. This particular aspect of these peer groups has also been pointed out by other reports and workers in my own study:

Very strong bonds of loyalty and a strong group identity centred around the shared culture of drug use exist amongst young people. They look out for each other in significant ways, and provide material and accommodation support for each other when they can. There are occasions when loyalty to the group overrides personal needs for freedom, even in the face of being incarcerated. Personal networks and group identity are particularly hard to replace and find a substitute for when young people want to stop using (Ethnic Youth Issues Network et al. 1998, p. 51).

I would have to say there is a really major problem with drug use, heroin use, and the subculture that is associated with that. I think there’s quite a positive sense of identity that’s gained by a lot of young people who are sort of hanging out in the streets and it’s a kind of lifestyle connected with drugs (Solicitor).

Thus, the young people’s peers, their membership in the peer group and their relationship with heroin are entwined and interdependent, which in combination, has
effectively created a way and a meaning of life for these young people. Furthermore, these peer groups can also be interpreted as attempts by young Vietnamese-Australian heroin users to ‘valorise’ their lives and empower themselves in the context of racial hostility and socio-economic disadvantage and marginalisation (Cunneen & White 2002).

**Family, Money and Time**

The interaction and dynamics within the family, and the home environment generally, can increase the risk for young people in terms of drug abuse and affiliation with drug-using peers or bad friends (Adrados 1995; Farrell & White 1998; Williams et al. 1999). The majority of research on this topic shares the conclusion that the presence and quality of an affectionate and harmonious parent-adolescent relationship protects young people from drug use; whereas poor parenting practices, high levels of conflict in the family and a low degree of attachment between young people and their parents appear to increase the risk of delinquency and drug use. Much of this research is based on a middle-class, individualistic, Western framework and does not take into account the cultural context in which individuals are (dis)located and the cultural values and ideals they have incorporated that have been transferred through generations, such as in most family situations of Vietnamese-Australians.

In the previous chapter, I described in detail the affectionless-control parenting practice that is adopted by many Vietnamese-Australian parents and how this traditional style of parenting has caused conflicts between the former and their children who have internalised Western values and family ideals that include individual freedom, open communication and overt displays of affection. The clash of cultures, resulting in family conflict and adolescent stresses were identified by four of the young people in my study as one of the factors contributing to their heroin use. This finding is consistent with a pilot study conducted by Webber (2002), who has related to these stories of conflict between young Vietnamese-Australians and their parents. The young people and the parents who participated in that study acknowledged that considerable conflicts in relation to cross-generational and cross-cultural expectations about parental roles, children’s behaviour and adherence to traditional cultural norms are reasons for them to become involved with illicit drugs. Webber (2002) points out that the issues confronting Vietnamese-Australian families are a result of them coming to another country that has very different cultural values, familial expectations and parenting practices.

Herz and Gullone’s (1999) comparative study on the relationship between self-esteem and parenting style amongst Anglo-Australian and Vietnamese-Australian
adolescents, which I referred to in the previous chapter, found that the family conflicts generated by traditional Vietnamese parenting practices have implications for young people’s self-esteem and psychological well-being. Young people who have acculturated may perceive their parents’ over-protection as undermining their competency and status as autonomous individuals that can lead them to become resentful towards their parents. This might explain the close connection the young people formed with their friends or peer group, which derives from their need to be loved, respected and accepted, as well as having a place where they have a sense of belonging. It is this strong preference to be with their peers that has motivated many of these young people to leave home, particularly those young people who experienced family conflicts or whose families have disowned them because of their associations with bad friends and illicit drugs.

In addition to conflicts caused by differing cultural values and expectations between parents and children, the impact of dislocation and settlement upon the young people’s family life has been pointed out by workers in my study as strong factors that have led some young Vietnamese-Australians to associate with drug using peers:

I think there are particular issues that Vietnamese young people are facing within family structures at times which goes back to dislocation, cultural shift, being culturally isolated and feeling they’re losing something. I think that can affect the way a family functions and in the same way as any other family, Western or European or whatever. Young people facing those sorts of dysfunctions are more likely to be connecting with peer groups that are using (Manager of an Intensive Case Management Service).

It has also been reported in other studies that family disruption and separation in the process of migration and settlement are the most serious problems for young Vietnamese-Australians (Lewins 1985; Nguyen & Ho 1995). In my study, family breakdown or dysfunction has occurred in two ways: firstly, family disruption during the process of migration and secondly, marital separation and repartnering by parents. Amongst the sixteen young people who participated in my study, a quarter lived in step-families while another quarter lived in sole-parent families. For these young people’s families, marital separation and/or remarriage largely occurred following settlement in Australia as a result of socio-economic stress and, more importantly, the changed patterns of functioning and family relationships and expectations that are part of the process of migration and settlement. Experiencing their parents’ marital breakdown has been very difficult for these young people, and seeing their parents repartnering has caused them to feel rejected and dispossessed, which was particularly felt by the young men in my study:
I used to live with me and my mother and I was really young then you know so kind of like still had the kid in me and didn’t want to lose my mother. She was all I had, and my mother’s really pretty you know so all these guys come after her. She was like get with this guy, get with that guy. One day I didn’t like it, so I argued with her and I left. I left and went to a friend’s house play for like a week, two weeks (Ken, 17 years old Vietnamese-Australian young man).

While the majority of young people from sole-parent families lived with their mothers, they experienced the cultural stigma and shame apportioned by the Vietnamese-Australian community because of not having a father figure in the home to represent discipline and solidarity in the family. These young people and their mothers were also disadvantaged economically, socially and emotionally – their mothers often struggling to deal with their own issues as well as attempting to make ends meet:

Most of the time, I was too busy with the baby so I didn’t have much time with my older sons. I had to work and then come home and look after the little one so I wasn’t able to spend a lot of time to pay attention to the older ones so they were influenced by friends. Those friends were bad friends and by the time I found out, they were already addicted (Kim, 44 years old Vietnamese-Australian mother).

Not surprisingly, all the mothers who participated in my study blamed themselves for their children’s association with ‘bad friends’ and drug use, and regretted what they saw as their neglect of their children during their socialisation period.

Generally speaking all the young people whom I know from other families, the factors [that led them to drug use] are society, friends. This kid lures another kid. And we, in the family we don’t keep a close eye on the children. Generally speaking if we neglect our children then our children will easily fall down this path. That’s why I was telling you about dinner time how you have to teach your children to get used to socialising with the family during dinner. If you don’t pay attention to their socialisation and you think that you can send them to school and you then pick them up, that’s a mistake. You have to know what they do at school and what they do when they’re at home. What I mean is if it’s in the family then it’s because the family neglects them and when I talk about society then it’s the friends; this kid calls another kid and this kid calls another one. So you don’t actually know who your children are hanging out with that’s why you have to take notice of their friends and who they are, what are their names... You have to separate them. It’s not like you go along with your child and you separate them from their friends. You have to explain for them to understand and you have to regularly stay close to them. Don’t stay close to them everyday but to put it briefly you need to know whom they’re hanging out with. You can’t leave them out of your sight. The issue of friends is a very important one. Normally when they enter this path it’s because the family doesn’t
pay attention to them in relation to what they do outside the home and with their friends (Hanh, 40 year old Vietnamese-Australian mother).

From my interviews with workers and young people, it seems that there was a lack of socialising within the young people’s families. In particular, there is an obvious lack of dialogue between the parents and their children about their families’ personal histories and cultural background, which would normally occur in Vietnam through the story-telling that takes place in the extended family and in the wider community. It was disappointing to discover that the majority of the young people who participated in my research were not aware of their parents’ experiences and the history of their homeland, and that the parents rarely spoke or did not speak to their children about their own experiences in any great detail. This may explain the state of confusion and loss that some young Vietnamese-Australians experienced, as proposed by one of the workers in my study:

The main common issue is the whole escape experience and not being able to understand the processes of their parents leaving Vietnam and how they are involved in coming to Australia. So not understanding, but also confused about that, and also not having anyone explaining. The parents don’t explain it and the community doesn’t explain to them. So it’s more of just, something happens in their life and they just got to live with it. But then coming to Australia, then working out that whole confusion and working out who they are, why they’re here and how do they live now and so on. And it’s the sort of questions that sort of searching that leads to a lot of emotional issues and depression and crisis in terms of identity and finding a sense of place [Regional Community Worker].

I suggest that the cultural conflicts experienced by some Vietnamese-Australian families could have been moderated if the young people would have been informed about their families’ background, their parents’ journey to Australia and their life in Vietnam, as well as about Vietnamese culture generally. This would have provided them with a better understanding of the society or places where their parents have come from and their perspectives on life. This would also have assisted the young people to discover new paradigms to interpret their circumstance and reduce their sense of loss or confusion by promoting the development of a positive bi-cultural identity for the young people and enabling them to assess and re-interpret their parents’ cultural values in light of Australian patterns of behaviour. Indeed, it has been argued that a clear and strong sense of cultural identity and origin provides an adaptive advantage for young people [Singer 1992 cited in Davenport 1992; Frederico et al. 1997 cited in Ethnic Youth Issues Network et al. 1998], which I will explore in detail in Chapter Six in relation to the young people’s experiences in Vietnam.
In Vietnam, information about the family’s background and situation would normally be given in the form of story-telling that takes place at meal times or during conversations with members of the extended family, as I have mentioned in my previous chapter and which was pointed out by one of the mothers above. Unfortunately, this form of communication has not been possible or has been disrupted as a result of the loss or disintegration of the extended family and traditional Vietnamese family life, brought upon by dislocation and migration – a predicament that will be covered in the next chapter. Be that as it may, the reason that was given by some of the workers and young people for the lack of dialogue within Vietnamese-Australian families about their personal histories and Vietnamese culture is the parents’ pre-occupation with making a living or accumulating wealth and property in their new life in Australia.

Before then my parents were busy working and we didn’t have much contact with each other so I felt sad and bored. At that time I started going out and was enjoying it so I dropped out of school and then got into trouble with my parents (Hung, 19 years old Vietnamese-Australian young man).

I said to them [the parents] about the quality of spending time together and the importance of it, “Look there are two things about life in Vietnamese family, you either got money and you got no time or you got time but no money”. That’s Vietnamese family for you (Juvenile Justice Liaison Officer).

They don’t have the family understanding you know, where the young person’s at; just to keep on assuring them or even to check where they’re at, at school. Because a lot of parents they’ve always wanted their kids to have a better life. They work and they work and they work. They don’t have the time for their children. I think they need to be educated or informed about knowing what their children are doing during their spare time. Yeah, not spending enough quality time and not understanding their schooling (Case Manager).

Making money or làm tiền, is highly regarded and perceived as an essential activity for survival by Vietnamese people because Vietnamese society does not have any form of government income support for unemployed people. In the context of relative poverty and the absence of a social welfare system, money not only provides the means of survival but also status and power. However, on their own, education commands more respect than money. As a result, those without education can achieve status through the generation of money because with money, they can buy education for their children and/or obtain the respect that comes with education through marriage. Thus, money plays an important role in and permeates every aspect of daily life for Vietnamese people and has continued to do so in the lives of many
Vietnamese-Australians. This has also been observed by a number of young people during their stay in Vietnam.

Everything is like money. Yeah, everything money comes first. Money talks yeah, it’s like that; it’s really bad. They don’t have Medicare or anything like that here. If you want to see the doctor you gotta have money, stuff like that. Nothing’s like free over here. Even just to sit in the park it’s not even free. You gotta pay to go in the park to sit. It’s bad! Everything’s money. Over in Australia, everyone’s more nicer towards each other. You don’t have to have money to talk to each other (Hong, 18 years old Vietnamese-Australian young woman).

Although most of these young people disliked the way Vietnamese people and their parents value money, they cannot see how they themselves did the same, but in less obvious ways through their participation in the street heroin market. It is also interesting to note that almost all of the Vietnamese-Australian workers who I interviewed were highly critical of Vietnamese parents and blamed them for neglecting their children in pursuit of material wealth and for employing inadequate approaches in raising their children and responding to their children’s drug issues. Almost all of these workers arrived in Australia at a young age and may have internalised Western values and adopted the Australian way of doing things. They appeared to relate and sympathise with the young people whom they worked with, while expressing criticism and a lack of consideration towards the parents. They seemed to share with these young people an idealised view of family life in a Western family and were also frustrated with Vietnamese parents’ refusal to embrace Western culture and their continued hold on traditional Vietnamese family and community life.

From the point of view of the mothers and parents of the young people who participated in my study, their experiences of war, hardship and uncertainty before their settlement in Australia have taught them that wealth and freedom in a liberal, capitalist society will provide their families with stability and a promising education and future for their children. For refugees and migrants arriving in Australia with little or no assets and being relocated in a society that operates very differently from their original one, it is an enormous challenge that embodies great difficulties and struggles to re-establish a new life for themselves and their families – let alone deal with the trauma and torture that some of them have experienced in Vietnam and/or on their refugee journey. Additionally, many of the parents were under enormous pressure and obligation to support family members in Vietnam and usually send money out of a strong sense of duty to the extended family.

As a result, most of the parents have invested their time creating a new life in Australia and focussed on accumulating money and wealth through hard work in an attempt to support remaining family members in Vietnam, increase the socio-economic
status of their families both in Vietnam and in Australia, and secure their children’s future. However, as the Vietnamese-Australian workers in my study have pointed out, this has been at the cost of neglecting their children, which for most of these parents, has resulted in the loss of their children to drug-using peers and the street heroin market.

Conclusion

The social exclusion and socio-economic marginalisation that the Vietnamese-Australian young people in my study have experienced are profound and they constitute an underclass, characterised by unemployment, poverty and idleness. Faced with socio-economic disadvantage and a bleak future with limited or no opportunities of meaningful employment, they are deprived of legitimate means to contribute to society and to experience independence and control over their lives. It is this state of marginalisation and idleness that have made these young Vietnamese-Australians vulnerable to heroin use and its street market. It is through the use of heroin, introduced by their peers, that they can escape the dismal realities of their lives – and more importantly, it is the heroin market that provides them with the opportunities to obtain material wealth and achieve a sense of success.

Like most people, these young Vietnamese-Australians are merely chasing the dragon, that is, they are in pursuit of a life of economic wealth and success. However, the means which they feel are available to them and one that they subsequently choose to pursue the dragon are fraught with high risks and detrimental consequences. Nevertheless, the risks seem worthwhile given the friendship, support and validation they receive from their peers in the street heroin market because of the neglect they experience in their families and the social exclusion and marginalisation they face in Australian society. Their peers, their involvement in the street heroin market and their relationship with heroin are, therefore, intertwined and interdependent, which in combination have effectively established a way of life for these young people.
Chapter 7

THE VIETNAMESE FAMILY VS. THE AUSTRALIAN SYSTEM

Introduction

In Vietnam, the family is the fundamental unit of society – a source of economic, physical and social support – and is considered to be the only way of life. The actions of family members are guided by rules, morals and virtues, which are all based on familial, hierarchical and patriarchal ideals. This is in accordance with Vietnam’s Confucian heritage and is symbolic of a collectivist society that regards the family as having primacy over the individual. For Vietnamese-Australians, the traditional family system has been disrupted by war, dislocation, migration and settlement, thereby affecting the composition of, the traditional roles and the dynamics within the family. One of the greatest changes is the loss or disintegration of the traditional extended family structure, which has impacted on some families’ ability to meet the needs of their members, causing serious strains.

In this chapter, I will briefly describe the traditional Vietnamese extended family structure and how this has changed in the lives of Vietnamese-Australians. This description is necessary as it is impossible to speak about the impact of illicit drugs on Vietnamese-Australian families without acknowledging the variability in family forms and responsibilities. Subsequently I will argue that one of the biggest changes Vietnamese-Australian families are confronted with is the loss or disintegration of the traditional extended family structure. The loss of an extended family structure and a support system is particularly felt by many Vietnamese-Australian families who have young people with heroin issues. This is because they invariably find that they are not only battling with their children’s heroin issues, but also with an individualistic, Western service system that is culturally and linguistically inappropriate and insensitive to their needs.

The Disintegration of the Traditional Vietnamese Family in Australia

The experiences of war, dislocation, migration and settlement have inevitably affected the composition of and the traditional roles and relationships within Vietnamese families. These experiences were widespread amongst Vietnamese diaspora families who have migrated to Western nations and existing literature on the topic reported that
some of these changes were for the worse (Hassan et al. 1985; Nguyen & Ho 1995; Kibria 1993; Zhou & Bankston 2000). This is because traditional Vietnamese family life is considered to be threatened by Western attitudes based on individualism, personal freedom and self-expression, thus challenging the virtues of the Confucian family system (Zhou & Bankston 2000).

The traditional family is considered by Vietnamese people as the basic institution that provides physical, emotional and social stability for family members, as well as promulgating Vietnamese culture, societal norms and standards (Nguyen 1990; Pfeifer 1999; McLeod & Nguyen 2001). Based on Confucian ideals, the Vietnamese family is deemed as the entity after which the entire social system is modelled; hence, the patrilineal and patriarchal extended family is considered essential for the continuation of Vietnamese culture and values (Pfeifer 1999; McLeod & Nguyen 2001). In Vietnam, the extended family comprises three or four generations: the grandparents, the eldest son and his wife, their married sons and their wives and children. This traditional household can also include unmarried daughters, uncles, aunts and cousins.

Since reverence for ancestors is central to the Vietnamese belief system, the traditional family is not only a network of family members and relatives, but also spirits of the dead and the unborn. As Phung has explained,

Vietnamese society rests entirely on the solid structure of the family which owes its cohesion to the religious nature of the relationship between the living and the dead. Indeed, the Vietnamese family consists not only of the living – father as head of the family, grandparents, the mother and children, sons and daughters-in-law – but also of all the spirits of the dead, as well as those not yet born (1979, p. 77).

For this reason, the traditional Vietnamese home includes an altar where ancestors, including grandparents, parents and siblings who have passed away, are worshipped annually in ceremonies commemorating the anniversary date of their death. Ancestors are also invoked during regular prayers at the altar and on special family occasions, such as engagements, marriages and family funerals (Pfeifer 1999).

Within this patrilineal, patriarchal and extended family system, a code of behaviour exists that regulates all relations and specifies the duties and obligations of each family member. Pfeifer (1999) had explained that this includes a set of rules that guides proper ways of addressing relatives that is based on a complex kinship terminology, appropriate conduct in given situations, and the order of precedence during family meals and ceremonies. The individual roles within the family are also well defined. The elder male or the father holds absolute power and responsibility over economic decisions, maintains family traditions, rewards and punishes family members for their actions, leads the family in ancestor worship and speaks on behalf of the family in public, while the wife or mother holds a subordinate, but often powerful and
influential position in the family, especially in relation to household management. The eldest son is expected to remain with his parents in the family home after marriage and to head the family following his father’s death, whereas other sons can create new households after marriage, preferably in close proximity to the parents. Daughters, on the other hand, must leave their parents after marriage to become a member of their husband’s family and take on the obligation of caring for their in-laws; hence, sons are valued over daughters, especially the eldest son as his role in the family is revered.

Central to the Confucian code of behaviours accorded to members of the Vietnamese family, the family must take precedence over the individual as the former is conceived to be the main source of economic and social support. Thus, all family members are expected to hand over their earnings for the usage of the entire family and the larger family makes decisions relating to the well-being of family members, including such areas as education, career and marriage (Pfeifer 1999). To go against family obligations and decisions is considered an obstruction to the natural order of the world and would inevitably cause negative consequences (or bad karma) not only for the individuals, but for the entire family (Pfeifer 1999; McLeod & Nguyen 2001).

The traditional Vietnamese family has therefore been described as a physical place whereby the family home functions as a mini commune (Nguyen 1990). It is a place of worship where all family members pay respect to their ancestors at the altar, which links the living generations with the dead and underscores filial piety. It is a school where children and daughters-in-law are taught family rules, values, traditions and conduct. It is a courtroom where judgements and punishments are passed on inappropriate actions conducted by family members. It is a health and welfare centre where sick family members are cared for and those in need of emotional and financial support are received. Finally, it is a funeral home where dead family members are prepared and visited by relatives and close family friends before burial (Nguyen 1990).

Since the Vietnam War and preceding the outflow of Vietnamese refugees, the traditional Vietnamese family had undergone the process of family break-up and experienced the effects of demoralisation and destruction (Hassan et al. 1985). Following the end of the war and the exodus of Vietnamese refugees, many Vietnamese families remained permanently separated. Family separation and the consequences of broken family structures have been widely reported as the most serious concern among Vietnamese who have settled in Australia (Viviani 1984; Lewins 1985; Hassan et al. 1985).

The experiences of migration and settlement in Australia have thus inevitably affected the composition of family households for many Vietnamese-Australians. In exploring international studies on the Vietnamese diaspora and through their personal and professional experiences as Vietnamese-Australians, Nguyen and Ho (1995) have found a limited extended family structure of three generations in Australia, but argued
that its traditional strength cannot be taken for granted as it was in Vietnam. Nguyen and Ho (1995) explain that elderly Vietnamese are often brought over to Australia to live with the sponsoring couple and the grandchildren. These families do not function in accordance with traditional ways, however, because the Vietnamese elderly in Australia no longer have the role of overseeing the family’s affairs. Instead, they are considered as dependent and this change in role and diminished level of respect consequently causes stress for the elderly and for the whole family structure.

Social, cultural, legal and economic factors in Australia have also caused shifts in other roles and status within the Vietnamese family. The participation of married and single women in the labour market and the economic marginalisation experienced by Vietnamese men have upset traditional gender roles, forcing husbands and wives to make adjustments in their relationships (Nguyen & Ho 1995). The increased freedom and rights experienced by Vietnamese women in Australia have also provided them with more confidence and power in family decision making. Children and young people also gain unprecedented power and control in Australia as most parents lack the English language skills and knowledge of Australian society to carry out their parental roles. As a result, the parents lose their traditional status and power and find themselves dependent on their children for translating, interpreting, dealing with institutions and in other areas relating to the family’s social functioning (Nguyen & Ho 1995).

Based on the 2001 census, the nuclear family comprising of parents and dependent children is now the most common type of household in the Vietnamese-Australian community (Victorian Multicultural Commission 2007). This type of household appears to be widely accepted and most popular, although links with other immediate and extended family members remain strong (Nguyen & Ho 1995). Among the sixteen young people who participated in my study, eleven are from nuclear family households, with three of those living in nuclear step-families. For the latter, their family situation came about largely due to extensive family separation, resulting in the parent in Australia entering into a new relationship while in the process of sponsoring and waiting for his/her spouse and children to arrive.

Separation and divorce is generally frowned upon by Vietnamese people because of the high value placed on the family. Consequently, marriage is considered a sacred institution and operates primarily in the interest of the collective or family rather than the individual. Traditionally, marital disputes are mediated by immediate or extended family members to achieve a resolution and divorce is considered uncommon in Vietnam (Hassan et al. 1985). It can therefore be very stressful for couples, particularly women, to resolve difficult marriages that can be made worse by being in a strange country and needing to think about their children’s future as well as their own (Nguyen & Ho 1995). Nevertheless, it appears that the divorce rate is
increasing amongst Vietnamese-Australians and the main reasons identified for marriage break-downs include the lack of sensitivity and understanding between the couple, the failure of the husband to share household and financial responsibilities, unemployment, gambling or financial problems, domestic violence and increased financial independence for women (Nguyen & Ho 1995; Byrne 1998).

Single parent households are also becoming common among Vietnamese-Australians and according to the 2001 census, this family type comprises almost 15 per cent of the total number of the Vietnam-born population in Victoria (Victorian Office of Multicultural Affairs 2003). Among the young people who participated in my research, five out of sixteen (31 percent) are from single parent households, with the majority living with their mothers. Generally, Vietnamese people do not consider a single parent family as an ideal household to raise children. Nguyen and Ho explain that,

It is widely believed that mothers feel insecure without a man, and that a single-parent household without a male head is an unsatisfactory environment for educating children because a father’s disciplinary assertiveness is lacking; male single-parents are believed to feel their household lacks a woman’s love and closeness to young children (1995, p. 227).

The presence of single parent families in the Vietnamese-Australian community is perceived to be a result of marriage break-down brought upon by migration (Nguyen & Ho 1995). However, our community is generally unsympathetic and such families often experience economic, social and emotional disadvantages – particularly those headed by women as they have the least resources and are often isolated from both the Vietnamese-Australian and wider communities.

The circumstances and impact of migration have certainly left many Vietnamese-Australians without a traditional extended family structure. In light of the important functions of the traditional family structure for Vietnamese people, it has been argued by Leung and Boehnlein that,

The loss of this extended family structure meant the loss of a natural and familiar supportive system and an associated identity that one could only attain while living among a network of related people (1996, p. 300).

As a result, there are indications that some Vietnamese diaspora families have not been able to meet the needs of their members and consequently suffer from serious strains that are associated with isolation, alienation, disintegration and delinquency (Nguyen & Ho 1995; Leung & Boehnlein 1996). For Vietnamese-Australian families who have children with heroin issues, not only do they carry with them the baggage of
coming to Australia as refugees and migrants, but they must also deal with their children’s heroin issues in a society that is in stark contrast to their country of origin – and without a traditional extended family structure. It is this experience that I will now explore in the remainder of this chapter.

Suffering and Resilience in Vietnamese-Australian Families with Heroin Issues

The experience of Vietnamese-Australian families who have an illicit drug using member was explored by my close friend, John Byrne, as part of his PhD study. As Byrne was unable to complete his study due to his unexpected death in 2005, our friend Maree Pardy has transformed his research findings into a report titled, “It’s Like a Piece of You is Missing”: Support Needs of Vietnamese Families of Drug Users (2008). After in-depth semi-structured interviews with five Vietnamese-Australian families who had an illicit drug using member and five drug support agencies, the study found that the experiences of tiredness, worry, stress, self-blame, guilt, shame and social isolation as a result of having a drug using family member had impacted on the health of the family, as well as diminished family members’ capacity to relate effectively within the family unit. Pardy has stated that,

Burdened by worry or preoccupied with stress, family members are often so distracted that they ignore the needs of other family members and are sometimes not even able to cope with the day-to-day organisational demands of family life. This is particularly so when parents become sickened by the stress (2008, p. 49).

An interesting finding of Byrne’s research is that it was the mothers who often carried much of the pain and suffering as a result of their children’s illicit drug use (Pardy 2008). This is because they bore the responsibility and burden of producing ‘good’ children and ‘moral’ citizens; hence, their children’s illicit drug use was a clear demonstration of a mother’s failure. Consequently, the mothers felt they were assessed as immoral or as failures, often leading them to become socially isolated due to the shame or the loss of face they experienced. It was the loss of face that was described by the families in Byrne’s research as possibly the most crushing of all impacts of having a drug using family member. As Pardy explained,

Specifically, our research suggests that Vietnamese-Australian families’ experiences are refracted through their particular kin-based moral cultures. Moreover, we found that their precarious social location as a sometimes despised or marginalised minority group meant that drug use among the Vietnamese was highly visible. This meant that families often feel responsible for subjecting not only their family but also the whole Vietnamese
community to a critical public gaze, thus intensifying the impacts for members of some groups (2008, p. 45).

The level of stress and hardship that these Vietnamese-Australian families are confronted with in relation to their children’s illicit drug use cannot be understated and has also emerged in my own study. I have found the young people’s and their mothers’ abilities to resolve these difficult and destructive issues with limited resources and formal support to be very admirable. Much of the young people’s praises were attributed to their mothers who displayed enormous personal strength, faith and resourcefulness. Due to the traditional female role of carers and the loss of the extended family structure, the mothers and other female members of the family, such as the daughter, aunt or grand-mother, have had to take on most of the responsibility in caring for the young person with heroin issues. Their heroism and resilience were unspoken and masked by their pre-occupation with the suffering of their family in dealing with their children’s heroin issues.

This problem has cost us a lot. Financially yes, emotionally yes, psychologically yes and physically yes. In terms of finances, if our children use drugs when they’re here they can also rob us so they can get money to use... Every kid has done it. When they steal goods at home to sell there is a financial loss. When we send them to Vietnam to detox we have to spend money on the airfares, foods, accommodation, their spending money and medications. They’re all financial costs. In relation to emotional issues, when they’re caught in it you can lose the love between the parents and the children. Often when they’re disobedient we feel frustrated and we scream at them. When we scream at them when they’re addicted to drugs they may scream back and they may be rude towards us. When we can’t control them, we hit them or they may be rude back to us. There’s no doubt that the love would be broken or lost and our morale would be low. When our children are like that we feel as if we’ve lost our children and you feel so dreadful. We can see them getting entangled in it. There are some kids who are caught in it, die on the streets, overdose and die. Many young people have been infected with diseases and died. Our morale would be low. There are lots of things that we have to worry about. When you’re caught in it there’s a lot of concerns, there’s nothing good; only bad news (Hanh, 40 years old Vietnamese-Australian mother).

It has been very costly psychologically. Physically I would say that I can tolerate it and take care of him, but psychologically I’ve had to think a lot about him. Although we don’t have money, I try very hard to care for him and take him to see the doctor and buy medications, but if he doesn’t want it then what can I do? At the moment I’m confused, at the end of my resources. I don’t know what else to do. He’s gone down that path again. I’ve looked for every means available but I don’t know what to do now and who to ask (Thao, 46 years old Vietnamese-Australian mother).
It is the family’s love, particularly the mothers’ love, expressed in their suffering, sacrifices and perseverance that ultimately compelled their children to leave their peer groups and the street drug life to return home and undertake all avenues towards detoxification, so they can rid themselves and their families of the sufferings associated with their heroin use. More importantly, some of these young people realised how much their family meant to them and its centrality in their lives.

A week before I went [to Vietnam], my mum kept on calling me to come home so I can make a passport and that. I went home and then stayed home and then my mum gave me money to support my habit, so it’ll make me stay home. She’s scared the day I go Vietnam, I wouldn’t be able to go ‘cause she wouldn’t be able to find me. She gave me money to support my habit and I stayed home for a week. Got to talk to my dad for the first time in like ages [starts to cry], just for a week, got to like live with my family. My mum and dad were back and now I’m in Vietnam, feel like I’ve lost them again when I go. When I had them, didn’t know how to cherish them... (Hong, 18 years old Vietnamese-Australian young woman).

Even though these young people had been acculturated and had embraced much of the Western value system, there were clear indications that they understood their parents’ over-protective style as necessary for family harmony. They also knew that their parents’ lack of physical affection did not equate to a lack of care, acceptance and love for them. For many young people who participated in my study, this understanding was reached during their struggles to get off heroin, where they learned how much their family loved and supported them, and the sacrifice and suffering that their family also endured for them.

‘Cause once I got out of it, I told myself that I won’t play again because when I got out of it and I think back to those times when I tried to detox over here, it hurts me a lot and my mum you know, I feel sorry for her (Hung, 19 years old Vietnamese-Australian young man).

The hardships and strains experienced by Vietnamese-Australian families with heroin issues could have been moderated with the presence and support of the traditional extended family structure. The lack of extended family support for Vietnamese-Australians during times of family crises, of which illicit drug use is one, has been identified by some of the workers in my study to have exacerbated the problems and created disruptive pressure on the family, resulting in communication and family break-down that would not have occurred under normal circumstances of family strain in Vietnam.
I think [the use of illicit drugs] is a really complex, difficult issue. I think that if there is already a family or an extended family here then at least there are some support systems available for the young people and their families (Solicitor).

With the family’s involvement you know, you’ve got your cousins, your cousins’ cousins and I think that’s something the kids are deprived of in Australia in terms of the extended family. And I think that’s where it’s important for the worker to play that role because culturally I see Vietnamese culture as in we’ve always had that kind of third person to negotiate everything. We’ve always had you know, the elder or the auntie, the grandmother or whatever to talk between the parents and the child. It’s like you know, if mum ever said anything to me as a kid, I would just listen, you would never question it or you’d never answer back and the only way you could do it was through a third party. And I think that’s what these clients are lacking over here is that third person and that’s why the worker is so important (Drug Counsellor).

Young people need guidance and directions to help them make decisions. And helping them to relate better to their parents in this situation... I think in Vietnamese society they’ve got so many people around them who always live nearby. Here they don’t have that. They don’t have people that they can explore life issues with in a positive way ‘cause the only way that we are addressing it at the moment is through program or through organisations’ program and it end up saying, “I’ve got a problem and these people are helping me deal with the problem”. So it’s negative, whereas if they have people they can spend time with and explore those issues in just an informal relationship way, then it’s better for them to deal with their issues (Regional Community Worker).

In Australia, the health and social support systems take on the role that the extended family traditionally plays for the Vietnamese. However, public funding and support for health and community services that exist in Australia is not commonplace in Vietnam. Therefore, the role and function of these professional and organisational support systems have previously been foreign to Vietnamese-Australians, who prefer to resolve family problems within the family circle because it is first and foremost the responsibility of the family to do so, and secondly, it can prevent any shame and embarrassment for the family. This attitude and approach have also been adopted by the Vietnamese-Australian community, which can be seen in our community’s reluctance to publicly confront the sensitive issue of illicit drugs for fear that we may suffer a loss of face in the wider community. This situation has also been articulated in a report on drugs in CALD communities:

Revealing or acknowledging issues of illicit drug use in their community would be damaging, and unworthy aspects of their community’s standing in the wider society could be revealed. Therefore, problems surrounding illicit drug use often remain clandestine. Understanding the cultural mores of the Vietnamese community can
partially explain why the Vietnamese community has resisted public acknowledgement that their community has an illicit drug problem (Beyer & Reid 2000, p. 79).

In spite of this, when necessary, it is common practice for Vietnamese families to call upon a close friend or respected outsider, the latter often being an elderly person, to assist with a family crisis that could not be resolved within the family (Vietnamese Community in Australia - Victoria Chapter 1999). Since dealing with illicit drug issues is a complex and very difficult situation for many families, Vietnamese-Australians are becoming increasingly aware of drug related issues and are therefore more willing to seek relevant support and treatment services (Beyer & Reid 2000), which may be out of desperation. Their use of these services and the cultural and linguistic barriers that they experience will subsequently be discussed.

The Cultural Divide between Vietnamese Families and the Service System

During the mid 1990s, at the height of the heroin trade, the utilisation of drug services by Vietnamese-Australians was extremely low, despite the fact that those with heroin issues wanted treatment for their addiction (Ezard 1997; Maher & Swift 1997; Louie et al. 1998; Dare 1998). This low level access of drug services by the Vietnamese-Australian community also closely resembles that of other Australian communities from culturally and linguistically diverse (CALD) backgrounds (Romios & Ross 1993; Beyer & Reid 2000; Reid, Crofts et al. 2001). However, it has been stressed that the low access rate of drug services by these communities merely reflects their under-utilisation of services rather than a lower need for such services (Beyer & Reid 2000; Reid, Crofts et al. 2001).

Individual factors that have been identified as contributing to the under-utilisation of drug services by CALD communities, particularly the Vietnamese-Australian community, include the general lack of knowledge and understanding of drug issues; poor knowledge of available services, their functions and how to access them; perceptions that services are untrustworthy or irrelevant to their needs; and cultural perceptions and taboos about drug use and resolving such problems, which include stoicism and the belief in fate, and the fear of stigma and social isolation (Romios & Ross 1993; Maher & Swift 1997; Success Works Pty Ltd 1998; Cameron 1998; Beyer & Reid 2000; Maher 2000a; Hellard et al. 2006; Ho & Maher 2008).

Maher’s study on the detoxification experience of young heroin users from Southeast Asian background found that it is common amongst these young people and their families to seek “quick fix” solutions, particularly for drug issues:

They have high expectations of Western medical treatment ‘miracle cures’ and ‘strong medicines’ to help with withdrawal and treatment. Many refuse non-medicated
detoxification programs. Hundreds of Vietnamese IDUs in NSW and Victoria have sought accelerated detox treatment since 1998, often with practitioners charging between $6,000 and $10,000. On the other hand Vietnamese and other Indo-Chinese IDUs do not sign up for methadone maintenance programs. In general, they have little faith or confidence in long-term substitution therapies (2000a, p. 20).

In spite of these individual and cultural factors, it is the structural factors that are major barriers for CALD communities generally, and Vietnamese-Australians specifically, in accessing current services and pose challenges to service systems. Numerous reports and studies on access to drug related services by CALD communities, many of which focussed on Vietnamese-Australians, found that drug services have little knowledge of the diversity of people utilising their services and less about the perceptions, expectations and needs of their clients (Morley 1996; Beyer & Reid 2000; Reid, Crofts et al. 2001). These services do not collect demographic and socio-graphic data, they apply culturally and linguistically inappropriate and insensitive service models, and lack action in implementing culturally appropriate services – all of which results in inappropriate service provision for CALD communities (Maher & Swift 1997; Success Works Pty Ltd 1998; Reid, Crofts et al. 2001). Furthermore, most of these services have focussed on adults, with insufficient treatment services available for young people and they are individually focussed, not involving the family (Jordens 1996; Ethnic Youth Issues Network et al. 1998; Cameron 1998; Vu, S. 2001).

It is not only drug services that lack culturally and linguistically appropriate and sensitive service models, but the majority of Australia’s structures and systems. Based on Moreau’s (1979) structural approach to social work, I would suggest that Australia’s institutional structures and processes – such as those of the educational, legal and, most importantly, the social services institutions – inevitably discourage or exclude certain individuals and families from participation and realising their potential, as well as impeding their integration into Australian society. In their literature review, Success Works (1998) found that the cultural insensitivity in service provision partially stems from the White Australia Policy and the policies of assimilation, which expected migrants to forgo their cultures and languages and to quickly adopt English and Australian customs so they could become indistinguishable from the host population. As a result, it was felt that there was “no need to modify service provision to address what were considered short term needs and short term differences” (Kakakios 1993, quoted in Success Works Pty Ltd 1998, p. 14).

When the White Australia policy was finally removed in 1973 and later replaced with the multicultural policy, assumptions about assimilation were examined and it was recognised that CALD migrants experienced hardship in their settlement due to cultural and language barriers, and therefore required more direct assistance (Department of Immigration and Multicultural and Indigenous Affairs 2005). Since then, Australia’s
multicultural policy has included strategies that aim to ensure government and community services and programs are responsive to Australia’s diverse populations. However, as Success Works has acknowledged,


\[\text{[T]here are some factors embedded in the service system which may mitigate against change. Some of these factors include the values, theories, concepts and philosophies informing the provision of alcohol and drug services; and the very language that is used to describe practice (1998, p. viii).}\]

Davenport (1992) states that the most obvious aspects of service delivery that could be inappropriate are the language based aspects, that is, the extent to which information is provided in English and services are advertised in English. It is however, useful to focus on the subtle, yet essential characteristics of service delivery that are culturally specific. Thus, it is the modes of service delivery and cultural assumptions of many mainstream services, which reflect the highly individualistic nature of modern western culture that can present barriers for Vietnamese-Australians when they access these services. Davenport points out that service delivery is usually directed towards the individual and “the characterisation of problems and solutions is often couched in terms of individual rights” (1992). Subsequently, the “characterisation of issues, problems, options, realities, responsibilities, obligations and solutions is likely to be substantially shaped by the social sciences”, a product of Western thought; while “any issues of privacy, modesty, duty, spirituality, morality and propriety are likely to be dealt with from a Western” perspective (Davenport 1992, p. 50). Furthermore, the relationship between the worker and those receiving the service largely derives from modern Western norms, practices and values; therefore interaction is likely to be culturally specific, also reflecting Western norms (Davenport 1992).

These systemic factors not only have implications for young Vietnamese-Australians’ and their families’ access to mainstream services, but also their experiences of these services. The emphasis on the individual and individually centred practice can be an empowering process for people seeking support from these services, however it can also be a disempowering one, especially for Vietnamese-Australian families. The exclusion of the family in the process can deprive the family of the opportunity to exercise kinship ties (Hatty 1991, cited in Reid, Crofts et al. 2001) and the family’s traditional right to be involved in what it considers a family affair. However, Leung has pointed out that where the family is involved, the practice of placing “all family members on the same level in open and ‘equal’ discussion of family problems” can be highly problematic, particularly when the children are encouraged to express their views while the parents listen (1996, p. 303). Unless all those involved are familiar with this style of service delivery, this may undermine both the parents’ sense of authority and considerations of the family, as well as discredit the
worker and remove the parents’ faith in the service. In addition, it can infuse further friction for the family by setting children and parents up against each other.

This problem has also been identified by one of the workers who I interviewed and, surprisingly, he was the only worker who specifically spoke about the lack of cultural sensitivity and appropriateness embedded in mainstream services:

One of the biggest gaps in services is effective means to work with and mediate and arbitrate with the young person’s family. ‘Cause at the moment what happens is you get a service like Department of Human Service going boots and all in a particularly Western way and I think we’ve spoken about it before, tend to disempower the family and very often in particular, the male figure within the family, which then seems to breed some resentment and I think adversely then affects the young person as well... In terms of support, cultural understanding or culturally sensitive support, like the understanding and knowledge of the Vietnamese culture and what it means to families to have resettled here. I actually think we need to put a lot of work into developing services that are culturally sensitive and have a long ongoing support basis (Manager of an Intensive Case Management Service).

Not only are Australia’s modes of service delivery culturally inappropriate and insensitive to the needs of Vietnamese-Australians, but their understanding and approach to drug use conflict with the views held by the majority of Vietnamese-Australians. Australia is considered to be at the forefront of an innovative approach to drug policy and practice known as ‘harm minimisation’, which was adopted in 1985 (DrugInfo Clearinghouse 2003a) and underlies the theory and practice of the drug and alcohol sector, including research in the area. The approach advocates a change in perception and attitudes toward both illegal and legal drug use by focussing on the actual harms associated with the use of particular drugs and how these harms can be reduced. More importantly, it recognises that “drugs are, and will continue to be, a part of our society” (DrugInfo Clearinghouse 2003a).

As a result, harm minimisation adopts a public health response that attempts to enhance co-operation between the health, social, justice and law enforcement sectors and services. The main strategies employed to reduce the harmful effects of drugs include demand-reduction strategies that entail the provision of information and education to discourage people from initiating drug use and encouraging drug users to abstain or reduce their drug intake; supply control strategies which comprise regulatory and legislative controls and law enforcement; and harm-reduction strategies that aim to reduce the health risks associated with drug use, for example, the transfer of blood-borne infections such as hepatitis C and HIV (DrugInfo Clearinghouse 2003a). The latter has been highly controversial because it includes the needle syringe program, which provides clean equipment for injecting drug users.
In contrast to Australia’s harm minimisation approach, Vietnamese society and many Vietnamese-Australians adopt a ‘zero tolerance’ approach to illicit drug use, even towards young people who have heroin issues. Zero tolerance is a term that was originally coined in the United States and, as the name suggests, its policies allow for absolutely no levels of tolerance or compromise for those who violate the law in question. In relation to illicit drug use, zero tolerance is a strict approach to policing where all drug crimes are prosecuted and discretion and sympathy are eliminated from policing drug users. This is the exact view that has been expressed by most of the Vietnamese-Australian mothers who participated in my research:

In my opinion, Australia is too free and so the young people aren’t afraid. When they sell and they get caught, they’re locked up for a few days and then they’re released. Being locked up for a month doesn’t affect them at all. In my view, if you catch anyone selling and using, lock them in isolation. Like don’t even allow any relatives to visit them. Lock them up in isolation for a year or two so they can stay there to detox and give up forever. If you approach it as if it’s a game, I don’t see that you can do anything for them. The code of conduct [in Australia] is not strong (Thao, 46 years old Vietnamese-Australian mother).

Honestly when my children were playing I wanted the police to catch them and I prayed that they would get caught because I don’t want them to sell. I feel very sorry for young people who deal around here. I want the police to catch them, that’s all (Kim, 44 years old Vietnamese-Australian mother).

This inevitable clash of understanding and approaches to drug use between Vietnamese-Australian families and the Australian systems has also been identified in a few studies on Vietnamese-Australian injecting drug users, which found that efforts to disseminate safer using and harm reduction messages have not been successful in reaching our community (Maher & Swift 1997; Hellard et al. 2006). Additionally, a recent study examining the specific roles of families in the treatment of Vietnamese-Australian heroin users (n=20) found that,

The model of substitution treatment provided during the study, one that accepted and expected some degree of ongoing heroin use, was often at odds with family expectations... Familial expectations of treatment were therefore fundamentally different from those of the treatment provider and frequently conflicted with participants’ own expectations (Higgs et al. 2008, p. 419).

The current study also reported that family members expected an abstinence outcome from every treatment episode and despite coping with their children’s relapses into heroin use, they failed to fully come to terms with maintenance treatment,
such as the methadone program (Higgs et al. 2008). As a result of the relapses, some family members experienced a loss of faith in the Western treatment model (Higgs et al. 2008), which has also been the experience for a number of workers involved in my study, who have responded accordingly:

That whole concept that we tend to work from, which is starting from the first instances of harm minimisation, which is in some ways an acceptance that the young person at that stage is going to continue to use at least for the foreseeable future and we try to minimise the harm that they’re facing is, I think, it’s particularly a Western concept. And with families that I’ve worked with they’ve found that hard to grasp and they’ve had a much more, “I want them to stop now!” But within the society they’re living in, within the family and the constraints on them that are put on them by the Department of Human Service about the sort of action they can take against the young people to stop them using, they feel constrained. So they’ve actually felt that if they sent the young person back to extended family in Vietnam and more latterly a detox and rehab centre that the treatment the young people get will be more effective. It seems to be a total lack of faith within the structures that are here. And certainly I don’t think there’s been much effort to make rehabilitation programs particularly culturally sensitive both to Vietnamese young people, but more particularly their family and the people around them. And if you’re going to be effective with treating drug addiction, you involve everybody not just the person who’s addicted. And I, particularly more recently, and I can talk about YSAS, the Youth Substance Abuse Service, I find very often ends up in real frictional conflict with that Vietnamese young person’s family, that they end up sort of, almost pulling the young person out of the family because they’re working from a totally different concept on how this should be treated (Manager of an Intensive Case Management Service).

Basically you know it’s a lot of times the parents don’t want to deal with their own issues and a lot of time the kids using are cool with it, they’re fine with it, they don’t have a real issue with it. It’s the parents who have the issues but they can’t identify it or they won’t, they won’t let themselves to identify it because they think it’s a personal problem and so if the kids were strong enough they’ll be able to give it up on their own. And I find that a bit hypocritical too. And a lot of it comes down to understanding and I think the community needs to accept some responsibility of where these kids are and what they’ve gone through (Drug Counsellor).

[Interviewer: What about a Vietnamese approach? Like you were saying how parents felt that in Australia the systems were a bit lenient and Vietnamese ways of doing things is a bit harsher.] Yeah, but I think ‘cause you’re living in Australia that’s not applicable because where we live we have to adopt their laws and legal systems and I think the system we have now is good because it’s catering for the young people (Case Manager).
The last two workers are Vietnamese-Australians and it is disappointing for me to find that they have neglected to consider the needs of the families, or they were not listening to their expressed needs, given the importance that is placed on the family by our culture. Furthermore, they have forgotten that there is a lack of support services available to assist families to deal with their children’s heroin issues (Supporting Vietnamese Families Working Group 2002, pers. comm., monthly meetings; Family Alcohol and Drug Network 2005). This apparent and historical neglect of the family in the drug and alcohol sector generally, and drug treatment specifically, is reflective of an individualistic, Western society that perceives the individual with the drug issue as the focus of and the only person needing support. This perception overlooks the impact that the drug has on those surrounding the individual, who are generally the family.

It is the neglect of the family where harm minimisation also fails the Vietnamese-Australian community. It supports “abstinence as a valid choice or treatment”, but “it does not insist on abstinence as the objective of treatment or community prevention initiatives” as it believes that “people are empowered to make their own choices about their drug use” (DrugInfo Clearinghouse 2003a). However, from the perspective of Vietnamese-Australian families, abstinence is the only choice because their children’s use of illicit drugs is having a negative impact, not only on the overall well-being of their children, but more importantly on the entire family. Furthermore, their children represent the future and the continuation of their family, especially the sons, who form the majority of my research participants; therefore, abstinence is in the best interest of both the young people and their families. Most importantly, decision-making in Vietnamese families does not rest with the individual, but with the family, particularly the parents.

The Option of Return – A Desperate Measure

The lack of culturally and linguistically appropriate support available for Vietnamese-Australian families, who have young people with heroin issues, has led many families to resort to sending their children to Vietnam as a desperate measure. Interviews conducted with workers, young Vietnamese-Australians and their mothers for my research reveal that sending young people with heroin issues to Vietnam was truly a last and desperate resort. In most cases, it was an option that was taken up by young people and their families after all other options in Australia had been tried and failed.

For the mothers, the option of return was a desperate attempt at detoxifying and getting their children away from the social networks and the environment that
were blamed for creating the problems, and taking them to an environment where they could be supported and cared for by the extended family:

It’s like this, over here we’ve tried to detox them many times. Truly a lot of times but they weren’t successful because they can ring at any time for someone to bring it [heroin] to them. It’s extremely easy for them to buy it. If they don’t have the money then the next day they find whatever way to pay for it. I don’t know how they do it but they manage to pay for it. That’s the problem that we had. That’s why we’ve had difficulties detoxing them so the family decided to send them to Vietnam. Vietnam is actually a gateway for the transport of narcotics. There’s a lot of it and I’m afraid there’s more of it than here. However, we’re able to send them to Vietnam because when we send them to Vietnam there are many family members who can come together to assist them. That’s the first reason. The second reason is that we can remove them from the lifestyle that they were leading. When they return to Vietnam, they are Vietnamese-Australians. When they left Vietnam they were only two or three years old and some of them were born in Australia. When they return to Vietnam it’s like an unfamiliar world to them. They can’t buy it and we don’t give them any money. So they don’t know how to get it. They’re the reasons why we brought them to Vietnam. Generally it’s successful to send them to Vietnam because we remove them from their familiar environment and bring them into a new environment (Hanh, 40 years old Vietnamese-Australian mother).

For him to detox we have to force him to stay home. If he’s detoxing and he goes out and sees his friends, he’ll want it and they’ll call him over so we have to force him to stay home. But he said that he was too bored so wherever he went I had to go with him or my husband would go with him. It’s like we told him, “We’re not supervising you for the rest of your life but we’re supervising you during this time so you won’t get back onto it. After a while we’ll let you go”. He was able to stay off it for over two months but later we saw drugs in his room. I felt so discouraged and depressed. After that my husband and I discussed and planned with his aunt in Vietnam for him to go there to detox so he can go there to get away from his friends (Thao, 46 years old Vietnamese-Australian mother).

Similarly to the mothers’ situation of despair and hopelessness, the young people in my research were also experiencing frustration over their attempts to successfully detoxify from heroin. For some young people, it was clearly a desperate and final measure as their freedom and/or their lives were at risk due to their dangerous drug using and selling lifestyle

I thought I might be able to detox more easily because of the climate and the way of life over there. There’s no one in the town who plays so I can detox… Once I forget over there, I won’t play when I return. I tried to quit here but it was hard. I couldn’t control myself because I knew that my friends have it and I couldn’t stand it. My mum helped me to detox at home, taking medications and stuff but I couldn’t detox. [Interviewer: So
how many times have you tried?] A lot. At least ten times (Hung, 19 years old Vietnamese-Australian young man).

I was trying to detox at home ‘cause I got a court case coming up too... so I have to detox but couldn’t detox there [in Australia]... Like I was doing my detox and I would run away or call friends to come. So I thought if I go to Vietnam, I can’t score or anything, I detox easier (Linh, 19 years old Vietnamese-Australian young woman).

Come over here to quit, get my life back and like if I stay in Australia longer I think probably end up a gonna (Hong, 18 years old Vietnamese-Australian young woman).

For most of the workers working with these young people, the option of return was attractive and promising because of the desperate situations surrounding the young people, whereby they had substantial heroin addiction problems that were placing both their lives at risk and them in risk of forming detrimental criminal histories.

Usually if that’s suggested as an option, things have got pretty bad so they’ll be using very heavily. There is another scenario where they’re going pretty well but they’re in danger of relapsing and that’s why they’re sent... I think in my experience it’s usually that things have been a bit out of control and getting a bit desperate. And one of the things that really puts pressure on is when they do come in contact with the criminal law system and they’re facing the prospect of going to jail so it gets to the point of well we’ve really got to do something about this now (Solicitor).

As a result, those workers who offered the option of return to young Vietnamese-Australian heroin users and their family, their motivation for doing so was based on desperation and the lack of effective strategies for Vietnamese-Australians experiencing heroin issues.

I certainly didn’t start it [sending young people to Vietnam] but I hadn’t noticed it either. It was just out of desperation, purely out of desperation. It wasn’t creative thought, it was purely desperation in that, we were really, really short of options and I don’t think I have knowledge of people doing it, I just thought it might be a good idea. And so we started to do it and it was working well so we continued to do it to a point where we sent over one hundred young people back to Vietnam over the past probably three years and I’m still happy with the outcomes while they’re in Vietnam. I’m still comfortable with that although the changes that are taking place there in the last couple of years have made me a little more circumspect. But then, I had lunch with a guy who’s just come back from Vietnam, spent ten months in the heart of Saigon, loved it, didn’t use once. So yeah, it was out of desperation really. How do we buy some straight time, but not only that, how do we relieve some of the pressure that was on the families, how do we get the families to be able to relax, be de-stressed, not distressed, but de-stressed. And so it
was a combination of the family and the young person’s needs, not just the young person’s need to be heroin free (Community Worker).

The point made by the Community Worker that in sending young people with heroin issues to Vietnam addresses both the needs of the family and the young person is a poignant one – one that is omitted in the bulk of research literature in this area and it is also a consideration that has been overlooked by the majority of drug treatment services in Australia. As the Community Worker explained about sending young people to Vietnam,

The main emphasis is the deep concern about the child’s illicit drug use... Despite the changes in Vietnam they’ve got a much greater chance of staying clear of heroin than if they’re in Australia, that’s the first thing. The other thing is it allows the parents and the rest of the family who are sort of suffering in a very raw state, they don’t have heroin to protect them from the pain of their children using. It gives the family a chance to catch their breath, to relax and to essentially know that their child is doing well in the sense that they’re heroin free. So it’s really good for the family who is left in Australia and it’s generally really good for the young person in Vietnam. So they’re the main reasons why we became attracted to it, and they’re still the main reasons why we’ve remained attracted to it as an option... The over-riding thing that would come from the families is that their children are drug free and safe from relapsing and that’s what attracts them. I don’t think they think it’ll be less stressful for them but in actual fact that’s probably one of the greatest things about the program, the fact that it is really good for them (Community Worker).

It has come to view that the option of sending young Vietnamese-Australians with heroin issues to Vietnam was endorsed by a variety of workers, who subsequently discussed and planned with the young people and their families. Some of the workers in my study have gone as far as to propose this option to magistrates as an alternative to a custodial sentence, and some magistrates have considered and accepted this recommendation in their sentencing.

I have come across a couple of teachers who’ve talked about being aware of this happening and being supportive of it. I’ve also heard about magistrates who tend to be thinking that this is an alternative to custodial sentencing, that if they provide an opportunity for a young person to go back to Vietnam with the intention of getting away from the networks and going through withdrawal that they would consider that rather than put them through detention here. And also within government departments, I’ve also spoken to people about the role that some juvenile justice workers have played in assisting parents to take a young person back (Consultant).
We’re in to a point where when people are getting community based orders we’re saying to the Magistrate if we feel in conjunction with the family that it’s appropriate that we go back to Vietnam as part of that young person’s recovery, can we suspend the order. And they’re putting it actually into the legal order now which is really great because you used to have to go back before Magistrate to get a variation, but now they can actually put it in and so we’re finding that really, really good and we’re asking for deferrals of sentence where we’re saying look, this person’s doing alright, there’s clean urine and they’re doing well but we think for their recovery they should go to Vietnam for six months. And the Magistrate saying, “Right”, looks on a calendar, “Right, in six months time you’ll be back here, have a good time and look after yourself in Vietnam and I hope you enjoy.” And allowing that young person to leave the country on a deferral of sentence, pleaded guilty to the charge. The Magistrate hasn’t given their finding yet and they’re allowed to go to Vietnam as part of their recovery. So we’ve taken it quite a long way within the judicial system without any formal approaches as such of you know, having a working guardian, a worker. We just do it. We’ve got very good relationships with a number of Magistrates, especially senior Magistrates and they’re very responsive to any creativity around this issue, ‘cause like the rest of us, they’re just desperate for something that works and is useful to a family and the young person (Community Worker).

I had a number of clients who I was representing for criminal drug related matters and we were really tearing our hair out as to what are we going to do to try and keep them out of jail (Solicitor).

For workers and magistrates who were confronted with the impact that heroin had on young Vietnamese-Australians and their families, sending these young people to Vietnam was clearly a desperate and last resort that offered another alternative to addressing the issues of heroin, as well as an opportunity for young people and their families to recuperate. For Vietnamese-Australian families it was not only a last and desperate option, but also one that addressed the needs of both the young person and the family. More importantly, for the latter it was an option that was consistent with the family’s values and understanding of how family issues and crises are to be resolved. Firstly, it involves a decision that is made by the family, and secondly, it involves the support of the extended family – both members in Australia and in Vietnam, who are mobilised to support the young person. The latter will be discussed in detail in the next chapter.

In Australia, due to the loss of the extended family structure and the lack of resources in the family, it is normally the mother who takes care of the family’s welfare. While in Vietnam, in most cases, all members of the extended family are involved in assisting the young person when s/he arrives to stay with them. Therefore, by sending their children to Vietnam to address their heroin issues, Vietnamese-Australian families
were resorting to a support system they were familiar with and one that they considered to be effective in addressing the needs of their families.

Conclusion

The traditional Vietnamese family system, which is made up of the extended family, has either disintegrated or disappeared in Australia as a result of dislocation, migration and re-settlement. For Vietnamese-Australian families, the loss of this extended family structure has meant a loss of a familiar support system and an associated identity that is attained by living as part of a network of related people. More importantly, it has also significantly reduced the family’s ability to meet the needs of their members during times of family crisis. The lack of extended family support for Vietnamese-Australian families who have children with heroin issues has exacerbated the problem and created disruptive pressure on the family, resulting in serious strain and hardship.

Vietnamese-Australian families who have children with heroin issues are not only dealing with the disruptions brought upon by the experiences of dislocation and resettlement, but they also find themselves battling with their children’s problems. When these families turn to the Australian service system for support, they are confronted with ideologies and service models that are culturally and linguistically inappropriate and insensitive to their needs. These services are directed towards the individual and are based on a highly individualistic Western culture that inevitably discourages or excludes certain individuals and families from meaningful and effective access and participation. As a result, Vietnamese-Australian families resorted to sending their heroin-affected children to Vietnam, to a familiar society that has a familial support system, which has in the past effectively addressed the needs of the family.
Chapter 8

RETURNING TO THE HOMELAND

Introduction

The lack of culturally and linguistically appropriate support available for Vietnamese-Australian families and their children who have heroin issues, combined with the lack of success experienced in detoxifying them in Australia, have led many of these families to resort to sending them to their homeland – Vietnam. For Vietnamese-Australian families, the homeland is a place of collective identity that is shaped in part by an enduring set of traditions. In essentialising the homeland, this has provided Vietnamese-Australian families with an anchor of stability for the fragmentation that they have experienced through displacement, and has subsequently assisted them to deal with the strains of life in Australia. Consequently, in this chapter I will argue that Vietnamese-Australian families not only send their children to Vietnam to detoxify successfully and abstain from heroin use, but also consider it as a way of (re)connecting them with their homeland and instilling in them a way of life that they value.

Many Vietnamese-Australians, when referring to the action of ‘travelling’ to Vietnam use the Vietnamese word, “về”, which means to return, to come back, to belong to. This clearly demonstrates their view of Vietnam – that it is intrinsically our homeland, regardless of where we were born or presently live. As a result, young Vietnamese-Australians travelling to Vietnam for drug related reasons, whether for the first or any subsequent time, are perceived as returning to the homeland. It is for these reasons that I have referred to this action as the option of return. Hence, this chapter will explore the experiences of young Vietnamese-Australians who have returned to their homeland as a way of addressing their heroin issues, their ability to meet their families’ and their own objectives in regard to heroin use, and the positive and negative factors involved in their experiences in Vietnam.

Essentialising the Homeland

In the previous chapter, I argued that the option of return is clearly a desperate and last resort after all other options in Australia have been tried and failed. I also argued that the main reason articulated by Vietnamese-Australian mothers for sending their children
to Vietnam centred around the need to have their children detoxified and to remain abstinent. In their view, this need could only be achieved by removing their children from the environment that is conducive to drug use and placing their children in an unfamiliar environment, away from drug-using friends, where their children could receive adequate support and supervision from extended family members. I wish to argue further that, by sending their children to Vietnam, these mothers were also attempting to (re)connect their children to their cultural roots – their homeland – a place that not only contains a strong sense of familiarity for the mothers, but also a profound family history and a source of cultural and family resources for their children and their family in Australia:

Generally it’s successful to send them to Vietnam because we remove them from their familiar environment and bring them into a new environment... As I said earlier, we couldn’t detox them here because they could buy it at anytime and as they couldn’t stand it, they were very restless and when they were restless and couldn’t stand it they would look for it. They bought it very easily so they couldn’t detox. I suggested sending them to Vietnam because Vietnam is our homeland. We didn’t think about sending them to Hong Kong or to the United States because in Vietnam there are a lot of family members and we have adequate facilities and resources to stay there (Hanh, 40 years old Vietnamese-Australian mother).

Thomas’ (1999) account of Vietnamese-Australian lives in transition, illustrates the ways in which the homeland continues to affect those who have migrated to Australia, particularly those of the older generation. Thomas (1999) has explained that the ties the older generation has with the homeland is through their connection to the past and their previous lives in Vietnam; their connection to the Vietnamese landscape or the countryside, a place of personal identity that is linked to the land of their ancestors; their attachment to a way of life and to families left behind; and a place in memory and nostalgia. More specifically, Thomas (1999) has argued that the relationship many Vietnamese-Australians have with Vietnam is primarily linked with family relationships and family life in the homeland. Therefore, a desire to maintain or reclaim Vietnamese identity and culture is often centred on bringing the family together in one location.

I suggest that the desire I refer to above represents the underlying reason for Vietnamese-Australian families to send their heroin-affected children to Vietnam, that is, to re-connect with their family and their homeland in the hope that they will reclaim their Vietnamese identity, as well as gain an appreciation and respect for traditional Vietnamese family life. One of the mothers in my study clearly stated that the reason she sent her children to Vietnam was because she “wanted them to see scenes of hardship in Vietnam and to realise how lucky they are”. This feeling is shared by many Vietnamese-Australian parents who generally feel that their children have taken for
granted the freedom and life of ease in Australia, which they have made enormous sacrifices to provide for them by leaving Vietnam. This was also pointed out by Thomas who described how the older generation accused the younger generation of “losing their roots”, that is, “a sense of losing one’s family, one’s home and one’s country” (1999, p.65).

In accordance with Confucian filial piety, Vietnamese-Australian parents believe that their children should subsequently return the respect and favour to them, by fulfilling their responsibilities as contributing members of the family and society. As this has not been forthcoming, Vietnamese-Australian parents believe that their children have lost their cultural roots and therefore need to re-connect with their cultural heritage. This has been observed and experienced by a few workers, both Vietnamese-Australian and having grown up in Australia:

From a family’s point of view, I feel like they can’t handle them and they really believe that sending them back to Vietnam it kind of answers some of their curiosity, it breaks the isolation. Because they’ve lost the respect, the authenticity of [being] traditional Vietnamese kids, there’s a lot of mixture of culture now and the value system has been corrupted so to speak. So that’s why the parents want them sent back to also recap the value system as well. And I think the value system’s got to do with how Vietnamese culture values the family so much that everything’s paid in respect and you do a lot of things out of respect. And I think from their point of view, they think that their children have lost that because they’re grown up here. And it’s true to an extent, but you know that’s not the child’s fault, it’s just the way they’re brought up here. I mean, I did too (Juvenile Justice Liaison Officer).

I guess it’s just to understand the way of life in Vietnam, how everything’s not spoon fed and given. And I guess it comes from the parents. Hopefully, the parents also want the young person to understand this too. And just the hard life everyone has back there, not just the easy life. And just appreciate what you have in Australia (Case Manager).

Some of the young people in my research were also aware of and understood their parents’ need for them to see what their family’s life was like before coming to Australia, what their lives could be like in Vietnam, and to learn or re-claim Vietnamese cultural values:

My parents wanted me to go back so I can see the poverty, the poorness of the people and that. And how hard they have it (Truong, 18 years Vietnamese-Australian young man).

I think my parents wanted me to get out of the environment that I was in, getting some time to be with myself to realise what I done ’cause I never did realise. I was always too
selfish to see the pain that I was inflicting on others (Thanh, 18 years Vietnamese-Australian young man).

Clearly, the option of return was an idea that the parents came up with in their moment of despair and desperation over their children’s heroin problems. Almost all the young people, except for two, stated that it was their parents, mostly their mother, who came up with the idea of sending them to Vietnam. As for the two young people whose parents did not come up with the idea, one was presented with the option of return by her worker and friend, while the other young person considered it for himself. Consequently, most of the young people (n=10) stated that it was their parents who made the decision for them to go to Vietnam, while four young people shared the decision making with their parents, and two made the decision on their own. This situation has also been the experience of workers working with these young people:

Essentially the family makes that decision. Almost always with the blessing of the young person, I must say. That’s been our experience, it’s not like you know, you go and that’s that and you don’t have a choice. The young person almost always is very happy to do it. It’s a family decision (Community Worker).

So it seems like the young person is left out of the equation a bit and it’s a decision made more by families and seems to be more common now in consultation with workers or other key people (Consultant).

Although it does seem like the young person was left out of the decision-making process, this was in reality not the case because the option of return would not be taken up without consultation with, and agreement by, the young person. Even though some young people may have been persuaded by their parents to go to Vietnam, they ultimately went willingly. The young people in my study who stated that their parents made the decision for them to go, were not forced to go to Vietnam against their will, but rather agreed with their parents’ decision-making and reasoning, as they thought it was in their best interest and the interest of their family.

**Meeting the Objectives**

A major task and also an important objective involved in the option of return is the detoxification of the young people. Young people either undergo detoxification in Australia prior to their travel to Vietnam or soon after their arrival in Vietnam. Most of the participants involved in my research expressed that the former is the ideal situation, as there is less explaining to families in Vietnam and less for them to do once the young
people are with them. More importantly, if the young person was clear from heroin, they could avoid any suspicion and/or precarious confrontation with law enforcement at the airports in Australia and Vietnam. The precarious position young people and their families often find themselves in has been described by one of the mothers as follows:

Before we go to Vietnam there are two issues. If they haven’t detoxed over here yet, haven’t completely detoxed, that is, they’re still using and we take them to Vietnam, then we’re forced to go and buy it [heroin]. I’m being frank with you here. We have to buy it. If they need to use for two days then we have to buy enough for two days for them to use when they’re in Vietnam. If you don’t buy it for them to use then when they’re on the plane they won’t be able to handle it and they’ll become restless. They’ll cause confusion amongst the passengers on the plane. We were afraid that this might happen at the airport but because we love the children and our love for them is fierce that we want them to detox; therefore we weren’t afraid of anything. We thought for example if the police caught us we would say, “I’m taking them to Vietnam to detox. This is for them to use so they can detox in Vietnam. It’s not to sell. If you arrest us then we’re forced to accept it, but if you’re able to sympathise with us then that would be great but if you can’t then we’ll have to accept it”. That’s the first situation. The second situation is having the means to detox for over two weeks (Hanh, 40 years old Vietnamese-Australian mother).

As it is difficult for young people to undergo a successful detoxification in Australia, almost all of the sixteen young people who were interviewed for my research (80 percent) were chronically dependent on and were using heroin before they left for Vietnam. Only three young people were able to detoxify a week before their departure.

When arriving in Vietnam, all the young people stayed in the southern part of the country where their immediate families originally lived, including rural and urban areas. Almost all of the young people resided with family members, the majority living in an extended family household with their grandparents or aunts, whilst two stayed with their parents’ friends as they had no remaining relatives in Vietnam. There was only one young person who was staying at a private drug detoxification and rehabilitation centre located just outside Ho Chi Minh City (formerly Saigon). Most of the families the young people stayed with were informed about their drug issues and were prepared and able to assist and support them during their stay; while a few families were not aware of their drug issues and these young people were able to keep this secret throughout their stay.

Nonetheless, it appears that when families did accidentally find out about a young person’s drug problem it did not present as a major issue, because of the families’ willingness to assist, support and guide him/her through obstacles in life as it is
traditionally expected of their role as members of the family. Their obligation as family members are further reinforced if they have received financial support from the young person’s family in Australia, which would most likely be the case since it is expected of family members to support those less fortunate than them. The willingness and obligations of families to support their members in this situation have also been pointed out by one of the workers:

I’ve heard of some examples where actually a young person was sent back to Vietnam and the relatives weren’t fully informed about why the young person was coming back and all of a sudden they’ve got this drug addicted young person that they’ve got to help as well. But the feeling was, “Well we’re all family you know, it’s part of their responsibilities as well as ours” (Consultant).

Most young people who were still using heroin upon arriving in Vietnam took along medications to assist them with their detoxification; however some did not end up using their medications and merely went ‘cold turkey’ by locking themselves in a room. Those who used medications during their detoxification either followed a medical schedule provided by their worker or doctor, or they self-medicated, which was described by the worker of one young woman as “the most disastrous time”. It appears that self-medication is common practice in Vietnam, where people purchase medication from the black market and use it until their symptoms are reduced (Maher 2000a). Consequently, many young Vietnamese-Australians and their families adopt similar practices by illegally obtaining methadone or benzodiazepines to assist them to withdraw from heroin, often detoxifying in the absence of any medical or clinical supervision (Maher 2000a).

The majority of young people I interviewed took approximately one week to detoxify, which they performed in the family home with the assistance of immediate and/or extended family members, while one young person was accompanied during her outbound travel by her Australian youth worker, who assisted her with the detoxification. Some young people were also supported by their workers during their detoxification through telephone calls from Vietnam to Australia. During their withdrawal, some of the young people experienced an uncomplicated detoxification which they described as “pretty easy” and “wasn’t really heard”, whereas for others it was a dreaded procedure and experience not only for themselves but also for their family members:

I just can’t stand hanging out. Just somehow your subconscious mind can’t stand it... Yeah, hanging out everyone’s really scared of that and that’s why everyone who’s on it, hooked really hard on it will do anything just to like stop that hanging out. You get really cold and you get really hot. You’re really uncomfortable, your back’s all twisted, you yawn, you get runny eyes, runny nose. Really, really hard to cope with. Yeah, nothing
takes that away if you use, play again (Hong, 18 years old Vietnamese-Australian young woman).

Normally after two weeks they would stop withdrawing. [During the two weeks] We have to try and do nothing. Morning, noon and night wherever they are, we’re there. We should care for them and attend to them because in those two weeks it’s a real struggle. They vomit, they urinate, they have diarrhoea, they’re in pain, they always throw fits and that and they can’t sleep. If they can’t sleep then you can’t sleep. If they’re awake, then you’re awake. Normally they can’t sleep... I called everyone [to help] because I knew it wouldn’t be easy to detox three kids [laugh]. Twelve people were looking after three kids and they weren’t able to keep up with them. They yelled and screamed. My God, I didn’t expect the situation was going to be like that because when they detoxed over here they sneaked out and bought it. So they used a little and were able to go through with the detox. When we were in Vietnam and they were still addicted, we cut them off from it and they had nothing. Oh my God, they began to stir up so much trouble. They screamed and yelled the whole night for the rest of the week. They wouldn’t sleep, they wouldn’t eat, they yelled and screamed, they beat up each other. I can’t describe it anymore, it’s too scary (Hanh, 40 years old Vietnamese-Australian mother).

The main objectives for young people and their families in returning to Vietnam were simply and clearly to detoxify successfully and to abstain from heroin use, which they all easily identified and articulated when questioned. Furthermore, all of them agreed that they had successfully achieved these objectives while in Vietnam, because they either did not use drugs at all or did not use it in a regular and dependent way.

The period of abstinence lasted as long as the young people’s length of stay in Vietnam, which ranged from one month to over a year, with the majority staying between three to six months. In addition, half of the young people travelled to Vietnam more than once for drug related reasons, most of them have done this three to six times. Almost all of these young people (except for one) have remained abstinent during all the times that they were in Vietnam. The young person who was not able to remain abstinent during all the times that she was in Vietnam was only successful in the first two of the four times she was there, the last two times she was travelling with her drug-using boyfriend and did not want to abstain from heroin use.

Since the young people and I were referred to each other by their workers, whom we both trusted, I sensed that the young people were comfortable enough with me to speak openly and honestly about their drug use in Vietnam. As a result, I learned that almost all of them knew where to obtain heroin and they had the means to do so, but half of them chose to stay away from heroin.
[Interviewer: Do you know where to score here?] I know the druggies and that, the cafes and that but I don’t go, I don’t like it. Girls get a really bad name. So I don’t like it yeah. Girls and guys are treated really different here. So yeah, I don’t really like coffee that much so there’s no use of me going to cafes. I just like the pumping music that’s all. [Do you want to play?] Nah, I just mostly like to party. I don’t want to play. Like, I think I’m awake now. Somehow I feel I’m awake. I feel that I’m scared of Melbourne. I plan to go to Sydney [when I get back to Australia]. Inside of me, I feel like it’s time for me to grow up. I want to make something out of my life, but I don’t know what yet. Still thinking [Hang, 18 years old Vietnamese-Australian young woman].

The number of young people who used heroin (50 percent) while they were in Vietnam is consistent with other studies. However, their heroin use was brief (once or twice) and they did not consider it as a relapse or re-addiction because most of them used heroin for social reasons, that is, to socialise with their Vietnamese friends or Vietnamese-Australian friends whom they met up with in Vietnam. Other reasons they gave for using included missing their family in Australia, missing the drug itself and finding out what the quality of heroin is like in Vietnam.

Drug use in Vietnam and the health risks that young people are exposed to as a consequence are major concerns highlighted by most research studies on Vietnamese-Australian heroin users, which I discussed earlier. These were also concerns shared by some (30 percent) workers in my study. One of them told me a story about a young client who was sent to Vietnam by his parents for drug related reasons and ended up contracting HIV while there. This young person was restricted from leaving the family home without supervision during his stay in Vietnam and was not given any money for fear that he might use it to purchase heroin. However, when the craving became unbearable the young person snuck out and found a group of injecting drug users on the streets who shared their drugs and injecting equipment with him. Even though this situation is not common, the risk factors involved are of concern and have been expressed by another worker:

One of the big factors for me is that again, it relates to how much do people know the situation in Vietnam because at the moment heroin is so widespread, available and such a low price compared to what people pay in Australia that if someone’s got money to support themselves then it’s easy access if they want it... Then there are issues like the health issues that may be greater exposure to blood borne viruses particularly if they continue to use while they’re over there. And also at the present time there’s a really high percentage HIV cases due to needle sharing or sharing of equipment. And I found here amongst Vietnamese young people I worked with there was still that sense of strong identification even if they didn’t know each other really well they still came forward and stuck together just saying that, “We do it because we’re Vietnamese”, or “We do it because we’re brothers”. And as I said there might not be a really strong brotherhood foundation, a really strong friendship foundation to it but because of that identification
that, “We’re from the same background, we’re brothers, we’re Vietnamese”, then that sense of being in a situation where you could be encouraged to share needles as part of that brotherhood, part of that being the same. So as I said, increases the chances of blood borne viruses occurring [Consultant].

Although it is evident in the responses of most young people and mothers that they were aware of the availability and affordability of heroin in Vietnam, as well as the harsh punishment for drug trafficking\(^\text{35}\), it is also clear that they were not aware of the health risks involved if sharing injecting equipments. Vu’s (2001) assessment of drug use and the HIV epidemic in Vietnam, conducted at the same time I interviewed young Vietnamese-Australians in Vietnam (between October 2000 and January 2001), found that heroin was the main drug of use in Vietnam and was used by approximately two-thirds of drug users. The number of drug users in Vietnam varied between 128,000 and 183,000 depending on the source of data, with Ho Chi Minh City having the highest number of drug users at 30,000. Injecting drug use was the predominant mode of HIV transmission in Vietnam and up to 70 percent of HIV infected people are injecting drug users. Interestingly, Vu (2001) reported that drug sellers currently include needles and syringes in the price of heroin packs, and needles and syringes can be easily purchased at retail pharmacies.

Amongst the sixteen young people who participated in my research, half briefly used heroin while in Vietnam, as mentioned above. Of these young people, five obtained heroin from their friends while the other two either bought heroin from drug users in the neighbourhood or got a trusted family member to purchase it for them. Most of these young people (70 percent) used heroin in the company of others and the places where they used heroin included the bushes, hotel rooms, karaoke rooms or whilst alone in their room. There were equal numbers who injected and smoked heroin, with a few young people who did both. Those who injected purchased their needles from retail pharmacies, which they found accessible, available and affordable. Most stated that they never shared needles because in Vietnam it is considered a “low” thing to do as the sharing of needles occurs amongst “people that don’t have money”, that is, the drug addicted poor or vagrants in Vietnamese society, whom the young people distinguished themselves from because of their ‘elevated’ overseas Vietnamese (Việt Kiều) status, which I will elaborate below.

The findings amongst the young people in my study in relation to drug use in Vietnam may address some of the concerns relating to their risk behaviours. However, the risks associated with injecting drug use in Vietnam must be acknowledged, as is the case in Australia. At the same time, these concerning factors should not cloud the young people’s experiences in Vietnam. Instead, they must be weighed up against the

\(^{35}\) Trafficking in more than 600 grams of heroin in Vietnam is punishable by death by a firing squad.
positive factors and the benefits gained by the young people during their stay in Vietnam, an area that will subsequently be explored.

‘Time-Out’ in the Homeland

Most workers involved in my study were able to identify the young people and their families’ objectives for travelling to Vietnam, that is, to undergo detoxification and remain abstinent, which they consequently believed were achieved. Some workers expressed misgivings about whether the young people and their families actually thought explicitly or discussed with each other their goals or objectives. Despite their misgivings, these workers did not make the effort to ask young people and their families about their objectives even though it was their role to do so.

When the workers were subsequently questioned about the success of the option of return, all except one acknowledged that it had been very successful, suggesting a success rate between 50 and 100 percent, being in line with their definition of success. Although the definitions of success provided by the workers were wide-ranging, from young people remaining drug free to barely staying alive, they centred on young people having a positive experience or a period of time where their life was fulfilling and not just dominated by drugs:

I don’t know if I’ve got a biased perspective but the ones that I have come into contact with have been really, overwhelmingly successful. And the way that I measure success is just a period where their life is not dominated by drug taking and all the things connected with that. So it’s not necessarily that it’s a permanent solution or everything’s perfect or anything like that but the sentiment that they expressed to me is that it was really good, and they enjoyed it and I hear a lot of positive things about it. It seems to me, I might be jumping ahead, but it does seem to be really beneficial in terms of a bit of time-out. In terms of my definition, which I see is not that everything’s perfect or that it’s perfect when they come back, but just that they have a stretch of time where things are just not dominated by drugs and where life is reasonably fulfilling. I would have to say there’d be at least a degree of success in all the ones that I dealt with, certainly compared to other forms of dealing with drug problems too. Much, much more positive experiences than others (Solicitor).

I’ve got different strata of success. I mean if the young person has a drug free period while they’re there then it has been successful in giving them a drug free period. If they’ve made some sort of cultural connection and had some sort of experience, which is valuable for them in the long term in working through some of their issues back here then it’s been successful. It mightn’t be immediately successful but it’s another tool. If the young person comes back here and they’re drug free for a period of time as well then that’s another level of success. They’ve maintained a drug free period. I mean the
ultimate success, I suppose, is someone doesn’t relapse at all and I haven’t seen that happen but we’re also working with an age group where relapse prevention is probably the hardest part of dealing with drug use. Relapse prevention is much easier with older people where there’s a point in their life where they’re saying, “I’ve actually had enough, this has had a major effect on my life and it’ll probably destroy my future unless I stop”. Young people between, say, 15 and 18 aren’t that reflective about the rest of their life so I can’t sort of say it’s unsuccessful because young people have relapsed as they would still be relapsing here. It’s just how long between relapses, how soon after relapse can they become drug free again. I mean success is a really, really sort of difficult notion when you’re talking about drug use by young people. Sometimes we mention success because the young person is still alive. And we’re giving them that space ’til they become reflective enough to make some bigger decisions (Manager of an Intensive Case Management Service).

Most of the workers considered ‘time-out’ or ‘straight time’ – that is, a period where the young person’s life was not dominated by drugs and their mind and body were able to rest and recover – to be a critical contributing factor to the success of the option of return. For these workers, having time-out from a chaotic, risky and unhealthy drug using and selling lifestyle was necessary for young people (and their families) and could only be obtained when they were completely removed from their current environment and placed in a foreign one, such as Vietnam.

I think the time-out is probably the most important thing in terms of just being able to give themselves some break. Time-out, you just can’t underestimate that stuff because it provides possibilities for greater opportunities, and being able to reconnect, have a holiday and all that kind of stuff as well (Researcher).

Given their work experience and support towards these young people, all workers seemed to have a good knowledge of what the young people did when they were in Vietnam. Some workers knew that a few young people attended (an international) school or took up short courses to learn a trade, while others spent time assisting the family business since “every house is a shop just about!” All the workers were aware that most young people did not spend time exploring Vietnam, but did “a lot of hanging out, doing not much, talking to people, visiting relatives, having people come visit, and definitely a lot of going out and partying”. The lack of structure and organisation around the young people’s use of time in Vietnam did cause concern for a couple of workers who feared that, given the time and opportunity, young people might have formed relationships with similar peer groups to the ones they had in Australia:
One of them, the first time she was there actually helped with her aunt and uncle’s business, which I think was a shop, on and off for a while. But generally, and I suppose it’s probably been one of the let-downs in the whole sort of concept is that, there’s been nothing that’s established in terms of what the young person’s going to do during the day. And the sort of view was, “Well they’re just going to be closely watched and hang around the house the whole time and we’ll monitor them and watch what they’re doing”. That’s actually broken down at least for two of them after a while when they’ve formed quite good peer groups around where they’re staying and they’ve actually started going out quite a lot, which some of that’s actually I think really positive, but then where it’s fallen down is where they’ve actually linked with a peer group that have all the same sort of issues that their peer group had back in Australia. So in terms of their contact it doesn’t take them long to connect up with some sort of supply of heroin. I don’t think that’s indicative of you know, the areas or what they’re doing. I think it’s because there’s some initial good work done but then they’re left in a bit of a vacuum in terms of what’s actually happening during the day (Manager of an Intensive Case Management Service).

Establishing relationships with drug-using peers in Vietnam or not having much to do in the day were the least of the young people’s concerns because they were busy spending time with their families and relatives, meeting new people, going out, staying home and watching videos, taking the time to do things, taking up activities that they would not do in Australia, such as sports – and most importantly, absorbing ‘life’ in Vietnam:

[In Vietnam] Things are really fresh and the lifestyle is like, I don’t know how to say it, it’s like điềủ [consistent]. They have a time for everything, work and sleep. Everyone goes to sleep about ten, eleven here. I really like it here. I really love it when it rains, I shower in the rain. It’s really cool. I love showering in the rain, yeah I love it. It’s so hot over here, it needs to rain. Every couple of days it rains so cools everything down. Quite beautiful Vietnam. Very, very beautiful. The streets, it’s like New Year everyday! [Laughs] The streets are full of lights and filled with people. When I first came here, the brothers [cousins] they used to drive me out to Saigon and that, I just loved looking at the streets. And when the soccer was on, whenever Vietnam versus another country and wins, the main street is packed with motorbikes galore, just driving along the streets. Everyone goes psycho that day. Last time Vietnam won, it was about a month ago, one of the sisters [cousins] took me and I was on that road, it was so packed. So fun over here! It’s more fun than Australia. It’s just ‘cause my family’s not here that’s why I’m not really enjoying it or I would love it [laughs] (Hong, 18 years old Vietnamese-Australian young woman).

Not only did some of the young men enjoy and fall in love with Vietnam, but they also fell in love with Vietnamese nationals. This has become a common trend amongst Vietnamese-Australian men who often find themselves highly valued and in
demand in Vietnam because they offer women the opportunity to live in an affluent Western society. Hence, their choice in girlfriends or wives is much wider than it would be in Australia and many experience a dramatic increase in their self-esteem. Two young men in my study got engaged while they were in Vietnam. This outcome was a very desirable one for the young men and their families as there is a common belief that marriage will force them to become responsible for themselves and their new family, thereby leaving the life of drug addiction behind and forging a new life for themselves:

- I thought that if I got married then I won’t be thinking of other things but only know how to care. That’s why I asked my mum to organise the engagement... When I was still in Vietnam, I planned that when I get back here I’ll work hard so I can bring my wife over here. I plan to go back next year and have a wedding (Hung, 19 years old Vietnamese-Australian young man).

- The older son I know that he’s found love so he’s happy. He likes the way of life over there. He doesn’t want to come back. In the past when I sent him over, he always asked to come back. He was bored; he got bored going out all the time and he wanted to come back. Now he hasn’t asked to come back. He said that now he’s got a new life, like he doesn’t play drugs anymore, he feels happy and healthy living over there. [Interviewer: What do you think are the positive factors that have made him feel like that?] I think maybe it’s because he’s been through years of drug use he felt sad. He felt that life has marginalised him, his friends have distanced themselves from him, like families, no one wanted to be with him, so he’s come to the realisation and wants to move on. He was very miserable. He was caught by the police and locked up in jail. Now he feels scared. He said that whenever he thinks back to it, he quivers. He wants to live in Vietnam. He doesn’t want to live here anymore, he doesn’t want to go back to his previous life. At the moment I’m letting him stay in Vietnam and I don’t know when he should be back, but probably a few years, two to three years so he can forget it and then I’ll let him come back here to live (Kim, 44 years old Vietnamese-Australian mother).

An activity brought to my attention by some of the young people, but that was not raised by the workers, is the young people’s high level of alcohol consumption in Vietnam. Almost half of the young people told me that they went “drinking all the time” and one of them said that alcohol consumption prevented her from using heroin. Alcohol in Vietnam is very cheap and heavily promoted in restaurants and cafes, often without ethical considerations. As a result, there is a strong drinking culture that is often practised in personal and professional dealings and is generally confined to men, because it is not socially acceptable for women to drink excessively. Although it is quite common for people, especially young people, to drink excessively when they go out or holidaying, the risks of alcohol need to be considered similarly to the use of drugs since
they both can impair people’s judgement, making them more likely to harm themselves or others and to have trouble with the law (to name just a few).

Returning to a Collectivist Tradition

Given the cycle of relapse and the difficulties young people faced when attempting to detoxify in Australia, it was apparent that the option of return has had a high success rate in relation to young people effectively completing their detoxification and remaining abstinent during the time they were in Vietnam. The main reasons that have been identified by young people and their mothers for contributing to their success in Vietnam were the absence of drug-using friends, the “different” environment in which young people lived and the presence of supportive family members – all of which were believed to have assisted them to maintain their determination and focus on achieving their objectives.

It was just not having drugs around me. Like, it was not having friends that use around me and it was just a different society. And so it was a drug, mostly drug free society. So yeah, it didn’t really make me think much about drugs (Phong, 21 years old Vietnamese-Australian young man).

Everyone was good and encouraging towards me. My friends supported me with their encouraging words and my family cared for me. Over there, there are drugs but because of friends, parents and families and also my future, I felt confident (Hung, 19 years old Vietnamese-Australian young man).

Like I said, why were we successful and why we couldn’t detox them over here? When we were detoxing them over here, they could leave the house at anytime and buy it at anytime. Why were they able to detox in Vietnam? They were able to detox in Vietnam because all of the families, brothers, sisters, and cousins got together to help them. A lot of people were helping them. Over here, usually in the family everyone’s busy working. Everyone has a job to go to so there aren’t a lot of people to help out. In Vietnam there are a lot of people who can help them and provide them with love. After we helped them, once they’ve detoxed, it’s called getting rid of the addiction and then they won’t use again because when you remove them from their environment, there’s no way they can buy it. That’s why I said, remove them from their old lifestyle and get them to live in a new lifestyle (Hanh, 40 years old Vietnamese-Australian mother).

Vietnam doesn’t help them in any way, but it’s them and their family. It’s mainly them. They have to control themselves because Vietnam can’t do anything to help, just their own family. I think you send them to Vietnam to change their living environment so they’re not close to their bad friends over here; they don’t have contact with friends over
Those who are determined to detox then they can detox because their life is different from over here (Kim, 44 years old Vietnamese-Australian mother).

For young people and their mothers, the obvious reasons for the successful results were family support and the lack of both drug-using friends and familiarity with Vietnam. However, in my view, it was the subtle characteristics of Vietnamese society and culture, which include family life that in reality had the most impressive impact on young people.

Since the introduction of economic reforms in 1986, which adopted a market socialism-orientated economy, Vietnam has undergone dramatic changes (Centre for Information and Documentation 2006; Ninh 2008). In spite of the tremendous impact of the economic reform process on the lives of people in Vietnam, I have found as well as other Vietnamese, that there are “social and cultural lags in the breakneck shift to market economy that affect the society as a whole” (Ninh 2008). Much of the changes in Vietnam can be seen in the major cities, however for the rest of the country – such as the outer urban and regional areas of southern Vietnam where all the young people stayed – has remained a traditional agrarian society, largely guided by authoritative traditions that regulate cultural and social life. The environment the young people were in and the way of life that they experienced were in contrast with the modern industrial capitalist Australian society, which is highly individualistic in nature and driven by consumer capitalism and a mass-media generated culture.
Despite the industrialisation and modernisation process that has been implemented by the Vietnamese government (Centre for Information and Documentation 2006), Vietnam is still predominantly a traditional society. Heelas has stated that traditional societies, such as Vietnam, are collectivist or communal in nature, where the individual or the self is defined and directed by others, with little or no scope and “incentive to exercise autonomy or freedom of expression” (1996, p. 4). Heelas further explained that,

traditional societies are informed by belief in established, timeless orders. Such overarching orders, rooted in past events – or simply ‘the past’ - and legitimated by such association, are highly authoritative. Existing over-and-above the individual, they are ‘sacred’ in the Durkheimian sense of the term. That is, serving to convey the wisdom of the timeless, they cannot be questioned. Inviolate, they cannot be modified or revised in the light of utilitarian or any other version of self-informed calculation. Accordingly, selves are embedded in pre-given orders of things (1996, p. 3).

Consequently, traditional societies embody cultures that are “dominated by fate or the embedded, largely – if not entirely – excluding choice or the disembedded” (Heelas 1996, p. 3). The tradition-informed way of life is thus hierarchically differentiated. In Vietnam, the family is the fundamental unit of society and is considered to be the only way of life, as discussed in a previous chapter. The actions of family members therefore, are guided by rules, morals and virtues, which are based on familial, hierarchical and patriarchal ideals in accordance with a Confucian heritage.

The traditional and common form of communication is face-to-face interaction, with clear lines of communication within the family, based on filial piety. Face-to-face interactions and oral traditions provide most people with a sense of the past and a social context of everyday life. It were these features inherent in Vietnamese society and culture, which the young people referred to as a “different society” that have for most of them, been the positive factors involved in their experiences in Vietnam. Not only did these factors provide them with a positive and meaningful experience and existence, but they also acted as protective factors that assisted them to remain abstinent. These factors were clearly identified and articulated by most of the young people when I questioned them about the “positive things” about Vietnam and the reasons that made it possible for them to remain abstinent:

Living over there [in Vietnam], I don’t know it was just, everything was changing over there and I had to change over there so like I guess it changed me. [Interviewer: So tell me exactly, like how you were living over there?] I don’t know it’s just like one big room like this [refers to her 4 metre by 4 metre room] and like my auntie and uncle sleep in it. It’s not even a room, they just cover it. Like everyone just sleeps together, it’s just really different. You don’t have your own personal space. You wouldn’t want them to see you
use. I just couldn’t start it [use drugs]. I don’t know, ‘cause my family’s not there I didn’t want to play. There’s nothing over there that I’m attached to, to make me upset (Loan, 18 years old Vietnamese-Australian young woman).

[Didn’t use because] I had things to do. My family would gather and go to Vũng Tàu and spend a week, two weeks there and then come here and then each day there’s always someone around you, you know what I mean? There’s always someone around you. If you don’t do nothin’, you chat, muck around, play cards and after that at night probably go out to restaurants and probably like go have a coffee. Especially having a coffee, that kills like half a day. You know, just a coffee they can sit for three, four hours. It kills practically most of the day. And at night we’ll go eat, go dancing, nightclubs, clubbing, stuff like that… I love coming back here; it’s really fun. I enjoy my time here. Four times I’ve been here, including the time I was a drug addict. ‘Cause it’s different, it’s all new to me and the people here they live a different life, which is, I find is a more enjoyable life than Australia because Australia is like everyone lives individually you know? Here the whole street knows each other basically (Ken, 17 years old Vietnamese-Australian young man).

I think if I go back there [Australia] I’m not going to do nothing anyway, I might as well stay here. The community here is more loving, like everyone talk to each other not like over there, like I don’t even know my next door neighbour. Like people they talk more, it’s more community. Everything is close by. If you’re hungry, people bring food to your door. Over there, if you want to go somewhere you have to like hop into a car… [In Vietnam] Sometimes I can’t keep up with it. [Interviewer: What do you mean?] Like some things I do wrong whatever and like I have to follow it and stuff. Like lose the family name whatever, like I have to save face and that for the family. [Interviewer: And do you think this sort of culture is different from Australia?] More stronger here. They follow it more. Like with me, I couldn’t keep up with it. It’s a good thing but. Gives something to believe in (Tuan, 19 years old Vietnamese-Australian young man).

The face-to-face interactions that young people had with people in their family and in the community in Vietnam allowed most of them to connect and to establish meaningful and supportive relationships with those around them. These interactions
and relationships made them feel that they belonged to or were a part of something special – something that was considered socially meaningful and acceptable – more specifically, a part of the family and the community.

For most of the young people, this sense of belonging to the family and community was absent in their lives in Australia where they were alienated and marginalised, which had led them to bond with other young people in their situation. All of them had experienced family conflict because of their heroin issues, with some being ostracised from their families, and most considered by both the Vietnamese-Australian and wider communities as outcasts. By being loved, accepted and a part of the family and the community in Vietnam, and through positive conversations with those around them, most young people also became aware of their roles and responsibilities within their family and the community.

Therefore, the authoritative and oral traditions that are intrinsic in Vietnamese society acted as a means of making sense of the world and creating a sense of belonging for most of the young people. As the young people have alluded to, there was always someone or some form of authority that reminded them of their role, responsibilities and obligations. Consequently, most of the young people were always clear about where they stood in the family and in their community and what expectations were placed on them. They were also aware that any actions they took would, in turn, affect their family and their community. They were interlinked with all those around them. They could not not be a part of a collective and it was their membership of a collective, which was positive and meaningful for most of them, which removed the reasons that had initially led them to use heroin, as well as preventing them from relapsing.

A few young people (n=3), had difficulties identifying and connecting with Vietnamese culture, people and society. This was made worse by being separated from their immediate family in a completely foreign country, which led one young person to feel extremely lonely and alienated.
Like it was, being especially without my family that made me really, really empty because I felt like everything I did, there was something missing. I just really wanted to go home. I was really homesick and I was especially culture shock a lot. That was one of the really big factors there. Everything was different, everything there was just so busy and you know, it was always hot, things wouldn’t be cold. You wouldn’t see all the trees that you’ve seen before, you wouldn’t go on the street and see like the park or you know everything was just a big rush. People only spoke English when you went to school, all sorts of things that really got to you, that really would drive you up the wall if you stay there all your life. So those things. People not understanding how you were raised too. [Interviewer: What do you mean?] Just, it’s a third world country, everything’s different: culture, life, the way you live, the way you eat, anything you can think of. It was just different. Yeah, everything had rules you know, you had to respect your elders in a really big way. Everything was just really hard. Everything was different. Things were crazy. You’d be riding around and you couldn’t relax for two minutes by yourself you know, there was always motorbikes, people walking around, especially my house. It was like about fifteen people in my house because it was a business house. They use it to import or whatever it was like corn and stuff. And yeah, you could just not be by yourself. Everything was just so noisy. Yeah, I missed my family a lot. And I just wished I could be at home (Thanh, 17 years old Vietnamese-Australian young man).

The isolation and alienation experienced by some young people while they were in Vietnam was a concern that was expressed by a couple of the workers:

I also heard of a young person who was born in Australia that was sent back and I think this again was done in conjunction with the courts as an alternative to a custodial sentence. And the feedback I got was that the young person was really alienated you know, didn’t identify, didn’t understand the culture as it’s lived in Vietnam and wasn’t really identifying with relatives and was really having a hard go of it. And I think the arrangement was that they were going to be there for a year and I think this feedback I got was after they been there for three months. So who knows, but with time things may change. But I’d hate to think that young person’s virtually trapped there for a year if that negative experience continues, what it could do (Consultant).
The three young people in my study who had a negative experience in Vietnam as a result of their sense of alienation were all born in Australia and were younger than most of the other young people. They all travelled to Vietnam because of the insistence of their parents and had to remain there until their parents agreed for them to return to Australia. A few felt they were being exiled until they regained their parents’ trust and confidence, which I later learned was an unattainable situation for one of the young people, who consequently ran away with a stolen motorbike. Unfortunately, I did not find out what eventually happened to this young person, whereas the other two young people accepted their situation and obligations to themselves – and most importantly, their families. The negative experiences of these young people raise the question of whether it is better off for them to remain in Vietnam than in Australia where they can cause greater harm to themselves (and their families) through the use and sale of heroin.

Almost all the workers found that the majority of young people they knew had an overwhelmingly positive experience in Vietnam. The positive factors they identified to be involved in the young people’s positive experiences were having time-out from the drug culture and the negative aspects associated with it, and more importantly, having the opportunity to (re)connect with their family and cultural heritage, which most workers believed had a positive impact on their self-esteem and identity.

They connect with their extended family. They are exposed to their cultural [heritage]... They can reconnect with something that is part of their heritage. They might think that my heritage is fantastic or they might also think, “Wow, Australia has got opportunity for me”, although we haven’t seen that coming through in any of their actions as yet. The main thing is, in our experience they appear to stay essentially drug free or heroin free, which is why they went there. That’s the first thing. They haven’t been causing trouble in Australia because almost all of them have been heroin dealer-users, so they’re not transgressing the law here, it’s not costing us any money to try and police them or apprehend them or incarcerate them or detox them or counsel them or rehabilitate them. And it’s a real relief for the families. You know, they don’t have to worry about their children being naughty or what their children are up to (Community Worker).

It’s about that new experience. To me, it can have an impact on a lot of young people’s identity to say, “Well this is where I’m from”, and get a greater understanding of that because I think sometimes when parents or relatives here talk to them about Vietnam, it’s often mixed up with what happened in Vietnam with the politics in Vietnam, when it’s about things like Buddhism, it’s about a whole range of things. And I think that it’s almost fantasy for some young people because they can’t conceptualise it fully but yet when they’re there, there’s a possibility that it can all fit into place. And if they can see people go into the temple every month and things like that then it helps to sort of say, “Ah this is where Buddhism fits into life”. And also just the experience of possibly becoming fluent in Vietnamese for example, there’s a possibility that that’s there. And as
I said, to be from overseas and possibly be the centre of attention could be good for self-esteem and all that sort of thing (Consultant).

The opportunity to reconnect with their homeland has provided most young people with a source of identity and cultural validation\textsuperscript{36}, which was lacking in Australia where they experienced social isolation, marginalisation, racism and discrimination. It has been argued that traditional societies such as Vietnam provide “a relatively stable framework for the self and for the process of self-formation”, whereas in Australia, it can be argued that traditions have lost “their hold in many spheres of social life, individuals are obliged increasingly to fall back on their own resources to construct a coherent identity for themselves” (Thompson 1996, p. 90). As a result, by returning to their homeland, some of the young people were prompted to consider and were able to reconcile issues of identity, family, culture and spirituality, as well as their past, present and future actions. This also occurred to those young people whose general experiences in Vietnam were negative, but overall, had been beneficial for them:

I have to say [I’m] Vietnamese-Australian. ‘Cause yeah I was born here and that’s my background now. You definitely can’t say that you’re not Vietnamese because of the way you look, the way your culture, everything in your culture is different. I guess going to Vietnam has showed me that. I did learn a lot about my culture. It made me realise how much my family means to me. How much better life in Australia was than in Vietnam. Yeah, how I just want to be someone you know, not just always be a bum. Not just always be a drug user or something like that. \textit{[Interviewer: What factors made you realise that you want to be someone when you were in Vietnam?] Well I was always hurting my family. I didn’t want to do that anymore, I was sick of that. I could see the change in myself. Like something very strange about heroin was that it always changed me emotionally, like I have these dramatic mood swings. That wasn’t good. I don’t know what it was but something really did change me you know. It could even be religious reasons like you know God or something but something really changed me while I was over there [Thanh, 17 years old Vietnamese-Australian young man].

In addition to obtaining a stronger sense of identity and cultural validation, young people are automatically granted the elevated status of Vi\textsc{ê}t Ki\textsc{ế}u upon their return to the homeland. Vi\textsc{ê}t Ki\textsc{ế}u is a Vietnamese term that has been defined by Valverde (2003)\textsuperscript{37} to mean the overseas Vietnamese population; Vietnamese people living outside of Vietnam; and Vietnamese people who have non-Vietnamese citizenship but who visit, work or live in Vietnam. As most Vietnamese refugees have settled in affluent countries, such as Australia, the financial differentiation between

\textsuperscript{36} See Nguyen (1996) and Nguyen and Price (2004) for a discussion on the influence of cultural factors on the travel behaviour of Vietnamese-Australians returning to their homeland.

\textsuperscript{37} See Valverde (2002) for a comprehensive examination of the construction of the term Vi\textsc{ê}t Ki\textsc{ế}u.
them as Việt Kiều and their counterparts in Vietnam is profound, thus raising the social position and economic well-being of the Việt Kiều. This appears to be a common occurrence amongst many people living in the diaspora when returning to the homeland as for example, West Indians with British citizenships (Rubenstein 1979).

To exaggerate the social, economic and physical position of the Việt Kiều, the majority of overseas Vietnamese make a lot of effort or feel compelled to present themselves to their families and the community in Vietnam as successful and wealthy, which has the effect of imbuing “what is perceived to be the magic of the West” (Thomas 1999, p. 189), thus creating a stereotype for all Việt Kiều38. As a result, when young Vietnamese-Australians return to the homeland they are generally treated with enormous respect and admiration because of their Việt Kiều status.

I’m treated as a high class as soon as they find out I’m known as a Việt Kiều. As in they always expect me to have heaps of money. [Interviewer: So they treat you really nice?] Yeah, but it’s different here [in Vietnam]. ‘Cause in Australia, I’m a druggie in Australia. I don’t care if people know I’m a druggie but here it’s a different story. Here you don’t want no one to know. If they know, they judge you really badly and they wouldn’t want to be with you, friends with you and stuff. In Australia it’s like, they know you’re a druggie, okay who cares, he’s a druggie, but it’s a different story ‘cause I wouldn’t care if they know I’m a druggie. But here since it’s a new world, I want to start fresh. To have a clean start, you know what I mean? Don’t want to start off bad. Always want to have a good start off (Ken, 17 years old Vietnamese-Australian young man).

Oh, they look and stare twenty-four. They treat me like I’m more valuable. They’re scared to lose me and that so they don’t take me anywhere. They’re scared people would kidnap me and that ‘cause they can tell apart from Việt Kiều to like a rich Vietnamese girl. Yeah, lots of people look and stare all the time. They talk about me heaps too, yeah ‘cause of my past as well. They know my mum. When they see me when I go with my auntie somewhere, we’ll meet some people at the shops and they’ll say, “Oh is that Liên’s daughter”, that’s my mum’s name, “That’s Liên’s daughter yeah?” Everyone knows I look a lot like my mum. I get really happy when they say that (Hong, 18 years old Vietnamese-Australian young woman).

For these young people, who they are and how they were treated in Australia was in complete contrast to their existence in Vietnam. In Australia they were a marginalised and alienated ‘druggie’ – an outcast in Australian society and a disgrace and shame for both their families and the Vietnamese-Australian community. However, in Vietnam they were a Việt Kiều and were therefore welcomed, respected, valued and loved by the Vietnamese in general and by their extended families. This provided

---

38 From my own personal experience and that of Thomas (1999), the behaviours of some Việt Kiều have added another dimension to the stereotype of the Việt Kiều that is associated with snobbery, boasting, bragging and blatant displays of wealth, which have caused offence to Vietnamese nationals.
most of the young people with a positive and new sense of identity, different from the one they had in Australia, the former entailing a sense of self-respect and empowerment that allowed them to make a fresh start in life.

Despite their elevated status as Việt Kiều, some young people expressed annoyance with the expectation that they were wealthy and the way they were treated according to their assumed wealth. Greed and the focus on money were highlighted by most of the young people as negative factors in their experience in Vietnam.

They’re too greedy... Everything’s just about money. If you’ve got money then they’re real nice to ya but if you don’t, they treat you differently. Like, they just not look at you but when you got money they smile at you and stuff (Loan, 18 years old Vietnamese-Australian young woman).

In light of the negative and positive factors that young people experienced in Vietnam, overall, the positive factors and benefits gained by them outweighed the negative and concerning ones as articulated by their mothers, workers and the young people themselves. In returning to their homeland, almost all the young people in my study had achieved theirs and their families’ objectives of successfully detoxifying and remaining abstinent from heroin. Aside from a few, most young people had also been able to fulfil their families’ desires for them to (re)connect with their homeland and their family history, develop or regain their Vietnamese collective identity and reclaim Vietnamese cultural values.

**Conclusion**

Many of the young people who participated in my study successfully met their own and their families’ objectives in relation to drug detoxification and abstinence while they were in Vietnam. It appears that the factors contributing to their success were the traditional social, cultural and familial structures that exist in the Vietnamese society, which are lacking in Australia. These traditional structures and Vietnam itself provided most of the young people with a sense of identity and self-respect, as well as a strong sense of familial and social obligations and duties, which assisted them to understand their role and responsibilities and the consequences of their actions on their family and the wider community.

In general, the option of return seems to be an effective strategy in addressing heroin issues for young Vietnamese-Australians. However, it is also a strategy that entails some risks because of the availability and affordability of heroin in Vietnam and the lack of awareness among young people about the health risks involved in sharing
injecting equipments. Furthermore, for a few young people, their experiences of Vietnam were negative because they could not identify and connect with their environment and the people around them.

Nevertheless, for the majority of the young people, the respect, support and love they received from their family and the community in which they lived in Vietnam provided them with meaningful interactions and relationships with those around them. This, in turn, provided them with a strong sense of belonging to the family and the community. More importantly, the treatment they received from their families and community in Vietnam provided them with a very positive and fulfilling experience that ultimately gave them a sense of confidence and optimism about their life and future.
Chapter 9

RELAPSING IN AUSTRALIA

Introduction

In the previous chapter, I described the experiences of young Vietnamese-Australians who had returned to their homeland to address their heroin issues, as well as to (re)connect with their cultural roots. I have found that the majority of the young people have had a very positive experience where they have successfully detoxified from heroin, with approximately half remaining abstinent throughout their stay in Vietnam and the remainder ‘using’ only occasionally. Their positive experiences have also included a connection and identification with their extended families and Vietnamese cultural values and collectivist traditions. It is these positive experiences that have enabled most of the young people to remain abstinent and provided them with confidence in themselves and their future.

This chapter will examine the young people’s experiences after their return to Australia. These experiences are largely based on the outcomes of the 14 (out of the 16) young people involved in my study that include: all the young people who I interviewed in Australia following their travels to Vietnam; the young people I interviewed in Vietnam who had travelled to their homeland more than once to address their heroin issues; and two young people in the latter group, who were in Vietnam for the first time for drug related reasons and whose progress I followed up through informal conversations with them, their workers and family members after their return to Australia39.

The focus of this chapter will be on the young people’s health status, drug use, family relationship, sense of belonging and expectations for the future following their return to Australia. In addition, I will outline the factors that have been identified by the mothers, the workers and the young people themselves for the latter’s relapse to heroin addiction. In doing so, I will discuss their views on the effectiveness of the option of return and the solutions they pose for addressing heroin issues amongst young Vietnamese-Australians.

39 For those young people who travelled to Vietnam more than once for drug related reasons (n=8), I have also asked them about the outcomes each time they returned to Australia.
Healthy, Happy and Hopeful

After spending a period of time in Vietnam, most young people usually returned to Australia when they and their parents both believed that they were physically, emotionally and mentally fit to do so. This decision was normally prompted by the young people, who subsequently needed to convince their parents they had the capacity to prevent a relapse to heroin use when returning to Australia. Although a few young people had chosen to remain in Vietnam until it was necessary for them to return to Australia, some had to return to address their legal issues, to work so they could marry and sponsor their fiancés to Australia, or because they and their families had run out of money for them to remain in Vietnam. Others missed their families and wished to return to Australia. The mothers, on the other hand, preferred their children to remain in Vietnam for as long as possible because it gave them peace of mind knowing that their children were safe and healthy.

If he wanted to stay in Vietnam I would have encouraged him and supported him. If he stayed over there I would have been happier but he wants to live here (Thao, 46 years old Vietnamese-Australian mother).

When they returned to Vietnam, each one of them put on 15 kilos after seven or eight months. They stayed for exactly a year and then they came back here [to Australia]. They’re currently back here, but we’re very worried. We told them to stay back [in Vietnam] but they said they were too bored so they refused. They said their main language is English. They were able to adapt in Vietnam and could speak Vietnamese but there was one thing, they were bored so they refused to stay. When they came back here I encouraged them and said, “Why don’t you try and go back to Vietnam. You’ll be able to live comfortably in Vietnam because your parents will try and work hard and send you a couple of hundred dollars a month for you to spend?” If you send money over to Vietnam, a couple of hundred is more than enough to live on, but they said no. They said that, first of all, it’s too hot and they can’t handle it. Secondly they missed home and they wanted to be back (Hanh, 40 years old Vietnamese-Australian mother).

Amongst the young people who did return to Australia after travelling to Vietnam for drug related reasons (n=14), almost all came back looking and feeling healthy and hopeful about their future, even though the majority returned to unemployment. Their state of mind and general outlook on life were positive and they had confidence in themselves to stay clear of heroin. All of them came back to Australia with clear plans for their future: to remain abstinent, to resolve their legal issues and to obtain employment or return to school.
I want to go to America and study in college, become a businessman. You know I still have that dream and it’s possible. [Interviewer: And how important is it for you to achieve this?] Very important, one of the most important things. Because without this, you know I’ll just be like a typical person who just gets an apprenticeship or leaves school early and that’s not what I’m studying for (Thanh, 17 years old Vietnamese-Australian young man).

I’m hopeful my life will improve cause I feel before I didn’t think of anyone. I didn’t give a fuck about anyone you know, but now I do care (Tien, 23 years old Vietnamese-Australian young woman).

Now I try to work and work hard to save money. I try to work and get some money, then support and sponsor my wife [to come over to Australia]. When she’s over here then we’ll both work. Kids, I haven’t thought about [laugh]. [Interviewer: How important for you to achieve all of your plans?] Very important. Because once I’m married, that’s important, for my wife and our children later on (Hung, 19 years old Vietnamese-Australian young man).

The young people also returned home to find their relationships with their families, particularly with their parents, to have undergone a major improvement, because they had attained a better appreciation of their family and largely as a result of the obvious positive changes their families could see in them:

It connected me closer to my family than I was before. You know the bond between family and yourself, you know how you get distant and because in Vietnam they revolve around family, so yeah (Truong, 18 years old Vietnamese-Australian young man).

My relationship with my family is much closer because they see the change in me, they know I’m back to normal again. And I can just talk to them. Even though we still have some family problems sometimes, it’s just the same you know, all families have their problems (Thanh, 17 years old Vietnamese-Australian young man).

It’s good now. Yeah, really good now. Just before the last few years I found it really hard to get to know her [mum] and she never get to know me. Look like she never understand my feeling you know, and now she does, and she’s a little bit easy now. I feel that I’m quite happy with what I got now. [Interviewer: What is it that you have?] Family (Tien, 23 years old Vietnamese-Australian young woman).

With my parents it’s better. Guess I’m older. [Interviewer: What do you mean? Like, since they think just because you went back to Vietnam you’ve matured?] It’s not just going back to Vietnam, it’s ‘cause I’ve grown (Loan, 18 years old Vietnamese-Australian young woman).
Most of the workers (70 percent) also saw that the young people’s family relationships had strengthened and had been enhanced upon their return to Australia. However, most of the workers also identified the ambivalence in the young people’s families’ experience, particularly, the fear that they may relapse and return to their drug-using friends in spite of the sacrifices that they and their families had made.

I guess sometimes it’s happiness, but with great trepidation of what can happen in Australia relapse wise. Sometimes it’s just really happy with no trepidation. Sometimes it’s really unhappy because of the fear of going back to the old ways and it’s a well-founded fear and they’re often dry on the money (Community Worker).

These concerns were also articulated by one of the mothers who took her three nieces and nephews to Vietnam for drug related reasons:

When they came back, there were difficulties in the sense that when they returned to Vietnam, the family had to spend a lot of money for them. Had to borrow money and that for them to detox in Vietnam. They returned twice and there are three of them so it cost a lot of money. They then had to stay there for a year and we had to send money back for people to look after them. Since they came back here, it costs over twenty dollars of medication a day, which is hard to manage. It’s very difficult. The family is really miserable but what else can they do? [Interviewer: What was their relationship with their family, their parents, like? Is it a happy one?] Happy. Their mum is very happy but in that happiness there is also concern. Happy that their children have been able to detox and remain abstinent. I also feel happy that they’re abstinent and have become normal people, but I’m very worried because we’re not certain and that’s because they’ve used before and it’s easy for them to get caught in it again (Hanh, 40 years old Vietnamese-Australian mother).

The positive relationships the young people had developed with their families and their optimism and plans for the future lasted as long as they could remain drug free. Among the fourteen young people who had returned to Australia after travelling to Vietnam for drug related reasons, the majority (approximately 70 percent) relapsed within three months. This number could be higher because four of the young people I interviewed had been back in Australia less than three months and were still abstinent then. The high relapse rate amongst young people in my study is also consistent with the experiences of the workers in their dealings with other young Vietnamese-Australians who have travelled to Vietnam to address their heroin issues.
Explaining Relapse

For those young people who had relapsed, one of the two reasons they identified for reverting to heroin use after returning to Australia was boredom.

[Interviewer: How soon did you relapse?] Two or three months afterwards. [Interviewer: Why do you think it happened?] Boredom. You know how life over there so slow and when you get over here it’s so fast, you can’t keep up. ‘Cause once you’ve been over there [in Vietnam] for a long period of time, you don’t feel like going nowhere or going to work or anything you know. Whereas over here [in Australia] something has to happen (Truong, 18 years old Vietnamese-Australian young man).

[I need to] put up with boredom. Yeah that’s the one thing I gotta succeed in. ‘Cause that’s my main problem really. I can’t put up with boredom. That’s why I’m successful to stay clean in Vietnam. There’s always someone around chatting to me. I’m always laughing and having fun. But when I’m back in Australia, ‘cause I don’t go to school and that, I’m always at home by myself and I can’t stand the boredom you know. So I always go look for the heroin. Kills the boredom (Ken, 17 years old Vietnamese-Australian young man).

The second reason young people identified as contributing to their relapse was meeting up with their drug-using friends; almost all stated that they were determined to stay away from the latter after their return to Australia so they could stay away from heroin. At the same time, some expressed fear about bumping into their drug-using friends as they may be tempted to go and use heroin with them. Their determination to remain clear of heroin and the fear of seeing their drug-using friends again were so great that a few young people restricted themselves from going to places where the chances of seeing their friends were high. However, it seems the boredom and a sense of isolation eventually led many young people back to the friends they had tried hard to avoid.

Some workers have also identified boredom as the main factor for young people to relapse, and a few further argued that many young people relapsed because they came back to Australia and “often things are still the same”.

We’re always referring people to employment, training and education. We do it all the time. We try and get them into something really quickly. Link them up into something so they don’t get bored because boredom as much as anything is the thing that leads them back into it I reckon. It’s probably boredom that would be the biggest, single factor. It’s not some deep seated anxiety or some hidden monumental sort of action against them when they were a child. It’s boredom more than anything. Fills in the gaps (Community Worker).
For most of them, going back is a desperate attempt and so there’s not a lot of preparation that goes into it. So when they come back, they come back to the same home environment and they’re bored, and also they’re flat by this experience that they’ve had. So they’re a bit depressed or you know, bored stiff. And also the whole sense of going back means you’re coming back to all these things you know. There’s a lot of things that make you depressed about going back here (Regional Community Worker).

Unemployment is the chief factor that has been identified by most workers and mothers for contributing to young people’s relapse. Employment is crucial in a modern industrial society such as Australia, to give life purpose and meaning. However, the majority of these young people were confronted with major barriers in seeking meaningful employment.

I think a lot of the issues and the difficulties remain the same. It’s really hard to get work. It’s really hard to get into good, satisfying, tertiary education and perhaps it’s only a bit less hard if you’re not drug dependent. But I just think it’s hard for anybody really (Solicitor).

I think that’s the important thing when they return, either, one, they return to school or, two, they get a job. Because when they come back they don’t have anything. They can’t go to school and they can’t work and so they contact their friends. If a young person doesn’t have school or work where do they go? They hang around in the streets. You can’t keep them in the house you know (Kim, 44 years old Vietnamese-Australian mother).

Generally, they almost always come back to the same situation as before. Unemployed and you know looking to trying to get something together without anything really organised and without the kind of skills and support necessary to do that stuff. It’s just bloody hard (Researcher).

Not only did these young people lack the skills and qualifications and face poor employment prospects similar to those of other young people, they also carried with them a criminal history and the stigma associated with their heroin use.

There’s no fucking way; no one would accept me as a worker, you know. All my convictions and that, false imprisonment, trafficking (Truong, 18 years old Vietnamese-Australian young man).

Nonetheless, most of the young people were also unemployed when they were in Vietnam and yet they managed to remain abstinent throughout the length of time they were there. It is for this reason, I argue, that it is the nature of Vietnamese society
and its suitability in addressing the marginalisation experienced by the young people, which has contributed to their abstinence in Vietnam. This point was also made by one of the workers who has assisted many young Vietnamese-Australians and their families to go to Vietnam as a way of addressing their heroin issues:

I think the negative is essentially what happens when they arrive back in Australia. That negative is essentially that we’re really struggling to keep people clear [of drugs] much more than a month or two when they re-enter Australian society and that probably says more about the structure of Australian society than it does about the Vietnamese society or that young person, if you like (Community Worker).

All the young people in my study were part of a minority group in Australian society and for most of them, their lives were marred by socio-economic disadvantage, marginalisation and alienation. They lacked access to society’s opportunities and resources, and were not in a position to exercise the social and political rights enjoyed by others. When they returned to Vietnam, they immediately became a part of a majority and held the status of Việt Kiều. Almost all of them were well cared for by the people they stayed with and most felt respected and loved. Most of them also gained a stronger sense of belonging to the family and community as a result of the traditional and collective nature of Vietnamese society. When returning to Australia, they returned to the same marginal existence that they had left behind.

Once they relapsed, their physical and mental well being deteriorated and they fell back into a situation similar to the one they had experienced before leaving for Vietnam. Furthermore, with relapse, they and their families experienced feelings of disappointment, frustration and shame.

I saw a good future, but then I start using again. So that wasn’t really good. There were times I wanted to go back to studying, there were times where I wanted to go look for work, get a job, but then I started using again. There are things I want to do. I wanna just get a job, live a normal life like everyone else, be drug free. Eventually if I keep on using drugs you know, being around drugs, I’ll be left with nothing. You know what I mean? There’ll be no future (Phong, 21 years old Vietnamese-Australian young man).

I thought that I was going to stop for real. Like stop using and just go on with my life. But since I started hanging out with my friends it changed (Cuc, 18 years old Vietnamese-Australian young woman).

My youngest son enrolled in a university course but he wasn’t able to escape from drugs. He really wanted to but he couldn’t. I think it was the same for my older son but he’s never spoken to me about it. Sometimes my youngest son would talk to me and confide in me about things. I had asked him, "Why don’t you give up? When you use people look down on you. It’s shameful and when I walk on the streets my friends wouldn’t dare
to look at you”. [He replied] “Mum do you think it’s so easy to give up? It’s stuck in here [in my mind]”. After his recent detox he was abstinent for a few months and then he went out to apply for a course or a job. He didn’t get anything because people were critical of him and they wouldn’t let him attend school again. He was attending Maribyrnong Secondary School. He got angry and went off with his friends and came home and told me frankly, “I’m caught in it again. I’m not taking the medications anymore. I’ve hidden the medications for the past few days”. With the older son, the best that he could do was when he was in Vietnam. He was able to take his medications for a while [when he returned to Australia] until he started hiding them. He always wants to have it [heroin]. It’s horrible. I feel so fed up (Hoa, 40 years old Vietnamese-Australian mother).

The experience of shame and the fear of gossip by people in the Vietnamese-Australian community were felt deeply by the young people and their mothers when the former relapsed. The young people felt responsible for the humiliation, embarrassment and loss of face they had brought upon their families, once again. While the mothers carried considerable responsibility for the dishonourable activities and failures of their children. The impact of shame could be so great that it stigmatised and ostracised all of them from the Vietnamese-Australian community. It must be pointed out that it was the Vietnamese-Australian community, not the wider community, which almost all young people and all mothers considered to be their ‘community’, most likely because they continue to live in Vietnamese populated areas and have spent most of their time in these areas.

Due to the shame and loss of face they experienced, half of the young people in my study did not feel they belonged in the community and resentfully did not consider it important to be a part of it.

[Interviewer: And how important to you is being a part of these communities?] Not that very important. ‘Cause with me, I’m really independent. Like, I tend to just be with my friends. I’ve only got a few friends and that’s it. And, ‘cause out here like my parents have a really bad name because of us. ‘Cause my brother, my sister and me are on it [heroin]. And every time we’re at Springvale my mum goes out shopping everyone just yaps on and talks about my mum. Says that she không biết dạy con [doesn’t know how to teach her children]. [Interviewer: That’s really difficult isn’t it?] Yeah (Cuc, 18 years Vietnamese-Australian young woman).

[Interviewer: When you returned to Australia right, do you feel a part of the Australian community?] Not really. ‘Cause coming over here, I’m used to it. When I was playing, I felt that I brought shame to the community, now I’ve returned to normal. [What about now that you’re not playing, do you feel a part of it?] I don’t feel anything about it (Hung, 19 years old Vietnamese-Australian young man).
Relapsing not only brought about shame, but also the social isolation that comes with it. The sense of isolation was made worse particularly for those young people who had experienced a positive and supportive environment in Vietnam, as was identified by some of the workers. In addition, these workers found the experience of isolation for these young people could return them to the marginal state they were in before travelling to Vietnam, subsequently leading them back to the people and lifestyle they once frequented and lived.

What made it worse is because Vietnam was a more accepting and nurturing environment, community environment. They come back and the only community’s there is family, who have gone through a lot of troubles because of him. Although the tension’s gone, but they’re still not accepting, not respecting him as a person and he hasn’t got no other community. He hasn’t got any uncles or aunties who are nearby who can continue that nurturing so basically he’s lost it. And therefore, slowly there’s a whole sense of isolation, feeling bad about who I am. The whole thing about you know, a lot of Vietnamese feeling bad about who they are as a person because there’s not nurturing, there’s no nurture, there’s no positive affirmation of who you are as a person. There’s only negative expectations. You know, your parents is the worse one, but then your sisters and brothers can be as bad. So you’ve got nothing (Regional Community Worker).

They once again become a minority and you know, they’re outcasts and a lot of these guys don’t have that self-confidence and so getting thrown in the same environment, they kind of tend to follow what’s comfortable for them and once again what’s comfortable is the friends, the people they use with (Drug Counsellor).

Since most young people in my study had a positive experience while in Vietnam, it would seem difficult for them to deal with the ‘trough’ that many were confronted with following their return to Australia. The experiences of highs and lows have left many of these young people feeling deflated, particularly the majority of them who relapsed and suffered the guilt, shame and isolation that followed.

**Endorsing the Option of Return**

In spite of relapsing to heroin use after returning to Australia, the majority of the young people (n=13) believed that they had “done better” than other young people in their situation by going to Vietnam to address their heroin issues. They found that Vietnam provided them with an environment, space and time where they could learn about themselves, their families and their homeland. More importantly, it provided them with
the opportunity to get off heroin and start a new life. Hence, almost all recommended returning to Vietnam as an option to address young people’s heroin issues.

I recommend it for kids my age, like teenagers who have spent most of their life in Australia. I reckon it’ll be a great experience if they come here [to Vietnam] and see what their culture is really like and learn about it. I think they’ll have a fun time and experience (Ken, 17 years old Vietnamese-Australian young man).

Yeah, I reckon it’s a good way. Like being clear of it, getting to think. Yeah just how to accept life and that. Yeah make me miss home and making me cherish it (Hong, 18 years old Vietnamese-Australian young woman).

Well I can only see the change in me, but it’s just something about it. How do you explain it? Okay it’s like this: It’s like going to hell, seeing what would happen if you continue what you’re doing, what you’d lose and then going back to reality. It really hardens you too. Because you have everything easy in Australia you know, then when you go to Vietnam, it’s just so hard. You see how hard everything in our life can be and how society can be, you know? A lot of the times I’m here [in Australia] and I think about why don’t I just go out there, go to the city or Bourke Street or whatever and pick up and you know, have a smoke and feel good again. You just think about Vietnam, think about your experience in Vietnam. Just think about you know all the stuff that you enjoy, all the time that you had there. Like time in Vietnam when things are bad seems to go on forever. You know time’s sweet to those who have fun, to those that hate, time is a really gruelling enemy. So you just really have to realise that what you’re going through it’s not going to happen forever, but you really have to use it you know, as an advantage (Thanh, 17 years old Vietnamese-Australian young man).

Most mothers [n=3] also recommended the option of return as a means of dealing with drug issues for Vietnamese-Australian families, especially for families with children who have difficulties detoxifying in Australia, and who have the resources, a clear plan and family members in Vietnam to support and supervise them.

I would recommend it but as I said earlier when they go to Vietnam you need someone to take care of them and supervise them constantly, monitor them closely. If you send them to Vietnam and you let them go freely then it’s better that they’re here because in Vietnam drugs are widespread and cheaper. You also have to have a plan for them. For example, the older ones you can get them detoxed in Vietnam and then get them married or get them to learn a trade or whatever so that once they’ve given up, their mind is clear and content. If they’ve detoxed and they just hang out then I don’t think they’ll get anywhere (Kim, 44 years old Vietnamese-Australian mother).

The other two mothers initially looked favourably on the option of return, but since their children repeatedly relapsed after their return to Australia, they viewed it as
Initially I was hopeful but now I don’t have any hope because I’ve been through it. They wanted to give up so they agreed with me to go, but when we got back here [in Australia] it was completely useless. Initially I was very hopeful. We went over and came back and they got caught in it again when they were back here. We went over there to be in a Vietnamese environment where they’re far away. I wanted them to make their own decision to detox. I wanted them to go over there for a holiday not to monitor them like a prison. It’s a waste of money. The neighbours would laugh because in Vietnam it’s not like over here. It’s embarrassing. I don’t have any hopes in sending my children back to Vietnam. It’s too embarrassing. I understand that my children will find every way possible to play, which makes me angry. So I let them be, but I told them that if they want to play then play in Australia because we’ve already got a reputation for going to Vietnam to detox (Hoa, 40 years old Vietnamese-Australian mother).

[I would] not [recommend the option of return] as a way of dealing with drug issues, but I do think it’s a good opportunity for time out and I wouldn’t kind of pretend that this is one way in which you’re actually going to stop using drugs except for the period of time that you’re away and that there’s a whole lot of other stuff that needs to go on. I guess part of the problem with that is that people really do themselves believe, that this is the way, you know. Part of that is about them wanting to believe that and feeling really hopeless if it’s not what can I do then kind of stuff. They really do just think that once they’ve stopped using, get clean that everything’s going to be alright; it’s just actually doing that detox is the hard thing, which is why the rapid is so popular. You know, almost 500 Vietnamese people have done rapid detox in the last 2 years. [Interviewer: And they cost a lot of money too don’t they?] It’s just outrageous. So I would recommend it in terms of that time-out stuff and I think there’s a lot of stuff that can happen that’s really positive about that, but in terms of actually being a way of stopping drug use I don’t think it does that. So I wouldn’t be recommending the government fund trips to Vietnam as treatment places or maybe it would be better, I don’t know. But if people are thinking of doing a ROD, rapid opioid detox, I’d look at it as an alternative to that (Researcher).

[Their problems] should be solved in Australia. Something happened in the family, something happened in the community and in the society so we need to solve it here. I think you are aware that in Vietnam people are using drugs a lot. So the problem is everywhere. Why should we send them to Vietnam? (Youth Intensive Support Worker).

Since the option of return represented for young people and their families chiefly a means of ‘getting away’ from the environment, social networks and problems that were associated with heroin, this has been interpreted by those few workers who...
did not endorse the option of return as a means of avoiding or ‘running away’ from the problems:

For me it was from the start it was all about running away from the problem. And once again it comes down to understanding where you’re at with your drug use and why you use. And a lot of the time, these clients or these families have no other options but to say, “Well the only way we can do this is to get away from it”. I think the community as a whole is in denial too. It’s like well, if they get away from it for a while it won’t be there when I get back and that’s something really hard for them to deal with when they do have to face it again and you know they get back into the same environment. For these kids too you know, they adapt pretty well and they find new environments too. Vietnam was just an option because it was a comfort zone; it was where they knew, well where they thought it would be safe and where they thought it was a comfortable place to deal with issues, but not realising or not thinking about the fact that Vietnam itself has changed and that the drug scene over there is prominent too, it’s still there. So yeah, I think a lot of the time these issues and so forth are done because there’s no other options (Drug Counsellor).

‘Getting away’ from the problems does not mean ‘running away’ from them. For the young people and their families, getting away meant to be free from the pressures and stress they were facing in their lives in Australia. It was essentially about taking time-out to give the young people and their families a rest and to try to get their lives back on track. This had been clearly articulated by both the young people and their families, who saw the option of return as a solution to their predicament rather than a means of avoidance. It was also this state of predicament that caused confusion and contradiction for these workers who considered the option of return as avoidance, which was demonstrated in the inconsistency apparent in their response.

Whilst they were aware of the lack of drug treatment options available and the lack of success that these young people and their families had experienced in addressing their heroin issues, these workers did not recognise what Vietnam had to offer them. These workers missed the importance of the Vietnam experience for the young people and the cultural connection and identification that can be obtained by young people returning to their homeland and being amongst supportive extended family members.

Nevertheless, the majority of workers (70 percent) did understand the reasons why the families chose to send their children to Vietnam and strongly endorsed the option of return.

It just gives them another option. If they can’t achieve it here, why not try it in Vietnam if they’ve got the money, that is. I guess it’s a bit harder if you haven’t. Also on top of that not only detox, but it gets them away from the whole drug scene, and also understanding their own culture and where they belong. Some might need that, some
might not, but at least it gives them that. You rather have something than nothing (Case Manager).

I think there are really limited opportunities for dealing with drug problems and the starting point would be to take whatever opportunities are available. It has been my experience that returning to Vietnam, if there’s sufficient support in place, can be a really positive experience and so long as there’s not an expectation that it’s gonna solve everything and everything will be perfect but that lots of positive things can be obtained out of it (Solicitor).

Amongst those workers who endorsed the option of return, a few recommended a “safety net” and careful planning to extend its effectiveness:

I would see it as a really valuable option but I think that it needs to be carefully thought through. I think that there needs to be a safety net that’s available; a safety net if they’re caught and there’s you know, police involvement, court involvement. There needs to be some sort of system or strategies for the young person if they get back and it’s a negative experience and being able to abort their stay or help them to deal with the issues that are facing them in Vietnam and turn them into a positive experience. So I think that there needs to be a real process that’s sort of constructed and that becomes available to young people, their families and the workers to consider in making the decisions about going back (Consultant).

I think it’s a good option but it needs to be planned out, you know structure to it. So that it’s not a desperate attempt but it’s actually something that you can really plan. So [the young people are] not just there for their own sake but they’re contributing something, which builds on their confidence, builds on their sense of, “What I want to do with my life”, as well as seeing how they can contribute to the world, to Vietnam or whatever (Regional Community Worker).

The immediacy in which young Vietnamese-Australians with heroin issues could partake in the option of return was an attractive and effective feature for them and their families, who were in a state of helplessness and desperation. First and foremost, the option of return could be implemented immediately and did not have a waiting list, which was particularly effective for young people who had decided and were prepared to get off heroin. Young people and their families were fearful of waiting lists because they discouraged the former from following through with their decision to detoxify, and therefore, was perceived as a missed opportunity. Furthermore, the option of return did not involve a comprehensive assessment of the young person, the development of a case plan and it did not necessarily require professional support and assistance. Most of the time, it involved the mother making travel arrangements for the
young person and organising with family members in Vietnam around the living arrangements and care of the young person. As one worker described it:

It's really easy. Mum go buys a ticket, they buy a ticket and then they just ring Vietnam, "We’re coming over". That’s all, there’s not much to it. And then they say, “Okay this is the day we’re going and then we’ll ring up our cousin in Vietnam, we’ll stay there". But if you ask someone who works according to CSP [Client Service Plans], they want the time, the date, why you’re going, the objective behind that, they want all that. But for Vietnamese family, just go there, get away from all this crap, you know. No big deal (Juvenile Justice Liaison Officer).

However, it was the feature of immediacy that also raised concerns and criticisms amongst those workers who disapproved of the option of return. The perceived lack of planning and officialdom that were involved in sending young people with heroin issues to Vietnam were disconcerting to them, particularly those who adopted a clinical approach to addressing drug issues. This was because the option of return challenged their understanding of addiction, which was largely based on the Western scientific disease model, and went against their knowledge and practice of current drug treatment models and programs.

A lot of time I don’t think families think it through properly or any plans are made. Basically they just hop on the plane, get away from Australia, get away from Melbourne and just come back to Vietnam and everything will be fine. You know it’s very ad hoc kind of plan and basically if the accommodation’s fine down there in Vietnam, they just go (Drug Counsellor).

Now what I heard is everybody, every family who have young people on drugs try to bring their children to Vietnam for detox and I’m concerned about that because here in Australia we have a number of agencies who have detox programs. I’m concerned that people don’t use these services in Australia but just take their children to Vietnam (Youth Intensive Support Worker).

The type of work involved in getting their children to commence detoxification through the option of return allowed the family, both in Australia and in Vietnam, to participate in and have ownership and control over the welfare of their children. While empowering the families in the process, this option may have had the effect of disempowering the workers by reducing their influence and the significance of their position in their work with the young people. This concern was raised by quite a number of workers, both for and against the option of return, who believed that the absence of professional guidance and support may present a lost opportunity for young people to make sense of their experience in a meaningful way. They did not
recognise that extended family members could fill this role for young people while in Vietnam.

Personally I probably think that without some kind of, not a counsellor, but someone else to direct their head on what’s actually going on, the kind of productivity that you could make out of an opportunity like that is really lost. Because people put themselves in a totally different environment they don’t have to deal with the other stuff and their heads and their body aren’t part of what the reality is. It’s like you go off into a fantasy land for a little while without any [professional support or role]. I know there’s kind of a lot of research that doesn’t actually say that counselling kind of makes a difference, but I think if you were to try and increase the value of that opportunity to become drug free, then I think that’s really lost without having someone around to help that young person think about that stuff. That’s not to say that they don’t think about it, but just when you’ve only got yourself to do that kind of stuff, you don’t have someone else kind of help you work through those kind of stuff (Researcher).

You need people to go with them and to help them interpret their experience, to go back and understand where they come from, or where their parents come from and why their parents behave the way they do. So I guess if you’re able to interpret your experience, you’ll be able to work out some of those issues of identity in your life, working on the sense of community, family. All of those things that sort of been repressed or set aside... I guess there’s a positive way that addresses some of the confusion that they may have and also gives them a different perspective to life. And again you know, if you’re able to translate that you can come back with a different perspective and be able to value the things that you have and the life that you have here and therefore making better decisions about what you want to do with your life. So I think it’s good, not just for the sake of drugs, but the sake of wholeness of the person, which then translates to whatever situations that they’re in. So I think it’s a good option to give them time away from their family, give their family a break and you know, they may be able to appreciate their family a bit more once they experience family over there in that context (Regional Community Worker).

It appears that these workers had a strong sense of professional identity, which they were entitled to, given the professional training and respect accorded to their support role in Western societies. However, this professional role is generally absent in Vietnam as it is taken up by members of the extended family or respected individuals in the community, as I explained in Chapter 7. This was something that most workers overlooked when reflecting on the young people’s experiences in Vietnam. In addition to this, most of the young people were able to reflect on and interpret their experiences, as well as make the most of their time in Vietnam, which is shown in their quotes above. Thus, it would seem that once young people returned to Australia it
would be the responsibility of ‘professional’ workers to support them to maintain and make the most of the good work they have achieved in Vietnam.

**Resolving Heroin Issues for Young Vietnamese-Australians**

In seeking the opinion of the mothers on what could be done to appropriately address the issues of drug use amongst young Vietnamese-Australians, most (n=3) maintained their ‘zero tolerance’ stance by advocating for stronger law enforcement and a regimented detoxification program:

> If there is a detox centre that can detox a lot of people then the more the better. Force them to detox but I think we have to force them and have people monitor them. During the period of detoxification we have to congregate them in a place where they can detox and at the same time work, do labour jobs like gardening, or wherever they can help out, or whatever it is for them to do, so they can forget. Teach them a trade. Keep them isolated for a period of time; it must be a period of time, because with these young people you can’t keep them for a short period of time (Kim, 44 years old Vietnamese-Australian mother).

Another mother spoke about the need for families to pay closer attention to their children and to work closely with schools to monitor their progress, while the other believed that she had done all she could for her children and it was essentially up to them as individuals to make the right decision for their life and future.

The young people, on the other hand, came up with an impressive variety of strategies to address heroin issues for young people like themselves, and they were very similar to those suggested by their workers. Their responses included: providing updated information on drug and alcohol issues and more support services, including appropriate detoxification centres; legalising heroin and establishing safe injecting rooms; providing employment for young people and having more positive role models for them to look up to in a “White man’s community”; having “good” friends and firm but supportive families; and sending young people who are willing to get off heroin to Vietnam. However, the most common point the young people raised was that, regardless of the environment they were in, they believed that if they made the decision to stop using heroin they “can quit easily”. Although most young people agreed that they must initially make the decision to quit heroin, they admitted that being in Vietnam had made it easier for them to detoxify and to remain abstinent because of the absence of drug-using friends and the strong support of their extended family.
A supportive and nurturing environment that provides young people with a greater sense of themselves and their future was also what most of the workers have identified as the appropriate way of addressing young people’s heroin issues.

You can’t sort of treat people as a treatment and therefore just provide a six day detox or counselling. People are relationships. I think that programs need to be around relationships or building relationships and the focus should be more helping young people to gain confidence and skills and recognise boundaries in our lives and responsibilities and all those things. ‘Cause I think that at the moment young people don’t have people that they can look up to, be mentored by or receive guidance from. The only place that they are getting all those sorts of things are from the multi-media and so on, about their values, about who they are as a person. So I guess in terms of drug treatment or whatever, I think it’s more providing a positive community that addresses more of their core issues. And helping them to translate those experiences that they have gone through whether it be refugee or about growing up in Australia and having Vietnamese parents. Helping them to translate and come to terms with those sorts of issues. And helping them to find and have a vision for their own lives. And through those sorts of things that people learn to make decisions to give up drugs rather than you know saying, “You’ve got a problem. Here’s a treatment”. But it’s not about the drug, it’s about them having a vision for their lives, having something positive, having hope that they can do something. But they’re only able to do that once they are able to work out what’s going on with all these issues in their lives (Regional Community Worker).

To me it is about giving people a sense of the future and a sense of who they are. Because I think that if you’ve got a greater sense of who you are, your identity and the future looks like there are possibilities, there are possibilities for you, there are options for you then you do get the sense that you are moving on, you know that you are developing. So I see those two as really fundamental in the process of helping people, not only with drug usage but a whole range of other things as well (Consultant).

Nevertheless, the dominant view that is held in the Australian drug and alcohol sector in relation to heroin dependency is that it is a health condition that requires ongoing medical treatment. This view has been expressed explicitly by one of the workers during his assessment of the option of return:

[Travelling to Vietnam] doesn’t actually address the drug use at all. So it doesn’t look at kind of the broader picture. It is the time-out kind of stuff, but I think people get lulled into this false sense of security in the sense that they feel like they’ve actually dealt with all of that stuff just because they haven’t used for how ever long they’ve been away for and they come back here and it’s almost inevitable… I guess it’s about the quick fix. Everyone wants everyone to be the solution. By simply adopting one intervention you’re able to solve the problem. I guess that kind of doesn’t sit with what’s actually going on in terms of what heroin dependency is – it’s a chronically relapsing health condition that
needs ongoing treatment. People aren’t prepared to accept that because drug use is kind of so stigmatised in terms of you’re a bad person if you’re on drugs, it’s kind of your fault to start. You do have quite a bit of control over that. I just don’t think it’s as simple as that whilst there’s certainly a whole lot of social stuff that’s going to impact on that, but I think that it’s actually a chronic health problem and it needs ongoing treatment in that sense, and we know from twenty to thirty years looking at heroin dependency internationally that the only thing that really works is the maintenance program. So once people get into maintenance the same way that asthma gets controlled or diabetes get controlled is through medication and that’s where, unfortunately most people don’t like to admit but, methadone and a whole range of other treatments whether it be buprenorphine or that kind of stuff really works. It’s the only thing that works in terms of being able to address people’s use of heroin in an ongoing kind of way (Researcher).

The explanation provided by the Researcher about heroin dependency being a “chronically relapsing health condition that needs ongoing treatment” reflects the general understanding of heroin addiction as a disease. The Western scientific disease model of addiction, which has gained professional and public support during the twentieth century, is currently perceived by many practitioners in the drug and alcohol sector as conventional wisdom. Central to this model is the belief that addiction is a disease and addicts are therefore victims who have lost control over their drug use. In other words, heroin addiction is an endless cycle of intolerable craving that leads to re-addiction or relapse despite periods of abstinence or an array of medical, social and legal problems. This view is held by clinical and medical associations that have inscribed it into their diagnostic manuals, such as the Diagnostic and Statistical Manual of Mental Disorders (1980), and has been internalised and adopted by many workers working on drug issues, including a few of the workers who participated in this study.

Clearly, some people can be assisted by the disease model of addiction through interventions such as the twelve-step program originally proposed by Alcoholics Anonymous (AA) (Alcoholics Anonymous 2001), which was subsequently adapted for Narcotics Anonymous (NA). However, this model has not been suitable for others, such as the young people in my study. I suggest that this is because the disease model ignores socio-cultural factors that are relevant to the conditions in people’s lives; hence, many issues are simply invisible to practitioners who follow this model. For these practitioners and a few of the workers in my study, the disease model of addiction can present contradictions in their direct work with drug-affected individuals that can subsequently impact on their ability to clearly make sense of the situation.

An important fact that can be and has been overlooked once young people relapse is the high success rate they experienced while in Vietnam. This significant finding is not unique and unknown. Robins’ (1974; 1993) study, involving 900 American army enlisted men who served in Vietnam during 1970 to 1971, found that 44 percent tried narcotics and within this number, 34 percent tried heroin and 38 percent tried
opium. One-fifth of the 900 servicemen reported themselves to have been addicted to narcotics; however upon their return to the United States, 88 percent discontinued their drug use during a three year follow-up period. The majority of these servicemen received no form of treatment, while a third received simple detoxification during their service and only a small percentage were admitted into drug treatment when they returned. Robin has stated that the reason given by the servicemen for their heroin use in Vietnam was that “it was enjoyable and made life in service bearable” (1993, p. 1049).

The findings of my study and that of Robins’ (1993), both pointing to the influence of the cultural and socio-economic context on people’s behaviour, need to be incorporated into public and scientific understandings of heroin addiction. Consequently, it has been argued by Heyman (1995) that the disease model merely accounts for the compulsive features of addiction and does not explain the dramatic effect on both the acquisition and elimination of addiction caused by local conditions, such as the cost of drugs, probability of arrest, embarrassment and other consequences, which is evidenced in epidemiological and experimental data. The high rate of recovery and abstinence in both mine and Robin’s (1993) research is further evidence in support of this argument.

Peele (2000), a resolute critic of the standard notion of addiction as a medical problem, has asserted that,

The formalization of the addiction concept and of notions of addictive symptoms does not represent a scientific advance, and instead is better understood as a cultural phenomenon that fulfils functional and symbolic needs. If we actually wished to create a scientifically well-defined concept of addiction, we would need to wean ourselves from our preoccupation with narcotics and several other illicit drugs and to think about why people form overwhelming attachments of all kinds.

The “cultural phenomenon” that Peele (2000) has referred to relates to his argument that the disease model of addiction is not “value-free” as its supporters contend it to be, but it is actually a political, economic, religious and psychological tool used to project the dominant moral views of our society. As I have argued in earlier chapters in relation to opium and Asians in the Australian context, these drugs and their subsequent control have been used to convey moral messages of evil and deviance, initially as a result of racism directed against the Chinese and more recently as racism directed at the Vietnamese. These moral and political messages, combined with the model of addiction, also create a strong economic base for drug treatment and related services. Peele (2000) points out that treatment for alcohol and drug dependence has increased several-fold since the 1980s and has become increasingly coercive, with many addicts forced by the courts and businesses to undergo treatment.
The principal advantages to expensive, inpatient care seem to be financial ones for providers and a sense of neat categorization and hoped-for benefits for society at large (Peele 2000).

A few workers in my study have also expressed frustration with the way heroin has been made illegal and therefore is treated within a criminal law model that creates misconceptions of, and misdirects much needed resources away from, those suffering the effects of heroin addiction:

Change our stupid, ridiculous laws so we can deal with this in a more sensible and adult, mature way. Change the law, direct all the money from law and order and prisons into detox, rehab, counselling, family support, education, employment, training programs that are going to rejoin people into normal society and give them a chance to look at normal society and say, “Oh, this is alright, I wouldn’t mind being a part of this. And normality has got something to offer me and my life.” They’re basic stuff you know. I don’t believe that we’ve got a heroin problem; I believe we’ve got a legal problem. And our legal problem has led to a major health issue in our community, with some people calling it a heroin problem. You know that’s the horse that pulls the cart. The law is the greatest impediment to harm reduction, to drug dependent recovery and to minimizing the harm in the community (Community Worker).

I have to say that I think it would be better to deal with heroin as a health related issue and from a harm reduction model rather than from a criminal model because the prohibition approach to heroin just doesn’t work, doesn’t work at all and in many ways I really think it just makes it worse. Sending people to jail doesn’t work for heroin related stuff, doesn’t have any impact for as far as I can tell. I think probably a long-term approach. I don’t know what you do to give people a sense that life can be more fulfilling and actually enable it to be more fulfilling. Hopefully that’s something that will happen over time anyway... I think a lot of attitudes have to change. One thing I think would be some increased understanding by the non-Vietnamese community of Vietnamese culture, Vietnamese language, sort of reducing the stigmatised view of the Asian drug trafficker or whatever. And maybe an increased respect for that culture and that history and all that kind of thing (Solicitor).

Heyman (1995) and Peele (2000) have concurred that the modern concept of addiction as an uncontrollable disease is an excuse for diminished responsibility. It has been argued that the idea of loss of control appears most prominently in advanced industrial societies and represents “self-conscious Western ideas of self-control” (Room 1985, cited in Peele 2000). As I have alluded to earlier, it is interesting to note that both the young people and their mothers maintained that heroin addiction is a voluntary state and is therefore the responsibility of individuals to free themselves from addiction.
Pretty much really depends on the drug person and the family. That’s the main two things. I mean if he wants to quit, he can do it. I mean if he doesn’t want to quit and the family wants him to quit, it’s not going to happen. If he doesn’t want to quit, it’s never gonna happen. No one can force him. Even if he’s locked up for five years and he goes out he’s still on drugs. So really depends on the drug person, the drug addict (Ken, 17 years old Vietnamese-Australian young man).

Actually you can’t really help them. I’m speaking the truth. It’s up to them. It’s really up to you; it’s in your mind. Like if you force them to quit, and then like sooner or later they’re going to go back (Man, 25 years old Vietnamese-Australian young man).

I feel that they’ve detoxed so many times. It’s now up to them to think about it. Personally I can’t think of any other way. Their dad always tells me to go to another country to live, New Zealand or another state. They’re not children. They smoke to recreate and then they come home and live independently like normal. So I think there’s no other way and it’s merely up to them to think about it and give up (Hoa, 40 years old Vietnamese-Australian mother).

In line with the views of the young people and their mothers, Peele (2000) has concluded that addiction is:

an area that touches our deepest fears about our ability to manage our selves, our children, and our society.

Therefore, socio-cultural factors need to be incorporated into public and scientific understandings of addiction in order to effectively address issues of heroin dependency for young Vietnamese-Australians. We cannot deny that for too long the issues of drug use have been driven by socio-economic politics, which have consequently criminalised many young people on the basis of what are actually cultural, social and economic problems – that is, the lack of equitable and supportive social structures and systems for young people and their families to have a meaningful existence and active participation in all aspects of life that include having an adequate income, rewarding employment and education, and positive options for the future. By criminalizing one of the most vulnerable and important groups in our society, we are in effect, diminishing young people’s well-being and prospects for the future. The social, economic and political conditions of our society underpin the experiences of young people, particularly their drug use; hence these conditions are also central to the construction of drug related problems. As a result, any serious attempt, program or strategy that aims to address drug related problems must simultaneously address the underlying social, economic and political structures and conditions of our society.
Conclusion

When young Vietnamese-Australians returned to Australia after travelling to Vietnam to address their heroin issues, almost all were healthy and hopeful about their lives and future. They had clear plans for themselves that included abstinence, employment and education. Their relationships with their families also improved because of the obvious physical, mental and emotional changes their families could see in them. However, within three months after returning to Australia, most relapsed into heroin addiction and subsequently returned to a situation similar to the one they were in before they left for Vietnam, that is, highly at risk of dangerous heroin use and incarceration.

The factors that have been identified as contributing to the young people’s relapse are boredom and, most importantly, returning to an environment with limited support and a state of isolation and marginalisation. For most of these young people, their existence in Australia contrasted with their experiences in Vietnam. Consequently, the conditions of their lives in Australia ultimately drew them to seek comfort with their drug-using friends and in heroin. Therefore, their experiences in Vietnam and after their return to Australia have posed a challenge to current public and scientific views of drug dependency and treatment, which need to take into consideration socio-cultural factors that have impacted on their lives. More importantly, the results of this research advance the argument that any serious attempts made to tackle drug related problems must also address the social, economic and political conditions of our society, which are responsible for shaping the behaviour and lives of Vietnamese-Australian young people and their drug use.
Vietnamese arrival and settlement in Australia have, up until recently, attracted a great deal of controversy and attention from the Australian public, media and academia. It has been argued by scholars that this is because our community has played a key role in broadening Australia’s engagements in politics and society (Jakubowicz 2004). Our arrival in the late 1970s was the first real test to the end of the White Australia policy, which previously restricted Asian or non-European immigration (Viviani 1984; Viviani 1996). During the 1980s, our increasing presence was used to mobilise old fears and resentments against Asian immigration by portraying Vietnamese-Australians as a threat to social cohesion and Australian values (Blainey 1984). In the 1990s, Vietnamese ‘ghettos’, ‘gangs’ and ‘crime’ were used in support of the abandonment of multiculturalism (Hanson 2007), whereby young Vietnamese-Australians were blamed for generating a ‘heroin crisis’ and creating unsafe cities (Crofts 1996; Hansen 1996b; Gleeson 1997). In recent times, young Vietnamese-Australian heroin users who are travelling to Vietnam for drug related reasons have been considered liable for a potential epidemic of HIV from Asia into the Australian community (Hocking et al. 2002; Elliott et al. 2003) and sustaining the current epidemic of hepatitis C among injecting drug users (Maher et al. 2001).

It is the phenomenon of young Vietnamese-Australian heroin users returning to their homeland as a way of addressing their heroin problems, which has been the focus of my study. In the context of concerns and alarm over the ‘risk behaviours’ of these young people, this study has served the purpose of providing a description and understanding of the experiences, motivations and needs of these young people – and to a lesser extent – their families. This was done in the hope of providing a much needed critical ethnography of this group of heroin users.

Consequently, I have adopted a qualitative methodology based on a critical ethnographic approach and located within an interpretive framework, to answer the research question: What are the experiences, motivations and needs of young Vietnamese-Australian heroin users who have travelled to Vietnam as a means of addressing their heroin related issues? Since the option of return had largely been a decision made by the young people’s parents, and supported and assisted by the relevant professionals working with the young people and their families, I have also attempted to answer the question: How are their experiences and needs perceived by
their families, their support workers and the young people themselves? – all of whom are my research participants.

In addressing these research questions, I have endeavoured to use the personal narratives of the research participants to bring their voices into an area of research that has long been dominated by institutional researchers, epidemiologists and medical personnel. However, I have also incorporated the views of other scholars and the findings of relevant studies, as well as my own personal and professional experiences to construct a discursive and interpretive narrative of the experiences of young Vietnamese-Australians travelling to Vietnam for drug related reasons.

The Narrative about Young Vietnamese-Australian Heroin Users

In this thesis, I have attempted to tell a story that began with the arrival of Vietnamese refugees in Australia, following the end of the Vietnam War. I have demonstrated that the responses from the wider Australian community to Vietnamese settlement incorporated both compassion and racism, generating public debates on Asian immigration and Australia’s multicultural policy throughout the 1980s and 1990s. Much of the debate was racist and dogmatic, and fuelled by negative media sensationalism. The media’s focus was on the perceived socio-economic problems experienced by Vietnamese migrants, particularly in relation to their high residential concentration, high unemployment rate, gang related activities and the involvement of young Vietnamese-Australians in the street heroin market. The subsequent government and academic attention, which was brought upon the Vietnamese-Australian community by negative media coverage, resulted in this community becoming the most researched migrant group. More importantly, the overall negative public responses to Vietnamese settlement effectively stigmatised and marginalised Vietnamese-Australians, especially young Vietnamese-Australians.

I have also illustrated that while Australia was coming to terms with its historic fears of an Asian invasion and concerns over social cohesion and cultural identity, many Vietnamese-Australians experienced cultural and language barriers, racism and social exclusion when attempting to establish a new life for themselves and their families in Australia. The settlement experiences of Vietnamese-Australians have been varied. Some Vietnamese migrants have experienced social mobility, particularly those with tertiary education. Others, probably the majority, have achieved their material goals and a higher standard of living, although many have had to modify their goals in the face of obstacles. Finally, some have experienced long term unemployment, which in some cases has been intergenerational for their families, consequently impeding their social mobility and integration into Australian society.
Among the young people in my study, most have not succeeded in the education system. Many have experienced long-term unemployment and they have grown up in low socio-economic areas where migrants and refugees are over-represented. I have argued that it is their state of marginalisation and their lack of employment options that have made them vulnerable to heroin use and involvement in the street heroin market. Through the use of heroin, they tried to escape from the reality of their lives, while the street heroin market provided them with a niche in the black economy to generate an income for themselves and a means to finance their own drug use. Furthermore, the company of their peers provided them with a strong sense of belonging and identity, as well as a means of support and validation. The dynamic nature of their relationships with their peers was essentially a familial and friendly business partnership, based on heroin consumption and distribution.

I have suggested that the relationships these young people had with their peers were further strengthened by their experiences of family conflict and parental neglect, the latter partly as a result of their parents’ preoccupation with pursuing material success and establishing a new life in Australia. In many cases, these were the unintended consequences of the parents’ attempts to increase the socio-economic status of their families both in Vietnam and Australia, and to secure their children’s future. Nevertheless, as soon as they realised their children had gone down ‘the white path’, they shifted their focus and used all their resources to help their children. This led the young people to realise how much their parents loved them, particularly their mothers who have persevered and remained resilient in their struggles with resettlement and their children’s heroin problems. The young people’s realisation subsequently compelled them to leave their peers and the street drug life to return home and undertake all attempts at detoxification so they could rid themselves and their families of the sufferings associated with their heroin use.

When the young people’s families turned to the Australian service system for support, they were confronted with ideologies and service models that were culturally and linguistically inappropriate and insensitive to their needs. These services were directed towards the individual and were based on a highly individualistic Western culture that inevitably discouraged or excluded certain individuals and families from meaningful and effective access and participation. These models of service delivery were unsuitable for many Vietnamese-Australian families who were accustomed to a conservative and family focussed approach. The level of stress and hardship the young people and their families were confronted with in relation to their illicit drug issues was further heightened by their limited personal resources and the absence of a supportive traditional extended family, which had disintegrated as a result of dislocation, migration and settlement. Hence, the families decided to send their heroin-affected children to
Vietnam as a last resort, to a familiar society that has a familial support system, which in the past had effectively addressed the needs of the family.

When the young people returned to Vietnam, many were able to successfully meet their own and their families’ objectives in relation to drug detoxification and abstinence. The factors contributing to their success appear to be the traditional social, cultural and familial structures that existed in Vietnamese society. These traditional structures and the way of life in Vietnam provided most of the young people with a positive and meaningful experience and existence, which assisted them to remain abstinent and gave them a sense of confidence and optimism about their life and future. Whilst a few young people did not enjoy their stay in Vietnam because they were unable to identify and connect with the environment and the people around them, they were nonetheless able to remain abstinent because of a sense of personal and familial obligation that they gained while in Vietnam.

Upon returning to Australia, almost all of the young people were healthy and hopeful about their future. Their state of mind and general outlook on life were positive and they had confidence in themselves to stay clear of heroin. They all came back to Australia with clear plans for their future: to remain abstinent, to resolve their legal issues and to obtain employment or return to school. Their relationships with their families also improved because of the obvious physical, mental and emotional changes their families could see in them. Unfortunately, their optimism and plans lasted as long as they could remain drug free and the majority relapsed to heroin use within three months. Once they relapsed, their physical and mental well being deteriorated and they returned to a situation similar to the one they were exposed to before they left for Vietnam, that is, highly at risk of dangerous heroin use and incarceration.

The main factors contributing to young people’s relapse were their return to an environment with limited support and their entry into a state of isolation and marginalisation. For most of these young people, their existence in Australia was in contrast to their experiences in Vietnam. In Australia, they were part of a minority group and, for many of them, their lives were marred by socio-economic disadvantage, racism and marginalisation. Whereas in Vietnam, they felt part of a majority and held the status of Việt Kiều. Almost all were well cared for and most felt respected, valued and loved in Vietnam. In addition to this, most of them gained a stronger sense of belonging to the family and community as a result of the traditional and collective nature of Vietnamese society. Therefore, when returning to Australia, they re-entered the marginal existence they had left behind, which soon led them to seek comfort with their drug-using friends and in heroin use once again.

From this narrative about young Vietnamese-Australian heroin users, it appears that economic and socio-cultural factors and context can have a significant impact on people’s behaviours and lives. For them to lead trouble-free and productive lives, they
have to feel a sense of belonging, or a sense of connection to their family, community and society at large (Ethnic Youth Issues Network et al. 1996). However, for many young people involved in my study, their sense of belonging in Australia did not exist and their sense of connection to the mainstream had never been given the chance to fully develop due to their experiences of racism and marginalisation, and their families’ experiences of dislocation. Furthermore, these young people also experienced marginalisation within their own ethnic community due to the strong values placed on educational success. As a result, they continued to see their lives in Australia as a series of negative experiences and failures, which reinforced their feelings of alienation, leading them to disengage and become socially excluded.

**Recommendations and Strategies for Change**

As I reflect on what I have attempted with and learned from this study, I find that its greatest limitation has been the modest sample size. My research has generated rich and interesting data that have implications for policy and practice, as well as raised questions for further study. However, the sample size has been small and the findings need to be treated with caution until confirmed by further research. An obvious area for deeper enquiry is the influence of cultural identifications and religious and cultural practices as protective factors for the prevention, reduction and abstinence of drug and alcohol abuse. This area of further research has also been confirmed in my recent re-reading of the DrugInfo Clearinghouse publication on *Prevention Issues for Communities Characterised by Cultural and Linguistic Diversity* (2003b).

While further research in some areas may be desirable, there is also an immediate need for policy and action. Previous research conducted on Vietnamese-Australian heroin users has generally produced the same recommendations, particularly in relation to the development of culturally sensitive drug treatment and education programs for both Vietnamese-Australian drug users and their families. Yet, there continues to be a lack of meaningful and concerted responses from governments and relevant services to address the problematic service access and treatment outcomes experienced by Vietnamese-Australians.

From my experience working on alcohol and drug issues with the Vietnamese-Australian community, I have seen simple changes made to drug related services to accommodate people from culturally and linguistically diverse backgrounds (CALD). These include the translation of written materials, the use of interpreter services by workers and the employment of bicultural workers. Many of these changes are relatively successful in the short term, but I do not believe that they have made a significant impact on the service system nor have they been sustainable in the long
term due to the changing nature of the work force and government funding priorities. Community consultations and simple changes, such as the translation of materials into other languages and the employment of bicultural workers, are important elements of any treatment modality. However, they are insufficient and a holistic approach is required in order to effectively address the needs of individuals and families experiencing problematic drug issues.

The findings of my study have provided a cultural and socio-economic dimension to the discourse and debates on drug dependency and drug treatment. Cultural and socio-economic factors need to be incorporated into current understandings of heroin addiction and a holistic approach needs to be adopted to ensure access and equity for all those affected by substance abuse. The recommendations that I tentatively propose are based on my knowledge and experiences working in both the community and health sectors in Melbourne. Some of these recommendations also derive from those made by other scholars and colleagues in the field, which are consistent with the findings of my study.

To address the whole range of physiological and socio-cultural factors that cause ill-health, as well as those that sustain and create good health, I wish to advocate for the World Health Organisation’s (WHO) comprehensive primary health care (PHC) approach. The PHC approach originated from the Alma-Ata Conference in 1978, which ‘mobilized a “Primary Health Care movement” of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that undertook to tackle the “politically, socially and economically unacceptable” health inequalities in all countries’ (World Health Organisation 2008, p. 6). The Declaration of Alma-Ata strongly reaffirmed that:

health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector (World Health Organisation 1978).

The underlying values of the PHC movement are social justice, the right to better health for all, participation and solidarity through co-operation in a spirit of partnership. As a result, the PHC approach has been described as:

---

40 Primary health care is commonly interchanged with primary care (Keleher 2001). Keleher has argued that this slippage in language is counter-productive for two reasons: firstly, “it disguises the transformative potential of strategies and approaches that can make fundamental changes necessary to improve health status”; and secondly, “the structures and practices of primary care sector are not necessarily compatible with notions of comprehensive primary health care (2001, p. 2). According to Keleher (2001), primary care is drawn from the biomedical model that is oriented towards disease prevention, hence its strategies target the individual for change rather than the social conditions that underlie the disease. This approach is widely adopted by nursing and allied health, with general practice considered to be the heart of the primary care sector (Keleher 2001).
health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process (World Health Organisation 1978).

The PHC approach, therefore, is a strategy of public health that derived from the social model of health. It is partially premised on the understanding that in order for people to obtain good health, their basic needs must first be met, such as shelter, safety and food supplies (Keleher 2001). In practice, this translates to inter-sectoral and cross-government actions to address the range of social determinants of health, which include income distribution, psycho-social deprivation, and discrimination and marginalisation based on factors such as race, gender, age, disability and so forth. Within this approach, PHC practitioners work to change the socio-economic and political structures to address the social determinants of illness in order to produce healthy people and societies (Keleher 2001).

Since the Declaration of Alma-Ata, the PHC approach has been embraced by many countries and organisations across the world (World Health Organisation 2008). In Australia, the PHC approach has been adopted by a number of health services, including the Aboriginal Community Controlled Health Services (Aboriginal Health and Medical Research Council of New South Wales 1999), and health professional bodies, such as the Australian Medical Association (Australian Medical Association 2006). However, the 2008 World Health Report has found that globalisation has placed the social cohesion of many countries under strain and the “health systems seem to be drifting from one short-term priority to another, increasingly fragmented and without a clear sense of direction” (World Health Organisation 2008, p. 7). Overall, the health systems have contributed little to equity and social justice. Therefore, the WHO has renewed the PHC approach with the following five key elements, including four reforms, based on the original values of the PHC movement, the need for an effective response to current health challenges in the world and people’s growing expectations (World Health Organisation 2008):

1. Reducing exclusion and social disparities in health (universal coverage reforms);
2. Organising health services around people’s needs and expectations (service delivery reforms);
3. Integrating health into all sectors (public policy reforms);
4. Pursuing collaborative models of policy dialogue (leadership reforms); and
5. Increasing stakeholder participation (World Health Organisation 2010).

The first of these five key elements ensures health systems move towards universal access and social health protection by adopting a societal response. The aim is to address health inequalities that exist in the availability, access and quality of services, as well as barriers based on culture, language, gender, age, income, etc (World Health Organisation 2008). To ensure that everybody in society has universal access and social health protection, the second key element requires health services to be organised around people’s needs and expectations so they can be more socially and culturally relevant and responsive.

For individuals and groups from CALD backgrounds, the first two elements would require services to adopt a whole-of-organisation approach to cultural responsiveness. This would include the provision of accredited interpreters, professional development opportunities for staff at all levels to enhance their cultural responsiveness, and inclusive practice in care planning that take into account people’s dietary, spiritual, family, attitudinal, and other cultural practices (Department of Health 2009). Services would also need to engage and involve the family and the community wherever appropriate (Success Works Pty Ltd 1998), and incorporate into their approaches a recognition that the traditional emphasis in some cultures is on the group rather than the individual (Ethnic Youth Issues Network et al. 1998).

In order for services to be truly culturally responsive, they need to incorporate this goal into their strategic planning processes and be made accountable in their reporting to government and/or other funding bodies. This has already occurred in Victoria, where the Department of Health has introduced the Cultural Responsiveness Framework (2009) to provide clear standards and measures to improve health service responsiveness to CALD issues, as well as to support them to work holistically and systematically on these issues. Although this framework has been designed for Victorian health services, it is certainly applicable to other services across Australia.

The second element of the PHC approach also promotes the development of multi-disciplinary teams that are responsible for a defined population, the collaboration with social services and other sectors, and the co-ordination of contributions that can be made by specialist and community organisations (World Health Organisation 2008). These would be most relevant in addressing the major needs of young Vietnamese-Australians who have travelled to Vietnam for drug related reasons. A multi-disciplinary team working in collaboration with other services and sectors could
provide a youth friendly and co-ordinated approach to supporting and assisting these young people with their personal, vocational and health issues, especially before and after their travel to Vietnam.

Such a multi-disciplinary team of workers could consist of drug and alcohol specialists, youth workers, and family and vocational counsellors. These workers would work together with young people and their families to address their heroin related issues, plan their travel to Vietnam if this option was chosen, explore and discuss the risks involved (including the use of drugs in Vietnam), identify the means of support available in Vietnam and upon their return to Australia, and develop a contingency plan if the young people were to find themselves in trouble and/or confronted with difficulties during their stay in Vietnam. This way, young people would receive a co-ordinated form of support from professional workers and their families before, during and after their travel to Vietnam.

Collaboration among workers and services is essential for generating a co-ordinated response to address the range of social determinants of health. This would ultimately bring about change in the socio-economic and political structures, and produce healthy individuals and communities. In the case of young heroin users, supportive structures could be established to assist them with their education and employment issues, which would create specific programs that could help them cope with their current situation and provide alternatives to the illicit drug industry (Byrne 1998). This could include the provision of assistance to access courses and programs that would help them to develop the language and literacy skills needed for employment, and a program to encourage and assist employers to take on young people who have been involved in the illicit drug industry and who now want to move away from it (Byrne 1998). These collaborative strategies would be particularly effective in supporting those young people who have undergone drug detoxification, such as young people who have returned to Australia after travelling to Vietnam and are in a healthy state of being with a positive outlook on life and their future.

The process for developing services and systems as described above requires governments to pursue healthy public policies across all sectors and integrating them with public health actions (World Health Organisation 2008). These policies must also be able to deal with health challenges, such as climate change, racism, gender discrimination or social stratification (World Health Organisation 2008). To bring about change in a complex environment, not only do policies need to be supported and reinforced at all levels of government, but governments must also demonstrate commitment and leadership in overcoming health disparities by mobilising and directing the nation’s resources into providing an acceptable level of health for its people (World Health Organisation 1978).
Additionally, Australia needs to be committed to an inclusive multicultural policy that is rooted in principles of social justice. Firstly, this would improve equal access to services and infrastructure by all Australians as the service model and infrastructure framework would be culturally and linguistically appropriate. Secondly, it would ensure that Australia’s social organisations and institutions, such as schools and community services, create a positive environment for young people and/or families – regardless of their cultural background – to develop a sense that they are Australian and have an identity that is valued and respected (Guerra & White 1995). This would create a sense of belonging and encourage them to become full members of the Australian society. Most importantly, it would go a long way to show how just and cohesive a society Australia has become in the 21st century.

Furthermore, for services and systems to remain relevant and responsive to its stakeholders, governments and services must also collaborate and engage in a dialogue with stakeholders on policy and models of service delivery (World Health Organisation 2008). It is recommended that stakeholders be involved in the planning, improvement and review of policies and service systems on an ongoing basis. To achieve this level of participation, the implementation of capacity building and community development programs would be essential, especially for minority and marginalised groups of people, where the aim of such programs would be to build capacity for full and effective participation (Minas 2001). As Minas has asserted:

> Informed, confident communities, capable of advocating on their own behalf and of participating fully in policy development, service design and evaluation, will ensure that they are heard at all levels from national policy development to the details of the operations of local service agencies (Minas 2001, p. 201).

In order for individuals and communities to be empowered and work in partnership with governments and services, they must have ownership of the issues that affect them (Ethnic Youth Issues Network et al. 1996). This could also be achieved through the implementation of community capacity building programs. For example, with regards to illicit drugs in the Vietnamese-Australian community, a community education campaign could be developed for young people, parents and the community to raise awareness and understanding, which could simultaneously de-stigmatise illicit drug issues and encourage people to speak out (Byrne 1998). This campaign could be implemented in partnership with government and community agencies through the Vietnamese-Australian media, community forums and neighbourhood meetings, and health promotion activities (Ethnic Youth Issues Network et al. 1998). The campaign would then be followed by programs and activities that would improve the level of skills and knowledge of community members. This would lead them to develop and implement their own solutions to illicit drug issues in a way
that would help them to shape and exercise control over their physical, social, cultural and economic environments.

For Australian society and systems to become more equitable, inclusive and fair, where people feel they belong and are connected with the community and society at large, there needs to be a more comprehensive thinking about the performance of our societal systems as a whole. Therefore, if we were to work more effectively to address the social determinants of health, including factors that cause ill-health (such as drug abuse), a comprehensive primary health care approach would bring about an improved quality of life and health outcomes for all Australians.

**The Continuation of the White Path**

Now that I have pondered on alternatives and solutions for a better life experience for young Vietnamese-Australian heroin users and their families, I need to reflect on my own research experience and consider if there would be anything I would do differently. If I were to initiate my study today, pursuing the same research questions and with the same research participants, I would adopt the process of participatory action research – a continuous cycle of planning, action and reviewing of the action (Cherry 1999). This is because participatory action research is premised on the belief that active participation and collaboration by those affected by the research are essential for meaningful problem posing and problem solving. Through the course of this study, I have come to hold the view that any research involving marginalised people should adopt the process of participatory action research because this form of research is seen as theirs, “in their interests and something they can effect so it works better for them” (Wadsworth 1997, pp. 61-62).

Since the lives of the young people were chaotic and that of their parents were difficult, I would form a critical reference group with the workers involved in my study. I would organise regular meetings with the critical reference group, which would involve ongoing evaluation or monitoring with continuous feedback and use of information gathered to determine the effectiveness of the strategies implemented in their work with young Vietnamese-Australian heroin users and their families. In this process, action – or practice – would be constantly enhanced by reflection, planning and the addition of new ideas or strategies, which would subsequently flow onto the lives of the young people and their families (Cherry 1999).

When I conducted my study, beginning in 2000, I did attempt to seize every opportunity to encourage the active involvement of the research participants so that they had the opportunity and right to take part in the process of coming to understand their situations and take liberating and effective action on their own behalf. This was
particularly the case for the workers who found that my study provided them with the opportunity to reflect on their understanding of the needs and issues of young Vietnamese-Australian heroin users and their families, as well as the appropriateness of their professional practice and the overall approaches they were implementing in addressing drug use amongst young people. However, in retrospect, I would have preferred that my research participants would have had more ownership of the research so that the learnings obtained could be transferred to practice immediately.

Nevertheless, it is not too late for me to turn my theoretical insights into practice or actions, given the nature of my current employment. I can see many opportunities ahead where I can implement some of the recommendations that I have made above. My theoretical journey on the White Path may be ending, but my practical journey on that path has just begun.
Aboriginal Health and Medical Research Council of New South Wales 1999, 'Primary, secondary and tertiary health care services to Aboriginal communities', Aboriginal health & medical research council (AH&MRC) monograph series, 1, 1, pp. 1-11.


Barker, M. C. 1982, 'Family dislocation amongst Vietnamese in Australia', ACFOA
development dossier, no. 9, pp. 9-10.
Barnes, D. 1998, 'A threat to social cohesion? A perspective of young Vietnamese men
--- 2001, 'Resettled refugees' attachment to their original and subsequent homelands:
long-term Vietnamese refugees in Australia', Journal of refugee studies, vol. 14,
no. 4, pp. 394-411.
Bennoun, P., Bennoun, R. & Kelly, P. 1984, The peoples from Indo-China, Hodja
Educational Resources Cooperative, Richmond.
Bertram, S., Flaherty, B. & Everingham, S. 1996, 'Knowledge and use of alcohol and other
drugs among Vietnamese-speaking migrants', Drug and alcohol review, 15, 2,
pp. 121-126.
Bewley, G. 1982, 'The boat people keep coming', Quadrant, no. 26, January/February,
Beyer, L. 2003, 'Inadequacies of published statistics: policy and debate on heroin in the
community', Evaluation in crime and justice: trends and methods conference,
24-25 March 2003, Australia Institute of Criminology in conjunction with the
Bureau of Statistics, Canberra.
Beyer, L. & Reid, G. 2000, Drugs in a multicultural community: an assessment of
involvement, Victoria Public Health Division, Melbourne.
Australian and New Zealand journal of criminology, 34, 2, pp. 169-181.
Blainey, G. 1984, All for Australia, Methuen Haynes, North Ryde.
Blaxter, L., Hughes, C. & Tight, M. 1996, How to research, Open University Press,
Buckingham.
Bligh, G. (ed.) 1997, Pauline Hanson: One Nation and Australian politics, University of
Boman, B. & Edwards, M. 1984, 'The Indochinese refugee: an overview', Australian and
Bui, C. T. 1980, Vietnamese refugees and their difficulties in Australia, Vietnamese
Association of Queensland, Indooroopilly.
census, Viet Nam born, Australian Government Publishing Services, Canberra.
Bureau of Immigration Research 1990, Community profiles Vietnam born, Australian
Byrne, J. 1998, Vietnamese drug issues network: guidelines for working with Vietnamese
young people who have drug issues, John Byrne & Associates, Unpublished.


Cameron, J. 1998, *Southeast Asian young people and drug use in the CBD study report*, Centre for Harm Reduction of the Macfarlane Burnet Centre for Medical Research, Jesuit Social Services and Turning Point Alcohol and Drug Centre, Melbourne.


Dean, A. 1997, ‘’We want them out’ - traders back police on dealers’, *The Melbourne Times*, 26 November, p. 3.


Epidemiology and Social Research Unit of the Macfarlane Burnet Centre for Medical Research 1997, *Vietnamese injecting drug use national consultation: final report,*
Epidemiology and Social Research Unit of the Macfarlane Burnet Centre for Medical Research, Fairfield.


Family Alcohol and Drug Network 2005, Forgotten families: family-inclusive practice in alcohol and other drug services conference, April 4, La Trobe University, Bundoora.


Fitzgerald, J. L., Broad, S. & Dare, A. 1999, Regulating the street heroin market in Fitzroy/Collingwood, University of Melbourne, Parkville.


Iredale, R. 1983, The occupational adjustment of Indo-Chinese refugees in Australia, Occasional paper no. 34, Developmental Studies Centre, Australian National University, Canberra.


Jordens, J. 1996, Young people on the margin: the Collingwood outreach project final report, City of Yarra Youth Services, Melbourne.


Kelsall, J., Higgs, P., Lam, T. & Crofts, N. 1999, The Vietnamese injecting drug use and harm reduction study, The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research and Western Region AIDS [and Hepatitis] Prevention, Melbourne.


Knowles, J. 1983, ‘Social interaction between Vietnamese refugees and Australians’, Australian and New Zealand Association for the Advancement of Science Congress (53rd) Paper, Australian and New Zealand Association for the Advancement of Science, Perth, pp. 1-17.


Maher, L. 2000a, 'Don’t ask don’t tell: listening to Asian-background users talk about detox', User’s news, (n/a), pp. 20-22.
Maher, L., Higgs, P. & Sargent, P. 1999, Sharing knowledge, protecting our community: initiation into injecting drug use of young Indo-Chinese people, School of Medical Education, University of New South Wales and the Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research, Interim Report.
--- 1993, From Mr sin to Mr big: a history of Australian drug laws, Oxford University Press, South Melbourne.


Moreau, M. 1979, 'A structural approach to social work practice', *Canadian journal of social work education*, 5, 1, pp. 78-94.

Morley, C. 1996, 'Street culture: south east Asian young people, and issues of drugs and health', *Youth issues forum*, Spring issue.

Morris, T. & Thi Huong 1986, 'Vietnamese refugee women in Newcastle and the Hunter region', in *Why don't they ask us? We're not dumb: a study of the experiences of specific target groups in Australia*, eds P. R. Shergold & L. Nicolaou, Department of Immigration and Ethnic Affairs, Canberra, pp. 241-256.


Ng, C., Bartu, A. & Sang, D. 1999, *Alcohol and drug use among the Vietnamese in Western Australia: health risks and service use*, Edith Cowan University, Perth.


Pardy, M. 2003, *We’re all different: voices of Vietnamese-Australian young women*, Vietnamese Community in Australia - Victoria Chapter, Melbourne.


--- 2008, 'It’s like a piece of you is missing": support needs of Vietnamese families of drug users*, Australian Catholic University and Centacare Catholic Family Services, Melbourne.


--- 1997b, 'Young people lured into heroin use', *The Age*, 28 November, p. 5.


Reid, G., Crofts, N. & Hocking, J. 2000, Needs analysis for primary health care among the street drug-using community in Footscray, Centre for Harm Reduction, Macfarlane Burnet centre for Medical Research.


Romios, P. & Ross, J. 1993, Alcohol and drug utilisation by non-English speaking background communities, Addiction Research Institute, Melbourne.


Sheppard, M. A., Wright, D. & Goodstadt, M. S. 1985, 'Peer pressure and drug use - exploding the myth', *Adolescence*, XX, 80, pp. 949-958.


South East Asian Community Association Centre 1981, *Tenancy problems of South East Asian refugees*, South East Asian Community Association Centre, Cabramatta.

Success Works Pty Ltd 1998, *Report on cultural and linguistic diversity and drug treatment services*, Drug Treatment Services Unit, Department of Human Services, Melbourne.


Triaca, M. 1984, 'The Vietnamese... myth and reality', The Sun, p. 1.

Trinh, F. N. 1988, 'From first fleet to Vietnamese boats', Canberra Times, 10 August, p. 9.


Victoria University 1996, Vietnamese cultural awareness, Department of Asian Studies, Victoria University, Melbourne.


Vietnamese Community in Australia - Victoria Chapter 1999, Reflecting on 'face it': an evaluation of a drug education and prevention initiative, Vietnamese Students Association of Victoria and Vietnamese Community in Australia-Victoria Chapter, Melbourne.

Viviani, N. 1980, The Vietnamese in Australia: new problems in old forms, Research Paper No. 11, Griffith University, Nathan.


Wadsworth, Y. 1997, Do it yourself social research, 2nd ed. Allen & Unwin, St. Leonards.


White, R. 1999, 'Young people, drugs and the criminal economy', Youth studies Australia, 18, 1, pp. 29-36.

Wilkie, D. 1977, 'What price the whites?' The Sun, 29 November.


