



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Reference: Impact of illicit drug use on families

WEDNESDAY, 30 MAY 2007

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON FAMILY AND HUMAN SERVICES

Wednesday, 30 May 2007

Members: Mrs Bronwyn Bishop (*Chair*), Mrs Irwin (*Deputy Chair*), Mr Cadman, Ms Kate Ellis, Mrs Elson, Mr Fawcett, Ms George, Mrs Markus, Mr Quick and Mr Ticehurst

Members in attendance: Mrs Bronwyn Bishop, Mrs Elson, Mrs Irwin and Mrs Markus

Terms of reference for the inquiry:

To inquire into and report on:

How the Australian Government can better address the impact of the importation, production, sale, use and prevention of illicit drugs on families. The Committee is particularly interested in:

1. the financial, social and personal cost to families who have a member(s) using illicit drugs, including the impact of drug induced psychoses or other mental disorders;
2. the impact of harm minimisation programs on families; and
3. ways to strengthen families who are coping with a member(s) using illicit drugs.

WITNESSES

McMENAMIN, Mrs Hazel Valerie, Private capacity 1

MERCER, Mr Ian David Renwick, Private capacity 1

Committee met at 10.13 am**McMENAMIN, Mrs Hazel Valerie, Private capacity****MERCER, Mr Ian David Renwick, Private capacity**

CHAIR (Mrs Bronwyn Bishop)—Welcome. Is there anything you would like to say about the capacity in which you appear before the committee?

Mrs McMEnamin—I have been asked to come here because my son, Andrew McMEnamin, has schizophrenia brought on by his use of illegal drugs.

Mr Mercer—I am Hazel's husband, and I have been deeply involved in helping Andrew through his problems. I am here to support Hazel in what she wants to say.

CHAIR—Thank you very much. Now I ask the secretary to administer the oath or the affirmation, as appropriate.

The witnesses were then sworn or affirmed—

CHAIR—This hearing of the House of Representatives Standing Committee on Family and Human Services, for its inquiry into the impact of illicit drugs on families, is open to the public. Hazel McMEnamin and Ian Mercer, a couple from Sydney, have a very special story to tell of the impact of illicit drug use on their family. The committee has received a number of submissions from parents to the inquiry. Like many parents, Mrs McMEnamin and Mr Mercer have had to face the tragedy of a family member using illicit drugs. We are grateful that they have the courage to tell their story publicly to the committee. A transcript of what is said today will be posted on the committee's website, and, if anyone would like further details about the inquiry or the transcript, please ask any member of the committee staff here at the meeting. Would you like to make an opening statement?

Mrs McMEnamin—I would. I will give you a little bit of background about myself. I am a schoolteacher and I have been teaching for many years. When Andrew, who is my son with schizophrenia, was seven and his brother was five, his father died of stomach cancer. I have been bringing the boys up on my own. When Andrew was 15 years of age, I was aware that there was a marijuana smoking problem. I felt that there was no support for me. I went to drug and alcohol counselling that was close to the high school. They told me not to worry; that Andrew was only experimenting, and that they knew of lots of worse cases. I became aware that he was smoking marijuana on the night of his year 10 formal. I was rung up at 2.00 am and told that the police had my son, and that they had him for possession. I had to ring up a neighbour to go up and get him. A couple of days later, we had to go up to the police station for the talk by the sergeant, and, as we went in to the talk, one of the police officers said, 'Andrew, you were silly. I smoke marijuana. You should have been more careful.' At that time the Frenchs Forest police station, which was next door to the high school, was stopped from operating—

Mr Mercer—I think they closed it closed down because of the drug dealing by the police officers.

Mrs McMenamini—They closed it down because of the drug dealing by the police officers in the police station.

Mrs IRWIN—What year was that?

Mrs McMenamini—He was born in 1979, so it was 1979 plus 15 years—1994? I am not good at maths in the head. The neighbours in the area were also deeply into drug dealing. Of the next-door neighbours on the lower side, the father lost his job and went into drug dealing with the son, who was into couriering of drugs from overseas into Australia. The boy directly opposite across the road went to high school with Andrew; he left school early, went into big-time drug dealing and was able to buy himself several units and cars on the proceeds. I also rang the school principal to ask what was wrong with the boys—they had such low self-esteem et cetera. He said he could not help. He did not know why.

I could not talk to my relatives or friends about this problem. They had absolutely no idea about what to do. I also tried Nar-Anon, which is a group for people who have relatives or friends who are drug addicted. I did not find that they were terribly helpful, because it was just a group of people talking about their problems, and I knew what my problem was. I knew what I should do, but I could not do anything about it to stop it. The only group that I did find to help, much later on in the whole process, was the Schizophrenic Fellowship. They had an absolutely wonderful course called ‘Well Ways’. We got together as a group, and it was the first time in the whole saga of about 15 years—because Andrew will be 30 the month after next—that I could actually talk to someone who understood, because they had siblings that had the same problem; they were all schizophrenic. They had really good background information about the drugs, the problems, everything. And they are short of money, so, if you have any money at all to help, the Schizophrenic Fellowship needs it.

Also, Ian and I have had to watch each other for co-dependency over the time dealing with Andrew, because with the schizophrenia and the drugs he gets very sneaky, very underhanded; he would play us off against each other. So we had to be a very strong, united team to keep him from breaking us up and to keep us from doing things that we should not have done.

I will give you a quick run-down of the events that happened up to this point, the sorts of things that we had to deal with. After I found out about Andrew’s drug-smoking, he began to deal. He was still at high school while he was dealing. As a result of his dealing, our house was broken into. I am a single mum at home with two boys—his younger brother is 21 months younger than him. They broke into our house to go through Andrew’s room to get either his stash or his money; I do not know which. I rang the police; they came. They sort of threw their hands up—‘Another drug dealer’—but I did not blame them. I had Andrew’s clients waiting on the front veranda at home while I was at work. I found out about that through Ian and the neighbours. That continued.

Andrew went on to do his enrolled nurse course. He finished that and went out to work. The situation had become very bad at home: we were definitely a dysfunctional family. It was affecting his younger brother really badly: he was not communicating with me, not talking to me. So I decided, now that Andrew was working, I would have to tell him to leave home. At this stage I had met Ian, and Andrew was very openly and aggressively trying to break up the relationship because he did not want Ian in the family. After Andrew had been working at

TAFE—he was living in a flat in Manly at this stage, still dealing, with a string of people coming to his little flat—he decided to go into registered nursing. Because he was living on his own, he could not afford to pay for the course. So I paid his fees and I paid his book allowance.

CHAIR—How could a drug addict be a nurse?

Mr Mercer—He was selling drugs to two of the lecturers at the TAFE college at Lindfield and he was supplying drugs to most of the students there doing nursing. It is frightening.

Mrs McMEnamin—While he was in this little flat in Manly, there was a takeover by a Maori group of drug dealers, and Andrew was bashed. A lot of his gear was stolen. We went down, packed him up, put all of his gear in his car and brought him home. They followed him, went through his car, threw everything out and stole everything they possibly could. We called the police again about that, and they were good, but they could not do anything.

By the time he was studying to become a registered nurse, right at the end, the psychosis had started. He passed with such high marks that he was accepted at St Vincent's Hospital, which is one of the better hospitals for nurses. He got there, but his psychosis was such that he thought everyone was picking on him. He told me that one of the other nurses was a homosexual and was trying to have an affair with him. So he left. I tried to talk him into not leaving without having another job to go to, but he did not listen. He went into full-time drug dealing to support himself.

He was in a different flat by this stage, because he had more money of course. He was dealing—I am not 100 per cent sure exactly what—and there was a Greek family that decided they wanted to come into the northern beaches and take over the cocaine market. So they moved in on Andrew. I do not think Andrew was selling cocaine at the time. Andrew's brother was not living with him but he had moved a best friend into the second bedroom, and they were trying to get Andrew out of this problem. The Greek fellow called around with a couple of heavies, and held a gun at Andrew's head.

Mrs IRWIN—I am sorry for interrupting here, but has all of this been reported to the police for investigation?

Mrs McMEnamin—Yes—everything, step by step.

Mrs IRWIN—Has it gone to court?

Mrs McMEnamin—No. It does not go to court. Anyway, this Greek fellow set Andrew up with a girlfriend who was a heroin addict and an ex-prostitute.

Mr Mercer—Andrew was mainly dealing—for his own use—with hydroponic marijuana. To make enough money, he also started dealing in harder drugs.

Mrs McMEnamin—Ecstasy, we knew of.

Mr Mercer—We know that this Greek family provided Andrew with some cocaine addicts and some heroin addicts to give him enough money for his own habit. Andrew, because of his

psychosis, kept on having more and more marijuana. At one stage, we think he got up to as high as 30 bonges a day.

Mrs McMenam—It was definitely 30 bonges a day, because he told his brother. His brother's friend was living in the unit. Hugh, his brother, was staying every second night, sleeping on the lounge and trying to help Andrew get through this. The girlfriend stole \$6,000 worth of marijuana from Andrew, as a set-up by the Greek family. They then said, 'Andrew, you've lost these drugs and you've got to pay it back.' Andrew gave them his car as a deposit. Then they came around and held a gun at his head and said, 'You pay it back or we're going to kneecap you; if you can't pay it back, you've got to rob a petrol station for us.' Andrew came to us, terrified. He did not know what to do.

We shipped him off down to a friend who lives in Adelaide, because we heard that their mental health system down there was really good. We had Andrew assessed down there. Up until that stage, we had gone to a drug and alcohol counsellor ourselves again together. We were not allowed to see the same one as Andrew: we had to see a separate one. With the counsellor's help, we had worked out that it was not just a drug problem; it was a mental health issue as well. So we had him flown down to Adelaide to stay with this friend. Ian then flew down a couple of days later, because Andrew was becoming a problem for the friend. Ian had Andrew assessed at a mental health hospital down there. He refused to stay down there. We were going to try to get him into the mental health system down there, because they have live-in accommodation areas. He had to be a resident of South Australia, so the friend agreed that he could stay with him so that he could be a resident, but Andrew refused to stay. He hitched back to Sydney.

Mr Mercer—No; we put him on a bus.

Mrs McMenam—We put him on the bus. That is right. We refused to pay for him to get back to Sydney, because we wanted him to stay in Adelaide. Then, Ian and I organised to pay this Greek fellow Costa the \$6,500 that Andrew owed, because Andrew had come back to Sydney.

Mr Mercer—We paid him the day that I put Andrew on the plane, which was the next day. We decided to pay him to get rid of him. I taped all the conversations, and we gave them to the police. We gave Andrew's six mobiles to the police, and a lot of information. We were then contacted by two undercover police, who were mounting an undercover operation—

Mrs McMenam—On this particular drug dealer that Andrew was—

Mr Mercer—We hoped that we were able to give them enough information to enable them to do something. To have to deal with a drug dealer, who was obviously a coke addict himself—

Mrs McMenam—His father was helping him. Another family business!

Mr Mercer—This drug dealing seems to be a family business. It is terrifying.

Mrs McMenam—He was also dealing to children at Mosman High School. He was one of the ones who would wait outside the high school.

Mrs ELSON—Has he been convicted?

Mr Mercer—We do not know, because it was an undercover operation.

Mrs McMenammin—This was a few years ago, and his real name was not Costa; that was the name he told Andrew to call him.

Mrs IRWIN—Were the police aware of all of this?

Mrs McMenammin—They were aware of him.

Mrs IRWIN—Were they aware that you were going to hand over the \$6,000?

Mr Mercer—Yes. There was no way to set them up. My daughter's partner is a senior police officer, and he said, 'Unless you can admit this is for drugs, there is very little we can do.' We just wanted to get this drug dealer off Andrew's back.

Mrs IRWIN—But off the streets, as well?

Mr Mercer—And to leave his brother alone.

Mrs McMenammin—I also had to ring up his brother's friend's parents and tell them what was going on and that it was very dangerous for him. I had to ask them to please move their son out. At this stage I gave his brother, Hugh, the airfare to go overseas, and money to stay. I sent him overseas because he was having trouble dealing with it. It was playing with his head. I realised there was a problem with him when he got charged with five counts of assault against police, when he was drunk in Manly one day. A couple of weeks later, he was charged with drunken driving. He was serving two good behaviour bonds concurrently, so I said, 'I am going to lose him.' I thought I would get him out of the way, send him overseas, and have him worry about survival instead of about his brother.

After Adelaide, Andrew went back to the girlfriend, and she introduced him to speed. He started taking speed. He had the first psychosis episode that I knew of. I have since found out that he had one previous psychosis episode. He voluntarily admitted himself to Mona Vale mental health hospital, where they intravenously pumped him with anti-psychotic drugs. After that, he broke up with the girlfriend. She kicked him out. He then boarded at Collaroy with a woman who turned out to be an alcoholic. They were both evicted from that house. Andrew, at this time, was highly psychotic, and did not know what to do. He did not pack his gear and had not organised anywhere to go. They had been warned that they were going to be evicted. He failed to move out his belongings, so a friend of the woman moved Andrew's belongings out and stole whatever he fancied—all his CDs et cetera.

Then he moved into a boarding house, from which he was evicted for selling drugs again. The boarding house was in Manly. At this stage, Andrew was homeless, and he was sneaking into backpacker hostels to sleep. The police were called by the hostel manager. They rang Ian to say, 'We have caught your son; we have got your son.' They rang Ian because he was at home.

Mr Mercer—I convinced them that Andrew had a serious problem and that they should take him down to Manly Hospital. They took him down to Manly Hospital. I went down to Manly. Hazel was away on a school excursion on that day, and Andrew refused to be admitted. The police were really powerless at that stage. I did not know the right words to say to the police—which I do now—so that you can force them to ‘section’—

Mrs IRWIN—Section 7.

Mrs McMenam—But we did not know that then. That is the whole problem. These things we did not know—

Mr Mercer—At that time, if I had known the right words, I would have forced the issue. Andrew refused to see me in the emergency room at Manly Hospital.

CHAIR—How many kids’ lives has he ruined by his being on the streets dealing it to them as well?

Mr Mercer—This is what is so dreadful. Anyone who has a drug addiction has absolutely no morals about the drugs. They are incapable of telling you what they are taking. You cannot believe them. They will do anything to feed their habit.

Mrs McMenam—That is just a drug addict. When you put psychosis in with that, you have, ‘Wow!’ After his first admission to east wing, which we got him into with the help of family friends, because he refused to stay—

Mr Mercer—This was a couple of days later. He was finally—

CHAIR—What year are we up to now?

Mr Mercer—It was about five years ago. Andrew went to stay at our family friends’ place—she was a nurse—but we convinced her to take him back to Manly Hospital.

Mrs McMenam—She also had a son who had a dual diagnosis: a son who was on heroin and had psychosis. He had just committed suicide in Manly east wing, so they knew the system. That was a really good thing for us, because they could advise us on how to get Andrew admitted.

Mr Mercer—We got the royal treatment because we said, ‘Andrew is not going to finish up like Matthew Oakes.’ So we got fairly good treatment from Manly Hospital.

Mrs McMenam—He hanged himself in the room that he was in in east wing. She had actually just rung up to say, ‘I think my son is going to commit suicide,’ and they told her not to worry, that they had it all covered and that they would handle it. He did hang himself. She said that in the few months that had since elapsed east wing had improved. When Andrew came out after his first admission to east wing, the social worker got him on to Newstart allowance, but that was not enough to pay his rent, because he wanted to live in Manly, where rents are high. I started paying for his food, his Metro-10 and his telephone. I got his dental work done—his back molars taken out. I paid for his health society to keep him on. I paid for his clothes and his

cigarettes. As it kept going on and on, I kept cutting down, and right at the end I was just paying for his food.

Mr Mercer—During this time, because I was retired, I would take Andrew to his mental health counsellor twice a week and to the psychiatrist once a fortnight. I would go and pick him up.

CHAIR—Who paid for that?

Mr Mercer—Apparently, the New South Wales government have a program of early intervention, but we did not know about it. Until you are 27, you can have three years of this early intervention.

CHAIR—It was hardly early intervention for Andrew, was it?

Mrs McMenammin—No, exactly.

Mr Mercer—We did not realise—we found out towards the end—what the New South Wales government provide. I believe they allow \$30,000—\$10,000 a year—extra for these people, so you can virtually go to your psychiatrist at any time you like and any time you like to your mental health counsellor, but once you turn 27 the funding stops and you have to go into the ordinary system. They virtually just give up on you. It is like them treading water. They supply them with the drugs they need to cope with their problem.

CHAIR—They send them up to the Kings Cross drug centre.

Mr Mercer—That is right.

Mrs McMenammin—At this time, Andrew's brother had come home from overseas. He stayed over there for three years. He just could not bring himself to come home. He had come home and was still having problems with getting himself his job, his career, et cetera. He said he was prepared to give Andrew help with his socialisation if we looked after the other side of it. It took 12 months for Andrew to be able to leave the unit with him, just to go to the pub to watch the football on the big screen. Of course, going down with Andrew and with so many drugs in there—Hugh was smoking a lot of pot as well, which was affecting him badly—

CHAIR—When he was overseas, was he free of drugs?

Mrs McMenammin—No, he was smoking over there too.

Mr Mercer—This is Hugh.

Mrs McMenammin—This is Hugh. Andrew's last admission to east wing, which was seven weeks ago—

Mrs IRWIN—Was Hugh the young man who committed suicide?

Mrs McMenamín—No, the brother. Matthew Oakes was the young man who suicided. Andrew's last admission to east wing—

Mr Mercer—I will mention what happened. I got a call early in the morning from Andrew, when Hazel was just about to go to school, and he could not even string a sentence together. I told him I would come down right away. I drove down to Manly. Andrew had just lost it. I convinced him to come down to Manly Hospital, because he was under the care of their mental health unit down there, under one of the mental health counsellors.

Mrs McMenamín—The SAS unit.

Mr Mercer—Andrew refused to go in. I rang them up and he said he would come out. Andrew was starting to display aggression. We had never had that before.

CHAIR—When was this?

Mr Mercer—Seven weeks ago.

Mrs IRWIN—Andrew is 30 now; is that correct?

Mrs McMenamín—No, he is 29. He will be 30 in July. He is also very large and very strong.

Mr Mercer—I started to get very concerned because Andrew turned around to someone who was parked next to us and started to get aggressive towards him. When the mental health counsellor came out, he did a stupid thing. He stood in front of Andrew, which you never do. You always stand to the side. Andrew is six foot six, and Andrew went berserk. He was flailing his hands around. If Andrew had connected with him, he would have broken his neck. He went away, and all of a sudden we had seven police officers around. It took the seven police officers, one ambulance driver and one of the security guards to pin him down and get the handcuffs on. It was the most terrifying thing. I had never seen this aggression before. He was then admitted as an involuntary patient. They had a lot of problems with Andrew. He refused drug screening. That is the biggest problem—

Mrs McMenamín—Don't get onto that yet. I have a little bit more to tell about his last admission. He was still dealing drugs. There was a fellow called Wayne, who Andrew owed \$500. His brother, Hugh, borrowed the money from friends to pay Wayne back, so that Andrew would not be 'got' again. I have since repaid Hugh. Hugh is 28. He said that the only thing that can still make him cry is thinking of what has happened to Andrew's life. Andrew is not only his brother but also his best friend. He says it 'does his head in' to see Andrew, so he will not visit him now. Hugh is getting his life on track. He has stopped smoking pot, he has a university degree, he has just taken up a carpentry apprenticeship and he is happy for the first time in five years. He is not visiting Andrew. He is not having anything to do with him, for a while. I would say that it will probably be long term.

Mrs IRWIN—Is he still on marijuana?

Mrs McMenamín—No. He has got himself off that. He has tried really hard.

Mrs IRWIN—Is Andrew still a patient?

Mr Mercer—Yes. He was in, off and on, for about four weeks, and then they started to let him out. Andrew refused to take medication and he refused drug screening. That is a big problem because you have to physically get them to urinate. Because the blood test will only give the doctors so much information, they want a urine test. They finally released Andrew and then the SAS people—the supported accommodation service—visited Andrew every day to give him his medication. They saw him going downhill. They spoke with us and they were going to admit Andrew on a Friday—involuntary admission—but they did not have a bed.

Mrs McMenamin—Andrew was also too aggressive, so they decided to wait until the Saturday morning.

Mr Mercer—At 5.30 on the Saturday morning, I got a call from the detective at Manly police asking if I was Andrew McMenamin's stepfather. I said, 'Yes.' Andrew had been arrested at two o'clock in the morning. He had severely assaulted two of the other residents in the boarding place where he was staying. He went absolutely berserk. I then explained that Manly Hospital were going to come around at nine o'clock that morning to section Andrew and put him back into east wing. He is now in as an involuntary patient. They are going to admit him to Macquarie Hospital, which has a unit called the Henley Unit. Andrew will go in there for a minimum of 12 months. The police case has not proceeded as yet because Andrew is unfit to even be interviewed by the police officers.

Mrs McMenamin—He has only just come to the stage where he is admitting that he remembers what happened.

Mr Mercer—He is still very aggressive in there.

Mrs McMenamin—He has been off his drugs, too. That was the big problem. People with schizophrenia think there is no problem and that there is nothing wrong with them. As soon as Andrew started feeling okay—that was about Christmas time—he went off his medication. He just kept smoking and taking drugs. He has been on marijuana, ecstasy and speed. Because of the psychosis, he did not realise how much he was taking, so he was taking more and more. Daily, he was up to at least 30 cones.

CHAIR—Where was he getting the money?

Mr Mercer—From his dealing.

CHAIR—Why was he not arrested?

Mr Mercer—This is the biggest problem.

Mrs McMenamin—The police knew he was dealing, because we told them.

Mrs ELSON—I think there is a revolving door syndrome with all police. I have talked with our local police. The police get the offenders in there, they get them to the courts and then the

government pays \$1,000 an hour for a barrister to represent them. The offenders get off, and then go out and do exactly the same thing. So the police get that way that they say, 'Why bother?'

CHAIR—Has he ever been charged?

Mr Mercer—Yes. He has been charged with possession.

CHAIR—Has he been charged with dealing?

Mr Mercer—No. He has been charged with assault.

Mrs McMenam—He hasn't been in court, has he? It all gets confusing.

Mrs IRWIN—I find it really hard to believe, when you are saying it was in 1994 with Frenchs Forest police station. Was that proven?

Mrs McMenam—Yes.

Mrs IRWIN—Was there a court case where they were—

Mr Mercer Yes, they closed the police station down for many years.

CHAIR—It was a huge scandal.

Mrs IRWIN—The system has quite obviously let the two of you down.

Mr Mercer—We have a story but ours is mild compared with what is going on out there.

Mrs IRWIN—I think in your opening statement you were crying out for assistance.

Mrs McMenam—I was earlier on.

Mrs IRWIN—You were asking where you can turn for help.

Mrs McMenam—I was.

Mrs IRWIN—I think you were talking about Nar-Anon.

Mrs McMenam—Nar-Anon, yes.

Mrs IRWIN—What sorts of services should be in place for people in your position? When you find there is a problem with your loved one, where do you feel you should be able to go?

Mr Mercer—What you need—and this is really critical—is to be able to report to someone that your loved one has a drug problem. I believe that person should then be taken to some forced counselling, tested to see what drugs they are using and really assessed just how far down

the track they are. Quite often, by the time they come to the notice of the loved one, they have usually been on the drugs for quite some period of time.

There is a big problem about privacy. When we went to the drug counsellor a few years ago, when Andrew agreed to go, they refused to discuss anything with us, so we had to go to a separate one. With mental health it is a bit different—they involve the loved one. You can go and see their psychiatrist, you can sit in family meetings, but for some unknown reason, with drugs it is completely private and it really encourages the drug user to use that. What is really scary now with Andrew is that, when he finally gets out, we are going to have to be very careful about how we deal with him. I do not think we should have him in the car. We will most probably meet him in open places because, if he has had some speed or some ice, he could kill us. So if he or any drug user is going to a counsellor, it should be mandatory for the counsellor to warn their family that their loved one is becoming dangerous because they are starting to use speed, they are starting to use ice. You have to protect.

Mrs McMEnamin—The mental health counsellors also use this privacy thing.

Mr Mercer—Some do.

Mrs McMEnamin —Some do. I have had horrific stories from friends, whom I have met through this problem, who are carers of their child and say the counsellors will not tell them what is happening. They are left totally in the dark. Most of these people have their child—who could be 30, 40 or 50—living with them. They could be in their 80s and do not know what is happening. They have no idea what to look out for. We were fortunate in that we had got together and said, ‘Andrew is too big a problem to stay at home, we’ll move him out’. It was horrific for me and it was horrific for Andrew to move out, but it was the best thing we ever did because then we could be a stable unit. We could get our family back together and then help him. With all of these other people that we know, none of them have their loved one living outside. They are trying to deal with this psychotic person, and they are a co-dependant of this person, so they don’t know what to do. They cannot help.

Mr Mercer—And they do not have a strong relationship. One good thing about Hazel and me is that we have a rock-solid relationship. You have to be selfish. Unless you have a good relationship, you have to be very selfish. How can you help your loved one or, if you have other kids—

Mrs McMEnamin—Quite often it breaks up marriages.

chair—What services would you like to see in place?

Mr Mercer—Maybe it all needs to be combined. I know we are dealing with a criminal matter here with drugs.

CHAIR—Does he need to go to jail?

Mrs McMEnamin—They would put him in Long Bay psychiatric centre if he did go to jail.

Mr Mercer—Yes, that is where he would be sent.

Mrs McMenamín—I don't know if that would help or not.

CHAIR—At the moment he is free to be out there and destroy other people's lives.

Mrs McMenamín—No, he is not free. He is sectioned. They cannot let him out and he is in for 12 months. When he is on his medication and not on illegal drugs, he is fine.

Mr Mercer—He can cope, anyway.

Mrs McMenamín—Well, he can cope.

Mrs IRWIN—Let us hope that in 12 months, when he is allowed out, he will be better.

Mr Mercer—I consider that a person on drugs is like a train wreck. You have to start looking for the walking wounded out there: the parents, the husbands, the wives.

Mrs McMenamín—Or the siblings. There is nothing out there for siblings.

Mr Mercer—Their lives are most probably irrevocably damaged unless they get some sort of help and they will not put up their hands. Quite often when the person goes to jail or it all becomes someone else's responsibility because they are sectioned, they just disappear. We are lucky that we have a strong relationship and we have been able to talk about it, but the average couple do not. They fall apart. When I first met Hazel, she even started to blame herself. She said, 'What did I do wrong?' I kept saying, 'You did nothing wrong. You're a fantastic mother and even if his father had lived, Andrew would most probably still be in the same position today.'

Mrs McMenamín—We do not know that.

Mrs IRWIN—So what services would you like to see in place?

Mr Mercer—I think there has to be forced counselling—

Mrs IRWIN—That is very hard to do though, forced counselling, if someone does not want to participate.

Mrs McMenamín—You can work it with Centrelink. If they want their Centrelink payment they have to go to counselling, so you have forced drug testing.

Mr Mercer—Drug screening. You have a really big weapon in the federal area because most people who have a drug addiction are on some sort of Centrelink benefits. You could make it mandatory. If they do not get a job and appear to be on drugs after three months, you can say, 'You have to have mandatory drug screening. We'd like to know whether you are on drugs.' If they stay on drugs, we as a community are still going to have to pay them their dole—especially if they are supplementing their income by dealing, when they are not paying income tax on the money they earn from that dealing. I think you do have a big weapon. We do say that drugs are illegal in this country and I think it is about time we attacked the users.

Mrs McMEnamin—Zero tolerance.

Mr Mercer—Zero tolerance on the users because of the mental torture they put their families through.

Mrs IRWIN—It is the dealers too that we really have to target.

Mrs McMEnamin—There are so many little part-time dealers. Every user has the potential to be a dealer.

Mrs IRWIN—As you were saying, if Andrew were dealing—

Mr Mercer—Otherwise the problem never gets fixed. We really have to get strong on drugs and on using.

Mrs MARKUS—Thank you so much for your courage to come and share your story today. I worked for 25 years with families facing situations similar to those you have shared. I think you have highlighted several things: firstly, that it is critical there be zero tolerance and it needs to have some bite to it, it needs to actually be effective. There are huge challenges with the law at the state level. It is not very effective at this point in time in stopping people, in catching people early, giving consequences as soon as they are in touch with the law.

You have highlighted the importance of services working together and integrating as many people as possible in that individual's life because you also are affected. You are individuals but you are part of a family. Instead of just seeing the person with the supposed problem as having challenges and just dealing with the individual, you are not actually going to help either that individual or the broader family. There also needs to be some conferencing with police, with counsellors, with health professionals, with the family, with the core people who are involved, to decide the way forward, but also with some teeth for law enforcement to be able to step in. But you all are on the same page and you are heading in the same direction. You have a better chance of arresting, for want of the better word, the path that your son is headed down.

CHAIR—Did he want to get off?

Mrs McMEnamin—No.

CHAIR—So, he was perfectly happy to be a drug addict for the rest of his life?

Mrs McMEnamin—Yes.

CHAIR—How do you help that, Louise?

Mrs McMEnamin—That is the psychosis.

Mrs MARKUS—I agree that you need to be able to force someone to get some help: 'If you don't do this, this is what's going to happen.' I know that a lot of counsellors would disagree with me. They would say that that is too hard.

Mrs McMenamín—I would also like it, where the family sees that there is a big drug problem which they cannot do anything about, that the family could put them into drug counselling. They do that in Thailand. I have a friend who put her brother in and they left him there for three years until he was over it. He was on heroin. If I could have got Andrew at the beginning and said, ‘Right, you have a problem, you’re not dealing with it’, and put him in, I would have done that, but I was not allowed to.

Mrs ELSON—I think the word is not so much ‘forced’. That looks like you are physically picking someone up and throwing them into something.

Mrs McMenamín—You know what I mean, though.

Mrs ELSON—I do know what you mean, because I am in the same situation as you. I understand fully where you are coming from. When you make your first phone call to try to get help for your child, they just tell you, ‘Sorry, it’s nothing to do with you. If he wants help, he’ll come and see us’. We are the only ones who love them and know what the consequences are going to be. When a child is in that position, there should be a place where they can be reported, and then that person comes and explains to them the consequences of their actions, and the obligation that they have to listen, firstly, because it is their life, it is not our life as such. It is about their life and about how they are going to turn out. You have to be able to tell them while they are still half reasonable. Your son has got to the point now where it does not matter how much he is told; he has wrecked his thinking and his life, and his conscience is all gone. They are the two things they lose first: the feeling of love and their conscience. That is why they can deal drugs, threaten their parents and threaten any family member. I think at the beginning there should be someone or some group who could take them aside and tell them what the obligation is for them to get themselves out of that circle, or what the consequences of their actions will be. What happens in the end is like what has happened with your son. They are costing the community and the taxpayer so much money. He will never again be a part of society where he can be an income earner. His cycle is that he is going to commit crime for the rest of his life because he does not know any differently and has been left too long in the system.

Mrs McMenamín—There has to be some way parents can force them to go and listen. I tried to talk to Andrew many times about going to counselling, but he would not go.

Mrs ELSON—I think the parents are the last ones to force them.

CHAIR—What about scheduling?

Mrs ELSON—You can do that, but that is an awful thing for a parent to be forced to do. But then, when you get them into that system, that system lets them out without the help they need.

Mr Mercer—We were in Spain for a month to visit Hugh, the younger son. Andrew was put in as an involuntary patient—

Mrs McMenamín—No. He was a voluntary patient at that stage. My sister drove him up to the east wing, because I had asked her to look out for him while we were away. She drove him up and dropped him off. He was in for a couple of days. She went to visit him to see how he

was, and they sent him home with her. She did not know what to do with him. We were on the phone in Spain, saying, 'You haven't done that! How dare you!'

Mr Mercer—When the person gives that first call to whomever it is, there should be an immediate follow-up by someone independent—maybe people like us. There are thousands of us who could then ring that person up and say, 'I'm an advocate on your side; I've been through that.' We could talk to that parent, the father, the son or whomever. That is critically important.

Mrs McMenam—The schizophrenia association has official advocates, but we did not find out about them until years down the track. They have been absolutely wonderful.

Mr Mercer—But there is no-one for someone who is drug-affected.

Mrs IRWIN—Have the doctors said that the drugs have caused his mental illness?

Mrs McMenam—Yes.

Mr Mercer—Yes. I have observed that he gets into this loop. He starts to get paranoid. He gets voices in his head. He starts to take more and more drugs. He does not even know when he has taken the last one. Then this last time he was on a real bender.

Mrs McMenam—He nearly killed himself.

Mrs IRWIN—But there are some people who have got schizophrenia and have never taken drugs in their life.

Mrs McMenam—Yes; there are not too many of them, but there are some.

Mr Mercer—The jury is a little bit out. They say that to become schizophrenic there needs to be a trigger. With some people there could be just a slight thing happen in their life and they go straight into schizophrenia.

Mrs McMenam—Andrew's grandfather had psychosis because of World War II. His auntie had psychosis because of a bad marriage. There has to be a trigger, some really stressful situation to trigger it.

Mr Mercer—I think it is the same with any addict: there has to be a predisposition, an addictive personality.

Mrs McMenam—One of our friends' sons got schizophrenia because of the stress of the HSC. They have had a bad time: their younger son just killed himself—the sibling of the one who had schizophrenia.

Mr Mercer—We did the Well Ways course with them.

Mrs IRWIN—Who killed himself?

Mrs McMEnamin—This friend of ours that we met through the Well Ways course had three sons. The middle one had schizophrenia. The oldest one was at university and he decided he would go into psychiatry. The youngest one was at Manly high school. He had the highest intelligence in his year at Manly high school, but he dropped out immediately, could not cope with it, went haywire. He was just getting himself back together and had enrolled in a TAFE course, when he went to the cliff at Collaroy and fell over. They say he fell over—I do not reckon he fell. But the police report said it was accidental.

Mrs IRWIN—Can you tell us a bit about this course; I have not heard of it, this Well Ways course. Is that funded by government?

Mr Mercer—No, the Schizophrenia Fellowship of New South Wales. The course is based on some work that was done in Victoria. I believe they are not running the course at night anymore.

Mrs McMEnamin—They are doing daytime ones.

Mr Mercer—We did it up at Wahroonga at a community cottage up there. It was over about 12 weeks.

Mrs IRWIN—And this is solely for families who have got a child with an addiction?

Mrs McMEnamin—No, it was for families with mental illness. There are five psychoses; the whole five were covered in this course, but the majority of people there had a relative who had schizophrenia.

Mr Mercer—And that was really helpful.

Mrs IRWIN—This course was to show, to teach you I suppose, how to cope?

Mrs McMEnamin—How to deal with the police, how to deal with mental health counsellors, how to deal with the mental health system.

Mr Mercer—To understand the drugs that they put them on, and the treatments that are available.

Mrs McMEnamin—And information and updates about the causes of schizophrenia. We get a three-monthly newsletter that comes through.

Mr Mercer—It was quite cathartic. There were people there that had never even told their closest friends, nor their mother, father, brothers or sisters, what had been going on. But, because all of the people around the table—and there were about 20—were going through this, people opened up and—

Mrs McMEnamin—Said things they had never said before to anyone.

Mrs IRWIN—This is what I am finding. We have had a hell of a lot of submissions to this inquiry on illicit drugs, mainly from families that are crying out for help because they feel that there are no services there for them. They are saying in their submissions: ‘Our child has an

addiction, but we still love them. When they go into rehabilitation, they could be in there for up to three months, and when we want to check on their wellbeing, because they are over the age of 18 we do not get any feedback.'

Mrs McMenamín—The privacy act!

Mrs IRWIN—They do not know how to cope with their loved one when they come back to the family home. That is what we are hearing: that there should be programs in place for those parents.

Mrs McMenamín—At one stage Andrew had got to the stage where he was able to work, but where do you go to get a job for someone with schizophrenia? Someone who is stable, but who can only work for maybe two hours a day?

CHAIR—He was the one who was sweeping the driveway?

Mrs McMenamín—Yes.

Mr Mercer—Yes, the pioneer club organised that.

CHAIR—The pioneer club was good. Would you like to talk about the pioneer club briefly.

Mrs McMenamín—The pioneer club is a rehabilitation job supplier.

Mr Mercer—They are a job placement agency funded by the department of mental health in New South Wales.

Mrs McMenamín—They are not all funded by that; a lot of it is money that they can get themselves. They have programs like they take someone up there and make lunches every day.

CHAIR—You get federal funding for that as well, don't you, because it is a job placement agency?

Mrs McMenamín—Yes \$50,000 recently, thank you to you. Yes, they feed at least 30 people a day for lunch and one of the jobs is the mentally ill people who are recovering and trying to learn how to get back into work again, they will go up and make the lunch, they will learn how to go shopping, and they'll do the cooking. They have people who do gardening, they have people who do reception, they have people who answer the telephones. It is all job training little bit by little bit because they cannot go into a job that is stressful, because the stress will bring the mental illness back again. They need to start off with maybe two hours a day for three days a week and then build up after that. So Andrew got a job up there sweeping Balgowlah RSL car park. He had to get there at 9 o'clock, sweep up the rubbish, drop it off, and he would finish at 11.00. He did that beautifully for four months. He was not so good at sweeping up; they would go up and check on him and they would pick up all the rubbish that he had not found and show it to him. He would say, 'Oh well, so what, it is pretty good.'

Mrs IRWIN—Who is? I'm a hopeless sweeper.

Mrs McMenamín—He went every day, every day he was there at 9 o'clock and he said how wonderful it was that he had something to do. Otherwise he would just sit in his room and watch TV and smoke pot. Then the world soccer came on. He has played soccer since he was seven, he loves the game, he stayed up later to watch the games. He set his alarm clock, the alarm clock went off and he went back to sleep but he went to work. Two days in a row he was late: instead of 9 o'clock he arrived at 11 o'clock. They said, 'We're sorry, you have lost your job, this is not acceptable.' I thought, 'Hey, he did go, he arrived.'

Mr Mercer—But the pioneer club only had a certain amount of supported jobs. I think that the Dee Why RSL had some, and they are also funded by council; they provide them with the facility down there.

CHAIR—They are also in competition with people who have other disabilities which they might have been born with, and they too want to have supported jobs.

Mrs McMenamín—But the only people with a mental illness that I knew who have got a job, it was found by the family. They had family or friends who had a landscaping business and they could go and mow lawns or something.

Mrs ELSON—What I wanted to ask you is that in Queensland we have an association called Holyoak and they are a not-for-profit organisation. If parents touch base with them, once they realise that the child has an addiction, they actually teach the parent about a drug addict, so that you do not beat up on yourself, because kids who are drug addicts love to make the parents feel guilty. Holyoak in Queensland tells the parents that this is what your child is going to say and this is how you should react. You are in a better, healthier situation to help your drug addicted child because you are not constantly giving into them because you think that it is your fault. Did you touch base with anyone in the beginning in New South Wales, an organisation similar to that?

Mrs McMenamín—Early intervention did run a course for us, for two or three nights that they told us about the drugs, not about—

Mrs ELSON—Not how to handle them?

Mr Mercer—When Andrew first went to a drug counsellor we went to another one in that unit and he helped us quite a lot. I have always been pretty up front about this sort of thing, I was always very intuitive and I could always tell when Andrew was on something.

Mrs McMenamín—I wouldn't have survived without him. If I had been on my own still and I had not met Ian, I would not have survived.

Mrs ELSON—Also, there is another organisation in Queensland that gives you the names of six drug addicted people who are rehabilitating, so that you can ring them and talk to them and they can tell you why they are doing it to you. When you say that my son or daughter is doing this, they will say, yes, that is because—and it helps you to be able to organise. You didn't contact anybody like that?

Mr Mercer—There is nothing like that in New South Wales.

Mrs McMenamín—There was nothing that we could find out about.

Mrs ELSON—They are very hidden. You actually have to make dozens of phone calls. When it happened to me, mine was very public. I had about 280 people in the first half-day ringing me saying, ‘It is happening in my family. I cannot talk to anyone but I can talk to you.’ And trying to get them support plus trying to help my son, it was really demanding. I found out so much but I really had to delve to get those two lots of groups, because they are overtaxed and they cannot advertise that they are there and do not have the resources to handle the problem.

Mrs McMenamín—And remember that the parents, the carers, are emotionally stressed as well and do not know where to go or what to do. And they are not thinking clearly so they are having more trouble.

CHAIR—So basically what I am hearing is that there needs to be an official line or something official—

Mrs ELSON—that tells you where to go then.

CHAIR—not a NGO that might be able to afford it if they have a bit of funding left over. They need something maybe attached to the police.

Mr Mercer—I think that would be a very good idea because the police have to deal with the real problem.

CHAIR—Maybe not the police at first—

Mrs ELSON—The police are not the first port of call when you report your child because by the time you report the child it is way down the track. If you suspect, you need to go to someone.

CHAIR—So who would be a suitable person to—

Mrs ELSON—A national information line that says, ‘Okay, ring these people up in your state.’

CHAIR—But who would fund it, and who would provide it?

Mrs ELSON—There is a kids helpline, isn’t there? So you would have another similar helpline to that one.

CHAIR—It would have to be run by officialdom and have a permanent stream of income, wouldn’t it?

Mrs ELSON—Yes, you would have to have it fully funded.

CHAIR—Not one that says, ‘We’ve got some funding to do it for this long’ or whatever, because that is what happens.

Mrs McMenamín—What about the Salvation Army?

Mr Mercer—But that is an NGO again.

CHAIR—That is an NGO. I am thinking of something that is official, like I established in aged care—Carelink.

Mrs ELSON—That is right.

CHAIR—You can ring up and find out everything about aged care.

Mrs ELSON—Or any carers' group. You hit one base in Queensland—

CHAIR—And maybe that place could refer you to—

Mrs ELSON—To wherever you need to go.

CHAIR—To NGOs, or whatever. But it could also have stream of follow-up information.

Mrs ELSON—If you had a helpline, that could give you a dozen contacts. If you happened to ring one organisation because someone has given you the number of it, that was not your first port of call, and that organisation is overstressed, they are just going to say, 'No, there is nothing we can do for you here.' If you had a half-dozen groups like that, you could—

CHAIR—At least they could say, 'These organisations in your area'—that is how Carelink works. It is very much done on areas.

Mrs ELSON—But then you have to have the support there that the rights of the child that you are trying to get help for are protected, and then you cannot then get that help for them. That is where the biggest problem is.

CHAIR—That is the next step. But first we have somewhere to go. Then you have to have a change in the law that says that if you think the child has such behaviour, you can insist on a drug assessment.

Mrs McMenamín—Even if they are over 18. You have to do something about the over 18s.

Mrs ELSON—In insisting on having a drug assessment, you may protect the right of the child up to a certain level but if that child then because of lack of help has got to the point where your son has got to, I mean, that is neglect, isn't it? It is neglect of the child because you could not access help for them when he still had a job and was capable of working.

CHAIR—But you cannot have a drug addict working as a nurse. They kill people.

Mrs ELSON—No, I'm just saying—

Mrs McMenamín—No, he is deregistered now. But they were aware of him—

CHAIR—So he was deregistered? He should never have been registered.

Mr Mercer—I know.

Mrs McMenammin—I know.

CHAIR—And he was working at St Vincent's, was he?

Mrs McMenammin—And Manly Hospital as a theatre nurse.

Mrs ELSON—I meant to ask you this before. He had very high marks, you said. Was that because he was providing the lecturer with—

Mr Mercer—I guess it is like most people, I guess they are also super intelligent.

Mrs McMenammin—I suspected. But he is very intelligent, too. All schizophrenics that I have met are very intelligent.

Mr Mercer—They are really the best actors in the world. I mean, they should all get an Academy Award, the way they can act.

Mrs McMenammin—And he is very sneaky too. They were giving him pills as his medication and he was hiding it in his mouth, and spitting it out. Now they have to resort to wafers and liquid to make him take his medication.

Mr Mercer—But they still want to do drugs.

CHAIR—He does not want to be better.

Mrs McMenammin—The psychosis is not wanting him to be better. It is the psychosis.

CHAIR—The mind just does not function.

Mrs McMenammin—The schizophrenia says, 'I am all right. There is nothing wrong with me.' He was homeless. He had no money. I was sitting there in with a psychiatrist with his bank statements, saying, 'Here is your bank statement, Andrew. You have no money. You have no home. And he is sitting there saying, 'I'm all right. They have stolen my money! I'm all right. I have somewhere to go.'

Mr Mercer—'Where are you going to sleep tonight?' 'I have somewhere to go.'

Mrs McMenammin—'I'll be all right.'

Mrs IRWIN—So at least he is not on any more illicit drugs, really.

Mrs McMenammin—Not now. Seven weeks he has been off them.

Mr Mercer—But if he could do a bunk, he would—

Mrs McMenam—He would do it.

Mrs IRWIN—Let us hope the system does not let him down.

Mrs McMenam—He is not coming out. From here he is going straight to Macquarie, where it is a locked unit. He is going to be there, hopefully, for 12 months.

Mr Mercer—Then the criminal case will come and it will depend on what happens there—

Mrs McMenam—Where he goes. They are going to apply for supported housing for him because he has got no unit—he has been evicted for this bashing, this assault. So we do not know what happens now. We do not know where the supported housing will be, we do not know how long he is going to stay at Macquarie, we do not know what condition he is going to be in when he is released—nothing.

CHAIR—His history is: every time he goes back on the street he is dealing and destroying other people's lives.

Mr Mercer—Yes.

Mrs McMenam—Well, yes.

CHAIR—It is not just what is happening to him or what is happening to you.

Mrs McMenam—Exactly.

Mr Mercer—That is right. And they are such a caring profession, these drug dealers—they give Andrew a prostitute with a heroin addiction as a girlfriend!

Mrs McMenam—They take his car off him!

CHAIR—The idea that he is driving, full of drugs, fills me with horror.

Mrs McMenam—Well, he isn't anymore.

Mrs IRWIN—I think you said you became aware of this as far back as his year 10 formal, in 1994, when he was arrested and taken to the police station at Frenchs Forest.

CHAIR—By a drug-addict cop.

Mrs IRWIN—It is unreal, I know. Do you reckon he is getting the right treatment now?

Mrs McMenam—No, not at east wing, because it is an emergency care unit.

CHAIR—And there are only six beds, aren't there?

Mrs McMenamín—There are a few more than that. There are six beds in the secure unit, but the outside unit has maybe 10 or 12 beds. He started in the secure unit and now he is in the outside unit. But it is an emergency care unit. There is no occupational therapy. There are very few things for him to do.

Mr Mercer—There is nothing there. They are bored to death.

Mrs McMenamín—All he does is sit there and smoke. He can watch TV.

Mrs IRWIN—And he is there for 12 months?

Mrs McMenamín—No.

Mr Mercer—He is there until they can get a placement at Macquarie.

Mrs McMenamín—He has been there for seven weeks so far. The food has got so boring; it is on a two-day rotation and he has been there seven weeks eating the same thing every two days.

Mrs IRWIN—So he is waiting for a vacancy.

Mrs McMenamín—Yes.

Mr Mercer—Yes. There is only one secure unit in Sydney: the Henley unit for dual diagnosis—that is, for drug-addicted schizophrenics.

CHAIR—That is crazy.

Mr Mercer—Yes. Manly Hospital do not have the facilities. They cannot even give Andrew a drug screening, because if he refuses to do a drug screening—

CHAIR—He can fight them.

Mr Mercer—they have got to ring up Manly police and Manly police have got to take him up into the room—

Mrs McMenamín—Hold him down while they do an injection.

Mr Mercer—He might be there for five hours before he urinates.

Mrs McMenamín—No; they do a blood test.

Mr Mercer—But they still would like to get a urine test.

Mrs IRWIN—It is sad to hear that he has been waiting for seven weeks now.

Mrs McMenamín—They will not take him until he has got well enough for him to understand what is happening to him.

Mr Mercer—They have to stabilise his drugs before he can go across to the Henley unit.

Mrs McMenamín—He did start off as No. 6 on the waiting list. He is up to No. 3 now.

Mr Mercer—And they are coming back to reassess him on 6 June.

Mrs IRWIN—How many more people are waiting there in his position?

CHAIR—They only have one facility—

Mrs McMenamín—Exactly.

Mr Mercer—In Sydney it is crazy.

CHAIR—So do you think another recommendation ought to be that we need a greater number of units for criminally addicted people?

Mrs McMenamín—Yes.

CHAIR—And there has got to be zero tolerance.

Mrs McMenamín—Zero.

Mr Mercer—And I think having mental health and drug rehabilitation units attached to a hospital is crazy.

CHAIR—I wrote down: ‘zero tolerance with bite’.

Mrs McMenamín—Yes!

Mrs IRWIN—I am a great supporter of harm minimisation. I believe in anything that will save someone’s life to take them on that road to recovery.

Mr Mercer—Definitely.

Mrs McMenamín—I was into harm minimisation with Hugh, trying to get him out of trouble. At least I have got one son back now.

CHAIR—But, if you had stopped Andrew earlier—

Mr Mercer—Both my son and daughter had a bit of dalliance with drugs too, but they are out of it now.

CHAIR—Hugh might not have had to go through what he went through. That is the problem, isn't it? Because there was no action for so long on Andrew—

Mrs McMenamín—He was getting so many mixed messages from society that it was all right.

CHAIR—it was too hard for Hugh.

Mr Mercer—We as a society have virtually acquiesced.

Mrs McMenamín—With regard to smoking pot, one comment my younger son made was: 'It's funny, Mum, all my friends who are on drugs'—and they all are, apparently—'think that the drug they are on is not going to do any harm to them.'

CHAIR—Because nobody has told them. We took evidence on Monday about having a very large campaign which I have described as being a bit like the Grim Reaper campaign. That worked.

Mrs McMenamín—If you can do something like that to stop them.

CHAIR—We need to get the message across about what it does to the brain.

Mr Mercer—For the carers you have to say, 'Talk about it.' We did not talk about it much when Andrew had the drug problem, but once he had the mental health problem we started to scream it from the rooftops. It was really funny; all of a sudden people said, 'My husband went through that,' or 'My son went through that.'

Mrs McMenamín—'My sister has schizophrenia.'

Mr Mercer—You feel like you are not alone. They can say, 'We got some help from so and so.'

Mrs IRWIN—It is sad that you found out about help through word of mouth.

Mr Mercer—Yes.

Mrs McMenamín—I had no-one in the family I could talk to. It was not until I went on the Well Ways course that I found people I could talk to. And that was years down the track.

CHAIR—So we need that contact point.

Mr Mercer—Definitely. When the person initially rings up, they need to be put in touch with people like Hazel and me, who have been through it.

CHAIR—Did you get in touch with the ToughLove people?

Mrs McMenamín—I did not go to ToughLove, no.

CHAIR—There is a group that operates in Belrose.

Mrs McMenamín—I have heard about it. A friend of mine goes to it.

CHAIR—It is quite good.

Mrs McMenamín—No, I did not go to ToughLove, because I was a working single mother. I was working full time. In the afternoons I was doing the usual running them around. I had no time to do anything like that. I thought I could deal with it.

CHAIR—Thank you very much for coming and sharing with us.

Mrs McMenamín—I hope we can help. That is all I want.

CHAIR—I know that is your motivation. You want people to know so that it has to be addressed. It cannot be swept under the carpet.

Mrs McMenamín—You cannot just leave the little ordinary drug user alone. You have to get out there.

Mr Mercer—You guys have got a tough job. Kick arse!

CHAIR—Thank you for your attendance.

Resolved (on motion by **Mrs Irwin**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.22 am