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Appendix B – Selected personal stories

This appendix includes 13 selected edited personal stories from families that highlight the devastating impact that illicit drug use has on families. The committee would like to thank those families who told their personal stories about how illicit drugs have affected them. Members have been profoundly impressed by their strength and determination. It is important that their stories are shared, and that families are acknowledged as significant stakeholders in illicit drug policy.

...his downward spiral...

Through conflict about the drugs and the subsequent lifestyle including some criminal activity my son chose to live away from the family home. At the time we were relieved and grateful for the peace until eventually he was brought home by friends who could see his downward spiral and knew he needed to be cared for. He weighed 45 kgs, by now the father of a one year old son who I was helping to raise. The heartbreak of watching his toddler son try to rouse his dad as he lay drug riddled on the couch was too much to bear. My son would slowly raise his arm and tousle his son's hair, the deep love fighting against the grain of the addiction.

I learnt to live with my fear. I was fearful he would die; he would be bashed, hurt in an accident, attacked by other drug users, jailed, bashed by police or just disappear. My body jarred with the sound of a siren, a newsflash, a sudden thud until silence became a sign of death. {Overdose}

My grieving began. I grieved for his lost potential, his lost personality, his own peace, and my wants for him as a person. Constantly I have had to re-evaluate my own values, I have let go of my need to have a house with walls intact, furniture that matches, and my own career and I have peeled back the layers to value the person, to value keeping him alive at all costs.

Source Quon M, submission 8, pp 2, 3.

Imagine... Lives of grandchildren through a grandmother's eyes

Imagine you are three years old.

You wake in the morning and your mother is in bed asleep. You cannot wake her. You are very hungry. There is no food in the cupboard or the fridge. Your brother and sister have gone to school. You eat dry dog food from the bowl on the floor. You get out all your toy cars. These are the only toys you have so you sit in your room for the next 4 - 5 hours playing obsessively with the cars.

... Your mother and her boyfriend are in the kitchen. You are not allowed in there. They are smoking dope. You do not like the smell. You play in your room with the cars. Your mother brings you some burnt food for dinner. It tastes awful but you are very hungry so you eat it. Later you will get some more dog food when your mother is asleep again. The dog food tastes good.

Imagine you are eight years old.

You spend most of your time at your friend's house. You go there whenever you can because being at home is just too painful. Your mother is a drug addict and in your short lifetime she has lived with three abusive, drug addicted, violent men. The latest one is very scary. He yells and screams all the time and blames you and your brother for everything that goes wrong.

... You have a brother who is one year old. You have to look after him all the time because your mother stays in bed most of the day. If he wakes up your mother she yells at you and belts you. ... Sometimes you lock yourself in your bedroom and put towels at the bottom of the door so you can't hear the noise in the house. This is when your mother and her friends are having drug parties. There are a lot of scary people in the house.

Imagine you are twelve years old.

You have grown up and lived with violence since you were born. Your mother delivers drugs to people in the neighbourhood and to schools transporting them in your stroller. ... You watch your mother through three drug addict, abusive and violent partners. You see her bashed and abused time and again. You watch pornographic videos and see pictures of your mother and her partner naked on the walls of the house. You are forced to live in a caravan in the backyard with drug addict men, friends of your mother and her partner. They abuse you but you can't tell anyone.

... By the time you are 18yrs you will have been expelled from three schools and have been in and out of a Juvenile Detention Centre several times. You will be addicted to drugs, petrol sniffing and alcohol. You will have a criminal record. At 18yrs old you will be treated in the Courts as an adult. No one has ever taught you how to be one.

Source Name withheld, submission 155, pp 3-7 (extracts).

...how did we miss the signs?

We started to notice a difference in behaviour regular visits seemed to get less ... happy to believe any excuse and brush it aside rather than admit there was something wrong, but you knew deep down inside the pit of your stomach things were not as they should be. The day all the truth was revealed will be a day that I will never forget, it was full of bewilderment and despair. I can picture my husband still, sitting in the car unable to move or say a word. ...face to face with my son, I could see the condition he was in and that it was not going to be just marijuana. ... when I heard the word 'heroin' the panic and fear was overwhelming all I could think about was overdose and that he was going to die. ...It was so difficult to absorb I was in total disbelief at what I was hearing this was never going to happen to our family asking the counsellor how did this happened and how did we miss the signs. I felt so sad full of sorrow my whole world in pieces and no idea where to go from here.

Over the uncertain weeks and months that followed the full impact of the chaos my sons were in had begun to surface: the unpaid bills and fines, final demands, debt collectors, personal belongings in hock, loss of jobs even down to the dealers wanting to be paid, and so began to pick up the pieces and stick them back together determined to bring some normality back into my life, ... all I knew was that I loved my children and had to protect them at what ever cost! So paid off the dealers so they would not be harmed, reclaimed the tools so they could return to work, supported them in court when in front of the magistrate, allowed them back home when they had lost their own, shared their pain when they lost a friend to overdose and each time believed it would be the turning point and they would be well never wanting to ever admit they were addicted.

The chaos returned time and time again with the never ending anxiety and worry... disillusioned with the broken promises,... tired from lack of sleep, depressed and miserable but trying hard to smile and put on a brave face for family and friends... the situation was destroying our lives. I no longer wanted to be consumed with the turmoil or on edge waiting for the next crisis to arise, I had stopped enjoying my life. I needed to face reality that my denial and enabling was putting off the inevitable and needed to be dealt with as I wanted my life back and knew I would need the assistance from a professional counsellor to help me deal with my sons addictions. So the road to recovery began facing the destruction that had entered my world, coming to terms with how it had affected me, the realisation that I was not to blame, learning that the way I had responded was out of fear of losing the ones you love, gaining information, knowledge, support and guidance and finding comfort from other people travelling the same hard road, slowly acknowledging your fears, regaining strength and that there is a visible light at the end of the dark tunnel and hope and recovery are very real.

It has been a very hard road to travel and although both my sons have been through rehabilitation, I can see that they have to work hard at their addictions each and every day so I never really believe it will be finally over. Unfortunately the older son battles with his demons often and lapses back in and out of the drug scene, but I truly know he does not want to be there, it still hurts badly to see him go 3 steps forward with great effort and then 8 back but over the past years have learnt that I have no control over anyone's life but my own, which at the moment is peaceful enjoying my grand-daughter, grateful to all the true valuable friends made on my journey, living one day at a time, but so very thankful that we have all survived intact. I will be honest and say that whilst writing my story it takes you back to all the horrors you have endured and shed those tears once more but realise how you have grown and the strength you have gained to fight another day.

Source Name withheld, submission 164, pp 1-2 (extracts).

The Parents' voices

When not using (drugs) I'm a super-mum. I have more time for him. I set boundaries. We have good communication. We play a lot. When using, he becomes the parent. He gets out pre-prepared food from the freezer, he misses school, he gets bored, he gets worried about me ... I snap at him, yell, I have no patience. There's not much affection or supervision. I feel a lot of guilt. I tried to protect him from it.

Source Cathy, 28, mother of Travis, 7.

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*She must have witnessed me using, she made gestures of putting a pen into her arm, like a syringe. She was found to have an old break in her right leg, broken elbow in three places, depressed skull fracture and a broken wrist before starting school.*

Source Penny, 34, mother of Julie, 6.

### **...they are born addicted...**

*Five years ago I took over the care of a little boy who was born addicted to drugs. His mother was a chronic drug addict and prostitute. She came to me knowing she was unable to care for this child ... He is now five years old and the first nine months of his life were absolute hell, absolute hell. We do not hear about how many babies are born addicted in this country. Now he was not just a heroin baby; he was a methamphetamine baby, a methadone baby, a dope baby, a pill baby. God knows how he turned out normal.*

*The first nine months of his life were absolute hell ... He is five now and twice a year now he still wakes up with his sweaty little hands and feet and he does not feel well: his appetite changes, his behaviour changes and do you know what? He has learned to manage that. He says to me, 'This is not one of my good days.' At five!*

*There is evidence from the United States ... that these children are genetically changed, that their DNA now is different. They will not have the opportunity of their parents to muck around with these drugs for a little while before they become addicted; they are born addicted. They live with that central nervous system disorder. If he has one cone when he is 12, 13 or 14, he is gone. If he has one drink, he is gone. If he has one shot of heroin, he is gone.*

*What are we creating? What future are we creating with what we are doing? How do we pull this back? It is by getting that side and that side to sit down and accept that there are things from abstinence-based treatment programs that people within harm minimisation do not understand. There are things within harm minimisation that people from abstinence-based programs do not understand. We need to have a coming together of the minds before this is all way too late.*

Source Bressington A, transcript, 23 May 2007, p 24.

### **Is this really the beginning of a truly healed life?**

*In 1986 our much loved mother died a traumatic death from cancer, followed a year later by her much loved brother, who had lived with our family. Not long after these events my brother, who had been operating his own successful insurance/financial services business for about five years, at the age of 28, lost his business and suffered bankruptcy. These events, I believe, were the catalyst for my brother experiencing an emotional illness, underpinned by some genetic predisposition and some previous illicit drug experimentation.*

#### Impact on my father:

- *As my father was financially involved with my brother, he suffered the loss of his home and most of his personal finances, assets and investments (in the millions of dollars);*
- *Chronic humiliation, conflict, grief, anger, confusion, fear, trauma and loss of relationship with his son for some time (now healing) - over a nearly-20 year period; and*
- *Disruption of family relationships, serious impact on physical health (recovered well at the age of 82).*

#### Impact on me:

- *As I was also financially involved with my brother, I suffered the loss of my home and a large proportion of my personal finances;*
- *Chronic humiliation, conflict, grief, anger, confusion, fear, trauma and intermittent loss of relationship with my brother - over a nearly-20 year period (accompanying him to court appearances/remand centre visits, antagonistic phone calls and visits from his associates and police, not knowing his whereabouts for months at a time, fearing his death etc.);*
- *Disruption of family relationships, including with my husband (adversely financially and emotionally affected by my brother's illness);*
- *My brother living in my family home for over a year whilst unwell and intermittently at other times;*
- *Negative impact on my daughter (now 13) and on my own health;*
- *My family GP's view that the medical profession considers 'people like your brother to have a terminal illness'; my reply that the situation can be healed with a lot of love, knowledge and support; and*
- *Impetus to study (and graduate with) diplomas of alcohol and other drugs/youth work/massage therapy, and other study (philosophy/spirituality) over last 10 years, and now working in these fields.*

*...I realised that my attitude towards my brother had mostly alternated between subtly judgemental (with some moralising and lots of advice-giving thrown in for good measure) and profound grief/pity (including self-pity) and sorrow (with a lot of love and compassion in between), with no real acceptance of the situation. It was not until I allowed myself to just listen to him - be with him - that healing took place for both of us. I was then able to articulate to him in a positive manner (without judgement) how I felt about certain of his [behaviours] and set more positive boundaries for myself, which he was consequently more able to respect than previously. ...It is 11.30 am on Thursday 21 March, 2007. My brother has just rung me to say he has had a successful first day in a new job. He is sounding positive, determined and committed, he has somewhere stable to live, and is preparing to further pursue his own legal case. He has told me he has moved on from his illicit substance use and is working on giving up his legal substance use. I have had about fifty phone calls like this over the past nearly 20 years. Dare I believe that 'this is it' - is this really the beginning of a truly healed life? Time will tell, and I will never give up believing it is possible.*

Source      McIntyre R, submission 81, pp 1–7 (extracts).

### **An appreciation of human life**

*I have felt powerless and helpless and yet bound by a love and commitment to support and be there for my husband, brother and cousin. I held onto the times when they did well, felt devastated when they relapsed. There is also the constant fear and shame; fear of the police coming to your house, being targeted, the shame of having your car searched in the main street of town, the shame of being raided, the fear that one day they will overdose and die. There is the awareness of other people's opinions, their judgement, the pity in their eyes; the scorn when you attend the probation and parole service with them or visit them in prison.*

*It also teaches you to become tough and resilient and forces you to draw on a depth of love and compassion you never believed you had. It allows you to have an appreciation of human life, to treasure the beauty in every person and trains you to have an eagle eye for the sacredness of humanity often buried deep inside the soul. It gives you a perspective of human suffering that while difficult, also provides a richness that those untouched by tragedy are oblivious to.*

Source      Ravesi-Pasche A, submission 47, pp 3, 4.

### **...an invasion of her privacy...**

*The realisation that a child you have brought into the world is using a narcotic drug does not happen overnight. It takes a while to recognise the subtle personality changes, the avoidance manoeuvres and later 'the look'. The 'look' is that haunted, desperate appearance about the eyes. The 'look' of you don't know me; you don't know what I have done; you can't enter my world. So you discuss the issues with your partner but we're both really in a state of denial - this can't be. We are middle class professionals, our daughter is a lively, intelligent, sporty university student. She can always cogently justify why she never has any money despite our supporting her and a part time job. We try to probe and are reassured by her- of course all is well. How comforting to hear that, nevertheless our suspicions grow.*

*Do her siblings share our suspicion? Have they noticed anything? We don't want to ask them. We don't know what to think or do, we feel strained, an inner turmoil, a tension and distancing within the family and our circle of friends. We keep our anxieties to ourselves, concerned about the stigma associated with illicit drug use should others become aware of it. So, in this way months and months go past, and eventually it comes down to an invasion of her privacy. A look through her personal space, clothes, drawers - inside, under and behind, under the mattress, in bags, the bin.... and then the evidence and our disbelief- is this white powder what we think it is. Our intuition tells us it is but our reality doesn't want to accept it.*

Source      Name withheld, submission 133, p 1.

**...I loved her so much and she was suffering.**

*...I am person who has experienced illicit drug use in my own family and from this perspective I shall begin by describing some of the personal costs that I experienced as a result. These were largely emotional costs and took many forms ... my own experience centres around the short time I had to cope with the crisis of discovering my daughter's drug use and my own attempts to come to grips with it.*

*...firstly, an overwhelming fear, terror more like it, that she could die, the fear that she could never get over this. This fear leads to anxiety and a constant sense of dread. There was the fear that I would say the wrong thing, make the wrong decision, take the wrong path ...*

*And there was anger somewhere in all this, an irrational anger that she had taken this path, anger at what we all had to go through, anger that she could not stop using...*

*And then there was the aloneness, the feeling of terrifying isolation, that I and my family were alone with this problem, there was no one to help and no one could understand ...*

*And there was guilt, ... my guilt was about my inadequacy, how hopeless I seemed to be at managing, how utterly lost and confused I felt ... I was clueless and pathetic and I felt ashamed... Somehow, I lost my internal wisdom, my inner frame of reference, I could not centre myself ...*

*And then there was shame. Not my shame, because I never felt it, not for a minute. Why should I be ashamed that my daughter was using a drug, even it is was illicit? Maybe because I did not blame myself as a parent, I did not feel the shame that many parents feel. But it was her shame, the terrible shame that my daughter experienced - this is what was so painful to me.*

*And finally, the terrible grief and sense of loss, the perceived loss of the path I had perceived my daughter to be on... Grief and sorrow over the pain she was experiencing in trying to cope with and master the compulsive urge to use the drug. Just plain grief over the fact that I loved her so much and she was suffering.*

*How could I begin to describe the grief when we lost my beautiful daughter, the shining light of our lives. Yet this grief, this terrible crushing bereavement that one never recovers from, is part of the personal cost for many parents in this situation. I should add that this is a grief that I would never want to fully recover from, this deep sorrow is part of my relationship with my daughter now, along with the joy and bliss of having her in my life for 24 years. I have re-organised my whole life, retrained in my professional life, experienced new joys with my three beautiful grandsons, but I still and will always burst into tears without warning when I think of her. It could be something I have read, a person walking by who reminds me of her, kind and loving words about my daughter from a friend, a song she loved, photos, reading her copious volume of writing, looking at her paintings and photography, reminiscing with friends and family.*

*In amongst my grief that rendered me powerless and paralysed for a long time, there stirred eventually in me a kind of anger, an anger that society treats people with drug use issues as pariahs, or they did then. Hundred of young people died in the 1990s from heroin overdose in what I describe as a heroin epidemic. Yet what was there to help the families, how many families were out there struggling and desperate, just as I had been? And if families were not getting support, then what help could the family offer to the person with drug use problems.*

Source      Anonymous case study attached by Centacare Catholic Family Services – Mary of the Cross Centre, Submission 116 , pp 13, 14.

### **Is 'good enough' in the best interests of children?**

*At the time of [my granddaughter's] drowning she was in the care of her mother (my former daughter-in-law) and her mother's then partner. My granddaughter's twelve month old sister was also in the mother's care at that time. Both the mother and the partner were long term heroin addicts and admitted to having taken heroin on the morning of the drowning. In the mother's case she claimed not to have used heroin until after the drowning... The mother worked in a brothel at the time of my granddaughter's death to support her heroin addiction. The partner had a long criminal history and was subsequently convicted and given a goal sentence for heroin trafficking. A coronial inquest was held into the death of my granddaughter on 25 February 2003 (by then another child, my granddaughter's half sibling had been born...). The Coroner's terms of reference were narrowly confined to the site and events on the morning of the drowning.*

*The Coroner found accidental drowning and there were no adverse findings against the mother or her partner. Restoration of my remaining granddaughter to her mother commenced three days after the Coronial Inquest, ... through a Family Court Order... I had sought a shared arrangement... my application was unsuccessful. ... We accepted the court decision and focused on supporting and nurturing my granddaughter during our contact, now restricted to overnight every second Thursday, every second weekend and half the school holidays. Following the court decision both I and my granddaughter's father (my son), who resides in our family home, developed a constructive and cooperative relationship with my granddaughter's Care and Protection Services case worker... We have continued our efforts to work cooperatively with case workers that followed and have attended all of the Review of Arrangements. Ongoing concerns about my granddaughter's care... persuaded me to seek to vary the Family Court Orders to maintain the arrangements in place prior to 2006. An interim hearing was conducted in February 2006. However, the Court accepted a report made by the Department and argument put forward by its legal representative in Court that the while the mother would never be 'mother of the year' and her 'parenting is chaotic' the care provided by the mother was sufficient.*

*While the drug addiction, in this case involving my son and his former wife, caused huge distress to our family and over time has drained our financial resources and totally changed our lifestyle and expectations for a happy and comfortable retirement, the most difficult and ongoing struggle has been with the authorities that have responsibility for the care and protection of children. I have continuing concerns about the safety and well being of my remaining granddaughter who I believe (based on considerable evidence) is still exposed to an unsafe environment. My granddaughter now has chronic health problems that require attention, including an eye defect that is and will continue to be an impediment to her progress at school unless it is receives appropriate treatment. I have repeatedly brought my concerns to the attention of the ACT Care and Protection Services. However, it is my overriding impression that the rights of the mother have been protected to the detriment of both my granddaughters. In particular I note that the ACT Care and Protection Service appear to have adopted an arbitrary 'good enough' principle as the basis for meeting 'the best interests' principle under section 11 of the Children and Young People Act 1999. ... It is my view that there is an urgent need for the federal government to take the lead and address this serious issue by identifying this as a national issue followed by approaches to the States and Territories suggesting changes in current legislation, policy and practices to ensure that the interest of the child is paramount and that parental rights do not dominate at the expense of the child. Otherwise, the current drug epidemic is a potential time bomb likely to produce a generation of children, many of whom, as a result of neglect and abuse, may not be able to function adequately and contribute productively to our society. Clearly the financial and social cost to the nation would be huge but the personal cost to the children and their families, immeasurable.*

Source Bosworth J, submission 180, pp 1-4 (extracts)



**...the current drug epidemic is a potential time bomb...**

*...My husband... and myself are raising our four grandchildren, and have for the past nine years. [Some time ago, we were asked by DOCS] to pick up the children, if not they were going to be fostered out to separate families. ... for D.O.C.S. to require this drastic step was a culmination of the children left many times with many people and all involved in the drug world. Our daughter was a dealer and user ...She ran drugs ...with the children on board as cover and was also known to sell to school children. The children also were used to pick up drugs ...these things we know because of evidence obtained during our custody hearings in the family law court. Our daughter was always in the spotlight with the police for shoplifting and she bragged that the four children were her shoplifting gang. She had to shoplift and sell drugs to feed her habit and the children suffered from lack of food and fresh fruit and vegetables, always sick and as a result from all the visits to the doctors and antibiotics the children all have soft teeth. ...[She] returned [and] demanded her children back and as we had no legal papers for their custody we had to hand them back. Over the next couple of months we learnt they were staying with approx seven different people in Canberra ... We decided to go for custody. This wasn't a prolonged affair as my daughter didn't fight for her children. All up we paid approx \$17000 for our legal people and the only time [she] appeared at the family court for counselling she had track marks between her toes as she had no veins left in her arms to shoot up in. ... [We were awarded] full custody of the children in February 2000.*

*We came to Canberra in 1969... We raised our three children ... and did all the same things as everyone else did. Struggle. But we got there. Now we had four children to care for and love. My husband worked for 35 years in the fire brigade and retired early in 2000 to help with the raising of the children. The money he received from his C.S.S. Super was used to extend our home and give them each a bedroom as well as a bit more room for all of us as the original house was 9.8 squares. We also had a four bedroom house... that my husband owner built which we had to sell to finish off our house in... . We manage the children's welfare on my husbands C.S.S. pension plus family tax benefit A. and I get \$180 parenting for which Centrelink has been hassling me to go to work even though I am exempt under large family i.e. 4 children under our care. My husband receives a part pension as he turned 65 in Feb this year. We do okay as we shop carefully and the children want for nothing. They are involved in music both at school and with piano with a teacher all play musical instruments as they are quite good. Three of the children are in high school and 2008 we will have all of them there. As we have full custody we are not entitled to careers money and not entitled to legal aid as we own our home and have too many assets. The only respite we have had is we found out we are entitled to full child care during the holidays under the grandparent's benefits which enabled us to put them into a holiday program for 8 days. Our daughter died in November 2000 from heroin and we also had to pick up the pieces and bury her as her husband wasn't there for even this sad occasion we have hid nothing from the children and emphasise the importance of honesty and not stealing respect for each other and others around them. It's been a long hard slog as the children had bad habits when we got them but slowly as they mature they are learning the values of life but we have had a lot of interference along the way too detailed to go into but suffice to say it has added to the stress we have had to endure with raising these children as our only intention was to give them love and affection and a safe and stable environment that they now call home. When we were awarded custody [the magistrate] commented as we left the court 'best of luck, you have a long hard row to hoe' and he was right. Even with all we have had to put up with we wouldn't change anything as we regard children as the jewels of our future and they deserve all the help and understanding that we are capable of.*

Source Steep S and C, submission 183, pp 1-2 (extracts).

### **...the spectre of the estranged family member...**

*The addict retreats into a world of unreality where there are no commitments or responsibilities. Principles and ethics are completely subsumed by the all consuming need for money to pay for drugs and/or alcohol. It is bad enough when only the addicts themselves are affected, but a new dimension of issues and problems is created when a child is involved ...*

*Our daughter currently is homeless, apparently with very little income ... She has a partner who also is an addict. We have no idea where she is or how to contact her. When she has made contact, she invariably subjects us to verbal abuse. She loves her son, but cannot control her abusive behaviour towards us (her parents) and others when she has come to see him or speak to him on the phone whilst he is in our care, which causes him major upset even though the abuse is not directed at him. As a consequence of this totally unacceptable behaviour, caused by drugs and/or alcohol, we can not permit her access to her son, and at this point she has not seen him for a number of weeks. It is very uncertain when she may see him again. We know she is distraught about this and it hurts us deeply also, but there is no way evident to move forward. Her son also is distressed about the situation. Not only is he upset about not seeing her, but he is old enough to know she is in serious difficulty, and he is very worried about her safety and welfare.*

*Members of the family of an addict - my wife and I have two other adult children each of whom has a partner - must get on with their lives, and we are doing that. However, there is always present the spectre of the family member who has estranged themselves, and each member of the family in a sense is a prisoner of this. There is no way out unless either the addict recovers and rejoins the world, or as terrible as it is to even think it, eventually dies directly or indirectly in the long if not short term, as a result of their addiction.*

*Many others are affected: My wife's siblings and their families share our deep concerns over the damage to a life, and the consequential impact on others.*

Source Fairclough R, attachment to Australian Drug Treatment and Rehabilitation Programme, submission 132, pp 20-21.

### **Addiction is addiction is addiction**

*Unless we are actually prepared to deal with the fact that addicts have different wants to the rest of the community, that they think very differently to the rest of the community, that we are not doing them any favours whatsoever by keeping them addicted or enabling or rescuing them, then their lives are miserable. We say to addicts, 'We've got to keep you alive,' and I have had many of them respond, 'There's worse things than death, believe me.' Their life is not enjoyable. The party is over a very short period of time after they start using. I can remember my daughter telling me when she first started using heroin, 'Look, you know, it's all right. I'm not going to end up like that junkie on the street corner. I've seen that happen to all my friends, I know what not to do.' Six months later she is ringing up with the intention of injecting herself with an overdose of heroin because it is all too hard. 'I can't do this anymore.' That is how short the decline was. Do not think that junkies have a great time out there. Do not think that methamphetamine addicts when they are not stoned and out of their mind are enjoying their life and partying. They are not free and easy people. They are miserable. They scream out for help and they cannot get it. When they go to doctors, they are told just to cut down. Addicts cannot control their use. Controlled drinking was dispelled in the United States and Great Britain. We are still doing it here. ...Addiction is addiction is addiction. If you do not fix it, people remain trapped in that for a very, very long time.*

Source Bressington A, transcript, 23 May 2007, p 13.