

**Submission No: 145**

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AUTHORISED: **ES**

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**Sent:** Wednesday, 21 March 2007 3:25 PM**To:** Committee, FHS (REPS)**Subject:** The Secretary of the Committee House of Representatives

Comments to: The Secretary of the Committee

House of Representatives, PO Box 6021, Parliament House, Canberra, ACT 2600.

Tel: (02) 6277 4566 Fax: (02) 6277 4844

Dear Sir or Madam,

I wrote this 3 years ago, it gives an indication of how much time this matter has taken from my life.

I am totally bewildered by the ridiculous notion both State and Federal Governments have of reducing drug related harm to persons through the Harm Minimization approach currently adopted, and I would like to know who thought off such a ludicrous idea in the first place?

The notion that allowing people to continue drug use 'of any sort' until that person realize they have a problem in itself is bewildering. Trying to elevate such a problem would have to be the most impractical way of offering assistance. It goes against common sense and reality. If a person is allowed or as I see it encouraged by government to continue their drug experimentation until an addiction and habit is formed, the likelihood of full recovery is obviously decreased at best. In -turn the prospect of many years of pain and suffering both by the person using drugs, as well as their families, friends and later spilling over into the general public is inevitable. Firstly by witnessing the affects of drug use on another person; which is itself very distressing for the normal layman, then by the likelihood of personal threat both to the drug user and the layman of disease or violence. Also the worry and reality of criminal activity through theft, robbery, burglary, buying and selling of illicit drugs, prostitution, gangland shootings, murders, violence both domestic and public, recruitment of other drug addicts, not to mention the risks of driving, operating machinery, working with or supervision of children, while under the influence of drugs, just a very few real and present dangers, both to the drug affected person and all persons coming into contact with them.

It is well documented by Government both State and Federal, that once an addiction and habit is formed the likelihood of full recovery is improbable for a person on their own, so at best the person is first assisted by family and/or friends who know little or nothing of drugs. Later social workers and physicians, are looked upon which in turn is requiring Government and personal time, money, resources, facilities, and intervention through the judicial system which is a growing burden on society and funds.

22/03/2007

I would like to better understand how any or all of these processes are honestly seen as truly reducing harm or minimizing, pain, suffering, disease, emotional, physical, physiological, or spiritual discomfort to the person using drug, their families or friends and lastly the general public who are all affected by the prolonged drug use of any one person.

How is allowing a person to stay drug affected helping that person, their families, friends, or the general public. How is any or all of the above seen as reducing or minimizing harm?

This ridiculous scenario of (Harm Minimization) was invented by both State and Federal Governments as Government feels powerless to reduce, or stop drug distribution or use. The Government can not or has not reduced drugs from getting into our schools, detention centres, or prisons which are supposed to be supervised, and policed. The sad part is drug can be purchased by phone order making it more difficult to escape using.

The best our Government can offer is to hand out syringes to supposedly minimize the risk of blood borne disease both to the general public and to persons incarcerated.

This is a pathetic joke when the spread of all hepatitis C viruses are increasing in genotypes and spreading throughout the drug culture at an estimated 20,000 new cases per year, many new cases are amongst our youth and/or long term drug users of 6 years or more. Again by governmental estimations 90% of long term drug addicts will contract one or more of the Hep C viruses or genotypes after prolonged use of 6 years or more.

For this reason I ask again how are the Governments current approach of allowing pro-longed drug use affectively reducing or minimizing harm, both to the drug user or other persons coming in contact with such person or persons!

I myself have witnessed first hand the devastation and personal destruction of drug use and abuse. Both of my beautiful children became heroin addicted as teenagers and have both continued to struggle with their drug addiction as Government assistance is at best a pathetic joke.

If I knew then what I know now about the Governments ideas on Harm minimization I would have gone straight to the media and voiced my opinion. People like my children are the result of the Governments lack of true understanding of how to deal with the current drug culture/situation. My children and others I have been in contact with are living prove that the current system is not affective at reducing or minimizing harm at all.

Both of my children have contracted more than one strain of the Hep C viruses. Both of my children were given needles and syringes by the Government's NSP's as minors without either my husbands or my consent. Both of my children were not offered any

assistance from their onset of drug use firstly by their teachers at high-school as it was not brought to our attention by any School body, neither their teachers, social workers or principles notified us of their obvious drug use while in school hours, sometimes even in the classroom itself. Both of my children were never offered intervention even though the school they attended had in place a program of intervention because the teachers at the school had been through a current drug education program at the time to learn how to deal with the States growing heroin epidemic in the years of 1996-97-98-99-2000. Not only were my children not offered any help/assistance by the school neither my husband nor I were ever notified of their obvious drugged condition while at school. (This has now been confirmed both by my children, teacher, social worker, and other students who attended at the same time).

The best any Government agency has done has been to offer an apology which has not sufficiently helped us deal with the pain and suffering both my children, my husband, my mother, brothers and sisters, in-laws, friends and myself have endured over the last 5+ years. We all continue to suffer; our children continue to suffer mostly through their physical, psychological, and emotional addiction to heroin and now the with the contraction of blood borne diseases as a result of their pro-longed use because of the inability to access good or appropriate help/assistance leading to the continued drug use has inturn added to the misery and continuing suffering for us all.

**Sent:** Wednesday, 21 March 2007 4:16 PM

**To:** Committee, FHS (REPS)

**Subject:** The Secretary of the Committee House of Representatives inquiry into the impact of illicit drugs on families.

The Secretary of the Committee

House of Representatives, PO Box 6021, Parliament House, Canberra, ACT 2600.

Tel: (02) 6277 4566 Fax: (02) 6277 4844

To whom it may concern,

Our story started with a high school full of teachers who were ignoring the escalating drug culture within its walls; failing our children, then followed by government funded services handing out clean syringes to minors for their safety. Safety I ask? My son was only experimenting with drugs when they offered syringes (in boxes of 100) which helped seal his fate and permanently scaring his arm.

Next came the addiction, first my 15 year old son lost his freedom, next he lost his dignity by being arrested and labelled an armed robber, (3 counts no less) over a grand sum of \$5.65c, taken from 3 youths of similar age. To paraphrase a Sunshine Police Office "your son is involved with the wrong boy, he's family is well known to us!" So why was that boy allowed to go free? Because he knew how to work the system! His family knew he was a minor and he did not talk; he walked away. Now what of us, stupid law abiding citizens who thought; Son tell the whole truth and all will be well, and we allowed our sick drug addicted son to be crucified, all in the name of justice!

Our son faced court and the court said you're free to go without conviction. What does that mean without conviction? You have no permanent record on file but the police can humiliate and discriminate against you every time you walk the street. Each time the police ask my son; what is your name up came 3 counts of armed robbery, just like that a simple routine check and you are "armed robber, 3 counts" "but not convicted," "only crucified!"

What is the difference? Our son was treated the same, labelled, singled out, humiliated each time. All these years because he was a silly boy addicted to heroin, given to him by the same boy who carried a pocket knife and whose whole family was well known to police. So much for justice or being given a second chance!

The court suggested we use government services available in the west. (Youth Outreach Team) So first thing we call YOT; who send a case worker to our house to interview our son. The case worker does not listen to my husband or me, instead interviews and listens to a sick 15 year old boy who tells him, "I have stopped using for 6 weeks now"; we ask if my son can go into the DAS detox unit. We are told 3

22/03/2007

months wait, in 3 months our son is more addicted to heroin. Next the YOT worker did not place our son on a waiting list as we asked, why? Their answer 'our son should have asked'! In their eyes as they are taught and from so-called experience, if the person does personally ask to enter the unit it is a waste of time.

We could not get counselling; again the same story because our son who was still a minor, was expected to phone and inquire about helping himself; All this to satisfy the criteria of the service; not the client or parents! This is what workers are taught and this is how they think. So we never received any outside help and decide it is our responsibility as parents to help our son.

How hard can it be? The government have ads on TV telling everyone how simple it is; articles are in every current newspaper. We decide to help our son home detox; we have read it only takes 5-7 days; our son will only suffer flu like symptoms, aches and pains, possible diarrhoea or constipation, night sweats etc. To our surprise our son brings 2 extra boys from school who are his friends and who are also heroin addicted.

Out of desperation their parents agree to let me supervise their children and without any formal nursing skills I help 3 at once. It was the saddest experience of my life to that date. I heard noises in the night; I think they are trying to sneak off. I jump from my bed to find they are only frightened boys moving their beds closer in the dark to feel safe in a stranger's house.

I turn the range hood light on as they are sleeping in the dining/lounge room. I leave the door open and say "I will leave this light on so you can find your way to the toilet in the night" they smile and I see for the first time 2 frightened boys, not young men that they had appeared by size. One is 13, the tallest 14, and my son just 15 years old.

In the morning I offer breakfast and lay vitamins on the table, they stare at the pills not confident to try them and question me. I am puzzled by this more than anything else about the whole experience. I explain to them how odd it is to me that they buy drugs from strangers in the street and am hesitating to trust a woman they know as a mother of a friend.

I realize their youth and inexperience in life and how easily they have been deceived by strangers posing as friends.

I often wonder about those boys as contact stopped, because we parents thought it best for the boys to have a fresh start with new schools and break old friendships formed by drug use.

**To:** Committee, FHS (REPS)

**Subject:** The Secretary of the Committee House of Representatives regarding the affect of illicit drugs on families.

• Drug Education

- I believe whatever children are learning in their class-room especially regarding life education (sex and drugs) should be explained to both the student and parents; separately and simultaneously.
- Either through a forum held after hours at school or through news-letters/leaflets sent home.
- These classes should be held everyday for one week with follow up information through the whole school term.
- The educational material should also have survey style leaflets to gather information simultaneously for government statistics and educational purposes.
- For privacy and too ensure accuracy, the survey should only represent (age), (gender); (municipality of school), 'no name' instead, (student), or (parent).
- The first survey should be filled in before education begins and without discussion.
- The second survey one week later after completion of education to compare differentiating answers and attitudes.
- All surveys should be placed in a locked box similar to a polling booth voting box and collected by a DHS representative.

When parents are **not informed** about drugs they are more likely to panic if they suspect drug experimentation; this could make the situation worse.

- Denial, accusations, cross examination, arguing; all causing a further rift between parent and child
- Wasted time and effort; by asking where to get help, looking up agencies, reading articles or books in an attempt to find out correct information
- Prolonged time to assistance through trial and error; therefore allowing the time to turn experimentation into addiction.

1. If students and parents are educated at the same time; this should enable and encourage open conversation regarding the subject of drugs before or during experimentation.
2. Hopefully students being aware of the dangers of drugs and/or with the understanding that their parents are more knowledgeable and therefore likely to notice drug experimentation; hopefully may deter experimentation with illicit drugs at all.
3. After education the whole family would be better able to communicate about drugs and understand how to assist (one another) if a problem was to arise in the future or already exists. (Many families have parents who are addicted).
4. Diaries should be offered to all students on commencing a school year; this diary will be encouraged as a communication tool between parents and teachers. Mostly to inform each other about any concerns they may have regarding positive or misbehaviour, discussion about school/homework, or notification of truancy.

5. In Primary School parents are more often encouraged to participate in the school system (fundraising, reading recovery and other programmes) however when children start attending High School parents usually only attend/invited to School for (parent/teacher interviews, concerts or to join the school council) not to interact in classes, sporting events, or supervision of students on school grounds.
6. I would suggest parents should be allowed to be involved with assisting the school or teachers to benefit their children or others throughout the whole school system.
7. It is often said that teachers are overloaded, under paid, and unable to supervise students around the whole school; 'especially in the outer school grounds' or surrounding residential area such as local shops, bus stops.
8. Why couldn't grandparents, unemployed parents or stay at home mothers or fathers be invited to participate at some level? Some people would love to be involved.
9. As an extended school community we can offer mentoring skills; as buddies to students with behaviour problems, academic failings, family difficulties or with new immigrants.
10. People could be educated during evenings at the school where they would be volunteering and integrated through participation with teacher supervision at the beginning.
11. Uniforms need to be mandatory throughout the whole school system so students can be easily identified; before, during and after school hours. This may deter unwanted behaviour.
12. Students should be encouraged to respect and value their teacher's important position by addressing them by Surname only or by Sir or Miss instead of first names.
13. Parents, Teachers, Police, Clergy, are not 'friends/peers' therefore all students should be taught to regard adults as authority figures instead of friends or equals.
14. Students should be encouraged to feel comfortable to draw on the experience of adults and communicate with them whenever problems arise; instead of relying on misinformation from peers.

**Sent:** Wednesday, 21 March 2007 2:55 PM

**To:** Committee, FHS (REPS)

**Subject:** The Secretary of the Committee House of Representatives regarding the affect of illicit drugs on families.

Comments to: The Secretary of the Committee

House of Representatives, PO Box 6021, Parliament House, Canberra, ACT 2600.

Tel: (02) 6277 4566 Fax: (02) 6277 4844

or Email: [fhs.reps@aph.gov.au](mailto:fhs.reps@aph.gov.au)

To Whom It May Concern:

I am thankful for this opportunity to speak up about the affects that long term drug use has had on our family. My 2 children now 25 and 22 have both been addicted to opiate since approximately 1998/9. My 23 year old niece is also addicted to heroin and has subsequently been sentenced to 18 month for a drug related crime; serving 9 months in jail, with 9 month parole to follow.

How has their substance abuse affected our family?

Firstly we had suspicions about our son's negative behaviour at school and the decline in his ability to achieve decent results. We started attending meeting with the school social worker, teachers and acting principal. His personality changed over a short period of time, from a happy out going boy who would go to school early to play basketball with friends, to not wanting to rise out of bed for school. We suspected bullying or something similar, we had no reason to think his behaviour was drug related. Then in August 1999 our son was arrested and charged with 3 counts of armed robbery. He had been encouraged by a boy from his school (whose family we found out at the time was well known to the police) he had family members in jail and involved in the drug scene. We had never previously met this boy and my son had only talked about him on around 4 occasions. We felt disbelief, shock, and total devastation because we could not control the situation or get any immediate assistance. It was a slow process of making doctors appointments, going to court, and so on. At that point we thought our son's behaviour was over the top and possibility motivated by drugs; however we had no real proof of drug use as we drove our son to school every morning and collected him in the evenings. He always appeared to be normal except for 1 occasion when I thought his sister and his eyes looked strangely paler than normal (being blue I didn't realise it was because their eyes were pinned and therefore appeared lighter in colour). I did question them saying your eyes look strange, you both look sleepy, and my daughter said they had a big day at school and they were both very tired. I had no reason to distrust them so I believed her. Both my husband and I had no real understanding of drug use other than seeing a few people in Footscray who were on the nod or staggering which was very obvious. We had never seen our children in that condition so we had no reason to believe they had ever used heroin. I started to wonder if my son had smoked marijuana so I started checking his bedroom for any sign of drugs or drug paraphernalia (I never found anything unusual).

I confronted the social worker at school who suggested she knew that some

22/03/2007



children were using drugs however she didn't feel that any drugs were being sold at school or that the children were getting drugs at school and she asked me if I had any proof that this was happening. (Later I found out that on the first interview with my son then 14 or 15 that he had confided in her about his heroin use) I said that I had my son drug tested and the results showed he was using heroin. I also said I wanted to get the details of his closest school friends as I felt they might also have the same problem. This was not arranged by the social worker, and instead I took the annotative to phone numbers from the local directory until I found these parents and after speaking with them I wasn't surprised that they were also having similar problems with their children. They told me they suspected drug use (but did not suspect heroin use) as their children suddenly had been getting into trouble with the police (by stealing or breaking into cars). I suggested to the social worker that the school hold a public forum to inform parents or ask parents or students if they had any concern regarding the matter (drugs). She told me that the school didn't have a problem, but instead some children who attended school had a drug problem. I thought this was absurd as if there were children attending the school with a drug problem then shouldn't the whole school community, parents, teachers, police, and education department be informed. We (my husband and I) felt anger and were very upset about the schools attitude; not informing us or other parents of suspected drug use. Then the frustration and sadness was overwhelming and we were living with the horror, devastation, and constant fear that our child might die from overdose. We also worried about him being found in a park suffering with hypothermia in winter (from using too much and subsequently going into a semi comatose state and dying). It was a possibility in our minds because we had heard of this happening to a young teenager (15) from drinking too much alcohol and being left alone after a party in . Also we were told being on the nod would leave our children vulnerable of stopping blood flow possibly thrombosis and amputation (youth worker from DAS WEST), or being taken advantage off by strangers, or attacked by other youths. Later we started to be concerned about long term addiction, and blood born diseases. Every time our children left the house we didn't know if we would see them alive again. That was just the beginning of our terrible life. Being in a constant state of anxiety and stress has already taken its toll on all of health wise over nearly 9 years, and we haven't any idea of how many more bad years are in front of us?

At the start we believed the government commercials on TV, and articles about detoxification, withdrawal and abstinence in their parenting educational brochures. However we discovered it's much more involved than just abstaining for 4-7 days to get a person through the withdrawal period, as the long lasting psychological cravings lead to constant relapses. At that time we didn't know that our daughter and niece were also experimenting with heroin; so we tried stopping our son going out with boys from school and instead encouraged and thought he was being supervised by his older sister or cousins and therefore safer.

We started asking questions like where do we get assistance, who will help, what can we do, how do we cope, why and how has this happened to our children?

The school would take no responsibility so I took my son out of school at the age of 15 years. We tried policing our son to no avail as we needed to go to work; next my husband quit his job to watch our son while I continued to work. Still this had no real affect on our son's improvement; as we had no idea how to assist. We started him in a Tafe course (with Open Family worker ) after reading an article in the local paper; this only lasted 6 months because he could not abstain from using heroin. During that time we arranged with DASWEST for my son to

attend the detox unit. This was unsuccessful and our son tried to do an apprenticeship in plumping however again suffered with anxiety and he was too immature at 16 because the other young men were already 18+ and he couldn't fit in; then his cravings and addiction also hindered him.

We were unable or unskilled to help and the realization that his teachers, our local doctors, local police or drug agencies were also not very competent to offer positive answers, or any useful suggestions. However the endless negative comments like (It is up to him, he must want to stop) or (Once a heroin addict, always a heroin addict) hurt our feelings and took away our optimism and everyone kept telling our son to expect multiple relapses; this did nothing to reassure him or us that his or our situation would ever improve.

Often our good intentions at offering intervention or asking for assistance from agencies back-fired and aggravated the situation. Example: (detox and rehab units) didn't offer the drug free life style which our children and family hoped for; instead our children made more drug acquaintances, learnt negative or criminal behaviour, and found more dealer contacts. Also we had limited or no access to visitation. Then the rejection from friends and some family members was the icing on the cake.

1. Involving outsiders usually made our children more difficult to deal with by undermining our parenting guidance and authority; which lead to future family break down and problems.
2. Such as agencies and social workers encouraging our children to leave home, wanting to isolate our children to case workers so they could have full control or by not involving us in their decision making or recovery (this went on even though my son was a minor at 15).
3. Our children were encouraged to switch to substitute drugs instead of drug abstinence; which did not stop their future heroin use.
4. Attending daily chemist pharmacotherapy services 'over the last 4 years' has restricted their life experiences and has limited work opportunities (mostly because of chemist operating hours),
5. The negative scenarios seem to outweigh the positive ones, example; keeping our children in contact with other users or giving them opportunity to meet new acquaintances or dealers who are also using chemist services.
6. Pharmaceuticals; being opiates still have side affects which are further damaging their health, leaving them less motivated, and feeling generally unfit or unwell. Difficulty with getting to sleep, broken sleep or poor sleep patterns, like going to bed in the early hours of the morning. Depression is another major problem, and attending the daily chemist is a constant reminder that they have an addiction problem and physical problems like having difficulty in urination and teeth breaking or rotting (both children have good hygiene habits and brush their teeth everyday) as teenagers they had near perfect teeth only having 1 or 2 fillings prior to using opiates.
7. I know there is support for injecting rooms mostly because many people in government agencies or church groups look at this side; better people are in a clean and supervised area to minimise the chance of death by overdose.

8. However from a mother's point of view this approach would only aid in keeping my children slaves to heroin/opiates. It may minimise overdose, however it does not educate my children to get off drugs, it is too late to stop them from contracting blood born diseases, however it might prevent further strains of infection, it does not lessen their scared arms, it does not alleviate their torment or suffering as to how they could afford to purchase heroin everyday to inject it. It will not stop them from needing to manipulate the system by possibly having to steal, lie, beg, or borrow. It won't help them to forget the past or assist them to live with their feelings of guilty, and remorse, **it would however keep them in a dulled state of awareness, and as a parent I want more for my children than to see them sitting around like zombies.** Supervised injecting rooms would not give my children the freedom or the self respect they deserve. It would not make them more employable or offer them a happy healthy future.
9. It has now been over 8 years of trial and error, detox units, long term residential rehabilitation, pharmacotherapy, and family support. In the case of my poor niece it has meant involvement with boyfriends that are criminally minded and even though she has tried, all the above she has also had many court cases and now jail to add to her addiction problem. For us it often feels like our efforts of intervention have been in vain mostly because they do not seem to be able to stop completely and still occasionally use. We (the whole family) are left wondering; when will we reach a happy ending?

I am unable to explain in full detail the extent of damage and devastation imposed on my whole family. I see the illicit drug problem as out of control in Australia. My extended family and friends are only 100 people from the community of what I have estimated to be around a Million people; who would be personally affected by drug use according the new statistic relating to the 300% increase in women with drug addictions who are having babies, people infected with hep c statistics and the arrests for drug related crimes and persons already incarcerated in jail for drug related crimes.

I now am aware of hundreds of children who were affected by heroin addiction that attended the same high school as my children during the 1990's. Some I watched growing up from primary school.

To say that ICE is the new or up coming epidemic is juvenile and unrealistic. ICE has been around our neighbourhood for 5 years already and it is only one extra illicit drug problem and should not take the emphasis or precedent away from the overall picture. Drugs, both legal and illicit; either smoked, drunk, sniffed, inhaled or injected continue to effect and impact on the lives of all families. The cost of emotional, physical and financial strain within the whole community is incalculable. How much is a human life worth?

My children are everything to me; I can ignore the loss of personal jewellery, house hold items and cash. I can not forget how I felt and still feel about being informed when they were both diagnosed with the Hep C virus. I can not accept the loss of their full potential to live a productive, normal, healthy life without illicit drugs, or the hurt this has caused my children and my extended family and friends or me.

I would like my name to be kept anonymous and I have deliberately not mentioned my children's names, or school or friends name because I am frightened of reprisal from drug dealers or community members. The average person still hold heroin addicts as totally untrustworthy people to be feared; also it would limit our chances of future employment.

**Sent:** Wednesday, 21 March 2007 4:25 PM

**To:** Committee, FHS (REPS)

**Subject:** Comments to: The Secretary of the Committee House of Representatives impact of illicit drugs on families

Wednesday, 21 March 2007.

Comments to: Comments to: The Secretary of the Committee

House of Representatives, PO Box 6021, Parliament House, Canberra, ACT 2600.

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To Whom It May Concern:

My children are both heroin/opiate dependant and contracted on of the many stains of Hep C viruses. Hepatitis C is still on the increase in Australia by approximately 10's of thousand new cases per year; mostly affecting injecting drug users.

The liver as you know is a very important organ with 100's of functions which are important for a healthy life. Hepatitis also affects people by causing depression and lethargy. Even though the liver is responsible for processing and breaking down body fats and it is suggested to decrease fat I decided to increase the good oil/fat in my son's diet.

I encouraged him to eat fresh nuts for snacks; extra virgin olive oil, grape seed oil, (flax seed, and fish oil both contain important Omega 3, 6, and 12) to be added to fresh green leafy salads everyday. Cooking with oils is ok but you get more benefit from ingesting fresh oil.

He ate mixed lettuce leaves, baby spinage, and bitter lettuces. He used fresh or dried herbs like basil, oregano, sage, rosemary, marjoram, tarragon, and paisley, which we added to the salads for variety and in all cooking; Also onions and garlic.

We increased the intake of low fat meat, or chicken every night for dinner and fish everyday for lunch including sushi, salmon, tuna and oily fish, sardines, and white fish like Gem, Perch, or Flathead. Protein boosts the body's immune system and helps to build muscle and added high doses of vitamin C everyday to help with the healing process. Tonics like (St Mary's Thistle) by Greenridge were taken everyday as directed.

Also starting the day by eating a banana and eating at least 3 pieces of fresh or dried fruit throughout the day instead off eating sweets, cakes, and junk food for a sugar fix seems to balance sugar levels and giving energy.

Cut out all alcohol, drink orange juice with dinner, water the rest of the day and for hot drinks, (Symington's) Dandelion herbal tea, Nature's Cuppa Coffee Alternative, Caro extra, and herbal peppermint or camomile tea instead of caffeine drinks helped to calm.

Being unemployed left my son with to much wasted time and depressed, so he started increasing his exercise to around 2-4 hours throughout each day, he purchased a gym membership; doing weights, bike, and treadmill everyday. He started walking our new dog, (basketball) shooting hoops, or swimming for stress release.

22/03/2007

Because of the natural increase of endorphin through physical activity this physiologically and psychologically helped with his depression. Physically he gained muscle, lost body fat, started feeling, and looking great; this inturn started a new positive cycle which added to a lift in endorphins and self esteem. My son decided to stop smoking, drinking and using substitute drugs like marijuana because he had more confidence after noticing an improvement in his overall well being.

Regular rest, relaxation, and sleeping 8 -10 hours per night help by healing the central nervous system (affected by heroin use) and also elevate symptoms of stress and depression.

I believe this diet and change in life style helped my son to clear his Hep C virus. My daughter lived away from home; she continued to smoke, eat whatever she liked, and also did not take any of the alternative vitamins or herbs I purchased for her and has not cleared the virus.

1. When they could not purchase heroin because of high costs, draught, lack of money or while detoxing.
2. In an attempt to curb withdrawal symptoms; my son used tobacco, marijuana, pills [prescription tranquilisers], or alcohol, while my daughter chose alcohol and tobacco.
3. While using marijuana [from age 18 - 20 years] my son's mental performance was at his worst; he became paranoid bordering on delusional, moody, deeply depressed and sometimes physically aggressive.
4. The strange part was many people thought they were helping my son's addiction problem by encouraging him to use marijuana or alcohol instead; they associate heroin with overdose and marijuana and alcohol as being harmless.
5. While chronically smoking bongos everyday I witnessed my son becoming increasingly depressed to the point of suicidal thoughts and actions; During that time my son was the least motivated that I had ever seen him; he stayed in bed with this curtains closed the entire day until night fall then did nothing except eat junk food while watching TV alone in his bedroom.
6. Because their desperation becomes so unbearable during heroin draughts, a few years ago my son occasionally sampled ICE. He would come home looking completely frazzled and set about explaining how he had been at the Western Hospital Emergency Department for hours until nurses calm him with tranquilisers. When home 'still terrified of his feelings' he would sit on the sofa next to me hugging me tightly for hours like a small child saying 'I love you mummy' it was awful to witness this behaviour because it was heartbreaking and disturbing to see him so vulnerable and unwell.
7. In desperation he sometimes purchased heroin from unknown dealers who gave him polluted heroin cut with other substances [which made him feel unwell], while other dealers gave him heroin mixed with speed[which he didn't like because his main reason for using opiates was to feel more motivated; better, happier and calmer].
8. During this time of his addiction he started using larger amounts of heroin more frequently and had 4 none fatal overdoses that I witnessed and more while with his sister or cousin. [also both my daughter and niece had none fatal overdoses while with my son or others]
9. One day while talking to my daughter in the kitchen we heard a large thud come from the bathroom; my daughter said what the hell was that, and I replied that's your brother overdosing in the bathroom sounds like he fell of the toilet onto the tiles. Sure enough we struggled to push open the door because he was semi behind it, when we yelled at the tops of our voices in shock he moved his head and he had a large bleeding gash on his forehead where he had struck the tiles at the end of the bathtub. He later insisted that I hit his head when I pushed open the door with great force (which was impossible because his back was facing us) he yelled and abused us both about this fact. He also staggered about spreading blood everywhere; floor tiles, wall tiles, door handles, door, taps, sink, and throughout the house and into his bedroom. I had to put on gloves and clean every surface top to bottom because of his hep c virus. Later I got tested twice in 4 months just to be sure I was clear. Every time he got stoned it was the same thing; pick his face until it bled, cut his fingers while using sharp knives, and so on.
10. We were becoming paranoid ourselves by this stage because our son would use any razor he got his hands on while stoned. I then started going to have my legs waxed and this lead to me to witness unclean practises; example:
  - Used open cut throat razors laying on benches or towels,
  - One pair of tweezers used on every customer,
  - On the first occasion while laying flat on my back I didn't realise what the girl was doing until I felt my skin pulled and sat up to see the tweezers had broken my skin. I still have a small scar.
  - I felt frightened and later had another blood test to be sure I had no blood born disease.
  - I was in an Asian store in Footscray at the time and not being racist or bias but my daughter looks a lovely healthy young woman and she has the hep c virus; so how would they know who might have a disease or how do I know how many other people those tweezers were used on.
  - If I have any waxing I always insist on using my own tweezers, or not having any used at all.
  - I always go to a person who uses wooden disposable scrapers instead of metal, and uses paper under-lays instead of reusing bath towels, and who wash their hands in the cubical in front of you, and use an antiseptic to wipe the bench before you lay on it and a tea-tree oil antiseptic on your legs after waxing.
  - I very rarely get any waxing these days because from my experience the same instruments are used on every client in most salons.
  - I even monitor doctors and nurses behaviour more carefully now and I always make them wash their hands in front of me if they haven't already by themselves, or I ask them to use new disposable gloves and if they start touching other surfaces with those gloves then I ask them to put on another clean pair before examining me.
  - Many nurses or people who take blood samples; are not using disposable gloves. They say I am not worried about contracting anything from you when I ask them why they are not using gloves.