

LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE
**Inquiry into the supply and use of methamphetamines, particularly ice,
in Victoria**

Wodonga — 24 February 2014

Members

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Witnesses

Ms K. Johnston, and

Mr S. Johnston.

The CHAIR—I will invite Ms Kerry Johnstone and Mr Stephen Johnstone to the table. We are presently, as you know, conducting an inquiry into the supply and use of methamphetamines in Victoria, particularly ice, and we are holding a public hearing in Wodonga today and a further public hearing in Shepparton tomorrow. Can I thank you very much for your time. We have allotted about 25 minutes to this session. I do not think I need to background you in relation to this inquiry but what I do have to do is read to you the conditions under which you will be presenting evidence.

Welcome to the public hearing of the Law Reform, Drugs and Crime Prevention Committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975 and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. It is important to note that any comments you make outside the hearing, including effective repetition of what you said in evidence, may not be afforded such privilege. Hopefully you have had the opportunity to receive and read the guide for witnesses presenting evidence to parliamentary committees.

It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness for the evidence they would give or have given may constitute and be punishable as contempt of parliament. We are recording the evidence and will provide you with a proof version of the *Hansard* transcript at the earliest opportunity so you can correct it as appropriate. Would you like to make some opening statements, have the committee ask some questions, or would you like to make some statements and leave it at that, or Stephen may also like to make some co-supporting statements.

Ms JOHNSTONE—I am sure he will.

The CHAIR—You start, if you like.

Ms JOHNSTONE—I probably cannot tell you too much more than what you have already heard along the way about what ice is doing to families and kids. My daughter is nearly 25. I am Victorian but she is in Sydney, New South Wales. We have a bit of a border issue as well. I feel we really need to get to the kids before it gets to them because when my daughter—she is in Sydney and she has been trying to make her way up there for many years. She had a job but then she could not afford her rent, she got someone in, the wrong sort of person, she got involved and hence all downhill from there. She has been bed-hopping for three years now, unable to hold down a job. She has anxiety and she is now a full-blown addict. She has been in trouble with the law in Sydney. We flew up to be with her. She did not know we were going. I sat in the cell with her. She was picked up off the street because she had broken bail. I sat with her, and she told me that it makes the pain go away and it makes her feel okay. She is a beautiful young girl, and because of her beauty she has suffered at the hands of certain people over the years and she has mental problems, psychological problems. I feel she has now turned to this because it makes her feel normal.

When she was in court and her hearing came on, I had written—with my sister-in-law, she works in the law courts in Morwell. She helped me write up a description of Ali's life and who she was, where she came from and that she was not alone and she had family. That was to go to the judge. The arresting police officer had written a report on her saying that she was a drug addict. When her case was finally heard the judge asked her to supply an address, the address she was living at. She was living with bikies and drug dealers. For her to put an address out there would have been not good for her. She has given them a false address, and they know it is a false address, and he has also directed her to go to rehabilitation for her bail conditions. He promptly stamped it and let her go. This is my biggest problem: she does not think she needs help but if he had been able to put her in a van, take her to the rehabilitation place and say, 'This is what you have to do,' it might have been an opening for her but she was let go, and I had to let her go and there is nothing you can do. That is probably my biggest thing with Ali. Hopefully we can somehow get a little bit of control over making them do things that they may not want to but it might be enough to get into their heads and say, 'Okay, maybe this is

for me six months down the track,' or something like that.

Mr JOHNSTON—The only thing we can see working at the moment is we are hoping she is going to get arrested and put in prison. That is the only way we can see her possibly coming out of this alive. If that is the only hope we have, there is not much chance, is there?

Ms JOHNSTON—I do have a friend who has a daughter who did go to prison and she did come out clean and she did want to get rehabilitated. However, she came to Wodonga to do it and they could not facilitate her, they could not fit her in. She then had to drive to Melbourne to get the rehabilitation help that she needed, and because she was dedicated to do it, yes, she went through with it.

Mr JOHNSTON—That was after 18 years of being on drugs.

Ms JOHNSTON—Yes. I think maybe we have to look at mental health a little bit more too as to why these people are going to drugs, why are they turning to it. They need it because it makes them feel euphoric. When my daughter rings me—if she rings me—I never know whether she is normal or when she rings me, scrambled and crying because she does not know where she is and she has been dumped somewhere. Is that the drug? We need education to families so they know how to become aware of what the kids are doing, and mood changes, that type of thing—education, education, education. That is what I think.

Mr JOHNSTON—We come from a little town called Mount Beauty which is about an hour away from here, out the bush, and at the end of the school year, last year, year 12, there were all these kids leaving town to go to uni next year, and not one of them has the life experience to even look after themselves. They are not taught anything about it at school.

Ms JOHNSTON—They do full-on sex education, and they know how to put a condom on a cucumber or whatever, but we really have to give them the strength and the knowledge to know if they are falling into a trap, how to know themselves whether they are strong enough. We need more education. I know it is an epidemic out there. How do you stop it? As I read in the article in the paper, by Tammy Mills, on Saturday, you cannot police it out of them. You cannot arrest everybody that is on this drug. We need to get to the root of it.

The CHAIR—Ali is 24?

Ms JOHNSTON—She is turning 25 in May.

The CHAIR—Yes. Was she experimenting with other drugs prior to crystal meth?

Ms JOHNSTON—Not that I know of, but she did grow up with her father being a drug smoker and in his circle. We were separated. That circle I feel made her feel secure, and they are the type of people she could communicate with. She never felt like she fitted in, in normal straight-line society. They are the ones she has gravitated to, to make her feel okay, and then it is spiralling into this addiction. No, she hated it, hated any sort of drugs.

Mr McCURDY—Were there points along the journey, looking back now, where you would say, 'This is a real trigger point here. This is another trigger point there'? When you said, 'We need to get to them before they get to our kids,' how do we know where those points are, really specific targets? Is it school?

Ms JOHNSTON—It could be school. She had trouble at school, could not communicate. She dropped out of year 9. She had to finish her education at home. I think they have to be taught that they can ask for help when they need help, because she was headstrong, 'I'm going to make this work in Sydney,' and it has eaten her up. There are certain points but it depends on the kid. She is headstrong and she is always going to run by her own sword and that is what she has done. She is not the same as other kids. A lot of kids get caught. She is

strong-minded and thinks, 'I'll do what I want to do, nothing is going to get me.' She still denies the fact that this drug has got her. She says, 'It's not the drug that's the problem, mum, it's what's in my head.' Where do you go to get her help for that? Where do you turn? How do you know where to go? It is like the lady before saying, 'I've got 15 beds down in Benalla.' They have a psych ward in Wangaratta. There are so many more mentally-ill people out there that take up their 15, 20 beds.

The CHAIR—I might ask the committee if they want to pose some questions. Please do not feel obligated to answer them. If there is a question you feel uncomfortable with, say 'pass' and we will move to another one.

Ms JOHNSTON—Yes.

The CHAIR—Can I quickly ask you, we have had evidence about people that are hooked on the drugs, particularly methamphetamine, that want to get them out of that cohort they have been running with and perhaps move them into rehab detox. Would it improve your daughter's chances to move her out of the Sydney climate back into this area if in fact there was a rehab centre or some beds that could provide that support?

Ms JOHNSTON—I think so. She is in the western suburbs of Sydney. They stay in their same little area because that is where they are safe and secure. To get help in that area would probably not be much good, I suppose, because she would still be in the same area, the same contacts with people. She always seems to be in hiding for some reason. Then again it has to be stopped before they get to that. We have to educate them. She does not think she needs help. I said to her, 'If you come home you have to go and get some rehab, and then we will sort out all your head issues and everything like that.' She said, 'Mum, the drug is not the problem,' but she is still doing it, and doing whatever. I would hate to think what she has done in the last three years to survive, hopping from bed to bed.

Mr JOHNSTON—The worst thing I have seen in all this is watching a mother ringing up all of these counsellors and rehabs and, 'We'll give you help,' and whatever.

Ms JOHNSTON—Their hands are tied a lot of the time.

Mr JOHNSTON—Their hands are tied because most of them are volunteer workers. There is nothing out there for them. We found one place that is going to cost us \$33,000 to have her put in there for three months. Us, living in the country, cannot afford that, and there is nowhere to go at all.

Ms JOHNSTON—I did ring the rehabilitation place that she was told to go to from the court order and, of course, they could not give me any information because of privacy. They could not even tell me whether she had knocked on their door. It is hard.

Mr CARROLL—Can I say, thanks Kerryn and Stephen. Ali says, 'It's not the drug, it's what's in my head.' Is she taking the drug as a form of almost self-medication to make her feel good?

Ms JOHNSTON—Yes, I believe so, to make everything bad go away.

Mr JOHNSTON—Also on that, one thing she said to you a couple of weeks ago, her habit at the moment is \$1,200 a day.

Ms JOHNSTON—No, she had been doing \$1,200 a day, and she said, 'I'm on way less than that now, mum.' It becomes part of every-day conversation in the end.

Mr CARROLL—Is it also an issue that she has not quite hit rock bottom?

Ms JOHNSTON—Yes.

Mr CARROLL—Yes, you think she has but she has not quite got there to make that mental leap, 'I really do need help.'

Ms JOHNSTON—I think so. All along the way she has burnt friends, she has stolen, she has sold everything, and she sells everybody else's things. Until she gets to the stage where everybody she knows is saying, 'Don't want to know about it,' yes, but how long can she—I mean, what is low, a wooden box?

Mr CARROLL—Yes. Your experience is an important one for the committee because I daresay you are like a lot of parents that have been through this situation, you get the phonebook out, the local paper and you run through the lists, 'Who do I go to for help, even though my son or daughter won't do it themselves because they think they don't have a problem.'

Ms JOHNSTON—Yes.

Mr CARROLL—You mentioned in your opening remarks, Kerry, some sort of involuntary—I think you were getting at, to open up their eyes as to what is out there in terms of, when they are ready, this is where they need to go. Is that what you are looking at?

Ms JOHNSTON—I do not know, some sort of subliminal message. They sit and watch telly all day long. They are awake for days on end. They watch television all the time. If there is something on there that is saying, 'There's help, there's something there. This is what you can do. This is a number to call,' it might get in their head, and when they do hit rock bottom they can say, 'I can do that, I can call this number.' She rang me the other week, and I was really scared. I was worried that she was coming home because I did not know what to do with her if she came home. I went to the doctor's and I said, 'What do I do? What do I do if she rocks up on my doorstep and I have this psychotic, drug addict daughter saying, "There's nothing wrong with me"?''

Mr JOHNSTON—We come up with an idea, we were going to find an old farm with an old house out in the bush where she cannot get out of and get her off the drugs.

Ms JOHNSTON—I have even thought of going and sitting in a shed somewhere with her, because I do not know where to go. If she does not want help, how am I going to deal with that?

Mr CARROLL—Did she ever see a psychologist?

Ms JOHNSTON—Through school she has had bits of counselling and stuff like that.

Mr CARROLL—A long time ago.

Ms JOHNSTON—Yes.

Mr JOHNSTON—She would not accept anything like that at the moment.

Ms JOHNSTON—But she does know she has mental issues, she has had rape issues, a lot of troubles, and it is only really all coming to a head now and she cannot seem to let go of it herself. She does need help.

Mr CARROLL—Which is the thing, you know, what does the person bring to the drug, as much as what does the drug do to the person.

Ms JOHNSTON—Exactly right, yes.

Mr SOUTHWICK—For clarification, she got onto ice in Sydney?

Ms JOHNSTON—In Sydney.

Mr SOUTHWICK—That was your point about the education of those who are about to move from rural areas into the city, and some of those issues that they may be dealing with.

Ms JOHNSTON—Yes. The cities are really difficult for people to survive as we know. If there is no family support system they fall away into the cracks. I have said to her, 'Go to the Salvos,' but they do not think there is enough help there for them. She has not had the dole for three years. She does not even have an ID. She does not have a piece of paper—I have her stuff here—she does not have anything to say who she is. It is really horrible. You would think there would be a better system where they can go and feel safe somewhere if they need to.

The CHAIR—We might end it there if there are no other questions.

Ms JOHNSTON—Yes.

The CHAIR—The saddest thing I have heard from the evidence is exactly the same thing we have heard from someone else where they said, 'I sometimes wish they were in prison because at least I know they're safe.' They are exactly the words we have heard before which was particularly sad.

Mr JOHNSTON—That is the only option we have left.

Ms JOHNSTON—Yes, that is right.

The CHAIR—Thank you both very much. I appreciate it has not been easy for you to come here this afternoon but we do appreciate it, and we have heard what you have said, and I can assure you we will be assembling part of the report that—

Ms JOHNSTON—There are a lot of people out there suffering, and I am only one little tadpole in the pond. It is the families, yes.

The CHAIR—Thank you very much.

Witnesses withdrew.