



My son is a heroin addict who is injecting. He has taken subutex and I thought he was clear. I need help to support him onto another program, but where do I start? He is a nice person under this mixed-up mess and I love him very much. Problem is, that last time he was on drugs we became estranged because he was uncontrollable. I do not want to lose him again and he does not want to lose me. PLEASE HELP to put me in the right direction, as I do not know enough about my son's problem.

Brigitte, by email

The right direction

Dear Brigitte

I'm sorry to hear of your problems with your son's heroin use.

To answer your question concerning not knowing enough about his problem, but wanting help to support him, you should be aware that there is now lots of support for parents and concerned others in most areas of the country. This usually takes the form of support groups and helplines.

I suggest that you contact your local drugs agencies or DAAT for details of the groups that provide support in your area. These groups are often run by people who have experienced similar situations to yourself, and usually have lots of information and contacts that would be of great help to you. They are free, totally confidential, non-judgemental and non-discriminatory, and often just talking to others who attend can have a huge effect on helping to address the issues involved.

We run such a group in Gloucestershire, and can confirm that the majority of people who contact us and/or come along to our meetings realise that they are not alone, and that discussing the issues with others in a similar situation is of tremendous help. Remember that you count too, and to help your son you also need to take care of yourself.

Find a group Brigitte, and let them support you while you support your son. Good luck!

**Ian MacDonald, Cheltenham Parent Support Group (CPSG),
Tel: 01242 222872 www.cpsg.org.uk**

Two sides to the problem

Dear Brigitte

Your question contains such strong and sadly, familiar feelings: frustration, disappointment, a sense of helplessness and a fear of loss. It is all the more poignant because of the love you feel for your son and that he feels for you. Addiction – his relationship to heroin – has got in the way and threatens you both.

One thing we have learned is that there is always hope and expressing your need for help is an important first step. You are very clear. You want to know where to go and what to do.

There are two sides to this. Find out more about addiction and how it affects the user. This will help remove some of the

mystery and confusion. It will not of course provide you with a magic bullet with which to make your son recover. You can tell him you love him and fear for his wellbeing. You can find out all the treatment options for your son and offer this information to him but you will not be able to make him take any of them, as I'm sure you realise. That is up to him. You will be there to support him in seeking help, if he wants you to.

In the meantime, you are suffering and we would advise getting some support for yourself to try and reduce stress, find ways of coping and lift your spirits and self-esteem. There is no point in letting addiction claim two people. Families Plus was set up to respond to the needs of family members in our position and if you would like to get in touch we will tell you the variety of things we have to offer or point you in the direction of others who may be able to help. There is absolutely no guarantee, and you must not approach self-help with that in mind, but sometimes when family members start to look after themselves, the addicted person moves in the direction of seeking help for themselves.

Tessa Barrett, Head of Clouds Families Plus. Tel: 01722 340325. Email: admin.familiesplus@clouds.org.uk. Website: www.clouds.org.uk/family.htm

PS In our next issue we will publish a letter from a mother who found herself in a similar situation to you, and found strength from contacting the Clouds Families Plus Service. Please look out for 'Letter to Georgie' in the 13 March issue of DDN, as we hope it might help you.

Support yourself first

Dear Brigitte,

Firstly may I humbly suggest that you seek some support for yourself. There are now more and more good active groups for carers – in my area we have two very good ones, one of which is run by a good friend.

Secondly, your story rings so true. I sat on a certain daytime t.v. show in desperation, only to have the whole thing turned round on me. A certain lady told my mother that there were services to deal with my body when found in an alley, after doing as she was told to do by the audience – to throw me out.

Please do not give up on him, evidence shows that it takes a minimum of seven to ten attempts at treatment until you truly engage. By the same token, I think even a mother knows in her very essence when she has lost you. My message is don't give up trying – my life is proof. Maybe a correct dose of Methadone with a good individually tailored care package (pathway) would be of benefit.

For inspiration or carer contact, please contact me. (My details are with the editor.)

Tony B, by email

Reader's question

We'd like to provide a better service in our rehab for people with learning difficulties or cognitive impairment. Can anyone advise me on inspiring programmes, materials or methods that would help us?

Meg, North Yorkshire

Email your suggested answers to the editor by Tuesday 21 February for inclusion in the 27 February issue of DDN.

New questions are welcome from readers.

(Some) counselling maximises methadone's cost-effectiveness

DDN starts its trawl through the back issues of *Drug and Alcohol Findings* to summarise key 'Nuggets' from the 165 published to date, highlighting important new studies. The first extract is from issue 1 published in 1999.

Findings: For the first 24 weeks, 100 US clients starting methadone maintenance were randomly assigned either to minimum support (monthly counselling session), intermediate (three sessions a week), or enhanced support (seven sessions a week plus medical, psychiatric, employment and family therapy services). More support led to better drug problem, crime and health outcomes. The cost of services actually delivered (as opposed to available) per patient abstinent from heroin and cocaine was lowest for the intermediate option; further enhancements improved outcomes but were not cost-effective.

In context: Service enhancements absorb resources which could otherwise be used to expand basic treatment slots; is it best to spread thin but wide and catch more clients, or do more work with fewer? This study suggests that increasing the availability of counselling modestly buys more abstinence per dollar than offering daily access plus other services.

Practice implications: The ceiling beyond which services supplementing methadone are no longer cost-effective may be quite low for many people though higher for those with greater problems. To gain worthwhile further benefits, extra services geared at reintegration may need to forge links with external agencies such as those dealing with education, housing and employment.

There is also a floor below which investment in methadone treatment is partly squandered through inadequate support. Cost-effectiveness is probably maximised by making more intensive, well managed counselling and other services available. UK prescribing services could meet these needs more systematically.

Featured studies: Kraft M.K. *et al.* 'Are supplementary services provided during methadone maintenance really cost effective?' *American Journal of Psychiatry*: 1997, 154, p. 1214-1219.

More information and free downloads at www.drugandalcoholfindings.org.uk or phone Findings at the National Addiction Centre, 020 7848 0437.