

Getting it Right in Practice: Collaboration not Competition

Thursday 19 and Friday 20 April 2007
Hilton Birmingham Metropole

Special Interest Sessions - 11.50

1. Dose Assessment - getting it right for patients
2. Opportunities for pharmacy and nursing - the new prescribing partners
3. Care planning in primary care
4. Alcohol in Primary Care
5. What service users want from their GPs
6. Why worry about the long-term effects of BZs
7. Working with carers and significant others
8. 12 step and NA - what are they and how to use them?

Special Interest Session 1

Dose assessment-getting it right for patients

Dr Nigel Modern

Lead GP

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Biography

Nigel Modern is a GP who since the early 90s has been increasingly involved in the care of substance users in statutory and non-statutory services. After a brief flirtation with being a 'proper doctor' (his father's words) in General Practice early in the 21st century, from 2003 he has been Lead GP with Birmingham DAT, working full time developing Shared Care and Community Pharmacy services. Like many GPs he is surprised at how rewarding working in the Addictions field is and never wants to stop, unless it's to go sailing, canoeing or mountaineering, play his guitar, see his family and go to church. He has particular interests in developing Shared Care, the rational use of supervised consumption and the end of overly long and complex hepatitis B vaccination regimes.

Abstract

This session will look at the rational use of supervised consumption, especially for the dose titration of methadone. It will also ask some questions about how current guidelines should be applied as dose is increased, especially early in treatment, look at refining the selection of patients for varying regimes of dose increase and speculate about the future as the Orange Book Guidelines Group revise the National Guidelines this year.

Special Interest Session 2

Opportunities for pharmacy and nursing-the new prescribing partners

Mr Simon Greasley

Specialist Nurse and Prescriber

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Tony Schofield

Community Pharmacist and Prescriber

Schofield's Pharmacy

Special Interest Session 3

Care Planning in Primary Care

Dr Susie Harris

Clinical Lead in Substance Misuse for Calderdale, seconded to NTA as Clinical Lead Team GP
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Biography

Susi qualified a bit too long ago, and enriched her 10 years of General Practice by establishing a shared care clinic for local drug users. She has now been Clinical Lead in Substance Misuse for her PCT for 4 years, and enjoyed moderating the SMMGP forum and being a part of the RCGP Part 1 certificate development team for most of that period. She was seconded to the NTA as Clinical Team GP almost a year ago. She still works as a GP once a week in a PMS practice commissioned to care for social exclusion.

Special Interest Session 4

Alcohol in Primary Care

Dr Katharine Orton

Community Specialist in Substance Misuse
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Biography

Dr. Orton has been a principal in General Practice in the U.K. since 1982. After qualifying from Charing Cross Hospital Medical School in 1978, she went into training for General Practice. She has been in her present rural dispensing practice since 1988. In that first year Dr Orton set up a comprehensive practice based diabetic clinic. Recognising a need in the practice, and the local area, for a doctor with training in Substance Misuse, Dr. Orton took a diploma Course in Addictive Behaviour at St George's Hospital Medical School, London. Dr. Orton's particular interests in this field include the development of substance misuse services within the Primary Health Care Team especially in small town and rural communities, where drug misuse care has been less available than in the large cities. She works as Chair of the Essex wide Drug and Alcohol Action Teams' Shared Care Monitoring Group. Dr Orton is a Past-President and current Vice President of the Section of General Practice with Primary Health Care at the Royal Society of Medicine and a council member of the Section of Endocrinology and Diabetes. She has achieved the Postgraduate Certificate of Medical Education and is a GP trainer, Dr. Orton is also an undergraduate tutor for Royal Free and University College medical schools. She remains part of the team at West Essex CDAT, Harlow.

Special Interest Session 5

What service users want from their GP's

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Special Interest Session 6

Why worry about the long term effects of BZs

Dr Fergus Law

Consultant Psychiatrist in Substance Misuse

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Biography

Dr Fergus Law has been until recently been a Consultant Psychiatrist in Substance Misuse sharing responsibility for the adult NHS specialist drug service in Bristol, UK (The Bristol Specialist Drug Service) and a Senior Clinical Lecturer with the University of Bristol (Psychopharmacology Unit, Director Professor David Nutt). He is at present taking a career break and is not currently registered as a doctor.

He has a particular clinical and research interest in the use of medications, psychological interventions and alternative treatments for addiction, and is especially interested in treatment combinations and models that help improve treatment outcomes. He has a special interest in benzodiazepines, and in opiate stabilisation, detoxification and aftercare and has conducted several research projects (with lofexidine, methadone, buprenorphine, Suboxone), and written several guidance and self-help information booklets (including The Samurai Approach: Detoxification from Opiates), and is an associate editor in addiction for three evidence based medical journals (EBMH, EBM, ACP Journal Club).

Abstract

We worry a lot about using BZ's long-term, especially about dependence, but do we worry appropriately? BZ dependence is in fact a very slowly developing condition with only 15% dependent at 4 months, and 50% after 2 years. However long-term BZ use is associated with impaired memory recall post-dose (at peak plasma levels), emotional suppression with reduced coping skills and a learning deficit (which becomes apparent on reduction or termination), and an increase in anxiety in perhaps a third of long-term users. Tolerance develops rapidly to the buzz and sedation, but slowly or not at all to the anxiolytic and anti-panic effects. BZ may only be effective short-term for insomnia, but continues to be effective long-term for anxiety. The assessment of risks from prescribing BZ to a patient requires an assessment of the risks associated with the drug, the person and the treatment strategy being used. Distinguish physical dependence from the ICD-10 dependence syndrome which is primarily a psychological condition. It is also clinically useful to distinguish therapeutic dose users from high (non-therapeutic) dose users. Patient's who are 'fun seekers' who seek the buzz or sedative effects of BZ must be identified from the clinical history and if treated monitoring carefully or not given BZ at all. The treatment of long-term BZ users will also be discussed. When withdrawal is appropriate, two-thirds of therapeutic dose users may be withdrawn without too much difficulty. The best predictor of successful taper of BZ is when there is a low level of illness or anxiety prior to starting (i.e. no continuing problems).

Special Interest Session 7

Working with carers and significant others

Linda Lee

South East Regional Advocate
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Biography

Linda is the carers' representative and South Eastern Regional Advocate for the Alliance, the leading national user led organisation that provides advocacy, accredited training and a helpline service to service users and professionals.

Her past spans 18 years within social services covering all disciplines and she had her own personal development business in Australia in 1999. She also trained and practised as a life coach for two years, and is an Aura Soma therapist. She has the RCGP level 2 Certificate in the Management of Drug Misuse.

Providing and accessing services for her clients had always been her role within social services, She had a life-changing experience in 2003 when, because of drug use within her family, she suddenly found herself on the other side, the one trying to access treatment and services for her family member. To have compassion for our clients is one thing, to become one and experience the helplessness is another. She was now a carer.

The trauma and heartbreak that followed made Linda determined to use the experiences to help others. She formed carer and user group Not2PANIC, a sister group of PANIC in Stockton who she was inspired by.

She campaigned for better treatment and improved services for carers and service users and had a Kent Community Championship Award in 2005. She finally left social services in October 2006 to join the Alliance.

Abstract

"A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability." - www.carers.org

To be a carer in our society is to be in a minority but is usually seen as socially acceptable. However, to be a carer of someone who is experiencing problematic substance dependency is often seen as socially unacceptable. If the substance is a class A drug such as heroin or crack with the attached social stigma, the carer often feels judged alongside the person they care for. This can

lead to misplaced shame, isolation and concealment causing social exclusion by association. They are taken into a world they often know nothing about.

The carer of a person with a substance dependency will also often experience having to witness withdrawals, deal with chaos, and cope with courts, prisons and police knocking at their door. All these things are small beside the carer's most urgent fear – that of losing their loved one.

There have been many studies demonstrating that if the whole family unit is worked with there is more chance of successful treatment. It makes sense.

Every time someone is unable to access appropriate treatment it affects the whole support network around that person and everyone suffers.

The workshop follows the journey of a carer and encourages the group to explore for themselves and reach a conclusion as to how services should recognise the importance of supporting a carer's role and addressing their needs. This will be carried out by utilising a carers assessment framework.

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Special Interest Session 8

12 step and NA-what are they and how to use them

Mr Simon Jenkins

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