

# Getting it Right in Practice: Collaboration not Competition

Thursday 19 and Friday 20 April 2007  
Hilton Birmingham Metropole

## Special Interest Sessions - 11.50

1. HIV in general practice - a missed opportunity
2. Prescribing injectables - the pros and cons
3. Challenging to treat? Engaging and retaining
4. Opportunities with patient, user and advocacy involvement
5. Getting basics right - especially at the start
6. Sex working for drugs. A hidden issue
7. Tier zero: Managing without help
8. Shared care - working with the Asian community

# Special Interest Session 1

## HIV in general practice-a missed opportunity

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### **Mr Brian Whitehead**

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### Biography

Brian Whitehead is a Counsellor in general practice in London, specialising in sexual health and blood borne viruses( BBVs). He is a member of the RCGP Sex Drugs and HIV Task Group. He also has a special interest in Motivational Interviewing and its application in health care settings.

### Abstract

This workshop will consider the role that general practice and primary care can play in improving the level of undiagnosed HIV infection in the population. It will consider practical strategies for overcoming many of the historical barriers for testing, that are still commonly reported. It will also address practical management of the process of testing in consultations.

# Special Interest Session 2

## Prescribing injectables-the pros and cons

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### **Deborah Zador**

Consultant Physician in Addictions  
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### Biography

Deborah Zador is consultant physician in addictions with the South London and Maudsley NHS Trust. She is one of the consultants responsible for Britain's first fully supervised injectable opioid treatment clinics which are currently participating in a multi-centre randomised controlled trial of the effectiveness of injectable opioid treatment. She also is a part-time consultant with the SLaM's Beresford Project, a community based specialist drug and alcohol service. Deborah Zador has a long-standing interest in opioid drug dependence, and has published a number of research and review papers on drug related deaths, injectable opioid treatment and related topics. She is a member of the expert working group convened by the NTA to update the Health Department's clinical guidelines on management of drug misuse.

### **Thomas Neville**

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### Biography

I am 38 yr old male, with a background of experiences in Drug Services. With other 13 yr of treatment setting, ranging from G.P, C.D.T, and Specialist clinics. I have been prescribed a range of medication differing from setting to setting. Along the way I have learnt quite a lot about about Drug Services in general and the advantages and disadvantages of all three setups.

### Abstract

This workshop will review the topical intervention of injectable opioid treatment. It will commence with a short overview of recent findings from research into this modality, and will briefly reflect on its long-standing perceived benefits and disadvantages. The workshop will then more specifically focus on the pros and cons of supervised IOT and examine the clinical experience of providing it under these conditions 7 days a week. Finally a personal user perspective on the benefits and risks of being treated with IOT will be explored with workshop attendees. There will be plenty of time for questions and comments on both speakers' presentations.

## Special Interest Session 3

### Challenging to treat? Engaging and retaining when it's more difficult

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#### **Dr Patrick Ireland**

GPwSI (Substance Misuse)  
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#### **Dr Stephen Willott**

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#### Biography

I am a GP in the inner city Nottingham, and also work at a drop-in centre as a "GP for the homeless" 2 sessions a week.

Of the 180 drug users we see regularly, about half have hepatitis C. We have made progress in the last 2 years with earlier diagnosis & community treatment by having a specialist hepatitis nurse in post. I also work as a GP specialist in Public Health for Nottingham City PCT, so I spose that makes me a double gpsi.

## Special Interest Session 4

### Opportunities with patient, user and advocacy involvement

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#### **Rick Rutkowski**

Chair  
The Alliance  
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#### Biography

Rick Rutkowski was an IV drug user for close on two decades before entering treatment in 1983. He has worked in drugs services for 22 years, spanning residential rehabilitation, criminal justice services, community drug and alcohol services, DAT Co-ordination, Young Peoples lead at Drugscope and currently DIP Manager for Tower Hamlets.

His other interests are in drug treatment for BME communities and user involvement. He is on the board of trustees for EACH, an Asian Alcohol service and is Chair of the Board of the Alliance (formerly the Methadone Alliance). Rick has extensive experience in chairing conferences and workshops and is committed to the harm reduction approach.

#### **Mr Tony Birt**

West Midlands Regional Advocate (Public Governor Gloucestershire Partnership NHS Foundation Trust)  
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#### Biography

Tony is currently the Alliance advocate for the West Midlands after being rescued from a fifteen month waiting list four years ago, for a 24 year opiate and polydrug dependency, by Alan Joyce the then sole and national advocate for them.

Now fours years on with much volunteering under his belt, and the inevitable first 'burn out' that goes with that, he made that difficult transition from S/U 'done good' to the 'professional' as a community mental health worker with a large mental health charity.

Work which was an honour and privilege but coincided with the restructuring of the NHS and therefore added another bow to his arsenal, closing down a service for the incredibly ill and most vulnerable.

As a public governor of his local mental health foundation trust (to be), Gloucestershire, he now works from within and at strategic levels as well as the coalface work as an advocate.

As the first independent chair of the west midlands service user forum is where he is most at home and also where the future could/should lie for SUI.

With beginning the RCGP/SMMGP cert two this year it could possibly be the best year of his life so far.....watch this space.

## **Abstract**

The facilitators of this workshop believe that the real and holistic exploration of these opportunities can only make for an informative and interactive workshop. One to enjoy taking part in rather than listening to, similar to the message within it possibly.

To achieve this please be prepared to come and 'get involved'.

The professional, the advocate, the service user, the user and carers are all welcome and actively invited to explore the issues around how we can all collaborate to improve the journey for us all.

To bring all the expertise, knowledge and experience together for one aim we have nearly 70yrs experience between the two sage like facilitators, well one of them being more white sage and the other more of a Basil.

We could double that experience in the room with one carer, one user and one GP, come and bring your ideas, views and passion to help us explore how best to bring all this together in and around a clinical setting.

How the drug using patient can inform clinicians about appropriate prescribing and support levels

How to approach the issues of meaningful and real power sharing.

The Professional and the patient both have understanding and expertise.

How the well trained advocate can broker positive relationships between the service user/patient and the professional.

How a good advocate can create and nurture trust and understanding between these people.

How advocacy can empower service users to negotiate for themselves at a range of levels in their in the future.

Do you agree?

Do you disagree?

Do you want to discuss?

If so this is your chance. Please come and help us reach some conclusions, for once, possibly. Come and be prepared to work all that conference food and drink off debating these imperative issues especially in the changing times where primary care may possibly be a person's only/best hope of recovery and a life without chaos.

# Special Interest Session 5

## Getting the basics right-especially at the start

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### **Dr Judith Yates**

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### Biography

I am an aging inner city GP, who has been there and got several T-shirts. During 25 years of methadone prescribing in primary care, my patients and I have learned together. They have been my best teachers.

I don't want any more trips to the coroner's court, and hope the discussion in my workshop on Friday morning will contribute to the safety and quality of the care my patients receive and thus to the quality of their lives and mine.

### Abstract

I don't want any more trips to the coroner's court, and hope the discussion in my workshop on Friday morning will contribute to the safety and quality of the care my patients receive, especially at the start of the relationship, and thus to the quality of their lives and mine.

“The risk of death during methadone induction has been calculated as nearly 7-fold greater than the risk of death prior to entering maintenance treatment”<sup>1</sup>

Is this still true?

- How to avoid:  
killing people,  
meeting the coroner,  
being called to the GMC.
- How to cope with Induction Prescribing Dilemmas of all kinds.
- How to please the NTA: The use of Templates in Primary Care (with examples) .

1. Oppenheimer E, Tobbutt C, Taylor C, Andrew T. Death and survival in a cohort of heroin addicts from London clinics: a 22-year follow-up study. *Addiction* 1994;89:1299-1308

# Special Interest Session 6

## Sex working for drugs. A hidden issue

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### **Dr Stephen Pick**

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### Biography

I have been a GP in Reading for about 30 years and am now working as the Lead GP in the West of Berkshire Substance Misuse Service for 4 days a week. I have been involved with substance misuse work for 20 years or more. I run several clinics in the specialist service and am very involved with shared care in West Berkshire. I have become more and more aware that issues around sex workers and their drug use is one that is hidden and forgotten and one that all GPs and those working in substance misuse need to frequently keep mind. I know a little about prostitution, but do know that we need to become more aware of it. I want this work shop to look at issues around prostitution, our roles and responsibilities, and what we should be looking for, why we aren't and what we can do. Dr Stephen Pick

### Abstract

Prostitution was tragically in the News recently with the murders near Ipswich. It's easy to think that "that business" happened elsewhere and "those people" were not our patients. But are we aware that those prostitutes could easily have been our patients? Are we aware that street workers can be some of the most hidden, frightened, vulnerable and abused in our society, and, as our patients, should expect the best medical care and help that all should receive from us?

If we are not aware of this, then why not? If our services are not reaching them, or not available to them, then why is this so? Do we see this as important and relevant to us and the services we work in? What can and should we be doing? What are other services doing? What do our own feelings about sex working bring up for us?

The workshop will open this topic up. It will not have the answers, but it will hopefully make us aware of this group of people and enable us to feel more ready and empowered to be involved.

"- to the police station where doctors in government service subject these women to a medical examination, sometimes with dignified gravity, sometimes with playful levity, doing away with the modesty nature bestows on man and also on beast to protect them against transgression, and then hand them a licence for the continuation of the transgression which they and their partners have been committing all week. And so it goes on, day after day, summer and winter, weekdays and holidays."

Leo Tolstoy Resurrection

# Special Interest Session 7

## Tier zero: Managing without help

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### **Anthony Hewitt**

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### Biography

Anthony Hewitt began his career in the drugs field in the mid 80's, working as a volunteer and then a locum worker in front-line London drugs services. Since then he has worked in both the stat and non-stat sectors in a broad range of jobs, most recently on a freelance basis. He was one of the first drugs workers in a prison, and has worked closely with the Criminal Justice System ever since.

Most of the 90s was spent in management posts, and he established and led a wide variety of substance misuse services, mostly in the South-West. Throughout this time, he has maintained his interest in counselling, and is a trained and qualified counsellor. He is also a practising researcher, with a particular interest in qualitative research and understanding how people change.

### Abstract

If there are 5,000 people with a drug problem in a particular area, does that mean we need 5,000 treatment places? No, it does not, and it never will. Many people who are experiencing drug and alcohol problems prefer to tackle their problems themselves, using treatment services as a last resort. This is not a bad thing, indeed, it should be encouraged.

Our beliefs about addiction and dependency are heavily influenced by our experience of working with drug dependency: it takes years of struggle; considerable resources are required (and never enough); abstinence is the only safe end-option, etc. But we only see the tip of the iceberg, and it would be a mistake to think that we can develop an understanding of drug problems based only on what we see presenting to services.

The fact is most people (as many as 50 to 80 per cent) who experience problems with drugs or alcohol (or for that matter eating, gambling, smoking) manage to get on top of these problems without professional help from either drug or alcohol services or self-help groups.

There is a lot that can be learnt from study of those who manage within their own resources:

- Who are these people who manage without specialist interventions?
- Why didn't they want the help that was available?
- Why is it a good thing for people to manage without outside help?
- What did they do to manage their drug problem?
- What can we do to help people manage without specialist input?

In this workshop we will answer all these questions and more, looking at what we can do to promote autonomy and healthy choices for people with drug problems, and how to make more effective use of the available resources; both specialist resources and the enormous range of other resources available to problem drug users.

Anthony Hewitt is a freelance consultant in drug treatment strategy and provision

## Special Interest Session 8

### Shared care-working with the asian community

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#### **Rahan Tariq**

Senior Drug Worker  
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#### Biography

Rehan graduated from university in 1997 with a Masters degree in Petroleum Geosciences. After working as a Seismologist in the Middle East and British Airways as an IT analyst he decided to change career to something more people focused. An interest in Youth and Community Development work especially in the area of substance misuse led to him working as a volunteer consultant for a local youth club. From there he was employed as a drugs outreach worker for ADIBOP - the Asian Drugs Information Befriending Outreach Project - a community based drugs awareness project in the predominantly Asian Bury Park area of Luton. ADIBOP was established specifically to address the growing problem of substance misuse within the Pakistani/Kashmiri and Bangladeshi communities.

In 2001 he was recruited as a Generic Drug Worker in the Shared Care Drug Service (SCDS) with a specific remit for attracting and retaining Asian clients in treatment. Rehan is currently the Senior Drug worker, responsible for the day-to-day case management of the Adult service.

#### **Mrs Anne Sharpe**

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#### Biography

Anne qualified as an RGN in 1983. She moved to Luton and worked at the local hospital for the next 5 years as a Ward Sister. After a career break to have children, Anne changed direction and worked as coordinator for a Neighbourhood Mediation charity. During this period Anne was also a visiting lecturer in social care at Barnfield College. An opportunity arose for a project worker with the Luton Youth Inclusion Programme, working in schools and youth clubs with young people at risk of exclusion from school. A large part of this work was training peer mentors and delivering peer led drug education in schools.

She moved to the Shared Care Drug Service in 2001 as a Generic Drug Worker, re-registering as a nurse soon after. She has been Team Lead/Clinical Lead of the service since 2004 and has played an active part in developing the service from a small team, to a multi-disciplinary service of 38 staff. She has been instrumental in developing a Hepatitis, HIV and Health screening service for all clients. She has recently taken the lead on the opening of Respite House, a 6 bed Respite and Stabilisation unit.

She qualified as a Nurse Prescriber in November 2006 holding regular clinics prescribing for clients.

### **Chris Brookes**

Manager  
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### Biography

Chris started working in the field in 1989 as a Drug Outreach Worker in Luton. He then worked as a Day Care Coordinator followed by a period as Health Promotion Specialist in Substance Misuse in Bedford.

In 2000 Chris joined Luton teaching Primary Care Trust (tPCT) and was asked to set up the Shared Care Drug Service (SCDS). His vision was to create a Shared Care system that met the growing demands for accessible treatment for Luton residents and did away with long waiting lists and punitive treatment regimes.

Since the early days, the service has grown from a small team of drug workers to a comprehensive service, prescribing on behalf of all GPs in Luton. Providing a flexible, low threshold, client centred service that meets the needs of the culturally diverse community in Luton. Chris has expanded the service to include a clinic for Women who Use Drugs and Sell Sex, a Young Persons Service and the recently opened Respite and Stabilisation unit, Respite House.

Now a Senior Manager with the Luton tPCT, Chris feels their continuing support has been instrumental in allowing him to develop a quality, gold standard, service for drug users in Luton.

### Abstract

Traditionally Southern Asian clients are seen as difficult to engage. This workshop looks at how the Luton tPCT Shared Care Drug Service has successfully managed to engage with and retain Southern Asian clients in treatment. The facilitators will explore what it really means for a service to be culturally competent and aims to challenge stereotypical views regarding the needs of Southern Asians clients.