

Hello and Welcome

Welcome to our 4th edition of “**Lite Bite**”, a newsletter brought to you by the **Community Development and Health Network (CDHN)** through its **Building the Community-Pharmacy Partnership (BCPP) Programme**.

In this issue we will give you a better understanding of the overall BCPP programme and the work we do. It will give you an insight into projects at work, dates for your diary and information on the new rounds of funding. Remember, CDHN are here to help you develop your ideas and projects, involving pharmacists and local communities, wanting to work to meet local needs using a community development approach. If you require support or have any comments or suggestions, please contact us. We welcome you back for what we’ve planned to be an exciting and fun filled year!

Hope ...

40 mls of methadone could kill me or you and yet drug users can often have up to 120 mls in their home.

Ballymena Family and Addict Support Group (BFASG), which is based in ‘The Hope Centre’, was formed by a group of parents who had children with addiction issues. William Greer of Lloyds Pharmacy heard about BCPP and felt there was an opportunity to work with substance misusers and their families and so approached BFASG. He has also found that generally, communication between Pharmacists and substance misusers is poor due to misinformed perceptions or bad past experiences.



William the pharmacist presenting a participant with a certificate on completion of the sessions.

Sessions were held in The Hope Centre with 37 substance misusers, family members and volunteers on issues such as medication, needle exchange, pregnancy and substance misuse, managing stress and nutrition. Family members and substance misusers were surprised by the level of knowledge the pharmacist had to offer. Often users are entering the family home with medication that could wipe out a family of 3 within an hour but the family doesn’t realise it and are not aware how to safely store such medication.

William enjoys going to the Centre “*it got me out from behind the counter but I was nervous. I have offered support to addicts coming into the pharmacy but now I had to learn how to work with a group and with the different personalities within it. I also learnt about BFASG’s services and have been able to signpost users and their families to it*”.

Sessions need to be ‘light’ to keep their attention, says William. On one of his first visits he was doing a session on collapsed veins and for most of the session he was sidetracked as participants were eager to show him their scars!

Joanne aged 36 really enjoyed the project, “*most of my information about methadone came from the street and most of it was rubbish, now I know the facts I feel more in control of not only my addiction but also my life*”.

The mother of a heroin addict said, “*I feel better equipped to deal with my son’s drug addiction knowing more of the facts*”.

The project has recently received additional funding from BCPP to build on this work and to extend and look at other aspects of users and their family’s health. It also aims to train pharmacy counter staff, other pharmacists and the staff of BFASG on the issues affecting users, families and carers.

European research shows that more women die or are seriously injured every year through Domestic Violence than through cancer or road accidents

Shocking

Did you know the first incidence of Domestic Violence often occurs in pregnancy? Virtually all women, use pharmacies during pregnancy so it was logical for Fermanagh Women's Aid (FWA) to approach Loretta McManus of Erne Pharmacy to consider how they could tackle this issue together.

After her initial meeting with FWA, Loretta came away feeling apprehensive. *"I wanted to help but had no idea what I could do; I was out of my comfort zone. FWA is only 5 minutes down the road and I had never heard of them before. I now realise that as pharmacists it is important we know the support services the community and voluntary sector have to offer in our area"*.

The story so far with Loretta and FWA ...

This BCPP project aims to inform and educate pregnant women, health professionals and the wider community on Domestic Violence and support those affected to seek help.

The project started off by gauging local women's knowledge and experience of Domestic Violence through an anonymous questionnaire in the pharmacy. Following on from this they carried out sessions in the pharmacy but they believed that due to embarrassment and fear very few women turned up. However, those that did, forged friendships and built a relationship with the pharmacist.

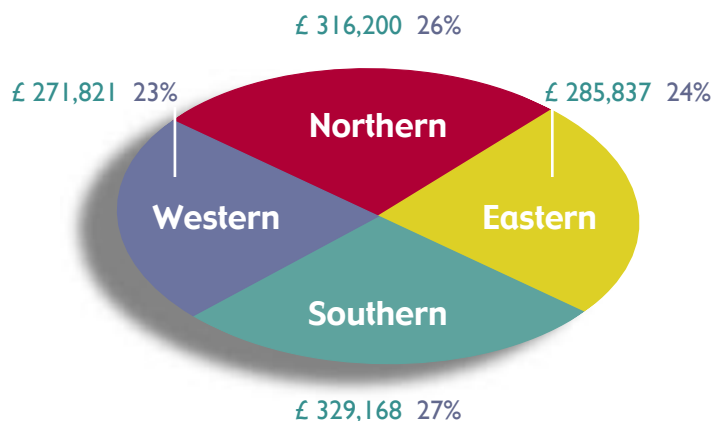
FWA and the pharmacist sat down to reflect on why there was such low interest on an important issue. They soon realised the stigma attached to Domestic Violence was a major stumbling block. It was decided the way forward would be to take a more softly, softly approach and so the theme of 'healthy pregnancy' was developed.

From here the project gained momentum. Interactive roadshows on healthy pregnancy are currently running and are led by the pharmacist. As part of these FWA give details about their work and what support and services they offer.

The project has trained pharmacy staff on FWA's services and 14 volunteers on the use of medicines and the role of the pharmacist. This is important as these two groups are often the first point of contact for women experiencing Domestic Violence.

Loretta says *"there are a lot of health issues in our community and whilst treatment is important, prevention is equally as important. There are many things that can have an impact on a person's health other than the 'problem itself' for example their education, where they live and clearly, family circumstances"*.
And ... this is from someone who didn't know FWA existed to now being chair of their management Committee. Who knows what is next?

BCPP Funding distribution by HSS Board Area since 2004



PEGging it all together ...

“Drugs of a street value of £1 million seized in Portglenone” screamed one newspaper article in recent months.

Three years ago Portglenone Enterprise Group (PEG) and Eoghan O’Brien of Bannside Pharmacy, both key resources in their village, recognised an opportunity to work together to tackle some local health issues and as a result, successfully applied to BCPP.

Their BCPP project is very much about working with people to educate them on the causes of ill health, health issues and helps them access services to address their health and wellbeing. The starting point for the project was to make contact with groups in the village and from there the project grew.



Eoghan O’Brien with members of the Portglenone Enterprise Group

Here is a flavour of what they have been up to:

🌀 Sessions were run with children on a range of health issues eg drugs and alcohol. Nora, the lay health worker with PEG, has also recently trained to facilitate a programme called **“Choices”** which helps young people make informed decisions and take into account the sometimes negative influence peer pressure can have on them. The pharmacist will be trained on parts of the programme and together they will deliver it to the children. It is planned that parents will also be involved in the next stage of the project.

🌀 They found that when local young people are asked why they take drugs and hang around the village they say: *“there’s nothing else to do”*. PEG has successfully built a relationship with these young people over the last few years and recently felt

there was an opportunity for the pharmacist to work with them. The young people at first were hostile and in an attempt to overcome this and build trust they went bowling together. This was a great striking point. *“The young ones saw Eoghan as more than a man in a white coat and that he was capable of having fun!”* said Nora.

🌀 A few sessions on issues surrounding drugs and alcohol have been held. Eoghan is now trying to set up a cycling club with these young people, another ideal opportunity to build trust and chat about issues important to them.

🌀 Other sessions have been carried out with a variety of groups including mothers and toddlers, nursery school children, senior citizens and women.

The project has increased local people’s understanding of the role of the pharmacist and on other services in the community. Eoghan said *“the role of the pharmacist is evolving to be more proactive in preventing illness and BCPP helps me do this. I am now much more aware of what is happening in this small village of Portglenone. I also understand that positive change often only happen at a certain pace”*.

Nora the lay health worker said *“We work well together. Eoghan is very approachable and open to new ways of working and always has time for a chat”*.

And finally ...

Eoghan and Nora organised a morning visit to the pharmacy for nursery children and the excitement got so much that one child was sick out the back of the pharmacy.
You can only plan for so much excitement in one day!



Funding – now available

Level 1 - for those interested in developing ideas and a community pharmacy partnership
maximum £2000 for a maximum of 9 months

Level 2 - for communities and pharmacies that are both keen to develop their ideas into a BCPP project
maximum £10,000 for a maximum of 2 years

Level 3 - for those who have completed and evaluated previous Building the Community-Pharmacy Partnership projects and are keen to sustain their work
maximum £10,000 per year for a maximum 3 years



CLOSING DATES:

Levels 2 and 3 — Thursday 17th April 2008

Level 1 — 21st February 2008, 12th June 2008, 23rd October 2008

Remember, we offer support in developing your partnership, ideas and application.

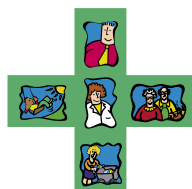
So, please contact us if you are thinking of becoming involved.



Application packs can be downloaded from www.cdhn.org/bccp/application
or obtained from CDHN, Telephone: 028 3026 4606. We are here to help!

CDHN is a member led regional voluntary organisation. Our purpose is to make a significant contribution to ending health inequalities, using a community development approach. CDHN believe that communities, both geographical and of interest and identity, can define their own health needs and design and implement preventative and radical solutions. We consider this is best achieved through campaigning, networking, influencing policy and developing best practice.

For more information on CDHN, have a look on our website: www.cdhn.org
and, to become a member contact **Kathy Martin** on kathymartin@cdhn.org



Building the
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