

Celebrating Women in Pharmacy



# NAWP

## *Magazine*

Founded 1905 Issue 02 - June 2011

### In This Issue

*Supporting Healthcare in Africa*

*Does Gender Matter?*

*Medicinal Histories: Heroin*

*and more...*





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Celebrating Women in Pharmacy



**NAWP**  
*Magazine*  
Founded 1905

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## The President's Letter

*Dear Colleagues,*

**My last letter was written to you when we were in the depths of winter. In contrast, we are now in the midst of a glorious warm and sunny Easter weekend; as I sit here I can hear the occasional noise of the crowds at the Badminton horse trials wafting over the fields and the drone of a helicopter overhead. A time of year when life is bursting forth around us in the gardens, fields and hedgerows, and we too emerge re-energised after the winter.**

So, can we apply some of this energy to NAWP and have a truly active and vibrant year? I truly hope so.

The last Executive Committee (EC) meeting in April was held at the Royal Pharmaceutical Society's (RPS) office in Cardiff, and although our Cardiff members know it well, for me it was my first visit. Once I had managed to find my way around the maze of identical roads that make up Cardiff Gate Business Park I was duly impressed with the meeting accommodation available. The EC meeting was followed by our Annual General Meeting and I would like to thank those members who made the effort to attend.

I would also like to express my sincere thanks to Ann Munday who has retired from the EC. Ann has been a very hard working and conscientious member of the Executive since 2006, serving as membership officer and also being involved in the organisation of several of our annual conferences. I will certainly miss Ann's contribution to the work of the EC and hope that she will continue to retain an active interest in NAWP and be able to join us at some of our events in the near future.

The early part of the year has been very quiet in terms of invitations to official events, but I have been kept particularly busy working with the Medical Women's Federation on the programme for the Gender Medicine Conference, to be held on 10 November. We have made good progress with an interesting and diverse programme and have a number of eminent speakers (see page 9). You may have already seen a preliminary notice in the Pharmaceutical Journal (PJ) and observed that we have given it a much more eye-catching title – Blue Pill, Pink Pill - Does Gender Matter?

The EC have now decided not to hold a separate NAWP event for the 11 November in order to concentrate our efforts on the Gender Medicine Conference. As this will be our only NAWP conference event this year we hope that as many of you as possible will be able to attend.

We are regularly notified by the RPS of new and ongoing consultations and draft guidance. This information is sent out by email, and the EC will respond to those which we consider relevant to our organisation and members. Currently the main consultations of interest are the General Medical Council's 'Good Practice in Prescribing and Managing Medicines and Devices'; the Department of Health's 'UK Influenza Pandemic Preparedness Strategy' and General Pharmaceutical Council's consultation on 'Annual Renewal Fees' and the 'Call for Evidence on the Extemporaneous Preparation of Methadone'. If any of you are would like to be kept updated by email on current consultations and would like to provide input to the EC or to respond as individuals, please let me know (contact details on page 17).

Those of you who receive the PJ may have noticed a full page notice in the issue of 9 April issue listing a number of organisations who have signed up to work in partnership with RPS. NAWP is not listed but this is discussed in more detail on page 12.

We recently received an enquiry, via our website, from the Tanzania Women in Pharmacy Profession, who have expressed an interest in linking with NAWP. The only information given in their email was that they are still in their infancy and registered their organisation in 2008. Having established their authenticity, I have now written to them asking for more information about their organisation, membership and aims and objectives in the hope of establishing a dialogue with them.

So what else has been happening? Chemist and Druggist (C+D) have recently conducted a salary survey and NAWP was invited to comment on the gender differences observed. Christine Heading represented NAWP recently at a Pharmacist Support Round Table meeting in Manchester to discuss managing work/life balance, and Hazel Baker has been invited to be a judge to the Pharmaceutical Care category of the Welsh Pharmacy Care Awards. I was unable to go to the Pharmacists' Defence Association's (PDA) conference at the end of February, but I know that some of our members were able to attend.

It can be quite challenging to persuade people to submit articles for our Newsletter/Magazine and I am delighted that Jenny Howard, a GP from Church Stretton, agreed to write an article about her involvement in supporting healthcare in Africa. Our paths cross regularly at study days and when I saw her earlier this year she had only just come back from visiting local communities in Ethiopia. It is always interesting to hear Jenny talk about the work that their charity is supporting.

The opportunities to bring NAWP members face to face are few and far between so the Newsletter is important in maintaining communication between all our members. I am not proposing that we all join Facebook or learn how to 'tweet', but I would like there to be more interaction between us all; the Newsletter should be more than just the EC bringing you up to date; in fact how many of you noticed the last Newsletter was actually called the NAWP Magazine? It would be great if we include your news, photos, anecdotes, articles, comments, and topics for discussion or anything that might be of interest so that we can truly call it a magazine.

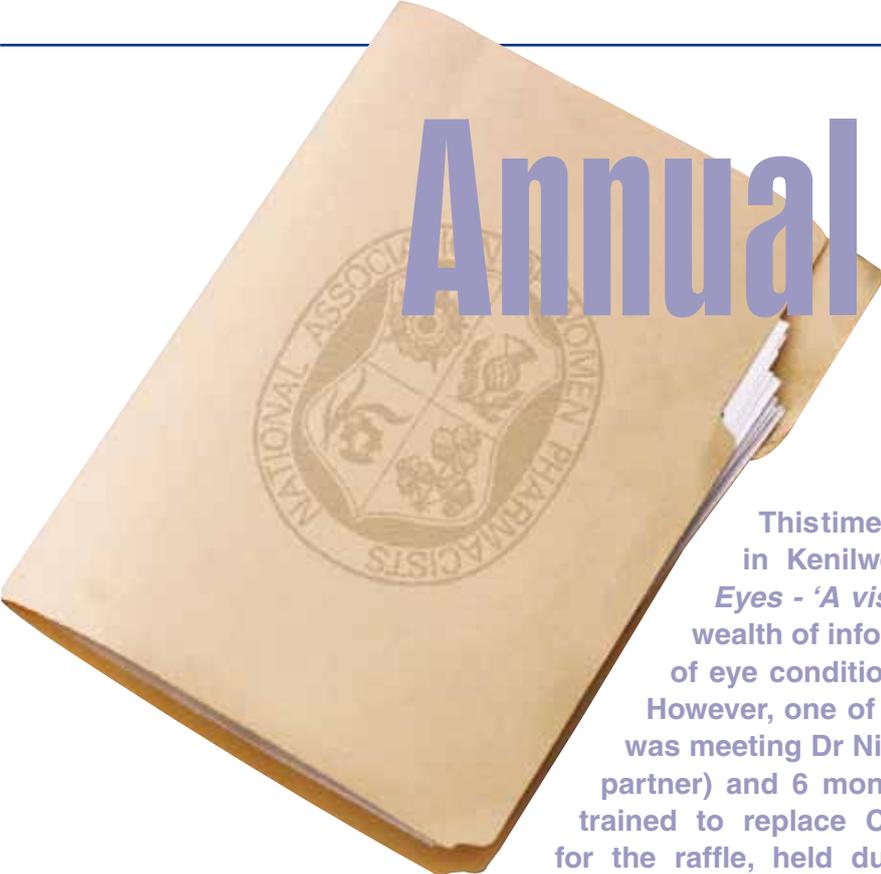
I would like to close by wishing you all an enjoyable, and hopefully, active and vibrant spring and summer.

*April 2011*

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*Virginia Watson*

President of the National Association  
of Women Pharmacists



# Annual Report

## 2010

**This time last year we were at the Annual Conference in Kenilworth. The theme for the weekend was *Eyes - 'A vision for the future'*. We were treated to a wealth of information about the treatment of a number of eye conditions that might present to us in practice. However, one of the enduring highlights of the weekend was meeting Dr Nicola Hendey with Cavendish (her canine partner) and 6 month old Beeley (who would go on to be trained to replace Cavendish). In fact the chosen charity for the raffle, held during the annual dinner was to go to 'Canine Partners'.**

There were a number of changes to the Executive Committee (EC) at this time with two long serving members, Brenda Ecclestone and Sue Symonds, not seeking re-election to the EC. Their place was taken by Joan Kilby (formerly a co-opted member) and Sarah Bush. Hazel Baker stepped down as President to become Secretary and her place taken by Virginia Watson. Despite these changes the EC is still not up to capacity making the running of the organisation increasingly more difficult. Those present at the Annual General Meeting (AGM) supported the proposal to nominate Liz Sutton, who for many years had been the link with PHOENIX (who print and distribute the Newsletter) an honorary member of NAWP. The Conference was seen as very successful despite some members being unable to attend due to the volcanic ash cloud. Others however, did not let this deter them and had made tortuous journeys over land and sea to get to Kenilworth.

We remember with affection two of our members, Effie Smith and Connie Perris, who both died last year.

During the year NAWP has responded to a number of consultations which have relevance to our members including, fees, standards of education and training, Continuing Professional Development (CPD) and fitness to practice to name but a few.

In May, at the last ever AGM of the Royal Pharmaceutical Society of Great Britain (RPSGB), Dr Gillian Hawkesworth was awarded the Charter Gold Medal. Also in May the President, along with Christine Heading and Hazel Baker met with key members of the then Professional Leadership Body (PLB) to share experiences of return to practice and mentoring as these would form part of the wider agenda for the PLB following the demerger of RPSGB. These discussions are still ongoing.

The success of the Conference last year led to the President being asked to submit an article about NAWP to the Pharmacy Professional journal which was published in its July issue.

At the beginning of September a small group of NAWP members met in London for a visit to the Women's Library. Unfortunately this was also the day chosen by London Underground staff for a 24 hour strike. Despite travel problems the visit was considered worthwhile by those who attended.

Several members of NAWP attended the 6th Conference of the European Women Pharmacists in Wiesbaden where the topic for discussion was the 'Safe Supply of Medicines'. The President, however, was unable to attend which, in the end, turned out to be rather fortuitous, as at short notice she was invited to take part in a live 'on air' discussion on Woman's Hour.

Another first for NAWP was a teleconferenced committee meeting held by the EC in October. This proved successful and may well be used in future, particularly during periods of inclement weather or when there are difficulties with public transport.

Looking back over the past year it is obvious that the pioneering spirit of those first members of NAWP is still evident. The challenges may be different but the determination to meet these challenges still remains.

*Hazel Baker*

# Report of Meeting Organised by Women's National Commission

Cardiff 10 December 2010

**I attended the above meeting which had been organised by the Women's National Commission (WNC) to discuss what should happen in Wales after the Women's National Commission ceases to exist as an organisation on 31 December 2010.**

The WNC is an umbrella organisation, representing women and women's organisations in England, Northern Ireland, Scotland and Wales, to help communicate women's views to government and to ensure that they are heard in public debate.

The Commission, established in 1969, is fully funded by government but in its unique role is able to comment freely on government policy through its partners. As part of the Government's drive to cut costs and increase transparency, accountability and efficiency, the role, size and scope of government quangos have formed part of the broad Coalition Government review and a number have been recommended for abolition. The WNC was identified as a quango for closure and would cease to exist on 31 December 2010.

The WNC Commissioners remain committed to ensuring women and organisations supporting women's interests have a channel of communication to Ministers and that women have the opportunity to influence forward looking mechanisms for engagement.

Seventy individuals from a wide range of organisations in Wales attended the session which was introduced by Adele Baumgardt, WNC Commissioner for Wales, who gave an overview on the current position and the context of the day's discussions. She highlighted some of the 'big' issues in Wales such as the Equality Act 2010, Welfare Reform, the Assembly Elections in 2011 and the areas where considerable work still needed to be done such as representation, education, violence against women and the criminal justice system.

We then moved into the first of the round table sessions in which we were asked to consider:

- Whether it was important to have a coordinating structure to represent the views of women in Wales to the Welsh Assembly, to Westminster and internationally.
- If so, which structure will work best (membership, management committee, sub groups, expert groups etc.)
- How would the organisation be funded (e.g. Welsh Assembly Government, other funding streams, voluntary contributions, membership fees)

Our group had a lively and interesting discussion. The first issue that emerged was that most people around the table, prior to their invitations to attend the meeting, had not heard of the WNC and were not aware of its activities. There was

a view that it had clearly been more effective at a UK and international level than locally here in Wales.

There was agreement that we did need a coordinating structure but we had real concerns that there was a danger in replacing 'like with like' rather than looking at a structure more suited to the 21st century. We talked about a virtual network, having professional lobbyists and creating a sustainable structure that was not dependent on government funding. It should be proactive rather than reactive, have views on all policy areas and not confine itself to those areas seen as 'traditional women's areas'. It needed a recognisable brand and be able to use the media effectively.

In the feedback session, all groups felt that there was a need for a coordinating structure. Any structure should be inclusive and enable all women to participate and as such should be accessible to all. The view was expressed that in order to move the agenda forward we should perhaps consider engaging men in any new structure to enable them to gain a wider appreciation of the issues and to advocate on our behalf.

The second session looked at the following:

- Identifying the most important issues that women in Wales feel they require representation on
- Where this representation is vital
- What the priority areas are that need addressing

Again, we had a good discussion. We re-iterated the view that we should be involved in all policy areas and that we should have an agreed position that could be clearly articulated by all partner organisations to achieve maximum impact. We should have representation at all levels.

The lunch break followed which provided an opportunity to network with other attendees. The afternoon session was to look at the international dimension including the European Women's Lobby and the Commission on the Status of Women. Unfortunately I was unable to stay for this session.

What of the future? It is clear that by removing bodies such as the WNC, there is a real danger that the 'woman's voice' will be reduced to a small group of articulate women seen as a group of 'activists' and therefore marginalised. There would be no strategic overview of policy developments and no single response to proposals (either for Wales or the UK). Whilst partner organisations might co-operate and present a consensus view in order to move women's agenda forward, equally they might end up competing with each other (particularly if resources are involved).

Quote of the day: 'well behaved women rarely make history'

*Hazel Baker*



# Supporting Healthcare in Africa

In most instances when fundraising or donating money to charity we usually do not have direct contact with the people that we are helping. The Shropshire Health for Africa Project (SHAPE) was set up in order to create a long-term community-to-community link with Africa and by working closely with communities there, decide how money raised should be spent efficiently.



In February 2007 Dr Neil Fletcher, now one of SHAPE's trustees, was preparing to work in Africa for Médecins sans Frontières. His growing awareness of the gulf in health provision between the richer and the poorer nations inspired him to arrange a meeting between a group

of friends and colleagues to discuss how they could help. In the poorest countries, particularly in sub-Saharan Africa, many of the diseases suffered by both adults and children are treatable and preventable with the right knowledge, medicines and equipment. The group thought that a locally based charity could mobilise the funds and skills needed to help bridge this gulf.

I was not at that meeting in 2007 but came back from a sabbatical in New Zealand to find that I had been nominated to help set up a project because according to Neil "That's the sort of thing I'm good at!". I spoke to friends in farming who are involved in sustainable rural development work in Ethiopia and in November 2007, spent 10 days in Ethiopia with the

Sustainable Natural Resource Management Association (SUNARMA and SUNARMA UK - [www.actionethiopia.org](http://www.actionethiopia.org)) as they reviewed their own projects and introduced us to the communities with whom they are working. One of the areas we visited, and felt that we could help, was Jidda in the Ethiopian highlands. Although Jidda is only about 2 hours' drive from Addis Ababa, only recently has a road linking Jidda with the Ethiopian capital been constructed.

I have just returned from my third visit to Jidda in Ethiopia. Over the past year we have funded the health centre in the main town and two rural primary schools so that they could buy equipment. We paid a local craftsman to construct classroom furniture. The logistics of delivering the furniture to the schools however, was the responsibility of the community. As there was no road access this was no easy task and construction of an access route for a small truck had to take place first!

We were overwhelmed by the reception we received at one of the schools where a special loaf of bread had been baked in our honour. Elders from the community were also present. They had come to the school to thank us for not just seeing a need, but going back to our country and within a year, doing something about it. Our involvement in the school has increased attendance and encouraged the local community to identify changes that they can make for themselves.



About half of the diseases suffered by children in Jidda are a result of unclean water. SHAPE is funding water wells with pumps close to six schools and health facilities through a partnership with SUNARMA. During our recent trip work on digging the wells had begun. One of the most important parts of the process before any digging starts is getting the community involved with digging the well and its long-term management. Listening to the views of the women who collect and carry the water is essential but difficult, as they are traditionally reluctant to express or discuss their opinions in front of men; in instances such as this having women in SUNARMA and SHAPE teams is invaluable.

Our main project is in Ethiopia but we also have links with a community in Uganda.

Dr Fletcher had first visited the Anglican Parish of Busamaga in eastern Uganda in 2009, following an invitation by a local church group to set up and run a mobile clinic.

In 2010, with a local nurse and a team organised by the community, he ran a clinic in each of the 12 villages making up the parish, distributed almost 1,000 bed nets over 3 days, and educated the community in their use. He also gave a high dose of vitamin A to all children under 5. This simple intervention costs about £5 per child - sometimes it doesn't cost much to make a difference.

Dramatic benefits have been seen from our presence in Uganda. In one instance two members of the team were distributing malaria bed-nets when a three year old girl was rushed in to see them. She was unconscious, fitting violently and it was clear that she had malaria. Fortunately the team (who were also equipped to run a mobile clinic) were able to send a motorbike to retrieve some quinine and within two hours the little girl had made a remarkable recovery.

Another sobering incident occurred when I visited a school of between four and five hundred children. I asked every child to raise a hand if they had lost a brother or sister to malaria - around three-quarters put their hands up. In areas with malaria the single most cost-effective health intervention is the provision of mosquito bed-nets. In 2010 SHAPE funded the provision and distribution of mosquito bed-nets to protect every young child and pregnant woman within the community.

The support that we are providing in both Uganda and Ethiopia is such that we can go back year on year to see how things are going, to see how what we have provided is being used, and to decide what kind of support is needed next.

If you would like to help us with a donation - or just see some photographs of this area and its people and read more about what we are doing - then go to [www.shapeafrica.org.uk](http://www.shapeafrica.org.uk).

We later made our way over fields to visit a Health Post to speak to Tigist, one of the two Health Extension Workers (HEWs) who are the first point of care for about 5,000 people scattered over a wide area that has no road access. HEWs are women from the local community who have completed secondary school education and a one-year residential training course. Tigist has a basic kit provided by the United Nations Children's Fund (UNICEF) which includes items such as a delivery bed, sterilising equipment, weighing scales and a kerosene fridge. Consumables, including simple medication like paracetamol, eye ointment and cleaning materials, have run out and re-supply is a problem - partly because of lack of funding and partly because work is needed on logistics. The nurses and midwives at the main Health Centre are given priority over the outlying health posts.

There are no tables and chairs or shelves for storing equipment at the Health Post, the cardboard boxes in which equipment is delivered are used as work surfaces. There is no accommodation for staff, so they are living in one of the rooms at the Health Post.

SHAPE's aim is not to provide emergency relief, but to help communities combat the many diseases that can be so easily prevented. We prefer to do this by support that can be completed in a short time but has a long-term benefit. If things go to plan next time we talk to Tigist, she and her colleagues at other health posts will have the furniture they need and progress will have been made on providing accommodation.

*Dr Jenny Howard*

# Does Gender Matter?

In recent years, we have come to understand and appreciate that heart attacks in women tend not to have the characteristic presentation of symptoms seen in men. The symptoms are more subtle and non-specific, and previously led to the inevitable consequence of missed diagnoses, less intensive treatment and an increased mortality rate. Today, prompt diagnosis and treatment outcomes in women have improved as a result of this knowledge.

## 2011 Annual Subscriptions

**A reminder that your Annual Subscription are now overdue. If you have not paid your subscription see for this year, please do so as soon as possible.**

### *Subscription fees for 2011 are:*

Full time .....	£30
Associate Member .....	£30
Part time .....	£20
Retired .....	£10

Students are entitled to join NAWP free of charge and to pay a reduced subscription of £10 for the first three years after registration (please state the year of graduation)

Associate Membership is open to individual healthcare professionals (including pharmacists in other countries and technicians) who support the objectives and activities of the Association. Associate members may attend and speak, but not vote at the Annual General Meeting of the Association.

Cheques should be made payable to NAWP.

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I use the term 'gender' as a very general term, but in fact there are two aspects which affect medical practice, namely;

- gender which refers to sociological considerations e.g. men do not respond so well to health promotion

and

- sex, which refers to the biological effects e.g. asthma is affected by the menstrual cycle, pregnancy and the menopause.

Therefore, to be strictly correct we should refer to gender/sex effects.

I first came to appreciate the potential importance of gender considerations in medical practice when I attended the conference in Heidelberg organised by the Deutscher Pharmazeutinnen Verband and the Baden- Württemberg Regional Group of the Deutsche Arztfrauenbund. A report of this conference can be found in the August 2008 NAWP Newsletter.

Awareness that gender can influence the prevalence, diagnosis, drug efficacy and tolerance and surgical

outcome in a number of diseases is increasing. But how much do we know and how much does or should this influence clinical practice and prescribing?

Do we only detect differences after drug treatment in very large patient populations over prolonged periods of time i.e. post-marketing studies, or can clinically relevant differences be detected in the clinical trial programme associated with drug development? We joke about 'man-flu' and have probably all encountered the customer who comes in asking for treatment for her partner saying it's only 'man-flu'! But maybe symptom discomfort is different in men and not just psychological. Of course I am speculating here, but it illustrates the point that men and women can react differently for physiological reasons.

When having preliminary discussions with the BBC researcher prior to the Woman's Hour programme she asked me why the UK was lagging behind other countries in this field? I was not aware that we were, but she pointed out that a number of countries in Europe were more active in terms of research and conferences. I am not in a position to either agree or disagree

with her summary of the situation, but a quick literature search and perusal of international conference programmes did suggest why she might have surmised this.

And so to our November conference. As this is such a vast topic, in planning the programme, we decided to concentrate on a few therapeutic areas: cardiovascular disease, stroke and dementias, oncology, HIV and diabetes. As well as some lecture style presentations there will be break-out groups led by clinical experts, which will allow for group discussion and the formulation of questions for a subsequent panel discussion. The panel will include representatives from government, industry, drug regulatory agencies and medical publishing. So there will be a mix of learning styles, a chance for active discussion with other delegates and the opportunity to ask challenging questions of the panel.

Please do come along to what should be a very interesting day!

*Virginia Watson*

## National Association of Women Pharmacists

### Medical Women's Federation and Royal Pharmaceutical Society Conference

#### Blue Pill, Pink Pill – Does Gender Matter?

#### *The effect of gender on clinical research, treatment outcome and prescribing practice*

**Royal Pharmaceutical Society, London  
10 November 2011**

**Comprising of presentations, workshops and a panel discussion, this one-day conference will focus primarily on cardiovascular disease, stroke and dementias, oncology, HIV and diabetes, but will also include sessions on drug metabolism and gender and the current requirements for gender considerations in clinical research.**

#### **Speakers will include;**

- Baroness Illora Finlay,
- Dr Rowan Hillson, National Clinical Director for Diabetes,
- Dr June Raine, Medicines and Healthcare products Regulatory Agency (MHRA)
- Dr Jane Flint, British Cardiovascular Society (BCS) Joint Working Group for Women's Heart Health
- Dr Richard Tiner, Faculty of Pharmaceutical Medicine
- Astrid James, The Lancet
- Kirsten Patrick, British Medical Journal (BMJ)
- Dr Mark Nelson, Chelsea and Westminster Hospital
- Dr Peter Dewland, Consultant in Pharmaceutical Medicine.

*Further information on the programme and registration details will be published on the NAWP and RPS websites as well as in the Pharmaceutical Journal in the forthcoming weeks.*

# Polish Thoughts...

Firstly, let me assure you that all the following mental ramblings are purely my own. They are based on personal observations from a Polish post-war childhood in London. There is absolutely no intention to offend, criticise or offer “cutesy” philosophies.

## Poles - strong-minded, hard-working, witty with a wicked sense of humour

Some may find this surprising as geographically they are sandwiched between the Germans and the Russians, neither of whom are renowned for their light-heartedness.

## Poles - extremely emotional people

I put all my empathetic, clairvoyant, observational tendencies down to my genes.

My children were often embarrassed by my need to cry copiously after moving theatre performances, or even the last night at the proms, so much so that they would exit the theatre or concert hall several metres in front or behind me - in case anyone thought they belonged to me. The urge to cheer, applaud and generally join in the festivities, without the quiet reserve demonstrated by the English is also apparent.

## Poles - compassionate and kind

This has been recently demonstrated to me as a patient of the NHS. The kindest, most non-judgemental and willing to help, with seemingly trivial requests were undoubtedly the Poles and Phillipinos.

## Poles - not the most beautiful of Caucasians

Often short and squat or tall and thin. The young females also seem to also have a predilection for startlingly red hair-dye!

## Poles - speakers of a very rich and descriptive language

It may not have the prettiest sound, unlike French or Italian, but Polish is an enormously rewarding language and I have spent many hours delving into the meaning of words. Poles do not “steal” words unnecessarily from other languages. They enrich it with their own creativity. They have also produced great writers able to communicate in other tongues such as Joseph Conrad.

## Poles - musical and artistic

Think Chopin; Paderewski; Penderecki and Gorecki or Andrej Wajda and Roman Polanski in the field of film.

## Poles - great scientists

Think Copernicus and Marie Curie

## Poles - great politicians

Think Zbigniew Brzezinski during Carter's era in the USA; Lech Walesa and Pope John Paul.

## Poles - loyal fighters on the side of good

Think of all the Polish airmen during the Second World War. My own father escaped from Poland at the beginning of the war and after a dangerous and circuitous route through Europe, ended up with the allied forces in Scotland from whence they sortied out to France, Italy and Germany.

## Poles - sporty

There seem to be loads of them playing in English football these days!

## Polish cuisine

Delicious sausages, salamis and national dish of “bigos” (pronounced bee-goss), great cakes, too much emphasis on flavoured or unflavoured vodkas. Wodka (pronounced vodka, means small/diminutive water)

## Finally, feisty Polish females - THEY ALL ARE!

My mother was the original tough suffragette type - believe me! I can't think of one single Polish female who is not a toughie, although some wrap it up with a gentler exterior than others. Many married British men. Many divorced. Perhaps we needed that “Polish soul”.

I could make reference to religion, traditions, customs, folklore... but I will save that for another occasion.

I am told the country is beautiful, with its vast Baltic sea in the north and stupendous Tatra mountains in the south. The historical cities, many of which were destroyed in the 1940s, have been lovingly rebuilt to old architectural plans. New towns and cities are burgeoning. The country is remarkably prosperous with a high profile in the European Union. On the downside, although the younger generation is educated to a very high standard, unemployment is high.

## What more can I say?

I wish all women pharmacists attending the conference in Warsaw in 2011 a wonderfully liberating, educational, uplifting and enjoyable experience.

I am looking forward to hearing about your visits!

*Renata Inglis*



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The Editor would like to thank everyone who has contributed to this issue of the Magazine and PHOENIX for their continued Sponsorship.

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# Working in Partnership with The Royal Pharmaceutical Society

Earlier last year, Christine Heading, Hazel Baker and I were invited to a meeting with Howard Duff, Patrick Stubbs and Lindsey Gilpin at the Royal Pharmaceutical Society of Great Britain (RPSGB) to share our experiences on mentoring and return to practice as these were on the Professional Leadership Body's (PLB) agenda. With the demerger of the RPSGB on the horizon, it was also important for us to find out how the changes would impact on NAWP, particularly as we had had a good relationship with the Society and support with events such as our Centenary Celebration. It was evident that the new PLB were keen to engage and work with members, including the assorted pharmacist organisations.

Fast forward now to April this year and the announcement in the Pharmaceutical Journal (PJ) of the specialist groups who have signed an agreement to work in partnership with the Royal Pharmaceutical Society (RPS). As well as listing these groups, their logos are prominently displayed.

So where does NAWP stand? One of our early concerns was that any formal partnership agreement would compromise our independence, a very important feature of our organisation. Since our first meeting in May last year, I have re-iterated this concern and, on each occasion, I have been given assurances that this would not be the case; RPS acknowledges the expertise of these organisations and the input they can provide. To quote from the PJ, 9 April 2011, *'Through working in partnership with specialists and clinical leaders in the profession, we can continue to develop services to support pharmacists in their day to day jobs, collate evidence of the contribution to pharmacy to patient care and public health and harness expertise from all sectors to lead and advocate for pharmacy, patients and the public'*.

In practice, NAWP are already working in partnership with RPS. We have provided input on mentoring and return to practice including reviewing the original draft website content. RPS is providing considerable support, both financial and administrative, for the Gender Medicine Conference. To be able to tap into the expertise of the conference events team and to be offered their services for advertising, conference registration and finding sponsorship is of considerable benefit to us. So, to date, there is every indication that partnership with RPS can be mutually beneficial.

We have been included in all RPS mailings to partners and potential partners. The Executive Committee (EC) discussed and provided input earlier this year on the proposed aims and objectives, and generic themes, for working in partnership. Each organisation brings its own expertise to the partnership and I believe that NAWP with a membership which crosses every sector of the pharmacy world, our early engagement and experience in helping pharmacists return to practice, our initiatives in mentoring and our focus on supporting women pharmacists during their professional life has a unique role.

So what is the next stage? The organisations listed as partners have all signed a Partnership Agreement in which the group commits to working in partnership on specified workstreams (Table 1) during 2011.

It has been confirmed by Catherine Duggan, Director of Professional Development and Support that the partnership agreement is not legally binding and that it is more of a commitment to work together on key professional issues and projects. Thus it will consolidate what we have already been doing with RPS but will enable us to have the recognition and wider exposure as a partner without affecting our independence as an organisation.

We shall be debating this at our next EC meeting on 8 June. If you have any comments please get in touch with any of the executive (contact details at the end of the Newsletter) before this date so that we can fully discuss any issues raised by the membership. Decisions then taken will be discussed with the membership at the next Annual General Meeting.

*Virginia Watson*

**Table 1**

Engage effectively in media, communications and publications to realise the voice of pharmacy
Provide relevant and expert consultations and policy responses
Develop virtual and face to face networks, with specialists and generalists across sectors
Provide expert and specialist input to Local Practice Forums (LPFs)
Set professional standards and guidance for practice beyond those required for regulation
Develop professional curricula for advanced and specialist practice across pharmacy disciplines
Coordinate existing educational support for pharmacists across all sectors
Develop new knowledge networks to signpost generalists to specialist and clinical training
Develop and deliver consistent programmes of professional recognition, in line with national policy developments
Engage meaningfully in professional strategies in workforce development
Work together on events in partnership, where appropriate

## Member Profile

# Edith Spivack



Miss Edith Spivack celebrated her 100th birthday in January 2011. Edith qualified as a pharmacist in 1936 having studied at Chelsea Polytechnic (later Chelsea College). She undertook her pre-graduate apprenticeship at Mr Chown's pharmacy in Marylebone London from 1930 – 1933 working from 9am to 8pm 5½ days each week.

Armed with her qualification, she worked in various pharmacies in and around London, gaining lots of experience. There were not many women pharmacists at that time, and on a few occasions she had to overcome prejudice in a "man's world". As well as dealing with the public, her work involved making many preparations including stock mixtures, suppositories and silvered pills.

During the Second World War, when proprietary household products were no longer available, she prepared hand creams and cosmetics, some of which remained in demand long after the well-known brands reappeared after the end of the war.

In 1951 Edith fulfilled her dream of opening her own pharmacy.

The pharmacy in Kingsbury, London soon thrived. Her personal touch won her many customers. People coming in with coughs or stomach problems would have a medicine made up for them from a stock mixture, to which various tinctures were added. Each preparation was recorded in a book and the mixture labelled with only a code or number – a little mystery was important in making a medicine special and perhaps more efficacious! Sometimes these bottles reappeared years later with a request for a refill.

Mothers would come for help in treating their babies and children. Gripe waters with their distinctive smell and taste of dill, fennel and caraway extracts were very popular. Nappy rash creams with calamine bases were also much in demand.

To some she was known as Dr Edith and she was the first port of call whenever there was a health problem.

Edith was passionate about pharmacy. She was the first woman to chair the Hendon and Edgware local branch. She was an excellent teacher and encouraged young people who came to work after school or during their holidays to take up science or even pharmacy. I am writing this from a distance of 40 years as I was one of those people inspired by her to study pharmacy.

Edith sold her pharmacy in 1975. During the 45 years she worked as a pharmacist she saw many major changes in the art of pharmacy. When she started weights and measures were in the apothecary and avoidupois systems. A wall of shelves stacked with many bottles of stock mixtures and 1lb jars of ointments have now been replaced by storage systems of tablets, capsules and tubes. The tedium of handwriting labels has been relieved by the use of a typewriter and now, computer generated labels.

Edith is still interested in pharmacy and was thrilled to be invited to take part in the 100th anniversary of NAWP in 2005.

*Carol Goodchild*



Carol Goodchild 77, Goughyton Lane, Slough, Berkshire SL1 4NS  
11.1.2011  
11th White, St. Den, Rd, Poyton, Geddif, CF23 5AZ  
Dear Edith,  
Thank you for a magnificent arrangement of flowers and a beautiful vase. My Aunt, Edith Spivack, has asked me to write to you to tell you how pleased she is with such a lovely present.  
She would wish to you herself but she says that, like some doctors' prescriptions in the past, her writing now can be difficult to read.  
Edith is very proud to be a pharmacist and is of the old school where her customers used to call her "Doctor Edith" as she made individual concoctions to treat coughs, indigestion, the problems of sunny melania. In fact, even though she is 100, she looks wonderful and could work out and mix any of the old "Burr" remedies, and not only in the metric system.  
Thank you again for sending the flowers and a warm message.  
Yours sincerely  
Carol Goodchild  
Dr. Edith Spivack.

# Forthcoming Events

## 7th European Meeting of Women Pharmacists

1-2 October 2011

at House of Congresses and Conferences of the Polish Academy of Sciences  
Jablonna Palace, Poland

The conference theme will be the Role of the Pharmacist and the Ageing Society in Europe. The programme has not been finalised but will include speakers from Germany, Poland and the UK.

There will be a piano concert followed by Dinner on Saturday evening and on Sunday morning delegates have the option of an excursion to Żelazowa Wola, Chopin's birthplace.

### Conference Registration:

€180 (includes the concert and dinner on Saturday evening)

For further details and to book please contact:  
Olga Stefaniak, Banacha 1, 02-097 Warsaw

**Tel:** +48225720950

**Fax:** +48225720951

**email:** ostefaniak@wum.edu.pl

### Registration:

No later than 1 August 2011 with full payment by 1 September 2011

### Accommodation:

Single room - €45 per night

Double room - €58 per night

Hotel rooms have been allocated for this Conference and should be booked, by 15 August, direct with:

House of Congresses and Conferences of the Polish Academy of Sciences,  
Jablonna Palace, 05-110 Jablonna, ul. Modlińska 105

**Tel/Fax:** (+48 22) 782 44 33, 774 48 62, 782 54 89

**e-mail:** info@palacjablonna.pl

Minibus Transfer from Warsaw Airport to Jablonna Palace can be arranged.

We will post more information on the NAWP website as soon as we have a copy of the final programme. In the meantime if you require any advice please contact Monica Rose for flight information and Anita White for registration queries.



## 8th European Meeting of Women Pharmacists - Neurological Diseases

20-22 April 2012

Manchester

[www.nawp.org.uk](http://www.nawp.org.uk)

*Promoting Women in Pharmacy*



# Medicinal Histories: Heroin

The opium poppy was cultivated in lower Mesopotamia as long ago as 3400 BC. The chemical analysis of opium in the 19th century revealed that most of its activity could be ascribed to two alkaloids, codeine and morphine.

Diacetylmorphine was first synthesized in 1874 by C. R. Alder Wright, an English chemist working at St. Mary's Hospital Medical School in London. The compound was sent to F. M. Pierce of Owens College in Manchester for analysis. Pierce told Wright: "Doses ... were subcutaneously injected into young dogs and rabbits ... with the following general results ... great prostration, fear, and sleepiness speedily following the administration, the eyes being sensitive, and pupils constrict, considerable salivation being produced in dogs, and slight tendency to vomiting in some cases, but no actual emesis. Respiration was at first quickened, but subsequently reduced, and the heart's action was diminished, and rendered irregular. Marked want of coordinating power over the muscular movements, and loss of power in the pelvis and hind limbs, together with a diminution of temperature in the rectum of about 4 °F."

Wright's invention did not lead to any further developments, and diacetylmorphine only became popular after it was independently re-synthesized 23 years later by another chemist, Felix Hoffmann. Hoffmann, working at the Aktiengesellschaft Farbenfabriken (today the Bayer pharmaceutical company) in Elberfeld, Germany, was instructed by his supervisor Heinrich Dreser to acetylate morphine with the objective of producing codeine, a constituent of the opium poppy, pharmacologically similar to morphine but less potent and less addictive. Instead the experiment produced an acetylated form of morphine one and a half to two times more potent than morphine itself.

From 1898 through to 1910 diacetylmorphine was marketed under the trademark name Heroin as a non-addictive morphine substitute and cough suppressant. Bayer marketed the drug as a cure for morphine addiction before it was discovered that it rapidly metabolizes into morphine. As such, diacetylmorphine is essentially a quicker acting form of morphine. The company was embarrassed by the new finding, which became a historic blunder for Bayer.

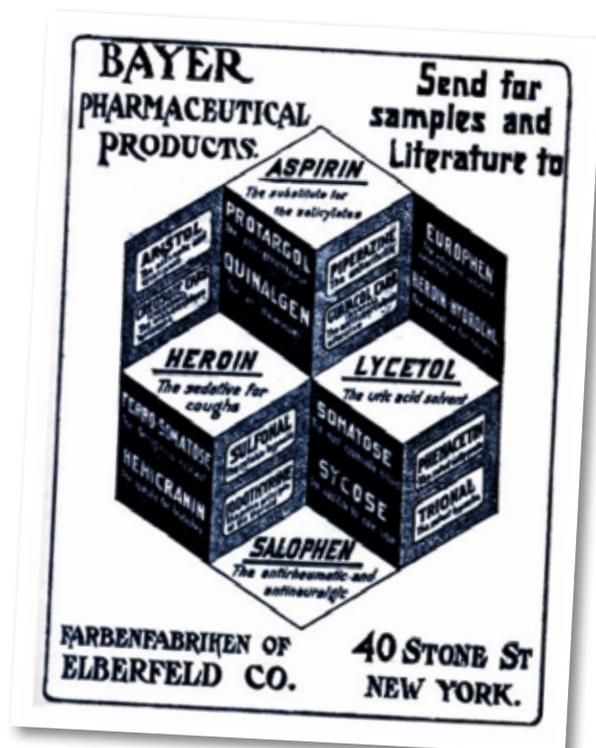
The Health Committee of the League of Nations banned diacetylmorphine in 1925 although it took more than three years for this to be implemented. In 1930 the Committee banned diacetylmorphine analogues with no therapeutic advantage over drugs already in use, the first major legislation of this type.

Later, as with Aspirin, Bayer lost some of its trademark rights to Heroin under the 1919 Treaty of Versailles following the German defeat in World War I.

*Text reproduced from <http://en.wikipedia.org/wiki/Heroin>*



*A bottle of Bayer's 'Heroin'. - Between 1890 & 1910 heroin was sold as a non-addictive substitute for morphine. It was also used to treat children suffering with a strong cough!*



# The 106th Annual General Meeting of NAWP



The 106th Annual General Meeting of NAWP was held on Wednesday 6th April, 2011 at 3.30pm. It was attended by a small number of local members at the Royal Pharmaceutical Society Cymru, Cardiff. Monica Rose gave a talk on her recent visit to China at the end of the meeting.



# Executive Committee

*(year to retire in brackets)*

President			
Virginia Watson (2011)	6 Hollis Gardens, Luckington, Chippenham, Wiltshire, SN14 6NS	01666 840639	virginia.watson@dulcamara.ltd.uk
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Hazel Baker (2011)	9 Bramshill Drive, Pontprennau, Cardiff, CF23 8NX	02920 411841	hazel.baker6@ntlworld.com
Treasurer & Registrar			
Anita White (2013)	50, Deri Road, Penylan, Cardiff, CF23 5AJ	02920 491340	anita@anitawhite.co.uk
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## Also...

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Monica Rose (2013)			Mon.rose@hotmail.co.uk
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Joan Kilby (2013)			joan.kilby@btinternet.com
RPS and GPhC Representatives			
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Hon Vice Presidents			
Christine Glover			
Linda Stone			
Hon. Life Members		Hon. Members	
Peggy Baker		Jennifer Archer	
Vela Burden		Joyce Kearney	
Christine Glover			
Dorothea Parker			
Monica Rose			
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**NAWP**  
*Magazine*  
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