

## Events

**06 June – London**

### London Drug Policy Forum

Organised by LDPF. This one-day conference aims to look at the implications of *Drugs: Protecting Families and Communities* for local partnerships and explore issues faced in creating the systems and services for the future. [www.cityoflondon.gov.uk/NR/rdonlyres/CO5EC1CD-FE2E-42D9-832B-85109A60AFC1/0/SS\\_LDPF\\_JoiningitupFlyer2008.pdf](http://www.cityoflondon.gov.uk/NR/rdonlyres/CO5EC1CD-FE2E-42D9-832B-85109A60AFC1/0/SS_LDPF_JoiningitupFlyer2008.pdf)

**10 June – Glasgow**

### Drugs and Alcohol Today – Scotland

Organised by Pavilion and others. This is the Scottish equivalent of the London *Drugs and Alcohol Today* event and is now in its third year. More information and a booking form from Pavilion. [www.pavpub.com](http://www.pavpub.com)

**11 June – London**

### Treatment and reintegration: Delivering the drug strategy

Organised by NTA. This one-day conference aims to debate on the meaning of the new drug strategy. More information and a booking form from Pavilion – [www.pavpub.com](http://www.pavpub.com)

**30 June-1 July – Birmingham**

### UK national smoking cessation conference

Organised by Exchange Supplies. This 4th annual conference aims to provide a unique forum for professional development and knowledge sharing in the smoking cessation field. More details – 01305 262244, [www.uknsc.org](http://www.uknsc.org)

**3 July – London**

### Dual diagnosis – substance misuse: the challenges for mental health professionals

Organised by Pavilion. This conference addresses substance misuse from a mental health perspective and ask how we turn good practice into reality. More information and a booking form from Pavilion – [www.pavpub.com](http://www.pavpub.com)

**8-10 September – Stockholm**

### The International Conference, World Forum Against Drugs.

Organised by World Forum. This conference aims to exchange ideas and share experiences on how to develop methods and move forward to the visionary goal of a world free from drug abuse. Details at [www.wfad08.org](http://www.wfad08.org)

**27-28 October – London**

### National Conference on Injecting Drug Use

Organised by Exchange Supplies. The NCIDU conference aims to develop the field, share information and learn by bringing together clinicians, researchers and users. More details – 01305 262244, [www.exchangesupplies.org](http://www.exchangesupplies.org)

**13-14 November – London**

### Society for the Study of Addiction's 2008 Symposium

Organised by SSA. This year's event focuses on 'Addiction across the lifespan: tracking the process of recovery'. More details from [graham.hunt@leedspect.nhs.uk](mailto:graham.hunt@leedspect.nhs.uk) or tel: 0113 295 2787.

### STOP PRESS: SAVE THE DATE!

**Thursday 29 January 2009 – Birmingham**

### DDN/Alliance 2nd Service User Involvement Conference

Details coming soon – register your interest by emailing [ian@cjwellings.com](mailto:ian@cjwellings.com) and we'll keep you posted.

## Post-its from Practice

# Changing places

## Changing GPs is not always a simple affair, says Dr Chris Ford



**Jack had been a patient** of ours for just over two years. He had come to register with us when he had moved in with his brother and sister-in-law six months after his wife had died. He was struggling with her death, had stopped his HIV medications and gone back on heroin and crack. His health had deteriorated and his brother being concerned about him asked if he could register with us. We agreed, as the only condition for registration is living in our practice area.

Over the following months Jack's health rapidly improved. He engaged well with our local HIV doctor and restarted his HIV medications. This doctor is a gem and treats all people with the same respect however they got their HIV infection. He started bereavement counselling and although he still feels an acute loss of his life partner, he is dealing with his feelings better. His

physical health is markedly improved and he is settled on 120mg methadone mixture and 30mg diazepam. His urine screens show no other drugs and he doesn't drink.

In the last few months he has been spending more time in his own flat in another part of London and he now felt ready to move back completely. He came to ask me if he could continue to be registered with us. When I explained that that was not possible, Jack became very anxious. He had not previously had good experiences with GPs and was not registered for several years before he came to Lonsdale. I quickly reassured him that I would not leave him without a GP who was able to care for him.

Little did I know how difficult that would be and what a learning curve it would be for me. Many times I have been able to use the 'network' of friendly GPs, but he lived in an area where I wasn't aware of any such GPs. Hence, I used yell.com to search for all the practices in his area.

For a moment, I thought how shall I decide? Unsure, I simply started from the top of the list. Wanting to find someone who would be able to care for Jack, I decided after checking with the receptionist that he was in their area, that I would discuss his health issues personally with the doctor.

My first call ended very quickly, as the doctor said very rudely 'we don't do those here!' I wanted to argue with him – but was it worth it? The second was similar, although the receptionist was much more obstructive and rude before I even got to the doctor.

The third in some ways disturbed me even more. He said he was happy and confident to manage Jack's HIV infection, but he would not manage his drug problem. I (foolishly?) asked why. He implied people who used drugs were bad and it was a criminal offence. I for a change (!) got on my high horse and informed him that it was one of the most useful things I did in general practice. You saw people change, they were always interesting people and the rewards to you and them were great – not to mention it being a sanctioned and ethical responsibility of GPs to meet the health needs of their local community, irrespective of personally held judgements regarding the lifestyles of the people we are employed to serve. He totally disagreed and after a further attempt I gave up and felt very sad that there were those in my profession who were so prejudiced. I know how he made me feel, so I was reminded a little of what it must feel like to attend there as a drug user.

But happily my fourth call reminded me of the opposite. As soon as I spoke to the receptionist I knew I was onto a winning wicket! She was cheery and helpful and completely like what I am used to at Lonsdale. She apologised that she couldn't put me through to the doctor right away because she was out on a visit but took my number and said she would get her to call. The doctor did within the next hour, was delightful and agreed to take over the care of Jack as soon as he had registered.

More than 30 per cent of practices now involved with primary care drug treatment, and all the GPs I know, see this as a vital part of general practice. Because of this, I think I had forgotten how much prejudice there still is in my area of medicine and perhaps Jack's story was a necessary reminder of this. I struggle with reconciling such prejudice with the values and purpose of general practice. So the question that remained for me is: would I want a patient of mine to see the third doctor for anything? The answer for me is 'no'.

**Dr Chris Ford is a GP at Lonsdale Medical Centre and clinical lead for SMMGP**