

Philip Connell 1921-1998

Philip Connell, chair of ISDD from 1975 to 1990, died on 26 July at the age of 77. Dr Connell played a pivotal role in the development of Britain's response to drugs.

In an age when amphetamine was still used to treat depression, he made his reputation in 1958 with a classic monograph on amphetamine psychosis ("the second most widely quoted work in the field of clinical pharmacology"). After a spell concentrating on child psychiatry, he returned to the drug field, setting up the Drug Dependence Clinical Research and Treatment



Unit in 1968 at London's Maudsley Hospital. His experience of heroin prescribing and of backroom negotiations prompted him to become involved in policy issues, and that same year,

he sat on the committee which produced the influential Wootton Report on cannabis.

Twice the drug adviser to the Department of Health, he also sat on the General Medical Council. A skilled conciliator and facilitator, he successfully chaired the ACMD through its mid-eighties heyday, when it produced the *Treatment and Rehabilitation, Prevention and AIDS and Drug Misuse* reports. Furthermore, he also chaired the Working Group which drew up the first clinical guidelines in 1984. In 1987, he was awarded the CBE.

Dead time

The downward trend in solvent deaths is now well and truly over. In 1994, there were 58 deaths, the low point of a fall which had seen the number slump from 151 in 1990. But the following year, 69 people died, and in 1996 – the most recent year for which figures are available – 76 people died.¹

The number of women who died also rose. In 1996, there were 16 female solvent-related deaths, 21 per cent of the total. This proportion is nearly double the average over the previous quarter century (12 per cent).

As for the substances involved, lighter fuel was implicated in over half the deaths (51 per cent), and gas fuels in general were responsible for three in five deaths (a decade earlier, they were implicated in only 31 per cent of cases). Nearly half of those who died (47 per cent) had sprayed the solvent directly into their mouths.

The only scrap of comfort to be drawn from the latest figures is that once again, most of these deaths were among people over 18 years old (51 per cent). This seems to be continuing the 1990s trend associated with the HEA's biennial campaigns, which have sought to raise awareness of solvent misuse among the parents of teenagers. The downside is that deaths among 25-34 year olds are now at a record high – over a quarter of 1996's deaths were in this age range, nearly three times the average over the previous 25 years. As *Druglink* said at the time, "going by recent mortality statistics alone, the people who should be targeted are actually those in their late-twenties"²

1. Taylor J. et al. *Trends in Deaths Associated with Abuse of Volatile Substances 1971-1996*. St George's Hospital Medical School, June 1998.

2. "Bullets, misused substances or just an unfortunate household accident?" *Druglink*: 1996, 11(6), p.5.

research news . . . research news . . . research news

BY THE END OF THE YEAR, the new *Drugs RESOURCE-NET* should be up and running on the internet. This ISDD-led project will map out the drug education and prevention resources which are currently available to practitioners and post up a list on the web. A 'web board' will be made available so that you can exchange your views on, and experiences of, different education/prevention resources – but just as importantly, all the resources on the list will be separately evaluated by an independent panel of experts. The site will be regularly updated to include evaluations of new books, packs, teaching aids, videos – in fact, any resource – so that this 'resource of resources' can soon become the natural first port of call for anyone involved in drug education and prevention.

For more information contact Alex Troyna at ISDD on 0171 928 1211.

THE SCOTTISH DRUGS TRAINING Project has recently taken on the presidency of EWODOR (the European Working Group on Drugs Oriented Research). The EWODOR presidency rotates on a two-yearly basis, and has never before been held by a UK university. This working group was founded in 1986 to provide a forum within which researchers in the substance misuse field could share their experience and expertise, compare procedures and methodologies, and subject their research to peer examination. Membership is open to university-based researchers and professionals in the field with a significant interest in drug or alcohol research or programme evaluation. Associate membership is also available for non-research practitioners. For more information on EWODOR, visit its homepage at: <http://www.stir.ac.uk/sdtp/ewodor/default.htm>

IT'S BRITISH RESEARCH, but you won't find it published here: the *Medical Journal of Australia* has just reported on a study on the feasibility of prescribing injectable opiates to long-term injectors.¹ The research results could impact on the current prescribing debate in the UK. 58 injecting drug users with a history of failing oral methadone treatment were given the choice of treatment with either injectable heroin or injectable methadone. Nearly two in three (64 per cent) chose heroin. After 12 months, 33 were still in the programme (57 per cent). Among these, there were significant reductions in self-reported criminal behaviour, HIV risk, sexual risk and illicit injecting behaviour, and improvements in social functioning, psychological adjustment and health status. This suggests that the prescription of injectable opiates can attract and retain resistant opiate injectors in treatment and that it is associated with significant reductions in illicit drug use and improvements in social and health status.

1. Metrebian N. et al. "Feasibility of prescribing injectable heroin and methadone to opiate-dependent drug users: associated health gains and harm reductions." *Medical Journal of Australia*: 1998, 168(12), p.596-600.