

Medication Assisted Treatment (MAT) Standards Learning System

Webinar 9
Supporting Recovery: Adapting to New Pressures

3 September 2024
11:00am - 12.30pm

Agenda

Time	Agenda Item	Speaker(s)
11:00-11:05	Welcome	Ruth Robin Portfolio Lead, Healthcare Improvement Scotland
11:05-11:20	Post-Mortem Toxicology: Challenges in Detecting New Substances	Hazel Torrance Head of Forensic Toxicology Services, Scottish Police Authority
11:20-11:35	MAT and Recovery	Dr David McCartney Chair SG Residential Rehab Working Development Group Addiction Expert Advisor to HIS
11:35-11:45	Q&A	
11:45-11:55	Refreshment break	
11:55-12:10	Authentic Voices: Supporting People Through the Recovery Process	James Docherty Advisory Officer, Community Justice Scotland Development Officer, Violence Reduction Unit,
12:10-12:20	Chair's reflections	
12:20-12:30	Q&A and closing remarks	Ruth Robin , Portfolio Lead, Healthcare Improvement Scotland

Welcome

Ruth Robin

Portfolio Lead

Healthcare Improvement Scotland



Post-Mortem Toxicology: Challenges in Detecting New Substances

Hazel Torrance

Head of Forensic Toxicology Service

Scottish Police Authority



**FORENSIC
SERVICES**
SEIRBHISEAN
FOIREANSACH

Forensic Services at the Moorepark Laboratory (Govan)

Post-Mortem Toxicology

- ~3900 Cases a year
- Covering 90% of Scotland
 - 10% Homicides/Fatal Road Traffic/Deaths in Custody
 - 45% Drug Related Deaths
 - 45% Natural/Suicide



Challenges in Forensic Toxicology

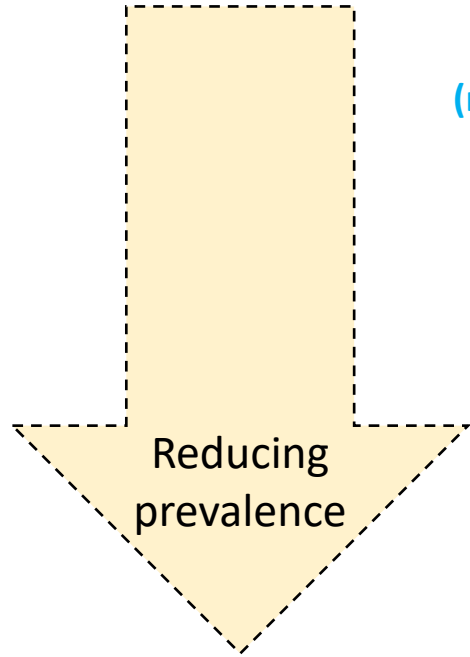
1. Biological Specimens
2. Range of Analytes and Chemical Nature
(Emergence of new drugs)
3. Availability of Reference Material
4. Development and Validation of new Test
Methods – Regulation/Accreditation



We need to understand the challenges, to overcome and provide robust data for policy makers to base their decisions on.

What we see in Post Mortem Toxicology

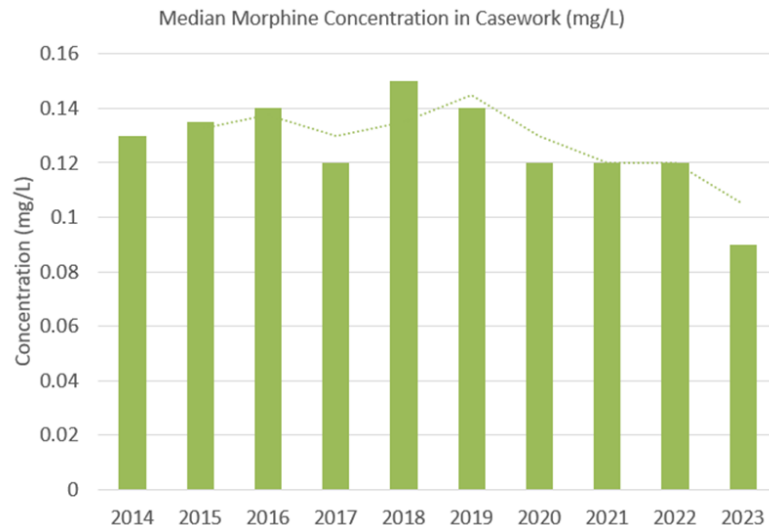
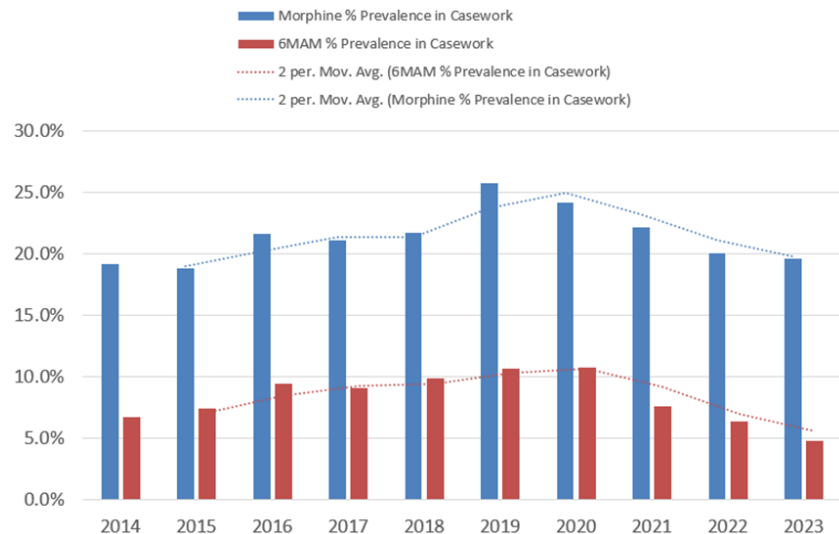
What drugs do we currently see in deaths?



Alcohol
Morphine
(mixture of prescribed, heroin and metabolite of codeine)
Methadone
Diazepam
Pregabalin
Cocaine
Bromazolam
Gabapentin
Etizolam
Codeine
(mixture of prescribed and heroin)
Mirtazapine
Paracetamol

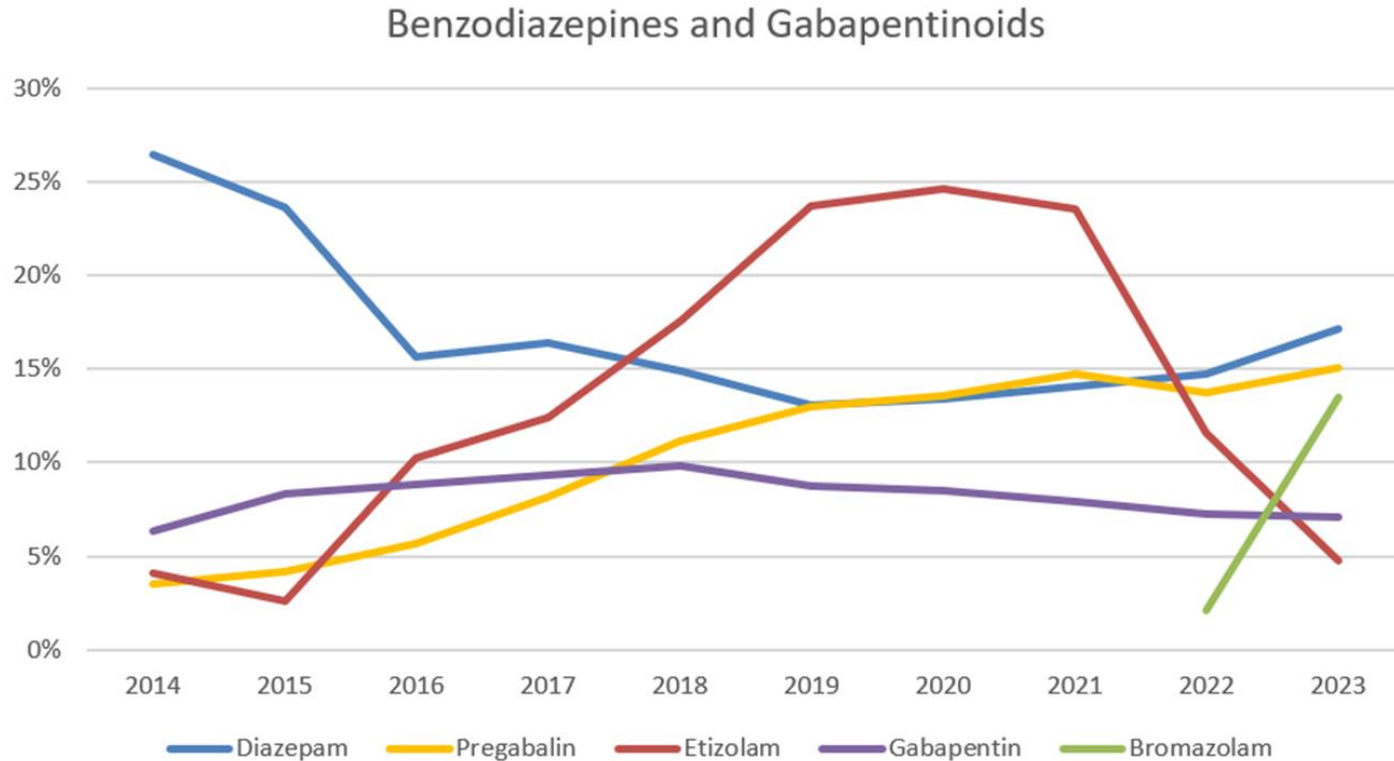
**Mostly
Respiratory
Depressants**

Service Data 2014-2023: 6MAM/Morphine

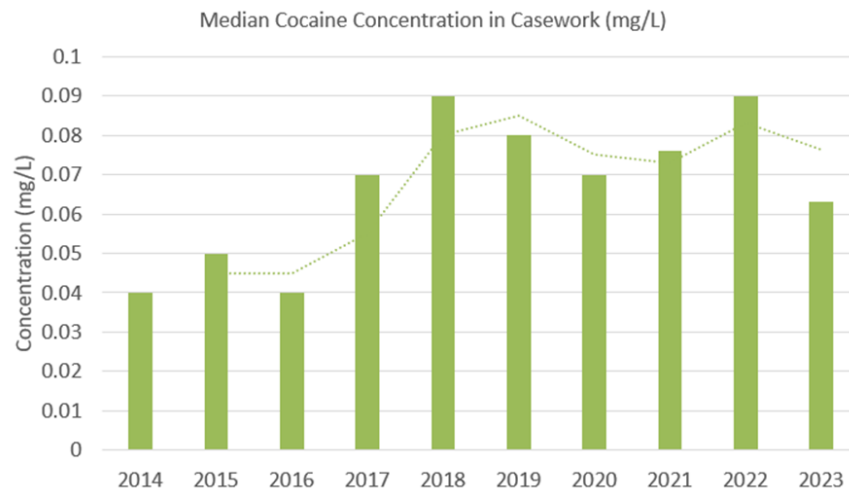
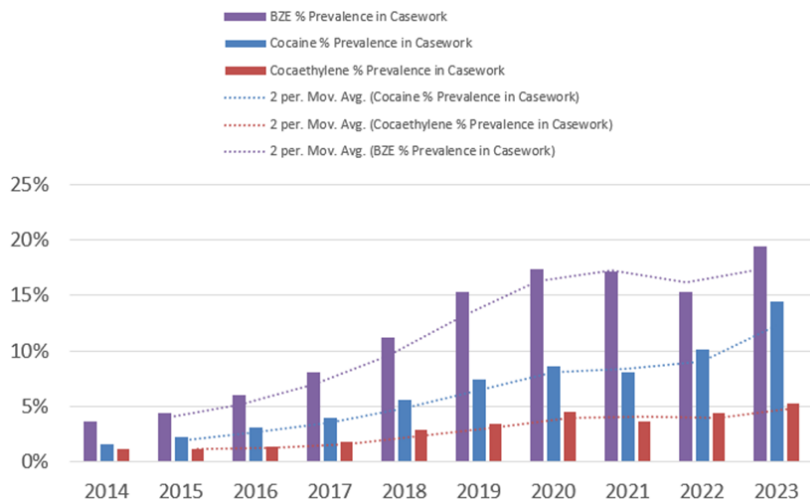


Evidence of increasing prevalence of **delayed deaths** due to **poly drug use**?

Service Data 2014-2023: “Valium”



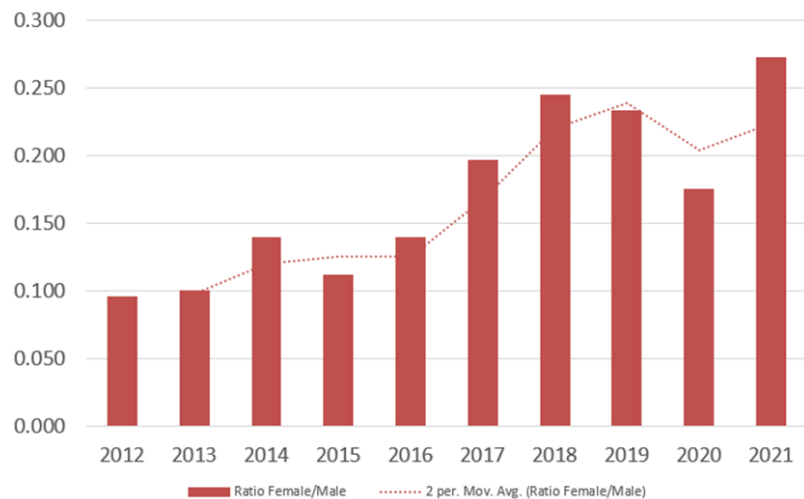
Service Data 2014-2023: Cocaine



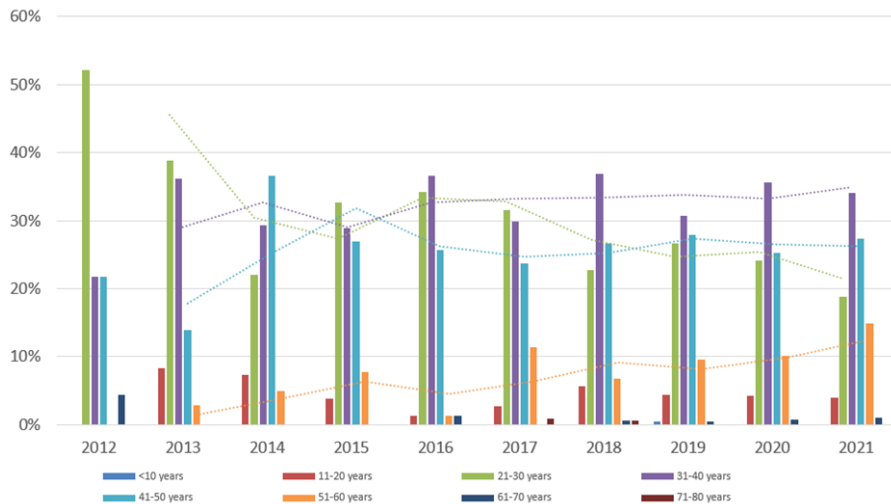
Evidence of increasing Cocaine purity/route of ingestion

Service Data 2012-2021: Cocaine

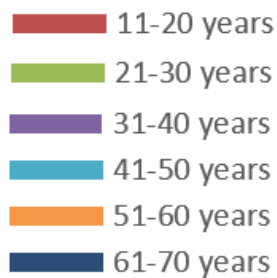
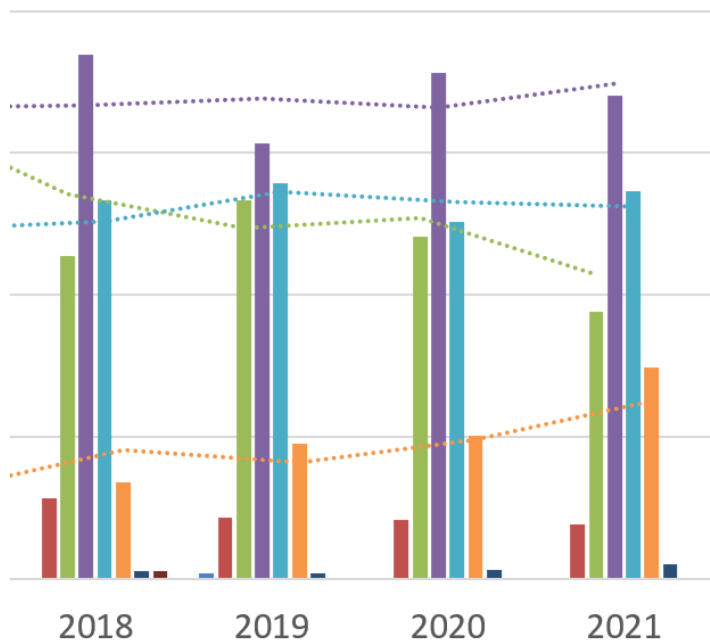
Ratio Female/Male



Age Distribution of Cocaine Positive Fatalities



Service Data 2012-2021: Cocaine

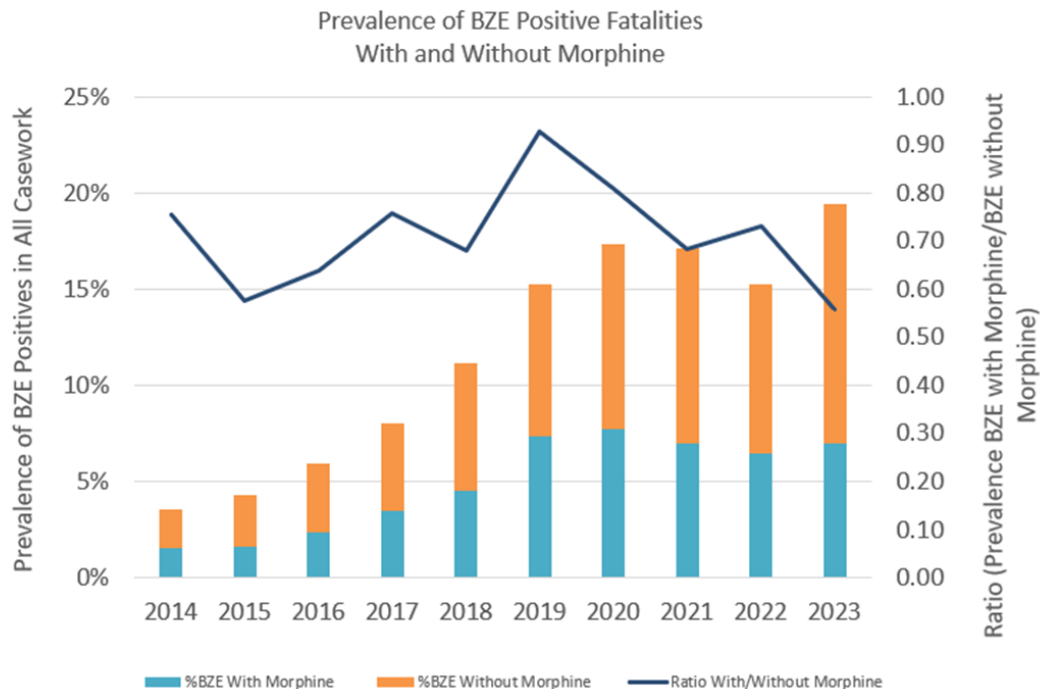


Looks like.....

- Decreasing younger age groups
- Increasing older age groups

Data for 2022 and 2023 is incomplete, but we will be able to look at 2024 and future years

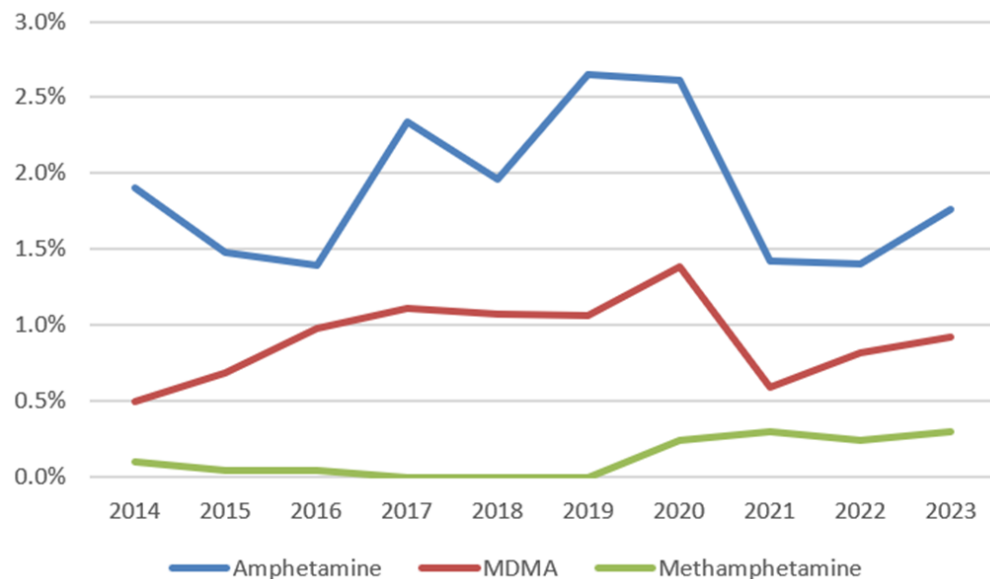
Service Data 2014-2023: BZE + Morphine



Is there a decreasing trend of Cocaine use with Morphine/Heroin?

This feels counter-intuitive so maybe not a good indicator or something we need to keep an eye on.

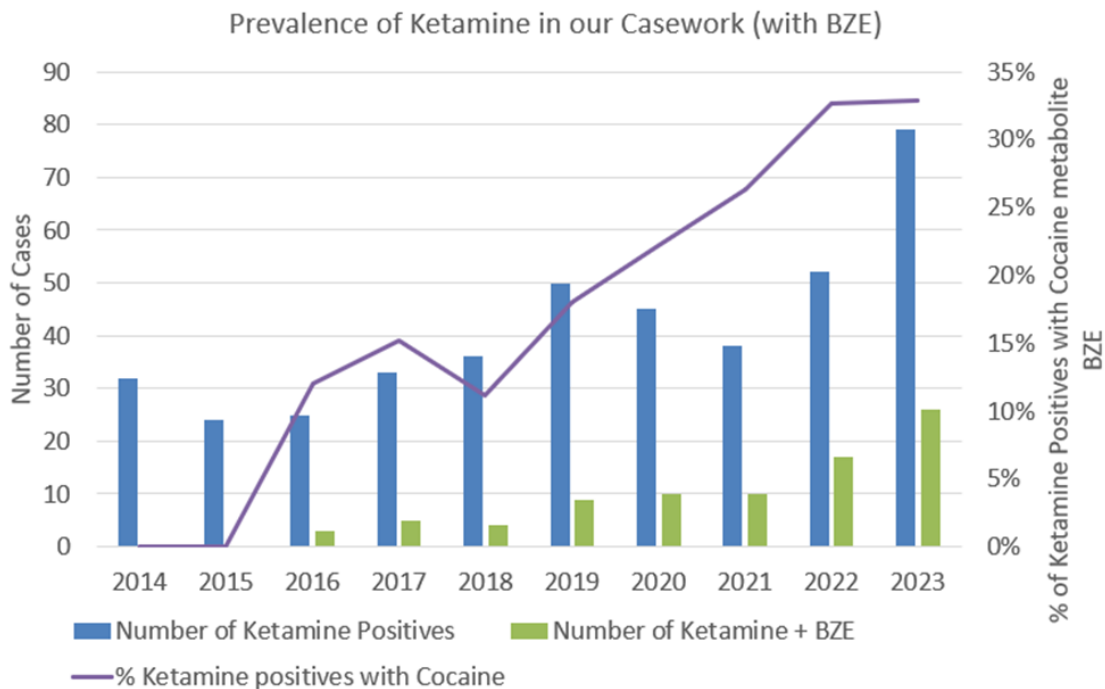
Service Data 2014-2023: Amphetamines



Trend of **increasing**
Methamphetamine use?

Possibly too early to tell

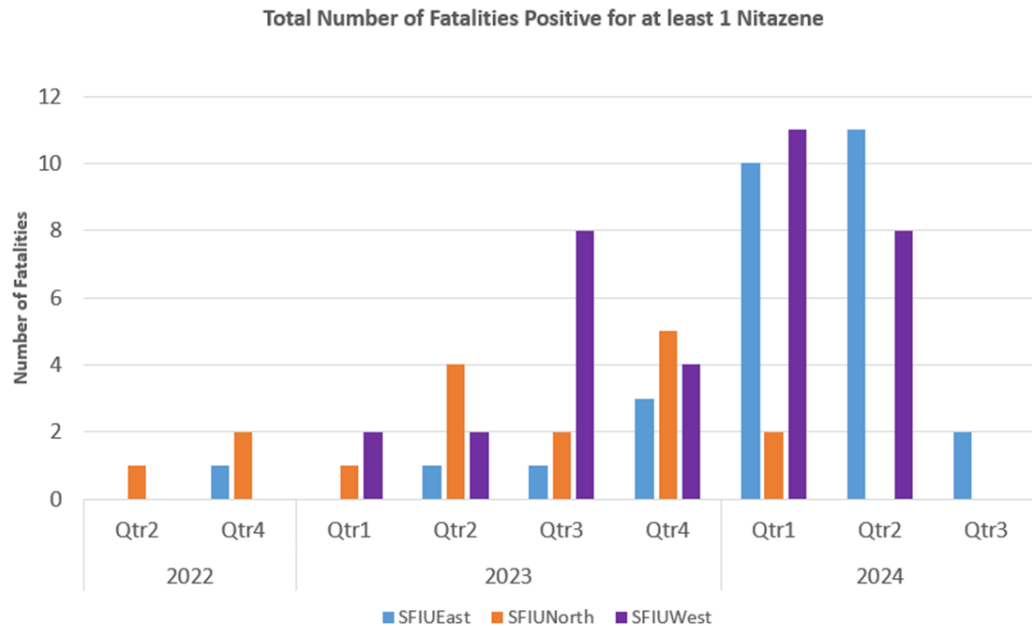
Service Data 2014-2023: Ketamine



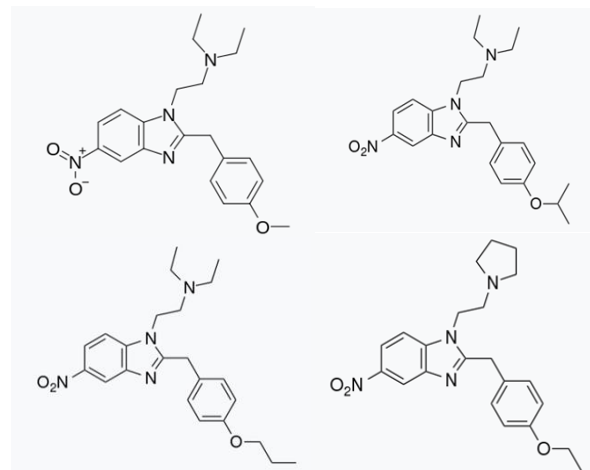
Trend of **increasing Ketamine use?**

- Ketamine frequently present from use in Hospital
- Small numbers so difficult to tell the significance

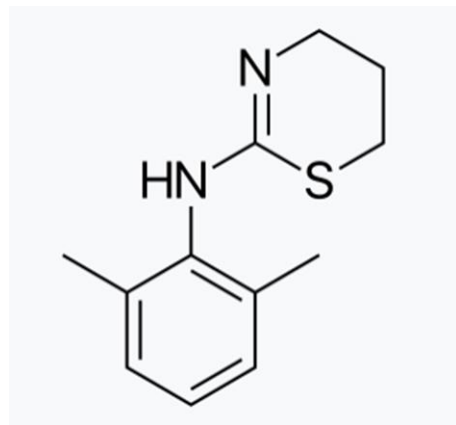
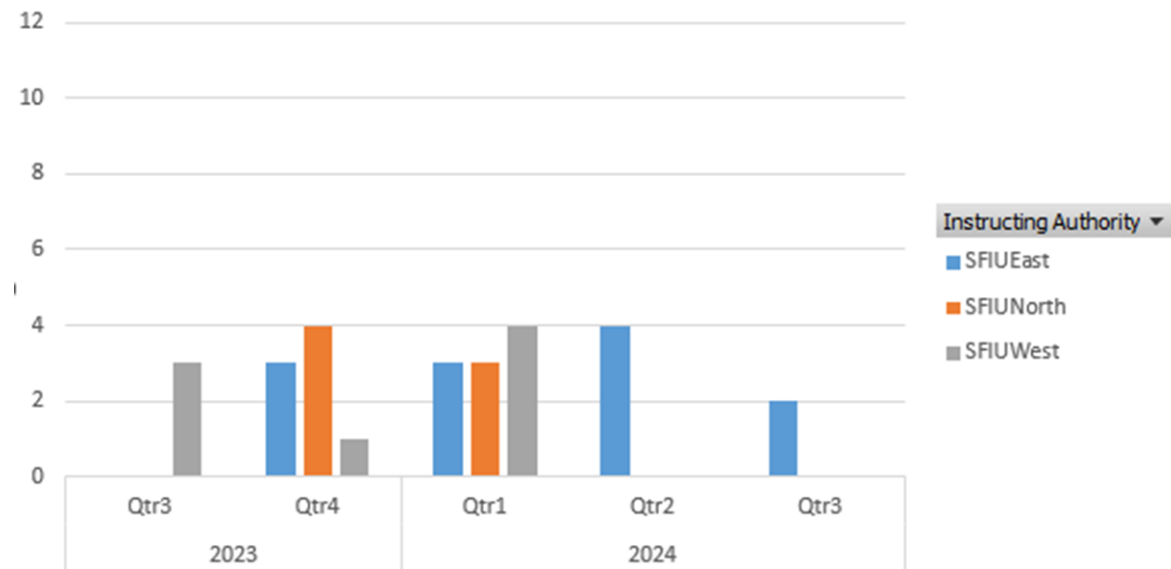
Scotland Wide Data: Nitazenes



Metonitazene
Protonitazene
Isotanitazene
Etonitazepyne



Scotland Wide Data: Xylazine



Conclusions – Trends in Drugs and Use

- Potential indicators of increased prevalence of **delayed mode of deaths**, possibly due to increased poly-drug use:
 - Reduction of 6MAM prevalence.
 - Reduction of Median Concentration of Morphine.
- Nitazenes and Xylazine are very low prevalence.
- **Increasing Cocaine prevalence**
 - Increased prevalence in **Females** and **Older Age Groups**
 - Potentially increased concentrations found due to route of ingestion and purity
- Initial signs of **increasing Methamphetamine and Ketamine** use?

Thank You

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MAT and Recovery

Dr David McCartney

Chair SG Residential Rehab Working Development Group
Addiction Expert Advisor to HIS

Changing Patterns (RR)

2006

- Alcohol
- Opioids
- Benzos
- Cocaine

(generally single drug)

2024

- Alcohol
- Cocaine
- Opioids
- Benzos
- Ketamine

(generally poly-drug)

MAT Standards Challenges

- Generally seen to apply to opioids
- Changing landscape
- Public health vs. individual choice
- Medication expected to do heavy lifting



Study of workers in the field who had recovered from heroin addiction (n=108)

- Why did they stop? Tired of lifestyle plus a trigger event – physical, psychological or family based
- Why did they stay stopped? -- Other people
 - Moving away from using networks
 - Finding supportive non-using recovery networks



Best et al (2008)

MAT and Rehab at odds

- MAT standards publication (May 2021) mentions residential treatment once, saying such service users on leaving are at **‘high risk of severe drug-related harm, including death.’**
- Two major pieces of policy development have happened largely in isolation from each other



Mutual aid & recovery communities

“Insights from HIS’ Improvement Support for MAT Standards Implementation are showing that recovery networks and recovery capital are greatly overlooked with the size and scale of grassroots services increasing without support from ADPs or providers.”

Emergent Issues (HIS)

- While meds are effective at reducing harms, there is less evidence on quality of life. Can be tension public health/vs individual choice
- Pathways to abstinence recovery exist, but there are barriers to them including negative perceptions held by some professionals and academics.
- Peer connections have significant impact



Mutual aid (Cochrane Review AA 2020)

- AA was nearly always found to be more effective than psychotherapy in achieving abstinence.
- Members have 20% to 60% better abstinence than people in other treatments
- Reduced mental health costs by \$10,000 (£8,300) per person

Evidence: Peer Impact

- Massachusetts study – addition of one sober person to a person with AUD's social network associated with reduction in relapse rates by 27% in following year
- Norwegian study** – patients exposed to a greater share of local peers saw reduced risk of death by 36% - 5% for each person added.

* Litt et al, 2009

** Rose et al, 2024

Mutual Aid: Our most underused resource?

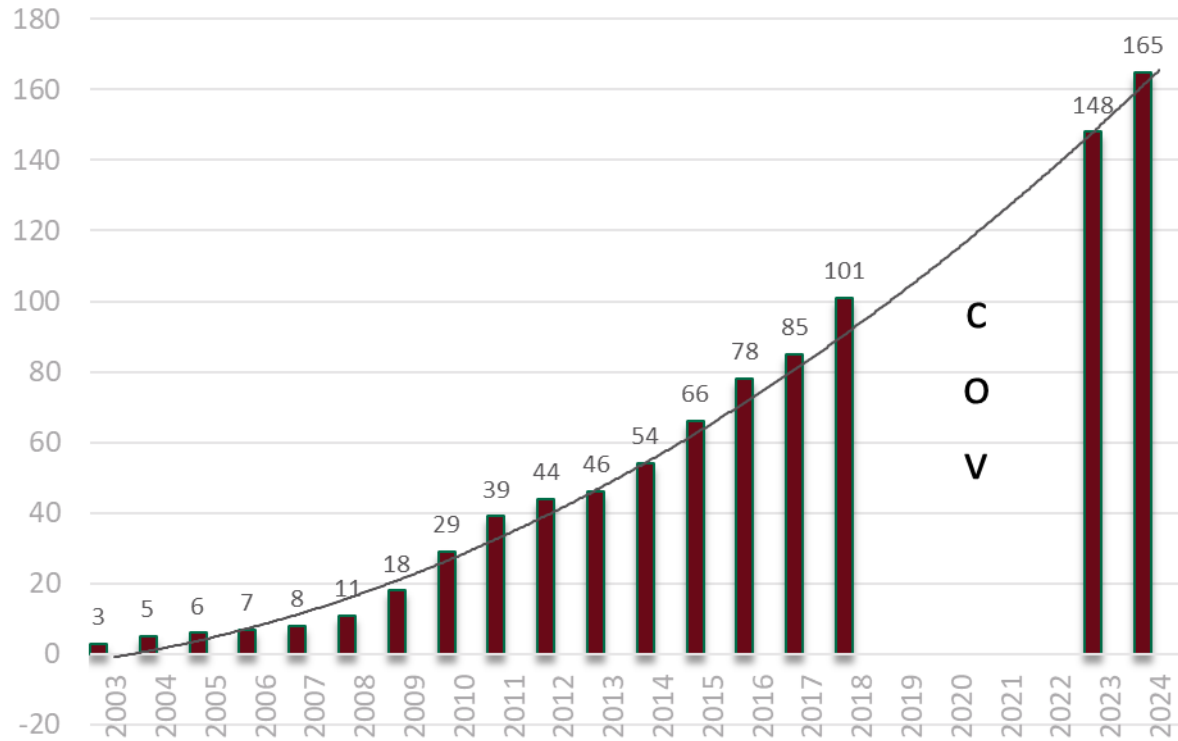
In addition,
mutual aid is the
closest thing we
have to a free lunch



But...

- In 2010, a needs assessment for Edinburgh ADP found that less than 1% of 250 service users in treatment/receiving support had ever been to a mutual aid meeting.
- Existing mutual aid communities have received almost no interest from academics in Scotland, despite there being about 1000 meetings per week of such groups.

CA Meetings 2003-2024



Way forward?

- MAT standards become more inclusive – build a bridge to rehab and respond to poly-drug use. Be nimble with changing trends.
- Exploit the power of peer support and mutual aid – likely to prevent drug and alcohol deaths
- Measure & report connection to mutual aid and recovery communities by service and ADP area and compare with national norms.

Way forward?

- Accept that some people want abstinence and mitigate risks
- Have fluid boundaries around treatment types – recovery is not linear.

Bottom Line

- Recovery communities are rich in resources
- Peers who have resolved their problems in the longer term can embody hope in a way that professionals can't.
- Let's pay more attention to mutual aid and recovery community resources



Questions

Any questions?

Refreshment break



Authentic Voices: Supporting People Through the Recovery Process

James Docherty

Advisory Officer

Community Justice Scotland



Questions

Any questions?



thank you

- Event summary will be available from ihub.scot/matupdates
- Details of future planned activities and outputs to follow



Share your thoughts!