Reducing illegal drug deaths- examples of use of innovative technology and systems thinking

Profs Dr Alexander Baldacchino
ISAM Immediate Past President, EUDA Scientific Advisor
and Chair WPA Addiction Psychiatry Section
Professor of Medicine, Psychiatry and Addiction
St Andrews University, UK

10-12th June 2025
Albatros International Congress, Paris

WORLD PSYCHIATRIC ASSOCIATION
ADDICTION PSYCHIATRY SECTION

EUDA
EUROPEAN UNION DRUGS AGENCY

ISAM
INTERNATIONAL SOCIETY OF ADDICTION MEDICINE

University of St Andrews

‘I have no actual or potential conflicts of interest to disclose.’

World Health Organization

Specialized health agency of the UN system: WHO's mission is to promote health, keep the world safe, and serve the vulnerable. Access to affordable and adequate health care is a human right and universal healthcare is a key principle guiding WHO's work.

Six Regional offices + HQ

150+ country offices

World Health Organization

WHO Innovation Hub

World Health Organization

The vision of the WHO Innovation Hub is a world where innovation drives health equity, accessibility, and positive health outcomes

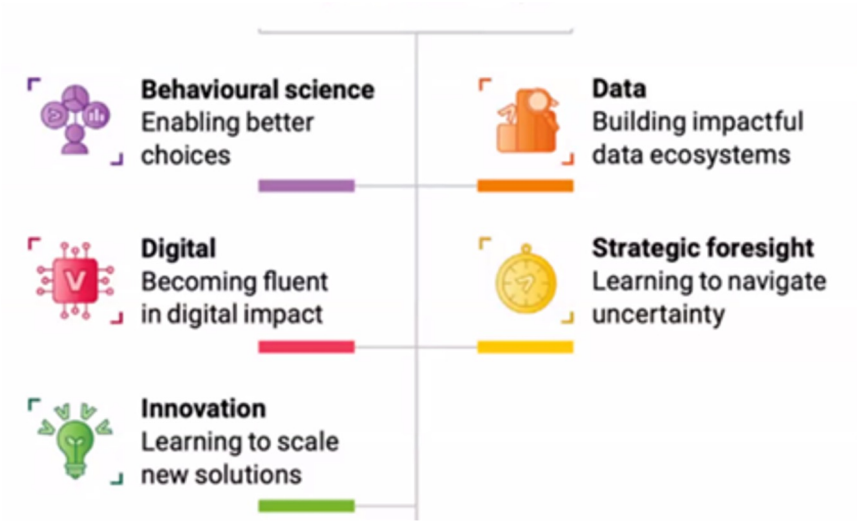
Considerations around innovation and the common good

- Redesigning the health innovation ecosystem for the common good requires a major shift from a model where innovation is seen as being driven by market forces, to a model that is collectively governed in the public interest.
- While public and academic research typically focus on high-risk areas of research, industry will only invest in the commercialization of the most financially interesting projects.
- Diseases relevant to high-income countries are seven to eight times more likely to be investigated than those that mainly affect low- and middle-income countries

World Health Organization

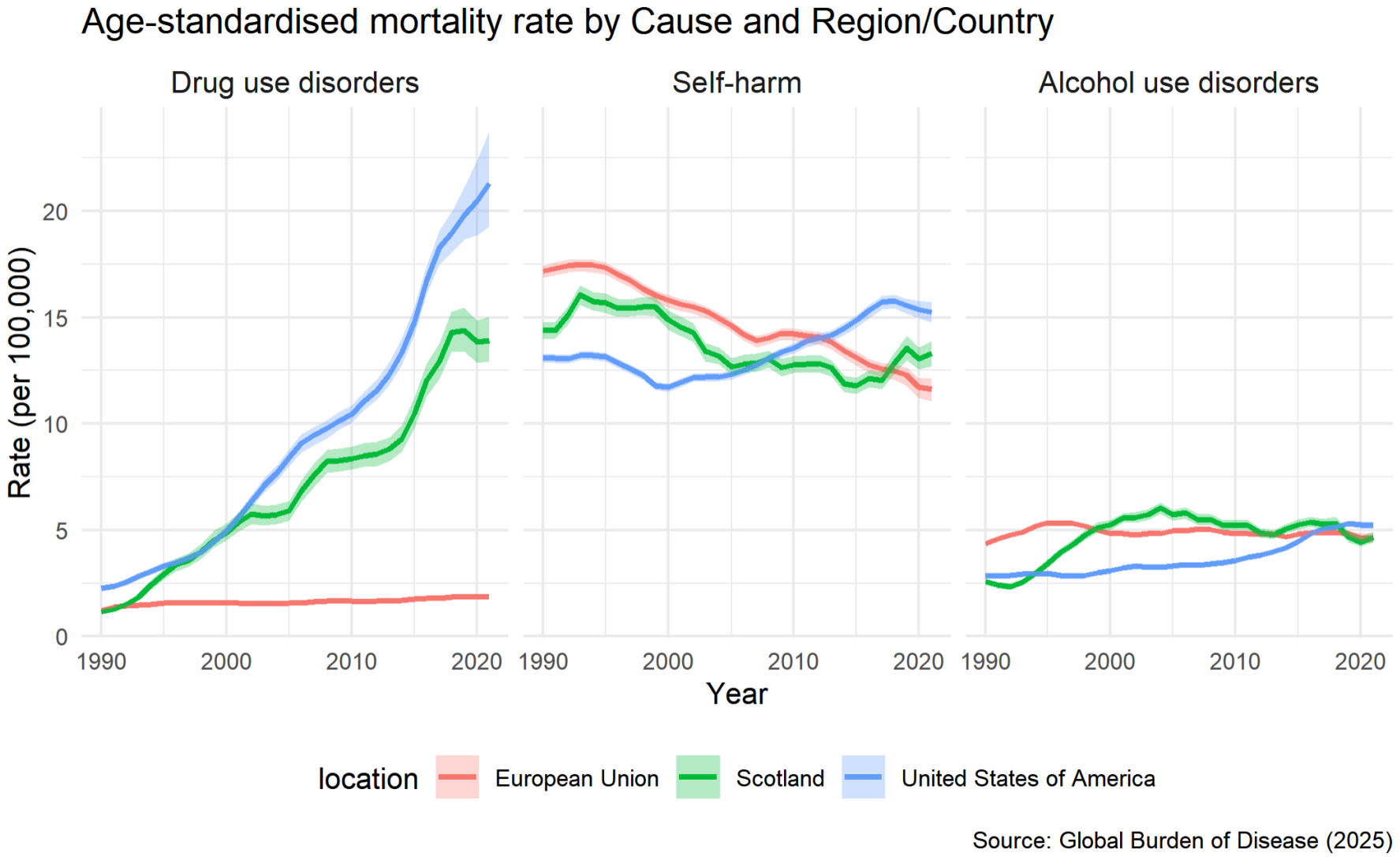
UN 2.0 vision towards 2030

To harness cutting-edge skills to deliver better results in line with UN mandates



"UN 2.0 is about strengthening our expertise and culture – to build a UN system that can better support Member States in the 21st century."

Problem

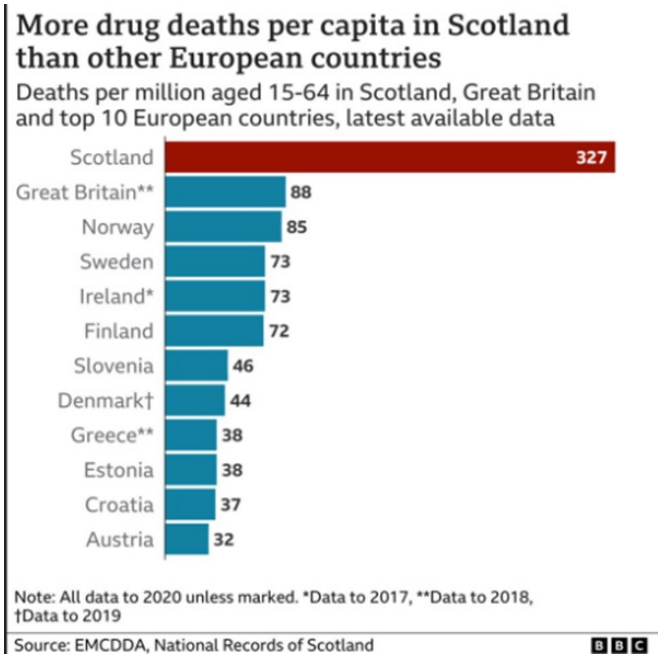

Age-standardised mortality rate by Cause and Region/Country
Drug use disorders
Self-harm
Alcohol use disorders
Rate (per 100,000)
0
5
10
15
20
1990
2000
2010
2020
Year
location
European Union
Scotland
United States of America
Source: Global Burden of Disease (2025)

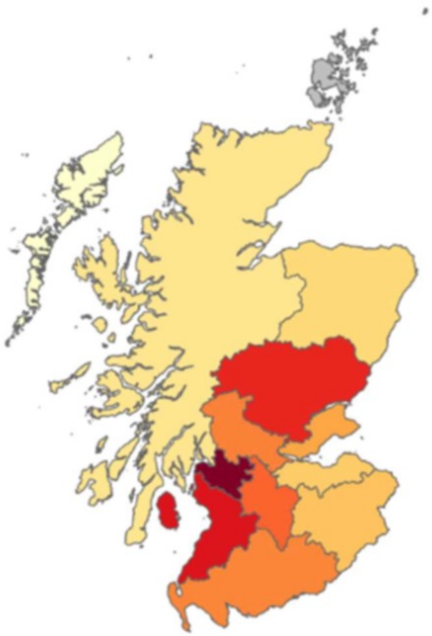
Drug deaths in Scotland

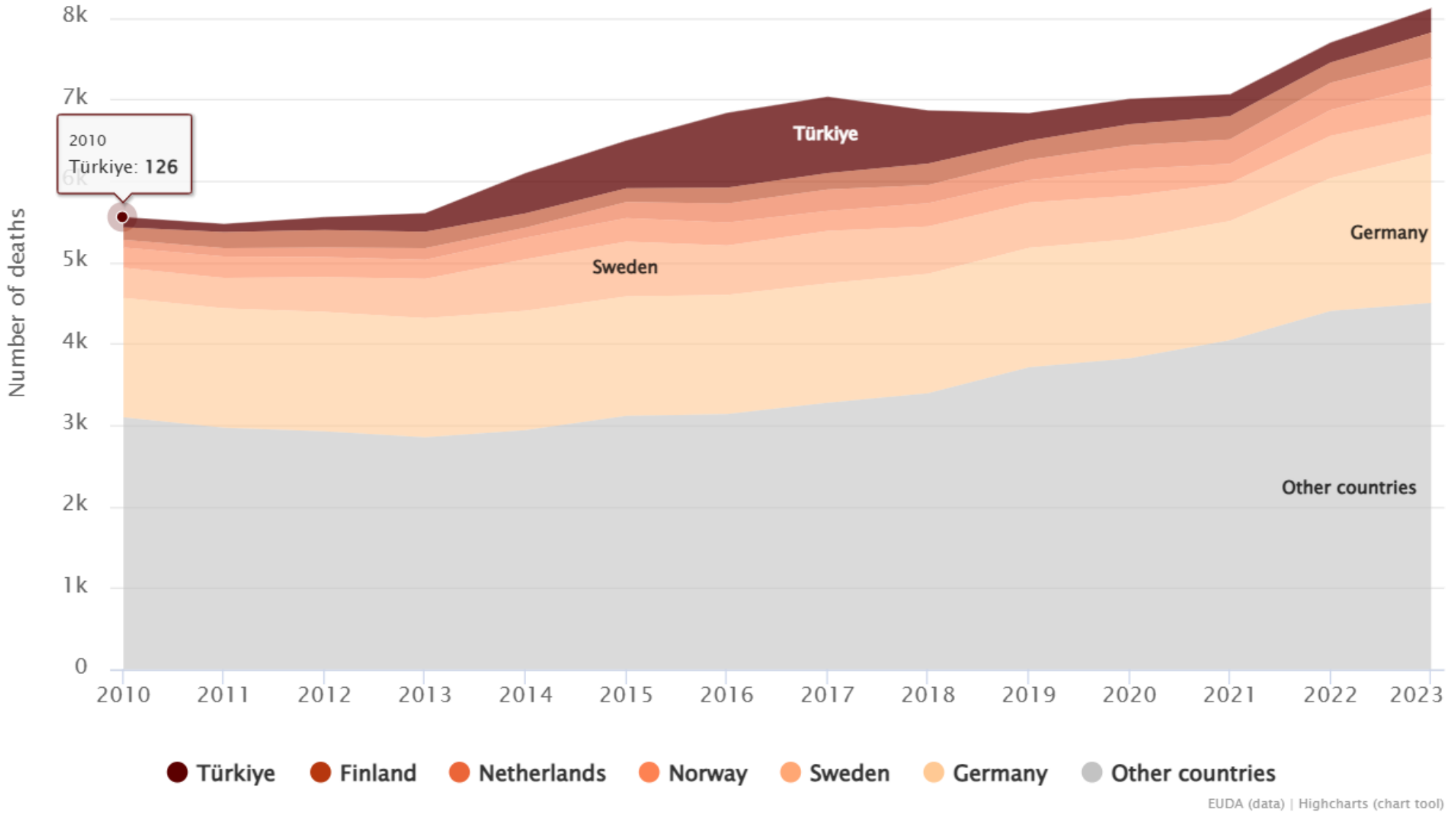
More than one drug found to be present in the body in **93%** of drug misuse deaths in 2021 (2020: 93%)

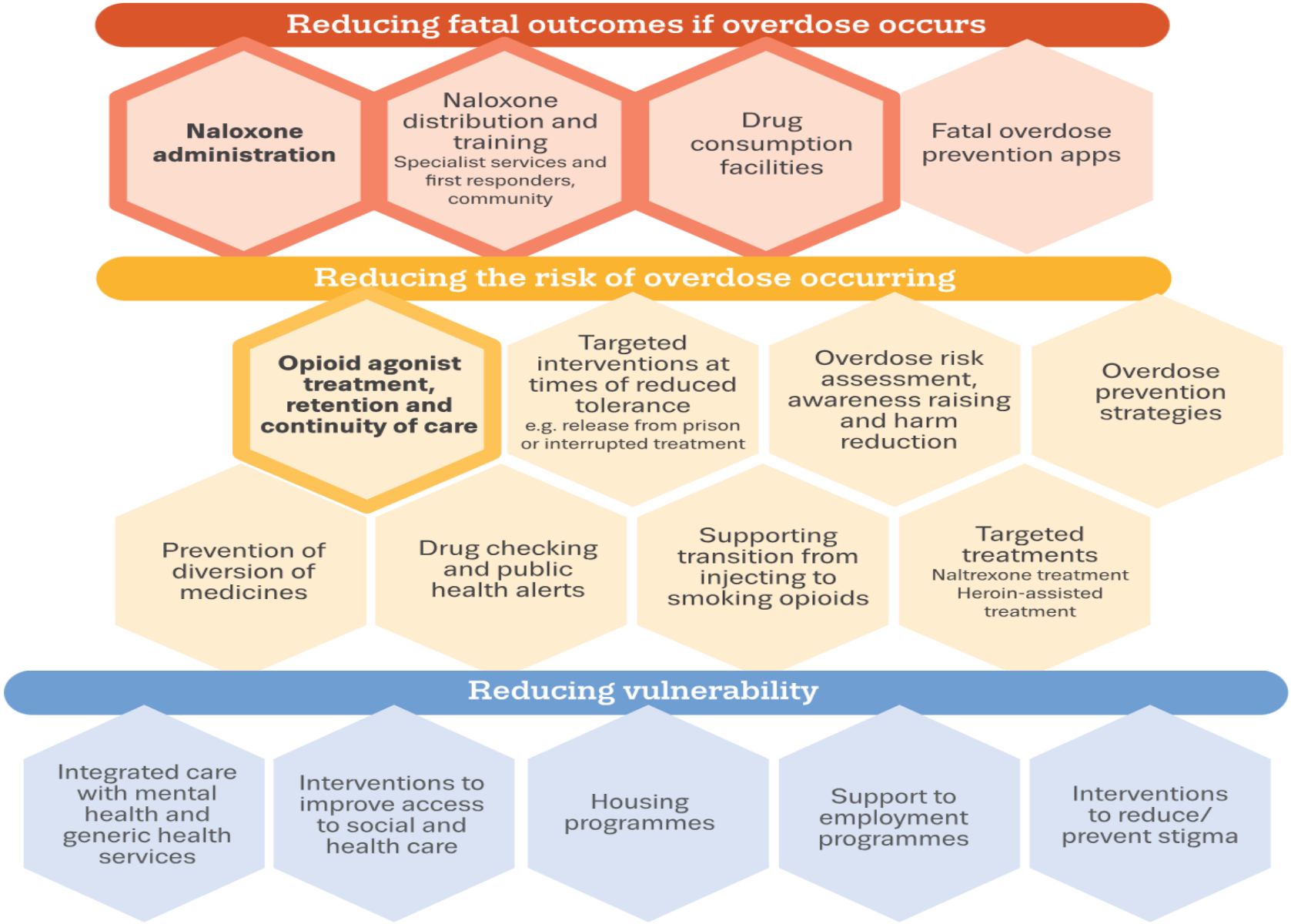
Opiates/opioids present in **84%** (1,119) of drug misuse deaths (2020: 89%, 1,192 deaths)

Benzodiazepines present in **69%** (918) of drug misuse deaths (2020: 73%, 974 deaths)






8k
7k
6k
5k
4k
3k
2k
1k
0
Number of deaths
2010
Türkiye: 126
Türkiye
Sweden
Germany
Other countries
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Türkiye
Finland
Netherlands
Norway
Sweden
Germany
Other countries
EUDA (data) | Highcharts (chart tool)


Reducing fatal outcomes if overdose occurs
Naloxone administration
Naloxone distribution and training
Specialist services and first responders, community
Drug consumption facilities
Fatal overdose prevention apps
Reducing the risk of overdose occurring
Opioid agonist treatment, retention and continuity of care
Targeted interventions at times of reduced tolerance
e.g. release from prison or interrupted treatment
Overdose risk assessment, awareness raising and harm reduction
Overdose prevention strategies
Prevention of diversion of medicines
Drug checking and public health alerts
Supporting transition from injecting to smoking opioids
Targeted treatments
Naltrexone treatment
Heroin-assisted treatment
Reducing vulnerability
Integrated care with mental health and generic health services
Interventions to improve access to social and health care
Housing programmes
Support to employment programmes
Interventions to reduce/ prevent stigma

Potential fields of innovation in treatment of addiction

- Digital Health and Telemedicine (apps for recovery and wearable technology)
- Pharmacological and Pharmaceutical (Long-acting)
- Biotechnology and Neuroscience (Neurostimulation)
- Behavioural and Psychosocial (CBT integrated with AI)
- Virtual Reality and Augmented Reality
- Blockchain for patient data
- Behavioural economics and cryptocurrency-based rewards
- Digitalised integrated care models
- Delivery systems (drones)

Objectives

1. Innovative services
2. Innovative data collection
3. Innovative technology

Innovation gaps: what the community sees and why lived experience matters.

- Lack of access to evidence-based treatments
- Regulatory hurdles, stigma, and political resistance
- Innovations not reaching the most vulnerable
- Digital tech not designed with/for people who use drugs

Innovation is more than molecules—it is systems, access, and equity

Innovation without equity is failure

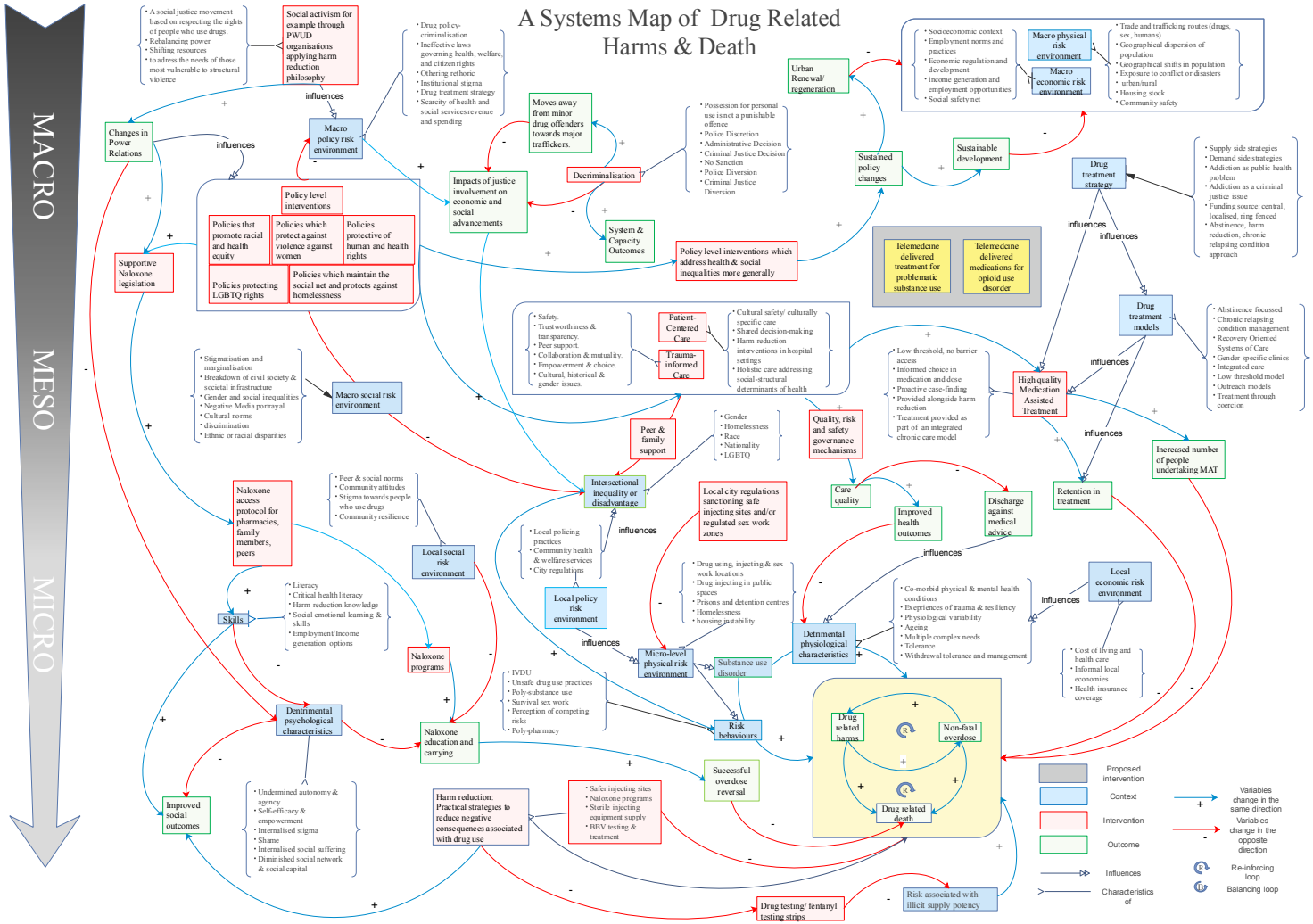
Priority Setting Partnership in Addiction – The Top 10 questions

1. What are the best approaches to reducing drug related deaths?
2. What are the best ways to treat **trauma** alongside treatment for addiction to drugs and/or alcohol?
3. How can **stigma and discrimination** against people with addiction to drugs and/or alcohol be addressed within health services to improve care?
4. What are the best approaches to **harm reduction** for people with addiction to drugs and/or alcohol (e.g. providing safe community spaces to inject)?
5. What are the best ways to **treat** people with addiction to drugs and/or alcohol and **a mental health** problem?
6. What are the best ways to **support children** affected by people with addiction to drugs and/or alcohol?
7. How can treatment for addiction to drugs and/or alcohol be **tailored to the needs of each individual**, for example reflecting their **cultural background?**
8. How can addiction services and mental health services work better together to improve outcomes for people who have a mental health condition and addiction to drugs and/or alcohol?
9. What are the best psychological therapies for people with addiction to drugs and/or alcohol?
10. What are the best ways to prevent a relapse during recovery for addiction to drugs and/or alcohol?

1. Systems and implementation science: innovative services

Why Addiction Medicine Is Uniquely Challenging

Stigma	• Limits investment and adoption
Fragmented care systems	• Lack of standardization in management and practices
Reimbursement complexity	• Approval ≠ access; constantly evolving policies
Social Determinants of Health	• Complexity makes it hard to solve SUD
Asymmetrical Innovation	• Rapid Innovation on the wrong side: more powerful substances


A Systems Map of Drug Related Harms & Death
MACRO
MESO
MICRO
Social activism for example through PWUD organisations applying harm reduction philosophy
• A social justice movement based on respecting the rights of people who use drugs.
• Rebalancing power
• Shifting resources
• to adress the needs of those most vulnerable to structural violence
influences
Changes in Power Relations
influences
Macro policy risk environment
• Drug policy- criminalisation
• Ineffective laws governing health, welfare, and citizen rights
• Othering rethoric
• Institutional stigma
• Drug treatment strategy
• Scarcity of health and social services revenue and spending
Moves away from minor drug offenders towards major traffickers.
Impacts of justice involvement on economic and social advancements
Decriminalisation
• Possession for personal use is not a punishable offence
• Police Discretion
• Administrative Decision
• Criminal Justice Decision
• No Sanction
• Police Diversion
• Criminal Justice Diversion
System & Capacity Outcomes
Policy level interventions
Policies that promote racial and health equity
Policies which protect against violence against women
Policies protective of human and health rights
Policies protecting LGBTQ rights
Policies which maintain the social net and protects against homelessness
Supportive Naloxone legislation
Policy level interventions which address health & social inequalities more generally
Urban Renewal/ regeneration
• Socioeconomic context
• Employment norms and practices
• Economic regulation and development
• income generation and employment opportunities
• Social safety net
Macro physical risk environment
Macro economic risk environment
• Trade and trafficking routes (drugs, sex, humans)
• Geographical dispersion of population
• Geographical shifts in population
• Exposure to conflict or disasters
• urban/rural
• Housing stock
• Community safety
Sustained policy changes
Sustainable development
Drug treatment strategy
• Supply side strategies
• Demand side strategies
• Addiction as public health problem
• Addiction as a criminal justice issue
• Funding source: central, localised, ring fenced
• Abstinence, harm reduction, chronic relapsing condition approach
influences
influences
Telemedicine delivered treatment for problematic substance use
Telemedicine delivered medications for opioid use disorder
Drug treatment models
• Abstinence focussed
• Chronic relapsing condition management
• Recovery Oriented Systems of Care
• Gender specific clinics
• Integrated care
• Low threshold model
• Outreach models
• Treatment through coercion
influences
• Safety.
• Trustworthiness & transparency.
• Peer support.
• Collaboration & mutuality.
• Empowerment & choice.
• Cultural, historical & gender issues.
Patient-Centered Care
Trauma-informed Care
• Cultural safety/ culturally specific care
• Shared decision-making
• Harm reduction interventions in hospital settings
• Holistic care addressing social-structural determinants of health
• Low threshold, no barrier access
• Informed choice in medication and dose
• Proactive case-finding
• Provided alongside harm reduction
• Treatment provided as part of an integrated chronic care model
High quality Medication Assisted Treatment
Increased number of people undertaking MAT
Retention in treatment
• Stigmatisation and marginalisation
• Breakdown of civil society & societal infrastructure
• Gender and social inequalities
• Negative Media portrayal
• Cultural norms
• discrimination
• Ethnic or racial disparities
Macro social risk environment
Peer & family support
• Gender
• Homelessness
• Race
• Nationality
• LGBTQ
Quality, risk and safety governance mechanisms
Intersectional inequality or disadvantage
Local city regulations sanctioning safe injecting sites and/or regulated sex work zones
Care quality
Improved health outcomes
Discharge against medical advice
Naloxone access protocol for pharmacies, family members, peers
• Peer & social norms
• Community attitudes
• Stigma towards people who use drugs
• Community resilience
Local social risk environment
• Local policing practices
• Community health & welfare services
• City regulations
influences
Local policy risk environment
• Drug using, injecting & sex work locations
• Drug injecting in public spaces
• Prisons and detention centres
• Homelessness
• housing instability
Micro-level physical risk environment
Substance use disorder
Detrimental physiological characteristics
• Co-morbid physical & mental health conditions
• Experiences of trauma & resiliency
• Physiological variability
• Ageing
• Multiple complex needs
• Tolerance
• Withdrawal tolerance and management
influences
Local economic risk environment
• Cost of living and health care
• Informal local economies
• Health insurance coverage
Skills
• Literacy
• Critical health literacy
• Harm reduction knowledge
• Social emotional learning & skills
• Employment/ Income generation options
Naloxone programs
Detrimental psychological characteristics
Naloxone education and carrying
• IVDU
• Unsafe drug use practices
• Poly-substance use
• Survival sex work
• Perception of competing risks
• Poly-pharmacy
Risk behaviours
Drug related harms
Non-fatal overdose
Drug related death
Successful overdose reversal
Improved social outcomes
• Undermined autonomy & agency
• Self-efficacy & empowerment
• Internalised stigma
• Shame
• Internalised social suffering
• Diminished social network & social capital
Harm reduction: Practical strategies to reduce negative consequences associated with drug use
• Safer injecting sites
• Naloxone programs
• Sterile injecting equipment supply
• BBV testing & treatment
Drug testing/ fentanyl testing strips
Risk associated with illicit supply potency
Proposed intervention
Context
Intervention
Outcome
Influences
Characteristics of
Variables change in the same direction
Variables change in the opposite direction
Re-inforcing loop
Balancing loop

Vital parameters

- **Inclusion health focus**
- **Transitions through care**
- **Complexity of care needs**
- **Increasing service resilience**
- **Information and data**
- **Multiagency**
- **Digitally enabled workforce**
- **Stigma reduction**

Understanding the use of telemedicine across different Opioid Use Disorder (OUD) treatment models: A scoping review.

Journal:	*Journal of Telemedicine and Telecare*
Manuscript ID	JTT-23-05-049.R1
Manuscript Type:	Research
Date Submitted by the Author:	n/a
Complete List of Authors:	Tay Wee Teck, Joseph; University of St Andrews, School of medicine; Humankind, Forward Leeds Butner, Jenna; Yale School of Medicine, Department of Internal Medicine Baldacchino, Alexander; University of St Andrews, School of medicine
Keyword:	Telemedicine, Medication for Opioid Use Disorder, Digital divide, Opioid Use Disorder, COVID-19

SCHOLARONE™
Manuscripts

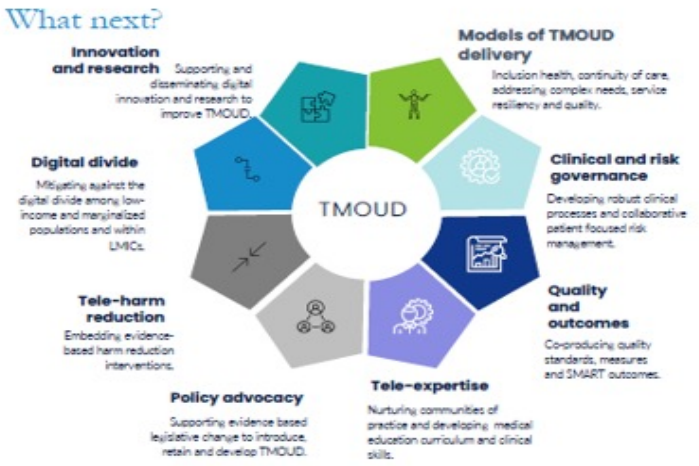
Oxford Open Digital Health, 2022, 1–9
https://doi.org/10.1093/oodh/oqac002
Research Article

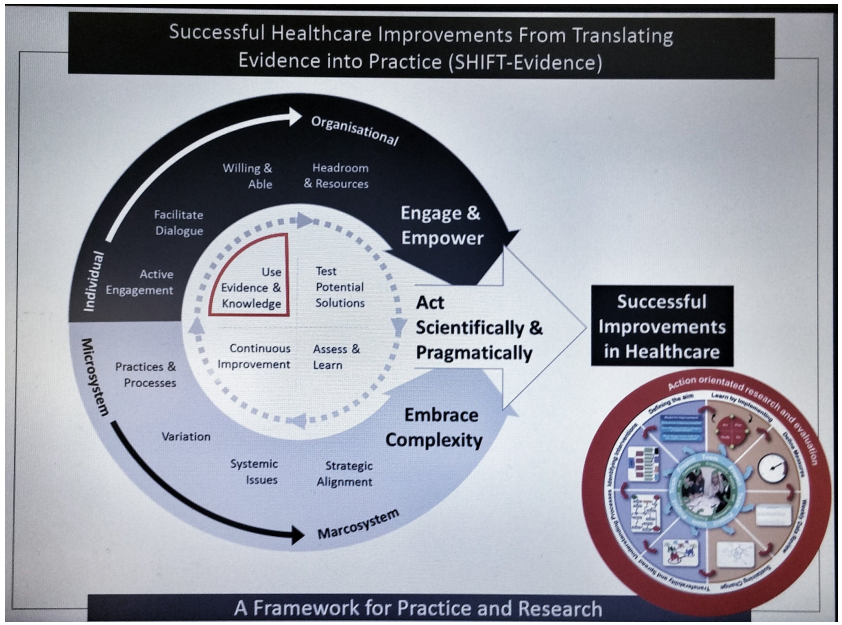
The Telemedicine Program Design Canvas: a visual tool for planning telemedicine interventions

Neha Verma[1], Izabella Samuel[2], Samuel Weinreb[†], Mackenzie Hall[2], Kai Zhang[2], Mariana Bendavit[2], Vibha Bhirud[3], Jordan Shuff[2], Youseph Yazdi[2] and Soumyadipta Acharya[2]

Models of care surrounding the use of telemedicine to provide medication for opioid use disorder.

Authors: Joseph Tay (joseph.tayweeteck@ucsf.edu), Jenna Butner, Alex Baldacchino





Key implementation factors in telemedicine-delivered medications for opioid use disorder: a scoping review informed by normalisation process theory

Joseph Tay Wee Teck, Giedre Zlatkute, Alberto Perez, Heidi Dritschel, Abhishek Ghosh, Marc N Potenza, Atul Ambekar, Hamed Ekhtiari, Dan Stein, Yasser Khazaal, Shalini Arunogiri, Marta Torrens, Marica Ferri, Susanna Galea-Singer, Alex Baldacchino

Lancet Psychiatry 2023; 10: 50–64

DigitAS Project, Population and Behavioural Science, School of Medicine, University of St Andrews, St Andrews, UK

Telemedicine could improve access to medications for opioid use disorder (MOUD). Telemedicine-delivered MOUD (TMOUD) has expanded substantially in response to the restrictions imposed by the COVID-19 pandemic on in-person clinical contact, yet this expansion has not happened consistently across all health systems and countries. This Review aims to understand key factors in TMOUD implementation that might explain variations in uptake. We did a scoping review using three English language databases for articles reporting on the implementation of TMOUD services. 57 peer-reviewed articles were identified, subjected to open coding and thematic analysis, and further interpreted through

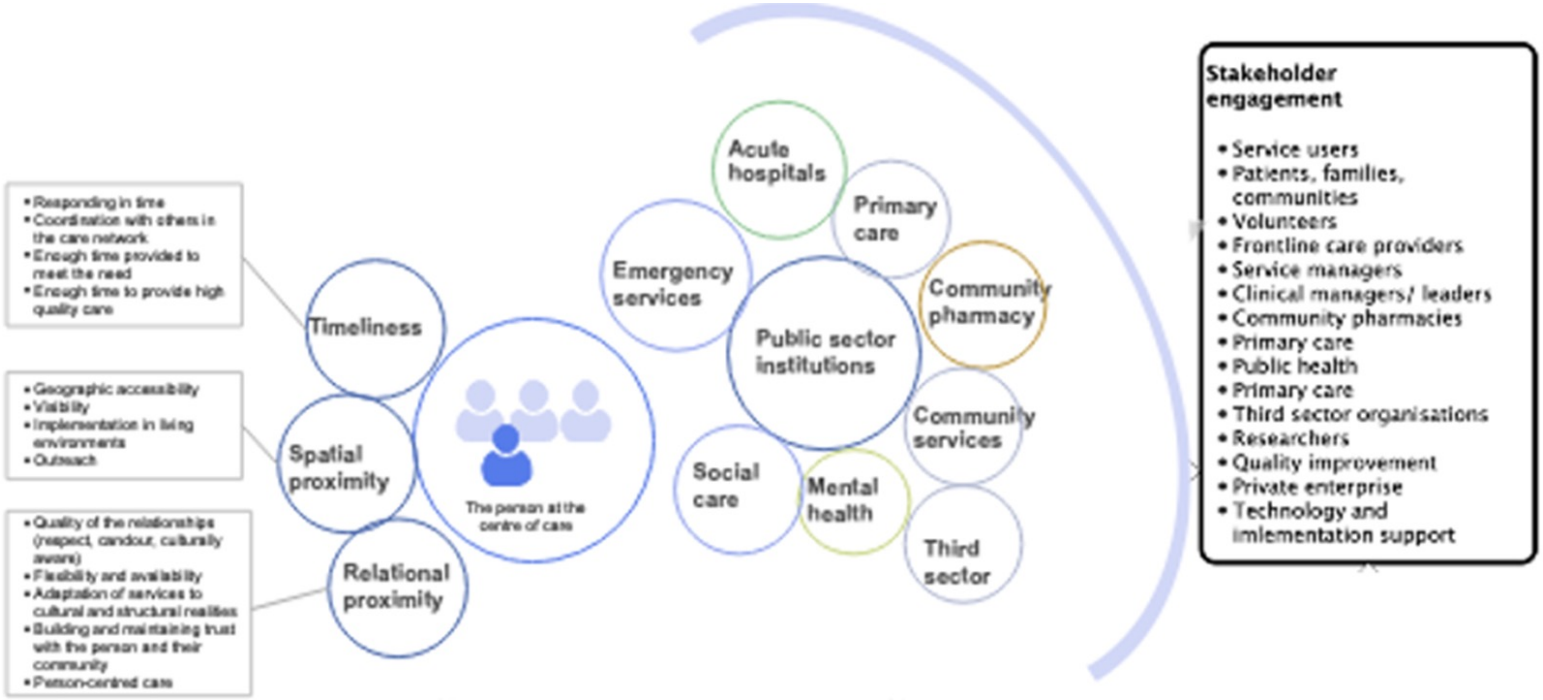
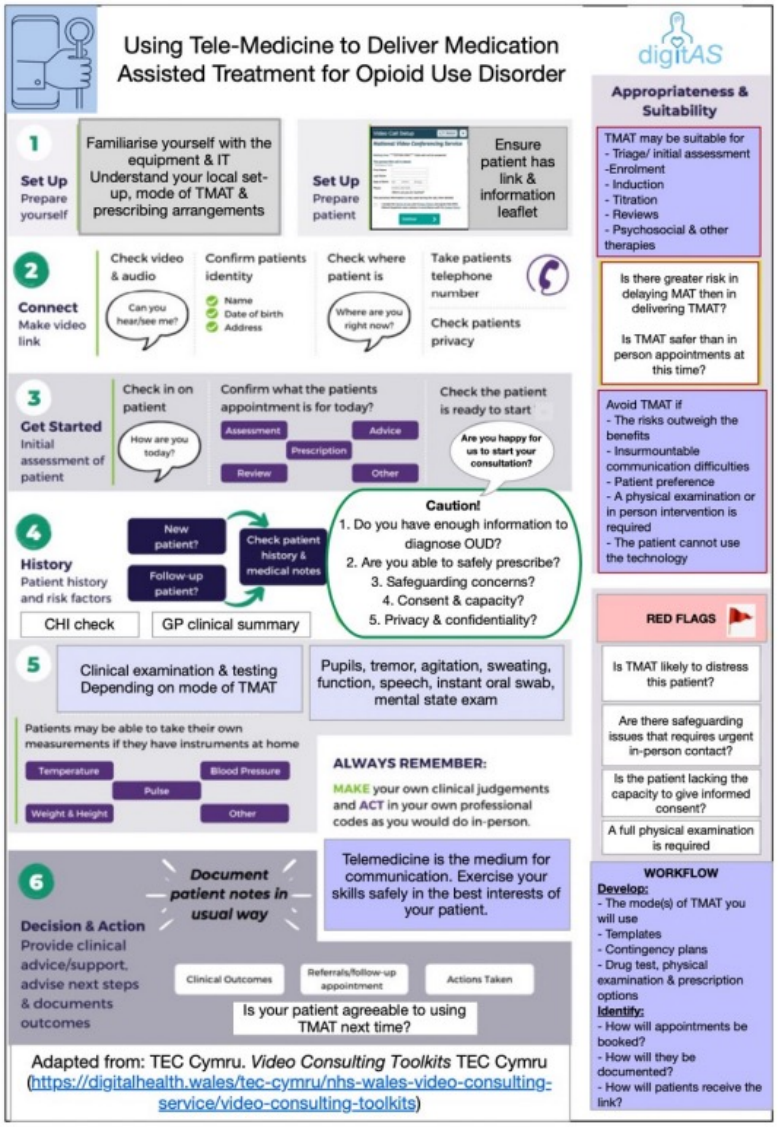
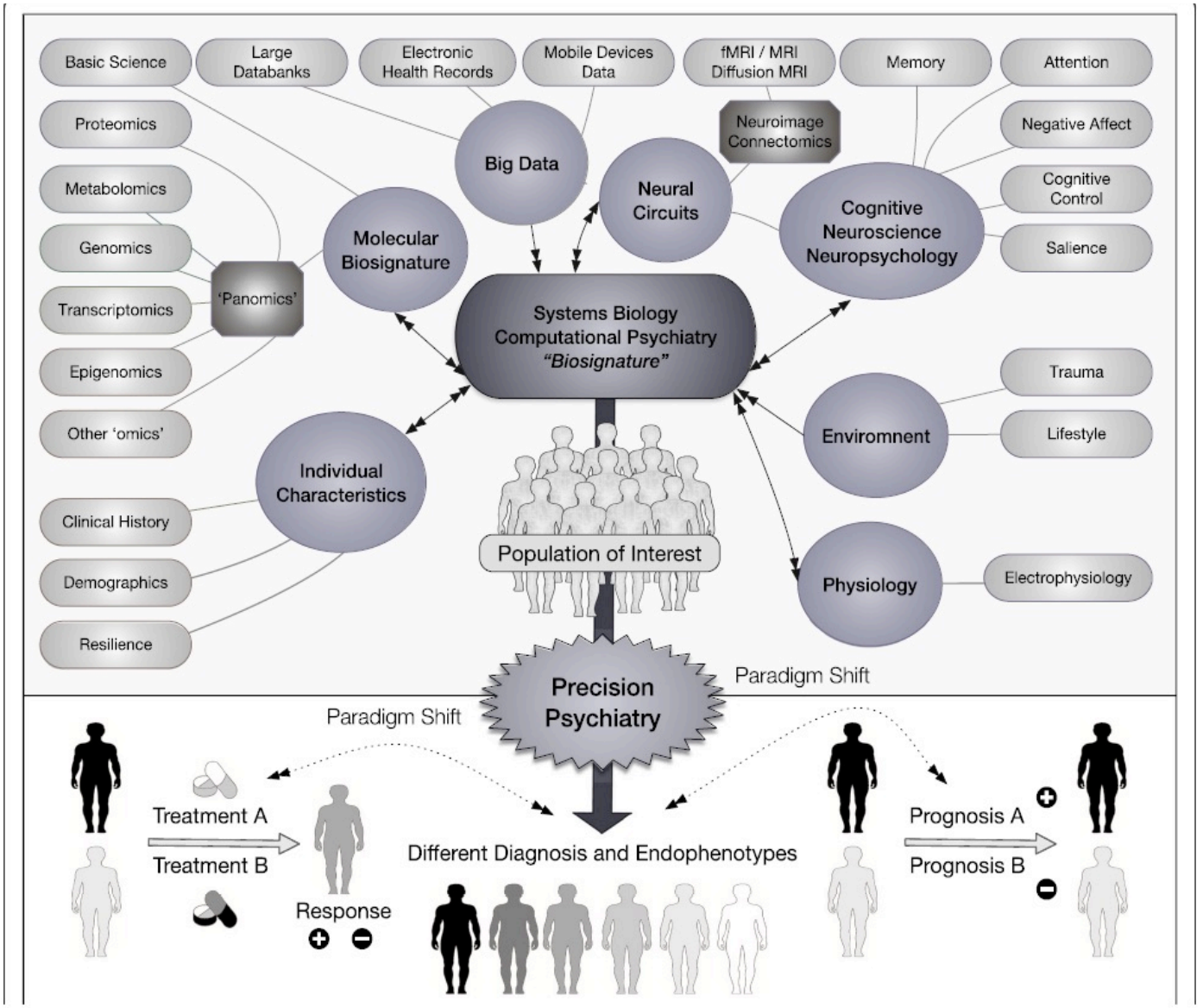


Figure 9: A visual guide to TMAT. Diagram adapted from the Welsh National Video Consultation Service Toolkit (TEC Cymru, 2021)



2. Intelligent data and surveillance science: enhanced data collection


Basic Science
Large Databanks
Electronic Health Records
Mobile Devices Data
fMRI / MRI Diffusion MRI
Memory
Attention
Proteomics
Big Data
Neuroimage Connectomics
Negative Affect
Metabolomics
Neural Circuits
Cognitive Control
Genomics
Molecular Biosignature
Cognitive Neuroscience Neuropsychology
Salience
'Panomics'
Transcriptomics
Systems Biology Computational Psychiatry "Biosignature"
Epigenomics
Trauma
Other 'omics'
Enviromnent
Lifestyle
Individual Characteristics
Clinical History
Population of Interest
Demographics
Physiology
Electrophysiology
Resilience
Paradigm Shift
Precision Psychiatry
Paradigm Shift
Treatment A
Treatment B
Response
Different Diagnosis and Endophenotypes
Prognosis A
Prognosis B

Viewpoint

Are Treatment Services Ready for the Use of Big Data Analytics and Artificial Intelligence in Managing Opioid Use Disorder?

Matthew Amer[1,2], MBChB, BMSc; Rosalind Gittins[3], MPharm; Antonio Martinez Millana[4], MSc, PhD; Florian Scheibein[5], BMSc, MSc; Marica Ferri[6], MSc, PhD; Babak Tofighi[7], MS, MD; Frank Sullivan[2], MBChB, PhD; Margaret Handley[8], MPH, PhD; Monty Ghosh[9], MD, MBT, MSc, MPH, FRCP, ISAM; Alexander Baldacchino[2], MBChB, PhD, MD; Joseph Tay Wee Teck[2], MBChB, PGDip, MSc, MRCGP, ISAM

[1]NHS Tayside, Ninewells Hospital, Dundee, United Kingdom

[2]DigitAS Project, Population and Behavioural Science Research Division, School of Medicine, University of St Andrews, St Andrews, United Kingdom

[3]Aston Pharmacy School, Pharmaceutical & Clinical Pharmacy Research Group (PCPRG), College of Health and Life Sciences, Aston, United Kingdom

[4]Universitat Politècnica de València, Valencia, Spain

[5]South East Technological University, Waterford City, Ireland

[6]European Monitoring Centre for Drugs and Drug Addiction, Lisbon, Portugal

[7]Friends Research Institute, Baltimore, MD, United States

[8]Department of Epidemiology and Biostatistics, University of California, San Francisco, CA, United States

[9]Department of Medicine, Cumming School of Medicine, 2500 University Drive NW, Calgary, AB, Canada

Informatics

- **Linked Database from Primary (SMR) and Secondary (Clinical) Datasets.**

(a) PRESCRIBING: e.g. Pain and analgesics

(b) COMPLIANCE of medication and related mortality/morbidities: e.g. Acamprosate

(c) OUTCOMES: Suboxone/Methadone study and f/up

(d) INTERVENTIONS and Change in dysfunctional behaviour: Alcohol Brief Intervention and outcome

(e) RELATIVE and ABSOLUTE RISKS and multiple morbidities

Psychoactive drugs, multimorbidity & mortality

National linked dataset

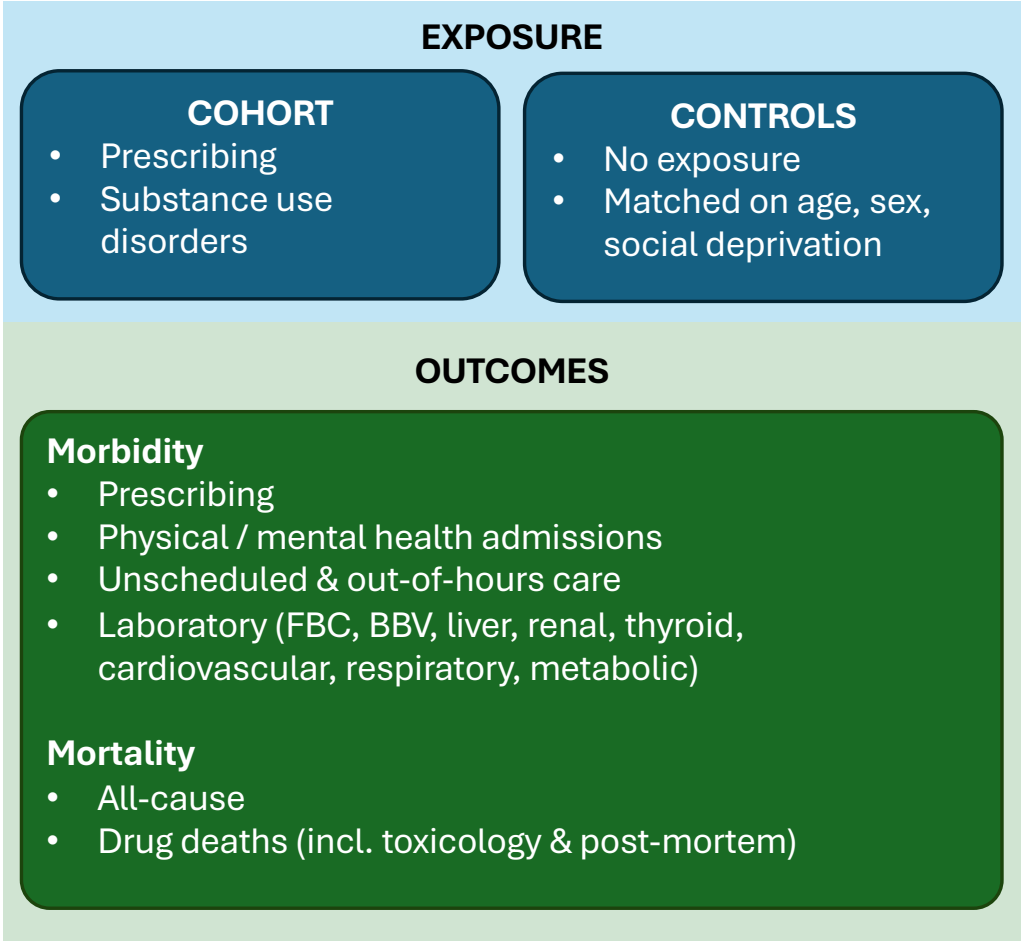
- National Health Service & death registration data.
- 15 years (01/04/09 – 31/03/24)

Psychoactive substances of interest

- Opioids (street, Rx analgesics / for OUD)
- Sedatives (benzodiazepines, gabapentinoids, z-drugs)
- Stimulants (amphetamine, cocaine, other)

Proposed analyses

- Multimorbidity clustering and trajectories
- Healthcare service utilisation
- Time to admission, death
- Disease severity
- By substance type, duration & dose, participant characteristics.

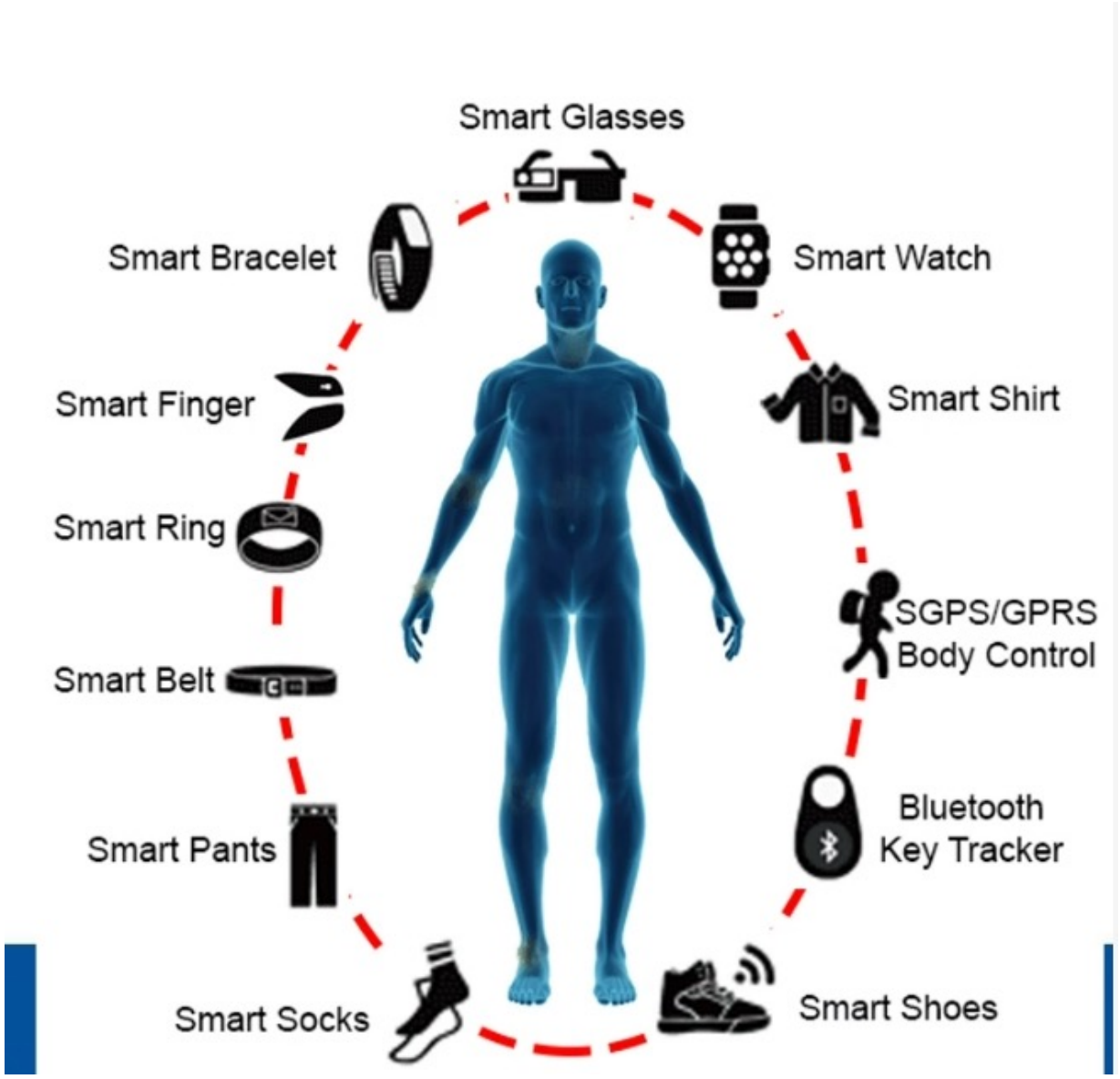


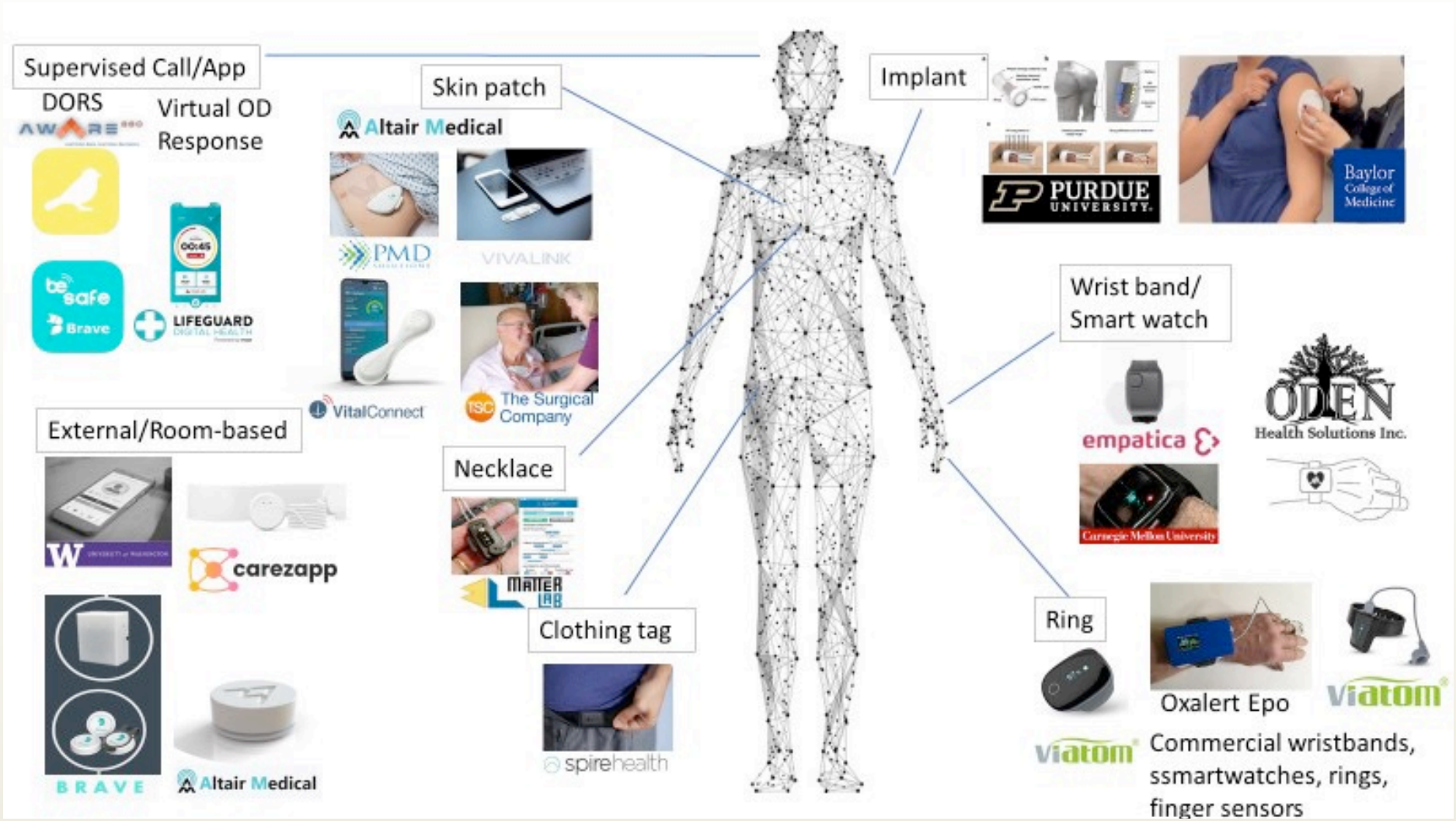
3. Technology

Innovation Priorities

CHIEF SCIENTIST OFFICE

- Innovative digital, technologies and therapeutic solutions
- Intuitive, simple, user focused design
- Alert or responder pathways
- To enhance the ability to self-monitor by people who use drugs
- Improved equity of access
- Enhanced simple live intelligent data gathering processes, surveillance and remote monitoring
- Enhance innovative intervention therapeutics
  - antidotes to overdose episodes
  - effective delivery and administration system


Smart Glasses
Smart Bracelet
Smart Watch
Smart Finger
Smart Shirt
Smart Ring
SGPS/GPRS
Body Control
Smart Belt
Bluetooth
Key Tracker
Smart Pants
Smart Socks
Smart Shoes


Supervised Call/App
DORS
Virtual OD Response
Skin patch
Altair Medical
PMD
VIVALINK
VitalConnect
The Surgical Company
Implant
PURDUE UNIVERSITY
Baylor College of Medicine
Wrist band/ Smart watch
empatica
ODEN Health Solutions Inc.
Carnegie Mellon University
External/Room-based
carezapp
BRAVE
Altair Medical
Necklace
MATTER LAB
Clothing tag
spirehealth
Ring
Oxalert Epo
Viatom
Viatom
Commercial wristbands, ssmartwatches, rings, finger sensors

Catalysing Innovation – Current Funding calls

Accelerate innovation

Improve outcomes

Increase industry involvement

Support UK based R&D

Office for Life Sciences | CHIEF SCIENTIST OFFICE | UKRI Innovate UK

£5m Reducing Drug Deaths Innovation Challenge

Catalyse development of innovations to prevent deaths from overdose

- Digital Health
- Medical Technologies

Detection | Response | Intervention

Office for Life Sciences

NIHR | Invention for Innovation

£10m Innovation for Treatment and Recovery

Create innovative tools for treatment of, and recovery from, opioid or cocaine addictions

- Digital Therapeutics
- Pharmaceuticals
- Medical Technologies

Opioids | Cocaine | Polydrug use and co-occurring mental ill health

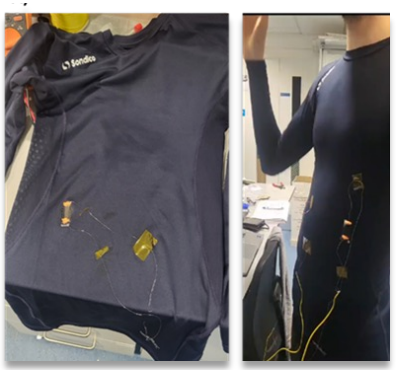
Overdose Detection and Response

Office for Life Sciences

CHIEF SCIENTIST OFFICE

University of Glasgow

ASSESSOR: A soft skin-interfacing sensor for overdose detection and prevention through remote monitoring



eMoodie

Saving SAM: A low-cost AI-enabled drug overdose monitoring system. Using a wristband that monitors vital signs and movement patterns, linked to a digital app and alert system.

NOMW HEALTH

LifeSavr: A wearable device for multi-modal monitoring of oxygen saturation, heart rate, body movements, and respiratory rate for accurate overdose detection.

Overdose Detection and Response

Office for Life Sciences

CHIEF SCIENTIST OFFICE

PNEUMOWAVE

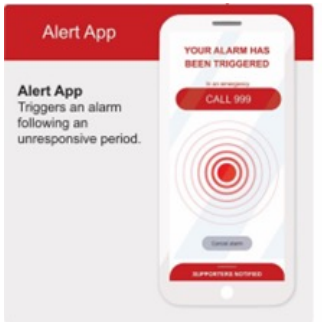
ALERT: A remote monitoring platform designed to make opioid usage safer. A discrete, chest-worn biosensor allows detection of the onset of life-threatening respiratory depression during an overdose event. Paired to a mobile device which allows for the immediate alerting of nearby naloxone carriers and emergency medical service

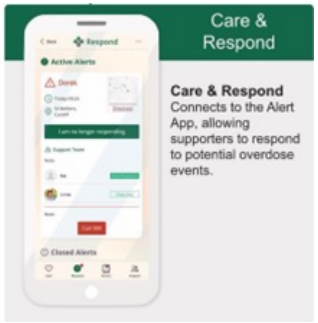
Pneumowave chest sensor device

SCIENAP

CHAI999: A low-cost alert and responder pathway

- An Alert App for self-monitoring by drug users, automatically raising an alarm if they become unresponsive, and
- A Care & Respond App for trusted supporters to provide coordinated help.





Overdose Intervention

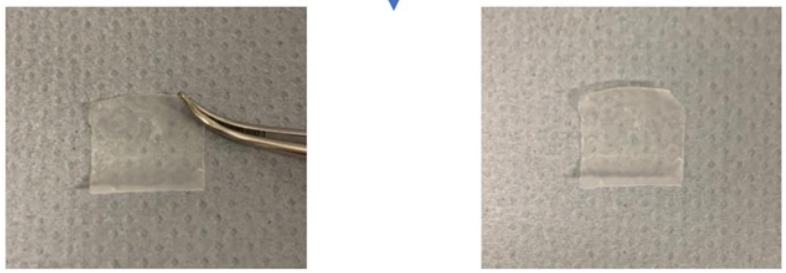
Ultra-portable fast-dispersal buccal naloxone for constant carriage: KCL are developing rapid-dispersal naloxone wafers to improve the accessibility and portability of this life-saving emergency antidote medication. The proposed naloxone wafers disintegrate within seconds and can easily fit into a wallet or purse

Office for Life Sciences

CHIEF SCIENTIST OFFICE

MESOX

RescuePatch: Controlled-release combination patch for naloxone and flumazenil delivery has developed an innovative transdermal combination patch of the antidotes Naloxone and Flumazenil as a therapeutic intervention. The skin patch is designed for wide application by non-professionals in the community.



Lessons Learned #1

- Acknowledging digital divide
- Reach in different settings
- Combined with face-to-face interventions
- Flexibility and continuous adaptation
- Data security and privacy
- Sustainability
- Need to strengthen evaluation to be safe and effective
- Guidance on how to use AI and other innovative digital tools safely
- Strengthened collaboration with academia, civil society, law enforcement, criminal justice and social sectors

Lessons Learnt #2: Engage stakeholders early

Who?	Why?	How?
• Patients with lived experience • Clinicians (e.g., MAT providers, social workers, primary care) • Community health centers • Payers (Medicaid MCOs, Medicare Advantage, private insurers) • Criminal justice system (if relevant) • Behavioral health policymakers and public health officials	• Helps identify *real-world constraints* early • Builds *buy-in and trust* from those who will adopt the innovation • Surfaces insights missed in academic research (e.g., implementation workflows, stigma)	• Conduct structured stakeholder interviews (e.g., patient journey mapping, provider workflow mapping) • Use advisory boards or focus groups from the start—not post hoc • Co-develop your value proposition and implementation plan

Common pitfall:
Designing in a silo, then discovering too late that it doesn't fit into workflows

Lessons Learnt #3

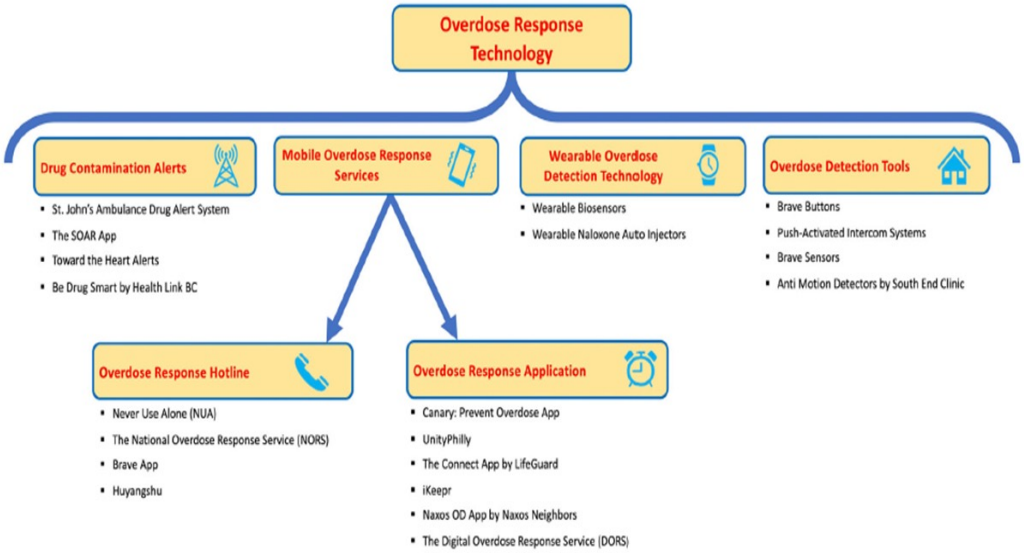
Received: 26 July 2024 | Revised: 18 March 2025 | Accepted: 20 March 2025
DOI: 10.1111/dar.14055

ORIGINAL PAPER

Drug and Alcohol Review AIDAD WILEY

Defining terminology and outcome measures for evaluating overdose response technology: An international Delphi study

William Rioux[1] | Dylan Viste[2] | Navid Sedaghat[1] | Nathan Rider[2] | Joseph Tay Wee Tek[3] | Melissa Perri[4] | David G. Schwartz[5] | Kim Ritchie[6] | Giuseppe Carrà[7,8] | Stephanie Carreiro[9] | Oona Kreig[10] | Gabriela Marcu[11] | Joseph Arthur[12] | Joanne Cogdell[13] | Mike Brown[14] | Tyler Marshall[2] | S. Monty Ghosh[1,15]



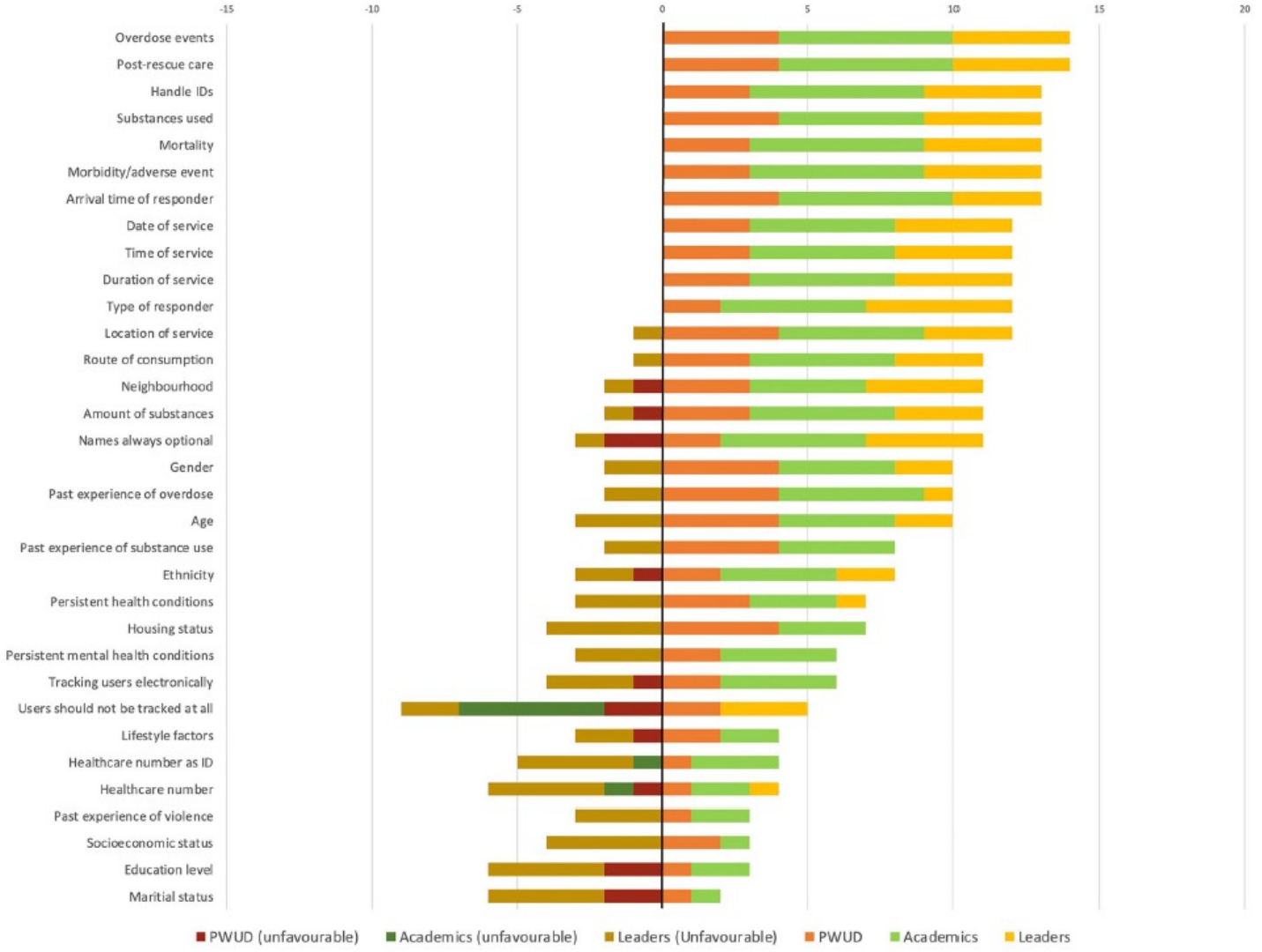


FIGURE 3 A summary of the demographic and outcomes data recommended for data collection.


ISAM
INTERNATIONAL SOCIETY OF ADDICTION MEDICINE
ISD
Institute for Interdisciplinary Addiction and Drug Research
ISAM Global ADDICTION THERAPEUTICS
INNOVATION DAY
Register Now!
regular: 75€
students: 25€
"Where Ideas and Industry Meet"
Flash talks
Presentations
Panel Discussions
Networking Platforms
International Society of Addiction Medicine presents: The First Global Addiction Therapeutics Innovation Day as a full-day preconference event in Hamburg, Germany, on May 25th designed for academia/ industry partnership, focusing on innovation and investment in newest technologies for helping patients affected by addictions and their comorbidities.
Join us to shape the future of addiction care!
EUDA
EUROPEAN UNION DRUGS AGENCY
NIH
National Institute on Drug Abuse
UK Office for Life Sciences
isamweb.org/global-therapeutic-innovation-day
innovation@isamweb.org
isam.mdorozio@gmail.com


ISAM Global ADDICTION THERAPEUTICS
INNOVATION DAY 2026
September 30th, 2026
ROTTERDAM, THE NETHERLANDS
Featuring INNOVATION AWARD
(The Golden Brain) for the most innovative idea
in Addiction Medicine Therapeutics and Diagnostics
Award applications will start in 1 March 2026
innovation@isamweb.org
isam.mdorozio@gmail.com
isamweb.org/innovation-award/
isamweb.org/global-therapeutic-innovation-day
ISAM
INTERNATIONAL SOCIETY OF ADDICTION MEDICINE


Scottish Government
Riaghaltas na h-Alba
gov.scot
CHIEF
SCIENTIST
OFFICE


University of
St Andrews
FOUNDED
1413


Office for
Life Sciences


DigitAS


Digital Health & Care
Innovation Centre
Digital
Lifelines
SCOTLAND
Saving lives through connections


DRNS
DRUGS RESEARCH NETWORK SCOTLAND


NHS
Fife


WORLD
PSYCHIATRIC
ASSOCIATION
ADDICTION PSYCHIATRY SECTION


EUDA
EUROPEAN UNION
DRUGS AGENCY


ISAM
INTERNATIONAL SOCIETY OF
ADDICTION MEDICINE

amb30@st-andrews.ac.uk

University of St Andrews