



Enhancing engagement in Addiction Medicine

February 2025

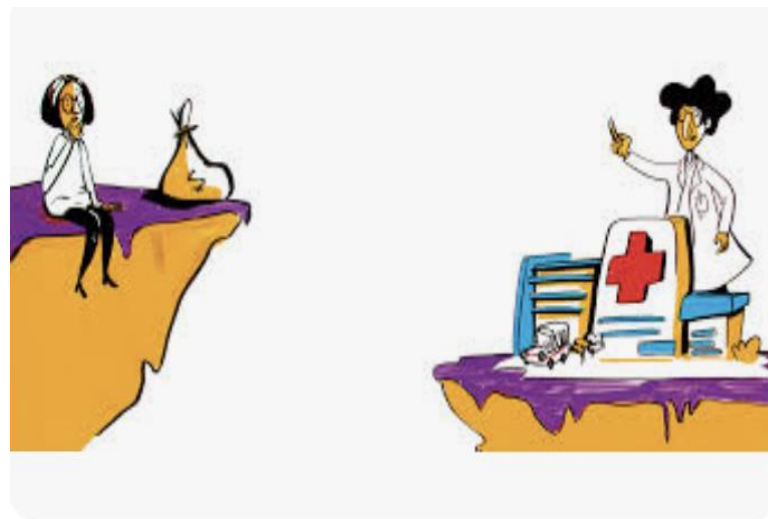


Better and
fairer care.
Always.



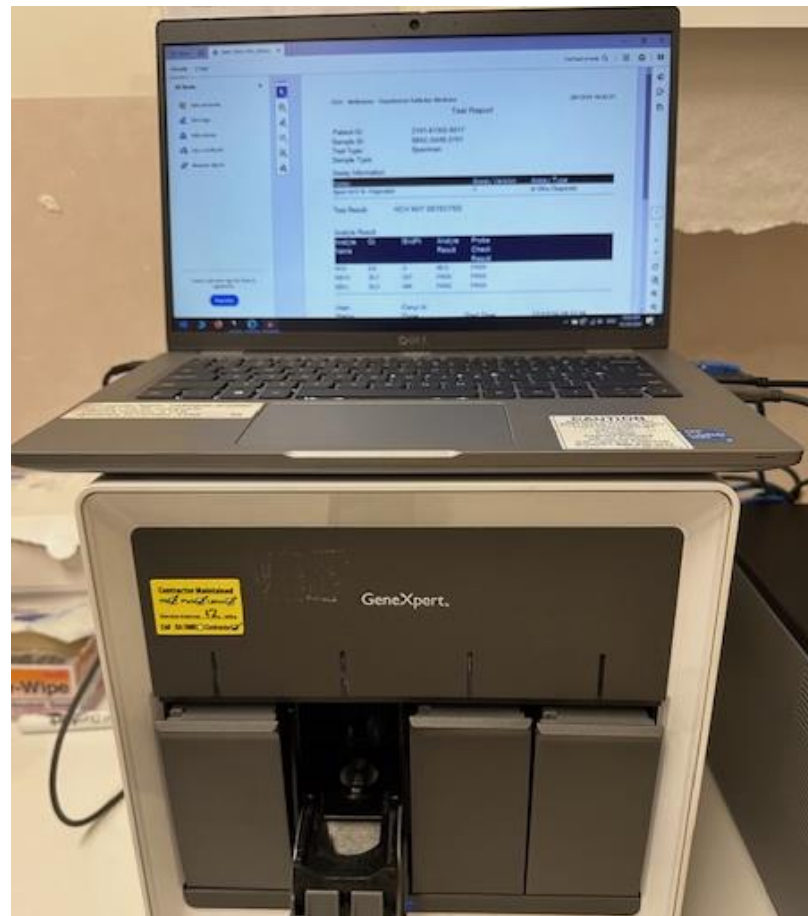
Enhancing engagement

- Understanding barriers to care
- Embedded clinics
- Bio feedback
- Technical innovation
- Novel medications
- Clinical outcomes other than abstinence



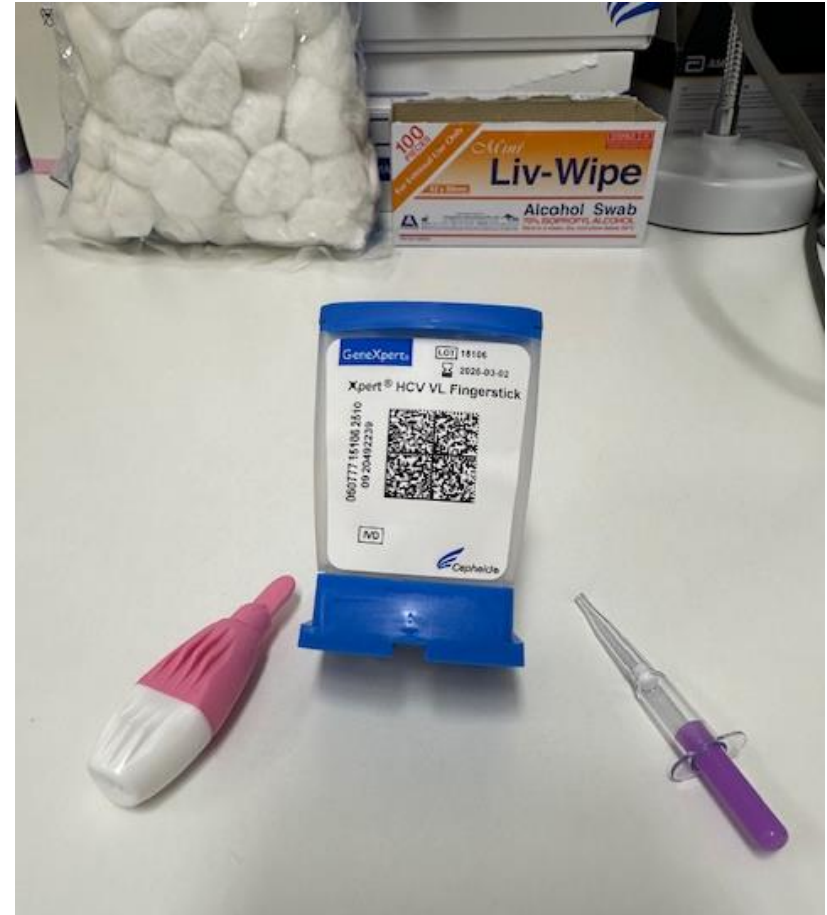
Point of care testing - HCV

- HCV viral load POC assay
- provides a real-time result in less than 60 minutes.
- Treatment can start that day.
- phone consultation between AM and Gastroenterology.
- appointment made for fibroscan and review.



Testing components

- measures HCV RNA from a finger-prick blood sample



Point of care testing - HCV

- reduces barriers to treatment
 - venous access
 - simplifies the treatment cascade
 - Immediate result reduces anxiety
 - Immediate treatment provides comfort.
- Estimated prevalence of HCV in PWID was 16% in 2020 (Heard et al, 2021)
- 9.8% detection rate from outpatient clinic.
- All completed treatment and attained SVR.



Embedded clinics

- Hepatology and Addiction Medicine
- Integrated addiction medicine and hepatology outpatient clinic.
- Every fortnight for 4 hours.
- Reviewed by Addiction Medicine specialist and Hepatologist.
- Highly comorbid and complex patient cohort

Nesting Addiction and Hepatology

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CORRESPONDENCE

Is nesting addiction medicine and hepatology care in the outpatient setting worthwhile? A retrospective case series at a single tertiary center

Gupta, Rachit¹; Wong, Jecinn¹; Hallinan, Christine²; Holmes, Jacinta^{1,3}; Thompson, Alexander^{1,3}; Pastor, Adam^{1,3}; Bonomo, Yvonne^{1,3}

- Retrospective review of medical records from our integrated clinic.
- A total of 267 referrals for the clinic were received between February 2021 and September 2023, with 81 completed integrated appointments for 54 individual patients

Key cohort characteristics

- 54 patients, 81 appointments
- 65% M 35% F
- 100% Alcohol
- 76% Medical comorbidities
- 54% Psychiatric comorbidities
- 44% tobacco use disorder

Outcomes

- 9% patients commenced on medications for alcohol use disorder
- a further 13% continued on medication therapy.
- 17% of patients were referred to specialist alcohol and drug counselling.
- 85% of patients provided with motivational interviewing during their integrated appointment.
- For patients who had more than 1 integrated appointment;
 - 41% reported alcohol cessation in the preceding month to their outpatient appointment
 - with a further 11% reporting a reduction in use.

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Reply: Is nesting addiction medicine and hepatology care in the outpatient setting worthwhile? A retrospective case series at a single tertiary center

[Rachael Mahle](#)^{1,2}, [Paige McLean Diaz](#)^{1,2}, [Chantelle Marshall](#)^{1,2}, [Russell P Goodman](#)^{1,2}, [Esperance Schaefer](#)^{1,2}, [Jay Luther](#)^{1,2,✉}

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PMCID: PMC11596645 PMID: [39585305](#)

We congratulate Gupta and colleagues for their study evaluating the impact of an outpatient integrated model incorporating addiction medicine and hepatology care for patients with alcohol use disorder (AUD). Their results add to the growing evidence that involvement of hepatology care for patients with AUD may improve alcohol therapy engagement.¹ These findings are particularly important given the fact that most patients with AUD do not receive therapy targeting their alcohol use,² which is the best-studied strategy to prevent the development and progression of alcohol-associated liver disease.³ As these integrated models become more established, it will also be important to

These results add to the growing evidence that involvement of hepatology care for patients with AUD may improve alcohol therapy engagement.¹

the growing body of literature support an integrated, multidisciplinary approach to AUD and alcohol-associated liver disease care and emphasizes the utility.

Liver Supportive Care

Coordinated care in the cases of severe chronic liver disease.

Meetings are coordinated by Palliative Care and involve collaboration with Addiction Medicine and Gastroenterology.

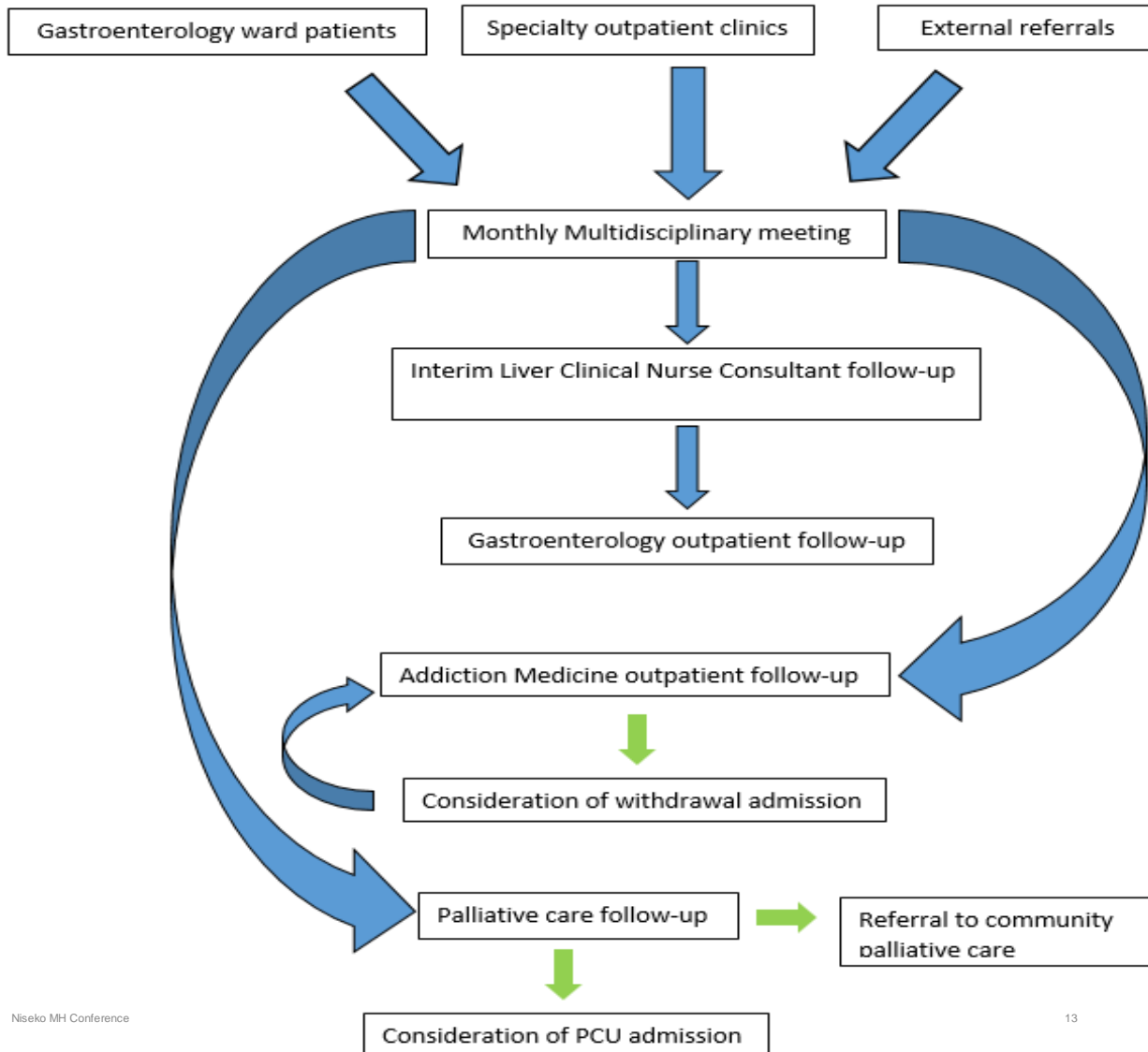
The overall aims of this model are to:

- improve patient quality of life
- reduce crisis presentations
- tailor end-of life care to individual patient requirements

Descriptions of multidisciplinary models targeting this population are rare.



The Liver Supportive Care Model



Interventions

- Addiction Medicine – outpatient follow-up, withdrawal admissions, counselling.
- Gastroenterology – outpatient follow-up, endoscopy, optimisation of liver function, consideration for long-term albumin infusions.
- Palliative care – outpatient follow-up, linkage with community palliative care services, consideration for palliative care admission
- Recruitment to community based complex care team.



File audit - methods

- Retrospective cohort file audit
- 30 patients discussed at Liver Supportive Care meetings between Nov 2021- Jan 2024
- Analysis of patient data – continuous variables presented as means/median, categorical variables presented as prevalence rates



Results – Patient demographics

- N = 30 16M 14F
- Median age of patients - 57
- cirrhosis -93% patients – 11% CPA, 71% CPB, 18% CPC
- 11 patients homeless/public housing, 18 in private accommodation, 1 in residential aged care.
- 87% significant medical co-morbidities
- 63% significant psychiatric co-morbidities
- The median number of discussions at *Liver Supportive Care* was 2

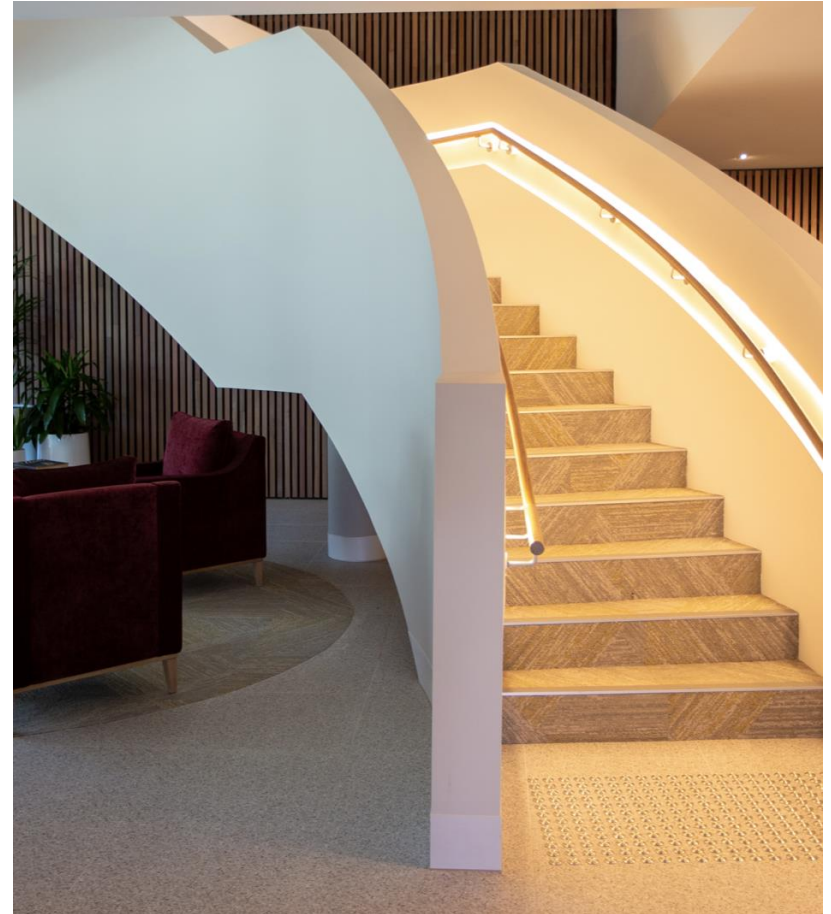


Results - Mortality

- 13 patients were deceased at time of data collection
- Median age of deceased patients 60
- 7 patients died < 3 months after initial discussion, 1 between 3 and 6 months, 4 > 6 months from initial discussion (timing of 1 death remained unclear)
- Place of death
 - 8 deaths in acute medical inpatient units, 3 in community/home, 1 in an inpatient palliative care unit, 1 death in unknown location (acute medical inpatient unit elsewhere?)

Outcomes

- Post MDT review there was a reduction in acute medical admissions from a median of 8 to a median of 1 admission.
- The *Liver Supportive Care* model attempts to meet complex needs with early multidisciplinary input and initiation of community-based supports.



Tobacco Cessation Clinic

- Brief Intensive Smoking Cessation Intervention
- Focussed, process oriented.
- Set quit date and intensive reviews for first 4 weeks
- Medical; combination of Consultant, and Registrars.



Quit date vs cutting down

- Clear effectiveness data for quit dates
 - OR 3.15 (2.54 to 3.19)

Original Investigation

Understanding the Association Between Spontaneous Quit Attempts and Improved Smoking Cessation Success Rates: A Population Survey in England With 6-Month Follow-up

Claire Garnett PhD^{1,2}, Lion Shahab PhD^{1,2}, Tobias Raupach PhD^{1,2}, Robert West PhD¹, Jamie Brown PhD¹

Nicotine & Tobacco Research, 2020, Vol. 22, No. 9

Table 4. Adjusted Models Between Quit Success and Spontaneous Quit attempts and Potential Confounder

	Adjusted		
	OR (95% CI)	<i>p</i>	BF _(HN)
Model 1			
Spontaneous quit attempt (not spontaneous ^a)	1.18 (0.96 to 1.46)	.113	0.94 ^c
Quit attempt made without cutting down first (with cutting down first ^a)	3.15 (2.54 to 3.91)	<.001	>10 000 ^d
Model 2			
Spontaneous quit attempt (not spontaneous ^a)	1.28 (1.04 to 1.57)	.017	3.86 ^d
Strength of urges			
None ^a (<i>n</i> = 154)			
Slight (<i>n</i> = 272)	1.32 (0.87 to 2.02)	.199	1.18 ^c
Moderate (<i>n</i> = 944)	0.75 (0.52 to 1.09)	.127	1.46 ^c
Strong (<i>n</i> = 468)	0.55 (0.37 to 0.84)	.005	24.33 ^d
Very strong (<i>n</i> = 135)	0.62 (0.36 to 1.05)	.079	2.73 ^c
Extremely strong (<i>n</i> = 45)	0.66 (0.29 to 1.41)	.302	1.24 ^c
Model 3			
Spontaneous quit attempt (not spontaneous ^a)	1.25 (1.02 to 1.54)	.029	2.16 ^c
Daily cigarette consumption	0.80 (0.71 to 0.89)	<.001	136.82 ^d
Model 4			
Spontaneous quit attempt (not spontaneous ^a)	1.36 (1.11 to 1.67)	.003	31.70 ^d
Social grade			
AB ^a (<i>n</i> = 260)			
C1 (<i>n</i> = 465)	1.10 (0.79 to 1.54)	.561	0.40 ^c
C2 (<i>n</i> = 438)	0.81 (0.57 to 1.14)	.216	0.83 ^c
D (<i>n</i> = 349)	0.71 (0.49 to 1.02)	.064	2.25 ^c
E (<i>n</i> = 506)	0.48 (0.33 to 0.68)	<.001	1114.57 ^d

Some new things and old things

- Old and new technology
- Providing free NRT
- CO monitoring
- Bedside spirometry
- Pharmacological
 - Prescribed Medications
 - Cytisine as second line



Active clinic components

- CO monitoring
- Bedside spirometry
- Oral cotinine testing – for e-cigarettes
- Medications
- Quitline/Apps
- One:One counselling
 - Often via telehealth from home at later time
- Social work support and interventions

CO monitoring

- level of $< 4\text{ppm}$ separates tobacco smokers from non smokers
- mixed studies for biofeedback for improving tobacco cessation



Better and fairer care. Always.

Cytisine for tobacco cessation



Cytisine

- Plant based alkaloid
- Licensed in some Eastern and Central European countries for many decades
- one month treatment 4-6 tablets daily for 1-2 weeks then wean
- Multiple randomised control trials show efficacy
 - Australia/NZ trial missed non-inferiority margin against varenicline by a single quit
- Available for import as Tabex/Desmoxan



Cytisine

JAMA[®]

QUESTION Is cytisinicline an effective and safe pharmacotherapy to promote smoking cessation?

CONCLUSION This randomized clinical trial found that 2 cytisinicline schedules, with behavioral support, vs placebo demonstrated smoking cessation efficacy and excellent tolerability.

POPULATION

442 Women
368 Men



Adults ≥18 years who smoked 10 or more cigarettes per day, had expired air carbon monoxide ≥10 ppm, and were ready to quit

Mean age: 52.5 years

LOCATIONS

17
Sites in the US



INTERVENTION

810 Participants randomized
618 Participants completed trial



270

Cytisinicline for 12 weeks
Cytisinicline, 3 mg, 3 times daily for 12 weeks plus behavioral support

269

Cytisinicline for 6 weeks
Cytisinicline, 3 mg, 3 times daily for 6 weeks then placebo 3 times daily for 6 weeks plus behavioral support

271

Placebo
Placebo 3 times daily for 12 weeks plus behavioral support

PRIMARY OUTCOME

Biochemically confirmed continuous smoking abstinence during the last 4 weeks of the 6-week treatment and the last 4 weeks of the 12-week treatment

FINDINGS

Biochemically confirmed continuous smoking abstinence

	Cytisinicline for 12 weeks	Cytisinicline for 6 weeks	Placebo
Weeks 3-6	22.2% (60/270)	25.3% (68/269)	4.4% (12/271)
Weeks 9-12	32.6% (88/270)	22.3% (60/269)	7.0% (19/271)

Cytisinicline for 6 weeks vs placebo:
Odds ratio, 8.0 (95% CI, 3.9-16.3)

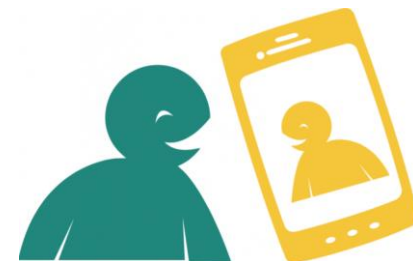
Cytisinicline for 12 weeks vs placebo:
Odds ratio, 6.3 (95% CI, 3.7-11.6)

© AMA

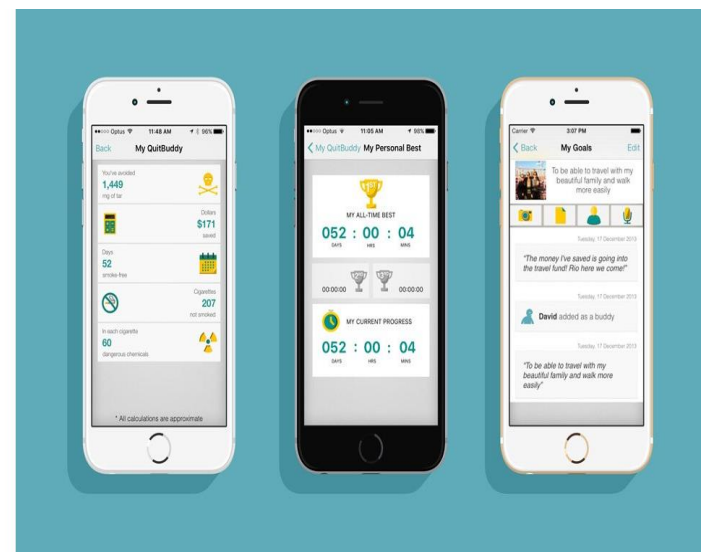
Rigotti NA, Benowitz NL, Prochaska J, et al. Cytisinicline for smoking cessation: a randomized clinical trial. *JAMA*. Published July 11, 2023. doi:10.1001/jama.2023.10042

My quitbuddy

- Automated text messaging - quitcoach
- 4 functional domains
 1. Rational eg. savings, health costs
 2. Emotional eg. positive influence on family
 3. Social eg. community forums and links
 4. Gamification
- Small RCT (n=64)
 - acceptable, increased motivation to quit,
 - 4 quitters in intervention arm vs 2 in control



Quit Now:
My QuitBuddy



Clinic Apr 2022 to Aug 2023

n=65	%
Female	41.5%
Age	Average 57
Referral Source Hospital Medical Unit	74%
Medical Comorbidity (IHD,COPD, ESRF, PVD other)	77%
Mental Health Comorbidity	49%
CO monitor	Average 19 ppm
Single Appointment	54%

Medications and Outcome

Medications	N=65
Varenicline	30
Nicotine Replacement Therapy	47
Cytisine	10
Bupropion	2

Quit rate **40%**

If include move to vaping only **44.6%**

Russell Standard (NHS)

- CO confirmed 4 week quit aim, but many telehealth follow up
- Self report 4 week quit –

Young Adult Clinic

- Led Physician trained in Adolescent and Young Adult Medicine
- flexibility with appointments.
- Pacing of assessments, focused on engagement
- Opportunistic health screen including sexual and reproductive health
- Assessment of physical and mental health co-morbidities
- Pharmacotherapies for opioid, alcohol, nicotine dependence
- Collaboration with local youth-based services to work on psychosocial goals
- Support for families and carers



Challenges

- Engaging young people early – working on it...
- Cannabis
- Methamphetamine
- GHB
- Ketamine

New Year, new people, new ideas



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The background features a dark purple field with several overlapping organic shapes in lighter shades of purple and blue. A white dotted line meanders across the scene, starting from the top left, curving towards the center, and then extending towards the bottom right. The overall aesthetic is modern and minimalist.

Questions?