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POSTER ABSTRACT

Integrating Medical and Addiction Perspectives: A Patient-Centred Model for Alcohol Use Disorder and Liver Disease

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Adam Christianson[1], Gayle Halas[1], Nabhia Faisal[1], Erin Knight[1]

1: University Of Manitoba, Canada

Background: Engagement in Alcohol Use Disorder (AUD) treatment is hindered by stigma and fragmented care delivery. Addiction treatment and medical management of alcohol-related liver disease (ALD) typically operate in separate silos, creating gaps in comprehensive care. To improve access and uptake, we implemented an integrated care clinic (ICC) that combines hepatology and addiction medicine. This model allows patients to engage with care in ways that reflect their personal values and self-identity while simultaneously addressing both AUD and ALD.

Approach: A pilot integrated clinic at a Canadian research hospital offered medical assessments, psychoeducation on ALD, relapse prevention planning, group discussions, and optional follow-up with both addiction medicine and hepatology specialists. 93 enrolled participants, 53 completed the program or were discharged early. We conducted qualitative interviews with two providers and eight participants who completed at least two sessions to explore how they positioned themselves as patients and how they understood their condition through the clinic's dual lens.

Drawing on Foucault's concept of the clinical gaze, we examined how different disciplinary perspectives—each with distinct ways of visualizing, localizing, and treating illness—could be integrated to create multiple entry points for patient engagement.

Results: The integration of different disciplines produces hybrid approaches to understanding and treating illness. Participants drew on four overlapping discourses to understand their health: individualistic (personal responsibility), spiritual (working on self/mind), medicalized (alcohol use as medical issue), and biomedical (liver health).

Rather than adopting a single framework, participants selectively engaged with aspects of each, predominantly embracing individualistic and biomedical approaches while often rejecting spiritual and traditional addiction frameworks. Participants typically saw themselves as responsible citizens and non-problematic drinkers preferring treatment options that provided a sense of control, emphasized scientific evidence, and focused on bodily health rather than psychological or social dimensions of alcohol use. The integrated model was perceived as less stigmatizing than

conventional addiction treatment and appeared to offer an approach that engaged and empowered patients who may have been reluctant candidates.

Implications: By offering simultaneous access to hepatology and addiction medicine, the clinic created a treatment space supporting patient-centred care that extended beyond patient preferences within fixed treatment plans, and enabling patients to choose self-direct their means of engagement—medical or addiction-focused—to align with their values and self-image.

Understanding how integrated models create hybrid therapeutic spaces—where patients actively construct personalized treatment narratives by combining elements from different disciplinary frameworks—can inform the design of person-directed care models for other stigmatized conditions where rigid, single-perspective approaches may limit engagement and represents an important option for a traditionally underserved population.