



TREATMENT INNOVATION

CHAIR: CAROLINE LONG

1. Guanfacine extended-release randomised controlled trial for adolescents with cannabis use: The GRACE study
2. Approach bias modification during alcohol withdrawal treatment increases duration of post-discharge abstinence
3. The Windana Health and Healing Program, a holistic complementary treatment approach, unique to Windana

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Shifting Landscapes

Building the Holistic Treatment Mosaic

CONFERENCE
FEBRUARY 9-10
2023



Approach bias modification during alcohol withdrawal treatment increases duration of post-discharge abstinence

Joshua Garfield, MARC

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VAADA acknowledges the traditional owners of the land on which the conference is gathered, the Wurundjeri People of the Kulin Nation and pay their respects to Aboriginal culture and Elders past and present.



ODYSSEY HOUSE
VICTORIA

TaskForce
Where hope finds help.

Approach bias modification during alcohol withdrawal treatment: Results from a multi-site double-blind randomised controlled trial

Victoria Manning^{1,2}, **Joshua B. B. Garfield**^{1,2}, Petra K. Staiger^{3,4}, Dan I. Lubman^{1,2}, Hugh Piercy^{1,2}, John Reynolds⁵, Antonio Verdejo-Garcia^{1,6}

¹Monash Addiction Research Centre (MARC), ²Turning Point, Eastern Health, Melbourne, Australia, ³School of Psychology, Deakin University ⁴Centre for Drug use, Addictive and Antisocial Behaviour Research (CEDAAR), Deakin University, ⁵Alfred Health and Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia, ⁶School of Psychological Sciences & Turner Institute for Brain and Mental Health, Monash University, Melbourne, Australia

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Alcohol *avoidance*



Pushing joystick shrinks
image to simulate avoidance



Non-alcohol *approach*



Pulling joystick enlarges image to simulate approach



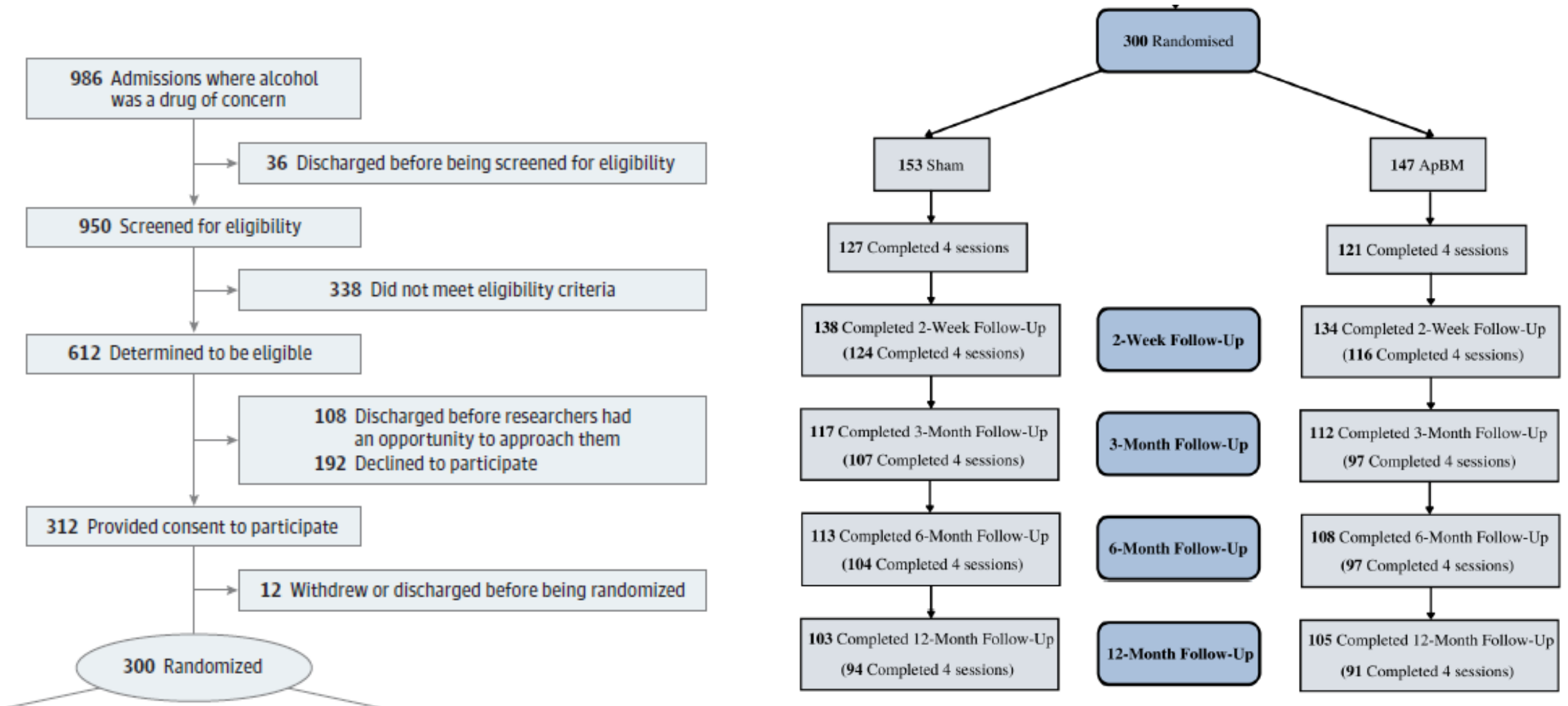
Active and control training

Active (ABM) training	Control (“placebo”) training
<p>“Push away” or “pull towards”, depending on frame orientation – image shrinks or expands accordingly</p>	<p>Move joystick left or right, depending on frame orientation – image moved left or right, but does not change size</p>
<ul style="list-style-type: none"> • 95% of alcohol images in “push away” orientation; 5% in “pull” orientation • 95% of non-alcohol images in “pull towards” orientation, 5% “push away” 	<p>50% “move left”, 50% “move right” for both alcohol and non-alcohol images</p>
<p style="text-align: center;">Both conditions:</p> <ul style="list-style-type: none"> • 240 images per session (120 alcohol, 120 non-alcohol) • 4 sessions (1 per day) of training over 4 consecutive days 	

Eligibility

- Age 18-65
- Current DSM-5 alcohol use disorder (moderate or severe)
- At least 5 days alcohol use in the month prior to admission
- Sufficient English language ability to provide informed consent, understand task instructions, and complete questionnaires
- No history of neurological illness, intellectual disability, or brain injury
- Not too unwell/unstable to be able to provide informed consent or safely participate

Multi-site RCT of ApBM during alcohol detoxification (N = 300)



Baseline characteristics

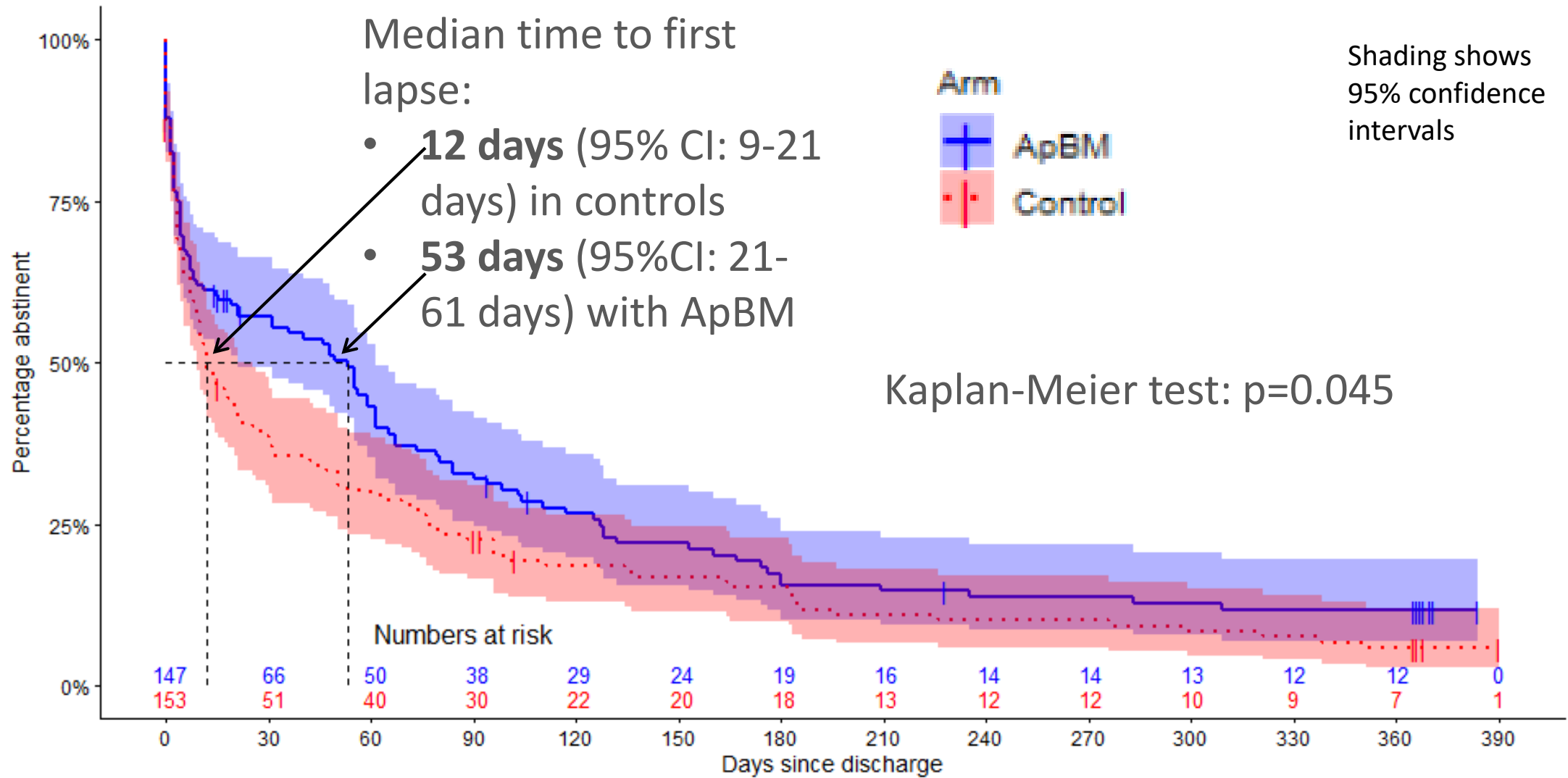
Demographics:

- Average age: 43.5 years (ranged from 21.4 to 65.9)
- 57.7% male, 42.0% female, 0.3% non-binary
- 84% born in Australia
- 6% Aboriginal or Torres Strait Islander
- 25% currently employed
- 14% homeless or lacking stable housing

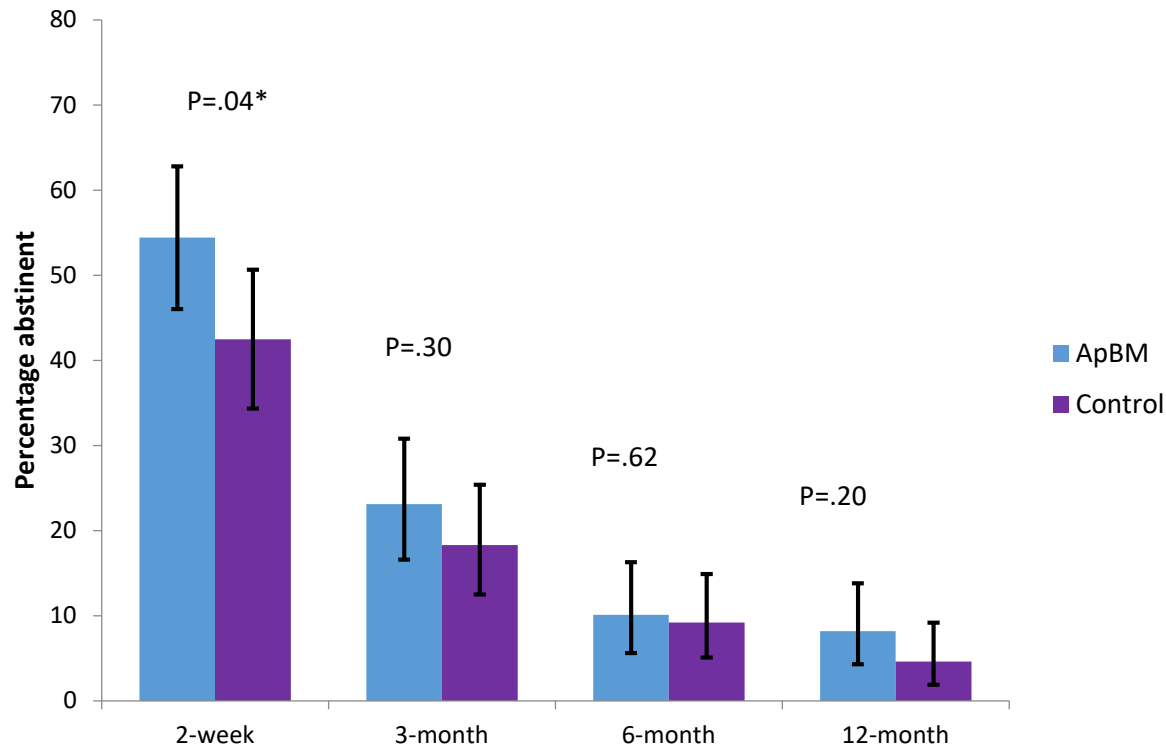
Clinical characteristics:

- 68% had previous episodes of withdrawal treatment (detox)
- Drank alcohol an average of 27.3 out of the 30 days preceding admission
- Drank an average of 589 standard drinks in the 30 days preceding admission
- 72% were current daily tobacco smokers
- 21% had additional drugs of concern (aside from alcohol and tobacco)
- 76% reported having a current psychiatric comorbidity

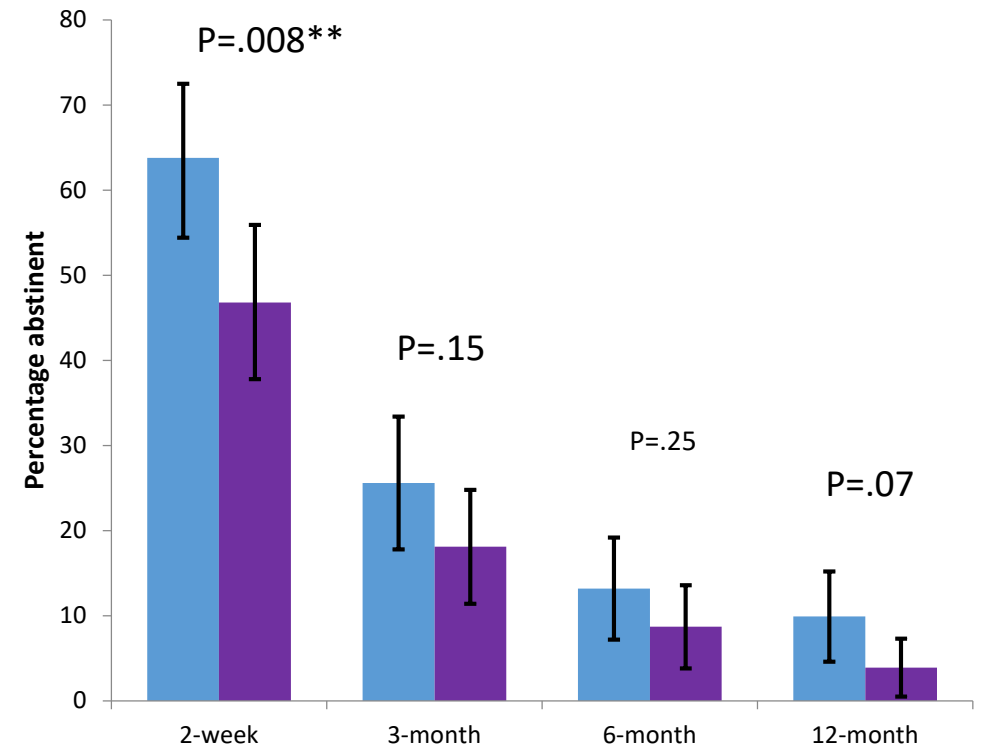
Rates of continuous abstinence from alcohol since discharge



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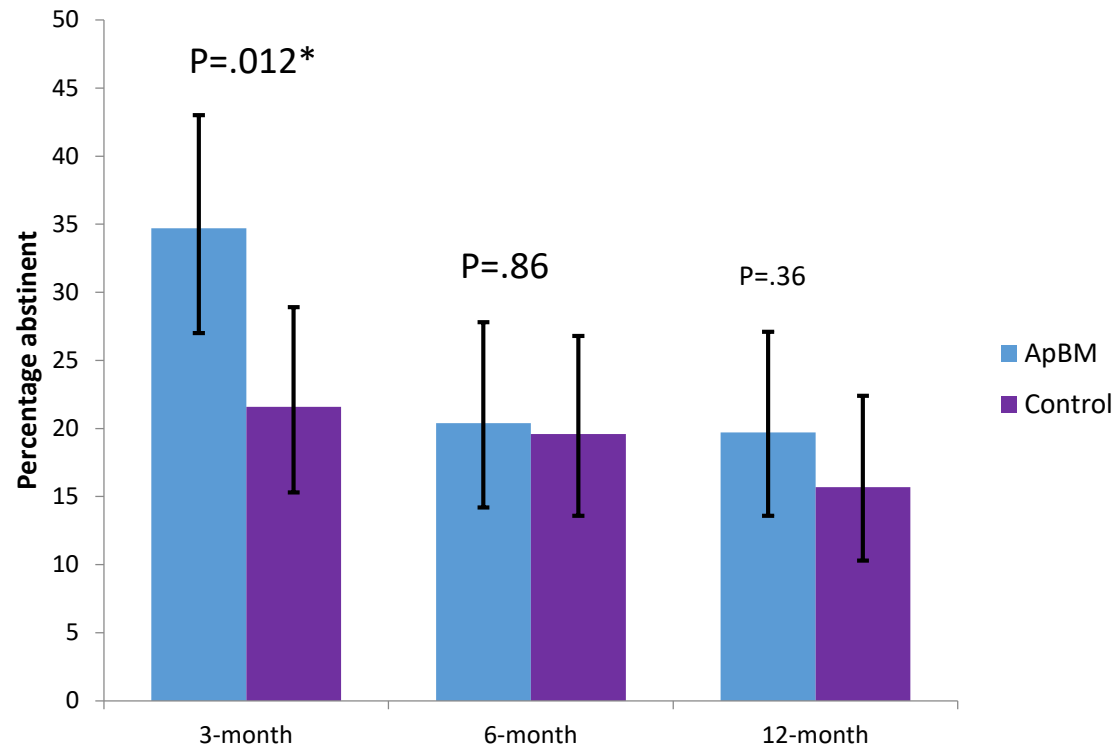
Intention-to-treat (all participants)



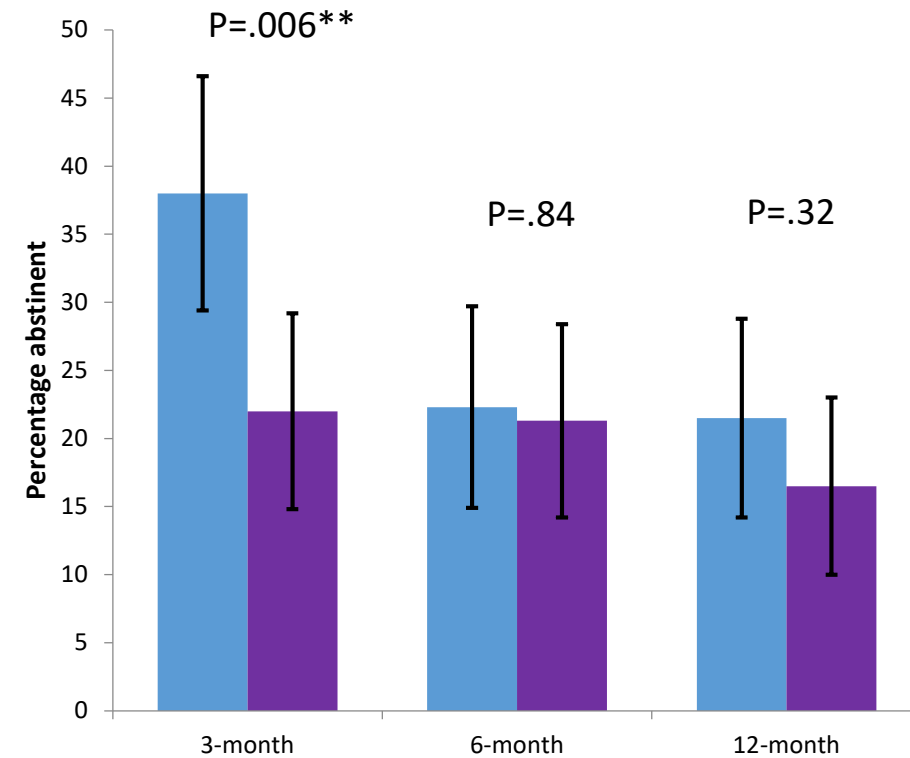
Per protocol (4 sessions completed)

Error bars show 95% confidence intervals for percentages

Past-month abstinence at 3, 6 and 12 months



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Conclusion

- Demonstrates relapse-prevention efficacy of delivering approach bias modification during alcohol withdrawal treatment
- Effects decline after first few months – post-discharge booster sessions needed?
- **Limitations:**
 - Self-reported alcohol use
 - Increasing rate of loss to follow-up at later follow-ups
- Due to its efficacy, acceptability, and feasibility (being safe, simple, brief, low-cost, minimal-equipment/training requirements), ABM is now recommended as a relapse prevention approach in current Australian **Guidelines for the Treatment of Alcohol Problems (Haber & Riordan, 2021)**

Publications

Data presented in this presentation:

- 2-week outcome:
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Funding

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Contact me!

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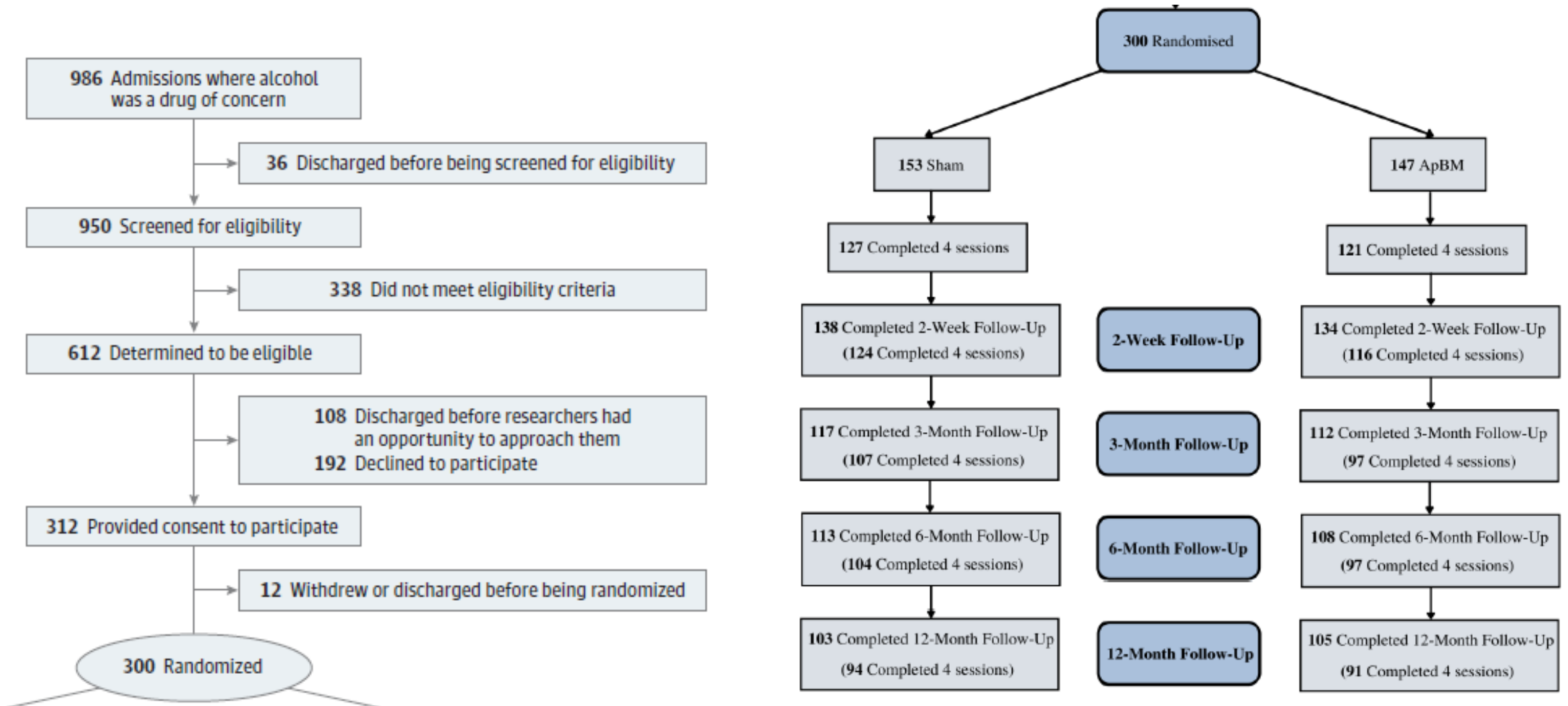
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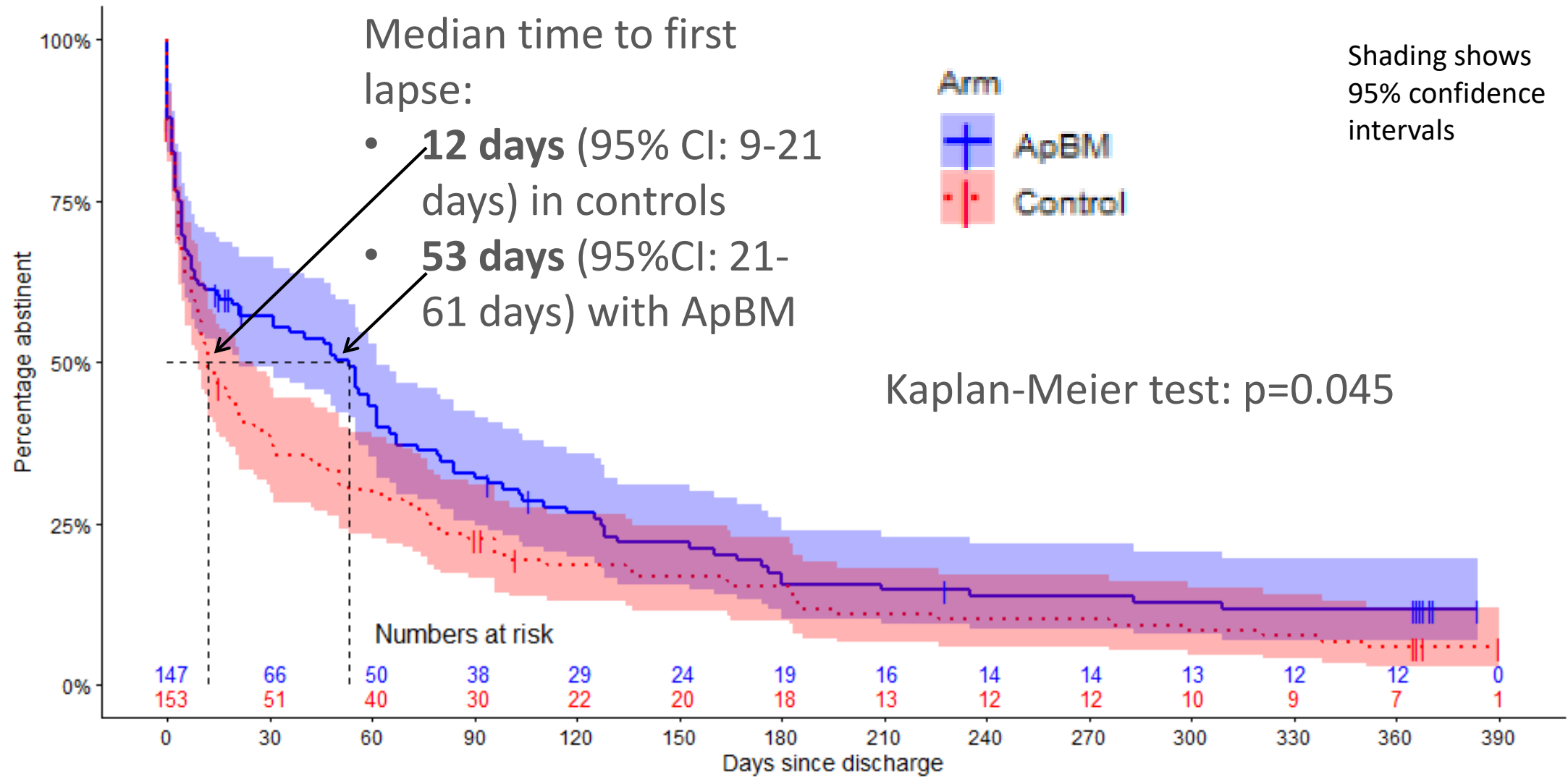
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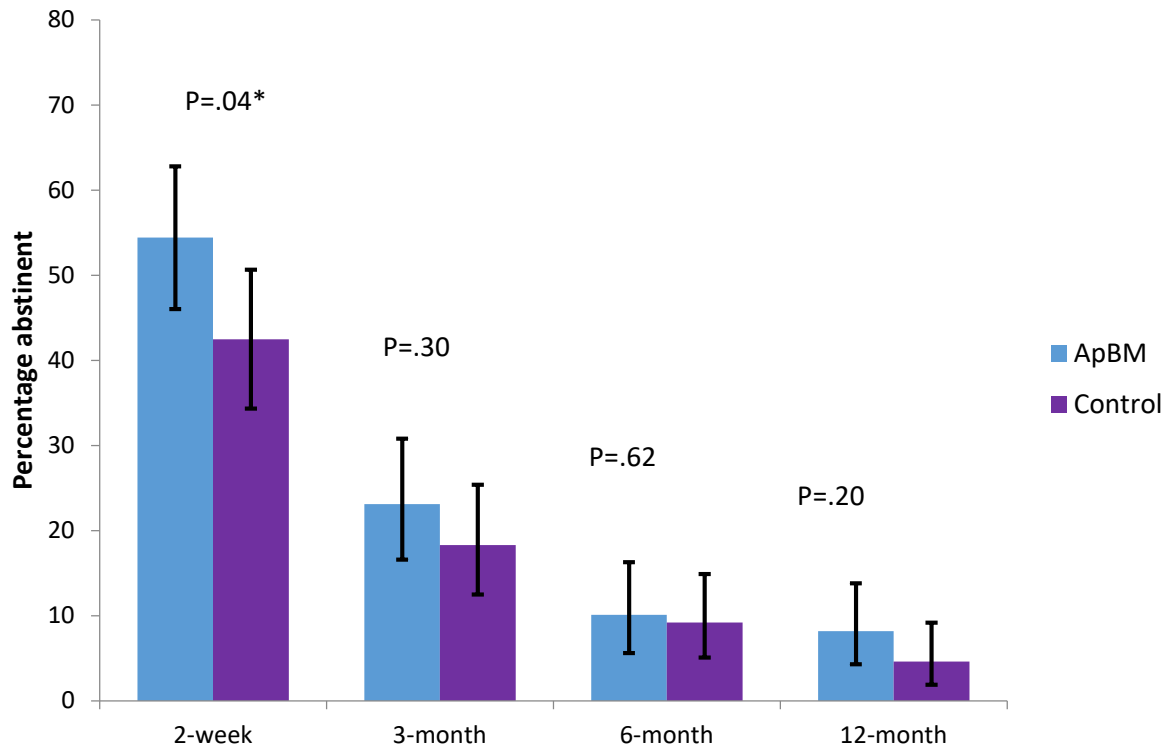
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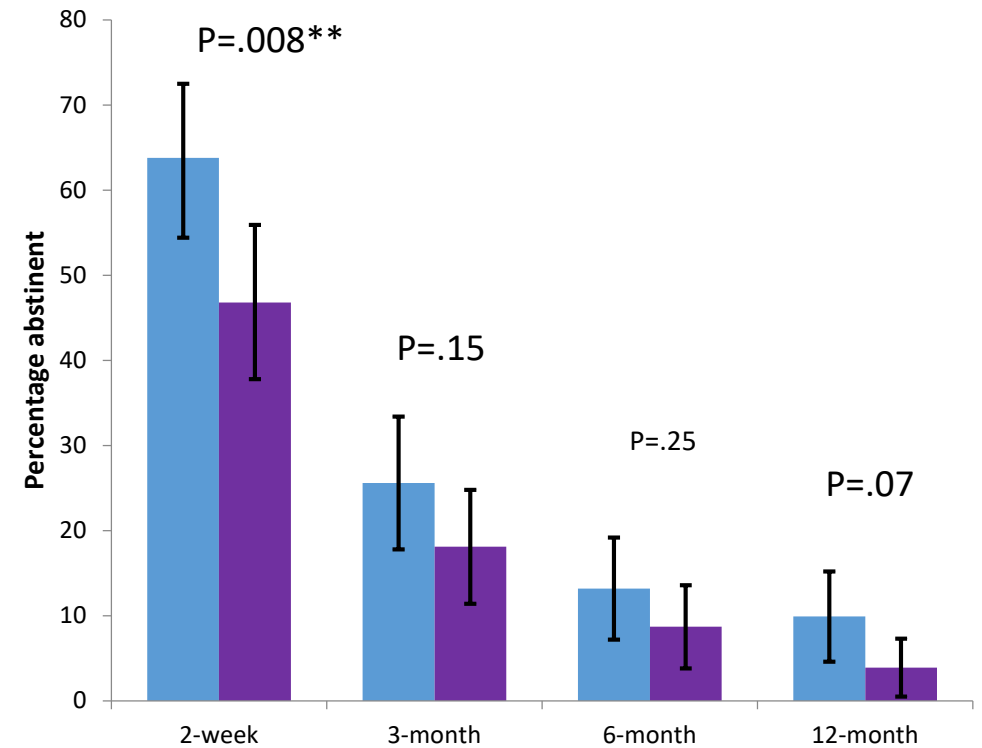
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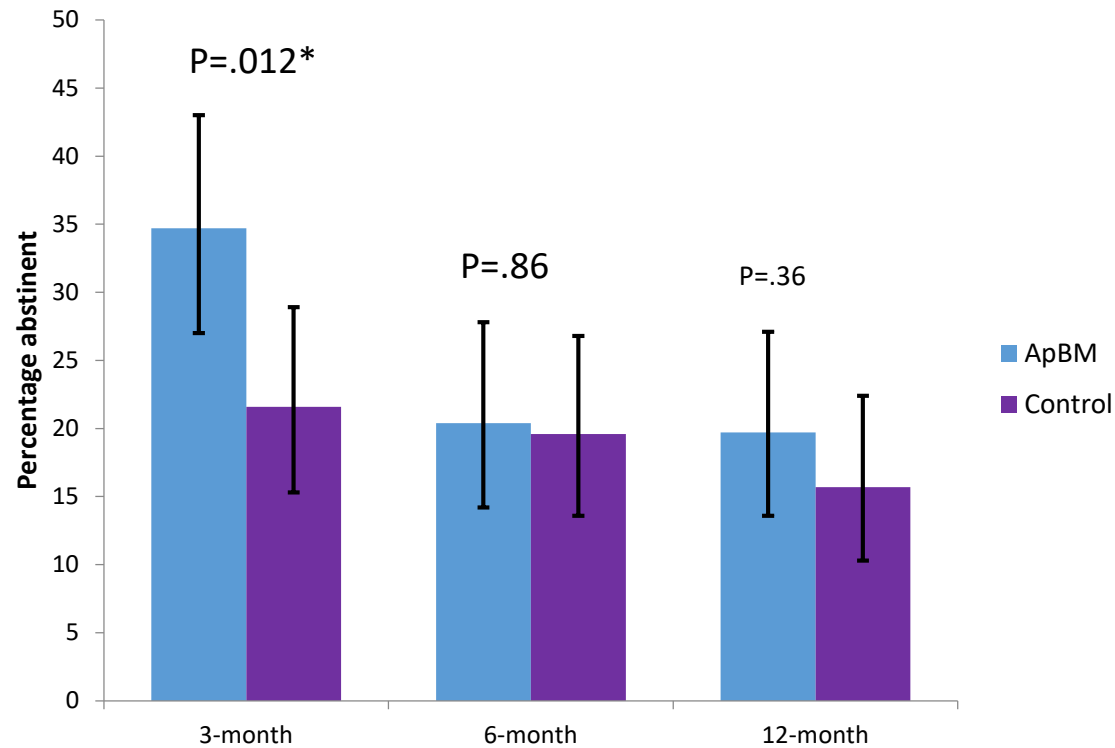
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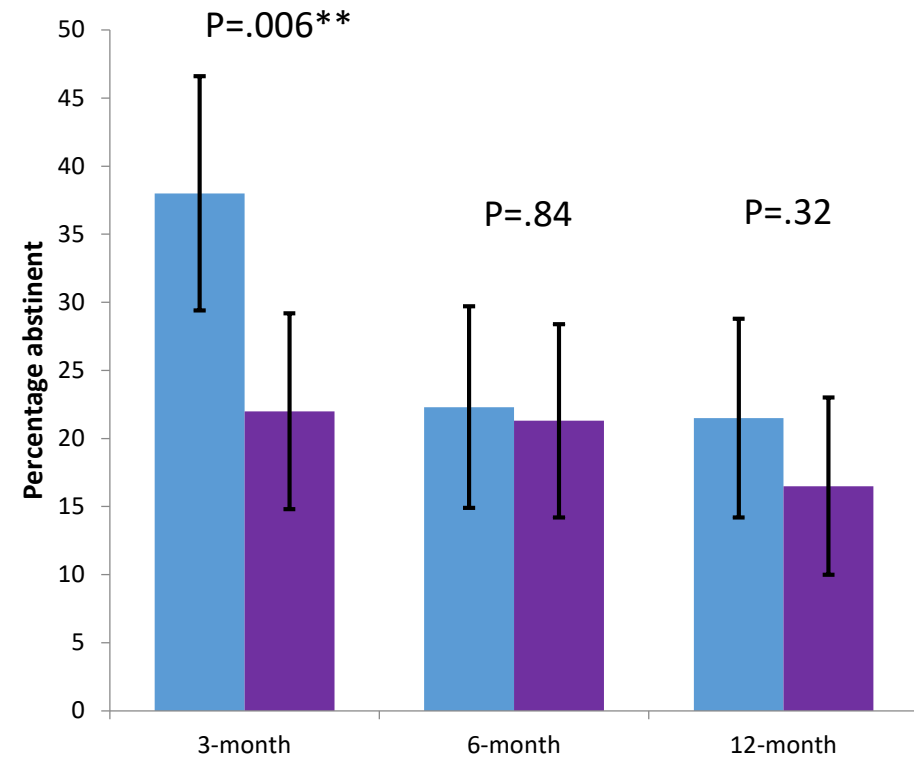
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