

INTRODUCTION

Addiction and liver disease series

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Alcohol-associated liver disease (ALD) is well-recognized as one of the most common forms of chronic liver disease in the United States. It is currently the number one indication for liver transplantation, vying for the top spot with metabolic dysfunction–associated steatotic liver disease.^[1] The primary etiologic risk factor for the development and progression of ALD remains alcohol use, and as such, the hepatology community has increasingly focused on efforts to curb alcohol use and alcohol use disorder (AUD) in this population.^[2–9] However, other substance use disorders (SUDs) also exact a toll on patients with chronic liver disease beyond the obvious and clear association between AUD and ALD.

In this series, we not only examine the impact and treatment of AUD in the setting of ALD but also the impact of other SUDs in chronic liver disease and liver transplantation:

Dr. Lorenzo Leggio and colleagues provide a focused and highly relevant review of the neurobiology of AUD and SUDs more broadly, shedding light on the pathophysiology of addiction and its implications for the clinical care of patients with SUDs from the perspective of a chronic disease model.

Dr. Juan Pablo Arab and colleagues outline the effects of alcohol use on liver-related outcomes in a range of chronic liver diseases, including and beyond ALD.

Dr. Melissa Weimer and colleagues delineate evidence-based treatments for AUD, ranging from medications to behavioral interventions, clarifying common misconceptions and focusing on special considerations when providing this care for patients with ALD.

Dr. Jeanette Tetrault and colleagues highlight the significant overlap between SUDs and chronic HCV

infection, summarizing the role of integrated care models that provide both SUD and HCV care and outlining the importance of addressing social determinants of health when caring for patients with SUD and HCV.

Dr. Daniel Alford and colleagues provide a concise summary of the when, how, and why to diagnose and treat opioid use disorder in the setting of liver disease, including liver transplantation.

Dr. Kinza Tareen and colleagues summarize the impact of tobacco and cannabis use in liver disease, offering diagnostic guidance as well as treatment recommendations and an efficient and thorough summary of how tobacco and cannabis use directly and indirectly impact liver function.

Dr. Victor Navarro and colleagues evaluate and describe the ways that other substances, besides alcohol, can impact liver function. From cocaine to kratom, they concisely review the impact that these other substances can have on pre-existing liver disease as well as the direct hepatotoxicity that might be expected in those who use these substances.

Dr. Akhil Shenoy and colleagues elucidate the impact of SUDs on liver transplantation, reviewing implications related to candidate selection as well as models of care for patients with SUDs who are in need of or have received liver transplantation.

The above papers, taken together, provide a comprehensive, concise, yet thorough review of the major issues involved in the diagnosis and treatment of not only AUD in ALD but also other relevant SUDs in chronic liver disease as a whole. With addictive disorders increasingly impacting our patients' lives, knowledge about the breadth of SUDs that our patients may experience and how these SUDs may impact their

Abbreviations: ALD, alcohol-associated liver disease; AUD, alcohol use disorder; SUD, substance use disorder.

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liver disease is crucial to adequate, holistic care of patients with liver disease.

CONFLICTS OF INTEREST

Jessica L. Mellinger consults for GlaxoSmithKline. The remaining authors has no conflicts to report.

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