

# Chronic Disease Model of Addiction and Implications for Long Term Recovery

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Groups Recover Together

# What is a Chronic Disease?

A chronic disease lasts 1 year or more, and requires ongoing medical attention or limits activities of daily living.

**Six in ten adults** in the US have a chronic disease and **four in ten adults** have two or more.



HEART  
DISEASE



CANCER



CHRONIC LUNG  
DISEASE



STROKE



ALZHEIMER'S  
DISEASE



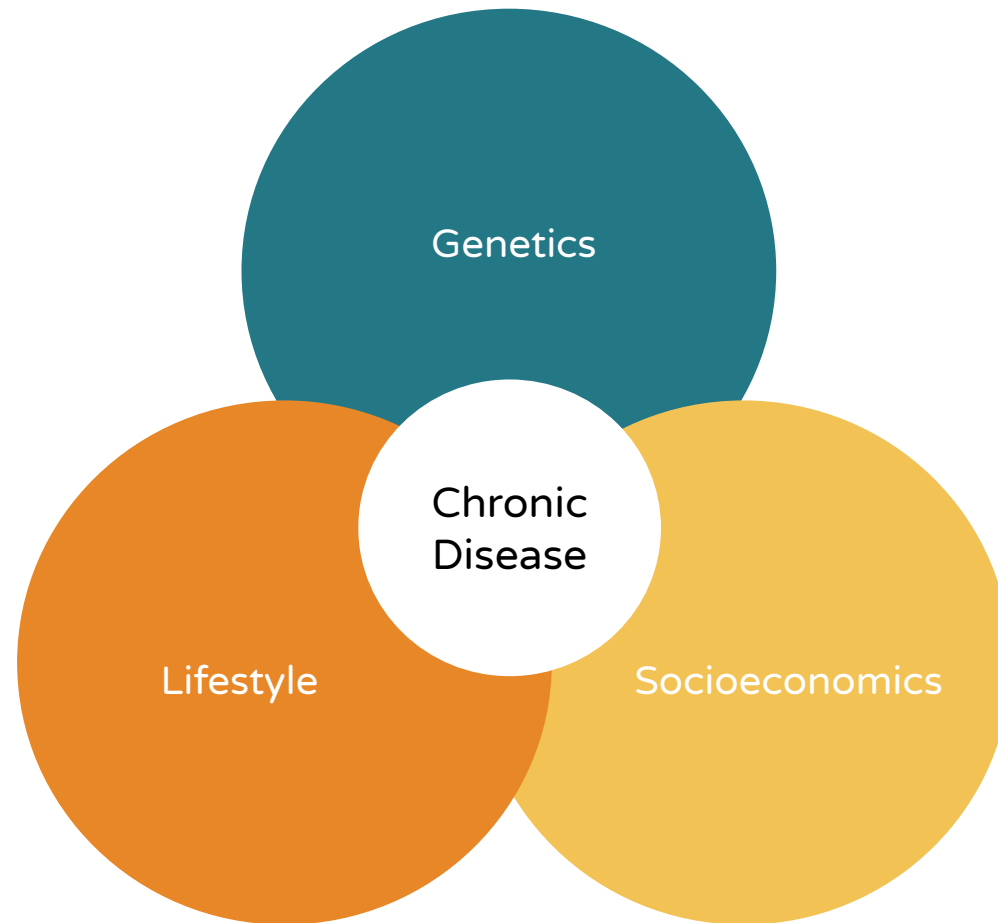
DIABETES



CHRONIC  
KIDNEY DISEASE



# What Causes a Chronic Disease?



# What causes a chronic disease?

Susceptibility

Exposure

	Genetics	Lifestyle	Socioeconomics
Type 2 Diabetes	+++	++	++
COPD	+++	+++	++
Alcohol use disorder	+++	++	++
Opioid use disorder	++	++	+++
Nicotine use disorder	+++	++	+++

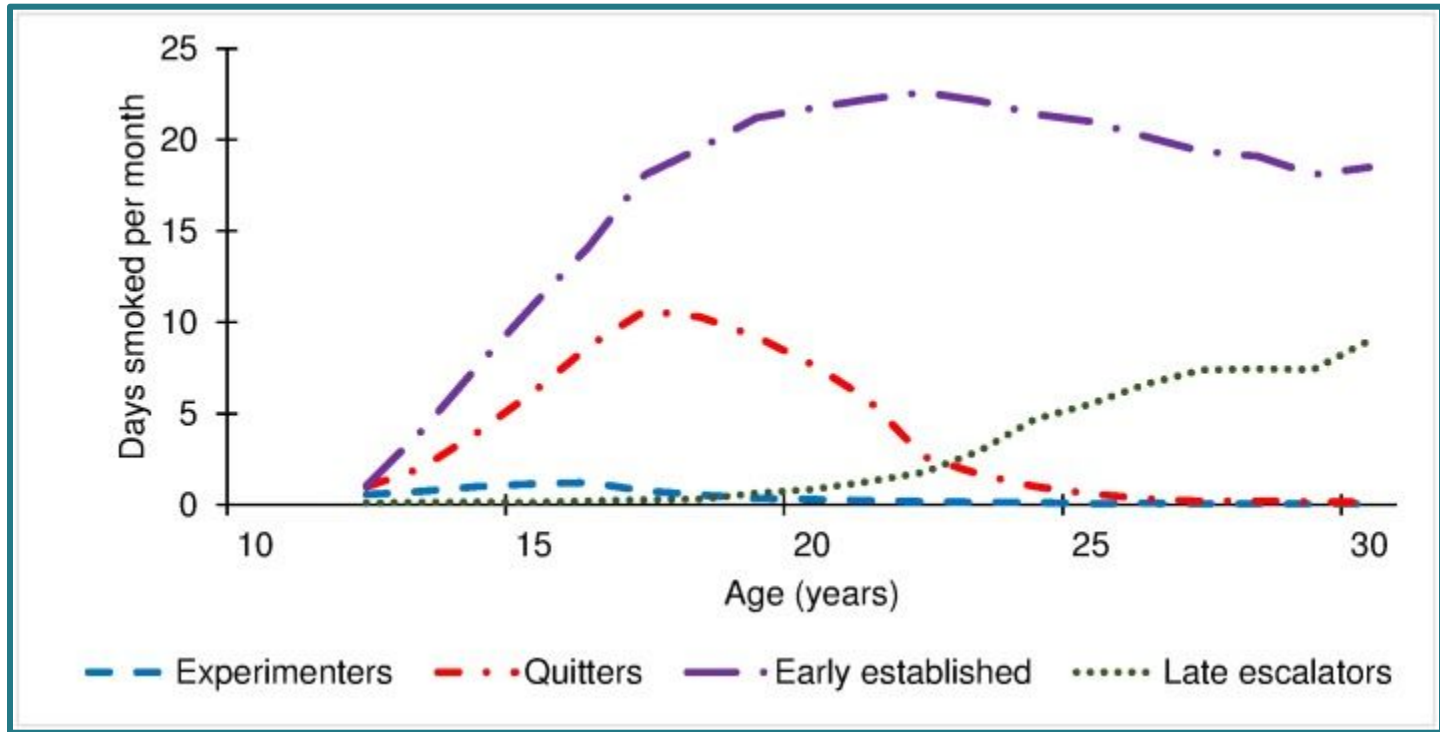
# What is the trajectory of a chronic disease?

	Long Term Consequences:
Type 2 Diabetes	Nerve damage, kidney damage, heart attack, stroke, blindness, amputations, <b>early death</b> .
COPD	Lung cancer, reduced fitness, pneumonia, <b>early death</b> .
Alcohol Use Disorder	Liver disease, nerve damage, physical trauma, psychosocial trauma, <b>early death</b> .
Opioid Use Disorder	Injection site problem, HCV, physical trauma, psychosocial trauma, overdose, <b>early death</b> .
Nicotine Use Disorder	COPD, cancers, heart attack, stroke, <b>early death</b> .

# Trajectory of **Nicotine** Use Disorder

1 in 5  
ever-smokers quit  
or don't escalate  
to *established*  
smokers.

4 in 5  
ever-smokers bear  
the brunt of the  
disease burden



Never smokers (not pictured):  
34% of sample

Early established: 39% of  
sample

Late escalators: 5.2% of  
sample

Quitters: 8.1% of sample

Experimenters: 13.6% of  
sample

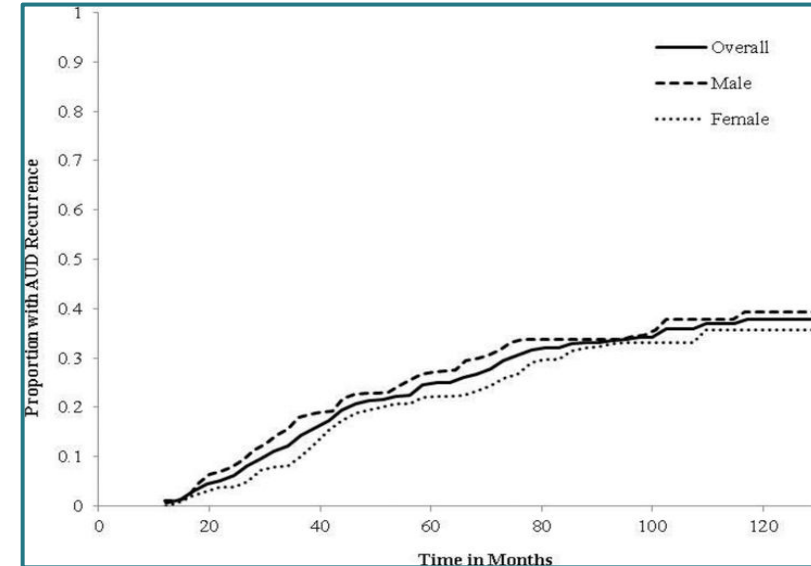
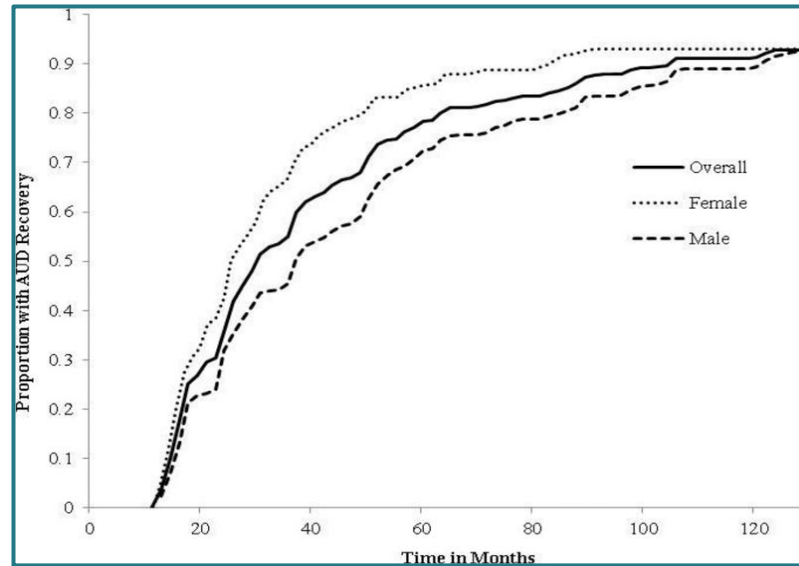
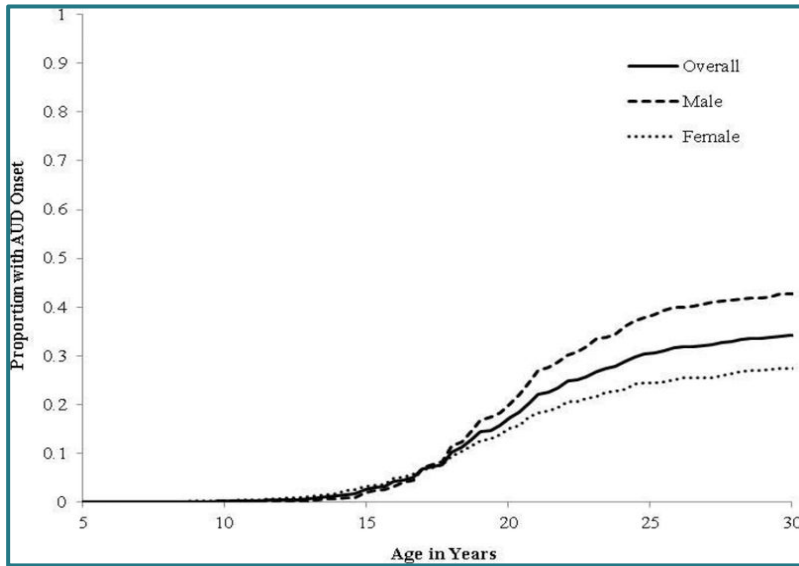
Dutra, Lauren M et al. "Beyond experimentation: Five trajectories of cigarette smoking in a longitudinal sample of youth." *PloS one* vol. 12,2 e0171808. 9 Feb. 2017, doi:10.1371/journal.pone.0171808

50% of smokers can expect to die from a tobacco related illness.

500,000 americans die prematurely from smoking every year



# Trajectory of Alcohol Use Disorder



Seeley JR, Farmer RF, Kosty DB, Gau JM. Prevalence, incidence, recovery, and recurrence of alcohol use disorders from childhood to age 30. *Drug Alcohol Depend.* 2019;194:45-50. doi:10.1016/j.drugalcdep.2018.09.012

Lifetime prevalence of >30%.

Most episodes recover.

High risk of recurrence.

Mean episode duration 23M.

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## Trajectory of Opioid Use Disorder

2% mortality per year (15x the mortality of the general population)

At 10 years of follow up, research tend to show:

- Roughly 20% are deceased.

- Less than 30% are abstinent from illicit opioids.

- High rates of criminal activity, incarceration.

- Low rates of general health compared to controls.

Treatment significantly reduces morbidity and mortality but there is high fragmentation and dropout.

Research consistently shows that discontinuing treatment leads to relapse, hospitalization, overdose, and death.



# How do we manage a chronic disease?



# Managing a Chronic Disease: OUD Example

Chronic disease management priority:	Core Milestone of Recovery:	Measured by (KPI):
<p>1 Control the urgent, problematic symptoms of OUD.</p>	<p>Control cravings and reduce illicit opioid use.</p>	<p>Self report, toxicology testing.</p>
<p>2 Learn to self-manage and self-monitor OUD.</p>	<p>Engage <i>meaningfully</i> in medication maintenance and counseling.</p>	<p>Attendance at regularly scheduled medical and counseling appointments.</p>
		<p>Retention in treatment at 6M, 9M, 12M.</p>
<p>3 Improve overall health and global functioning.</p>	<p>Engage in primary care</p>	<p>Self-report of seeing a PCP.</p>
	<p>Control relevant co-occurring conditions.</p>	<p>Emergency room and hospital utilization.</p>
	<p>Reduce usage of other harmful substances beyond illicit opioids.</p>	<p>Self report, toxicology testing.</p>

# Implications for Long Term Recovery: Practical Implications

Chronic disease priority:	Core Milestone of Recovery:	Measured by (KPI):
<p>1 Control the urgent, problematic symptoms of OUD.</p>	<p>Control cravings and reduce illicit opioid use.</p>	<p>Self report, toxicology testing.</p>
<p>2 Learn to self-manage and self-monitor OUD.</p>	<p>Engage <i>meaningfully</i> in medication maintenance, psychosocial treatments, and lifestyle changes.</p>	<p>Attendance at regularly scheduled medical and counseling appointments.</p>
		<p>Retention in treatment at 6M, 9M, 12M.</p>
<p>3 Improve overall health and global functioning.</p>	<p>Engage in primary care</p>	<p>Self-report of seeing a PCP.</p>
	<p>Control relevant co-occurring conditions.</p>	<p>Emergency room and hospital utilization.</p>
	<p>Reduce usage of other harmful substances beyond illicit opioids.</p>	<p>Self report, toxicology testing.</p>

# Long Term Recovery = Durable Self-Management

Durable self-management requires finding a *sustainable* balance of modalities



The balance of modalities will naturally shift over time, based on progress and preferences

# New Frontiers to Support Long Term Recovery



Medications	Psychosocial Treatment	Lifestyle Changes
<ul style="list-style-type: none"> <li>Stigma associated with medications</li> <li>Access to prescribers</li> <li>Loss of insurance</li> <li>Incarceration</li> <li>Out of pocket costs</li> <li>Logistic inconveniences</li> </ul>	<ul style="list-style-type: none"> <li>Time commitment</li> <li>Access to evidence-based supports</li> <li>Poor reimbursement</li> <li>Persistence of “rehab” model</li> </ul>	<ul style="list-style-type: none"> <li>Fixed social network</li> <li>Low social mobility</li> <li>Stigma of addiction</li> <li>Inadequate psychosocial treatment</li> </ul>
<ul style="list-style-type: none"> <li>Increasing availability of medications</li> <li>Better insurance policies</li> <li>Long acting injectables</li> </ul>	<ul style="list-style-type: none"> <li>Telemedicine and digital innovations</li> <li>Better research on what works</li> </ul>	<ul style="list-style-type: none"> <li>Recovery awareness</li> </ul>

# Cigna Behavioral Health Awareness

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

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Stephanie Gissal - 800.274.7603 x398516

Alex Turner - 800.274.7603 x513597