NEW DEVELOPMENTS IN THE FIELD OF ADDICTION

Cigna Behavioral Health

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Northeast Medical Director, Groups Recover Together
**Topic**: New Developments in the Field of Addiction

**Audience**: Individuals and family members of individuals with substance use disorder

**Length**: 40-45 min presentation with 15 mins at the end for questions
OUTLINE

- Introduction and context
- Tobacco
- Alcohol
- Opioids
- Marijuana
- Conclusion
- Q+A
CONTEXT: WHO AM I?

Jacob “Gus” Crothers MD

- Board certified in Family Medicine and Addiction Medicine
- Experienced with treating addiction in many settings:
  - Inpatient, outpatient, residential, primary care, specialty care, prison / criminal justice, methadone clinics, 1:1, group-visits, telemedicine, etc.

Disclosures

- Medical Director for Groups Recover Together
- Per Diem physician for Baymark
- No other conflicts of interest to report.
CONTEXT: SOBERING STATISTICS

Drug use is the **#2 cause of premature death and disability** in the USA.

Drug use is the **#1 fastest growing** cause of premature death and disability over the last 10 years.

**Substance use** is the dominant **modifiable risk factor** for premature death and disability.

Addiction is the **only disease** who’s definition **requires** that it cause **significant problems with your life**.
TOBACCO
BACKGROUND

# 1 behavioral risk factor for premature death and disability

#1 cause of *preventable* disease and death

Overall, tobacco *smoking* rates are falling in the US:

- 1965: 42% of US adults
- 2005: 20% of US adults
- 2018: 14% of US adults
A RANDOMIZED TRIAL OF E-CIGARETTES VERSUS NICOTINE-REPLACEMENT THERAPY

January 2019, New England Journal of Medicine

<table>
<thead>
<tr>
<th>Smoking “quit rate” at 1 year:</th>
<th>E- Cigarettes</th>
<th>Traditional Nicotine Replacement Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Of those those who quit:</td>
<td>80% still vaping 1 year later</td>
<td>9% still using nicotine 1 year later.</td>
</tr>
</tbody>
</table>

Bottom Line: E-cigarettes are helpful for quitting smoking, but not for quitting nicotine.
E-CIGARETTES AND HEALTH

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful for quitting smoking?</td>
<td>Yes, but...</td>
</tr>
<tr>
<td>Safer than smoking?</td>
<td>Likely</td>
</tr>
<tr>
<td>Long term health effects from vaping chemicals?</td>
<td>Unknown</td>
</tr>
<tr>
<td>“Gateway” to other addictions?</td>
<td>Likely - especially for adolescents.</td>
</tr>
</tbody>
</table>

Constituents of Liquids and Aerosols in E-Cigarettes

Liquids 30-32
Listed Ingredients
- Glycerol
- Propylene Glycol
- Nicotine
- Other compounds detected
- Acetone
- Acrolein
- 1,3-Butadiene
- Cyclohexane
- Diethylene glycol
- Ethylene glycol
- Ethanol
- Formaldehyde
- Tobacco alkaloids (nornicotine, myosmine, and anabasine have been detected in some products, although tobacco was not listed as an ingredient)

Aerosols 33-37
Listed Ingredients
- Glycerol
- Propylene Glycol
- Nicotine
- Other compounds detected
- Acetaldehyde
- Acetone
- Acrolein
- Formaldehyde
- N'-nitrosornicotine (NNN)
- 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK)
- Metals (cadmium, lead, nickel, tin, copper)
- Toulene
ALCOHOL
BACKGROUND

Behind tobacco and drug use → a major driver of premature death and disease

Increasingly found to be a driver of many Cancers.

Excessive drinking cost the US economy $249 billion in 2010, or $2 per drink.

You do NOT need to be an “alcoholic” for drinking to negatively impact your health.

There are really no “healthy” levels of alcohol. There is a direct dose-response relationship between amount of alcohol consumed and negative health consequences.
ADVANCES

Your doctor can help!

Screening Brief Intervention and Referral to Treatment (SBIRT) in primary care is an evidence-based way to reduce problematic drinking and save lives!

May PCP’s aren’t doing performing SBIRT as reliably as they should, but if you ask them, almost all are comfortable helping.
ADVANCES

Treatment can involve effective medications. These aren’t new, but are highly underutilized:

- Naltrexone / Vivitrol
- Acamprosate / Campral

Both effective at reducing days of heavy drinking and helping maintain sobriety. But UNDERUTILIZED!

You do NOT need a psychiatrist or specialist to obtain these medications. Most PCP’s are comfortable with them.
ADVANCES

New treatments for hepatitis C virus (HCV)

HCV is not *caused* by alcohol use, but it’s liver damage is accelerated by it.

Curing HCV / reducing it’s burden in the US will help reduce *some* of alcohol’s toxicity
OPIOIDS
BACKGROUND

The Opioid epidemic kills more americans annually (49,068) than....

- Car crashes
- Gun violence
- Breast cancer
- AIDS (even at the peak of the epidemic)
- The entire Vietnam War

THE EPIDEMIC IS CHANGING:

- Prescription Opioids
- Heroin
- Fentanyl
Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017

- **Any Opioid**
- **Other Synthetic Opioids** (e.g., fentanyl, tramadol)
- **Commonly Prescribed Opioids** (Natural & Semi-Synthetic Opioids and Methadone)
- **Heroin**

1,000 patients prescribed a course of opioids

200 patients will fill occasional prescriptions

100 patients will use opioids continuously

10 patients develop OUD

1 patient

10 years

78 patients

2 patients
## MICROECONOMICS OF OPIOID ADDICTION

<table>
<thead>
<tr>
<th></th>
<th>Oxycodone (oral)</th>
<th>Oxycodone (intranasal)</th>
<th>Heroin (intranasal)</th>
<th>Heroin (injection)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Typical Daily Dose</strong></td>
<td>150 mg daily</td>
<td>100 mg daily</td>
<td>10 “bags”</td>
<td>5 “bags”</td>
</tr>
<tr>
<td><strong>Unit Cost</strong></td>
<td>15mg tab = $15</td>
<td>15mg tab = $15</td>
<td>1 bag = $5</td>
<td>1 bag = $5</td>
</tr>
<tr>
<td><strong>Daily Cost</strong></td>
<td>$150</td>
<td>$100</td>
<td>$50</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Weekly Cost</strong></td>
<td>$1,050</td>
<td>$700</td>
<td>$350</td>
<td>$175</td>
</tr>
</tbody>
</table>
10 years

Death
2 patients

Exposure
1,000 patients prescribed a course of opioids

Episodic use
200 patients will fill occasional prescriptions

Chronic use
100 patients will use opioids continuously

Addiction
10 patients develop OUD

Treatment
1 patient

Adverse Events
78 patients

Death
2 patients

Reduce Prescriptions

Screen for Misuse

Expand Access to Treatment

10 years
ADVANCES: REDUCE PRESCRIPTIONS

Trends in Annual Opioid Prescribing Rates by Overall and High-Dosage Prescriptions
ADVANCES: SCREEN FOR MISUSE

Prescription Drug Monitoring Programs (PDMP’s)

Screening initiatives in multiple settings:

- Primary Care
- Emergency Room
- Urgent Care
- Law Enforcement
ADVANCES: EXPAND ACCESS TO TREATMENT

More Beds or more Chairs?

Inpatient “detox”

VS

Outpatient Medication Assisted Treatment
ADVANCES: EXPAND ACCESS TO TREATMENT

Advancing **coverage** for care

**Medicaid** is critical, and coverage is improving:

- Methadone (36 states)
- Buprenorphine (50 states)
- Naltrexone (49 states)

**Medicaid expansion** is a key driver of success.
ADVANCES: EXPAND ACCESS TO TREATMENT

New technologies to expand access to treatment

- Telemedicine - 50% of US counties don’t have a qualified provider!
- Digital therapy
- Online Support Groups

New entry points to treatment

- Primary care
- Criminal justice / drug courts
- Incarceration
MARIJUANA/CANNABIS
Diseases that Marijuana actually improves are limited: Glaucoma, Nausea, AIDS wasting syndrome, Multiple Sclerosis, Epilepsy, Neuropathic pain.

Like alcohol, marijuana is much more effective as a mild intoxicant than as a medication!
HEALTH EFFECTS OF LONG TERM OR HEAVY USE

Addiction: 9% overall. 17% of those who begin use in adolescence. 25-50% of daily users

Altered brain development and lower IQ scores: Among those who use frequently in adolescence

Diminished life satisfaction and achievements: Strongly associated with use early in adolescence

Chronic bronchitis: Increased risk of psychotic disorders and schizophrenia

Motor vehicle accidents
CLOSING THOUGHTS

Addiction Medicine as a recognized subspecialty

Stigma is still the primary barrier
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:

Chantelle Hoogland – 888.244.6293 x 329159
Lisa Osborne – 770.779.2023