

# Subjective Reports in Abuse Liability Assessment

George E. Bigelow, Ph.D

Behavioral Pharmacology Research Unit  
Dept of Psychiatry and Behavioral Sciences  
Johns Hopkins Univ School of Medicine

# Disclosure

- No financial interests or on-going consulting relationships.
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# Domains of Subjective Reports

- Effects experienced
- Similarity to known drugs
- Liking
- Value
- Behavioral disposition

# Prioritizing Data Sources

1. Epidemiological Experience
2. Human Laboratory/Behavioral Assessment
3. Animal Laboratory/Behavioral Assessment
4. Neurobiological Mechanisms
5. Chemical Structure

*FDA Draft Guidelines, Balster & Bigelow, Drug & Alc Dep, 2003*

# Abuse Liability Assessment Methods

- Acute Profile and Time Course of Effects
- Drug Discrimination
- Drug Self-Administration
- Physical Dependence Assessment

# Principles of Human Lab Assessment

- Test in experienced abusers
- Test a broad dose range
- Test high doses
- Include a negative comparator
- Include a positive comparator
- Assess time course

*FDA Draft Guidelines, Balster & Bigelow, Drug & Alc Dep, 2003*

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# Animal-Human Agreement

## Animal Drug Self-administration

		No	Yes
Human Abuse Risk	No	XXXXXXXXXX XXXXXXXXXX XXXX	XX
	Yes	XX	XXXXXXXXXX XXXXXXXXXX XXXX

*(Schematic Only; based on Griffiths and Balster, Clinical Pharmacology and Therapeutics, 1979)*

# Whose Subjective Reports?

- Experienced drug abusers are widely accepted as the appropriate and most sensitive clinical population for assessing abuse liability.
- “Many of these persons are pharmacological sophisticates, i. e., they can not only accurately distinguish between a potent drug and a placebo but can identify certain drugs with amazing accuracy....”
- “In the normal subjects...The drug most frequently associated with a dysphoric state was morphine.”

*(Lasagna, von Felsinger, Beecher, JAMA, 1955)*



# Domains of Subjective Reports

- Effects experienced
- Similarity to other/known drugs
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# Subjective Reports of Drug Effects

- Addiction Research Center Inventory (ARCI)
- Symptom reports
- Mood scales
- Adjective rating scales
- Visual analog scales

# Addiction Research Center Inventory (ARCI)

- Historical prominence
- Empirically developed and validated in drug abusers
- Statements with True/False answer options
- Multiple scales
  - MBG -- “Euphoria” -- Morphine Benzadrine Group
  - PCAG -- “Sedative” -- Pentbarb Chlorpromazine Alc Group
  - LSD -- “Dysphoria” -- Lysergic Acid

## ARCI MBG “Euphoria” Scale Example Items

- I feel so good that I know other people can tell it.
- Things around me seem more pleasing than usual.
- I feel a very pleasant emptiness.
- I feel as if something pleasant had just happened to me.
- I would be happy all the time if I felt as I do now.

# Adjective Rating Scale Example Items

- Flushing
- Skin itchy
- Sweating
- Turning of stomach
- Nodding
- Relaxed
- Coasting or spaced out
- Talkative
- Heavy or sluggish feeling
- Dry mouth
- Sleepy
- Carefree
- Good mood
- Tingling

# Common Visual Analog Scales

- Any Effects
- High
- Liking
- Good Effects
- Sick
- Bad Effects

## VAS & ARCI

Illustrative partial data and analyses

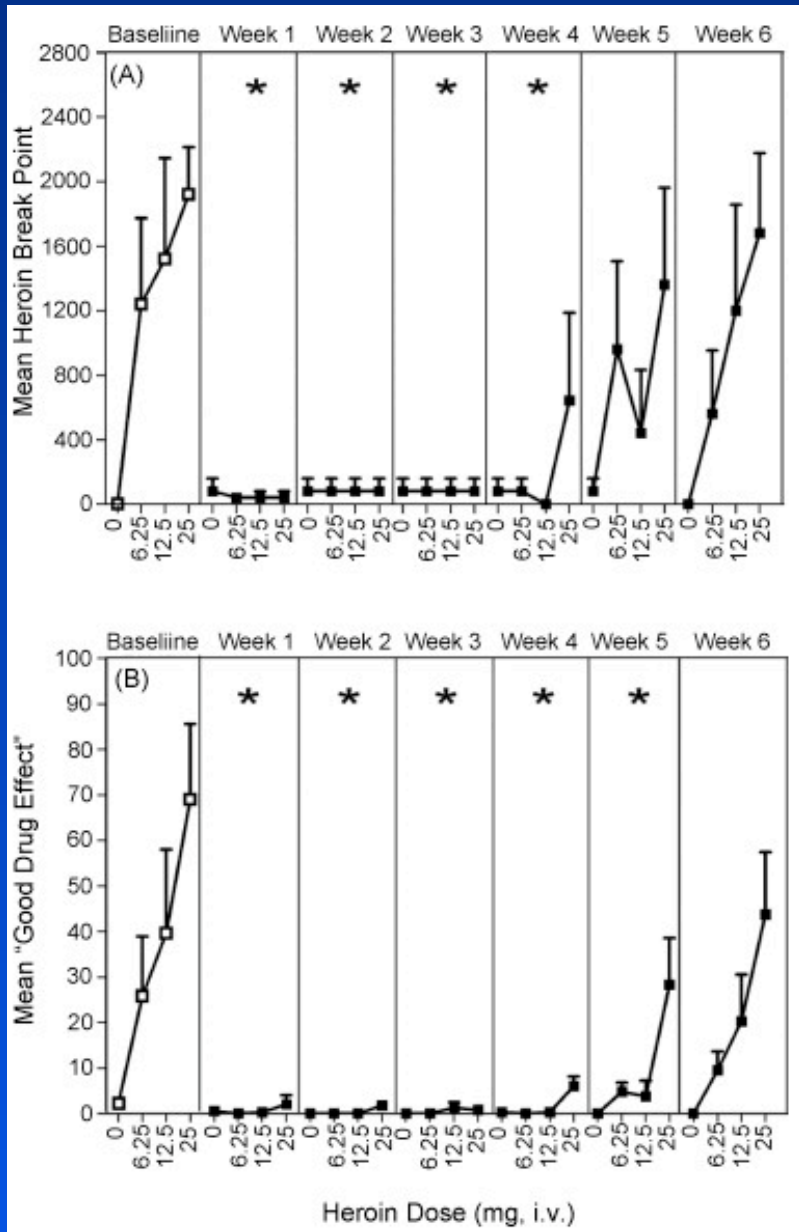
Outcome Measure	<i>p</i>	PCB 0	OXY 10	OXY 20	OXY 40
<u>Visual analogs</u>					
High	0.002	1.1	23.3	31.3	43.8
Drug effect	<0.0001	1.0	22.9	34.3	50.2
Good effect	<0.0001	1.0	27.8	37	59.4
Like	<0.0001	1.1	29.2	37.8	53
Desire op	0.025	50.3	34.4	37.7	48.8
<u>ARCI</u>					
PCAG	0.036	3.7	5.2	5.9	6.2
AMPH	0.024	2.1	2.4	3.7	4.6
MBG	0.041	3.0	3.6	4.9	7.6

Walsh, Nuzzo, Lofwall and Holtman  
*Drug and Alcohol Dependence* (2008)

*p-values are based on overall condition effect in analyses including hydrocodone & hydromorphone.*

# Heroin X Naltrexone Depot

Subjective reports of heroin's "Good Effects" and heroin self-administration are both similarly suppressed by long-acting naltrexone depot.



Sullivan, S.K. Vosburg and S.D. Comer  
*Psychopharmacology* (2006).



# Subjective Reports of Similarity

- Is it “dope?”
- Drug class identification
  - Placebo, opiate, sedative, stimulant, etc.
- Is it similar to [drug X -- heroin, oxycodone, etc.]?

# Weaknesses of Effect and Similarity Assessments

- Based on similarity to known drugs
- May be insensitive to novel drugs
- Indices reflecting liking, value or behavioral disposition may be more sensitive and have broader applicability

# Subjective Reports of Liking

- Do you like the drug effect?

Yes/ No

Not at all - A little -- Moderately - A good bit - A lot

Not at all

Extremely

# Subjective Reports of Value

- Street value in dollars
- How much would you pay?
- Drug versus money preference

# Subjective Reports of Behavioral Disposition

- Willingness to take again
- Desire to take again
- Drug versus money preference

# Multiple Choice Procedure Questionnaire

For each pair would you rather have that amount of money or receive today's drug again?

\$20	Drug	....	....
\$18	Drug	\$1.50	Drug
\$16	Drug	\$1.00	Drug
\$14	Drug	\$0.50	Drug
\$12	Drug	\$0.00	Drug
\$10	Drug	-\$0.50	Drug
\$8	Drug	-\$1.00	Drug
\$6	Drug	-\$1.50	Drug
....	....	....	....

# Drug versus Money Choice Question

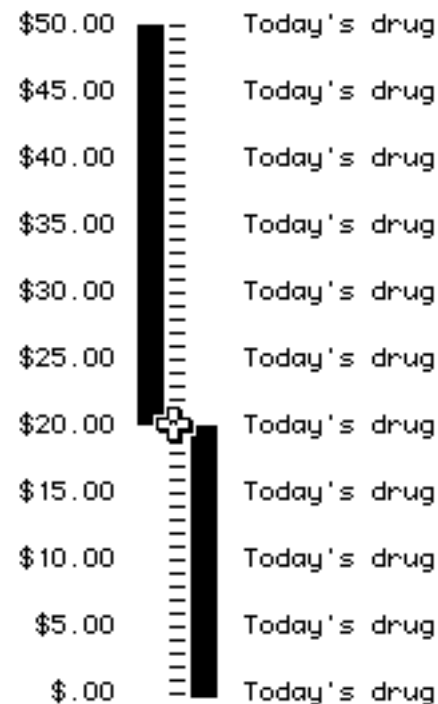
**What would you choose in a future session if you could choose between today's drug or money?**

Click on the scale at the right to indicate your choice.

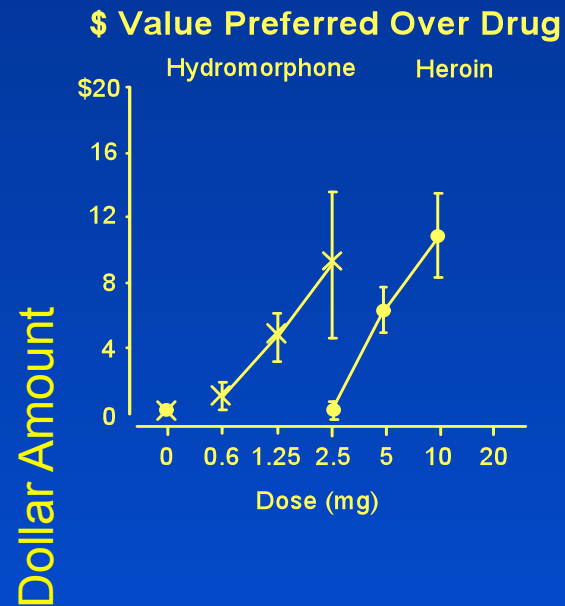
**At \$ 20.00 or more I would CHOOSE MONEY.**

**At less than \$ 20.00 I would CHOOSE TODAY'S DRUG.**

Enter selection



# Heroin versus Hydromorphone, i.v.





# Applicability to Newer Formulations

- Uncertain and/or variable applicability
- Depends on mechanism of the new formulation
- Developed for assessing chemical entities
- New formulations may target a niche problem
- Method adaptations may be needed

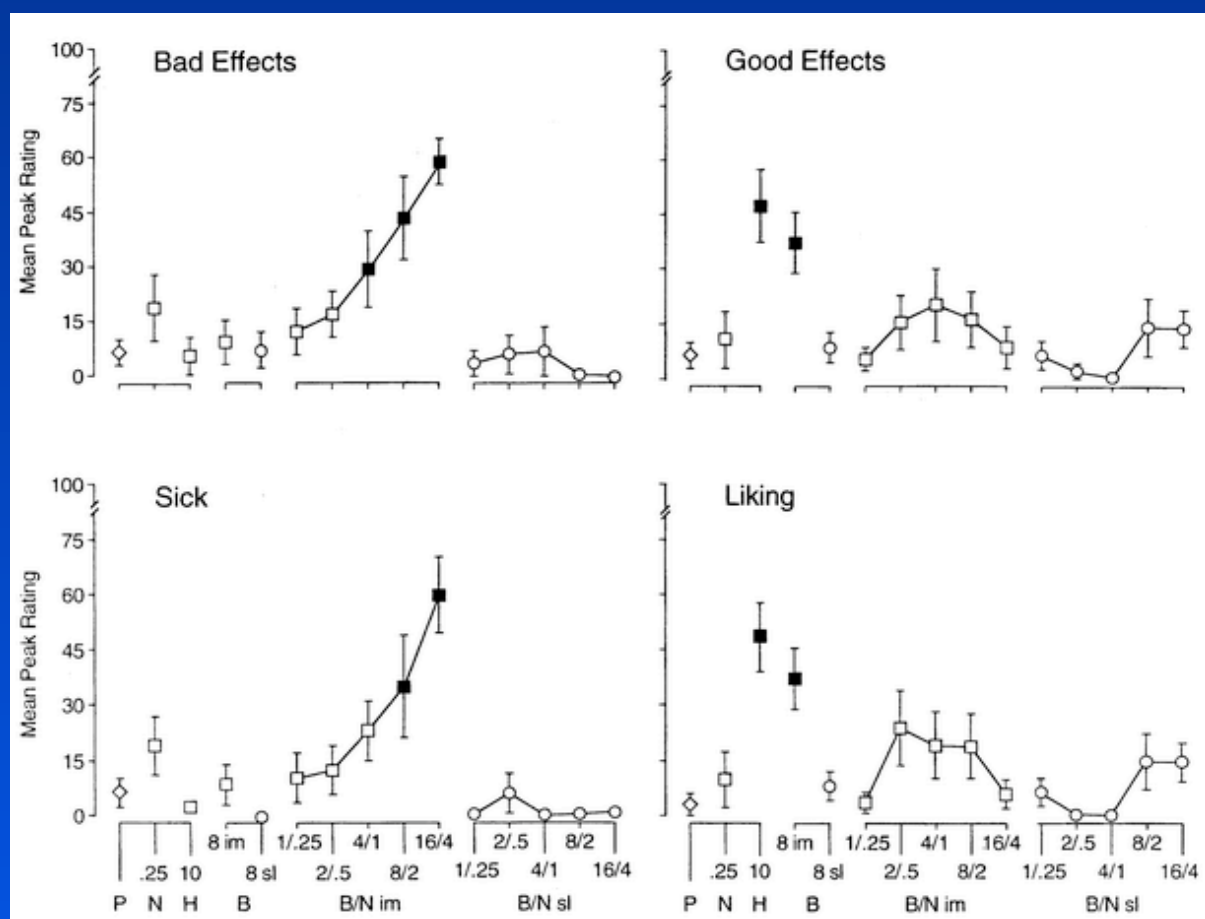
# Examples of “Engineered” Newer Formulations

- OxyContin -- sustained release oxycodone
- Vyvanse -- enzymatically released amphetamine
- Suboxone -- buprenorphine plus naloxone
- Embeda -- sequestered naltrexone
- Remoxy -- non-crushable SR oxycodone

# Suboxone Engineering

- Buprenorphine-Naloxone combination
- Sublingual administration
- Relies on poor sublingual delivery of naloxone
- Injection use (misuse) delivers full naloxone
- Precipitates withdrawal in dependent Ss

# Buprenorphine/Naloxone (Suboxone) Route of Administration Effects in Opioid-Dependent Subjects



Stoller et al, *Psychopharmacology*, 2001

# Strengths, Weaknesses and Applicability

- Excellent for addressing pharmacology
- Doesn't address clinical or epidemiological context
- Abuse liability is a function of both
- Not all questions are best answered by drug users
- Not all questions require experiments to answer

# Is There One Best Assessment?

# In There One Best Assessment?

- Probably not
- Liking, Value, and Behavioral Disposition are leading candidates

## Conclusions

- Many useful subjective report indices
- Convergence of multiple indices is most persuasive
- Indices of liking, value, and behavioral disposition appear most useful
- Applicability to abuse-deterrent technologies is a work in progress



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