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Adapting Traditional Human Abuse Liability Testing to Tobacco Products

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What is Abuse Potential?

Abuse Potential as per FDA

Assessment of Abuse Potential of Drugs – Guidance for Industry (January 2017)

- **Abuse Potential (AP)** – the likelihood that a drug product or substance will be intentionally used in a non-therapeutic manner to achieve a desired psychological or physiological effect
- **Dependence**
 1. Physical:
 - withdrawal symptoms after abrupt discontinuation of the drug
 - mitigated drug response after repeated dosing resulting in a higher dose requirement to elicit the same response once achieved with a lower dose (tolerance)
 2. Psychological:
 - Mental desire to seek rewarding properties of the drug
- **What is the link?**

Reward → Abuse → Dependence → **Addiction**

FDA Requirements for Drugs

FDA Requirements for Abuse Potential Characterization

Assessment of Abuse Potential of Drugs – Guidance for Industry (January 2017)

- Section III-C: All primary data related to the abuse potential characterization of the drug from:
 - a. Chemistry
 - b. Receptor-ligand binding and functional studies
 - c. Pharmacokinetics
 - d. Abuse-related animal studies
 - e. Human abuse potential laboratory & physical dependence studies
 - f. Abuse-related adverse events from clinical studies
 - g. Any overdose related information from clinical studies
 - h. Incidence of abuse during clinical studies

Human Pharmacokinetics & AP Studies

- Pharmacokinetic studies
 - The PK profile is very important in determining the abuse potential of a substance
 - Faster T_{max} and higher C_{max} → rapid onset of effect
 - Shorter half-life → greater drug seeking behaviour
- Drug discrimination
- Behavioural economics
- Acute dose-effect studies
 - Within subject comparison of varying doses, positive/negative controls
 - Pre-qualification phase – baseline discrimination testing adds statistical power
 - Most common approach, high predictive validity

Drug AP - What Do We Want to Know?

- What are the endpoints?
 - Subjective measures (VAS):
 - Drug liking (at the moment, overall), would take drug again
 - Positive and negative effects
 - Drug similarity
 - Questionnaires:
 - Addiction Research Center Inventory (ARCI)
 - Profile of Mood States (POM)
 - Physiological:
 - Pharmacokinetics
 - Pupillometry (opiates), tachycardia (stimulants)

FDA Requirements for New Tobacco Products

FDA Requirements for AP of New Tobacco Products

Pre-Market Tobacco Product Applications for ENDS – Draft Guidance (May 2016)

- Section VI – H(2)
 - Abuse liability evaluations should consider the addictiveness and abuse and misuse potential of the e-liquid and aerosolizing apparatus independently as well as when the products are used together
 - Exposure to nicotine during use (pharmacokinetic data)
 - Other considerations:
 - Likelihood of tobacco users switching from other tobacco products to the new tobacco product
 - Likelihood of nonusers, never users, and former users, who may initiate or relapse tobacco use with the new tobacco product

FDA Requirements for AP of New Tobacco Products (cont'd)

Modified Risk Tobacco Application – Draft Guidance (March 2012)

- Section VI – A(2-3)
 - Effect on tobacco use behaviour among current tobacco users
 - Human studies to assess the abuse liability and the potential for misuse of the product as compared to other tobacco products on the market
 - Likelihood that current tobacco users will start using the product (switching)
 - Effect on tobacco use initiation among nonusers
 - Likelihood that consumers who have never used tobacco products will initiate use of the tobacco product
- Section VI – B(3)
 - Impact of pharmacologically active constituents and other ingredients on the speed and efficiency of nicotine delivery and the formation of unprotonated nicotine

Abuse Potential of Tobacco – What is the focus?

Human AP of Tobacco – What Is the Focus?

- Abuse potential for drugs
 - Multiple pharmacological classes
 - Almost limitless number of different molecules to consider
- Abuse potential for tobacco products
 - One molecule to consider - nicotine
 - Does this make things less complicated ? **Not at all!**

Complications of Nicotine Pharmacokinetics and AP

- Abuse potential influenced by rate and extent of nicotine exposure (T_{max} , C_{max})
 - Inhalation (i.e.: smoking) leads to rapid delivery of nicotine into lungs and brain = high abuse potential
 - Buccal/oral or dermal absorption is slower and has lower bioavailability = lower abuse potential
- PK influenced by user behavior and experience
 - Inexperienced users
 - Experienced users - adaptable
- Physical properties
 - Particle size

Complications from Reinforcing Effect of Sensory Stimuli

- Smoking produces a distinct sensory stimulus that can be attractive, pleasurable and reinforcing
- Denicotinized cigarettes when used by dependent subjects
 - Show significant subjective 'liking' VAS scores
 - Can alleviate some of the craving and withdrawal
- Other additives and by-products
 - Humectants, flavours, acetaldehyde
- Therefore, it cannot be assumed that the 'liking' scores from smoking come just from nicotine delivery

Use of Different User Populations To Predict HAP

- Current users
 - Most likely population to switch to new tobacco product
 - Should discrimination testing be implemented?
 - Level of experience can influence subjective ratings
 - Can include training period of ad libitum use
 - Include subjects with familiarity of new product (i.e.: E-cigs)
 - Positive control is their 'own brand' cigarettes
- Nonusers or former users
 - At risk population of starting/re-starting tobacco use
 - Cigarettes not necessarily an appropriate positive control
 - Non-pharmacological factors more influential?

Tobacco AP - What Do We Want To Know?

- What are the endpoints?
 - Subjective measures (VAS):
 - Product liking, use of product again
 - Direct effects of nicotine or product
 - Abstinence/withdrawal symptoms
 - Questionnaires:
 - Questionnaire of Smoking Urges (QSU Brief)
 - Modified Cigarette Evaluation Questionnaire (mCEQ)
 - Physiological:
 - Pharmacokinetics
 - Cardiovascular

HAP of New Tobacco Products – A Balancing Act

- Goal with drugs is to eliminate the human abuse potential
- Goal with most modified risk tobacco products is to switch over smokers BUT not convert naïve or former users to users of the new product
 - If HAP is eliminated, then smokers are not likely to switch
 - If HAP is too high, then risk of naïve subjects initiating use and becoming dependent increases

Q & A

Thank you!



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