Welcome to the VIP Initiative

February 2019

An IDEAS –VISN 19 Service and Research Collaborative

VIP PRESENTATION

IDEAS Steering Committee Meeting

Dr. Adam Gordon presented at the January 2019 COIN-IDEAS Steering Committee Meeting. He described the VIP initiative and how the initiative is evolving in VISN 19. In 2018, the VIP Initiative was initiated by the Veteran Health Administration (VHA) Veteran Integrated Service Network (VISN) 19 and the VA Salt Lake City Health Care System. Dr Gordon described the initiative implementation, delivery of expected results, upcoming activities. Please find his presentation slides at www.tinyurl.com/vip-initiative

VIP RESEARCH

Buprenorphine for Kratom Withdrawal and Addiction

There have been an increasing number of reports of the morbidity and mortality associated with kratom and polysubstance use. As kratom continues to gain popularity, we are seeing more and more cases of addiction, dependence, and adverse events. Kratom is a supplement that originates from the tropical kratom tree indigenous to Southeast Asia. It's use has been on the rise and it is easily accessible in many stores in the United States and online. It is marketed as a "safe" and "non-addictive" replacement for opioids. Patients often report using kratom for pain, opioid withdrawal and replacement, and to improve mood, energy and anxiety. The active compounds are thought to be mitragynine and 7-a-hydroxymitragynine, which act on opioid receptors to provide an opioid-like effect. Mitragynine makes up approximately 60% of the alkaloid content and is a partial mu-opioid agonist that is about 25% as potent as morphine. 7-a-hydroxymitragynine makes up approximately 2% of the alkaloid content and is a potent mu-opioid agonist that is 10-13 times more potent than morphine and 46 times more potent than mitragynine. Effects of this supplement are dose dependent. Lower doses (<5g) are associated with stimulating effects thought to be produced by acting on serotonergic and alpha adrenergic pathways. High doses (5-15g) are associated with opioid-like effects, providing pain relief and potentially euphoria. Doses >15g are associated with calming and anxiolytic effects. The onset of action is 30-60 minutes and the duration lasts approximately 5-7 hours. The half-life is 3.5 hours for mitragynine and 2.5 hours for 7-a-hydroxymitragynine. Withdrawal symptoms similar to those associated with opioid withdrawal have been reported, though less severe and shorter in duration. Several case reports using buprenorphine to successfully manage kratom withdrawal, dependence, and addiction have been published. In these cases, patients were escalating use and seeking medical help to discontinue kratom. Buprenorphine was started in these patient to manage withdrawal symptoms or pain, with a goal of discontinuing kratom use. Overall, it appears that buprenorphine has a role in managing kratom withdrawal and addiction. Further research is needed given increased prevalence of use and the increased incidence of adverse outcomes with kratom.

FEBRUARY 2019 VIP CHAT

Please announce to your networks our 30 minute, virtual VIP chat on **February 27th, 2019** to discuss: ***The Case of Donald: Reasons why buprenorphine care is discontinued***. If you have a question you would like addressed, please submit it to Nodira.Codell@va.gov.

For resources, guidances, past newsletters and presentations, visit our VIP SharePoint site: www.tinyurl.com/vip-initiative