



## **WISAM Newsletter: Teleconference Minutes**

### **October 27, 2016**

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**Moderator:** Aleksandra Zgierska (WISAM President; Madison)

**Present:** Matthew Felgus (Madison, WISAM's Vice-President), David Galbis-Reig (Kenosha, WISAM's Secretary), Brian Lochen (Madison, WISAM's Treasurer), Nameeta Dookeran (Oconomowoc, Chair of WISAM's Education and Program Committee), Ted Hall (Baraboo), Subhadeep Barman (Brookfield), John Ewing (Madison), Kathy Oriel (Madison)

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Main topics addressed at tonight's teleconference:

#### **Probuphine:**

Dr. John Ewing has recently trained to be able to implant Probuphine, a 6-month buprenorphine implant (<https://www.probuphine.com>); he is one of three providers in Madison who have been trained to provide Probuphine. The need to purchase Probuphine, which is very expensive, up front by the clinic, is a barrier to the initiation of this therapy.

Participants discussed concerns and considerations regarding the use of Probuphine. The FDA-based indication for using Probuphine (per package insert) is that the patient must be stable on buprenorphine on 8 mg or fewer for at least several months. However, some insurances (Unity is an example) has very different criteria, authorizing it for those who are in treatment but still have problems with compliance. Attendees expressed concerns about this approach: a) those who are non-compliant (e.g., do not follow-up with behavioral care and/or those who are not well-established in recovery) could be lost to follow-up for months at a time because it is a 6-month implant; and b) polysubstance use (especially alcohol or benzodiazepines) on top of probuphine could be dangerous. In general, the consensus has been that polysubstance abusers are the group that requires much closer monitoring, often daily monitoring, especially early in recovery.

#### **WISAM Annual Conference:**

Discussion of Impressions from those who attended it.

- 1) The law enforcement workshop was well received. Dr. Barman stated that he found it useful to hear law-enforcement's perspective on issues associated with substance misuse. Dr. Lochen agreed that law enforcement should be included in future conferences.
- 2) The panel discussion was useful. In the future, this workshop may be even better "utilized" if it is more focused on a specific issue or concern.

- 3) Drs. Cresta Jones and Chuck Schaubberger's workshop was also very well received; its interactive and "non-intimidating" approach was an asset.
- 4) Dr. Lochen recommended having PDMP group come back to speak again at next year's conference given the changes to the PDMP that will go into effect in early 2017; similarly to the above workshop, the interactive and "non-intimidating" approach of the presenters was an asset.
- 5) It would be good to hear a perspective of the payers / policy issues, Dr. Zgierska mentioned that maybe Dr. Randy Cullen from the Wisconsin Medicaid program or Dr. Tim Bartholow (WEA Trust) could assist with it.
- 6) Mental health co-occurring workshop was felt to be useful (Matt Felgus and Skye Tikkanen) by the participants.
- 7) We should consider a presentation vs. a workshop by the professionals working with the controlled substances board and/or lawyers involved in medical cases especially in relation to opioids (e.g., Sean O'D. Bosack from Godfrey & Kahn, S.C., Milwaukee who presented at the WCHQ's meeting on provider liability for improperly prescribed opioids).
- 8) Dr. Kathy Oriel, an expert in LGBTQ medicine, volunteered to present on this topic in the context of addiction medicine; this was applauded as a useful and interesting topic by the attendees.
- 9) We should also consider broadening the non-physician perspectives: county perspective (maybe Debra Natzke / Todd Campbell); sober living; peer coaches; school counselors on their view on substance use / abuse in school age children and adolescents.
- 10) Overall, the conference was very well received.

### **Kratom:**

David Galbis-Reig presented on this topic and his effort to provide input to the DEA to have it scheduled as Schedule I substance. Currently the DEA is seeking comments on this issue (see below). Dr. Galbis-Reig published a report on Kratom addiction and withdrawal in the Wisconsin Medical Journal that serves as an excellent concise resource on Kratom-related issues and the treatment of Kratom addiction:

<https://www.wisconsinmedicalsociety.org/WMS/publications/wmj/pdf/115/1/49.pdf>.

- 1) Kratom is a psychoactive herb indigenous to Southeast Asia that has recently gained popularity in the west. Kratom is illegal in Wisconsin, as it is illegal in Thailand where it is a number 1 abused drug (followed by amphetamines). It is promoted to the public as a benign alternative to opioids; similarly to marijuana, it also has a benign appearance as it is a plant and, for its effects, it is often used in a tea form that can be bought in tea shops. It is marketed in a similar way as marijuana is. Kratom effects resemble (to some extent) buprenorphine as Kratom has analgesic effects and may have a lesser effect, compared to "straight" opioids, as far as respiratory depression goes. However, there were fetal overdoses reported. Treatment of a Kratom withdrawal follows the same approach as for opioid withdrawal. We may not be aware of the extent of Kratom misuse among our patients as patients may not be forthcoming about it and a vast majority of urine drug tests checks for it. Dr. Barman, who uses a urine drug test that includes Kratom metabolites, said that recently 3 patients tested positive for Kratom in his practice.

- 2) Although the population of users who display a kratom use disorder is not as large as for some other drugs (likely 10,000-15,000 individuals per Dr. Galbis-Reig), but this group is growing. Recent MMR noted a dramatic increase in Kratom use in the US, leading to the DEA's proposal to schedule Kratom and its primary active alkaloids, mitragynine and 7-hydroxymitragynine, as Schedule I substances. Due to aggressive push-back from the Kratom "lobbyists", including the Kratom industry, Kratom users, and some politicians, the DEA has withdrawn the proposed scheduling rule (<http://www.forbes.com/sites/davidkroll/2016/10/13/dea-withdraws-kratom-ban-opens-formal-comment-period/#20262ac47ba9>) to allow for a public comment period regarding appropriate scheduling for Kratom.
- 3) WISAM members are encouraged to send a comment to the DEA regarding Kratom at: <https://www.federalregister.gov/documents/2016/10/13/2016-24659/withdrawal-of-notice-of-intent-to-temporarily-place-mitragynine-and-7-hydroxymitragynine-into>. The comment seeking period will end on 12-1-16.
- 4) Although ASAM does not (yet) have an official statement on it, which means that WISAM, as the ASAM's chapter, does not have an official position on it as well, the call attendees support scheduling it as Schedule I. Dr. Galbis-Reig has already provided a comment to the DEA (posted as an individual and not in any official capacity) regarding Kratom.
- 5) In Wisconsin, Kratom is Schedule 1 by the Controlled Substance Board of Wisconsin. Wisconsin is one of seven states where Kratom is currently illegal. Dr. Barman commented that in his short time in Wisconsin he has already had three drug tests positive for mitragynine (Kratom). ASAM does not currently have an official policy position or White Paper regarding Kratom.

Meeting adjourned at 8:04 PM.

**The next WISAM Teleconference will take place on Thursday, December 22, 2016, 7-8 PM.**

Please let Cindy Burzinski, WISAM's Executive Administrator, know if you have suggestions for topics to discuss at the upcoming teleconferences or to consider for the 2017 Annual Conference, or if there are any errors in the current document:

[Cindy.Burzinski@fammed.wisc.edu](mailto:Cindy.Burzinski@fammed.wisc.edu)

Please remember to **renew your ASAM / WISAM membership** or consider becoming a member. More details can be found at: <http://www.asam.org/membership>

**Existing available resources to enhance clinical care related to addiction medicine:**

**FREE Provider's Clinical Support System (PCSS)** for Medication-Assisted Treatments (PCSS-MAT: <http://pcssmat.org>) and Opioid Prescribing (PCSS-O: <http://pcss-o.org>): excellent free resource, funded by a grant from SAMHSA; it offers free webinars available "real-time" or via the archived library. One can sign up for regular news emails from them.

**FREE David Mee-Lee's monthly Tips and Topics**, sent via email (one needs to sign-up to it), it is an excellent resource:

[dmeelee@changecompanies.net](mailto:dmeelee@changecompanies.net)  
<http://www.changecompanies.net>

**FREE Join Together Daily News** is a news service from the Partnership for Drug-Free Kids that provides daily or breaking news on the top substance abuse and addiction news that impacts our work, life and community. It also provides original reporting and/or commentary features published every Wednesday by influential thought leaders in the addiction field or staff.

<http://www.drugfree.org/join-together/>

**PAID The Carlat Report: Addiction Medicine** (however, it appears to be a paid resource, ~\$109/year); a link to the copy of the recent report is attached so that you can get a flavor of what it is: [http://carlataddictiontreatment.com/sites/default/files/CATR\\_May2016.pdf](http://carlataddictiontreatment.com/sites/default/files/CATR_May2016.pdf)