

Appendix A. Survey

Are you a physician (MD / DO) or resident/fellow in training?

If NO – Survey ends

If YES –Have you encountered patients with an addiction to Kratom?

If NO – Survey ends

If YES – Did all of these patients have a concurrent (or past) history of opioid use disorder?

If YES – Survey ends

If NO – How have you managed their abstinence from kratom?

- Nonpharmacologically (ie. talk therapies)
- Buprenorphine
- Methadone
- Naltrexone
- Other (please type in)

Appendix B. Survey Participant Comments

“First patient attempted detox with supportive measures x2, both attempts failed as he relapsed. Then buprenorpn was initiated with great outcome at 6 months. Now I go straight to buprenorphine.”

“I have had several patients using only kratom, usually 30 or more grams daily, and their response to treatment has been the same as patients using heroin or illicit prescription opioids.”

“Patient was using kratom for what were ultimately physical sx of anxiety, which buspirone was efficacious for.”

“They weren’t all the same. These questions are overly simplistic. They had addiction, and the presentation involved kratom. That is a better way of saying it than addicted to kratom. Some had other opioids in the past. Some did not. Some needed bupe. Some did not.”

“These patients are somewhat skeptical about Pharma so I don’t push, but rather talk up the advantages of taking something that is legal, dosed only once per day instead of 4 times per day, and covered by insurance.”

“Sustained remission for 90% of the patients but 10% continued to use Kratom intermittently in some form.”

“Only had a couple; one responded to suboxone maintenance, the other is still addicted, I am trying talk therapy.”

“Good efficacy with buprenorphine substitution. Some benefit with abstinence strategies.”

“They do fine. Txed like all other bupe pts.”

“Mixed- patients report to me that it is very difficult to kick krater. Buprenorphine does provide good control of craving and withdrawal symptoms related to krater abuse in my experience.”

“Abstinence for most.” [on buprenorphine / naltrexone]

“Like most substance use disorders, some successful outcomes and some unsuccessful outcomes.”