Written Testimony Regarding HB 1628

Dana Avedisian
Support

Good morning, Chairman and members of the committee.

My name is Dana Avedisian, and I am writing as a chronic pain patient who has lived with severe chronic pain for approximately 25 years and spent nearly 20 of those years in pain management.

I am asking you to consider thoughtful regulation rather than an approach that unnecessarily eliminates access to traditional natural leaf kratom, because I want you to understand what this issue means to someone who has actually lived through it.

For nearly two decades, I did everything my doctors asked me to do. I tried countless medications, injections, therapies, procedures, treatments, and imaging studies. I kept trying because I desperately wanted my life back.

Eventually, prescription opioids and gabapentin became a major part of my treatment. At one point, I was taking approximately 300 MME of opioids a day.

These medications were prescribed legitimately, but over time the treatment itself became debilitating. I was not only dealing with chronic pain. I was also dealing with medication side effects and the constant stress of being dependent on a prescription system just to function.

There were times when insurance companies required me to take medications my own doctors did not want me taking simply because that was the only way they would approve the medication my doctor actually wanted me to have.

Then there were the pharmacies. I experienced the humiliation of being treated like a drug addict simply because I was a chronic pain patient receiving medication prescribed by my physician. There were times when pharmacies did not have my medication, and I came frighteningly close to running out. Thankfully, I had saved a small reserve and never completely ran out.

That constant uncertainty was exhausting. I felt tied to those medications.

I was not looking for a shortcut. I was not trying to avoid medical care. I was not looking for a way to get high. I was looking for a way to live.

Under the guidance of my pain management physician, I eventually transitioned away from prescription opioids and began using traditional natural leaf kratom.

I have now been off prescription opioids for approximately six years.

Kratom did not make my chronic pain disappear, and it does not control my pain in the same way prescription opioids did. I still live with pain every day. But I am alert and awake, and I am no longer battling medication side effects on top of the pain.

What traditional natural leaf kratom gave me was something I had lost over many years: freedom, independence, dignity, and the ability to be present, functional, and more in control of my own life.

It allowed me to live with my chronic pain without having to return to the prescription opioid regimen that had become so debilitating.

Most importantly, my family got me back. My daughter has a mom. My husband has a functional wife. Those may sound like simple statements, but they mean everything to me.

I am not asking lawmakers to ignore legitimate safety concerns. I believe consumers should be protected from unsafe, adulterated, mislabeled, synthetic, and highly concentrated products.

But I am asking you to recognize that traditional natural leaf kratom is not the same thing as concentrated, enhanced, synthetic, or highly concentrated 7-OH products. Those distinctions matter.

My story is not unique. More than 5 million Americans have used kratom. Among them are people who use it for pain management, to function in their daily lives, or as an alternative to other treatments and substances.

We can protect consumers and preserve responsible adult access. We can do both.

For these reasons, I support HB 1628 and urge you to preserve a clear distinction between traditional natural leaf kratom and concentrated, enhanced, synthetic, adulterated, or highly concentrated 7-OH products while establishing responsible consumer protections.

Thank you for taking the time to hear my story and consider my perspective.

Sincerely,
Dana Avedisian