

To The Judiciary Committee and Chair,

I am writing to express my strong opposition to the proposal to classify mitragynine, one of the primary active alkaloids in kratom, as a Schedule 1 controlled substance. As a concerned spouse, I am deeply aware of how crucial mitragynine has been in managing my husband's chronic pain and improving his quality of life. The proposed scheduling of mitragynine would severely limit his access to a vital and effective alternative to more harmful, addictive substances.

#### 1. Mitragynine's Role in Pain Management for My Husband

My husband has a prescription for medical cannabis in accordance with state laws. However, the allotted amount is not nearly enough to manage his condition, forcing him to seek out other means. Mitragynine has allowed him to reduce his dependence on prescription opioids, which carry a high risk of addiction and overdose. It has also helped alleviate his pain without causing the severe cognitive and physical impairment that many opioid medications produce. The idea that mitragynine could be classified as a Schedule 1 substance—meaning it would be considered to have no accepted medical use and a high potential for abuse—could force my husband and others like him to go back to more harmful, addictive medications or face chronic pain without relief.

#### 2. Mitragynine's Safety Profile Compared to Other Pain Management Options

Mitragynine has a significantly lower risk of addiction compared to opioids, which is one of the key reasons it has been so beneficial to my husband. While there are always potential risks with any substance, the available evidence suggests that mitragynine has a far safer profile than drugs typically classified under Schedule 1, such as heroin or cocaine. The majority of individuals using mitragynine do so responsibly, and reports of overdose or severe harm are exceedingly rare compared to other substances in the pain management category.

In fact, research has shown that kratom (and its active alkaloids like mitragynine) may offer a viable harm-reduction strategy for those dealing with opioid addiction. By criminalizing mitragynine, we would only exacerbate the opioid crisis by eliminating an option that helps people avoid more dangerous, life-threatening drugs.

#### 3. The Impact on Patients Who Depend on Mitragynine for Pain Relief

My husband is not the only one who depends on mitragynine for pain management. There are thousands of individuals across the country who rely on this plant as a safer, more natural alternative to opioids or other prescribed pain medications. The proposed scheduling would take away this option, forcing people back into the arms of potentially more dangerous substances.

Criminalizing mitragynine would also place an undue burden on people who use it responsibly. My husband and others like him are not abusing this substance; they are using it to manage their pain and improve their lives in a way that works for them. Without access to mitragynine, these individuals would be left with fewer options, all of which come with significantly higher risks and side effects.

#### 4. The Need for Continued Research and Regulation, Not Prohibition

Rather than banning mitragynine outright, I urge you to consider a more measured approach that encourages further research into its safety, efficacy, and potential medical uses. I found an article from Mayo Clinic that claimed "studies suggest" various negative outcomes, but it did not provide citations for these studies. There is still much to learn about the full range of effects and potential benefits of mitragynine, and we should not rush to criminalize a substance that may help so many people. We need more data, more evidence, and more scientific study—things that cannot happen if mitragynine is classified as a Schedule 1 drug.

Instead of banning mitragynine, we should work to establish proper regulations that ensure its safety and efficacy, much like we have done with other natural supplements. These measures could include quality control standards, labeling requirements, and age restrictions to ensure that it is used responsibly. This would allow individuals who benefit from it to continue doing so while minimizing any risks associated with improper use.

#### Conclusion

In conclusion, I strongly oppose the classification of mitragynine as a Schedule 1 controlled substance. My husband, and many others like him, rely on this substance for pain management and have found it to be a life-changing and effective alternative to more dangerous medications. Criminalizing mitragynine would not only take away a valuable pain management tool but would also unfairly punish those who use it responsibly.

I urge you to reconsider this decision, allow further research into mitragynine's medical uses, and work towards a balanced regulatory framework that ensures its continued availability for those who need it most. Please, don't criminalize my husband's pain. There is nothing worse than watching your loved ones suffer, and to be labeled as criminals for trying to survive.

Thank you for your time and consideration.

Sincerely,

