

Scientific Opposition to the Proposed Kratom Ban in North Dakota

Dear North Dakota Lawmakers,

I am writing to express my concern regarding the proposed ban on kratom in North Dakota. As a substance with significant potential therapeutic benefits and a low risk of harm when used appropriately, the decision to ban kratom appears to be based on incomplete or selective data. I respectfully urge lawmakers to reconsider this ban in light of the testimonies and research provided by experts in the field.

I am a Mother, a small business owner and a respected Holistic Mentor for many. I came to use Kratom after several emergency surgeries and was left in debilitating pain that I was not willing to treat with pharmaceuticals. I know you will be sent thousands of personal testimonies so beyond these stories and mine I share with you several respected researchers and medical professionals. They have publicly highlighted the benefits of kratom when used responsibly, particularly for individuals suffering from chronic pain, opioid use disorder, and mental health issues such as anxiety and depression. The following video testimonies and peer reviewed research paper from the World Health Organization further underscore the need for a balanced, evidence-based approach when assessing the risks and benefits of kratom.

1. Toxicologist Marilyn Huestis, AB, MS, PHD

Dr. Marilyn Huestis testimony, available [here](#):

<https://youtu.be/awdX7ND8Hvo?si=5Gr9IzjOr9YBRr8I> as well as here

<https://www.youtube.com/watch?v=D4KZjUdWO18>, she emphasizes the need for a balanced, scientific approach to kratom regulation. **She addresses the presumed**

Kratom overdose deaths and explains how that the majority of them were either poly pharmaceutical, adulterated Kratom or incomplete testing. There is call to action here and it's not to ban it is to regulate. In both videos, Dr. Huestis discusses the growing body of evidence suggesting that kratom could play a critical role in harm reduction, particularly for individuals seeking alternatives to dangerous opioids. Dr. Huestis perspective is valuable in reminding us that comprehensive, evidence-based policies should be implemented to regulate kratom, not an outright ban that could remove a vital therapeutic option from the public.

2. Dr. Christopher McCurdy

Dr. Christopher McCurdy is a professor of medicinal chemistry and a leading pharmacologist with extensive expertise in the pharmacology of kratom. He is one of the foremost researchers on the substance and has spent years investigating its active compounds and therapeutic potential. Dr. McCurdy's research demonstrates that kratom's primary active compounds, mitragynine and 7-hydroxymitragynine, exhibit pain-relieving properties without the same risks of respiratory depression that are common with opioids. Furthermore, his work suggests kratom's potential to aid in opioid withdrawal therapy. In his testimony, available <https://youtu.be/9kvXz-wuySM?si=Wuuk3sHwt9icxvmv>, Dr. McCurdy highlights the need for more research and responsible regulation, rather than an outright prohibition of kratom, which could deprive individuals of a safer alternative to opioids.

3. **Dr. Kirsten Smith**

Dr. Smith, a researcher at the University of Florida, has investigated the pharmacokinetics of kratom and its potential as a harm-reduction tool for individuals struggling with opioid addiction. Her testimony, accessible here: <https://youtu.be/CrQxVDb-48Y?si=nrThQ6iu3DB6hH> emphasizes kratom's ability to reduce opioid cravings and withdrawal symptoms without the severe risks associated with opioid use. Dr. Smith's work suggests that banning kratom could deprive vulnerable populations of a potential harm-reduction strategy, exacerbating the opioid crisis rather than alleviating it.

4. **Dr. Ed Boyer**

Dr. Boyer, a renowned toxicologist, addresses the safety profile of kratom in his testimony here: https://youtu.be/6l4GcFn_IDg?si=G8sbSWDhGpWifvFk He points out that, although there have been reports of adverse events associated with kratom, these cases are often linked to underlying medical history, misuse or contamination rather than the inherent properties of the substance. He underscores that kratom-related deaths, when they occur, are typically tied to poly-drug use and not kratom alone. Dr. Boyer advocates for further research into kratom's safety profile rather than an outright ban based on incomplete data.

5. **Dr. Jack Henningfield**

Dr. Henningfield, an expert in addiction research, has also spoken on the issue of kratom's potential to aid in addiction treatment, particularly for individuals with opioid dependence. His testimony available here: <https://youtu.be/jWDXBQOqyU4?si=pQ39raaasgbNYREQ> emphasizes that, when used in a controlled and informed manner, kratom could serve as an alternative to opioid painkillers, which are responsible for a significant number of fatalities in the U.S. Dr. Henningfield cautions against hastily categorizing kratom as a dangerous substance, particularly in light of its therapeutic applications.

6. **Peer Reviewed Report by World Health Organization on Kratom (*Mitragyna speciosa*), mitragynine, and 7-**

hydroxymitragynine https://cdn.who.int/media/docs/default-source/controlled-substances/unedited--advance-copy-44th-ecdd-review-report_kratom.pdf?sfvrsn=8d699207_8&download=true I recognize this document is long and not easily understood without a scientific background. I hope your board will take the time to at least review this singular key point. Page 39 Section 14 3rd Paragraph - Dr. Marek Chawarski states **"This lack of association between mitragynine blood concentration and risk of lethality suggests that kratom consumption was not a causal factor in the vast majority of kratom-associated deaths, but rather was an incidental finding."**

The ban on kratom in North Dakota, a substance that has been used for centuries in Southeast Asia for pain relief and as a stimulant, seems premature given the growing body of scientific evidence supporting its potential benefits and its relatively low risk profile when used responsibly. While acknowledging the need for continued research and proper regulation, it is essential to consider the voices of professionals who understand the nuanced effects of kratom. These experts urge caution when drawing conclusions about its safety and efficacy, pointing to the lack of conclusive evidence supporting a ban, and suggesting that education, research, and

regulation are the more appropriate courses of action. The state of Georgia recently put into effect a KCPA bill that is easily replicated. You can see the bill here:
<https://www.legis.ga.gov/api/legislation/document/20192020/183236>

As North Dakota and the world continues to grapple with the opioid crisis, banning kratom could inadvertently limit a valuable tool for those seeking alternatives to pharmaceuticals or for those in recovery from addiction. It is important to remember that the effects of substances like kratom are not universally harmful and that the risk of misuse or adverse effects is greatly minimized when people have access to education, appropriate dosages, and regulation.

In conclusion, I respectfully ask that lawmakers reconsider the proposed ban on kratom in North Dakota. Instead, I advocate for a research-driven approach that includes informed regulation and public education to ensure that kratom's potential benefits are not unjustly hindered.

Thank you for your time and your willingness to truly investigate with an unbiased open mind and heart.

Sincerely,
Jennifer Mercier
A Hopeful Consumer & Advocate