

2025 HOUSE JUDICIARY

HB 1101

2025 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Room JW327B, State Capitol

HB 1101
1/13/2025

A BILL for an Act to amend and reenact subsection 3 of section 19-03.1-05 of the North Dakota Century Code, relating to the scheduling of mitragynine as a schedule I controlled substance.

9:42 a.m. Representative Vetter opened the hearing.

Members Present: Vice-Chairman Karls, Vice-Chairman Vetter, Representatives Christianson, Henderson, Hoverson, Johnston, McLeod, Satrom, Tveit, VanWinkle, Wolff, Schneider

Members Absent: Chairman Klemin and Representative Olson

Discussion Topics:

- Kratom addiction and safety
- Kratom overdoses and deaths
- Other states Kratom regulations
- Effects of Kratom use and abuse

9:44 a.m. Representative Jeremy Olson, North Dakota District 26 Representative, testified in favor and submitted testimony #28499 and #28510

9:47 a.m. McKenzie McCoy, Registered Nurse in Watford City and constituent of District 26, testified in favor and provided testimony #28562.

10:00 a.m. Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy, testified in favor and provided testimony #28512.

10:12 a.m. Susan Eppard, North Dakota resident, testified in favor and provided testimony #28428.

10:19 a.m. Mac Haddow, Senior Fellow on Public Policy American Kratom Association, testified in opposition and provided testimony #28448.

10:35 a.m. Misty Brown, Kratom advocate and recovered Kratom addict, testified in opposition and provided testimony #28403.

10:40 a.m. John M. Shinholser, Advocacy Director of American Veterans for Kratom Safe, testified in opposition and provided testimony #28585.

10:47 a.m. Jennifer Gillis, North Dakota resident, testified in opposition and provided testimony #28438.

Additional written testimony:

In Favor

#28461, #28462, #28463, #28509, #28479, #28506, #28494, #28535, #28478, #28490, #28471, #28388, #28389, #28519, #28505, #28497, #28473, #28491, #28570, #28526, #28521

In Opposition

#28397, #28398, #28399, #28400, #28401, #28402, #28404, #28405, #28406, #28407, #28408, #28409, #28410, #28411, #28414, #28415, #28421, #28426, #28394, #28396, #28429, #28433, #28439, #28446, #28456, #28460, #28466, #28469, #28467, #28476, #28477, #28481, #28484, #28489, #28487, #28488, #28492, #28496, #28500, #28502, #28541, #28544, #28547, #28554, #28558, #28559, #28560, #28576, #28579, #28587, #28591, #28593, #28597, #28602, #28604, #28611, #28612, #28617, #28621, #28622, #28623, #28624, #28626, #28632, #28937

10:50 a.m. Representative Vetter closed the hearing.

Wyatt Armstrong, Committee Clerk

Subject Fw: Scheduling of Kratom

From Wendy Chamberlain
<wchamberlain11@yahoo.com>

To: Wendy Chamberlain
<wchamberlain11@yahoo.com>

Date Today at 11:41 AM

----- Forwarded Message -----

From: Wendy Chamberlain <kratomdangerawareness@gmail.com>
To: "wchamberlain11@yahoo.com" <wchamberlain11@yahoo.com>
Sent: Friday, January 10, 2025 at 11:14:34 AM EST
Subject: Scheduling of Kratom

Dear Members of the House Judiciary Committee

--. My name is Wendy Chamberlain and I'm here today to express my deep concern about the dangers of kratom. My son passed away August 30, 2020 to mitragynine toxicity. This was the only substance in his body that he consumed for energy. He was my only child and a father to three amazing boys. Our world was shattered.

As the founder of the Kratom Danger Awareness group , I've seen firsthand the devastating impact of kratom on individuals and families in our communities. With its addictive potential, lack of regulation, and alarming health risks, I firmly believe that banning kratom is crucial for protecting our citizens.

Kratom's risks are real and well-documented. The FDA has warned against its use due to concerns over addiction, seizures, and psychosis. Locally, we've seen , which only underscores the urgent need for action.

The DEA lists Kratom as a drug of concern.

This substance is often marketed as a "natural" solution, but the truth is that kratom can:

- Lead to physical dependence and addiction
- Exacerbate mental health conditions like anxiety and depression
- Interact dangerously with other substances
- Cause seizures, psychosis, and other serious health issues

The FDA does track issues with Kratom using the

MedWatch: The FDA Safety Information and Adverse Event Reporting Program

While there aren't specific statistics available on kratom-related deaths in the USA, the FDA has warned consumers about the risks of serious adverse events, including liver toxicity, seizures, and substance use disorder. Additionally, the FDA has seized numerous

kratom products due to concerns over contamination and false or misleading claims about their benefits

It's essential to note that kratom is not approved by the FDA for any medical use, and its sale is not regulated. This lack of regulation and quality control can increase the risk of adverse effects.

Kratom-Related Risks:

- Liver Toxicity: Kratom use has been linked to liver damage and toxicity, deaths.
- Seizures: There have been reports of seizures associated with kratom use.
- Substance Use Disorder: Kratom can lead to physical dependence and addiction¹.
- Contamination: Kratom products may be contaminated with other substances or heavy metals, Bird and mice droppings.

By banning kratom, we can:

- Protect our youth from its harmful effects
- Support those struggling with addiction
- Preserve the well-being and safety of our community

I urge you to consider the following actions:

1. Ban the sale and distribution of kratom within your city/county.
2. Provide resources and support for those struggling with kratom addiction.
3. Educate our community about the dangers of kratom.

I'm not alone in this concern.

Together, we can create a safer, healthier community. I request that you take immediate action to address the kratom threat.

Thank you.

Wendy Halpen Chamberlain
Joesph's Mom Forever 38

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Who We Are

Background

We are a dedicated coalition of parents, family members, loved ones, and individuals committed to understanding and educating others about the real and potentially detrimental effects of Kratom. As a group, we are driven by a shared concern for the well-being of our communities, particularly the impact of Kratom use. Our mission is to provide support, share research, and promote informed decisions through collaborative education and advocacy. We strive to be a resource for those seeking to understand the complexities of Kratom's effects on both individual and public health, fostering a community of care and prevention.

Goals

Our goals center on raising awareness of Kratom's effects through educational initiatives that include disseminating research findings and sharing personal narratives. We aim to support affected individuals and families with resources and guidance, advocate for regulatory changes to ensure public safety, and promote further scientific studies on Kratom's health impacts. By building a collaborative network of families, healthcare professionals, and researchers, we strive to enhance public safety and promote preventive measures against the adverse effects of Kratom use.

You are Not Alone

Struggling with kratom addiction? You're not alone. Join our supportive community where families and seekers of truth unite. Here, you, your loved ones, and those just seeking understanding can find resources, shared experiences, and expert advice in a safe and understanding space. Together, we can face the challenges of kratom addiction and move towards recovery. Connect with us today—let's overcome addiction together.



Join Us For The Truth About Kratom



What is Kratom?

Mitragyna speciosa

Mitragyna speciosa, or kratom, is an evergreen tree in the Rubiaceae family, native to Southeast Asia and used in traditional medicine since the nineteenth century. It is found in Thailand, Malaysia, Indonesia, and Papua New Guinea.

Alkaloids

The leaves of Mitragyna speciosa contain the active alkaloids mitragynine and 7-hydroxymitragynine, which cause opioid-like effects ranging from stimulation at low doses to sedation at high doses.

Mitragynine is the most abundant alkaloid in the plant, constituting about 66% of the total alkaloid content in a typical leaf. It acts primarily as an agonist at μ -opioid receptors, though it also has activity at other receptor systems which contributes to its complex pharmacological profile. Mitragynine's stimulation effects at low doses are believed to be due to its adrenergic receptor activity. **7-Hydroxymitragynine**, which makes up a much smaller percentage of the leaf's alkaloid content (roughly <2%), is significantly more potent than mitragynine. This compound is also a μ -opioid receptor agonist and is primarily responsible for the analgesic and opioid effects of kratom.

Common Mistruths

Misinformation.

1. Safely consumed for over 20 years in the USA
2. Kratom, coffee, chocolate, and dairy products are all partial μ -opioid receptor agonists.
3. Does NOT contain opiates.
4. Safe, natural leaf more akin to coffee than any other substance.

Truth

1. Kratom has seen enormous numbers of adverse events, medication complications and even deaths. Kratom deaths were found to be 63x greater than expected with dietary supplements.
2. Coffee, chocolate, and dairy products may contain trace levels of peptides which have slight affinity for μ -opioid receptors, but none possess the activity of the alkaloids found in kratom. Not by a long-shot. This is a false-equivalency fallacy.
3. Kratom contains alkaloids known as atypical opioids. "Opiate" is an opioid from the opium poppy only.
4. There is literally nothing similar to coffee in regards to kratom other than them being in the same family, a fact that does not infer safety.

Research



Credible Kratom Research

There is a broad range of research articles on kratom, varying significantly in quality and reliability. While some studies are rigorously conducted and offer balanced insights, others may be limited by design flaws or potential conflicts of interest, including funding sources with vested interests. It is crucial to critically evaluate these factors when assessing kratom research to ensure a comprehensive understanding of its effects and safety. Below are some of the better kratom studies.

Chakraborty, Soumen, Rajendra Uprety, Samuel T. Slocum, Takeshi Irie, Valerie Le Rouzic, Xiaohai Li, Lisa L. Wilson, et al. 2021. "Oxidative Metabolism as a Modulator of Kratom's Biological Actions." *Journal of Medicinal Chemistry* 64 (22): 16553–72. <https://doi.org/10.1021/acs.jmedchem.1c01111>.

Hill, Rob, Andrew C. Kruegel, Jonathan A. Javitch, J. Robert Lane, and Meritxell Canals. 2022. "The Respiratory Depressant Effects of Mitragynine Are Limited by Its Conversion to 7-OH Mitragynine." *British Journal of Pharmacology* 179 (14): 3875–85. <https://doi.org/10.1111/bph.15832>.

Kerrigan, Sarah, and Stephanie Basiliere. 2022. "Kratom: A Systematic Review of Toxicological Issues." *WIREs Forensic Science* 4 (1). <https://doi.org/10.1002/wfs2.1420>.

Li, Xiaotong, Patrick Ndungu, Sanya B. Taneja, Maryann R. Chapin, Susan B. Egbert, Krishi Akenapalli, Mary F. Paine, Sandra L. Kane-Gill, and Richard D. Boyce. 2023. "An Evaluation of Adverse Drug Reactions and Outcomes Attributed to Kratom in the US Food and Drug Administration Adverse Event Reporting System (FAERS) from January 2004 through September 2021." *Clinical and Translational Science* 16 (6): 1002–11. <https://doi.org/10.1111/cts.13505>.

McCurdy, Christopher R., Abhisheak Sharma, Kirsten E. Smith, Charles A. Veltri, Stephanie T. Weiss, Charles M. White, and Oliver Grundmann. 2024. "An Update on the Clinical Pharmacology of Kratom: Uses, Abuse Potential, and Future Considerations." *Expert Review of Clinical Pharmacology* 17 (2): 131–42. <https://doi.org/10.1080/17512433.2024.2305798>.

I started noticing the effects from a degenerating disc in high school. After 6-8 months of physical therapy and chiropractic care I was able to manage my pain. Even with this routine, I would experience 4-7 days of extreme pain every 1-2 years. As I became older these periodic pain episodes became more frequent and lasted longer.

During a particularly long 5-month pain episode in 2016, I was not able to walk, sit, stand, or even lay down without mind-numbing pain. My doctor confirmed the pain was due to a worsening degenerating disc between my L5 and S1. I tried EVERYTHING, physical therapy, muscle relaxers, inversion tables, stretching, but nothing seemed to help. My only recommended option was to "manage" the pain and consider a surgery with a questionable success rate of 50/50.

Because of the pain I had stopped playing all sports, I had stopped exercising, stopped going out with friends, stopped traveling...this is when I started to get depressed, angry, and no longer envisioned a future I wanted to be a part of.

In Dec of that year (2016) I heard about and tried kratom for the first time.

In short, kratom was a miracle!!!

When I consume kratom, my pain is reduced from a debilitating '10' to a '2 or 3' and I am able to get my life back. Exercise, mountain biking, yoga, and spending time with friends and family all became possible again! Not only does kratom help with the pain immediately, but it has allowed me to heal my back. 8 years ago I used kratom 3 times per day. Now, less than 3 times per month.

Please follow the science of kratom. We need to help people in pain.

If you'd like to learn more about my story, please let me know.

Regards,

Alexander Karp

630-865-7105

Hello,

I am not a resident of North Dakota, but I care deeply about preventing unnecessary harm and suffering. To put it simply, criminalizing drugs has historically only increased the harm associated with that drug's use. Criminalization doesn't affect demand, it just relegates it to the black market, which is exponentially more dangerous than any legal market. Regulation is what limits harm, as it requires the sellers and purchasers to adhere to practices which reduce risks, such as quality testing, age restrictions, and education regarding healthy consumption. Think of alcohol now versus during prohibition when mobs were being enriched and consumers were unwittingly consuming methanol tainted booze. Clearly, our regulated model of alcohol consumption is far less harmful than the strict prohibition of the 18th amendment. This is a universal truth regarding drug policy.

Criminalizing more drugs does one thing, it increases the domain of authority of the police state while reducing the domain of freedoms enjoyed by citizens.

Looking specifically at mitragynine, which is the substance in question for today's hearing, it is clearly much less harmful than many legal practices in the state of North Dakota. It is less harmful than alcohol consumption, tobacco consumption, gun ownership, the operation of heavy machinery, etc. I implore you to spend half an hour on google scholar to familiarize yourself with the latest literature regarding kratom/mitragynine. It is remarkably well tolerated by human and non-human animals alike. Negative adverse events reported in relation to kratom are rare, and the majority of them are the result of a lack of education regarding what kratom/mitragynine can and cannot be combined with. This risk can be minimized, if not eliminated, with careful regulation and education. Criminalization will only increase these adverse events associated with contraindications.

Please, by all means, regulate mitragynine if you are legitimately concerned about the health and wellbeing of your constituents. Criminalization, as I have already explained, does not help your constituents, but puts them at greater risk of being harmed. Thank you for your time and attention to this matter.

Best,
Soren Shade
304-815-3986

I oppose this bill. It will harm people as many people rely on kratom for pain management. It has personally helped me with my alcoholism and helped me live a productive life. Why ban something that helps people like me live a productive life? Kratom has not injured anyone, yet alcohol continues to kill thousands of americans per year. This bill makes no sense. Does kratom play any role in domestic violence? Drunk driving? violence and injuries? Diseases and cancer? No, kratom does none of these, it is a completely safe herb. This is an attack on the wrong substance. This is why I oppose.

To Whom This May Concern,

The scheduling of Kratom in opposition to proper regulations to keep the product safe, is without a single shred of doubt, a massive leap backward. I implore you to look at the science behind Kratom and Mitragynine. If you do so, you will see just how deceptive the lies surrounding it are. The safety of quality Kratom and Mitragynine is objectively established with modern science, and enacting a bill like this contradicts such findings.

Despite not being a resident of the state, I feel strongly compelled to voice my opinion, as without Kratom, my chronic health condition would render me unable to work to make a living and keep a roof over my head. The fact that legislation like this could render me homeless if passed in my own state, I'm terrified for the people of North Dakota.

I can assure you with every fiber of my being, that those who are trying to push this legislation are either doing so in bad faith, are simply just unaware of the truth behind the science of Kratom and its well-known alkaloid Mitragynine, or they have been innocently deceived by lies.

We are very lucky as a nation to have an organization like the American Kratom Association. They have relentlessly fought tooth and nail throughout the country for years to help educate people on Kratom safety and regulation and I encourage you to listen to their message.

What we really, truly need is proper regulation to ensure the quality of the products to keep people safe and free from consuming potentially adulterated products. The real harm that comes from any kind of consumption of this product is not actually from the product itself, but from the lack of regulation surrounding it, allowing nefarious actors to distribute contaminated products to the public unbeknownst to them.

Thank you so much for listening to what I have to say.

Sincerely,
Kevin Petrikin

Thank you for taking this. We are out thousands of dollars from rehabilitation on my grandson who was tired from school and work and thought he was taking something like a herbal boost. It has ruined his life . Still trying to get off of this stuff. It seems impossible. He quit school and has become a vegetable that we dont know. Hes sickly and 30 lbs under weight and Dr calls him malnutrition . All from Kratom!

Keep Kratom Legal and Accessible in North Dakota

The ongoing opioid crisis in the United States has brought untold tragedy to families and communities, with North Dakota not being spared from this devastating epidemic. As the state continues to grapple with the consequences of opioid addiction and overdose deaths, it is imperative to recognize and protect alternatives that provide relief and support for those seeking to reclaim their lives. Kratom, a natural substance derived from the leaves of the *Mitragyna speciosa* tree, stands as a beacon of hope for many individuals who are working to overcome addiction and lead normal, productive lives. Here's why keeping kratom legal in North Dakota is a matter of public health, compassion, and common sense:

1. Kratom Does Not Cause Respiratory Depression Like Traditional Opioids

One of the most dangerous effects of opioids is respiratory depression, which is often the direct cause of fatal overdoses. Unlike opioids, kratom does not suppress the respiratory system, making it a significantly safer option. Scientific studies have shown that while kratom interacts with some of the same receptors in the brain as opioids, its action does not carry the same life-threatening risks. This critical distinction makes kratom a viable alternative for individuals managing pain or seeking relief without exposing themselves to the lethal dangers associated with opioid misuse.

2. Kratom Helps Individuals Transition Away from Dangerous Opioids

For countless individuals battling opioid addiction, kratom has served as a lifeline. It has allowed people to wean themselves off heroin, fentanyl, and prescription opioids—substances that claim thousands of lives annually due to overdoses. By easing withdrawal symptoms and curbing cravings, kratom offers a pathway to recovery that would otherwise remain out of reach for many. Criminalizing kratom would only serve to cut off a vital resource for these individuals, forcing them back toward the very substances that fuel the opioid crisis.

3. We Should Be Supporting Safe Alternatives, Not Eliminating Them

The opioid crisis demands innovative and compassionate solutions. Removing kratom from the market would do the opposite. Instead of criminalizing law-abiding citizens who use kratom to manage pain or addiction, the government should focus on ensuring its safety and quality through sensible regulation. Adulterated or contaminated kratom products pose risks that could be mitigated by implementing safety standards, proper labeling, and oversight. Prohibition, on the other hand, would drive the market underground, creating unnecessary risks and turning individuals seeking a better life into criminals.

4. Criminalizing Kratom Harms Law-Abiding Citizens

The vast majority of kratom users are everyday people—parents, veterans, workers, and retirees—who are simply trying to live normal lives free from pain or addiction. Making kratom illegal would unfairly target these individuals, turning them into criminals overnight for using a substance that has improved their quality of life. The government's role should be to protect its citizens, not to punish them for finding relief in a substance that, when used responsibly, poses little risk compared to opioids.

A Call for Sensible Regulation, Not Prohibition

Instead of banning kratom, North Dakota should work toward creating a framework that ensures its safety and accessibility. This could include measures such as age restrictions, product testing, and accurate labeling to protect consumers and prevent misuse. Prohibition is not the answer; it would only exacerbate the problems it seeks to solve by pushing users toward unregulated, dangerous alternatives—or worse, back to opioids.

At a time when we are losing thousands of lives every year to the opioid epidemic, it is critical to embrace harm reduction and support tools that empower recovery. Keeping kratom legal in North Dakota is not only a step toward a more compassionate approach to addiction but also a recognition of the rights of individuals to make informed choices about their health and well-being. Let's support sensible regulation, protect our communities, and stand by those who are fighting to overcome addiction.

I'm writing this in response to the bill about making Mitragynine a controlled substance.

I'm apposed to the bill. I am a fully disabled male in my late 50's. I suffer from bilateral parsonage turner syndrome which has damaged my brachial plexus nerve bundles to the point I can no longer work, or do any physical activity, even with my family and friends.

However, the small doses of the Kratom powder greatly help my disabling pain to the point that I can attend family activites. This is without any addiction or physical side effects. To say this product is life changing would be a huge understatement. The best part is there is no fear of addiction or any other issues I would have using medications like oxycodone or morphine.

Just the fact that the cost for this product is so small that even on SSDI, I can afford the cost per month.

Thank you for taking the time to read my statement.

Zane Hagerott

My name is Troy D'Albor; I am a 57 year old computer specialist. Here is my personal story on how Kratom has changed my life. I started using Kratom a little over nine years ago. I was in a terrible accident when I was 19 years old. Fell 125 feet from a building while working in Northern Arkansas down the side of a mountain. I am grateful to have survived the fall, but it has taken its toll. I crushed a vertebrae in my back which I have had two surgeries to correct. I managed for a while probably till I was about 30 years old and started to have some major back pain. Went to the doctor and they recommended another surgery. I chose not to go through it, just too much to bear for me. I choose pain management, really didn't know what that was but it was an option that I accepted. I was prescribed hydrocodone for the pain. It was a life saver so I thought. All I really got was an addiction that eventually turned me into an animal that would define the next 15 years of my life. Running the streets making drug deals, doctor shopping in three different states, stealing to get by, eventually turned to heroin because it was all I could afford. I was then put through the ringer by the system. I really thought there was no way out! Mental Hospital, treatment center, in patient, outpatient, finally thought I found a fix when I was put on Suboxone. It worked for a while but then you're trapped. Your insurance will no longer pay for the doctors or the drug. I was paying over \$1,000.00 a month just to get the drug that I had become dependent on. Doctor visit, drug test, and then prescription, I was in a hopeless situation. I seriously contemplated suicide, even planned it, I thought this was the only way to stop the madness. Then while looking for a way to get off of the Suboxone that I was dependent on and could no longer afford and let me tell you this stuff is near impossible to get off of. I finally found the answer KRATOM! I had no idea what it was but read so many success stories of people getting off of heroin, Suboxone, Methadone, any kind of opiate. A teaspoon of Kratom a few times a day. I'm in a better mood, more energy, back pain at a very low level or none at all. I sleep through the night. This is a natural solution for me that helps me manage pain and take away any cravings for alcohol or opiates. Kratom has given me my life back! I have a steady job, exercise, held on to a marriage of 35+ years. Kratom is a safe alternative to pharmaceutical drugs with important medicinal uses and has changed my life. If you take this away, I fear it will only lead to more tragic deaths of victims of the opiate epidemic, maybe even my own. I know that my own quality of life as a productive member of society will not be the same without Kratom.

Sincerely,

Troy D'Albor
7706 Main Hwy
St. Martinville, LA 70582
337-298-7893

I was addicted to FDA approved pain pills, benzos and muscle relaxers for 11 years straight.

I got fired from chronic pain management in April 2019 because I didn't show up for a per contract pill count. I was 11 pills short and my drug dealers didn't have any pink oxy 10's.

After that, I went to the streets and started doing cocaine while I was searching for a new pain management doctor.

In June 2019, whilst in cocaine withdrawal, I watched that documentary "A Leaf of Faith." My journey with Kratom began the very next day.

Kratom shut that "I need one more snort, one more pill, one more escape" noise off in my brain. It allowed me to work on my whys of addiction. I have not been back to pain management in over 5 years.

I am a functioning member of society again. I am a thriving mother again. I am no longer a burden to my kids. I will be forever grateful and thankful that I accidentally found lab-tested whole-leaf powder Kratom.

I now pass on my journey, wisdom and science to help those struggling with addiction, chronic pain, anxiety and depression.

Yours truly, Kratom advocate/activist from Colorado est. 2019.

Please read

In 2012 I was ran over by a truck crushing my lower spine and right hip I had 4 surgeries spinal fusion hip replacement going back in for scar tissue removal. Starting in 2012 I was prescribed pain killer first 10mg Vicodin then 10mg norcos then OxyContin then finally I was given fentanyl 100mcg 72hr transdermal patches with 5mg dilaudid for breakthrough pain relief and I was still visiting the Emergency Room at least once a month. I went to every major learning hospital/center visiting 70 specialist trying to get the pain under control. And was finally told this is just how your gonna have to live unfortunately we dont understand enough about spinal injuries and nerve damage to fix you. I was labels 68% permanently disabled allowed to rotate through sitting standing and laying down in 20 minute intervals. I Was granted approval for disability benefits and social security I was 25 years old and I found this to be unacceptable. So I set out visiting every alternative medical care I could find meditation shaman sound therapy water therapy lots of physical therapy some people wouldnt even touch me after looking at mri/xray films. I ended up visiting a holistic doctor prescribed things like using peppermint for treating depression. As a finally last attempt looking for herbs or supplements that may help me. I was introduced to Kratom by her it was 2016 I was 26 years old. My pain level today is completely manageable no not gone but I get by with taking 1 gram of Kratom to treat my pain as needed and function better then most people my age and to those who arent aware of my injury they would say I dont have any. Im 36 years old I work full time at a physical demanding job and visit the gym 4-5 times a week. I will not go back to big pharma i will not go back to living my life the way I did for those years. Taking more and more of the real drugs passed out by doctors. Show me any big pharma products that work and you use less over time there not one. And big pharma doesnt like it and lobbyists dont work for the citizens. Its being demonized by the people who are losing money from people like me. Please

Stop taking away the rights of people to treat themselves when the hospitals and doctors fail us the practice medicine and dont have all the answers.

January 10, 2025

To Who It May Concern:

This is my testimony to be considered for the meeting on Monday, January 13, 2025, HB1101 - Relating to the scheduling of mitragynine as a schedule I controlled substance.

In 2016 I found out I have severe spinal stenosis. Almost as soon as I was diagnosed (via MRI), my Primary Provider in Dickinson put me on a high dose, at three times per day, of Hydrocodone. Which I very quickly became addicted to for years. That unnecessary addiction almost ruined my life. I was still in severe pain and now suffering from drug addiction.

I then tried to seek help for the hydrocodone addiction, being put on Suboxone. Which caused my body to be even more addicted. My mental and physical health was spiraling quickly.

I knew something had to change and fast, or else I would no longer be here. I then started researching natural ways to help my severe spinal stenosis pain (since mainstream medical only wanted to push extremely addictive drugs), and to help me quit the addictive suboxone. I found kratom, which has been used for centuries in Asia. At only small doses I was able to successfully become completely free of hydrocodone and suboxone. It has also numbed my spinal

stenosis pain so I'm able to function and lead a normal life. To this day I thank kratom for saving my life.

On good days with no pain, I can go without kratom. I have never been addicted to it. Nor have I ever felt it has addictive qualities. I have also never experienced any adverse reaction to it.

I do understand the concern surrounding kratom, but I also believe most of that concern is due to miseducation. Anything can be addictive and harmful, even water at high consumption amounts can kill someone. There will always be someone that abuses a supplement, food or drug. Kratom is inherently a good supplement. It has helped countless people with opioid addiction. Among so many other benefits kratom has.

I vote against this bill.

Scheduling kratom will cause harm.

Instead, I vote for an alternative. I vote for the State of North Dakota to work with the American Kratom Association on re-education, and to pass a kratom consumer protection act. Which puts rules and regulations on labels and what can be sold. Which will protect, and install safeguards, for everyone.

Thank you for taking the time to read my testimony.

Sara Smith

Dear Members of the House Judiciary,

Thank you for giving me the opportunity to share my perspective on HB 1101. I'm writing as a North Dakotan, a taxpayer, a family provider, and someone living with chronic pain. I'm strongly opposed to the proposed scheduling of mitragynine, aka kratom, and I urge you to vote against it.

Kratom has been essential in helping me manage the debilitating pain caused by a slipped disc. Thanks to kratom, I've been able to hold a steady job, support my family, and stay productive. Without it, I fear I'd have to rely on addictive painkillers or, worse, go on disability a fate I've worked hard to avoid. Banning kratom would take away a natural, effective tool that allows me and countless others to live a better quality of life.

I also want to emphasize that kratom is a plant, unadulterated, unmodified, and far from the dangerous substances that often come up in these conversations. It's not a drug in the sense that prescription medications or synthetic substances are. In fact, it's more akin to coffee, which is in the same botanical family. To schedule kratom as though it's a dangerous narcotic is not only inaccurate but frankly absurd. We pride ourselves in North Dakota on being a state of freedom, personal responsibility, and resilience. This bill runs counter to those values and feels like a step in the wrong direction. I cannot support any politician who would strip away my freedom to choose a natural option based on fear-mongering or misinformation.

Finally, let's talk about safety. When used responsibly, kratom is extremely safe. Most reported adverse effects occur when it's mixed with other dangerous substances, like tramadol or illegal drugs. The safety profile of kratom is supported by evidence, and I encourage you to take the time to review it, particularly data from independent organizations like the American Kratom Association. Don't rely on pharmaceutical-backed misinformation. Of course, pharmaceutical companies would love to see kratom banned, because it cuts into their profits from opioid sales and addiction treatments. Let's not let their influence dictate public policy in North Dakota.

In conclusion, I strongly urge you to look past the fear-driven rhetoric and recognize the benefits kratom provides to people like me, people who simply want to live their lives, provide for their families, and manage their health in a safe and responsible way. Please reject HB 1101 and stand for freedom, self-reliance, and informed decision-making.

Thank you for your time and consideration.

Sincerely,
W. Bradshaw
Fargo, North Dakota

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=5Gr9ljOr9YBRr8I> 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=WuK3sHwt9icxvmv>, 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=nbrThQ6iu3DB6hH> 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

I am respectfully requesting that you please reconsider the ban on the botanical Kratom. It has received undue negative press because of the irresponsible behavior of a few who either tampered with the natural plant or consumed it in combination with known dangerous substances. There is too much disinformation based upon fear, as opposed to practical knowledge and actual science.

My father, a Veteran (U.S. Army of Occupation in Japan) passed away at a V.A. Hospice. This followed a lengthy period of caregiving and was devastating for me. I found an herbal product that helps me cope with relentless emotional trauma. With Kratom, I've been able to continue working, paying my bills, going to the gym, participating as a drummer in musical ensembles, supporting my husband's fire department and Masonic organization, and volunteering at a local nursing home (I do a weekly Storytime for Seniors). I've also earned a certification in my field and am thriving at work.

Please instead consider the Kratom Consumer Protection Act:

<https://kratom.org/guides/kcpa/>

Please also see:

https://www.youtube.com/watch?v=uc_UqjQfmzI

I appreciate your attention very much.

Best,
Lori

Dear Chairperson and Members of the Committee,

I am writing to express my opposition to House Bill 1101, which seeks to schedule mitragynine as a schedule I controlled substance. I request the Committee consider the abundance of scientific literature related to mitragynine and kratom before removing such botanical from the marketplace.

In the past years, countless studies have come out showing the safety and efficacy of kratom. In fact, in the last year the U.S. Food and Drug Administration published the first leg of their human clinical trial on kratom that showed it is both effective and well tolerated in human populations. In the fall of 2024, there were U.S. Congressional hearings on kratom with presentations by scientists from the University of Florida, Johns Hopkins University and the Ohio State University as well as those affiliated with the National Institute on Drug Abuse all showing data on how safe and useful kratom can be in reasonable doses.

No state has scheduled or banned kratom since the FDA's failed attempt to schedule the botanical in 2014. Many states have seen the benefit of regulating this botanical to be sure consumers have safe and informed access to these products. Scheduling or banning kratom does not have the desired effect of keeping the botanical out of market. It will simply keep good market participants from selling tested, safe, compliant and properly labeled products. Compliant market participants desire to comply with state and federal laws and banning this botanical in North Dakota will keep them out while bad market actors who do not care about consumer safety or safe products will continue to break the law like they are already doing.

There is no question kratom is safe when used responsibly. I implore you to consider delaying passage of this bill to consider a scientific and regulatory framework of such botanical that protects consumers and provides a legislative and regulatory mechanism to keep black market products out. Regulation will help consumers have access to this safe and effective botanical while being sure they understand what they are getting in their product.

Thank you for your time and consideration. I would be more than happy and welcome the opportunity to discuss this matter further if the opportunity were appropriate.

Kind Regards,

Andrew Kulpa

Dr. Paloma Lehfeldt

SABER- Scientific Association for Botanical Education and Research

plehfeldt@gmail.com

01/10/2025

Chairperson Kleiman

House Judiciary Committee

North Dakota Legislative Assembly

Dear Chairperson Kleiman and Members of the Committee,

I am writing to express my opposition to House Bill 1101, which seeks to schedule mitragynine as a schedule I controlled substance. While I understand the importance of ensuring public health and safety, I urge the committee to consider the rapidly evolving science and regulatory trends surrounding botanicals like kratom before moving forward with this legislation.

States across the country, including Colorado, Utah, and Nevada, have already taken steps toward implementing formal regulatory frameworks for kratom to ensure consumer safety while maintaining access for those who rely on its benefits. These frameworks, rooted in science and public health policy, provide a balanced approach that addresses concerns about adulterated products without unnecessarily penalizing consumers or businesses that adhere to safety standards.

I respectfully request that the committee hold a future hearing to examine the science and perspectives of qualified professionals in medicine, toxicology, and regulatory affairs. These experts can provide valuable insights into establishing evidence-based policies that protect public health while ensuring safe access to kratom for consumers who depend on it.

Additionally, I would like to offer my assistance in providing credible information, connecting the committee with leading experts in this field, or arranging private educational meetings to discuss kratom's safety profile, risk factors, and potential for responsible regulation. My goal is to contribute to an informed and balanced decision-making process for the benefit of North Dakotans.

Thank you for your time and consideration. I trust that you will prioritize evidence-based approaches as you deliberate on this matter. Please do not hesitate to reach out to me for further information or to arrange a meeting.

Sincerely,

Paloma Lehfeldt, MD

Medical Advisor, SABER

plehfeldt@gmail.com

Kratom should not be scheduled 1 for 8 years i have used the herb for minor pains and aches and to help with getting threw long days. Not once did i overdose have adverse reactions and wanting to hurt other people because of the herb plain and simple it is a herb and not a real drug like heroine so making kratom a schedule 1 is just nonsense and needs to be regulated so people can still have it just like they do with alcohol.

<html><head></head><body style="overflow-wrap: break-word; -webkit-nspace-mode: space; line-break: after-white-space;">Hello and thank you for giving me this opportunity to testify the written word.<div>
</div><div>I read recently that the state is considering scheduling Kratom, which would effectively ban and make it illegal to own or use. I visit North Dakota occasionally on vacation and being retired, I have the ability to travel anywhere with my family I choose. For the last four years I have been needing to use Kratom on occasion to offset the debilitating effects of a couple autoimmune diseases. There is no approved, pharmaceutical drug other than strong opioids that will accomplish the same thing as Kratom has for me. If North Dakota schedules them, we will no longer be able to visit or tour your beautiful state. I hope you will reconsider and vote against this and in favor for medical health sovereignty for every person visiting or living in your state.</div><div>
</div><div>Carl Christensen</div></body></html>

Lora Romney – Trigeminal Neuralgia Patient

I am a patient with Atypical Trigeminal Neuralgia (TN). This disease causes severe facial nerve pain that never stops. It presents in my sinus regions on both sides. Imagine an ice cream headache that never goes away. This is what I experience daily. This disease is called “the suicide disease” because it can be one of the most painful conditions to live with.

I have been struggling with TN for the past 13.5 years. I have tried everything to control my pain: brain surgery, a nerve stimulator implant in my face, blocks, lidocaine infusions, chiropractic, acupuncture, physical therapy and over 30+ medications to try and decrease this pain. All have failed to give me any consistent or adequate pain control. Many had side effects that made continuing with the medication impossible. I was referred to a pain clinic after my neurologist exhausted all options for me. Under the care of a pain physician I was given two oxycodone per day.

This dose of oxycodone was not enough to control my excruciating pain. An opioid gives relief for approximately 4-5 hours. This meant that for 16 hours of the day and night, I did not have any pain control. I suffered immensely. Since I had tried all available options to control my pain, I began looking at alternative medicine. I heard about the plant kratom that many were using successfully to help control their TN pain. I decided to try it. Amazingly enough, I got instant relief. Kratom does not take my pain away, but 2 grams mixed in water and consumed, moves the pain from an 8-9 level to a 2-4 level. Best of all, kratom gives me minimal side effects (some constipation that I solve with magnesium). Kratom allows me to feel normal, not drugged, tired or foggy headed.

I read stories every day of patients who are being forced off their pain medication and given no other options. While taking acetaminophen or ibuprofen for pain control works for some, when people have severe illness and pain, these over-the-counter meds do not help. I am active in the TN community and read of patients every day who are suicidal due to their pain. What is not understood by many lawmakers and physicians is that you cannot survive at constant 8-10 level pain for an extended period of time without snapping.

Mentally this amount of pain changes your brain and suicide becomes a real option. We don't want to die. We want to live!

Pain patients are the silent minority. We are the ones who have no voice. We are hidden away in our homes, unable to work, go to lunch, and even drive a car at times. All we are asking for is compassion and access to medication and natural supplements that give us some quality of life. My disease does not have a cure. Will I ever be out of pain? Probably not. In fact, TN is progressive. I could get worse. Sometimes I lay awake at night thinking about the terrifying possibility that kratom could be scheduled or that opioids could be taken away completely as an option. What would I then do for pain control? This is a thought that continually haunts me.

Please give pain patients a voice! Please stand up for the weak and helpless in this world's population. Keep kratom legal and accessible to adults!

Sincerely,

A handwritten signature in black ink, appearing to read "Lora S. Romney". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Lora S. Romney

Good day to everyone. My name is Nick Becker. I'm 41 years old and when I was in my 20s had an indent that left me with a broken collar bone in addition to this, years later, as a Diesel Technician the disks between my spine are nothing but bone on bone and it's impossible to sleep completely all night or work in the day. I've used kratom since 2018 and have blood work done for other medications I take and blood work always comes back normal, liver enzymes normal, kidney function normal. Kratom in its molecular structure is not at all like a classic opioid. There's times I have not used it because I didn't have any and the only thing that happens is chronic pain comes back. Medical marijuana is still federally illegal and eliminates 90% of all job opportunities this affects me as a married man with 2 children. I alone am the sole provider of our house. I do not want to be on a lifetime of pain pills from doctors mixed with Tylenol or deal with any of the addicting properties that are found in the molecular structure of a classic opioid. Kratom is extremely helpful and stops 98% of the pain that keeps me from being able to simply lay down, it is the secret how I'm able to continue to work and live a normal life. I do support regulations that keep this plant free from outside contaminants and quality control. To make this illegal is to make me a criminal when the only crime I'm committing is the desire to stop hurting, mentally function the next day and to feel pain free. I've seen Orthopedic surgeons, I have had spinal injections, I have also seen nerve specialists none of them prescribed me any medication but, gabapentin and I can't use that during the day. They both orthopedic surgeon and nerve specialist recommended surgery and if I agreed to do that I would not qualify for any disability because I have tried and been

denied. Kratom has been a gift sent from heaven not only, to me but, everyone from all walks of life and careers all over the United States. With out kratom my entire family and new born and 4 year old my wife included will need permanent indefinite support from the state of North Dakota if I'm no longer able to sleep anymore or mentally be alert to continue my career and be a responsible man, husband, father. Please keep kratom legal and available as a option different from what we all know rilly kills people. There is no purely related kratom deaths ever reported. This plant is known a mambog in places such as the Philippines and has been used for centuries. The problem we face today is contamination or fake labeling. I do support legislation that keeps kratom safe, pure. Please if any questions call me 701-210-2667 Nicholas Becker. nicholasstarr44@yahoo.com

Testimony Against the Scheduling of Kratom as a Schedule I Substance

Dear Members of the Committee,

I am writing you today to address the proposed classification of Kratom as a Schedule I substance. As a natural botanical with a long history of use, Kratom offers benefits that must be recognized rather than stigmatized. Here are several key points that highlight why Kratom should not be classified in this manner:

1. ****Historical Use and Cultural Significance****: Kratom, derived from the leaves of the *Mitragyna speciosa* tree, has been used for centuries in Southeast Asia for its therapeutic and stimulant properties. It plays a significant role in the traditional practices of various cultures, demonstrating that it is not merely a modern invention but a time-honored remedy.
2. ****Potential for Pain Relief and Opioid Alternative****: Many individuals turn to Kratom for relief from chronic pain and to mitigate withdrawal symptoms from opioids. Research indicates that Kratom can provide analgesic effects without the high risk of respiratory depression associated with conventional opioids, making it a safer alternative for those in need of pain management.
3. ****Low Abuse Potential****: Unlike substances classified as Schedule I, Kratom does not exhibit the same level of addictive potential. Many users report using Kratom responsibly without developing dependency. Studies show that the majority of users do not misuse Kratom, and it does not produce the same euphoric high that characterizes other controlled substances.
4. ****Regulation and Safety****: Instead of outright prohibition, a regulated approach to Kratom could ensure its safe use. By implementing quality control measures and guidelines for distribution, we can protect consumers from adulterated products and educate them on responsible usage.
5. ****Research Opportunities****: Scheduling Kratom as a Schedule I substance would severely limit research opportunities that could uncover its full potential in medicine. We must encourage scientific inquiry into Kratom's properties and effects rather than hinder it through restrictive classification.
6. ****Personal Testimonials****: Numerous individuals have shared their personal stories of how Kratom has improved their quality of life, enabling them to function in society, maintain employment, and care for their families. These testimonials highlight the need for a compassionate and informed approach to its use rather than a blanket ban.

In conclusion, I urge you to reconsider the classification of Kratom as a Schedule I substance. By doing so, we can recognize its potential benefits, enable responsible use, and foster further research into its therapeutic applications. Let us choose a path that promotes health, safety, and informed decision-making rather than one that perpetuates stigma and misunderstanding.

Thank you for your time and consideration.

Erika Kinderknecht

North Dakota HB1101.

I support HB1101 ban on Kratom.

My 22 year old son Matthew Eller died from using Kratom powder (the least potent form of kratom). Kratom caused him to have a seizure, go into cardiac arrest and die. His autopsy/toxicology results read: "TOXIC EFFECTS OF MITRAGYNINE" (an alkaloid found only in kratom). His toxicology showed he had no prescription drugs, no street drugs nor alcohol in his system when he died, and that he had no underlying health conditions.

The American Kratom Association claims to be for the consumer, however their website promotes over 40 of the leading kratom vendors, and several of those are currently in kratom wrongful death lawsuits.

Kratom seems to benefit some people, but it disturbingly sounds a lot like other pain relievers like opioids where you might need more & more to achieve the same effect & to stave off withdrawals. Kratom works on the same part of the brain as opioids, and according to over 46,000 kratom users on Reddit's Quittingkratom it's withdrawals are horrible with many comparing them to Heroin and other opioids.

Kratom advocates have been known to be exploitative with emailing government. In Iowa City hundreds of emails were sent to stop a kratom ban, but council members recognized some of the names on the emails and contacted the people directly and they all said they didn't send the emails.

Red Flag #1

Kratom is illegally imported into the United States by falsely labeling it as tea, fertilizer, incense etc., and labeling "NOT FOR HUMAN CONSUMPTION".

Red Flag #2

If it does things that people say like cure or mitigate alcohol or opioid addiction, and relieve pain that can only be alleviated by opioids; that by itself indicates it should be prescribed by a doctor, not a gas station attendant with unlimited supply to the patient.

Kratom Lobbyist fight to keep kratom legal by lightly regulating it, and they desperately fight against any type of significant regulation. They push for the age limit to be 18 or 21 which is a good thing, however most kratom users who died from kratom were over the age of 21 including my son. So this light regulation won't likely make a significant impact on the kratom death toll.

Kratom effects are liver damage, rapid weight loss, aggression, nausea, vomiting,

hair loss, brain damage, anxiety, depression, dizziness, drowsiness, hallucinations, delusions, muscle pain, psychosis, seizures, cardiac arrest, coma and death.

Testing for kratom post mortem in many cases is by request only, this combined with the fact that many people hide their Kratom use makes it impossible to know the actual number of people dying from Kratom. Please view the FDA Adverse Event Reporting System to view the injuries and deaths from kratom that have been reported.

Sincerely,

Susan Eppard
231-286-4498
switchinz@yahoo.com

Hello, my name is Brandon. I'm 28 years old and have been taking kratom for the last 5 years with no problems. At the age of 23, I witnessed my dad's suicide. When you see someone you love like that, it's horrifying and changes you in many ways. I was diagnosed with PTSD, anxiety, insomnia, depression. The medication that I got from my doctor had many side effects, too many to list. Thankfully, my mom's friend told me about kratom. From that day on, I've been able to breathe. I go to work every day to pay my taxes and contribute to society in meaningful ways. Please reconsider this ban. It will only hurt people. Rather than banning it, we should regulate it so vendors can't sell adulterated kratom. It really is no different than coffee. As a matter of fact, it comes from the coffee family. Thank you for taking time out of your day to read this. Please visit kratomanswers.org. They have all the updated information and studies on kratom. Also, please look into what the World Health Organization has to say about kratom. Look into what the National Institute of Health says. Look into what the Department of Health and Human Services has to say about the matter. I truly don't know what my life would look like if kratom was banned tomorrow. God bless you

Kratom has only helped me and my family.

Keep Kratom legal and keep America free to make their own health choices.

When I was 7 years old I was one of the first kids on the bus, woke around 4:15am and got ready and made the bus everyday around 5:10am.

I always laid down and slept for the 2 hour bus ride since I was one of the first kids on the bus everyday and one morning I awoke to scratching tires and an immediate stop.

It was foggy/wet and even though that bus driver had made this route 500 times before, she somehow forgot there was a T intersection and a giant oak tree.

She hit that tree at 60 mph and I got wrapped up in the metal framing of the seat which was in front of me.

I've had neck problems my entire life, the school ended up paying for a chiropractor and MRI etc but after a year they denied to continue treatment and my parents were ignorant and did not pursue justice for this child.

By the time I was 18 and realized that I could pursue the school for medical issues the statutes of limitations had passed thus all my surgeries and medications and chiropractic treatments I ended up paying myself and still to this day.

My neck vertebrae fused together and has over grown causing me horrific neck pain and migraines all these years.

Im almost 40 years old now and have spent decades on pain killers and neurological medications all which only numbed the pain and caused severe withdrawal symptoms.

I found pure ground up leaf kratom over 10 years ago and within the first few months of taking kratom this simple ground up leaf I began slowly reducing the OxyContin and other medications.

After about 8 months of reduction, I was completely clean.

I had an appetite again, I could move far better than ever, I got a job again, kratom has literally saved my life and the pharmaceutical companys HATE IT.

A simple ground up leaf saved and changed my life.

Its far cheaper and sometimes I actually forget to even take it.

I know after a bit when the neck pain comes back with a vengeance that oh I need to take 2 grams I forgot.

Dont ban kratom. If you wanna ban something then ban alcohol or tobacco or corruption in government and large corporations.

Kratom only helps people.

To top everything off, I used to get sick when the weather changed, every year but after starting Kratom, I havent even gotten a simple cold in 10 YEARS!!

Explain that?!?!?

Keep Kratom legal

North Dakota legislators,

I just wanted to share my story on how kratom has positively impacted my life.

After waking up one day in 2005, paralyzed from my neck down, I was eventually diagnosed with transverse myelitis, and became a chronic pain patient. For 13 years, I endured living in pain every day until I discovered kratom in May of 2019.

I've been consuming it responsibly for over 5 years and it has granted me a second chance at life! Unlike any prescription pain medication I've been prescribed over the years, kratom has provided unparalleled relief. I no longer suffer every day; I can get out of bed and be a mom! I can go to school functions, run errands, go to the store, and just live life without suffering. Though I regained mobility I still face many physical limitations, however I'm no longer confined by constant pain.

Thanks to this amazing plant. Although I'm a Tennessee resident, I know that there are citizens in North Dakota and all over the US who could benefit from this plant. I ask that you please Keep Kratom Legal so that those people have the freedom to choose that option if they want to.

Thank you so much for your time,

Jennifer Gillis

1/10/25

Dear North Dakota Legislators,

RE: OPPOSITION TO HB 1101

I am writing to express my strong opposition to HB1101, which seeks to classify Kratom (mitragynine and 7-hydroxymitragynine) as a Schedule I controlled substance.

First, the Eight Factor Analysis has not supported scheduling Kratom. Second, this natural plant has been used safely for centuries. Third, Kratom has life-saving benefits for millions of Americans, including myself. Banning a substance that benefits millions of people will lead to a black market and cause unnecessary deaths. What is needed is regulation to ensure quality products for adults in need. I urge you to regulate Kratom by passing the Kratom Consumer Protection Act.

Below is my personal testimony as an example of the hardship caused when a ban is implemented rather than reasonable regulations:

I am a Nurse Practitioner and Healthcare Executive who retired early due to disability. Despite struggling with many health issues throughout my life, I persevered through work and school, earning my doctorate in nursing in 2011. Unfortunately, by 2015, my health issues led to severe pain, an inability to stand for more than a few minutes, fatigue, frequent choking, and gait instability. After extensive research and many specialist visits, I was diagnosed with several rare congenital disorders, including:

- **Chiari Malformation:** The cerebellum in my brain was below the opening of my skull, placing pressure on my spinal cord and flattening my brain stem.
- **Tethered Spinal Cord:** Causes severe nerve pain in my trunk and legs.
- **Lipedema:** Causes swelling and pain in my legs and arms.
- **Ehlers-Danlos Hypermobility:** A connective tissue disorder that leads to instability of joints and chronic pain.
- **Hereditary Alpha Trypsinemia:** Makes me drug-sensitive and has led to osteoporosis and multiple spinal compression fractures.

For years, I was unable to find a tolerable and effective way to control my pain and fatigue. Even after brain surgery, I could only take the prescribed Oxycodone for a few days due to dizziness, confusion, and fatigue. I am so drug-sensitive that even Tylenol makes me sleepy, so I can only take it at bedtime. I took Aleve daily for three months, which was minimally helpful, but I had to discontinue it due to gastrointestinal side effects.

Luckily, my son introduced me to Kratom. I like to say that I gave him his life, but he gave me mine back! Kratom has been a miracle, reducing my pain enough to exercise and stretch, which prevents further debility and injuries from my chronic conditions. Most importantly, it has allowed me to enjoy our three grandchildren. Kratom has given me hope for the future. I am no longer a spectator in life but a participant. Kratom doesn't impair my thinking like narcotics, and I've never had side effects like all the other pharmaceuticals.

Regrettably, I only experience this comfort when I'm in Illinois because Kratom is banned in Wisconsin, where I have lived for 31 years. Due to the prohibition of Kratom in Wisconsin, I divide my time between Wisconsin and Illinois weekly. In Illinois, Kratom is legal and provides me with essential relief from the constant pain I endure. This necessity to travel imposes a significant physical, emotional, and financial burden, as I must maintain residences in two states. My husband's longstanding career in real estate and public service in Wisconsin prevents us from moving to Illinois. Yet, the legal constraints on Kratom mean we are too often separated.

This is also a hardship for my 91-year-old mother, who lives with me and endures the weekly travel between states. We won't be able to continue this weekly travel forever. The burden is not just mine, but it affects my loved ones as well.

God made the natural Kratom plant perfect. I ask you to help keep it safe and accessible for those in need by supporting the Kratom Consumer Protection Act.

Dr. Heidi Sykora DNP, GNP-BC (retired)

2321 Ridgewood Rd.

Grafton WI 53024

25921 W. Elmwood Ave.

Wauconda, IL 60084

262-573-7848 cell

Kratom advocacy message

My wife and I both take kratom, but for very different reasons. I first used kratom as a cessation aid to quit fentanyl-laced heroin and methamphetamines from the street. I have been clean for over 6 years thanks in large part to kratom, and I truly do not know how I wouldve quit without the help of kratom through the detox.

My wife takes kratom for chronic pain and fatigue associated with her auto-immune illness, which is Psoriatic Arthritis. She takes a biologic medication to help manage the disease, but her pain is left largely unmanaged by her prescriptions. Kratom allows my wife to participate in her life, to be a strong mother for our child, and to enjoy simple activities like walking around the park, or going to a summer barbecue; activities she would miss out on without access to kratom.

Please consider the countless lives kratom positively affects. We are real people, finding real help from kratom.



AMERICAN KRATOM ASSOCIATION

AMERICAN KRATOM ASSOCIATION
13575 Heathcote Blvd STE 320
Gainesville, VA 20155
www.americkratom.org

MEMORANDUM

January 10, 2025

TO: North Dakota House Judiciary Committee

FROM: Mac Haddow, Senior Fellow on Public Policy
American Kratom Association

RE: HB 1101, A BILL for an Act to amend and reenact subsection 3 of section 19-03.1-05 of the North Dakota Century Code, relating to the scheduling of mitragynine as a schedule I controlled substance.

The American Kratom Association (“AKA”), on behalf of the estimated 20 million kratom consumers in the United States and the tens of thousands of North Dakota residents who are kratom consumers, strongly opposes HB 1101 that would classify kratom’s compounds, mitragynine and 7-hydroxymitragynine, as a Schedule I controlled substance in the state of North Dakota.

In 2016, the U.S. Food and Drug Administration (“FDA”) put out a nationwide alert to every state to schedule kratom on the claim kratom would be scheduled at the federal level. Six states did respond to that request and took action to schedule kratom,¹ but the FDA was unable to justify a scheduling recommendation under the 8-factors required under the Controlled Substances Act (“CSA”). No states have banned kratom since Rhode Island followed the FDA directive in 2017.

Starting in 2019, 13 states have enacted model legislation known as the Kratom Consumer Protection Act (KCPA) – Utah, Georgia, Arizona, Oregon, Nevada, Colorado, Oklahoma, Kentucky, Virginia, West Virginia, Maryland, Florida, and Texas.

KCPA legislation fills the gap in the failure of the FDA to protect consumers, and requires kratom manufacturers to safely manufacture, label and distribute compliant products for kratom pure leaf and properly extract products marketed in the state where the KCPA is enacted. These states have established needed consumer protections to limit risks from adulterated, mislabeled, and contaminated kratom products. These laws also establish age restrictions on the sale and use of kratom.

¹ Vermont, Rhode Island, Wisconsin, Indiana, Arkansas, and Alabama scheduled kratom at the request of the FDA.

First and foremost, it is important to understand that kratom helps people. That is illustrated in the letter received from Congressman Jack Bergman (R-MICH), who is a former Lt. General in the U.S. Marine Corps where he advocates for veterans who benefit from access to kratom [see Exhibit 1]:

“My specific concern is for the health and welfare of many of our nation’s servicemembers and Veterans that I served with and others who returned from their service with injuries and chronic pain. Many of those Veterans have received treatments with dangerous opioids that lead to severe addictions and expose them to the unacceptable risk they will end up as another of the more than 80,000 opioid overdose deaths per year in the United States.

One of the tools and resources many Veterans have used to quit their opioid dependence, manage pain, improve mood and focus, and get their lives back on track has been through controlled use of a pure, unmodified kratom product. For many, it has been a miracle solution keeping them from a downward spiral of addiction and destruction.” (emphasis added)

KRATOM IS NOT A CANDIDATE FOR SCHEDULING BECAUSE MITRAGYNINE AND 7-HYDROXYMITRAGYNINE DO NOT MEET THE 8-FACTOR CRITERIA FOR SCHEDULING UNDER NORTH DAKOTA 19-03.1-02. AUTHORITY TO CONTROL

The criteria for scheduling under North Dakota CHAPTER 19-03.1, UNIFORM CONTROLLED SUBSTANCES ACT² match the 8-Factor criteria in the federal Controlled Substances Act (CSA), Section 201 (c), [21 U.S.C. § 811 (c)].³

Federal CSA Scheduling Criteria	State of North Dakota Scheduling Criteria
(1) Its actual or relative potential for abuse.	a. The actual or relative potential for abuse;
(2) Scientific evidence of its pharmacological effect, if known.	b. The scientific evidence of its pharmacological effect, if known;
(3) The state of current scientific knowledge regarding the drug or other substance.	c. The state of current scientific knowledge regarding the substance;
(4) Its history and current pattern of abuse.	d. The history and current pattern of abuse;
(5) The scope, duration, and significance of abuse.	e. The scope, duration, and significance of abuse;
(6) What, if any, risk there is to the public health.	f. The risk to the public health;
(7) Its psychic or physiological dependence liability.	g. The potential of the substance to produce psychic or physiological dependence liability; and

² <https://ndlegis.gov/cencode/t19c03-1.pdf>

³ <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section811&num=0&edition=prelim>

(8) Whether the substance is an immediate precursor of a substance already controlled under this subchapter.	h. Whether the substance is an immediate precursor of a substance already controlled under this chapter
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The criteria for federal scheduling of kratom matches the North Dakota requirements and HB 1101 simply circumvents the statutory requirements for banning substances. The Legislature must consider if the evidence and data exist to justify classifying kratom as a Schedule I substance.

THE FDA HAS FAILED IN THREE ATTEMPTS TO HAVE KRATOM CLASSIFIED AS A SCHEDULE I SUBSTANCE BECAUSE THEY DO NOT HAVE SUFFICIENT EVIDENCE TO JUSTIFY SCHEDULING UNDER THE SAME 8-FACTORS REQUIRED BY NORTH DAKOTA STATUTES

The FDA has made three specific attempts to have kratom's constituents, mitragynine and 7-hydroxymitragynine, classified as Schedule I substances, two recommendations under the federal CSA and a third recommendation for international scheduling by the UN Commission on Narcotic Drugs (UNCND) that has a lower scientific standard in its scheduling criteria, but the U.S. would have been obligated to commence scheduling under the CSA if the UNCND had approved the scheduling of mitragynine and 7-hydroxymitragynine.

The FDA's initial recommendation to schedule kratom was published in the Federal Register on August 31, 2016,⁴ following which the DEA officially withdrew the scheduling recommendation on October 13, 2016, based on questions raised about the validity of the FDA's evidence and safety data. The DEA then requested that the FDA expedite its scientific and medical evaluation and scheduling recommendation for these substances.⁵

The FDA then submitted a second scheduling recommendation for kratom on October 17, 2017 and, after a comprehensive review by the Assistant Secretary of Health (ASH) at the U.S. Department of Health and Human Services (HHS) of the FDA's 8-factor analysis on the alleged safety and addiction liability of kratom, the ASH formally withdrew the FDA's recommendation from the DEA on August 18, 2018.⁶ The reasons for the rescission are directly relevant to any consideration or decision to schedule kratom that relies in whole or in part on the evidence provided by the FDA. Here are some excerpts from the ASH letter explaining why the FDA had failed to meet its burden of proof:

- "This decision is based on many factors, in part on new data, and in part on the relative lack of evidence, combined with an unknown and potentially substantial risk to public health if these chemicals were scheduled at this time." (Page 1)

⁴ <https://www.federalregister.gov/documents/2016/08/31/2016-20803/schedules-of-controlled-substances-temporary-placement-of-mitragynine-and-7-hydroxymitragynine-into>

⁵ https://www.dea diversion.usdoj.gov/fed_regs/rules/2016/fr1013.htm

⁶ <https://www.dropbox.com/s/ljo3rxvgn4em2ub/dhillon-8.16.2018-response-letter-from-ash-radm-giroyr%282%29.pdf?dl=0>

- “. . . one recently published peer reviewed animal study indicated that mitragynine does not have abuse potential and actually reduced morphine intake.” (Page 3)
- “Furthermore, there is a significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I . . .” (Page 3)

In response to criticism by former FDA Commissioner Gottlieb on his decision to rescind the FDA recommendation for scheduling of kratom’s alkaloids, HHS Assistant Secretary of Health Dr. Giroir made the following statement:

“FDA doesn’t schedule; it only recommends. **FDA’s recommendation was rejected because of embarrassingly poor evidence and data, and a failure to consider overall public health.”⁷ (*emphasis added*)**

Finally, in 2021 the FDA made a recommendation to the UNCND to schedule kratom internationally, submitting their best evidence and data to support their recommendation under a far less rigorous standard that is required under the CSA in the United States. The UNCND ordered a comprehensive review by the Expert Committee on Drug Dependence (ECDD) comprised of 12 independent international experts on addiction and safety of substances. In a unanimous decision on December 1, 2021, the ECDD declared there was “insufficient evidence” to recommend scheduling of kratom by the UNCND.⁸

On December 29, 2022, President Biden signed the FY23 Omnibus bill⁹ with kratom report language commending NIDA for funding studies on kratom that “may provide help for some Americans struggling with addictions, given its analgesic and less addictive properties as compared to opioids.”

The reason kratom is not scheduled at the federal or international level is straightforward: The FDA has failed to meet its burden of proof to document the addiction liability, the state of the science on the pharmacological activity, and the public health impacts of scheduling kratom.

INACCURATE REPORTS OF KRATOM ASSOCIATED ADVERSE EVENTS AND DEATHS

Some anti-kratom advocates disseminate inaccurate and, in some cases, deliberately false claims on kratom adverse events and deaths. The evidence on reports of kratom associated adverse events and deaths are directly addressed by the FDA, NIDA, and the HHS Secretary of Health.

⁷ <https://twitter.com/DrGiroir/status/1395874443726102533>

⁸ Expert Comm. on Drug Dependence, Summary of Assessments, Findings, and Recommendations of the 44th ECDD (2021), available at https://cdn.who.int/media/docs/default-source/controlled-substances/44ecdd_unsg_annex1.pdf.

⁹ <https://www.whitehouse.gov/briefing-room/legislation/2022/12/29/bill-signed-h-r-2617/>

NIDA Report on Kratom:¹⁰ “Rare but serious effects have been reported in people who use kratom, including psychiatric, cardiovascular, gastrointestinal and respiratory problems.^{11 12} Compared to deaths from other drugs, a very small [number of deaths](#) have been linked to kratom products **and nearly all cases involved other drugs or contaminants.** (*emphasis added*)”^{13 14 15 16 17}

FDA Report on Kratom:¹⁸ “In rare cases, deaths have been associated with kratom use, as confirmed by a medical examiner or toxicology reports. **However, in these cases, kratom was usually used in combination with other drugs, and the contribution of kratom in the deaths is unclear.** (*emphasis added*)”

HHS Secretary Becerra on Kratom Deaths, March 16, 2022:¹⁹ “To your final point regarding kratom safety and consumer protections, I agree with your concerns describing safety concerns associated with kratom, including death. **Many kratom-involved deaths have occurred after use of adulterated kratom products or taking kratom with other substances.** (*emphasis added*)”

THE SCIENCE ON THE SAFETY OF KRATOM DIRECTLY REFUTES THE FDA’S CLAIM KRATOM IS DANGEROUS

While the FDA has previously maintained the position that kratom poses a danger to the public, the agency refused to participate in a hearing ordered by a federal judge scheduled on February 8, 2024, in the Southern District of California to provide witnesses and documents to prove the validity of the FDA’s claims that kratom is a dangerous substance. This case was initiated by the FDA against an importer who had falsely identified kratom raw materials on the shipping

¹⁰ <https://nida.nih.gov/research-topics/kratom>

¹¹ United Nations, Commission on Narcotic Drugs. [Summary of assessments, findings and recommendations of the 44th World Health Organization’s \(WHO\) Expert Committee on Drug Dependence \(ECDD\), 11–15 October 2021.](#) Vienna; 9-10 December 2021. Report No. E/CN.7/2021/CRP.12

¹² Leong Bin Abdullah MFI, Singh D. [The adverse cardiovascular effects and cardiotoxicity of kratom \(*Mitragyna speciosa* korth.\): A comprehensive review.](#) *Front Pharmacol.* 2021;12:726003. Published 2021 Sep 27. doi:10.3389/fphar.2021.726003

¹³ Post S, Spiller HA, Chounthirath T, Smith GA. [Kratom exposures reported to United States poison control centers: 2011-2017.](#) *Clin Toxicol (Phila).* 2019;57(10):847-854. doi:10.1080/15563650.2019.1569236

¹⁴ Kronstrand R, Roman M, Thelander G, Eriksson A. [Unintentional fatal intoxications with mitragynine and O-desmethyiltramadol from the herbal blend Krypton.](#) *J Anal Toxicol.* 2011;35(4):242-247. doi:10.1093/anatox/35.4.242

¹⁵ Henningfield JE, Grundmann O, Babin JK, Fant RV, Wang DW, Cone EJ. [Risk of death associated with kratom use compared to opioids.](#) *Prev Med.* 2019;128:105851. doi:10.1016/j.ypmed.2019.105851

¹⁶ United Nations, Expert Committee on Drug Dependence. [Pre-review report: Kratom \(*Mitragyna speciosa*\), mitragynine, and 7-hydroxymitragynine.](#) 11–15 October 2021. Geneva.

¹⁷ Leong Bin Abdullah MFI, Singh D, Swogger MT, Rahim AA, Vicknasingam B. [The prevalence of psychotic symptoms in kratom \(*Mitragyna speciosa* korth\) users in Malaysia.](#) *Asian J Psychiatr.* 2019;43:197-201. doi:10.1016/j.ajp.2019.07.008

¹⁸ <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>

¹⁹ <https://kratomanswers.org/wp-content/uploads/2022/07/TAB-14-HHS-Becerra-Letter-Lee-and-Pocan.pdf>

manifest documents which resulted in a guilty plea. In the sentencing phase of the case, the Judge wanted more information from the FDA on their claims on the danger of kratom. In an email from the Assistant U.S. Attorney²⁰ the following explanation was provided to the Court on why the FDA refused to participate in the Hearing:

“They [FDA] have refused to provide us with witnesses or documents to support our position . . . The reason they gave was that **they have not yet made a determination regarding whether kratom is dangerous.**” (*emphasis added*)

The FDA’s admission that the Agency lacked the evidence to make a determination on whether kratom is dangerous exposed its gross regulatory overreach when it made the following contradictory statement in the August 31, 2016, Federal Register Notice in Factor 6:²¹

“Factor 6. What, if Any, Risk There Is to the Public Health

The use of kratom and associated products, which contains the main active alkaloids mitragynine and 7-hydroxymitragine, pose an imminent hazard to public safety.”

The reason for the FDA’s dramatic change in position reportedly is because the FDA had recently completed a Single Ascending Dose (“SAD”) study on whether kratom can be safely consumed by humans, and an abstract of the results of that study were reported at the 3rd International Kratom Symposium in Orlando, Florida on February 16, 2024. This study concluded that “**kratom appears to be well tolerated in humans at all dose levels.**” (*emphasis added*)

This key finding cleared the solicitation by the FDA for proposals to conduct a Human Abuse Potential (“HAP”) study to determine whether kratom use results in dependency or addiction, and the severity if indicated. The notice for solicitation for the HAP study was issued on January 16, 2024.²² This study is expected to be completed in two to four years.

In the SAD study, the FDA found that only two human subjects of the 40 participants experienced nausea only after the consumption of 12 grams of kratom, 24 capsules, within five minutes. The response was the same for both the kratom cohort and the placebo cohort demonstrating the nausea was related to consuming a high volume of plant material in a five-minute period. None of the subjects reached the study’s “stopping criteria” that would have resulted in termination of the study, but the FDA stopped the study because it concluded that kratom is well tolerated even at extremely high levels.

²⁰ Case 3:23-cr-00179-TWR Filed 12/06/23 Page ID.1032 Exhibit 6; United States of America, Plaintiff, v. Nine2Five, LLC (1) Sebastian Guthery (2), Defendants

²¹ <https://www.govinfo.gov/content/pkg/FR-2016-08-31/pdf/2016-20803.pdf>, Factor 6, page 59932.

²² <https://grants.gov/search-results-detail/351644>

THE SCIENCE ON THE SAFETY OF KRATOM DIRECTLY REFUTES CLAIMS KRATOM IS DANGEROUSLY ADDICTIVE

The addiction recovery industry is strongly opposed to kratom, based largely on the misinformation disseminated by the FDA that has a strong bias against all dietary and botanical supplements.

One of the leading kratom researchers to focuses on kratom addiction and dependence, Kirsten Smith, PhD, with Johns Hopkins University, was the lead author on a research paper entitled “Ecological Momentary Assessment of Self-Reported Kratom Use, Effects, and Motivations Among US Adults”²³ that reported as follows:

“Among the 357 kratom consumers surveyed using ecological momentary assessment in this cross-sectional study, most reported using kratom daily to relieve pain, improve mood, or increase productivity, and some used it as an opioid substitute. Most participants reported improvements in daily living and productivity; more frequent use was associated with tolerance, withdrawal, and craving but not with social or functional impairment.”

The 8-factors in the CSA account for the difference between a dangerous addiction and a dependency. Jack Henningfield, PhD, led a research project to evaluate, among other of the 8-factors in the CSA, the addiction liability of kratom entitled “Kratom Abuse Potential 2021: An Updated Eight Factor Analysis” and provided the following conclusion:

“Survey data from the US and field studies in Southeast Asia (SEA) showed most kratom use was for health-related benefits, and to facilitate occupational performance. **Data indicated that problem abuse and addiction were not common and was generally more tolerable and readily self-manageable as compared to opioids.** A frequent reason for use was as an opioid substitute for pain and self-management of opioid, alcohol, and other drug dependence. (emphasis added)”

HB 1101, IF PASSED, WILL UNJUSTIFIABLY CRIMINALIZE NORTH DAKOTA CITIZENS WHO SELL OR POSSESS KRATOM

Kratom is not a federally scheduled substance, but HB 1101 will make kratom a Schedule I substance in North Dakota, and will impose the following penalties:

19-03.1-22.3. Ingesting a controlled substance - Venue for violation – Penalty, provides that the consumption of a Schedule I substance is guilty of a Class A misdemeanor.

²³ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2814305>

19-03.1-23. Prohibited acts – Penalties, provides that the manufacture, delivery, or possession of a Schedule I substance is guilty of a Class B or Class C felony, depending on specific circumstances.

There are more than 300 retail outlets that sell kratom in North Dakota, and they provide products to tens of thousands of local consumers of kratom.

When evaluating the impact of a similar bill filed in South Dakota in 2020, the Legislative Research Council produced a report on the fiscal impact of incarceration of individuals who would be convicted of distribution or possession of kratom if it were classified as a Schedule I substance.²⁴

Their findings included the following:

- Based on that percentage, and the estimated 8,100 kratom users in South Dakota, LRC estimates that approximately 107 people will be convicted of kratom offenses over the next ten years.
- Based on conviction data for the past year for non-meth related charges, LRC estimates 95%, or approximately 102 of those charged, will be convicted for ingestion or possession charges, which are Class 5 felonies. These charges qualify for presumptive probation. In FY18, 64.7% of those convicted of this type of crime completed presumptive probation, thus serving no prison or jail time. Over this ten year period, approximately 31 would serve time for the Class 5 felony of possession or ingestion of Kratom (29 in prison, two in jail), while five would serve time in prison for the Class 4 felony of distribution of a Schedule I or II controlled substance
- The estimated prison and jail costs over the next ten years are as follows:
 - 10-Year Prison Cost: \$396,289
 - 10-Year Jail Cost: \$7,741

KRATOM BANS PUT CONSUMERS AT GREATER RISK AND POTENTIALLY CREATE DANGEROUS BLACK MARKETS

On August 16, 2018, HHS Assistant Secretary of Health, Brett Giroir, MD, an appointee of President Donald J. Trump, highlighted the dangers of bans on kratom in his formal withdrawal letter of the FDA’s second scheduling recommendation made to the Drug Enforcement Administration (“DEA”):²⁵

“Furthermore, there is a significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I, such as:

²⁴ <https://mylrc.sdlegislature.gov/api/Documents/FiscalImpact/63243.pdf?Year=2020>

²⁵ https://images.go02.informamarkets.com/Web/Informa02/%7b548e6d56-2ea4-4da4-9404-0348b56e9a88%7d_dhillon-8.16.2018-response-letter-from-ash-radm-giroir.pdf

- Suffering with intractable pain;
- Kratom users switching to highly lethal opioids, including potent and deadly prescription opioids, heroin, and/or fentanyl, risking thousands of deaths from overdoses and infectious diseases associated with IV drug use;
- Inhibition of patients discussing kratom use with their primary care physicians leading to more harm, and enhancement of stigma thereby decreasing desire for treatment, because of individual users now being guilty of a crime by virtue of their possession or use of kratom
- The stifling effect of classification in Schedule I on critical research needed on the complex and potentially useful chemistry of components of kratom.”

Christina Dent, founder of “End It For Good”, a conservative nonprofit advocating for health-centered approaches to drugs, made the following observation in an Op-Ed addressing a proposed bill that would have scheduled kratom in Mississippi (a bill that did not pass):²⁶

“First, banning a popular substance does not make it disappear. It simply transfers the substance from a legal market, where we have the option to regulate it, to the black market where we have zero regulation. This market transfer increases crime by providing a revenue stream that entices people to break the law to get a share of the profits. This decreases public safety.

Second, criminalizing a substance makes it more available to our children. In a regulated market, we can set age limits for purchasing. Certainly some youth find their way around that, but most legal retailers are checking IDs. On the street corner, no one is. A 13-year-old and a 33-year-old have the same access to prohibited substances, and those substances are available on the streets of every town in America today. This decreases our children’s safety.”

THE FDA HAS SUFFICIENT LEGAL AUTHORITY TO REGULATE ADULTERATED AND CONTAMINATED KRATOM PRODUCTS – THEY JUST REFUSE TO DO SO IN ORDER TO BUILD THE CASE FOR SCHEDULING

The FDA has the legal authority to take regulatory action against a manufacturer, distributor, or vendor of a food product that is adulterated under the standards set forth in the Food, Drug, and Cosmetic Act. It may do so if a food product “bears or contains any poisonous or deleterious substance which may render it injurious to health, or the food is a dietary supplement or contains a dietary ingredient that presents a significant or unreasonable risk of

²⁶ <https://www.clarionledger.com/story/opinion/columnists/2019/05/06/stopping-opioid-use-banning-kratom-do-more-harm-than-good/3646002002/>

illness or injury under the conditions of use recommended or suggested in labeling.”²⁷ If the FDA finds a food product adulterated, the agency may take enforcement action against a kratom company through issuing Warning Letters, Untitled Letters, 483 Inspection Observations, and Recalls.²⁸

The FDA regulates a product based on its intended use as evidenced by the product’s labeling and claims.²⁹ Kratom, like other products intended to be a food, dietary supplement, or cosmetic, do not require FDA approval.³⁰ The FDA has acknowledged it “does not have premarket approval of food products.”³¹ Instead, the FDA can approve certain ingredients before they are used in foods such as food or color additives.³² As such, kratom that is intended to be a food, and not a food or color additive, is not a product that the FDA approves.³³ Therefore, it can be legally marketed as such. In addition, when intended for use as a food, it is immaterial that kratom does not have any “approved uses,” since food products are not “approved.”³⁴

Kratom can be lawfully marketed and sold as a food. The FDA does not preapprove food products. Although the FDA has taken enforcement action against kratom manufacturers and vendors whose products are intended to be used for other purposes such as an unapproved new drug, the agency has never adequately established all kratom is adulterated under required rulemaking subject to public comment. To the contrary, kratom has been lawfully and safely consumed as a food by American consumers for decades. Millions of Americans eat or drink kratom every day to improve their well-being. Kratom can be legally sold under the FDA’s laws, rules, and guidance.

Much of the discussion on kratom among policy makers focuses on the webpage the FDA has published, “FDA and Kratom” on its Internet site without notice to the public where the FDA determined in the webpage that all kratom—in raw leaf and processed, extract forms—is categorically adulterated under the FDCA and therefore not marketable anywhere in the United

²⁷ This list is not an exhaustive list. 21 U.S.C. § 342; *Questions and Answers Regarding Mandatory Food Recalls*, FDA Guidance, November 2018, available at <https://www.fda.gov/media/117429/download>.

²⁸ See *generally Compliance & Enforcement (Food)*, FDA.gov, available at <https://www.fda.gov/food/compliance-enforcement-food>.

²⁹ See *Small Entity Compliance Guide on Structure/Function Claims*, 67 Fed. Reg. 1225, Jan. 9, 2002, available at <https://www.federalregister.gov/documents/2002/01/09/02-451/small-entity-compliance-guide-structurefunction-claims-availability>.

³⁰ Unlike those products, FDA requires premarket approval of drugs and many medical devices.

³¹ *Is it really “FDA Approved?”*, FDA.gov, January 2017, available at <https://www.fda.gov/consumers/consumer-updates/it-really-fda>

approved#:~:text=FDA%20approves%20food%20additives%20in,to%20food%2C%20and%20color%20additives.
³² *Id.*

³³ A food additive includes “any substance the intended use of which results or may reasonably be expected to result, directly or indirectly ... in its becoming a component or otherwise affecting the characteristics of any food.” 21 C.F.R. § 570.3. Food means “articles used for food or drink for man.” 21 U.S.C. § 321. Kratom does not meet an additive definition, because kratom is itself the food, not the additive.

³⁴ Although premarket approval is not required, food products are regulated by FDA. For example, manufacturers at a minimum must meet Good Manufacturing Practices, have proper labeling, and register as a food facility.

States. The FDA itself characterizes these conclusions only as “guidance” for consumers and they have not conducted required rulemaking under federal law.

Additionally, the FDA now acknowledges the potential for science to help understand both the safety and addiction liability where they now correctly viewed through the lens of product forms and intended use in the consumption of kratom products. This is a dramatic shift from the FDA’s initial 2016 position where they were calling for a total ban. Here is the excerpt from the FDA and Kratom webpage on this issue:

“If a new drug application (NDA) is submitted for kratom (or one of its components) to treat a specific medical condition, FDA will review the scientific data to determine if a drug product containing kratom (or its components) is safe and effective to treat that specific medical condition. Consistent with FDA’s practice with unapproved substances, until the agency scientists can evaluate the safety and effectiveness of kratom (or its components) in the treatment of any medical conditions, FDA will continue to warn the public against the use of kratom for medical treatment. The agency will also continue to monitor emerging data trends to better understand the substance and its components.”³⁵

THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA) POSITION ON KRATOM

National Institute on Drug Abuse (NIDA) Director Nora Volkow has testified before Congress that kratom should not be banned but rather regulated appropriately and new research should be undertaken. NIDA currently has funded more than \$100 million in grants for kratom research. NIDA researched the FDA claims that kratom caused deaths and concluded those deaths were largely from polydrug use or adulterated kratom products.

NIDA Director Nora Volkow has offered two public statements on kratom’s potential value in the battle against drug overdose deaths. The first was published in NIDA Director Dr. Nora Volkow’s blog and offered the following assessment of kratom on January 24, 2020:³⁶

“Research published in June in [ACS Central Science](#) provided new insights while raising new questions about the drug kratom. Its active ingredient mitragynine acts as a weak partial agonist at the mu-opioid receptor (MOR), but new findings by a team that included researchers at Columbia and Memorial Sloan-Kettering found that the drug’s analgesic properties are significantly mediated by a metabolite produced when mitragynine is consumed orally, called 7-hydroxymitragynine. In mice, at least, this compound seems to provide analgesia but with fewer respiratory-depressing and reward-associated side effects than other opioids such as morphine. These findings point toward the potential of this

³⁵ *Ibid.*

³⁶ <https://www.drugabuse.gov/about-nida/noras-blog/2020/01/reviewing-nidas-2019-achievements-looking-to-future>

drug in pain research as well as the need for further research on the pharmacology of kratom's constituents, their toxicity and potential value in the treatment of opioid use disorder (OUD)."

Then, Director Volkow testified before the US House of Representatives Appropriations Committee on May 25, 2022, and stated the following:

"Kratom, most notably mitragynine, has many interesting properties that could be of value potentially as a medication for pain. Also, interestingly, they could hold value as a treatment for addiction [...] it is important to actually do research on this substance."³⁷

Researchers at Johns Hopkins University concluded that 87% of adult consumers using kratom to treat opioid dependence reported relief from withdrawal symptoms, and 35% were free from opioids within a year. The researchers concluded that serious adverse events are uncommon even at high consumption rates.³⁸ [See Exhibit 2]

NIDA's message is that kratom is a harm reduction tool that should be available to consumers. The science on kratom speaks equally powerfully on its value for consumers, and the FDA's own research proves that pure and unadulterated kratom is not dangerous to consumers.

CURRENT REGULATORY STATUS OF KRATOM

The FDA's recommendation to schedule kratom under the CSA has been rejected on two separate occasions. Kratom is legal for sale in all but six states, all of which enacted bans on kratom between 2015-2017 at the encouragement of the FDA based on the claim kratom would be scheduled under the CSA, which did not occur.

Thirteen states have now passed legislation known as the "Kratom Consumer Protection Act ("KCPA")" setting product standards to ensure kratom products are not adulterated and limiting sales to minors: Utah, Georgia, Arizona, Nevada, Oregon, Colorado, Oklahoma, West Virginia, Virginia, Florida, Kentucky, Maryland, and Texas.

Today, kratom is legal for sale in every other state.

The Federal Kratom Consumer Protection Act ("KCPA")³⁹, sponsored by Senator Mike Lee (R-UT), Senator Corey Booker (D-NJ), Congressman Mark Pocan (D-WI), and Congressman Jack Bergman (R-MI), will require the FDA to develop appropriate regulatory standards for the manufacturing and marketing of kratom products to consumers.

³⁷ <https://appropriations.house.gov/events/hearings/fy-2022-budget-request-for-the-national-institutes-of-health>

³⁸

<https://www.dropbox.com/s/bob9xr5jp2bwcg1/Garcia%20Drug%20and%20Alcohol%20Dependence%20kratom%20study%20Feb%203%202020%20.pdf?dl=0>

³⁹ *Federal Kratom Consumer Protection Act (S. 3039 and H.R.5905)*

THE DEA’S DESIGNATION AS A DRUG OF CONCERN

The DEA designated kratom as a drug of concern following the rejection of the recommendation by the FDA to classify kratom as a Schedule I substance in 2016. That designation is appropriate for the role the DEA plays in monitoring substances of concern in the United States. It is important to note the DEA has never designated kratom in any of the National Drug Threat Assessment (“NDTA”) reports.

The NDTA is a comprehensive strategic assessment of the threat posed to the United States by domestic and international drug trafficking and the abuse of both licit and illicit drugs. The report combines federal, state, local, and tribal law enforcement reporting; public health data; open-source reporting; and intelligence from other government agencies to determine which substances and criminal organizations represent the greatest threat to the United States.

Kratom does not now, nor has it ever, met the criteria for inclusion in the DEA’s NDTA report.

STATUS OF U.S. STATES THAT HAVE BANNED KRATOM.

Based on early recommendations by the FDA, six states banned kratom from 2012 to 2017: Alabama, Arkansas, Wisconsin, Indiana, Vermont, and Rhode Island. Since then, five of those six states have begun the process of rescinding those bans and replacing them with a rational regulatory framework.

- Vermont followed the FDA’s recommendation to schedule kratom in 2016. Pursuant to a petition filed with the Vermont Department of Health to remove mitragynine and 7-hydroxymitragynine from the Regulated Drug Rule, the Department granted the petition submitted by the AKA on March 1, 2023 and will commence rulemaking shortly to complete that process, stating as follows: “This email it to apprise you that the Department is granting your petition to remove mitragynine and 7-hydroxymitragynine form the Regulated Drug Rule.” That rulemaking is currently ongoing.
- Wisconsin is another state that banned kratom on the recommendation of the FDA, and the Wisconsin Controlled Substances Board (“CSB”) received a report from Dr. Chris Cunningham, Associate Professor of Pharmaceutical Sciences at Concordia University Wisconsin, with the following conclusion:

“Based on our review of the available literature, we conclude that regulation of *M. speciosa* in Wisconsin as a schedule-I substance is not justified at this time. We base this conclusion, in part, on the scientific evidence demonstrating that *M. speciosa* and its chemical constituents have lower potential for overdose and abuse relative to other agents that are not scheduled in this

way. We believe that controlling *M. speciosa* and its chemical constituents under schedule-I harms public health and stifles much-needed research into its therapeutic and toxic properties.”

- In response, members of the Wisconsin Legislature asked the CSB for an assessment of whether kratom’s constituents meet the statutory requirements for scheduling under the 8-factor analysis. On March 10, 2023, the CSB approved a motion to affirm mitragynine and 7-hydroxymitragynine do not meet the required 8-factors for scheduling under Wisconsin law and they recommended the Legislature address the issue with regulations if they chose to lift the scheduling.
- In Indiana, the House of Representatives took the first step to remove the kratom ban and enact the Kratom Consumer Protection Act in a vote of 54-30 on February 21, 2023. The bill is now under review with the Senate Health Committee.
- In Arkansas, where the Department of Health issued a ban on kratom in 2015, legislation to challenge the ban and replace it with the KCPA has been filed with the Senate Committee on Public Health, Welfare and Labor the Interim Study Committee completed its Hearing on October 7, 2024, with a favorable motion to pass.

THE POSITION OF THE U.S. CONGRESS ON KRATOM

First, please consider the views of Representative Jack Bergman (R-MICH.) that he expressed in an Op-Ed piece in *The Hill* on July 28, 2023⁴⁰ where he made the following point:

“In their relentless campaign to get kratom reclassified as a dangerous drug, the FDA has relied on three fallacious and thoroughly debunked objections to its widespread use: that kratom is unsafe, that it is highly addictive, and that it has no approved medical use. Even former HHS Assistant Secretary for Health Brett Giroir felt compelled to [call out the FDA](#) for relying on “disappointingly poor evidence and data and a failure to consider the overall public health” in coming to such a baseless conclusion. It is rare for a top-ranking HHS official to criticize the FDA for biased, shoddy work, but in this case the unsupported conclusions were so egregious that Giroir felt it necessary to publicly criticize them. Likewise, current HHS Secretary Xavier Becerra [acknowledged substantial “knowledge gaps”](#) regarding kratom and that “kratom-involved overdose deaths have occurred after use of adulterated kratom products or taking kratom with other substances.”

⁴⁰ <https://thehill.com/opinion/congress-blog/4125241-lets-prevent-the-feds-from-jeopardizing-veteran-addiction-recovery/>

Congress itself spoke clearly in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, FY2022, in its Report approved on July 15, 2021⁴¹ including the following positions on kratom:

PAGE 134:

Kratom. — The Committee recognizes that NIDA-funded research has contributed to the continued understanding of the health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promising results of kratom for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids and of research investigating the use of kratom’s constituent compounds for opioid use disorder. The Committee directs NIDA to continue to invest in this important research, especially considering the increase in overdose deaths during the COVID–19 pandemic.

PAGE 187:

Kratom. — The Committee directs the Secretary to maintain current Agency policy to not recommend that the substances mitragynine and 7-hydroxymitragynine, known as kratom, be permanently controlled in Schedule I of the Controlled Substances Act, either temporarily or permanently, until scientific research can sufficiently support such an action. The Committee encourages AHRQ to continue to fund research on natural products that are used by many to treat pain in place of opioids, including kratom. Given the wide availability and increased use of these substances, it is imperative to know more about potential risks or benefits, and whether they can have a role in finding new and effective non-opioid methods to treat pain. The Committee recommends an additional \$3,000,000 for this research and directs AHRQ to make center based grants to address research which will lead to clinical trials in geographic regions which are among the hardest hit by the opioid crisis.

BACKGROUND ON KRATOM AND ITS SAFETY PROFILE

Publicly available research documents that kratom has a long history of acceptably safe consumer use, and, when used as an alternative pain management therapy, kratom provides a far more favorable safety profile for consumers compared to more dangerously addictive and potentially deadly classical opioid medications. Current scientific research suggests that kratom provides some pain relief activity on the pain centers in the brain without the dangerous and potentially deadly respiratory suppression induced by classical opioid medications.

⁴¹ <https://docs.house.gov/meetings/AP/AP00/20210715/113908/HMKP-117-AP00-20210715-SD003.pdf>

The existing science on kratom does not justify its scheduling under the CSA, nor for kratom to be added to any local or state Controlled Substances list that would effectively remove it from consumer access. Here are references to peer-reviewed, published scientific articles addressing the addiction and safety profile for use of kratom by consumers supporting the position that scheduling is not appropriate:

- Patterns of Kratom use and health impact in the US-Results from an online survey, Grundmann et al.⁴²
- The abuse potential of kratom according the 8-factors of the controlled substances act: implications for regulation and research, Henningfield et al.⁴³
- The medicinal chemistry and neuropharmacology of Kratom: A preliminary discussion of a promising medicinal plant and analysis of its potential for abuse, Grundmann and Kruegel⁴⁴
- Kratom use and mental health: A systematic review, Swogger and Walsh⁴⁵

These studies and other independent peer reviewed evaluations published in scientific and medical journals provide the profile of a substance that is largely used safely to the benefit of the estimated 20+ million Americans.

RECOMMENDATION TO DEFEAT HB 1101 THAT WOULD CLASSIFY KRATOM AS A SCHEDULE I SUBSTANCE AND, AS AN ALTERNATIVE, PASS THE KRATOM CONSUMER PROTECTION ACT

The evidence and data currently available in peer-reviewed published literature documents the evidence on the safety profile for kratom that supports a regulatory framework as provided in the Kratom Consumer Protection Act, not scheduling as is proposed in HB 1101.

The AKA recommends consideration of a North Dakota Kratom Consumer Protection Act (KCPA) that will directly provide consumer protections from adulterated, mislabeled, and contaminated products and provide restrictions on access to kratom products by minors.

SUPPLEMENTAL MATERIALS

The following documents are available by clicking on this link:

<https://www.dropbox.com/scl/fo/bvjt936xdqs9hr530baai/ABgRoBlzTzeSFqMVaNArOs0?rlkey=nmvaa6kmygmprcjz8rpsakxov&e=1&st=xs0twilb&dl=0> .

- AKA Policy Brief on FDA Shift on Kratom and CBD
- AKA Policy Brief on Kratom Dose Finding Study
- AKA Policy Brief on FDA Admission on Kratom Danger

⁴² <https://pubmed.ncbi.nlm.nih.gov/28521200/>

⁴³ <https://pubmed.ncbi.nlm.nih.gov/29273821/>

⁴⁴ <https://pubmed.ncbi.nlm.nih.gov/28830758/>

⁴⁵ <https://pubmed.ncbi.nlm.nih.gov/29248691/>

- AKA Kratom Science Update
- Letter from Congressman Jack Bergman on FDA Mistake on Kratom
- Scheduling Withdrawal Letter from HHS Asst. Secretary of Health, August 16, 2018
- FDA Admission in Court Filing on Danger of Kratom is not Determined
- Kratom Safety and Toxicology – Dr. Jack Henningfield
- Updated 8-Factor Analysis on Kratom, 2022
- Key Kratom Questions and Answers
- Kratom Science Update 2024
- Scientist Statement on Science and Kratom Products
- UN Commission on Narcotic Drugs Finding on Kratom, December 1, 2021

Contact Information:

Mac Haddow
Senior Fellow on Public Policy
American Kratom Association
571-294-5978
mhaddow@americankratom.org

EXHIBIT 1

Congress of the United States
House of Representatives
Washington, DC 20515-2201

March 12, 2024

Congressman Matt Salmon (Ret.)
Chairman, American Kratom Association
13575 Heathcote Boulevard, Suite 320
Gainesville, VA 20155

Dear Matt:

My purpose in writing today is to provide my perspective on the reports from state and local jurisdictions who are proposing bans on kratom, many of which are based on well-intentioned but misplaced concerns by law enforcement and public health officials. Simply put, these proposed bans will create far more harm than any potential benefit kratom critics believe will result from a ban.

My specific concern is for the health and welfare of many of our nation's servicemembers and Veterans that I served with and others who returned from their service with injuries and chronic pain. Many of those Veterans have received treatments with dangerous opioids that lead to severe addictions and expose them to the unacceptable risk they will end up as another of the more than 80,000 opioid overdose deaths per year in the United States.

One of the tools and resources many Veterans have used to quit their opioid dependence, manage pain, improve mood and focus, and get their lives back on track has been through controlled use of a pure, unmodified kratom product. For many, it has been a miracle solution keeping them from a downward spiral of addiction and destruction.

I am certain you have seen during your time in Congress what I see clearly today. The common opponent in our effort to facilitate the recovery of millions of Veterans is the U.S. Food and Drug Administration (FDA). Three times in the last decade, the FDA has attempted to force kratom into Schedule 1 of the Controlled Substances Act, a drastic action that would essentially criminalize the use of the supplement nationwide and harm countless Americans who have benefited from kratom for decades. The FDA, which has a long-standing bias against any supplement that is not a pharmaceutical that can profit Big Pharma and their own budget, has pushed for kratom to be labelled a Controlled Substance by misstating the science, ignoring kratom's long history of safe use, and falsely claiming kratom has the same effects as classic opioids.

In their campaign to get kratom reclassified as a dangerous drug, the FDA has relied on three false and thoroughly debunked objections to its widespread use: that kratom is unsafe, that it is highly addictive, and that it has no approved medical use. Even former HHS Assistant Secretary for Health Brett Giroir felt compelled to call out the FDA for relying on "disappointingly poor evidence and data and a failure to consider the overall public health" in coming to such a baseless conclusion. It is rare for a top-ranking HHS official to criticize the FDA for biased, shoddy work, but in this case the unsupported conclusions were so egregious that Giroir felt it



necessary to publicly criticize them. Likewise, current HHS Secretary Xavier Becerra acknowledged substantial “knowledge gaps” regarding kratom and that “kratom-involved overdose deaths have occurred after use of adulterated kratom products or taking kratom with other substances.”

While the FDA continues to spread its propaganda about kratom, the Agency itself just concluded a human safety study on kratom that showed that kratom “appears to be well tolerated at all dose levels” (presented by the FDA at the 3rd Annual International Kratom Symposium in Orlando, Florida, February 2024). The study showed that two of the 40 participants experienced nausea after ingesting 12 grams of kratom in 24 capsules in a five minute period. No significant adverse events occurred. That study has now cleared the way for a Human Abuse Potential study to assess what level of dependence or addiction that kratom may cause, if any. That research will take another two years or more to complete.

Equally significant is the FDA’s refusal to comply with an order by a federal judge in the United States District Court for the Southern District of California to provide witnesses and documents on the FDA’s position that kratom is dangerous. The judge called the hearing in a case the FDA itself initiated against a kratom importer. The U.S. Attorney stunningly informed the Court that the FDA “refused to provide us with witnesses or documents . . . [and] the reason they gave was that they have not yet made a determination regarding whether kratom is dangerous.”

Yet, the FDA continues to mislead state and local officials on the safety profile of kratom, including with false statements that remain on the FDA’s website today. Any state or locality that proposes to criminalize the sale and consumption of kratom needs to look at the science on kratom, not the gaslighting the FDA continues to engage in.

There is no doubt that kratom needs to be regulated to protect consumers from improperly manufactured or deliberately adulterated kratom products, and that is why there are eleven states who have taken that step, with many more currently considering state Kratom Consumer Protection Acts in their states. Senator Mike Lee (R-UT) and I are conservatives, and we have joined with our progressive colleagues, Senator Cory Booker (D-NJ) and Congressman Mark Pocan (D-WI), to lead a bipartisan effort to protect Veterans and the public with a federal Kratom Consumer Protection Act.

Please let me know how I can provide additional assistance to you in your efforts as the Chair of the American Kratom Association in the effort to protect all consumers with responsible regulations on kratom.

If you have any questions, please notify my staff, Amelia Burns at amelia.burns@mail.house.gov. Thank you for your prompt attention.

Kind regards,



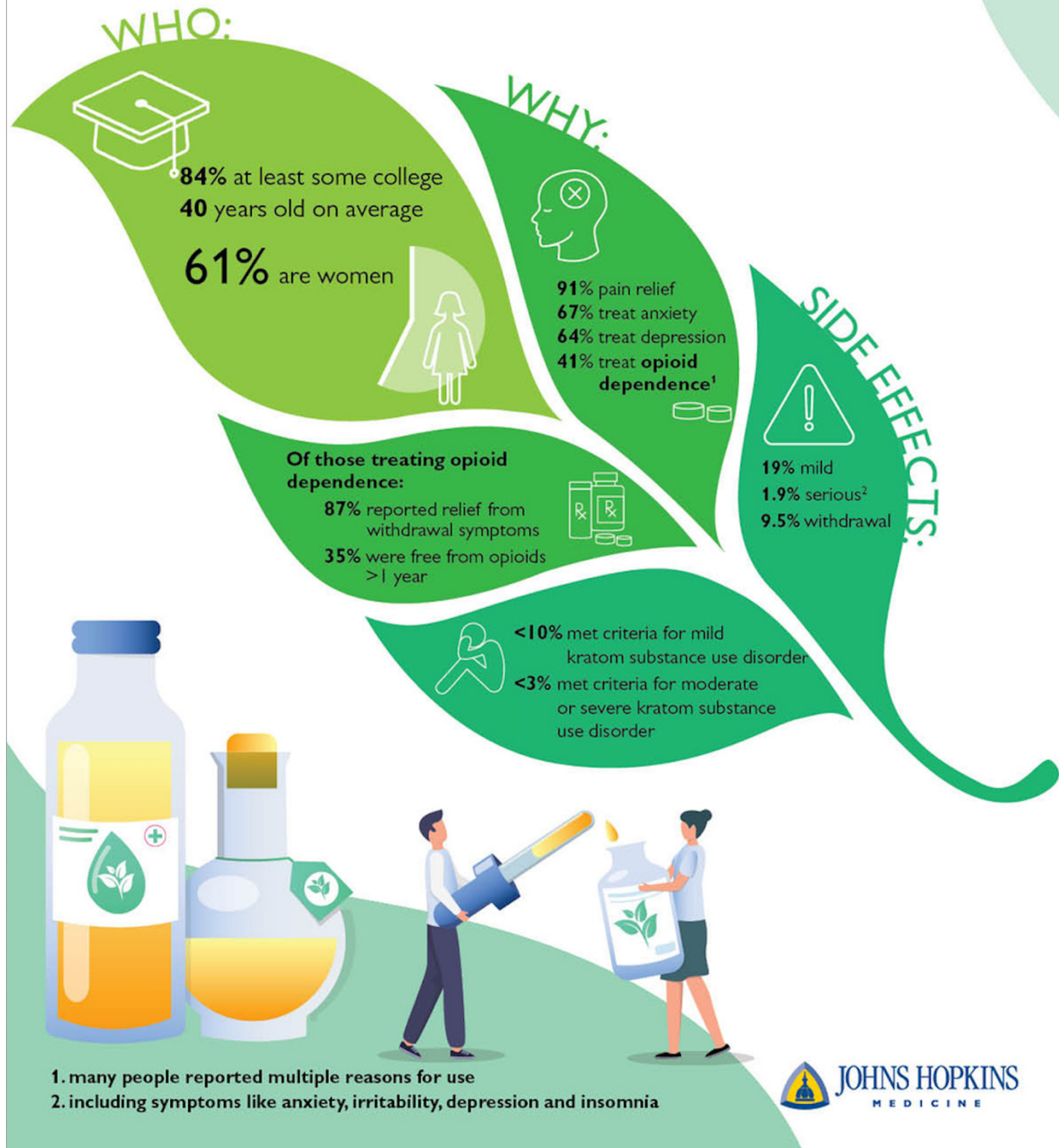
Jack Bergman
Member of Congress

EXHIBIT 2

Survey of Adult Kratom Users in the U.S.

Provides Insight Into Potential for Harm or Abuse

2,798 kratom users



To whom it may concern,

I am an ex-opioid addict who has successfully been using kratom for 6 years. I have never had a negative side effect. Kratom gives me energy and helps with my depression. I have recommended it to friends, and they have had the same experience. Please do not schedule it!

Thank you,
Craig Morris



CHRIS JEPSON

President

CONTACT

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801-706-1929

WEBSITE:
www.nuwavebotanicals.com

EMAIL:
Chris@nuwavebotanicals.com

North Dakota House Judiciary committee

January 13, 2025 9:00 AM - 12:00 PM
327B Room - ND State Capitol

Dear Committee,

As the owner of Nuwave Botanicals, I am proud to share my testimony on the long-standing, safe use of kratom—a plant that has been a part of traditional practices for hundreds of years across various cultures, particularly in Southeast Asia. Kratom, when unadulterated and used responsibly, has provided countless individuals with support for their well-being, including natural relief and a sense of balance.

This historical context underscores kratom's potential benefits and the importance of preserving its availability to consumers. However, like any natural product, the key to its safe use lies in ensuring it remains pure and free from harmful adulterants.

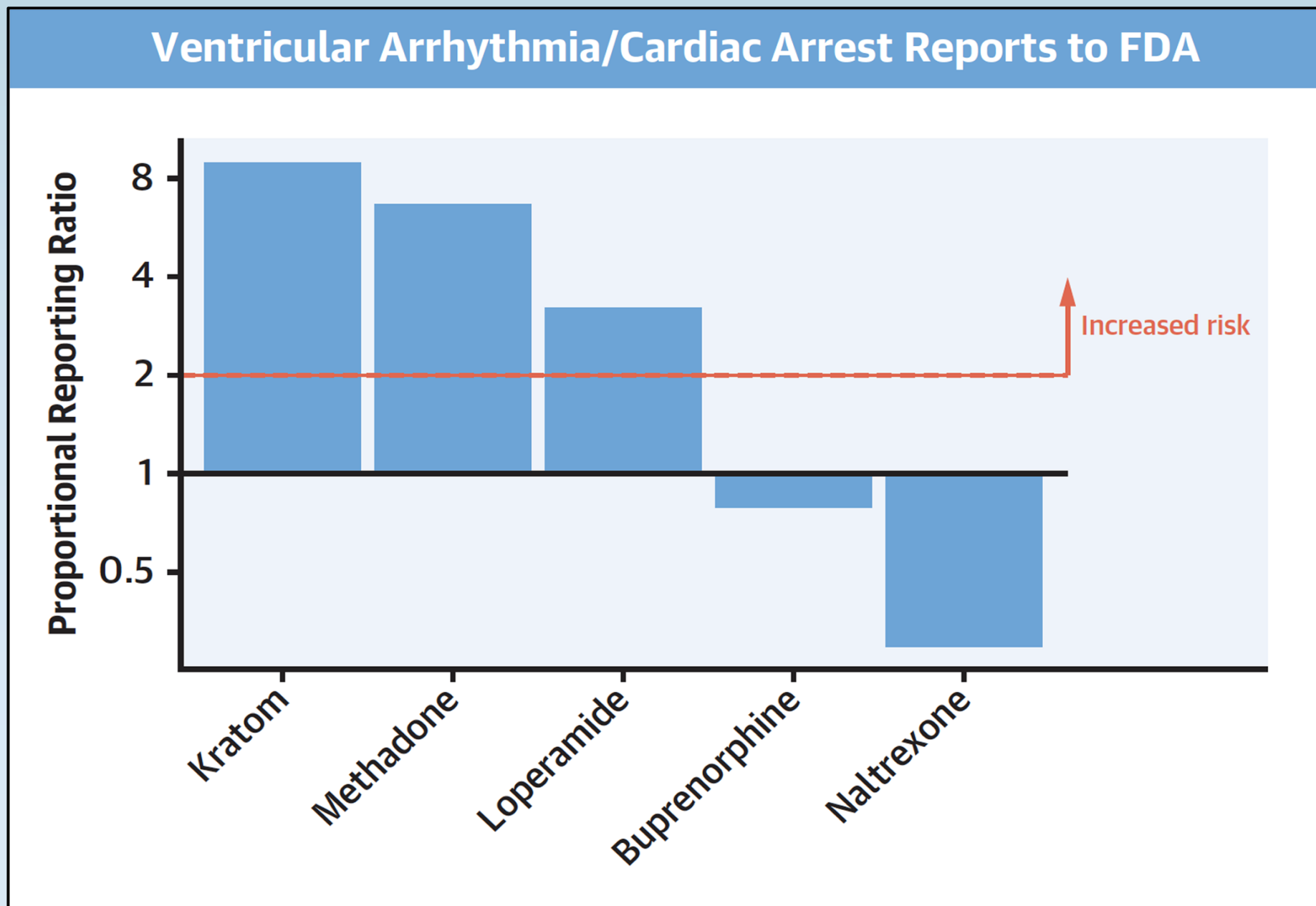
Considering this, I advocate strongly for the Kratom Consumer Protection Act (KCPA) as a more effective and safer alternative to the outright scheduling of kratom. The KCPA provides a regulatory framework that ensures the quality, safety, and labeling of kratom products, protecting consumers from adulterated or mislabeled goods. This approach not only preserves access for responsible users but also upholds public health standards by enforcing strict guidelines on the sale and distribution of kratom. This also requires business like mine to invest in the harvesting and ensure the supply chain remains safe to US standards in the supplement industry. I have invested in proper testing in the jungles of Indonesia and Thailand where this tea grows naturally.

Scheduling kratom as a controlled substance would not only limit access to those who benefit from its traditional and modern uses but could also drive consumers towards unregulated markets, increasing the risk of encountering unsafe products. The KCPA strikes a balance, allowing consumers to make informed choices while ensuring that the kratom available on the market meets stringent safety standards.

As a business owner committed to the well-being of my customers, I urge policymakers to consider the historical safety of unadulterated kratom and support the Kratom Consumer Protection Act. This legislation is a crucial step in safeguarding consumer health while respecting the longstanding cultural heritage of kratom use.

Sincerely,

Chris Jepson



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR COWLITZ COUNTY

RACHEL McKIBBAN, individually and as
Personal Representative of the Estate of
JORDAN McKIBBAN, deceased;

Plaintiffs,

vs.

JOPEN, LLC, Texas limited liability company;
JOHNSON FOODS, LLC, a Wyoming limited
liability company; LP IND., LLC, a Wyoming
limited liability company; CAG HOLDINGS,
LLC, a Wyoming limited liability company;
RMH HOLDINGS, INC., a Wyoming
corporation; OLISTICA, an unincorporated
association; MIT THERAPY INC., an Idaho
corporation; DURITY DISTRIBUTION, INC.,
an Idaho corporation; HUSH WORLDWIDE
LLC, a Wyoming limited liability company;
DRIP DROP DISTRO LLC, an Idaho limited
liability company; BEDROCK MFG LLC, a
Wyoming limited liability company; CLOUD
HOUSE VAPORZ, INC., a Washington
corporation; AMERICAN KRATOM
ASSOCIATION, a Virginia non-profit
corporation, and JOHN & JANE DOES 1
THROUGH 10.

Defendants.

NO. 23 2 01183 08

**AMENDED COMPLAINT FOR
WRONGFUL DEATH**

COMES NOW the above-named plaintiff, by and through her attorneys of record, Talis Abolins and Michael Cowgill of **mctlaw**; and alleges the following in support of her claims:

II. PARTIES

1. ESTATE OF JORDAN McKIBBAN (“Jordan”). The Estate of Jordan McKibban has been opened in a probate action by the Cowlitz County Superior Court. Jordan McKibban was a single man who, until the time of his death, resided in Cowlitz County, Washington. Before his death he was a single, hardworking man in industrial shipping and receiving, and loving son to his parents and brother to his siblings.

2. RACHEL McKIBBAN is Jordan’s sister and the duly appointed Personal Representative of his Estate. She was and is a resident of Kalama, Cowlitz County, State of Washington. She brings claims on behalf of the Estate and its beneficiaries, including herself; Pam Mauldin, Jordan’s mother; Dennis McKibban, Jordan’s brother; and Dennis McKibban, Jordan’s father.

3. Defendant JOPEN, LLC (doing business as A1 Wholesale; Party Nuts; Party Nuts Distributions; Uziel; Innovo Activas; and Evolutionary Organics) (“JOPEN”) was and is a Texas-based Limited Liability Company, that also conducts business in Colorado and Georgia. On information and belief, Plaintiff alleges that affiliates, members, and managers for JOPEN’s “WHOLE HERBS” branded kratom activities include Aether, LLC; Aghosh Corp.; Eyal Gabbey; Peyton Palaio; Mark Jennings; Mark Reilly; and Jacob Fletcher. On further information and belief, Plaintiff alleges that JOPEN conducts its kratom activities as a part of the larger Olistica kratom enterprise, which operates through a secretive web of affiliates, individuals, shell companies, alter egos, business names, assumed names, and/or trade names,

1 including but not limited to: LP; CAG; RMH HOLDINGS, INC.; Lunar Labs LLC; Martian
2 Sales, Inc.; Shaman Supplies, LLC; Kono Labs; Beeman Inc.; Uziel LLC; 1199 Industrial
3 LLC; 1100 Alpha LLC; Engaged Investments LLC; Eyal Gabbey; Petyon Shea Palaio; Mark
4 Jennings; Mark Reilly; and Jacob Fletcher.

5 4. Defendant JOHNSON FOODS, LLC (doing business as Olistica Life Sciences
6 Group; Olistica Group; Olistica; OPMS; Companion Agriculture; Companion AG; Jordan
7 Process; Cascade Naturals; Della Terra Pharmaceuticals; Cannopy Corp.; and Canopy Corp.)
8 (“JOHNSON FOODS”), was and is a Wyoming Limited Liability Company. On information
9 and belief, JOHNSON FOODS conducts its kratom activities as a part of the larger Olistica-
10 OPMS kratom enterprise, which operates through a secretive web of affiliates, individuals,
11 shell companies, alter egos, business names, assumed names, and/or trade names, including
12 but not limited to: CAG; JOPEN; RMH HOLDINGS, INC.; LP; Lunar Labs LLC; Martian
13 Sales, Inc.; Shaman Supplies, LLC; Kono Labs; Eyal Gabbey; Peyton Shea Palaio; Mark
14 Jennings; Mark Reilly; and Jacob Fletcher.

15 5. Defendant LP IND., LLC (doing business as Olistica Life Sciences Group;
16 Olistica Group; Olistica; OPMS; Companion Agriculture; Companion AG; Jordan Process;
17 Cascade Naturals; Della Terra Pharmaceuticals; Cannopy Corp.; and Canopy Corp.) (“LP”),
18 was and is a Wyoming Limited Liability Company with kratom operations in Colorado and
19 Georgia. On information and belief, LP conducts its kratom activities as a part of the larger
20 Olistica-OPMS kratom enterprise, which operates through a secretive web of affiliates,
21 individuals, shell companies, alter egos, business names, assumed names, and/or trade names,
22 including but not limited to: CAG; JOPEN; RMH HOLDINGS, INC.; Lunar Labs LLC;
23
24
25

1 Martian Sales, Inc.; Shaman Supplies, LLC; Kono Labs; Eyal Gabbey; Peyton Shea Palaio;
2 Mark Jennings; Mark Reilly; and Jacob Fletcher.

3 6. Defendant CAG Holdings, LLC (doing business as CAG Holdings CO, LLC;
4 Olistica Life Sciences Group; Olistica Group; Olistica; OPMS; Companion Agriculture;
5 Companion AG; Jordan Process; Cascade Naturals; Della Terra Pharmaceuticals; and Canopy
6 Corp. (“CAG”), was and is a Wyoming Limited Liability Company, that is both registered and
7 conducting kratom business operations in Colorado. On information and belief, CAG conducts
8 its kratom activities as a part of the larger Olistica-OPMS kratom enterprise, which operates
9 through a secretive web of affiliates, individuals, shell companies, alter egos, business names,
10 assumed names, and/or trade names, including but not limited to: LP; JOPEN; RMH
11 HOLDINGS, INC.; Lunar Labs LLC; Martian Sales, Inc.; Shaman Supplies, LLC; Kono Labs;
12 Eyal Gabbey; Petyon Shea Palaio; Mark Jennings; Mark Reilly; and Jacob Fletcher.

13 7. Defendant RMH Holdings, LLC (doing business as Olistica Life Sciences Group;
14 Olistica Group; Olistica; OPMS; Companion Agriculture; Companion AG; Jordan Process;
15 Cascade Naturals; Della Terra Pharmaceuticals; and Canopy Corp. (“RMH”), was and is a
16 Wyoming Limited Liability Company, that is both registered and conducting kratom business
17 operations in Colorado. On information and belief, CAG conducts its kratom activities as a
18 part of the larger Olistica-OPMS kratom enterprise, which operates through a secretive web of
19 affiliates, individuals, shell companies, alter egos, business names, assumed names, and/or
20 trade names, including but not limited to: LP; JOPEN; CAG HOLDINGS, INC.; Lunar Labs
21 LLC; Martian Sales, Inc.; Shaman Supplies, LLC; Kono Labs; Eyal Gabbey; Petyon Shea
22 Palaio; Mark Jennings; Mark Reilly; and Jacob Fletcher.

1 8. Defendant the OLISTICA LIFE SCIENCES GROUP (also doing business as
2 Centralized Services; Olistica; Olistica Group; Interactive Earth Sciences Corp.; Liv Group
3 Inc.; Cascade Naturals; Johnson Foods, LLC; Della Terra Pharmaceuticals (“Della Terra”); NP
4 Pharma Holdings, LLC; OPMS; Choice Organics; LP IND., LLC; Jordan Process (“Jordan”);
5 Precision Biologics; CAG HOLDINGS, LLC; RMH HOLDINGS, INC.; Cannopy
6 Corporation; JOPEN; A1 Wholesale; Party Nuts; Party Nuts Distributions; Innovo Activas;
7 and Evolutionary Organics) (“OLISTICA”) is an unincorporated association of kratom
8 business interests that operates through a secretive web of affiliates, individuals, shell
9 companies, alter egos, business names, assumed names, and/or trade names, including but not
10 limited to: LP; CAG; RMH HOLDINGS, INC.; Lunar Labs LLC; Martian Sales, Inc.; Shaman
11 Supplies, LLC; Kono Labs; Highway 160 Way LLC; PFI LLC; Nuza LLC; Nuza; Nuza
12 Logistics; Calibre Manufacturing LLC; Advanced Nutrition; 1099 Industrial LLC; 1100 Alpha
13 LLC; Hush Worldwide LLC; Eyal Gabbey; Petyon Shea Palaio; Mark Jennings; Mark Reilly;
14 Dina Hemminger; and Jacob Fletcher.

15
16 9. Defendant MIT THERAPY INC. (“MIT THERAPY”) was and is an Idaho-based
17 Corporation with its principal place of business in Boise, Idaho. MIT THERAPY is a
18 wholesaler and seller of kratom products that are manufactured in Southeast Asia by persons
19 beyond the jurisdiction of the court. On information and belief, Plaintiff alleges that affiliates,
20 members, and managers responsible for MIT THERAPY kratom activities include DURITY;
21 PurKratom; Ultra Products LTD; Evan Drake Fischer; and Rachael Bahrenfuss.

22 10. Defendant DURITY DISTRIBUTION INC. (doing business as Durity; Durity
23 Vape; Durity Smoke & Vape; Durity Vape and Smoke; and/or Durity Vape & Smoke (2); and
24
25

1 formerly known as Durity Distribution LLC) (“DURITY”) was and is an Idaho-based Limited
2 Liability Company with its principal place of business in Boise, Idaho. DURITY is the
3 purported distributor of MIT THERAPY kratom products. On information and belief, Plaintiff
4 alleges that affiliates, members, and managers, responsible for DURITY kratom activities
5 include MIT Therapy; Rachael Bahrenfuss; Mason R. Kluge; and Evan Drake Fischer (aka
6 Drake Fischer).

7 11. Defendant HUSH WORLDWIDE LLC (doing business as Hush, and Hush
8 Kratom) (“HUSH”) was and is a Wyoming Limited Liability Company, with a foreign
9 registration in Idaho, with its principal place of business in Boise, Idaho. HUSH is a kra On
10 information and belief, Plaintiff alleges that affiliates, members and managers responsible for
11 HUSH kratom activities include: Alluvion, LLC; DRIP DROP DISTRO; BEDROCK; Douglas
12 T. Campbell, Jr.; Troy Palmer; Matthew “Motu” Nu’uvali; Michael Larson; and Mark
13 Ciccarello.

14 12. Defendant DRIP DROP DISTRO LLC (formerly known as Merica Distribution
15 LLC) (“DRIP DROP DISTRO”) was and is an Idaho Limited Liability Company, with its
16 principal place of business in Boise, Idaho. On information and belief, Plaintiff alleges that
17 affiliates, members and managers responsible for DRIP DROP DISTRO kratom activities
18 include: HUSH; BEDROCK; HFO, LLC; Douglas T. Campbell, Jr.; Troy Palmer; and
19 Matthew “Motu” Nu’uvali.

20 13. Defendant BEDROCK MFG LLC (doing business as Bedrock Manufacturing;
21 and BDRK MFG) (“BEDROCK”) was and is a Wyoming Limited Liability Company, with a
22 foreign registration in Idaho, and its principal place of business in Boise, Idaho. On
23
24
25

1 information and belief, Plaintiff alleges that affiliates, members and managers responsible for
2 BEDROCK's kratom activities include: HUSH; DRIP DROP DISTRO; Vanguard Enterprises,
3 LLC; Troy Palmer; Josh Palmer; and Douglas T. Campbell.

4 14. Defendant CLOUD HOUSE VAPORZ, INC. (doing business as Cloud House,
5 Cloud Vaporz, and Natures Kratom) ("CLOUD HOUSE"), was and is a Washington based
6 corporation with its principal place of business in Woodland, Cowlitz County, Washington.
7 The member and manager responsible for CLOUD HOUSE kratom activities is CHANNING
8 PLOURD.

9 15. Defendant AMERICAN KRATOM ASSOCIATION ("AKA") is a Virginia non-
10 profit corporation with its principal place of business located at 13575 Heathcote Blvd. Ste,
11 320 Gainesville, VA 20155.

12 16. Defendants JOHN AND JANE DOES 1 THROUGH 10 are individuals and/or
13 entities whose names and addresses are unknown, but who have directly and personally
14 participated (separately or as alter egos, agents, joint venturers and/or predecessors) in the
15 wrongful import, manufacture, distribution and/or sale of the kratom product, described more
16 fully below.
17

18 **III. JURISDICTION AND VENUE**

19 17. This Court has original subject matter jurisdiction pursuant to the Constitution of
20 the State of Washington, Article 4, Section 6. Jurisdiction is proper in the Superior Court of
21 the State of Washington because the Plaintiff and Defendant CLOUD HOUSE VAPORZ, INC.
22 are Washington residents, and Defendant CLOUD HOUSE VAPORZ, INC. sold kratom to
23 Jordan McKibban in Washington, contributing to his injuries and death in Washington.
24
25

18. This Court has personal jurisdiction over the non-resident Defendants pursuant to the 14th Amendment of the United States Constitution and Washington's long arm statute, RCW 4.28.185. Each defendant has aggressively marketed, distributed, sold, and/or otherwise promoted kratom products into Washington, for consumption by Washington consumers, such that they have minimum contacts with the state. These defendants' interstate kratom activities involve the transaction of business and the commission of tortious acts within Washington. These defendants are subject to the jurisdiction of the Washington courts as a matter of fair play and substantial justice to Washington consumers who are and continue to be exposed to their injurious and wrongful activities.

19. Venue is proper in the Cowlitz County Superior Court pursuant to RCW 4.12.020 and RCW 4.12.025 in that the Plaintiff's injuries and cause of action arose in Cowlitz County; in addition, Cowlitz County is where Defendant CLOUD HOUSE VAPORZ, INC. and CHANNING PLOURD resides, transacts business, and committed torts upon which these claims are based.

IV. INTRODUCTION

20. Plaintiffs re-allege and incorporate by reference the paragraphs above as if fully stated herein.

21. Kratom is a complex and powerful substance that is toxic to multiple organ systems.

22. Across the nation, a growing number of death certificates have formally established deaths caused or contributed to by the “Toxic Effects of Mitragynine (Kratom)”.

23. Cowlitz County is already familiar with the tragic toll of Kratom.

24. On July 18, 2023, a Cowlitz County jury issued a verdict of \$2,500,000. The jury

1 held the Kratom seller responsible under the Washington Product Liability Act (WPLA) and
2 Consumer Protection Act (CPA). (Cowlitz County Cause No. 20-2-00874-08).

3 25. Now, another Cowlitz County family must seek justice for a tragic death caused by
4 the “Toxic Effects of Mitragynine (Kratom)”.

5 26. The Plaintiffs respectfully ask this Court to hold these Defendants accountable for
6 the painful losses they have caused, and to issue a preliminary and permanent injunction barring
7 these Defendants from the distribution and sale of Kratom in Washington.

8
9 **V. STATEMENT OF FACTS**

10 27. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
11 fully stated herein.

12 28. Kratom is the name given to botanical products derived from the leaves of
13 the *Mitragyna Speciosa* tree, which grows in Southeast Asia.

14 29. While the nature and extent of Kratom's impact upon human physiology
15 remains largely unknown, medical and scientific research confirms that the powdered
16 Kratom sold in the United States is far more dangerous than other natural products that are
17 sold over the counter.

18 30. Kratom contains dozens of psychoactive compounds or alkaloids, many of
19 which are not understood. The two most-studied alkaloids are mitragynine and 7-
20 hydroxymitragynine. These two alkaloids bind to the same opioid brain receptors as
21 morphine. Like opiates, these compounds can lead to analgesia (release of pain), euphoria,
22 and sedation.

23
24 31. Kratom was not marketed as a dietary ingredient in the United States before
25

October 15, 1994, and is therefore a “new dietary ingredient” under industry standards.

32. As a new dietary ingredient, Kratom must not be marketed or sold for human consumption without premarket verification that it is safe for that purpose.

33. None of the Defendants have ever satisfied the basic industry standard for establishing that Kratom is safe for human consumption before marketing it.

34. The most recent attempt by the kratom industry to legitimize its illegal kratom products occurred on October 21, 2022. On that date, JOHNSON FOODS submitted its “New Dietary Ingredient Notification for NPI-001, a Dried Leaf Powder”.

35. When this Notification was submitted, JOHNSON FOODS (and the affiliated WHOLE HERBS DEFENDANTS) knew that no such Notification had previously satisfied the premarket safety standards required to lawfully distribute and sell kratom in the United States.

36. Like premarket notifications before it, the JOHNSON FOODS New Dietary Ingredient Notification for the kratom powder was inadequate, incomplete, and incompetent to satisfy the important standards of premarket safety necessary for the safe marketing, distribution and sale of over-the-counter kratom.

37. The JOHNSON FOODS’ New Dietary Ingredient Notification was insufficient under the industry standards for the safe marketing, distribution or sale of botanical ingredients and supplements.

38. A growing body of independent scientific and medical research and literature confirms that no form of psychoactive kratom will ever satisfy the basic standard of premarket safety when it comes to over-the-counter sale of kratom for human

consumption.

39. Rather than safe, Kratom is known to cause a wide range of adverse events, including: nervousness, agitation, aggression, sleeplessness, hallucinations, delusions, tremors, loss of libido, constipation, skin hyperpigmentation, nausea, vomiting, addiction, severe withdrawal, heart arrhythmias, respiratory depression, seizures, drug-drug interactions, overdose, and death.¹

40. According to recent research, Kratom is 63 times more deadly than other natural products that are sold to American consumers.²

41. Thus, it is not scientifically possible for Kratom sellers to verify that their products are safe for human consumption when sold over the counter like coffee, tea, or other natural products.

42. Unable to verify kratom's safety, the Kratom industry has instead been built upon clandestine and fraudulent business activities, including the unlawful importation of Kratom as "plant food", "incense", "cosmetic" powders, and other legal items.³

43. For years, Federal agencies (and courts) have attempted to protect the public by seizing Kratom and taking other civil and criminal actions against Kratom importers, distributors, and those who illegally sell Kratom as an unapproved replacement for

¹ See, e.g., Xiaotong Li, et al., *An evaluation of adverse drug reactions and outcomes attributed to kratom in the US Food and Drug Administration Adverse Event Reporting System from January 2004 through September 2021* (Clinical and Translational Science, 00:1-10; 2023); Mori J. Krantz, et al, *Ventricular Arrhythmias Associated With Over-the-Counter and Recreational Opioids* (Journal of American College of Cardiology, Vol. 81, No. 23, 2023); Donna Papsun, *Forensic Implications of Kratom: Kratom Toxicity, Correlation with Mitragynine Concentrations, and Polypharmacy* (Current Addiction Reports; published online May 19, 2023)

² Xiaotong Li, et al., *An evaluation of adverse drug reactions and outcomes attributed to kratom in the US Food and Drug Administration Adverse Event Reporting System from January 2004 through September 2021* (Clinical and Translational Science, 00:1-10; 2023);

³ See FDA Import Alert # 54-15 (https://www.accessdata.fda.gov/cms_ia/importalert_1137.html) (last accessed October 23, 2023).

significant medical conditions such as chronic pain, anxiety, addiction, or withdrawal.⁴

44. In addition to enforcement actions at the national level, an increasing number of states and cities have passed laws making Kratom illegal at the local level.

45. Despite these efforts, the industry is successfully smuggling billions of dollars worth of Kratom across the border. Once it gets past customs and border officials, the Kratom is quickly channeled into chains of distribution managed by individuals and entities generating huge profits from millions of consumers. Despite the serious risks of kratom use, profit-seeking companies continue to market kratom products with unproven and deceptive claims about its safety and ability to cure, treat or prevent medical conditions and diseases. The FDA's examples of illegal claims include statements such as: "many people use kratom to overcome opiate addiction," and kratom is frequently used "as a natural alternative" to treat various health conditions, replacing opiate prescriptions.⁵

46. Because kratom is adulterated, many of the leading kratom businesses conceal their identities and activities behind mysterious and evolving shell companies, and misleading labels.

47. Each Defendant in this case has profited from unfair and deceptive business practices by promoting, distributing and/or selling dangerous Kratom products to Washington residents.

⁴ See Seizures and Injunctions – Health Fraud (<https://www.fda.gov/consumers/health-fraud-scams/seizures-and-injunctions-health-fraud>) (last accessed October 23, 2023); FDA Statement, Advisory about deadly risks associated with kratom (<https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-fda-advisory-about-deadly-risks-associated-kratom>) (last accessed October 23, 2023);

⁵ See FDA News Release, FDA issues warnings to companies selling illegal, unapproved kratom drug products (<https://www.fda.gov/news-events/press-announcements/fda-issues-warnings-companies-selling-illegal-unapproved-kratom-drug-products-marketed-opioid>) (last accessed October 23, 2023).

1 48. The WHOLE HERBS kratom is imported, packaged, distributed, and sold
2 through the complex web of companies referred to herein as the OLISTICA enterprise.
3 These companies include Defendants OLISTICA, JOPEN, JOHNSON FOODS, LPI, CAG and RHI
4 (the “WHOLE HERBS DEFENDANTS”).

5 49. The OLISTICA enterprise (part of which includes the WHOLE HERBS
6 DEFENDANTS) is one of the largest kratom distributors in the United States, including
7 Washington.

8 50. The OLISTICA brands include but are not limited to: WHOLE HERBS, OPMS,
9 and Remarkable Herbs.

10 51. Despite its prominence in the kratom industry, OLISTICA’s evasive tactics
11 and abuse of corporate forms has been highlighted by recent investigative reports, as well
12 as public filings in multiple lawsuits and claims brought by those harmed by its
13 misconduct.⁶

14 52. One key player in OLISTICA’s corporate operations is Peyton Palaio.

15 53. Mr. Palaio was implicated by criminal investigators as a major manufacturer
16 and distributor of the deadly synthetic known as “Spice”; Palaio was also named as a
17 defendant in a wrongful death lawsuit brought by the parents of a high schooler who
18 drowned after taking Spice.⁷

19 54. Through its various alter egos and agents, OLISTICA has supported the
20
21

22 ⁶ See, e.g., Hannah Critchfield, *A major US kratom brand relies on a maze of companies. Here’s the list*, TAMPA
23 BAY TIMES (Dec. 19, 2023) ([https://www.tampabay.com/investigations/2023/12/19/major-us-kratom-brand-relies-
24 maze-companies-heres-list/](https://www.tampabay.com/investigations/2023/12/19/major-us-kratom-brand-relies-maze-companies-heres-list/)); Hannah Critchfield, Helen Freund and Langston Taylor, *DEADLY DOSE PART 3: Kratom’s path across the US is marked by deception and secrets*, TAMPA BAY TIMES (December 17, 2023) (<https://project.tampabay.com/investigations/deadly-dose/kratom-industry-opms-supply-chain-indonesia-florida/>).

25 ⁷ Critchfield, *DEADLY DOSE PART 3*, *supra* note 6.

1 import, distribution, and sale of three of the most popular kratom brand names on the
2 market: OPMS, Remarkable Herbs, and the WHOLE HERBS product at issue in this case.

3 55. The WHOLE HERBS DEFENDANTS rely on an evolving web of
4 undercapitalized shell entities and fictitious business names in order to avoid
5 responsibility for deaths and harms caused by kratom.

6 56. The WHOLE HERBS DEFENDANTS have not procured liability insurance to
7 cover the risk of wrongful death or other injury caused by their dangerous kratom
8 operations.

9 57. A key individual behind the WHOLE HERBS product is Eyal Gabbay. In 2010,
10 Mr. Gabbay was publicly confronted regarding his sale of dangerous synthetic marijuana
11 products.⁸ Before they were banned, such products were sold as “K2”, “Hush” or “Swerve”.
12

13 58. In recent years, Eyal Gabbay has played a prominent role with Mr. Palaio,
14 Mark Reilly, and others in the promotion, distribution, and sale of kratom through the
15 WHOLE HERBS DEFENDANTS.

16 59. HUSH liquid shots are another leading brand of kratom product, generating
17 millions in sales nationwide from their location in Idaho, proclaimed as the kratom capitol
18 of the Pacific Northwest. HUSH is packaged, distributed and sold by Defendants HUSH,
19 DRIP DROP DISTRO, and BEDROCK (the “HUSH DEFENDANTS”).
20

21 60. On information and belief, the WHOLE HERB DEFENDANTS have an
22 ownership interest in HUSH DEFENDANTS, and receive profits from the sale of the HUSH
23

24 ⁸ James Ragland, *Puff n Stuff Smoke Shop Tells Me To Stuff It*, THE DALLAS MORNING NEWS (August 4, 2010)
25 (<https://www.dallasnews.com/news/2010/08/04/james-ragland-puff-n-stuff-smoke-shop-tells-me-to-stuff-it/>).

1 products in Washington to Washington consumers.

2 61. Like the WHOLE HERBS DEFENDANTS, the HUSH DEFENDANTS are backed
3 by individuals who appear to have experience dealing with deadly synthetic products.

4 62. The owners of DRIP DROP DISTRO, proudly tout their criminal backgrounds:
5 “Yes, our owners are felons by definition of the law Not scared to work, run, and play
6 with the castaways, pariahs, & those left behind.”⁹ This is not mere puffery.

7 63. Troy Palmer (a CEO and Principal of BEDROCK) and Mark Ciccarello (a
8 Governor of HUSH) were previously indicted and convicted on federal charges arising from
9 the manufacture of synthetic “Spice”, and laundering money from nationwide Spice sales.¹⁰
10

11 64. Douglas Campbell (a member of BEDROCK, and President and Manager of
12 DRIP DROP DISTRO), is believed to have plead guilty to federal charges in Idaho involving
13 his possession of a firearm and ammunition as a prohibited person.¹¹

14 65. The HUSH DEFENDANTS rely on undercapitalized shell entities and fictitious
15 business names in order to avoid responsibility for deaths and harms caused by kratom.

16 66. The HUSH DEFENDANTS have not procured liability insurance to cover the
17 risk of wrongful death or other injury caused by their dangerous kratom operations.

18 67. Idaho is the home base for MIT THERAPY and DURITY (the “MIT THERAPY
19 DEFENDANTS”).
20

21
22 ⁹ *Drip Drop Distro - Behind the Scenes*, HEADQUEST MAGAZINE (February 1, 2023)
(<https://www.headquest.com/drip-drop-distro/>).

23 ¹⁰ *PRESS RELEASE: Boise Man Pleads Guilty To Conspiracy In Treasure Valley “Spice” Case*, US ATTORNEY’S
OFFICE, DISTRICT OF IDAHO (February 10, 2014) ([https://www.justice.gov/usao-id/pr/boise-man-pleads-guilty-](https://www.justice.gov/usao-id/pr/boise-man-pleads-guilty-conspiracy-treasure-valley-spice-case)
24 [conspiracy-treasure-valley-spice-case](https://www.justice.gov/usao-id/pr/boise-man-pleads-guilty-conspiracy-treasure-valley-spice-case)).

25 ¹¹ *PRESS RELEASE: Meridian Man Pleads Guilty To Gun Crime*, US ATTORNEY’S OFFICE, DISTRICT OF
IDAHO (January 28, 2013) (<https://www.justice.gov/usao-id/pr/meridian-man-pleads-guilty-gun-crime>).

1 68. According to MIT THERAPY's social media account, DURITY DISTRIBUTION
2 is "the O N L Y distributor of **Mit Therapy**" kratom.

3 69. The MIT THERAPY DEFENDANTS arrange for their kratom to be tested by
4 Sante Laboratories, in Austin, Texas. The Certificates of Analysis for MIT THERAPY kratom
5 identify the "Customer" as DURITY DISTRIBUTION, in Boise Idaho.

6 70. These MIT THERAPY DEFENDANTS are able to manufacture over 1,500,000
7 gelatin capsules of kratom each day, using a state-of-the-art facility with the ability to
8 generate "powder enhanced extract".

9 71. In addition to their own branded products, the MIT THERAPY DEFENDANTS
10 offer unbranded bulk kratom products for local retailers to sell directly to consumers,
11 without labels or warnings of any kind.

12 72. The MIT THERAPY DEFENDANTS represent that their "therapeutic" Kratom
13 products were "GMP Certified", safe for human consumption, and effective for controlling
14 pain and anxiety.

15 73. Through its home page, MIT THERAPY publishes statements from alleged
16 consumers who tout the safe and efficacious use of kratom for medical purposes, including:
17 "Mit Therapy works the very best for controlling pain and the anxiety that accompanies it."
18

19 74. On the "About Us" page of its website, MIT THERAPY includes a disclaimer
20 indicating that MIT THERAPY is owned and operated by the entities and individuals behind
21 PurKratom: "PurKratom.com and its owners or employees cannot be held responsible for
22 ... any information whatsoever herein provided."
23

24 75. On information and belief, the owners and operators of the business known
25

as PurKratom.com share in the liability of MIT THERAPY.

76. The MIT THERAPY DEFENDANTS rely on undercapitalized shell entities and fictitious business names in order to avoid responsibility for deaths and harms caused by kratom.

77. The MIT THERAPY DEFENDANTS have not procured liability insurance to cover the risk of wrongful death or other injury caused by their dangerous kratom operations.

78. CLOUD HOUSE is a local retail store in Woodland, Washington. CLOUD HOUSE purchases and sells a variety of kratom products to Washington consumers in Cowlitz County.

79. Among its line of branded kratom products, CLOUD HOUSE sold the HUSH liquid shots distributed by the HUSH DEFENDANTS.

80. In addition to branded kratom, CLOUD HOUSE purchased and sold the MIT THERAPY bulk kratom products in unmarked plastic bags, direct to Washington consumers.

81. CLOUD HOUSE, like the other Defendants, represented various medicinal benefits from the consumption of the kratom products sold to Jordan.

82. For example, CLOUD HOUSE described red strains of Kratom as “the most popular choice for those who are treating pain” and “having a more sedative effect” and “a stronger euphoric effect”. Green is described as tending “to have more pain-relieving properties than the white, but more energetic than the red”. Maeng Da (typically green) is described as “Higher on both pain relief and energy with an emphasis on mood lift.”

1 83. CLOUD HOUSE described Kratom as from the coffee family, used in herbal
2 medicine, producing “opioid-like effects” with higher doses, as well as reports of increased
3 work capacity, sociability, sexual desire, positive mood, and euphoria. “It’s also been
4 known as a means to bring acute and chronic pain relief.”

5 84. CLOUD HOUSE represents to consumers that kratom is not considered
6 addictive.

7 85. CLOUD HOUSE is an undercapitalized entity. CLOUD HOUSE has not
8 procured liability insurance to cover the risk of wrongful death or other injury caused by
9 their dangerous kratom operations.
10

11 86. All the kratom defendants described above have benefitted from the work of
12 the American Kratom Association (“AKA”), a trade industry group that has fostered the
13 narrative that kratom is appropriate for over-the-counter sale for human consumption,
14 while disregarding the industry standard of safety first.

15 87. The AKA works with and receives direct funding from a broad range of
16 kratom sellers across the nation, including Defendants in this case.

17 88. The AKA promotes the distribution and sale of its members’ kratom products
18 much like Big Tobacco and Big Pharma. The AKA does so through paid lobbyists, industry-
19 funded researchers who are associated with the tobacco industry, mis-information
20 campaigns promoting kratom as safe and efficacious.
21

22 89. The AKA also promotes several kratom brands as certified under a so-called
23 Good Manufacturing Practices (“GMP”) Validation program. This GMP program purports to
24 replicate federal industry standards for legitimate products. This GMP program
25

1 misleadingly certifies that certain kratom “vendors” (and kratom brands disguised as
2 “vendors”) have objectively met or exceeded “high” industry standards in manufacturing
3 and bringing their kratom products to market. The AKA claims that the GMP certification
4 will “further enhance the safety of kratom-containing products”, with labeling that
5 “provides all the information required for consumers to make an informed purchasing
6 decision.”

7 90. The AKA is also able to rally thousands of kratom advocates who value and
8 depend upon easy over-the-counter access to their opiate-like kratom products. Those
9 who question the AKA’s mission are frequently called out and subject to ridicule and
10 disparagement through a variety of channels, including Youtube and social media.
11

12 91. The AKA’s lead lobbyist is C. McClain “Mac” Haddow. The Tampa Bay Times
13 asked Mr. Haddow about the need to address the risk of death from kratom. Mr. Haddow
14 had this to say about the AKA’s position on those killed by the profitable kratom products:
15 “Can we regulate stupid? I can’t do that – no one can.”¹²

16 92. The AKA works very closely with the principals behind the kratom brands
17 that it certifies, including the WHOLE HERBS DEFENDANTS.

18 93. The AKA promotes the WHOLE HERBS brand at the top of its list of “KRATOM
19 CONSUMER CHAMPIONS” and “PLATINUM VENDORS”.¹³ This honor is shared with other
20 brands associated with the JOPEN-OLISTICA enterprise, including OPMS and Remarkable
21

22 ¹² Kirby Wilson and Sam Ogozalek, *DEADLY DOSE PART 2: As dangerous kratom products go unregulated,*
23 *lobbyists write the laws*, TAMPA BAY TIMES (December 13, 2023)
24 (<https://project.tampabay.com/investigations/deadly-dose/american-kratom-association-lobbyists-fda-florida/>).

25 ¹³ <https://www.amerikankratom.org/> (last accessed January 12, 2024).

Herbs.

94. The following kratom brands associated with the OLISTICA enterprise are prominently promoted at the top of AKA's list of "AKA GMP Qualified" Vendors: WHOLE HERBS, OPMS, and Remarkable Herbs.¹⁴

95. The AKA is familiar with and actively works to support the evasive and clandestine practices of the individuals and entities behind WHOLE HERBS.

96. On information and belief, the WHOLE HERBS DEFENDANTS are founding members of the AKA and created the AKA as a kratom marketing arm while concealing the identities of those who are actually responsible for its business operations, owners, and managers.

97. The AKA holds its certified brands out to the public as, reputable, merchantable, unadulterated, and legitimate for over-the-counter consumption.

98. While doing so, the AKA conceals the identities of owners and operators behind several brands, including the WHOLE HERBS brand. The AKA is obedient to and complicit with the efforts of the WHOLE HERBS DEFENDANTS to avoid accountability to the law, and accountability for those Washington consumers who are harmed or killed by their kratom products.

99. The WHOLE HERBS DEFENDANTS provide substantial funding and other support to the AKA. The WHOLE HERBS DEFENDANTS work closely with the AKA to protect their over-the-counter kratom distribution activities.

100. On information and belief, the WHOLE HERBS DEFENDANTS are involved in

¹⁴ <https://www.amerikankratom.org/gmp-qualified-vendors> (last accessed January 12, 2024).

1 the packaging and distribution of all three of these sister brands, under the umbrella of the
2 OLISTICA enterprise.

3 101. While hiding behind their corporate charades, the WHOLE HERBS
4 DEFENDANTS use the AKA as a marketing and advocacy arm to preserve and promote its
5 wrongful distribution of the WHOLE HERBS kratom product lines, while lobbying federal
6 officials for support in their effort to dominate the kratom industry.

7 102. For example, the AKA hosted meetings between the WHOLE HERBS
8 Defendant OLISTICA and Geoffrey Laredo, a former official from the National Institute of
9 Health ("NIH"). OLISTICA paid Mr. Laredo to pursue federal funding from NIH for the
10 development of pure kratom for scientific research.

11 103. The HUSH Defendants also support and work with the AKA, and paid for the
12 AKA's GMP Validation status for the HUSH Kratom brands.

13 104. With support from the kratom selling Defendants, the AKA has engaged in a
14 targeted effort to legitimize the kratom industry and promote a false sense of safety and
15 merchantability for kratom. The AKA does so by:

- 16
17 a. Engaging in a campaign to smear the FDA's credibility regarding safety. For
18 instance, the AKA has stated that the FDA is "gaslighting of the public"¹⁵ by
19 asserting that kratom is dangerous. The AKA also blames the FDA for a failure
20 to regulate kratom,¹⁶ yet also claims that the FDA exceeds its authority when
21

22 ¹⁵ See https://assets-global.website-files.com/61858fcfc6543059f0617522/657386faba36bc4fb9241847_AKA%20Response%20to%20Tampa%20Bay%20Times%20Article%20Dec%208%202023.pdf (last accessed December 21, 2023).

23 ¹⁶ https://assets-global.website-files.com/61858fcfc6543059f0617522/64c7b2a60ecf41853aa60a21_AKA%20Release%207.31.pdf (last accessed
24 December 21, 2023).
25

1 taking any action to regulate kratom.¹⁷

- 2 b. Providing guidance to industry actors, including defendants, regarding
3 marketing and labeling of kratom. For instance, the AKA advised kratom
4 industry actors and to avoid medical claims on packaging, while many
5 defendants continue to promote and/or sell kratom for medical purposes.¹⁸
- 6 c. Using its authority as the kratom industry trade association to spread a fog
7 of misleading information to persuade consumers that over-the-counter
8 kratom is merchantable, safe, and appropriate for human consumption. AKA
9 guidance and talking points is pervasive on the internet and anyone who
10 searches for information on kratom for the first time is likely to come across
11 the AKA's pro-kratom propaganda.
- 12 d. Undermining any information revealing kratom's dangerous propensity,
13 including independent research published in peer reviewed medical
14 journals.¹⁹
- 15 e. Engaging in a nationwide campaign to pass the Kratom Consumer Protection
16 Act ("KCPA") in U.S. States and now at the federal level, purporting to protect
17 a non-existent right to sell over-the-counter kratom as "safe" and
18 "unadulterated" for human consumption, while knowing full well that no
19
20
21

22 ¹⁷ <https://www.amerikankratom.org/news/press-release-fda-creates-an-unauthorized-pocket-ban-authority> (last
accessed December 21, 2023).

23 ¹⁸ [https://assets-global.website-
files.com/61858fcfc6543059f0617522/6568c229145d4a260a3a4048_AKA%20Kratom%20Guidelines%20Nov%2030%202023%20Final.pdf](https://assets-global.website-files.com/61858fcfc6543059f0617522/6568c229145d4a260a3a4048_AKA%20Kratom%20Guidelines%20Nov%2030%202023%20Final.pdf) (last accessed December 21, 2023).

24 ¹⁹ <https://www.amerikankratom.org/news/op-ed-kratom-misinformation-in-medical-journals> (last accessed
25 December 21, 2023).

kratom product has ever satisfied the required showing of premarket safety necessary to make it unadulterated.²⁰

f. Creating a “Good Manufacturing Practice” (“GMP”) program to provide a seal of safety and legitimacy for approved manufacturers including Whole Herbs and Hush.²¹

g. Creating a false sense of safety for consumers who are misled to believe that AKA GMP approved kratom is safe, merchantable, and unadulterated.

105. The AKA’s promotion of kratom is so pervasive that consumers routinely and regularly come across and rely upon on the AKA’s guidance, misrepresentations, and omissions regarding the regulatory, medical and scientific status of over-the-counter kratom.

106. Jordan McKibban is one of many Washington residents who was exposed to and relied upon the AKA’s pervasive messaging about over-the-counter kratom.

107. Jordan McKibban resided in Kalama, Cowlitz County, WA. He was beloved by his family and friends. He was a loyal and successful employee with United Natural Foods, Inc. (UNFI), where he worked in the shipping and receiving industry.

108. At 37-years old, Jordan was healthy, fit, and physically active. He loved spending time outdoors and he was passionate about fishing. He promoted organic and nutritional foods and dietary practices.

109. Occasionally, Jordan experienced work related pain in his hands and back.

²⁰ <https://www.amerikankratom.org/news/federalkcpa> (last accessed December 21, 2023); see also <https://www.amerikankratom.org/news/webinar-on-federal-kcpa> (last accessed December 21, 2023).

²¹ <https://www.amerikankratom.org/gmp-standards-program> (last accessed December 21, 2023).

1 110. In his search for a natural pain reliever, Jordan McKibban learned about and
2 relied on the pervasive statements, misrepresentations, and omissions concerning kratom
3 that were generated by the AKA and the other Defendants in this case.

4 111. Jordan relied upon the Defendants' express and implied warranties,
5 including the basic warranty that the Kratom products were lawfully imported and
6 distributed, merchantable, and reasonably fit for their intended purposes, including the
7 purpose of human consumption, and for the management of pain and anxiety.

8 112. Jordan learned that Defendant CLOUD HOUSE, in nearby Woodland, was
9 selling Kratom products. Jordan learned that these products were being sold as safe, legal,
10 and all-natural alternatives to pain medications and other prescriptions.

11 113. Jordan purchased and consumed the following Kratom products: (1) the
12 WHOLE HERBS capsules; (2) the HUSH liquid shots; and (3) the CLOUD HOUSE bulk
13 powders distributed by the MIT THERAPY Defendants.

14 114. Jordan's friends and family members observed Jordan's use of these
15 products, as well as associated packaging in his home and vehicle.

16 115. These kratom products all contributed to Jordan's gradually increasing
17 tolerance, dependency, and daily use of the toxic kratom products.

18 116. On April 5, 2022, Jordan McKibban's kratom use came to an end. A short time
19 after Jordan had arrived home from work, his young nephew A.R. heard a loud noise from
20 the bathroom. A.R. went to investigate, but could not open the door. He began calling family
21 members for help to investigate the situation.

22 117. Jordan's mother rushed to the home. She was able to force the door open.
23
24
25

1 She found Jordan collapsed on the floor and unresponsive. She called 911, and worked to
2 revive her son.

3 118. A short time later, emergency responders arrived. They took over efforts to
4 revive Jordan, and rushed Jordan to the hospital with concerns of a possible overdose.

5 119. It was there, at the hospital, where the family learned that Jordan did not
6 make it. He was 37-years-old.

7 120. Back at the home, an open bag of bulk kratom powder from CLOUD HOUSE
8 from the MIT THERAPY DEFENDANTS sat on the kitchen counter, where Jordan had mixed
9 his last drink. In Jordan's car and bedroom, family members found empty bottles of the
10 HUSH liquid shot. Those close to Jordan had previously seen him with the distinctive
11 WHOLE HERBS kratom product.
12

13 121. The Cowlitz County Coroner's office investigated the cause and manner of
14 Jordan McKibban's death. An autopsy was performed by forensic pathologist Dr. Clifford
15 Nelson, and a postmortem expanded forensic toxicology test was requested from NMS
16 Labs.

17 122. On May 26, 2022, NMS Labs issued its Toxicology Report. The Toxicology
18 Report showed a positive finding for Mitragynine (the main Kratom alkaloid), in the
19 amount of 3,000 ng/mL.
20

21 123. A copy of the NMS Labs report was hand delivered to Dr. Nelson, to aid in the
22 completion of the autopsy report and issuance of the death certificate.

23 124. Based on the report, and with the guidance of forensic pathologist Dr. Clifford
24 Nelson, the Cowlitz County Coroner issued its case report and cause of death: JORDAN
25

McKIBBAN died from the “Toxic Effects of Mitragynine (Kratom)”.

VI. CAUSES OF ACTION AND DAMAGES

125. Plaintiffs re-allege and incorporate by reference the paragraphs above as if fully stated herein.

126. JORDAN MCKIBBAN suffered an untimely death as a direct and proximate result of the products that were imported, manufactured, marketed, distributed and/or sold by each of the Defendants.

127. The Defendants in this case all failed to warn JORDAN MCKIBBAN that Kratom is: (a) fraudulently imported; (b) wrongfully distributed, marketed and sold for human consumption without the required premarket verification of safety; (c) causing dependence, addiction, and withdrawal in regular users; (d) found to be 63 times more deadly than other natural products; and (e) found to be a contributor or cause of numerous overdoses and deaths.

128. Each and every Defendant wrongfully contributed to JORDAN MCKIBBAN’s escalating cycle of Kratom tolerance, dependence and use, which led predictably to the toxic levels that ultimately caused his death.

129. The ESTATE OF JORDAN MCKIBBAN and its beneficiaries have incurred and will continue to incur enormous general and special damages in an amount to be determined by the jury at the close of trial.

130. All kratom imported by a Defendant in this case was manufactured by persons who are not subject to service of process or the jurisdiction of this Court.

131. The WHOLE HERBS, HUSH, MIT THERAPY, and CLOUD HOUSE DEFENDANTS

1 were sellers and/or manufacturers of kratom products under Chapter 7.72 RCW, and are
2 jointly and severally liable for the damages caused to the ESTATE OF JORDAN MCKIBBAN
3 and its beneficiaries.

4 **COUNT ONE— FAILURE TO WARN –**
5 **WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS**
6 **[Wash. Rev. Code Section 7.72.010(4) and .030(1)]**

7 132. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
8 fully stated herein.

9 133. Each named Defendant was involved in the promotion, distribution, and sale
10 of the Kratom product that killed JORDAN MCKIBBAN.

11 134. The Defendants' Kratom products were continuously sold without adequate
12 warnings or instructions regarding the serious health risks of the product, including the
13 risks of abuse, dependence, addiction, overdose, and death.

14 135. An ordinary consumer would reasonably conclude that Defendants' kratom
15 products are not reasonably safe when sold without warnings or instructions about the
16 serious adverse health risks, including the risk of overdose and death suffered by JORDAN
17 MCKIBBAN.

18 136. In addition, at the time of manufacture, the likelihood that Defendants'
19 kratom products would cause and contribute to the serious harms inflicted on JORDAN
20 MCKIBBAN (including increasing toxicity and death) rendered Defendants' Kratom
21 warnings and instructions completely inadequate, even though warnings about the
22 poisonous nature of kratom and the risk of those serious harms could easily have been
23 provided.
24
25

1 137. At the times and on the occasions in question, JORDAN MCKIBBAN was using
2 the Defendants' Kratom products for the very purposes intended and promoted by the
3 Defendants, including: (a) human consumption of a natural, merchantable over-the-
4 counter product; (b) relief from pain; and (c) relaxation and relief from anxiety.

5 138. Without proper warnings and instructions, the products were unreasonably
6 dangerous, unfit for their intended use, and defective.

7 139. If the products had been sold with appropriate warnings and instructions
8 regarding its poisonous nature and the health risks, including but not limited to adequate
9 disclosure of the major risks of overdose and death, then JORDAN MCKIBBAN's overdose
10 and death from the product would not have occurred.

11 140. The Defendants are liable for all damages caused by their failures to provide
12 adequate warnings and instructions that would have prevented the death caused by their
13 defective and unreasonably dangerous nature of their product. The manufacturer
14 defendants are subject to strict liability for these damages.

15 141. The Defendants also had a continuing, post-sale duty to warn regarding the
16 unreasonable risk of harm associated with the product after the product had been
17 distributed to JORDAN MCKIBBAN.

18 142. After JORDAN MCKIBBAN began purchasing and ingesting the products,
19 Defendants knew or should have known of the increasing scientific and medical
20 information confirming the serious risks and dangers associated with their adulterated
21 product, including the risk of death from a powerful substance that was never fit for
22 medically unsupervised use.
23
24
25

1 143. After JORDAN MCKIBBAN, began purchasing and ingesting the product,
2 Defendants all breached their duty to issue adequate post-sale instructions and warnings
3 to reduce and prevent the foreseeable risk of harm and death to JORDAN MCKIBBAN from
4 the products.

5 144. All Defendants failed to exercise reasonable care to provide adequate post-
6 sale instructions and warnings to JORDAN MCKIBBAN and other Washington residents
7 about the serious health risks and dangers of the product, including the risk and danger of
8 death.

9 145. As a direct and proximate result of the lack of reasonable and adequate post-
10 sale instructions or warnings regarding the defects in Kratom, Plaintiffs suffered the
11 injuries described above.
12

13 **COUNT TWO – DESIGN AND MANUFACTURING DEFECT**
14 **WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS**
 [Wash. Rev. Code Section 7.72.010(2), (4), and .030]

15 146. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
16 fully stated herein.

17 147. At the time Defendants imported or manufactured the products sold to and
18 consumed by JORDAN MCKIBBAN, the products were not reasonably safe as designed.

19 148. The Kratom products were and are far more dangerous than the ordinary
20 consumer would reasonably expect, considering relevant factors, such as the product's
21 intrinsic nature, relative cost, severity of potential harm (including death), the industry
22 standards governing natural products, and the cost and feasibility of minimizing such risk.
23

24 149. The Defendants are unable to adequately assure that the manufacturing
25

1 processes for their Kratom products can achieve a product that is reasonably safe for
2 human consumption.

3 150. The products sold to JORDAN MCKIBBAN was unreasonably dangerous
4 beyond the expectations of the ordinary consumer and was unfit for its intended use.

5 151. At the time and on the occasions in question, JORDAN MCKIBBAN was using
6 the Defendants' products for the foreseeable purposes that Defendants knew of and
7 intended, and was in this respect defective, unsafe and unreasonably dangerous.

8 152. As a direct and proximate result of the defects in the Defendants products,
9 Plaintiffs suffered the injuries as described above.

10
11 **COUNT THREE – BREACH OF WARRANTY**
12 **WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS**
13 **[Wash. Rev. Code Section 7.72.010(4), .030(2)(b) and .040(1)]**

14 153. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
15 fully stated herein.

16 154. Defendants all expressly and impliedly warranted that their products were
17 reasonably fit for their intended purposes of human consumption, improving health and
18 well-being, and as a safe and effective product for medical purposes such as pain relief and
19 anxiety.

20 155. Defendants issued these warranties to develop and promote the sale of their
21 products through their respective chains of distribution and retailing, ultimately resulting
22 in the sales to JORDAN MCKIBBAN.

23 156. As a Washington resident and employee, JORDAN MCKIBBAN was a
24 reasonably foreseeable end user of the product, and was a third-party beneficiary of all
25

warranties made and passed along by the Defendants through the chain of distribution to the end users.

157. The Defendants' warranties regarding product related to material facts regarding the safety and efficacy of Kratom.

158. The Defendants' warranties, including the warranties that the products were merchantable and lawfully on the shelf, safe, and would not kill you, were part of the basis of the bargain for JORDAN MCKIBBAN's purchases of the products.

159. The Defendants' warranties were untrue; the Defendants' products did not conform to the representations that were made.

160. As a direct and proximate result of the breach of the Defendants' warranties regarding the products, Plaintiff suffered the injuries and death described above.

**COUNT FOUR – MISREPRESENTATION
WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS
[Wash. Rev. Code Section 7.72.010(4) and .040(1)]**

161. Plaintiffs re-allege and incorporate by reference the paragraphs above as if fully stated herein.

162. As stated above, Defendants made misrepresentations of material facts about the Kratom product and intentionally concealed information about the product from Plaintiffs during the time JORDAN MCKIBBAN bought and used the product.

163. Defendants possessed superior knowledge about the lack of clinical testing and safety of its products, including the lack of reliable support for representations about the asserted clinical and medicinal safety of the product, and the absence of deaths caused by kratom products.

1 164. Defendants failed in their duty to disclose known material facts to Plaintiffs
2 regarding their products, including but not limited to:

- 3 a. The health risks (including deaths) associated with regular consumption
4 of kratom products.
5 b. Information regarding adverse events associated with kratom products.
6 c. The risk of overdose and death associated with kratom products.

7 165. Additional misrepresentations and concealment included, but were not
8 limited to:

- 9 a. Falsely representing that the product will not cause death.
10 b. Falsely representing that the product is safe and appropriate for regular
11 human consumption.
12 c. Falsely representing that every batch of Kratom product was lab tested
13 for quality and purity.
14 d. Falsely representing that the product is never adulterated.
15 e. Falsely representing that the product has no serious adverse health
16 effects.
17 f. Falsely representing that an AKA GMP certification assured the
18 consumer of a product that had satisfied the standards necessary to be
19 safe and ready to be sold off the shelf for human consumption

20 166. The foregoing representations and omissions were material and were made
21 with the intent to persuade and induce JORDAN MCKIBBAN to choose and regularly use the
22 product.

23 167. Defendants made the above representations or omissions knowing the
24 misrepresentations were false or were ignorant of the truth of the assertions.

25 168. The above representations and omissions are reflected in Defendants system
for marketing its product. Together, all these defendants unlawfully promoted and held out
for sale the unreasonably dangerous product for medicinal purposes to Washington
Residents.

1 169. Defendants made the above misrepresentations or omissions with the
2 intention and knowledge that Washington consumers would select the product for regular
3 consumption for the purposes identified in their marketing.

4 170. JORDAN MCKIBBAN relied upon and was induced to act in reliance on these
5 Defendants' misrepresentations and omissions when he in fact purchased the product to
6 achieve relief from chronic pain.

7 171. As a direct and proximate result of the breach of the warranties regarding
8 the product, Plaintiffs suffered injuries as described above.

9
10 **COUNT FIVE – NEGLIGENCE**
11 **WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS**
 [Wash. Rev. Code Section 7.72.010(4) and .040(1)]

12 172. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
13 fully stated herein.

14 173. The Defendants were all negligent and careless in the import, design,
15 manufacture, testing, marketing, distribution, and/or sale of Kratom products.

16 174. The Defendants, as product sellers, were negligent and careless in their
17 distribution, promotion and sale of Defendants' Kratom products.

18 175. The Defendants failed to follow the industry standard of safety first, which
19 exists for the protection of consumers from New Dietary Ingredients whose safety and
20 efficacy has not been established.

21 176. The Defendants failed to follow the industry standards which prohibit the
22 use of medical claims in the marketing, distribution, and sale of botanical ingredients for
23 human consumption.
24
25

1 177. The Defendants failed to follow the industry standards which require the
2 disclosure of material facts necessary to prevent consumers from being misled about the
3 relative safety or danger of the products that are proposed for their consumption.

4 178. The Defendants knew or should have known that the improperly imported
5 Kratom products were unreasonably dangerous for human consumption and especially for
6 medical uses including but not limited to the alleviation of chronic pain.

7 179. The Defendants knew that they were unlawfully selling the products to
8 customers for medical purposes, even though the unreasonable health risks of such use
9 were not properly understood, identified, disclosed, approved or regulated.

10 180. Defendants' failures to discharge their duties were a direct and proximate
11 cause of Plaintiffs' injuries as described above.
12

13 **COUNT SIX – UNFAIR TRADE PRACTICES**
14 **WHOLE HERBS, HUSH, MIT THERAPY, AND CLOUD HOUSE DEFENDANTS**
15 **[Wash. Rev. Code Section 19.86.010]**

16 181. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
17 fully stated herein.

18 182. The acts by Defendants in this cause of action include, but are not limited to,
19 the following deceptive and unfair acts:

- 20 a. Representing that kratom is merchantable and safe for human consumption
21 as a natural over-the-counter product.
22 b. Failing to disclose adequate information about the safety and efficacy of the
23 Kratom product, either before or after Plaintiffs' purchase.
24 c. Failing to provide adequate warnings, labels or instructions about the
25

product's dangerous propensities.

- d. Knowingly selling the product for human consumption and the alleviation of chronic pain, despite sham reseller conditions that the product should only be sold for "research", "incense", "ornamental" or similar purposes that do not involve human consumption.
- e. Representing that the product is appropriately used for medicinal benefits.
- f. Representing that the product possesses many therapeutic effects.

183. Such acts occurred in the course of trade or commerce in the State of Washington.

184. Such acts affected, and still affect, the public interest of all the citizens of the State of Washington.

185. Such acts caused injury to JORDAN MCKIBBAN in his property and business, by forcing him to incur substantial expenditures on a product that instead of being safe and effective, was the cause of his death.

**COUNT SEVEN – INFORMATION NEGLIGENTLY SUPPLIED FOR THE
GUIDANCE OF OTHERS -- AKA
[Restatement of Torts, Section 552]**

186. Plaintiffs re-allege and incorporate by reference the paragraphs above as if fully stated herein.

187. The AKA supplied information for the guidance of Washington consumers, including decedent, JORDAN McKIBBAN, in their business transactions that were false.

188. The AKA knew or should have known that the information was supplied to guide Washington consumers, including the decedent, in their business transactions,

1 namely purchase of kratom products.

2 189. The AKA was negligent in obtaining or communicating the false information,
3 including but not limited to:

- 4 a. Claiming kratom was safe, particularly if purchased by a GMP certified
5 vendor.
- 6 b. Actively campaigning against warnings, enforcement action, and medical
7 literature from trusted actors including the FDA and medical journals
8 that call Kratom's safety and efficacy into question.
- 9 c. Actively campaigning to legitimize kratom through passage of the so-
10 called Kratom Consumer Protection Act.

11
12 190. JORDAN McKIBBAN relied on said false information, and such reliance was
13 reasonable.

14 191. The false information proximately caused the death of JORDAN McKIBBAN .

15 192. Further, the AKA had a duty to disclose to JORDAN McKIBBAN the following
16 information including but not limited to:

- 17 a. The risks associated to use of kratom, including addiction and
18 overdose.
- 19 b. The truth that GMP certification does not amount to safety.
- 20 c. The truth that even GMP certified labeling is both non-compliant
21 with FDA requirements but is wholly deficient for provision of a safe
22 product.

23
24 193. The AKA did not disclose this information to JORDAN McKIBBAN.

194. The AKA was negligent in failing to disclose this information.

195. Such disclosure would have caused JORDAN McKIBBAN to act differently, and JORDAN McKIBBAN was damaged by the failure to disclose such information.

COUNT EIGHT – NEGLIGENCE – AKA and WHOLE HERBS DEFENDANTS
[Restatement of Torts Section 324A]

196. Plaintiffs re-allege and incorporate by reference the paragraphs above as if fully stated herein.

197. The AKA and WHOLE HERBS DEFENDANTS were negligent and careless in their actions described herein, including their coordination and orchestration on a campaign of misrepresentations made to the public and consumers regarding kratom's safety for human consumption; attacks on legitimate science examining Kratom's safety profile; attacks on kratom regulation including actions taken by the FDA; guidance and advice provided to kratom manufacturers, distributors, and sellers; and the administration of their GMP certification program.

198. The AKA and WHOLE HERBS DEFENDANTS knew or should have known that improperly imported Kratom products were unreasonably dangerous for human consumption and especially for medical uses including but not limited to the alleviation of chronic pain.

199. The AKA and WHOLE HERBS DEFENDANTS knew or should have known that their campaign to foster a market and create a sense of safety surrounding the use of kratom was negligent insofar as the activities promote the unlawful sale of kratom products to customers for medical purposes, even though the unreasonable health risks of such use

1 were not properly understood, identified, disclosed, approved, or regulated.

2 200. The AKA and WHOLE HERBS DEFENDANTS assumed a duty in relation to
3 kratom sales because they exert significant control over the kratom industry and other
4 members of the trade association through administration of the GMP certification program,
5 its funding structure, and its predominance over the public discourse over kratom
6 importation, manufacture, sale, and use. The AKA and WHOLE HERBS DEFENDANTS have
7 also assumed a duty because of their denial of known risks of kratom; their active role in
8 advocating for kratom's importation, manufacture, and sale; and their active role in
9 creating a market in which kratom is falsely viewed as safe by many consumers.
10

11 201. The AKA's failures to discharge their duties were a direct and proximate
12 cause of Plaintiffs' injuries as described above.

13 **COUNT NINE – CIVIL CONSPIRACY**
14 **AKA, WHOLE HERBS, HUSH, MIT THERAPY DEFENDANTS**
15 **[Restatement of Torts Section 876]**

16 202. Plaintiffs re-allege and incorporate by reference the paragraphs above as if
17 fully stated herein.

18 203. The AKA, WHOLE HERBS DEFENDANTS, HUSH DEFENDANTS, and MIT
19 THERAPY DEFENDANTS combined to accomplish an unlawful purpose, including the
20 importation, marketing, distribution, and sale of kratom within the United States and
21 Washington.

22 204. The AKA, WHOLE HERBS DEFENDANTS, HUSH DEFENDANTS, and MIT
23 THERAPY DEFENDANTS, entered into an agreement to accomplish the object of the
24 conspiracy including by creating, supporting and/or participating in the AKA's "Good
25

1 Manufacturing Program”; and by funding the AKA to engage in the actions described above
2 and incorporated herein.

3 205. The AKA and WHOLE HERBS DEFENDANTS (particularly the OLISTICA
4 enterprise),

5 206. Such civil conspiracy was a direct and proximate cause of Plaintiffs’ injuries
6 as described above.

7 **VII. PRAYER FOR RELIEF AND DEMAND FOR JURY TRIAL**

8 WHEREFORE, the ESTATE OF JORDAN MCKIBBAN, by and through and on behalf
9 of all its beneficiaries, respectfully requests a jury be impaneled to hear this case, and for
10 judgment against the Defendants:

- 11 (a) Awarding general and special damages in an amount to be proven at trial;
12 (b) Awarding injunctive relief pursuant to Chapter 19.86 RCW;
13 (c). Awarding reasonable attorney’s fees and costs, including attorney’s fees pursuant
14 to Chapter 19.86 RCW;
15 (d) Awarding punitive damages to the full extent allowed by Chapter 19.86 RCW;
16 (e) Awarding such other relief as the Court deems just and proper under the
17 circumstances of this case.
18

19 DATED this 12th day of January, 2024.

20 ATTORNEYS FOR PLAINTIFFS

21
22 

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Kratom's Risk of Death

Deaths from
Natural Products



Deaths from Kratom are **63 times** greater
than deaths from other Natural Products



Source: Li, et al., An evaluation of adverse drug reactions and outcomes attributed to kratom in the US FDA Adverse Event Reporting System from January 2004 through September 2021 (Clinical and Translational Science, 2023)

PLAINTIFF'S
EXHIBIT

148

Hello,

I have been consuming Kratom since 2010. I've never had any health issues related to Kratom. I started taking Kratom to comfort me when I was dealing with a bulging disc in my back. I was diagnosed with degenerative disc disorder. I was prescribed opiates for pain, and Kratom has helped me to no longer rely on opiates. Kratom is a life saving natural botanical.

Kratom is the leaves of the tree *Mitragyna speciosa*. A tree native to Southeast Asia, particularly in countries like Thailand, Indonesia, Malaysia, and Papua New Guinea. This tropical evergreen tree belongs to the coffee family (Rubiaceae) and has been traditionally used for its stimulant and comforting effects. The leaves of the *Mitragyna speciosa* tree contain active compounds, primarily mitragynine and 7-hydroxymitragynine.

The DEA has tried and failed to ban Kratom. The FDA has tried and failed to ban Kratom. The WHO declined to ban Kratom in 2021. Several states (who have politicians receiving money from pharmaceutical companies) have tried and failed to ban Kratom. Please don't fall for this spurious attempt to ban Kratom from someone who is probably in the pharmaceutical industry.

I've heard, and read many, many stories of folks addicted to hard-core opiates, get off of said opiates because they had Kratom as an option. Banning Kratom will cause more deaths from opiate overdoses. Please also consider the hundreds and thousands of Americans living in North Dakota that would be susceptible to legal trouble, and face jail time if you decide to ban Kratom. Many who use Kratom, like others use coffee, for energy and mood elevation.

Banning Kratom will:

- 1) Potentially produce more hard core drug addicts
- 2) Take away an individual right to consume a natural botanical. The leaves of a tree.
- 3) Cause unnecessary legal problems, for otherwise law-abiding residents.
- 4) Prevent law-abiding Virginia residents from accessing a natural botanical that can help folks with alcoholism, and issues with opiate dependency.
- 5) Make myself become a criminal as soon as the ban takes place. If I become a criminal for consuming Kratom, I will probably lose my job, and my family.

<https://kratom.org/guides/american-kratom-association/>

My 30 year old, healthy son died from kratom toxicity Dec 11, 2021. He was told it was similar to coffee and he consumed it like that. It is sold in the many kava bars down here, the gas stations and convenience stores. 43 people died in Palm Beach County between Jan 2019 - Dec 2021, with kratom in their system. 3 had only kratom!! You would be wise to ban kratom in your city and county.

My name is Michael Fasano, I'm 39 years old, and an Illinois resident. I work as an Implementation Specialist.

I would like to share my experience of being a kratom consumer for over 15 years. Kratom, mixed with my chamomile tea, has helped me relax as I struggle with chronic insomnia issues on a nightly basis. Kratom also has helped provide relief in easing my joint and muscle pain tremendously on rough days since I'm active in dance and Taekwondo. I'm never impaired, nor am I a danger to myself or others. Please consider a regulation approach, as opposed to criminalization of the plant with a state ban. Thank You.

I fell victim to Kratom 8 years ago. It was described to me as a “safe and healthy” alternative to alcohol. It was marketed as a “supplement”, similar to a vitamin that would give you energy and focus.

I was not told I would become dependent. I was not told it was a legal opioid (which I had never used in my life). It destroyed my life, my skin, my drive, my desire to do my favorite hobbies, and almost destroyed my marriage. It gave me nose bleeds, high blood pressure, heart palpitations, panic attacks, severe depression, and uncontrollable vomiting. When I would go a few hours without drinking it, the piercing stomach pains and body aches deterred me from staying off. After a few years my personality began to fade, I became a shell of a person, and all I could think about was having my next dose of kratom.

I had never withdrawn from anything in my life and withdrawing from kratom was one of the scariest, most agonizing times of my life. Some of my physical WD symptoms were severe body aches, the feeling of crawling in your own skin, restless legs, severe insomnia, cold sweats, diarrhea, headaches, lethargy, no desire to move or walk, and I can keep naming them. The physical lasted about 7 days. Once the physical subsided, the mental anguish began. My wife asked me to baker act her on day 10 and asked me to do a suicide pact. A woman who is a suicide advocate and has lost her uncle and two best friends to suicide. It was a very scary time, and I feared for the mental stability of myself and my wife. It was probably the most difficult 2 weeks of both of our lives. I was blessed to be able to work remotely for those two weeks and had it not been for that I probably would not have been able to get off. There was no way I could fathom being in my office with other people under those conditions. I even lost a few of my clients, but it totally was worth every moment.

My wife and I have been off for a little over 6 months and feel amazing! We are feeling like ourselves again, our drive came back, our motivation came back, the zest for life came back, the finances are better, and most importantly our marriage is amazing. We are part of a new organization called kratomquitters.com where there are resources for people trying to get off kratom. We host meetings every night (all volunteers), provide different supplement options for the withdrawals coming off kratom, we have a 24/7 support chat, podcasts of people telling their stories on kratom and getting off. These meetings and the support chat really saved us through those first two weeks of withdrawals and helps us stay off kratom now by helping others who are in the early days, and the constant reminder of how those first two weeks felt in helping those newcomers who are struggling. When my wife and I joined the support chat just 6 months ago, there were 50 people. Now there are almost 300 people from all walks of life struggling to get off kratom. In the virtual meetings there were about 15-20 people a night, and now there are well over 40-50. We know people who were having seizures and have died from this substance, meanwhile it is being sold in its most potent form in every gas station and smoke shop in America. It will become the next epidemic if action is not taken now.

Christina Galindo

It's not a secret, I'm an addict. I've quit a lot of things in my life. Alcohol was tough. Benzos a little more difficult. Heroin fuckin hard. Cigarettes well I'm still vaping so eh that's up in the air. But kratom is a whole new beast. This was the worst and hardest detox of my life thus far (hopefully forever). This is a demon I never imagined I'd be fighting. Fresh out of prison and 3 1/2 years off heroin, I walked back into my 'safe space' aka a kava bar. There was a new drink on the scene called 'kratom' which would give me energy and take my pain away- it was perfect. Until it wasn't. Unlike most other addictive substances, kratom is a slow burn, it's discrete and subtle. During my kratom addiction, I lost my uncle and my two best friends to suicide. As I suffered each loss, my addiction escalated. During my 8 year addiction, I experienced severe hair loss, adult acne, frequent panic attacks, had bloodwork done many times because I thought I was going through menopause due to my cycle being so off, spent more money than I care to admit, my wife and I talked about divorce frequently as kratom was destroying our marriage and we talked about quitting kratom every single day for nearly three years before we made the decision to do it. I watched a friend have a seizure from kratom. I rode in the ambulance. I heard the doctor tell her it was from kratom. Yet I still sat there in the hospital drinking my kratom. I had been using kratom daily for 8 years and the last 8 months I was only using extracts. The physical withdrawals I felt in the first week were unexplainable from not being able to keep anything down, either vomiting or diarrhea, restless legs, extreme fatigue, headaches, nausea, etc. Once the physical withdrawals subsided is when the mental aspect kicked in. A mix of debilitating anxiety, crippling depression and hours of crying. On day 10, I asked my wife to baker act me. I felt like a prisoner in my mind. I then asked her to do a suicide pact which is the most shocking part of all. I didn't start to feel normal until about 30 days in. I am now over 6 months off kratom and I've got my life back. I've got my health back. I've got my mind back. I'm getting my hair back. My skin has cleared up. My cycle is normal. My marriage is the most healthy it's ever been. In just 6 months, I've began a new career, I've been heavy involved in a quitting kratom community. My wife and I host meetings weekly and are on the board which we are in the process of becoming an org. We moved from South Florida to Georgia, a move we had wanted for years but couldn't afford or even find the time to do. None of this would have happened if I was still using kratom.

Kelly Rinaldi

Testimony in Favor of Kratom Regulation

My name is Christopher Deaney, and I am here today to share my personal story and advocate for reasonable kratom regulations instead of a ban. Kratom tea has been a lifeline for me, helping me manage chronic pain and improve my quality of life when nothing else could.

When I was just 8 years old, I was in a devastating car accident that left me with severe injuries, including damage to my knees that required multiple surgeries. Over the years, I endured chronic pain that affected every aspect of my life. I tried countless treatments, from physical therapy to prescription pain medications, but none provided lasting relief. Worse, some medications brought side effects that left me feeling detached and unwell.

In 2015, I discovered kratom tea. Initially, I was skeptical, but I was desperate for a solution that would allow me to live my life without debilitating pain. I began using plain leaf kratom powder, prepared as a tea, and the results were transformative. For the first time in decades, I experienced significant pain relief without the side effects I had endured with traditional medications. Kratom not only helped with pain but also improved my overall sense of well-being and allowed me to reclaim my life.

I understand the concerns surrounding kratom, but banning this natural plant is not the answer. Like any substance, kratom should be regulated to ensure safety and quality. Standards for labeling, testing for contaminants, and age restrictions are essential to protect consumers. Responsible regulations can ensure that people like me, who genuinely benefit from kratom, can continue to access it while minimizing risks.

Kratom has been a beacon of hope for millions of Americans dealing with chronic pain, anxiety, and other challenges. I urge policymakers to consider the positive impact it has had on lives like mine and to focus on regulation rather than prohibition. By working together, we can create a framework that ensures safe access to kratom while addressing public health concerns. A ban would strip away an invaluable tool that has allowed me to live a fuller, healthier life—and many others would lose the same opportunity.

Thank you for listening to my story and for considering a balanced approach to kratom policy.

**STATEMENT ON HB 1101 THAT WOULD CLASSIFY KRATOM
AS A SCHEDULE 1 SUBSTANCE**

James W. “Jim” Carroll

Former Director of the White House Office of National Drug Control Policy (ONDCP)
President Donald J. Trump

I respectfully submit this statement in opposition to HB 1101 that would classify kratom as a Schedule I Substance in North Dakota.

During my early tenure serving President Donald J. Trump in the White House as the director of the White House Office of National Drug Control Policy, like many of you, I had not heard much about kratom at all. But it came to my attention in 2018 when the U.S. Food and Drug Administration (FDA) presented its recommendation to schedule kratom and its compounds, mitragynine and 7-hydroxymitragynine, as Schedule I substances.

The mandate that I had received from President Trump was twofold: (1) Do all that I could to protect the American people from the distribution of illicit drugs; and (2) Do everything possible to provide support for those Americans who are struggling with opioid addictions and exposure to adulterated and highly dangerous drug substances to reduce opioid overdoses.

In that context, FDA's recommendation to schedule kratom was of significant interest. What I did learn next speaks to the reality that even highly respected agencies like the FDA can, and do, sometimes get it wrong. In the case of kratom, they got it badly wrong.

I sought the advice and counsel of my colleague and fellow Trump presidential appointee at the U.S. Department of Health and Human Services, Assistant Secretary for Health, Brett Giroir, M.D., on his views of the FDA's recommendation on scheduling of kratom. Dr. Giroir's review of the evidence and data that the FDA was presenting in support of its recommendation for scheduling resulted in the formal withdrawal of the recommendation from the Drug Enforcement Administration, and Dr. Giroir delivered a stinging rebuke to the FDA on what he characterized as “embarrassingly poor evidence and data and a failure to consider the overall public health.”

Among other significant deficiencies in its effort to schedule kratom, the FDA failed to recognize the potential value that kratom holds for those that struggle with opioid addictions, and that was highlighted in our discussions with the director of the National Institute on Drug Abuse (NIDA), Nora Volkow, M.D. NIDA has invested more than \$100 million into research on kratom, and their preliminary findings support the belief that kratom can be an effective tool in dealing with the scourge of opioid overdoses that plagues our nation where more than 100,000 of our citizens have died from overdoses using illicit drugs.

What is very clear is that the FDA's characterization of kratom being a contributing factor or the cause of those deaths is simply wrong. The responsibility that I held in serving President Trump was one that I took seriously, and the foundation of that responsibility was to make certain that the public policies we promulgated were based on good science and in protecting vulnerable populations.

I urge you to hear the voices of those individuals who have benefitted from the use of kratom. I strongly encourage the North Dakota legislature to consider that the FDA has this long-standing bias against dietary and botanical supplements and look to the more responsible approach that has been adopted by NIDA that allows for expanded research into kratom because it is a potentially valuable tool that can actually save lives.

It is equally important that you recognize that the overwhelming scientific evidence demonstrates that more than 20 million Americans are safely consuming kratom that is responsibly manufactured and properly labeled, and that is restricted from minors. The reasons why people consume kratom includes those who simply replace a cup of coffee in the morning for its energy boost and increased focus, some who seek relief from anxiety and depression, and those dealing with acute and chronic pain issues.

Enacting a ban that would inevitably create a more dangerous black market that would allow for highly adulterated kratom products, including those that are mixed with illicit drugs, poses a real safety risk to North Dakota consumers that is not, in my opinion, good public policy.

It is my recommendation that the North Dakota Legislature consider enacting a regulatory framework that is embodied in legislation that has been enacted in 13 states known as the Kratom Consumer Protection Act.

While I was unable to arrange my schedule on such short notice to attend today's Hearing in person, I hope you will consider my comments in this statement and would welcome the opportunity to discuss my views on this issue personally with any one of you who would like to contact me.

James W. "Jim" Carroll
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*Dear legislators of North Dakota. I am asking for your support in passing HB 1101 on January 13th.

My son recently died from taking kratom. Kratom is unregulated and is readily available for purchase in convenience stores. Kratom should be classified as a drug not as a nutritional supplement. My son was a chronic user of kratom and was physically addicted. He tried many times to quit,,even seeking help from his physician. I am appaled most health care professionals know very little or nothing at all about the dangers of KRATOM. I am horrified that this deadly, very addictive substance can be purchased so easily. My son died from this poison,,,he thought it was safe. After my son's death I tried to learn as much as possible about kratom. Below I have listed some facts that are the truth about kratom. Please don't be persuaded by Mac Haddow and his lobbying group, American Kratom Association.

- Much remains unknown about how to safely consume kratom and people are left on their own to determine product safety. Product labeling lacks dosing instructions, potency, or warnings about possible interactions with other drugs or warnings about existing medical conditions.
- Kratom businesses compete with luring marketing messages like “natural”, “organic”, “supplement”, ..boasting about “therapeutic benefits.”
- There are no non-bias scientific studies to back the claims of kratom’s therapeutic benefits.
- Scientist are currently trying to determine how and why people are dying from kratom.
- Chronic use can cause physical and psychological addiction. Kratom has been linked to seizures.
- There is no widely recognized diagnosis for “kratom use disorder,” and if you’re lucky enough to find a treatment facility, kratom withdrawal is treated with Suboxone which is a drug used to treat people trying to withdraw from opioids. (This fact alone makes it a no brainer that HB 1101 should be passed)
- There are no laws at the federal level requiring companies to alert people to the risk of combining kratom with other substances or warnings about existing medical conditions.
- Kratom is basically unregulated by the FDA, leaving consumers on there own to determine its safety.

Please support HB 1101 to keep the people of North Dakota safe.

Respectfully, Susan Cave

North Dakota State Senate
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Members of the North Dakota State Senate,

My name is Jennifer Brandt, and I am writing to you as a licensed pharmacist with over two decades of experience, having worked on the frontlines of the opioid epidemic. I have counseled grieving families, supported those impacted by addiction, and witnessed firsthand the devastation caused by dangerous, unregulated substances.

I urge you to take bold and compassionate action by supporting legislation to classify kratom as a Schedule I controlled substance in North Dakota. Kratom is not a harmless herbal supplement—it is a public health threat with opioid-like properties and life-threatening risks.

The Facts Are Clear and Growing More Concerning:

The dangers of kratom, particularly its active compound mitragynine, continue to be evident in recent data

- *1,391 safety reports* have been filed with the FDA Adverse Event Reporting System concerning mitragynine (kratom's primary alkaloid).
- *Drug abuse, drug interactions, and death* top the list of these reports, emphasizing the severity of the risks.
- Poison control centers received *1,489 emergency calls* related to kratom exposure in 2023 alone—1,489 moments where lives were in crisis. This does not include the hundreds of providers asking how to treat mitragynine withdrawal.
- The CDC reported *1151 overdose deaths* where kratom was detected in postmortem toxicology in the United States in 2023, indicating a growing national crisis.
- Documented adverse effects include *seizures, liver damage, heart failure, respiratory depression, and death*.

These figures represent real people and shattered families—devastating losses that could have been prevented with stronger regulation.

Kratom Is an Opioid-Like Substance with Deadly Risks

Despite being marketed as a “natural” alternative, kratom affects the brain similarly to heroin and fentanyl, binding to opioid receptors and carrying significant health risks:

- *Severe withdrawal symptoms* similar to those seen with opioids.
- *Respiratory failure* at high doses or in combination with other substances.
- *Lethal outcomes*, particularly when mixed with other medications.

Yet, kratom is still sold in bright, candy-like packaging with no warnings about its addictive properties or lethal risks—packaged to attract young people with reckless marketing tactics.

The FDA's Hands Are Tied Without State Action

The FDA has taken steps to control kratom, including issuing Import Alert 54-15, restricting its import due to health risks. However, the FDA cannot ban kratom outright because it was never approved as a safe substance under federal law and unlike prescription drugs, no

manufacturers have submitted a new drug application for mitragynine. Regulatory loopholes continue to allow it to remain widely available, despite clear evidence of harm.

This Is About Public Safety, Not Limiting Personal Freedom of the 2 Million Users in the United States.

No family should have to bury a loved one due to misinformation and deceptive marketing. The goal is not to restrict freedom for the 0.6% of the US population using kratom but to prevent avoidable deaths and protect public health.

You Have the Power to Act Now

As elected officials, you have a profound responsibility to protect the citizens of North Dakota. I urge you to support legislation that classifies kratom and its active compound, mitragynine, as a Schedule I controlled substance. This action would

- Prevent further avoidable deaths and overdoses.
- Reduce drug abuse and dangerous drug interactions.
- Protect young people from targeted, deceptive marketing practices.

*One more preventable death is too many.
One more shattered family is too many.*

For more information, I encourage you to explore the work of Kratom Danger Awareness, founded by a mother who lost her son to kratom. Her tireless efforts remind us all of the urgency of this issue.

Please stand with families across North Dakota. Lead with courage. Protect our children. Protect our communities. Support the classification of kratom as a Schedule I controlled substance today.

Sincerely,
Jennifer Brandt

Hello distinguished board members,

While I do not live in North Dakota, I just wanted to send a short testimony and voice my opposition to the criminalization of Mitragynine, or Kratom. I had a near deadly addiction to benzodiazepines and alcohol many years ago and Kratom really helped me stop using both of those substances. I was able to start trail running and lifting weights and be present for my family with the help of Mitragynine. Please do not outlaw this plant. I would be in total support of an outlaw of extracts that go beyond the natural limit that is present in plain leaf Kratom, but the natural plant powder is not dangerous, in my opinion. Please consider enacting the Kratom Consumer Protection Act, like many states have already done successfully. Thank you for your time.

Chris Sedgwick
Colorado Springs, CO 80917
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I've had mental health, physical health and substance abuse issues since I was a teenager. Since finding kratom 7 years ago and regularly using it in low doses, my life and mood have stabilized. I was able to stop using other substances that made my problems worse. I no longer regularly miss work, my engineering career is back on track, and I'm a proud father of two and husband who shows up to life everyday.

Without kratom, my struggles would be much more difficult to fight against, and I, as well as those I love and interact with, would suffer for it.

Statement on the science of kratom products and their US regulation

Kratom (*Mitragyna speciosa* Korth.), refers to a tree with a long use history in its native Malaysia, Thailand, Indonesia, and other parts of Southeast Asia.[1] Kratom has received increased attention in the United States since US consumers first began using kratom in the early 2000s for the self-treatment of a variety of health conditions, including pain and some psychiatric symptoms. Since this time, kratom products have proliferated and are used not only to address pain or as a substitute for licit and illicit substances with high-risk profiles, but also to improve general well-being, increase energy, mood, and productivity, as well as for recreation.[2] In its native Southeast Asia, kratom has been used by chewing freshly picked leaves or brewing tea immediately after leaf harvest. The first written reports of kratom use in scientific literature appeared over 150 years ago stating the traditional medicine use to alleviate pain, decrease fatigue/increase stamina, and self-treat other ailments.[3] To this day, fresh kratom leaf is widely used. More recently in Southeast Asia, the fresh leaf has been used to ameliorate withdrawal symptoms from a substance use disorder, most commonly related to opioid, alcohol, or stimulants.[4] In the US, primarily dried leaf material (not freshly harvested) is used in a number of preparations and products.

The known science of kratom is centered on the presence of alkaloids (chemicals) which act on a variety of neurotransmitter systems to elicit a complex pharmacological profile. Mitragynine is the major alkaloid in kratom and because of this, it has been the subject of most scientific reports. There is a much smaller body of science around whole leaf kratom preparations and other individual alkaloids. Mitragynine acts on opioid, adrenergic, and serotonergic receptors, which is different than classical opioids, like morphine, that only act on opioid receptors.[5] As such, mitragynine is not a classical opioid, like morphine, but rather is unique in that it has partial agonist activity and relatively low abuse liability. To date, mitragynine and lyophilized kratom tea have not been shown to cause respiratory depression in animal models, which is a major concern of licit and illicit opioids consumed in the US.[6,7] The potential for mitragynine and kratom to serve as a medical blueprint for the treatment of substance use disorders has

been recognized by the National Institute on Drug Abuse.[2,8] Other kratom alkaloids exert diverse actions that may further explain the complex effects that kratom consumers report.

The native kratom leaf contains varying amounts of alkaloids that usually are present in amounts of 2-4% by weight. The primary alkaloid in many leaf materials is mitragynine, which is present on a percent weight basis ranging from <1.0% but usually not exceeding 2.5%.[9,10] The other alkaloids are present in major and minor amounts with paynantheine, speciogynine, speciociliatine, and mitraciliatine, all of which do present with pharmacological activity, accounting for most of the remaining alkaloids.

Mitragynine is metabolized in the human body to some degree into the active metabolite, 7-hydroxymitragynine.[11] This 7-hydroxymitragynine metabolite has been shown to be associated with relatively greater abuse liability than its parent mitragynine, as it is more potent than mitragynine and 3-22 times more potent than morphine at opioid receptors.[12–14] The pharmacology of 7-hydroxymitragynine appears to differ from mitragynine in that it only acts on opioid receptors, rather than multiple systems in the human body. It has been proposed that the amount of 7-hydroxymitragynine should be limited in products as it is found in very low levels in the native kratom leaf material and, indeed, many US products do not contain 7-hydroxymitragynine in detectable amounts. From a safety perspective, limiting the amount of both mitragynine, 7-hydroxymitragynine, and other alkaloids as has been done in most kratom-related state legislation, ensures that consumers are unlikely to experience adverse effects at commonly reported amounts of kratom ingestion.

With a diverse kratom product marketplace in the US, it is important to distinguish between products comprised predominantly of native kratom leaf material, which contains at a maximum 2.5% mitragynine as part of a total of 4% of alkaloids by weight, and kratom extract products with enriched alkaloids.

Extracts products that contain multiple times the amount of mitragynine and other kratom alkaloids than are present in the native leaf material may produce a higher risk profile of adverse effects than whole-leaf products although there is currently limited clinical evidence supporting this claim. Likewise, kratom products that are pre-mixed with other substances would confer a higher risk profile than kratom leaf

alone. Further, any semi-synthetic, isolated kratom alkaloid, and selective alkaloid rich fraction would, we believe, pose considerable risk in an unregulated product, and would no longer be considered as “kratom” in any meaningful sense of the term. Because native kratom leaf has a long use history in Southeast Asia, there are very few instances of major adverse effects reported, which is the basis for the differentiation between native leaf and kratom extract materials. In the years that kratom whole leaf and extract products have been sold in the US, there have been, to date, few clinical case reports of adverse effects. These include reports related to kratom-related morbidities, toxicities, mortalities, and those related to kratom physical dependence or substance use disorder. This is noteworthy given that US kratom consumers now number in the millions.[15–17] Of the cases that do exist, many are confounded by a variety of factors, including other health conditions and polysubstance exposure.

Surveys, case reports, ecological momentary assessment, and other forms of self-report indicate that the primary use of kratom products among US consumers is for relieving pain, anxiety, or mood-related symptoms (and improving mood generally), increasing focus and energy, and for a sizable subset of consumers as a short- and long-term replacement for substances which they believed caused them problems, primarily opioids and alcohol, and to a lesser extent stimulants.[18–21]

Like many psychoactive products (e.g., caffeine), kratom products can be habit-forming as indicated by users who consume large quantities of kratom with greater frequency over an extended period of time.

The severity of physical dependence is mild to moderate, and substance use disorder for kratom has been assessed as mild-moderate for those who meet criteria according to the Diagnostic and statistical Manual of Mental Disorders (DSM-5) criteria.[22] Note that a majority of kratom users do not develop a use disorder; those that use kratom regularly and develop physical dependence can manage this and their kratom consumption despite a lack of proper dosing instructions on most kratom product labels. Indeed, we have not seen clinically concerning hallmarks of addiction in the samples of consumers we and others have assessed.[23]

Because of the various kratom products on the market without Federal regulation or appropriate oversight of the US Food and Drug Administration (FDA), it is important to ensure consumers have access to kratom products that are adequately labeled to inform their consumption. As such, legislatures should require adequate labeling of kratom products according to the FDA and the US Federal Trade Commission (FTC) guidances for dietary supplements. Such labeling should include at a minimum: address and name of manufacturer or distributor, a list of all ingredients, the total amount of kratom material per serving, how many servings per container, an expiration or best before date, a statement about how products may be habit-forming with frequent or heavy use, a statement that consumers should consult a healthcare professional prior to kratom consumption, a statement that kratom use is not advised during pregnancy and lactation or by a person who is taking prescription medications. Sales of kratom products should be limited to consumers 18 years and older. The amount of mitragynine, 7-hydroxymitragynine, and total alkaloids per serving should be included on the label as well as a statement that the product contains no semi-synthetic kratom-derived alkaloids. Lastly, the FDA has established guidance documents on proper labeling and good manufacturing practices for dietary supplements that can be adapted for kratom products. Good manufacturing practices (GMP) encompasses adequate documentation of sourcing of materials, adherence to established analytical principles, and organization of facilities and personnel to adhere to regulatory requirements. All kratom products should adhere to GMP.

To conclude, we write this with the recognition that considerably more investment in scientific research is needed to better understand kratom, both as the naturally growing botanical and kratom-derived product formulations. Likewise, more research is needed on kratom's effects on humans. Our statement is based only on data to date. However, based on the currently available scientific and public health knowledge about kratom, we believe that US adults should have access to kratom products that are regulated, ideally along the lines we have noted above, and that investments are made by state legislatures not only in

passing kratom regulations, but enforcing them. Finally, this statement does not necessarily reflect the views of any institution that we work for.

April 2nd 2024

Respectfully,

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Understanding Kratom:

A Comparative Safety and Risk Analysis



Introduction

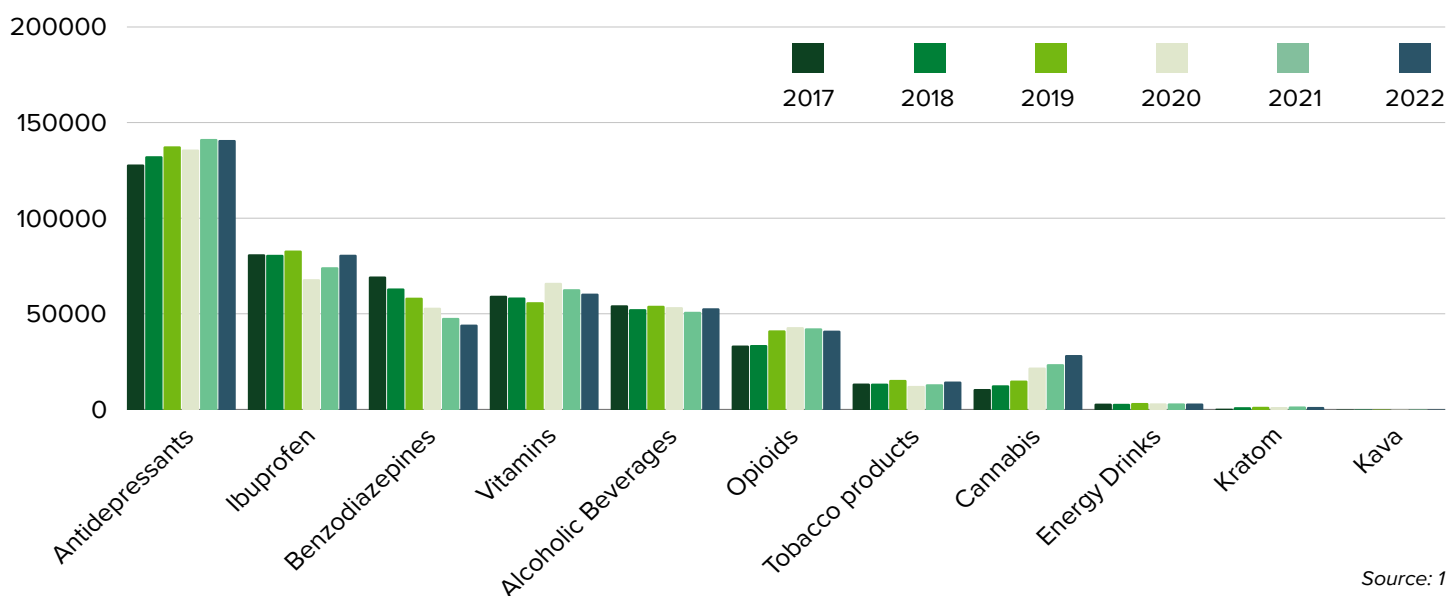
All substances have the potential to cause consumer harm and it is important to understand the relative risks of experiencing harm when making personal decisions of products to use or formulating health policy for a population of people. By using publicly available data of adverse events reported to the Food and Drug Administration (FDA), poison control center calls, and data on prevalence, severity, and symptom endorsement of Substance Use Disorder (SUD) criteria as defined by the Diagnostic and Statistical Manual Version 5 (DSM-5), we can assess the risk profile of kratom relative to other substances. This paper will inform consumers regarding the safety and potential risks of kratom use by comparing it to a variety of legal and illicit substances.

Analyzing Reported Adverse Events: A Comparative Assessment of Kratom's Physical Impact

The American Association of Poison Control Centers (AAPCC) is an objective source of adverse events associated with different substances. Between 2017 and 2022, calls to Poison Control Centers regarding kratom were significantly fewer compared to other substances, such as opioids and alcohol. This shows that kratom is less likely to cause acute health emergencies.

Poison Center Calls Per Substance

2017 - 2022



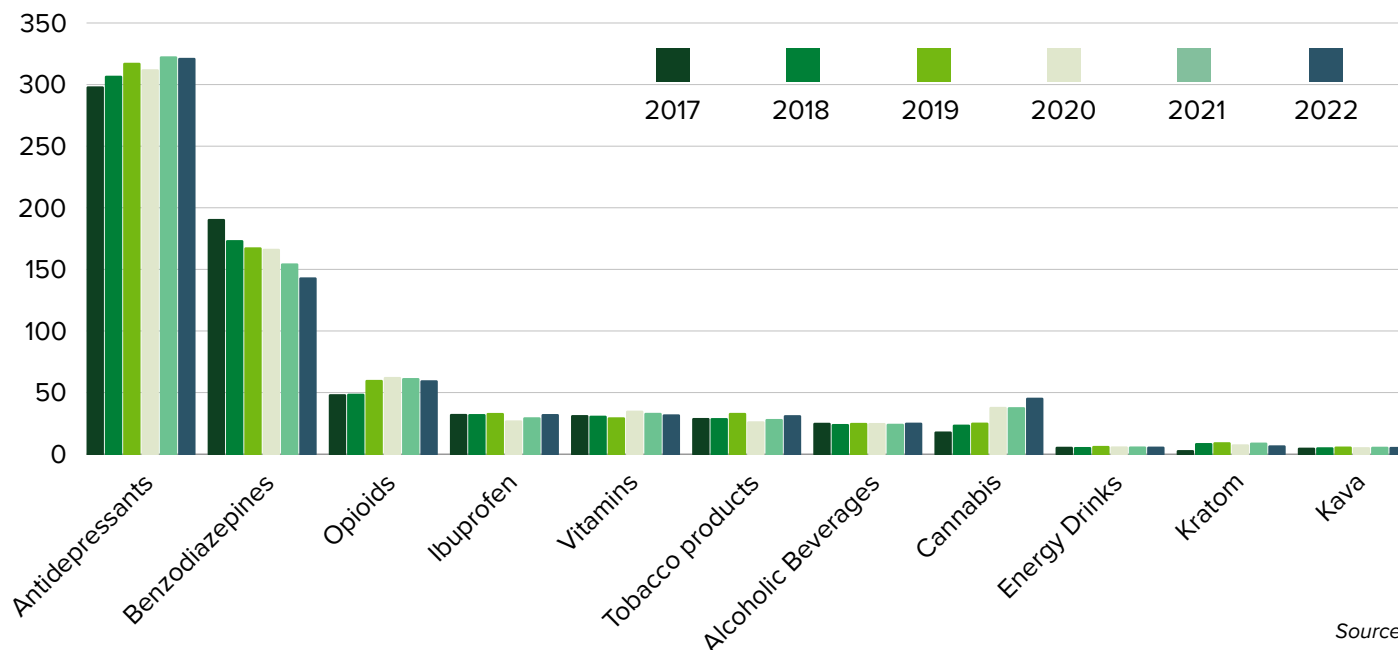
Source: 1

Some substances are used more commonly than others and may have more reported adverse events but fewer events per user. As such, dividing the calls by the number of users in the United States is an important additional metric.

Analysis of poison control center calls from 2017 to 2022 reveals that kratom-related incidents are considerably lower than those for opioids and alcohol. This low incidence rate suggests that kratom is less likely to cause immediate health crises.

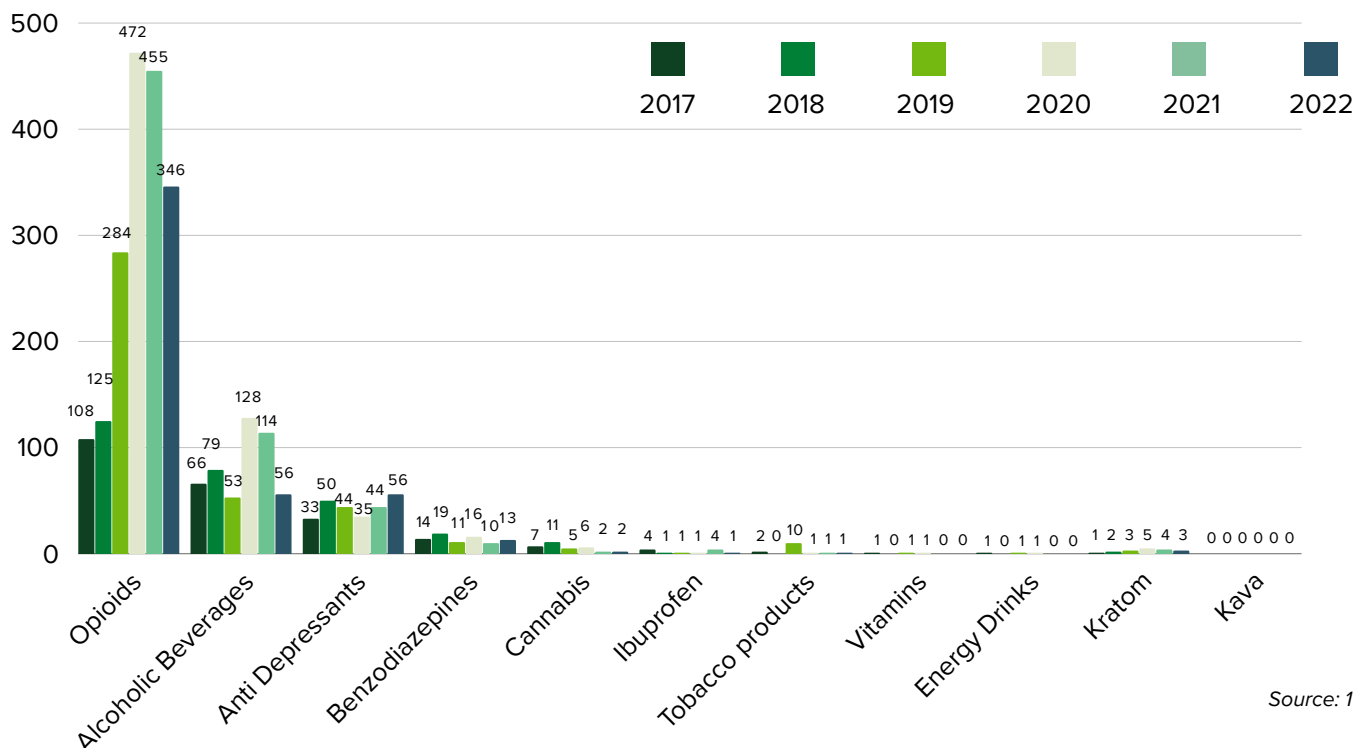
Poison Center Calls Per 100K Users

2017 - 2022



Poison Center Calls Deaths Per Substance

2017 - 2022



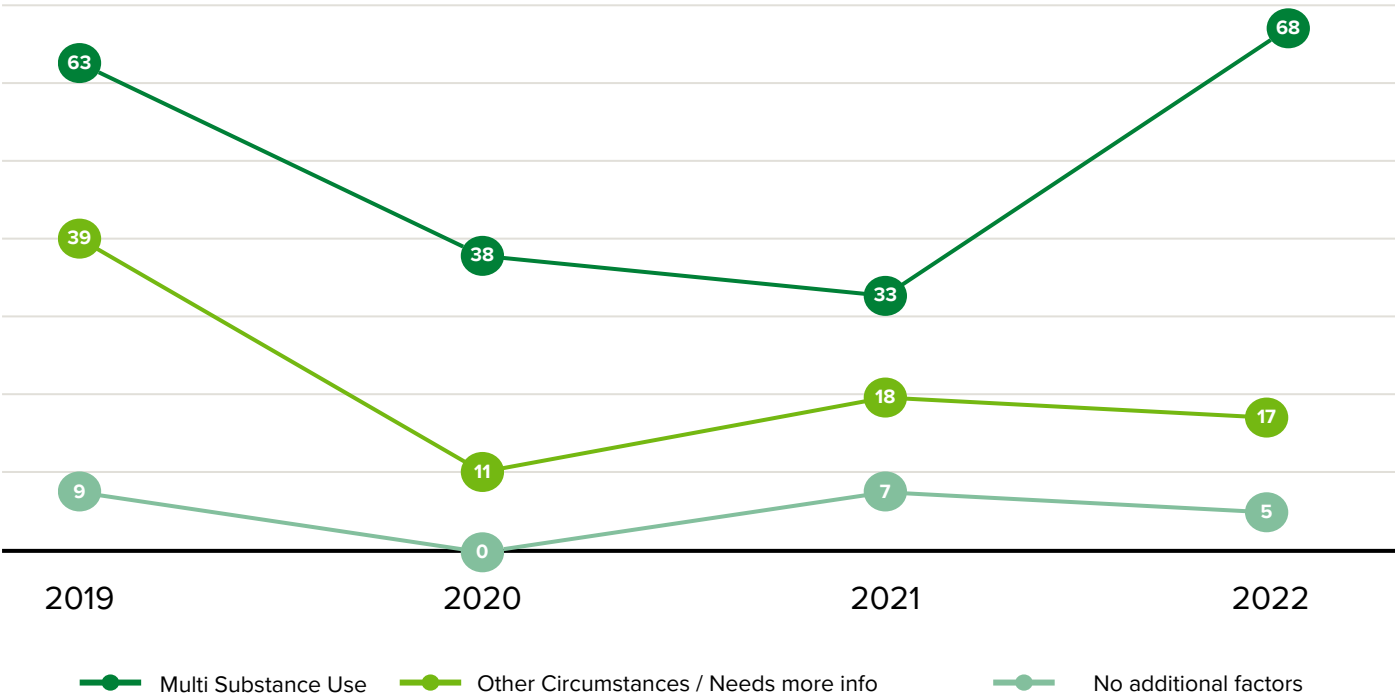
Even when kratom is associated with a death, there are frequently other substances being used in the patient at the same time. The extent to which kratom was the cause, a contributor, or an innocent bystander can often not be determined in these cases.

The data on deaths associated with substance use further supports kratom's relative safety. Upon review of the FDA Adverse Event Reporting System (FAERS) between 2019 to 2022, it is clear that most cases that involved death involved multi-substance use.

Kratom has a relatively low mortality rate, which suggests a lower level of risk, and data from the FDA Adverse Event Reporting System (FAERS) shows a decrease in deaths only involving kratom from 2019 to 2021. This evidence together highlights that kratom's risks, though present, are much smaller than those of many other substances.

Kratom-Involved Death Analyses

2019 - 2022

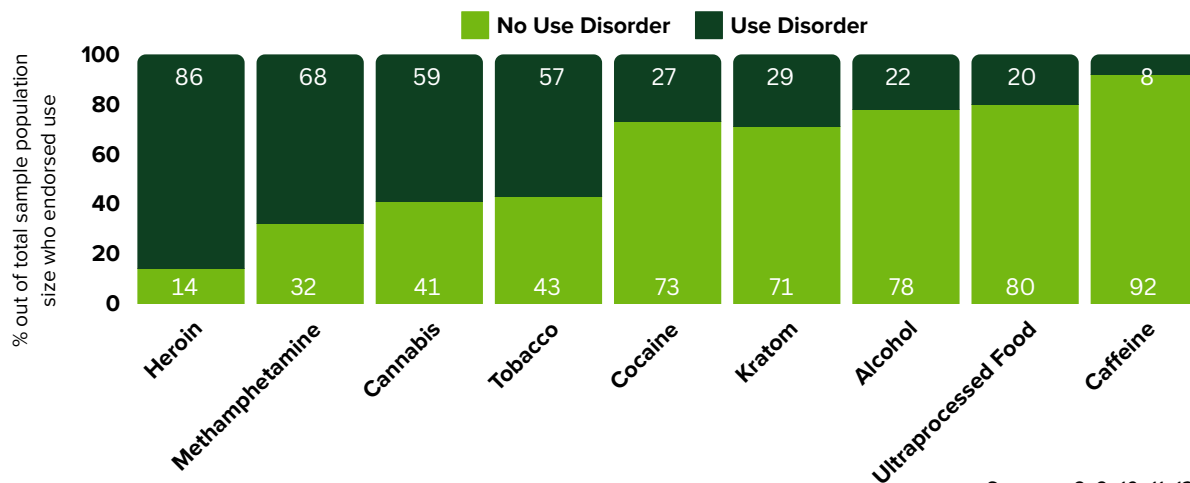


Source: 5

Substance Use Disorder Data

Prevalence

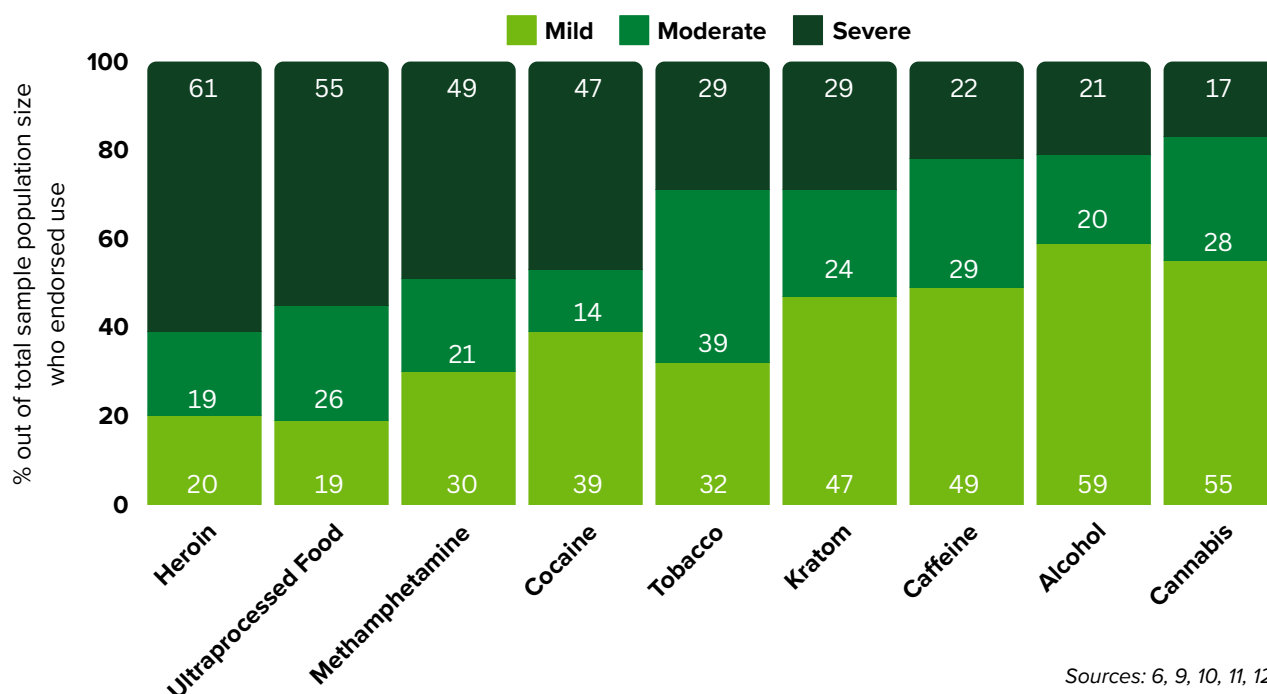
The DSM-5 criteria for Substance Use Disorders (SUD) provide a structured approach to understanding addiction across various substances. Heroin exhibits a high prevalence of SUD, with 85.79% of users developing addiction and 61.00% of these cases classified as severe. Similarly, methamphetamine and opioids show high prevalence rates of 67.50% and 68.59%, respectively, with substantial portions of users experiencing severe addiction.



Sources: 6, 9, 10, 11, 13

Severity of Substance Use Disorders

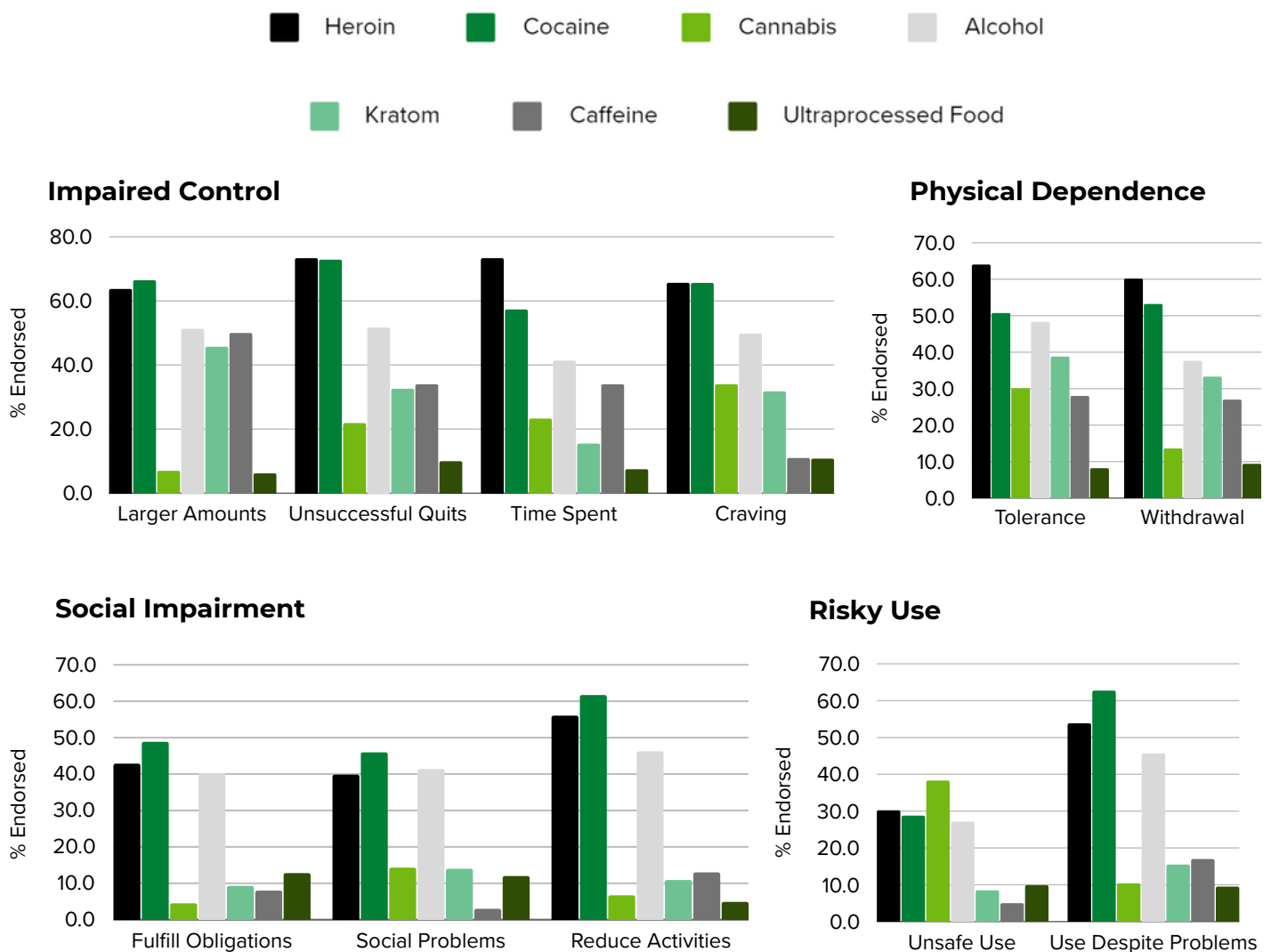
In stark contrast, kratom presents a lower SUD prevalence of 29.50%. The severity of SUD among kratom users is typically less intense. Only 28.81% of kratom users experience severe SUD, while a majority, 47.46%, fall into the mild category. This distribution shows that kratom, while potentially habit-forming, is less addictive than more dangerous substances. Its addiction profile is more akin to that of caffeine, which is legally consumed worldwide and known for its mild addiction potential.



Sources: 6, 9, 10, 11, 12

Substance Use Disorder Data Continued

Examining the symptom endorsement data from the DSM-5 helps provide a clearer picture of how different substances impact users. Impaired control, social impairment, risky use, and physical dependence are the key categories considered. Impaired control involves using larger amounts or for longer durations than intended, repeated unsuccessful attempts to quit, and significant time spent on substance use. Social impairment highlights the negative consequences on personal relationships and responsibilities, while risky use emphasizes the dangers of consuming substances in hazardous situations. Physical dependence, characterized by tolerance and withdrawal symptoms, underscores the physiological impacts of a use disorder.



Sources: 3, 4, 7, 9, 10

Kratom, while it can lead to SUD, tends to show symptoms more aligned with physical dependence and impaired control rather than risky use and social impairment; this contrasts with substances like heroin, cocaine, and alcohol, which exhibit high levels of social impairment and risky use. Therefore, while kratom is habit-forming, it does not represent the same level of societal risk as substances that have caused widespread social harm. Many users report that kratom, despite its habit-forming properties, is beneficial to their daily lives, which further aligns its profile closer to substances like caffeine and alcohol rather than illicit drugs.

Conclusion

As the data illustrates, kratom has some physical impacts and can be habit-forming, but its risk profile is significantly lower compared to many other substances. Kratom's safety and addiction potential are more closely aligned with commonplace substances like caffeine and alcohol rather than highly addictive drugs like heroin and methamphetamine.

Understanding these risks in the context of individual consumption patterns and risk profiles is crucial. This knowledge enables more informed decision-making regarding substance use. By considering comprehensive data on kratom, individuals and policymakers can better assess its place within the broader spectrum of substance safety and addiction potential. Ultimately, these insights can help develop balanced public health policies and promote safer consumption practices.

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12 January 2025

North Dakota House Judiciary Committee Testimony - Global Kratom Coalition Opposes HB 1101

Dear Members of the House Judiciary Committee,

My name is Matthew Lowe. I am the Executive Director of the Global Kratom Coalition, an alliance of consumers, experts, and industry leaders seeking safe and regulated kratom products. Our mission is to advance scientific research, encourage consumer education, and serve as a resource for key stakeholders and decision makers in legislative and regulatory matters.

I, and members of the Global Kratom Coalition, respectfully oppose HB 1101 which would schedule mitragynine as a controlled substance in the state of North Dakota.

Kratom is a botanical substance from Southeast Asia with centuries of safe, traditional use that's grown in popularity in recent years. Today, 24 million people in the U.S. report consuming kratom for mood enhancement, energy and general wellness.

With its popularity, there is naturally increased attention from lawmakers about its potential benefits as well as drawbacks. Currently, 13 states in the U.S. have passed legislation to regulate products and only 6 states prohibit kratom. There has not been a new kratom ban in the US since 2017 as the science that has developed since then does not support the ban of this botanical.

We agree that legislative action needs to be taken, however we support implementing laws that establish age limits, good manufacturing practices, serving size guidelines, clear product labeling and the restriction of synthetics or manipulated products. The Global Kratom Coalition views these measures as critical to maintaining a safe and trustworthy market for consumers. This view is ratified by the leading kratom scientists in the USA in an April 2024 statement titled "Statement on the science of kratom products and their US regulation".

However, we oppose outright bans on kratom at the local and state level. Based on the evidence of other banned substances, we believe this prohibitive action will only drive the market underground and create a prolific black market. In the absence of available products, consumers will switch to different, potentially more dangerous products. Lastly, the good actors in the industry who respect the law will leave the state, and only those actors who do not follow the law will remain. Together these actions will result in an unsafe environment and the need for significant and costly enforcement from authorities.

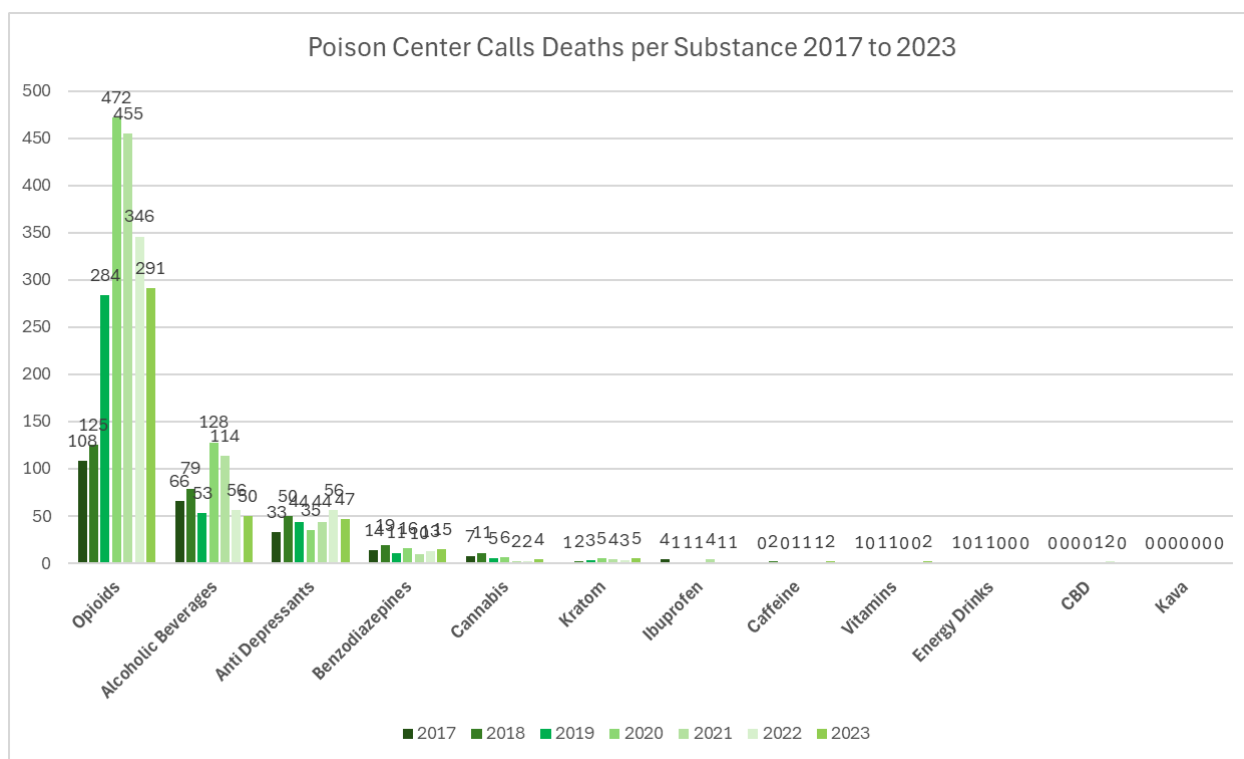
Kratom Research

There is simply too little evidence of adverse impacts of kratom to warrant a ban. In fact, U.S. government data from Poison Control Centers on multiple substances to which kratom is often

compared, demonstrates the relative harm of legal substances compared to kratom. Research – based on consumer insights and scientific academic data - is also revealing the enormous promise of this botanical substance.

Chart 1.

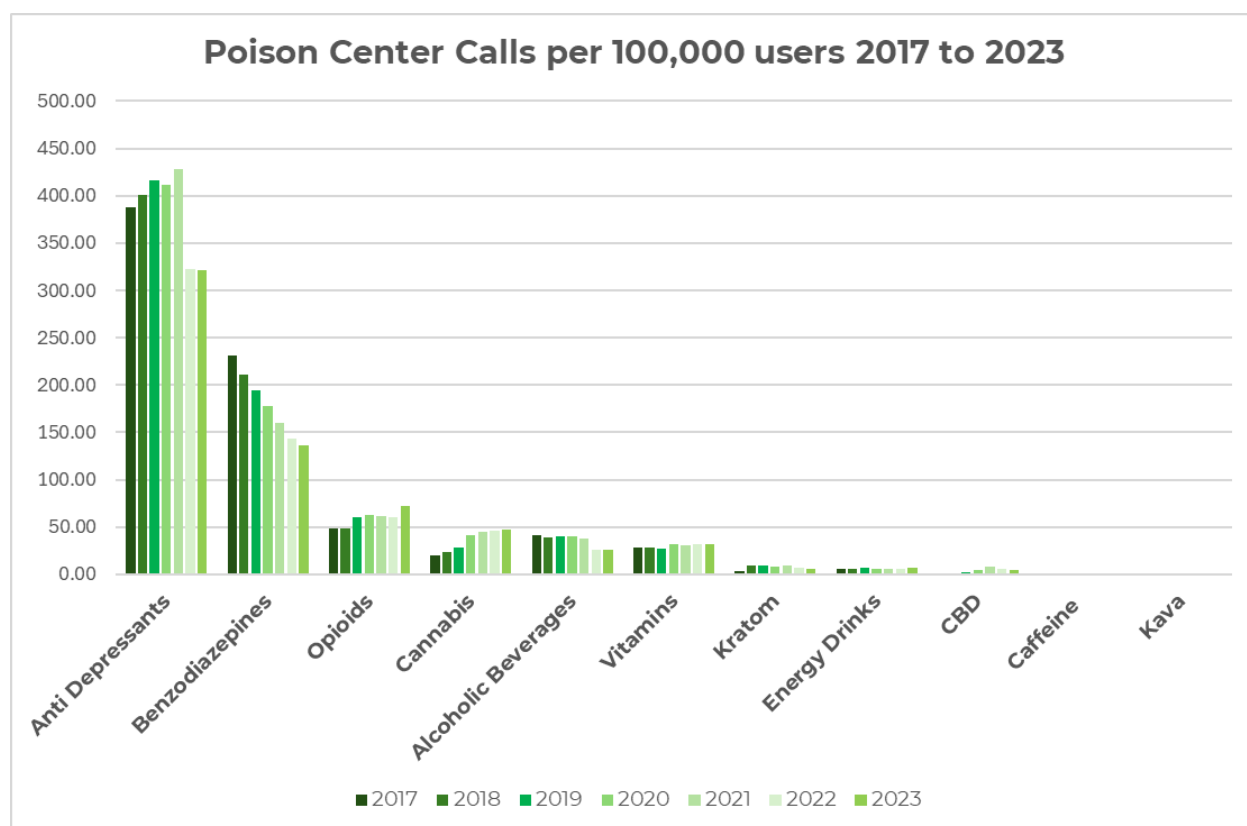
Last week, on January 3, 2024, the U.S. Poison Control Center released data which illustrates the relative risk of kratom compared to other misused substances. As the table below shows, the relative safety of kratom is more akin to energy drinks and caffeine. Scheduled substances like opioids, show a much greater rate of reported calls.



David D. Gummin, James B. Mowry, Michael C. Beuhler, Daniel A. Spyker, Laura J. Rivers, Ryan Feldman, Kaitlyn Brown, Nathaniel P.T. Pham, Alvin C. Bronstein & Carol DesLauriers (17 Dec 2024): [2023 Annual Report of the National Poison Data System® \(NPDS\) from America's Poison Centers®: 41st Annual Report, Clinical Toxicology](#). DOI: 10.1080/15563650.2024.2412423

Chart 2.

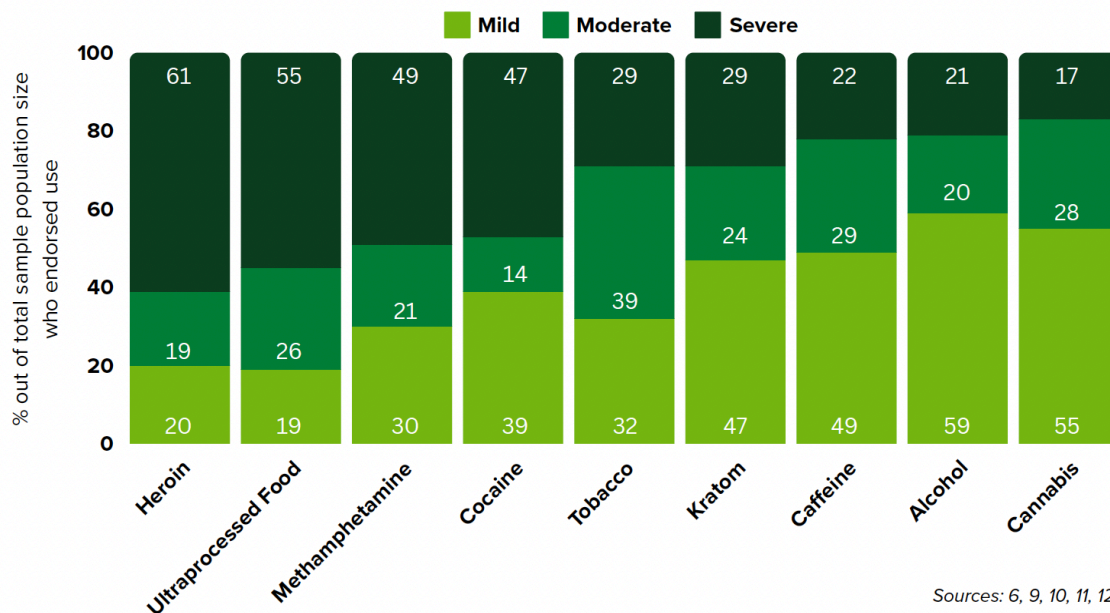
For a fair comparison, when the Poison Control Calls are normalized per 100,000 users, the data shows standardized view of the relative risk of kratom across different time periods and proportional risk compared to other substances. Kratom was shown to be far below prescription medications, cannabis, alcohol and even vitamins and more in line with energy drinks.



David D. Gummin, James B. Mowry, Michael C. Beuhler, Daniel A. Spyker, Laura J. Rivers, Ryan Feldman, Kaitlyn Brown, Nathaniel P.T. Pham, Alvin C. Bronstein & Carol DesLauriers (17 Dec 2024): [2023 Annual Report of the National Poison Data System® \(NPDS\) from America's Poison Centers®: 41st Annual Report, Clinical Toxicology](#), DOI: 10.1080/15563650.2024.2412423

Chart 3.

According to a meta-analysis of data from the U.S. Department of Health and Human Services and peer-reviewed academic scientific journals regarding Substance Use Disorder, kratom is shown to be habit forming. However the severity of Kratom Use Disorder is mostly mild to moderate. This shows that whilst kratom can be habit forming, its use disorder profile is similar to caffeine which is legally consumed worldwide and is known for its mild addiction profile.



Global Kratom Coalition, [“Comprehensive Report on Substance Use Disorders: Prevalence, Severity and Symptom Endorsement”](#), August 2024

To be certain, more research can and will be done regarding kratom, and regulations would benefit consumers, but science and long-term history of safe use in South East Asia and in the U.S. do not merit a blanket ban.

Regulations Address Areas of Caution

Regulations are a better alternative by providing consumer protections, eliminating dangerous synthetic and manipulated products, whilst maintaining access to a botanical that most of the 24 million people in the U.S. are using in a responsible and safe manner.

A critical part of the legislative process is to ensure decision makers have the science and data in order to make an informed decision. A foremost concern with kratom is the fact that not all kratom is equal. For example, synthetic products that contain high levels of 7-hydroxymitragynine (7OH) and other unknown new chemical entities. These products, known as “7,” contain over 100 times more 7OH than natural kratom and lack the full spectrum of kratom’s other alkaloids. Also, the synthetic process introduces at least eight unidentified chemical compounds. These products should be properly prohibited as unapproved new drugs, distinct from natural kratom which is a dietary ingredient.

Call for North Dakota to Pause on Kratom Legislation

Today, we urge the North Dakota House to pause on a decision on any legislative action involving kratom. We believe this legislative body owes it to the thousands of kratom consumers who live in North Dakota to give the scientific, advocacy, and consumer stakeholders the opportunity to share information and personal insights about kratom.

I thank the North Dakota House Judiciary Committee for their concern for the state's residents. I would welcome the opportunity to bring additional scientific studies, factual reports, and expert witnesses to your attention. I look forward to serving as a resource in the near and long term.

Best regards,

m lowe

Matthew Lowe
Executive Director
Global Kratom Coalition

Dear legislators of North Dakota,

I am asking for your support in passing house bill 1101 on January 13th.

My neighbor died in April 2024 due to Kratom according to his autopsy. He was only 32 years old leaving behind a young daughter. So much suffering from something that is labeled as a natural, organic, therapeutic supplement.

Please support HB-1101 to keep safe the people of North Dakota.

Respectfully,
Sandra Davis

Dear legislators of North Dakota. I am for your support in passing HB 1101 on January 13th.

My son in law recently died from taking kratom. Kratom is unregulated and is readily available for purchase in convenience stores. Kratom should be classified as a drug not as a nutritional supplement. Please support HB 1101 to keep the people of North Dakota safe.

Respectively, Lisa Sokol

Hello, I am writing in opposition to H.B. 1101. I realize the authors of this legislation have the best intentions in mind—there are definitely issues with certain kratom products on the market—but classifying it as a Schedule 1 substance would be a terrible mistake. I am writing on behalf of a close friend of mine who uses this product and who lives in Fargo; it has helped immensely with his pain and PTSD. Before he found kratom, he was on several opioid drugs that made him lethargic and unable to work; he could barely get off the couch. He found kratom and drinks it in a tea and it turned his life around. He is not “high” or intoxicated when he uses it; he’s just back to his old self. He is able to work and provide for his family again. Please do not take this away from people like him. An ideal solution would be stronger consumer protections, enforcing age limits, product testing, etc. Kratom itself is safe, but there are very bad actors in the marketplace enhancing their products with unsafe amounts of extracts or adulterants. These are the products that need to be removed from the shelves, not kratom itself. Please, I am asking you to think of people like my friend who rely on this product to function. Thank you for your time and God bless.

Dear legislators of North Dakota. I am asking for your support in passing HB 1101 on January 13th.

My brother recently died from taking kratom. Kratom is unregulated and is readily available for purchase in convenience stores. Kratom should be classified as a drug not as a nutritional supplement. Please support HB 1101 to keep the people of North Dakota safe.

Respectively, Scott Cave

I found kratom 8 years ago after being ill, but told it was all in my head, since 2000. It wasn't. After I found kratom tea I was able to have the surgery to prove my insides were all stuck together from adhesions. After a 3 hour surgery as soon as I could have anything by mouth, I stopped my IV and I drank my tea. It worked better and I was immediately able to get up, continued the crushed, tested tea until and after discharge. My nurses were shocked but pleased. We talked about this wonderful tea the rest of my stay. I often think about how many lives were saved from those conversations. I haven't looked back since.

It's made me be able to be functional and heal after.

It's the only thing that helps my interstitial cystitis, fibro and adhesion regrowth pain until I need them fixed again, its a continuous cycle.

I'm so relieved that I know if my drs say they will only give me Tylenol after surgery, I have natural options. My vender is in NJ and I'm in Delaware, but people deserve relief everywhere.

Please don't take our freedom away. My family just got me back.

Plain, tested, crushed leaf isn't a threat to anyone or anything, except recovery ctrs, pharma and specialists that rely on pharma kickbacks.

Thank you for giving us the opportunity to share not just our stories, but the science that remarks them up.

Venus Usher 302-983-3265



Shani Reismour NRP

Mya's Mission Foundation Inc.

Dear Members of the House Judiciary Committee:

My name is Shani Reismour. I have lived in North Dakota my whole life and have served our state as a Nationally Registered Paramedic for 20 years! I am writing in strong support of HB1101, a bill that seeks to make Kratom a Schedule I drug in North Dakota. To understand why this bill is crucial, we must reflect on the long-standing cycle of drug abuse in our country. This history has created a devastating pattern that continues to plague our communities, particularly in light of the modern opioid crisis.

The history of opiate abuse in the United States stretches back to the 19th century. It began with opium and morphine, which flooded the market as trade with China and other regions expanded. Opium was used to treat a range of diseases, particularly respiratory and gastrointestinal ailments, during a time when medical knowledge was limited, and opiates were one of the few effective pain relievers available.

A pivotal moment came after the Civil War, when many veterans who had suffered amputations or traumatic injuries became addicted to opiates. Shockingly, nearly 60-70% of the morphine addicts of the late 19th century were women. In 1898, Bayer introduced heroin, marketed as a safer alternative to morphine, but by the early 1900s, the dangers of opiates became more widely recognized. Despite efforts to regulate opium, heroin remained legal for some time, leading to its widespread use and eventual proliferation on the black market.

By the 1920s, heroin addiction was rampant, and efforts to combat its use were unsuccessful. During World War II, the U.S. government stockpiled opium for strategic purposes, inadvertently driving up demand on the black market. By the 1950s, addiction surged again, and Congress introduced mandatory minimum sentences for drug-related crimes. However, despite these efforts, addiction continued to spread, particularly in impoverished neighborhoods.

Fast forward to the late 1990s, when a new chapter of the opioid epidemic began. Pharmaceutical companies, led by Purdue Pharma, aggressively marketed prescription opioids, particularly OxyContin, as a safe and non-addictive solution for chronic pain. Purdue's marketing campaign downplayed the risks of addiction, falsely assuring doctors and patients that the drug was not habit-forming. By the time the truth came to light, millions of Americans were already addicted. Purdue Pharma's deceptive practices fueled the current opioid crisis, contributing to the overdose deaths of hundreds of thousands.

As the crisis deepened, patients who were initially prescribed prescription opioids began to turn to illicit alternatives, such as heroin and, later, synthetic opioids like Fentanyl. This new wave of addiction devastated communities and led to the widespread use of opioids in ways we had not

seen before. The opioid crisis exploded in the 2000s, and the resulting overdose deaths continue to climb.

This history of addiction and substance abuse is key to understanding the dangers of Kratom, a substance currently being used by individuals as a "replacement" for opioids. Kratom has gained popularity as a means of self-medicating opioid withdrawal symptoms. In large doses, it can mimic the effects of opioids, and its lack of regulation makes it an attractive option for those seeking to avoid detection. Law enforcement, healthcare professionals, and probation officers have all shared concerns about the rise of Kratom use, particularly given its presence in toxicology reports that come back inconclusive, even when individuals are visibly intoxicated.

As a paramedic with over 20 years of experience in North Dakota, I have witnessed firsthand the damage caused by Kratom. From sudden cardiac arrests to seizures to long-term damage to the liver and kidneys, the consequences are severe and heartbreaking. I have seen lives destroyed by this drug, and it is only growing worse.

On a deeply personal level, I know the pain of losing a loved one to a drug overdose. My daughter, Mya Lynn Schiele, tragically died 2.5 years ago from Fentanyl toxicity after unknowingly purchasing a pill on social media that she thought was Xanax. That pill, however, was pure fentanyl, and it took her life. I will never forget watching my colleagues zip up that body bag over her beautiful face—a haunting moment for any parent to endure, but especially for someone who had seen the effects of drugs throughout my career as a Paramedic. I never thought this would happen to my child. I have now dedicated my life to honoring the legacy of my daughter and doing whatever I can to prevent any other parent to have to experience the pain of burying a child. Right now many mothers and fathers are having to bury their children because of Kratom.

We hear about Fentanyl in the media daily, but we must take action before it's too late. We can no longer afford to be reactive. We cannot allow substances like Kratom to flood our communities. If we continue down this path, we will keep burying our children and loved ones.

The DEA has already issued warnings about Kratom, highlighting its lack of regulation and potential for harm. Opponents of HB1101 may have financial interests in the sale of Kratom, profiting off the pain and suffering of North Dakotans, much like the opioid crisis that was fueled by corporate greed and Purdue Pharma's deceptive tactics.

We need to be proactive and act now to protect our future. By supporting HB1101, we can take a stand against Kratom and safeguard the health and safety of North Dakotans. I urge you to support this bill, not just as a Paramedic, but as a grieving mother who knows firsthand the heartache caused by drugs. Let's stop this dangerous cycle before it claims more lives.

Thank you for your consideration.

Shani Reisnour

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North Dakota House of Representatives

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COMMITTEES:

Finance and Taxation
Energy and Natural Resources

House Majority Caucus Leader

13 January 2025

Mr. Chairman and members of the Judiciary Committee, I am Jeremy Olson, State Representative, District 26, representing most of McKenzie and Dunn Counties. I am the prime sponsor for HB 1101 at the request of my constituents who manage Providence House, an addiction treatment center in Western North Dakota. The goal of HB 1101 is to classify mitragynine, commonly known as Kratom, as a schedule I controlled substance.

By classifying it as schedule I, it prevents people from buying it at the local gas station, but it can be administered under the care of a medical professional as a schedule I controlled substance. Keep that in mind, please. As the presenters behind me will describe in more detail, Kratom is a substance that can be purchased easily, has an opioid-like effects, and has caused physical harm and death to people.

One other thing to consider, at the end of the day, it is often the government, either state or local, who ultimately pays the bill for the treatments of drugs such as Kratom, when the patient does not have insurance, which is often the case.

At this time, I would like to introduce McKenzie McCoy from Watford City and Amber Marquardt from Minot, to describe the need for this legislation in more detail and to answer any questions.

Respectfully,

Jeremy L Olson MBA, CSP
ND House of Representatives, District 26

jolson@ndlegis.gov

701-651-7486

To Whom it may concern,

I am a 64-year-old woman who wouldn't be able to do home and yard work without kratom. I just experienced property damage from a tornado. I would not have been able to remove limbs and tarp my roof without using kratom to help with the pain. I have had two major back surgeries and require at least one more. I have never been addicted to anything in my life except legal nicotine which I finally was able to recover from.

If you outlaw kratom, those that abuse it will move on to something else leaving people like me suffering needlessly. I believe this push to outlaw kratom, and other natural remedies is being pushed by big pharma.

I believe our Politian's are greed motivated and it has got to stop.

Sincerely,

Carol June King

January 7, 20025

Dear North Dakota Law Makers,

This is my testimony on Kratom and how it has made my life manageable but more importantly being here to write it had it not been for Kratom.

I do so under no duress, voluntarily and at my own free will write this letter to you. I currently reside in Florida, which is why I cannot attend, nor am I sure, I could in my physical condition if I lived near North Dakota.

My name is Glenn Shipe, I was a police officer, promoted to Sergeant, then an environmental criminal investigator for 17 years.

My Father a WWII Veteran in the U.S. Marine Corps, in the Pacific theater was my best friend. About 5 years ago as a result of severe back pain he took his own life. Tragically, I found him which affects me to this day.

A year later my beloved mother had a massive stroke in my arms. She passed overnight which had doubled the deep depression I was already in, three years after that my only brother was ice fishing, tragically he fell thru the ice and drowned. Mentally I was a mess.

Physically 25 years ago I had two-disc herniations, two surgeries, The second resulting in a serious infection, as a result I developed foot drop.

In my case since the sciatica runs thru my lower spine, scar tissue has developed around it making it permanent lifelong condition, I cannot raise me lower foot. Because of the constant limping for the last 3 years, my spine now curves up to the right. As a result, I've developed scoliosis in my spine. That along with severe degenerative disc disease has me in the most pain I've been in my entire life.

I have so many operations on my lower back the last three years I lost count. My prior pain management doctor had me on the opioid Tramadol. Not only was it not relieving pain my doctor was worried about me becoming addicted.

After a discussion he suggested I try a plant called kratom.

To make this story, short both mentally and physically had it not been for kratom, I am sure I would end up as my Dad did.

My only regret is not researching and learning about kratom while my parents were alive.

Watching them both suffer with the pain in on a daily basis broke my heart.

One final thing I'd like to add. I never tried an in illicit drug in my life.

SINCERELY,

GLENN SHIPE

Dear lawmakers in North Dakota

I am requesting your help with the fight with the unregulated drug Kratom. Kratom comes in a powder like form and in my state it's sold in privately owned stores such as gas stations. This drug has caused many deaths including my 32 year old nephew that we lost in 2024. This unregulated drug is as powerful as fentanyl and other opiates. The government really needs to look into this drug and have it removed from the shelves. Your help is most appreciated.

Sandra Lamon
Tallahassee Florida

Dear legislators of North Dakota. I am asking for your support in passing HB 1101 on January 13th.

My Husband William Cave died on April 20, 2024 from taking kratom, leaving behind his 11 year old daughter with no father. Our lives forever changed. Our daughter constantly worried about everybody the moment they dont answer their phone or even being a few minutes later than the time she was told they would be arriving. Constantly thinking the worst has happened. William was under the impression that it was a safe supplement to help with his energy and anxiety because thats what it was marketed as and if you can buy it everywhere then it must be okay. He spoke to two of his doctors and neither of them knew what kratom was but since it was a "supplement" they saw no harm in him continuing to take it im sure this was because they didn't know what it was even though it has taken the lives of many. One Saturday he went fishing as he did every saturday morning but this morning the kratom caused him to pass out while in knee deep water and die, he was pulled out of the water fairly quickly by boaters passing by and CPR was immediately given but despite the life saving measures that were provided by the boaters nor EMS were successful. His last words recorded on his gopro device was "man i feel light headed" before falling foward into the water. There was no struggle to get up, just the moise of water sloshing around until those boaters pulled him out the water. Manner of death accidental. Cause of death Kratom intoxication. His wife, his daughter, his family and friends left with nothing not memories of such a wonderful person who was taken away from the world way to early. He tried many times to stop taking kratom, he would have withdrawal symptoms of someone who was on hard drugs, he would get chills, he would shake uncontrollably, he said it felt like he was going die he was in pain every time he tried to get away from kratom. He didnt know how bad kratom could be until it was too late, no rehab programs that were contacted would accept him, it is after all a "supplement ".

Kratom is unregulated and is readily available for purchase in convenience stores. Kratom should be classified as a drug not as a nutritional supplement. Please support HB 1101 to keep the people of North Dakota safe.

Respectively, Erica Broome

To legislators in North Dakota

I am writing to you in regards of my nephew William Cave whom died in April of 2024 because of Kratom. I am advocating along with my sister in law, Susan Cave mother to William to have Kratom removed off store shelves. Also, to ban the Kratom product to be discontinued and to stop manufacturing and sale of this deadly product.

My sincere gratitude in your efforts in getting the Kratom-HB 1001 legislation passed.

Sharon Heintzelman



North Dakota House of Representatives

STATE CAPITOL
600 EAST BOULEVARD
BISMARCK, ND 58505-0360



Representative Jeremy Olson

District 26
P.O. Box 692
Arnegard, ND 58835-0692
C: 701-651-7486
jolson@ndlegis.gov

COMMITTEES:

Finance and Taxation
Energy and Natural Resources

House Majority Caucus Leader

13 January 2025

Mr. Chairman and members of the Judiciary Committee, I am Jeremy Olson, State Representative, District 26, representing most of McKenzie and Dunn Counties. I am the prime sponsor for HB 1101 at the request of my constituents who manage Providence House, an addiction treatment center in Western North Dakota. The goal of HB 1101 is to classify mitragynine, commonly known as Kratom, as a schedule I controlled substance.

It is appropriate to classify Kratom as schedule I because it has no acceptable medical treatments in the US, has been identified with a high potential for abuse, and for a lack of safety. As the presenters behind me will describe in more detail, Kratom is a substance that can be purchased easily, has a opioid-like effects, and has caused physical harm and death to people.

One other thing to consider, at the end of the day, it is often the government, either state or local, who ultimately pays the bill for the addiction treatments of drugs such as Kratom, when the patient does not have insurance, which is often the case.

At this time, I would like to introduce McKenzie McCoy from Watford City and Amber Marquardt from Minot, to describe the need for this legislation in more detail and to answer any questions.

Respectfully,

Jeremy L Olson MBA, CSP
ND House of Representatives, District 26

jolson@ndlegis.gov

701-651-7486



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GOVERNOR DOUG BURGUM

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Bill No 1101 – Scheduling of Mitragynine (Kratom)

House Judiciary Committee – 327B

9:30 AM - Monday – January 13th, 2025

Chairman Klemin, Members of the House Judiciary Committee, for the record I am Mark J. Hardy, PharmD, Executive Director of the North Dakota State Board of Pharmacy. I appreciate the opportunity to be here to speak to you today.

Simply, House Bill 1101 looks to schedule the substance mitragynine which is better known as Kratom. Kratom is a naturally occurring substance which is sold and marketed as a nutritional supplement. Our current understanding is that this is most commonly sold in the state online or through non-medical professional retail locations like smoke shops. Chemically, Kratom contains psychoactive compounds that bind the opioid receptors in the brain and produce pharmacologic effects similar to other opioids like morphine or oxycodone.

Scheduling the substance is controversial, as you are going to experience and learn. The Drug Enforcement Administration has attempted to schedule Kratom and its compounds. That action was pulled back under the Obama administration in 2016. States also have been active on this drug with many states making it a scheduled drug. I have included a fact sheet, which is a couple years old, but does illustrate the history and approaches from states.

The Board has been monitoring this substance and has received concerns from pharmacists and other health care professionals. The reports center on addressing patients that may have developed an addiction related to Kratom and the tremendous difficulty of treating those addictions. While we have strongly considered adding Kratom in our recommended Controlled Substance bill this session, we believe a separate bill is the best vehicle for making this change so legislators and public have a focused bill for consideration. We commend the bill sponsor and advocates to bring this forward to have a very important and likely contentious discussion.

Given the true public health threats of this substance and risks for abuse, the Board certainly would recommend the movement to make this opioid like substance, Kratom, a scheduled substance in the state of North Dakota.

I have attached some references that may be helpful to the committee. I respect the difficulty of this decision and I would be more than happy to assist or address any questions you may have.

Kratom

WHAT IS KRATOM?

Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine). These leaves are crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the abuse of kratom has increased markedly in recent years.

How is it abused?

Mostly abused by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.

What are the effects?

At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.

What does it do to the body?

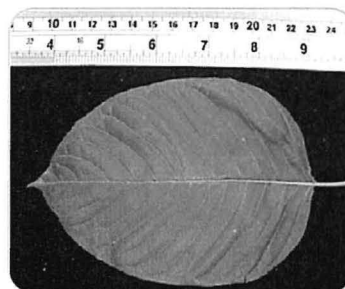
Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

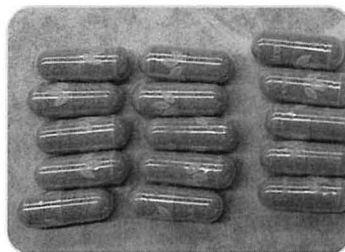
Kratom is not controlled under the Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.



Kratom tree



Leaf of kratom tree



Kratom capsules



Kratom Regulation: Federal Status and State Approaches

November 28, 2023

Kratom, or *Mitragyna speciosa*, is a tree related to the coffee plant and is native to parts of Southeast Asia. Peoples indigenous to the tree's range have traditionally consumed the leaves of the tree for medicinal and other purposes. Users report both [stimulant and sedative effects](#), believed to be caused by two compounds in the leaves, [mitragynine](#) and [7-hydroxymitragynine](#). Some commentators have raised [safety concerns](#) over kratom use, while others have suggested various [beneficial uses](#). Additionally, some kratom products intended for sale in the United States have been found to contain dangerous contaminants, such as [salmonella](#) and [heavy metals](#).

Kratom use in the United States has reportedly become more widespread in the [past decade](#), and its regulatory status has been a matter of recent debate. This Sidebar begins by reviewing federal administrative actions relating to kratom before summarizing kratom-focused bills introduced in the current Congress. The Sidebar then describes the various approaches taken by 22 states that have regulated or banned kratom, which may be instructive as Congress considers action on kratom.

Executive Branch Actions

The [Controlled Substances Act](#) (CSA) creates the federal framework for regulating drugs and other substances deemed to pose a risk of abuse and dependence. The CSA divides controlled substances into five numbered lists, known as [Schedules I-V](#), with Schedule I status imposing the most stringent restrictions. Congress may modify these schedules through legislation. Congress has also delegated authority to the Drug Enforcement Administration (DEA) to schedule, reschedule, or deschedule substances under the CSA through regulation.

In 2016, DEA published [notice](#) of its intent to place mitragynine and 7-hydroxymitragynine in Schedule I on an [emergency basis](#), which would have criminalized [possession](#) of kratom and made distribution a felony. However, after receiving numerous comments from some [Members of Congress](#), [advocacy groups](#), and [others](#), DEA [withdrew](#) that notice. DEA has listed kratom as a [Drug and Chemical of Concern](#) but to date has not exercised its authority to schedule kratom or its active compounds under the CSA.

Under the [Federal Food, Drug, and Cosmetic Act](#) (FD&C Act), as amended, the Food and Drug Administration (FDA) may regulate [drugs](#) and [dietary supplements](#) sold in the United States. FDA has

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<https://crsreports.congress.gov>

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approved no drug products containing kratom, mitragynine, or 7-hydroxymitragynine. FDA has also taken the position that kratom is an unapproved new dietary ingredient and therefore may not be marketed in the United States as either a nutritional supplement or a food additive. FDA has issued a series of import alerts, most recently in [July 2023](#), authorizing FDA personnel to seize imported kratom products from specified firms without physical inspection. FDA has also seized kratom products manufactured in the United States, including an [April 2023](#) seizure of kratom products worth approximately \$3 million from an Oklahoma company.

Congressional Proposals

In October 2023, Members introduced essentially identical bills in both the [House](#) and the [Senate](#) to “protect access to kratom.” Members introduced similar bills in the [House](#) and the [Senate](#) in the 117th Congress. These bills would neither ban kratom nor impose new regulations on kratom. Instead, the bills would direct the Secretary of Health and Human Services (the Secretary) to gather information about kratom and would limit the Secretary’s authority to impose regulations on kratom.

The bills would require the Secretary to hold at least one public hearing to discuss the safety of kratom products. That hearing would have to cover several specified topics, including any potential benefits of kratom usage and any adverse health impacts of a kratom ban. The bills would also require the Secretary to establish a task force to coordinate and report on federally funded kratom-related research. Before promulgating any new rule regulating kratom, the Secretary would have to follow procedures for [formal rulemaking](#) and to have public, in-person hearings.

The bills would prohibit the Secretary from:

- imposing requirements on kratom that are more restrictive than those for foods, dietary supplements, or dietary ingredients under the FD&C Act;
- requiring kratom to follow the notification requirements for [new dietary ingredients](#);
- using certain specified grounds to treat kratom as an adulterated dietary supplement; or
- enforcing any import alert for kratom products absent evidence that the particular product is adulterated.

Each bill contains a [nonpreemption](#) provision, which would leave existing state laws—whether banning kratom or regulating it—in place.

State Regulation of Kratom

As Congress considers these bills or other action on kratom products, the experience of the states may be pertinent. States that have addressed the topic have taken two approaches: an outright ban on kratom or regulation of kratom sales or possession.

Kratom Bans

[Alabama](#), [Arkansas](#), [Indiana](#), [Rhode Island](#), [Vermont](#), and [Wisconsin](#) currently ban mitragynine and hydroxymitragynine or 7-hydroxymitragynine (kratom’s active alkaloids) under state-law analogues of the CSA. Legislators in [Indiana](#), [Rhode Island](#), [Wisconsin](#), and [Vermont](#) have introduced bills to replace existing bans with regulations that would permit the sale of kratom products.

Tennessee [enacted](#) a ban on mitragynine and hydroxymitragynine in 2013. An [opinion](#) of the state’s Office of the Attorney General, however, indicated that this ban extended only to synthetic versions of

those alkaloids, not to the kratom plant itself. Tennessee law, as amended, now regulates the sale of the kratom plant in its natural form but continues to ban synthetic kratom alkaloids.

Some local governments in other states have also adopted bans.

Kratom Regulations

As of the date of this Sidebar, sixteen states regulate the sale of kratom products in some fashion. Some states have adopted versions of a model law proposed by kratom advocacy groups, but these state laws are not uniform. Their differences arise in their handling of particular issues relating to kratom products, as described below.

Age restriction: Arizona, Georgia, Illinois, Minnesota, Nevada, Oklahoma, Texas, and Utah ban sales to persons under 18 years of age. Colorado, Florida, Louisiana, Oregon, South Dakota, Tennessee, Virginia, and West Virginia ban sales to persons under 21. Georgia, Illinois, Minnesota, South Dakota, Tennessee, and West Virginia also ban possession by underage persons. West Virginia imposes a separate requirement that websites and remote sellers employ an age-verification mechanism.

Marketing to children: Utah prohibits flavoring or packaging that appeals to children and requires child-safe packaging. West Virginia's recently adopted law requires the commissioner of agriculture to develop similar standards.

Adulteration and contamination: Arizona prohibits sale of a kratom product adulterated with a "nonkratom substance" that affects the quality or strength of the product "to such a degree as to render the kratom product injurious to a consumer." Nevada, Oklahoma, Texas, and Utah have similar prohibitions. Effective July 1, 2024, Colorado will prohibit sale of kratom products "adulterated with fentanyl" or other substances controlled under state law. Arizona, Oklahoma, Texas, and Utah separately prohibit sale of kratom products contaminated with dangerous or deleterious non-kratom substances.

Strength: Arizona, Oklahoma, Texas, and Utah prohibit sale of products in which 7-hydroxymitragynine is greater than 2% of the total alkaloid content.

Labeling: Nine of the sixteen states with laws regulating kratom sales require labels on kratom products, but the content required varies by state:

- **Directions for safe use:** Texas, Nevada, Georgia, and Oklahoma require that kratom products include labels with directions for safe or suggested use. Texas also requires a recommended serving size.
 - **Warnings:** Utah and Virginia require that labels bear a warning that the product may be harmful; has not been evaluated by the FDA; and is not intended to diagnose, treat, cure, or prevent any disease. West Virginia requires the commissioner of agriculture to develop labeling standards, which must include warnings to keep the product out of reach of children and to consult a physician before use if pregnant or taking medication. Georgia and Oklahoma require a statement that sale or transfer to a person under 18 is prohibited, along with "[a]ny precautionary statements as to the safety and effectiveness" of the kratom product.
 - **Manufacturer or distributor information:** Colorado (effective July 1, 2024), Georgia, and Oklahoma require that labels state the identity and address of the product's manufacturer or distributor.
 - **Alkaloid content:** Arizona, Georgia, Oklahoma, and Utah require that labels state the amount of mitragynine and 7-hydroxymitragynine in the product.
-

- **Ingredients:** Colorado (effective July 1, 2024), Nevada, and Virginia require labels listing all ingredients. Georgia and Oklahoma require a list of ingredients that includes common names.
- **Factual basis:** Arizona and Utah require that labels indicate the “factual basis” underlying any representation that the product is a “kratom product,” defined as a food or dietary ingredient containing part of the leaf of *Mitragyna speciosa*.

Testing and sampling: Oklahoma law requires kratom vendors to provide, upon request of the State Department of Health, test results from a “United States-based testing facility” confirming the items on the label. Oregon requires third-party testing for microbiological contaminants, pesticides, solvents, heavy metals, and mycotoxins. Utah requires a certificate of analysis from a certified third-party laboratory indicating the results of testing for alkaloid content and levels of pathogens and specified heavy metals. The state periodically tests kratom products to confirm those certificates of analysis and may test for pesticides, fentanyl derivatives, cannabinoids, cocaine, and benzodiazepines. West Virginia requires sampling and testing of kratom “to determine purity levels.”

Registration and permitting: Oregon and Utah require kratom sellers to register with state agencies. West Virginia requires kratom sellers to obtain state permits.

Synthetic alkaloids: Colorado, Florida, Illinois, Louisiana, Minnesota, Nevada, and South Dakota apply their laws regulating kratom sales to both natural and synthetic products. Arizona, Texas, Oklahoma, and Utah use definitions of “kratom” that do not include synthetic kratom alkaloids, but each state prohibits the sale of any kratom product adulterated with synthetic compounds. Tennessee prohibits the sale of kratom except “in its natural form.” Virginia’s kratom law applies to “extracts” of *Mitragyna speciosa*.

Local authority: Colorado and Louisiana explicitly allow localities to adopt stricter controls on kratom or to ban kratom completely but do not allow localities to permit sales to persons under 21 years of age. Florida’s kratom law does not address localities, but at least one county bans the sale of kratom as a “designer drug.”

Private right of action: Oklahoma and Utah permit individuals harmed by violations of their kratom laws to bring private civil actions for damages.

Tax: West Virginia law provides for a tax on kratom, the proceeds of which are split among an agricultural fees fund, an alcohol beverage control enforcement fund, and a substance abuse fund.

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REGULATION OF KRATOM IN AMERICA: UPDATE

SEPTEMBER 2022

WHAT IS KRATOM?

Kratom is an herb that is derived from a leafy Southeast Asian tree, known formally as *Mitragyna speciosa*. The tree is native to a number of countries, including Indonesia, Malaysia, and Thailand and is a member of the coffee family. Kratom contains two psychoactive compounds, mitragynine and 7-hydroxymitragynine; both compounds bind to μ -opioid receptors in the brain and produce a pharmacological response that is similar to those produced by other μ -opioid agonists, such as morphine.

Historically, individuals began ingesting kratom in the 19th century. Farmers in Southeast Asia traditionally used kratom to boost their productivity and as a substitute for opium. When consumed in small doses, kratom produces a mild stimulant effect; in moderate to high amounts, kratom produces opioid like effects. At very high doses it acts like a sedative.

THE USE OF KRATOM IN AMERICA

Soldiers returning from the Vietnam war and immigrants from Southeast Asia introduced kratom to America. However, it was not until the past 15 years that kratom use started to become more mainstream. An estimated 11 to 15 million Americans consume kratom products regularly.¹ In the U.S., kratom can be purchased online and in head shops, gas stations, and corner stores. Kratom is relatively inexpensive, selling for nine to 20 dollars per ounce on the internet. The kratom industry generated \$1.3 billion in sales in 2019.²

Typically sold as a bitter powder, individuals consume kratom by swallowing capsules or using the powder to make tea. In a survey of 2,798 kratom users conducted by researchers at Johns Hopkins University School of Medicine, individuals cited pain relief, treating anxiety and depression, and managing opioid dependence as reasons for using kratom.³ Of those who use kratom to manage opioid dependence, 87 percent reported relief from opioid withdrawal symptoms.⁴ As kratom's use rose in the U.S., so did calls to poison control centers about kratom exposures. In 2011, poison control received 13 calls nationwide related to kratom exposure; in 2017, the number of calls skyrocketed to 682.⁵ With respect to adult kratom exposure cases occurring between 2011 to 2017, 32 percent of cases resulted in an admission to a healthcare facility, and 52 percent of cases resulted in a serious medical outcome, such as seizure, respiratory distress, or slow heartrate.⁶

KRATOM REGULATION AT THE FEDERAL AND STATE LEVELS

Despite kratom's mainstream presence for a relatively short period in the U.S., its use has managed to cause much controversy. Federal regulators and kratom organizations are at odds about the potential dangers (or lack thereof)

¹ "Policy Brief: What is Kratom?," American Kratom Association, last modified January 2021, https://assets.website-files.com/61858fcec654303987617512/619ddeac793d144d09fbc28a_aka-policy-brief-1---what-is-kratom-jan-2021.pdf.

² Paul Georgia, "The Human and Economic Impacts of the Kratom Industry in the United States," American Kratom Association, last modified September 24, 2021, <https://drive.google.com/file/d/1ChyAKfdOrWzckau9kKwWti1F47D0WjUO/view>.

³ Albert Garcia-Romeu, et al., "Kratom (*Mitragyna speciosa*): User Demographics, Use Patterns, and Implications for the Opioid Epidemic," *Drug and Alcohol Dependence* 208 (March 2020), <https://doi.org/10.1016/j.drugalcdep.2020.107849>.

⁴ *Id.*

⁵ Sara Post, et al., "Kratom Exposures Reported to United States Poison Control Centers: 2011-2017," *Clinical Toxicology* 57, no. 10 (February 2019): 847-854, <https://doi.org/10.1080/15563650.2019.1569236>.

⁶ *Id.*

of kratom and how kratom should be regulated. In addition to battles on the federal level, several states banned, or considered banning, kratom products.

The federal government's positions and actions toward kratom

In 2009, nine people died in Sweden over the course of a 12-month period after consuming a kratom product known as “Krypton.”⁷ Subsequent testing showed that the kratom product at issue contained a toxic level of the opioid tramadol.⁸ With the deaths in Sweden and the increase in kratom consumption in the U.S., the U.S. Food and Drug Administration (FDA) became concerned about the use of kratom due to the FDA’s limited knowledge about kratom’s safety and effect on consumers. In 2012, the FDA identified kratom on an “import alert” for unapproved drugs, which it subsequently affirmed by another import alert in 2014.⁹ As a result of these alerts, the FDA seized more than 25,000 pounds of raw kratom, worth more than \$5 million, in California during September 2014.¹⁰ In January 2016, the FDA seized approximately 90,000 bottles of dietary supplements containing kratom in Illinois, and in August 2016, the FDA seized more than 100 cases of kratom products worth more than \$150,000 in California.¹¹ Most recently, in May 2021, U.S. Marshals, at the FDA’s request, seized more than 207,000 units of dietary supplements containing kratom valued at approximately \$1.3 million.¹²

On August 31, 2016, the U.S. Drug Enforcement Agency (DEA), published a notice of intent to list kratom’s two psychoactive compounds, mitragynine and 7-hydroxymitragynine, as Schedule I controlled substances under the emergency scheduling provisions of the Controlled Substances Act.¹³ The kratom community was outraged by this decision. In September 2016, kratom organizations organized the “March for Kratom” at the White House and convinced 51 members of Congress on both sides of the aisle to sign a letter against the DEA’s proposal.¹⁴ Additionally, kratom supporters sent a petition containing more than 145,000 signatures to President Obama against the DEA’s proposal.¹⁵ As a result of the backlash, the DEA withdrew the scheduling notice on October 13, 2016, and instead, opened a public comment period to solicit comments regarding the scheduling of mitragynine and 7-hydroxymitragynine. It stated that it would receive a scientific and medical evaluation and scheduling recommendation from the FDA.¹⁶ Interested parties submitted over 23,000 comments, with 99.1 percent of them opposing the ban.¹⁷

In October 2017, the FDA renewed its interest in scheduling kratom’s two psychoactive compounds and submitted an “eight-factor” analysis to the DEA.¹⁸ A month later, the FDA announced a public health advisory on kratom, asserting that kratom was associated with 36 deaths and has similar effects and dangers to other opioids.¹⁹

⁷ “Swedish Docs Identify Deadly Legal Drug,” *The Local*, December 29, 2010, <https://www.thelocal.se/20101229/31134/>.

⁸ *Id.*

⁹ “FDA and Kratom,” U.S. Food and Drug Administration, last modified April 27, 2022, <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>.

¹⁰ *Id.*

¹¹ *Id.*

¹² “FDA Announces Seizure of Adulterated Dietary Supplements Containing Kratom,” U.S. Food and Drug Administration, last modified October 29, 2021, <https://www.fda.gov/news-events/press-announcements/fda-announces-seizure-adulterated-dietary-supplements-containing-kratom>.

¹³ “DEA Announces Intent to Schedule Kratom,” Drug Enforcement Administration, last modified August 20, 2016, <https://www.dea.gov/press-releases/2016/08/30/dea-announces-intent-schedule-kratom>.

¹⁴ Steven Nelson, “Dozens of Congressmen Ask DEA Not to Ban Kratom Next Week,” *U.S. News*, September 23, 2016, <https://www.usnews.com/news/articles/2016-09-23/45-congressmen-ask-dea-not-to-ban-kratom-next-week>.

¹⁵ “Please do not make Kratom a Schedule I Substance,” We the People, last accessed August 17, 2022, <https://petitions.obamawhitehouse.archives.gov/petition/please-do-not-make-kratom-schedule-i-substance/>.

¹⁶ Withdrawal of Notice of Intent to Temporarily Place Mitragynine and 7-hydroxymitragynine into Schedule I, 81 Fed. Reg. 70,652 (Oct. 13, 2016).

¹⁷ “Review Of DEA Kratom Public Comments Shows Strong Support Among Vets, Doctors, Cops And Seniors For Coffee-Like Herb,” *PR Newswire*, February 2, 2017, <https://www.prnewswire.com/news-releases/review-of-dea-kratom-public-comments-shows-strong-support-among-vets-doctors-cops-and-seniors-for-coffee-like-herb-300401575.html>.

¹⁸ “Leading Scientists Strongly Reject FDA 8-Factor Analysis Of Kratom, Call Upon The DEA And NIDA To Reexamine FDA Claims,” *PR Newswire*, November 28, 2018, <https://www.prnewswire.com/news-releases/leading-scientists-strongly-reject-fda-8-factor-analysis-of-kratom-call-upon-the-dea-and-nida-to-reexamine-fda-claims-300757232.html>. The eight factors to be considered in permanently scheduling a substance as controlled are identified in 21 U.S.C. § 811(c).

¹⁹ “Statement from FDA Commissioner Scott Gottlieb, M.D. on FDA advisory about deadly risks associated with kratom,” U.S. Food and Drug Administration, last modified April 5, 2018, <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-fda-advisory-about-deadly-risks-associated-kratom>.

On February 6, 2018, the FDA issued a statement increasing the number of kratom-associated deaths to 44.²⁰ The FDA also announced through this statement that it developed a new technology, called the Public Health Assessment via Structural Evaluation (PHASE) model, that could “simulate, using 3-D computer technology, how the chemical constituents of a substance are structured at a molecular level, how they may behave inside the body, and how they can potentially affect the brain.”²¹ Based on the data obtained from the PHASE model, the FDA stated “[it felt] confident in calling [the] compounds found in kratom, opioids.”²²



In July 2018, the FDA concluded that numerous kratom products contained extremely high amounts of salmonella.²³ According to the FDA, as of the end of May 2018, 199 cases of salmonellosis in 41 states were associated with kratom consumption.²⁴ Due to the outbreak, multiple kratom products were voluntarily recalled, but the FDA issued a mandatory recall order against one kratom supplier who failed to cooperate with the voluntary recall.²⁵ The trouble with kratom products continued in April 2019, when the FDA discovered 30 different kratom products that contained

nickel and lead in amounts exceeding the safe exposure limit for oral daily drug intake.²⁶ In June 2019, the FDA issued warning letters to two kratom marketers and distributors, Cali Botanicals and Kratom NC, “for illegally selling unapproved, misbranded kratom-containing drug products with unproven claims about their ability to treat or cure opioid addiction and withdrawal symptoms.”²⁷ These companies also made claims “that kratom can protect you against cancer,” and that it can treat, among other disorders, migraines, ADHD/ADD, depression, and arthritis.²⁸ In July 2022, the FDA, jointly with the Federal Trade Commission, issued similar warning letters to four companies selling unapproved kratom products for the treatment or cure of opioid use disorder and withdrawal symptoms.²⁹

The World Health Organization’s position on kratom

In July 2021, the World Health Organization (WHO) announced that it would conduct a pre-review of kratom while at its annual Expert Committee on Drug Dependence (ECDD) meeting.³⁰ The ECDD is an independent, international group of 12 experts in the field of drugs and medicines tasked with reviewing the public health impact of psychoactive substances and making recommendations to the international community.³¹ The ECDD

²⁰ “Statement from FDA Commissioner Scott Gottlieb, M.D., on the agency’s scientific evidence on the presence of opioid compounds in kratom, underscoring its potential for abuse,” U.S. Food and Drug Administration, last modified April 5, 2018, <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-agencys-scientific-evidence-presence-opioid-compounds>.

²¹ *Id.*

²² *Id.*

²³ “Statement from FDA Commissioner Scott Gottlieb, M.D. and FDA Deputy Commissioner for Foods and Veterinary Medicine Stephen Ostroff, M.D., on the ongoing risk of salmonella in kratom products,” U.S. Food and Drug Administration, last modified July 2, 2018, <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-and-fda-deputy-commissioner-foods-and-veterinary>.

²⁴ *Id.*

²⁵ *Id.*

²⁶ “Laboratory analysis of kratom products for heavy metals,” U.S. Food and Drug Administration, last modified April 3, 2019, <https://www.fda.gov/news-events/public-health-focus/laboratory-analysis-kratom-products-heavy-metals>.

²⁷ “FDA issues warnings to companies selling illegal, unapproved kratom drug products marketed for opioid cessation, pain treatment and other medical uses,” U.S. Food and Drug Administration, last modified June 25, 2019, <https://www.fda.gov/news-events/press-announcements/fda-issues-warnings-companies-selling-illegal-unapproved-kratom-drug-products-marketed-opioid>.

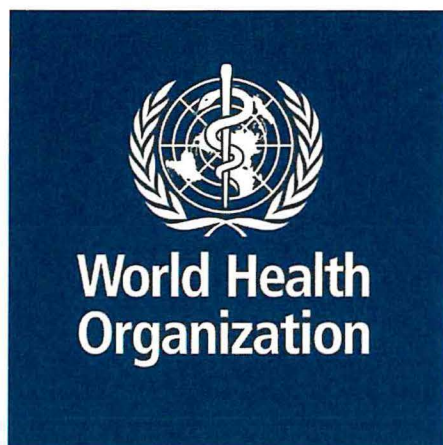
²⁸ *Id.*

²⁹ “FDA Roundup: July 5, 2022,” U.S. Food and Drug Administration, last modified July 5, 2022, <https://www.fda.gov/news-events/press-announcements/fda-roundup-july-5-2022>.

³⁰ “Five New Psychoactive Substances to be Considered for International Control by 44th ECDD Meeting,” United Nations Office on Drugs and Crime, last accessed August 17, 2022, <https://www.unodc.org/LSS/Announcement/Details/601d676a-ec14-48df-8333-f167d7997baf>.

³¹ “Expert Committee on Drug Dependence: About Us,” World Health Organization, last accessed August 17, 2022, <https://www.who.int/groups/who-expert-committee-on-drug-dependence/about>.

conducts a pre-review of a substance to determine whether current information justifies a critical review by the committee.³² A pre-review is only a preliminary analysis of a substance, and the findings do not determine whether the substance under review should be scheduled.³³



On July 23, 2021, the FDA put out a request for comments on the “abuse potential, actual abuse, medical usefulness, trafficking, and impact of scheduling changes on availability for medical use” of kratom and the other six substances set to be reviewed during the ECDD’s October 2021 meeting.³⁴ The FDA planned to consider the comments in preparing a response from the U.S. to the WHO regarding the misuse and diversion potential of the substances up for review.³⁵ The WHO then used the information provided by the U.S., as well as information from other countries, when considering whether to recommend a substance be subject to international restrictions.³⁶ In addition to the public comments requested by the FDA, Senator Mike Lee (R-UT) and Representative Mark Pocan (D-WI) sent a letter to the Secretary of the U.S. Department of Health and Human Services and the U.S. Ambassador to the United Nations asking

that the U.S. oppose any effort to add kratom to the list of internationally controlled substances.³⁷ The letter stated that there is no conclusive evidence that would warrant the U.S. voting in favor of international scheduling of kratom and that more research is needed to better understand kratom’s safety profile.³⁸

In December 2021, the ECDD released a summary of its assessments, findings, and recommendations from the October 2021 meeting.³⁹ In an 11-1 decision, the committee determined that there is insufficient evidence to recommend a critical review of kratom.⁴⁰ The committee recommended that kratom instead continue to be under surveillance by the WHO Secretariat, which it has been since 2020.⁴¹

The American Kratom Association’s positions

Established in 2014, the American Kratom Association (AKA) is a Virginia-based non-profit corporation that advocates on behalf of American kratom users. The AKA opposes the attempts by the FDA and the DEA to schedule kratom and strongly disagrees with the FDA’s assertions that kratom is a dangerous substance with a high potential for abuse. As opposed to opioids, the AKA asserts that the pattern of use and the abuse potential for kratom is similar to unscheduled substances, like caffeine.⁴² Additionally, the AKA claims that no fatal overdoses are associated with pure kratom.⁴³ The organization alleges that none of the 44 deaths reported by the FDA

³² 44th Expert Committee on Drug Dependence: Substances for review, last accessed August 17, 2022, https://cdn.who.int/media/docs/default-source/2021-dha-docs/v2.annex1_final_44th-ecdd-list-of-substances.pdf?sfvrsn=83978385_1&download=true#:~:text=The%20purpose%20of%20a%20pre,a%20substance%20should%20be%20changed.

³³ *Id.*

³⁴ International Drug Scheduling; Convention on Psychotropic Substances; Single Convention on Narcotic Drugs; . . . Kratom (mitragynine, 7-hydroxymitragynine). . . Request for Comments, 86 Fed. Reg. 39,038 (July 23, 2021).

³⁵ *Id.*

³⁶ *Id.*

³⁷ Letter from Sen. Michael Lee and Rep. Mark Pocan, to Linda Thomas-Greenfield, U.S. Ambassador to the U.N., and Xavier Becerra, Sec’y of the Dep’t of Health and Hum. Serv. (Oct. 19, 2021), available at <https://s3.documentcloud.org/documents/21093913/lee-pocan-191021-kratom-letter-to-unhhs.pdf>.

³⁸ *Id.*

³⁹ Expert Comm. on Drug Dependence, Summary of Assessments, Findings, and Recommendations of the 44th ECDD (2021), available at https://cdn.who.int/media/docs/default-source/controlled-substances/44ecdd_unsg_annex1.pdf.

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² Jack E. Henningfield, et al., “The Abuse Potential of Kratom According to the 8 Factors of the Controlled Substances Act: Implications for Regulation and Research,” *Psychopharmacology* 235 (December 2017): 573-589, 575, <https://doi.org/10.1007/s00213-017-4813-4>.

⁴³ *Id.* at 583.

display any cause that is consistent among all the cases or that can be specifically linked to the use of kratom.⁴⁴ Moreover, the AKA argues that the FDA did not take into consideration polydrug use, adulterated kratom, or underlying physical or mental health issues when determining whether the primary cause of death was due to kratom.⁴⁵

It is important to note that despite the AKA's disagreements with the FDA, the AKA is not opposed to the regulation of kratom; rather, it is opposed to the FDA's current suggestions. One of the AKA's stated missions is to protect consumers from adulterated kratom products. With this mission in mind, the AKA supports FDA regulations that would ensure the safety and purity of kratom products and is open to the FDA development of labeling guidelines for kratom. Additionally, the AKA supports minimum age of procurement laws for kratom products and child resistant packaging.

With kratom currently largely unregulated, the AKA developed a good manufacturing practices (GMP) program to increase the safety of kratom products. In order for a manufacturer of kratom products to qualify for the program, and thus be listed as such on the AKA website, the manufacturer must commit to following strict manufacturing and processing requirements and be verified by a pre-approved, independent auditor. If the manufacturer qualifies for the GMP program, then they must also complete annual independent audits to remain in the program. The AKA's GMP program also requires an initial program registration fee and an annual re-certification fee. The factors on which the AKA focuses when determining whether to accept a manufacturer into the GMP program include the presence of standard operating procedures; proper recordkeeping; an adverse event reporting system; truthful marketing practices; and the implementation of a compliance program. As of August 2022, there are 43 AKA GMP qualified vendors.⁴⁶ In addition to the GMP program, the AKA supports a truth in labeling compliance program. This program is a form of self-regulation that encourages kratom consumers to report potential kratom product marketing violations to the AKA. The AKA will then submit these reports to the FDA, so that the FDA can investigate, and if necessary, take action against kratom vendors "who use impermissible health claims to mislead consumers about the actual benefits of using [an] otherwise safe food product."

Kratom laws on the state and local levels

In addition to federal regulatory battles, some state and local governments have implemented regulatory controls on kratom. In six states (Alabama,⁴⁷ Arkansas,⁴⁸ Indiana,⁴⁹ Rhode Island,⁵⁰ Vermont,⁵¹ and Wisconsin⁵²) and the District of Columbia,⁵³ kratom's psychoactive components are controlled substances.⁵⁴ A handful of cities and counties also ban kratom, including: San Diego, California; Sarasota County, Florida; and Denver, Colorado.⁵⁵ To encourage states to stop short of enacting a total ban, the AKA developed model state legislation under which a dealer of kratom products may not legally prepare, distribute, or sell a kratom product that is adulterated or

⁴⁴ Jane Babin, "FDA Fails to Follow the Sciences on Kratom," *American Kratom Association*, August 2018, 13, https://docs.wixstatic.com/ugd/9ba5da_54f08e1805c34e108ad7199481507d88.pdf.

⁴⁵ *Id.*

⁴⁶ "AKA's GMP Qualified Vendors," American Kratom Association, last accessed August 18, 2022, <https://www.amerikratom.org/gmp-qualified-vendors>.

⁴⁷ ALA. CODE § 20-2-23 (West 2022).

⁴⁸ ARK. ADMIN. CODE § 007.07.2 (West 2021).

⁴⁹ IND. CODE ANN. § 35-48-2-4 (West 2022) (mitragynine and 7-hydroxymitragynine are included in the definition of "synthetic drug." (Ind. Code Ann. § 35-31.5-2-321 (West 2022). All synthetic drugs are Schedule I controlled substances).

⁵⁰ Rhode Island Dept. of Health, Notice of Designation of Controlled Substance (May 31, 2017), https://docs.wixstatic.com/ugd/9ba5da_9836aee2b9f04a30b55fe480fe3c6ff4.pdf.

⁵¹ 12-5 VT. CODE R. § 23:7.0 (West 2022).

⁵² WIS. STAT. ANN. § 961.14 (West 2022).

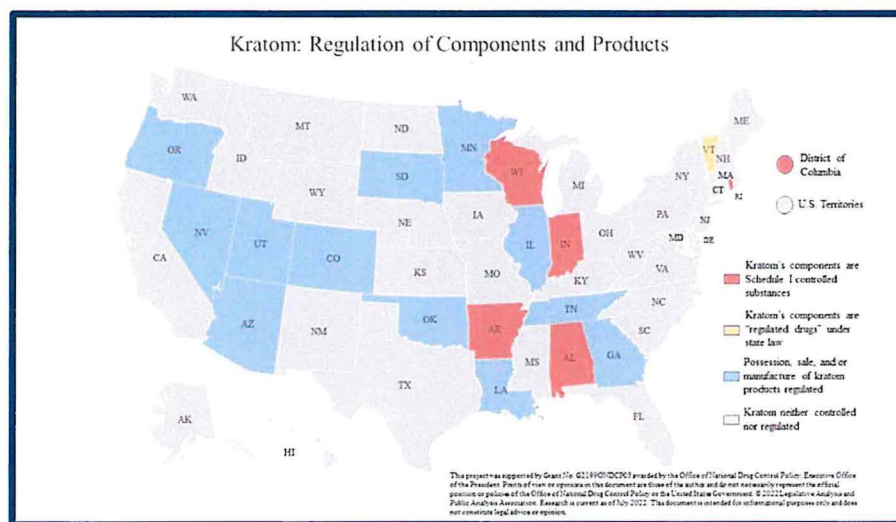
⁵³ The legal status of kratom in the District of Columbia (D.C.) appears unclear. Please see LAPP's Kratom: Summary of State Laws, available [here](#), for more information.

⁵⁴ In Vermont, kratom's components are "regulated drugs," making them generally illegal except as specifically allowed. VT. STAT. ANN. tit. 18, § 4205 (West 2022). In the remaining jurisdictions, kratom components are Schedule I controlled substances.

⁵⁵ For more information on the legality of kratom in states and local jurisdictions, please refer to LAPP's 50-state review of kratom laws, available at <https://legislativeanalysis.org/kratom-summary-of-state-laws/>.

contaminated with a dangerous non-kratom substance. Additionally, kratom products may not be legally sold without labels containing the amount of mitragynine and 7-hydroxymitragynine contained in the product. The model law also bans the sale of kratom products to individuals under the age of 18 and proposes that violations of the above provisions would result in a misdemeanor.

Several state laws contain similarities to the AKA's model law. In 12 states, the possession, sale, manufacture, and distribution of kratom products is regulated. Of these 12 states, seven of them (Arizona, Colorado, Georgia, Nevada, Oklahoma, Tennessee, and Utah) also have requirements for kratom product labels, such as requiring a list of the product's ingredients and stating the amount of mitragynine and 7-hydroxymitragynine contained in the product. In the other five states (Illinois, Louisiana, Minnesota, Oregon, and South Dakota), there are no product labeling requirements. In all 12 states where the possession, distribution, sale, or manufacture of kratom products is regulated, the regulation contains age restrictions. In eight states (Arizona, Georgia, Illinois, Louisiana, Minnesota, Nevada, Oklahoma, and Utah), kratom products are restricted to individuals over the age of 18. In the other four states (Colorado, Oregon, South Dakota, and Tennessee), the age restriction is age 21 and older. See the map below for a visual representation of state laws.



During 2021 and 2022, 28 states introduced legislation related to kratom. Of those 28 states, 21 states introduced legislation to regulate the possession, distribution, sale, or manufacture of kratom products in some fashion. Two states (Louisiana and West Virginia) introduced legislation to make kratom's components Schedule I controlled substances. Five states (Kentucky, Mississippi, New Jersey, Pennsylvania, and Washington) introduced dueling pieces of legislation—that is, state legislators introduced at least one bill to make kratom components Schedule I controlled substances and at least one bill to regulate the possession, distribution, sale, or manufacture of kratom products. The conflictive nature of the proposed legislation underscores the controversies involving kratom and differing perspectives of its use and safety.

CONCLUSION

The differing perspectives on the efficacy and safety of kratom use has resulted in a complex regulatory landscape. While federal agencies and kratom consumer advocacy groups continue to argue over the best way to regulate kratom and protect public health, states and local governments have begun to regulate kratom in some fashion. As the popularity of kratom products increases, states continue to introduce kratom related legislation ranging from making kratom a controlled substance to establishing labeling requirements for kratom manufacturers and distributors. The controversies around kratom will likely continue until scientists can provide consumers and policymakers with more information about kratom's pharmacological effects.

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ABOUT LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include law enforcement/community engagement, naloxone laws, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

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at as well.

I hear about this plant based power called kratom. You could buy it at any head shop and it was cheaper then pills of off the streets. I did some research and other people were using it they classify it as a mood Enhancer. One day I went up to the local head shop and found kratom. I asked some questions, like what does it fell like. I told them I was a drug addict and off the opioids. I wanted to try kratom to ween off of opioids so I won't have any withdrawal. They told me to take this bag of kratom home and test it out. As soon as I got home I water and drank it. It tastes nasty! But I could feel something. It almost felt like an opioid high. But it wore off pretty quick. So I took a little bit more this time. And that was that I realized this stuff is amazing!!! It's cheaper, Accessible, And doesn't come up on drug test. I thought I found my Perfect pill.

I'm taking it everyday. Once in the morning and once at night. I had no anxiety and felt great. But then I started to notice my stomach started Rejecting it. So once in a while, if I took would get Dizzy and throw it up. So I switched it to orange juice instead of water. This lasted for a while, but still it was hard to get down and tasted nasty. But it did get me high. And red about. This lasted for a year and a half. Finally, I was getting tired of drinking it and found a pill form. I started taking five at a time then I started taking 10 at a time and so on. By ng 30 at a time. And then finally, I'm taking 45. Twice a day almost every day. I started getting fat and lazy. My mood started to change and not in a good way. My family started around the house that once had kratom in it. I started dating this girl, but I didn't wanna tell her. I was a full-blown addict and I was trying to use kratom to get off of the opiates. But addicted to kratom now. I tried a couple times to quit cold turkey, but it was awful almost worse than opioids Withdrawals. So I had to go back on the kratom. My girlfriend finally found s doing, but it was legal, so nobody could really do anything or say anything to me. And plus I could pass a drug test.

y now, I was buying a bag almost every three days or less. It was getting way out of hand, but there is nothing I can do about it. I was completely trapped. Kratom Had a hold on me rse as opioids. It was absolutely ruining my life. But it was legal, so what could you do? By now me and my girlfriend Wanted to extend the family she already had two kids from a riage. But our relationship was tanking as well cause I was never around. I was still living 30 minutes away, and if I ran out of a bag of Kratom I would make up an excuse just to go get 'd end up passing out up at my house and completely ditch her and the kids. It was about four years into my usage of.Kratom Amy wanted to try to have a child together We had some s so we decided to get married instead.

own to Florida and I told her I was going to try to get clean. But that never happened because I found kratom In Florida as well. We will drive 30 minutes to go get it every other day. I cation. When we came back, she called me at work and told me she was pregnant. I was happy, but I was freaking out inside. I had to find a way to Kick this stuff! I called my mom and was going on and then I was still using. We decided to go to a rehab. I did seven days came back home and relapsed after a week. I used for about six months and then turned myself parents and told him I need to go to rehab again. This time we decided to go to Tennessee. It was called Cornerstone. I was the only.Kratom User there. And of course it was legal so rd time treating me. But I did get help for 36 days. I come back home and seven months later I relapse. I started using again and this time it got worse. I don't know how it could get any hat it was before, but it was. Then I finally said enough was enough. I'm going back to Rehab.

ime I stayed in Ohio and went down to Columbus. I was there for 36 days and then came back home. Me and my Girlfriend had a fight and this time our baby was born. I wanted to see to get better first. I say that because I relapsed within a month. At this time, I have no idea how I'm gonna get sober or if I ever will. I thought maybe just move somewhere warm and reets and just keep using. I was at least good at that. I wasn't a great dad because I was never around. I was either using or thinking about using and ignoring them. I was in a IOP ny last rehab and I told them I relapsed again. We had no idea what the next step was or if there was even one. Finally, they said what about Suboxone. But remember, I used to abuse n my head, there was no other option. I wanted to see my baby and get my family back. I called up a clinic and I made an appointment. I've been sober now for a year and five months. dn't be any better. But all I know is kratom should not be legal. It ruined my life and I'm still trying to get the pieces back. It's an awful substance to take. And it ruins lives!!! And I the only one who feels this way! I know it's everywhere now even in my hometown And I know a lot of people take it. But I do know a lot of people get hooked on it too. I was lucky t alive! Others who have taken it and got addicted to it did not get so Lucky. We need to think about them victims, who didn't make it. And ask ourselves, is it worth being legal and not a controlled substance? thank you for allowing me to write this. I also have a podcast that we talk about addiction and recovery. And I do talk about kratom As well. We can save a lot of st do the right thing.

To legislators in North Dakota

I have a very good friend who lost her 32 year old son to Kratom. He did not know how deadly this was that he could legally buy over the counter at the local gas station. He was also on antidepressants which makes it even more deadly. His doctor had no idea that this combination would kill. It is not regulated and doctors are not taught anything about this so called natural drug. Also, if someone goes into the emergency room, those doctors are unaware of what it is and how to treat it in order to save the person. There is nothing safe about kratom and it is being used in many different forms. The latest form is they are injecting it. This needs to be banned from all stores and made illegal to buy or sell. Too many people do not do their research and they get addicted to it and eventually they die from it. The withdrawal systems are no different then coming off of Heroine.

Please support this bill and help save many lives!

Sincerely,
Donna Wight

To all concerning parties:

I am 42 years old and have suffered from Rheumatoid Arthritis since I was a senior in high school. This autoimmune disease took everything from my future and left me with severe chronic pain, restricted mobility, depression, and fatigue. I tried everything the specialist suggested but nothing really worked, in fact, many of the medications had undesired side effects. When I found Kratom and tried it, I was blown away! It took my pain to a manageable level, gave me energy and focus, and changed my life for the better in so many ways. Because of my condition and experience, I chose to make it my business. I learned how so many people like me finally get the relief they so desperately need. Even better, it is far less expensive than harmful medication and no need for health insurance premiums and doctor appointments either. Big pharma doesn't like this for obvious reasons and they put out a great deal of misinformation and material out of context, please dig deeper to learn more. Many of us take Kratom responsibly and depend on it for our well-being, and in my case, my livelihood. Please don't restrict or outlaw Kratom.

Thank you for listening,

Randy Wamsley

Randy's Remedies

RandysRemediesllc@gmail.com

Subject: Kratom-HB 1101

Will Cave was my brother not a day goes by that I don't miss him this Kratom needs to be removed not for me or the rest of my family. For all the families who have lost someone to this stuff. Please let this bill pass through thank you.

Steven Cave

Let me preface this with a little family history. My mother's side of the family are almost all alcoholics. Her father ran his car off a bridge around the age of 50, because he was drunk driving, and 2 of her 3 brothers died in their 40s, from alcoholism. My mother, although not as bad they were, is also an alcoholic. I didn't meet my father until i was 24, and when i did, i found out that he also drank at least a 12 pack of beer a day.

I spent most of my life addicted to alcohol since age 14. By 16, I was drinking every night to the point of being drunk. At 25, I started drinking in the morning and all day long. I needed 5 or 6 drinks before work just so I wouldn't shake so bad. Several times, I tried to quit drinking, and within 36 hours, I would go into seizures. Did the detox a few times, but wasn't strong enough to stay away from the alcohol. Went away to a great Christian rehab in 2011. It was a 9 week program and i made it through sober. I followed that up with living at a Christian halfway house for 3 months. Life was new. I was new. It was great. But at some point, you have to live in the unprotected "real world". Within a few months, I started getting those alcohol cravings back. This was 2012. I didn't want to go down that road that has brought me and my loved ones so much pain. So I started searching on the internet and found out about a leaf called kratom that some alcoholics had used to quit and abstain from alcohol. I wasn't drinking yet, but was real close. I was very skeptical, but I was desperate not to go back into my own personal hell. It took about a few weeks to get my dosage right, but it worked. I couldn't believe it. I could make it through the day and not be fighting those generational demons that had haunted me my whole life. It was too good to be true. I took it everyday and my quality of life reached a level i had never witnessed or thought possible. Then in 2015/2016, I had heard that kratom was getting banned. I had just had my first daughter and didn't want to put that in jeopardy by having illegal substances in my home, so I quit taking kratom. Within 3 weeks, started drinking again. Within 4 months, I had lost everything, including my marriage, license again, job, and relationship with my daughter. February 1, 2017 I enrolled myself in a year long rehab. Did great there. I can stay sober in a protected atmosphere with no temptaion around me, but unfortunately the world isn't like that. After graduating that program i decided that i would start life over in a whole new area to me just miles from where this rehab was. Within a few weeks, the cravings for alcohol was creeping back. I surely didn't want to go down that road again. I was 40 years old and didn't have much fight or hope in me left should i give in to my addiction. I remember thinking to myself, if only kratom didn't get banned. (I forgot to mention that at the year long rehab, we had no television, internet, etc, so had no way to keep up with what was going on in the real world, let alone the news on kratom). Little did I realize, it was never banned. I ordered some immediately. I sit here writing this 5 years later. I have remarried, I see my child regularly, I have excelled at my job. I own 3 cars (most of my life I barely owned 1 because of DUIs, and lack of financial resources because of my addiction). These last 5 years have been my best. I could have saved myself from alot of pain had I found this earlier in life. But I'm lucky. 12 of the guys I was in the year long rehab with, have died from overdose. There is some guilt about me not keeping up with them as good as I should have, because I could have probably saved a few of them by telling them about kratom. I will be forever grateful for this leaf, that gave me a life i never thought was possible

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,

My name is Stephen McIntosh.

I am writing in opposition to the bill HB 1101 to criminalize mitragynine (kratom).

This bill will make it impossible for me to visit friends and family, or spend money in the state. It will impact land-based interstate travel.

I am a retired, permanently disabled person. I have constant, significant pain that makes daily life difficult and exacerbate an unrelated, complex, and dangerous health condition (advanced heart failure, cardiomyopathy, etc.) Before my provider began to stop writing prescriptions for narcotic pain management, my pain was well controlled. My pain has been unresponsive to other medications, and many, such as NSAIDs are contraindicated because of other conditions. It is not as effective as my prior Rx, but is sufficient. It has had fewer side effects.

Kratom has been a substantial improvement in quality of life and allowed me to do basic housework, the PT my cardiologist has recommended, and important tasks independently. I have maintained the same dose for over 6 years. I never exceed the daily dose I believe is safe and effective for me.

I, and people like me, should not face criminal sanctions or be excluded from the community/disallowed to travel though the state for safely and responsibly managing our chronic pain that have been underserved by our doctors or who find kratom provides better pain relief or fewer negative side effects.

I have committed no crimes. My use is utterly inconsequential in terms of public safety or public cost. The social and individual impact of all kratom consumers is minuscule compared to legal alcohol or illicit opioid use. No product, including foods and OTC medications are appropriate for all people with all health conditions or sensibilities.

Regulated kratom, such as that to restrict use to 18/21+, forbid adulterated products, require good manufacturing processes, vendor registration, and require labeling can further reduce risk and protect consumers. I would recommend and advocate for a Kratom Consumer Protection Act similar to those passed in Utah, Oregon, Nevada, for example. These regulations are minimally burdensome on consumers and can be implemented at very low or zero cost the state (funded by vendors/licensees) if it is not over-engineered.

I urge you to turn down this bill and for those members with concerns to alternatively consider a regulatory bill that will preserve safe access for adults who rely on this incredibly valuable and in some cases life saving botanical medication.

Thank you.

Stephen McIntosh, MBA
Software Developer (Ret.) and Instructor of Computer Information Systems (Ret.)

Dear Legislators,

My name is Ila Webster. I am 91 years old and a kratom consumer.

I am writing to express my opposition to the proposed kratom ban and to urge you to pass the Kratom Consumer Protection Act instead. As someone who is unable to take nonsteroidal anti-inflammatory medications due to a history of gastrointestinal bleeding and diverticulosis, kratom has been a crucial alternative for me. Although I don't need to take it often, having the option to use kratom when needed allows me to maintain an active and healthy lifestyle, taking care of my great-grandchildren and enjoying activities like tap dancing.

I have been using kratom intermittently for over five years and have never experienced any side effects. My lab results continue to be perfect, demonstrating its safety and efficacy for my needs. Please do not take this amazing plant away from those who benefit from it.

Thank you for your consideration.

Sincerely,

Ila Webster

Dear Members of the North Dakota Legislature,

My name is Luke DiDio, and I am strongly opposed to the scheduling of kratom. As someone whose life has been profoundly impacted by kratom, I implore you to reconsider the proposed ban and instead focus on regulating this natural, life-saving plant. A ban would not only strip North Dakotans of a crucial tool for health and well-being, but it would also reflect a failure to examine the facts and science objectively.

The opposition to kratom, while perhaps well-intentioned, is rooted in misinformation propagated by agencies like the FDA. Despite years of scrutiny, the FDA has failed to provide a single shred of credible evidence demonstrating that kratom is inherently dangerous. If such evidence existed, kratom would have been banned years ago. Instead, what we see is a campaign of fear and misinformation, as the FDA moves state by state to push its agenda without substantive proof.

Consider this: the so-called "kratom-related deaths" often cited in arguments against it have never been conclusively linked to kratom alone. Autopsies consistently reveal the presence of other substances, such as fentanyl or other dangerous drugs, at levels sufficient to cause death independently. In fact, there is no scientifically established lethal dosage of kratom, and the mechanisms by which kratom is alleged to cause harm remain entirely unexplained. When you ask medical examiners for concrete evidence or toxicology reports detailing how kratom could have been the direct cause of death, you will find vague answers unsupported by science.

The reality is that millions of Americans rely on kratom for relief from chronic pain, anxiety, and addiction to far more harmful substances. The American Kratom Association and other advocates have tirelessly worked to educate legislators and the public about the benefits and safety of this plant. We stand ready to provide you with the facts, the studies, and the testimonies of countless individuals whose lives have been transformed by kratom. All we ask is that you hear us out before making a decision.

Banning kratom would not eliminate its use; it would drive it underground, creating a black market rife with adulterated and unsafe products. This is a public health risk we can avoid by enacting reasonable regulations, such as those outlined in the Kratom Consumer Protection Act. Measures like age restrictions (18 or 21+), proper labeling, and quality control standards can ensure that kratom remains safe and accessible while protecting consumers from unscrupulous actors.

I urge you to see through the FDA's unfounded claims and demand real evidence before considering a ban. Regulation, not prohibition, is the responsible path forward. It safeguards public health, respects individual choice, and prevents the unnecessary suffering of those who depend on kratom for their well-being.

To those who have tragically lost loved ones, my heart goes out to them. But it is crucial to recognize that these heartbreaking stories are often exploited by those seeking to ban kratom, despite a lack of scientific support. These families deserve honesty and transparency—not misinformation.

Before casting your vote, I ask you to do one critical thing: request the toxicology reports and demand clear, evidence-based answers from medical examiners and agencies advocating for this ban. Ask them to explain, with scientific backing, how kratom allegedly caused harm. I am

confident that you will find their answers lack the rigor and substance required to justify such drastic action.

North Dakota has the opportunity to lead by example, demonstrating that decisions affecting public health are made based on facts, not fear. Kratom is a miracle plant that has saved countless lives, including my own. Please choose regulation over prohibition. Protect access to kratom while ensuring it is used safely and responsibly.

Thank you for your time, your willingness to listen, and your commitment to seeking the truth. I trust you will make the right choice for the people of North Dakota.

Sincerely,

Luke DiDio

My name is Walker Gallman and I am the Legislative Director for the Global Kratom Coalition. Today, I'm speaking in opposition to HB 1101 and urge the Committee to hold this bill until they've consulted with 3rd party kratom experts. Kratom, as a supplement, particularly when taken in a natural whole leaf form, has hundreds of years of safe use in Asia with more than 5 decades of safe use in the United States. In its traditional use kratom, which is part of the coffee family, is taken for energy and focus, much like caffeine. Even the FDA recently conducted a single ascending dose study on natural, whole leaf kratom in a clinical trial and found it as well tolerated by humans, in large doses, with no serious, adverse side effects.

The real concern are synthetic kratom products, known as "7" synthesized from an alkaloid called 7-hydroxymitragynine (7-OH) that exists in negligible amounts in natural kratom but when synthesized and amplified it becomes a potent opioid twelve times more potent than morphine.

Rather than ban kratom, I urge you to seek a better understanding of the situation and consider taking a regulatory approach instead. Bans are an ineffective tool which often leads to unintended consequences due to a lack of enforcement and bad actors' desires to make a profit.

Sincerely,

Walker Gallman

Please reconsider the ban.. many of my friends and family take kratom to better their life. I even took it for a brief moment after I had back surgery. I didn't want to be on pain pills. I'm convinced it cured my son of his poly substance abuse, which is a blessing to my family. I have a son who is a meaningful member of society. He works 2 jobs and has a family now. Talking about it makes me tear up because I know what his life could have been and what it was for many years. I have another friend who uses it for ptsd and insomnia and has been for many years with no problems. Please, I beg of you to reconsider a ban. This plant is helping millions. I don't understand why people want it banned. Anyways, thank you for hearing what I had to say, and God bless you

To Chairman Klemin, Vice Chairwoman Karls, Vice Chairman Vetter, and the esteemed members of the House Judiciary Committee:

My name is McKenzie McCoy, and I have been a registered nurse for almost 20 years. I reside in Watford City, ND and am a constituent of District 26. Kratom, or mytragynine, came to my attention about 2 years ago when I started as the Registered Nurse at Providence House, a substance abuse treatment center in western ND. I had not even heard of kratom before but became quickly alarmed by what I was seeing and hearing from clients during their intake assessments and while staying with us. I witnessed numerous kratom withdrawals and heard countless stories from clients about the path kratom led them down. Just recently I watched as 3 men from sober living relapsed on kratom and moved quickly back into their fentanyl addictions.

As I continued to research kratom (articles included below), from its pharmacology to its benefits/risks, clinical implications, reading research articles and really anything I could find, I also heard from individuals and families who have been impacted by kratom addiction or other addictions that ensued after starting the use of kratom, some losing their lives to it. I also read research articles of populations who kratom had helped, and then it didn't – as they ended up with kidney and liver toxicity due to increased tolerance, which required them to increase dosage and frequency of kratom to gain the same level of results.

What really stuck out to me was the financial side to kratom. This is a big money industry, \$1.87 billion in 2023 according to Maximize Market Research. I also noticed the legislative efforts in many states that were quickly quashed by big lobby money. Even the DEA backed down due to pressure from distributors and their lobbyists. The combination of witnessing firsthand the fallout of kratom and the acute interest of distributors to keep kratom unregulated, spurred me to approach Representative Olson to introduce a bill to regulate Kratom in our state.

As I read the testimony of people in opposition to this bill, 90% are out of state individuals, distributors, and retailers. It is obvious to me that the aftermath of kratom usage does not concern them in the least. They walk into a state, make a killing on kratom sales (pun intended), and walk out with their profits, leaving the wreckage for the taxpayers of North Dakota to clean up.

At Providence House, a majority of our clients that come in with stimulant use or opioid use disorder along with co-existing kratom usage are there on ND Medicaid, ND Medicaid Expansion, or recipients of North Dakota's Substance Use Disorder Voucher - all funded by the ND taxpayer. North Dakotans funded the Behavioral Health Department, the department that handles substance abuse program services, to the tune of about \$22 million for the 2023-2025 biennium (\$15 million from the general state fund for the Freedom Through Recovery program and an additional \$7 million was allocated to Community Connect program).

If kratom is not addictive, has valid medical relevancy, and its truly not about the money but about healing a person, then I'd like to ask the kratom industry profiting off North Dakotans to start contributing a percentage of profits to the Behavioral Health budget to offset the cost of side effects and substance use disorder treatment due to kratom. I'm guessing that is an offer that most distributors and retailers will not want to take, because they know their product doesn't stand up to its claims.

I thank the committee for their time on this matter and ask for a 'Do Pass' recommendation on this bill to protect the health and well-being of North Dakotans and to mitigate the financial burden kratom has and will continue to cause our citizens.

I'll stand for questions.

Respectfully,

McKenzie McCoy
Watford City, ND
District 26

Sources

[A Critical Review of the Neuropharmacological Effects of Kratom: An Insight from the Functional Array of Identified Natural Compounds](#)

[Kratom Market: By Form, Product Type, Application, and Distribution Channel](#)

[Kratom: Pharmacology, Clinical Implications, and Outlook: A Comprehensive Review](#)

[Kratom Policy: The Challenge of Balancing Therapeutic Potential with Public Safety](#)

[Legislative Appropriations: 2023-2025 Biennium Report](#)

[The Pharmacology and Toxicology of Kratom: From Traditional Herb to Drug of Abuse](#)

To Whom It May Concern:

I am writing on behalf of the possible Scheduling of Mitragynine as a Controlled 1 substance.

My 25 year old son Tyrell died for Mitragynine Toxicity on February 6th 2024. Tyrell was my only child and my best friend. He had a great job as a waiter, worked out every day, and had family and friends who loved him immensely.

He died from drinking a Kratom seltzer drink. The front of the can said alcohol free, caffeine free, and sugar free. Who would think having too many of those would take his life? Here he was just hanging out at a Kava bar, which is a nonalcoholic bar. But as I researched more, I realized he may have been getting addicted to them without even knowing it.

I am sure you have received messages from Pro-Kratom people or from the American Kratom Association who say its beneficial and that most people who died from it have opiates in their system or toxicology only tested for Kratom because it was found in their home.

My response to them is 1) The AKA is a billion dollar business and of course they dont want to lose money. 2) My son was found dead in his home and a full toxicology was done on him because there was nothing in his home to suggest what he had died from. I have police reports that say that. That dispels them being tested solely for Kratom because its found in the home. Secondly, no opiates were found in my sons toxicology report and his sole cause of death, on his death certificate, states Mitragynine Toxicity. There was no secondary cause.

Many people who are in favor of Kratom are recovering addicts. And I applaud anyone who is able to turn their life around and get into recovery. However, I feel that it may not be that healthy to change one addiction for another.; and to work so hard to get clean just to get addicted to something different.

The city I live in just banned Kratom as of January 2nd, 2025 and now the surrounding towns are looking into banning as well. Our city has dealt with a drug problem for a long time and the Board of Health had grave concerns about Kratom. They felt that they had to do something as the people running the recovery centers were calling with concerns about their recovering addicts becoming addicted to this. The Board also realized the dangers of Kratom.

You will also hear Kratom advocates state that they believe it should be regulated not banned. But if you do your research, you will see that the majority of deaths from Kratom are people over the age of 25. To regulate it to people over 21 is really not supporting or saving anyone.

Id like to close with reiterating my want to ban Kratom(Mitragynine). When my son died, so did I. I may be alive but I am the walking dead. How did I raise him right his entire life to only have him succumb to a seltzer drink that was labeled as caffeine free, sugar free, and alcohol free? To regulate it will not be beneficial. It needs to be banned. There is not enough research done and not enough evidence to prove it is beneficial. The DEA had concerns about Kratom all the way back to 2016. My sons death affected dozens of people. So even one Kratom death has destroyed dozens of lives. Lastly, you will hear advocates say Kratom has saved my life. Well I say to them, where is a letter from your doctor stating Kratom saved your life? Because, I have a certificate of death, from a doctor, saying Mitragynine(Kratom) took my sons life.

Thank you
Holly Trouville

In opposition to HB 1101 Relating to the scheduling of mitragynine as a schedule 1 controlled substance.

Kratom (mitragynine) is not a recreational drug and subject to misinformation generated by "Big Pharma" who knows it is a very beneficial supplement that would impact their bottom line.

I'm a disabled veteran who uses Kratom to treat by depression and anxiety. Modern Psychology has not found a drug to successfully treat my Bi-Polar condition. Kratom is the only non-addictive drug that provides me relief. Without it my life would truly be at risk. It is also very successful in treating PTSD.

Kratom is commonly used to treat pain and assist in helping addicts on opioids (or in my case benzodiazepines) treat their addictions very, very successfully.

You can not overdose on Kratom, neither become addicted. When I do get through my depression, I know longer use it. Addiction to Opioids and other drugs that use the brain's Opioid receptors can and are being treated successfully with Kratom resulting in lives free from addiction and addicts returning to a productive life.

There are so many benefits related to its use it would be criminal to schedule this supplement. It would make no sense other than to allow Big Pharma to dominate. Big Pharma has no compunction in creating drugs that are extremely harmful. Covid is a perfect example. It is probably the best example of Big Pharma in cooperation with the government generating obscene profits off the backs of misled Americans. What they have done is criminal and resulted in the death of thousands if not millions of our citizens. They are some of the most unethical corporations there are.

Please have some compassion for those of us who are able to live a better, more productive live when it is necessary to use Kratom.

Garrison Smith
US Army, CW2 Retired

Kratom consumers should not be subjected to punitive punishment, which is what you are calling for when you vote yes to schedule kratom as a controlled substance.

Studies show that imprisonment worsens a persons life tremendously- beyond their time in jail. Jail/prison will negatively affect their mental and physical health. It will negatively affect their job, their family.

Prison is a terrible place to be and kratom tea drinkers do not belong there. How could that be Justice? The people who take kratom are already a marginalized group; these are pain patients, recovering addicts, veterans, teachers, factory workers, working class citizens.

The War on Drugs has been devastating to the citizens of America, and criminalizing kratom is no different.

Please reference Marshall Price from Arkansas, who was killed 3 weeks into his 10 year prison sentence for trafficking kratom ten miles across the state line.

Marshall Prices constitutional rights, Arkansas Civil rights, and protection against discrimination under the American with Disabilities Act was violated in the Arkansas prison system. This resulted in an agonizing death that traumatized his family for generations to come.

On behalf of your states kratom tea drinkers, do not pass this ban. This will be detrimental to the wellness and happiness of the consumers of your state. Please consider the Kratom Consumer Protection Act instead.

Julian Price, Arkansas

Good morning, I'm John Shinholser, advocacy director of American Veterans for Kratom Safe.

I am a Marine Corps veteran and an old-timer in a 12-step recovery program, clean and sober for over 42 years. I am also the co-founder of The McShin Foundation (2004), a peer-run recovery community organization, a national model, and a pioneer in the modern treatment and recovery industry.

I have spent the last ten years studying Kratom, and these are the pertinent facts:

- Upward 20 million adult consumers (very few underage/teen consumers)
- Kratom is one of the reasons for opiate death reduction
- Consumers choose Kratom over more harmful prescription and illegal drugs, including a reduction in abusive alcohol consumption
- There is absolutely no comparison to flipping use from “one pill kills” illegal drug to an FDA-regulated GMP Kratom product, a natural plant
- Felonizing Veterans and responsible adult consumers is absurd
- Banning an FDA-regulated GMP plant product because the pharma and treatment industry complaining of losing business can't pass “the smell test.”
- Prohibition was a miserable failure, driven by religious ideologists and angry wives and mothers, A law that sparked organized crime that is rampant to this day

The most practicable solution for ND is to pass the Kratom Consumer Protection Act, KCPA, which by law would only permit FDA regulatory guideline Good Manufacture Practice, GMP products, have age restrictions with behind-the-counter sales.

Furthermore, for the few ND mentally ill citizens with substance use disorders who choose to abuse Kratom and become addicted, have them slow down or stop abusing it or send them to treatment. Please stop demonizing and stigmatizing a valuable plant product that is a solution for most consumers.

Respectfully submitted:

John Shinholser,

Advocacy director of American Veterans for Kratom Safe

My name is Bern Sponenburgh and I am a resident of Florida, and this is my written testimony.

I want to urge the North Dakota House Judiciary to please not place kratom as a scheduled substance. I have used kratom for 7 years with no negative effects. Kratom provides a safe, non life threatening, and natural recovery route for opiate addicts. It also provides a safe and, more importantly, non life threatening alternative for chronic pain patients. Kratom is a viable solution to our current opioid crisis and banning it would only serve to make the crisis worse. I have seen and heard the testimony of hundreds of opiate addicts getting completely off of opiates, with some have even stopped taking kratom. Such stories reveal true and complete recovery from one of the most difficult addictions known to humankind. Kratom has some opioid like agonist properties to it but, unlike classic opioids it does not cause respiratory depression. Kratom also has several antagonists as part of the natural makeup of the plant, which creates a ceiling to the effects. This ceiling basically means that you can't get high off of kratom. Kratom also has some stimulant like properties, as well as some sedative like properties.

I, personally, have a Attention Deficit Disorder, and Intractable Insomnia. My prescription for Adderall was virtually impossible to fill locally and, honestly, kratom is far more tolerable for me and overall is a better option for me over Adderall. It also replaced all of my sleeping and anti anxiolytic medications. The people of North Dakota deserve to have the right to choose kratom so again, I ask that you please do not schedule kratom.

I thank you for your service and consideration.

Respectfully submitted,

Bern Sponenburgh

Heidi Wittmayer

HB 1101 – Relating to the scheduling of mitragynine as a schedule I controlled substance.

1/12/2025

My name is Heidi Wittmayer and I have been safely using kratom (mitragynine) for about 8 years. I am opposed to the scheduling of mitragynine as it is far more beneficial than it is damaging for millions of people, including myself. I am a mother, wife, daughter, sister and employee. I am able to be efficient, available, present, alert, productive, and so much more thanks to kratom. I was diagnosed with ankylosing spondylitis and joint hypermobility in 2015 after having already been dealing with pain for many years. I spent more time in bed and sleeping due to pain and fatigue, which then led to feelings of guilt, anxiety and worthlessness because I couldn't be who I was supposed to be. I wasn't a very present mom or wife, I called in sick to work more than I liked, and I had a couple of ER visits due to the side effects of the opioids I was prescribed at that time. For pain management, I started with tramadol and Tylenol #3 to no relief and was eventually put on oxycodone/APAP 10/325mg. I entered into a pain management contract and was a compliant patient. This worked, but with side effects! After a couple of years, I found that I was needing more to get relief and had become physically and mentally dependent. This scared me as I am well aware of the respiratory effects and death associated with opioid use. During that time, I was also placed on a biologic medication (Humira) to treat the ankylosing spondylitis. This helped my pain and fatigue some, but I was already dependent on the opioids. I decided to research and find a safer alternative and that's when I found an all-natural, non-opioid plant from the coffee family, called kratom. It's not a cure and it doesn't get rid of all my complaints, but it helps. I have not experienced any serious issues or side effects. I have my blood tested 1-2 times a year because I'm on Humira and my labs have always come back good! On days I do not take kratom, I do not experience any major withdrawals, aside from tiredness/fatigue and increased pain (which I already had been experiencing before I started kratom). It's actually expected for someone to experience withdrawals when they have been consuming a product for a prolonged period of time, even when that product is an everyday staple like sugar, soda, caffeine, OTC pain reliever, etc., but there is no discussion on banning those.

I am in support of passing the Kratom Consumer Protection Act (KCPA). Many states, including Utah, Arizona, Oklahoma, Nevada, etc., have passed the KCPA. This act protects the consumer and requires manufacturers to follow CGMP regulations; restricts alteration of natural alkaloids; prohibits adulteration and contamination of products; requires proper labeling of contents of product; imposes age restrictions; and prohibits health claims not supported by clinical evidence. I purchase my kratom from an out of state vendor that has adopted the KCPA and I will only purchase from a vendor that follows the practices laid out in the KCPA. This vendor provides testing documentation for each batch of kratom that shows that the product I am receiving is pure kratom and has not been tampered with. This gives me peace of mind as I know I am getting a safe and quality product.

There is an abundance of scientific information on The American Kratom Association's website, I urge you to check it out and read up on some of the scientific studies that have been conducted

regarding mitragynine. There are many scientists that do not support the scheduling of mitragynine, stating that banning it could have very serious consequences (creation of an unregulated illicit market, turning to illicit substances that would increase overdoses and death) and that mitragynine should be considered part of the solution and not part of the problem in the fight against the drug epidemic. It could be another tool in the addiction tool belt, not an enemy to addiction treatment. Studies have shown that there is no sufficient scientific evidence that supports mitragynine-associated health risks that warrant scheduling. Even The Expert Committee on Drug Dependence for the U.N. Commission on Narcotic Drugs have shot down an international ban in 2021, also citing insufficient evidence.

Thank you so much for allowing me to present my testimony on an issue that is so very important to my life and to the people I interact with. I oppose the scheduling of mitragynine but recommend passing the Kratom Consumer Protection Act (KCPA) to create regulations that will build trust and safety in communities and for consumers whose lives have been made better or bearable by this plant. I urge you to vote against HB 1101. Thank you again, your thoughtful consideration is appreciated.

Heidi Wittmayer

To whom it may concern,

I am opposed to the bill HB 1101. I want to keep kratom legal in North Dakota because my mother in law desperately needs this plant. She is disabled, living with SLE lupus, needing spinal surgery, etc and in constant pain, and without kratom she couldn't be the wife, mother, or grandmother that she is today.

She wouldn't even be able to drive her car if it weren't for the pain relieving benefits of kratom. We have all researched kratom and know that this is her saving grace. Opioids KILL people in this country every day. In fact, 130 Americans die every day from an opioid overdose, accounting for two thirds of all overdoses. Her ex brother in law, that she tried to get to take kratom, is now a victim to opioids. She doesn't have to have the blame for that loss, but of course she wears it because we know it could have saved him. We would all be lost without her.

If you could adopt a bill to protect kratom consumers that would hold vendors, growers, manufacturers responsible for not adulterating it and test it to make sure it doesn't have salmonella or mold, that* would be extremely beneficial. We need* to get it out of the gas stations which it pretty much is now because of the 2016 federal bill.

PLEASE do not ban kratom. Do not prevent people from living their lives without pain. Do not continue the cycle of opioids and numbing the American people until they die premature deaths and hurt the people around them. It is cruel and it won't go without noticing where your priorities lie.

Thank you for your time.
Trisha Hartley

To whom it may concern,

I understand that some people who aren't familiar with *mitragyna speciosa* (kratom) may think of it as some unregulated and dangerous drug. This is just not the case!

It is a very safe plant that has helped many thousands, if not millions of people. It personally saved my life from opiate addiction caused by prescribed pain meds for a back injury. This is the story with most kratom users. We don't want to be addicted. Or even to take opiates. I was desperate to find a way to live life without opiates. A friend told me about kratom and to give it a try. It literally saved my life. It got me off opiates, works well for pain management without all the "high" And helps me live a normal life. I don't drink or smoke or do drugs. I take kratom daily to help with pain. I work, take care of my family and am a productive member of society. I cannot stress enough first, the emphasis on freedom! Freedom to choose a safe, natural alternative to harsh pharmaceuticals. And second, the safety and innocence of kratom. I've taken it daily for more than 5 years with no adverse health problems, and on the contrary have been more productive and pain-free for almost a decade.

We are not druggies. This is not a drug. It's a helpful plant. Please consider voting no and taking a more in depth look into this wonderful plant and the amazing ability it has to help people.

Thank you for your consideration,
Shawn.

Hello,

I am writing to voice my support of Kratom and to express my opinion of why this bill should not be passed. I no longer take Kratom, but I did for a couple months last year after I hurt my back. It helped me immensely with pain management and to get through each day so I didn't have to take time off from work. I didn't feel impaired whatsoever after taking it and it was very easy to quit when I decided to do so.

I have seen firsthand just how much this plant can help people both physically and mentally. I also know it has helped many people who were addicted to hard drugs and alcohol. If you ban Kratom some of those people will go back to using those drugs. Their lives will be so much worse and some of them may die. Please don't allow this to happen.

I truly don't understand why anyone would want to ban this plant. It is very safe for those who use it and those who do use it don't put anyone else in danger at all. How does it make any sense for drugs like tobacco and alcohol to be legal but not Kratom? It is much safer in every way imaginable. This is supposed to be a free country. Why can't you let adults have the freedom to decide what's best for them?

I sincerely hope you make the right decision and allow this amazing plant to stay legal. Kratom saves lives, please don't take it away from those who desperately need it.

Thank you for taking the time to read this,

Collin Schott

My name is Olivia Martin, and I am in opposition of this bill.

My mother is 53 years old and has SLE lupus among many other things that coincide with it. She was diagnosed in her early 30s when I was a child. I grew up with a mother that didn't have much energy to do the things she wished she could, but she did her best. As I grew older, her disease got worse and will get worse over time, as there is no cure.

I'm 26 years old now and this disease took a lot of things from me that a normal child would never think twice about. Now that I'm older - and I may have that same disease - I realize what my mother goes through every single day, and has, for the last 20+ years. It is without a doubt not something I would ever wish upon anyone. The pain that stems from deep inside your bones from the moment you wake up to the moment you go to sleep and comes with extreme exhaustion and a plethora of other things to tackle within that 24 hours is something you cannot just shrug off.

The lack of medication available to help the disease and the lack of education and funding to a cure makes any doctors hands tied with how to treat a patient like my mother and I. This leads them to do what they know best and prescribe pain medications to help you get by with just your day to day life. In acute pain patients this would not be an issue, but in someone like my mother who has that pain every day for the last 20+ years this becomes a problem. Opiates usually are what is slapped on the prescription pad.

This has been proven *and known* not to be adequate for chronic pain and can lead very quickly to addiction, among all the side effects that come with these medications. My mother, thankfully, did not become addicted but did lose hope and could not keep up with the side effects and judgement, even from healthcare providers, that came along with being on a long term opiate pain management program.

She found Kratom in 2016 for pain management with little to no side effects. After massively researching and finding good faith companies she gave it a try and has been on Kratom since. For the last 8 years, she has been able to manage her pain with a plant compared to the alternative. I would hate to see the outcome if Kratom would never have been an option for her. This plant allows her to get out of bed and have energy to get through her day. She can drive a car and go out in public and be there for her children and grandchildren. She can feel like a member of society even with a debilitating disease. She would *never* be able to do that with the alternative option which is opioids.

I haven't even been diagnosed with what I already know to be Lupus and doctors have already prescribed me opioids. I'm 26 years old and cannot be apart of society with that in my system. I can not get a job, I can not drive a car, and I can not leave my bed. With Kratom I can.

I ask you please do not pass this bill because of the loss I just endured early December. My uncle passed away from suicide and the drive behind it was an opioid addiction of 30 years. He was an outstanding man and father with great opportunity that was taken at the hands of opioids. He had a serious injury to his back from a job and was given opioids that would temporarily keep that pain away, but it was fueling a dependency. That dependency turned into an addiction that altered my family tremendously.

Thirty years ago Kratom wasn't an option, if it had been I would still have my uncle. If Kratom was given to him when he wanted to get off opioids, I would still have my uncle. Kratom is known not only to pain manage the same way opioids do, but to also guide and help people get through the withdrawal of them in a way that can *change their lives*. This plant gave me my mother back. It gave me the hope that people like my uncle don't have to suffer at the hands of

an addiction that was prescribed to them, and it gives me hope for what I may endure some day so I can still be a functioning part of society even with a debilitating disease.

At the same time as I ask that you do not pass this bill, I also ask that you adopt a bill to protect Kratom users like my mother. A bill that would hold vendors liable for any additives that are unnecessary or are in lack of regulation. I am aware of the bad name Kratom is getting from slightly altered and non-regulated manufacturers commonly sold in convenience stores around the country that portray a very different story from mine. These products harm consumers and tarnish the good that Kratom does. Having an adopted bill would force vendors and manufacturers to uphold regulations and stop them from adding any harmful additives to this plant, so that consumers, like my mother and many others, can safely use this plant to maintain a lifestyle that was stolen from them.

Thank you for your consideration and time.
Olivia Martin

I was addicted to pain killers. I have osteoarthritis. I've been working a rotating 12 hour shift for the last 20 of my 62 years of life. Pills and straight whiskey killed my pain. My drug addicted son discovered kratom, and shared this new leaf with me. Both of us quit opiates. Since then, I have also quit drinking. Then I quit smoking. And now I've quit Copenhagen. If I could show you my latest blood tests I know you would be impressed because all of the number have improved significantly. My son is still drug free and sober. I've had both my shoulders removed and totally replaced. And I did that without opiates. Just ice packs and this wonderful leaf. Kratom has saved my life. Saved my baby boys life. And now, my alcoholic brother in laws life, as he has finally gotten away from the vodka. Don't let the lies fool you into judging against this amazing miracle leaf. It saves many lives, and without it, a lot of your good people over there will stay hooked on drugs and die. You're not just losing people, you'll be losing voters and tax payers. This is another of Big Pharmas attempt at getting rid of a natural plant remedy that takes money out of their pockets. Kratom saves lives by the tens of thousands.

I am opposed to HB1101.

Back in 2012 I was diagnosed with Hodgkins's Lymphoma and kratom was one of the best tools I had during that very challenging time. I found it to have way more therapeutic value than most if not all of the other medications I was prescribed during that time. It really helped me wean off pain killers that I was taking for a few months while I was going through chemotherapy. I also used it on and off for a few years after I achieved remission for a number of things but most notably depression and anxiety following that whole ordeal. I still use it to this day for smaller injuries that I sustain while running full time.

Kratom is not as addictive as the opposition thinks that it is. I had a harder time stopping some of the medications that I was taking during my cancer journey much less alcohol and nicotine. Kratom is a huge harm reduction tool that people can use in place of harder drugs out there. Given that this country lost 100,000+ people to fentanyl last year we need to give these people as much help as they can get to help them stop. To my knowledge there have been zero overdose deaths strictly related to active ingredients in kratom. Most of the overdose deaths related to kratom are either poly drug overdoses or having a tainted product. I do think that there needs to be tighter regulation with the drug so people are more informed about what they are buying but I don't think this drug needs to be scheduled. Making this product a scheduled 1 controlled substance which classifies it with much harder drugs is not the way.

Thank you for taking the time to read my statement.

Kratom changed my life for the better. I have always dealt with anxiety and depression but 8 years ago my depression went to a new low and I drank alcohol to cope but kept sinking lower. I was in an awful dark place ,not knowing how to get out, contemplating taking my own life .Then someone mentioned Kratom. I was skeptical and have never liked taking new things but I read it was a natural plant substance and I was desperate so I gave it a try. From the first time I took it , it was like I could breathe again . I stopped drinking. I started working again, running again, smiling again. I started LIVING again. I cry just thinking about the relief it gives me from my anxiety and depression. It helped me turn my life around. I credit

Kratom for how far I've come , and for helping me to conceive and have my beautiful daughter. If I was still drinking there would be no way I would have been healthy enough to have her and care for her . My health and happiness has never been better , and that's all thanks to Kratom. It has saved countless lives and I'm blessed to say I am one of those lives . It scares me to think of what it would do to my mental health and quality of life it were not available. The power of this plants ability to positively change people's lives needs to be noticed and appreciated.

Thank you for taking time to read my testimony!

My name is Judith Newcomb. I am a 53 year old college educated daughter of an Air force Veteran and a North Dakota resident, who has lived in Minot for over 3 decades. I am a wife, mother, grandmother, and a chronic pain survivor and I am opposing HB 1101.

I developed SLE Lupus in 2004. The very first symptom was extreme arthritis pain in my hands and wrists. Over the next decade, I was put on all kinds of medications to try and slow disease progression, try to make a dent in the constant daily pain, and to try and relieve even some of the extreme exhaustion.

Opiates helped in the beginning, but they are not for chronic pain and I found out first hand why. Initially, I was put on Tramadol for 2 years and then switched to Tylenol 4 for 1 year. My tolerance built up fast for both which majorly diminish any sort of pain relief I initially had. I couldn't drive due to the effects of the opiates, my depression was getting worse, my liver enzymes had increased, my extreme exhaustion was back in full force, and if I had to go to the ER or walk in clinic for other medical issues, I was treated poorly as it was automatically assumed I was there for more powerful opiates. And to top it all off... I was subjected to drug urine tests before I could get my prescription refilled, to make sure I had that opiate in my system which meant I wasn't selling it. That alone was so degrading!

In early 2016, I couldn't take it anymore. I slowly took myself off the Tylenol 4. There was no point in continuing to take it since my chronic pain was back to being severe. In the weeks that followed, my depression got worse to where I would lay in bed all day. My quality of life was non-existent. I felt completely defeated and didn't know what to do. What kind of mother and wife was I if I couldn't even get out of bed?

It was during one of those very hopeless and depressed days that I first learned about Kratom. It was the end of August in 2016 and start of taking my quality of life back!

Just as I had then, and still do, for any substance I take, I majorly researched Kratom and potential vendors. I read all the information about Kratom safety, how to select a trusted vendor, and to NEVER buy it at a gas station due to the possibility of it being adulterated with Tramadol and/or other fillers making it very unsafe.

I ordered a "beginners packet" from a very respected and trusted vendor that tested all their kratom through an independent laboratory. They posted all the results, which showed no fillers, no adulterations, no salmonella, just 100% ground, dried, Kratom leaves.

The first time I tried Kratom, I knew this was my answer! I could get better pain relief, help with my extreme exhaustion,

and still be able to drive? YES!! I FINALLY HAD HOPE AGAIN!

Kratom has the ability to do what no other opiate prescription or even medical marijuana can do! I can take a spoonful of Kratom and still drive my car, spend time with my grandkids, and have a completely clear head so I can be a functioning member of my family and community again! It brings my pain level down from a 10 to a 5, and that is a level I can handle! Even my liver enzymes came down to normal levels where they have remained since I started Kratom.

Over the past 8 years of Kratom use, I have helped many other North Dakotans find out how Kratom can help their situation. To GIVE HOPE to my alcoholic friend who has chronic pain and therefore was having great difficulty getting sober since she used alcohol to numb her pain. Kratom helped her alcohol withdraw symptoms and continues to help her chronic pain.

Another younger friend had an unexpected pregnancy and was a new mother that used alcohol and prescription opiates to get through her day. She didn't want to be that kind of mother anymore and used Kratom to get and stay sober. And since it has such a positive effect on her ADHD, she is now attending Minot State University!

I have many examples like these of how Kratom has improved the lives of my fellow North Dakotans. But, I also have an example of how NOT having Kratom as an option for chronic pain can end a life.

My brother in law committed suicide just 2 months ago right after Thanksgiving. He was a 30 year prescription opiate addict who was given prescription hydrocodone for a severe job related back injury 3 decades ago.

Every minute of every day since December 2nd 2024, I think of how Kratom could have saved his life and how my nephews would still have their father. Instead, when their kids are old enough, they will have to explain why Grandpa was not in their lives anymore.

This man, who was a husband, father, grandfather, brother, and uncle was such a kind soul that would be there for his family and friends in an instant, if needed. But all of that changed when his doctors stopped prescribing his opiate pain medicine. At that point, he was already addicted AND still had severe chronic pain. He found himself hopeless, depressed, and didn't see any other way to stop the mental and physical pain. If I had known years ago what he kept hidden from most family and friends, I could have introduced him to this plant that I know would've changed the course of his life.

I can't change the past, but I can advocate to keep Kratom legal and obtainable in North Dakota now and in the future.

Keeping Kratom accessible is VITALLY important, not only for myself, but for my 26 year old daughter who is in the processing of being diagnosed with an autoimmune disorder, that I know, from personal experience, is SLE Lupus.

This means she needs to have access to SAFE, unadulterated, tested, 100% pure Kratom leaves from vendors that follow safe manufacturing processes.

So I am asking you, my fellow North Dakotans, to not only oppose the scheduling of Kratom, but to adopt into law the Kratom Consumer Protection Act so my daughter, along with all North Dakotan chronic pain patients, wounded Military Veterans, PTSD survivors, alcohol and opiate use disorder patients, and treatment resistant depression patients will have the option of safe and accessible Kratom.

Thank you for your consideration and time,

Judith Newcomb
Minot, North Dakota

I found Kratom about 10-11 years ago and have been taking it ever since I could. I NEVER EVER ONCE have had ANY type of bad blood test come back and all my organs are still in perfectly working order, even after taking about 21g x2 daily to help me to just get by... with my awful insomnia , the white kratom is the ONLY thing that helps me to stay awake. The green strains are the only anti-depressant that ever actually does any good for me, and OMGSH I have SOOO (too) many different chronic pain issues including fibromyalgia and chronic knee issues from when I cut it down to the joint on the sheet metal of a bathroom exhaust fan, And I was born with a clubbed foot, my right foot was turned around 180° and my toes were facing up towards my butt.. they TWISTED my foot around Riiight after I popped out... my mother burst into tears from the bloody merderous screams that came from me.. and I was down a long hallway with multiple sets of closed doors in between us too I've been told... Motrin and Tylenol can only do a LITTLE bit of help.. doctors don't wanna prescribe any opiates or even Tramadol and Red Kratom is the (I swear to the Lord God Himself on my life) only thing that's gotten rid of the pain and I WOULD NOT BE ALIVE IF IT WASN'T FOR KRATOM. I've never experienced ANY negative side effects and have seen stories of corruption in the government (that tends to get buried) that has made some of the false claims of heavy metals being in it and stuff, it WASN'T there until The Gov agents put it there and it is by no means usually that way, Plus I know that who I buy from and many others do tests via a lab before even selling it to confirm purity/safety.

Please don't take my life away from me.... there is nothing inherently wrong with Kratom, it's closely related to coffee... should that be banned too..?? Nah, not at all... besides..

Are we not "the home of the free and the brave" and all that yadda yadda?? We should have/keep complete control to ingest whatever we want/whatever helps in daily life especially. Really especially with modern Western medicine fails to take care of the many issues that many people have and experience...

PLEASE PLEASE PLEASE PLEASE PLEASE don't make the incorrect decision to outlaw something COMPLETELY NATURAL that does so much endless help.

Kratom is what keeps me alive.. please don't take my life away..... :'(((((((((((>.<

To whom it may concern,

I will keep this short, I feel compelled to help veterans when I can. I am a veteran, a retired Green Beret, and am 100% disabled. I retired in 2023 and I have watched countless veterans' lives destroyed by the opiate crisis. Kratom is the only thing I've seen turn people's lives around. Nothing else I've seen has worked. Not only that, it has been an alternative for pain for many that I know. Please consider passing a protection act instead of banning it. My contact information is below, and I will talk to anyone who needs further testimony. Thank you very much for your time.

Respectfully,
Christopher Myers

chris.g.myers17@gmail.com
(615) 922-8523

I appreciate you listening to my story. I am a 55 year old man, who has Chronic Fatigue Syndrome. That means my body does not produce energy anymore (or very little anyway). Over 75% with CFS are disabled, many can't even get out of bed, even after a full nights sleep. If you don't have CFS, you can't imagine what it's like not having the energy to even talk sometimes, or to simply pay your bills, or to sit at your computer and not have the energy it takes to type a letter. Let alone going grocery shopping and other routine tasks that I used to be able to do so easily. I basically watch life go by now, I have no quality of life, and I certainly don't enjoy life anymore.

Enter Kratom. I heard about Kratom back in 2019 and was of course skeptical. However, I tried a small amount and within 20 minutes I actually had the energy to start cleaning the house, I couldn't believe it. (Please keep in mind that I have been on all the traditional meds, with no relief at all and a bucket load of side effects to deal with).

The interesting things about Kratom is that for Chronic Fatigue, it takes only a small amount to get sufficient energy (kind of like drinking a cup of coffee). It also goes into your system quickly, and exits after a few hours - with NO side effects, no insomnia to deal with, etc. I only take 1/2 tsp (which is about 2 grams) usually about 5x per day. This gives me the energy I need to keep my job, and actually have a little bit of quality of life again! It truly has changed my life, at a time when I had given up all hope!!

I truly believe that lawmakers don't understand the GOOD it has done for people like me. I'm no junkie, I've never done drugs, don't drink or smoke. I just inherited bad genes from my mother. Don't punish the vast majority of us who have benefitted from Kratom.

There has to be a middle ground here; instead of banning it, maybe you just regulate it? I take Kratom responsibly, and I do believe the majority of us do. **We've found something that actually works for us, please don't take that away.** If you do, I will go back to watching life pass me by, I will have to retire because there is NO way I could keep my job. And I'm happy again! If you have no energy, you have no life, period. Because it takes energy to live, after all.

Please seek to understand Kratom, please see the good it does for regular people like me. Please seek to find that middle ground. I would be more than happy to tell you my story in person, or to testify to the good it's done for my life (and my family).

Thank you so much for listening to my story with Kratom,
Mark Sweet

1-13-2025

Dear North Dakota Legislative Council,

My name is Carrie Harrell and I am in opposition to HB1101. I am a Kratom Advocate. Please do not make good citizens criminals for freedom of medical choice. I use unadulterated pure kratom powder daily for my Plantar Fasciitis in my feet. Without it, it is hard to walk. I have 3 children, two with Autism. I need to be able to care for them and that includes standing for hours, cooking, cleaning, grocery shopping, teaching homeschool, & taking my kids to OT & Speech Therapy. I never needed kratom until I experienced this horrible pain in my feet last year & I have arthritis in my back.

I first learned of Kratom in 2019 after my cousin Misty Brown watched a video called "A leaf of Faith". She tried kratom & it helped her pain. It got her off of over 11 opioids & hard drugs. I couldn't believe the change I saw in her. It truly is a miracle leaf. She had a great job working for The United States Postal Service as a single mom. She bought her first house & life was good. Then she started experiencing back pain. When she went to the Doctor they told her she had Degenerative Disc Disease. It is genetic. My Dad also has it. It runs in our family. After going to the doctors they put her on so many opioids. Same thing they did to my dad. Over 10yrs I watched opioids destroy my cousin's life. She was bedridden with pain. She could barely speak a sentence. She was like a zombie. This could happen to anyone.

I flew out to Colorado in 2012 to help her when her brother died. She was a mess. She could barely function. She had a seizure right in front of me at dinner & had to go to the hospital by ambulance. I think being on so many different pills did not help her epilepsy, it made it worse. She actually had a huge back pack with all her opioids in them. Then the doctors cut her opioids when they passed the new laws to reduce the opioid epidemic. That caused my cousin to try hard drugs to ease her pain. By some miracle she happened upon that video about kratom. I have watched her do a complete 180. I'm telling you this because her life has turned completely around with kratom. She has taken it now for 5yrs & I'm so proud of her. She has been completely sober from opioids & drugs. She hasn't had one seizure in 5yrs. Now she is able to drive a car again, get out of bed, cook, clean, have a relationship with her kids and now today her son had a baby. She became a grandma. She has her life back. Without kratom she would be dead.

Kratom or Mitragynine is not a drug. It is a leaf from the coffee family. It is food. The FDA can never schedule it as a drug. There is plenty of science on kratom. You need to research beyond the controlled Google articles. The American Kratom Association has all the science you need. I live in Texas and our state has passed the Kratom Consumer Protection Act. Please join the other states that passed the KCPA to regulate kratom & protect our medical freedom. Kratom should be 21 & up just like alcohol. If a person has freedom to buy alcohol that does absolutely nothing for them and has killed millions. Citizens should be able to choose a natural leaf that saves millions. Do not confuse unadulterated pure kratom powder with 7OH, extracts, & liquid forms of kratom. That is why kratom should be regulated and kept safe.

It is not a party drug or something kids would want. You can't blame kratom when companies turn it into an extract & add ingredients to it like fentanyl. That is not pure unadulterated kratom powder that is 3rd party tested. Know the difference & stop blaming this miracle plant. To the parents who claim their child died from kratom only, there has been no evidence in their Toxicology report that it was pure unadulterated kratom powder and nothing else. If they mixed kratom extracts with other drugs or meds then that is the cause of death. Not solely Kratom. I am sorry they lost a loved one. Kratom is not to blame though. It would be the manufacture & the extract. That is why Kratom powder needs to be regulated & extracts should be separated from pure kratom leaf powder.

In 2020 my cousin sent me some pure unadulterated kratom to try. It tastes like the bottom of a lawn mower. You have to drink it with orange juice or grape juice. At that time I had no pain. So when I took kratom it did nothing for me besides give me some energy. It is like taking an advil. It doesn't impair you like drugs, opioids, & alcohol. It is not addictive either. I retried Kratom at the end of 2023 after I got my Plantar Fasciitis. It is the only thing that helps my pain now. But If I'm not in pain I don't need it. I don't use it daily. Only on bad days. Kratom is as addictive as coffee, soda, chocolate, milk, etc. Please do not make good citizens criminals. Kratom saves millions of lives. Kratom can be a cure for getting people off hard drugs, alcohol & opioids. That is why big pharma wants it gone. It cuts into their profits. God put this plant on the planet for us to use. It is natural healing & as citizens we deserve that choice.

Thank you

My name is Scott Newcomb. I am a bank officer in Minot. I was born and raised in Mandan, ND and I have lived in Minot for the last 20 years.

In support of my wife and daughter, **I am opposing HB 1101.**

My wife has SLE Lupus that causes severe chronic pain and debilitating exhaustion. She has been able to safely manage these symptoms with Kratom for the last 8 years.

Before she discovered this plant in 2016, my wife was at the point of giving up and was severely depressed because her opioid pain medication that she was prescribed for the Lupus chronic pain, was no longer working.

Back then, I researched this issue trying to find answers and solutions to help my wife. It wasn't long into this process that I learned opioids are not suited to provide long term pain relief for most chronic pain patients.

Thankfully, my wife was also researching and learned about the pain relieving benefits of the Kratom plant that did not have the life threatening side effects and dangers of opioids.

This discovery was life changing! I had my wife back! Kratom helped to lower her pain levels while increasing her energy. All of this from Kratom leaves that are dried and then ground to a powder.

Now that my daughter is headed down the same auto-immune path as my wife, it is very important that both of them have the opportunity to purchase, possess, and use unadulterated safe Kratom in North Dakota.

I can't even begin to think how horrible my daughter's quality of life will be if she is denied access to this life altering plant in her home state. And for my wife to lose the ONLY thing keeping her Lupus pain at bay, would be absolutely devastating for us.

Please do not schedule Kratom and instead adopt the Kratom Consumer Protection Act. This is truly a matter of life and death.

Thank you,
Scott Newcomb

Good day to everyone. My name is Nick Becker. I'm 41 years old and when I was in my 20s had an indent that left me with a broken collar bone. In addition to this, a year later, as a Diesel Technician the disks between my spine are nothing but bone on bone and it's impossible to sleep completely all night or work in the day. I've used kratom since 2018 and have blood work done for other medications I take and blood work always comes back normal. Liver enzymes normal, kidney function normal. Kratom in its molecular structure is not at all like a classic opioid. There's times I have not used it because I didn't have any and the only thing that happens is chronic pain comes back. Medical marijuana is still federally illegal and eliminates 90% of all job opportunities. This affects me as a married man with 2 children. I alone am the sole provider of our house. I do not want to be on a lifetime of pain pills from doctors mixed with Tylenol or deal with any of the addicting properties that are found in the molecular structure of a classic opioid. Kratom is extremely helpful and stops 98% of the pain that keeps me from being able to simply lay down. It is the secret how I'm able to continue to work and live a normal life. I do support regulations that keep this plant free from outside contaminants and quality control. To make this illegal is to make me a criminal when the only crime I'm committing is the desire to stop hurting, mentally function the next day and to feel pain free. I've seen Orthopedic surgeons, I have had spinal injections, I have also seen nerve specialists. None of them prescribed me any medication but, gabapentin and I can't use that during the day. They both orthopedic surgeon and nerve specialist recommended surgery and if I agreed to do that I would not qualify for any disability because I have tried and been

denied. Kratom has been a gift sent from heaven not only, to me but, everyone from all walks of life and careers all over the United States. With out kratom my entire family and new born and 4 year old my wife included will need permanent indefinite support from the state of North Dakota if I'm no longer able to sleep anymore or mentally be alert to continue my career and be a responsible man, husband, father. Please keep kratom legal and available as a option different from what we all know rilly kills people. There is no purely related kratom deaths ever reported. This plant is known a mambog in places such as the Philippines and has been used for centuries. The problem we face today is contamination or fake labeling. I do support legislation that keeps kratom safe, pure. Please if any questions call me 701-210-2667 Nicholas Becker. nicholasstarr44@yahoo.com

2025 HOUSE STANDING COMMITTEE MINUTES

Judiciary Committee
Room JW327B, State Capitol

HB 1101
1/14/2025

A BILL for an Act to amend and reenact subsection 3 of section 19-03.1-05 of the North Dakota Century Code, relating to the scheduling of mitragynine as a schedule I controlled substance.

3:22 p.m. Chairman Klemin opened the hearing.

Members Present: Chairman Klemin, Vice-Chairman Karls, Vice-Chairman Vetter, Representatives Christianson, Henderson, Hoverson, Johnston, McLeod, Satrom, Tveit, VanWinkle, Wolff, Schneider

Members Absent: Representative S. Olson

Discussion Topics:

- Future consequences of Kratom
- Other state marijuana laws

3:27 p.m. Representative Vetter moved a Do Not Pass.

3:27 p.m. Representative Henderson seconded the motion.

Representatives	Vote
Representative Lawrence R. Klemin	Y
Representative Karen Karls	N
Representative Steve Vetter	Y
Representative Nels Christianson	Y
Representative Donna Henderson	Y
Representative Jeff Hoverson	Y
Representative Daniel Johnston	Y
Representative Carrie McLeod	N
Representative SuAnn Olson	A
Representative Bernie Satrom	Y
Representative Mary Schneider	N
Representative Bill Tveit	Y
Representative Lori VanWinkle	Y
Representative Christina Wolff	Y

3:35 p.m. Motion passed 10-3-1.

3:36 p.m. Representative Tveit will carry the bill.

3:41 p.m. Chairman Klemin adjourned the meeting.

House Judiciary Committee

HB 1101

Jan 14, 2025

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Wyatt Armstrong, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1101 ([25.0607.02000](#))

Judiciary Committee (Rep. Klemin, Chairman) recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). HB 1101 was placed on the Eleventh order on the calendar.