AMERICAN KRATOM ASSOCIATION

STATEMENT OF PETE CANDLAND, EXECUTIVE DIRECTOR OF THE AMERICAN KRATOM ASSOCIATION
HOUSE COMMITTEE ON GENERAL GOVERNMENT
February 4, 2021

Mr. Chairman, members of the Committee, my name is Pete Candland, and I serve as the Executive Director of the American Kratom Association, representing the more than 15 million kratom consumers in the United States. We thank you for this opportunity to provide some updates on the kratom issue, and to address HB 2646, the proposed Oregon Kratom Consumer Protection Act.

At the outset, let me draw your attention to the disclosure last week of letter from the Assistant Secretary of Health at the U.S. Department of Health and Human Services (HHS) to the Drug Enforcement Administration (DEA) that formally rescinded the recommendation from the FDA for the scheduling of kratom's alkaloids. I mention this because the Assistant Secretary rejected the FDA's claims on kratom's safety profile based on existing science and highlighted the "significant risk of immediate adverse public health consequences for potentially millions of users if kratom or its components are included in Schedule I."

The correct policy position is to adopt protections for consumers from adulterated or contaminated kratom products that are currently marketed in the United States. Based on our review of kratom products, the majority of these unregulated products enter the supply chain because an unscrupulous vendor deliberately adulterates their products with dangerous drugs or synthesizes the natural alkaloid content of the plant in order to deliver a euphoric high not present in the natural plant.

Based on our review of product supply chains, the four states where the Kratom Consumer Protection Act (KCPA) provisions have been enacted, Utah, Georgia, Arizona, and Nevada, the number of adulterated kratom products spiked with dangerous drugs like heroin, fentanyl, and morphine in those states has significantly decreased. I have been asked frequently by legislators in other states why the KCPA is necessary, and that is the most powerful argument that can be made – the safety of consumers.

The other important issue is why consumers choose to use kratom in the first place. Kratom has been consumed safely for centuries in Southeast Asia and is particularly popular with laborers and field workers who find its energy-boosting and pain relief properties helps them get through long days of working in the fields. Surveys of kratom consumers in the United States show that about one-third use it the same way many Americans use coffee for an energy boost, or for increased focus. Another third use kratom for its mood smoothing effects and reduced anxiety. And the final third have found that kratom, at higher levels of consumption, can relieve opioid withdrawal symptoms and help manage pain.

The FDA has a long-standing bias against natural products and dietary supplements, and kratom is no exception to the FDA's efforts to increase their regulatory control over the choices Americans make in their health and well-being. In fact, the claims the FDA makes about kratom associated adverse events and deaths are exclusively related to dangerously adulterated kratom products or polydrug use. Pure kratom that is not contaminated or adulterated is safe for consumer use.

In the mid-1990's, the FDA launched a similar attack on dietary supplements and vitamins with claims that these products were all unapproved drugs and there were significant number of adverse events and deaths resulting from the sale of these products. The FDA solution was to ban all dietary supplements and force consumers to use only FDA approved drugs to maintain their health and well-being.

At that time, the U.S. Congress intervened and stopped the broad regulatory overreach for literally hundreds of dietary supplement and vitamin products by passing the Dietary Supplement Health & Education Act that today provides regulations for the safe use of products accounting for $53 billion in sales to consumers.

In a seven-year span between 2009 and 2016, six states enacted bans on kratom — Vermont, Alabama, Indiana, Wisconsin, Arkansas, and Rhode Island. The FDA regularly points to those states as evidence of how dangerous kratom is, **but** what is really surprising is that **only** six states enacted bans in the face of a full-throated disinformation campaign on kratom by the FDA with outrageously untrue claims about kratom being the cause of hundreds of deaths.

HHS has now rejected the data and the claims by the FDA that led to those bans in those six states and we know that Wisconsin, Vermont, Rhode Island, and Arkansas have commenced reviews of those bans.

Four states have passed a similar version of the Kratom Consumer Protection Act that you are considering today: Utah, Georgia, Arizona, and Nevada.

That truly is why we are here today. To protect the freedom of Oregon citizens to make informed decisions on their health and well-being without the overreaching regulatory power the FDA is trying to seize.

As evidence of the "significant risk of immediate adverse public health consequences" if the FDA were to have its way, I would ask you to consider the results of a Johns Hopkins University study in 2020[1] that reported (1) 87% of kratom consumers using it to treat opioid dependence reported relief from withdrawal symptoms, and (2) 35% were free from opioids in a year or less.

Kratom is a lifeline for many Oregon kratom consumers to improve the quality of their lives, and in some cases to save their lives.

The American Kratom Association asks the state of Oregon to stand with consumers to have the freedom to make informed decisions on safe kratom products to manage their own health and well-being.

Pete Candland
American Kratom Association
pete.candland@americankratom.org

[1] Garcia-Romeu A, Cox DJ, Smith KE, Dunn KE, Griffiths RR. Kratom (Mitragyna speciosa): User demographics, use patterns, and implications for the opioid epidemic. *Drug Alcohol Depend*. 2020;208:107849. doi:10.1016/j.drugalcdep.2020.107849