

Dear Distinguished Representatives and Fellow Kansans,

Thank you for the opportunity to appear before you. Please allow me to introduce myself. My name is Murray Holcomb. I grew up in Liberal, received most of my education and training at the University of Kansas, and practiced medicine in Hutchinson for 25 years. During that time, I had the privilege to serve in a volunteer capacity as Assistant Clinical Professor of Surgery training General and Vascular Surgery Residents for some 10 years. I now practice Acute Care and Trauma Surgery in Round Rock and Kyle, TX. My wife and I continue to maintain strong family and personal ties to Kansas. **I come before you today as an opponent to SB282 as currently written** and as an advocate for and representative of individuals throughout the country who attest to benefiting from Kratom. I count my oldest son as one of those individuals. After some 10 years of battling mental health and addiction issues, he is living a relatively normal life. That 10 year period was all consuming, seemingly merciless, and without hope so much of the time. The experience for anyone not in possession of time and adequate resources to combat these issues must be beyond horrifying and take hopelessness to a level most of us could never comprehend. Respite were brief and increasingly infrequent. This despite seeing multiple physicians and mental health experts. This included evaluation at the Massachusetts General Hospital and Mayo Clinic. He underwent Transcranial Magnetic Therapy which offered a ray of hope for \$12,000 out of pocket and yet seemed to be of no benefit. Electroconvulsive Therapy (ECT) was then recommended. With no other options essentially available and what seemed like nothing to lose, he underwent 12 treatments with devastating results including some 6 months of headaches, confusion, and amnesia. Multiple diagnoses were proffered and he was prescribed almost every possible medication and combination thereof. At some point, it became clear that addiction was an issue as well. It is difficult to know in what order this occurred and seems consistent with so many other individuals who carry a "Dual Diagnosis." Just before he relented and agreed to undergo rehabilitation, he was addicted to prescription Benzodiazepines and then Alcohol as he attempted to self-medicate in hopes of achieving any semblance of normalcy. He completed in excess of 12 months of intensive therapy and was largely successful in maintaining his sobriety. After some 7 months, he continued to experience severe dysphoria/depression, anxiety, and a distinct inability to feel any joy or happiness. Out of desperation, he tried the dietary herbal supplement Kratom. Within a few short days, he began to experience remission of his symptoms which was immediately noticeable to all of us who know him. It is important to note that Kratom does not make him high, loopy, or anything but normal. He is able to participate in life in a way never before possible. He lives independently, works full-time, maintains healthy relationships, is pleasant and responsible, reestablished contact with his sister and brother, and is largely a happy normal person. He's become the son we always thought he would be.

In regards to the legislative action you are considering (Senate Bill 282), I ask that you discard any preconceived notions, consider the facts, and make a decision which serves the best interests of all. I would ask that Kratom be excluded from the proposed list of banned substances. I believe that is the right decision for a number of reasons. As supported by information provided to you on Monday of this week, the position taken by the FDA has no basis in fact. Instead, currently available information would suggest that Kratom is in fact safer and more effective than many prescription alternatives. As you know, dietary supplements may have and in fact are expected to have physiologic and pharmaceutical effects. These substances are regulated according to The Dietary Supplement Act of 1994 (DSHEA). As noted by Dr. Jane Babin, it recognizes "the autonomy of individuals to make choices regarding their own health based on their own studied evaluations of specific dietary supplements including herbal products." Provided in this legislation is authority for the FDA to remove products posing an immediate safety concern or presenting a significant or unreasonable risk. That has not happened in this instance

and there is no current evidence or data which would support such an action. There is ample anecdotal evidence of Kratom's relative safety and effectiveness for people suffering from conditions including chronic pain, addiction, and resistant/refractory anxiety/depression. There is minimal if any evidence of recreational use and this may be thought of as the "off ramp" oftentimes for those with a history of addiction. They will testify to its effectiveness in helping to maintain their sobriety. That's a strong message that cannot be ignored. To believe that one thing in and of itself may remedy these maladies would be naive. What can be said, though, is that in many instances, people regain the capacity to do the other things to rebuild and improve their lives.

From an individual as well as sociological perspective, enacting a statute which criminalizes the possession and use of Kratom would appear cruel at best while counterproductive and dangerous at worst. No one will benefit from being forced to choose between conventional alternatives or blackmarket illicit substitutes. Logic would dictate that given Kratom's potential and relative safety profile, availability should not only be maintained but expanded. Likewise funding for research should be immediately expanded. Despite the staggering cost in lives and money, funds available for treatment and research pale in comparison to other illnesses such as heart disease and cancer. Availability, access, and affordability remain significant obstacles. In 2009, 23.5 million people age 12 or older needed treatment for a drug or alcohol problem, but only 2.6 million (11.2%) were able to receive treatment in a specialty facility. Sadly, this has not improved. All too often, mental health and recovery providers operate on a cash only basis. Perhaps worse is the expense of prescription medications for mental health and addiction which renders them out of reach for so many. Given the inability to reduce the impact of addiction and deaths from addiction, removing Kratom as the only option for some people seems ill advised in addition to other reasons previously mentioned. Thank you in advance for your time and consideration. I look forward to meeting with your committee.

Sincerely,

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