AMERICAN KRATOM ASSOCIATION

STATEMENT OF MAC HADDOW, SENIOR FELLOW ON PUBLIC POLICY
KANSAS HOUSE OF REPRESENTATIVES
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Members of the Committee, thank you for convening this hearing today on HB 2056, the Kansas Kratom Consumer Protection Act, often referred to as the KCPA. My name is Mac Haddow, and I serve as the Senior Fellow on Public Policy for the American Kratom Association (AKA), representing the 11 - 15 million kratom consumers in the United States.

The KCPA has one purpose: To protect Kansas consumers from dangerously adulterated kratom products that are currently widely available both here in Kansas, and in many other states.

Today, a Kansas consumer can purchase what they believe to be a pure kratom product and after consuming it, notice it has a different and more powerful effect. They are duped into thinking it is a better product. One that gives a more powerful "kick."

The truth is, pure kratom is not a very appealing product for recreational use. It has a bitter taste, it does not produce any euphoric high, and if you take too much of it you feel sick to your stomach.

Based on survey research, about 1/3 of kratom consumers consume kratom as a replacement for coffee for an energy boost and increased focus; another 1/3 use it to reduce anxiety; and the final 1/3 use it to manage acute and chronic pain, including to wean off of highly addictive and potentially deadly opioids.

As kratom has increased in popularity, growing from a consumer population estimated in 2016 to be approximately 3-5 million, to an estimated 11-15 million kratom consumers today, with an economic contribution to the U.S. market of $1.3 billion.

That is what has attracted the interest of the bad actors who adulterate pure kratom with fentanyl, heroin, and morphine, the adulterants of choice. Those powerful drugs produce a euphoric high that is the signature of opioid products. A little dose of these drugs drives kratom sales to customers who just think it is a better kratom product.

That leads to dangerous addictions and overdose deaths.

Not from pure kratom, but from the adulterants added to pure kratom that deceives consumers.

Those who argue for a ban on kratom do so at the call of the repeated pronouncements of the FDA about the purported dangers of kratom because it is an opioid, claims of a high addiction liability, and deaths from using pure kratom.

None of those claims are accurate or based on science.

You do not have to believe me or believe the impassioned testimony of hundreds of kratom consumers who have shown up at a public hearings across the country to support KCPA legislation.

When the FDA made its first attempt to have kratom classified as a Schedule I substance in 2016, the Drug Enforcement Administration (DEA) took the unprecedented step of withdrawing that scheduling notice and instructed the FDA to provide a more complete analysis of the addiction liability, safety, and claims of deaths associated with kratom use.

At that time, 51 members of the House of Representatives, and 13 members of the U.S. Senate objected to the scheduling notice on kratom.

For context, among the U.S. Senators who wrote to the DEA included then Senator Orrin G. Hatch, arguably one of the most conservative members of the Senate at that time, and Senator Bernie Sanders who was without doubt the most liberal.

This is not a partisan issue, this is a public policy issue that demands that science be the basis for any decision on consumer access to pure kratom products.

In 2018, the U.S. Department of Health and Human Services (HHS) rejected the second FDA petition to schedule kratom and provided a scathing rebuttal to the FDA characterizing their presentation as "disappointingly poor evidence and data." Since 2018, the FDA position has been directly contradicted by more than 100 new published, peer-reviewed, studies supporting the safety profile of kratom and its potential harm reduction benefits.

The FDA was undeterred. They supported a recommendation to the U.N. Commission on Narcotic Drugs to add kratom as a controlled substance to the 1961 and 1971 treaty conventions that would have required the U.S. to schedule kratom. The WHO Expert Committee on Drug Dependence, the body delegated to conduct a scientific assessment of any substance recommended for scheduling internationally, announced its decision on December 1, 2021 that, on a vote of 11-1, the international scientists determined there was insufficient evidence to schedule kratom.

In baseball, three strikes and you are out. But the FDA is not counting.

In fact, the FDA has refused to enforce existing laws to regulate the kratom marketplace, and that has encouraged the bad actors to continue their sales of dangerously adulterated kratom

products. In addition, the FDA has ignored their statutory responsibility to enforce the requirement that kratom vendors cannot make therapeutic claims for any product that has not received a new drug approval from the FDA.

The AKA actively monitors the marketing activities of these bad actor kratom vendors and have, over the past 18 months, referred more than 60 of these kratom vendors who are violating the Food, Drug, and Cosmetic Act to the FDA, and there has not been a single warning letter or enforcement action to force those bad actor kratom vendors to be shut down.

This neglect by the FDA is not unique to kratom. The FDA has taken similar approaches to CBD and hemp, and that has compelled states to take action to protect their constituents.

Today, the National Institute on Drug Abuse (NIDA) has opposed the FDA on kratom, and Director Nora Volkow has testified before Congress that kratom should not be banned but regulated appropriately and new research should be undertaken. NIDA currently has more than $30 million in grants for kratom research. NIDA researched the FDA claims that kratom caused deaths, and concluded those deaths were from polydrug use or adulterated kratom products.

The U.S. Congress has adopted report language in the last three appropriations bill opposing any kratom ban and encouraging more funding for research.

HHS has strongly opposed the FDA's scheduling recommendation for kratom.

The CDC has published data that directly contradicts the false claims by the FDA that kratom is the cause of consumer deaths. That data shows reports from medical examiners document that the majority of deaths where kratom was detected in the toxicology screens were caused by polydrug use or adulterated kratom products.

When kratom consumers have the opportunity to tell their personal stories, they tell of how kratom has improved their lives, allowed them to become fully functional husbands or wives, become productive employees, and being functional parents to their children. Many have said that kratom literally saved their lives.

That message is mirrored in public hearing across America. It is my hope that the Kansas Legislature will take the important step in enacting HB 2056 to protect Kansas kratom consumers.

The kratom community is grateful for this Hearing on this important message.

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