JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in OPPOSITION to SB0463
RELATING TO CONSUMER PROTECTION

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
SENATOR JOY SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date, Time, and Room Number: 2/11/25, 9:45 a.m.; Room Number 229

Fiscal Implications: This measure will impact the priorities identified in the Governor's Executive Budget Request for the Department of Health's ("Department") appropriations and personnel priorities.

Department Position: The Department respectfully opposes this measure.

Department Testimony: The Environmental Health Services Division ("EHSD"), Food and Drug Branch ("FDB") provides the following testimony on behalf of the Department:

SB0463 would amend Section 328, Hawaii Revised Statutes (HRS), to allow the sale of kratom products in the State with certain conditions. SB0463 also introduces specific labeling requirements for products containing kratom, establishes a registry system managed by the Department, introduces civil and criminal penalties for violations, and prohibits the sale of kratom products to minors under eighteen years of age.

Kratom is the common name for *Mitragyna speciosa*, a tropical evergreen tree native to Southeast Asia that contains the chemical components mitragynine and 7-hydroxymitragynine. These active ingredients can produce stimulant effects in low doses and at higher doses can

produce opioid-like side effects, habit formation, and toxicity when consumed. Unlike ʻawa, kratom is not native to Hawaiʻi and is not a traditional part of Hawaiian cultural practices.

Kratom production and preparation is not regulated by local or national health agencies and is susceptible to contamination with pathogens that may cause harm to humans. In 2018, the United States (U.S.) Food and Drug Administration (FDA) issued a mandatory recall of multiple products containing kratom that were implicated in a multistate outbreak of *Salmonella* that sickened approximately 200 people. The U.S. Centers for Disease Control and Prevention (CDC) reported in 2019 that kratom was determined to be a cause of death for 91 (59.9%) of 152 kratom-positive decedents between July 2016 to December 2017. Locally, the National Poison Data System identified 28 cases from Hawaiʻi associated with kratom between 2010 and 2024. Additionally, the Emergency Medical Service patient care report database identified 26 calls from Hawaiʻi referencing kratom between 2022 and 2024.

The U.S. FDA has the primary legal responsibility for determining the safe use of a food additive. To market a new food additive, a manufacturer must first petition the U.S. FDA for approval and provide the U.S. FDA with scientific evidence that the substance is safe for its intended use. Currently, the U.S. FDA has not approved kratom for use in food or drugs, and dietary supplements containing kratom are considered adulterated under federal law.

The U.S. FDA regularly issues import alerts to authorize the detention of certain kratom products entering the country, including approximately $3 million of bulk dietary kratom and dietary supplements containing kratom in 2023. The U.S. FDA has repeatedly advised the public through numerous press releases to avoid consuming products containing kratom as “serious concerns exist regarding the toxicity of kratom in multiple organ systems” and that “kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence.”

Kratom and kratom products have unknown benefits and known harms, and permitting any allowance for consumption at this time would be counter to the Department's mission to protect and promote the health of the public. We understand why states such as Alabama, Arkansas, Indiana, Rhode Island, Vermont, and Wisconsin have banned kratom and its products under their respective state analogues to the federal Controlled Substance Act. While the Department is supportive of prohibiting kratom sales to minors under eighteen years of age, the Department respectfully asks that this measure be held.

Offered Amendments: None.

Thank you for the opportunity to testify on this measure.

TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA ʻOIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025

ON THE FOLLOWING MEASURE:
S.B. NO. 463, RELATING TO CONSUMER PROTECTION.

BEFORE THE:
SENATE COMMITTEES ON COMMERCE AND CONSUMER PROTECTION AND ON HEALTH AND HUMAN SERVICES

DATE: Tuesday, February 11, 2025 **TIME:** 9:45 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Wade H. Hargrove III, Deputy Attorney General

Chairs Keohokalole and San Buenaventura and Members of the Committees:

The Department of the Attorney General provides the following comments.

This bill creates a new part to be inserted into chapter 328, Hawaii Revised Statutes (HRS), that would regulate kratom products by requiring their registration with the Department of Health (DOH), introducing labeling and testing requirements, and prohibiting their sale under certain circumstances. The bill also provides enforcement mechanisms and authorizes DOH to adopt rules. We provide these comments to address concerns about the use of certain definitions and the effectiveness of the proposed enforcement provisions.

The bill contains a definition of "kratom food service establishment" on page 2, lines 14-17, that is problematic because it suggests that these entities are "licensed by the department," which they are not. We recommend either that this definition be deleted and replaced with a more generic reference to "person" in every instance that it appears elsewhere in the bill, or that the bill be amended to authorize DOH to license these entities in addition to registering their products. If this definition is retained, however, we recommend that the word "licensed" be removed so unlicensed entities are not unregulated, unless that is the intent.

Proposed section 328-F, with its mixture of existing penalties in section 328-29, HRS, with new penalties, and the seizure and destruction of property without an

accompanying process to contest those actions, may be subject to challenge pursuant to the Due Process Clause of section 1 of the 14th Amendment of the United States and article I, section 5, of the Hawaii Constitution. The reference to existing penalties under section 328-29, where several other criminal penalties are also specified, creates a combination of seizure, misdemeanors, and felonies that appear at best ambiguous and may be incompatible. It is also unclear how any person can be liable for violation of the requirements and prohibitions introduced by this bill where it also specifies that "[n]o person shall be in violation of this part if it is shown by a preponderance of the evidence that the person relied in good faith upon the representations of a manufacturer, producer, or distributor of food represented to be a kratom product" on page 13, lines 7-11. This broad "good faith" defense creates significant uncertainty with respect to liability and available remedies.

To address the difficulties we have identified above, we recommend that, rather than create a new part in existing chapter 328, HRS, targeting only kratom as this bill would do, that kratom be incorporated into the existing part I such that specific prohibitions are enumerated therein as instances of adulteration defined in section 328-9, HRS, labeling requirements are made part of existing section 328-10, HRS, defining misbranding, and both are made prohibited acts under section 328-6, HRS. If existing chapter 328, part I, is amended to include kratom in this manner, then the enforcement and penalty provisions that are already in place and utilized by DOH for other adulterated and misbranded articles to stop their illegal sale and distribution could be utilized. This would remove any unintended ambiguity and inconsistency and provide additional process and procedure.

If this Committee decides to advance this bill, we offer to assist the Committee in amending the bill. Though we recommend incorporating kratom into the existing architecture of chapter 328, we recognize this is not the only option. Because there are a variety of different ways that this bill's objectives can be accomplished while still addressing our concerns, we welcome the opportunity to discuss this further with the Committee.

We appreciate the opportunity to provide these comments.

OFFICE OF THE COUNTY CLERK

Jade K. Fountain-Tanigawa, County Clerk
Lyndon M. Yoshioka, Deputy County Clerk

Telephone: (808) 241-4188
Facsimile: (808) 241-6349
Email: cokcouncil@kauai.gov

Council Services Division
4396 Rice Street, Suite 209
Līhuʻe, Kauaʻi, Hawaiʻi 96766

February 7, 2025

TESTIMONY OF ADDISON BULOSAN
COUNCILMEMBER, KAUAʻI COUNTY COUNCIL
ON
SB 463, RELATING TO CONSUMER PROTECTION
Senate Committee on Commerce and Consumer Protection
Senate Committee on Health and Human Services
Tuesday, February 11, 2025
9:45 a.m.
Conference Room 229
Via Videoconference

Dear Chair Keohokalole, Chair San Buenaventura, and Members of the Committees:

Thank you for this opportunity to provide testimony in SUPPORT of SB 463, Relating to Consumer Protection. My testimony is submitted in my individual capacity as a member of the Kauaʻi County Council.

I wholeheartedly support the intent of SB 463, which would greatly affect the Kauaʻi community.

Thank you again for this opportunity to provide testimony in support of SB 463. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188 or via email to cokcouncil@kauai.gov.

Sincerely,

ADDISON BULOSAN
Councilmember, Kauaʻi County Council

AAO:ss

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection; The Honorable Senator Joy San Buenaventura, Chair of the Senate Committee on Health and Human Services

From: Hawai'i Association of Professional Nurses (HAPN)

Subject: Support with Amendments – SB463, Relating to Consumer Protection

Hearing: February 11, 2025, 9:45 AM

Aloha Chair Keohokalole, Vice Chair Fukunaga; Chair San Buenaventura, Vice Chair Aquino, and Members of the Committees,

On behalf of the Hawai'i Association of Professional Nurses (HAPN), we appreciate the opportunity to submit testimony in **support of SB463 with amendments** to further strengthen consumer protections regarding kratom products.

While this measure establishes essential regulations on the sale, distribution, and labeling of kratom, we strongly urge the committee to consider reclassifying kratom as a Schedule II controlled substance under Hawaii law and restricting its inclusion in over-the-counter products.

Rationale for Stricter Regulation

1. Kratom's Similarity to Opioids

• The primary active alkaloids in kratom, mitragynine and 7-hydroxymitragynine, bind to opioid receptors in the brain, producing effects similar to opioids such as morphine and heroin.

• These compounds can induce analgesia (pain relief), euphoria, and sedation, raising significant concerns about misuse and dependence.

2. Addictive Potential and Health Risks

• Regular kratom use can lead to tolerance, dependence, and withdrawal symptoms, including irritability, muscle aches, nausea, and insomnia—effects consistent with opioid withdrawal.

• Healthcare providers in Hawaii have already treated individuals experiencing kratom dependence, with some requiring Suboxone (buprenorphine/naloxone) treatment, which is commonly used for opioid addiction management.

3. Potential for Adverse Effects

• At high doses, kratom may cause respiratory depression, hallucinations, seizures, and liver toxicity.

• The U.S. Food and Drug Administration (FDA) has not approved kratom for any medical use and has expressed concerns over its safety and potential for abuse.

4. Global and Domestic Regulation Trends

• Recognizing the risks associated with kratom, several states and countries have enacted bans or regulations.

• Kratom is currently banned in the following U.S. states:

• Illegal to buy, possess, use, or sell: Alabama, Arkansas, Indiana, Rhode Island, Vermont, Wisconsin

• Legal with restrictions or pending legislation: California (San Diego ban), Colorado (Denver ban for human consumption, sale banned in Parker Town and Monument Town), Florida (Sarasota County ban), Illinois (banned in Jerseyville, legal for ages 18+), Michigan (pending Schedule II classification), Mississippi (banned in Union County), Missouri (some counties considering a ban), Nevada (Kratom Consumer Protection Act passed), New Hampshire (banned in Franklin, legal for ages 18+), Ohio (considering regulation), Oklahoma (pending bill for regulation), Oregon (regulated for individuals 21+), South Dakota (legal for ages 21+), Tennessee (legal for ages 21+, pending bill to regulate sales), Texas (pending bill to regulate), Utah (regulated under KCPA), Louisiana (pending DEA classification to criminalize), Kentucky (pending regulation).

• Kratom is also banned in multiple countries, including: Australia, Finland, Denmark, Japan, Israel, Malaysia, Lithuania, Latvia, Myanmar, Russia, Poland, Romania, South Korea, Singapore, Thailand, Vietnam, and New Zealand (without a medical prescription).

Need for Controlled Substance Classification

• As a Schedule II controlled substance, kratom would be regulated similarly to prescription opioids, ensuring proper oversight and preventing widespread, unregulated access.

• This classification would also prevent over-the-counter kratom sales, reducing the likelihood of misuse, especially among vulnerable populations.

Conclusion

HAPN supports the intent of SB463 to protect consumers by implementing strict labeling and sales regulations for kratom. However, given kratom's opioid-like properties, potential for addiction, and increasing clinical concerns, we strongly recommend that the committee amend this measure to classify kratom as a Schedule II controlled substance and prohibit its inclusion in over-the-counter products.

By taking this approach, Hawaii can safeguard public health while ensuring that any kratom use is closely monitored and regulated.

Mahalo for your time and consideration, and for your commitment to protecting the health and well-being of Hawaii's residents.

Respectfully,

Dr. Jeremy Creekmore, APRN
HAPN President

SB-463
Submitted on: 2/7/2025 10:10:35 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Edward Johnston	Individual	Comments	Written Testimony Only

Comments:

Legislators must look very closely at the wording of this Bill and consider the wide range of wrongful death lawsuits now being made throughout the continental USA regarding use of kratom products. Kratom is known to be habit forming and stimulates opioid receptors.

Is this Bill defining kratom as a "Food" ?

If so what are the implications?

Will the State Department of Health want to take on the responsibility of overseeing this ?

If Legislators wish to pass this measure please consider adding an outright ban on combining kratom with our Hawaiian 'Awa (kava).

LATE

GKC Hawaii Testimony; Opposition to Hawaii Senate Bill 463 (SHB 463), the "Hawaii Kratom Consumer Protection Act"

My name is Walker Gallman. I am the Legislative Director of the Global Kratom Coalition, an alliance of consumers, experts, and industry leaders seeking to enact regulations to ensure consumers have access to 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 would like to thank the Committee for their time and interest in kratom and their desire to introduce legislation to strengthen regulations for kratom products. However, I'm here today to oppose SB 463 on behalf of the members of the Global Kratom Coalition.

While we support strong regulations for kratom including labeling requirements, prohibitions on synthetic products, limits on 7-hydroxymitragynine, restrictions on marketing to children, manufacturing standards, and the creation of a kratom product registry–we, the GKC, respectfully oppose SB 463 as written.

Currently, the bill includes language that would prohibit combining kratom with another compound that is known to inhibit P450 enzymes. This provision is overly broad and creates a costly bureaucracy to determine the safety of products. This requirement would be unprecedented in the dietary supplements industry and there is no reasonable scientific or logical basis to include this provision.

To provide further context to the committee, this provision would prohibit kratom from being combined with harmless substances such as sugar, pineapple juice, and lemon juice. Language like this is far too broad and would remove a lot of safe, responsibly manufactured products from the market.

Additionally, as I'm sure others will tell you today, this bill fails to protect consumers from dangerous 7-hydroxymitragynine isolate products, known as "7", by creating a loophole that excludes them from the 2% 7-hydroxymitragynine limit set forth in this bill so long as they don't market themselves as kratom.

To be perfectly clear, these high-potency 7-Hydroxymitragynine products are unapproved new drugs masquerading as dietary supplements. Look at the marketing for any of these products and you will most certainly see claims about the product's ability to treat chronic pain and opioid addiction. These claims are unproven and not backed by science.

Again, we are encouraged by the Committee's desire to regulate kratom and see chaos returned to order. However, with this bill's inclusion of a loophole that would allow dangerous products to continue to be sold while simultaneously including language that would eliminate numerous safe products from the market–we must respectfully oppose SB 463.

I thank the members of the Committee for their concern for the state's residents and I welcome the opportunity to bring additional scientific studies, factual reports, and kratom experts to your attention in order to aid decision making. We, the GKC, look forward to serving as a resource in the near and long term.

Thank you.

Walker Gallman
Legislative Director
Global Kratom Coalition

LATE

Dear Chairperson and Members of the Committee,

I am submitting this testimony in regard to Senate Bill 463 (and the companion House Bill 717) and, to seek amendments to improve the legislation based on the best scientific data to prevent any unintended consequences. I applaud the work the Hawaiian legislature has done thus far to consider the abundance of scientific literature related to mitragynine and kratom and the legislatures' efforts to regulate the botanical. 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. Further, in the past two years, eight states (Virginia, West Virginia, Florida, Louisiana, Georgia, Texas, Kentucky and Maryland) have enacted legislation in favor of the safe sale of kratom to consumers in the form of a Kratom Consumer Protection Acts (KCPA). We, as an organization, believe that effective state regulations help ensure that this botanical can safely be in the hands of consumers and effective legislation will keep bad market actors out.

In regard to Senate Bill 463, we feel that there are distinct differences from KCPAs that other states have enacted that raise some concern. While we do not recommend a wholesale replacement of Senate Bill 463, we would like to recommend certain changes to make the proposed Bill more effective. I respectfully submit the following recommendations:

(1) In regard to §328-C(b)(3), *Kratom products; limitations*, pursuant to federal law, all ingredients in traditional foods must be Generally Recognized as Safe (GRAS) and those in dietary supplements must be GRAS or a compliant dietary ingredient. There is no reason to preclude items like cytochrome P450 enzyme inhibitors. Some of these ingredients are either GRAS or compliant dietary ingredients and include ingredients such as cinnamon, some artificial sweeteners, and citrus products like grapefruit and certain oranges. It is unclear why these specific carveouts are necessary and seem rather arbitrary. No other KCPAs have included such carveouts. Each product manufacturer should have relevant safety data for their formulations and individual exclusions are unnecessary within the Bill if they can be safely marketed under federal law.

(2) Regarding §328-H, *Federal preemption*, the Hawaiian legislature has done a great job to limit the amount of 7-hydroxymitragynine in kratom products in a manner to provides for consumer safety and is aligned with the scientific literature. This Section 328-H takes the right to legislate 7-hydroxymitragynine out of the hands of the Hawaiian legislature and yields to federal authorities and their future decisions on such matters. It is paramount in passing KCPAs that safety protocols adopted by the Hawaiian government be locally assessed for the Hawaiian constituents. As there is no safety data supporting the sale, distribution or consumption of high levels of 7-hydroxymitragynine and federal government has failed to assist with consumer safety related thereto, the Hawaiian legislature should not arbitrarily yield authority to their actions and this Section 328-H should be struck in its entirety.

Thank you for your time and consideration. I welcome the opportunity to discuss this matter further.

Kind Regards,

Andrew Kulpa

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

LATE

TESTIMONY ON SB 463, THE HAWAII KRATOM CONSUMER PROTECTION ACT
Committee on Commerce and Consumer Protection
Committee on Health and Human Services

February 11, 2025

My name is Mac Haddow, and I serve as the Senior Fellow on Public Policy for the American Kratom Association ("AKA"), and we appreciate the opportunity to provide testimony in support of SB 463 and the companion bill, HB 717, known as the Hawaii Kratom Consumer Protection Act.

If this legislation is enacted into law, Hawaii will become the 14th state to enact protections for consumers to assure Hawaii residents can have confidence when they purchase a kratom product that meets or exceeds the requirements for market entry in the State of Hawaii.

This discussion is necessary because the U.S. Food and Drug Administration is continuing its decades long crusade against all dietary and botanical supplements, and the current botanical they are targeting is kratom. Despite the overwhelming evidence that kratom is safe for human consumption when used responsibly, the FDA wants to strip consumers of any freedom to make informed choices about supplements they use to maintain their health and well-being.

Hawaii understands how the FDA can get it wrong on botanicals, and that was evidenced when the Hawaii Department of Health took the courageous action in January 2024 to designate "awa" (kava) as a Generally Recognized as Safe substance despite the FDA's claims that it is not safe for human consumption.

The more than 20 million consumers in the United States report they use kratom to just generally feel better (like a replacement for a cup of coffee), reduce feelings of anxiety, and some consumers report using kratom to manage acute and chronic pain and to wean off highly addictive and potentially deadly prescription opioids or illicit drugs.

FDA asserts its biggest concern about kratom is that consumers are using kratom products to self-medicate for medical conditions rather than using prescription medications that FDA itself has approved for those conditions. The director of the National Institute on Drug Abuse (NIDA), Nora Volkow, M.D., has testified before Congress that kratom may be a valuable harm-reduction tool for some people with substance use disorders trying to wean off dangerous opioids or illicit drugs.

A person can walk into any dietary supplement store and see hundreds of products consumers are using in attempt to "self-medicate" a variety of health challenges — products that also have

not been approved by FDA for any medical use. That same complaint from the FDA applies to thousands of dietary and botanical supplement products that are sold every day in America for the very purpose the FDA complains about.

Why would anyone not allow access to kratom if it helped someone wean off dangerous drugs — especially when the safety risk for kratom itself has proven dramatically lower? FDA abuses its strong bully pulpit to declare that people cannot be trusted to use kratom to self-medicate in this way.

The agency tried a similar attack on all dietary ingredients and supplements in the 1990s, and that forced Congress to pass the Dietary Supplement Health and Education Act of 1994 (DSHEA). The law stopped FDA from imposing its self-serving agenda to ban every dietary supplement and force those products through the average multibillion-dollar and 10-year new drug application process.

A responsible regulatory pathway to protect kratom consumers

The AKA has turned to individual states to fill the safety gap that FDA has deliberately created for kratom consumers. Six states were duped early on by FDA's promise that a federal ban would be enacted. Not only was that a false promise, the assistant secretary of health for the U.S. Department of Health and Human Services (HHS) excoriated FDA's safety claims on kratom.

In a 2018 letter to the acting director of the Drug Enforcement Administration, Brett Giroir, M.D., then-assistant secretary of health for HHS, recommended that two constituents of kratom — mitragynine and 7-hydroxmitragynine (7-OH) — not be controlled either temporarily or permanently until such action is supported by scientific research. Three years later, in a social media post, he described FDA's recommendation to control kratom as a Schedule I drug as "embarrassingly poor evidence [and] data, and a failure to consider overall public health."

Unfortunately, in 2025, FDA is using that same flawed evidence and data when the real science on the safety of kratom has moved well past the agency. FDA's kratom policy is not based on science. Instead, it is rooted in a long-standing bias against any consumer product that is not an FDA-approved drug — over which the agency has complete and total control and can obtain user-fee money.

The Hawaii Kratom Consumer Protection Act (KPCA) will require responsible manufacturing, proper labeling, and age restrictions on kratom products. The regulatory model protects consumers from improperly formulated kratom products, including adulterated 7-OH products that synthesize components and are dangerous.

Here are some of the false myths about kratom that FDA continues to promote.

Myth #1: Kratom is an opioid and is unsafe for consumer use.

FDA still publishes on its website the false statement made in 2018 by former FDA Commissioner Scott Gottlieb, M.D. The agency claimed that kratom's chemical compounds, mitragynine and 7-OH, both bind to the same mu-opioid receptors as opioid drugs.

Published research has concluded kratom's alkaloids are only "partial agonists" that do not have the same effects as classic opioids on the respiratory system of users. Other examples of substances that have activity at the opioid receptors include St. John's wort, naloxone (the anecdote or medicine for an opioid overdose) and cheese — none of which have similar effects on the respiratory system as do classic opioids.

Kratom is not an opioid by plant genetics, chemical structure or by legal definition.
In fact, FDA conducted its own safety study on kratom last year with the full expectation that the study would pound the final nail into the kratom coffin. It didn't.

The results showed that study participants only experienced some nausea, and no significant adverse events, up to a dose of 12 grams ingested in a five-minute period. That is a huge dose of plant material consumed in a short period of time. The typical dose for a kratom consumer is 2-4 grams in any setting.

FDA has admitted that kratom appears to be well-tolerated at all dose levels.

Despite this evidence and data, 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,[1] following which the DEA officially withdrew the scheduling recommendation on October 17, 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.[2]

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

[1] https://www.federalregister.gov/documents/2016/08/31/2016-20803/schedules-of-controlled-substances-temporary-placement-of-mitragynine-and-7-hydroxymitragynine-into
[2] https://www.deadiversion.usdoj.gov/fed_regs/rules/2016/fr1013.htm

from the DEA on August 18, 2018.[3] 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)
- ". . . 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**."[4] (***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.[5]

On March 16, 2022, in a letter from HHS Secretary Becerra,[6] the Secretary acknowledged "knowledge gaps" on kratom and that "kratom-involved overdose deaths have occurred after use of adulterated kratom products or taking kratom with other substances."

On December 29, 2022, President Biden signed the FY23 Omnibus bill[7] with kratom report language commending NIDA for funding studies on kratom that "may provide help for some

[3] https://www.dropbox.com/s/ljo3rxvgn4em2ub/dhillon-8.16.2018-response-letter-from-ash-radm-giroir%282%29.pdf?dl=0
[4] https://twitter.com/DrGiroir/status/1395874443726102533
[5] Expert Comm. on Drug Dependance, 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.
[6] https://kratomanswers.org/wp-content/uploads/2022/07/TAB-14-HHS-Becerra-Letter-Lee-and-Pocan.pdf
[7] https://www.whitehouse.gov/briefing-room/legislation/2022/12/29/bill-signed-h-r-2617/

Americans struggling with addictions, given its analgesic and less addictive properties as compared to opioids."

Myth #2: Kratom is dangerously addictive

There is a significant difference between dangerous levels of addiction and simple dependency. Caffeine is the most widely used psychoactive drug in the world, and it has an addiction profile characterized by scientific research as having an acceptable dependency profile.

Kirsten Smith, Ph.D., with Johns Hopkins University, was the lead author on a research paper ("Ecological Momentary Assessment of Self-Reported Kratom Use, Effects, and Motivations Among US Adults") that reported:

> "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."

Myth #3: Kratom kills people

Both the FDA and NIDA websites on kratom report that kratom deaths are rare and when they do occur, they are typically associated with polydrug use or the use of dangerously adulterated products. The adage applies here: "The dose makes the poison."

Kratom leaf and properly manufactured kratom extract products are safe under the conditions of use (labeling) with the same restraints that any other consumer product offers. In short, these products are generally safe when used responsibly and consumers follow the product's serving size instructions.

But all too often, medical examiners and coroners follow the FDA narrative and mischaracterize deaths where kratom is detected in any case of a fatality. The detection of kratom in a forensic toxicology report should not be surprising — nor automatically damning — and is impetuously reported as a cause of death, or principal substance associated with the death, when it is merely detected. If someone is struggling with an addiction to a prescription opioid or an illicit drug and tries to use kratom to wean off that drug, it would not be a surprise that he or she failed in that journey. Opioids and illicit drugs have been proven to kill people.

Too many of these autopsy reports rely — wholly or at least in part — on the biased, inaccurate and incomplete information on kratom published on FDA's website. Yet, medical examiners — and other critics of kratom — frequently cite FDA's flawed data and conclusions.

The FDA adverse event reporting system (FAERS) does not require any distinction between mitragynine, 7-hydroxymitragyine or mitragynine pseudoindoxyl — or whether these

compounds, if present in a toxicology screen, were adulterated or mixed with other dangerous substances. These gaps in reporting render FAERS nothing more than a "disinformation" database. FAERS should not be a part of any evidence-based assessment in a death investigation involving kratom.

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.

THE SCIENCE ON THE SAFETY OF KRATOM AND THE FDA'S CURRENT POSITION

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 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. Attorney[8] 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 reason for that change in the FDA's 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.[9] 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-

---

[8] *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*

[9] *https://grants.gov/search-results-detail/351644*

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.
In conclusion, our appeal is straightforward. Consumers need to be protected from adulterated or dangerous synthetic products that exploit consumers. The Hawaii Kratom Consumer Protection Act will provide a needed layer of protection for Hawaii kratom consumers.

SUPPLEMENTAL MATERIALS

The following documents are available by clicking on this link: https://www.dropbox.com/scl/fo/bvjt936xdqs9hr530baai/ABgRoBlzTzeSFqMVaNAr0s0?rlkey=nmvaa6kmyqmprcjz8rpsakxov&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
- 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

LATE LATE

SB-463
Submitted on: 2/10/2025 6:22:34 PM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikos Leverenz	Testifying for Drug Policy Forum of Hawaii	Comments	Written Testimony Only

Comments:

Chair Keohokalole, Vice Chair Fukumoto, and CPN Committee Members

Chair San Buenaventura, Vice Chair Aquino, and HHS Committee Members

This bill appears to be a reasonable effort to regulate kratom sales and purchases, unlike prior state legislative efforts that sought to ban kratom entirely. This came even after the federal Department of Health & Human Services rescinded its recommendation to place kratom components on Schedule I of the Controlled Substances Act in August 2018.

As of February 2024, federal departments seeking to criminalize kratom have been unable to provide sufficient evidence to justify scheduling.

"An estimated 10–16 million Americans currently use kratom as an alternative to opioids, most commonly to treat pain or as a substitute for street drugs. The herb, formally known as *Mitrogyna speciosa*, has a centuries-long history of use in herbal medicine in Southeast Asia—notably as a substitute for opium. It is typically sold as a bitter-tasting powder, which can be made into a tea or swallowed in capsules.

"Kratom does appear to be far safer than all illegal and most prescription opioids: a CDC study of some 27,000 overdoses that occurred between 2016 and 2017 found that it was implicated in less than 1 percent of deaths. Given the large number of people who regularly use it and the low number of fatalities, researchers estimate that it is more than 1,000 times *less likely to kill* than typical prescription opioids.

"Moreover, in nearly all overdose deaths associated with kratom, it was accompanied by stronger drugs that kill more often, so it is not clear that it actually played a major role or even any at all. For example, around two thirds of the 152 deaths the CDC studied also involved illicit fentanyl and its analogues, which are thousands of times more potent. In only seven cases was kratom the only substance identified—and even here, researchers cannot rule out the possibility of undetected drugs." Maia Szalavitz, "The FDA Shouldn't Support a Ban on Kratom," Scientific Americans, Vol. 3 No. 6 (December 2021).

Finally, the American Kratom Association has a good manufacturing practice standards program to help "ensure the safety, identity, wholesomeness, and quality" of kratom containing-products. So there is recognition in the current market that regulation is necessary.

Mahalo for the opportunity to provide testimony.

LATE LATE

SB-463
Submitted on: 2/11/2025 3:48:29 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Susan Eppard	Testifying for Kratom Danger Awareness	Oppose	Remotely Via Zoom

Comments:

My name is Susan Eppard

Please vote no on SB463, The Kratom Vendor Protection Act, KCPA as it would add legitimacy to kratom and lead consumers to believe this dangerous drug is harmless.

My 22 year old son Matthew Eller died from Kratom powder (the least potent form of kratom available in the United States). Kratom caused him to have a seizure, go into cardiac arrest and die. His toxicology showed he died from the "TOXIC effects of Mitragynine" an alkaloid found only in kratom. He had no prescription drugs, no street drugs nor alcohol in his system when he died, and his autopsy showed he had no underlying health conditions, and was a healthy 22 year old young man.

I'm a member of the Facebook Group "Kratom Danger Awareness" created by a mom who lost her son/only child to Kratom, and HUNDREDS of our members have lost loved ones to kratom.

The KCPA was designed by the American Kratom Association to keep kratom legal by very lightly regulating it, resisting any significant regulation like child safe packaging and limiting the amount each patient can purchase of this Heroin/opiate-like drug. There's no government agency capable including the FDA to oversee the tens of thousands of online kratom dealers, convenience stores, gas stations nor smoke shops selling kratom. People are still dying from kratom in states where the KCPA has passed, partly because there are no agencies overseeing the labeling requirements, nor the dosage amounts, nor the testing for contaminants like heavy metals and bacteria, nor proof that the alkaloid levels on the label is what's actually in the product. The main reason people are dying from kratom is because it contains the alkaloid Mitragynine which is toxic to the human body, and builds up over time until the person suffers liver failure, kidney failure, psychosis, depression, anxiety, seizures, cardiac arrest and sometimes dies from the "toxic effects of Mitragynine".

I spoke with the FDA, and they're actively collecting information on each kratom product causing death via their Adverse Events Reporting System which can be viewed by anyone through FDA FAERS. The FDA banned Kratom from being imported into the United States via FDA Import Alert 54-15.

The FDA dose finding study was done to determine if kratom can be used as a pharmaceutical, not for patients to buy over the internet or at a gas station without a prescription in unlimited

supply. This study was a short term study using ascending doses with the highest to be approximately 96mg of Mitragynine, which many kratom users claim to ingest at much higher doses. This study doesn't show what long term kratom use does to the physical, mental nor financial health of the user.

There are 2 main alkaloids in Kratom responsible for the effects.
1. Mitragynine which is responsible for most of its effects.
2. 7 Hydroxymitragynine or 7OH, which in a study was found to be 13 times more potent than morphine and 46 times more potent than mitragynine.

Mac Haddow of the AKA who admitedly profits from kratom deceptively and frequently cites the 91 kratom deaths from 2016 in government committee meetings leading legislators believe it to be current kratom death statistics. This occurred as recently as January 13, 2025 at the North Dakota House Meeting to ban kratom, consequently they voted no on scheduling kratom. He manipulates the words and writings of the FDA, NIDA, Scientists, Pharmacy Boards etc. in order to fit his narrative and convince lawmakers that kratom is safe. He fails to inform that the FDA Adverse Event Reporting System has statistic on Kratom injuries and deaths and that anyone can look it up for themselves. He deceptively downplays addictions, injuries and deaths due to kratom.

The AKA doesn't appear to follow their own standards of quality and safety.
The following scrupulous kratom dealers are listed on the AKA's website as GMP Qualified Vendors:
1. Kraken Kratom selling products containing kratom appealing to children, such as honey sticks, colorful gummies & chocolate candy bars.
2. JUBI sells the highly concentrated 7 hydroxymitragynine tablets, it doesn't disclose the amount of 7 OH, but has a warning "do not use this product while operating motor vehicles".
3. Happy Hippo has taffy chews at 20mg per taffy, and comes in an easily opened colorful bright pink and green packaging which would easily attract a childs attention.
4. Phytoextractum has extract shots each with 250mg of Mitragynine.
5. GoldenMonk has colorful gummies, with no information on the amount of Mitragynine, and comes in a small container with an easy to screw off lid making it dangerous for children. The company offers this disturbing disclaimer. "This product contains chemicals known to the state of California to cause cancer, birth defects, or other reproductive harm. Specifically, nickel, arsenic, and lead.
GoldenMonk Disclaimer website: https://goldenmonk.com/terms-of-purchase/

The "FDA conducted laboratory testing of 30 different kratom products from a variety of sources to determine if they contain heavy metals. The analysis found significant levels of lead and nickel at concentrations that exceed safe exposure for oral daily drug intake." "Based on these test results, the typical long-term kratom user could potentially develop heavy metal poisoning, which could include nervous system or kidney damage, anemia, high blood pressure, and/or increased risk of certain cancers." https://www.fda.gov/news-events/public-health-focus/laboratory-analysis-kratom-products-heavy-metals

Red Flag #1
All Kratom is smuggled into the United States as it's illegal to import into the US, and they do so by falsely labeling it as tea, fertilizer, incense etc., and labeling "NOT FOR HUMAN CONSUMPTION".

Red Flag #2
The American Kratom Association, who claims to protect consumers has a website listing over 40 kratom vendors as GMP Qualified. Shockingly at least 5 of them are in kratom wrongful death lawsuits.

Red Flag #3
Kratom disturbingly sounds a lot like other pain relievers like opioids where you need more & more to achieve the same effect & to stave off withdrawals. Kratom works on the same part of the brain as opioids.

I've been to 100's of establishments that sell kratom, and when I ask what is the dose and the side effects most say they are not allow to answer any questions and tell me to search online. Some of them have stated that kratom users are usually drug addicts and come in several times a day with their hands shaking looking for their next fix.

Doctor Christopher McCurdy from University of Florida, recognized as the leading authority on the science of Kratom in the world shares his Testimony in Arkansas 94th General Assembly. McCurdy was asked, "You're saying that it's not advisable that this be sold at convenience stores or gas stations?" McCurdy replied, "I don't think it should be available there with no direction, if I had the best ways to say it, it should be in an herbal shop, in a pharmacy, somewhere where someone with medical expertise or herbal expertise could provide direction on how it's utilized.

Kratom users state they are using it in place of other drugs, but as evidenced by death certificates, emergency room visits, medical examiner findings, poison control center calls; kratom is mostly just being added to drugs people are already using.

Testing for kratom post mortem in many cases is by request only, this combined with the fact that many user hide their Kratom use makes it impossible to know the actual number of people dying from Kratom.

Kratom likely has some benefits, however 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.

Testimonies from over 47,000 kratom users on Reddit's Quittingkratom show its withdrawals are horrible with many comparing them to Heroin and other opioids. If it's to be regulated, it should be placed behind the counter, id required, purchased in an amount that would be safer to the patient, adequate warning labels and packaged in child safe containers, not the current ziplock baggies with easy to peel tabs.

Courthousenews.com: “In 2016, the FDA recommended kratom be criminalized as a Schedule 1 drug, alongside heroin. A California man Sebastian Guthery whose companies grossed more than $60 million selling kratom was found guilty of money laundering. He was a founding funder of the American Kratom Association (AKA), a non-profit advocacy group that rallied kratom users to beat back the FDA’s effort to outlaw kratom, and has since pushed model legislation to fully legalize and lightly regulate the drug which — once snuck through customs — remains legal to sell in most states.”

Tragically a 2 year old named Elizabeth died from ingesting her mothers kratom, Elizabeth had discovered the pack of kratom pills in her purse. Kanada said she took the herbal extract for pain management and to “stay off of opioids,” A few hours before Elizabeth's death, Kanada caught her trying to eat the kratom pills. She told police she managed to fish two pills out of the child's mouth, but a third had partially dissolved. “She said after that she never thought her child would die from it,” but around 1 a.m. on April 17, 2021, Laci Kanada finished taking a bath and found her two-year-old daughter had stopped breathing. She rushed her to the bathroom and let the water run over body, trying to wake her, and attempted CPR, but it was too late: Elizabeth Kanada-Martin was taken to the hospital, where she was pronounced dead. Had there been a warning on the package that Kratom causes death her mother would have known to call 911, not go on about her day, and later find her daughter dead.

To get an understanding of the addictive & deadly nature of Kratom, and how it devastates the user and those who love them please visit Facebook Groups: “Kratom Danger Awareness”, “Quitting Kratom Support”, “Quitting Kratom No Judgement”, and “Quitting Kratom Sub/Mat Group”.

Again please vote no on SB463, and consider scheduling this drug that is rapidly becoming a scourge on our society.

LATE

SB-463
Submitted on: 2/10/2025 9:06:28 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Misty	Individual	Support	Written Testimony Only

Comments:

I was addicted to FDA approved pain pills, benzos and muscle relaxers for 11 years straight, 2008-2019.

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 pay taxes again. I am no longer a burden to my kids. I am now a first time grandma.

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.

LATE

SB-463
Submitted on: 2/10/2025 9:45:46 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Johansen	Individual	Oppose	Written Testimony Only

Comments:

While legislation to protect consumers is important (especially with regards to synthetic versions of Kratom), I highly encourage the Committee to revise SB 463 to not prohibit the combination of Kratom products with otherwise safe ingredients containing P450 enzyme inhibitors (one such ingredient is pineapple juice). There is no known safety reason to prohibit. I support the suggested revisions presented by the Global Kratom Coalition.

LATE

SB-463
Submitted on: 2/10/2025 9:50:30 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Venus Usher	Individual	Support	Remotely Via Zoom

Comments:

My name is Venus Usher, and I'm from New Castle, Delaware. I'd like to share my story and urge you to keep kratom tea legal and regulated.

In 2000, my life was turned upside down by an FDA-approved medication that caused kidney stones and unrelenting pain. For 17 years, I fought to prove my pain was real. I was labeled a drug addict, subjected to unnecessary surgeries, including a hysterectomy, and even placed in rehab. No one believed me, and no one could help me.

Then, eight years ago, I discovered kratom, a simple tea that changed everything. I found a responsible vendor, and when my first package arrived, I didn't expect much. But the relief was almost immediate—better than anything I had experienced in nearly two decades.

With kratom, I was finally able to see my doctor and surgeon and undergo a three-hour surgery that proved my pain was real. Severe adhesions had caused my internal organs to fuse together. Even after the surgery, it was kratom—not prescription medication—that allowed me to heal. I got out of bed, walked, and reclaimed my life.

For the past eight years, kratom has been my only source of pain relief, and it's all I've needed. I'm not alone in this. We all know someone who is suffering, whether it's chronic pain, addiction recovery, or another battle. Kratom offers a lifeline for so many.

But criminalizing kratom will make innocent people into felons. Look at Shana Brown, who now faces 10 years to life in prison, or Marshall Price, who received a 10-year sentence for crossing into a state where kratom was banned. Tragically, he lost his life in jail. We can't let that happen to more people.

I’m here to ask you to look at the facts and the science. Help us keep kratom legal. Help us support people who need relief, not punishment. Let’s protect lives, not ruin them.

Thank you for your time and for listening to my story.

LATE

SB-463
Submitted on: 2/10/2025 10:36:19 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Christopher Deaney	Individual	Comments	Remotely Via Zoom

Comments:

Honorable Members of the Committee,

My name is Christopher Deaney, and I am here today not just as an advocate for responsible kratom regulation, but as someone whose life has been profoundly impacted by this natural plant. Kratom has given me a better quality of life, and I am here to ensure that millions of other Americans have the same opportunity.

My Story: How Kratom Changed My Life

At the age of eight, I was in an accident that left me with long-term injuries. Over the years, I went through multiple knee surgeries and endured persistent discomfort that impacted my daily life. Like many others in similar situations, I followed the conventional medical path—prescriptions, treatments, and searching for ways to manage my pain.

But the reality was that traditional options weren't enough. They came with side effects that made it difficult to function at my best, and I wanted an alternative that supported my well-being without compromising my health. That's when I discovered kratom.

Since 2015, I have used **plain-leaf kratom responsibly**, taking small amounts to help me maintain a normal, productive life. I typically take **four grams a few times per day, mixed in hot water**, and I take breaks from time to time to let my body rest. With kratom, I have been able to **work, run a business, and take care of my family**—things that once felt like a daily struggle.

Kratom has given me a sense of control over my health, something that so many people are looking for today. And I am not alone—millions of responsible adults rely on kratom as a part of their wellness routine.

Why We Need Responsible Kratom Regulation

I understand the concerns about kratom's safety, and I agree—**we need regulation** to protect consumers. But banning or restricting access to kratom would not solve the problem. In fact, it would only push people toward unsafe, unregulated markets.

Instead, I urge policymakers to adopt **reasonable regulations** that:

- **Ensure product safety and purity** through independent lab testing and proper manufacturing standards.
- **Prohibit adulterated or synthetic kratom products** that put consumers at risk.
- **Allow responsible adults to access safe kratom products** without fear of legal consequences.
- **Follow the Kratom Consumer Protection Act (KCPA),** which has been successfully implemented in several states to protect both consumers and businesses.

Kratom is a Part of My Life—And Millions of Others

Kratom is not some dangerous drug—it's a plant that, when used responsibly, **helps people live better lives**. The real danger comes from a lack of regulation, which allows bad actors to sell contaminated or mislabeled products.

I stand before you today as living proof that **safe, unadulterated kratom can change lives for the better**. We don't need bans or restrictions—we need **fair, science-based regulation** that ensures consumer safety while preserving access for those who rely on it.

I urge this committee to support **responsible kratom regulation** rather than prohibition. The voices of responsible kratom consumers deserve to be heard.

Thank you for your time. I am happy to answer any questions.

Christopher Deaney

LATE LATE

SB-463
Submitted on: 2/10/2025 7:22:37 PM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Gillis	Individual	Support	Remotely Via Zoom

Comments:

I'd like to share my story with you on how kratom has helped my life:

My name is Jennifer Gillis 19 years ago I was diagnosed with Transverse Myelitis. This came with not only many physical limitation but also chronic pain. For 13 years I tried various pain managemnt options including many prescription and OTC medications. Although they didn't take away my pain,they helped me be able to function. Due to circumstances like the DEA cutbacks and ever changing regulations I was eventually unable to g et my pains meds that I had relied upon for so long . In May 2019 I found kratom and have been a responsible kratom consumer for the last 5 1/2 years. I can get out of bed, run errands, attend school functions, and even with my physical limitations, live a somewhat normal life because my pain is being managed. I am still so thankful every day for this plant and I know there are so many others who are struggling and could benefit from kratom if they wanted to choose that option.

I am in support of regulation requirements and proper labeling to ensure that consumers are getting a safe kratom product.

Thank you for your time,

Jennifer Gillis

LATE

LATE

SB-463
Submitted on: 2/11/2025 12:44:59 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Brook Hawkins	Individual	Support	Written Testimony Only

Comments:

Yes kratom has saved my live I have went from a 25 year drug addiction to hard drugs pain pills and alcohol to holding down the same job for multiple years and I am able to pay my all my bills. My children now have a present mom and love the fact that I am able to be a active part of their lives without kratom leaf I wouldn't be able to do all this. Thank u!

LATE

LATE

SB-463
Submitted on: 2/11/2025 4:41:57 AM
Testimony for CPN on 2/11/2025 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Rebecca Jamin	Individual	Comments	Written Testimony Only

Comments:

I am a 70 year old great grandmother who has been responsibly consuming pure lab tested kratom powder for 8-9 years to help manage my pain issues. I've never had any kind of adverse effects and kratom has given me a quality of life that I never thought possible.

Please support the Kratom Consumer Protection Act.

Thank you for your time.