Jacob Lambert

Address to the Maryland House of Delegates in Opposition to HB0283
February 04, 2020

Good afternoon, Delegates. My name is Jacob Lambert. I am 24 years old, and have lived in Maryland my entire life.

First of all, I'd like to thank you for providing the opportunity for public comment. The matter of protecting kratom is near to my heart, and I hope to convince you that it should not be scheduled.

I'd like to provide for you three objectives: first, to share a personal testimony about how kratom has aided me; secondly, to dispel hearsay that I believe it is likely you have heard regarding this plant; and thirdly, to explain why it is important for kratom to remain available to Maryland consumers.

When I was thirteen years old, I was injured in a motorcycle accident. I'm rather embarrassed to say that I hit a stationary tractor on the family farm, breaking my patella, radius, and ulna, and rupturing my patellar tendon. I spent several days at Upper Chesapeake, and several more weeks bedridden at home. I was unable to walk properly for some time, as you might imagine, and the accident left me with chronic pain that was quite debilitating. I suffered for years, unable to take part in physical activity that an otherwise-healthy young man should have no difficulty completing. Sometimes I would lie motionless in bed all day, but still found no relief from the knee pain and referred back pain I experienced due to the trauma and its effect on my gait.

In late 2018, a friend told me about kratom. Since the opioid epidemic was in full swing, and doctors were not wont to prescribe opioids for chronic pain, I thought I'd give it a go, and the results were profound. I began taking a teaspoon of powdered kratom just a few times a day. My life was changed. No longer did physical labor seem unmanageable; I have since worked 60-hour weeks in the warehouse at which I am now employed, with little difficulty. I should note that kratom does not cause any sort of illicit high; it simply mitigates my pain enough that I am able to function as most people I know take for granted. I now plan to return to college to study biochemistry, specifically pharmacology and neurology, in hopes of developing new medicines to ameliorate the suffering to which much of humankind is subject. I wouldn't be where I am today without kratom. That is my tale, but many others have successfully used kratom for pain management and opioid cessation—more on that later.

Now, as Maryland Delegates, you're aware of the DEA and FDA's campaign against kratom. In 2016, the DEA attempted to temporarily place kratom on Schedule I, classifying it as more dangerous than fentanyl, which killed over 18,000 US citizens in 2016, according to the CDC[1]. Kratom, however, has been responsible for exactly *zero* deaths. There have been cases where polydrug abusers had traces of kratom in their systems, but in every case, other drugs *that are known to be deadly* have been found. Not a single person who takes only kratom has died as a result. Kratom is safe for two reasons: first, it does not cause respiratory depression[4,2], despite claims made by the FDA[3]; and secondly, it is only a partial agonist of the

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[1] https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_03-508.pdf
[2] https://www.ncbi.nlm.nih.gov/pubmed/4626477/
[3] https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottlieb-md-agencys-scientific-evidence-presence-opioid-compounds

opioid receptors[4,5]. Traditional opiates cause respiratory depression by binding to β-arrestin proteins within the body's cells, whereas opioids that are biased toward another binding site, G-proteins, do not cause this effect[6]. The active compounds in kratom, mitragynine and 7-hydroxymitragynine, are biased toward G-proteins[4,2], and as such, kratom does not slow breathing in the way that traditional opioids do. It should be noted that, according to the World Health Organization, **the reason opiate overdoses cause death is due *exclusively* to respiratory depression**[7].

I would like to make an analogy now to demonstrate the safety of kratom, contrasting it with the dangerous drugs it would appear alongside on Schedule I of the CDS List if HB0283 were passed. Mitragynine and 7-OH-mitragynine can be likened to Δ-9-tetrahydrocannabinol, the primary psychoactive component of cannabis (which is used safely by millions of Marylanders to treat various ailments), in that they are both partial agonists at their respective receptor binding sites[4,8]. This places them in stark contrast to full agonists, such as morphine, oxycontin, heroin, and fentanyl in the opioid camp, and JWH-018 and other synthetic cannabinoids, which are well-known to cause seizures and death[9,10]. I should note here that House Bill 283 would place mitragynine and 7-OH-mitragynine on the same schedule as these deadly illicit drugs, whereas kratom has, again, **never seriously been implicated in a single death**. I should also note that kratom doesn't even have psychotropic effects (that is, mind-altering effects, like those of cannabis). In fact, a study published last year in *Preventive Medicine* estimated that the risk of overdose is >1,000 times greater when using opioids compared to kratom[11]—that includes the drugs your doctor has probably prescribed you in the past, like Oxycontin, Vicodin, Dilaudid, or morphine. I can tell you from experience that it is physically impossible to consume enough kratom to overdose—not only is the taste unappetizing, but I don't think the human stomach can fit that much powder in it, and even if it could, as a partial agonist it is unable to cause the powerful effects of full opioid agonists like Oxycontin, Vicodin, and heroin…exactly as one cannot consume enough THC to cause the seizures and deaths for which dangerous synthetic cannabinoids are culpable.

In summation of these scientific facts, *it is absolutely unfathomable that kratom poses any more risk to one's health than dietary ingredients like cloves, nutmeg, saffron, cinnamon, ginger, and chili peppers, all known to be psychoactive in sufficient doses*[12]. To classify kratom as a Schedule I Controlled Substance makes no sense in light of the facts behind its mechanism of action. In concurrence with this conclusion, a study[13] was published in *Drug and Alcohol Dependence* just yesterday, February 03, 2020, authored by Dr. Roland R. Griffiths, Ph.D., and Albert Garcia-Romeu, Ph.D., respectively Professor and Assistant Professor of Psychiatry and Behavioral Sciences at Maryland's own Johns Hopkins, the findings of which "suggest that kratom doesn't belong in the category of a Schedule I drug, because there seems to be

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[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5189718/
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5344672/
[6] Bohn LM, Lefkowitz RJ, Gainetdinov RR, Peppel K, Caron MG, Lin FT. Enhanced morphine analgesia in mice lacking β-arrestin 2. Science 1999;286:2495–8.

[7] https://www.who.int/substance_abuse/information-sheet/en/
[8] https://www.ncbi.nlm.nih.gov/pubmed/23075707
[9] https://www.ncbi.nlm.nih.gov/pubmed/28012093/
[10] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6398358/
[11] https://www.ncbi.nlm.nih.gov/pubmed/31647958
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706955/
[13] https://www.sciencedirect.com/science/article/abs/pii/S0376871620300144?via%3Dihub

relatively low rate of abuse potential, and there may be medical applications to explore, including as a possible treatment for pain and opioid use disorder."[14]

Not only would it be downright illogical to schedule kratom, it would also harm your constituents. Folks like me, who use kratom to attenuate pain and thus live productive lives that would otherwise be unattainable, would be forced to either choose hard drugs, or resign themselves to their infirmity. No kratom user I know is a junkie, so subsequent to a ban, the only conceivable results are the inability for sufferers of pain to attain the pursuit of happiness, and that potentially fewer taxpayers would contribute to the public good. More important though is kratom's use as an aid in opiate cessation. We have established that *kratom is over 1,000 times safer than even the FDA-approved pharmaceuticals that so many Americans take at doctors' recommendations without a second thought on their safety*, and ex-heroin users and abusers of pharmaceutical opioids are using kratom successfully to end their dangerous habits. So today I would urge you to consider that kratom saves lives. Citizens of this great nation who face the difficult, life-threatening scourge of addiction should have another option, a safer option: kratom.

Delegates, I would again urge you to please consider the facts. I have included references in the footnotes for your edification. I apologize that they aren't well-labeled, but if you have access to an electronic copy of my dissertation, it should be very easy to check them. All references are hosted on US Government-owned servers except one, the WHO article on substance abuse. I encourage you to do your own research as well. The NIH's National Center for Biotechnology Information has a wealth of freely available research covering a comprehensive range of topics, and would be an excellent starting point for your research (the alternative being sensationalist yellow-journalism articles provided by media outlets for the entertainment of the public). Real facts are out there, you just have to know where to look—and I don't know about you, but I entrust the elucidation of scientific fact to the PhDs, not the unscrupulous journalists farming clicks for advertising dollars.

Thank you again for giving me this indispensable opportunity to address you here today. Forgive me for the lengthy discourse, but as you see, it is of paramount importance to me and many other Marylanders—many more than could join us before you today in opposition to this bill. As a final note, please consider the Kratom Consumer Protection Act, which will further protect Maryland kratom consumers. I think there will be more on that from Mr. Haddow. Thank you.

[14] https://www.eurekalert.org/pub_releases/2020-02/jhm-nhk020320.php