

DEA SET TO SCHEDULE KRATOM AND ITS ALKALOIDS

As of August 30th 2016 DEA Administrator Chuck Rosenberg, an Attorney, put forth a notice of intent to place the alkaloids Mitragynine and 7-Hydroxymitragynine into Schedule I immediately to avoid an “Imminent hazard to public safety.” It seems American adults can’t use a centuries old safe herbal remedy in peace, and that the failed drug war must go on. Let’s see what evidence Chuck Rosenberg and the DEA present to schedule an All Natural dietary ingredient kratom, a tealeaf from Southeast Asia and two of its 25 alkaloids from America?



IT SEEMS AMERICAN ADULTS CAN’T USE A CENTURIES OLD SAFE HERBAL REMEDY IN PEACE, AND THAT THE FAILED DRUG WAR MUST GO ON.

In the first sentence of the DEA’s letter it lists the two alkaloids as

“opioids.” This is an interesting choice of words considering the fact that if you Google “examples of opioids” you’ll find the following classic opioids: morphine, methadone, Buprenorphine, hydrocodone, oxycodone, and heroin. Walter C. Prozialeck, a professor of pharmacology at Midwestern University said “After looking at the literature, I would certainly not classify them as classic ‘opioids.’”

These “classic” opioids manufactured by pharmaceutical companies and approved by the FDA are at the source of the current national opioid epidemic. Even Dr. Tom Frieden, Director of Center for Disease Control and Prevention (CDC) said “He’s alarmed that the reach of heroin is expanding – a trend that could make it harder to fight the epidemic.” Dr. Frieden goes on to say, “Prescription opiates have become a gateway drug.” If kratom is an “imminent hazard” and Mitragynine and 7-OH are “Opioids” then why didn’t the Director of the CDC mention the plant or its alkaloids in his statement?

This isn’t the first time the DEA has made a poor decision. In 2015 the head of the DEA, Michele Leonhart, retired in the wake of two damning reports that criticized DEA agents for attending prostitute-filled “sex parties” paid for by drug cartels in Colombia between 2001 and 2005. The DEA also firmly believes that medical cannabis has no medical value despite the fact that over a million people in the U.S. use medical cannabis. It has been scientifically proven that cannabis helps Americans cope with AIDS and multiple sclerosis to name a few but the DEA continues to burrow its head in the sand. Chuck Rosenberg was criticized in late 2015 for calling medical marijuana a “joke.” David Casarett, M.D. wrote an open letter to Rosenberg in November 2015 saying “Along the way, I’ve graduated from a hard-nosed skepticism to an open-mindedness that I never would have believed possible two years ago. The good news is that you can make the same journey.” Not sure the attorney got the letter.

Now let’s look at the two naturally occurring alkaloids under review. Mitragynine, (66.2%, based on the crude base from the young leaves of *M. Speciosa* supports minor relief from cough, diarrhea, malaria, and minor aches and pains while acting as a stimulant similar to coffee in low doses. 7-hydroxymitragynine comprises roughly 2% of the total alkaloid content in the tealeaf and supports energy, focus, and minor relief from daily aches and pains. These characteristics were discovered through rigorous scientific study and review and are not made up. A tealeaf

possessing these beneficial attributes is now deemed an “imminent hazard” by Rosenberg, and placed in Schedule I which houses LSD, peyote, and heroin. So if substances in schedule I have no accepted medical use in the U.S. then why is kratom there?

“ FOR STARTERS KRATOM WAS RECOGNIZED AS EARLY AS 1897 AS AN ANTIDIARRHEAL, ANTIMALARIAL, ANALGESIC, AND AS A REMEDY FOR OPIUM WITHDRAWAL.

Kratom is being targeted because of its many simple uses. On page 16 of the DEA letter it is stated, “The DEA is not aware of any currently accepted medical uses for these substances in the United States.”

Well I’m not an enormous federally funded entity like the DEA but found a few uses I’d like to share. For starters kratom was recognized as early as 1897 as an antidiarrheal, antimalarial, analgesic, and as a remedy for opium withdrawal.

Edward Boyer, a professor of emergency medicine and director of medical toxicology at the University of Massachusetts Medical School and Chris McCurdy, a University of Mississippi professor of medicinal chemistry and pharmacology received a small grant from the National Institute on Drug Abuse to research kratom and discovered in the UNITED STATES that “Leaves from *Mitragyna speciosa* have been traditionally used for medicinal and stimulant properties to treat chronic pain.”

They also recognized its adrenergic activity as well, so you stay alert throughout the day. Sound similar to another drug America loves to abuse? If you’re thinking coffee then you’re right and as it turns out kratom and coffee are both members of the same plant family, Rubiaceae. Boyer also found out that “Kratom has serotonergic activity, too—it binds with serotonin receptors. So if you want to treat depression, if you want to treat opioid pain, if you want to treat sleepiness, this [compound] really puts it all together.” In 2013 Scientific American asked Boyer if kratom was dangerous to which he answered, “When you overdose on these drugs (classic opioids like hydrocodone), your respiratory rate drops to zero. In animal studies where rats were given mitragynine, those rats had no respiratory depression.”

AS IT TURNS OUT KRATOM AND COFFEE ARE BOTH MEMBERS OF THE SAME PLANT FAMILY, RUBIACEAE.

The DEA also seems rather concerned that kratom use has grown in the U.S. and that more people are benefiting from, I mean, “abusing” kratom. Why would kratom use spike now rather than 20 years ago or 10 years into the future? An alarming amount of pharmaceutical painkillers were manufactured in recent years and then mass marketed to doctors all around the U.S. with incentives to prescribe and no measures in place to keep track of how many prescriptions were being filled. This was the beginning of the current opioid epidemic we are now in. Then the epidemic became a national issue and states like New York were forced to put control measures like “I STOP” a computer program that keeps track of the scripts, so that only so many can be prescribed in a given period of time. So the rich abundant supply of

pharmaceutical painkillers gets cut off and then what surfaces? Heroin use rises sharply and overdoses and deaths from this REAL Schedule I drug pile up and then we find ourselves in a heroin epidemic as mentioned earlier by the Director of the CDC. Why isn't the DEA making serious efforts to stop heroin and prescription painkillers, which are responsible for more than 165,000 Americans deaths? Can't this type of action taken towards kratom be directed at the REAL problem?



WHY ISN'T THE DEA MAKING SERIOUS EFFORTS TO STOP HEROIN AND PRESCRIPTION PAINKILLERS, WHICH ARE RESPONSIBLE FOR MORE THAN 165,000 AMERICANS DEATHS?

According to the Center for Disease Control and Prevention (CDC) Overdose deaths involving prescription opioids have quadrupled since 1999,¹ and so have sales of these prescription drugs.² From 1999 to 2014, more than 165,000 people have died in the U.S. from overdoses related to prescription opioids.¹ Opioid prescribing continues to fuel the epidemic. Today, at least half of all U.S. opioid overdose deaths involve a prescription opioid.¹ In 2014, more than 14,000 people died from overdoses involving prescription opioids.

**FROM 1999 TO 2014, MORE THAN
165,000 PEOPLE HAVE DIED IN THE
U.S. FROM OVERDOSES RELATED TO
PRESCRIPTION OPIOIDS.**

1. CDC. WIDE-RANGING ONLINE DATA FOR EPIDEMIOLOGIC RESEARCH (WONDER). ATLANTA, GA: CDC, NATIONAL CENTER FOR HEALTH STATISTICS; 2016. AVAILABLE AT [HTTP://WONDER.CDC.GOV](http://wonder.cdc.gov). 2. FRENK SM, PORTER KS, PAULOZZI LJ. PRESCRIPTION OPIOID ANALGESIC USE AMONG ADULTS: UNITED STATES, 1999–2012. NCHS DATA BRIEF, NO 189. HYATTSVILLE, MD: NATIONAL CENTER FOR HEALTH STATISTICS. 2015.

In the midst of this horrible situation it's then recommended by the same drug companies that Naloxone can be purchased from them and given freely to revive their users from dying of respiratory depression. Given the circumstances of the aforementioned events would it not make sense for an All Natural herbal remedy like kratom with hundreds of years of safe use and its two fantastic alkaloids to surface as an aid to support those seeking relief? Is the plan to schedule Mitragynine and 7-OH so kratom's "Abusers" as the DEA puts it can return to business as usual?

We already know that kratom doesn't kill people and that it is impossible to overdose on it. The leaf material is too acidic. The DEA states on page 15 of their letter that there are numerous deaths attributed to kratom use but cites "Krypton", a concoction of tramadol and kratom, and sixteen other deaths that were the result of poly drug use and the DEA knows it. This is why the only citations we get for their most powerful argument that "Kratom Kills" is citing number 32 titled "Correspondences on file with DEA (dated April 19, 2016)" and number 33 titled "Autopsy/Medical Examiner (ME) reports on file with DEA. Citings 32 and 33 are the backbone for which the DEA is calling kratom to be placed in Schedule I and that's the best they can do? "There are zero deaths from any supplement. The most recent (2014) information collected

by the U.S. National Poison Data System, and published in the journal Clinical Toxicology (1), shows no deaths whatsoever from dietary supplements across the board. To date there has NOT been one death from kratom alone reported or any other dietary ingredient.”

MOWRY JB, SPYKER DA, BROOKS DE ET AL. (2015) 2014 ANNUAL REPORT OF THE AMERICAN ASSOCIATION OF POISON CONTROL CENTERS' NATIONAL POISON DATA SYSTEM (NPDS): 32ND ANNUAL REPORT, CLINICAL TOXICOLOGY, 53:10, 962-1147, [HTTP://DX.DOI.ORG/10.3109/15563650.2015.1102927](http://dx.doi.org/10.3109/15563650.2015.1102927)

The reason the autopsy and medical examiner reports are not being released by the DEA is because all the deaths were from poly drug use. Jack E. Henningfield, Ph.D. Vice President for Research, Health Policy and Abuse Liability, Pinney Associates Adjunct Professor of Behavioral Biology, The Johns Hopkins University School of Medicine stated that “A preliminary assessment of major national substance abuse related surveillance systems reveal little evidence of abuse in youth (e.g., University of Michigan, National Institute on Drug Abuser Monitoring the Future Survey), adults (e.g., the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health), in persons with substance use disorders and dependence who are seeking treatment (e.g., Treatment Episodes Data Set).” And the Florida Department of Law Enforcement stated this year that “A review of information currently available through identified law enforcement and laboratory sources in Florida indicates that Kratom does not constitute a significant risk to the safety and welfare of Florida residents” and that “According to the Florida Department of Health (DOH), no pervasive health issues have been attributed to the ingestion of Kratom products in Florida.” It would appear from a law enforcement and professional medical opinion that kratom is reasonably safe and the DEA is acting out contrary to the facts on purpose. So where does that leave us?

MITRAGYNINE AND 7-OH CAN NOT SPEAK FOR THEMSELVES. The plant cannot argue with antiquated agencies like the DEA that it is safe and no more addictive than coffee. So we must do it for it, and for our friends, families, and future generations that deserve nature's most precious gifts.

To take positive action against this injustice please:

- Call and email your personal Congressman
- Sign Petitions online
- Contact the Assistant Secretary of Human Health Karen Desalvo at ASH@hhs.gov or call (202) 690-7694 and comment on the DEA's action at <https://www.justice.gov/doj/webform/your-message-department-justice>.

**NOW IS THE TIME FOR ACTION SO PLEASE ACT AND TOGETHER
WE CAN PRESERVE OUR RIGHT TO USE THIS AMAZING PLANT.**