



September 26<sup>th</sup>, 2023

My name is John Shinholser I'm a person in long term recovery from substance use disorder, I have been clean and sober for over 41 years, I got sober in the Marine Corps in-between my second and third deployment, this also make me a very proud Marine Corps veteran, Ooh-Rah!

I'm also co-founder, board emeritus, president emeritus and current senior peer (semi-retired) at the McShin Foundation, Virginias only national accredited recovery community organization, <https://caprss.org/> , McShin is also the oldest largest peer facilitated full-service recovery community in Virginia and one of the largest of its kind in the nation.

Over the last 19 plus years we have had over a million consumer visits to our facility, correction programs and special events, we have recognized over ten thousand 28 day and sober living participants in this time-period. Virginia General Assembly House Resolution 738 in 2021 affirmed McShin as pioneering and establishing the peer recovery support model, Recovery Community Organization, and recovery residence model in Virginia.

In simple language based on decades of institutional knowledge "I know what I'm talking about" regarding recovery from addiction and associated harm reduction system.

About ten years ago Kratom came up on our radar through our lab confirmation drug testing system, I did some internet research and to no surprise what I was reading based on FDA and DEA statements were not good so we simply would not permit Kratom consumption while in our program including sober living. Also, the biggest concern I had was that the people testing positive for Kratom exhibited no signs of consuming a "get high" substance and these people were stating the reasons for consuming therapeutic doses and not mood changing doses, also they were "clean" for all other "get high" substances we tested for.

The basic reasons these people were using therapeutic doses of Kratom were anxiety, stress reduction, PTSD (we have lots of veterans and trauma survivors) chronic pain, pain associated from opiate withdrawal and very important "craving reducing component" from more harmful substances such as opiates and alcohol. This is ten years back before the current and emerging evidence through science proving what I was witnessing.

I took the extraordinary step about eight years ago in seeking out the Kratom community leaders to “get to the bottom” of Kratom because I only saw the positive impact Kratom was having on the recovery community. What I learned through thorough and lengthy studying Kratom not just reading all the emerging true scientific studies and data but what I saw in the recovery community has made a true believer in me that Kratom has a rightful meaningful purpose in recovery. I even provided technical support along with a local scientist to conduct and oversee a survey of 30 opiate addicts. What we did was offer 30 opiate addicts the opportunity to come into sober living and observe them consume Kratom as a symptom reliever associated with detoxing suddenly from severe opiate withdrawal. 29 out of 30 participants successfully detoxed in 7 days, the 30<sup>th</sup> participant ran off because he had plenty of money and a girl he wanted to be with. This was 6 years ago before Virginia expanded Medicaid and suboxone clinics popped up on every street corner.

Speaking of suboxone clinics I find it very disturbing that many primary care doctors suggest to their patients to research Kratom and see if it’s an option for them yet suboxone doctors are only concerned with prescribing the specialty drug. Speaking of recovery our number one provider of funds for recovery and treatment services in the U.S. is SAMHSA

<https://www.samhsa.gov/>

define recovery as “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” the kratom consumers I know and its thousands of them are responsible adults that live a self-directed life, and are reaching their potential, the exact purpose of recovery.

SAMHSA also says Recovery occurs via many pathways Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds — including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment use of medications; support from families and in schools; faith-based approaches; peer support and other approaches. Recovery is non-linear.

Senator Murray makes clear “we need to use every tool available to combat our addiction epidemic and Nora Volka NIH (national institute of health director) make clear Kratom is the most promising tool emerging. <https://vimeo.com/711837665>

Kratom is here now, it’s available to most responsible adult consumers, its working!

Kratom Consumer Protection Act (KCPA) solves past problems with irresponsible distributors and provides a safe and responsible consumable product moving forward.

Also, every politician and law maker make clear we can’t arrest our way out of our addiction epidemic, yet some want to felonize responsible adult consumers of a perfectly good and available plant that truly works and solves many of our nation’s solutions, this does not make

sense. Our nation for far too long have a severe prevention epidemic, 99.9% of Kratom concerns truly fall under “lack of proper and effective prevention industry” not responsible adult consumption, the KCPA addresses this deficiency and will be effective.

Out of the thousands of Kratom consumers I have seen a total of 6 people who were addicted to Kratom, there is a big difference between use, abuse, dependence, and addiction. 4 of the six simply weaned off Kratom in a 14-day time-period coupled with strong recovery supports (sober living and intense programming) the other 2 went to a suboxone clinic. Either way they were successful in engaging providers and got successful lasting services. You must be mindful that addiction is a severe mental illness that always have underlying conditions that end with severe substance intake, most always strong substances such as alcohol, opiates, meth, inhalants etc., the mood enhancing component in Kratom is rarely a addict’s substance of choice for “getting high”. I have never seen or heard of Kratom related crime in Virginia because Kratom is legal and protected (KCPA), I have never seen or heard of a Kratom overdose or confirmed death in Virginia.

John Shinholser  
McShin co-founder, President Emeritus, Senior Peer  
804-241-9424  
[johns@mcshin.org](mailto:johns@mcshin.org)

[www.mcshin.org](http://www.mcshin.org)