

STATEMENT OF JAMES W. CARROLL
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Opioid addiction and pain management are by now defining characteristics of American life. With thousands of overdoses and poisonings happening every day, and a fatality nearly every five minutes, America is facing a mass casualty event daily.

In fact, drug overdoses and poisonings are now the number one cause of death for 18–45-year-olds in our country – and people are becoming increasingly worried. A [recent poll](#) by Axios reveals that the biggest fear in America right now is opioids, and research confirms that if we are to reverse this troubling trend, much more work needs to be done.

Suffice it to say, addiction is on the minds of all local, state, and national officials, of which I was recently one. For three years, I served in the White House as Director of the [White House Office of National Drug Control Policy](#), a position better known as the “U.S. Drug Czar.” I can tell you that questions around opioid abuse [consumed my thoughts](#) during that time. As a parent of a child who became dependent on opioids because of a prescription for pain, saving lives lost to this critical issue is still my driving force in life.

To cope with this crisis, we must ask what are the alternatives to prescription pills? What else can help people cope? Particularly something that does not claim American lives and cause billions of dollars of economic upheaval every year.

Thankfully, we have new ways to treat pain, most of which are safer than opioids. More and more, medical professionals and individuals are turning to alternatives such as exercise, massage therapy, acupuncture, and other holistic methods. One of the possible alternatives might be kratom, an herbal extract from the leaves of an evergreen tree. Its use in the United States has proliferated in recent decades.

There is much we still don’t know about kratom, and that’s why, despite concerns raised by the Food and Drug Administration (FDA), federal regulators have resisted placing it on the Schedule I list as the concern is that such action would greatly limit researchers’ ability to study it. In fact, Assistant Secretary for Health at the US Department of Health and Human Services, Dr. Brett Giroir cited the dangers of a kratom ban in his official withdrawal letter for the FDA’s proposed kratom ban:

“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, such as:

- Kratom users switching to highly lethal opioids, including potent and deadly prescription opioids, heroin, and/or fentanyl, risking thousands of deaths from overdoses and infectious diseases associated with IV drug use;
- Inhibition of patients discussing kratom use with their primary care physicians leading to more harm, and enhancement of stigma thereby decreasing desire

for treatment, because of individual users now being guilty of a crime by virtue of their possession or use of kratom;

- The stifling effect of classification in Schedule I on critical research needed on the complex and potentially useful chemistry of components of kratom.”

Dr. Nora Volkow, the Director of the National Institute on Drug Abuse, testified publicly that “there’s also interest in the community to test other products that may serve as harm reduction. For example, the use of kratom which is sold as tea and that contains a drug/molecule that has effects that are similar to a dose of buprenorphine [a safe and effective treatment for opiate use disorder] but could be utilized also for decreasing withdrawal or depression. . .”

Additionally, a [2020 study](#) published in the Yale Journal of Biology and Medicine, found that kratom greatly increased subjects’ pain tolerance, though its authors added that further “rigorous” research on the extract’s pain-relieving properties and “safety profile” is needed.

This is why sensible regulation is needed to help open new research opportunities for kratom and safeguard the public by providing them with the highest quality product.

Individuals currently in the grips of opioid dependence need help. Research is needed to determine safe options besides opioids, and kratom research is needed to give much-needed hope to those that are suffering and whose life is in danger.

Public policy on kratom should be driven by science, not the opinions of well-intentioned groups who are relying on outdated, inaccurate, and plainly biased claims about kratom made by the FDA.