To the Honorable Members of the Ohio Senate:

My name is Stephen McIntosh. I am medically retired and permanently disabled with advanced heart failure and chronic pain. **I am writing to voice my absolute support for Senate Bill 299** and to stop the unconscionable actions of the Ohio Board of Pharmacy regarding botanical kratom, despite the DEA(2016), HHS(2018), and WHO ECDD(2020) determining it did not meet the standard for scheduling at any schedule domestically under the Controlled Substances Act, or internationally under the UN Single Convention on Narcotic Drugs (1961).

The evidence before the BOP, which went unquestioned by the board, was of low quality, largely built on the same 2018 arguments FDA used for scheduling that HHS undersecretary Brett Giroir, MD criticized as "embarrassingly poor evidence and data.[1]" and rejected[2]. Ohio BOP already declined to schedule botanical kratom in 2018-2019. The evidence since has only been increasingly positive and continued to confirm its low risk to consumers.

I suffered a massive heart attack in 2010, with 99% occlusion of the LAD artery. My heart stopped for nearly 4 minutes. Against odds, I was revived with CPR, clot-busting medications, and defibrillation. This lead to my early retirement despite genuine effort to return to work, largely due to unplanned absences due to CHF exacerbation, unstable angina, and insomnia due to pain. Unfortunately, I still experience significant and constant chest pain to this day that is not responsive to nitrates. The medications I was taking before the heart attack for unrelated lower back pain (NSAIDs) are no longer advisable.

I was formerly given Oxycodone by my provider since 2011, but like many with chronic pain in the following years, had my medications stopped without warning against my will.

I use botanical kratom to manage acute and chronic pain and have since 2018. It allows me to perform basic housework, and the PT exercises recommended by cardiology to preserve cardiac function. Without adequate pain management I am unable to do these things and am substantially more impaired.

Like many Americans, I have very few choices when it comes to healthcare. Our middle-class (married) household income is too high to qualify for Medicaid and for subsidized insurance though the ACA marketplace. I am too young for Medicare. My only healthcare option is though the HMO offered through my wife's employer. My insurance only covers seeing HMO-employed physicians and only covers prescription drugs prescribed by their doctors or a dentist. It is financially insurmountable to seek out-of-network pain management where no visits, procedures, or drugs would be covered—if they are even willing to do anything my existing provider originally was, or some other option.

Before kratom, I was either in the ER or hospital 14-30 days per year. This has been reduced to 0-3 each year since using it. Every hospital or ER visit costs me at minimum $100, and costs the health plan (and ultimately rate-payers) a minimum of $8000 per incident if they do the absolute bare minimum cardio workup.

Most pain management tools are unavailable to me, did not work, or had significant side effects. I have been strongly urged by multiple cardiologists not to take NSAIDs for any reason and have documented as such in my chart. I used to take this prior to my heart issues for lower back pain and it was effective,

1 https://x.com/DrGiroir/status/1395874443726102533

2 https://images.go02.informamarkets.com/Web/Informa02/%7B548e6d56-2ea4-4da4-9404-0348b56e9a88%7D_dhillon-8.16.2018-response-letter-from-ash-radm-giroir.pdf

though may have contributed to early heart disease. While safe for most consumers in most situations it carries strong warnings for the heart attack risk, but is sold in every grocery, pharmacy, convenience store, and gas station in the state (and should be) often in 1000-count bottles. Tylenol, while gold-standard for headache and fever, is not useful for my chest or lower back pain.

Steroids are discouraged. Due to having a pacemaker I cannot use TENS or other electro-stimuation tools. Even consumer health products like massagers and electrical heat pads warn against use on the chest. I sought and as granted a medical cannabis recommendation, but it was not very effective, expensive, and significantly impairing. CBD oil provides some minor benefit, but is very expensive. I am given a medication that is somewhat helpful for my lower back (a muscle relaxant) but not for my chest. Kratom is my last available resource for managing pain, maintaining a reasonable quality of life, and controlling household healthcare costs I am unfortunately able to do very little to contribute to.

Passing Sb 299 in its current form is very important to me because it would protect kratom consumers such as myself as well as address reasonable concerns about safety, particularly minor access, and adulterated products.

While I am not a resident of Ohio, I am from the state and have significant family ties to the state, including those who are elderly, and for whom I may be increasingly responsible for assisting or handling their estate, in law and their physical property. This will be extremely difficult if a medication I have come to rely upon is no longer legal to possess within the state as is likely if the legislature does not move to regulate it. It will be impossible to visit family or friends within the state. I have done nothing wrong and should not face criminal sanctions for managing pain using a medication that has a long history of indigenous/traditional use and is/was legal in Ohio and the state I reside in when I began using it.

This bill is extremely compatible with the other states that regulate kratom and would not put any significant burden on manufacturers, distributors, and retailers. It does not put any requirements upon them that are unique to Ohio such as state-specific mandated label verbiage (which may be incompatible between states).

I personally do not use, and will not use, high 7-hydroxymitragynine “7-OH” products that are inaccurately and misleadingly sold as kratom products. Even the Board of Pharmacy has recognized that these are different products.

SB 299 sets a reasonable “safe harbor” limit on kratom products at 2% by alkaloid fraction/1mg per serving size to those levels that exist in nature and whose safety is well represented in centuries of traditional use in Southeast Asia, contemporary western research, and in the FDA Single Ascending Dose Study[3,4] where subjects were given up to 12 grams of botanical kratom and only reported vomiting and nausea at the maximum study dose.

There is insufficient study to have a regulated marketplace for synthesized high “7-OH” products. I invite those consumers and manufactures to make the case for their products once sufficient evidence and data is generated in future legislative sessions, and hope that the findings are more positive than initial research regarding consumer risk is suggesting. These products did not exist prior to 2023 and entered the marketplace with no reasonable basis for entry. To that extent I agree with Ohio BOP, but would vastly prefer these issues be settled by the Legislature.

3 https://clinicaltrials.gov/study/NCT06072170
4 https://cdek.pharmacy.purdue.edu/trial/NCT06072170/

Major organizations oppose the criminalization or prohibition of botanical kratom for adult consumers including:

- American Medical Association (Resolution 515)
- World Health Organization Expert Committee on Drug Dependence (ECDD)
- US National Institute on Drug Addiction (NIDA)
- International Plant and Herbal Alliance
- Major industry associations including the American Kratom Association, Global Kratom Coalition, and Botanicals for Better Health and Wellness

Again, I want to voice my unequivocal and absolute support for SB 299 and beg the Legislature to pass it in its current form, and for the Governor to sign it. The current threat of abrupt prohibition of a product that has been effectively unregulated for years is extremely harmful to patients who depend on this product as a better solution for a variety of health issues, or like me who are using it as an absolute last resort in dire circumstances.

Sincerely,

Stephen C. McIntosh, MBA
(Ret.) Software Developer and Instructor of Computer Information Systems