



SENATE BILL 830: Add Kratom to Controlled Substance List.

2016-2017 General Assembly

Committee:	Senate Health Care. If favorable, re-refer to Appropriations/Base Budget	Date:	May 16, 2016
Introduced by:	Sen. McInnis	Prepared by:	Augustus Willis Committee Counsel
Analysis of:	First Edition		

SUMMARY: Senate Bill 830 would add Mitragynine and 7-Hydroxymitragynine, also known as "kratom" to the list of Schedule I controlled substances in G.S. 90-89.

CURRENT LAW: Kratom is not currently scheduled as a controlled substance by either state or federal law. G.S. 90-89 classifies a Schedule I controlled substance as one with a high potential for abuse, no currently accepted medical use in the United States, or a lack of accepted safety for use in treatment under medical supervision. In addition to substances designated by statute as controlled substances, the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services has the authority to add, delete, or reschedule a substance. Generally, unless otherwise authorized, it is a Class H felony to manufacture, deliver, or possess with the intent to manufacture, sell or deliver a Schedule I controlled substance, and a Class G felony to sell a Schedule I controlled substance.

BILL ANALYSIS: Senate Bill 830 would add kratom to the statutory list of Schedule I controlled substances, subjecting it to the criminal penalties outlined above. The bill would further appropriate \$25,000 from the General Fund to the Department of Public Safety for the 2016-17 fiscal year.

EFFECTIVE DATE: The portion adding kratom to the list of Schedule I controlled substances would become effective December 1, 2016 and would apply to all offenses committed on or after that date. The appropriation portion of the bill would become effective July 1, 2016.

BACKGROUND: Kratom is a substance derived from a tree in the coffee family that is native to Southeast Asia. It is sometimes marketed in liquid and pill form for medicinal uses such as the management of pain and/or anxiety. Although it is not an opiate, certain ingredients in kratom bind to opioid receptors in the brain. The federal government does not currently regulate kratom, however, the US Drug Enforcement Administration has listed it as a drug of concern and the US Food and Drug Administration has identified it as a botanical substance that could pose a risk to public health, has warned consumers not to use it, and has authorized seizures of dietary supplements containing kratom. Six states (Alabama, Arkansas, Indiana, Tennessee, Vermont & Wisconsin) have passed laws effectively banning kratom, while two (Illinois & Louisiana) have passed laws prohibiting the sale of kratom to minors. Legislation regulating kratom has been proposed in Florida, Georgia, and Kentucky.

There have been 14 confirmed accidental deaths attributed to kratom poisoning in North Carolina, and 9 others that involved the use of kratom, beginning in 2012. The following data is from the Office of the Chief Medical Examiner:

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Legislative Analysis
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Total cases positive for mitragynine : 23
First case in NC: June 13, 2012
Latest case in NC: April 1, 2016
Cases per year:
2012 - 1
2013 - 1
2014 - 7
2015 - 8
2016 - 6 (to date)

Average age of decedent: 36 years old
Range of age: 24-49

Manner of death:
Accident - 14
Suicide - 1
Homicide - 2
Pending - 6

Means of Death:
Gunshot wound - 2
Asphyxiation - 1
Pending - 6
Poisoning with Mitragynine - 14*
*plus or minus other drugs including heroin, fentanyl,
alprazolam, clonazepam and ethanol